Agenda: Children and Families Commission 09-2013

330 North D Street, Fifth Floor, San Bernardino, California  92415

Meeting date, time, and place

September 4, 2013
3:30 p.m.
San Bernardino County Government Center
Covington Chambers
385 North Arrowhead Avenue
San Bernardino, CA  92415

Pledge of Allegiance
Chair or designee will lead the Pledge of Allegiance

Conflict of Interest Disclosure
Commission members shall review agenda item contractors, subcontractors, and agents, which may require member abstentions due to conflict of interest and financial interests.

A Commission member with conflicts of interests shall state their conflict under the appropriate item. A Commission member may not participate in or influence the decision on a contract for which their abstention has been recorded.

Report
Advisory Committee Report by Chair Leslie Egge

Report
Executive Director’s Report by Karen E. Scott

Consent Item
The following consent items are expected to be routine and non-controversial and will be acted upon by the Commission at one time unless any Commissioner directs that an item be removed from the Consent Agenda for discussion.

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<th>Item No.</th>
<th>CONSENT ITEMS</th>
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<tbody>
<tr>
<td>1</td>
<td>Approve minutes of August 7, 2013 Commission Meeting. (Affected Districts: All) (Presenter: Ann M. Calkins, Executive Assistant, 387-1502)</td>
</tr>
<tr>
<td>2</td>
<td>Approve Employment Contract between the County of San Bernardino, Children and Families Commission, and Amanda Ferguson, Staff Analyst II, for an annual cost of $77,871 ($54,455 Salary, $23,416 Benefits), effective September 21, 2013. (Affected Districts: All) (Presenter: Karen E. Scott, Executive Director, 387-1502)</td>
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The agenda and supporting documents are available for review during regular business hours at First 5 San Bernardino, 330 North D Street, Suite 500, San Bernardino, California  92415.

Interpreters for hearing impaired and Spanish speaking individuals will be made available with forty-eight hours notice. Please call Commission staff (909) 386-7706 to request the service. This location is handicapped accessible.
<table>
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<tr>
<th>Item No.</th>
<th>DISCUSSION ITEM</th>
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<tr>
<td>3</td>
<td>Approve Contract HW053 with Loma Linda University Medical Center for an amount not to exceed $864,593 for fiscal years 2013-2015 for a two year Perinatal Telehealth Program serving the High Desert and Morongo Basin to improve birth outcomes, commencing September 5, 2013. (Affected Districts: All) (Presenter: Bobbi Albano, Staff Analyst II, 387-1511)</td>
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<tr>
<td>4</td>
<td>Approve Contract with Prevent Child Abuse California (PCA CA) in the amount of $80,200 in matching funds for four (4) AmeriCorps service member positions to provide school readiness services for Fiscal Year 2013-2014. (Affected Districts: All) (Presenter: Mary Alvarez, Staff Analyst II, 387-1508)</td>
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<th>Item No.</th>
<th>INFORMATION ITEM</th>
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<tr>
<td>5</td>
<td>Receive report findings on Breastfeeding Practice Comparisons between Riverside and San Bernardino Counties (Affected Districts: All) (Presenter: Karen E. Scott, Executive Director, 387-1502)</td>
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</table>

Public Comment
Persons wishing to address the Commission will be given up to three minutes and pursuant to Government Code 54954.2(a)(2) “no action or discussion will be undertaken by the Commission on any item NOT on the agenda.”

Commissioner Roundtable
Open to comments by the Commissioners

Next Commission Meeting
October 23, 2013 - Meeting date postponed; to be determined
County of San Bernardino Government Center
Covington Chambers
385 North Arrowhead Avenue
San Bernardino, CA 92415

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**Subject:** Information Relative to Possible Conflict of Interest

**Instructions:** Contractors, subcontractors, principals and agents are listed below for each applicable agenda item. Commissioners are asked to review the items for possible conflicts of interest and to notify the Commission secretary prior to the Commission meeting of conflicts concerning items on the meeting’s agenda. This procedure does not relieve the Commissioner of his or her obligations under the Political Reform Act.

**Background:** The Political Reform Act of 1974 (Government Code section 87100 et. Seq.) prohibits public officials from making, participating in making or in any way attempting to use their official position to influence a governmental decision in which they have reason to know they have a “financial interest.” Additionally, Government Code section 1090 et seq. prohibits public officers and employees from being financially interested in any contract made by them in their official capacity or by the board of which they are members. A limited exception is allowed for County Children’s and Families Commissions. (See Government Code section 1091.3)

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Contractor</th>
<th>Principals &amp; Agents</th>
<th>Subcontractors; Principals &amp; Agents</th>
<th>Commissioner Abstentions</th>
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<tbody>
<tr>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>2</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>3</td>
<td>Loma Linda University Medical Center Pediatrics Department and Loma Linda-Inland Empire Consortium for Healthcare Education</td>
<td>Zarah Sarrafian Chief Operating Officer</td>
<td>N/A</td>
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<tr>
<td>4</td>
<td>Prevent Child Abuse California (AmeriCorps)</td>
<td>Ian Hadley First 5 Service Corps Project Manager</td>
<td>N/A</td>
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<tr>
<td>5</td>
<td>N/A</td>
<td>N/A</td>
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Minutes: Children and Families Commission Meeting

330 North D Street, Fifth Floor, San Bernardino, California 92415

Meeting Date, Time and Location
August 7, 2013
3:30 p.m.
Vice-Chair Ohikhuare called the meeting to order at 3:31 p.m.
County Government Center
Covington Chambers
385 North Arrowhead Avenue
San Bernardino, CA 92415

Pledge of Allegiance
The Pledge of Allegiance was led by Vice-Chair Ohikhuare

Conflict of Interest Disclosure
Commission members shall review agenda item contractors, subcontractors, and agents, which may require member abstentions due to conflict of interest and financial interests.

A Commission member with conflicts of interests shall state their conflict under the appropriate item. A Commission member may not participate in or influence the decision on a contract for which their abstention has been recorded.

Attendees

Commissioners Present
- Mark Daniels
- Leslie Egge
- Margaret Hill
- Maxwell Ohikhuare, M.D.
- James Ramos
- Elliot Weinstein, M.D.

Staff Present
- Karen E. Scott, Executive Director
- Cindy Faulkner, Operations Manager
- Ann M. Calkins, Executive Assistant
- Regina Coleman, County Counsel
- Mary Jaquish, Supervisor
- Debra Dickerson-Sims, Administrative Supervisor II
- Staci Scranton, Supervising Office Assistant
- Scott McGrath, Supervisor
- Leslie Fountain, Media Specialist II
Certificates of Appreciation
Certificates were presented to AmeriCorps workers Diana Yegge and Regina Williams for their 1700 hours of service to our preschool children.

New Advisory Committee members
Erin Brinker, THINK Together, Dr. Dani Hodge, University of California, San Bernardino, (replacing Dr. Sybil Carrere) and Dr. Beth Higbee from San Bernardino Superintendent of Schools.

New subcommittee of the Advisory Committee: “Proposal Review” - this subcommittee will work along with the Strategic Plan and the Data and Research subcommittees.

Save the Date - Thursday, October 10, 2013
“Culture of Poverty” presentation by Kathy Estes. Ms. Estes is a Program Coordinator for Coordinated School Health Programs for the San Bernardino County Superintendent of Schools. Participants in this interactive workshop will get the opportunity to consider the realities on what it means to “live in poverty”. An invitation will be extended to Commissioners and Advisory Members. The program will begin at 9 am at the First 5 San Bernardino office.

New First 5 website
Have you seen it? You must see it - the new First 5 San Bernardino website. It has a new look, new features for parents, policymakers, agencies and more. Visit us often at www.first5sanbernardino.org

Countywide Vision
First 5 San Bernardino is Stepping Up to the Countywide Vision. We will highlight steps throughout the year that our agency is taking to realize the Countywide Vision, “It’s Up to Us”.

Camille Mayben, First 5 California Executive Director
Camille Mayben, the new Executive Director for First 5 California proposed to visit every County Commission. Camille visited San Bernardino County on July 15. She also had an opportunity to visit the excellent Rialto Renaissance Preschool operated by San Bernardino County Preschool Services. Camille rolled up her sleeves, sat with the kids and had a great time with them.

First 5 Commissions are having meaningful dialogue with First 5 CA under the leadership of Camille Mayben. First 5 CA is going through a revision of its strategic plan just as First 5 San Bernardino is doing. Camille had an opportunity to sit with First 5 San Bernardino’s Advisory Committee during her visit and had much praise for our members and our Commission for the work we are doing.

Third Annual Funder’s Forum
On June 24, First 5 held its Third Annual Funder’s Forum. First 5 is very proud of its Capacity Building Academy graduates and the collaborations and relationships that are being built from this experience. A big thank you to Greg Devereaux, CEO for San Bernardino County and Gary Ovitt, 4th District Supervisor for their support of First 5’s event and its tie in to the Countywide Vision.

National Breastfeeding Awareness Month
August marks the month for National Breastfeeding Awareness. The U.S. Department of Health and Human Services funds this campaign in hopes to empower women to commit to breastfeeding by highlighting new research about its health benefits to newborns and mommies. These benefits for babies include less
digestive problems, asthma, diabetes, respiratory problems and earaches. Look for more information during the month of August.

Changes to Agenda
No changes.

Consent
A motion was made by Commissioner Ramos and seconded by Commissioner Weinstein to approve the Consent Items. Without further comment or objection, motion carried.

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<th>Item No.</th>
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<tr>
<td>1</td>
<td>Approve minutes of June 19, 2013 Commission Meeting. (Affected Districts: All) (Presenter: Ann M. Calkins, Executive Assistant, 387-1502)</td>
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<tr>
<td>2</td>
<td>Rescind approval of Children’s Network Contract SI016 from the June 19, 2013 Commission Meeting in the amount of $170,139 for the provision of services provided by the Screening, Assessment, Referral and Treatment (SART) Coordinator for Fiscal Year 2013-2014 and approve revised contract correcting signing authority. (Affected Districts: All) (Presenter: Cindy Faulkner, Operations Manager, 387-1504)</td>
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<td>3</td>
<td>Rescind approval of Children’s Network Contract CE009 Amendment A2 from the May 15, 2013 Commission Meeting in the amount of $411,344 for FY 2013-2014 for a total contract amount not to exceed $1,297,450 to implement countywide educational campaigns and community events addressing child abuse prevention and approve revised contract correcting signing authority. (Affected Districts: All) (Presenter: Cindy Faulkner, Operations Manager, 387-1504)</td>
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<td>4</td>
<td>Rescind approval of High Desert Outreach Center Contract SI015 from the June 19, 2013 Commission Meeting in the amount of $205,160 for Fiscal Years 2013-2015 and approve revised contract correcting the name of the legal entity to read High Desert Community Foundation. (Affected Districts: First District) (Presenter: Cindy Faulkner, Operations Manager, 387-1504)</td>
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<td>5</td>
<td>Approve Assignment Agreement for Contract SI012 between the Loma Linda University Medical Center Pediatrics Department and Loma Linda – Inland Empire Consortium for Healthcare Education in the amount of $144,256 for Fiscal Years 2013-2016 to provide a Child Abuse Pediatric Fellowship. (Affected Districts: All) (Presenter: Cindy Faulkner, Operations Manager, 387-1504)</td>
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<tr>
<td>Item No.</td>
<td>DISCUSSION ITEMS</td>
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<td>6</td>
<td>Reject offer for a new lease at the reduced monthly rental rate of $15,923.61 ($1.25/sq ft.) for premises currently leased at 330 North D Street, Suite 500, (Fifth Floor), San Bernardino, CA 92415-0442. (Affected Districts: All) (Presenter: Karen E. Scott, Executive Director, 387-1502)</td>
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<td><strong>Discussion</strong> None</td>
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<td><strong>Public Comment</strong> None</td>
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<td>A motion was made by Commissioner Daniels and seconded by Commissioner Hill to reject the offer as recommended in Agenda Item 6. Without further comment or objection, motion carried.</td>
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<tr>
<td>7</td>
<td>Approve Contract IC024 with Three Carnegie Plaza as lease agreement for office space for First 5 San Bernardino, located at 735 Carnegie Drive, Suite 150, San Bernardino, effective November 1, 2013, in the amount of $3,335,013. (Affected Districts: All) (Presenter: Karen E. Scott, Executive Director, 387-1502)</td>
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<td><strong>Discussion</strong> Commissioner Ohikhuare inquired as to the yearly rental rate. Ms. Scott stated the yearly rate is $279,447. Commissioner Daniels asked if Commission meetings will be held at the new location. Ms. Scott stated staff is planning on holding meetings at that location and will be meeting with GM Business Interiors to review furniture plans and hear suggestions for office, conference and meeting rooms. Ms. Scott stated there is a conference room at the new location that is large enough to accommodate Commission meetings. Supervisor Ramos asked if we end the lease early would the required $300,000 to opt out of the lease be noted in our audit as restricted funds. Debora Dickerson-Sims stated she would discuss this with the auditors and report back to the Commission.</td>
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<td><strong>Public Comment</strong> None</td>
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<td>A motion was made by Commissioner Egge and seconded by Commissioner Weinstein to approve Agenda Item 7. Without further comment or objection, motion carried.</td>
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<td>8</td>
<td>Ratify action of the Executive Director in issuing letter of intent to participate in the First 5 Service Corps program for Fiscal Year 2013-2014 and authorize $80,200 funding match for Prevent Child Abuse Prevention California four (4) AmeriCorps service member positions to provide school readiness services for fiscal year 2013-2014. (Affected Districts: All) (Presenter: Mary Alvarez, Staff Analyst II, 387-1508)</td>
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<td><strong>Discussion</strong> Commissioner Egge asked how the participants are chosen. Ms. Alvarez stated First 5 staff is in the midst of a recruitment to fill four slots. Fifteen (15) applications have been received in addition to the two current AmeriCorps participants. Commissioner Hill asked if the AmeriCorps workers who were present could...</td>
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describe their activities at the schools. Regina Williams and Diana Yegge explained that they assist children in sounding out words, recognizing letters and writing their names, in addition to preparing lesson plans. Ms. Williams and Ms. Yegge expressed that working with the children has been a very rewarding experience. Ms. Alvarez added that the AmeriCorps workers also conduct pre and post assessments, and collect data for math, literacy and social/emotional competencies. Ms. Alvarez stated she will share this data with the commissioners upon completion of the reporting period.

Public Comment
None

A motion was made by Commissioner Ramos and seconded by Commissioner Hill to ratify Agenda Item 8. Without further comment or objection, motion carried.

Approve Contract EC026 with the San Bernardino County Child Care Planning Council (CCPC) under the umbrella of San Bernardino County Superintendent of Schools in the amount of $2,699,778 for fiscal year 2013-2016 to provide countywide services as identified in the First 5 California CARES Plus program guidelines and required 3:1 local cash match. (Affected Districts: All) (Presenter: Mary Alvarez, Staff Analyst II, 387-1508)

Discussion
Marian Carter, Superintendent of Schools, spoke on behalf of the contractor. Ms. Carter is also the local ChildCare Planning Council coordinator. Ms. Carter stated they expect 800 students this fiscal year to participate in the program. Vice-Chair Ohikhuare asked how are we really sure that this is making a difference? Ms. Carter responded that this is gauged by the responses received from the teachers. The teachers are learning and improving their professional growth and interaction with the children. The California Department of Education has research-based training especially for the age group and it is an amazing benefit for the teachers and in turn, benefits the child. It has affected so many children in San Bernardino County and is a wonderful program. Ms. Carter thanked the Commission for funding the last two years and hopes it continues for the next three years.

Vice-Chair Ohikhuare stated he wished there was a way to measure some outcomes. Ms. Scott asked if Ms. Carter could speak about the data that is collected at the State level. Ms. Carter said the State has a data system and the Superintendent of Schools enters every aspect of the participant’s information. Outcomes can be obtained immediately if the Commission wishes to see a report.

James Moses, currently the Regional Director for ChildCare Resource Center stepped up to the podium to state he was the previous coordinator for the CARES Program. He stated that the best recognition for the results for children is through class assessments. He explained the class tool is an assessment tool that’s used starting with the Head Start program and is now used in our State pre-school programs as well. It is an assessment scoring system that focuses on teacher/child interaction. Locally and statewide, we are seeing that the assessments being done on teachers and the program is that scores are going up. A sampling of teachers in year one and year two are given a pre-assessment. Then a post-assessment is completed. The scores are going up across the board and improvement is seen in the teacher/child interaction.

There are also surveys completed by the teachers and program directors as well. These are some of the tools used to give indicators of improvement. Mr. Moses said there was some discussion of starting DRDP’s (Desired Results
Developmental Profile) as well, with the children. Teachers use this tool to assess growth in pre-school children.

Commissioner Hill stated she previously worked with the Superintendent of Schools when the first contract was approved. She noted the teachers were always willing to share what they were teaching the young people. The outcomes came from a very successful relationship with the students. Commissioner Hill stated she is confident Mr. Moses will be a good mentor for Ms. Carter in continuing the CARES Plus Program.

Commissioner Weinstein reiterated that early preparedness in childhood education is key. His wife is a teacher and has experienced children coming into third grade with just pre-kindergarten knowledge. Commissioner Weinstein appreciates that this program makes an impact early in the education of these children which will be of great benefit to them.

Commissioner Ohikhuare noted that this program definitely fits into the Countywide Vision of “cradle to career”.

Public Comment
None

A motion was made by Commissioner Hill and seconded by Commissioner Daniels to approve Agenda Item 9. Without further comment or objection, motion carried.

Public Comment
Gary Madden, United Way 2-1-1; Sarah Delgado, Christian Counseling Services

Commissioner Roundtable
Commissioner Hill suggested First 5 staff obtain a few back braces to assist in the moving effort from the current office location to the new one and ensure safety procedures are followed.

Adjournment
A motion was made by Commissioner Weinstein and seconded by Commissioner Egge to adjourn the meeting. Without further comment or objection, meeting adjourned at 4:27 p.m.

NOTE: MEETING IN OCTOBER FALLS ON FOURTH WEDNESDAY <<<

Next Commission Meeting
October 23, 2013 - 3:30 p.m.
County of San Bernardino Government Center, Covington Chambers
385 North Arrowhead Avenue, San Bernardino, CA 92415

Attest
Maxwell Ohikhuare, Vice-Chair
Ann M. Calkins, Commission Secretary
Subject

Employment Contract – Amanda Ferguson

Recommendations

Approve employment contract between the County of San Bernardino, Children and Families Commission, and Amanda Ferguson, Staff Analyst II, for an annual cost of $77,871 ($54,455 Salary, $23,416 Benefits), effective September 21, 2013. (Affected Districts: All) (Presenter: Karen E. Scott, Executive Director, 387-1502)

Background Information

Approval of this item will allow the Children and Families Commission (Commission) to fill the Staff Analyst II position to meet their staffing needs. The contract will be effective September 21, 2013, remain in effect for one year, and automatically renew for one-year periods subject to termination provisions of the contract. The contract can be terminated by either party without cause upon 14 days written notice to the other party. The Staff Analyst II position oversees and monitors direct service contracts with contracted agencies; conducts procurements, contract negotiations, and compliance reviews; prepares reports on the performance of the Commission’s program efforts; and serves as a subject matter resource for child health, development, and community engagement.

The California Children and Families First Commission uses California’s tax on cigarettes and tobacco products to provide services for the State’s youngest residents and their families. The San Bernardino County Commission collaborates with the community and child serving agencies to fulfill their mission of promoting, supporting, and enhancing the health and early development of children prenatal through age five and their families.

Under a Board of Supervisors’ approved agreement, the County and the Commission maintain a cooperative working relationship to effectively and efficiently implement the Commission’s mission. The terms and conditions of the agreement require Human Services to provide the Commission with support for the administration of staff benefits, review and action of Board agenda items, review and action of personnel-related issues, and provide employment contract administration services. The Commission reimburses the County for the cost of these services.

On February 12, 2013, at the request of the Commission, Human Resources provided a certification list of twelve qualified Staff Analyst II applicants. Two Commission Supervisors conducted interviews for several Staff Analyst II positions. Based on the interviews, resumes, and references, she was offered the position contingent upon Commission and Board approval.

Ms. Ferguson holds a Bachelor’s Degree in Psychology and a Master’s Degree in Child Development. She has five years of experience in managing grants and contracts and one year of research experience relating to Screening, Assessment, Referral, and Treatment (SART). Based on her education and experience, the Commission recommends Ms. Ferguson begin employment at the rate of $26.08 per hour.

Financial Impact

The annual cost of $77,871 is fully reimbursed by the Children and Families Commission’s (Commission) Trust Fund. Adequate appropriation and revenue have been included in the Commission’s 2013-14 budget and will be included in future recommended budgets.
Human Resources (Mark DeBoer, Human Resources Officer III, 387-5564) on July 29, 2013; Human Services Contracts (Regina Dalton, Acting Contracts Manager, 388-2041) on August 7, 2013; the Office of County Counsel (Kenneth C. Hardy, Deputy County Counsel, 387-5455) on August 13, 2013; Human Services Administration (Lynne Fischer, Administrative Analyst, 388-0253); August 14, 2013; the County Administrative Office (John Hallen, Administrative Analyst, 388-0208) on August 14, 2013; and Finance & Administration (Art Gomez, Deputy Executive Officer, 388-0252) on August 23, 2013.

Report on Action as taken

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<td>Abstained:</td>
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<td>Comments:</td>
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<td>Witnessed:</td>
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THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name
Amanda Ferguson
hereinafter called Contractor

Address
Address on file

Telephone
Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

WHEREAS, County desires to obtain the services of Contractor on the terms and conditions set forth in this Contract; and

WHEREAS, Contractor has the skills and knowledge necessary to provide services for the County;

NOW, THEREFORE, in consideration of mutual covenants and conditions, the parties agree as follows:
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VII. CONCLUSION ............................................................................................................................ 9
I.  DUTIES AND RESPONSIBILITIES OF CONTRACTOR

Contractor shall be employed as a Staff Analyst II with the Children and Families Commission (Commission). Contractor shall work cooperatively with the staff of the Commission under the direction of the Operations Manager, performing a broad range of responsibilities including, but not limited to, the following:

A. Plan, coordinate, and complete program activities directly supporting the program’s purpose and mission, in accordance with the strategic plan and Commission guidance.

B. Exercise sound judgment in problem solving and decision making; provide recommendations for program improvements and enhancements.

C. Serve as principal contact to assigned contracted service agencies; conduct procurements, contract negotiations and preparations, and program performance and compliance monitoring; provide technical assistance; serve as program’s representative for designated geographic area(s).

D. Serve as technical assistant and subject matter resource for child health, child development, family functioning, system integration, community engagement, and/or related areas; provide, either directly or through other resources, information and assistance about subject area; participate in projects related to subject area as representative of the program.

E. Either independently or as a member of staff team, conduct procurements, contract/agreement negotiations and preparations, and administrative performance and compliance reviews; verify and report on adherence to internal and mandated policies and procedures relating to contracted service agencies and program performance; monitor and report on the timely completion of contract and program requirements.

F. Participate in the development and implementation of goals, objectives, and strategies for engaging the community; develop and sustain effective relationships with community-based organizations, public agencies, community leaders, and other Commission stakeholders.

G. Provide input and support in the dissemination of news and information to the press, radio, television, and the Internet through written releases, personal interviews, and press conferences; act as liaison between the Commission and media.

H. Prepare written and oral reports on performance and results of Commission program efforts; ensure timely distribution of information to Commission management, Commissioners, and the community.

I. Represent Commission at various governmental and community meetings.

J. Provide presentations on program and services provided; explain program goals and objectives on an individual or group basis for informational and/or coordination purposes.

K. Assist in the promotion of partnership meetings within service areas to provide for the mutual gathering and sharing of information, strategic planning, community asset and needs assessments, collaboration, leveraging of resources, program enhancements, and joint operations.

L. Resolve issues and problems, and facilitate appropriate solutions, either directly or in coordination with other agencies.

M. Conduct negotiations; prepare contracts, memorandums of understanding, and other agreements to provide required services; prepare amendments; coordinate reviews and approvals.

N. Develop contract monitoring procedures and forms; conduct monitoring of contracts and other agreements for compliance with contract provisions; conduct site visits; monitor actual program performance in relation to projected performance to ensure that program objectives are met; develop and monitor implementation of corrective actions as required.

O. Assist contracted agencies in developing evaluation methodologies, including tools, to measure outcomes.
P. Analyze program, participants, and other information; prepare reports, briefings, summaries, documents, agenda items, and correspondence in a complete, concise, and accurate manner; present reports and briefings in both written and verbal manner to the Commission and the public at large.

Q. Prepare and maintain records, files, and data, both electronically and non-electronically.

R. Organize, coordinate, and complete assigned special projects.

S. Provide program related status and other informative reports to management and appropriate staff and agencies in a timely and accurate manner.

T. May supervise a small staff; assign and evaluate their work.

U. Perform other special projects and duties as assigned.

V. Provide vacation coverage and temporary relief as required.

W. Travel throughout the County and State as required.

II. CONFLICT OF INTEREST

As a condition of employment, Contractor does hereby agree to follow and uphold the Conflict of Interest policy of the County’s Personnel Rules as follows:

No official or employee shall engage in any business or transaction or shall have a financial or other personal interest or association, direct or indirect, which is in conflict with the proper discharge of official duties or would tend to impair independence of judgment or action in the performance of official duties. Personal, as distinguished from financial interest, includes an interest arising from blood or marriage relationships, or close business, personal or political associations. This section shall not serve to prohibit independent acts or other forms of enterprise during those hours not covered by active County employment; providing such acts do not constitute a conflict of interest as defined herein. Contractor is also subject to the provision of California Government Code Sections 1090, 1126, 87100, and any other conflict of interest code applicable to County employment.

III. TERM

This Contract shall be effective September 21, 2013, and shall remain in effect for one year and shall be automatically renewed for one-year periods, subject to the termination provisions of this Paragraph. Notwithstanding the foregoing, either party may terminate this Contract at any time without cause with a fourteen (14) day prior written notice to the other party. This Contract may be terminated for just cause immediately by the County or the Commission. Contractor shall serve at the pleasure of the County and the Executive Director, or his/her designee, who shall have the full authority and discretion to exercise County rights under this Paragraph.

IV. COMPENSATION OF CONTRACTOR

Upon the effective date of this Contract, Contractor shall be considered a contract employee in the County’s Unclassified Service. Contractor shall only receive the benefits and compensation specifically set forth in this Contract. This Contract provides for the full compensation to Contractor for the services required hereunder.

A. SALARY RATE

Contractor shall be compensated for services at a rate of $26.08 per hour. Contractor shall be evaluated and will be eligible to receive an approximate 2.5% step increase after 2,080 service hours upon approval of the appointing authority. Thereafter, Contractor shall be eligible to receive an approximate 2.5% step advancement on the first day of the pay period following the pay period
in which the employee completes 2,080 service hours, up to a maximum of $33.28 per hour, based on a meets standards work performance. Contractor does not gain probationary or regular status during the term of this contract. Payment for services shall be made bi-weekly during the term of this contract under Section III.

B. OVERTIME

Overtime is defined as all hours actually worked in excess of forty (40) hours per work week. If Contractor is authorized by Executive Director, or designee, to work overtime, Contractor shall be eligible to receive Overtime compensation at one and one half (1 1/2) times the Contractor’s regular rate of pay.

In lieu of cash payment, upon request of the Contractor and approval of the appointing authority, Contractor may accrue compensating time off at premium hours. Cash payment at the Contractor’s base rate of pay shall automatically be paid for any compensating time, which exceeds eighty (80) hours, or for any hours on record immediately prior to termination of contract.

C. LEAVE PROVISIONS

Contractor shall receive, or be subject to, the following Leave Provisions in the same manner and amount as employees in the Administrative Services Unit: Bereavement, Blood Donation, Compulsory, Holiday, Jury Duty, Sick, and Vacation.

Refer to Item M in this section for processing of leave balances upon termination of contract.

D. BENEFIT PLAN

Contractor must enroll in a health and dental plan offered by the County, unless enrolled in a comparable group health plan. Contractor shall receive the Medical Premium Subsidy (MPS) to offset the cost of health plan premiums charged to Contractor. The MPS shall not be considered compensation earnable for purposes of calculating benefits or contributions for the San Bernardino County Employee’s Retirement Association. The applicable MPS shall be paid directly to the provider of the County-sponsored health plan in which the eligible employee has enrolled. In no case shall the MPS exceed the total cost of the health insurance premium for the coverage selected (e.g., when the MPS amounts exceed the lowest HMO cost). The MPS amounts are as follows: $166.89 per pay period for “employee only” coverage; $297.31 per pay period for “employee + 1” coverage, and $407.43 per pay period for “employee + 2” coverage.

Contractor shall receive a Dental Premium Subsidy (DPS) in an amount up to $9.46 per pay period. The applicable DPS amount shall be paid directly to the provider of the County sponsored dental plan in which the eligible employee has enrolled. In no case shall the DPS exceed the total cost of the dental insurance premium for the coverage selected (e.g., when the DPS amounts exceed the dental plan cost).

To be eligible for the MPS and DPS, Contractor must have received pay for at least one-half plus one hour of scheduled hours in a pay period.

Contractor shall not receive Benefit Plan contributions if Contractor chooses to “opt-out” or “waive” from the County sponsored health plans.

Subject to carrier requirements, the County shall pay the premiums for vision care insurance for Contractor (employee-only coverage) if Contractor is scheduled and receives pay for at least forty-one (41) hours per pay period.

E. LIFE INSURANCE

The County shall pay premiums for a term life insurance policy for Contractor in the same manner and amount as Administrative Services Unit employees. County paid life insurance will become effective and continue for each pay period in which the Contractor is paid for one half plus one of Contractor’s
scheduled hours. For pay periods in which Contractor does not meet the paid hours requirement, Contractor shall have the option of continuing life insurance coverage at Contractor’s expense.

Contractor shall be eligible to purchase Accidental Death and Dismemberment Insurance coverage and additional supplemental term life insurance in the same manner and amount as offered by the County to employees in the Administrative Services Unit.

F. EXPENSE REIMBURSEMENT
Contractor shall be eligible for expense reimbursement in the same manner and amount as employees in the Administrative Services Unit.

G. RETIREMENT PLAN
Contractor shall participate in the County's general employee retirement system during the term of this contract. Contractor shall pay the required employee contribution for the term of the contract. Contractor's participation in the general retirement system shall be in accordance with the applicable terms of the California Public Employees' Pension Reform Act of 2013 (Gov't Code section 7522 et seq.).

H. RETIREMENT MEDICAL TRUST (“Trust”)
Upon termination of this contract, Contractor shall be eligible to convert the cash value of unused sick leave to the Trust in the same manner and amount as employees in the Administrative Services Unit, provided the Contractor meets the eligibility requirements (e.g., years of service, etc.) for participation. Contractor shall not receive County contributions to the Trust.

Please see Item M in this section for processing of unused sick leave balances upon termination of this contract.

I. SALARY SAVINGS PLAN
Contractor shall be eligible to participate in the County’s 457(b) Salary Savings Plan per the plan document. Contractor shall not receive County match contributions with respect to participation in such Plan.

J. DEPENDANT CARE ASSISTANCE PLAN (DCAP) AND FLEXIBLE SPENDING ACCOUNT (FSA) PLAN FOR MEDICAL EXPENSE REIMBURSEMENT
Contractor shall be eligible to participate in the County's DCAP and FSA Plans per the Plan documents. Contractor shall not receive any County match contributions with respect to participation in either Plan.

K. LEGALLY REQUIRED BENEFITS
Contractor shall receive all benefits as required by law when eligible (e.g., FMLA, Military Leave, Time off for Voting, and Medicare). Where the County provides a greater benefit than is required by law, Contractor shall only receive the minimum benefit in accordance with the law, unless the greater benefit is specifically provided for in another provision of this contract.

L. SHORT TERM DISABILITY
Contractor shall be eligible to receive the same Short-Term Disability insurance benefits as offered to employees in the Administrative Services Unit.

M. BENEFITS UPON TERMINATION OF CONTRACT
Contractor Separated from County Service
Upon separation from County employment, Contractor shall be compensated for any unused Vacation and Holiday Leave at the then base rate of pay. Contractor will be eligible to convert the cash value of unused Sick Leave to the Retirement Medical Trust Fund in the same manner and amount as employees in the Administrative Services Unit if eligibility requirements are met. If the eligibility requirements are not met at the time of separation, all unused sick leave shall be forfeited.
**Contractor to Regular County Employment**

In the event this Contract is terminated because Contractor is appointed to a regular position, without a separation from County employment, the employee shall be provided a new date of hire (i.e., Regular Hire Date). Eligibility for benefits including, but not limited to, retirement system contributions, health benefits, and leave accrual rates shall be based upon the provisions of the applicable Memorandum of Understanding (MOU) or ordinance in effect at the time Contractor is appointed to a regular position. Seniority, for purposes of layoff, shall be determined by the most recent Regular Hire Date or as otherwise provided in the applicable MOU.

At the sole discretion of the appointing authority of the County department or office in which appointment to the regular position is made, unused leave balances may be maintained and carried over. Any leave balances carried over shall be in accordance with the applicable MOU for the bargaining unit associated with the position hired into. Any leave balances not authorized to be carried over will be distributed as outlined in "Contractor Separated from County Service" above.

**Contractor to New Contract Position**

In the event the Contractor accepts another contract position with the County without a break in service, at the sole discretion of the appointing authority of the County department or office in which appointment to the contract position is made, unused leave balances may be maintained and carried over. Any leave balances carried over shall be in accordance with the applicable MOU for the bargaining unit associated with the position hired into. Any leave balances not authorized to be carried over will be distributed as outlined in “Contractor Separated from County Service” above.

**V. GENERAL PROVISIONS RELATING TO CONTRACTOR**

**A. TOUR OF DUTY**

Contractor’s standard tour of duty (regularly scheduled work week) shall be established by the Executive Director, or his/her designee. The Executive Director, or his/her designee, may modify or change the number of hours in a standard day, tour of duty or shift to meet the needs of the service. Contractor shall not work more than 40 hours per work week without prior approval from the Executive Director, or his/her designee.

**B. CLASSIFICATION**

Contractor will not attain regular status in this position, and as an unclassified employee, will not be provided those rights under the San Bernardino County Personnel Rules afforded only to employees who have attained regular status. This contract does not expand or alter any jurisdiction established by the Personnel Rules or any MOU. Contractor shall adhere to the County's and Department's standards of employee conduct, including all applicable rules, policies, and regulations. Violation of applicable standards may result in contract termination or lesser penalties.

**C. WORKERS’ COMPENSATION AND LIABILITY COVERAGES**

Contractor shall be covered by the County's Workers' Compensation insurance coverage during the hours actually worked under this contract. Contractor shall be covered by the County's Public Liability Insurance only while performing services under this contract. Contractor shall only receive those benefits as required by law.

**D. USE OF VEHICLE**

If the services to be performed under this contract require Contractor to drive a vehicle, Contractor must possess a valid California driver's license at all times during the performance of this Contract. The County may require Contractor to use a County vehicle.

Contractor agrees to allow County to obtain a Department of Motor Vehicles report of Contractor's driving record.
In order for Contractor to be able to use a private vehicle during the performance of this contract, Contractor shall be covered by vehicle liability insurance at least equal to the minimum requirements of the California Vehicle Code. Such requirements currently are:

1. Fifteen thousand dollars ($15,000) for single injury or death;
2. Thirty thousand dollars ($30,000) for multiple injury or death;
3. Five thousand dollars ($5,000) for property damage.

Failure to comply with the requirements of this Paragraph shall be deemed cause for termination of this contract, pursuant to Section III.

E. EVIDENCE OF ELIGIBILITY TO WORK

Contractor shall submit evidence of eligibility to work in the United States and verification of identity within three (3) working days of the effective date of this contract. Contractor shall submit to a pre-employment background check, including a medical examination through the County's Center for Employee Health and Wellness. This provision is satisfied if Contractor is a current employee who previously met the requirement of this provision.

F. DIRECT DEPOSIT

Contractor must make arrangements for the direct deposit of paychecks into the financial institution of their choice via electronic fund transfer.

G. MISCELLANEOUS

Government Code section 53243.2 requires the following provision be included in this Contract: If this Contract is terminated, any cash settlement related to the termination that Contractor may receive from the County shall be fully reimbursed to the County if Contractor is convicted of a crime involving an abuse of his or her office or position, as defined in Section 53243.4.

VI. REIMBURSEMENT AND INDEMNIFICATION

A. The Commission agrees to reimburse the County for total compensation cost of the employee.

B. The Commission shall indemnify, defend, and hold harmless the County, its authorized officers, employees, agents, and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of the County's provision of the contracted personnel to the Commission.
VII. CONCLUSION

This contract, consisting of nine (9) pages, is the full and complete document describing services regarding the Contractor’s rights and obligations of the parties, including all covenants, conditions and benefits.

COUNTY OF SAN BERNARDINO

►

Janice Rutherford, Chair, Board of Supervisors

Dated: ________________

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIR OF THE BOARD

Laura H. Welch
Clerk of the Board of Supervisors
of the County of San Bernardino.

By: ____________________
Deputy

By: ____________________
Authorized signature – sign in blue ink

Name: Amanda Ferguson

Title: Staff Analyst II

Dated: ____________________

Address: Address on file

Approved as to Legal Form

► Kenneth C. Hardy, Deputy County Counsel

Reviewed by Contract Compliance

► Regina Dalton, HS Contracts Unit

Presented to BOS for Signature

► Linda Haugan, Assistant Executive Officer for Human Services

Date ________________

Date ________________

Date ________________
AGENDA ITEM 3
SEPTEMBER 4, 2013

Subject

Loma Linda University Children’s Hospital Perinatal Telehealth Program

Recommendations

Approve Contract HW053 with Loma Linda University Medical Center for an amount not to exceed $864,593 for fiscal years 2013-2015 for a two year Perinatal Telehealth Program serving the High Desert and Morongo Basin to improve birth outcomes, commencing September 5, 2013.

(Affected Districts: All)

(Presenter: Bobbi Albano, Staff Analyst II, 387-1511)

Background Information

On February 6, 2013, First 5 San Bernardino (F5SB) received Commission authority to provide an investment to Loma Linda University Medical Center (LLUMC) Children’s Hospital Perinatal Institute to develop a plan with the goal of implementing a telehealth project serving the High Desert and outlining areas to improve birth outcomes. In aiming to strengthen existing systems, support programs and services with demonstrated records of success achieving impact, and evaluating potential resources for sustainability, F5SB sought to enhance its partnership with Loma Linda University Medical Center Children’s Hospital. An analysis of other local First 5 Commissions showed great leverage and benefit partnering with the local children’s hospital to improve outcomes for children.

