



Community Worker Log Guidelines

I. PURPOSE

The purpose of the FIRST 5 Santa Clara County (F5SCC) Evaluation is to describe the impact of F5SCC investments on the development and well-being of young children and their families. To gauge how F5SCC programs are meeting the needs of the county's population and to understand ways we can improve access to services across the county, F5SCC requests that families who receive a sustained amount of FRC services participate in interviews that provide an important set of demographic and indicator information. Intake Interviews will be administered by FRC service providers with families served at program entry. Follow-up Interviews will be administered by SRI to selected families in each region.

Information collected during Intake and Follow-up Interviews will allow F5SCC to examine the characteristics and outcomes of participants receiving FRC services. This information will be combined into countywide and region-specific data reports. Reports will not include individual level information, ensuring an individual participant's identity is kept confidential.

II. PROCESS & TIMELINE

In general, the following timeline should be followed:

- Step 1: Explain the purpose of the FIRST 5 data collection.**
- Step 2: Obtain consent to participate in the evaluation.**
- Step 3: Complete the Community Worker Log after each visit with family.**
- Step 4: Enter completed logs into the LTI database on a (at least) weekly basis.**

Use the talking points provided in the section below (III. Consent) to help you explain the purpose of the interviews and the consent process.

III. CONSENT

F5SCC programs must use the FIRST 5 *Acknowledgment and Consent* form in order to collect, use, or share participants' personal information with F5SCC and its evaluators.

The consent form provides parents and guardians with information regarding the purposes and limits of data sharing. It outlines the specific information for which the participant is authorizing release. It is the Community Worker's responsibility to ensure that the parent/guardian understands the consent form. Parents can provide permission to authorize release of confidential information if their child/children are participants. Parents also authorize consent for themselves. If the parent/guardian cannot read in the languages in which the form is available (English, Spanish, or Vietnamese), the Community Worker (CW) should explore other options such as explaining the form aloud or using an interpreter.

If the parent/guardian already signed an *Acknowledgment and Consent* form to receive Family Resource Center services, families do not need to sign another consent form since the information collected is less intensive than what is being asked at the Family Resource Center.

Talking Points

Follow the steps below and use the talking points provided to explain the interviews and consent.

- Step 1: Explain the purpose of the interview/data collection.** We suggest you include the following points:
 - ❖ The purpose of the data collection is to describe the children and families participating in F5SCC services, to gauge how F5SCC programs are serving families in the county, and to understand ways F5SCC can improve services across the county.

- ❖ By participating in data collection, parents are helping F5SCC learn more about how First 5 California dollars are being spent and helping to ensure that F5SCC will be able to continue to provide services in the future.

Step 2: Explain the consent form and how confidentiality of data will be assured. We suggest you include the following points:

- ❖ All participants have the right to confidentiality.
 - It is against the law to share information without the participant's authorization.
 - Reports will never include personal information.
 - Only authorized program and evaluation staff will see the participant's information.
 - Program staff will not share the participant's information with government agencies unless the law requires it. (This might be required if program staff believe that someone is in danger.)
- ❖ Participants do not have to share their information if they do not want to.
- ❖ Participants can receive services even if they do not consent to participate in the evaluation.
- ❖ Even if they initially agree to provide and share information, participants can always change their minds and have their information removed from the evaluation database.

Step 3: Explain the participant's right to revoke consent and how to request removal of information from the evaluation.

- ❖ A signed consent form will remain in effect for 10 years.
- ❖ All identifying information can be removed from the evaluation database at the request of a parent/guardian at any time.
- ❖ Written consent/authorization may be revoked anytime by (1) the parent/guardian or other legally authorized person, or (2) the participant, once the participant is legally able to do so (usually 18 years of age).
- ❖ To revoke the consent/authorization and to remove participant information from the evaluation database, the participant or parent/guardian should submit a letter to:

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FIRST 5 Santa Clara County
4000 Moorpark Avenue, Suite 200
San Jose, CA 95117

Step 4: Ensure that the participant signs the consent form.

- ❖ Only the child's legal guardians (or emancipated minors) can sign the consent form.
- ❖ The consent form provides signature lines for multiple parents to sign. Only one parent needs to sign the consent form.
- ❖ If the service provider is uncertain of the parents'/guardians' ability to adequately understand and make decisions about their families' participation in the F5SCC evaluation, the service provider should not ask the parent/guardian to sign any forms.
- ❖ Offer to provide a copy of the signed consent forms to the participant (or his or her parent/guardian). Keep the original forms to submit to F5SCC.

- ❖ If a parent does not sign the consent form, he/she may still receive Community Worker services and support. Please document service delivery information using the “LTI Non-Consenting for Individual Families” form.

IV. COMPLETING THE COMMUNITY WORKER LOG

The Community Worker (CW) Log contains multiple sections including a consent form (page 1-3) and family and service information (page 4). If multiple family members receive services, only complete **one** form per family.

