

CALENDAR FOR THE BOARD OF SUPERVISORS
CONTRA COSTA COUNTY
AND FOR SPECIAL DISTRICTS, AGENCIES, AND AUTHORITIES GOVERNED BY THE BOARD
BOARD CHAMBERS ROOM 107, ADMINISTRATION BUILDING, 651 PINE STREET
MARTINEZ, CALIFORNIA 94553-1229

JOHN GIOIA, CHAIR, 1ST DISTRICT
CANDACE ANDERSEN, VICE CHAIR, 2ND DISTRICT
DIANE BURGIS, 3RD DISTRICT
KAREN MITCHOFF, 4TH DISTRICT
FEDERAL D. GLOVER, 5TH DISTRICT

DAVID J. TWA, CLERK OF THE BOARD AND COUNTY ADMINISTRATOR, (925) 335-1900

PERSONS WHO WISH TO ADDRESS THE BOARD DURING PUBLIC COMMENT OR WITH RESPECT TO AN ITEM THAT IS ON THE AGENDA,
MAY BE LIMITED TO TWO (2) MINUTES.
A LUNCH BREAK MAY BE CALLED AT THE DISCRETION OF THE BOARD CHAIR.

The Board of Supervisors respects your time, and every attempt is made to accurately estimate when an item may be heard by the Board. All times specified for items on the Board of Supervisors agenda are approximate. Items may be heard later than indicated depending on the business of the day. Your patience is appreciated.

ANNOTATED AGENDA & MINUTES
July 30, 2019

9:00 A.M. Convene and announce adjournment to closed session in Room 101.
Closed Session

A. CONFERENCE WITH LABOR NEGOTIATORS (Gov. Code § 54957.6)

1. Agency Negotiators: David Twa and Richard Bolanos.

Employee Organizations: Public Employees Union, Local 1; AFSCME Locals 512 and 2700; California Nurses Assn.; SEIU Locals 1021 and 2015; District Attorney Investigators' Assn.; Deputy Sheriffs Assn.; United Prof. Firefighters I.A.F.F., Local 1230; Physicians' & Dentists' Org. of Contra Costa; Western Council of Engineers; United Chief Officers Assn.; Contra Costa County Defenders Assn.; Contra Costa County Deputy District Attorneys' Assn.; Prof. & Tech. Engineers IFPTE, Local 21; and Teamsters Local 856.

2. Agency Negotiators: David Twa.

Unrepresented Employees: All unrepresented employees.

B. CONFERENCE WITH LEGAL COUNSEL--ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to Gov. Code, § 54956.9(d)(2): One potential case

9:30 A.M. Call to order and opening ceremonies.

Inspirational Thought- *"Sometimes, your silent thoughts are more powerful than your loud words. Think well; be always kind."* ~Roxana Jones, writer

Present: John Gioia, District I Supervisor; Candace Andersen, District II Supervisor; Diane Burgis, District III Supervisor; Karen Mitchoff, District IV Supervisor; Federal D. Glover, District V Supervisor

Staff Present: David Twa, County Administrator

CONSIDER CONSENT ITEMS (Items listed as C.1 through C.61 on the following agenda) – Items are subject to removal from Consent Calendar by request of any Supervisor or on request for discussion by a member of the public. **Items removed from the Consent Calendar will be considered with the Discussion Items.**

All items adopted as presented.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

PRESENTATIONS (5 Minutes Each)

PRESENTATION recognizing the 50th Anniversary of the Concord Jazz Festival. (Supervisor Mitchoff)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

DISCUSSION ITEMS

D. 1 CONSIDER Consent Items previously removed.

No items removed from consent.

D. 2 PUBLIC COMMENT (2 Minutes/Speaker)

No speakers under general public comment.

D.3 HEARING to consider an appeal of the County Planning Commission's approval of a land use permit to convert an existing elderly care facility to a social rehabilitation facility at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area. (Amy Majors and Linda Uhrenholt, Appellants) (Dr. Gregory Braverman and National Psychiatric Care and Rehabilitation Services, Applicants) (Aruna Bhat and Michael Hart, Department of Conservation and Development)

Public speakers: Jonathan Marsh, Valerie Sloven, Kathy Colliau, Oscar Cuzzani, Robin Smith, Miriam Glickman, Gigi Crowder, Steve Hatch, Elizabeth King, Karen Cohen, Shauna McGlynn, Ronda Depluzes, Judy Weatherly, Rosemarie Frydman, Sally Sweetser, Penny Nemped, Geraldine Field, Clave Beckner, Douglas Dunn, Daniel Raemer, Daina Glasson.

Opened the public hearing on an appeal of the County Planning Commission's approval of a land use permit to establish a social rehabilitation facility at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area, received testimony, and closed the public hearing.

Determined that the proposed project is categorically exempt from the California Environmental Quality Act (CEQA) under CEQA Guidelines sections 15301 (existing facility). Denied the appeals of Amy Majors and Linda Uhrenholt. Approved a land use permit to establish a social rehabilitation facility operating a short-term crisis residential treatment program at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area, County File #LP18-2020. Approved the attached findings and conditions of approval for County File #LP18-2020. Directed the Department of Conservation and Development to file a CEQA Notice of Exemption with the County Clerk.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

D.4 HEARING to consider adoption of Resolution No. 2019/521, establishing and adjusting fees for the Environmental Health Division, effective August 1, 2019, and related action under the California Environmental Quality Act. (Jocelyn Stortz and Randall Sawyer, Health Services Department)

Received report from Environmental Health staff regarding proposed new fees and adjustments to current fees to fund Environmental Health programs.

Opened a public hearing on proposed Resolution No. 2019/521, which would establish new fees and adjust existing fees that fund the Environmental Health Division of the Contra Costa County Health Services Department; received and considered all oral and written testimony; and CLOSE the hearing.

Found that the proposed fee adjustments are exempt from the California Environmental Quality Act (CEQA) pursuant to Section 15273 of Title 14 of the California Code of Regulations.

Adopted Resolution No. 2019/521, establishing a schedule of fees set forth in Attachment A to the resolution.

Directed the Conservation and Development Director, or designee, to prepare and file a Notice of Exemption with the County Clerk.

Directed the Health Services Director to arrange for payment of a \$25 fee to the Department of Conservation and Development to process the Notice of Exemption and a \$50 fee to the County Clerk to file the Notice of Exemption.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

D.5 HEARING to consider adopting Ordinance No. 2019-22 authorizing an Assessment Appeals Board fee for preparing written findings of fact, and to consider adopting Resolution No. 2019/510 establishing an Assessment Appeals Board fee schedule including a \$150 per hour fee for preparing findings, effective September 1, 2019. (Jami Napier, Clerk of the Board)

Opened the public hearing, received testimony, and closed the hearing.

Adopted Ordinance No. 2019-22 to authorize an Assessment Appeals Board fee for preparing written findings of fact.

Adopted Resolution No. 2019/510 establishing an Assessment Appeals Board fee schedule including a \$150 per hour fee for preparing findings, effective September 1, 2019.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

D.6 ACCEPT status report from the 2020 Census Steering Committee and CONSIDER allocating \$500,000 to fund those expenses for outreach to hard-to-count (HTC) populations that cannot be covered within the State allocation and AUTHORIZE the 2020 Census Steering Committee to oversee the review and distribution of grants. (Supervisor Burgis)

Accepted the report and the allocation of funds. Authorized the 2020 Census Steering Committee to oversee the review and distribution of grants, including the possibility of doing an RFP for grant funds.

D.7 CONSIDER accepting a report on the Contra Costa Transportation Authority's development of a Transportation Expenditure Plan (TEP) for a potential sales tax measure on the March 2020 ballot, and CONSIDER transmitting Board comments on the TEP. (John Cunningham, Department of Conservation and Development)

Public speakers: Mariana Moore

Accepted report.

Directed DCD to draft a letter to CCTA regarding the Supervisor's issues of interest and requested changes to the Transportation Expenditure Plan.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

D.8 CONSIDER the recommendation of the Legislation Committee to rescind the Board's action of June 11, 2019, which authorized the execution of a contract with Nossaman LLP for state advocacy services, and DETERMINE whether to solicit additional proposals or take other actions, and DIRECT staff as appropriate. (Lara DeLaney, Senior Deputy County Administrator)

Public speakers: Ashley Walker, Michelle Rubalcava.

Rescind approval of the Nossaman contract and enter into a new short term contract with Nielson.

D.9 CONSIDER adopting a position of "Support with comments" for SB 343 (Pan): Healthcare Data Disclosure, and AUTHORIZE the Chair of the Board of Supervisors to sign the letter of support with comments. (Supervisor Burgis)

Public speakers: Ronald Wetter, Doug Jones, Josh Anijer

AYE: District I Supervisor John Gioia, District III Supervisor Diane Burgis, District V Supervisor Federal D. Glover

NO: District II Supervisor Candace Andersen, District IV Supervisor Karen Mitchoff

D. 10 CONSIDER reports of Board members.

Closed Session

2:00 P.M.

D.11 HOLD a community forum regarding the provision of access of certain individuals to the federal Immigration and Customs Enforcement Agency, pursuant to Government Code section 7283.1(d). (Timothy Ewell, Chief Assistant County Administrator)

Public Speakers: Kathryn Durham-Hammer, Darlene Roth, Linda Olvera, Sanily Valiencero, Renee Zeimer, Jeffrey Landau, Shirley Shelangoski, Dick Offerman, Don Arana-Foqq, Mark Wassberg, Judy Weatherly, Oscar Flores, Judy Walters, Dan Safran, Misha Safran, Bob Lane, Douglas Leich, Jennifer, Nicole Zapata, Marco Colin, William Colin, Rev. Leslie Takahashi, Rev. Gwendolyn Young, Rita Barouch, Jane Courant, Kristi Laughlin, Ron Ahnem, Raquel Ortega, Tracy Rosenberg, Tony, Chala Bonner, Karen Perkins, Sarah Lee, Yadira Sanchez, Robin Kuslits, Kenji Yamada, Ali Saidi, Cora Mitchell, Adey Teshager (written comment attached).

ADJOURN

Adjourn at 5:41 p.m.

CONSENT ITEMS

Road and Transportation

C.1 APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Dillard Trucking, Inc., to increase the payment limit by \$350,000 to a new payment limit of \$950,000, with no change to the term November 8, 2018 to November 8, 2019 for the 2016 On-Call Trucking Services Contract for Various Road and Flood Control Maintenance Work, Countywide. (100% Local Road and Flood Control Funds)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.2 AUTHORIZE the Public Works Director, or designee, to submit grant applications to the Contra Costa Transportation Authority for the 2020 State Transportation Improvement Program funding cycle for the Kirker Pass Road and Hess Road Intersections Improvements Project and Treat Boulevard Corridor Improvements Project, Concord and Pleasant Hill areas. (100% Contra Costa Transportation Authority)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

Engineering Services

C.3 ADOPT Resolution No. 2019/505 approving and authorizing the Public Works Director, or designee, to partially close Edgcroft Road at both intersections of Coventry Road, on August 6, 2019 from 5:00 PM through 9:00 PM, for the purpose of the Annual Neighborhood Block Party on National Night Out, Kensington area. (No fiscal impact)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.4 ADOPT Resolution No. 2019/506 approving and authorizing the Public Works Director, or designee, to partially close Castle Glen Road between both intersections of Creekdale Road and Castle Glen Road, on August 6, 2019 from 5:30 PM through 9:00 PM, for the purpose of the 2nd Annual National Night Out Neighborhood Block Party, Walnut Creek area. (No fiscal impact)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

Special Districts & County Airports

C.5 APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a month-to-month hangar rental agreement with Andre Elghawi for a Shade hangar at Buchanan Field Airport effective July 13, 2019 in the monthly amount of \$140. (100% Airport Enterprise Funds)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

Claims, Collections & Litigation

C.6 DENY claims filed by Nicholas Amatrone, Nick Amatrone, Enterprise Rent-A-Car, Enterprise Rent-A-Car of San Francisco, Hearts For Paws Rescue, and Lalit Kumar.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

Honors & Proclamations

C.7 ADOPT Resolution No. 2019/518 recognizing the 50th Anniversary of the Concord Jazz Festival, as recommended by Supervisor Mitchoff.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

Appointments & Resignations

C.8 ACCEPT the resignation of Robin Tanner, DECLARE Appointed Seat 2 of the El Sobrante Municipal Advisory Council vacant, and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Gioia.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.9 ACCEPT resignation of Gretchen Logue, DECLARE vacant the District 3 Alternate seat on the Sustainability Commission and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Burgis.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.10 REAPPOINT Armando Morales to the Low-Income Sector 5 seat on the Economic Opportunity Council, as recommended by the Employment and Human Services Director.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

Personnel Actions

C.11 ADOPT Position Adjustment Resolution No. 22447 to reclassify one Planning Technician III (represented) position and its incumbent to Senior Planning Technician (represented) in the Conservation and Development Department. (100% Land Development Fund)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.12 ADOPT Position Adjustment Resolution No. 22436 to modify specified positions and classifications in the County Clerk-Recorder-Elections Department; ADD the classifications of Assistant Registrar, Assistant Clerk-Recorder and Deputy County Clerk-Recorder to those classifications eligible to receive the Certified Elections/Registration Administrator Certification Differential identified in Section 33 of the Management Resolution No. 2018/612, and CANCEL one Clerk-Recorder Specialist position. (100% General Fund)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.13 ADOPT Position Adjustment Resolution No. 22472 to reclassify one Network Administrator I (represented) position and the incumbent to Network Administrator II (represented) in the Public Works Department (100% Road, Flood Control and Special Revenue Funds)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.14 ADOPT Position Adjustment Resolution No. 22488 to add three Clerk–Senior Level (represented) positions and cancel two Information Systems Assistant II (represented) positions in the Conservation and Development Department. (100% Land Development Fund)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.15 ADOPT Position Adjustment Resolution No. 22487 to add a Chief Assistant Public Defender position (unrepresented), cancel one Assistant Public Defender-Exempt (unrepresented), cancel one Information Systems Specialist III position (represented), and cancel one Information Systems Manager I position (represented) in the Public Defender's Office, as recommended by the County Administrator. (Cost Savings)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.16 ADOPT Position Adjustment Resolution No. 22493 to add one Account Clerk-Experienced Level position (represented) in the Health Services Department. (100% Whole Person Care grant)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.17 ADOPT Position Adjustment Resolution No. 22494 to add one Clerk-Senior Level position (represented) for the Health Care for The Homeless program, in the Health Services Department. (100% Health Resources and Services Administration grant)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.18 ADOPT Position Adjustment Resolution No. 22495 to add one Mental Health Program Supervisor position, three Mental Health Specialist I positions and two Mental Health Specialist II positions (all represented), to re-establish the Mentor Program, which provides non-traditional mental health services in community-based settings, in the Health Services Department. (50% Continuum of Care Reform, 50% Mental Health Service Act)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.19 ADOPT Position Adjustment Resolution No. 22496 to add one Registered Nurse-Beginning Level position and cancel one vacant Health Services Administrator - Level B position (represented) in the Health Services Department. (100% Contra Costa Health Plan Enterprise Fund II)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.20 ADOPT Position Adjustment Resolution No. 22492 to add one Department Fiscal Officer (unrepresented) position in the Employment and Human Services Department. (43% Federal, 52% State, 5% County)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.21 ADOPT Position Adjustment Resolution No. 22324 to add one Management Analyst (unrepresented) position in the County Administrator's Office. (100% General Fund)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

Grants & Contracts

APPROVE and AUTHORIZE execution of agreements between the County and the following agencies for receipt of fund and/or services:

C.22 APPROVE and AUTHORIZE the Agricultural Commissioner, or designee, to execute an agreement with the California Department of Agriculture in an amount not to exceed \$2,000 to reimburse the County to register industrial hemp growers and seed breeders and enforce all laws and regulations pertaining to industrial hemp for the period April 30, 2019 through June 30, 2020.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.23 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Pittsburg Unified School District, to pay County an amount not to exceed \$7,000 to provide scoliosis screening services to 7th and 8th grade students under the Public Health Clinic Services Scoliosis Screening Project for the period September 1, 2019 through August 31, 2020. (No County match)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.24 APPROVE and AUTHORIZE the Sheriff-Coroner, or designee, to execute a contract with Alameda County Probation Department for use of the Sheriff's Range Facility commencing with execution of the contract through June 30, 2020. (100% User Fee revenue)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.25 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Mt. Diablo Unified School District to pay County an amount not to exceed \$6,400 to provide Outreach Tuberculosis Testing Program services for Mt. Diablo Unified School District employees for the period September 1, 2019 through June 30, 2020. (No County match)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.26 APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute an Interagency Agreement amendment effective June 20, 2019 with the East Bay Regional Communications System Authority (EBRCSA), to extend the term through June 30, 2021 and increase the payment limit to the County by \$460,000 to a new payment limit of \$1,820,000, allowing the Department of Information Technology's Radio Group to continue to provide radio and microwave related services for the East Bay Regional Communication System P-25 Public Safety Communication System. (100% EBRCSA funds)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.27 APPROVE and AUTHORIZE the Agricultural Commissioner, or designee, to execute a contract with the California Department of Food and Agriculture to reimburse the County an amount not to exceed \$58,769 to provide Light Brown Apple Moth quarantine response and regulatory enforcement activities for the period July 1, 2019 through June 30, 2020.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.28 ADOPT Resolution No. 2019/514 authorizing the Health Services Department to submit an application and execute a grant award agreement, including any extensions or amendments thereof, pursuant to State guidelines, with the California Department of Housing and Community Development, in an amount not to exceed \$20,000,000 for the Housing for a Healthy California Program.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.29 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with the City of Concord, to increase the amount payable to the County by \$13,000 to a new amount not to exceed \$26,000 and to extend the termination date from June 30, 2019 to June 30, 2020, for the Coordinated Outreach, Referral and Engagement Program to provide homeless outreach services to Concord and Pleasant Hill. (No County match)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