From February to June 2013, LLUMC conducted strategic planning and startup, which included assessment of proposed coverage area; prioritizing service options; identifying and securing agreements with partner hospitals; developing program policies and procedures; developing treatment protocols; determining and solidifying technological infrastructure; and developing evaluation goals and objectives. On June 28, 2013, LLUMC submitted the Telehealth Business Case Report to F5SB. After an extensive review of the report, followed by a clarity review meeting with key staff of the implementation group, it was determined that this project continues to align with Commission Level outcomes.

Participating providers and delivering facilities will increase patient access to specialists and allow for direct communication between these specialists, the network of providers, and patients in these underserved areas to improve birth outcomes.

Financial Impact

$864,593 for Fiscal Years 2013-2015

Review

Regina Coleman, Commission Counsel

Report on Action as taken

Action:

Moved: Second:

In Favor:

Opposed:

Abstained:

Comments:

Witnessed:
## CHILDREN AND FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY

### STANDARD CONTRACT

THIS CONTRACT is entered into in the State of California by and between the Children and Families Commission for San Bernardino County, hereinafter called the Commission, and

Legal Name (hereinafter called the Contractor)
Loma Linda University Medical Center
Department/Division
Children’s Hospital - Perinatal Institute
Address
11234 Anderson Street, Suite 3410
Loma Linda, CA 92354
Phone
(909) 558-7496
Federal ID No.
95-3522679

### IT IS HEREBY AGREED AS FOLLOWS:

WHEREAS, the Commission has been authorized by the State of California under Section 130100 - 130155 of the Health and Safety Code and Section 30131.2 of the Revenue and Taxation Code, in accordance with the Children and Families Act of 1998, to promote, support and improve the early development of children prenatal through age five, and

WHEREAS, the Commission has been authorized by these cited references and by County of San Bernardino Code under Sections 12.291 – 12.297 to contract with organizations for services to children prenatal through age five and their families in San Bernardino County, and

WHEREAS, the Commission desires that such services be provided by Contractor and Contractor agrees to provide the services as set forth in this Contract,

NOW THEREFORE, in accordance with the conditions stated herein, the Commission and Contractor mutually agree to the following terms and conditions:

<table>
<thead>
<tr>
<th>Commodity Code</th>
<th>Contract Start Date</th>
<th>Contract End Date</th>
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<th>Amendment Amount</th>
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<td>June 30, 2015</td>
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<th>Organization PROG</th>
<th>Appr. 300</th>
<th>Obj/Rev Source 3357</th>
<th>GRC/PROJ/JOB No. HESTMY14</th>
<th>Amount</th>
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|------------|--------------|-------|----------------|------------------|--------|

### Abbreviated Use
Perinatal Telehealth Program

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Total by Fiscal Year

<table>
<thead>
<tr>
<th>FY</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Program Address (if different from legal address):
Same

### IT IS HEREBY AGREED AS FOLLOWS:

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<table>
<thead>
<tr>
<th>Contract Database</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Input Date</td>
<td>Keyed By</td>
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I. DEFINITIONS

**Accessibility:** Ease of obtaining services, measured by addressing geographical, travel and other barriers.

**Asthma:** Is a disease/condition that affects the lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing and is one of the most common long-term diseases of children although adults may also have this condition.

**Ages and Stages Questionnaire (ASQ-3):** A developmental screening tool to screen young children to easily identify potential delays as early as possible and determine which children need further assessment or ongoing monitoring. The ASQ:Social Emotional (ASQ-SE) tool measures the social and emotional competence of children.

**Basic Needs:** Necessities to meet the food, shelter, and immediate safety needs of a parent and/or child. These resources are meant to address an immediate need.

**C4Yourself:** A Component to the C-IV System that allows customers to apply for Food Stamps, Medi-Cal, CalWORKS, and CMSP via the internet. Customers enter information to apply online and the data transfers to the C-IV System automatically. Customers have the ability to complete and submit their annual redeterminations/recertifications, access their quarterly/mid-year status reports and have the ability to view the status of their cash/benefits.

**Capital Expenses:** Costs of construction projects, including but not limited to; brick and mortar type projects, demolition, room expansion, carpet installation, air-conditioner or water heater installation/replacement, wheelchair access ramps, stationary playgrounds or vehicle purchases.

**Care Coordination:** A service deliverable that includes the following activities: implementing an active outreach system to underserved populations, establishing a family’s eligibility for services or funding, providing information, answering questions and helping people make decisions about services, helping families complete paperwork to obtain services, making and following up on referrals to health care providers, helping families find interpreters, determining potential barriers for parents and problem-solving to reduce the barriers, arranging for transportation for medical appointments, scheduling appointments and coordinating with other health care appointments if possible, explaining the importance of health care and answering some common health questions, reviewing responsibilities and rights of patients and of health care providers, coordinating with families to facilitate follow-up on recommendations and routine care, and providing re-enrollment assistance.

**Case Management:** A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client’s needs in a limited time frame based on a service plan not to exceed one (1) year in duration. Characterized by advocacy, communication, resource management, quality cost-effective interventions and outcomes, and linking the client with systems.

**Cost Effectiveness:** Achieving the desired goal with the minimum of expenditure.

**Child Care Licensing:** Managed by the State of California. This agency licenses and monitors Family Child Care Homes and Child Care Centers in an effort to ensure they provide a safe and healthy environment for children who are in day care.

**Child Development Permit Matrix:** Issued through the California Commission on Teacher Credentialing who authorize multiple permit levels for a variety of services in child care and child development programs.

**Dental Screening:** A visual assessment of the child’s oral health, done without instrumentation or the use of x-rays or any other diagnostic equipment. The provider observes, provides fluoride varnish and notes the condition of the teeth, surrounding soft tissues, simple jaw relationships and overall oral hygiene.

**Dental Treatment:** Includes a thorough dental examination with the use of x-rays and proper instruments to diagnose the condition of the teeth and other oral structures. A full scope of treatment may include preventative services, such as cleaning and oral hygiene instruction for parent and/or child, as well as restoration or removal of damaged teeth and proper space maintenance. Complete
treatment results in the proper function and comfort of the child’s mouth in a developmentally appropriate way. It anticipates the best possible outcome for healthy permanent teeth.

**Desired Results Development Profile (DRDP):** An observation tool for teachers to record individual progress toward the achievement of four Desired Results for children: Children are personally and socially competent; Children are effective learners; Children show physical and motor competence; Children are safe and healthy.

**Direct Costs:** Costs that can be identified specifically with a particular final cost objective, such as a particular project, service, or other direct activity of an organization.

**Evidence-Based:** Refers to the use of research and scientific studies as a base for determining best practices.

**Full Time Equivalent (FTE):** A measurement equal to one staff person employed in a full-time work schedule and which is, for purposes relating to this contract, calculated at 2,080 hours in a year. FTEs provide a common unit of measurement for positions budgeted. The number of FTEs is the cumulative value expressed, using the full-time equivalent measurement as a baseline, as a total percentage of time or as a total percentage of funds related to a particular classification.

**Federally Qualified Health Center (FQHC):** Entities as defined by the Social Security Act at section 1905(l)(2) which, "(i) is receiving a grant under section 330 of the Public Health Service Act, or (ii)(I) is receiving funding from such a grant under a contract with the recipient of such a grant and (II) meets the requirements to receive a grant under section 330 of the Public Health Service Act, (iii) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, and is determined by the Secretary to meet the requirements for receiving such a grant including requirements of the Secretary that an entity may not be owned, controlled, or operated by another entity; or (iv) was treated by the Secretary, for purposes of Part B of title XVIII, as a comprehensive Federally-funded health center as of January 1, 1990, and includes an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act for the provision of primary health services." In considering these definitions, it should be noted that programs meeting the FQHC requirements commonly include the following (but must be certified and meet all requirements stated above): Community Health Centers, Migrant Health Centers, Healthcare for the Homeless Programs, Public Housing Primary Care Programs, Federally Qualified Health Center Look-Alikes, and Tribal Health Centers.

**Indirect Costs:** Costs that have been incurred for the benefit of multiple projects or activities and cannot be readily identified with a particular final cost objective. An organization having several major functions may need to accumulate the indirect costs into separate groupings and then allocate proportionally to the benefiting functions by means of a base which best measures the relative degree of benefit. The indirect cost rate would be used to distribute the proportional amount of indirect costs to the individual projects or activities based on a Board approved cost allocation plan.

**Life Skills Progression (LSP):** An outcome measurement instrument designed for use by programs serving low income parents of children aged 0-3 years, but it can extend to age 60 months. There are 43 parent and child scales which describe a spectrum of skills and abilities over six major categories of functioning. The LSP is used to collect outcomes data, to monitor client strengths and needs, to plan clinical interventions, and provide data for research purposes.

**Kindergarten Student Entrance Profile (KSEP):** A screening tool to measure the developmental readiness of each student upon entering kindergarten for the first time. It serves as a baseline assessment and provides data on student’s readiness as they enter kindergarten.

**Nurturing Parenting:** Family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long term goals are to prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors.

**Obesity:** Defined as a BMI at or above the 95th percentile for children of the same age and sex within the ages of 2-19 years.
**Outcome:** The result, which the Commission seeks (as outlined in the Strategic Plan) and to which all performance targets must contribute to a measurable change.

**Overweight:** Is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex within the ages of 2-19 years.

**Parenting Education:** Programs that improve knowledge and increase positive parenting skills.

**Participant:** A recipient of funded services in accordance with the target population, are children, prenatal through age five and/or pregnant women.

**Participant Support:** Budget line item category for items purchased to remove barriers or to provide motivation to participants upon completion of the program. Items purchased should be relative to the program objectives. Gift cards are not an allowable expense.

**Participant Transportation:** Budget line item category for costs involved with transporting participants to needed services and/or appointments.

**Perinatal Parent Education Program:** Programs that address the concerns and needs of a pregnant woman, her infant child, and the woman’s support system. These programs address and affect not only healthy birth outcomes but improved child well being and family stability outcomes as well.

**Performance Target:** The specific result that a Contractor seeking investment will commit to achieve. It is tangible in the sense that it can be verified and narrow enough to be directly achieved by the Contractor. It almost always represents a measurable change in the participant of a program.

**Professional Services/Consultants:** Independent contractors hired to perform services not related to providing direct services. Examples include janitorial services, bookkeeping services, speakers, etc.

**Program Materials/Supplies:** Budget line item category for items directly related to service delivery such as course curriculum, children’s books, journals used by participants, child development toys, etc.

**Program Work Plan:** A plan that includes the Performance Targets of a program and serves as a way to manage the program to achieve desired results and measurable outcomes.

**Quality Child Care:** Licensed child care and early learning programs (including home-based and center-based care) are safe, healthy, nurturing, stimulating, supportive, interactive, culturally appropriate and sensitive to the needs of all children. They promote early education and the development of trusting relationships to support individual children’s physical, emotional, social and intellectual development.

**Relapse:** The process of becoming unable to cope with life in sobriety. The process may lead to renewed alcohol or drug abuse, physical or emotional collapse, or suicide and is marked by predictable and identifiable warning signs that begin long before a return to use or collapse occurs.

**Relapse Prevention:** Efforts to teach people to recognize and manage warning signs so that they can interrupt the progression to relapse or collapse and return to the process of recovery.

**Request for Proposal (RFP):** The document used to solicit a solution or solutions from potential Contractors to a specific problem or need.

**Researched Based:** See evidence-based: Using research as the basis for determining best practices.

**Resource Center:** A facility to which children, prenatal through age five, and families access services needed. Two basic program elements must be present at a Resource Center for it to meet the minimal definition: (i) referrals and linkages to critical services and programs, not represented physically at the center, and (ii) case management (see definition for Case Management).

**Rural Health Clinic (RHC):** Clinics that are certified under section 1861(aa)(2) of the Social Security Act to provide care in underserved areas, and therefore, to receive cost-based Medicare and Medicaid reimbursements.

**Satisfaction Survey:** Survey designed to measure the participant’s overall satisfaction with the services rendered. Satisfaction Surveys address specific aspects of service provision in order to identify problems and opportunities for improvement.
**Special Needs:** Children having an identified disability, health, or mental health condition(s) that require early interventions, special education services, or other specialized supports.

**Staff Development/Training:** Budget line item category for expenses associated with staff training, conferences, retreats, classes, and any other staff development activities related to the funded program.

**Staff Mileage/Travel:** Budget line item category for employee mileage and travel costs (including lodging and food) for travel related to the program, based on the current IRS allowable rate.

**Strengthening Families™:** A framework for working with children and families. The approach allows for consistency across child- and family-serving systems and acknowledges the interdependent factors affecting families every day. The foundation of this framework is built upon five research-based Protective Factors. When these Protective Factors are present and robust, families are less likely to experience child abuse or neglect and are more equipped to create environments for young children’s optimal development.

**Subcontractor:** Agencies contracted by the primary Contractor to provide direct services for which they will be responsible for achieving the performance targets for the portion of services they are providing. Contractor shall be responsible for the performance of any subcontractor.

**Telemedicine:** The use of medical information exchanged from one site to another via electronic communications for the health and education of the patient or healthcare provider and for the purpose of improving patient care. Telemedicine includes consultative, diagnostic, and treatment services.

**Verification:** Validates that something represented to happen does in fact take place. The verification tools must be approved by the Commission.

**Women, Infants, and Children (WIC):** The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. Is maintained by the Food and Nutrition Service (FNS), a Federal agency of the U.S. Department of Agriculture, responsible for administering the WIC Program at the national and regional levels.

### II. CONTRACTOR’S SERVICE RESPONSIBILITIES

A. Contractor shall provide all program services identified in this Contract, including Attachments A – D Program Work Plan 2013-2014 and 2014-2015.

B. Contractor shall provide services in a manner consistent with the Principles on Equity as adopted by the Commission and as available on the Commission website at www.first5sanbernardino.org.

C. Contractor shall coordinate with appropriate agencies to enhance service provision and to maximize usage of California Children and Families Trust Fund monies available.

D. Contractor shall deliver performance targets as specified in the Contract and provide evidence of achievement as identified in the verification. The verification tools must be approved by the Commission. When specified by the Commission, verification tools must be developed in collaboration with staff or agencies as designated by Commission.

E. Contractor shall cooperate with any consultant, technical advisor, or committee as designated by the Commission to support the evaluation system development and implementation process.

F. Contractor’s Program Work Plan (Attachment A) and other program specific data collection information requested by the Commission will be placed in the Commission’s web based data system. Contractor is bound by the information contained in the data collection system. If there is a discrepancy between the Contractor’s Program Work Plan (Attachment A) and the data collection system, the information in the system will take precedence over the Program Work Plan and will be used to evaluate Contractor’s performance under the Contract. It is the responsibility of the Contractor to ensure that the information entered into the data system, as it relates to the Performance Program Work Plan and/or other program specific data collection information requested by the Commission, fully captures the intent of
III. **CONTRACTOR'S GENERAL RESPONSIBILITIES**

A. **Participants**

Contractor understands and acknowledges that the services under this Contract are for the purposes of promoting, supporting and improving the early development of children prenatal through age five. As such, services provided under this Contract shall offer a direct benefit to this population. Any service provided beyond this limitation, unless as agreed upon in this Contract, is a breach of contract and an unauthorized expenditure of Children and Families First Act funds. Services to siblings and family members who are not parents or primary caregivers may only be incidental to services provided to children prenatal through age five.

B. **Contractor Capacity**

In the performance of this Contract, Contractor its agents and employees shall act in an independent capacity and not as officers, employees, or agents of the Commission.

C. **Contract Assignability**

Without the prior written consent of the Commission, the Contract is not assignable by Contractor either in whole or in part.

D. **Conflict of Interest**

Contractor shall make all reasonable efforts to ensure that no conflict of interest exists between its officers, employees, subcontractors, independent contractors, consultants, professional service representatives, volunteers and the Commission. Contractor shall make a reasonable effort to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being motivated by a desire for private gain for themselves or others such as those with whom they have family, business, or other ties. In addition, Contractor's employees shall not simultaneously receive payment for work done as an independent contractor without obtaining prior approval from the Executive Director of the Commission, or authorized designee. In the event that the Commission determines that a conflict of interest situation exists, the Commission may disallow any increase in costs associated with the conflict of interest situation and such conflict may constitute grounds for termination of this Contract.

E. **Former Commission Administrative Officials**

Contractor agrees to provide or has already provided information on former Commission administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former Commission administrative officials who terminated Commission employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, “Commission Administrative Official” is defined as a member of the Commission or such Administrative Staff.

If during the course of the administration of this Contract, the Commission determines that the Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the Commission, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the Commission is entitled to pursue any available legal remedies.

F. **Subcontracting**

Contractor agrees not to enter into any subcontracting agreements for work contemplated under this Contract without first obtaining written approval from the Commission. Any subcontractor shall be subject to the same provisions as the Contractor. Contractor shall be ultimately responsible for the performance of any subcontractor.
G. Recordkeeping

Contractor shall maintain all records and books pertaining to the delivery of services under this Contract and demonstrate accountability for contract performance. Said records shall be kept and maintained within the County of San Bernardino. County shall have the right upon reasonable notice and at reasonable hours of business to examine and inspect such records and books.

Records, should include, but are not limited to, monthly summary sheets, sign-in sheets, and other primary source documents. Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must also comply with the appropriate Office of Management and Budget (OMB) Circulars that state the administrative requirements, cost principles and other standards for accountancy.

All records shall be complete and current and comply with all Contract requirements. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted and for termination of the Contract.

H. Change of Address

Contractor shall notify the Commission in writing of any change in mailing and/or service address. Notification shall occur in advance of the address change. At a minimum, notification must occur within five days of the address change. Change of address shall not interrupt service deliverables outlined in Attachment A.

I. Staffing and Notification

Contractor shall notify Commission of any continuing vacancies and any positions that become vacant during the term of this Contract that may result in reduction of services to be provided under this Contract. Upon notices of vacancies, the Contractor shall apprise Commission of the steps being taken to provide the services without interruption and to fill the position as expeditiously as possible. Vacancies and associated problems shall be reported to the Commission on each periodically required report for the duration of said vacancies and/or problems.

In the event of a problem or potential problem that will severely impact the quality or quantity of service delivery, or the level of performance under this Contract, Contractor will notify the Commission within one working day, in writing and by telephone.

J. Contractor Primary Contact

The Contractor will designate one individual to serve as the primary contact and one to serve as the alternate contact, if primary contact is unavailable, on behalf of the Contractor and will notify the Commission of these designees within 15 days after Contract approval. The primary contact shall have the authority to identify, on behalf of the Contractor, other parties able to give or receive information on behalf of this Contract.

Contractor shall notify the Commission when the primary contact will be unavailable or out of the office for two weeks or more or if there is any change in either the primary or alternate contact.

K. Responsiveness

Contractor or a designee must respond to Commission inquiries within five business days.

L. Grievance Policy

Contractor shall provide a system, approved by the Commission, through which participants of services shall have an opportunity to express their views and complaints regarding the delivery of service. Grievance procedure must be posted prominently in English and Spanish at service sites for participants to review.
M. Governing Board

Contractor will provide the Commission with a list of the members of its Board of Trustees and provide the Commission with portions of its official minutes of any non-privileged meeting of the Board that reference or directly and materially apply to the Contract. Such minutes shall be submitted to the Commission with each periodically required report submitted following approval of the minutes. A representative of the Commission may request permission to attend a Board meeting to discuss the Contract and its performance.

N. Confidentiality

Contractor shall require its officers, agents, employees, volunteers and any subcontractor to sign a statement of understanding and comply with the provisions of federal, state and local statutes to assure that:

- All applications and records concerning any individual made or kept by any public officer or agency or contractor in connection with the administration of any services for which funds are received by the Contractor under this Contract, will be confidential and will not be open to examination for any purpose not directly connected with the administration, performance, compliance, monitoring or auditing of such services;
- No person will publish, disclose, or permit to be published or disclosed or used, any confidential information pertaining to any applicant or participant of services under this Contract;
- Contractor agrees to inform all subcontractors, consultants, employees, agents, and partners of the above provisions; and,
- Contractor shall comply with all applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as applicable.

O. Child Abuse Reporting

Contractor shall ensure that all known or suspected instances of child abuse or neglect are reported to the appropriate law enforcement agency and/or to the appropriate Child Protective Services agency. This responsibility shall include:

- Assurance that all employees, agents, consultants or volunteers who perform services under this Contract and are mandated by Penal Code Sections 11164 et seq. to report child abuse or neglect, sign a statement, upon the commencement of their employment, acknowledging their reporting requirements and their compliance with them;
- Development and implementation of procedures for employees, agents, consultants, or volunteers who are not subject to the mandatory reporting laws for child abuse to report any observed or suspected incidents of child abuse to a mandated reporting party, within the program, who will ensure that the incident is reported to the appropriate agency;
- Provision of or arrangement of training in child abuse reporting laws (Penal Code, Sections 11164 et seq.) for all employees, agents, consultants, and volunteers, or verification that such persons have received training in the law within thirty (30) days of employment/volunteer activity.

P. Department of Justice Clearance

Contractor shall obtain from the Department of Justice, records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment, or volunteers, for all positions in which he or she would have contact with a minor, the aged, the blind, the disabled or a domestic violence client, as provided for in Penal Code Section 11105.3. This includes licensed personnel who are not able to provide documentation of prior Department of Justice clearance. A copy of a license from the State of California is sufficient proof.

Contractor must have on file for review upon request a signed statement verifying Department of Justice clearance for all appropriate individuals.
Q. Conditions of Employment

Contractor shall notify the Commission of any staff member, paid intern or volunteer who is knowingly or negligently employed who has been convicted of any crime of violence or of any sexual crime. Contractor shall investigate all incidents where an applicant, employee, or intern or volunteer has been arrested and/or convicted for any crime listed in Penal Code Section 11105.3 and shall notify the Commission. In the Commission’s discretion, the Commission may instruct Contractor to take action to either deny/terminate employment or terminate internship and/or volunteer services where the investigation shows that the underlying conduct renders the person unsuitable for employment, internship or volunteer services.

R. Meeting Attendance

Contractor will be required to attend meetings, workshops and training sessions around issues related to Contractor’s particular region or directly related to the type of services being provided by Contractor as determined by the Commission. Notifications of such meetings will be provided to Contractor at least 10 business days prior to the meeting.

S. Indemnification and Insurance Requirements

Contractor agrees to and shall comply with the following indemnification and insurance requirements:

1. **Indemnification** – The Contractor agrees to defend and hold harmless the COMMISSION, its officers, employees, agents, and volunteers for any and all claims, losses, actions, damages and/or liability arising out of any negligent act or omission of CONTRACTOR, its officers, employees, agents or volunteers while performing its duties under this agreement/contract, including any costs or expenses incurred by COMMISSION, except as prohibited by law.

   The COMMISSION agrees to indemnify and hold harmless the CONTRACTOR, its officers, employees, agents and volunteers from any and all liabilities for injury to persons and damage to property arising out of any negligent act or omission of the COMMISSION, its officers, employees, agents or volunteers in connection with this agreement/contract.

   In the event that the COMMISSION and/or CONTRACTOR are determined to be comparatively at fault for any claim, action, loss or damage which results from their respective obligations under this agreement, the COMMISSION and/or CONTRACTOR shall indemnify the other to the extent of its comparative fault.

2. **Waiver of Subrogation Rights** – The Contractor shall require the carriers of required coverages to waive all rights of subrogation against the Commission, its officers, employees, agents, volunteers, contractors and subcontractors. All general or auto liability insurance coverage provided shall not prohibit the Contractor and Contractor’s employees or agents from waiving the right of subrogation prior to a loss or claim. The Contractor hereby waives all rights of subrogation against the Commission.

3. **Policies Primary and Non-Contributory** – All policies required herein are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the Commission.

4. **Severability of Interests** – The Contractor agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross liability exclusions that preclude coverage for suits between the Contractor and the Commission or between the Commission and any other insured or additional insured under the policy.

5. **Proof of Coverage** – The Contractor shall furnish Certificates of Insurance to the Commission the contract evidencing the insurance coverage, including endorsements,
as required, prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days written notice to the Department, and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. Within fifteen (15) days of the commencement of this contract, the Contractor shall furnish a copy of the Declaration page for all applicable policies.

6. **Acceptability of Insurance Carrier** – Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum “Best” Insurance Guide rating of “A- VII”.

7. **Deductibles and Self-Insured Retention** – Any and all deductibles or self-insured retentions in excess of $10,000 shall be declared to and approved by Risk Management.

8. **Failure to Procure Coverage** – In the event that any policy of insurance required under this contract does not comply with the requirements, is not procured, or is canceled and not replaced, the Commission has the right but not the obligation or duty to cancel the contract or obtain insurance if it deems necessary and any premiums paid by the Commission will be promptly reimbursed by the Contractor or Commission payments to the Contractor will be reduced to pay for Commission purchased insurance.

9. **Insurance Review** – Insurance requirements are subject to periodic review by the Commission. The County Director of Risk Management or designee is authorized, but not required, to reduce, waive or suspend any insurance requirements whenever Risk Management determines that any of the required insurance is not available, is unreasonably priced, or is not needed to protect the interests of the Commission. In addition, if the Department of Risk Management determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Director of Risk Management or designee is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the Commission, inflation, or any other item reasonably related to the Commission’s risk.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this contract. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of the Commission to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of the Commission.

10. The Contractor agrees to provide insurance set forth in accordance with the requirements herein. If the Contractor uses existing coverage to comply with these requirements and that coverage does not meet the specified requirements, the Contractor agrees to amend, supplement or endorse the existing coverage to do so. The type(s) of insurance required is determined by the scope of the contract services. Contractor may satisfy its insurance obligations under Section III (S) herein through participation in a program of self-insurance.

Without in anyway affecting the indemnity herein provided and in addition thereto, the Contractor shall secure and maintain throughout the contract term the following types of insurance with limits as shown:
a. **Workers’ Compensation/Employers Liability** – A program of Workers’ Compensation insurance or a state-approved, self-insurance program in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer’s Liability with $250,000 limits covering all persons including volunteers providing services on behalf of the Contractor and all risks to such persons under this contract.

If Contractor has no employees, it may certify or warrant to the Commission that it does not currently have any employees or individuals who are defined as “employees” under the Labor Code and the requirement for Workers’ Compensation coverage will be waived by the County’s Director of Risk Management.

b. **Commercial/General Liability Insurance** – The Contractor shall carry General Liability Insurance covering all operations performed by or on behalf of the Contractor providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars ($1,000,000), per occurrence. The policy coverage shall include:

1) Personal injury.
2) Contractual liability.
3) $2,000,000 general aggregate limit.

c. **Automobile Liability Insurance** – Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hired and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars ($1,000,000) for bodily injury and property damage, per occurrence.

If the Contractor is transporting one or more non-employee passengers in performance of contract services, the automobile liability policy shall have a combined single limit of two million dollars ($2,000,000) for bodily injury and property damage per occurrence.

If the Contractor owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.

d. **Umbrella Liability Insurance** – An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily injury/property damage, personal injury/advertising injury and shall include a “dropdown” provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.

e. **Professional Liability** – Professional Liability Insurance with limits of not less than one million ($1,000,000) per claim or occurrence and two million ($2,000,000) aggregate limits

or

**Errors and Omissions Liability Insurance** with limits of not less than one million ($1,000,000) and two million ($2,000,000) aggregate limits.
T. Licenses and Permits

Contractor shall comply with all applicable laws, statutes, ordinances, administrative orders, rules or regulations relating to its duties, obligations and performance under the terms of the Contract and shall procure all necessary licenses and permits required by the laws of the United States, State of California, San Bernardino County and all other appropriate governmental agencies, and agrees to pay all fees and other charges required thereby. Contractor shall maintain all required licenses during the term of this Contract. Contractor will notify the Commission immediately of loss or suspension of any such licenses and permits. Failure to comply with the provisions of this section may result in immediate termination of this Contract.

U. Health and Safety

Contractor shall comply with all applicable local, state and federal health and safety codes and regulations, including fire clearances, for each site where program services are provided under the terms of the Contract.

V. Contract Compliance/Equal Employment Opportunity

Contractor agrees to comply with the provisions of all applicable Federal, State, and County Laws, regulations and policies relating to equal employment or social services to Participant(s), including laws and regulations hereafter enacted. Contractor shall not unlawfully discriminate against any employee, applicant for employment, or service Participant(s) on the basis of race, national origin or ancestry, religion, sex, marital status, age, political affiliation, sexual orientation, or disability. Information on the above rules and regulations may be obtained from the Commission.

W. Americans with Disabilities Act

Contractor shall comply with all applicable provisions of the Americans with Disabilities Act (ADA).

X. Attorney’s Fees

Contractor understands and agrees that any and all legal fees or costs associated with lawsuits concerning this Contract against the Commission shall be the Contractor’s sole expense and shall not be charged as a cost under this Contract. In the event of any Contract dispute hereunder, each Party to this Contract shall bear its own attorney’s fees and costs regardless of who prevails in the outcome of the dispute.

Y. 2-1-1 Registration

Contractor shall register with 2-1-1 San Bernardino County Inland Empire United Way within 30 days of Contract effective date and follow necessary procedures to be included in the 2-1-1 database. The Contractor shall notify the 2-1-1 San Bernardino County Inland Empire United Way of any changes in program services, location or contact information within ten (10) days of any change. Services performed as a result of being included in the 2-1-1 database, are separate and apart from the services being performed under this Contract and payment for such services will not be the responsibility of the Commission.

Z. Ownership Rights

The Commission shall have a royalty-free, non-exclusive and irrevocable license to publish, disclose, copy, translate, and otherwise use, copyright or patent, now and hereafter, all reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other materials or properties developed under this Contract including those covered by copyright, and reserves the right to authorize others to use or reproduce such material.

AA. Attribution

Contractor shall properly acknowledge the Commission per the requirements stated in the First 5 San Bernardino Attribution Standards.

BB. Incongruous Activities

Contractor agrees it will not perform or permit any political promotion or religious proselytizing activities in connection with the performance of this Contract. Contractor will ensure no staff will
conduct activity intended to influence legislation, administrative rule making or the election of candidates for public office during the time compensated under this Contract or under representation such activity is being performed under this Contract.

CC. Reports

Contractor, in a timely and accurate manner, shall submit reports on designated key aspects of the project as required by the Commission. Instructions, format and required information for the content will be provided by the Commission and available on the website: [www.first5sanbernardino.org](http://www.first5sanbernardino.org). FAILURE TO SUBMIT REPORTS IN A TIMELY AND ACCURATE MANNER SHALL BE A MATERIAL BREACH OF THIS CONTRACT.

Report requirements include, but are not limited to, the following and may be subject to change.

- **Program Reports**

  Contractor will submit Program Reports which include monthly and year-to-date progress on actual achievement of program targets compared to projected achievements as detailed in Program Work Plan (Attachment A) and other data collection information as requested by the Commission. Program Reports will include data on participants served as well as narrative information on lessons learned, course corrections and client success stories for the quarter. Contractor is required by the Commission to complete and submit Program Reports electronically via the Commission’s web based data system. Program Reports are due the last day of the month following the end of the program reporting period.

  Contractor agrees that failure to submit reports as specified will be sufficient cause for the Commission to withhold any payment due until reporting requirements have been fulfilled.

- **Fiscal Reports**

  For each calendar month, Contractor shall provide the Commission with a Monthly Fiscal Request for Reimbursement/Invoice within 15 calendar days from the end of the reporting period.

  Contractor shall submit any and all Final/Revised Fiscal Reports by July 31 for the previous fiscal year period or part thereof during the Contract term. All reports submitted by July 31 will be considered final and no additional reports will be accepted after this date.

  Contractor will fulfill evaluation and other reporting requirements as mandated by the Commission and the California Children and Families Commission.

- **Asset Report**

  Contractor shall report all assets worth $500 or more purchased with First 5 funds utilizing tools provided by the Commission for that purpose. The Straight Line method of depreciation will be applied to determine value. Closing Asset reports shall be submitted to the Commission staff no less than 30 days prior to the normal conclusion of a contract. If a contract is terminated early under any fiscal provision or due to correction of performance deficiencies, contractor shall submit the Closing Asset report within 10 business days of receiving notice of contract termination.

  Contractor agrees that failure to submit reports as specified will be sufficient cause for the Commission to withhold any payment due until reporting requirements have been fulfilled.
DD. Pro-Children Act of 1994

Contractor will comply with the Environmental Tobacco Smoke Act, also known as the Pro-Children Act of 1994 (20 U.S.C. 6081 et seq.).

EE. Environmental Regulations

**EPA Regulations** - If the amount available to Contractor under the Contract exceeds $100,000, Contractor will agree to comply with the Clean Air Act (42 U.S.C. section 7606); section 508 of the Clean Water Act (33 U.S.C. 1368); Executive Order 11738 [38 Fed. Reg. 25161 (Sept. 10, 1973)]; and Environmental Protection Agency regulations (40 C.F.R., part 32).

**State Energy Conservation Clause** - Contractor shall observe the mandatory standards and policies relating to energy efficiency in the State Energy Conservation Plan (California Code of Regulations, title 20, section 1401 et seq.).

FF. Debarment, Suspension, and Other Responsibility Matters

As required by Executive Order 12549 [51 Fed. Reg. 6370 (Feb. 18, 1986)] and Debarment and Suspension, And Other Responsibility Matters (45 C.F.R., section 76):

a. The Contractor certifies that it and any potential subcontractors:

   1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (as defined at 45 C.F.R. section 76.200) by any federal department or agency;

   2) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (a) (2) of this certification; and

   4) Have not within a three-year period proceeding this application had one or more public transactions (federal, state, or local) terminated for cause or default; and

b. Where the Contractor is unable to certify as true any of the statements in this certification, he or she shall provide a written explanation to the Commission prior to the execution of this Contract. A failure to comply with this section may constitute grounds for termination of this Contract.

GG. Recycled Paper Products

The Commission has adopted a recycled product purchasing standards policy (11-10), which requires Contractors to use recycled paper for proposals and for any printed or photocopied material created as a result of a Contract with the Commission. The policy also requires Contractors to use both sides of the paper sheets for reports submitted to the Commission whenever practicable.

IV. COMMISSION RESPONSIBILITIES

A. Commission shall verify performance results of Contractor according to the Program Work Plan and other data collection information requested by the Commission in meeting terms of this Contract and the quality and effectiveness of services provided, based on criteria agreed upon, as delineated in this Contract.

B. Commission shall compensate Contractor for approved expenses in accordance with Section V of this Contract.
C. Commission shall specify all reports and deliverables required from the Contractor.

D. Commission shall provide technical assistance as deemed necessary.

E. The Commission will designate one individual to serve as the primary contact for the Contract and will notify the Contractor of this designee within 15 days of the Contract approval date.

V. FISCAL PROVISIONS

A. Contract Amount

The maximum amount of reimbursement under this Contract shall not exceed $864,593 for the duration of the Contract term subject to the availability of California Children and Families Trust Fund monies. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor’s services and expenses incurred in the performance hereof. These funds are divided as follows:

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<tr>
<th>Fiscal Year</th>
<th>Amount</th>
<th>Period</th>
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B. Payment Provisions

The Commission will disburse funds on a reimbursement payment process based on the Contract budget amount for the applicable fiscal year and monthly report submissions.

Funds may be advanced for the first month, if requested, for an amount up to, but not exceeding 15% of the Contract payment amount for Fiscal Year 2013-2014 only. All subsequent monthly reimbursements will be determined by actual expenditures reflected on the monthly reports.

If an advance is requested and approved, 10% of the total advanced amount will be withheld from the monthly reimbursements to recover the advanced funds over a ten (10) month period.

The Commission reserves the right to reduce or withhold any payments from the Contractor for failure to submit reports in a timely and accurate manner or when the Contractor is not in compliance with the Contract. Final payment under this Contract may be withheld until all requirements, including reports, for contract closure have been fulfilled by Contractor.

C. EFT Payments

Contractor shall accept all payments from the Commission via electronic funds transfers (EFT) directly deposited into the Contractor’s designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by the Commission required to process EFT payments.

D. Allowable Costs

Funds provided pursuant to this Contract shall be expended by Contractor in accordance with the Attachment B – Program Budget.

Such specified expenditures will be further limited to those that are considered both reasonable and necessary as determined by the Commission. Contractor agrees Commission may recover any payments for services or goods, including rental of facilities, which were not reasonable and necessary or which exceeded the fair market value. The recovery shall be limited to payments over and above reasonable or fair market amounts and any costs of recovery.

The reasonable and allowable reimbursement rate for use of motor vehicles, travel expenses and food is based on the current IRS allowable rate.

Costs must be incurred only during the contract term, except when specifically approved by the Commission. Contractor shall not use current year funds to pay prior or future year obligations.
Contractor will not be reimbursed for expenditures incurred after the expiration or termination of this Contract.

Contractor shall obtain Commission approval for all overnight travel and out of State travel as it relates to services provided in this Contract. Reimbursement as it relates to pre-approved travel will be based on the Federal allowable rate. Request must be submitted in writing 30 days in advance of travel date and travel must be approved in advance by the Program Manager.

E. Supplanting of Funds

In accordance with the Commission’s Supplantation Policy, Contractor shall not supplant any Federal, State or County funds intended for the purposes of this Contract with any funds made available under this Contract. Contractor shall not claim reimbursement from Commission for, or apply sums received from Commission with respect to that portion of its obligations, which have been paid by another source of revenue. Contractor agrees that it will not use funds received pursuant to this Contract, either directly or indirectly, as a contribution or compensation for purposes of obtaining State funds under any State program or County funds under any County programs without prior written approval of the Commission.

F. Payment of Taxes

Commission is not liable for the payments of any taxes, other than applicable sales or use tax, resulting from this Contract however designated, levied or imposed, unless Commission would otherwise be liable for the payment of such taxes in the course of its normal business operations.

G. Budget Line Item Changes

A Budget Revision Request may be submitted by the Contractor to the Commission to modify a line or lines of the approved budget. The request must indicate the proposed line item changes, the budget as amended applying the requested changes and a written justification for each requested change. The request cannot result in any alteration or degradation to the program services and performance target as specified in this Contract.

The Executive Director, on behalf of the Commission, has the authority to approve (or deny) the request, provided that the modification does not deviate from the original intent of the contract or increase the total Contract amount. Contractor is limited to two Budget Revision Requests per fiscal year.

The Contractor must submit any requests to the Commission no later than March 31st of the fiscal year. Requests must be submitted in hard copy form with original signatures. Postmarked envelopes received after March 31st will not be accepted in lieu of receipt.