If consent is obtained, the CW should complete the participant information section and the FIRST service description section of the log with each family served upon initiation of CW Services. If the CW knows information about the family, the CW can complete as much of page 4 as possible using their own knowledge of the family. Item-by-item directions are provided in Section VI of this document.

After each service visit, CWs should enter the collected data from the log into the LTI database. We recommend data entry should occur on, at least, a weekly basis.

The CW should remind participants that they can decline to answer any question on the log. The CW should remind the participant that the information will be shared only with authorized program staff, and no identifying information will be presented in evaluation reports.

Important Notes:



- ❖ **Only one Community Worker log should be completed for each family.**
- ❖ **Enter data into the LTI database on (at least) a weekly basis.**

VI. ITEM-BY-ITEM INSTRUCTIONS

The next section provides item-by-item instructions and clarifications. Where appropriate, additional information is provided should a participant request further explanation of a particular item.

Community Worker Log Instructions

Parent and Caregiver Demographic Information: Pre-fill if possible	
Provider name:	Instructions: Enter the name of the provider working with the family.
Date: MM/DD/YYYY	Instructions: Enter date the referral was received, including month, day, and four-digit year.
Caregiver's first name:	Instructions: Enter the caregiver's first name. Question Clarification: The caregiver's complete first legal name (e.g., Guadalupe or Thomas) should be used, as opposed to a partial first name or nickname (e.g., Lupe or Tom).
Caregiver's middle name:	Instructions: Enter the caregiver's middle name. Question Clarification: This question is optional and may be left unanswered.
Caregiver's last name:	Instructions: Enter the caregiver's last name. Question Clarification: If the caregiver uses a hyphenated last name, print both names with the hyphen. If the child uses more than one last name and it is NOT hyphenated, enter only the last name in the sequence (e.g., Julio Rodriguez Sanchez's last name would be entered as "Sanchez").
Address, City, Zip Code:	Instructions: Enter address, city, and zip code of caregiver's primary home address. Question Clarification: If a caregiver is homeless, indicate the zip code as 99999.
Phone and Alternative Phone Number:	Instructions: Enter the phone and alternative phone number of the caregiver's. Question Clarification: Alternative phone number is optional and may be left unanswered.
E-mail address:	Instructions: Enter the caregiver's e-mail address. Question Clarification: E-mail address is optional and may be left unanswered.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Instructions: Mark the appropriate box indicating the gender as perceived by the caregiver. Question Clarification: If the caregiver discloses that he/she is transgender, check the box.
Date of Birth: MM/DD/YYYY	Instructions: Enter the caregiver's date of birth, including month, day, and four-digit year.
# of children 0-5 in the family: # of adults in the family:	Instructions: Enter the number of children in the household between the ages of 0-5 (i.e., children up to the age of 6), and the number of adults in the household (including interviewee) over the age of 18. This question refers only to children and adults living in the home of the interviewee. Question Clarification: Family members in the household are those who are related to the parent/caregiver by birth, marriage, or adoption. If the family shares the home with non-family members, do not include those people in the count. This is the definition of family used by the U.S. Census. Rationale: Data on the median household income combined with the number of people living in the household are used to calculate whether families are living below, at, or above the federal poverty level. Poverty and its associated conditions can have significant negative effects on children's development and well-being, particularly in early childhood.

<p>All children 0-5 have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, referral to CAA: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Instructions: Based on participant's response, mark the appropriate box. Question Clarification: Health insurance refers to any type of assistance received to help pay for the child's medical care. Rationale: Health insurance facilitates access to health care. Children not covered by health insurance are more likely to have gone without needed medical care. Lack of access of health care services may lead to the development of preventable conditions or the worsening of existing conditions. Children who are uninsured are more likely to have health problems that routine health care could either prevent or help.</p>
<p>Are you currently receiving F5 Services? (e.g., HV, TS, PoP, Courts, Public Health, DR, FRC)</p>	<p>Instructions: Based on participant's response, mark the appropriate box. Question Clarification: Definitions are provided below are for reference only:</p> <ul style="list-style-type: none"> • HV (Home Visitation): provides support, guidance, and coaching to parents in the child's home environment, including support on a range of child development issues such as health and nutrition, coping with special needs, and effective parenting. • TS (Therapeutic Services): include consultations for a child's behavior, structured behavior programs, dyadic and triadic therapy, and other mental health treatment and intervention services appropriate for high-risk children birth through age 5 and their families. • PoP (Power of Preschool): provides quality early learning opportunities to neighborhoods identified as being high cumulative risk factor areas. • Courts: referrals from judges, commissioners, and courts staff of families with children under the age of 6 to FIRST 5 court specialists who are located in the identified courts (e.g., Family Court, Domestic Violence Criminal Court, Juvenile Dependency Court, Family Wellness Court). Services include (but are not limited to) child development assessments, resource and referral, parent education programs (e.g., Parenting Without Violence), supervised visitation, and for those with high-risk needs—home visitation and therapeutic services. • DR (Differential Response): an alternative system of support for families evaluated out of the Child Welfare system who experience problems or stressors that put them at risk for child maltreatment, abuse or neglect. • FRC (Family Resource Center) services
<p>Ethnicity: <i>(mark one only.)</i> <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____</p>	<p>Instructions: Mark the appropriate box(es) indicating the race/ethnicity of the caregiver. Mark all that apply. Question Clarification: If the participant identifies with an ethnicity not provided, mark "Other" and write the participant's race/ethnicity in the space provided.</p>
<p>Primary Language spoken in the home: <i>(mark only one.)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Khmer <input type="checkbox"/> Other: _____</p>	<p>Instructions: Mark the appropriate box indicating the caregiver's primary language spoken at home. If the parent uses two languages equally in the home, mark two boxes. Question Clarification: If the participant speaks a language not provided on the list, mark "Other" and write the participant's primary language in the space provided.</p>