APPROVE and AUTHORIZE execution of agreement between the County and the following parties as noted for the purchase of equipment and/or services:

C.30 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Staff Care, Inc., to increase the payment limit by \$3,564,000 to a new payment limit of \$9,033,000 to provide additional hours of locum tenens temporary physician services at Contra Costa Regional Medical and Health Centers, with no change in the original term of January 1, 2017 through December 31, 2019. (100% Hospital Enterprise Fund I)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.31 APPROVE and AUTHORIZE the County Administrator, or designee, to execute a contract with the City of Pittsburg in an amount not to exceed \$119,000 to provide Central and East County Ceasefire Program coordination services for the period July 1, 2019 through June 30, 2020. (100% AB 109 Public Safety Realignment)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.32 ALLOCATE \$350,000 from the Livable Communities Trust (District V portion), including \$200,000 to the Contra Costa County Office of the Sheriff for the Resident Deputy Program, \$100,000 to the Department of Conservation and Development for the Bay Point Code Enforcement Program, and \$50,000 to the Public Works Department for the East County Beautification Program, as recommended by Supervisor Glover. (100% Livable Communities Trust Fund, District V portion)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.33 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Medical Solutions, LLC (dba Nebraska Medical Solutions, LLC), in an amount not to exceed \$3,300,000 to provide temporary nursing and medical staff at Contra Costa Regional Medical Center, Health Centers and County Detention Facilities for the period July 1, 2019 through June 30, 2020. (100% Hospital Enterprise Fund I)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.34 APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Diablo Boiler Inc., to include a payment rate for parts and materials, with no change to the payment limit nor the original term of February 1, 2019 to January 31, 2022 for on-call boiler maintenance and emergency repair services, Countywide. (100% General Fund)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.35 APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Vanir Construction Management, Inc., effective July 30, 2019, to increase the payment limit by \$400,000 to a new payment limit of \$10,404,948, and to extend the term from May 9, 2022 to May 9, 2023, for construction management services for the renovation of Module M at the Martinez Detention Facility, 1000 Ward Street, Martinez area. (100% General Fund)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.36 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Shelter, Inc. of Contra Costa County, in an amount not to exceed \$555,718 to provide supportive housing services for Contra Costa County homeless families for the period July 1, 2019 through December 31, 2019. (100% Employment and Human Services Department)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.37 APPROVE and AUTHORIZE the County Administrator, or designee, to execute a contract with Allegis Group Holdings, Inc. (dba TEK Systems, Inc.), a corporation, in an amount not to exceed \$650,000 to provide temporary help and recruitment services for the County Administrator's Law & Justice Information Systems Unit for the period August 1, 2019 through September 30, 2020. (100% County General Fund)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.38 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Planned Parenthood, Shasta Diablo, Inc., in an amount not to exceed \$1,274,700 to provide prenatal services for Contra Costa Regional Medical Center and Health Center patients for the period July 1, 2019 through June 30, 2020. (100% Hospital Enterprise Fund I)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C.39 APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with CDM Smith Inc., effective September 1, 2019, to extend the term from December 31, 2019, to December 31, 2020, with no change to the original payment limit of \$400,000 for continued on-call water treatment consulting services, Countywide. (100% Various Public Works Funds)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 40 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Emily Watters, M.D, in an amount not to exceed \$279,552 to provide outpatient psychiatric services to mentally ill adults in West County for the period August 1, 2019 through July 31, 2020. (100% Mental Health Realignment)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 41 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Hank H. Sun, M.D., in an amount not to exceed \$1,503,000 to provide anesthesia services for Contra Costa Regional Medical Center and Health Center patients for the period October 1, 2019 through September 30, 2022. (100% Hospital Enterprise Fund I)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 42 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Muir Orthopaedic Specialists, a Medical Group, Inc., in an amount not to exceed \$150,000 to provide orthopedic services for Contra Costa Regional Medical Center and Health Centers patients for the period August 1, 2019 through July 31, 2022. (100% Hospital Enterprise Fund I)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 43 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with PerformRx, LLC, in an amount not to exceed \$119,000,000 to provide pharmacy administration services for the Contra Costa Health Plan for the period August 1, 2019 through December 31, 2020. (100% Contra Costa Health Plan Enterprise Fund II)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 44 APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute a contract with Language Line Services, Inc., in an amount not to exceed \$1,000,000 for interpretation and translation services for the period July 1, 2019 through June 30, 2020. (10% County, 48% State, 42% Federal)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 45 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Prohealth Home Care, Inc., in an amount not to exceed \$300,000 to provide home healthcare and hospice services for Contra Costa Health Plan members for the period August 1, 2019 through July 31, 2021. (100% Contra Costa Health Plan Enterprise Fund II)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 46 APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute a contract with KinderCare Learning Centers LLC in an amount not to exceed \$971,011 to provide Early Head Start Childcare Partnership and State General Childcare program services for the period July 1, 2019 through June 30, 2020. (69.5% State, 30.5% Federal)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 47 APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Health Services Director, a purchase order with Werfen USA LLC, in an amount not to exceed \$150,000 for supplies and reagents for the Contra Costa Regional Medical Center and Contra Costa Health Centers for the period May 1, 2019 through April 30, 2020. (100% Hospital Enterprise Fund I)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 48 APPROVE the fiscal year 2019/20 Keller Canyon Mitigation Fund (KCMF) allocation plan in the amount of \$1,059,523 as recommended by the KCMF Review Committee; and AUTHORIZE the Conservation and Development Director, or designee, to execute contracts with the specified organizations for the period July 1, 2019 through June 30, 2020. (100% Keller Canyon Mitigation Funds)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 49 APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Health Services Director, to execute a purchase order with Sam Clar Office Furniture Inc., in the amount not to exceed \$394,145 for furniture at the new West County Adult and Children's Mental Health Clinics, Behavioral Health is relocating to. (100% Hospital Enterprise Fund I)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 50 APPROVE and AUTHORIZE the Clerk-Recorder, or designee, to execute a contract amendment with SouthTech Systems to extend the term from July 1, 2019 through June 30, 2020 and increase the payment limit by \$262,132 to a new payment limit of \$1,310,660 for continued licensing of SouthTech's Integrated Electronic Recording, Cashiering, Indexing and Imaging System. (100% Recorder Modernization Funds)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 51 APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute a contract amendment effective August 31, 2019 with Mohammed A. Gaffar (dba Sierra Consulting, Inc.), to extend the term from August 31, 2019 through August 31, 2020 with no change to the payment limit of \$290,000, to provide continuing consulting and programming services on software that supports CalWIN client correspondence. (100% Department User Fees)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 52 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Yellow Cab of Walnut Creek and Contra Costa, Inc., to increase the payment limit by \$150,000 to a new payment limit of \$300,000 to provide additional non-emergency taxicab transportation services for Contra Costa Health Plan members with no change in the original term of May 1, 2018 through April 30, 2020. (100% Contra Costa Health Plan Enterprise II Fund)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 53 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Bi-Bett, in an amount not to exceed \$5,699,003 to provide substance use disorder prevention, treatment and detoxification services for Contra Costa County residents for the period July 1, 2019 through June 30, 2020. (45% Substance Abuse Treatment and Prevention Block Grant, 50% Federal Medi-Cal, 5% Assembly Bill 109)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 54 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Center Point, Inc., in an amount not to exceed \$932,977 to provide drug abuse prevention and treatment services for Contra Costa County adults with co-occurring substance abuse and mental disorders for the period July 1, 2019 through June 30, 2020. (74% Substance Abuse Prevention and Treatment Block Grant Perinatal, 26% Assembly Bill 109)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 55 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Nordic Consulting Partners, Inc., to increase the payment limit by \$2,400,000 to a new payment limit of \$8,400,000 to provide additional consultation and technical assistance for the Department's Information Systems Unit with no change in the original term of July 1, 2018 through December 31, 2019. (100% Hospital Enterprise Fund I)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

Other Actions

C. 56 APPROVE the revised 2019-2021 Policies and Procedures for the Head Start program, as required by Head Start Performance Standards and as recommended by the Employment and Human Services Director.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 57 ADOPT Resolution No. 2019/509 authorizing the issuance of Multifamily Housing Revenue Bonds in an amount not to exceed \$42,430,000 to finance the acquisition and rehabilitation of Marina Heights Apartments, a 200-unit residential rental housing development located at 2 Marina Boulevard in Pittsburg, California as recommended by the Conservation and Development Director. (100% Special Revenue Fund)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 58 ACCEPT the FY 2017-18 AB 109 Annual Report, prepared by the Office of Reentry and Justice and recommended by the Public Protection Committee of the Board of Supervisors.

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 59 APPROVE and AUTHORIZE the Health Services Director, or designee, to terminate a contract with Arman Danielyan, M.D., Inc., for the provision of inpatient Medi-Cal specialty mental health services effective end of business on August 31, 2019. (50% State, 50% Federal)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 60 APPROVE and AUTHORIZE a feasibility study to 1) demolish and remove the existing vacant residential facility at the county owned property of 1034 Oak Grove Road in Concord, 2) construct 20 affordable permanent supportive housing units with mental health treatment on site for homeless transition age youth experiencing serious mental illness, and 3) bring the existing administration building up to code to house mental health treatment staff. (100% Mental Health Services Act)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

C. 61 APPROVE and AUTHORIZE the Health Services Director, or designee, to terminate a contract with Alex Smirnoff, M.D., for the provision of Medi-Cal specialty mental health services effective end of business on August 31, 2019. (50% State, 50% Federal)

AYE: District I Supervisor John Gioia, District II Supervisor Candace Andersen, District III Supervisor Diane Burgis, District IV Supervisor Karen Mitchoff, District V Supervisor Federal D. Glover

GENERAL INFORMATION

The Board meets in all its capacities pursuant to Ordinance Code Section 24-2.402, including as the Housing Authority and the Successor Agency to the Redevelopment Agency. Persons who wish to address the Board should complete the form provided for that purpose and furnish a copy of any written statement to the Clerk.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Clerk of the Board to a majority of the members of the Board of Supervisors less than 72 hours prior to that meeting are available for public inspection at 651 Pine Street, First Floor, Room 106, Martinez, CA 94553, during normal business hours.

All matters listed under CONSENT ITEMS are considered by the Board to be routine and will be enacted by one motion. There will be no separate discussion of these items unless requested by a member of the Board or a member of the public prior to the time the Board votes on the motion to adopt.

Persons who wish to speak on matters set for PUBLIC HEARINGS will be heard when the Chair calls for comments from those persons who are in support thereof or in opposition thereto. After persons have spoken, the hearing is closed and the matter is subject to discussion and action by the Board. Comments on matters listed on the agenda or otherwise within the purview of the Board of Supervisors can be submitted to the office of the Clerk of the Board via mail: Board of Supervisors, 651 Pine Street Room 106, Martinez, CA 94553; by fax: 925-335-1913.

The County will provide reasonable accommodations for persons with disabilities planning to attend Board meetings who contact the Clerk of the Board at least 24 hours before the meeting, at (925) 335-1900; TDD (925) 335-1915. An assistive listening device is available from the Clerk, Room 106.

Copies of recordings of all or portions of a Board meeting may be purchased from the Clerk of the Board. Please telephone the Office of the Clerk of the Board, (925) 335-1900, to make the necessary arrangements.

Forms are available to anyone desiring to submit an inspirational thought nomination for inclusion on the Board Agenda. Forms may be obtained at the Office of the County Administrator or Office of the Clerk of the Board, 651 Pine Street, Martinez, California.

Applications for personal subscriptions to the weekly Board Agenda may be obtained by calling the Office of the Clerk of the Board, (925) 335-1900. The weekly agenda may also be viewed on the County's Internet Web Page: www.co.contra-costa.ca.us

STANDING COMMITTEES

The **Airport Committee** (Supervisors Diane Burgis and Karen Mitchoff) meets on the second Wednesday of the month at 11:00 a.m. at Director of Airports Office, 550 Sally Ride Drive, Concord.

The **Family and Human Services Committee** (Supervisors Candace Andersen and John Gioia) meets on the fourth Monday of the month at 10:30 a.m. in Room 101, County Administration Building, 651 Pine Street, Martinez.

The **Finance Committee** (Supervisors Karen Mitchoff and John Gioia) meets on the fourth Monday of the month at 9:00 a.m. in Room 101, County Administration Building, 651 Pine Street, Martinez.

The **Hiring Outreach Oversight Committee** (Supervisors Candace Andersen and Federal D. Glover) meets on the first Monday of every other month at 1:00 p.m. in Room 101, County Administration Building, 651 Pine Street, Martinez.

The **Internal Operations Committee** (Supervisors Diane Burgis and Candace Andersen) meets on the second Monday of the month at 1:00 p.m. in Room 101, County Administration Building, 651 Pine Street, Martinez.

The **Legislation Committee** (Supervisors Karen Mitchoff and Diane Burgis) meets on the second Monday of the month at 10:30 a.m. in Room 101, County Administration Building, 651 Pine Street, Martinez.

The **Public Protection Committee** (Supervisors John Gioia and Federal D. Glover) meets on the first Monday of the month at 10:30 a.m. in Room 101, County Administration Building, 651 Pine Street, Martinez.

The **Transportation, Water & Infrastructure Committee** (Supervisors Karen Mitchoff and Candace Andersen) meets on the second Monday of the month at 9:00 a.m. in Room 101, County Administration Building, 651 Pine Street, Martinez.

| | | | |
|--|---|------------|-----------|
| Airports Committee | August 14, 2019 | 11:00 a.m. | See above |
| Family & Human Services Committee | August 26, 2019 | 10:30 a.m. | See above |
| Finance Committee | August 26, 2019 | 9:00 a.m. | See above |
| Hiring Outreach Oversight Committee | October 7, 2019 | 1:00 p.m. | See above |
| Internal Operations Committee | August 12, 2019 Canceled September 9, 2019 | 1:00 p.m. | See above |
| Legislation Committee | August 12, 2019 Canceled September 9, 2019 | 10:30 a.m. | See above |
| Public Protection Committee | August 5, 2019 | 10:30 a.m. | See above |
| Sustainability Committee | August 1, 2019 Special Meeting | 10:00 a.m. | See above |
| Transportation, Water & Infrastructure Committee | August 12, 2019 | 9:00 a.m. | See above |

PERSONS WHO WISH TO ADDRESS THE BOARD DURING PUBLIC COMMENT OR WITH RESPECT TO AN ITEM THAT IS ON THE AGENDA, MAY BE LIMITED TO TWO (2) MINUTES

A LUNCH BREAK MAY BE CALLED AT THE DISCRETION OF THE BOARD CHAIR

AGENDA DEADLINE: Thursday, 12 noon, 12 days before the Tuesday Board meetings.

Glossary of Acronyms, Abbreviations, and other Terms (in alphabetical order):

Contra Costa County has a policy of making limited use of acronyms, abbreviations, and industry-specific language in its Board of Supervisors meetings and written materials. Following is a list of commonly used language that may appear in oral presentations and written materials associated with Board meetings:

AB Assembly Bill
ABAG Association of Bay Area Governments
ACA Assembly Constitutional Amendment
ADA Americans with Disabilities Act of 1990
AFSCME American Federation of State County and Municipal Employees
AICP American Institute of Certified Planners
AIDS Acquired Immunodeficiency Syndrome
ALUC Airport Land Use Commission
AOD Alcohol and Other Drugs
ARRA American Recovery & Reinvestment Act of 2009
BAAQMD Bay Area Air Quality Management District
BART Bay Area Rapid Transit District
BayRICS Bay Area Regional Interoperable Communications System
BCDC Bay Conservation & Development Commission
BGO Better Government Ordinance
BOS Board of Supervisors
CALTRANS California Department of Transportation
CalWIN California Works Information Network
CalWORKS California Work Opportunity and Responsibility to Kids
CAER Community Awareness Emergency Response
CAO County Administrative Officer or Office
CCCPCD (ConFire) Contra Costa County Fire Protection District
CCHP Contra Costa Health Plan
CCTA Contra Costa Transportation Authority
CCRMC Contra Costa Regional Medical Center
CCWD Contra Costa Water District
CDBG Community Development Block Grant
CFDA Catalog of Federal Domestic Assistance
CEQA California Environmental Quality Act
CIO Chief Information Officer
COLA Cost of living adjustment
ConFire (CCCPCD) Contra Costa County Fire Protection District
CPA Certified Public Accountant
CPI Consumer Price Index
CSA County Service Area
CSAC California State Association of Counties
CTC California Transportation Commission
dba doing business as
DSRIP Delivery System Reform Incentive Program
EBMUD East Bay Municipal Utility District
ECCPCD East Contra Costa Fire Protection District
EIR Environmental Impact Report
EIS Environmental Impact Statement
EMCC Emergency Medical Care Committee
EMS Emergency Medical Services
EPSDT Early State Periodic Screening, Diagnosis and Treatment Program (Mental Health)
et al. et alii (and others)
FAA Federal Aviation Administration