H. Budget Line Item Variance

Annual variances in excess of 10% of a line item cannot be made by the Contractor without prior approval of the Commission. Variance shall not result in a change to the total Contract amount or an increase to the administrative cost allocation of the approved budget. Contractor shall provide written justification for any budget line item variances of more than 10%.

I. Procurement

Contractor shall procure services or goods required under this Contract on a competitive basis, unless otherwise provided by law, and make selections based on obtaining the best value possible. When a non-competitive procurement is used, a written justification must be maintained and be made available upon request.

J. Fixed Assets

The purchase of any equipment, materials, supplies or property of any kind, including items such as publications and copyrights, which have a single unit cost of $5000 or more, including tax, and was not included in Contractor’s approved budget, shall require the prior written approval of the Executive Director of the Commission. Any such purchase shall directly relate to Contractor’s services or activities under the terms of the Contract.
Any item with a single unit cost of $500 or more, including tax, purchased with funds received under the terms of this Contract must undergo a 3-bid process. Items not fully consumed during the Contract term shall revert to the property of the Commission, unless otherwise specified by the Commission. The disposition of such equipment or property must be approved by the Executive Director of the Commission upon Contract termination. If the reversion of any asset is demanded and not made to First 5 San Bernardino, the Commission reserves the right to reduce or withhold the value of the asset from any payments due to the Contractor for non-compliance.

Contractor shall maintain insurance against the loss, theft, or damage to any item with a single unit cost of $500 or more, including tax, purchased with Commission funds for the full replacement value thereof in accordance with the provisions of Section III, subdivision S (Indemnification and Insurance Requirements).

K. Payor of Last Resort

Contractor shall attain funding through other sources than the Commission to provide services or support to participants whenever possible.

In cases where a participant is qualified for benefits from another source (such as MediCal, Healthy Families, federal or state funded programs, personal insurance, etc.), costs relating to services provided to that participant should be paid for by the primary payor first. Only the costs not covered will be allowable under this Contract. Written verification shall be provided upon request.

L. Fiscal Record Keeping

Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles (GAAP) and must account for all funds, tangible assets, revenue and expenditures.

VI. RIGHT TO MONITOR AND AUDIT

A. Right to Monitor and Audit

The Commission or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to monitor and audit all records, books, papers, documents, corporate minutes, and other pertinent items as requested, and shall have absolute right to observe the performance of Contractor in the delivery of services provided under this Contract. Contractor shall give full cooperation during any auditing or monitoring conducted.

Contractor shall cooperate with Commission in the implementation and evaluation of this Contract and comply with any and all reporting requirements established by Commission.

B. Availability of Records

All records pertaining to service delivery and all fiscal, statistical and management books and records shall be available for examination and audit by the Commission, and State representatives for a period of five years after final payment under the Contract or until all pending Commission and State audits are completed, whichever is later. Records, should include, but are not limited to participant files, monthly summary sheets, sign-in sheets, and other primary source documents. Contractor will have available for Commission review, all relevant financial records for the fiscal year being audited including documentation to verify shared costs or costs allocated to various funding sources as well as the basis for which the shared cost was allocated.

Program data shall be retained locally in San Bernardino County and made available upon request or turned over to Commission. If said records are not made available at the scheduled monitoring visit, Contractor may, at Commission's option, be required to reimburse Commission for expenses incurred due to required rescheduling of monitoring visit(s). Such reimbursement will not exceed $50 per hour (including travel time) and be deducted from the invoiced monthly payment.
C. Assistance by Contractor

Contractor shall provide all reasonable facilities and assistance for the safety and convenience of Commission's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of the Contractor.

D. Independent Audit Provisions

On an annual basis, Contractor is required to hire an independent licensed Certified Public Accountant (CPA), who shall prepare and file with the Commission, an Independent Auditor’s Report for the term of the Contract.

E. Recovery of Investigation and Audit Costs

Contractor shall reimburse the Commission for all direct and indirect expenditures incurred in conducting an audit/investigation when Contractor is found in violation of the terms of the Contract. Reimbursement for such costs will be withheld from any amounts due to Contractor.

When additional information (receipts, paperwork, etc.) is requested of the Contractor as a result of any audit or monitoring, Contractor must provide all information requested by the deadline specified by the Commission. A failure to provide the information by the specified deadline, will subject the Contractor to the provisions of Section VII (Correction of Performance Deficiencies and Termination).

VII. CORRECTION OF PERFORMANCE DEFICIENCIES AND TERMINATION

A. Failure by Contractor to comply with any of the provisions, covenants, requirements, or conditions of this Contract shall be a material breach of this Contract. In such event the Commission, in addition to any other remedies available at law, in equity, or otherwise specified in this Contract, may:

- Afford Contractor a time period within which to cure the breach, which period shall be established at the sole discretion of the Executive Director; and/or
- Request Contractor provide and implement an action plan to correct breach within a reasonable timeframe; and/or
- Discontinue reimbursement to the Contractor for and during the period in which the Contractor is in breach, which reimbursement shall not be entitled to later recovery; and/or;
- Withhold funds pending duration of the breach; and/or
- Offset against any monies billed by the Contractor but yet unpaid by the Commission those monies disallowed pursuant to bullet 3 of this paragraph; and/or
- Immediately terminate this Contract with just cause and be relieved of the payment of any consideration to the Contractor should the Contractor fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination, the Commission may proceed with the work in any manner deemed proper by the Commission. The cost to the Commission shall be deducted from any sum due to the Contractor under this Contract and the balance, if any, shall be paid by the Contractor upon demand.

B. The Executive Director of the Commission, shall give Contractor notice of any action pursuant to this section, which notice shall be effective when given.

C. The Executive Director of the Commission is authorized to exercise Commission’s rights with respect to initiating any remedies or termination of this Contract in his/her sole discretion and to give notice as set forth below in this Contract.
VIII. TERM
A. This Contract is effective commencing September 5, 2013 and expires June 30, 2015, but may be terminated earlier in accordance with provisions of paragraph below or Section VII of this Contract.

B. Notwithstanding the preceding paragraph, this Contract may be terminated by either party by serving a written notice thirty (30) days in advance of termination. The Executive Director of the Commission has the authority and discretion to exercise this right on behalf of the Commission.

C. The contract term may be extended for one additional one-year period by mutual agreement of the parties.

D. Continuation of this Contract for each fiscal year after June 30, 2015 is contingent on a Program Work Plan and Program Budget being submitted by Contractor and approved by the Commission. Continuation of this Contract is also contingent on the priorities, direction, and vision for investments of the Commission.

IX. GENERAL PROVISIONS
A. Notices
When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: Loma Linda University Medical Center
11234 Anderson Street, Suite 3410
Loma Linda, CA 92354

Commission: First 5 San Bernardino
330 North D Street, 5th Floor
San Bernardino, CA 92415-0442

B. Commission shall have Power of Attorney to pay delinquent debts and unpaid wages from accounts payable to Contractor in the event debts and wages have not been paid on a current basis.

C. Nothing contained in this Contract shall be construed as creating a joint venture, partnership or employment arrangement between the parties hereto, nor shall either party have the right, power or authority to create an obligation or duty, expressed or implied, on behalf of the party hereto.

D. No waiver of any of the provisions of the Contract shall be effective unless it is made in a writing which refers to provisions so waived and which is executed by the parties in an amendment to this Contract.

E. Any alterations, variations, modifications, or waivers of provisions of the Contract, unless specifically allowed in the Contract, shall be valid only when they have been reduced to writing, duly signed and approved by the authorized representatives of both parties as an amendment to this Contract. No oral understanding or contract not incorporated herein shall be binding on any of the parties hereto. No course of dealing and no delay or failure of a party in exercising any right under any contract shall affect any other or future exercise of that right or any exercise of any other right. A party shall not be precluded from exercising a right by its having partially exercised that right or its having previously abandoned or discontinued steps to enforce that right.
F. If any provision of the Contract is held by a court of competent jurisdiction to be unenforceable or contrary to law, it shall be modified where practicable to the extent necessary so as to be enforceable, giving effect to the intention of the parties, and the remaining provisions of the Contract shall not be affected.

G. This Contract shall be governed by and construed in all aspects in accordance with the laws of the State of California without regard to principles of conflicts of laws. The parties agree to the exclusive jurisdiction of the federal court located in the County of Riverside and the state court located in the County of San Bernardino, for any and all disputes arising under this Contract, to the exclusion of all other federal and state courts.

H. Contractor understands and agrees that any and all legal fees or costs associated with lawsuits against Commission concerning this Contract shall be Contractor’s sole expense and shall not be charged as a cost under this Contract. In the event of any contract dispute hereunder, each party to this Contract shall bear its own attorneys’ fees and costs regardless of who prevails in the outcome of the dispute.

X. EQUAL EMPLOYMENT OPPORTUNITY/CIVIL RIGHTS

A. Equal Employment Opportunity Program

Contractor agrees to comply with the applicable provisions of the County of San Bernardino Equal Employment Opportunity Program and rules and regulations adopted pursuant thereto; Executive Order 11246 [30 Fed. Reg. 12319 (Sept. 24, 1965)], as amended by Executive Orders 11375, 11625, 12138, 12432, and 12250; Title VII of the Civil Rights Act of 1964 (42 U.S.C. section 2000€, et seq.); Division 21 of the California Department of Social Services Manual of Policies and Procedures; California Welfare and Institutions Code section 10000; the California Fair Employment and Housing Act (Cal. Gov. Code section 12900, et seq.); and other applicable federal, state, County and Commission laws, regulations and policies relating to equal employment or social services to welfare recipients, including laws and regulations hereafter enacted.

The Contractor shall not unlawfully discriminate against any employee, applicant for employment, or service recipient on the basis of race, color, national origin or ancestry, religion, sex, marital status, age, political affiliation or disability. Information on the above rules and regulations may be obtained from the Commission.

B. Civil Rights Compliance

The Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by State regulation. These policies must be developed into a Civil Rights Plan, which is to be on file with the Commission within thirty (30) days of awarding of the Contract. The Plan must address prohibition of discriminatory practices, accessibility, language services, staff development and training, dissemination of information, complaints of discrimination, compliance review, and duties of the Civil Rights Liaison. Upon request, the Commission will supply a sample of the Plan format. The Contractor will be monitored by the Commission for compliance with provisions of its Civil Rights Plan.

XI. IMPROPER CONSIDERATION

Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the Commission in an attempt to secure favorable treatment regarding this Contract.

The Commission, by written notice, may immediately reject any proposal or terminate any Contract if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the Commission with respect to this Contract. This prohibition shall apply to any amendment, extension or evaluation process once a Contract has been awarded.

Contractor shall immediately report any attempt by a Commission officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the Commission
Administrative Office. In the event of a termination under this provision, the Commission is entitled to pursue any available legal remedies.

XII. DISCLOSURE OF CRIMINAL AND CIVIL PROCEEDINGS

The Commission reserves the right to request the information described herein from the Contractor. Failure to provide the information may result in termination of the Contract. The Commission also reserves the right to obtain the requested information by way of a background check performed by an investigative firm. The Contractor also may be requested to provide information to clarify initial responses. Negative information provided or discovered may result in termination of the Contract.

The Contractor may be asked to disclose whether the firm or any of its partners, principals, members, associates or key employees (as that term is defined herein), within the last ten years, has been indicted on or had charges brought against it or them (if still pending) or convicted of any crime or offense arising directly or indirectly from the conduct of the firm’s business, or whether the firm, or any of its partners, principals, members, associates or key employees, has within the last ten years, been indicted on or had charges brought against it or them (if still pending) or convicted of any crime or offense involving financial misconduct or fraud. If the response is affirmative, the Contractor will be asked to describe any such indictments or charges (and the status thereof), convictions and the surrounding circumstances in detail.

In addition, the Contractor may be asked to disclose whether the firm, or any of its partners, principals, members, associates or key employees, within the last ten years, has been the subject of legal proceedings as defined herein arising directly from the provision of services by the firm or those individuals. “Legal proceedings” means any civil actions filed in a court of competent jurisdiction, or any matters filed by an administrative or regulatory body with jurisdiction over the firm or the individuals. If the response is affirmative, the Contractor will be asked to describe any such legal proceedings (and the status and disposition thereof) and the surrounding circumstances in detail.

For the purposes of this provision “key employees” includes any individuals providing direct service to the Commission. “Key employees” do not include clerical personnel providing service at the Contractor’s offices or locations.
XIII. CONCLUSION

A. This Contract, consisting of 23 pages and Attachments A, B, C and D inclusive, is the full and complete document describing services to be rendered by Contractor to Commission, including all covenants, conditions, and benefits. Attachments A and B are attached hereto and incorporated herein as though set forth in full.

B. The signatures of the parties affixed to this Contract affirm that they are duly authorized to commit and bind their respective institutions to the terms and conditions set forth in this document.

CHILDREN & FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY

__________________________
Authorized Signature

Linda Haugan
Printed Name
Commission Chair
Title

__________________________
Dated

LOMA LINDA UNIVERSITY MEDICAL CENTER

__________________________
Authorized Signature

Zareh Sarrafian
Printed Name
Chief Administrative Officer
Title

__________________________
Dated

Reviewed for Processing

Cindy Faulkner
Operations Manager

Approved as to Legal Form

Regina Coleman
Commission Counsel

Presented to Commission for Signature

Karen E. Scott
Executive Director

Date
Date
Date
## Commission Level Outcome

<table>
<thead>
<tr>
<th>Performance Objective</th>
<th>Service Activity</th>
<th>Core or Aggregate</th>
<th>Verification Method</th>
</tr>
</thead>
</table>
| By June 30, 2014, 83 pregnant women will be referred to LLUMC for telehealth services | Telehealth Referral
  Level 1 – Telehealth Specialist Consultation
  Level 2 – Telehealth Specialist Recommended
  Level 3 – Telehealth Specialist Assumes Care | Aggregate | Referral log*
  Risk Assessment* |
| By June 30, 2014, LLUMC will serve 75 (Level 3) pregnant women by providing telehealth services during the term of their pregnancies | Telehealth Consultation Session(s) | Core | Telehealth Intake
  Session notes (de-identified)*
  Session specific activity logs (de-identified)* |
| By June 30, 2014, LLUMC staff will connect with the same 75 participating women within one month of childbirth and once six months later | Telehealth Follow-up Sessions | Core | Post-Birth Exit Survey
  Follow-up Survey
  Telehealth Satisfaction Survey
  Session notes (de-identified)* |

*Not required in Persimmony but available upon request
<table>
<thead>
<tr>
<th>Commission Level Outcome</th>
<th>Performance Objective</th>
<th>Service Activity</th>
<th>Core or Aggregate</th>
<th>Client Target</th>
<th>Verification Method</th>
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</thead>
<tbody>
<tr>
<td>Children are born healthy</td>
<td>By June 30, 2015, 355 pregnant women will be referred to LLUMC for telehealth services</td>
<td>Telehealth Referral Level 1 – Telehealth Specialist Consultation Level 2 – Telehealth Specialist Recommended Level 3 – Telehealth Specialist Assumes Care</td>
<td>Aggregate</td>
<td>355</td>
<td>Referral log* Risk Assessment*</td>
</tr>
<tr>
<td>Children are born healthy</td>
<td>By June 30, 2015, LLUMC will serve 320 (Level 3) pregnant women by providing telehealth services during the term of their pregnancies</td>
<td>Telehealth Consultation Session(s)</td>
<td>Core</td>
<td>320</td>
<td>Telehealth Intake Session notes (de-identified)* Session specific activity logs (de-identified)*</td>
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<tr>
<td>Children are born healthy</td>
<td>By June 30, 2015, LLUMC staff will connect with the same 320 participating women within one month of childbirth and once six months later</td>
<td>Telehealth Follow-up Sessions</td>
<td>Core</td>
<td>256</td>
<td>Post-Birth Exit Survey Follow-up Survey Telehealth Satisfaction Survey Session notes (de-identified)*</td>
</tr>
</tbody>
</table>

*not required in Persimmony but available upon request
## PROGRAM BUDGET
### FISCAL YEAR 2013-2014

**AGENCY NAME**  
Loma Linda University Medical Center

**CONTRACT #**  
HW053

### DESCRIPTION

<table>
<thead>
<tr>
<th>A. SALARIES &amp; BENEFITS</th>
<th>TOTAL PROGRAM COSTS</th>
<th>OTHER FUNDING</th>
<th>DONATED RESOURCES</th>
<th>FIRST 5 FUNDED PROJECT COSTS</th>
<th>First 5 Program Related Cost</th>
<th>First 5 Admin Cost</th>
<th>FIRST 5 %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FTE</strong></td>
<td><strong>POSITION TITLE</strong></td>
<td><strong>A</strong></td>
<td><strong>B</strong></td>
<td><strong>C</strong></td>
<td><strong>D</strong></td>
<td><strong>E</strong></td>
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<tr>
<td>1</td>
<td>Project Manager</td>
<td>1</td>
<td>85,000.00</td>
<td>85,000.00</td>
<td>85,000.00</td>
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<td>6,667.00</td>
<td>6,667.00</td>
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<td>IT Technical Coordinator</td>
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<td>9,509.00</td>
<td>9,509.00</td>
<td>9,509.00</td>
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<td>4</td>
<td>Hospital Outreach Consultant</td>
<td>0.05</td>
<td>5,653</td>
<td>5,653.00</td>
<td>5,653.00</td>
<td>5,653.00</td>
<td>100.00%</td>
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<tr>
<td>5</td>
<td>Hospital Outreach Consultant</td>
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<td>5,653</td>
<td>5,653.00</td>
<td>5,653.00</td>
<td>5,653.00</td>
<td>100.00%</td>
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<tr>
<td><strong>TOTAL SALARIES</strong></td>
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<td>5,653.00</td>
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<td>TOTAL BENEFITS</td>
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<td>41,663.31</td>
<td>41,663.31</td>
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<td><strong>TOTAL SALARIES, BENEFITS, PROGRAM &amp; ADMIN</strong></td>
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<td>94.97%</td>
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<tr>
<td>DESCRIPTION</td>
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<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
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<tr>
<td>-------------------------------------------------</td>
<td>-----</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. SERVICES &amp; SUPPLIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 TRAINING FOR SONOGRAPHERS</td>
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<td></td>
<td>$ 2,000</td>
<td>100.00%</td>
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<tr>
<td>2 TRAINING FOR IT/SCHEDULERS</td>
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<td>$ 80</td>
<td></td>
<td>$ 80</td>
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<tr>
<td>3 TELEMEDICINE ROOM SET UP</td>
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<td>$ 1,000</td>
<td>$ 1,000</td>
<td>100.00%</td>
<td></td>
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<tr>
<td>4 STAFF DEVELOPMENT/TRAINING</td>
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<td>$ 900</td>
<td>$ 900</td>
<td>100.00%</td>
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<td>5 EMPLOYEE MILEAGE/TRAVEL</td>
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<td>$ 9,000</td>
<td>$ 9,000</td>
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<td>$ 3,685</td>
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<td>$ 60,000</td>
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<td>9 TELEMEDICINE WARRANTY</td>
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<td>10 OFFICE SUPPLIES</td>
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<td>$ 1,000</td>
<td>$ 1,000</td>
<td>100.00%</td>
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<td>11 OFFICE EQUIPMENT</td>
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<td>$ 0</td>
<td>0.00%</td>
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<tr>
<td>12 RENT/LEASE BUILDING</td>
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<td>$ 0</td>
<td>0.00%</td>
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<td>13 BUILDING/EQUIPMENT MAINTENANCE</td>
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<td>15 INSURANCE / TAXES / LICENSES</td>
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<td>17 PROFESSIONAL SERVICES/CONSULTANTS</td>
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<td>17.1 IT Consultant</td>
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<td>Loma Linda University School of Public Health</td>
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<td>PROFESSIONAL SERVICES - SUBTOTAL</td>
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<td>$ 92,000</td>
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<td>18 INDIRECT COSTS (AS APPROVED) 28%</td>
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<td>$ 72,284</td>
<td>$ 72,284</td>
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<td>TOTAL SERVICES/SUPPLIES</td>
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<td>$300,049</td>
<td>95.42%</td>
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</tbody>
</table>
## PROGRAM BUDGET
**FISCAL YEAR 2013-2014**

### AGENCY NAME
Loma Linda University Medical Center

### CONTRACT #
HW053

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>TOTAL PROGRAM COSTS</th>
<th>OTHER FUNDING</th>
<th>DONATED RESOURCES</th>
<th>FIRST 5 FUNDED PROJECT COSTS</th>
<th>First 5 Program Related Cost</th>
<th>First 5 Admin Cost</th>
<th>FIRST 5 %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. SUBCONTRACTS</strong></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>ER</td>
<td>E</td>
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<tr>
<td>SUBCONTRACTS - AGENCY NAME</td>
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<td>2</td>
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<td><strong>TOTAL SUBCONTRACTS</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
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<td><strong>TOTAL PROJECT BUDGET</strong></td>
<td>$</td>
<td>470,799</td>
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<td>22,258</td>
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<td>448,541</td>
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<tr>
<td>First 5 Funding %</td>
<td>100.00%</td>
<td>0.00%</td>
<td>4.73%</td>
<td>95.27%</td>
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<tr>
<td>Administrative Cost %</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
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</table>
## FY13-14

**ATTACHMENT B**

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>Loma Linda University Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACT #</td>
<td>HW053</td>
</tr>
</tbody>
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### BUDGET NARRATIVE - SALARIES & BENEFITS

<table>
<thead>
<tr>
<th>Line</th>
<th>Position</th>
<th>Hours per Fiscal Year</th>
<th>Total Program Costs</th>
<th>Other Funding</th>
<th>Other Funding Sources</th>
<th>Donated Resources</th>
<th>First 5 Costs</th>
<th>Narrative (Please describe position duties)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Project Manager</td>
<td></td>
<td>$ 85,000</td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 85,000</td>
<td>Leads staffing activities and works with telehealth team, coordinates legal/contracts, works with all stakeholders in developing evaluation, works with IT to develop implementation plans and oversees equipment and approval process, works with marketing to develop a plan for internal and external stakeholders, works with health plans to ensure billing process is smooth, serves as contact person for all partner hospitals, works with internal LLUMC/CH stakeholders and external stakeholders to develop a training process, new policies/procedures manual, and workflow.</td>
</tr>
<tr>
<td>2</td>
<td>Administrative Support</td>
<td></td>
<td>$ 6,667</td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 6,667</td>
<td>Oversees scheduling, referrals, registration, authorization, follow up note/medical records, billing, coordinates travel/meetings, reimbursements. This person will ideally be someone who already works in the Perinatal Institute and can dedicate part of their time to the Telehealth Program.</td>
</tr>
<tr>
<td>3</td>
<td>IT Technical Coordinator</td>
<td></td>
<td>$ 9,509</td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 9,509</td>
<td>Triage technical difficulties, strong interpersonal skills to assist with training and implementation of partner hospitals, writes IT workflow manual. This person will ideally be someone who already works in the IT department and can dedicate part of their time to the Telehealth Program.</td>
</tr>
<tr>
<td>4</td>
<td>Hospital Outreach Consultant</td>
<td></td>
<td>$ 5,653</td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 5,653</td>
<td>Currently the Program Manager of the Southern Inland Counties Regional Perinatal Program, the consultant will assist with building relationships and navigation of politics with High Desert community hospitals. Provides recommendations and guidance to the core team.</td>
</tr>
<tr>
<td>5</td>
<td>Hospital Outreach Consultant</td>
<td></td>
<td>$ 5,653</td>
<td></td>
<td></td>
<td>$ 5,653</td>
<td></td>
<td>Donated time to the program, overall support of the Perinatal Telehealth Program</td>
</tr>
</tbody>
</table>
# BUDGET NARRATIVE - SALARIES & BENEFITS

<table>
<thead>
<tr>
<th>Line</th>
<th>Position</th>
<th>Hours per Fiscal Year</th>
<th>Total Program Costs</th>
<th>Other Funding</th>
<th>Other Funding Sources</th>
<th>Donated Resources</th>
<th>First 5 Costs</th>
<th>Narrative (Please describe position duties)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>TOTAL SALARIES</td>
<td>$112,482</td>
<td>$-</td>
<td>$5,653</td>
<td>$106,829</td>
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<table>
<thead>
<tr>
<th>Line</th>
<th>Listing of Covered Benefits</th>
<th>Total</th>
<th>Other</th>
<th>Other Funding</th>
<th>Donated</th>
<th>First 5 Costs</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Medical Coverage Plan, Dental Coverage Plan, Vision Plan, Life Insurance, AHRP Retirement Plan, Sick Leave, Vacation Leave, Payroll taxes (FICA, SUI, DI State) and FMLA</td>
<td>$43,868</td>
<td>$-</td>
<td>$2,205</td>
<td>$41,663</td>
<td>$148,492</td>
<td>Benefits rate is set at 39%. This comprises payroll taxes (FICA, SUI, DI State) major medical dental, vision and life insurance as well as earned vacation and sick time. Benefits calculated EXCLUDES donated resources</td>
</tr>
</tbody>
</table>

| TOTAL SALARIES & BENEFITS | $156,350 | $-     | $7,858 | $148,492 |
## FY13-14 ATTACHMENT B

### BUDGET NARRATIVE - SERVICES & SUPPLIES

<table>
<thead>
<tr>
<th>Line</th>
<th>Service/Supply</th>
<th>Total Program Costs</th>
<th>Other Funding</th>
<th>Other Funding Sources</th>
<th>Donated Resources</th>
<th>First 5 Costs</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TRAINING FOR SONOGRAPHERS</td>
<td>$2,000</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$2,000</td>
<td>Training for ultrasound sonographers to come to LLUCH to work with our perinatologist. Training would entail 20 hours of time with our perinatologist prior to going live. In addition, the Staff Development department and Project Manager will work with them on Loma Linda culture. The cost covers mileage, food, and meeting materials for 3 sonographers year 1.</td>
</tr>
<tr>
<td>2</td>
<td>TRAINING FOR IT/SCHEDULERS</td>
<td>$80</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$80</td>
<td>Video Conferencing/Webinar training for originating site IT staff/schedulers. A one time set up fee is $40 per account, our IT Specialist and Scheduler will each have an account.</td>
</tr>
<tr>
<td>3</td>
<td>TELEMEDICINE ROOM SET UP</td>
<td>$1,000</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$1,000</td>
<td>Paint, microphone, lightning, chair, desk</td>
</tr>
<tr>
<td>4</td>
<td>STAFF DEVELOPMENT/TRAINING</td>
<td>$900</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$900</td>
<td>Project Manager will attend a UC Davis Telehealth 101 Training and the CA Telehealth Summit Conference in northern California.</td>
</tr>
<tr>
<td>5</td>
<td>EMPLOYEE MILEAGE/TRAVEL</td>
<td>$9,000</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$9,000</td>
<td>Staff travel to sites are reimbursed. Per IRS guidelines when their own vehicle is used. A Loma Linda Medical Center fleet van will be used for travel as available and mileage will not be charged to this grant when the Loma Linda Medical Center vehicle is used.</td>
</tr>
<tr>
<td>6</td>
<td>MARKETING</td>
<td>$3,685</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$3,685</td>
<td>Branding of program, Social Media, Website, Consumer brochure, Clinical brochure, Giveaways- mini notepad &amp; pens, Internal messaging (Perinatal VIP Site, Perinatal Newsletter, News of the Week, Today Newspaper), Public Relations (Leaps &amp; Bound, A Healthy Tmrw, Media Releases, Medica Minute), Live it Health Show/Video</td>
</tr>
<tr>
<td>Line</td>
<td>Service/Supply</td>
<td>Total Program Costs</td>
<td>Other Funding</td>
<td>Other Funding Sources</td>
<td>Donated Resources</td>
<td>First 5 Costs</td>
<td>Narrative (Please describe need for services/supplies)</td>
</tr>
<tr>
<td>------</td>
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<td>---------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>IT IMPLEMENTATION COST</td>
<td>$ 49,160</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 49,160</td>
<td>IT infrastructure set up and time such as: new video communication server for external organizations (VCS Express), updated real-time video (VCS Control), content collaboration (Webex Integration), secure authentication for users through LLU's standard mechanism (AD Integration), Webex integration with scheduling of visits and video management (TMS Upgrade), Integration of voice, video, and URL (Dial plan/Phone book), HD Multiple Conference Unit for multiple parties to participate in a video/audio call.</td>
</tr>
<tr>
<td>8</td>
<td>TELEMEDICINE EQUIPMENT</td>
<td>$ 60,000</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 60,000</td>
<td>3 Cisco VX Clinical Assistant Mobile carts for originating sites along with 3 monitors for LLU</td>
</tr>
<tr>
<td>9</td>
<td>TELEMEDICINE WARRANTY</td>
<td>$ 8,940</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 8,940</td>
<td>Warranty for 3 Cisco Vx Clinical Assistant Mobile Carts</td>
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<td>10</td>
<td>OFFICE SUPPLIES</td>
<td>$ 1,000</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 1,000</td>
<td>Office supplies include paper, pencils, pens, envelopes, labels, toner, cartridges, paperclips, tape, dividers, tabs, folders, pocket protectors, note pads, staples, highlighters, etc. An institutional discount is available through LLUMC.</td>
</tr>
<tr>
<td>11</td>
<td>OFFICE EQUIPMENT</td>
<td>$ 3,500</td>
<td>$ -</td>
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<tr>
<td>12</td>
<td>RENT/LEASE BUILDING</td>
<td>$ 8,500</td>
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<td>$ -</td>
<td>$ 8,500</td>
<td>$ -</td>
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<tr>
<td>13</td>
<td>BUILDING/EQUIPMENT MAINTENANCE</td>
<td>$ 1,200</td>
<td>$ -</td>
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<td>$ 1,200</td>
<td>$ -</td>
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<tr>
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<td>UTILITIES</td>
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<td>INSURANCE / TAXES / LICENSES</td>
<td>$ -</td>
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<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
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<tr>
<td>Line</td>
<td>Service/Supply</td>
<td>Total Program Costs</td>
<td>Other Funding</td>
<td>Other Funding Sources</td>
<td>Donated Resources</td>
<td>First 5 Costs</td>
<td>Narrative (Please describe need for services/supplies)</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>16</td>
<td>PROFESSIONAL SERVICES - SUBTOTAL</td>
<td>$92,000</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$92,000</td>
<td>The IT consultant will provide guidance and recommendations for the implementation, configuration, and integration of infrastructure needed for telehealth. In addition, the IT consultant will assist with identifying community hospitals’ IT barriers during the implementation phase. We anticipate he will work with us approximately 20 hours a month. The LLU School of Public Health consultant will work with staff to identify metrics, create study design, data collection tools, collect and analyze data which will assist in defining program sustainability post funding.</td>
</tr>
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<td>INDIRECT COSTS (AS APPROVED) 28%</td>
<td>$72,284</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$72,284</td>
<td>Set at 28%. Indirect costs include services from 84 departments including: Hospital Administration, Human Resources, Payroll, Environmental Services, Finance, Computer Information Services, Mail Services, Employee Health Service, Staff Development, General Counsel, Security Department, Compliance Operations and Insurance etc..</td>
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<tr>
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<td>TOTAL SERVICES &amp; SUPPLIES</td>
<td>$314,449</td>
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<td>$300,049</td>
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### BUDGET NARRATIVE - SUBCONTRACTORS

**AGENCY NAME**  Loma Linda University Medical Center

**CONTRACT #**  HW053

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<tr>
<th>Line</th>
<th>Subcontractor</th>
<th>Total Program Costs</th>
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<th>Donated Resources</th>
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<th>Narrative (Please describe need for subcontractors)</th>
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<td>70</td>
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<tr>
<td>TOTAL SUBCONTRACTORS</td>
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**TOTAL SUBCONTRACTORS**  $
### A. SALARIES & BENEFITS

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<th>FTE</th>
<th>POSITION TITLE</th>
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<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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<tr>
<td>1</td>
<td>Project Manager</td>
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<td>87,550</td>
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<tr>
<td>2</td>
<td>Administrative Support</td>
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<td>20,600</td>
<td>20,600</td>
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<tr>
<td>3</td>
<td>IT Technical Coordinator</td>
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<td>12,924</td>
<td>12,924</td>
<td>100.00%</td>
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<tr>
<td>4</td>
<td>Hospital Outreach Consultant</td>
<td>2,912</td>
<td>2,912</td>
<td>2,912</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>5</td>
<td>Hospital Outreach Consultant</td>
<td>2,912</td>
<td>2,912</td>
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<tr>
<td></td>
<td>TOTAL SALARIES</td>
<td>126,898</td>
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<td>2,912</td>
<td>123,986</td>
<td>123,986</td>
</tr>
<tr>
<td>31</td>
<td>TOTAL BENEFITS</td>
<td>49,490</td>
<td>1,136</td>
<td>48,355</td>
<td>48,355</td>
<td>97.71%</td>
</tr>
<tr>
<td></td>
<td>TOTAL SALARIES, BENEFITS, PROGRAM &amp; ADMIN</td>
<td>176,388</td>
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<td>4,048</td>
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<td>172,341</td>
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<td>DESCRIPTION</td>
<td>TOTAL PROGRAM COSTS</td>
<td>OTHER FUNDING</td>
<td>DONATED RESOURCES</td>
<td>FIRST 5 FUNDED PROJECT</td>
<td>First 5 Program Related Cost</td>
<td>First 5 Admin Cost</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>-----------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>B. SERVICES &amp; SUPPLIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 TRAINING FOR SONOGRAPHERS</td>
<td>$ 2,000</td>
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<td>$ 2,000</td>
<td>$ 2,000.00</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>2 TRAINING FOR IT/SCHEDULERS</td>
<td>$ 120</td>
<td></td>
<td>$ 120</td>
<td>$ 120.00</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>3 STAFF DEVELOPMENT/TRAINING</td>
<td>$ 1,095</td>
<td></td>
<td>$ 1,095</td>
<td>$ 1,095.00</td>
<td></td>
<td>100.00%</td>
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<tr>
<td>4 EMPLOYEE MILEAGE/TRAVEL</td>
<td>$ 8,500</td>
<td></td>
<td>$ 8,500</td>
<td>$ 8,500.00</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>5 MARKETING</td>
<td>$ 2,500</td>
<td></td>
<td>$ 2,500</td>
<td>$ 2,500.00</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>6 IT IMPLEMENTATION COST</td>
<td>$ 20,000</td>
<td></td>
<td>$ 20,000</td>
<td>$ 20,000.00</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>7 TELEMEDICINE EQUIPMENT</td>
<td>$ 60,000</td>
<td></td>
<td>$ 60,000</td>
<td>$ 60,000.00</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>8 TELEMEDICINE WARRANTY</td>
<td>$ 8,940</td>
<td></td>
<td>$ 8,940</td>
<td>$ 8,940.00</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>9 OFFICE SUPPLIES</td>
<td>$ 1,000</td>
<td></td>
<td>$ 1,000</td>
<td>$ 1,000.00</td>
<td></td>
<td>100.00%</td>
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<tr>
<td>10 OFFICE EQUIPMENT</td>
<td>$ 3,500</td>
<td>$ 3,500</td>
<td>$ 0</td>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>11 RENT/LEASE BUILDING</td>
<td>$ 8,500</td>
<td>$ 8,500</td>
<td>$ 0</td>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>12 BUILDING/EQUIPMENT MAINTENANCE</td>
<td>$ 1,200</td>
<td>$ 1,200</td>
<td>$ 0</td>
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<tr>
<td>13 UTILITIES</td>
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<tr>
<td>14 INSURANCE / TAXES / LICENSES</td>
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<td></td>
<td>$ 0</td>
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<td>0.00%</td>
</tr>
<tr>
<td>15 PROFESSIONAL SERVICES/CONSULTANTS</td>
<td></td>
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<td>15.1 IT Consultant</td>
<td>$ 24,000</td>
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<td>$ 24,000</td>
<td>$ 24,000.00</td>
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<td>Loma Linda University School of Public Health</td>
<td>$ 44,000</td>
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<tr>
<td><strong>PROFESSIONAL SERVICES - SUBTOTAL</strong></td>
<td>$ 68,000</td>
<td></td>
<td>$ 68,000</td>
<td>$ 68,000.00</td>
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<td>100.00%</td>
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<tr>
<td>16 INDIRECT COSTS (AS APPROVED) 28%</td>
<td>$ 71,556</td>
<td></td>
<td>$ 71,556</td>
<td>$ 71,556.00</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>TOTAL SERVICES/SUPPLIES</strong></td>
<td>$258,111.00</td>
<td>$0.00</td>
<td>$14,400.00</td>
<td>$243,711</td>
<td>$243,711.00</td>
<td>$0.00</td>
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### PROGRAM BUDGET
**FISCAL YEAR 2014-2015**

**AGENCY NAME** Loma Linda University Medical Center  
**CONTRACT #** HW053

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>TOTAL PROGRAM COSTS</th>
<th>OTHER FUNDING</th>
<th>DONATED RESOURCES</th>
<th>FIRST 5 FUNDED PROJECT Related Cost</th>
<th>First 5 Admin Cost</th>
<th>FIRST 5 %</th>
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<tr>
<td><strong>C. SUBCONTRACTS</strong></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
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<td><strong>SUBCONTRACTS - AGENCY NAME</strong></td>
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<td></td>
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<td>$0</td>
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<td><strong>TOTAL SUBCONTRACTS</strong></td>
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<td>$</td>
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<td>$</td>
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<td><strong>TOTAL PROJECT BUDGET</strong></td>
<td>$434,499</td>
<td>$18,448</td>
<td>$416,052</td>
<td>$416,052</td>
<td>95.75%</td>
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<td>First 5 Funding %</td>
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<td>0.00%</td>
<td>4.25%</td>
<td>95.75%</td>
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<tr>
<td>Administrative Cost %</td>
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<td>100.00%</td>
<td>0.00%</td>
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**ATTACHMENT B**
## BUDGET NARRATIVE - SALARIES & BENEFITS