<p>What is closest to your family's total income last year? (mark only one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$5,000 or less <input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 and above <input type="checkbox"/> Unknown/Declined 	<p>Instructions: Based on participant's response, mark the appropriate box indicating the family pre-taxed income level for the last 12 months. <i>Note: if the participant has trouble estimating for the past 12 months, it is acceptable for the participant to report income from their last tax return.</i></p> <p>Question Clarification: Include the income of all household family members, including those who are related to the parent/caregiver by birth, marriage, or adoption. If the family shares the home with non-family members, do not include those members' wages. (This is the definition of family used by the U.S. Census.) Include in the total wage or salary income (before taxes); self-employment income; interest/dividends, net rental or royalty income; income from estates/trusts; Social Security income; Supplemental Security Income; public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income.</p> <p>Rationale: Data on the median household income combined with the number of people living in the household are used to calculate whether families are living below, at, or above the federal poverty level. Poverty and its associated conditions can have significant negative effects on children's development and well-being, particularly in early childhood. This data will be used in combination with the number of family members from Question 2 to calculate poverty status using the methodology from the U.S. Census.</p>
<p>Educational background (mark highest level of education received)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Some grade school or high school <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Associate degree or technical degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Master, Doctorate or degree <input type="checkbox"/> Other/Unknown/Declined 	<p>Instructions: Based on participant's response, mark the appropriate box.</p> <p>Rationale: Children with more highly educated parents are more likely to have access to a greater amount of resources. In addition, parental educational attainment is strongly associated with children's increased school readiness and improved educational achievement. Higher levels of parent education are also strongly associated with improved health and health-related behaviors for both parents and children.</p>
<p>Employment status (mark one only)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Other/Declined 	<p>Instructions: Based on participant's response, mark the appropriate box.</p> <p>Question Clarification: Include as "full or part-time" employed (as applicable) those participants who are employed but currently on strike, on vacation, not working due to sickness or injury, on maternity or family leave, and/or self-employed. Include as "unemployed" those participants who do not have an employer (e.g., are students) and/or who are retired, laid off, an unpaid worker (e.g., volunteer), and/or on disability.</p> <p>Rationale: Children with parents who are employed are more likely to have access to greater amount of resources.</p>
<p>SERVICE INFORMATION</p> <p>This section is to be completed by the service provider AFTER each visit with the family.</p>	
<p>FIRST Service Date: MM /DD/YYYY</p>	<p>Instructions: Enter the date of the first service, including month, day, and four-digit year.</p>
<p>Service Type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family <input type="checkbox"/> Small group (multiple families) 	<p>Instructions: Mark the appropriate box for the type of service provided.</p> <p>Question Clarification: Definitions are provided below:</p> <ul style="list-style-type: none"> • Family: A session provided to a single-family (e.g., parent/caregiver, child, other family members). • Small group: A session provided to multiple families (e.g., coffee talks).

<p>Information provided: <i>(select all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Child development <input type="checkbox"/> Kit for New Parents <input type="checkbox"/> Health and Nutrition <input type="checkbox"/> School Readiness <input type="checkbox"/> Early Literacy <input type="checkbox"/> Triple P L2 <input type="checkbox"/> Other: _____ 	<p>Instructions: Mark the appropriate boxes for the type of information provided.</p> <p>Question Clarification: If the Community Worker provided information not on the list, mark “Other” and write the topic in the space provided.</p>
<p>Referrals: <i>(select all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Developmental screening <input type="checkbox"/> PoP/Preschool <input type="checkbox"/> FRC <input type="checkbox"/> Triple P L3 <input type="checkbox"/> Other: _____ 	<p>Instructions: Mark the appropriate boxes for the types of referrals provided.</p> <p>Question Clarification: If the Community Worker provided referrals not on the list, mark “Other” and write the type of referral in the space provided.</p>
<p>Length of session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0-29 minutes <input type="checkbox"/> 30-59 minutes <input type="checkbox"/> 60 – 89 minutes <input type="checkbox"/> 90-119 minutes <input type="checkbox"/> More than 120 minutes 	<p>Instructions: Mark the appropriate box for the length of the session.</p>
<p>Requested another visit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Instructions: Mark the appropriate box if the parent/caregiver requested another visit by the Community Worker.</p>