FEMA Federal Emergency Management Agency
F&HS Family and Human Services Committee
First 5 First Five Children and Families Commission (Proposition 10)
FTE Full Time Equivalent
FY Fiscal Year
GHAD Geologic Hazard Abatement District
GIS Geographic Information System
HCD (State Dept of) Housing & Community Development
HHS (State Dept of) Health and Human Services
HIPAA Health Insurance Portability and Accountability Act
HIV Human Immunodeficiency Syndrome
HOV High Occupancy Vehicle
HR Human Resources
HUD United States Department of Housing and Urban Development
IHSS In-Home Supportive Services
Inc. Incorporated
IOC Internal Operations Committee
ISO Industrial Safety Ordinance
JPA Joint (exercise of) Powers Authority or Agreement
Lamorinda Lafayette-Moraga-Orinda Area
LAFCo Local Agency Formation Commission
LLC Limited Liability Company
LLP Limited Liability Partnership
Local 1 Public Employees Union Local 1
LVN Licensed Vocational Nurse
MAC Municipal Advisory Council
MBE Minority Business Enterprise
M.D. Medical Doctor
M.F.T. Marriage and Family Therapist
MIS Management Information System
MOE Maintenance of Effort
MOU Memorandum of Understanding
MTC Metropolitan Transportation Commission
NACo National Association of Counties
NEPA National Environmental Policy Act
OB-GYN Obstetrics and Gynecology
O.D. Doctor of Optometry
OES-EOC Office of Emergency Services-Emergency Operations Center
OPEB Other Post Employment Benefits
OSHA Occupational Safety and Health Administration
PARS Public Agencies Retirement Services
PEPRA Public Employees Pension Reform Act
Psy.D. Doctor of Psychology
RDA Redevelopment Agency
RFI Request For Information
RFP Request For Proposal
RFQ Request For Qualifications
RN Registered Nurse
SB Senate Bill
SBE Small Business Enterprise
SEIU Service Employees International Union
SUASI Super Urban Area Security Initiative
SWAT Southwest Area Transportation Committee
TRANSPAC Transportation Partnership & Cooperation (Central)
TRANSPLAN Transportation Planning Committee (East County)

TRE or **TTE** Trustee

TWIC Transportation, Water and Infrastructure Committee

UASI Urban Area Security Initiative

VA Department of Veterans Affairs

vs. versus (against)

WAN Wide Area Network

WBE Women Business Enterprise

WCCTAC West Contra Costa Transportation Advisory Committee



Contra
Costa
County

To: Board of Supervisors
From: John Kopchik, Director, Conservation & Development Department
Date: July 30, 2019

Subject: Appeal of the County Planning Commission's approval of a land use permit to establish a Social Rehabilitation Facility

RECOMMENDATION(S):

1. OPEN the public hearing on an appeal of the County Planning Commission's approval of a land use permit to establish a social rehabilitation facility at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area, RECEIVE testimony, and CLOSE the public hearing.
2. DETERMINE that the proposed project is categorically exempt from the California Environmental Quality Act (CEQA) under CEQA Guidelines sections 15301 (existing facility).
3. DENY the appeals of Amy Majors and Linda Uhrenholt.
4. APPROVE a land use permit to establish a social rehabilitation facility operating a short-term crisis residential treatment program at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area, County File #LP18-2020.
5. APPROVE the attached findings and conditions of approval for County File #LP18-2020.
6. DIRECT the Department of Conservation and Development to file a CEQA Notice of Exemption with the County Clerk.

FISCAL IMPACT:

The applicant has paid the initial deposit and is responsible for any additional associated with processing the application.

- APPROVE OTHER
- RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

- AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019
 David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: 925-674-7867

cc:

BACKGROUND:

Summary

This hearing is an appeal of the County Planning Commission's approval of a land use permit to establish a social rehabilitation facility at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area. The Zoning Administrator originally approved a land use permit for the proposed project on November 5, 2018. Amy Majors and Tim Nykoluk appealed the Zoning Administrator's decision. On May 22, 2019, the County Planning Commission denied the appeals, and approved a land use permit for the proposed project with modified findings and conditions. Amy Majors and Linda Uhrenholt have appealed the County Planning Commission's decision.

Project Description

The applicants, Dr. Gregory Braverman and National Psychiatric Care and Rehabilitation Services, request approval of a land use permit to establish a social rehabilitation facility at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area. The previous occupants at 2181 Tice Valley Boulevard operated an elderly care facility under a land use permit for the treatment of up to 12 elderly patients. The proposed project would convert the existing elderly care facility to a social rehabilitation facility for adults. The proposed social rehabilitation facility will provide a short-term crisis residential treatment program for up to 12 clients initially, and the applicant would be allowed to request an increase to 16 clients after 6 months of operation.

The proposed facility and program will provide 24-hour non-medical care and supervision in a residential environment to clients recovering from emotional crises and mental illnesses. Care and supervision will occur in a group setting and include counseling and ongoing assessment, development of support systems in the community, a day program that encourages various types of interactions, and an activity program to encourage and promote socialization skills. The applicant operates several similar facilities in northern California, including locations in San Jose and Sacramento.

The program will be administered and managed by a program director and the facility will employ two licensed therapists, a licensed nursing staff, and a licensed social worker. Not fewer than four staff members will be present during daytime hours and not fewer than three staff members will be present during evening and nighttime hours.

Clients admitted to the facility must have a primary diagnosis of mental illness that can be expected to improve significantly through a residential psychiatric rehabilitation program. Under the applicant's admission criteria required by the State for licensing and certification, the facility will not admit clients actively using alcohol or other illicit drugs or clients with a primary diagnosis of substance abuse disorder. Additionally, clients must be medically cleared by the referring medical unit and must not have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management.

Social rehabilitation facilities are licensed and regulated by the California Department of Social Services. Short-term crisis residential treatment programs, like that proposed by the applicant, are certified and reviewed annually by the Department of Health Care Services. Standards for State licensing and certification include medication plan requirements, treatment/rehabilitation plans and documentation, admission and discharge criteria, physical environment requirements, staff qualifications and duties, and administrative policies and procedures. Both State departments conduct initial and unannounced annual inspections to ensure compliance with State regulations. Facilities licensed by the Department of Social Services are also subject to periodic unannounced inspections at any time. The results of these inspections are publicly available on the Community Care Licensing Division website. The proposed conditions of approval require the applicant to maintain its State license and certificate at

all times, and to report to the County any citations or notices of violations issued by the State.

A client's length of stay at the facility is regulated by the State. Length of stay will be in accordance with the client's assessed needs, but not to exceed 30 days, unless circumstances require a longer length of stay to ensure successful completion of the treatment plan and appropriate referral. Under no circumstances may a client's length of stay exceed 3 months. The applicant estimates that the average length of stay is approximately 18 days.

Facility clients will not be allowed to have personal vehicles on the premises. Transportation will be provided by the facility operator via a company van or through a taxi/ride share service. All meals will be catered daily, limiting the use of the existing kitchens at the facility.

Site Description

The subject lot is located at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area. The lot is located within a Single-Family Residential (R-20) zoning district and within a Single-Family Residential, Low Density (SL) General Plan land use designation. The lot is 22,215 square feet in size. Three buildings currently exist on the lot including two residential units and an accessory building that is not permitted for independent living. A large paved area at the front of the lot (adjacent to Tice Valley Boulevard) provides 7 off-street parking spaces.

The main residential unit is located near the front of the lot and meets the required minimum setbacks. The second residential unit, approved under County File #LP90-2060, is located approximately 117 feet from the front property line and was approved with a variance to the required side yard (10-foot approved, 15-foot required). The accessory building on the lot is a 451 square-foot office building approved by the building inspection department in 1989 (permit #155737). The accessory building is not permitted for independent living and may only be used as office space by facility staff.

Much of the surrounding area is populated by single-family homes in an R-20 zoning district. Most of the lots host ranch-style homes on half-acre parcels. The structures on the subject lot appear residential in nature and blend in well with the surrounding neighborhood. To the west of the subject lot is a residential project currently under development within the boundaries of the City of Walnut Creek.

County Planning Commission Hearing

The County Planning Commission heard the appeals of the Zoning Administrator's approval of the proposed social rehabilitation facility at the May 22, 2019 hearing. Public testimony at the hearing included comments both in favor and against the facility. Those in favor of the facility commented on the need for more community treatment facilities within Contra Costa County and the importance of addressing mental health issues. Those against the facility argued that a social rehabilitation facility would be more suitable near other medical type facilities, would cause a decline in property values, was inconsistent with the General Plan, required auditing, would cause traffic impacts, and would pose a safety risk due to the nature of the clients. The County Planning Commission voted 6-1 to deny the appeals and to approve a land use permit to establish a social rehabilitation facility at 2181 Tice Valley Blvd, in the unincorporated Walnut Creek area, with modifications to the conditions of approval. These modifications included allowing the applicant to request after 6 months of operation an increase in the number of patients from 12 to 16, requiring two additional parking spaces with one space being handicap accessible, requiring the implementation of a parking policy to reduce the use of on-street parking for those visiting the facility, not allowing outpatient services, and requiring the facility to comply with the fire district's requirements for the change in occupancy.

Staff Analysis

The proposed social rehabilitation facility is consistent with the General Plan as a “small residential care facility” and consistent with the Zoning Code as a “convalescent home.”

General Plan: The proposed project is within a Single-Family Residential, Low Density (SL) General Plan land use designation. The (SL) designation allows for single-family homes and accessory buildings and structures. The General Plan Land Use Element identifies “small residential care facility” as a secondary use that is compatible with the SL designation. The subject property was previously occupied by a 12-bed elderly care facility, a type of small residential care facility. The proposed social rehabilitation facility is a community care facility licensed and regulated by the State. The California Community Care Facilities Act, the act that regulates social rehabilitation facilities and other community care facilities, defines a social rehabilitation facility as a residential facility that provides social rehabilitation services in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling. Goal 4 of the Housing Element of the General Plan calls for an increase in the supply of appropriate and supportive housing for special needs populations. The proposed project will provide short-term residential services for individuals recovering from a mental illness, a special needs population. The proposed social rehabilitation facility will not conflict with the underlying Single-Family Residential, Low Density (SL) General Plan land use designation and is consistent with the County Housing Element.

Zoning: The subject property is located within the Single Family Residential (R-20) zoning district. The R-20 district allows for the establishment of a convalescent home with the approval of a land use permit. Staff interprets “convalescent home” as any institution for the care of patients recovering health and strength gradually after sickness or weakness. The former occupants of the subject property operated a residential elderly care facility, a type of convalescent home, at the property pursuant to a land use permit, #LP01-2045. The proposed social rehabilitation facility will provide 24-hour non-medical care and supervision in a residential environment to clients recovering from emotional crises and mental illnesses. Staff has determined that the proposed use is a type of convalescent home that may be established in the R-20 district after a land use permit is approved. Accordingly, the proposed use is consistent with the intent and purpose of the R-20 Zoning District and is an appropriate use for this property.

Environmental Review: This project is categorically exempt under CEQA Guidelines Class 1, Section 15301 – Existing Facilities. Section 15301 exempts projects that involve interior or exterior alterations of an existing structure and that involve negligible or no expansion of existing or former use. The proposed social rehabilitation facility will utilize the existing facilities on the property. No development is proposed as part of this project. Any alterations to the existing facilities will be internal. No expansion of any existing building and no new buildings will be constructed for the proposed project. The conditions of approval require fencing repairs, but the repair is anticipated to be a minor repair to existing fencing that will have no impact on the surrounding environment. Moreover, both the existing elderly care facility and the proposed social rehabilitation facility are 24-hour, non-medical residential care facilities. The proposed project will not be of greater intensity and will involve negligible or no expansion of the former use at the site.

Appeal of the County Planning Commission's Decision

The County received two appeals of the County Planning Commission's approval of a land use permit to establish a social rehabilitation facility at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area. The Department received Amy Majors appeal on May 31, 2019, and Linda Uhrenholt's appeal on June 3, 2019. Below is a summary of each appeal point and staff's response.

Appeal Point 1: *Previous staff reports for the project, upon which the approval is based, wrongly equate a social rehabilitation facility with a residential care facility for the elderly and convalescent home, which the R-20 district allows with an approved land use permit. There is no language in the zoning code that allows for a residential psychiatric facility, even with a land use permit.*

Response: The proposed social rehabilitation facility is a type of convalescent home, which is allowed in the R-20 district with a land use permit.

Appeal Point 2: *The Zoning Administrator approval incorrectly references and misapplies the transitional and supportive housing ordinance.*

Response: Transitional Housing and Supportive Housing are allowed uses in the R-20 zoning district after approval of a land use permit, but the proposed project is neither Transitional Housing nor Supportive Housing.

Appeal Point 3: *The County's environmental review is inadequate by way of the California Environmental Quality Act (CEQA) categorical exemption given to the project.*

Response: See the Environmental Review section under Staff Analysis, above.

Appeal Point 4: *There is concern about the staffing levels for the facility, and the qualification of and amount of staff present at the facility.*

Response:

Staffing levels of community care facilities and personnel qualifications are regulated by the State. A social rehabilitation facility operating a short-term crisis residential treatment program is required to have at least two direct care staff persons on duty, on the premises, any time clients are in the facility. Facility personnel must be competent to provide the services necessary to meet individual client needs and shall, at all times, be employed in numbers necessary to meet such needs. Additionally, the Department of Social Services may require any licensee to provide additional staff if it determines that additional staff are required to meet client needs.

The proposed facility will provide 24-hour non-medical care. A full-time licensed doctor is not required to facilitate the needs of the clients of the facility. The program will have licensed medical doctors available, but they will not always be on site. The program will be administered and managed by a program director and the facility will employ two licensed therapists, a licensed nursing staff, and a licensed social worker. Not fewer than four staff members will be present during daytime hours and not fewer than three staff members will be present during evening and nighttime hours.

Appeal Point 5: *Concern over the Public Protection finding and the finding that "The proposed project shall not create a nuisance and/or enforcement problem within the neighborhood or community."*

Response: Facility clients will be supervised by qualified staff members as required by State law. Clients will be accompanied by staff members whenever clients leave the facility property. Pursuant to its State license and certification, the proposed facility is not authorized to admit clients with a primary diagnosis of substance use disorder or clients that have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management. Conditions related to ongoing monitoring, maintenance of State licenses, reporting requirements, and a neighbor complaint policy will ensure that the facility is operated in a safe manner.

Licensed facilities are required to report any issue or complaint directly to the State. These complaints are viewable on the DSS licensing website. The applicant currently operates two other facilities in the State, located in Sacramento and San Jose. Between these two facilities (31 beds total), one citation has been issued due to a client being locked out of the facility, and no complaints have been filed.

Staff contacted the Sacramento Police Department for call-for-service data between January 2013 and October 2018 related to the applicant's Sacramento location. The applicant began operating its Sacramento location in August 2015. An unknown type of residential treatment facility was operated at the location before the applicant began operating its Sacramento facility. Before the applicant's Sacramento facility opened, there were 17 calls for service in 2013, 29 calls in 2014, and 16 calls up until August 2015 (approximately 21 calls per year). There was a significant drop-off in calls for service after the applicant began operating its facility. There were no calls for the remainder of 2015, 7 calls in 2016, 10 calls in 2017, and 13 calls through October of 2018 (approximately 10 calls per year). Calls for service for the Sacramento facility are typically related to missing person reports. The applicant files a report whenever a client leaves the premises without informing facility staff. The proposed conditions of approval require closed-circuit cameras at all facility exits and monitoring by 24-hour security staff. The proposed conditions will help address potential safety and enforcement concerns.

National Psychiatric Care and Rehabilitation Services is also accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is an independent, nonprofit organization focused on advancing the quality of services for rehabilitation programs. Accreditation through CARF is an ongoing process, meaning that the facility has to continually maintain a high level of care in order to retain their accreditation. Accreditation through CARF demonstrates that the facility provides a high level of care, is committed to improving their services, and has experience in appropriately managing risk.

Appeal Point 6: *There is confusion over length of stay for clients of the facility.*

Response: A client's length of stay at a social rehabilitation facility operating a short-term crisis residential treatment program is regulated by the State. Length of stay will be in accordance with the client's assessed needs, but not to exceed 30 days, unless circumstances require a longer length of stay to ensure successful completion of the treatment plan and appropriate referral. Under no circumstances may a client's length of stay exceed 3 months. The applicant estimates that the average length of stay is approximately 18 days.

Appeal Point 7: *Where is the neighborhood complaint policy? How do individuals contact the facility in case of emergencies?*

Response: The proposed conditions of approval require that prior to the operation of the facility, the applicant must submit to the Department a neighbor complaint policy that provides a procedure for immediate response to incidents and complaints. The policy must include, at a minimum, the following:

- The applicant, facility operator, or person designated by the applicant or facility operator is notified of the incident.
- The applicant, facility operator, or person designated by the applicant or facility operator personally investigates the matter.
- The person making the complaint or reporting the incident receives a written response of action taken or a reason why no action needs to be taken.
- In order to assure the opportunity for complaints to be made directly to the applicant, facility operator, or person designated by the applicant or facility operator, and to provide the opportunity for applicant, facility operator, or person designated by the applicant or facility operator to meet residents and learn of problems in the neighborhood, the policy shall establish a fixed time on a weekly basis when the applicant, facility operator, or person designated by the applicant or facility operator will be present.
- Documentation of all complaints received, and any response or action taken by the applicant, facility operator, or person designated by the applicant or facility operator to address a complaint, shall be included in the quarterly reports provided to DCD.

Staff will make the neighbor complaint policy available to neighbors upon request. Additionally, the conditions of approval require the applicant to submit a quarterly report to the Department including any incidents involving the operation of the facility and any complaints that arise from members of the community, and the steps the facility operator took to address the incidents or complaints

Other points brought up in the appeals: Several other items were raised in the appeal letters that do not relate to the land use findings or the County Planning Commission approval of the project, but are mentioned here: the lack of cellular connectivity in the area, the facility's social media policy, potential client privacy violations within the facility due to social media, how the applicant will utilize the *Nextdoor* application network, and facility client education about the surrounding community and specifically the number of growing homeless encampments in the area.

CONSEQUENCE OF NEGATIVE ACTION:

If the Board of Supervisors grants the appeal, a land use permit to establish a social rehabilitation facility at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area will not be approved.