**AGENCY NAME:** Loma Linda University Medical Center  

**CONTRACT #:** HW053

<table>
<thead>
<tr>
<th>Line</th>
<th>Position</th>
<th>Hours per Fiscal Year</th>
<th>Total Program Costs $</th>
<th>Other Funding $</th>
<th>Other Funding Sources $</th>
<th>Donated Resources $</th>
<th>First 5 Costs $</th>
<th>Narrative (Please describe position duties)</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Project Manager</td>
<td></td>
<td>$ 87,550</td>
<td>-</td>
<td></td>
<td>$ -</td>
<td>$ 87,550</td>
<td>Leads staffing activities and works with telehealth team, coordinates legal/contracts, works with all stakeholders in developing evaluation, works with IT to develop implementation plans and oversees equipment and approval process, works with marketing to develop a plan for internal and external stakeholders, works with health plans to ensure billing process is smooth, serves as contact person for all partner hospitals, works with internal LLUMC/CH stakeholders and external stakeholders to develop a training process, new policies/procedures manual, and workflow.</td>
</tr>
<tr>
<td>2</td>
<td>Administrative Support</td>
<td></td>
<td>$ 20,600</td>
<td>-</td>
<td></td>
<td>$ -</td>
<td>$ 20,600</td>
<td>Oversees scheduling, referrals, registration, authorization, follow up note/medical records, billing, coordinates travel/meetings, reimbursements. This person will ideally be someone who already works in the Perinatal Institute and can dedicate part of their time to the Telehealth Program.</td>
</tr>
<tr>
<td>3</td>
<td>IT Technical Coordinator</td>
<td></td>
<td>$ 12,924</td>
<td>-</td>
<td></td>
<td>$ -</td>
<td>$ 12,924</td>
<td>Triage technical difficulties, strong interpersonal skills to assist with training and implementation of partner hospitals, writes IT workflow manual. This person will ideally be someone who already works in the IT department and can dedicate part of their time to the Telehealth Program.</td>
</tr>
<tr>
<td>4</td>
<td>Hospital Outreach Consultant</td>
<td></td>
<td>$ 2,912</td>
<td>-</td>
<td></td>
<td>$ -</td>
<td>$ 2,912</td>
<td>Currently the Program Manager of the Southern Inland Counties Regional Perinatal Program, the consultant will assist with building relationships and navigation of politics with High Desert community hospitals. Provides recommendations and guidance to the core team.</td>
</tr>
</tbody>
</table>
### BUDGET NARRATIVE - SALARIES & BENEFITS

**AGENCY NAME**  Loma Linda University Medical Center

**CONTRACT #**  HW053

<table>
<thead>
<tr>
<th>Line</th>
<th>Position Description</th>
<th>Hours per Fiscal Year</th>
<th>Total Program Costs</th>
<th>Other Funding</th>
<th>Other Funding Sources</th>
<th>Donated Resources</th>
<th>First 5 Costs</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Hospital Outreach Consultant</td>
<td></td>
<td>$2,912</td>
<td>$-</td>
<td></td>
<td>$2,912</td>
<td>$-</td>
<td>Donated time to the program, overall support of the Perinatal Telehealth Program</td>
</tr>
<tr>
<td></td>
<td>TOTAL SALARIES</td>
<td></td>
<td>$126,898</td>
<td>$-</td>
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<td>$2,912</td>
<td>$123,986</td>
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<td>Listing of Covered Benefits</td>
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<td>31</td>
<td>Medical Coverage Plan, Dental</td>
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<td>$49,490</td>
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<td>$1,136</td>
<td>$48,355</td>
<td>Benefits rate is set at 39%. This comprises payroll taxes (FICA, SUI, DI State) major medical dental, vision and life insurance as well as earned vacation and sick time. Benefits calculated EXCLUDES donated resources</td>
</tr>
<tr>
<td></td>
<td>TOTAL SALARIES &amp; BENEFITS</td>
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<td>$176,388</td>
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<td>$4,048</td>
<td>$172,341</td>
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## BUDGET NARRATIVE - SERVICES & SUPPLIES

**AGENCY NAME**  Loma Linda University Medical Center  

**CONTRACT #**  HW053  

<table>
<thead>
<tr>
<th>Line</th>
<th>Service/Supply</th>
<th>Total Program Costs</th>
<th>Other Funding</th>
<th>Other Funding Sources</th>
<th>Donated Resources</th>
<th>First 5 Costs</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TRAINING FOR SONOGRAPHERS</td>
<td>$ 2,000</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 2,000</td>
<td>Training for ultrasound sonographers to come to LLUCH to work with our perinatologist. Training would entail 20 hours of time with our perinatologist prior to going live. In addition, the Staff Development department and Project Manager will work with them on Loma Linda culture. The cost covers mileage, food, and meeting materials for 3 sonographers year 1.</td>
</tr>
<tr>
<td>2</td>
<td>TRAINING FOR IT/SCHEDULERS</td>
<td>$ 120</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 120</td>
<td>Video Conferencing/Webinar training for originating site IT staff/schedulers. A one time set up fee is $40 per account, our IT Specialist and Scheduler will each have an account.</td>
</tr>
<tr>
<td>3</td>
<td>STAFF DEVELOPMENT/TRAINING</td>
<td>$ 1,095</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 1,095</td>
<td>Loma Linda provides staff education through staff development on required competencies such as HIPAA, safety, and sexual harassment as well as leadership and workplace communication seminars. In addition the Project Manager will attend a UC Davis Telehealth 101 Training and the CA Telehealth Summit Conference in northern California.</td>
</tr>
<tr>
<td>4</td>
<td>EMPLOYEE MILEAGE/TRAVEL</td>
<td>$ 8,500</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 8,500</td>
<td>Staff travel to sites are reimbursed. Per IRS guidelines when their own vehicle is used. A Loma Linda Medical Center fleet van will be used for travel as available and mileage will not be charged to this grant when the Loma Linda Medical Center vehicle is used.</td>
</tr>
<tr>
<td>5</td>
<td>MARKETING</td>
<td>$ 2,500</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 2,500</td>
<td>Branding of program, Social Media, Website, Consumer brochure, Clinical brochure, Giveaways- mini notepad &amp; pens, Internal messaging (Perinatal VIP Site, Perinatal Newsletter, News of the Week, Today Newspaper), Public Relations (Leaps &amp; Bound, A Healthy Tmrw, Media Releases, Medica Minute), Live it Health Show/Video</td>
</tr>
<tr>
<td>Line</td>
<td>Service/Supply</td>
<td>Total Program Costs</td>
<td>Other Funding</td>
<td>Other Funding Sources</td>
<td>Donated Resources</td>
<td>First 5 Costs</td>
<td>Narrative (Please describe need for services/supplies)</td>
</tr>
<tr>
<td>------</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>6</td>
<td>IT IMPLEMENTATION COST</td>
<td>$20,000</td>
<td>$</td>
<td>$</td>
<td></td>
<td>$20,000</td>
<td>IT infrastructure set up and time such as: new video communication server for external organizations (VCS Express), updated real time video (VCS Control), content collaboration (Webex Integration), secure authentication for users through LLU's standard mechanism (AD Integration), Webex integration with scheduling of visits and video management (TMS Upgrade), Integration of voice, video, and URL (Dial plan/Phone book), HD Multiple Conference Unit for multiple parties to participate in a video/audio call.</td>
</tr>
<tr>
<td>7</td>
<td>TELEMEDICINE EQUIPMENT</td>
<td>$60,000</td>
<td>$</td>
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<td>$60,000</td>
<td>3 Cisco VX Clinical Assistant Mobile carts for originating sites along with 3 monitors for LLU</td>
</tr>
<tr>
<td>8</td>
<td>TELEMEDICINE WARRANTY</td>
<td>$8,940</td>
<td>$</td>
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<td>$8,940</td>
<td>Warranty for 3 Cisco Vx Clinical Assistant Mobile Carts</td>
</tr>
<tr>
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<td>OFFICE SUPPLIES</td>
<td>$1,000</td>
<td>$</td>
<td>$</td>
<td></td>
<td>$1,000</td>
<td>Office supplies include paper, pencils, pens, envelopes, labels, toner, cartridges, paperclips, tape, dividers, tabs, folders, pocket protectors, note pads, staples, highlighters, etc. An institutional discount is available through LLUMC.</td>
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<tr>
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<td>Other Funding Sources</td>
<td>Donated Resources</td>
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<td>Narrative (Please describe need for services/supplies)</td>
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<td>---------------------------------------------------------</td>
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<td>BUILDING/EQUIPMENT MAINTENANCE</td>
<td>$ 1,200</td>
<td>$ -</td>
<td>$ 1,200</td>
<td>$ -</td>
<td>$ -</td>
<td>The IT consultant will provide guidance and recommendations for the implementation, configuration, and integration of infrastructure needed for telehealth. In addition, the IT consultant will assist with identifying community hospitals’ IT barriers during the implementation phase. We anticipate he will work with us approximately 20 hours a month. The LLU School of Public Health consultant will work with staff to identify metrics, create study design, data collection tools, collect and analyze data which will assist in defining program sustainability post funding.</td>
</tr>
<tr>
<td>13</td>
<td>UTILITIES</td>
<td>$ 1,200</td>
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<td>$ 1,200</td>
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<td>$ -</td>
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<td>INSURANCE / TAXES / LICENSES</td>
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<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
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<tr>
<td>15</td>
<td>PROFESSIONAL SERVICES - SUBTOTAL</td>
<td>$ 68,000</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 68,000</td>
<td></td>
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<tr>
<td>16</td>
<td>INDIRECT COSTS (AS APPROVED) 28%</td>
<td>$ 71,556</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 71,556</td>
<td>Set at 28%. Indirect costs include services from 84 departments including: Hospital Administration, Human Resources, Payroll, Environmental Services, Finance, Computer Information Services, Mail Services, Employee Health Service, Staff Development, General Counsel, Security Department, Compliance Operations and Insurance etc..</td>
</tr>
<tr>
<td></td>
<td>TOTAL SERVICES &amp; SUPPLIES</td>
<td>$ 258,111</td>
<td>$ -</td>
<td>$ 14,400</td>
<td>$ 243,711</td>
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## BUDGET NARRATIVE - SUBCONTRACTORS

**AGENCY NAME**: Loma Linda University Medical Center  

**CONTRACT #**: HW053  

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<th>Subcontractor</th>
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<th>Other Funding</th>
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<th>Donated Resources</th>
<th>First 5 Costs</th>
<th>Narrative (Please describe need for subcontractors)</th>
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<td>9</td>
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<td>$ -</td>
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<td>10</td>
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<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td>TOTAL SUBCONTRACTORS</td>
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<td>$ -</td>
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<td>$ -</td>
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**AGENCY INFORMATION**

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<thead>
<tr>
<th>Legal Entity:</th>
<th>Loma Linda University Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept./Division:</td>
<td>Children’s Hospital – Perinatal Institute</td>
</tr>
<tr>
<td>Project Name:</td>
<td>Perinatal Telehealth Program</td>
</tr>
<tr>
<td>Address:</td>
<td>11234 Anderson Street, Suite MC3410</td>
</tr>
<tr>
<td></td>
<td>Loma Linda, CA 92354</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.lomalindahealth.org">www.lomalindahealth.org</a></td>
</tr>
<tr>
<td>Program Site Address:</td>
<td>11234 Anderson Street, Suite 3410</td>
</tr>
<tr>
<td></td>
<td>Loma Linda, CA 92354</td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION**

**CONTRACT REPRESENTATIVE/SIGNING AUTHORITY**

| Name:                  | Zareh Sarrafian                      |
| Title:                 | Chief Administrative Officer         |
| Direct Phone #:        | (909) 558-4747                       |
| Fax #:                 | (909) 558-7909                       |
| E-Mail:                | zsarrafian@llu.edu                   |

**PROGRAM CONTACT**

| Name:                  | Cathy VanWert                        |
| Title:                 | Service Line Director                |
| Direct Phone #:        | (909) 558-3866                       |
| Fax #:                 | (909) 558-0994                       |
| E-Mail:                | cvanwert@llu.edu                     |

**FISCAL CONTACT**

| Name:                  | Jon Levell                           |
| Title:                 | Project Manager                      |
| Direct Phone #:        | (909) 558-3180                       |
| Fax #:                 | None                                  |
| E-Mail:                | jlevell@llu.edu                      |
**ADDITIONAL CONTACT** (Describe): Program  
Name: Gretchen Page  
Address: 11215 Mountain View Avenue, Suite 179  
Loma Linda, CA 92354  
E-Mail: gpage@llu.edu  
Title: Community Grants Manager  
Direct Phone #: (909) 558-3996  
Fax #: (909) 558-3935

**PROGRAM INFORMATION**

**TYPE OF AGENCY**  
- [ ] Educational Institution  
  Describe: Choose an item.  
- [ ] Government Agency  
  Describe: Choose an item.  
- [x] Private Entity/Institution  
  Describe: Non Profit  
- [ ] Community-Based  
  Describe: Choose an item.

**FIRST 5 FOCUS AREA**  

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Early Screening and Intervention</td>
</tr>
<tr>
<td></td>
<td>Health Care Access</td>
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<tr>
<td></td>
<td>Oral Health</td>
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<tr>
<td>Education</td>
<td>Early Education Programs</td>
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<tr>
<td></td>
<td>Access to Quality Child Care</td>
</tr>
<tr>
<td>Family</td>
<td>Parent Education</td>
</tr>
<tr>
<td>Systems</td>
<td>Integrated Systems Planning &amp; Implementation</td>
</tr>
<tr>
<td></td>
<td>Countywide Information Referral Systems</td>
</tr>
<tr>
<td></td>
<td>Organizational Capacity Building</td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION**  
The telehealth program will provide perinatal services to pregnant women in the High Desert region. Participating providers will have access to specialists which will allow for direct communication between specialists, providers and patients.

- St. Mary Medical Center
- Barstow Community Hospital
- Victor Valley Community Hospital
- Desert Valley Hospital

**SERVICE AREA (LOCATIONS)**

92277, 92284, 92285, 92286, 92301, 92307, 92308, 92309, 92310, 92311, 92312, 92314, 92315, 92327, 92329, 92342, 92344, 92345, 92347, 92356, 92365, 92371, 92372, 92386, 92392, 92394, 92395, 92397, 92398, 93516
- Weed Army Community Hospital
- Hi-Desert Medical Center

**COMMISSION LEVEL OUTCOMES**
Children are born healthy

**ASSIGNED ANALYST:**  Bobbi Albano

**CONTRACT AMOUNT**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount</th>
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<tr>
<td>2013-2014</td>
<td>$448,541</td>
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<tr>
<td>2014-2015</td>
<td>$416,052</td>
</tr>
<tr>
<td>2015-2016</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$864,593</strong></td>
</tr>
<tr>
<td>NAME OF SITE, SITE ADDRESS, PHONE NUMBER &amp; CONTACT NAME</td>
<td>NUMBER OF PARTICIPANTS SERVED</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>St. Mary Medical Center 18300 Outer Highway 18 North Apple Valley, CA 92307 Rosa Ortega, Director of Women's Services (760) 242-2311 X5013</td>
<td>FY 2013-14 - 62 Core FY 2014-15 - 152 Core</td>
</tr>
<tr>
<td>Barstow Community Hospital 820 East Mountain View Street Barstow, CA 92311 Susan Woolley, Director of OB (760) 256-1761</td>
<td>FY 2013-14 - 9 Core FY 2014-15 - 27 Core</td>
</tr>
<tr>
<td>Victor Valley Community Hospital 15248 Eleventh Street Victorville, CA 92395 Imelda Cowden, Perinatal Director (760) 843-6139</td>
<td>FY 2013-14 - 4 Core FY 2014-15 - 77 Core</td>
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<tr>
<td>Desert Valley Hospital 16850 Bear Valley Road Victorville, CA 92395 Mary Dahl, Nurse Manager (760) 241-8000</td>
<td>FY 2013-14 - 0 Core FY 2014-15 - 36 Core</td>
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<tr>
<td>Weed Army Community Hospital Fort Irwin, CA 92310 Inez Sanchez, Head Nurse</td>
<td>FY 2013-14 - 0 Core FY 2014-15 – 14 Core</td>
</tr>
<tr>
<td>Hi-Desert Medical Center 6601 White Feather Road Joshua Tree, CA 92252 Rebecca Guzman, Manager, OB (760) 366-3711</td>
<td>FY 2013-14 - 0 Core FY 2014-15 - 14 Core</td>
</tr>
</tbody>
</table>
Background

Data provided by the Southern Inland Counties Regional Perinatal Programs of California (RPPC) suggest that pregnant women and newborns in the High Desert area of San Bernardino County face a number of pregnancy health challenges. The following data support the establishment of increased perinatal support in this region.

- Birth data for year 2010 indicate that, compared to San Bernardino County as a whole, mothers delivering their babies in the High Desert are statistically significantly more likely to be under 18 years old (4.0% versus 3.4%), to be African American (13.5% versus 9.4%) and to have begun prenatal care late in pregnancy (4.7% versus 2.9%) or not at all (1.6% versus 0.8%); research has shown that each of these characteristics is associated with poorer birth outcomes than those that occur among the population at large. Compared to statewide rates obtained from year 2010 birth data, births in the High Desert occur statistically significantly more frequently to mothers who have not completed high school (28.2% versus 23.7%) and mothers whose deliveries are funded by Medi-Cal (53.5% versus 47.6%). Incomplete high school and Medi-Cal funded deliveries are often used as proxies for low income status, another characteristic research has shown to be associated with poor birth outcomes.

- Newborn discharge data for San Bernardino County (2010) show that, compared to countywide rates, infants born to High Desert residents are statistically significantly more frequently categorized as non-normal newborns (30.9% versus 28.8%) and transferred to other acute care facilities upon discharge (1.5% versus 1.0%). High Desert resident newborns are also more likely to be diagnosed with certain congenital anomalies at birth. Congenital anomalies of the genital and urinary system (9.5 versus 8.7 per 1,000), musculoskeletal system (10.9 versus 9.0 per 1,000), and integument (29.4 versus 25.5 per 1,000) are diagnosed at birth more frequently among High Desert resident newborns as compared to newborns countywide.

- Newborn discharge data (2009-2011) indicate that High Desert resident newborns are:
  - 25% more likely than their counterparts from other areas of San Bernardino County to be diagnosed with extreme or other prematurity (86.7/1,000 compared to 69.3/1,000; highly significant at p<0.0001).
    - The difference is greater when looking at extreme prematurity: 7.2/1,000 among High Desert newborns and 5.2/1,000 among other San Bernardino County resident newborns. This is a 38% difference and is statistically significant (p=0.0010).
  - Statistically significantly less likely to be discharged home after birth than infants born to women residing elsewhere in San Bernardino County (96.5% compared to 97.7%; p<0.0001).
Attachment D

Statistically significantly more likely to be transported to a higher level of care upon discharge than their counterparts from other places in San Bernardino County (1.4% compared to 0.8%; p<0.0001). This indicates that High Desert residents are more likely to deliver in a location that does not have the capacity to care for their infants after birth.

Statistically significantly more likely to die in hospital prior to discharge than their counterparts from other places in San Bernardino County (0.45% compared to 0.35%; p=0.0348).

12% more likely than their counterparts from other areas of San Bernardino County to be diagnosed with slow fetal growth and fetal malnutrition (16.2/1,000 compared to 14.5/1,000; not statistically significant but very close, p=0.0782).

Maternal delivery discharge data (2009-2011) indicate that High Desert resident women are:

- 2.4 times as likely as women residing in other parts of San Bernardino County to be habitual aborters (2.9 per 1,000 compared to 1.2 per 1,000 maternal delivery discharges; p<0.0001).

- 1.8 times as likely as women residing in other parts of San Bernardino County to have epilepsy complicating their pregnancies (4.9 per 1,000 compared to 2.7 per 1,000 maternal delivery discharges; p<0.0001).

- 13% more likely than women residing in other parts of San Bernardino County to experience premature rupture of membranes and/or preterm labor (98.8 per 1,000 compared to 87.5 per 1,000 maternal delivery discharges). This difference is highly statistically significant (p<0.0001).

- Almost twice as likely as women residing in other parts of San Bernardino County to have congenital or other types of cardiovascular disease which complicates their pregnancies (5.3 per 1,000 compared to 3.0 per 1,000 maternal delivery discharges). This difference is highly statistically significant (p<0.0001).

The volume of patients from the High Desert who could potentially utilize high risk perinatal services is significant. Of approximately 7,000 High Desert resident women delivering each year, about 2,000 are diagnosed with high risk conditions at discharge (e.g., preterm labor, cardiovascular disease, fetal abnormalities).
Attachment D

PROGRAMMATIC OVERVIEW

Our program will harness the power of telehealth to provide enhanced perinatal services to benefit pregnant women and their newborns as well as support evidence-based practice among physicians and other health care professionals in the High Desert area of San Bernardino County. The development of the perinatal network between LLUCH and participating providers and delivering facilities will increase patient access to specialists in outlying areas of the county and allow for direct communication between these specialists, the network of providers, and patients in underserved areas. The Loma Linda Simulation Center will be utilized in conjunction with telemedicine to provide simulation based education and training, such as perinatal emergency drills and neonatal resuscitation. There is a strong interest in this venue among health care providers due to its demonstrated effectiveness for learning and team building.

GOALS

The telehealth program will aim to promote equity in access to perinatal care in underserved areas, decrease disparities in perinatal care and outcomes, and facilitate communication among health care providers and between providers and patients.

STAKEHOLDERS

The program will reinforce establishment of partnerships with all stakeholders involved in assuring quality perinatal care and the identification and resolution of barriers to streamlined inter-provider and inter-facility collaboration. Preliminary discussions have begun with Inland Empire Health Plan (IEHP) and San Bernardino Department of Public Health.

Agreements for perinatal collaboration will be developed with the following potential partners:

- St. Mary Medical Center, Apple Valley, CA
- Barstow Community Hospital, Barstow, CA
- Victor Valley Community Hospital, Victorville, CA
- Desert Valley Medical Center, Victorville, CA
- Weed Army Community Hospital, Fort Irwin, CA
- Hi-Desert Medical Center, Joshua Tree, CA

BENEFITS

Establishing telehealth sites between LLUCH and the High Desert area will:

- Improve care for many at risk women and babies by providing access to specialists;
- Decrease the burden of travel for many patients with limited resources;
Attachment D

- Provide increased opportunity for consult and timely and appropriate referral;
- Increase provider knowledge and skills;
- Support an unparalleled degree of collaboration between LLUCH perinatal specialists, providers and patients at outreach sites in San Bernardino County;
- Streamline specialist-primary provider-patient communication, and may reduce costly duplication of services.

Fundamentally, however, is that IMPACT will provide underserved, at-risk mothers and their babies in San Bernardino County’s most densely populated outlying area access to quality perinatal care.
**AGENDA ITEM 4**
**SEPTEMBER 4, 2013**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Prevent Child Abuse California AmeriCorps Service Contract 2013-14</th>
</tr>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td>Approve Contract with Prevent Child Abuse California (PCA CA) in the amount of $80,200 in matching funds for four (4) AmeriCorps service member positions to provide school readiness services for Fiscal Year 2013-2014. (Affected Districts: All) (Presenter: Mary Alvarez, Staff Analyst II, 387-1508)</td>
</tr>
<tr>
<td><strong>Background Information</strong></td>
<td>At the August 4, 2013 Commission meeting, approval was granted to fund the match for Fiscal Year 2013-2014 and expand the current two (2) AmeriCorps positions at 1700 hours (full-time) to four (4) positions at 1700 hours to provide a year-round program. The requirement for matching the federal dollars for First 5 San Bernardino is $20,050 per full-time AmeriCorps member. The requested funding is allocated from the Commission’s education focus area. A contract with Prevent Child Abuse California is brought forth today for Commission approval to continue the AmeriCorps program in FY13/14. Four (4) members have been selected and pending Commission approval will commence the FY13/14 term on September 5, 2013 and serve in multiple preschools throughout the county promoting school readiness.</td>
</tr>
<tr>
<td><strong>Financial Impact</strong></td>
<td>$80,200 for Fiscal Year 2013-14</td>
</tr>
<tr>
<td><strong>Review</strong></td>
<td>Regina Coleman, Commission Counsel</td>
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<tr>
<th>Report on Action as taken</th>
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<tbody>
<tr>
<td>Action:</td>
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<tr>
<td>Moved:</td>
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<tr>
<td>In Favor:</td>
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<tr>
<td>Opposed:</td>
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<tr>
<td>Abstained:</td>
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<tr>
<td>Comments:</td>
</tr>
<tr>
<td>Witnessed:</td>
</tr>
</tbody>
</table>
1. Grant name: **First 5 Service Corps**

2. This Contract is entered into between Prevent Child Abuse California and the Contractor named below: **First 5 San Bernardino**

3. The Term of this Contract is: **September 1, 2013 through August 31, 2014**

4. The maximum amount of this Contract shall not exceed: **$80,200.00**

5. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of this Contract:

   - Exhibit C: Terms and Conditions
   - Exhibit D: Match Contribution
   - Exhibit E: Program Scope of Services
   - Attachment E-1: 2013-2014 Performance Measures
   - Attachment E-2: 2013-2014 AmeriCorps Member Living Allowance Schedule
   - Exhibit F: California Volunteers Assurances and Certifications
   - Exhibit G: CAP Center AmeriCorps Supervisor Program Manual, incorporated into this AmeriCorps Contract by reference and obtainable at: http://www.capamicorps.weebly.com

6. Contract Number: **3-CM-5SB-FSB-13-14**
7. Program Year: **2013/2014**

**CONTRACTOR:** **FIRST 5 SAN BERNARDINO**

**PREVENT CHILD ABUSE CALIFORNIA ("PCA CA")**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Sheila Boxley, President and CEO</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Print Name and Title</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Stephanie Biegler, Director</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fiscal Contact Name and Title</th>
<th>Date</th>
</tr>
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</table>

Approved as to Content:

Department Head Signature (If Applicable)

Approved as to Form:

<table>
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<table>
<thead>
<tr>
<th>330 North D Street, 5th Floor Address</th>
<th>4700 Roseville Road, Suite 102 Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>San Bernardino, CA 92415</th>
<th>North Highlands, CA 95660</th>
</tr>
</thead>
</table>
EXHIBIT C
TERMS AND CONDITIONS

I. Time
Time is of the essence in all terms and conditions of this Contract.

II. AmeriCorps
A. The First 5 Service Corps program is a federally funded AmeriCorps program.
B. Individuals enrolled to provide service under the First 5 Service Corps program will be known as AmeriCorps members, and are the resource being provided.

III. Compliance with Federal Requirements
By entering into this Contract, CONTRACTOR (and its subcontractor, if applicable) agrees to comply with all federal requirements governing the AmeriCorps program including, but not limited to:
A. 2013 AmeriCorps Provisions, incorporated into this Contract by reference as Exhibit A;
B. 45 C.F.R. Chapter XXV, Sections 2520 – 2550, incorporated into this contract by reference as Exhibit B;
C. All Assurances and Certifications contained in Exhibit G., CV Assurances and Certifications;
D. All applicable federal statutes, regulations, and guidelines; and
E. All applicable federal Office of Management and Budget (“OMB”) Circulars, memoranda, and guidance.

IV. Scope of Services
CONTRACTOR shall provide services in the amount, type, and manner described in Exhibit E, Program Scope of Services, which is attached hereto and incorporated herein. The Scope of Services is dependent upon CONTRACTOR’s full enrollment and retention of the number of AmeriCorps member slots as listed in Exhibit D, Match Contribution, Section II. Cash Match Contribution, and Exhibit E, Program Scope of Services, Section II. Recruitment and Eligibility of AmeriCorps Members.

V. PCA CA’S Obligation Subject to Availability of Funds
PCA CA’s obligation under this Contract is subject to the availability of authorized funds. PCA CA may terminate this Contract, or any part of the Contract work, without prejudice to any right or remedy of PCA CA, for lack of appropriation of funds. If expected or actual funding is withdrawn, reduced or limited in any way prior to the expiration date set forth in this Contract, or any subsequent Amendment, PCA CA may, upon written notice to CONTRACTOR:
A. Terminate this Contract in whole or in part; or,
B. Offer a contract amendment reflecting the reduced funding.

VI. Termination without Cause
A. This Contract may be terminated by either party without cause upon thirty (30) calendar days written notice to the other party.
B. If the Contract is terminated for non-appropriation:
1. CONTRACTOR shall be released from any obligation to provide further services pursuant to this Contract after the effective date of termination.
2. Prior to termination of this Contract, CONTRACTOR will make
reasonable efforts to identify a new or existing contractor to host all of CONTRACTOR’s active AmeriCorps members and to assume the remaining cash match contribution for said AmeriCorps members amongst those county Children and Families Commissions or community based organizations then participating in the First 5 Association of California. Furthermore, CONTRACTOR agrees to assist with the transition of any active AmeriCorps members to First 5 Commission service sites or programs.

VII. Termination for Cause
PCA CA may terminate this Contract for cause upon giving ten (10) calendar days written notice to CONTRACTOR should CONTRACTOR materially fail to perform this Contract in the time and/or manner specified. Before such termination takes effect, however, CONTRACTOR shall have ten (10) calendar days to cure the failure to perform. In the event of such termination, PCA CA may proceed with the work in any manner deemed proper by PCA CA. If notice of termination for cause is given by PCA CA to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to paragraph (VI.A) above.

VIII. Signature Authority
The parties executing this Contract certify that they have the proper authority to bind their respective entities to all terms and conditions set forth in this Contract.

IX. Mutual Indemnification
Each party shall indemnify, defend, protect, hold harmless, and release the other, their elected bodies, officers, agents, and employees, from and against any and all claims, losses, proceedings, damages, causes of action, liability, costs, or expense (including attorneys’ fees and witness costs) arising from or in connection with, or caused by any negligent act or omission or willful misconduct of such indemnifying party. This indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages or compensation payable to or for the indemnifying party under Workers’ Compensation acts, disability benefit acts, or other employee benefit acts.

X. Independent Contractor
CONTRACTOR is an independent contractor and not an agent, officer, or employee of PCA CA. The parties mutually understand that this Contract is by and between two independent contractors and is not intended to, and shall not be construed to, create the relationship of agent, servant, employee, partnership, joint venture, or association.

XI. Conflict of Interest
A. The parties warrant that their employees and/or their immediate families and/or Board of Directors and/or officers have no interest, including, but not limited to, other projects or independent contracts, and shall not acquire any interest, direct or indirect, including separate contracts for the work to be performed hereunder, which conflicts with the rendering of services under this Contract. The parties shall employ or retain no such person while rendering services under this Contract. Services rendered by either party’s associates or employees shall not relieve the party from professional responsibility under this clause.
B. The parties have an affirmative duty to disclose to each other in writing the name(s) of any person(s) who have an actual, potential or apparent conflict of interest.

XII. Subcontracting
If CONTRACTOR subcontracts with another organization to either administer or host AmeriCorps members, the subcontract must incorporate 45 C.F.R. Chapter XXV §2520 – 2550, and the 2013 AmeriCorps Provisions. CONTRACTOR must provide a copy of the subcontract to PCA CA within fifteen (15) business days of execution. Any such subcontract shall not serve to release CONTRACTOR from any obligation under this Contract.

XIII. Drug Free Workplace
The parties warrant that they are knowledgeable of 45 C.F.R. Chapter XXV Sections 2545.205 – 2545.230, and 2545.610 – 2545.670, regarding a drug free workplace and shall abide by and implement its statutory requirements.

XIV. Safety Standards
Pursuant to the 2013 AmeriCorps Provisions, section AC V.E., CONTRACTOR must institute safeguards as necessary and appropriate to ensure the safety of CONTRACTOR’s AmeriCorps members. CONTRACTOR’s AmeriCorps members may not participate in projects that pose undue safety risks.

XV. Nondiscrimination
A. It is the policy of PCA CA to assure all persons of equal rights and opportunities with respect to serving in this program. A person, including an AmeriCorps member, a community beneficiary, or program staff, may not, on the grounds of race, color, national origin, sex, age, political affiliation, sexual orientation, disability, in most cases religion, or any other bases protected by federal, state, or local law, or ordinance or regulation, be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination, directly or through contractual or other arrangements, under any program or activity receiving federal assistance. PCA CA will not retaliate against any person who, or organization, that, files a complaint about such discrimination.

B. Further, in fulfilling their duties and responsibilities under this Contract, the parties shall not discriminate against their employees, AmeriCorps members, or AmeriCorps applicants, which includes, but is not limited to, employment upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

XVI. Insurance
A. Under California Labor Code Sections 3351to 3352(j) inclusive, PCA CA shall obtain Workers’ Compensation insurance for CONTRACTOR’s AmeriCorps members.

B. CONTRACTOR shall obtain and maintain in full force and effect during the performance of the work and for at least one (1) year following completion of the work the types of insurance listed in Section XVI.C below.
1. All insurance shall be provided by insurance companies acceptable to PCA CA.
2. Insurance companies shall be rated by A.M. Best as “A:VII” or better.
3. CONTRACTOR’s Insurance shall be primary and non-contributory with PCA CA’s insurance.
4. Policies shall provide that they may not be canceled, changed, or not renewed without at least thirty (30) days written notice to PCA CA.

C. Types of insurance:
1. Comprehensive General Liability Insurance which includes products/completed operations, independent contractors, contractual liability, and broad form property damage coverages with a combined single limit of not less than $1,000,000 per occurrence, and not less than $2,000,000 aggregate.
   a. CONTRACTOR shall furnish to PCA CA a separate endorsement evidencing PCA CA’s additional insured status on the policy.
   b. CONTRACTOR’s Comprehensive General Liability Insurance shall specifically state “Prevent Child Abuse California is named as additional insured under the above policy.”
2. Automobile Liability Insurance for all owned, non-owned, and hired vehicles with a combined single limit of not less than $1,000,000 per occurrence.
3. Professional Liability Insurance or Errors and Omissions Insurance with a limit of not less than $1,000,000, if CONTRACTOR employs licensed clinicians or therapists, or provides counseling services in relation to this contract.
   a. If CONTRACTOR (or its subcontractor) does not employ licensed clinicians or therapists, and does not provide counseling services in relation to this Contract, CONTRACTOR may submit a statement to PCA CA in writing, and will be relieved of this requirement.
   b. Directors and Officers Insurance will not be accepted in lieu of Professional Liability Insurance or Errors and Omissions Insurance.

D. The following Additional Insured Endorsements are acceptable:
1. Insurance Services Office (“ISO”), or same wording on insurance company forms:
   a. Commercial General (CG) 2010
   b. Commercial General (CG) 2037
   c. Commercial General (CG) 2011
   d. Commercial General (CG) 2026
2. NIAC-E32 05 11, If CONTRACTOR is insured by the Nonprofit Insurance Alliance of California (“NIAC”).
3. PI-GLD-HS (04/07), if CONTRACTOR is insured by Philadelphia Insurance Companies.

E. Submission of Documentation:
1. CONTRACTOR shall furnish any and all required Certificates of Insurance and separate Additional Insured Endorsements to PCA CA no less than ten (10) business days prior to the commencement of work hereunder.
2. CONTRACTOR shall continue to provide PCA CA with subsequent Certificates of Insurance and separate Additional Insured Endorsements evidencing uninterrupted compliance with these insurance requirements throughout the term of the Contract, and for one (1) year following termination or expiration of the Contract.
XVII. Travel
A. Travel expenses and mileage reimbursements for activities associated with this Contract, whether borne by PCA CA or CONTRACTOR, shall be based on the policies and rates determined by the California Department of Human Resources (“CalHR”). These policies and rates are available online at: http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx.
B. Reimbursement for travel expenses shall not be made for expenses incurred within 50 miles of CONTRACTOR’s home or headquarters.
C. CONTRACTOR and PCA CA may use different reimbursement rates than those established by CalHR, as long as the rates do not exceed the rates established by CalHR.
D. CONTRACTOR shall not reimburse its AmeriCorps members at a rate lower than a rate used to reimburse CONTRACTOR’s staff.
E. PCA CA will not reimburse CONTRACTOR, CONTRACTOR’s staff, or CONTRACTOR’s AmeriCorps members for travel expenses under this Contract, unless authorized in writing by PCA CA prior to the date the expense was incurred.
F. CONTRACTOR must maintain appropriate backup documentation for all travel expenses incurred by CONTRACTOR’s staff or AmeriCorps members under this Contract.

XVIII. Ownership of AmeriCorps Training Curricula and Materials
PCA CA shall retain any and all rights to AmeriCorps training curricula and materials developed for this program by PCA CA. PCA CA grants CONTRACTOR a perpetual, non-exclusive worldwide, royalty-free license to use said curricula or materials for use in this AmeriCorps project. If curricula or materials are to be used for other than this AmeriCorps project, CONTRACTOR must obtain written consent from PCA CA to use such curricula or materials.

XIX. Audit/Review Requirements
A. CONTRACTOR shall submit to PCA CA on an annual basis either;
   1. a financial and compliance audit (“Audit”), or
   2. a limited scope audit (“Review”) as determined by Sections XIX.B and XIX.C of this provision.
B. An independent auditor must perform the Audit or Review. Audits shall be conducted in accordance with the provisions of OMB Circular A-133 for agencies, standards promulgated by the American Institute of Certified Public Accountants (“AICPA”), and those standards included in Government Auditing Standards, 2003 Revision.
C. The Audit/Review shall be performed on the basis of CONTRACTOR’s fiscal year. The reconciliation of cost report data shall also be based on CONTRACTOR’s fiscal year. If this Contract is terminated for any reason during the contract period, the independent Audit/Review shall cover the entire period of the Contract for which services were provided.
D. CONTRACTOR must submit to PCA CA one (1) copy of the Audit/Review, as described in OMB Circular A-133, within:
   1. Thirty (30) days after receipt of the auditor’s report(s), or
   2. Six (6) months following expiration or termination of this Contract, whichever is earlier.
E. Should there be any delay anticipated, CONTRACTOR shall immediately notify PCA CA in writing of the delay, and the anticipated submission date.
F. CONTRACTOR shall send, or cause to be sent, the Audit/Review to PCA CA’s mailing address as listed on the AmeriCorps Contract.

G. PCA CA shall examine the Audit/Review submitted by CONTRACTOR. Should PCA CA note any deficiencies in the Audit/Review, PCA CA shall notify CONTRACTOR. In this case, CONTRACTOR will be required to submit an action plan detailing how CONTRACTOR will address the deficiencies. CONTRACTOR shall correct all deficiencies within six (6) months of the date that the Audit/Review was received by CONTRACTOR from its independent auditor, as required by Federal regulations. CONTRACTOR shall provide evidence of the corrected deficiencies to PCA CA.

XX. Unforeseen Circumstances

The parties are not responsible for any delay caused by natural disaster, war, civil disturbance, labor dispute, or other cause beyond the parties’ reasonable control, provided each party gives written notice to the other party of the cause of the delay within ten (10) calendar days of the start of the delay.

XXI. Notice

A. Any notice necessary to the performance of this Contract shall be given in writing by personal delivery or by prepaid first-class mail with delivery confirmation, addressed as stated on the AmeriCorps Contract.

B. If notice is given by personal delivery, notice is effective as of the date of personal delivery. If notice is given by mail, notice is effective as of the day following the date of mailing or the date of delivery reflected upon a return receipt, whichever occurs first.

XXII. Nonrenewal

CONTRACTOR acknowledges that there is no guarantee that PCA CA will renew CONTRACTOR’s services under a new contract following expiration or termination of this Contract.

XXIII. Changes and Amendments

A. Any mutually agreed upon changes, including any increase or decrease in the amount of compensation, shall be effective when incorporated in written amendments to this Contract.

B. The party desiring the revision shall request an amendment to this Contract in writing. Any adjustment to this Contract shall be effective only upon the parties’ mutual execution of an amendment in writing.

C. No verbal agreements or conversations prior to execution of this Contract or requested Amendment shall affect or modify any of the terms or conditions of this Contract unless reduced to writing according to the applicable provisions of this Contract.

XXIV. Choice of Law

The parties have executed and delivered this Contract in the County of Sacramento, State of California. The laws of the State of California shall govern the validity, enforceability, or interpretation of this Contract. Sacramento County shall be the venue for any action or proceeding, in law or equity, that may be brought in connection with this Contract.
XXV. **Health Insurance Portability and Accountability Act**

The parties warrant that they are knowledgeable of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its implementing regulations issued by the U.S. Department of Health and Human Services in 45 C.F.R. Chapter XXV Parts 160, 162, and 164, regarding the protection of health information obtained, created, or exchanged as a result of this Contract and shall abide by and implement its statutory requirements.

XXVI. **Prohibited Activities**

A. Corporation for National and Community Service (“CNCS”) Prohibited Activities

1. **Supplantation.** CNCS assistance may not be used to replace State and local public funds that had been used to support programs of the type eligible to receive CNCS support.

2. **Religious use.** CNCS assistance may not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization.

3. **Political activity.** CNCS assistance may not be used by program participants or staff to assist, promote, or deter union organizing; or finance, directly or indirectly, any activity designed to influence the outcome of a Federal, State, or local election to public office.

4. **Contracts or collective bargaining agreements.** CNCS assistance may not be used to impair existing contracts for services or collective bargaining agreements.

5. **Nonduplication.** CNCS assistance may not be used to duplicate an activity that is already available in the locality of a program. And, unless the requirements of paragraph (6) of this section are met, CNCS assistance will not be provided to a private nonprofit entity to conduct activities that are the same or substantially equivalent to activities provided by a State or local government agency in which such entity resides.

6. **Nondisplacement.**
   a. **CONTRACTOR** (or its subcontractor) may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the use by such employer of a participant in a program receiving CNCS assistance.
   b. **CONTRACTOR** (or its subcontractor) may not displace a volunteer by using a participant in a program receiving CNCS assistance.
   c. A service opportunity will not be created under this section that will infringe in any manner on the promotional opportunity of an employed individual.
   d. An AmeriCorps member in a program receiving CNCS assistance may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee.
   e. An AmeriCorps member in any program receiving assistance under 45 CFR Chapter XXV §2540.100 may not perform any services or duties, or engage in activities, that—
      1. Will supplant the hiring of employed workers; or
      2. Are services, duties, or activities with respect to which an individual has recall rights pursuant to a
collective bargaining agreement or applicable personnel procedures.

f. An AmeriCorps member in any program receiving assistance under 45 CFR Chapter XXV §2540.100 may not perform services or duties that have been performed by or were assigned to any—

(1) Presently employed worker;
(2) Employee who recently resigned or was discharged;
(3) Employee who is subject to a reduction in force or who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures;
(4) Employee who is on leave (terminal, temporary, vacation, emergency, or sick); or
(5) Employee who is on strike or who is being locked out.

g. CONTRACTOR (or its subcontractor) must, at minimum, conduct and document consultation with the appropriate local labor organization, if any, representing employees in the area where AmeriCorps members and unionized employees are engaged in the same or similar work as that proposed to be carried out to ensure compliance with the nondisplacement requirements specified in section 12637 of the National and Community Service Trust Act.

7. While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or CNCS, staff and AmeriCorps members may not engage in the following activities:

a. Attempting to influence legislation;

b. Organizing or engaging in protests, petitions, boycotts, or strikes;

c. Assisting, promoting, or deterring union organizing;

d. Impairing existing contracts for services or collective bargaining agreements;

e. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;

f. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;

g. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;

h. Providing a direct benefit to:

(1) A business organized for profit;
(2) A labor union;
(3) A partisan political organization;
(4) A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section
shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and

(5) An organization engaged in the religious activities described in paragraph (g) of this section, unless CNCS assistance is not used to support those religious activities;

i. Conducting a voter registration drive or using CNCS funds to conduct a voter registration drive;

j. Providing abortion services or referrals for receipt of such services; and

k. Such other activities as CNCS may prohibit.

8. AmeriCorps members may not raise funds for living allowances or for an organization’s general (as opposed to project) operating expenses or endowment.

9. AmeriCorps members may not write a grant application to CNCS or to any other Federal agency.

10. Individuals may exercise their rights as private citizens and may participate in the activities listed in Section XXVI.A.7.a-k. on their own initiative, on non-AmeriCorps time, and using non-CNCS funds. Individuals should not wear the AmeriCorps logo while doing so.

B. PCA CA Prohibited Activities.

1. AmeriCorps members may not engage in, and therefore, not record hours in fundraising activities while serving in the AmeriCorps program.

2. CONTRACTOR must not employ CONTRACTOR’s AmeriCorps members in any capacity while CONTRACTOR’s AmeriCorps members are providing service under a PCA CA Member Contract.

3. CONTRACTOR’s AmeriCorps members must not transport clients, children, and/or families in their personal automobile during service hours unless authorized by CONTRACTOR and CONTRACTOR’s subcontractor in writing, if applicable.

4. CONTRACTOR’s AmeriCorps members must not have contact with clients during non-service hours. All client contact must be pre-approved by CONTRACTOR and the applicable Service Site Supervisor.

5. CONTRACTOR’s AmeriCorps members must not participate in gambling during service hours.

6. CONTRACTOR’s AmeriCorps members must not steal/take AmeriCorps or Service Site property, or the property of another.

XXVII. Waiver

Any failure of a party to assert any right under this Contract shall not constitute a waiver or a termination of that right, under any provision of this Contract.

XXVIII. Inspection and Examination

A. Authorized representatives of PCA CA may inspect and/or examine CONTRACTOR’s performance, place of business, and/or records pertaining to this Contract. CONTRACTOR agrees to maintain such records for possible inspection/examination for a period of not less than seven (7) years following termination or expiration of this Contract. CONTRACTOR agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees or volunteers who might reasonably have information related to such records.

B. Authorized representatives of CONTRACTOR may inspect and/or examine PCA
CA’s performance, place of business, and/or records pertaining to this Contract. PCA CA agrees to maintain such records for possible inspection/examination for a period of not less than seven (7) years following termination or expiration of this Contract, unless a longer period of records retention is stipulated. PCA CA agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees or volunteers who might reasonably have information related to such records.

C. The parties shall be subject to the inspection and examination of the following entities or their designees:
   1. CNCS;
   2. CNCS Office of Inspector General;
   3. CaliforniaVolunteers;
   4. California State Auditor; and/or
   5. Any entity with a legal right to inspect or examine.

XXIX. Grievance Procedure

PCA CA has established and maintains a procedure for the filing and adjudication of grievances from AmeriCorps members, labor organizations, and other interested individuals concerning this program, in accordance with 45 C.F.R. Chapter XXV §2540.230. If the grievance alleges fraud or criminal activity, it must immediately be brought to the attention of CNCS’ inspector general.

A. Alternative Dispute Resolution
   1. The aggrieved party may seek resolution through alternative means of dispute resolution such as mediation or facilitation. Dispute resolution proceedings must be initiated within forty-five (45) calendar days from the date of the alleged occurrence. At the initial session of the dispute resolution proceedings, the party must be advised in writing of his or her right to file a grievance and right to arbitration. If the matter is resolved, and a written agreement is reached, the party will agree to forego filing a grievance in the matter under consideration.

   2. If mediation, facilitation, or other dispute resolution processes are selected, the process must be aided by a neutral party who, with respect to an issue in controversy, functions specifically to aid the parties in resolving the matter through a mutually achieved and acceptable written agreement. The neutral party may not compel a resolution. Proceedings before the neutral party must be informal, and the rules of evidence will not apply. With the exception of a written and agreed upon dispute resolution agreement, the proceeding must be confidential.

B. Grievance Procedure for Unresolved Complaints

If the matter is not resolved within thirty (30) calendar days from the date the informal dispute resolution process began, the neutral party must again inform the aggrieving party of his or her right to file a formal grievance. In the event an aggrieving party files a grievance, the neutral party may not participate in the formal complaint process. In addition, no communication or proceedings of the informal dispute resolution process may be referred to or introduced into evidence at the grievance and arbitration hearing. Any decision by the neutral party is advisory and is not binding unless both parties agree.

C. Time Limitations

Except for a grievance that alleges fraud or criminal activity, a grievance must be made no later than one (1) year after the date of the alleged occurrence. If a hearing is held on a grievance, it must be conducted no later than thirty (30)
calendar days after the filing of such grievance. A decision on any such grievance must be made no later than sixty (60) calendar days after the filing of the grievance.

D. Arbitration

1. Arbitrator
   a. Joint selection by parties. If there is an adverse decision against the party who filed the grievance, or sixty (60) calendar days after the filing of a grievance no decision has been reached, the filing party may submit the grievance to binding arbitration before a qualified arbitrator who is jointly selected and independent of the interested parties.
   b. Appointment by CNCS. If the parties cannot agree on an arbitrator within fifteen (15) calendar days after receiving a request from one of the grievance parties, CNCS’ Chief Executive Officer will appoint an arbitrator from a list of qualified arbitrators.

2. Time Limits
   a. Proceedings. An arbitration proceeding must be held no later than forty-five (45) calendar days after the request for arbitration, or, if the arbitrator is appointed by the Chief Executive Officer, the proceeding must occur no later than thirty (30) calendar days after the arbitrator’s appointment.
   b. Decision. A decision must be made by the arbitrator no later than thirty (30) calendar days after the date the arbitration proceeding begins.

3. The Cost
   a. The cost of the arbitration proceeding must be divided evenly between the parties to the arbitration. If, however, a participant, labor organization, or other interested individual prevails under a binding arbitration proceeding, the State or local applicant that is a party to the grievance must pay the total cost of the proceeding and the attorney’s fees of the prevailing party.

E. Suspension of Placement

If a grievance is filed regarding a proposed placement of a participant in a program that receives assistance under this chapter, such placement must not be made unless the placement is consistent with the resolution of the grievance.

F. Remedies

Remedies for a grievance filed under a procedure established by a recipient of CNCS assistance may include:

1. Prohibition of a placement of a participant; and
2. In grievance cases where there is a violation of nonduplication or nondisplacement requirements and the employer of the displaced employee is the recipient of CNCS assistance:
   a. Reinstatement of the employee to the position he or she held prior to the displacement;
   b. Payment of lost wages and benefits;
   c. Re-establishment of other relevant terms, conditions and privileges of employment; and
   d. Any other equitable relief that is necessary to correct any violation of the nonduplication or nondisplacement requirements or to make the displaced employee whole.
G. Suspension or Termination of Assistance
CNCS may suspend or terminate payments for assistance under this chapter.

H. Effect of Noncompliance with Arbitration
A suit to enforce arbitration awards may be brought in any Federal district court having jurisdiction over the parties without regard to the amount in controversy or the parties' citizenship.

XXX. Compliance with Laws
The parties shall observe and comply with all applicable laws, regulations and ordinances including, but not limited to: Federal, State, and County laws, regulations and ordinances.

XXXI. Disallowed Costs
A. In the event that CNCS funds are expended, or caused to be expended, that are not allowable under AmeriCorps regulations, such expenditures may be disallowed. In cases where CONTRACTOR may have incurred unallowable expenditures, PCA CA will conduct an investigation and notify CONTRACTOR of the results of such investigation in writing. If CONTRACTOR (or its subcontractor) is responsible for the unallowable expenditure without having previously obtained approval from PCA CA, CONTRACTOR will assume any and all financial liability associated with any such findings, and promptly provide supporting documentation and reimbursement for the unallowable expended funds to PCA CA upon receipt of an invoice.
B. Termination or expiration of this Contract shall not impede PCA CA's right to recover funds related to disallowed costs from CONTRACTOR (or its subcontractor) on the basis of a later audit or other review.

XXXII. Enforcement
If CONTRACTOR (or its subcontractor) materially fails to comply with the terms and conditions of this Contract and its exhibits, including failure to recruit the contracted number of AmeriCorps members for enrollment in the program, or retain them, PCA CA may take one or more of the following actions, as appropriate in the circumstances:
A. Wholly or partly suspend or terminate the current award.
B. Reduce the number of contracted slots in future enrollment periods.
C. Impose other remedies that may be legally available.

XXXIII. Entire Contract
This Contract, including any exhibits referenced, constitutes the entire agreement between the parties and there are no inducements, promises, terms, conditions, or obligations made or entered into by PCA CA or CONTRACTOR other than those contained in this Contract.

XXXIV. Definitions
A. **AmeriCorps*USA or AmeriCorps**: means the national service programs funded under 42 U.S.C. sections 12571 – 12595 (Division C Programs).
B. **Federal Government**: means the Corporation for National and Community Service or any other entity authorized by the Federal Government to administer the Federal Governments’ national service grant program and to perform such other duties prescribed by law.
C. **CV/State**: means California Volunteers or any other entity authorized by the State of California to administer the States’ national service and national service grant program and to perform such other duties prescribed by law.
EXHIBIT D
MATCH CONTRIBUTION

I. Program and Member Costs
   A. During the term of this Contract, PCA CA will incur and pay expenses associated with the program, including costs associated with the AmeriCorps members recruited by CONTRACTOR (or its subcontractor) and subsequently enrolled in the program by PCA CA.
   B. CONTRACTOR (or its subcontractor) will make a cash match contribution, as outlined in Section II. Cash Match Contribution (below), to PCA CA. The cash match contribution will be applied against PCA CA’s expenditures for CONTRACTOR’s AmeriCorps members, and operation of the program.

II. Cash Match Contribution
   A. The cash match contribution does not represent fee for service.
   B. The cash match contribution cannot be made from another federal grant unless authorized by statute and/or written approval by authorized federal agency department staff, the Corporation for National and Community Service (“CNCS”), and PCA CA, but it may be made from any other source including, but not limited to, local or state funds (excluding any pass through federal funds), foundation grants, fundraising events, contributions from community partners, service organizations, corporations, or individuals.
   C. The cash match contribution represents a combination of Member Enrollment Costs and Direct Member Costs.
      1. Member Enrollment cost is the portion of the cash match that includes, but is not limited to: member service gear; member training and member enrollment-associated materials and supplies; member recognition; and overall program operation and management, including associated administrative costs.
      2. Direct Member Cost is the portion of the cash match contribution that includes: AmeriCorps member living allowances and associated payroll taxes, including FICA and Workers’ Compensation; the iEmployee timekeeping system; and, if elected by CONTRACTOR’s AmeriCorps members, health care.
   D. By entering into this Contract, CONTRACTOR agrees to pay the cash match contribution for the number of AmeriCorps members shown in the table below:

<table>
<thead>
<tr>
<th>Qty</th>
<th>Slot Type</th>
<th>Member Enrollment Cost</th>
<th>Direct Member Cost</th>
<th>Total Member Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>HT</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4</td>
<td>FT</td>
<td>$2,652.32</td>
<td>$17,397.68</td>
<td>$80,200.00</td>
</tr>
</tbody>
</table>

   Grand Total $80,200.00
E. Notwithstanding the above, if one or more of CONTRACTOR’s AmeriCorps members decline to enroll in PCA CA’s AmeriCorps health care plan, the cash match contribution will be reduced.

1. The amount of the reduction will be $995.49 (11 months of coverage), per member.
2. Invoicing adjustments shall be made according to Sections III.E. and V below.
3. Should CONTRACTOR’s declining member(s) later elect PCA CA’s AmeriCorps health care plan, or if an enrolled member subsequently drop or is found to be ineligible for coverage, further adjustments will be made to the invoicing schedule, based on the duration of health care coverage.

III. Invoicing

A. If CONTRACTOR recruits and retains 100% of CONTRACTOR’s contracted AmeriCorps slots, CONTRACTOR agrees to pay PCA CA the total cash match contribution as listed in the table below:

<table>
<thead>
<tr>
<th>Corresponding Month(s)</th>
<th>Invoice to be Sent</th>
<th>Payment due to PCA CA</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Invoice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• September, 2013</td>
<td>Week of September 2, 2013</td>
<td>Net 30</td>
<td>$15,913.92</td>
</tr>
<tr>
<td>• October, 2013</td>
<td></td>
<td></td>
<td>$16,071.52</td>
</tr>
<tr>
<td>• November, 2013</td>
<td></td>
<td></td>
<td>$31,985.44</td>
</tr>
<tr>
<td>Second Invoice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• December, 2013</td>
<td>Last week of October, 2013</td>
<td>Net 30</td>
<td>$16,071.52</td>
</tr>
<tr>
<td>• January, 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• February, 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Invoice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• March, 2014</td>
<td>Last week of January, 2014</td>
<td>Net 30</td>
<td>$16,071.52</td>
</tr>
<tr>
<td>• April, 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• May, 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fourth Invoice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• June, 2014</td>
<td>Last week of April, 2014</td>
<td>Net 30</td>
<td>$16,071.52</td>
</tr>
<tr>
<td>• July, 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• August, 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td></td>
<td>$80,200.00</td>
</tr>
</tbody>
</table>

B. The first invoice is comprised of the Member Enrollment Cost as listed in Section II.D. above, and the anticipated Direct Member Cost for the first three (3) months of the term of this Contract, for all of CONTRACTOR’s contracted AmeriCorps member slots.

C. Invoices shall be deemed due and payable within the timeframes listed in Section III.A. above. Invoice amounts are based on 100% enrollment and retention of CONTRACTOR’s contracted AmeriCorps member slots.

D. A late fee of 3% of the invoiced amount will be charged to CONTRACTOR for payments received after the timeframes listed in the table above, unless the delinquency is a direct result of delays in PCA CA’s invoicing process.

E. Notwithstanding the above, the invoicing schedule may be altered in the following circumstances:

1. CONTRACTOR’s Failure to Enroll AmeriCorps Members.
   a. CONTRACTOR will be assessed a Failure to Enroll Fee when CONTRACTOR (or its subcontractor) fails to enroll the contracted number of AmeriCorps members listed in Section II.D. above.
   b. The Failure to Enroll Fee for each contracted AmeriCorps member not enrolled is as follows:
i. $1,300 per each 900-Hour AmeriCorps member, and
ii. $2,300 per each 1700-Hour AmeriCorps member.

c. The fourth invoice will be adjusted to reflect the difference between the Failure to Enroll Fee(s) and any previous payments received by PCA CA from CONTRACTOR.

2. CONTRACTOR's Failure to Retain AmeriCorps Members.
   a. In situations where one or more of CONTRACTOR's AmeriCorps members resigns, abandons, or is released from their contracted term of service before their contracted service end date, there will be no refund of Member Enrollment Costs; however, the Direct Member Cost portion of the cash match contribution will be prorated.
   b. PCA CA will adjust the next scheduled invoice following the resignation, abandonment, or release of one or more of CONTRACTOR's AmeriCorps members.
   c. CONTRACTOR should make every effort to refill a vacated AmeriCorps slot by enrolling a new AmeriCorps member.
   d. If one or more of CONTRACTOR's AmeriCorps members has completed less than 30% of their contracted hours, and has resigned, abandoned, or been released from their term of service, CONTRACTOR may refill the slot. CONTRACTOR will pay the Member Enrollment Cost and all applicable Direct Member Cost for the time that the new AmeriCorps member serves in the refilled slot. Adjustments will be on the next scheduled invoice.

IV. Special Circumstances
   Any circumstances not outlined in this Exhibit are subject to negotiation between PCA CA and CONTRACTOR.

V. Increase in Costs
   A. The maximum amount of this Contract may increase if:
      1. CONTRACTOR requests and PCA CA approves a slot augmentation; or
      2. CONTRACTOR elects to refill one or more vacated AmeriCorps member slots.
   B. Any increase in the maximum amount of this Contract will require additional cash match, and an amendment to this Contract.

VI. In-kind Match Contribution
   CONTRACTOR (or its subcontractor) must provide in-kind support in the form of training, supervision, access to equipment and materials, etc. In-kind support also includes site supervisor time directly supervising the member, donated goods for member activities and member's project-related transportation and training expenses.
EXHIBIT E
PROGRAM SCOPE OF SERVICES

I. Monitoring and Oversight
A. **PCA CA** will ensure that **CONTRACTOR** collects and organizes performance data on an ongoing basis, tracks progress toward meeting the Performance Measures of the grant, incorporated in this Contract as Attachment E-1, 2013/2014 Performance Measures, and corrects performance deficiencies promptly. **PCA CA** is also responsible for managing the day-to-day operations of grant and subgrant supported activities. **PCA CA** will monitor such activities to ensure compliance with applicable Federal requirements and that performance measures are being achieved. In conjunction with requirements of the Corporation for National and Community Service (“CNCS”) and CaliforniaVolunteers (“CV”), **PCA CA** develops and provides program administration materials that govern its AmeriCorps programs, such as the AmeriCorps Supervisor Program Manual and AmeriCorps Member Handbook. Materials are updated annually, and are distributed to contractors and Service Sites during **PCA CA**’s annual partner conference and/or throughout the year as needed. The materials are also made available to contractors online at: http://capamericorps.weebly.com.

B. As a subgrantee, **CONTRACTOR** must follow and adhere to the various regulations that govern the AmeriCorps program, as well as this Contract. If **CONTRACTOR** places AmeriCorps members at Service Sites, **CONTRACTOR** is responsible for ensuring that Service Sites follow these regulations. Except in instances where the **CONTRACTOR** is the Service Site, **CONTRACTOR** must establish and maintain strong partnerships with Service Sites by clearly defining the roles and responsibilities of the Service Site. **CONTRACTOR** must also provide Service Sites with training regarding the AmeriCorps program including, but not limited to: terminology, requirements, allowable activities, prohibited activities, and progressive discipline. **CONTRACTOR** will provide Service Sites with national service identification and signage for display.

C. **CONTRACTOR** (or its subcontractor) must disseminate programmatic information to Service Sites when requested to do so by **PCA CA**.

D. **PCA CA** reserves the right to communicate directly with Service Sites and AmeriCorps members in situations that, in **PCA CA**’s sole discretion, require the immediate sharing of critical programmatic information, regulatory changes, known or suspected compliance issues, or opportunities for program improvement.

E. **PCA CA** will conduct a minimum of one (1) compliance site visit during the term of this Contract. At a minimum during the site visit, **PCA CA** staff will:
   1. Assess **CONTRACTOR**’s compliance with this Contract, as demonstrated by completion of the Program Compliance Summary;
   3. Review the status of the Member File for each of **CONTRACTOR**’s AmeriCorps members;
   4. Validate original documents used by **CONTRACTOR** to report data toward performance measurement;
   5. Review program and/or fiscal documentation;
   6. Answer specific program questions;
7. Meet and/or interview one (1) or more of CONTRACTOR’s current AmeriCorps members; and

8. Observe one (1) or more of CONTRACTOR’s AmeriCorps members providing service.

II. Recruitment and Eligibility of AmeriCorps Members

A. CONTRACTOR (or its subcontractor) is required to recruit the number of contracted AmeriCorps members listed below, for enrollment in the program, and retain them for the duration of their contracted service commitment, which shall not be longer than twelve (12) months, and shall not extend beyond August 31, 2014.

   # of 900 Hour Members: 0  # of 1700 Hour Members: 4

B. CONTRACTOR (or its subcontractor) shall create a “service listing” in eGrants, CNCS’ online recruiting system.

C. CONTRACTOR (or its subcontractor) agrees to actively seek potential AmeriCorps members from the community in which the program will be conducted. Further, CONTRACTOR (or its subcontractor) agrees to actively seek to include AmeriCorps members of different:
   1. Races and ethnicities;
   2. Socioeconomic backgrounds;
   3. Educational levels; and

D. Pursuant to 45 C.F.R. Chapter XXV §2522.200, and requirements of CV and PCA CA, CONTRACTOR must determine whether applicants for AmeriCorps positions are eligible to serve in the PCA CA AmeriCorps program. Details and documentation requirements can be found in the CAP Center AmeriCorps Supervisor Manual, Section 3, Recruitment and Beginning Service, incorporated into this contract by reference as Exhibit H.

E. CONTRACTOR (or its subcontractor) must provide reasonable accommodation, including auxiliary aids and services (as defined in section 3(1) of the American Disabilities Act of 1990 (42 U.S.C. 12102(1)) based on the individualized need of an AmeriCorps member who is a qualified individual with a disability (as defined in section 101(8) of such Act (42 U.S.C. 12111(8))..

F. CONTRACTOR (or its subcontractor) shall inquire and notify PCA CA if an AmeriCorps applicant is concurrently enrolled in another AmeriCorps program.

G. CONTRACTOR (or its subcontractor) shall inquire and notify PCA CA if an AmeriCorps applicant has previously served in another AmeriCorps program.

H. Notification of AmeriCorps Applicant Selection:
   1. CONTRACTOR (or its subcontractor) shall notify PCA CA regarding selection of AmeriCorps applicants by obtaining and submitting the following eligibility verification documents for review and approval to PCA CA by fax or email:
      a. A copy of the document used to verify whether each of CONTRACTOR’s AmeriCorps applicants are a U.S. citizen, national, or lawful permanent resident;
      b. A copy of a government-issued photo ID for each AmeriCorps applicant to be used by PCA CA to conduct a National Service Criminal History Check;
c. A completed Enrollment Notification Form for each AmeriCorps applicant, bearing the AmeriCorps applicant’s authorization to conduct a National Service Criminal History; and

d. A copy of the AmeriCorps applicant’s completed AmeriCorps Application and two (2) references, submitted either online or via hard copy.

2. CONTRACTOR (or its subcontractor) shall not offer an AmeriCorps position to any AmeriCorps applicant until such time that PCA CA has received the items in Section II.H.1. above, and reviewed and approved all requirements of the applicant’s eligibility to serve in the AmeriCorps program.

I. PCA CA shall verify the eligibility of each of CONTRACTOR’s AmeriCorps applicants, and shall conduct a National Service Criminal History Check on each of CONTRACTOR’s AmeriCorps applicants, for each term of service.

J. PCA CA shall notify CONTRACTOR as to whether or not each of CONTRACTOR’s AmeriCorps applicants have met the criteria to enroll in the PCA CA AmeriCorps program.

K. CONTRACTOR must maintain copies of the documents used to verify each AmeriCorps applicant’s eligibility to serve in the AmeriCorps program in each AmeriCorps member’s Member File (see Section VI. Member Files).

L. CONTRACTOR (or its subcontractor) must recruit AmeriCorps applicants to replace/refill any position previously occupied by an AmeriCorps member during the term of this Contract, who:

1. Resigned or were released from service prior to their anticipated exit date from the program, and who

2. Completed less than 30% of their contracted service hours, provided that the individual is not eligible for, and does not receive, a pro-rated Segal AmeriCorps Education Award.

M. Notwithstanding the above, as a fail-safe mechanism, CNCS will suspend refilling slots if either:

1. Total AmeriCorps enrollment, nationwide, reaches 97% of awarded slots; or

2. The number of refill slots, nationwide, reaches 5% of awarded slots.

III. **National Service Criminal History Checks (45 C.F.R. Chapter XXV §2540.204)**

A. All AmeriCorps applicants, including those AmeriCorps applicants who have recently completed a term of service, must submit to a National Service Criminal History Check prior to being offered an AmeriCorps position. Details can be found in the CAP Center AmeriCorps Supervisor Manual, Section 3. Recruitment and Beginning Service, incorporated into this Contract by reference as Exhibit H.

B. An applicant convicted of murder, as defined in Section 1111 of Title 18, United States Code, is deemed unsuitable for the AmeriCorps program.

C. An AmeriCorps member convicted during their term of service of murder, as defined in Section 1111 of Title 18, United States Code, will be released for cause.

D. An applicant’s disclosure of criminal history, whether substantiated by statewide criminal history repository or FBI information or not, may preclude the individual from being offered an AmeriCorps position.

E. Out-of-State AmeriCorps Applicants:

1. CONTRACTOR must notify PCA CA immediately if CONTRACTOR (or its subcontractor) has selected an out-of-state AmeriCorps applicant.
2. Upon receipt of notification from CONTRACTOR, PCA CA will initiate the National Service Criminal History Check with the State Repository of the AmeriCorps applicant’s state of residency.

F. Monitoring and Notification:
   1. PCA CA shall monitor the California Department of Justice secure mail server system each business day, until clearance information for CONTRACTOR’s AmeriCorps applicants has been received.
   2. PCA CA will notify CONTRACTOR, or its designee, whether or not AmeriCorps applicants have met the criteria to proceed with enrollment in the program within two (2) business days of PCA CA’s knowledge that results have been received via the California Department of Justice secure website, the National Sex Offender Public Website, and the State Repository of the AmeriCorps applicant’s state of residency (if applicable).

G. Fees:
   1. PCA CA shall pay for the cost of the National Service Criminal History Check, excluding rolling fees, which shall be paid by CONTRACTOR.
   2. CONTRACTOR shall reimburse each of its out-of-state AmeriCorps applicants for any rolling fees incurred in relation to the National Service Criminal History Check, if paid for directly by the applicant.

H. Subsequent Arrest Notification:
   1. PCA CA contracts with CA DOJ to receive Subsequent Arrest Notification for AmeriCorps members who are actively serving in its AmeriCorps programs. In the event that PCA CA receives such a notification regarding one of CONTRACTOR’s AmeriCorps members, PCA CA will notify CONTRACTOR (and its subcontractor, if applicable) within two (2) business days of its knowledge that results have been received via the CA DOJ secure website.
   2. Upon notification of an arrest or conviction, CONTRACTOR (or its subcontractor) must suspend the AmeriCorps member pending the outcome of any investigation conducted by PCA CA.
   3. Upon conviction of a crime, either PCA CA or CONTRACTOR may elect to terminate the AmeriCorps member; however, no AmeriCorps member’s service will be terminated without approval from PCA CA.

IV. Enrollment of AmeriCorps Members
A. Final Enrollment Dates:
   - The last date to enroll 900-Hour AmeriCorps members is: 3/16/2014
   - The last date to enroll 1,700-Hour AmeriCorps members is: 11/1/2013

B. PCA CA will initiate invitations to serve within the web-based My AmeriCorps system, and ensure that selected AmeriCorps applicants accept said invitations no less than five (5) business days prior to the commencement of each AmeriCorps applicant’s term of service.

C. Member Contracts:
   1. PCA CA will provide CONTRACTOR with a Member Contract for each selected AmeriCorps applicant. CONTRACTOR must then ensure that each selected AmeriCorps applicant reads, signs, and dates their Member Contract prior to commencement of his/her term of service.
2. **PCA CA** will not generate an AmeriCorps member’s Member Contract until all requirements of the AmeriCorps applicant’s eligibility to serve in the program have been reviewed and approved by **PCA CA**.

D. **CONTRACTOR** (or its subcontractor) will submit the following enrollment documentation to **PCA CA** by fax or email on or before the commencement of each **CONTRACTOR**’s AmeriCorps members’ term of service:
   1. National Service Trust Enrollment form;
   2. Signature page of Member Contract;
   3. Form W-4;
   4. AmeriCorps Payroll Form;
   5. Direct Deposit Form (if applicable); and
   6. AmeriCorps Benefits Form.

E. **PCA CA** will provide **CONTRACTOR** with Member Handbooks. Upon commencement of service, **CONTRACTOR** (or its subcontractor) must provide each AmeriCorps member with the 2013/14 Program Year AmeriCorps Member Handbook.

F. **PCA CA** shall complete the AmeriCorps member enrollment in My AmeriCorps within thirty (30) calendar days of the commencement of each AmeriCorps member’s term of service.

V. **AmeriCorps Member Orientation**
   A. **PCA CA** will conduct an AmeriCorps orientation within the first thirty (30) calendar days of commencement of each of **CONTRACTOR**’s AmeriCorps members’ term of service. **CONTRACTOR** will ensure that each of its AmeriCorps members attend the orientation. **PCA CA** will maintain documentation regarding AmeriCorps member orientation attendance.

   B. **CONTRACTOR** shall conduct an orientation for its AmeriCorps members within ten (10) business days of the commencement of each of **CONTRACTOR**’s AmeriCorps members’ term of service. **CONTRACTOR** must utilize a sign-in sheet to document AmeriCorps member attendance, and must submit the sign-in sheet to **PCA CA** within five (5) business days of the orientation. At a minimum, **CONTRACTOR**’s orientation must include the topics listed in the CAP Center AmeriCorps Supervisor Program Manual, Section 3, Recruitment and Beginning Service (page 41).

   C. Except in instances where **CONTRACTOR** is also the Service Site, **CONTRACTOR** shall ensure that its Service Sites conduct an orientation within thirty (30) business days of the commencement of each of **CONTRACTOR**’s AmeriCorps members’ term of service. The Service Site must utilize a sign-in sheet to document AmeriCorps member attendance, and must submit the sign-in sheet to **CONTRACTOR**, who in turn must submit the sign-in sheet to **PCA CA** within five (5) business days of the orientation. At a minimum, the Service Site orientation must include the topics listed in the CAP Center AmeriCorps Supervisor Program Manual, Section 3, Recruitment and Beginning Service (page 42).

   D. If **CONTRACTOR** is the Service Site, the topics listed for Lead Agencies and Service Sites must be included in **CONTRACTOR**’s AmeriCorps orientation.

VI. **Member Files**
   A. **PCA CA** will create Member Files, which will be completed by each of **CONTRACTOR**’s AmeriCorps members on or before the commencement of their term of service.
B. The Member File will be the repository of all AmeriCorps member documentation, created during the term of service.
C. Unless the Member File is completed during the PCA CA AmeriCorps orientation, CONTRACTOR (or its subcontractor) will send, or cause to be sent, the original Member File to PCA CA within ten (10) calendar days of each AmeriCorps member’s commencement of service. CONTRACTOR will maintain a copy of the Member File including copies of all documentation subsequent to each AmeriCorps member’s enrollment, and will continue to send, or cause to be sent, all original subsequent documentation to PCA CA.

VII. Change of Term
A. Circumstances may arise that necessitate changing the term of one of CONTRACTOR’s enrolled AmeriCorps members:
   1. 1,700-hour to 900-hour. PCA CA may authorize or approve occasional changes of enrolled full-time members to less than full-time members. Impact on program quality will be factored into approval of requests. It is not allowable to transfer enrolled full-time members to a less than full-time status simply to provide a less than full-time Segal AmeriCorps Education Award.
   2. 900-hour to 1,700-hour. Changing less than full-time members to full-time is discouraged because it is very difficult to manage, unless done very early in an AmeriCorps member’s term of service; however, such changes may be approved if:
      a. CONTRACTOR has sufficient allowable match funding to cover the difference in cost; and
      b. The overall program budget, as prepared and submitted by PCA CA, and approved by CV and/or CNCS, can accommodate the change.
B. A change of term may impact an AmeriCorps member’s eligibility for health care and child care benefits.

VIII. Employee and Timekeeping Policies
A. CONTRACTOR (or its subcontractor) must monitor and ensure that each of CONTRACTOR’s AmeriCorps members:
   1. Is serving the average number of hours stated in each of CONTRACTOR’s AmeriCorps members’ Member Contract;
   2. Has sufficient opportunity to complete the required number of hours to qualify for a post-service Segal AmeriCorps Education Award; and
   3. Is following the practice of “after the fact” timekeeping.
B. CONTRACTOR (or its subcontractor) shall ensure that CONTRACTOR’s AmeriCorps members are provided with a 15-minute break from service activities when the service period is four (4) hours or more.
C. CONTRACTOR (or its subcontractor) shall provide CONTRACTOR’s AmeriCorps members with a meal period of between thirty (30) and sixty (60) minutes, when CONTRACTOR’s AmeriCorps members serve over five (5) hours, during which time CONTRACTOR’s AmeriCorps members must be relieved of their service duties.
D. Notwithstanding the above, if a period of no more than six (6) hours will complete CONTRACTOR’s AmeriCorps member’s day, and the meal period has been waived by both CONTRACTOR’s AmeriCorps member and the Service Site Supervisor at the beginning of CONTRACTOR’s AmeriCorps member’s shift,
then CONTRACTOR’s AmeriCorps member does not need to take a meal period.

E. CONTRACTOR (or its subcontractor) must review and approve CONTRACTOR’s AmeriCorps members’ timesheets by the dates listed in the 2013/2014 Living Allowance Schedule, incorporated into this Contract as Attachment E-2. Failure to adhere to these deadlines may result in late living allowance payments to CONTRACTOR’s AmeriCorps members.

F. AmeriCorps members do not receive:
   1. Vacation pay;
   2. Overtime pay;
   3. Sick pay; or
   4. Any other paid time off.

IX. AmeriCorps Member Benefits

CONTRACTOR’s AmeriCorps members may be eligible for the benefits listed below. PCA CA will either directly administer the benefit, or provide information to the benefit administrator on behalf of each of CONTRACTOR’s AmeriCorps members. CONTRACTOR’s AmeriCorps members may not receive one or more of the benefits below during a period of suspension or a leave of absence.

A. Segal AmeriCorps Education Award:
   1. PCA CA shall verify whether each of CONTRACTOR’s AmeriCorps members have successfully completed their term of service, including whether or not they served the required number of hours as listed in his/her Member Contract to earn the Segal AmeriCorps Education Award.
   2. PCA CA shall record in the CNCS online database, eGrants, whether each of CONTRACTOR’s AmeriCorps members:
      a. Earned a full Segal AmeriCorps Education Award;
      b. Earned a partial Segal AmeriCorps Education Award; or
      c. Earned no portion of a Segal AmeriCorps Education Award.
   3. Segal AmeriCorps Education Awards are released by the National Service Trust.
   4. The maximum amount of the Segal AmeriCorps Education Award that may be earned in the 2013/14 program year is:

<table>
<thead>
<tr>
<th>Segal AmeriCorps Education Award</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,700-Hour Segal AmeriCorps Education Award</td>
<td>$5,550.00</td>
</tr>
<tr>
<td>900-Hour Segal AmeriCorps Education Award</td>
<td>$2,775.00</td>
</tr>
</tbody>
</table>

   5. Notwithstanding the above, CONTRACTOR’s AmeriCorps members may receive less than the maximum amount of the Segal AmeriCorps Education Award.