CHILDREN'S IMPACT STATEMENT:

The proposed project will not impact children's programs within the County

CLERK'S ADDENDUM

Public speakers: Jonathan Marsh, Valerie Sloven, Kathy Colliau, Oscar Cuzzani, Robin Smith, Miriam Glickman, Gigi Crowder, Steve Hatch, Elizabeth King, Karen Cohen, Shauna McGlynn, Ronda Depluzes, Judy Weatherly, Rosemarie Frydman, Sally Sweetser, Penny Nemped, Geraldine Field, Clave Beckner, Douglas Dunn, Daniel Raemer, Daina Glasson.

Opened the public hearing on an appeal of the County Planning Commission's approval of a land use permit to establish a social rehabilitation facility at 2181 Tice Valley Boulevard in the unincorporated Walnut Creek area, received testimony, and closed the public hearing.

Determined that the proposed project is categorically exempt from the California Environmental Quality Act (CEQA) under CEQA Guidelines sections 15301 (existing facility). Denied the appeals of Amy Majors and Linda Uhrenholt. Approved a land use permit to establish a social rehabilitation facility operating a short-term crisis residential treatment program at 2181 Tice Valley Boulevard in the

unincorporated Walnut Creek area, County File #LP18-2020. Approved the attached findings and conditions of approval for County File #LP18-2020. Directed the Department of Conservation and Development to file a CEQA Notice of Exemption with the County Clerk.

AGENDA ATTACHMENTS

Findings and Conditions of Approval

Appeal Letter to Board - Amy Majors

Appeal Letter to Board - Linda Uhrenholt

Program Description

Maps

Project Plans

Powerpoint

MINUTES ATTACHMENTS

correspondence

correspondence part 2

FINDINGS AND CONDITIONS OF APPROVAL FOR COUNTY FILE #LP18-2020, GREGORY BRAVERMAN (APPLICANT) AND HANNAM HOMES, INC. (OWNER) AS APPROVED BY THE COUNTY PLANNING COMMISSION ON MAY 22, 2019.

FINDINGS

A. Growth Management Performance Standards

1. **Traffic:** Implementation Measure 4-c of the Growth Management Element of the General Plan requires a traffic impact analysis if a project will generate more than 100 AM or PM peak hour trips. Since the clients of the social rehabilitation facility are not allowed to have personal vehicles, it is reasonable to assume that the project will not generate more than 100 peak hour trips, and in all likelihood will be less. Therefore, a traffic impact analysis was not required. The facility will have four staff members during the day and two during night hours. The existing parking area will be sufficient to accommodate all vehicles expected to be at the facility. As such, the project will not adversely affect traffic levels in the area.
2. **Water:** The subject property currently obtains water service from the East Bay Municipal Utility District (EBMUD). The institution of a social rehabilitation facility at the site of a previous elder care facility will not incrementally increase the use of water at the site or substantially increase the demand for water service at the property. Any change to water service at the project site will be reviewed and approved by EBMUD.
3. **Sanitary Sewer:** The subject property currently receives sanitary sewer service from the Central Contra Costa Sanitary District (CCSD). The proposed change is not expected to produce an unmanageable added capacity demand on the wastewater system, nor interfere with existing facilities. However, comments from CCSD state that the existing sanitary sewer lateral is not large enough to meet CCSD's requirements for commercial properties. In addition, capital improvement fees are required for added wastewater capacity demand. Prior to submitting a building permit application, the applicant is responsible for submitting plans to the Sanitary District and receiving its stamped approval.
4. **Fire Protection:** The project site is in the service area of the Contra Costa County Fire Protection District. . The applicant is required to obtain building permits for any necessary ADA upgrades or improvements needed for the facility. The Fire

District will inspect the facility prior to occupancy to confirm that the facility meets the required fire protection elements for its occupancy type. Prior to submitting a building permit application, the applicant is responsible for submitting plans to the Fire District and receiving its stamped approval.

5. **Public Protection:** The proposed project will not require any increase in public protection services. The proposed facility will not create new housing, provide previously unavailable services, nor will it provide substantial amounts of new business opportunities within the County that would result in a significant population increase. Therefore, the project will not impact the County's ability to maintain the standard of having 155 square feet of Sherriff's facility per 1,000 members of the population.
6. **Parks and Recreation:** The project will not create any housing units, and therefore, will not increase the demand for parks or recreational facilities.
7. **Flood Control and Drainage:** The project site is not located within a flood-prone area as determined by FEMA, the Federal Emergency Management Agency. The proposed project will utilize the existing facilities from the former residential elderly care facility and is not proposing any new structures. Therefore, the project will not create a hazard associated with any existing flood hazard condition.

B. **Land Use Permit Findings**

The following are required findings for the approval of a land use permit.

1. *The proposed project shall not be detrimental to the health, safety and general welfare of the county.*

Project Finding: The proposed social rehabilitation facility will be licensed and regulated by the California Department of Social Services. The short-term crisis residential treatment program proposed by the applicant will be certified and reviewed annually by the Department of Health Care services. Standards for licensing and certification include medical requirements, treatment/rehabilitation plans and documentation, admission and discharge criteria, physical environment requirements, staff qualifications and duties, and administrative policies and procedures. The State conducts unannounced annual inspections to ensure

compliance with State requirements. Additional inspections may be conducted for case management purposes. The applicant will be required to maintain its State license and certificate at all times, and to report to the County any citations or notices of violations issued by the State.

Clients admitted to the proposed facility must have a primary diagnosis of mental illness that can be expected to improve significantly through a residential psychiatric rehabilitation program. Under the applicant's admission criteria required by the State for licensing and certification, the facility will not admit clients actively using alcohol or other illicit drugs or clients with a primary diagnosis of substance abuse disorder. Additionally, client's must be medically cleared by the referring medical unit and must not have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management.

Additional conditions imposed to ensure that the project will not present health and safety risks to the public include 24-hour video surveillance, onsite security staff, fencing improvements, no unaccompanied clients when leaving the facility property, and a neighbor complaint policy intended to foster open communication between neighbors and the facility operator and timely resolutions to any complaints. The project is also conditioned to obtain approval from the water and sanitary utilities, and the fire department, prior to the issuance of any building permit or operation of the facility, whichever occurs first.

As conditioned, the proposed social rehabilitation facility will not be detrimental to the health, safety, and general welfare of the County.

2. *The proposed project shall not adversely affect the orderly development within the County or the community.*

Project Finding: Allowing the establishment of a social rehabilitation facility within the former elderly care facility will not require any additional development or expansion of the existing buildings. The project is conditioned to comply with all the requirements of the regulatory and utility agencies prior to operation of the facility. Accordingly, the propose project will not adversely affect the orderly development in the County or the community.

3. *The proposed project shall not adversely affect the preservation of property values and the protection of the tax base within the county.*

Project Finding: The proposed social rehabilitation facility is similar in use and intensity to the former residential elderly care facility operated at the site. The proposed facility operating within existing buildings already equipped to serve its proposed function will have no negative effects on property values. The proposed project will not adversely affect the preservation of property values and the protection of the tax base within the County.

4. *The proposed project shall not adversely affect the policy and goals as set by the General Plan.*

Project Finding: The General Plan allows small residential care facilities as a secondary use in the Single-Family Residential, Low Density (SL) district. This facility will replace an existing residential elderly care facility on the same parcel. Therefore, the establishment of a social rehabilitation facility will not adversely affect the policy and goals as set by the general plan, as the site already supports a similar use. Approval of this facility will be consistent with and promote the Contra Costa County Housing Element, Goal #4, which calls for an increase the supply of appropriate and supportive housing for special needs populations.

5. *The proposed project shall not create a nuisance and/or enforcement problem within the neighborhood or community.*

Project Finding: The establishment of a social rehabilitation facility is not anticipated to create a crime or nuisance problem within the Walnut Creek area. Clients will be under the supervision of qualified staff members as required by State law. Clients will be accompanied by staff members whenever clients leave the facility property. Pursuant to its State license and certification, this facility is not authorized to admit clients with a primary diagnosis of substance use disorder or clients that have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management. Conditions related to ongoing monitoring, maintenance of State licenses, reporting requirements, and a neighbor complaint policy will ensure that the facility is operated in a safe manner within the community. The proposed project will not create a nuisance or enforcement problem within the neighborhood or community.

6. *The proposed project shall not encourage marginal development within the neighborhood.*

Project Finding: The establishment of a social rehabilitation facility within the existing buildings of a residential elderly care facility will not encourage marginal development within the community. Some internal construction and remodeling will be required, such as the removal of the unpermitted kitchen in the small office building. However, establishment of the proposed facility does not require any additional development or expansion to the buildings. Thus, the proposed project will not encourage marginal development within the neighborhood.

7. *That special conditions or unique characteristics of the subject property and its location or surroundings are established.*

Project Finding: The existing residential elderly care facility at this site is already equipped with the bedrooms required to house the proposed number of clients for the proposed facility and is therefore ideal for the proposed use. No additional development or expansion of the existing buildings will be required to accommodate the proposed social rehabilitation facility. In addition, the existing seven parking spaces will accommodate the required parking for the proposed facility. Finally, the proposed short-term crisis residential program operated by the proposed facility is intended to assist clients in the acquisition, testing, and/or refinement of community living and interpersonal skill in a residential environment. The existing facilities located in the surrounding residential community furthers the proposed social rehabilitation facility's treatment goals.

CONDITIONS OF APPROVAL FOR COUNTY FILE #LP18-2020

Land Use Permit Approval

1. A Land Use Permit is APPROVED to modify County File #LP01-2045 for the conversion of an existing elderly care facility to a social rehabilitation facility for up to 12 adult clients over 18 years of age. Clients that are 60 years of age or older must be ambulatory. After 6 consecutive months of facility operation, the applicant may request that the facility be allowed to treat up to 16 clients. If the applicant submits a request, DCD will provide written notice of the request to all owners of real property within 300 feet of the facility. The notice shall state the last day to

request a public hearing on the request. If no request for a public hearing is received by DCD by the last day stated in the notice, the Zoning Administrator may, without public hearing, approve or deny the applicant's request. If a request for a public hearing is received by DCD by the last day stated in the notice, DCD will schedule and notice a public hearing on the request for consideration by the Zoning Administrator.

This approval is based on the following documents received by the Department of Conservation and Development, Community Development Division (CDD):

- Application and materials received on July 5, 2018
- Program description received July 24, 2018
- Revised plans received August 10, 2018
- Program and Service Description received April 16, 2019
- Admission Policy received April 16, 2019

Any deviation from the approved plans or any expansion beyond the limits of this land use permit shall require the review and approval of the CDD and may require approval of a new Land Use Permit.

2. The applicant shall provide a quarterly report to DCD on January 15th, April 15th, July 15th, and October 15th during each year the facility is operated. The applicant shall submit the first quarterly report within 90 days after the facility has commenced operating. The quarterly report will include any incidents involving the operation of the facility, any complaints submitted by any member of the community, and the steps the facility operator took to address the incidents and complaints. With the first quarterly report, the applicant shall submit a time and material fee deposit of \$500 for DCD staff's on-going review of project condition compliance, including the monitoring of quarterly reports submitted by the applicant. After 5 consecutive years of facility operation, the applicant may request a land use permit amendment to eliminate the on-going compliance review.
3. The applicant shall install closed circuit cameras at all exits of the facility with video screen monitoring and ensure monitoring by 24-hour security staff.
4. The applicant shall not provide out-patient services at this facility.
5. The applicant shall ensure that a facility staff member accompanies any admitted

facility client that leaves the facility property.

Application Costs

6. The Land Use Permit application was subject to an initial deposit of \$2,700.00 that was paid with the application submittal, plus time and material costs if the application review expenses exceed the initial deposit. Any additional fee due must be paid prior to submittal of a building permit, or 60 days of the effective date of this permit, whichever occurs first. The fees include costs through permit issuance and final file preparation. Pursuant to Contra Costa County Board of Supervisors Resolution Number 2013/340, where a fee payment is over 60 days past due, the application shall be charged interest at a rate of ten percent (10%) from the date of approval. The applicant may obtain current costs by contacting the project planner. A bill will be mailed to the applicant shortly after permit issuance

Signage:

7. Any proposed signage shall be reviewed and approved by DCD prior to sign construction or placement.

Licenses

8. Prior to operation of the facility, the applicant shall provide to DCD copies of all federal, state, and county permits, licenses, and certificates required to operate a social rehabilitation facility and short-term crisis residential treatment program. The applicant shall maintain as current and valid all such permits, license, and certificates while the facility is in operation. The applicant shall submit to DCD annually any annual renewals of such permits, license, and certificates. The applicant shall report to DCD any citation or notice of violation issued in connection with such permits, license, and certificates within 48 hours of the issuance of the citation or notice of violation.
9. The applicant shall disclose all public documents related to reportable incidents or State licensing review, including the annual State license review, upon request by any member of the community.

Neighbor Complaint Policy

10. Prior to operation of the facility, the applicant shall submit to DCD a neighbor complaint policy that shall provide a procedure for immediate response to incidents and complaints and includes, at a minimum, the following:
- a. The applicant, facility operator, or person designated by the applicant or facility operator is notified of the incident.
 - b. The applicant, facility operator, or person designated by the applicant or facility operator personally investigates the matter.
 - c. The person making the complaint or reporting the incident receives a written response of action taken or a reason why no action needs to be taken.
 - d. In order to assure the opportunity for complaints to be made directly to the applicant, facility operator, or person designated by the applicant or facility operator, and to provide the opportunity for applicant, facility operator, or person designated by the applicant or facility operator to meet residents and learn of problems in the neighborhood, the policy shall establish a fixed time on a weekly basis when the applicant, facility operator, or person designated by the applicant or facility operator will be present.
 - e. Documentation of all complaints received, and any response or action taken by the applicant, facility operator, or person designated by the applicant or facility operator to address a complaint, shall be included in the quarterly reports provided to DCD.

Parking

11. The applicant shall provide 9 total off-street parking spaces with at least one accessible parking space.
12. Prior to commencement of operation, the applicant shall submit to the Community Development Director a parking policy that requires on-site parking by facility staff and discourages off-site parking by guests.

Exterior lighting

13. Prior to installing any exterior lighting, the applicant shall submit an exterior lighting plan for review and approval of DCD to ensure glare does not create an impact on adjoining residential properties.

Fencing

14. The applicant shall repair and maintain the existing fencing at the facility to be compatible with the surrounding community. Prior to the operation of the facility, the applicant shall provide to DCD evidence that the fencing has been adequately repaired.

Construction Restrictions

15. All construction activity shall comply with the following restrictions. These restrictions shall be included on the construction drawings:
 - a. Prior to the operation of the facility, the applicant is required to obtain a building permit for the removal of the unpermitted kitchen located in the office building. The applicant must obtain approvals from the Fire District, Sanitary District, and Environmental Health Division (if applicable), prior to submittal of the building permit application.
 - b. The applicant shall comply with all Contra Costa County Fire District requirements, including the installation of internal fire suppression systems.
 - c. The applicant shall make a good faith effort to minimize project-related disruptions to adjacent properties, and to uses on the site. This shall be communicated to all project-related contractors.
 - d. The applicant shall require their contractors and subcontractors to fit all internal combustion engines with mufflers which are in good condition and shall locate stationary noise-generating equipment such as air compressors as far away from existing residences as possible.
 - e. The site shall be maintained in an orderly fashion. Following the cessation of construction activity, all construction debris shall be removed from the site.
 - f. Large trucks and heavy equipment shall be subject to the same restrictions that are imposed on construction activities, except that the hours are limited to 9:00 AM to 4:00 PM.
 - g. All construction activities shall be limited to the hours of 8:00 AM to 5:00 PM, Monday through Friday, and are prohibited on state and federal holidays on

the calendar dates that these holidays are observed by the state or federal government as listed below:

New Year's Day (State and Federal)
Birthday of Martin Luther King, Jr. (State and Federal)
Washington's Birthday (Federal)
Lincoln's Birthday (State)
President's Day (State and Federal)
Cesar Chavez Day (State)
Memorial Day (State and Federal)
Independence Day (State and Federal)
Labor Day (State and Federal)
Columbus Day (State and Federal)
Veterans Day (State and Federal)
Thanksgiving Day (State and Federal)
Day after Thanksgiving (State)
Christmas Day (State and Federal)

For specific details on the actual day the State and Federal holidays occur, please visit the following websites:

Federal Holidays:
<http://www.opm.gov/fedhol>

California Holidays
http://www.edd.ca.gov/payroll_taxes/State_Holidays.htm

ADVISORY NOTES

ADVISORY NOTES ARE NOT CONDITIONS OF APPROVAL; THEY ARE PROVIDED TO ALERT THE APPLICANT TO ADDITIONAL ORDINANCES, STATUTES, AND LEGAL REQUIREMENTS OF THE COUNTY AND OTHER PUBLIC AGENCIES THAT MAY BE APPLICABLE TO THIS PROJECT.

- A. NOTICE OF OPPORTUNITY TO PROTEST FEES, ASSESSMENTS, DEDICATIONS, RESERVATIONS OR OTHER EXACTIONS PERTAINING TO THE APPROVAL OF THIS PERMIT.

Pursuant to California Government Code Section 66000, et seq., the applicant has the opportunity to protest fees, dedications, reservations or exactions required as

part of this project approval. To be valid, a protest must be in writing pursuant to Government Code Section 66020 and must be delivered to the Community Development Division within a 90-day period that begins on the date that this project is approved. If the 90th day falls on a day that the Community Development Division is closed, then the protest must be submitted by the end of the next business day.

B. Additional requirements may be imposed by the following agencies:

- Department of Conservation and Development, Building Inspection Division
- Health Services Department, Environmental Health Division
- Contra Costa County Fire Protection District
- Central Contra Costa Sanitary District
- East Bay Municipal Utility District
- California Department of Health Care Services

The Applicant is strongly encouraged to review these agencies' requirements prior to continuing with the project.