B. Living Allowance:
   1. PCA CA will pay a living allowance to each of CONTRACTOR’s AmeriCorps members, as determined by CONTRACTOR within the tier structure established by PCA CA.
   2. The living allowance:
      a. Is not a wage;
      b. Is not paid on an hourly basis;
      c. Does not fluctuate based on the number of hours served;
      d. Is issued in equal, incremental payments; and
      e. Will cease as each of CONTRACTOR’s AmeriCorps member completes, or is released from, their term of service.
3. Living allowance payments will be issued to each of CONTRACTOR’s AmeriCorps members upon receipt of an electronically submitted timesheet, certified by the AmeriCorps member and approved by the AmeriCorps member’s Service Site Supervisor via the iEmployee timekeeping system.

4. Living allowance payments will be made according to the dates listed on Attachment E-3, 2013-2014 Living Allowance Schedule.

5. Minimum Hours for Living Allowance. To receive the full incremental payment for a given time period, each of CONTRACTOR’s AmeriCorps members must serve the following number of hours:
   a. 1,700-hour AmeriCorps members must serve at least sixteen (16) hours in the period; and
   b. 900-hour AmeriCorps members must serve at least eight (8) hours in the period.

5. Zero Hours Policy. If one or more of CONTRACTOR’s AmeriCorps members does not serve any hours in a given pay period, those members will not receive the living allowance for that period.

6. Living allowance incremental payments may be reduced in the following circumstances:

<table>
<thead>
<tr>
<th>Action</th>
<th>Pay Period</th>
<th>Cut-off Date</th>
<th>Enrollment BEFORE Cut-off Date</th>
<th>Enrollment ON or AFTER Cut-off Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>1st — 15th</td>
<td>8th day of month</td>
<td>Full incremental payment</td>
<td>Prorated incremental payment</td>
</tr>
<tr>
<td></td>
<td>16th — end of month</td>
<td>22nd day of month</td>
<td>Full incremental payment</td>
<td>Prorated incremental payment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action</th>
<th>Pay Period</th>
<th>Cut-off Date</th>
<th>Exit ON or BEFORE Cut-off Date</th>
<th>Exit AFTER Cut-off Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit</td>
<td>1st — 15th</td>
<td>8th day of month</td>
<td>Prorated incremental payment</td>
<td>Full incremental payment</td>
</tr>
<tr>
<td></td>
<td>16th — end of month</td>
<td>22nd day of month</td>
<td>Prorated incremental payment</td>
<td>Full incremental payment</td>
</tr>
</tbody>
</table>

7. The formula used to calculate the prorated living allowance amounts in the circumstances above is as follows:

\[
\text{Incremental payment } \times \frac{\text{number of days of service performed}}{\text{Number of days in the pay period}}
\]

8. PCA CA will provide payroll services for CONTRACTOR’s AmeriCorps members. Payroll services include:
   a. Issuance of living allowance payments;
   b. Withholding and reporting of associated taxes;
c. Processing of IRS Form W-2; and

d. Processing of Workers’ Compensation claims for CONTRACTOR’s AmeriCorps members who sustain service-related injuries during the term of this Contract.

B. Child Care:

1. Per 45 C.F.R. Chapter XXV, §2522.250, a child care subsidy is made available to AmeriCorps members who meet child care eligibility requirements and certify that they need the benefit in order to serve in the program.

2. CNCS contracts with a third-party company to administer the child care subsidy. PCA CA assumes no responsibility for acts of the administrator including, but not limited to, the following:
   a. Denials of applications;
   b. Delays in processing of applications; or
   c. Delays in payments made to child care providers.

3. CONTRACTOR (or its subcontractor) will assist its AmeriCorps members in determining eligibility and provide opportunity to elect or decline the child care benefit.

4. CONTRACTOR (or its subcontractor) will provide eligible AmeriCorps members with enrollment materials and benefits information and ensure that PCA CA receives the AmeriCorps member’s child care enrollment information and application within thirty (30) calendar days of their eligibility date, be it the commencement of the term of service, or a date after the commencement of the term of service. CONTRACTOR must notify PCA CA of any changes to an AmeriCorps member’s child care eligibility status (enrollment, suspension, termination) within two (2) business days following such change.

5. PCA CA shall process AmeriCorps member enrollment and/or termination information with CNCS’ contracted child care administrator.

C. Health Care:

1. Per 45 C.F.R. Chapter XXV, §2522.250, PCA CA has identified a health care provider and offers a limited health care benefit plan, as opposed to a major medical health care benefit plan, to eligible AmeriCorps members.

2. CONTRACTOR (or its subcontractor) will assist its AmeriCorps members in determining eligibility and provide the opportunity to elect or decline the health care benefit.

3. CONTRACTOR (or its subcontractor) will provide eligible AmeriCorps members with enrollment materials and benefits information, as provided by PCA CA. CONTRACTOR must notify PCA CA of any changes to an AmeriCorps member’s health care eligibility status (enrollment, suspension, termination) within two (2) business days following such change.

4. PCA CA shall process AmeriCorps member enrollment and/or termination information with its AmeriCorps health care provider.

X. Initial Performance Assessment of AmeriCorps Member

A. An Initial Performance Assessment of the skill level of each of CONTRACTOR’s AmeriCorps members must be conducted within the first thirty (30) business days of each of CONTRACTOR’s AmeriCorps member’s term of service.
B. CONTRACTOR (or its subcontractor) must use the Initial Performance Assessment template available at: http://www.capmericorps.weebly.com

B. CONTRACTOR must submit the Initial Performance Assessment to PCA CA within ten (10) calendar days of completion.

XI. Supervision and Support of AmeriCorps Members

A. CONTRACTOR (or its subcontractor) must provide its AmeriCorps members with adequate supervision by qualified supervisors.

B. At a minimum, each of CONTRACTOR’s AmeriCorps members must receive a minimum of one (1) hour of supervision each week during their term of service.

XII. Training and Member Development

A. PCA CA will develop mandated core training curricula and provide training to CONTRACTOR’s AmeriCorps members. Attendance is required. PCA CA-delivered training topics include the following:
   2. Cultural Awareness;
   3. Social-Emotional and Cognitive Development; and
   4. Early Literacy/Family Literacy Fundamentals.

B. Notwithstanding the above, PCA CA develops and provides Leader’s Guides for CONTRACTOR (or its subcontractor) to use in facilitating other AmeriCorps member mandated trainings. CONTRACTOR-facilitated training topics include the following:
   1. Mandated Child Abuse Reporter Training;
   2. School Readiness;
   3. Community Development;
   4. Professional Boundaries and Confidentiality;
   5. Active Citizens;
   6. Life after AmeriCorps; and
   7. Ongoing Professional Development

C. CONTRACTOR shall ensure that its AmeriCorps members spend an aggregate total of no more than 20% of all allocated member hours in training and member development.

XIII. Data Collection and Reporting

A. PCA CA is responsible for collecting data in connection with the Performance Measures set forth in and incorporated into this Contract as Attachment E-1, 2013-2014 Performance Measures.

C. CONTRACTOR (or its subcontractor) must ensure that data collected by CONTRACTOR’s AmeriCorps members is submitted to PCA CA by the tenth (10th) business day following the month in which the data was collected, or alternative timeframe based on PCA CA reporting requirements, whichever is sooner.

D. PCA CA will aggregate the data submissions from contractors participating in the AmeriCorps program, and will subsequently incorporate said data into reports for the funders, CNCS and/or CV.

E. CONTRACTOR is required to maintain the original documentation for any and all program data and provide access to PCA CA upon request for a minimum of seven (7) years following termination or expiration of this Contract.
XIV. AmeriCorps Member Performance Evaluations

Pursuant to 45 C.F.R. Chapter XXV §2522.220(c), CONTRACTOR is responsible for conducting a Mid-term and an End-of-term Performance Evaluation on each of CONTRACTOR’s AmeriCorps members.

A. Mid-term Performance Evaluation.

1. CONTRACTOR must submit each AmeriCorps member’s Mid-term Performance Evaluation to PCA CA within five (5) calendar days of completion.

2. A Mid-term Performance Evaluation is not required for an AmeriCorps member whose term of service ends prior to the mid-point of their contracted service period.

3. A Mid-term Performance Evaluation will not substitute for an End-of-term Performance Evaluation.

B. End-of-term Performance Evaluation.

1. An End-of-term Performance Evaluation is required for each of CONTRACTOR’s AmeriCorps members, regardless of when their term of service is completed, or whether the AmeriCorps member has:
   a. Successfully completed the required number of hours making the AmeriCorps member eligible for a Segal AmeriCorps Education Award;
   b. Been released from service for compelling personal circumstances, making them eligible for a pro-rated Segal AmeriCorps Education Award; or
   c. Been released from service for cause, making them ineligible to receive a Segal AmeriCorps Education Award.

2. CONTRACTOR (or its subcontractor) shall determine whether each of its AmeriCorps members’ service was satisfactory, which will assess whether each member:
   a. Has satisfactorily completed assignments, tasks, or projects, or, for those members released from service early, whether the member made a satisfactory effort to complete those assignments, tasks, or projects that the member could reasonably have addressed in the time the member served; and
   b. Has met any other criteria which had been clearly communicated both orally and in writing at the beginning of the term of service.

C. CONTRACTOR (or its subcontractor) must submit the End-of-term Performance Evaluation to PCA CA within five (5) calendar days of completion.

D. PCA CA shall review and certify the number of service hours completed by each of CONTRACTOR’s AmeriCorps members.

E. Sections B. and D. of this provision, in combination, shall be used to determine whether each of CONTRACTOR’s AmeriCorps members have successfully completed their term of service.

F. Per 45 C.F.R. Chapter XXV § 2522.220(b), an AmeriCorps member will only be eligible to serve a subsequent term of service if they have received a satisfactory performance evaluation for any previous term of service.

XV. AmeriCorps Member Exit
A. PCA CA will initiate the exit process in My AmeriCorps for each of CONTRACTOR's AmeriCorps members who successfully completes their term of service.
B. If an AmeriCorps member does not successfully complete their term of service, CONTRACTOR will notify PCA CA immediately upon CONTRACTOR's knowledge of the member ending service. PCA CA will then initiate the exit process in My AmeriCorps within two (2) business days after receipt of notification from CONTRACTOR.
C. CONTRACTOR will submit the following AmeriCorps member exit information to PCA CA for inclusion in the Member File within five (5) business days of each AmeriCorps member's last day of service:
   1. National Service Trust Exit Form;
   2. End-of-Term Performance Evaluation;
   3. Health Care Termination Form (if applicable);
   4. AmeriCorps Success Story;
   5. AmeriCorps Member Satisfaction Survey; and
   6. Approval of all completed AmeriCorps member timesheets in the iEmployee timekeeping system.
D. Notwithstanding the above, in the case of service abandonment, CONTRACTOR will submit the following documentation to PCA CA for inclusion in the Member File within five (5) business days of the AmeriCorps member's formal abandonment of service:
   1. National Service Trust Exit Form, marked to indicate the member did not successfully complete their term of service, and that the member was not available for signature; and
   2. An End-of-Term Performance Evaluation, marked to indicate that CONTRACTOR's AmeriCorps member was not available for signature.
E. PCA CA will review the submitted exit documentation, and complete the AmeriCorps member exit in My AmeriCorps within twenty-five (25) calendar days of the AmeriCorps member ending service.

XVI. Special Events
A. CONTRACTOR (or its subcontractor) must ensure that its AmeriCorps members participate in the following events:
   1. Make a Difference Day.
   2. Martin Luther King Day of Service.
   4. Member Graduation Ceremony.
B. CONTRACTOR (or its subcontractor) is strongly encouraged to facilitate attendance of its AmeriCorps members in the following National Days of Service:
   1. September 11th Day of Service.
   2. Service Nation Day of Action.

XVII. Affiliation with the AmeriCorps National Service Program
A. AmeriCorps is a registered service mark of CNCS. CNCS provides a camera-ready logo, available online at:
B. CONTRACTOR's website shall clearly state that CONTRACTOR is an AmeriCorps grantee and shall prominently display the AmeriCorps logo. CONTRACTOR (and its subcontractor, if applicable) shall use the AmeriCorps name and logo on service gear and public materials such as stationery, application forms, recruitment brochures, online position postings or other recruitment materials, orientation materials, member curriculum materials, signs, banners, press releases, and publications related to CONTRACTOR's AmeriCorps program in accordance with CNCS requirements.

C. CONTRACTOR (or its subcontractor) will ensure that each of its AmeriCorps members wear the AmeriCorps logo or service uniform/gear and be clearly identified as AmeriCorps members while accruing hours for serving or participating in member development.

D. PCA CA will provide CONTRACTOR (or its subcontractor) with the following member gear, upon enrollment of each AmeriCorps member in My AmeriCorps:
   1. One (1) t-shirt;
   2. One (1) polo shirt;
   3. One (1) sweatshirt; and
   4. Two (2) cloisonné pins, bearing the AmeriCorps logo.

E. Additional member gear may be purchased at CONTRACTOR's expense.

XVIII. eGrants/My AmeriCorps Web Based Reporting
A. CONTRACTOR will provide PCA CA with a list of eGrants/My AmeriCorps users. Any additions or deletions must be communicated in writing to PCA CA.

B. PCA CA will assign user roles and approve CONTRACTOR's access to the eGrants/My AmeriCorps system.
The following information represents the Performance Measures that were submitted and approved by CaliforniaVolunteers and the Corporation for National and Community Service as part of the 2012/15 First 5 Service Corps proposal. As such, they reflect the statewide aggregate outputs and outcomes for the program. CONTRACTOR is responsible for meeting the individual outputs and outcomes, when listed as a subset of the aggregate values. The CONTRACTOR Performance Measure targets are dependent upon the full enrollment of the number of AmeriCorps member slots included in this Contract. CONTRACTOR shall vigorously pursue 100% retention of AmeriCorps members.

The table below details the Primary Performance Measure:

<table>
<thead>
<tr>
<th>PRIMARY PERFORMANCE MEASURE TITLE: CHILDREN ARE READY FOR SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Need</strong></td>
</tr>
<tr>
<td>Every newborn has the same biological potential for academic success; a potential greatly influenced, positively and negatively, during the first five years of life. In “Neurons to Neighborhoods: The Science of Early Childhood Development,” the authors state, “Striking disparities in what children know and can do are evident well before they enter kindergarten. These differences are strongly associated with social and economic circumstances, and they are predictive of subsequent academic performance.” School readiness activities delivered to economically disadvantaged children ages 2-5 enhance academic performance, reduce both grade repetition and special education placements, reduce crime, and contribute to greater employment and higher earnings in adulthood. Disadvantaged children, however, are the least likely to attend school readiness programs, and once they start behind they stay behind. The First 5 Service Corps will deliver school readiness activities to economically disadvantaged children ages 2-5 in 19 high need communities across California. Utilization of a comprehensive and continuous assessment method coupled with the individualization of curricula has been shown to be the most effective way to demonstrate gains in school readiness. The preparation process can be more intensive than traditional methods. The result is that members will spend a significant amount of time referencing the GOLD Assessment system for appropriate strategies and developing lesson/session plans in order to meet the needs of the beneficiaries.</td>
</tr>
<tr>
<td><strong>Expected Result</strong></td>
</tr>
<tr>
<td><strong>Output:</strong> Children will receive services and activities for school readiness.</td>
</tr>
</tbody>
</table>
Member Activities to Achieve Expected Results

AmeriCorps members will serve as Family Advocates, Preschool Coaches, and Home Visitors to provide developmental skill-building activities to children ages 2 to 5 years in early care and education environments. Members will provide school readiness services through one-on-one and small group skill-building activities to an average of 36 children over the course of their term. Members will spend 5 days per week, 6 hours per day, preparing for and engaging children in direct developmental skill-building activities, which will focus on literacy, math concepts, and social competence. Members will adapt and utilize Teaching Strategies Creative Curricula to develop targeted activities based on general kindergarten readiness themes and the individual child’s needs. Members will work with the child’s parent/guardian to ensure that developmental skill-building is promoted and emphasized in the home as well as the classroom. Additional daily activities include: travel time to beneficiary sites other than the member’s primary service site, classroom preparation, lesson planning, outreach for school readiness services, and completion of all necessary documentation. The minimum threshold for children to be counted in the end outcome is 35 hours of direct service from an AmeriCorps member. In order to account for all AmeriCorps hours it should be noted that approximately 1,500 of the direct beneficiaries will receive an average of 10 hours of service and not meet the threshold for inclusion in the end outcome. Additionally, an estimated 1,000 of the high need beneficiaries will receive at least 10 hours more than the minimum 35 hour threshold.
### Measurement Tools

**Student Daily Contact Log** to collect data on the number of children who start and complete participation in an AmeriCorps Early Childhood Education Program, the number of hours that children receive skill-building services in literacy, numeracy, and social/emotional development. Members submit data in the online database monthly, Project Manager monitors quarterly.

Completed by **AmeriCorps Members**  Frequency: **Daily**

**Teaching Strategies GOLD Assessment** to collect data on the number of children that demonstrate gains in literacy, numeracy and/or social/emotional development. Members submit data in the online database monthly, Project manager monitors quarterly.

Completed by **AmeriCorps Members**  Frequency twice at a minimum, third administration as needed.

1. Completed within the first 5 hours of service delivery
2. Completed at 35 hours of service delivery
3. Completed at the end of the program year (if served significantly more than 35 hours)

### Primary Performance Measure Targets

<table>
<thead>
<tr>
<th>Statewide Output Targets</th>
<th>Contractor Output Targets</th>
<th>Statewide Intermediate Outcome Targets</th>
<th>Contractor Intermediate Outcome Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,046 beneficiaries will receive school readiness services.</td>
<td>128 San Bernardino County beneficiaries will receive school readiness services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,666 high need children will receive at least 35 hours of school readiness services.</td>
<td>102 San Bernardino County high need children will receive at least 35 hours of school readiness services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>664 of 1,666 high need children who will enter kindergarten in the year following services will receive at least 35 hours of service.</td>
<td>61 San Bernardino County high need children who will enter kindergarten in the year following service will receive at least 35 hours of service.</td>
<td>30% (199 of 664) high need children who will enter kindergarten in the year following school readiness services and receive 35 hours of service will be school ready.</td>
<td>18 San Bernardino County high need children who will enter kindergarten in the year following school readiness services and receive 35 hours of service will be school ready.</td>
</tr>
</tbody>
</table>
### Primary Performance Measure Targets

<table>
<thead>
<tr>
<th>Statewide Output Targets</th>
<th>CONTRACTOR Output Targets</th>
<th>Statewide Intermediate Outcome Targets</th>
<th>CONTRACTOR Intermediate Outcome Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,002 of 1,666 high need children who will not enter kindergarten in the year following services will receive at least 35 hours of service.</td>
<td>41 San Bernardino County high need children who will not enter kindergarten in the year following services will receive at least 35 hours of service.</td>
<td>70% (702 of 1,002) high need children who will not enter kindergarten in the year following services and receive 35 hours of service will meet age appropriate school readiness milestones in one or more areas that they had not initially met.</td>
<td>29 San Bernardino County high need children who will not enter kindergarten in the year following services and receive 35 hours of service will meet age appropriate school readiness milestones in one or more areas that they had not initially met.</td>
</tr>
</tbody>
</table>

### National Performance Measure Targets

<table>
<thead>
<tr>
<th>Statewide Output Targets</th>
<th>CONTRACTOR Output Targets</th>
<th>Statewide Intermediate Outcome Targets</th>
<th>CONTRACTOR Intermediate Outcome Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONAL PERFORMANCE MEASURE (ED 20) 2,779 children will start in an AmeriCorps Early Childhood Education Program.</td>
<td>128 San Bernardino County children will start in an AmeriCorps Early Childhood Education Program.</td>
<td>NATIONAL PERFORMANCE MEASURE (ED 23) 1,139 children will demonstrate gains in school readiness in terms of social and emotional development.</td>
<td>51 San Bernardino County children will demonstrate gains in school readiness in terms of social and emotional development.</td>
</tr>
<tr>
<td>NATIONAL PERFORMANCE MEASURE (ED 21) 1,835 children will complete participation in an AmeriCorps Early Childhood Education Program.</td>
<td>84 San Bernardino County children will complete participation in an AmeriCorps Early Childhood Education Program.</td>
<td>NATIONAL PERFORMANCE MEASURE (ED 24) 1,332 children will demonstrate gains in school readiness in terms of literacy skills.</td>
<td>51 San Bernardino County children will demonstrate gains in school readiness in terms of literacy skills.</td>
</tr>
<tr>
<td>NATIONAL PERFORMANCE MEASURE (ED 25) 1,015 children will demonstrate gains in school readiness in terms of numeracy (math) skills.</td>
<td>51 San Bernardino County children will demonstrate gains in school readiness in terms of numeracy (math) skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PERFORMANCE MEASURE TITLE: VOLUNTEER RECRUITMENT**

### Need

Required

### Expected Results

**Engage Community Volunteers in Service**

### Member Activities to Achieve Expected Results

Members will recruit volunteers to serve in both on-going and one-time community project opportunities. Parents of the program beneficiaries make up a significant part of the volunteer pool that members engage. Parent are encouraged by the member during instructional sessions to contribute to School Readiness activities, including education-focused fairs, family game/movie nights, providing classroom support, and helping increase service site capacity. Additionally, members conduct community outreach in order to identify and recruit volunteers from outside of the program. Outreach includes dissemination of recruitment materials (i.e. flyers or electronic postings) to community organizations, delivering presentations to local high school and college classrooms, and working with established volunteer centers to recruit volunteers. Volunteer activities will include: community, cultural, health, and education-focused events and fairs; family bonding nights (such as games or movies); Community Service Projects and support with school readiness activities.

### Measurement Tools

- Volunteer Log- to collect data on # of volunteers recruited for on-going activities
- Volunteer Log to collect data on # of volunteers recruited for one-time activities.
- Volunteer Log to collect data on # of volunteer hours for on-going activities.
- Volunteer Log to collect data on # of volunteer hours for one-time activities.

### Performance Measure Targets

<table>
<thead>
<tr>
<th>Statewide Output Targets</th>
<th>Contractor Output Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>85 volunteers recruited for on-going activities.</td>
<td>4 San Bernardino County volunteers recruited for on-going activities.</td>
</tr>
<tr>
<td>338 volunteers recruited for one-time activities.</td>
<td>16 San Bernardino County volunteers recruited for one-time activities.</td>
</tr>
<tr>
<td>423 volunteer hours for on-going activities.</td>
<td>64 San Bernardino County volunteer hours for on-going activities.</td>
</tr>
<tr>
<td>1,015 volunteer hours for one-time activities.</td>
<td>52 San Bernardino County volunteer hours for one-time activities.</td>
</tr>
</tbody>
</table>
### PERFORMANCE MEASURE TITLE: MEMBER DEVELOPMENT

#### Need
Members deserve to be appropriately trained to perform the services assigned, to increase both professional skills and community development skills, and to enhance their esprit de corps experience.

#### Expected Result

<table>
<thead>
<tr>
<th>Output:</th>
<th>Outcome:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members receive the training to provide quality service to the community and to the children that they serve.</td>
<td>Members increase knowledge &amp; skills, gain insight into the community, and experience the power of national service.</td>
</tr>
</tbody>
</table>

#### Member Activities to Achieve Expected Results
- PCA CA and Service Site Orientation 50 or more hours; Connection to National Service, Member Contract review and Prohibited Activities Training; Community Engagement; Child Development; Assessment Training; Mandated Child Abuse Reporting; Site-specific Technical Training.
- Service Site Delivered, curriculum provided by PCA CA: Active Citizens (6 hours); Life after AmeriCorps; Cultural Awareness; Conflict Resolution.
- Ongoing Hours, including other site specific (related to member position) trainings: supervision/coaching; Professional Development; & PCA CA webinar.

#### Measurement Tools
- Training Log and electronic timesheets to collect data on # of members and # of training hours
- Member Performance Evaluation to collect data on member skill increases. Administered by Member Supervisor. Frequency: 3x per year

#### Performance Measure Targets

<table>
<thead>
<tr>
<th>Statewide Output Targets</th>
<th>Contractor Output Targets</th>
<th>Statewide Outcome Targets</th>
<th>Contractor Output Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>98 members will participate in 19,480 training hours.</td>
<td>4 1700-hour members will participate in 920 training hours.</td>
<td>70% of members will increase knowledge and skills by 10%.</td>
<td>3 member(s) will increase knowledge and skills by 10%.</td>
</tr>
</tbody>
</table>
## 2013-2014 AmeriCorps Member Living Allowance Schedule

<table>
<thead>
<tr>
<th>Pay Period:</th>
<th>Member must submit timesheet by:</th>
<th>Date Service Site Supervisor must approve timesheet by:</th>
<th>Pay Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/01/13 – 9/15/13</td>
<td>09/17/13</td>
<td>09/17/13</td>
<td>9/25/13</td>
</tr>
<tr>
<td>9/16/13 – 9/30/13</td>
<td>10/02/13</td>
<td>10/02/13</td>
<td>10/10/13</td>
</tr>
<tr>
<td>10/01/13 – 10/15/13</td>
<td>10/17/13</td>
<td>10/17/13</td>
<td>10/25/13</td>
</tr>
<tr>
<td>10/16/13 – 10/31/13</td>
<td>11/04/13</td>
<td>11/04/13</td>
<td>11/8/13</td>
</tr>
<tr>
<td>11/01/13 – 11/15/13</td>
<td>11/19/13</td>
<td>11/19/13</td>
<td>11/25/13</td>
</tr>
<tr>
<td>11/16/13 – 11/30/13</td>
<td>12/3/13</td>
<td>12/3/13</td>
<td>12/10/13</td>
</tr>
<tr>
<td>12/1/13 – 12/15/13</td>
<td>12/17/13</td>
<td>12/17/13</td>
<td>12/23/13</td>
</tr>
<tr>
<td>12/16/13 – 12/31/13</td>
<td>1/3/14</td>
<td>1/3/14</td>
<td>1/10/14</td>
</tr>
<tr>
<td>1/1/14 – 1/15/14</td>
<td>1/17/14</td>
<td>1/17/14</td>
<td>1/24/14</td>
</tr>
<tr>
<td>1/16/14 – 1/31/14</td>
<td>2/4/14</td>
<td>2/4/14</td>
<td>2/10/14</td>
</tr>
<tr>
<td>2/1/14 – 2/15/14</td>
<td>2/18/14</td>
<td>2/18/14</td>
<td>2/25/14</td>
</tr>
<tr>
<td>3/16/14 – 3/31/14</td>
<td>4/2/14</td>
<td>4/2/14</td>
<td>4/10/14</td>
</tr>
<tr>
<td>4/16/14 – 4/30/14</td>
<td>5/2/14</td>
<td>5/2/14</td>
<td>5/9/14</td>
</tr>
<tr>
<td>5/1/14 – 5/15/14</td>
<td>5/19/14</td>
<td>5/19/14</td>
<td>5/23/14</td>
</tr>
<tr>
<td>6/16/14 – 6/30/14</td>
<td>7/2/14</td>
<td>7/2/14</td>
<td>7/10/14</td>
</tr>
<tr>
<td>7/1/14 – 7/15/14</td>
<td>7/17/14</td>
<td>7/17/14</td>
<td>7/25/14</td>
</tr>
<tr>
<td>7/16/14 – 7/31/14</td>
<td>8/4/14</td>
<td>8/4/14</td>
<td>8/8/14</td>
</tr>
<tr>
<td>8/1/14 – 8/15/14</td>
<td>8/19/14</td>
<td>8/19/14</td>
<td>8/25/14</td>
</tr>
<tr>
<td>8/16/14 – 8/31/14</td>
<td>9/2/14</td>
<td>9/2/14</td>
<td>9/10/14</td>
</tr>
<tr>
<td>9/1/14 – 9/15/14</td>
<td>9/17/14</td>
<td>9/17/14</td>
<td>9/25/14</td>
</tr>
</tbody>
</table>
EXHIBIT F
ASSURANCES AND CERTIFICATIONS

By entering into this Contract, CONTRACTOR agrees to comply with all assurances and certifications required by CaliforniaVolunteers (“CV”) and the Corporation for National and Community Service (“CNCS”).

I. ASSURANCES
As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that the applicant:

A. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.

B. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

C. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

D. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

E. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).

F. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to:

1. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin;
2. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex;
4. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age;
5. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
6. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
7. Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records;
8. Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing;
9. Any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and
10. The requirements of any other nondiscrimination statute(s) which may apply to the application.

G. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.

H. Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

I. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.

J. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

K. Will comply with environmental standards which may be prescribed pursuant to the following:
   1. Institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514;
   2. Notification of violating facilities pursuant to EO 11738;
   3. Protection of wetlands pursuant to EO 11990;
   4. Evaluation of flood hazards in floodplains in accordance with EO 11988;
   5. Assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.);
   6. Conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.);
   7. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and

L. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

M. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).

N. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
O. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

P. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

Q. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

R. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

S. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

T. Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion (except that the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-Corporation funds or paid with Corporation funds but employed with the organization operating the project on the date the grant was awarded).

U. Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to:
   1. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin;
   2. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
   4. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age;
   5. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
   6. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
   7. Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records;
   8. Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and
   9. The requirements of any other nondiscrimination statute(s) which may apply to the application.

V. Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served and potential
participants in the program; and (2) community-based agencies with a
demonstrated record of experience in providing services and local labor
organizations representing employees of service sponsors, if these entities exist
in the area to be served by the program.

W. Will, prior to the placement of participants, consult with the appropriate local labor
organization, if any, representing employees in the area who are engaged in the
same or similar work as that proposed to be carried out by an AmeriCorps
program, to ensure compliance with the non-displacement requirements
specified in section 177 of the NCSA.

X. Will, in the case of an AmeriCorps program that is not funded through a State,
consult with and coordinate activities with the state commission for the state in
which the program operates.

Y. Will ensure that any national service program carried out by the applicant using
assistance provided under section 121 of the National and Community Service
Act of 1990 and any national service program supported by a grant made by the
applicant using such assistance will address unmet human, educational,
environmental, or public safety needs through services that provide a direct
benefit to the community in which the service is performed.

Z. Will comply with the non-duplication and non-displacement requirements set out
in section 177 of the National and Community Service Act of 1990, and in the 45
C.F.R. Chapter XXV § 2540.100.

AA. Will comply with the grievance procedure requirements as set out in section
176(f) of the National and Community Service Act of 1990 and in 45 CFR
Chapter XXV § 2540.230.

AB. Will provide participants in the national service program with the training, skills,
and knowledge necessary for the projects that participants are called upon to
perform.

AC. Will provide support services to participants, such as information regarding
G.E.D. attainment and post-service employment, and, if appropriate,
opportunities for participants to reflect on their service experiences.

AD. Will arrange for an independent evaluation of any national service program
carried out using assistance provided to the applicant under section 121 of the
National and Community Service Act of 1990 or, with the approval of CNCS,
conduct an internal evaluation of the program.

AE. Will apply measurable performance goals and evaluation methods, which are to
be used as part of such evaluation to determine the program’s impact on
communities and persons served by the program, on participants who take part
in the projects, and in other such areas as required by CNCS.

AF. Will ensure the provision of a living allowance and other benefits to participants
as required by the Corporation.
II. CERTIFICATIONS

A. Certification – Debarment, Suspension, and Other Responsibility Matters

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants’ responsibilities.

1. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor its principals:
   a. Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
   b. Has, within a three-year period preceding this application, been convicted of, or had an adverse civil judgment entered in connection with, fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
   c. Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification, and
   d. Has not, within a three-year period preceding this application, had one or more public transactions (federal, state or local) terminated for cause or default.

2. If you are unable to certify to any of the statements in this certification, you must attach an explanation to this application.

B. Certification – Drug-Free Workplace

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620). As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief that the grantee will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition;

2. Establishing a drug-free awareness program to inform employees about:
   a. The dangers of drug abuse in the workplace,
   b. The grantee’s policy of maintaining a drug-free workplace,
   c. Any available drug counseling, rehabilitation, and employee assistance programs, and
   d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
   a. Abide by the terms of the statement, and
   b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

5. Notifying us within ten days after receiving notice under subparagraph (d) from an employee or otherwise receiving actual notice of such conviction;

6. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d), with respect to any employee who is so convicted:
   a. Taking appropriate personnel action against such an employee, up to and including termination; or
   b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1) through (7).

C. Certification – Lobbying Activities

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal contract, grant, loan, or cooperative agreement;

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the applicant will submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions;

3. The applicant will require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

D. Erroneous Certification or Assurance

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.
E. Notice of Error in Certification or Assurance
You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

F. Definitions
The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

G. Assurance Requirement for Subgrant Agreements
You agree by signing this Contract that you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

H. Assurance Inclusion in Subgrant Agreements
You agree by signing this Contract that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

I. Assurance of Subgrant Principals
You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

J. Non-Assurance in Subgrant Agreements
If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

K. Prudent Person Standard
Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
Subject

Report findings on Breastfeeding Practice Comparisons

Recommendations

Receive report findings on Breastfeeding Practice Comparisons between Riverside and San Bernardino Counties
(Affected Districts: All)
(Presenter: Karen E. Scott, Executive Director, 387-1502)

Background Information

First 5 San Bernardino is a participant in a San Bernardino/Riverside Childhood Obesity Task Force which includes a coalition aimed at improving breastfeeding outcomes. As a measure to support ongoing strategic planning, First 5 sought to identify and better understand any discrepancy between breastfeeding rates in Riverside County as compared to those of San Bernardino County.

Through collaborative partnerships, First 5 San Bernardino was introduced to Janet Kottke, Ph.D., Department of Psychology with California State University, San Bernardino. In April 2013, Dr. Janet Kottke coordinated a project where 8 of her graduate students were commissioned to assess, interview, evaluate and summarize findings related to breastfeeding practices between the two counties. Upon completion of the project, the student team members gave a presentation to First 5 San Bernardino and now share with all other stakeholders, their final report which includes outlined recommendations for improving breastfeeding outcomes in San Bernardino County.

Financial Impact

None

Review

Regina Coleman, Commission Counsel

Report on Action as taken

Action:

Moved: Second:

In Favor:

Opposed:

Abstained:

Comments:

Witnessed:
Baby Friendly Comparisons for
San Bernardino and Riverside Counties

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Author Note

This report has been submitted to Executive Director Karen E. Scott of First 5, San Bernardino on June 14, 2013.

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### Acronyms in Use

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<thead>
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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPSP</td>
<td>Comprehensive Perinatal Service Program</td>
</tr>
<tr>
<td>ARMC</td>
<td>Arrowhead Regional Medical Center</td>
</tr>
<tr>
<td>CDPH</td>
<td>California Department of Public Health</td>
</tr>
<tr>
<td>CHSB</td>
<td>Community Hospital of San Bernardino</td>
</tr>
<tr>
<td>CLEC</td>
<td>Certified Lactation Educators/Counselors</td>
</tr>
<tr>
<td>CRM C</td>
<td>Corona Regional Medical Center</td>
</tr>
<tr>
<td>DPHSB</td>
<td>Department of Public Health San Bernardino</td>
</tr>
<tr>
<td>DRMC</td>
<td>Desert Regional Medical Center</td>
</tr>
<tr>
<td>IBCLC</td>
<td>International Board Certified Lactation Consultant</td>
</tr>
<tr>
<td>IBLCE</td>
<td>International Board of Lactation Consultant Examiners</td>
</tr>
<tr>
<td>LC</td>
<td>Lactation Consultant</td>
</tr>
<tr>
<td>MCAH</td>
<td>Maternal Child and Adolescent Health Program</td>
</tr>
<tr>
<td>MIHA</td>
<td>Maternal and Infant Health Assessment</td>
</tr>
<tr>
<td>NICU</td>
<td>Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>PCHMC</td>
<td>Parkview Community Hospital Medical Center</td>
</tr>
<tr>
<td>RCRMC</td>
<td>Riverside County Regional Medical Center</td>
</tr>
<tr>
<td>RN</td>
<td>Registered nurses</td>
</tr>
<tr>
<td>RSMC</td>
<td>Rancho Springs Medical Center</td>
</tr>
<tr>
<td>SGMH</td>
<td>San Gorgonio Memorial Hospital</td>
</tr>
<tr>
<td>WIC</td>
<td>Women, Infants and Children</td>
</tr>
</tbody>
</table>
Executive Summary

The objective of our project was to identify the root of the differences in breastfeeding practices between Riverside and San Bernardino Counties. To isolate the causes of these differences, we contacted various agencies associated with breastfeeding to determine level of support for lactation and other related services. The following report offers a summary of our findings as presented to First 5 of San Bernardino.

Department of Public Health

Information was collected through interviews and website reviews of the Department of Public Health in both Riverside and San Bernardino Counties.

Riverside Department of Public Health offers a multitude of services and programs that are highly interconnected. Loving Support, a 24-hour breastfeeding helpline that serves over 1,500 (mothers) per month, is described as the backbone of the program.

Through approved service providers, San Bernardino’s Comprehensive Perinatal Service Program (CPSP) offers prenatal care, health education, nutrition services, and psychosocial support to Medi-Cal-eligible women for up to 60 days after birth. To improve these services:

- Follow up with 60-day postpartum mothers who are no longer covered through Medi-Cal.
- Reduce the time span between giving birth and notifying Medi-Cal service providers.

First 5

First 5 is a funding agency that supports projects and programs that benefit the community. Overall, there were no strong differences in the number of projects funded between counties. However, there was a difference in duration of funding; several of the San Bernardino First 5 projects are new while several Riverside First 5 projects are well established.

WIC Programs

Data for WIC were collected through interviews, online research, and notes from project development meetings. Overall, both counties offered a similar range of programs addressing various breastfeeding related needs. Other recommendations to improve breastfeeding rates include:

- Increase education for mothers about what to expect when breastfeeding.
- Increase support for breastfeeding from employers, friends and family, and physicians.
Hospital Breastfeeding Support

Lactation specialists responded via telephone interviews to a brief questionnaire concerning procedures supporting breastfeeding within their hospitals. Our observations and recommendations are based on the responses of the lactation specialists.

- In regard to breastfeeding support, no strong differences were observed between Riverside and San Bernardino County hospitals nor between certified and uncertified Baby Friendly hospitals.
- We propose: Fund lactation clinics that can provide comprehensive breastfeeding support prenatally, perinatally, and postnatally to physicians and staff, mothers and families, and organizations committed to improving the health outcomes of children.

Survey and Data Collection

A survey for new and expectant mothers was distributed through two childcare centers and via social media. The questions were designed to assess the support and barriers experienced by mothers.

- Compared to San Bernardino, Riverside mothers received more information about breastfeeding while pregnant and more support after giving birth.
- We propose: Physicians need to send the right message to pregnant mothers, mothers need to know of their rights in the workplace, and nurses and lactation specialists need to be more available and focus on latching and production issues during consultations.

Overall Conclusions

There does not seem to be a large difference in the resources available to mothers between counties. Instead we offer these possible causes of the differences in breastfeeding rates:

- Riverside County has individuals who “spearhead” breastfeeding initiatives.
- Riverside County has greater interconnectivity within its breastfeeding support system.

Although not an observed difference between counties, our research indicates there is a need to fund education for the entire breastfeeding support system including mothers, family members, physicians, policy makers, and lactation specialists.

Overall Recommendations

- Fund additional breastfeeding education for mothers, family members, physicians, lactation specialists, and other parties of the breastfeeding support system.
- Fund programs and/or job positions that would build up the interconnectivity of resources in San Bernardino County.
Introduction

The following report was prepared by Dr. Janet Kottke’s graduate practicum class at California State University San Bernardino for use by First 5 of San Bernardino. Karen Scott, Executive Director at First 5 of San Bernardino, identified a need to better understand the large discrepancy between breastfeeding rates of San Bernardino County, California, compared to Riverside County, California. To assess possible explanations for this discrepancy, we gathered information from hospitals, agencies that provide breastfeeding-related resources, and mothers. Our sources were balanced between the two counties. This report summarizes our findings, identifies some possible sources of the discrepancy in breastfeeding rates, and outlines our recommendations for how we believe this discrepancy could be reduced.

All information contained within this report is accurate to the best of our knowledge. While we gathered data from several different sources, this report is not meant to be an exhaustive presentation of breastfeeding resources within the two counties.

Department of Public Health

Riverside

To gather information about the Department of Public Health in Riverside, several different sources were utilized. A thorough review of the Department’s website was conducted, and an interview was held with Jennifer Stewart, the supervising nutritionist for the Loving Support program. Information on services available to breastfeeding mothers was obtained, and a summarization is as follows:

**Riverside County Department of Public Health.** DPH supports several programs that are available to women who are breastfeeding their children. Riverside County’s DPH goal is to be present in and affect all areas of a mother’s life, from the time of conception through the first year of life. The Department of Public Health of Riverside aids mothers through advertisements and displays in medical offices, pamphlets and cards with breastfeeding information, baby friendly hospitals, help-lines, at-home visits, and follow-up calls to mothers after delivery.

Programs that are supported are listed with a complete description of the program. A significant amount of information will be provided on the “Loving Support” program, as it has been described as the “backbone” of their supported programs.

**Grow Our Own Lactation Program.** Lactation training program to help health professionals become eligible to take the IBCLC (International Board Certified Lactation Consultant) exam. Over 100 people have taken the class to date.
**WIC’s (Women, Infants and Children) Sistah Connection.** Peer counseling program to encourage breastfeeding for WIC African American mothers. Women are linked with their own peer counselors, receive support phone calls, and attend breastfeeding support classes. These are held on the same time and day each month so that relationships can be established.

**WIC@Work.** Peer counseling program available to women who work and plan on breastfeeding. Women are linked with peer counselors for support and education throughout their pregnancy, the baby’s first year, and when they return to work.

**WIC electric breast pumps.** Three hospitals currently check out WIC electric breast pumps to women with babies in the NICU (Neonatal Intensive Care Unit). This program makes it much easier for women to start pumping without making an extra stop during the stressful experience of having a baby in the NICU.

**WIC Regional Breastfeeding Liaison.** These individuals work at the policy level to build breastfeeding support. They work with employer groups, the obesity task force, and healthy city initiatives. They also work with physicians and provide lactation accommodation for migrant workers, among numerous other projects. This project is funded by a grant from WIC.

**Loving Support.** This program has been funded by First 5 for 13 years. It is described as a 24-hour breastfeeding helpline, which helps over 1,500 mothers per month. The services are available to any mother within Riverside County, regardless of her income. The helpline is staffed from 8am to 5pm, Monday through Friday. If a mother calls after hours, she is instructed to leave a message and a pager notifies the staff member who is currently on call. Some staff members are based in WIC sites, and most of the staff are IBCLCs.

Loving support works with all local hospitals. Hospitals provide the program, either by fax or through a card that is filled out by the mother, with the names of mothers who are breastfeeding. The mother must consent to the fax being sent, if this is the method being utilized. The mothers then receive a newborn call, a six-week call, and some receive a six-month call. The mothers are also encouraged to call the program or helpline with any questions. Many mothers call in several times throughout the infant’s first year. Common difficulties which prompt mothers to contact the helpline include sore nipples, not producing enough milk, taking medications, what to do when the baby spits up, not realizing the baby is going through a growth spurt, drinking alcohol, breastfeeding when ill, and breast engorgement.

Mothers find out about Loving Support through a multitude of sources. Since the program has been around for many years and has provided great service to mothers, it is described as being well known in the community. Additional methods of making the program’s presence known throughout Riverside County include advertising displays at doctor’s offices, Loving Support business cards, contact information in hospital discharge packets, and the distribution of
information to mothers who are currently on WIC. The program also has a website, which is currently described as being a “work in progress”.

The Loving Support program also has additional components that allow it to receive additional funding, namely their Breastfeeding Friendly Physician program, Breastfeeding Friendly Childcare Program, and the Workplace Lactation Accommodation Program. The physician program designates physicians as “Breastfeeding Friendly” once they have met seven criteria stipulated by Loving Support. The childcare and workplace programs are new to their grant as of this year.

San Bernardino

**Comprehensive Perinatal Services Program (CPSP).** CPSP is another service the California Department of Public Health (CDPH) supports. CPSP’s purpose is to provide information and services to over 1500 Medi-Cal providers who focus on breastfeeding and other initiatives for mothers throughout the state. Although, CPSP’s focus is on a comprehensive regular perinatal care program, the interview with Ms. Williams centered on the provider's interaction with the mothers in San Bernardino County to educate them on breastfeeding. Reviewing the information on the CDPH website and conducting an interview with Asuncion Williams, RN, Perinatal Services Coordinator in San Bernardino, the following is a summary of what we found:

Through their service providers, CPSP provides a variety of services for pregnant women on Medi-Cal from the time of pregnancy to 60 days after birth. According to its website, CPSP’s goal is to reduce low birth weight in infants, improve birth outcomes of every pregnancy, give every baby a healthy start in life, and reduce healthcare costs for women and infants. Through the service providers, the program offers breastfeeding support and other services to mothers. The county coordinators for CPSP ensure that all Medi-Cal service providers are in compliance with the CDPH Maternal Child and Adolescent Health Program (MCAH) policies, standards, and training. In addition, the CDPH website provides a plethora of information concerning breastfeeding programs and initiatives.

The county has over 60 service providers and Ms. Williams ensures MCAH training is conducted for care providers and members of their staff in areas of psychosocial behaviors and nutrition. Providers are also trained on educational services that are available for mothers before and after birth, which include breastfeeding initiatives. The coordinators also work with providers to ensure they meet CPSP certification requirements and provide technical assistance upon certification.

The mothers contact the providers once they are approved for Medi-Cal and the initial contact may happen either before or after birth. Providers refer mothers to WIC; they listen to
mothers’ concerns about breastfeeding, and establish a detailed plan for breastfeeding. The providers recommend the mothers breastfeed rather than use formula. They also provide educational information to mothers about breast-feeding. Sixty days after giving birth, the mother is no longer part of the Medi-Cal program; therefore, service providers no longer receive payment for the mother's visits. However, the baby remains covered under Medi-Cal and continues to receive WIC.

To ensure compliance with the program requirements, Ms. Williams conducts annual visits to service providers for quality assurance. The documentation includes whether providers are following the MCAH standards and the recent initiatives, which change each year. There is very little data collection on mother's breastfeeding activities. However, MCAH and other organizations monitor breastfeeding results by county.

CPSP is funded through Federal Title V MCH Block Grant Funds and Federal Title XIX (Medicaid). MCAH administers programs for CPSP. The program is designed to fund providers who administer services to low income mothers on Medi-Cal in the county of San Bernardino. However, each county has its own coordinator to provide support and services to caregivers. To provide a snapshot of the goals, services offered, who provide services, and funding for each county, a fact sheet is included at the end of the report (see Appendix A).

Closing the Gap – Recommendations for Improvements

Based on the gathered information, one area of improvement would be the timeframe in which mothers notify providers of the birth of their child. The notification sometimes occurs two weeks after birth, by which point mothers are already using formula. Another factor to consider is that mothers who are on Medi-Cal may be more likely to be part of the assessment results conducted by the Maternal and Infant Health Assessment (MIHA) for breastfeeding practices. Comparing the results from the MIHA survey between counties, there are more mothers on Medi-Cal in San Bernardino for pre-pregnancy insurance, prenatal insurance, maternal postpartum insurance, and infant health insurance. Another area of focus may be developing a system to follow up with mothers after 60 days, postpartum. Currently, there seems to be a void in maintaining contact with mothers to ensure they are breastfeeding. Therefore, improving communication between mothers and service providers may reduce the MIHA discrepancies.

Because CPSP deals with the service providers rather than the mothers, the coordinators have an indirect source of information concerning mother's reasons for breastfeeding or deciding to use formula. In addition, the focus for CPSP spans many programs and breastfeeding is only one of many components that service providers are monitored for compliance.
Upon integrating the information collected on both the Department of Public Health Riverside County and San Bernardino County, it is apparent there are differences in the services provided. There is a high level of interconnectivity among the services and programs available in Riverside. The website review of the Department of Public Health Riverside revealed that programs and services are referenced throughout the website multiple times, and links are provided to help mothers access the appropriate programs and websites with ease. An additional recommendation is to create a Loving Support program in San Bernardino, since it was frequently mentioned as being the “backbone” of the services available to mothers in Riverside.

First 5

First 5 is an agency that provides funding for numerous community projects, including some that relate to breastfeeding. The information for this section of the report was collected through online research and very short, informal interviews with staff at both First 5 locations. The information for First 5 of Riverside may be incomplete since an intended follow-up interview was not completed due to the time constraints of the project.

San Bernardino

Currently, First 5 of San Bernardino is funding a program called Healthy Cities. Cities who participate in the Healthy Cities program received funds to implement projects related to healthy living. Until recently, Rancho Cucamonga was the only participating city with a specific breastfeeding component. First 5 is helping the city fund the construction of designated breastfeeding areas within public buildings so mothers have a comfortable place to breastfeed. At the time of this report, six additional cities in San Bernardino County have been approved for Healthy Cities funding and each of them has a specific breastfeeding component as well.

Riverside

First 5 of Riverside is currently funding the Loving Support Program, as detailed previously in the DPH: Loving Support section of the report. It is also funding San Gorgonio Memorial Hospital’s breastfeeding-related home visitation program. This program provides follow-up for mothers who have come home from the hospital, but may still have some concerns or questions about breastfeeding. Finally, First 5 used to fund WIC of Riverside, but in recent years the funding has been shifted to other programs.

Women, Infants and Children (WIC) Programs

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education
for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk (http://www.fns.usda.gov/wic). Data gathered on Riverside County WIC Program were obtained from the program’s website (http://www.rivhero.com) and a meeting with Alyson Foote, regional breastfeeding liaison for WIC of Riverside, and Gretchen Page, MPH, CNM, Program Manager Inland Counties Regional Perinatal Programs. Information gathered on the San Bernardino County WIC Program was obtained from interviews from Betsy Cline, MPH, RD, Nutrition/WIC Program Manager, and Glenda Bates, IBCLC, Breastfeeding Coordinator. The following sections provide information about resources provided by WIC to breastfeeding mothers of Riverside and San Bernardino Counties. An overview of the programs offered by both counties can be seen in the county comparisons table on page 16 of this report.

Riverside

WIC of Riverside provides a wide variety of breastfeeding-related programs to mothers and their support system. First and foremost, WIC encourages breastfeeding through their food packages. Compared to mothers who partially breastfeed or formula feed, mothers who are exclusively breastfeeding receive the most and widest variety of food in their WIC food packages. Food packages do not typically contain formula during a baby’s first month and WIC staff take the time to talk with mothers who are requesting to switch to formula. Sometimes this helps the mother fix any issues she might be having and continue to breastfeed. To make it easier for mothers, WIC will also provide free electric breast pumps and can provide special premature infant breast pumps when the need arises.

Second, WIC of Riverside works with hospitals and physicians to build support during pregnancy. WIC works with 19 free clinics in Riverside County, many of which offer evening and Saturday appointments. WIC also partners with several Riverside County hospitals, which allows WIC to follow-up with new mothers and ensure they are aware of the resources WIC offers. To build physician support for breastfeeding, WIC organizes ‘lunch and learns’ and other educational opportunities specifically for physicians. In collaboration with Loving Support, if a physician meets seven specific criteria, he or she can be designated and advertised as “Breastfeeding Friendly.” WIC works hard to maintain contact and a working relationship with these designated physicians.

Third, WIC provides several forms of social support and counseling opportunities. For mothers who are experiencing difficulties with breastfeeding, WIC offers one-on-one peer counseling with an international board certified lactation consultant (IBCLC). These consultants are highly trained to assist with breastfeeding and trouble shoot difficulties mothers might be experiencing. For more general support, there are new mother breastfeeding groups that combine social support with peer counseling. The counselors who run these groups are
professionally trained, are mothers who breastfed for at least one year, and who have personally participated in WIC. The common ground helps build strong relationships between participants and counselors. Catering to specific demographics, WIC offers Dads4Life and the Sistah Connection. Dads4Life helps dads prepare for the role and responsibilities of fatherhood. The Sistah Connection is peer counseling for African American mothers, for which more information can be found in the Riverside DPH section of this report. The most informal support comes from the breastfeeding cafes that can be found throughout Riverside County. These cafes are supported by WIC and are places for current and expectant mothers and their families to meet up and socialize.

Fourth, WIC of Riverside helps mothers continue to breastfeed upon returning to work. Though the program WIC@Work, WIC provides education to both mothers and employers about women’s breastfeeding rights and developing a breastfeeding-supportive workplace. Additionally, WIC will provide a free electric breast pump to any mother who intends to breastfeed after going back to work. For mothers who utilize daycare, WIC of Riverside is working in collaboration with Loving Support to provide training and education to childcare centers about supporting breastfeeding mothers.

Finally, WIC also provides a few additional forms of education. Mothers have access to prenatal and postpartum classes along with the opportunity to experience a realistic preview of breastfeeding. If they have a question after normal business hours, WIC encourages mothers to use the Loving Support hotline. WIC also utilizes the Grow Our Own Lactation Consultant IBCLC prep course to educate their staff. As discussed previously in the section for Riverside DPH, completing the 100-hour, college level course prepares participants to take the IBCLC qualifying exam.

**San Bernardino**

WIC of San Bernardino County has 16 sites that provide services and resources to breastfeeding mothers.

**Breast pumps.** WIC provides mechanical breast pumps free of charge. Electric breast pumps are available for loan. Also, funding was obtained to provide mothers of preterm babies with specialized breast pumps given to mothers to take home after their stay at the hospital. Funding is limited for these preemie pumps. To support mothers returning to work, electric pumps are given in exchange for committing to breastfeeding for at least a year.

**Breastfeeding clinics.** San Bernardino WIC refers its participants to local breastfeeding clinics and has developed strong relationships with several clinics and hospitals. Notable relationships are with St. Bernadine Medical Center, Community Hospital of San Bernardino, and Arrowhead Regional Medical Center. Arrowhead Regional recently lost its funding for their
breastfeeding clinic. Appointments can be made but hours are limited to mornings instead of afternoons and evenings, when working mothers are more likely to be available. It has been mentioned these clinics are often underutilized and more can be done to market these clinics to mothers.

**Breastfeeding hotline.** The Warm Line is intended for mothers enrolled in the WIC program but calls would not be refused from non-participants. English and Spanish speaking professionals are available to callers. These hotlines are manned primarily by lactation consultants Monday – Friday, 5AM – 8PM, and Saturday from 8AM – 4PM. Lactation consultants are available on-call after Warm Line hours. The Warm Line is advertised only to WIC participants, contrary to Loving Support, which is advertised for use by all.

**Education classes.** San Bernardino WIC offers prenatal education classes and baby behavior classes. Participants are enrolled from six weeks after their baby’s birth for up to a year. Mothers are encouraged to bring the fathers and other individuals in their support system. Classes are available during the weekdays in both English and Spanish.

Classes are available that focus on mothers returning to work. These classes educate and give mothers a realistic view (e.g. employers are not required to provide plush lounges for pumping) on their legal rights for pumping at work. WIC can provide letters to employers with information on how to contact WIC if any questions or concerns arise. Upon request from employers, WIC is able to assess the workplace (or have another entity such as the Inland Empire Breastfeeding Coalition) for compliance.

**Food packages.** As mentioned earlier, WIC provides supplemental foods to participants in the program. The “best” food packages are given to mothers who exclusively breastfeed (no formula). Breastfeeding women are allowed food packages for up to a year, whereas non-breastfeeding mothers receive packages for only six months. Although exclusively breastfeeding packages are described as the most nutritious packages, non-breastfeeding food packages are the most expensive for WIC to provide because of the cost of formula.

**Hospital Support.** WIC of San Bernardino works very closely with maturity services of local hospitals. Lactation nurses will contact WIC so WIC can get in contact with new mothers. Mothers not enrolled in WIC are referred too so they can be enrolled in the program and non-eligible mothers are given information on other resources available to them.

**Nursing bras/pads.** What has shown to be a good incentive to breastfeeding mothers are the free nursing bras and pads provided by WIC of San Bernardino. This program started in 2007 and has been very successful. Local breastfeeding clinics inform mothers of these products available to them.
**Lactation consultant support.** One-on-one time with one of four lactation consultants is available to all participants in the San Bernardino WIC program. Consultants are on-call and available to callers of the Warm Line afterhours.

**WIC staff.** WIC staff employees (~125) partake in the Grow and Glow program which requires 25 hours of breastfeeding education with 7 additional hours of ongoing education a year. This program is considered part of the job training. All staff members are considered and referred to as breastfeeding specialists. There are also between 20 – 25 breastfeeding educators charged with running the education classes. Four lactation consultants are available to all WIC participants.
## County Comparisons Table

<table>
<thead>
<tr>
<th>Resources Offered by Women, Infants, and Children (WIC)</th>
<th>San Bernardino County</th>
<th>Riverside County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Pump Rentals</td>
<td>Free electric pumps on loan&lt;br&gt;Free manual pumps to keep&lt;br&gt;Free preterm baby pumps</td>
<td>Free electric breast pumps&lt;br&gt;Free preterm baby breast pumps</td>
</tr>
<tr>
<td>Breastfeeding Cafés</td>
<td>N/A</td>
<td>Supports cafes throughout the county&lt;br&gt;Encourages prenatal mothers to attend</td>
</tr>
<tr>
<td>Breastfeeding Classes</td>
<td>Provides prenatal education and baby behavior classes offered 5 days a week</td>
<td>Provides prenatal and postpartum education&lt;br&gt;Provides a realistic preview of breastfeeding</td>
</tr>
<tr>
<td>Breastfeeding Clinics</td>
<td>Unsure of the number of clinics supported&lt;br&gt;Close relationship 2 local clinics</td>
<td>Supports 19 clinics&lt;br&gt;Offers evening and Saturday appointments</td>
</tr>
<tr>
<td>Breastfeeding Support Groups</td>
<td>No WIC sanctioned support groups or peer counseling</td>
<td>Offered&lt;br&gt;Combined with peer counseling&lt;br&gt;Sistah Connection for African-American mothers</td>
</tr>
<tr>
<td>Father Support</td>
<td>Fathers encouraged to attend breastfeeding classes with mother of child</td>
<td>Dads4Life</td>
</tr>
<tr>
<td>Home Visitations</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Nursing Bra Program</td>
<td>Free nursing bras&lt;br&gt;Free nursing pads</td>
<td>Unsure if offered</td>
</tr>
<tr>
<td>One-on-One Counseling with Certified Lactation Consultant</td>
<td>Offered</td>
<td>Offered</td>
</tr>
<tr>
<td>Staff Training</td>
<td>Grow and Glow&lt;br&gt;Is 25 hrs initial training + 7 hrs training/year</td>
<td>Grow Our Own Lactation Consultants&lt;br&gt;Is a 100 hour college level course</td>
</tr>
<tr>
<td>Telephone Support</td>
<td>Warm Line</td>
<td>Loving Support</td>
</tr>
<tr>
<td>Breastfeeding at Work</td>
<td>Breastfeeding class dedicated to breastfeeding law education</td>
<td>WIC@Work</td>
</tr>
<tr>
<td>Physician Education</td>
<td>Unsure if offered</td>
<td>Physicians are educated by lactation specialists and are designated “breastfeeding friendly” if meet seven criteria</td>
</tr>
</tbody>
</table>

NOTE: This table was prepared with the information volunteered by informal interviews as well as information researched online. It is not meant to be an exhaustive presentation of WIC resources. We apologize for any inaccuracies.
Conclusions and Recommendations

Based on what we gathered from our interviews and online research, we did not find any strong differences between the resources offered by WIC of Riverside compared to those offered by WIC of San Bernardino. At most, there were slight differences in the content and extent of various programs. However, there was a large difference in the content of their websites. WIC of Riverside had a lot of information on the programs and services they provide along with links to other agencies that provide breastfeeding-related resources. WIC of San Bernardino had a minimal website. There was no mention of services they provided directly and, while there was information on other agencies and hospitals and the resources they provide, there were no links to other websites, only contact phone numbers.

During the interviews, we also asked for any recommendations our sources might have for ways to improve breastfeeding rates. One such recommendation was to increase education for mothers about what to expect when breastfeeding. Education was recommended as a way to help allay any fears or concerns mothers might have when starting out breastfeeding in the hopes they will continue to breastfeed. A second recommendation would be to find ways to build support for breastfeeding among employers, physicians, and friends and family. Breastfeeding requires dedication and when a mother’s support system is pushing for formula or simply ambivalent, it can be much harder for a mother to continue breastfeeding for as long as she should.

Hospital Breastfeeding Support

As part of our search to discover differences in breastfeeding support between Riverside and San Bernardino counties, we contacted a sample of hospitals. Hospitals were chosen from both counties based primarily on ease of contacting a person knowledgeable about breastfeeding, although we made sure to include Baby Friendly certified hospitals and hospitals without Baby Friendly certification. However, we specifically chose to interview people from San Gorgonio Memorial Hospital (Riverside County) because they offer post-hospital home visits as part of their breastfeeding support, and Arrowhead Regional Medical Center (San Bernardino County) because they were recommended as a hospital with strong breastfeeding support. In addition, we chose to contact Northern Inyo Hospital (Inyo County) based on their high percentage of in-hospital exclusive breastfeeding mothers.

To identify the correct people to interview, we called the hospital and asked to talk to the director of postpartum support for the mother/baby dyad, the breastfeeding consultant/specialist, or anyone we could talk to about breastfeeding support. Contrary to our expectations, we did get connected to lactation consultants at most of the hospitals. There
were exceptions where no one knew how to reach the lactation consultant, and in two of the hospitals included in the report, we were transferred to lactation consultants at the lactation outpatient support clinic whom we chose to interview instead of lactation consultants at the hospital.

During our interview process, we were informed on the differences among lactation consultants, lactation specialists, and lactation educators. In response, we briefly researched the education requirements of each group. Our search results showed that lactation consultants are certified by the International Board of Lactation Consultant Examiners (IBLCE) with a formal title of IBCLC- International Board Certified Lactation Consultant (IBCLC). IBCLCs must complete a minimum of 45 hours of education in breastfeeding and the topics surrounding it. Their training includes completing clinical hours, passing an exam, and staying certified by continuing their education through additional classes every 5 years, and passing the exam every 10 years. We were told that only IBCLCs were allowed the title of lactation consultant by an IBCLC, but Riverside County Regional Hospital employs 3 lactation consultants (LC) who are working to become IBCLCs. At other hospitals (general information not specific to the hospitals in the report), LC refers to specialists who complete approximately 16-20 hours of education with no clinical hour requirement. Certified Lactation Educators/Counselors (CLEC) complete approximately 40 hours education with a clinical hour requirement. Educators/Counselors may or may not be registered nurses (RN). Registered nurses have graduated from a nursing program and the national licensing exam.

After we located the people we wished to interview, we reviewed the hospitals’ websites to determine whether there were breastfeeding classes listed. We then called and requested telephone interviews with the people at each hospital. The people we interviewed were predominantly lactation consultants. The interviews lasted approximately 10-20 minutes. Each interviewee was asked the following nine questions and invited to elaborate on their responses.

1. What policies do you have in place to support breastfeeding?
   a) How soon after delivery do you start breastfeeding? What’s the policy about breastfeeding initiation?
   b) Do the babies stay in the room or not? What would be a reason a baby would not stay in the room? Do you have a nursery (only for sick babies)?
   c) What are the differences in breastfeeding for a vaginal versus cesarean section birth? Length of stay?
   d) How many lactation specialists do you keep on staff? If not on staff, are they readily available when needed?
   e) How are the breastfeeding times kept track of? Do the nurses record, mother records on a chart, verbal report? Do you record both the frequency and duration of
breastfeeding? What is the mother, especially 1\textsuperscript{st} time mothers, told about the frequency and duration of breastfeeding? Do you check the diapers/stool to determine adequate intake?

2. How do hospitals maintain their Baby Friendly certification? Is the data self-report only? Does an outside board come review the premises?

3. What are some of the difficulties of maintaining a hospital as Baby Friendly?

4. What is your title and education (RN? Lactation consultant or IBLCE certified lactation consultant)?

5. Do you provide literature to new mothers about local breastfeeding programs and services (e.g. WIC)?

6. Does the hospital provide classes that cover breastfeeding? Required or suggested? 1\textsuperscript{st} time mothers only? Not Multiples?

7. Is there an advice line at the hospital or are parents told to call the pediatricians?

8. Do you instruct the fathers on how they can help support breastfeeding?

9. Do you have any observations/recommendations about ways to support breastfeeding?

The results of the interviews were compiled into a brief overview table featured on the next page. Written narrative summaries of each hospital are contained in the following section, followed by our observations of existing hospital breastfeeding support. The hospital breastfeeding support section will conclude with the solicited recommendations from the interviewees on how exclusive breastfeeding rates can be improved outside the hospital.
<table>
<thead>
<tr>
<th>Hospital</th>
<th>In-hospital Exclusive Breastfeeding Rates*</th>
<th>Post-birth Policies</th>
<th>Lactation Specialists‡</th>
<th>Breastfeeding Literature</th>
<th>Available Classes that include Breastfeeding</th>
<th>Advice Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corona Regional Medical Center</td>
<td>64.2</td>
<td>Golden hour†</td>
<td>4 IBCLC</td>
<td>Newborn Beginnings</td>
<td>Lactation Clinic, Best Fed Babies, Childbirth Bootcamp</td>
<td>Nursery 24/7 Support Loving Support</td>
</tr>
<tr>
<td>Desert Regional Medical Center</td>
<td>66.0</td>
<td>Golden hour†</td>
<td>4 IBCLC</td>
<td>Developed themselves</td>
<td>NuParent Program, Breastfeeding class, Newborn Care, The Big Day Childbirth Preparation</td>
<td>Loving Support</td>
</tr>
<tr>
<td>Parkview Community Hospital Medical Center</td>
<td>65.8</td>
<td>Golden hour†</td>
<td>4 IBCLC</td>
<td>Developed themselves</td>
<td>Childbirth class – 4 weeks, breastfeeding class, Baby Basics</td>
<td>Breastfeeding Hotline</td>
</tr>
<tr>
<td>Riverside County Regional Medical Center</td>
<td>57.7</td>
<td>Golden hour†</td>
<td>7 IBCLC, 3 LCs</td>
<td>New Beginnings, Mom’s Care</td>
<td>Maternity Tea, Birthing class</td>
<td></td>
</tr>
<tr>
<td>Rancho Springs Medical Center</td>
<td>71.8</td>
<td>Golden hour†</td>
<td>3 IBCLC</td>
<td>Joy of Parenting, Loving Support, WIC</td>
<td>Childbirth Class, Breastfeeding class, Newborn Care, Moms 2 Moms</td>
<td>Loving Support</td>
</tr>
<tr>
<td>San Gorgonio Memorial Hospital</td>
<td>75.1</td>
<td>Golden hour†</td>
<td>5 IBCLC</td>
<td>Loving Support</td>
<td>Home visits, breastfeeding clinic, Childbirth Class, Maternity Tea</td>
<td>Loving Support</td>
</tr>
<tr>
<td>Arrowhead Regional Center</td>
<td>75.0</td>
<td>Golden hour†</td>
<td>4 IBCLC</td>
<td>Packet</td>
<td>Lamaze</td>
<td>Newborn Nursery 24/7</td>
</tr>
<tr>
<td>Community Hospital of San Bernardino</td>
<td>51.4</td>
<td>Golden hour†</td>
<td>1 IBCLC 1 non-RN educator</td>
<td>Packet</td>
<td>Breastfeeding and Newborn</td>
<td>Consultant during business hours (can leave message)</td>
</tr>
<tr>
<td>Redlands Community Hospital Outpatient Clinic</td>
<td>61.1</td>
<td>Golden hour†</td>
<td>3 IBCLC 1 RN educator</td>
<td>Packet Breastfeeding Education (English and Spanish), American Society of Pediatrics book about breastfeeding (English and Spanish)</td>
<td>Childbirth Preparation, Childbirth Refresher, Breastfeeding Basics</td>
<td>Clinic M-F, 9-5 Hospital after hours</td>
</tr>
<tr>
<td>Desert Valley Hospital</td>
<td>32.8</td>
<td>Golden hour†</td>
<td>1 IBCLC</td>
<td>Packet New Beginnings</td>
<td>Breastfeeding, Postpartum and Newborn Care</td>
<td>Consultant M-F (can leave a message)</td>
</tr>
<tr>
<td>Inyo County Hospital</td>
<td>84.1</td>
<td>Golden hour†</td>
<td>None</td>
<td>Packet</td>
<td>None</td>
<td>Hospital OB unit</td>
</tr>
</tbody>
</table>

**NOTE:** This table was prepared with the information volunteered by informal interviews. It is not meant to be an exhaustive presentation of hospital resources. We apologize for any inaccuracies.

* In-hospital exclusive breastfeeding rates prepared by Regional Perinatal Programs of California, Southern Inland Counties Region, 4/29/13

† Golden hour refers to the policy of having baby and parent skin-to-skin during the first hour; the first feeding happens during this time, baths are postponed until after the hour, and surrogates are sought (usually the father) to provide skin-to-skin when the mother is unavailable usually due to a caesarian-section.

‡ IBCLC- International Board Certified Lactation Consultant certified by the International Board of Lactation Consultant Examiners (IBLCE); minimum 45 hours education, clinical hours, exam, continuing education every 5 years, pass exam every 10 years

LC- Lactation Consultant; approximately 16-20 hours of education, no clinical hours

CLEC- Certified Lactation Educator/Counselor, approximately 40 hours education, clinical hours

RN- Registered Nurse; graduated from a nursing program, passed national licensing exam
Riverside County Hospital Narratives

In these narratives, I will be going through a normal birthing process for the mother and child. I describe the prenatal phase in which the hospital gets involved to however long the hospital chooses to stay involved in the lives of these children. All of the responses and these narratives are based on information that was given to me at the time of the interview. The amount of information varies among narratives, but I included in the reports the information I thought was essential for what we are trying to accomplish with First 5 in San Bernardino. At the end of each narrative, I provided specific advice, opinions, observations and/or recommendations about ways in which to support breastfeeding.

Within the narratives, I will refer to the golden hour. The golden hour is the hour post-birth where a mother is encouraged to rest her baby on her chest to help form a bond and encourage breastfeeding. In vaginal birth deliveries, the mother and baby are immediately reunited. Typically, the baby is not bathed until after the first feeding and even if the mother chooses not to breastfeed or if her milk has not come in, the skin-to-skin contact is maintained for the hour. For cesarean section births, the father or a surrogate is sought to participate in skin-to-skin for the golden hour. The mother and baby are separated for 1-2 hours depending on the hospital. The golden hour is part of Baby Friendly hospital protocol, but non-Baby Friendly hospitals can choose to observe it.

Riverside County Baby Friendly Hospitals

Corona Regional Medical Center (CRMC). CRMC is considered a Baby Friendly hospital with 4 International Board of Certified Lactation Consultants (IBCLC) on staff. To maintain accreditation of being Baby Friendly at this hospital, every year, Baby Friendly sends them a quality improvement (QI) project and they are to work on 2 of the 10 steps per year to make sure the hospital is well maintained. The RN I spoke to said they do statistics for bottle-feeding and breastfeeding.

CRMC offers many different classes each month. The best known class is their Lactation Clinic in which mothers gain support for breastfeeding. There are 3 classes that cover breastfeeding in their curriculum that are offered each month. CRMC also offers a class called Best Fed Babies, which is a class designed to provide expectant mothers with the most current information to make informed choices regarding infant feeding and Childbirth Bootcamp, in which expectant mothers and fathers prepare themselves for childbirth. Topics in Childbirth Bootcamp include the process of birth, hospital procedures, the role of the labor partner, relaxation and the breathing coping strategies, understanding the baby’s needs, and the importance of breastfeeding. One difference in this hospital from the rest is that they offer a class specifically for fathers to teach them skin-to-skin. Obviously, the fathers are strongly encouraged to attend the rest of the classes, but it is good to see they have taken some initiative to include the
fathers. The Lactation Clinic is free of charge, but the Childbirth Bootcamp and Best Fed Babies cost between $25 – $75.

In a typical childbirth at CRMC, as soon as the baby comes out of the womb, it is cleaned and returned to mom within 2 minutes, if all is stable. There is a “Nursery Nurse” and a “Recovery Nurse” there to work with lactation and positioning right away. CRMC promotes skin-to-skin and the Golden Hour. There is a program they call Couplet Care, which is a family-centered approach for maternal-child nursing where both the mother and her baby are cared for by the same nurse, with the baby remaining at the mother’s bedside. The baby and mother are kept together constantly and the goal of the hospital is to keep them together, skin-to-skin, for 23 of the first 24 hours. When the family is ready to leave the hospital, they are given a catalog entitled New Beginnings, which is provided by La Leche League International. This catalog provides many of the questions and answers a mother will need for the first couple months of childcare, from breastfeeding, diapers, diet (both mother and baby), and jaundice watch. After the packet is handed out, they are also required to come back to the hospital to see a nurse who asks how they are doing and keeping up with feeding schedules, and answers any questions the mother may have. If there are any questions the parents may have, especially involving breastfeeding in particular, they are encouraged to call Loving Support, but the hospital also has an advice line that has someone to take their calls 24 hours a day, 7 days a week.

This particular nurse’s opinion about ways in which to support breastfeeding within the hospitals was to encourage people to sign up for classes early on. She said parents are too hesitant to do it and then they come in 2 weeks before giving birth and expect to get everything they need. Prenatal education is a much longer process and needs to be taken in steps. It would be beneficial to try and get to these parents early on and get them educated.

**Desert Regional Medical Center (DRMC).** DRMC is considered a Baby Friendly hospital with 4 International Board of Certified Lactation Consultants (IBCLC) on staff. To maintain accreditation of being Baby Friendly at this hospital, every year, Baby Friendly sends them a QI project and they are to work on 2 of the 10 steps per year to make sure the hospital is well maintained. DRMC is currently working on Steps 1 and 2 in which they update all their breastfeeding policies and they deal with the supplementation of all of their employees by interviewing a percentage of the staff and seeing if anyone needs to be retrained in any particular area of breastfeeding procedures. The RN with whom I spoke said maintaining a Baby Friendly hospital was “lots of work and lots of training”. At DRMC, there is a Women’s and Infant’s Center located across the street from the hospital called Healthy Beginnings. They do tours and the nurses are scheduled for 6 hours a day at the hospital, so there is always a nurse from Healthy Beginnings at the hospital in 6 hour shifts.
Healthy Beginnings offers many different classes each month. There are 4 classes that include breastfeeding in their curriculum that are offered per month. The most used option is the *Big Day Childbirth Preparation Class* in which you learn what to expect during labor and delivery and costs $40. They also offer a breastfeeding class in which participants learn the how-to’s of breastfeeding, from initiating and problem solving to pumping and milk storage and costs $40. The hospital offers a program called *Sweet Success*, which is a program designed to provide education for mothers who are diabetic and costs $40. Finally, they offer the *NuParent Program*, which is an extensive 8-week course to help a mother understand and strengthen her relationship with her baby and costs $40. Healthy Beginnings is a Maternity Boutique, a special store that offers breastfeeding accessories, breast pump rentals and sales, maternity wear, preemie wear and accessories, and a maternity lending library for mothers and fathers. As at hospitals, Healthy Beginnings encourages dads to come along, but does not have any specific classes for dads at this time.

In a typical childbirth at DRMC, as soon as the baby comes out of the womb, it is cleaned and returned to mom within 2 minutes, if all is stable. DRMC promotes skin-to-skin and the Golden Hour. DRMC does not have a nursery and promotes mom and baby being in the same room for the first 24 hours. When the family is ready to leave the hospital, they are given a catalog developed by the hospital. Unfortunately, I do not know exactly what is in it, but the nurse did tell me it covered most of the how-to’s and answers most, if not all, questions the parents may have concerning their new baby. If there are any questions the parents may have, especially involving breastfeeding in particular, they are encouraged to call *Loving Support* because the hospital does not have someone to answer phone calls about breastfeeding at this time.

This particular nurse’s opinion about ways in which to support breastfeeding within the hospitals was to give more education to the pediatricians. Pediatricians generally suggest the formula route for babies because they want the baby to gain weight and to prevent jaundice so the babies are not readmitted to the hospital.

**Parkview Community Hospital Medical Center (PCHMC).** PCHMC is considered a Baby Friendly hospital with 4 International Board of Certified Lactation Consultants (IBCLC) on staff. To maintain Baby Friendly accreditation at this hospital, every year, Baby Friendly sends them a QI project and they are to work on 2 of the 10 steps per year to make sure the hospital is well maintained. PCHMC records duration of the feedings and their latch scores.

PCHMC offers several different classes each month. There are 3 classes that are offered that assist with breastfeeding. The most commonly attended class is their childbirth class, which is 4 weeks long and includes what to expect come the day of the birth. The other two classes are *Breastfeeding and Baby Basics*, which are designed to assist mothers with breastfeeding and learn the fundamentals of taking care of their new infants outside of the hospital, and *Sweet*
Success, which is a program designed to provide education for mothers who are diabetic. All classes provided at the hospital are free for the mother and fathers are encouraged to come along to any and all classes with the mother to prepare for the birth of the child. At PCHMC, they make it fun for the fathers because they know they sometimes sit on the back burner during this procedure, so they emphasize the importance of the father during the lactation consultation.