From: AMY Majors
Sent: Thursday, May 30, 2019 8:49 PM
To: Amy Majors
Subject: Appeal of LP 18-2020 to CCCounty Board of Supervisors

CONTRA COSTA
2019 MAY 31 PM 1:36
APPLICATIONS & PERMIT CENTER
LP18-2020

On May 30, 2019, at 4:58 PM, AMY Majors <amajors@sbcglobal.net> wrote:

>>

>> To whom it may concern- I am requesting an appeal of LP 18-2020 that was given a conditional approval by the Zoning Administrator 11/5/18 and which was later upheld by the Planning Commission 5/22/19.

>>

>> My grounds for my appeal include but are not limited to the following:

>>

>> This the first time DCD has processed a request for a modified land use permit for a residential psychiatric facility and I believe this is reflected in the lack of precision in applying both the local land use allowances and state homeless mandates.

>> The CCCounty Ordinance Code: Title 8 -ZONING: Article 84-14.402 (related to a R-20 district) expressly allows for an eldercare facility of no more than 6 persons on this property at 2181 Tice Valley Blvd, Walnut Creek. It was on this basis that Hannam Homes operated and later expanded to 12 persons with the approval of a land use permit (LP 01-2045).

>>

>> The current owner, Dr. Gregory Braverman dba National Psychiatric Care and Rehabilitation Services requested this land use permit be modified "to allow the conversion of an existing 12 bed eldercare facility to a Social Rehabilitation Facility operating a Short-Term Crisis Residential Treatment Program for adults ages 18-59".

>> This request was conditionally approved by the Zoning Administrator and this approval was modified and upheld by the Planning Commission.

>>

>> #1) The DCD staff report, upon which the approval is based, erroneously equates a psych facility with an eldercare facility and a convalescent home, which is also allowed for land use in the R-20 District with an approved land use permit.

>>

>> The CA licensing guidelines and requirements are separate and distinct for each of these uses. Per the Department of Social Services (who licenses both a Social Rehabilitation Facility and a Residential Care Facility for the Elderly), only one license is issued per site. In other words, you cannot operate a SRF and simultaneously be licensed to operate as a RCFE. Also, there is NO language in the zoning code in the R-20 district that allows for a residential psychiatric facility, even with a land use permit.

>>

>> The differences in use and intensity of these three types of facilities underscores how the county has mistakenly conflated them and with this overreach, arbitrarily allowed the approval of LP 18-2020. The integrity of the county's zoning code is compromised by this approval, and both the ZA and PC have unilaterally assumed the role of a legislative body.

>>

>> Further, the proposed psych facility as a Social Rehabilitation Facility is a NON-MEDICAL facility, addressing a special segment of the population on a short term basis 18+59 yrs old (per Dr. Braverman's Pgm and Service Description) who are in serious emotional crises, medicated with psychotropic drugs that carry their own risks with potentially dangerous side effects. This facet of psychotropic drugs and risks connected with patients suffering from a wide array of mental illnesses again differentiates a psych facility in intensity and use from both an eldercare facility and convalescent home.

>>

>> A convalescent home (also known as a skilled nursing facility and licensed by the Department of Public Health) in contrast provides high-level MEDICAL care for patients recovering from surgeries, strokes, injuries, etc. This may be a short or long term service, which includes IV and physical therapy, wound care, injections, related medical equipment, etc.

>>

>> The difference in intensity is also exemplified by one of the ZA's own conditions of approval where she requires heightened security with closed-circuit TV monitors at all exits and a 24 hour security guard. These requirements reflect the higher level of risk connected with mentally ill patients with possible histories of hostility, aggression, violence, etc toward themselves and/ or others that is unique and different from patients at a convalescent home or eldercare facility.

>>

>> A Residential Care Facility for the Elderly (also called assisted living or board and care facilities) means a housing arrangement that provides varying levels of (personal) care and (protective) supervision for those 60 years of age and older. Again, a different segment of the population that has different levels of intensity and use. Important to note - where psychotropic drugs are routinely administered by Dr. Braverman to his clients 18+59 years old, there are warnings by pharmaceutical companies in the avoidance of providing such meds to the elderly.

>>

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>> #2) The Zoning Administrator with her 11/5/18 approval refers to a 2007 state law (that mandates CA counties address housing for the homeless) with terms like 'transitional and supportive housing'. These terms have been misapplied here —they have been 'cut and pasted' from the law and inserted into the DCD report as a rationale for (wrongly) approving the psych facility.

>>

>> Addressing homelessness in this 2007 CA law, "Transitional housing" provides housing for up to 2 years and prepares residents to transition to permanent housing. Supportive housing has no limit on length of stay, targeting homeless people, family and youth.

>>

>> Dr. Braverman attests in his Letter of Intent that he will not be servicing the homeless and per his "Pgm and Service Description" his clients have an average stay of 18 days. And yet, the ZA erroneously references this housing law when asserting as an underlying reason for her approval. Therefore the conditional approval for LP18-2020 must be reversed.

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>> #3 The county's environmental review is inadequate by way of the CEQA categorical exemption given to Dr. Braverman. That exemption is not available where, as here, there is an actual change in the use of the facility.

>> This has been highlighted earlier in this letter—the intensities and uses at this site as an eldercare facility versus what would be manifest as a psychiatric facility — there is a demonstrable difference. Therefore, a false equivalency is being applied to allow this exemption and the county should prepare a full initial study under CEQA and any further environmental review as required by the initial study.

>>

>>

>> In conclusion, there is no legal authority in the county codes for the placement of a Social Rehabilitation Facility in the Tice Valley R-20 district. By way of the ZA's And the PC's conditional approval, the SRF has been erroneously 'shoe horned' into an authorized land use 'slot' intended specifically for an eldercare residential facility. This is a mistaken attempt in applying the codes and must be corrected by reversing the approval.

Respectfully submitted,

Amy Majors

>> Sent from my iPad

>

Linda Uhrenholt
2252 Tice Valley Blvd
Walnut Creek, CA 94595

CONTRA COSTA
2019 JUN -3 PM 12:17
APPLICATION & PERMIT CENTER

To whom it may concern- I am requesting an appeal of LP 18-2020 that was given a conditional approval by the Zoning Administrator 11/5/18 and which was later upheld by the Planning Commission 5/22/2019.

My grounds for appeal include by are not limited to the following concerns:

1. Onsite Physical Supervision and Onsite Physical Licensed Medical Staff Concern

“The program will be administered and managed by a program director and will employ two licensed therapists, a licensed nursing staff, and a licensed social worker. Not fewer than four staff members will be present during daytime and not fewer than three staff members will be present during evening and nighttime hours.”

A. Owner Dr. Gregory Braverman dba National Psychiatric Care and Rehabilitation Services, maintained that there would be a licensed professional medical doctor or nurse on the premise at all times. The applicant attested to the fact that “clients admitted to the proposed facility have a primary diagnosis of mental illness.” The project description as written does not specify that a licensed professional medical doctor or licensed nurse will be physically present on the premise and immediately available at all times for supervision and medical needs for the health; well being of the residents. For instance, Dr. Gregory Braverman dba National Psychiatric Care and Rehabilitation Services website states the Sacramento location team as being the Program Director, Intake Coordinator, Mental Health Worker, Lead Marriage Family Therapist and a Nurse Manager. The San Jose location team is written as two Psychiatrists, a Clinical Supervisor, one Licensed Psychiatric Technician and one Mental Health Worker.

B. National Psychiatric Care and Rehabilitation Services is affiliated with Kaiser Permanente. Dr. Braverman established and confirmed this affiliation. Given that Kaiser Permanente does provide a telepsychiatry platform for behavioral health services (since 2017) using Vidyo, video collaboration platform, will Dr. Braverman’s proposed facility be using videoconference technology as a vehicle

for “staff members being present”? The definition of “being present” has changed due to the technologies that allow us to interact and see each other. I am involved with videoconferencing and have been involved in this industry and have often said, “Yep, I’m present” when I’m thousands of miles away.

2. Public Protection Concern

“The proposed project will not require any increased public protection services. The project will not impact the County’s ability to maintain the standard of having 155 square feet of Sherriff’s facility per 1,000 members of the population.”

A. This decision was partly based on the “County’s ability to maintain the standard of having 155 square feet of Sheriff’s facility per 1,000 members of the population.” It is my understanding that no hard data was collected from the Contra Costa County Sheriff’s Department nor the City of Walnut Creek to determine if existing area social rehabilitation facilities do or do not generate a disproportional number of calls for law enforcement, thus my concern. An example of collected information is the Police Department for the City of Colton, CA (population 53,000+) collected data that included “calls for services and reports” over a specific time frame. Calls were related to aggressive behavior, missing residents and sexual assault. They determined that the proposed facility would significantly increase the needed resources to serve the residential neighborhood.

Having “graduated” from the CCC Sheriff’s Citizens Academy” I have a high respect for any law enforcement officer and what an increased responsibility might lend.

3. Length of Stay Concern / Confusion

Dr. Braverman attests in his Letter of Intent that he will not be servicing the homeless and per his “Pgm and Service Description” his clients have an average stay of 18 days. The project description states, “Under no circumstances may a client’s length of stay exceed 3 months.” The applicant estimates that the average length of stay is approximately 18 days. The applicant’s Admission Policy reads, “Length of stay will never exceed 3 months.”

A. I have found that on many occasions the residents have stayed longer than 3 months. One example: A client's Social Media Site he states with pictures that he has been a resident for 5 months. "It has been an amazing 5 months here in Sacramento." <https://www.imgrumweb.com/hashtag/npcrs>

B. What is the length? At the Planning Commission hearings, I have found Dr. Braverman not to be upfront with this.

3. Concern over the findings that *"The proposed project shall not create a nuisance and/or enforcement problem within the neighborhood or community."*

"The establishment of a social rehabilitation facility is not anticipated to create a crime or nuisance problem within the Walnut Creek area. Clients will be under the supervision of qualified staff members as required by State law. Clients will be accompanied by staff members whenever clients leave the facility property."

A. "Not anticipated..." Again, where is the data has I expressed in my previous concern to substantiated the "Not anticipated"? I didn't anticipate the following crimes in the neighborhood but they recently occurred.

VC 10851 - STOLEN VEHICLE

20XX TICE VALLEY

May 28, 2019 at 10:10 am

VC 10851 - STOLEN VEHICLE

14XX CREEKSIDE DR

May 21, 2019 at 10:00 pm

IMPOUND TOW

ROSSMOOR PK / OLD OAK DR

May 22, 2019 at 2:20 pm

TRAFFIC ACCIDENT NON INJURY

4XX MONTECILLO DR

May 21, 2019 at 8:35 am

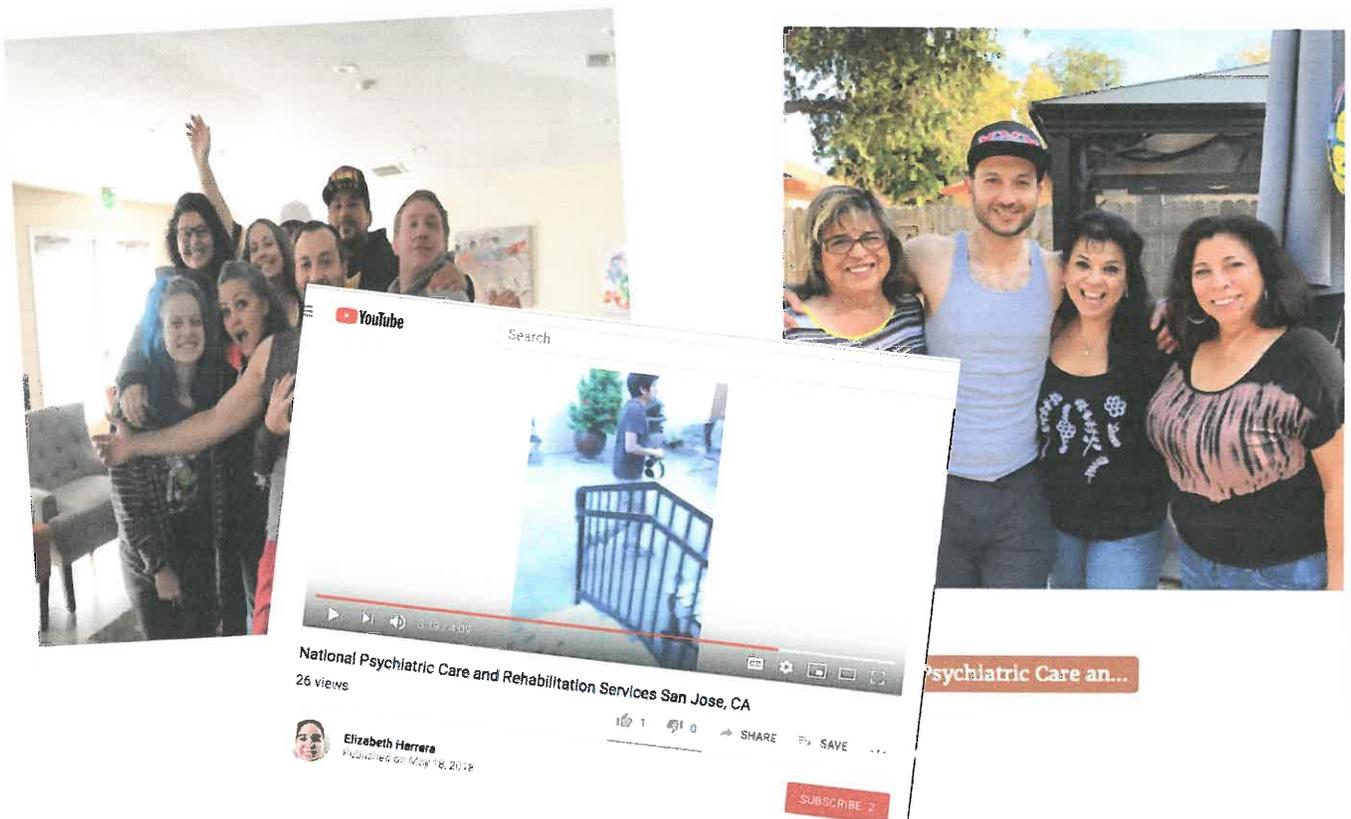
"Clients will be accompanied by staff members whenever clients leave the facility property. Conditions related to ongoing monitoring, maintenance of State licenses, reporting requirements, and a neighbor complaint policy will ensure that the facility is operated in a safe manner within the community."

B. What is the guarantee that the number of staff remaining at the facility is within the law of the number of staff physically onsite?

C. Tice Valley area cellular connectivity whether AT&T, Verizon, Comcast and beyond is poor. In the project description I don't see where there has been a Field Test to determine signal strength in the immediate area (accurate strength is not number of bars on your phone). Has there been one? Residents are walking and there is an emergency it is often hard to reach emergency services.

D. What is the National Psychiatric Care and Rehabilitation Services employee social media policy and training to help ensure the safety of the facility, clients and neighborhood? Without a policy and training my concern is that not only the staff but also residents (they are allowed to have cell phones, Wi-Fi, computers) could undermine the neighborhood and neighborhood individuals with negative social media posts and images. Clients can photograph or videotape their peers and upload the content to social media sites immediately. Do most residential treatment providers allow mobile phones, Internet access etc. or prohibit entirely or only allow their use in very specific time frames?

E. Privacy violations have occurred in Dr. Braverman's facilities including comments in which patients are described with sufficient detail to be identified, referring to patients, posting videos and photos of patients. Concern again is for patient privacy and well as the neighborhood privacy. Examples gathered:



F. In today's number of social media outlets, how will Dr. Braverman and/or the proposed facility react/handle the "Nextdoor Tice Valley," the social network that could profile facility interactions, conditions and clients (it already has). On the "Nextdoor Tice Valley" and other "Nextdoor" area networks there are postings about suspicious individuals and groups walking the neighborhood almost daily. Does the staff have some sort of identification on such walks? If proposed facility plans go forward will there be an educational neighborhood meeting to give a better understanding of the facility and operation? Perhaps the area crime specialist could be involved as well as the faculty.

G. Will the residents have education regarding the immediate neighborhood such as Rossmoor or about the homeless encampment above the proposed facility by the Rossmoor Garden Club. As cited in Rossmoor news "There are considerations regarding mitigating homeless encampments in the area...." According to neighbors that have walked their dogs up around that area, the encampments seem to be in the caves.

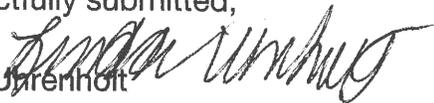
H. Where is the neighborhood complaint policy? How do individuals contact the facility in case of emergencies?

I. Dr. Braverman stated at the May 22, 2019 hearing that he has purchased four other facilities and there have not been any problems. In researching, I cannot find one piece of evidence to substantiate the purchases or any indication that counties or cities have given a "green light" to these proposed facilities. He had plenty of time to mention these facilities in the last few months and that there has not been any operational "green light" which gives concern is over Dr. Braverman's truthfulness.

In conclusion, I believe there to be a number of concerns regarding the placement of a Social Rehabilitation Facility in the Tice Valley R-20. I do wish the entire Planning Commission would take a "field trip" to the proposed location to view many of the concerns I have brought forth and by others. Although be careful at the bend of the road where the proposed facility sits with the large permanent road hazard image.

Respectfully submitted,

Linda Unrenholt



National Psychiatric Care and Rehabilitation Services

Building new beginnings

Program and Service Description

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Program description:

Adult Residential Social Rehabilitation Program

National Psychiatric Care and Rehabilitation Services (NPCRS) is licensed by the California Department of Social Services' Community Care Licensing division as a Residential Social Rehabilitation Program for Adults. This facility provides comprehensive care for those suffering from primary psychiatric disorders including:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Panic Disorder
- Generalized Anxiety Disorder
- Post-traumatic Stress Disorder
- Major Depressive Disorder
- Adjustment Disorder
- Personality Disorders
- Obsessive Compulsive Disorder

The program is focused on providing rehabilitation services in a comfortable residential setting with a low client: staff ratio. **NPCRS provides therapeutic, psychosocial rehabilitation in a 24-hour residential treatment program as an alternative to psychiatric hospitalization for individuals who voluntarily choose to be rehabilitated in residential setting.** The goal is to reintegrate the client back into the community by focusing on

interpersonal and independent living skills, behavior management skills, and skills to sustain sobriety.

NPCRS is staffed 24 hours a day, seven days a week. The program's psychiatrists, Administrator/Program Director and Director of Nursing are available on-call to provide support for staff in the facility at any time of the day or night.

Our program includes five group sessions per day, Monday through Saturday, leaving the weekend less structured (three group sessions per day) to allow for time with family and community reintegrating activities.

Group are organized around topics such as:

- Recovery strategies
- Practical facts about mental illness
- How stress combines with biological vulnerability to make managing emotions challenging
- Building social support
- Effective use of medications
- Drug and alcohol abuse
- Strategies for reducing relapses
- Coping skills for stress and persistent symptoms
- Self-advocacy and getting one's needs met in the mental health system
- Maintaining a healthy physical and emotional lifestyle

Residents are assisted using a variety of approaches, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Motivational Interviewing (MI), Wellness Recovery Action Planning (WRAP), and Illness Management and Recovery (IMR), as well as 12-step activities in the

community and in-house via Dual Recovery Anonymous education sessions.

Facility

Our clients reside in a beautiful renovated 6000 sf home in Walnut Creek, California.

- The house consists of 12 very spacious bedrooms and 7 bathrooms.
- Our bedrooms are finished with natural materials and are filled with light.
- Much like a charming boutique hotel, rooms are furnished with beds with premium mattresses, built-in closets, nightstands with reading lamps, and comfortable chairs. Some bedrooms feature a desk, bookcase or a walk-in closet. All rooms are comfortable, quiet and offer privacy to residents.
- The kitchen features top-of-the-line appliances and ample space for cooking and dining.
- Clients may use exercise equipment, games, computers with internet access and a large flat-screen t.v. with DVD for leisure activities when groups are not in session. Wi-fi and phone are available for residents' use
- Private therapy rooms are ideal for individual, couple and family sessions.
- Large, newly remodeled therapy room with comfortable furniture.

- Backyard features a water fountain and shaded seating areas for socializing and visiting with family and friends.
- A beautifully landscaped front entrance welcomes residents and guests with a variety of blooming roses.

Philosophy

Our services are client-centered and strengths-based and tailored to the unique needs of each resident and their families/ caretakers.

- Least restrictive environment: The NPCRS program is structured to provide services to mentally ill clients in the least restrictive and most normative environment appropriate to their needs.
- When more restrictive treatment is needed, transitions to more secure settings are facilitated with appropriate attention to client safety.
- Family participation: Our program recognizes that families are often strong advocates for our residents, therefore regularly-scheduled family education groups and family counseling are available to support residents' recovery.

Goals:

- To provide a safe, comfortable and structured environment for recovery, with effective therapeutic interventions and appropriate supervision twenty-four hours a day.
- To reduce the need for inpatient hospitalization by offering a safe alternative for those in crisis.
- To provide accurate psychosocial and psychiatric

assessments.

- To provide medication evaluation and management.
- To provide collaborative case management which links residents to community resources for aftercare outpatient treatment.
- To provide stabilizing, supportive interventions to individuals who are not able to be safe in a less restrictive environment.
- To foster an environment which supports the family's or caretaker's involvement in treatment planning and transition to the community, when appropriate.
- To provide rehabilitation programming which assists clients in developing an awareness of the interpersonal and behavioral skills that can be used to address future mental health challenges.
- To assist individuals in successfully returning to their families, homes, careers and leisure activities following a psychiatric crisis.

Admission Criteria

Individuals appropriate for services at NPCRS have a primary diagnosis of a mental illness and experience symptoms and behavioral patterns which indicate a deterioration from previous level of functioning and which cannot be treated outside of a 24-hour residential facility. The Individual's social environment is characterized by temporary stressors or limitations that would undermine outpatient treatment and therefore treatment can most effectively be delivered in a residential facility.

There is a reasonable expectation that the illness, condition and level of functioning will be stabilized and improved and that short-term residential crisis interventions will mitigate behaviors and symptoms that required this level of care, and that an Individual will quickly be able to return to outpatient treatment.

Staff Resources

- The Residential Rehabilitation facility is staffed by multi- disciplinary team consisting of:
- Psychiatrist MD- is monitoring resident patients for a combined total of 25 hours a week, with 24/7 on call availability
- Program Director/Administrator- employed 40 hours a week; with 24/7 on call availability.
- Director of Nursing- an RN/LVN employed 40 hours a week with 24/7 on-call availability supervises nursing and medication management and coordinates admissions and aftercare.
- Licensed Vocational Nurse or Licensed Psychiatric Technician on duty during waking hours, 16 hrs/day.
- Mental Health Workers, some with backgrounds in peer counseling, support residents in the milieu by providing in-vivo behavioral coaching, prompts and encouragement.
- Marriage and Family Therapists- employed 7 days a week to facilitate groups, conduct psychosocial assessments, plan clinical treatment and provide individual, couple and family counseling as needed. These interns receive their required clinical supervision from a licensed therapist who is the Program Director/Administrator
- Consulting pharmacist - coordinates, reviews, and supervises the pharmaceutical services quarterly.

All members of this team participate in service planning and/or provision.

Intensity of Service

- Our residential rehabilitation program takes place in a structured facility-based setting with an average daily client census of up to 12 patients age 18 to 59 years old who do not have major physical disabilities or medical conditions that require immediate attention. All clients are ambulatory. **The average length of stay is approximately 18 days not exceeding 30 days, unless circumstances require a longer stay to ensure successful completion of the treatment plan and appropriate referral.** The service needs are reviewed with the client or an authorized representative prior to admission.
- Structured day and evening services are provided 7 days a week including: Individual and group counseling, development of community support systems, family counseling, development of self-advocacy skills; crisis intervention is provided promptly when necessary.
- Urine drug screens are done during clients stay if indicated, and residents who choose to consume alcohol or illicit drugs while in the program will be assisted to find a more appropriate placement. All clients are required to be screened for tuberculosis prior to admission. A tuberculosis screening may not be required if there is satisfactory written evidence provided that a negative tuberculosis screening occurred within 90 days of the date of admission to the facility.

- A psychiatrist evaluates clients **within 24 hours of admission. Psychiatrists see their resident patients at least two times a week during their stay, and are available on-call 24 hours a day, 7 days a week.**
- **A skilled nursing professional (RN/LVN or LPT) completes a nursing assessment and coordinates the medical/psychiatric care of residents in the program.** They monitor vital signs, medication response, and address any laboratory or medical needs. RN/LVN/LPT is available on-site for 24 hours a day, covering day and evening shifts. During the night shift, three trained licensed staff are on duty, and all three remains awake throughout the shift.
- **Group and individual psychotherapy is provided by Masters-level clinicians and is centered on the development of skills necessary to effectively communicate emotional issues and promote healthy behavioral and verbal expressions of feeling.** Therapy and rehabilitation counseling is provided in group daily for approximately five hours. Individual, couple and family therapy is provided if indicated to support recovery.
- Clinical service delivery approaches include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Illness Management and Recovery, Wellness Recovery Action Planning (WRAP) and 12-step education. Sessions are specifically designed for those with mental illness or mental illness and a co-occurring substance use disorder.
- Client care is coordinated with other service providers, such as outpatient psychiatrist, therapist, primary care physician and case manager.
- Unless contraindicated, family members are invited to participate in family psychoeducation groups and family counseling focused on supporting client's recovery within the family.

Delivery of Services

- The referral assessment is conducted by a trained clinician.
- This includes an interview of the client and family if possible as well as gathering collateral information. Once it is determined that the client is appropriate for the level of care requested as well as the milieu, then the admission is scheduled. The clinician then conducts a thorough clinical assessment and establishes initial treatment goal.
- When the client arrives at NPCRS, the staff orients the client and family to the facility. The client receives a copy of the program schedule and client rights, house rules and grievance procedures are explained. Client or responsible party (i.e. conservator) signs admission agreement and consent for treatment.
- Procedures for calls and visits are explained.
- At the time of admission, all clients receive a formal comprehensive bio-psychosocial assessment, which includes a diagnosis based on DSM 5. Collateral information, information gained via client interview and observation, and available reports from prior treatment environments will be interrelated into a comprehensive summary, which will be used in formulating recovery goals. Discharge goals and plans are also addressed at intake.

Treatment Planning

- **Within 72 hours of admission, a patient centered, individualized/rehabilitation plan is completed, specifying goals and objectives and staff and clients'**

specific responsibilities for their achievement. The plan addresses clients' psychiatric (behavior, affect, cognition), relationship, social, family and substance recovery needs. Clients are involved in an ongoing review of progress towards reaching established goals and objectives. The plan is reviewed by staff and client weekly.

Readiness for Discharge

The client has achieved the goals of recovery that were identified upon admission and can safely be treated in a less restrictive environment.

An alternate plan has been developed which addresses ongoing treatment needs.

The client has received maximum benefit from the stay in the program.

A client may be discharged administratively upon the recommendation of the clinical team in consultation with the Medical Director.

- Our team recognizes that a successful transition from residential care to home and outpatient treatment requires both preparation and planning.
- Therefore, we ensure development of a detailed aftercare plan prior to discharge.
- A discharge plan that identifies outpatient providers, residence arrangements and ongoing course of treatment is developed collaboratively with client (and family where appropriate) and clinical team. Immediate aftercare appointments are scheduled for clients before they are discharged to ensure a smooth transition and continuity of care.

An Overview of Illness Management and Recovery Topics

These topics are the foundation of NPCRS' group therapy program, and the handouts that accompany each topic, or "module" give clients a comprehensive reference guide to recovery to take with them when they are discharged. Illness Management and Recovery (IMR) is a thoroughly researched program proven to support recovery in both inpatient and outpatient settings.

- Recovery strategies
 - This topic includes a discussion of how different people define recovery and encourages people to develop their own definition of recovery. Pursuing goals is an important part of the recovery process. This group helps clients set recovery goals and choose strategies to pursue these goals.
- Practical facts on mental illness
 - This topic provides information about mental illnesses, including facts about how diagnoses are made, what the symptoms are, how common they are, and the possible courses of the disorders.
- Stress-Vulnerability Model and treatment strategies
 - This topic focuses on the nature of psychiatric disorders, including factors that can influence the course of these disorders. According to the Stress-Vulnerability Model, psychiatric illnesses have a biological basis. This biological basis or vulnerability can be worsened by stress and substance use, but it can be improved by medication and by leading a

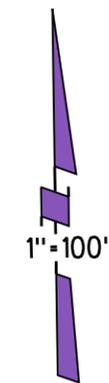
healthy lifestyle.

- Building social support
 - This topic concentrates on increasing social support. Having social support means feeling connected to and cared for by other people. This is especially important to help clients reduce stress and relapses.
- Using medication effectively
 - This topic reviews medications for psychiatric disorders. Information about the effects of medications, including advantages and disadvantages, as well as strategies for getting the most out of medication is provided.
- Drug and alcohol use
 - This topic focuses on the effects of drug and alcohol use on mental illnesses and other parts of life and suggests strategies for reducing these effects.
- Reducing relapses
 - This topic introduces strategies for reducing relapses of symptoms and for minimizing the severity of any relapses that may occur and encourages development of an individual relapse prevention plan.
- Coping with stress
 - This topic describes different ways of coping effectively with stress and offers specific strategies for dealing with stress such as using relaxation techniques, talking with others, exercising, and using creative forms of expression.
- Coping with problems and persistent symptoms
 - This topic presents strategies for coping with common problems and persistent symptoms. Coping strategies can be effective at reducing symptoms or distress

related to symptoms.

- Getting one's needs met in the mental health system
 - This topic provides an overview of the mental health system, including the services and programs available through mental health service providers in the community. It includes information to help clients evaluate what programs they might like to participate in to further their own recovery. It also includes strategies to help clients advocate effectively for themselves when encountering a problem in the mental health system.

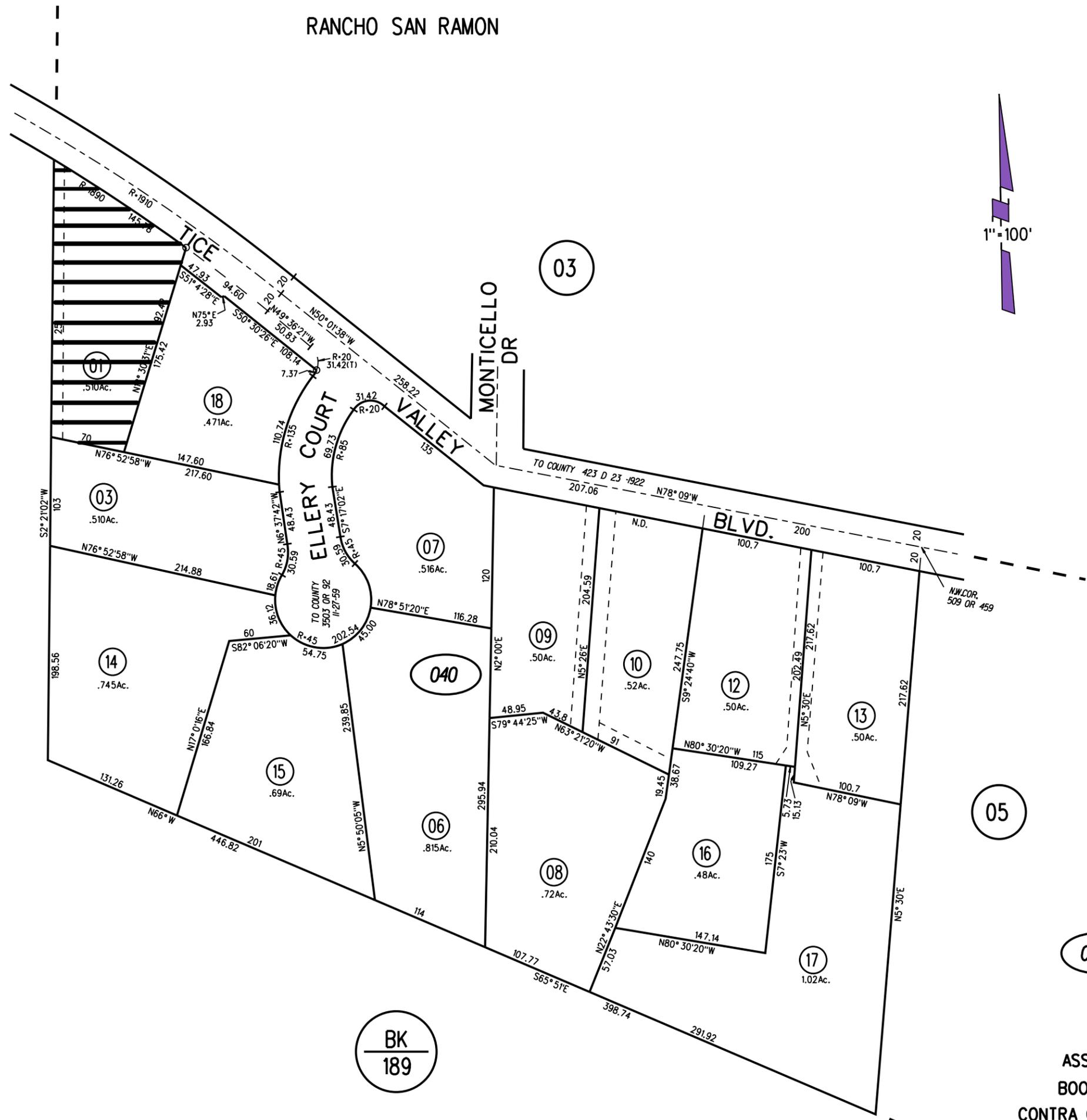
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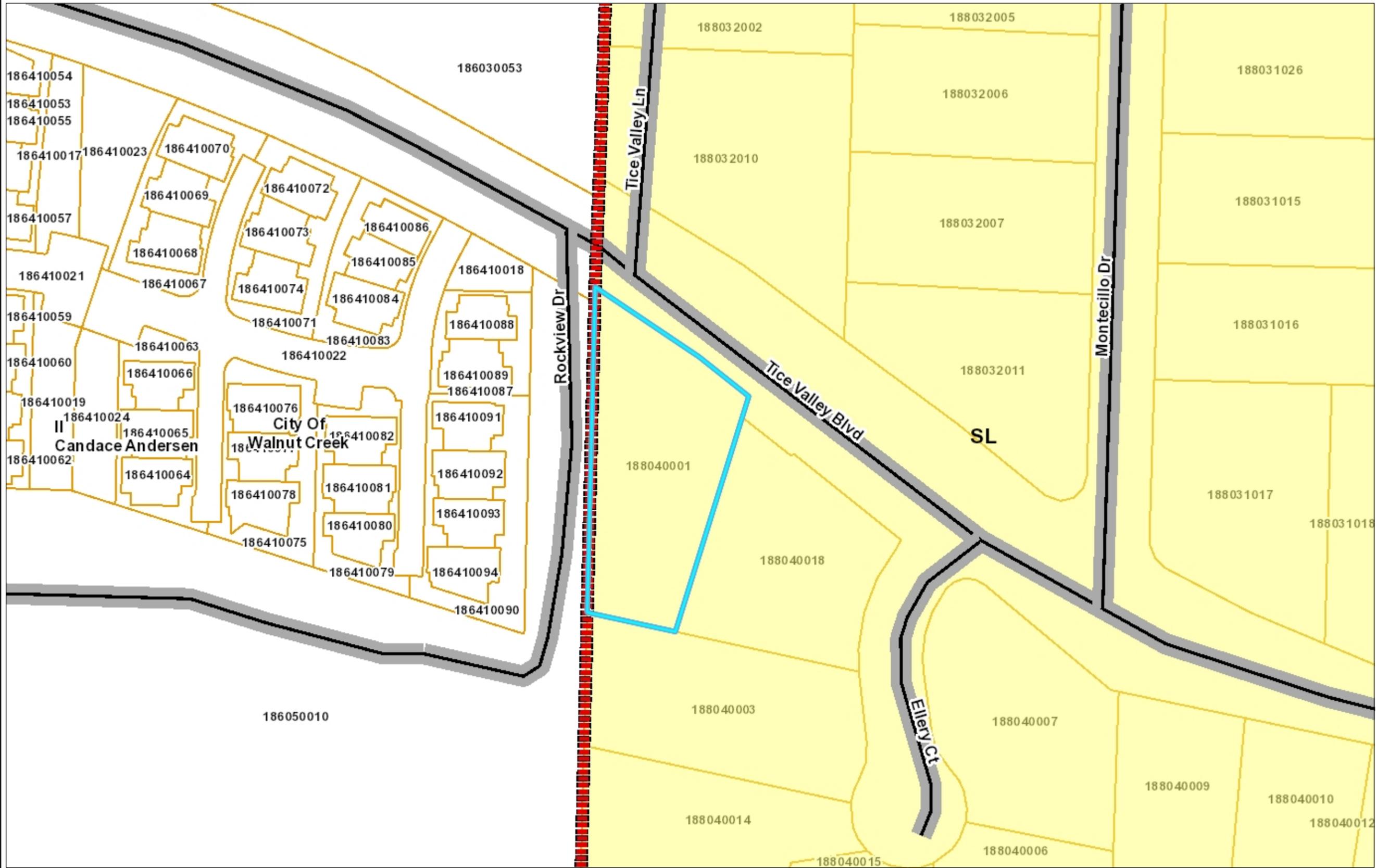
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040