In a typical childbirth at PCHMC, as soon as the baby comes out of the womb, it is cleaned and immediately given to the mother, if all is stable. PCHMC promotes skin-to-skin and the Golden Hour. Based on the website and what I learned from the RN I was speaking to, I do not know if PCHMC has a nursery, but she did tell me they promote mom and baby being in the same room for the first 24 hours. When the family is ready to leave the hospital, they are given a catalog that was developed by the hospital. Unfortunately, I do not know exactly what is in it, but the nurse did tell me it covered most of the how-to’s and answers most, if not all, questions the parents may have concerning their new baby. If there are any questions the parents may have, especially involving breastfeeding in particular, they are encouraged to call the hospital and someone there will field their calls. I am unsure at this time whether they have someone at the phone 24/7 or if they just have any available nurse on staff take the call.

This particular nurse’s opinion about ways in which to support breastfeeding within the hospitals was to make it special for each individual family: mother, father, and baby. She said sometimes it can become routine for these hospital workers and nurses, so it is important to see each birth as a miracle and be there physically and emotionally for the family.

**Riverside County Regional Medical Center (RCRMC).** RCRMC currently is in the Baby Friendly Hospital accreditation process with 7 International Board of Certified Lactation Consultants (IBCLC) and 3 Lactation Consultants (LC), who have been trained on lactation, but lack the clinical hours and amount of training hours as does an IBCLC does, on staff. They have one more year to go before they are completely certified.

RCRMC offers a couple different classes each month. There are 2 classes that are offered that assist with breastfeeding. The most commonly attended class is their birthing class, which includes what to expect come the day of the birth and it is free for expectant mothers. The other class is called Maternity Tea, where the mother and father come in, have a light dinner and dessert, learn about the hospital, get a tour and then have a short session about breastfeeding, giving basic information on the benefits of breastfeeding. As at other hospitals, fathers are encouraged to come along to any and all classes to assist the mother.

In a typical childbirth at RCRMC, as soon as the baby comes out of the womb, it is given directly to the mother. There is no longer an immediate bath. RCRMC promotes skin-to-skin and the
Golden Hour. After the delivery process is complete, mother and baby are taken together to the postpartum room, where they are constantly kept together. Staff is trained to help mom get started with breastfeeding. The staff also does an assessment in the postpartum room, monitoring how mother and baby are doing, latch scores, and frequency and duration of breastfeeding. A little different from other Baby Friendly hospitals, moms will also get a feeding schedule to help them get on the right track. They learn when to feed, how long, and how much to become self-sufficient. When the family is ready to leave the hospital, they are given two packets. One is developed at Loma Linda and the other is called New Beginnings, which is provided by La Leche League International. If there are any questions the parents may have, especially involving breastfeeding in particular, they are encouraged to call the hospital, where they have a lactation consultant on 4 days a week from 9 A.M.-5 P.M. They do not have someone by the phone to take calls specifically. RCRMC also refers parents to Loving Support, who can help with their questions.

This particular nurse’s opinion about ways in which to support breastfeeding within the hospitals is having a lot of education. The other concern was that the doctors within the hospital and the pediatricians outside the hospital need to “come on board the breastfeeding train.” Because of their training and their want for less crowded waiting rooms, they mostly refer out to formula. The anesthesiologist at RCRMC is becoming more of an outspoken voice at the hospital, which is already turning heads.

Riverside County Non-Baby Friendly Hospitals

Rancho Springs Medical Center (RSMC). RSMC is not a Baby Friendly hospital, but has been doing consistently well in reporting good scores for mothers keeping up with breastfeeding after being discharged from the hospital. RSMC has 3 International Board of Certified Lactation Consultants (IBCLC) on staff.

RSMC offers many different classes each month. There are 4 classes that are offered that assist with breastfeeding. The most commonly attended class is their childbirth class, which is 3 weeks long and includes how to meet the challenges of childbirth with costs from $40-$100, depending on the length of the course. There is a breastfeeding class taught by a certified lactation educator and it helps moms develop the unique skills to make breastfeeding a successful and satisfying experience and costs $40. The last class that involves breastfeeding is the Newborn Care class which helps new parents develop the special skills and confidence necessary to care for a newborn and costs $30. Moms 2 Moms support group is open to mothers and nursing infants and is free of charge.

In a typical childbirth at RSMC, when the baby comes out of the womb, it is taken for an assessment and a bath. The child is given to the mother within 30 minutes and their goal is to get the baby breastfeeding within 1-2 hours. The baby stays in the room for just the initial 30
minutes. When the family is ready to leave the hospital, they are given a packet and gift bag. The packet includes WIC contacts, Loving Support hotline, and a book called *The Joy of Parenting*, which helps to educate parents about caring for their new baby, along with feeding logs. The gift bag the parents are given are filled with a few supplies for their newborn, including formula which is given to the hospital by formula representatives. If there are any questions the parents may have, especially involving breastfeeding in particular, they do not have someone by the phone to take calls specifically. RSMC refers parents to Loving Support, who can help with their question.

This particular nurse’s opinion about ways in which to support breastfeeding within the hospitals was to secure more grant money. Apparently, RSMC used to be supported by First 5, but they lost the grant and had to close the newborn nurturing center. Their goal with the grant money would be to open an outpatient clinic where parents could go to receive help from experienced nurses and IBCLCs.

**San Gorgonio Memorial Hospital (SGMH).** SGMH is not a Baby Friendly hospital, but has been doing consistently well in reporting good scores for mothers keeping up with breastfeeding after being discharged from the hospital. SGMH has 5 International Board of Certified Lactation Consultants (IBCLC) on staff.

SGMH offers several different classes each month. There are 3 classes that are offered that assist with breastfeeding. The most commonly attended class is their childbirth class, which occurs once a month and includes information about labor and delivery, newborn care, CPR, and a Maternity Tea Tour and costs $10. The unique part of this hospital is they offer free in-home visits from certified lactation educators for their breastfeeding sessions to all postpartum mothers in the Riverside County area.

In a typical childbirth at SGMH, when the baby comes out of the womb, it is immediately given to the mother for skin-to-skin contact; SGMH observes the Golden Hour. The mother starts breastfeeding as soon as possible. The baby will stay in the same room as the mother throughout the stay. When the family is ready to leave the hospital, they are given the contact information for Loving Support. If there are any questions the parents may have, especially involving breastfeeding in particular, they do not have someone by the phone to take calls specifically, although they do give the hospital’s number for screening questions. SGMH also refers parents to Loving Support, who can help with their question.

This particular nurse’s opinion about ways in which to support breastfeeding within the hospitals was to give more prenatal education. She said it seemed that when the baby is born, all of this information and responsibility is thrust upon the parents. She said it takes commitment from the parents, but the hospitals have to be more proactive in educating and
getting parents prepared well ahead of time. She said the home visits get a lot of good feedback and work well for the hospital and its patrons.

**San Bernardino County Baby Friendly Hospitals**

In the following narratives, I will repeatedly use certain terms. I will refer to IBCLC (International Board Certified Lactation Consultant) and lactation consultants interchangeably. Also, RN (Registered Nurse) and nurse represent the same practitioner. As was done in the Riverside County hospital narratives, I will refer to the golden hour. The golden hour is the hour post-birth where a mother is encouraged to rest her baby on her chest to help form a bond and encourage breastfeeding. In vaginal birth deliveries, the mother and baby are immediately reunited. Typically, the baby is not bathed until after the first feeding and even if the mother chooses not to breastfeed or if her milk has not come in, the skin-to-skin contact is maintained for the hour. For cesarian section births, the father or a surrogate is sought to participate in skin-to-skin for the golden hour. The mother and baby are separated for 1-2 hours depending on the hospital. The golden hour is part of Baby Friendly hospital protocol, but non-Baby Friendly hospitals can choose to observe it. Mothers who deliver vaginally stay in the hospital 24-36 hours, and mothers who have a cesarian section stay 36-72 hours. Another commonality among the hospitals is the use of chart to track the expected number of feedings and diaper types for the first few days following birth. All but one of the following hospitals mentioned using WIC (Women, Infants, and Children) literature in their hospital literature packet. WIC has a pictorial presentation of the feedings and diapers expected for the first few days after birth. The diapers are checked to determine adequate intake of milk. Many consultants emphasized that breastfeeding education starts before the mothers reach the hospital. Breastfeeding is included on the checklist of topics that prenatal physicians cover with expectant mothers. One consultant mentioned pre-hospital, state-funded Comprehensive Perinatal Services program (CPSP) refers all mothers to WIC. These narratives mostly describe the breastfeeding support mothers can access while in the hospital.

**Arrowhead Regional Medical Center (ARMC).** ARMC is a Baby Friendly certified hospital. I spoke to a CLEC RN manager of lactation. She supervises 4 part-time IBCLCs and there are several CLEC RNs spread across post-partum and labor and delivery.

The website did not list any classes, but it did mention the mother-baby unit.

*Mother-Baby Unit – provides care for mothers after delivery including couplet care, and provides instruction in breastfeeding and childcare techniques.*

The lactation specialist said the Lamaze class provides some information about breastfeeding.
Arrowhead Regional Medical Center follows the golden hour. Breastfeeding is initiated immediately after delivery for vaginal deliveries. The recovery room was moved downstairs, and they are currently trying to find a way to reunite cesarian section mothers and babies within an hour. If father is willing and available, he does the skin-to-skin during the golden hour in the nursery. The babies stay in the room, but cesarian section babies, overflow, and baby boarders stay in the nursery. Mothers are given a log to record frequency and duration of breastfeeding and use of diapers. This log is completed by the nurse and the mother. Mothers get a literature packet that includes information about WIC. CLEC nurses consult with each mother, and the IBCLC consultants are called in when there are issues such as trouble latching or weight loss. The fathers and whole family are informed on how they can support breastfeeding (“another source of support”). There is no formal advice line. Mothers are told to call the newborn nursery (24/7) where a CLEC nurse can answer questions. Arrowhead Regional Medical Center is currently in their recertification process (July 1st). For the original certification there is a site visit; for recertification, they submit Baby Friendly documents and performance improvement (PI) data. The greatest challenge she mentioned about being Baby Friendly was decreasing the time between delivery and reunion of cesarian section mother and baby.

The lactation specialist observations about some of the challenges about breastfeeding adherence were follow-ups and support. It’s difficult to schedule follow-up meeting with new mothers. To prevent breastfeeding problems it is important to have a follow-up within 2-3 days. They’re also being more selective about which WIC offices they refer people to. Some WIC offices are more supportive of breastfeeding than others (e.g. some offices will give bottles and formula to mothers who are not sure they are going to exclusively breastfeed). She mentioned it is possible 6-month exclusive breastfeeding data is skewed due to the fact that some mothers who exclusively breastfeed are told by family to get formula to give to other mothers. She observed “WIC in Riverside is further along.” They have people who attend the Inland Empire Breastfeeding Meetings. INTERVIEWER NOTE: I did not check if WIC SB sent people, this was just the info I received.

Community Hospital of San Bernardino (CHSB). CHSB is a Baby Friendly certified hospital. They employ 1 IBCLC in their in-hospital lactation clinic. The consultant recently transferred from another hospital because that hospital lost its grant. Community Hospital of San Bernardino currently does not have a grant either. She got her IBLCE certification through a grant from First 5 about ten years ago.

The website lists a Breastfeeding & Newborn class. It is a 3-hour class that covers the anatomy of the breast and breastfeeding. It addresses challenges of breastfeeding including how to continue to breastfeed after going back to work. Dolls are used to give people practice diapering, bathing, and dressing newborns. Newborn growth and development information is also included.
Community Hospital of San Bernardino observes the golden hour after birth. Mother receives the baby immediately after birth to breastfeed and the bath takes place in the room after the feeding. Babies stay in the room (couplet-care, 1 nurse to 1 mother and baby) and there is no nursery (only for sick babies). Cesarian section mother and baby are separated for about 2 hours because the nurses in surgery are not trained to take care of the baby, although they are trying to reduce the length of separation. Nurses record the feedings and mothers are educated about the proper numbers of feedings and how to check diapers. Mothers are told to feed every 2-3 hours, if not, wake the baby using skin-to-skin. They are told not to worry about their babies being sleepy the first day and missing feedings because babies have brown fat they can burn. The interviewee is the sole lactation consultant. They have a lactation educator at the outpatient clinic sometimes helps (non-RN). There are about 200 births a month. She tries to see mothers, but can’t see them all (works M-F). Each consultation is tailored to the mother. Fathers are included in the education by the nurses and the consultations; they are encouraged to attend the classes. The consultant knew Baby Friendly hospitals need to undergo recertification every 5 years, but did not know more. She expressed the greatest difficulty of maintaining Baby Friendly certification is the data collection--lots of it. The Baby Friendly accreditation association has quality improvement plans, thus the regulations keep changing. She has to try and see moms within 3 hours, record latch and positioning, and what support was provided. Each mother receives a literature packet that includes WIC information. The consultant gives the mothers her contact information and the mothers she does not see are given information on how to contact her by either the nurse in the couplet care or upon release.

The consultant mentioned that more physician support of breastfeeding would increase success rates. Mothers take their baby into the doctor with jaundice and the doctor puts them on formula. Instead, mothers with breast-feeding problems should be referred by their doctor to the lactation consultant. Another problem is that a lot of the mothers who use Medi-Cal go to a clinic, so they don’t develop a relationship with a doctor who can help educate them about breastfeeding.

**Redlands Community Hospital (RCH).** RCH is a recently Baby Friendly certified hospital. I was transferred to the outpatient clinic to speak to the IBCLC manager. Although the clinic was not located in the hospital, the IBCLCs provide all the classes on education, the literature the hospital gives to mothers, and the manager had worked in the hospital and was familiar with their procedures. I determined she would be a valuable person to interview because she could provide addition insight.

The website lists three classes offered that address breastfeeding: Childbirth Preparation, Childbirth Refresher, and Breastfeeding Basics. Childbirth Preparation prepares breastfeeding (cost-$25). Fathers are encouraged to attend the classes. In addition, the website lists: pregnant
women and their families for child birth by educating them about what to expect through pregnancy, labor, and delivery. It also specifically addresses breastfeeding education and how to solve breastfeeding problems. It is offered as a once-a-week, 4-week class or a two-weekend-day class. It includes a tour of the hospital and costs $100. Childbirth Refresher is for previous mothers and family. It briefly goes over labor and delivery and describes the benefits of breastfeeding (cost-$35). Last, Breastfeeding Basics includes the benefits of breastfeeding and basics tips for successful breastfeeding. Listed on the website was the following information:

After you deliver, breastfeeding follow-up is available with Lactation Nurses at the community based Perinatal Services offices. Fees may apply. Please call (909) 793-6330 to request additional information.

At the hospital, mother and baby (or a surrogate, usually the father) are immediately reunited following birth. During the golden hour they are connected skin-to-skin and the first feeding takes place. The exception is for cesarean section birth. Babies stay in the room with the mother; the nursery is only used for medical procedures. The nurses and parents keep track of feedings. Parents have a log to keep track of feedings and diapers. The hospital nurse has to observe at least one feeding (latch-score required every 12 hours). A lactation consultant at the hospital sees every mother. At the lactation (perinatal) clinic, there are 3 lactation consultants and 1 RN lactation educator. The hospital has additional lactation consultants. Breastfeeding is also emphasized at discharge and they’re advised to see a consultant at the clinic within 2-3 days. Fathers are included in the consultation and education about breastfeeding at the hospital and at the clinic if they come. The consultants at the clinic encourage mothers not to use pacifiers or nipples to support breastfeeding. The consultants wrote “Breastfeeding Education” for the hospital which gives it and the American of Pediatrics book about breastfeeding to all mothers. Both books are available in English and Spanish. For help with breastfeeding issues, mothers can go to the clinic or call the clinic M-F, but after 5 they are transferred to the hospital.

The IBCLC recommended follow-ups within 2-3 days after delivery to help encourage breastfeeding. Most mothers wait until there are problems (come in around 10 days after birth) and by then it’s difficult, because “once they start supplementing, it’s all downhill.” She also mentioned that increased physician support would be helpful. Currently, they have a few physicians who refer breastfeeding mothers to them.

San Bernardino County Non-Baby Friendly Hospital

Desert Valley Hospital. Desert Valley is a not “Baby Friendly in policy, but is baby friendly in language.” There is 1 IBCLC who helps the mothers and trains the nurses and the educators of the classes.
The website provides a description of what sounds like the couplet-care offered by Baby Friendly hospitals:

*Provided there are no complications, you and your coach will share personal bonding time with your newborn. Your baby will remain in your room with you. Your coach is welcome to stay as well. While you are recovering and enjoying your new baby, nurses will teach you how to feed, bathe and diaper your baby. A lactation specialist will be available to assist you with your infant feeding needs. You can also call her after you have been discharged for a follow-up visit or to answer any questions.*

The classes offered are *Breastfeeding and Postpartum and newborn care*. A nurse informed me it was $50 per couple for 3 classes a month.

As noted above, the policy is baby-friendly in language. They have a breast-feeding policy and breast-pumping policy. With vaginal births, the mother breastfeeds the baby skin-to-skin within the golden hour. They delay cleaning off the amniotic fluid until after the first feeding. The baby stays in the room with the mother. Cesarian section babies stay in the nursery for about 1 ½-2 hours. They are trying to reduce the time that mother and baby are separated. Doctors will come into the room to do check-ups or check-ups/procedures are performed in the nursery. Sick babies stay in the nursery. The mothers are given a feeding log and nurses record feeding if baby is away from mother. They are told about the amount of feedings and diapers they can expect (cluster feedings are okay). This was the sole hospital that reported not giving information about WIC in the literature packet. The consultant commented that a lot of patients were enrolled at WIC. The mothers do receive the New Beginnings handbook. The lactation consultant visits every mother including ones who are bottle-feeding. She makes sure to emphasize the positive health outcomes associated with breastfeeding including the lower risk for obesity and diabetes. She has begun spending more and more time with the fathers with the realization that “they can make it or break it.” She has successfully changed a father’s mind about breastfeeding through education. Fathers are encouraged to do skin-to-skin in addition to skin-to-skin during the golden hour to be part of the process. The mothers are provided with consultant’s phone number (she works M-F, sometimes Saturday). Mothers can leave a message and receive a call back. Every mother gets a follow-up call 2-3 days after they leave the hospital.

This consultant started a certificate for accomplishment program for mothers who exclusively breastfeed in the hospital. They get a certificate, a picture is taken, and it’s posted on the hospital board (need a signature of approval from the mother). Currently, she is consulting with the hospital legal department to determine if the pictures could be posted to the hospital’s Facebook page. The certificate program has had great results in encouraging mothers to breastfeed, even mothers who were planning to bottle-feed. They want the certificate. It has
been especially effective in increasing breastfeeding rates in African-American mothers (the demographic least likely to breast feed). The prenatal clinic affiliated with the hospital (across the street) will soon be getting bracelets (“Babies love breast milk”) to give to mothers along with literature from Loma Linda.

The consultant’s first suggestion for increasing exclusive breastfeeding rates is the establishment of support groups. Her second suggestion is more education before birth. She said it is really difficult if it all happens at the hospital. Currently, they are trying to start more prenatal education. The surrounding area is the highest in San Bernardino County in mothers without a high-school education. Lots of mothers come into the hospital without having read anything about breastfeeding, although having WIC stress the importance of breastfeeding in classes has helped. She observed that skin-to-skin is the single most important thing.

Inyo County Non-Baby Friendly Hospital

Northern Inyo Hospital. Northern Inyo is not Baby Friendly certified. I interviewed a RN in obstetrics (OB). She had applied for and received a First Five grant to pay for the education of RNs at the hospital in preparation for the Hospital Infant Feeding Act. The RNs were about to start training.

No information is listed on their website about breastfeeding and they do not offer classes. Although Northern Inyo Hospital is not Baby Friendly certified, they follow a lot of the same procedures. The golden hour is observed; mothers start breastfeeding immediately after delivery. The babies stay in the room with the mother, but they do have a nursery for sick babies and cesarian section babies. Cesarian section babies and mothers are separated approximately 2 hours. The nurses and mothers both chart feeding. Mothers are told to feed on demand about 8 times a day. Mothers are encouraged to watch teaching videos during their stay and receive postpartum teaching that includes breastfeeding prior to their release. They receive a packet of literature that includes WIC literature. There is no advice line for breastfeeding; they are told to call the OB unit for support. The interviewee said there is a lactation consultant at WIC.

Her recommendation for increasing breastfeeding was to provide more education about breastfeeding pre and post birth. There are no programs for mothers who don’t qualify for WIC, no prenatal teaching, and no support post-hospital.

I chose to interview her because Northern Inyo Hospitals has a very high (84.1%) in-hospital exclusive breastfeeding rate. She emphasized that those were just rates before leaving the hospital. There is no follow-up on those rates. She called 20 mothers last year to get information for the First 5 grant. She could not remember exact statistics, but after 3 weeks or 6 months, the breastfeeding rate was about 50%.
Our Observations

- No significant difference was observed between breastfeeding support at Riverside County hospitals and San Bernardino County hospitals, except the San Gorgonio home visits.

- No significant difference was observed between in-hospital breastfeeding support at Baby Friendly and non-Baby Friendly hospitals.

- The Baby Friendly certification process and the Hospital Infant Feeding Act have created more lactation education and support for mothers.

- Hospitals need to offer more free classes to prenatal families.

- Increased physician support of breastfeeding and referral to lactation specialists is needed.

- More lactation clinics are needed either in hospitals or as outpatient clinics.

- More funding is needed to maintain and increase access to lactation specialists at hospitals.

Funding Recommendations

- Fund lactation consultant envoys who visit physicians’ offices to educate the physicians and staff on educating expectant mother on breastfeeding.

- Fund the education of lactation specialists at hospitals and clinics.

- Fund hospital programs that continue to offer breastfeeding support post-hospital.

- Fund lactation clinics that provide
  - free classes
  - education for the fathers and family
  - support groups
  - advice lines
  - breastfeeding troubleshooting
  - work breastfeeding challenge assistance
  - follow-up calls and visits
  - home visits
  - recognition for breastfeeding achievement

Lactation Specialist Recommendations for Support Outside the Hospital

- Physicians need to provide more breastfeeding education to expectant mothers.
• Expectant mothers need more breastfeeding education prior to giving birth.
  o Based on initial doctor’s visits or hospital tours, get in touch with the families to see if they want to get signed up for childbirth class or breastfeeding class early on.
• Each birth should be treated as a miracle
  o put up pictures of new families in the labor/delivery area
  o put families’ pictures up of those whose mothers are planning to breastfeed
  o give certificates of achievement for exclusive breastfeeding as Desert Valley Hospital is doing
• Follow-ups with breastfeeding mothers 2-3 days after leaving the hospital are needed to prevent the start of bottle-feeding.
  o Home visits have been consistently a good thing for San Gorgonio, as reported by the nurses.
• Support groups increase breastfeeding adherence in mothers.
• Physicians need to refer mothers with breastfeeding difficulties to lactation specialists instead of recommending formula.

Survey Collection and Data
Currently breastfeeding, pregnant, and recent mothers (have given birth in the last 5 years) were surveyed to gain their perspective on breastfeeding. The survey included several quantitative questions to explore the issues around breastfeeding as well a number of qualitative items to gain mothers’ unique insight.

The survey was distributed through two daycare centers: Teddy Bear Tymes Child Care Center and the Infant/Toddler Lab located on the campus of California State University, San Bernardino. Linda Drew was our contact at Teddy Bear Tymes and distributed paper copies of the survey. Kristin Grey was our contact at the Infant/ Toddler Lab School and she informed mothers of the online version on Qualtrics. The survey was also given to friends and colleagues as well as distributed via social media. Distribution of the Qualtrics survey was used through their original link (http://csusb.qualtrics.com/SE/?SID=SV_8dYBjCTLYQLCsAJ) and a shortened version (http://tiny.cc/BreastfeedingSurvey).

Preliminary analysis has been run on select questions, but the Qualtrics website is still collecting data and more hard copies may come in from Teddy Bear Tymes Child Care Center. Hard copies of the returned surveys and an Excel spreadsheet of the online responses will be provided. A copy of the survey is included in Appendix B. The analyzed data examined the responses of forty-nine respondents (twenty-three hard copies and twenty-six Qualtrics responses). The following tables summarize the findings.
Table 1. What county do you live in?

<table>
<thead>
<tr>
<th>County</th>
<th>Number (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside</td>
<td>12 (25%)</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>34 (69%)</td>
</tr>
<tr>
<td>LA</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Orange</td>
<td>2 (4%)</td>
</tr>
</tbody>
</table>

Table 2. With what ethnicity do you identify?

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percent identifying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian (Non-Hispanic)</td>
<td>45%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>39%</td>
</tr>
<tr>
<td>African American</td>
<td>10%</td>
</tr>
<tr>
<td>Native American</td>
<td>4%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2%</td>
</tr>
<tr>
<td>Mixed Ethnicity</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
</tbody>
</table>

Table 3. Prior to giving birth, did your doctor discuss breastfeeding with you?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No, but still pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>69%</td>
<td>26%</td>
<td>2%</td>
</tr>
<tr>
<td>Riverside</td>
<td>10</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>22</td>
<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4. After leaving the hospital, did you receive information or support about breastfeeding?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>63%</td>
<td>30%</td>
</tr>
<tr>
<td>Riverside</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>20</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 5. Were you breastfed as a baby?

<table>
<thead>
<tr>
<th></th>
<th>Exclusively breastfed</th>
<th>Supplemented with formula</th>
<th>Formula only</th>
<th>Don’t know/Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>33%</td>
<td>22%</td>
<td>27%</td>
<td>18%</td>
</tr>
<tr>
<td>Riverside</td>
<td>3 (25%)</td>
<td>3 (25%)</td>
<td>4 (33%)</td>
<td>2 (17%)</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>12 (35%)</td>
<td>7 (21%)</td>
<td>8 (24%)</td>
<td>7 (21%)</td>
</tr>
</tbody>
</table>

Table 6. Do you view your place of employment as being supportive of breastfeeding?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know/Not</th>
<th>Not currently</th>
</tr>
</thead>
</table>

Several trends became apparent from the quantitative analysis and preliminary examination of the qualitative responses from the mothers. Riverside County physicians seem to be excelling in terms of discussing breastfeeding with expectant mothers. Riverside County mothers also seem to experience more support after leaving the hospital.

Some common barriers faced by all mothers include: time constraints, work (both space to breastfeed/pump and the practicality of it), and latching and production issues. Conversely, common areas of support included nurses and lactation consultants (both home visits and at the hospital) and well as information provided by the hospital.

Some recommendation to be made from the data would be to focus on medical professionals. Making nurses and lactation specialists more available, having them emphasize the importance of breastfeeding, and having them focus on latching and production issues would be highly beneficial to mothers. Additionally, physicians talked to a majority of our respondents about breastfeeding prior to giving birth. Time with medical professionals is a crucial opportunity to make sure breastfeeding information is given correctly and the importance of breastfeeding is conveyed to expectant mothers. Last, informing mothers of their breastfeeding rights at work is an important step in continuing breastfeeding after they return back to work. Many of the respondents in the survey had issues once back at work and discontinued breastfeeding as a result. This hurdle must be cleared to get mothers to continue breastfeeding.
Conclusion

In conclusion, when comparing the two counties, there does not seem to be a large difference in the resources available to mothers. Both WIC (Women, Infants, and Children) of Riverside and WIC of San Bernardino provide comparable programs addressing the various needs of expectant and postpartum mothers. Additionally, hospitals in both counties, whether certified as baby-friendly or not, seem to provide similar levels of service and attention to breastfeeding-supportive practices. Instead, the data suggests a few other possible causes of the observed difference in breastfeeding rates.

First, our data indicate that Riverside seems to have individuals who are spearheading the breastfeeding initiative. In particular, Alyson Foote, the regional breastfeeding liaison for WIC of Riverside, and Laurie Haessly, WIC of Riverside’s lactation services director, were both mentioned as being highly involved in promoting breastfeeding throughout Riverside County. As regional breastfeeding liaison, Ms. Foote works to ensure women are able to easily transition from pregnancy to the hospital to home and then back to work. Specifically, regional breastfeeding liaisons are intended to reduce any gaps present in mothers’ breastfeeding support system and build community collaboration. During her time with WIC of Riverside, Laurie Haessly has developed and oversees several of WIC of Riverside’s breastfeeding-related programs. Additionally, she has received several awards for introducing numerous best practices.

Second, Riverside County seems to have greater interconnectivity among its breastfeeding support system. This was first evident in the online presence of Riverside’s breastfeeding agencies. The agencies’ websites provided a greater amount of detail concerning the resources available to mothers and provided more links to other agencies that would also provide resources. It was also evident in the duration of funding exhibited by the funding agencies of Riverside County, specifically the Department of Public Health and First 5 of Riverside, and their involvement with breastfeeding-related programs. Additionally, since Riverside has a regional breastfeeding liaison, there is someone specifically working towards building that interconnectivity among agencies.

Third, many sources cited a need for more education not only for the mother, but for the whole breastfeeding support system. To be more specific, there was mention of educating mothers on what to expect when breastfeeding, educating physicians on the benefits of breastfeeding, and educating employers on accommodating lactating mothers coming back to work. While a lack of education may not be a cause of the differences between counties, it was suggested frequently enough that it is likely an important cause of reduced breastfeeding rates in general.
Recommendations

Based on our conclusions, we propose two overall recommendations for how First 5 could promote breastfeeding in San Bernardino County. First, fund additional breastfeeding education for mothers, family members, physicians, policy makers, lactation specialists, and anyone else who is part of the breastfeeding support system. Educating all the constituents of the support system may help break down the barriers mothers face when breastfeed and build the support system they need to breastfeed successfully. In addition to funding classes and other educational opportunities, First 5 could fund educational support structures such as hotlines or training for educators. First 5 could also fund programs that provide follow-up and help mothers transition through the various phases of pregnancy and breastfeeding. By helping them transition, mothers may stay more involved with the various agencies that will encourage them to breastfeed, and there would be less opportunity for them to switch to formula. The establishment of comprehensive lactation clinics would be one way to provide access to multiple components of breastfeeding support. As a side note, it may be beneficial for First 5 to fund hospitals to start up programs for new families. Desert Valley Hospital has used Certificates of Achievement to encourage mothers to exclusively breastfeed in their hospitals. This is a low-cost, but effective way to help support mothers in their decision to breastfeed.

The second recommendation would be to fund programs and/or job positions that would help build up the interconnectivity of resources in San Bernardino. This could include creating a breastfeeding coordinator position or funding a regional breastfeeding liaison through WIC. This individual’s job would be to help the various agencies work more closely with one another. Additionally, the hiring of the liaison for San Bernardino County would help First 5 to target the breastfeeding support areas that would most benefit from funding. The Department of Public Health San Bernardino’s (DPHSB) website could be redesigned similar to the Department of Public Health Riverside to provide links to various agencies that provide lactation support. Alternatively, a single link to an outside website that provides a comprehensive listing of San Bernardino lactation support could be placed on the DPHSB website. By connecting all the components of the support system through a single person and website, individuals who are seeking lactation information in San Bernardino County will no longer have go through various avenues to find it. The integration of breastfeeding initiatives into a single vision will allow information to pass more freely from agency to agency, agency to mother, and mother to child.
Appendix A

Fact Sheet: Department of Public Health - Riverside and San Bernardino

Riverside

Goal:
- To be present in and affect all areas of a mother’s life, from the time of conception through the year after the baby is delivered.

Programs Offered
- Grow our own lactation program
- WIC Sistah connection peer counseling program
- WIC@Work peer counseling program
- WIC electric pumps
- WIC Regional Breastfeeding Liaison

Who provides services?
- Loving Support
  - 24 hour breastfeeding helpline, which helps over 1,500 mothers per month.
  - The services are available to any mother within Riverside County, regardless of their income.
  - Helpline is staffed from 8am to 5pm, Monday through Friday.
  - After hour messages are returned

Funding
- Loving Support has been funded by First 5 of Riverside for 13 years. Two of the helpline staff are funded by WIC.
- WIC programs are funded by WIC.

San Bernardino

Goal:
- To decrease the incidence of low birth weight in infants.
- To improve the outcome of every pregnancy.
- To give every baby a healthy start in life.
- To lower health care costs by preventing catastrophic illness in infants and children.

Programs Offered:
- Medi-Cal-eligible women receive comprehensive services, including prenatal care, health education, nutrition services, and psychosocial support for up to 60 days after delivery of their infants.
- Local health department staff offer technical assistance and consultation to potential and approved providers in the implementation of CPSP program standards.
- The MCAH Program develops standards and policies; provides technical assistance and consultation to the local health perinatal services coordinators; and, maintains an ongoing program of training for all CPSP practitioners throughout the state.

Who Provide Services
- Over 60 providers in the San Bernardino County with IEHP and Molina being part of the program
- County health departments assist local providers in meeting CPSP certification requirements and provide them technical assistance after the MCAH Program certifies them.

Funding
- Federal Title V MCH Block Grant Funds
- Federal Title XIX (Medicaid) Fund
- Maternal, Child and Adolescent Health (MCAH) Program administers CPSP.
CSUSB’s Psychology 675 Breastfeeding Experience Survey

Our class is doing a project for First 5 of San Bernardino. For that project, we are collecting data regarding the experiences of mothers with breastfeeding.

Please only complete the survey if you are an expecting mother or have a child 5 years old or younger.

Please circle or fill in your answer to the following questions. Thank you for your participation.

1) What county do you live in? Riverside       San Bernardino Other ____________

2) Have you given birth? Yes     No

3) Is this your first child? Yes     No If no, how many children do you have? _______

4) Are you currently (or plan to) breastfeeding your child?

Yes       No       Not sure/haven’t decided

What barriers and challenges have you faced when it comes to breastfeeding?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Who or what has helped you face these challenges/mentored you through them?

_____________________________________________________________________________

_____________________________________________________________________________

5) If you have other children, did you breastfeed any of them?

Yes       No       Have no other children

If yes, with how many?

_______ of _______
If yes, please tell us why you did not continue to breastfeed.

______________________________________________________________________________
______________________________________________________________________________

If no, please tell us why you did not attempt to breastfeed.

______________________________________________________________________________
______________________________________________________________________________

6) Thinking back to your most recent breastfeeding experience, how long did you breastfeed your child?

_____ years, _____ months, _____ weeks

What was your reason(s) to discontinue breastfeeding?

______________________________________________________________________________
______________________________________________________________________________

7) Please rate your nervousness about breastfeeding during pregnancy.

<table>
<thead>
<tr>
<th>Not Nervous</th>
<th>Somewhat Nervous</th>
<th>Very Nervous</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

8) Did you use a pacifier with your last child? 

Yes  No

9) Did you breastfeed exclusively or use formula?

Breastfeed Exclusively  Supplement with Formula  Formula only

If you breastfeed exclusively, please tell us some of the reasons you chose to do so.

______________________________________________________________________________
______________________________________________________________________________
If you did not breastfeed exclusively, please tell us some of the reasons you chose to use formula.

__________________________________________________________________________
__________________________________________________________________________

10) Prior to giving birth, did your doctor discuss breastfeeding with you?

Yes

No

I’m still pregnant, but have not discussed breastfeeding with my doctor.

At approximately what week did your doctor discuss it with you?

________

If yes, did your doctor initiate the breastfeeding conversation?

Yes

No

11) At the hospital after giving birth, did you receive information or support about breastfeeding?

Yes

No

If yes, please describe the information or support you received.

__________________________________________________________________________
__________________________________________________________________________

12) After leaving the hospital, did you receive information or support about breastfeeding?

Yes

No

If yes, please describe the information or support you received.

__________________________________________________________________________
__________________________________________________________________________
13) Do you know anyone who has exclusively breastfed her baby?

Yes  No

If yes, are any of them immediate family members or close friends?

____________________________________________________________________________

14) Were you breastfed as a baby?

Exclusively breastfed  Formula only

Supplemented with formula  Don’t know/Unsure

15) Do you feel that your partner is supportive of breastfeeding?

Yes  No  Don’t know/Unsure

16) Do you feel that your family is supportive of breastfeeding?

Yes  No  Don’t know/Unsure

17) Do you feel that your friends are supportive of breastfeeding?

Yes  No  Don’t know/Unsure

18) Do you view your place of employment as being supportive of breastfeeding?

Yes  Don’t know/Not sure

No  Not currently employed

If no, please explain why you view your place of employment as not being supportive of breastfeeding.

____________________________________________________________________________

____________________________________________________________________________

If yes, are there rules or procedures in place that convey acceptance of breastfeeding?

Yes  No
If yes, please describe.

___________________________________________________________________________
_____________________________________________________________________________

19) Do you know that California State law requires employers to provide breaks and a place for breastfeeding mothers to nurse or express/pump?

Yes   No

20) Are you using WIC (Women, Infants, and Children Food and Nutrition Service)?

Yes   No

If yes, please tell us what services you use.

___________________________________________________________________________
_____________________________________________________________________________

If no, do you know some of the services WIC provides?

Yes   No

Please list the services you believe WIC provides.

___________________________________________________________________________
_____________________________________________________________________________

21) Are you aware of any other sources of support for breastfeeding?

Yes   No

If yes, please list.

___________________________________________________________________________
_____________________________________________________________________________
22) Are you aware of the outcomes associated with breastfeeding (e.g. lower risk of diabetes, lower risk of obesity)?

Yes  No

23) Are you aware of the 2011 Surgeon General’s Call to Action to Support Breastfeeding?

Yes  No

24) Do you think expectant and new mothers receive enough information and support about breastfeeding?

Yes  No

25) What is your age? _____

26) With what ethnicity do you identify?

Caucasian (Non-Hispanic)  Native American  Other
Hispanic or Latino  Asian/Pacific Islander
African American  Mixed Ethnicity

27) What is your highest level of education attained?

Less than High School  2-year Degree (Associate’s)  Doctorate Degree
High School  4-year Degree (Bachelor’s)  Professional Degree
Some College  Master’s Degree  Other

28) What is your highest level of education your mother attained?

Less than High School  2-year Degree (Associate’s)  Doctorate Degree
High School  4-year Degree (Bachelor’s)  Professional Degree
Some College  Master’s Degree  Other
29) What is your highest level of education your father attained?

Less than High School   2-year Degree (Associate’s)   Doctorate Degree
High School             4-year Degree (Bachelor’s)   Professional Degree
Some College            Master’s Degree          Other

30) Marital Status

Single, never married   Divorced
Married/domestic partnership   Separated
Widowed

31) Employment Status (circle all that apply)

Part-time Employed   Student   Homemaker
Full-time Employed   Unemployed
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