18
8/31/18

General Plan: SL Single-Family Residential, Low Density



Legend

- City Limits
- Highways
- Highways Bay Area
- Streets
- General Plan**
- SV (Single Family Residential - Ver
- SL (Single Family Residential - Low
- SM (Single Family Residential - Me
- SH (Single Family Residential - Hig
- ML (Multiple Family Residential - Lc
- MM (Multiple Family Residential - M
- MH (Multiple Family Residential - H
- MV (Multiple Family Residential - V
- MS (Multiple Family Residential - V
- CC (Congregate Care/Senior Housi
- MO (Mobile Home)
- M-1 (Parker Avenue Mixed Use)
- M-2 (Downtown/Waterfront Rodeo I
- M-3 (Pleasant Hill BART Mixed Use
- M-4 (Willow Pass Road Mixed Use)
- M-5 (Willow Pass Road Commercia
- M-6 (Bay Point Residential Mixed U
- M-7 (Pittsburg/Bay Point BART Star
- M-8 (Dougherty Valley Village Cent
- M-9 (Montalvin Manor Mixed Use)
- M-10 (Willow Pass Business Park M
- M-11 (Appian Way Mixed Use)
- M-12 (Triangle Area Mixed Use)
- M-13 (San Pablo Dam Road Mixed
- M-14 (Heritage Mixed Use)
- CO (Commercial)
- OF (Office)
- BP (Business Park)
- LI (Light Industry)
- HI (Heavy Industry)
- AL, OIBA (Agricultural Lands & Off
- CR (Commercial Recreation)
- ACO (Airport Commercial)
- LF (Landfill)

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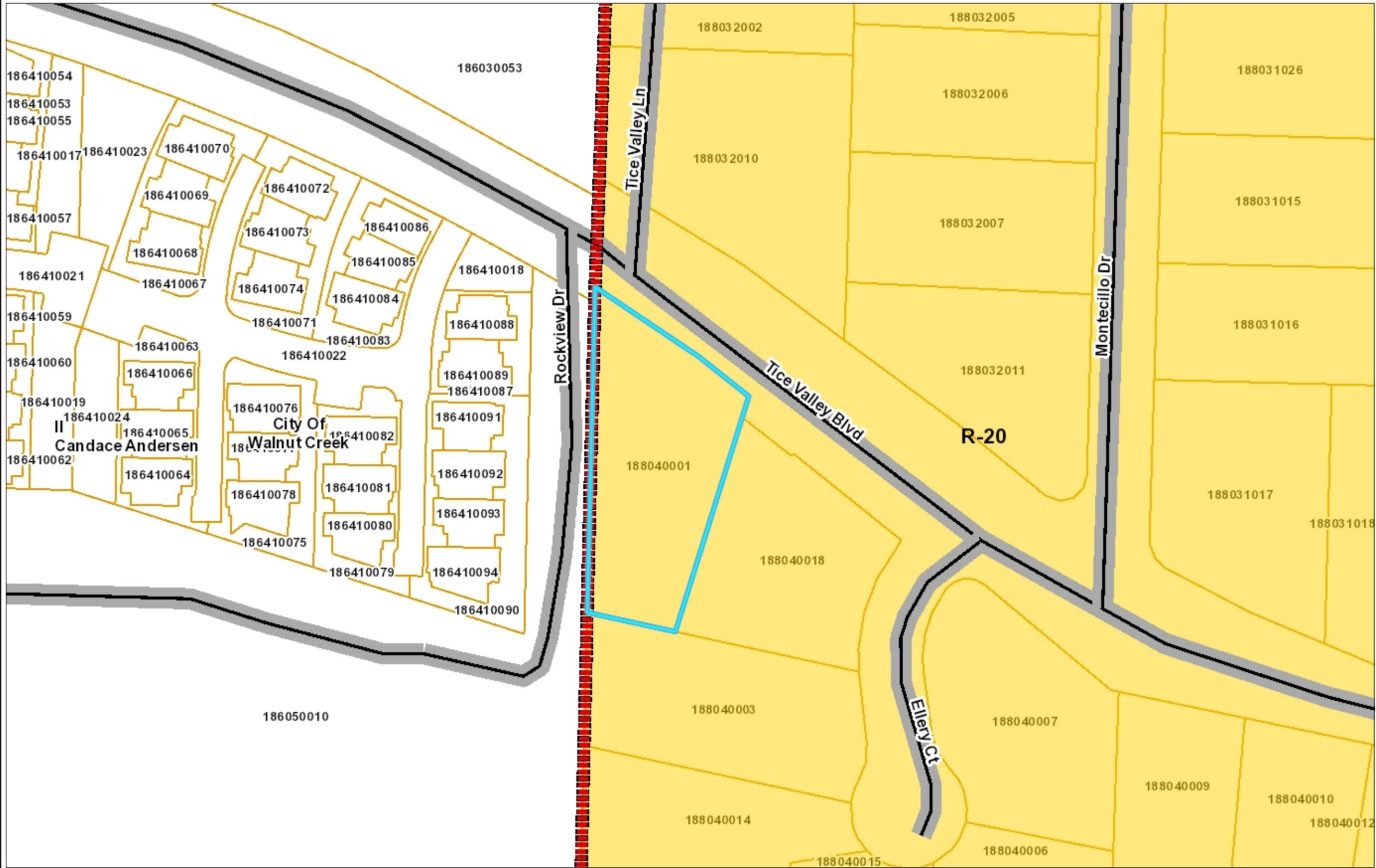
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THIS MAP IS NOT TO BE USED FOR NAVIGATION

Notes

Contra Costa County -DOIT GIS

Zoning: R-20



Legend

- City Limits
- Highways
- Highways Bay Area
- Streets
- Zoning**
- R-6 (Single Family Residential)
- R-6 -FH (Single Family Residential Combining District)
- R-6, -FH -UE (Single Family Resid Urban Farm Animal Exclusion Com
- R-6 -SD-1 (Single Family Resident Hillside Development Combining Di
- R-6 -TOV -K (Single Family Reside View Ordinance and Kensington Cc
- R-6, -UE (Single Family Residential Exclusion Combining District)
- R-6 -X (Single Family Residential - Combining District)
- R-7 (Single Family Residential)
- R-7 -X (Single Family Residential - Combining District)
- R-10 (Single Family Residential)
- R-10, -UE (Single Family Residenci Exclusion Combining District)
- R-12 (Single Family Residential)
- R-15 (Single Family Residential)
- R-20 (Single Family Residential)
- R-20, -UE (Single Family Residenci Exclusion Combining District)
- R-40 (Single Family Residential)
- R-40 -FH (Single Family Residenci Combining District)
- R-40, -FH -UE (Single Family Resic Urban Farm Animal Exclusion Com
- R-40, -UE (Single Family Residenci Exclusion Combining District)
- R-65 (Single Family Residential)
- R-100 (Single Family Residential)
- D-1 (Two Family Residential)
- D-1 -T (Two Family Residential - Tr District)
- D-1, -UE (Planned Unit - Urban Far Combining District)
- M-12 (Multiple Family Residential)
- M-12 -FH (Multiple Family Resident Combining District)
- M-17 (Multiple Family Residential)
- M-29 (Multiple Family Residential)

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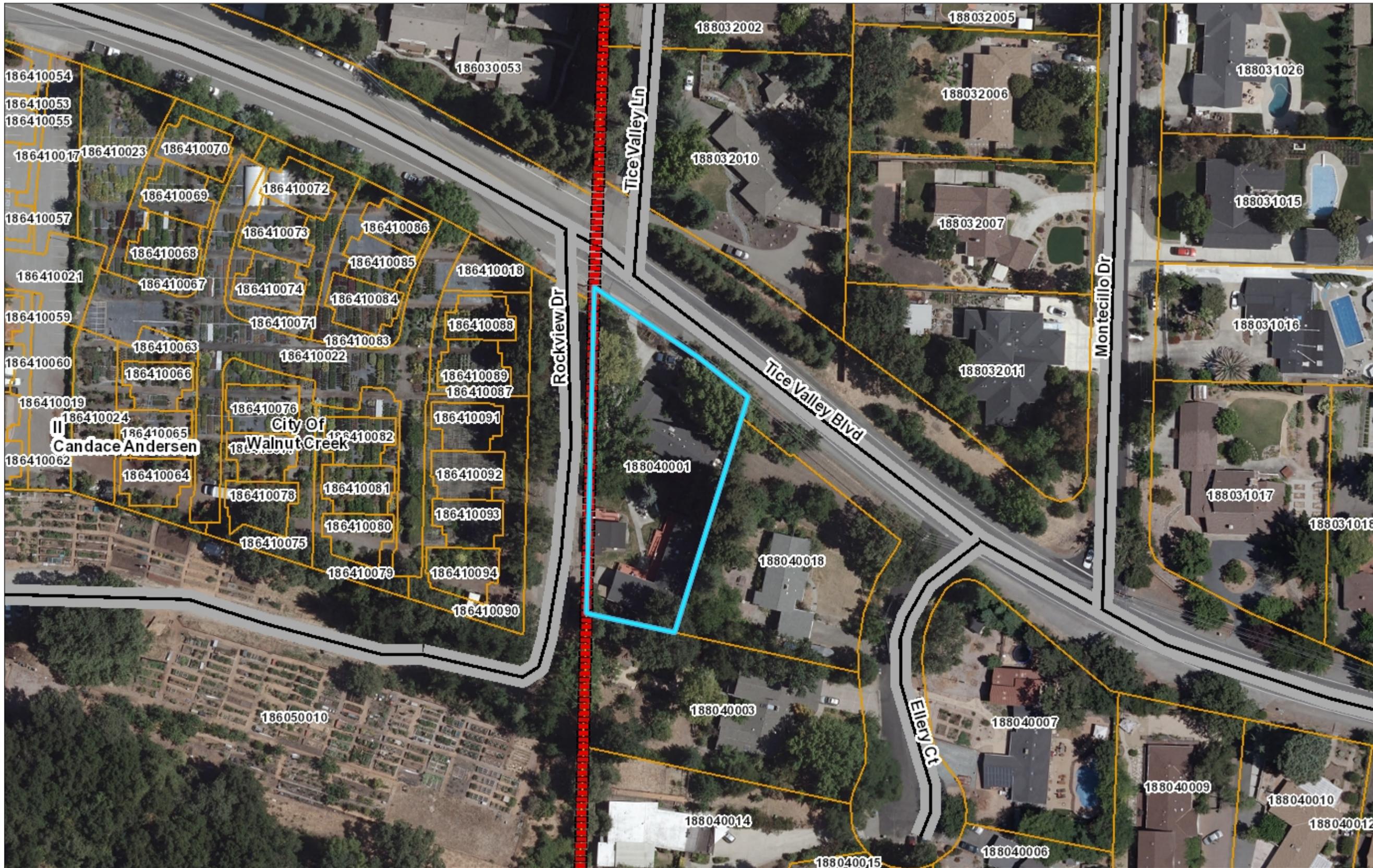
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Notes

Contra Costa County -DOIT GIS



Legend

- City Limits
 - Highways
 - Highways Bay Area
 - Streets
 - Board of Supervisors' Districts
 - County Boundary
 - Bay Area Counties
 - Assessor Parcels
- Aerials 2014
- Red: Band_1
 - Green: Band_2
 - Blue: Band_3

1: 1,128



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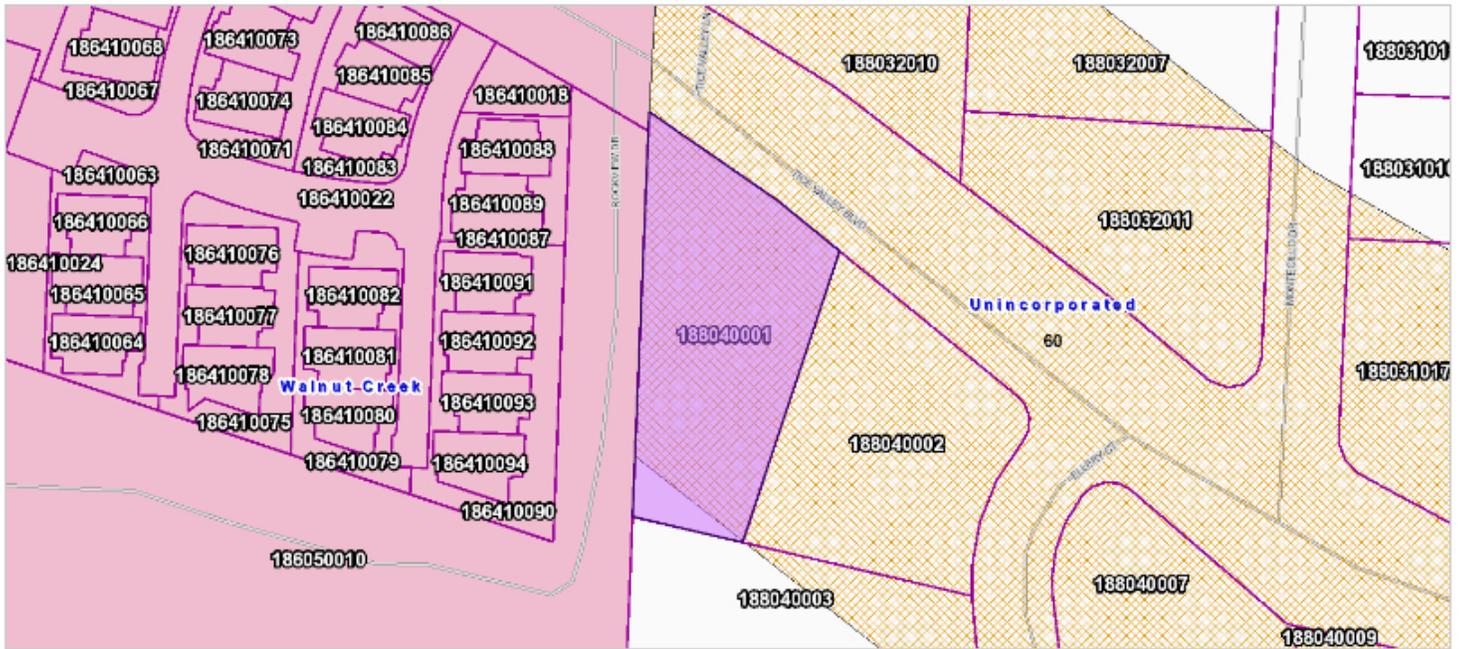
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Notes

Contra Costa County -DOIT GIS

60Db Noise Contours



50 ft

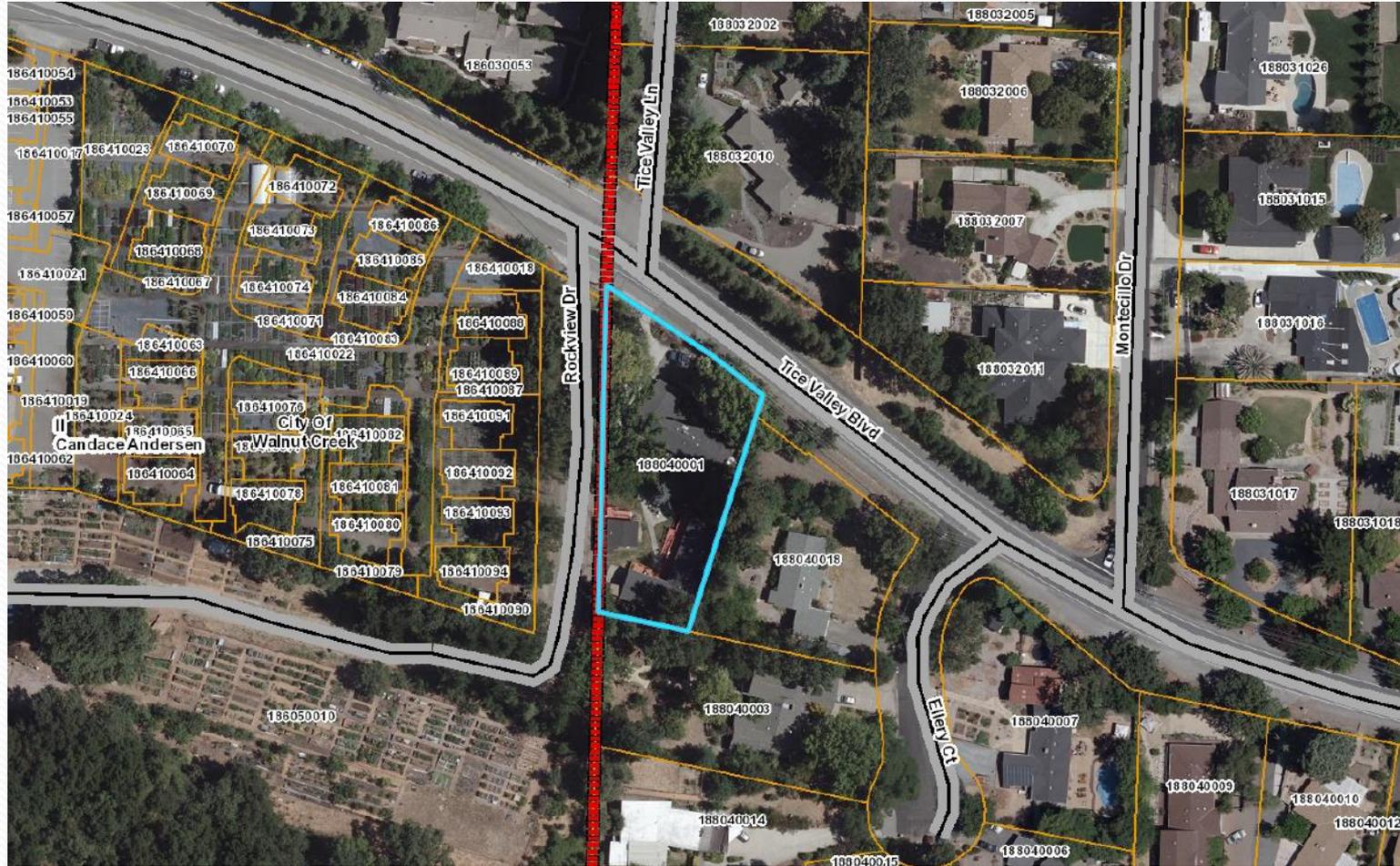
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Tice Valley Boulevard Adult Residential Care Facility

2181 Tice Valley Boulevard, Walnut Creek
County File #LP18-2020

Board of Supervisors
July 30, 2019

Aerial Photograph



Project Description

- Convert existing elderly care facility to a residential ambulatory care facility for adults
- Conversion would initially allow for twelve (12) adults
- Services provided would be for temporary supervision, counseling, and support of clients recovering from emotional crises and mental illness
- No new construction or expansion of existing buildings is proposed









Zoning Administrator Decision

- Land Use Permit approved by the Zoning Administrator on November 5, 2018 with modified findings and COAs
- Appealed by Amy Majors and Tim Nykoluk on November 14, 2018

County Planning Commission Decision

- Appeals were denied and the project was approved by the County Planning Commission (6-1) with modifications to the conditions of approval on May 22, 2019
- Appealed by Amy Majors on May 31, 2019 and Linda Uhrenholt on June 3, 2019.



Questions?



July 25, 2019

**VIA EMAIL TRANSMISSION
AND OVERNIGHT DELIVERY:**

clerkoftheboard@cob.cccounty.us

jami.napier@cob.cccounty.us

Hon. John Gioia, Chair
District I Supervisor
Contra Costa Board of Supervisors
11780 San Pablo Ave., Suite D
El Cerrito, CA 94530

Hon. Karen Mitchoff
District IV Supervisor
Contra Costa Board of Supervisors
2151 Salvio St., Suite R
Concord, CA 94520

Hon. Candace Andersen, Vice Chair
District II Supervisor
Contra Costa Board of Supervisors
309 Diablo Road
Danville, CA 94526

Hon. Federal D. Glover
District V Supervisor
Contra Costa Board of Supervisors
Pittsburg Office
190 E. 4th Street
Pittsburg, CA 94565

Hon. Diane Burgis
District III Supervisor
Contra Costa Board of Supervisors
3361 Walnut Boulevard, Suite 140
Brentwood, CA 94513

Re: Appeal to Board of Supervisors of Contra Costa County File #LP 18-2020 (“**Appeal**”); Applicant: Gregory Braverman/National Walnut Creek, LLC (“**Applicant**”); Project: Conversion of an existing elder residence to a Short-Term Crisis Residential Treatment Program (“**Project**”); Location: 2181 Tice Valley Blvd, Walnut Creek (“**Subject Property**”)

Hon. Chair, Vice Chair and Supervisors,

This office represents appellant Amy Majors (“**Appellant**”) in regards to the Appeal of the decision made by the Contra Costa Planning Commission on May 22, 2019. This correspondence sets for the Appellant’s position concerning the pending Appeal.

Although Appellant seeks the reversal of the Project as inconsistent with the local neighborhood and applicable zoning, her objections are not borne out of prejudice against persons with mental disorders or disabilities. Appellant's own daughter was born with developmental disabilities and she provides home care to her daily, so she understands the challenges faced by persons with disabilities. Rather, Appellant's objections are based on the firm conviction that a project of this size, nature and magnitude is neither consistent with the General Plan, authorized by the Zoning Ordinance nor suitable for a SL "Low Density" residential neighborhood.

I. EXECUTIVE SUMMARY

Appellant has appealed the original decision of the Zoning Administrator and later determination by the Planning Commission of this project to "convert"¹ an existing "residential care facility for the elderly," currently operating under Land Use Permit #LP01-2045, to a "Short-Term Crisis Residential Treatment Program" (hereinafter the "Project"), which will provide treatment, counseling and residences for up to sixteen (16) patients² suffering severe mental psychological disorders, including schizophrenia, bipolar, and post-traumatic stress disorder. According to the Applicant, the Project will not provide any housing for the homeless. (Exh. B [Letter of Intent, p. 1]) Rather, the Program is designed for those persons who have been removed from their existing living arrangements because of an acute "crisis" or hospitalization. The Program and Service Description provided by the Applicant shows that the proposed Project would provide "therapeutic" and "psychological rehabilitation services" to patients with a "primary diagnosis of a mental illness," who will be treated in "24-hour residential programs as an alternative to psychiatric hospitalization," in order to encourage "behavior management skills" and "skills to sustain sobriety." (Exh. C ["Program and Service Description"]

¹ The Application "requests approval of a Land Use Permit to amend land use permit #LP01-2045 to allow the conversion of an existing elderly care facility to an adult residential care facility for 16 ambulatory adults with no proposed improvements to the existing facility." (Exh. A [Application]) In reality, there is no "conversion" of a "residential care facility for the elderly" to a "Short-Term Crisis Residential Treatment Program" because each type of facility is licensed by different agencies and the licenses are non-transferrable.

² As the 5/22/19 Staff Report reflects, "the applicant's request was to allow for the treatment of up to 16 clients at the facility at any given time, where the current land use permit only allows for the treatment of 12 elderly patients." (Exh. D [5/22/19 Staff Report]) However, the Conditions of Approval, Condition #1, issued October 1, 2018, by the Zoning Administrator approve a facility for "up to 12 clients, ages 18-59." This condition temporarily limits the number of "patients" to 12 beds, but then goes on to state that the Application "may request" that the "facility be allowed to treat up to 16 client" after one year of operation and, the Zoning Administrator may approve the request "without public hearing" if no objections are received.

produced by the National Psychiatric Care and Rehabilitation Services (“NPCRS”), p. 3]). As the Applicant’s own records show, some of the patients will be referred to the Program as the result of a Welf. & Inst. Code §5150 “hold” because their condition presents a “danger to others, or to himself or herself.”³

However, as explained more fully below, the Subject Property is located within a residential neighborhood and is zoned as a “Low Density” Single Family Residential District or “R-20.” The Project is incompatible with the R-20 zoning and neither the Zoning Administrator nor the Planning Commission had the authority to approve a project of this nature within a residential community. Although R-20 Districts do allow for a “residential care facility for the elderly,” the permissible use is limited so that “not more than six persons reside or receive care.” (Ord. 84-14.402(6)) Furthermore, the proposed Project represents a far more extensive and intensive use than an “residential care facility” in that the Project will involve psychiatric treatment of individuals who may have been previously involuntarily hospitalized due to schizophrenia and disorders such as schizoaffective disorder, bipolar, panic anxiety, post-traumatic stress, major depressive, adjustment disorder, obsessive compulsive disorders and other personality disorders. By contrast, “residential care facilities” are essentially “housing arrangements” for the elderly and infirm who do not necessarily require 24/7 medical or psychiatric interventions.

This the first time that the Department of Conservation and Development (“DCD”) has ever processed a request for a psychiatric medical facility. The underlying administrative decision of the Zoning Administrator and the appellate decision of the Planning Commission erred in approving and reaffirming that decision. The underlying decisions stemmed from an erroneous Staff Report, which confused and conflated unrelated housing elements of the General Plan and inapplicable permitted uses of the Zoning Code, as explained more fully below. Even the imposition of “mitigating” Conditions of Approval by the Zoning Administrator and the addition of additional conditions by the Planning Commission illustrate that the Project presents a specific risk to the community. The attempt to “shoe horn” the Project into this community reflects a lack of precision in applying both the local land use law as well as state homeless mandates.

³ Welf. & Inst. Code §5150(a) provides that “when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself . . . a peace officer . . . may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.” “Crisis intervention, as defined in subdivision (e) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service.”

Furthermore, the administrative decision was made without any requirement that the Applicant provide any data about the level of risk to the community associated with a psychiatric treatment center within a residential community. Therefore, the Zoning Administrator and Planning Commission had no real way of determining whether the Conditions of Approval were adequate. Several significant cases of extreme violence and death have been reported in the news media, evidencing that such treatment centers are not without risk to public health and safety. Moreover, there is evidence that such programs may have a high failure rate, resulting in relapses of patients, a substantial percentage of whom will again be involuntarily re-hospitalized due to the potential dangers their conditions represent to themselves and others.

Short-Term Crisis Residential Treatment Programs may provide valuable alternatives to hospitalization, but projects of this size and intensity of use simply are not appropriate in this residential community. Under the General Plan and Zoning Ordinances, this Project should be only allowed in zoning districts where the nature and intensity of the use is compatible with the surrounding uses. The administrative decisions of the Zoning Administrator and Planning Commission must be reversed.

II. DISCUSSION

1. THE PROPOSED SHORT-TERM CRISIS RESIDENTIAL TREATMENT PROGRAM IS NOT “SIMILAR IN INTENSITY AND LAND USE” WITH THE EXISTING RESIDENTIAL CARE FACILITY FOR THE ELDERLY

The 5/22/19 Staff Report⁴ asserts that “the proposed Social Rehabilitation Facility will be *similar in intensity and in land use* as the former residential elderly care facility located at the site.” (Exh. D [Staff Report, p. 8]) While it is true that the R-20 District zoning allows for “residential care facility for the elderly” (“Elderly Care Facility”) the differences between the existing use and a Short-Term Crisis Residential Treatment Program are significant and substantial.

⁴ Appellant has been informed that no Staff Report for the pending Appeal will be available for review prior to 4:00 p.m. on Thursday, July 25, 2019, just two business days before the hearing of the Appeal. Because it is the only document presently available to Appellant, this letter refers to the Staff Report prepared in connection with the May 22, 2019 appeal hearing to the Planning Commission.

A. A RESIDENTIAL CARE FACILITY FOR THE ELDERLY IS A HOUSING ARRANGEMENT

The 5/22/19 Staff Report misleadingly states that “the current land use permit allows for *treatment* of up to 12 elderly *patients*.” (Exh. D [5/22/19 Staff Report, p. 2]) However, a “residential care facility for the elderly” is not a medical facility and provides no “*treatment*” to “*patients*.” Rather, it is a housing arrangement for persons age sixty (60) or older.

Contra Costa County Ord. 84-14.402 allows R-20 zoned properties to be used, among other things, as “*a residential care facility for the elderly*, operated by a person with all required state and local agency approvals or licenses, *where not more than six persons reside or receive care*, not including the licensee or members of the licensee's family or persons employed as facility staff.” (Ord. 84-14.402(4)) State law defines a “residential care facility for the elderly” as “*a housing arrangement chosen voluntarily* by persons 60 years of age or over, or their authorized representative, where varying levels and intensities of care and supervision, protective supervision, personal care, or health-related services are provided.” (Health & Safety Code § 1569.2) Because an Elderly Care Facility primarily provides “housing,” there is little turnover among the residents.

An Elderly Care Facility operates virtually without significant regulation. Their purpose is to provide residential housing to allow “older persons to remain as independent as possible.” (Cal. Health & Safety Code § 1569.1) Although Elder Care Facilities must be licensed [Health & Safety Code § 1569.10], the licensing requirements are minimal. An applicant must provide “evidence satisfactory to the department that the applicant is of reputable and responsible character” and provide a “admission agreement” that provides a “comprehensive description of any items and services provided under a single fee, such as a monthly fee for room, board, and other items and services.” (Health & Safety Code §§ 1569.884 and 1569.15) They are not required to be staffed by medical professionals.⁵

Significantly, the Applicant seeks to remove the requirement that only elderly clients be served at the Subject Property. Appellant’s Letter of Intent states that “since the current land use permit for the Walnut Creek facility is limited to elderly clients only, National Psychiatric Care and Rehabilitation Services, Inc., is respectively asking to remove the restriction” (Exh. B [Letter of Intent, p. 1]) Thus, the Program will seek to provide

⁵ The “Administrator” for an Elderly Care Facilities need only hold a “high school diploma or equivalent, such as a General Education Development (GED) certificate,” have “knowledge of the requirements for providing care and supervision appropriate to the residents,” and have the ability to “maintain or supervise the maintenance of financial and other records.” (22 Cal. Code Regs. (“CCR”) § 87405)

“treatment” for a younger, more ambulatory “patients” suffering from mental disorders who pose a potentially greater risk to the community.

B. BY CONTRAST, THE SHORT-TERM CRISIS RESIDENTIAL TREATMENT PROGRAM PROVIDES “CRISIS” INTERVENTION AND TREATMENT FOR THOSE WITH “ACUTE” PSYCHIATRIC CONDITIONS

A “Short-Term Crisis Residential Treatment Program” is a program not aimed at the elderly or infirm, but rather persons aged eighteen (18) to fifty-nine (59) who require treatment for a psychological “crisis.” Such programs are licensed by the California Department of Health Care Services “as an *alternate to hospitalization* for individuals experiencing an *acute psychiatric episode or crisis.*” (9 Cal. Code Regs. § 531; *see also* Welf. & Inst. Code §4090 and Health & Safety Code §§1501 and 1502(7)(a)) “Crisis intervention” consists of an interview conducted by psychiatrists “to alleviate personal or family situations which present a *serious and imminent threat to the health or stability of the person or the family.*” (Welf. & Inst. Code § 5008(e)) Consequently, a “Short-Term Crisis Residential Treatment Program” is described as:

A program for a short-term crisis residential alternative to hospitalization for individuals experiencing an acute episode or crisis *requiring temporary removal from their home environment.* The program should be available for admissions 24 hours a day, seven days a week. *The primary focus of this program should be on reduction of the crisis, on stabilization, and on a diagnostic assessment of the person's existing support system, including recommendations for referrals upon discharge.*

(Welf. & Inst. Code § 5671)

The Applicant’s own website describes one of conditions they treat -- schizophrenia – as “one of the most debilitating forms of mental illness,” with symptoms that include “delusions, paranoia, catatonia, hallucinations, and extreme anxiety.”

(<https://www.npcrs.com/>

[conditions-treated/](https://www.npcrs.com/conditions-treated/)) Among other things, each patient’s mental disorder must be evaluated for its historical course “when it has a direct bearing on the determination of whether the person is a danger to others, or to himself or herself.” (Welf. & Inst. Code § 5008.2) The Applicant’s Program Description states that “all clients receive a formal comprehensive bio-psychosocial assessment, which includes a diagnosis based on DSM 5.”⁶ (Exh. C [Program Description, p. 11])

⁶ “DSM 5” refers to a diagnostic tool for “major depressive disorder” or “clinical depression,” which is “*associated with high mortality*, much of which is accounted for by *suicide*,” and may include “irritability, brooding, and obsessive rumination, and report anxiety, phobias, excessive

The length of stay in the Program is comparatively short term, until the “crisis” has been “stabilized.” The Applicant advises that the usual length of stay is a mere eighteen (18) days. Thus, in a typical year, approximately 243 different patients would receive treatment at the facility in the first year (with a 12 bed authorization) and 324 patients per year if and when the facility is approved for 16 beds. Thus, the Program is a revolving door of new patients with little or no connection to the local community. This increases exponentially the risk to the community.

The 5/22/19 Staff Report argues that the Project is consistent with the General Plan because the “Single-Family Residential-Low Density (SL)” land use designation allows “small residential care facilities” as a “secondary use.” (Exh. D [Staff Report, p. 8]) However, the analysis of the Staff Report erroneously confuses and conflates several conflicting provisions of the General Plan and Zoning Ordinances.

As the 5/22/19 Staff Report states, the SL designation of the General Plan is specifically designed for “Low Density” housing, which expressly “allows a range of 1.0 and 2.9 single family units per net acre” with an “average of 2.5 persons per household,” or “population densities” that “would normally range from about two to about 7.5 persons per acre.” Yet, the Project proposes 16 patients plus staff in a 22,215 square foot parcel (which is about ½ acre). Furthermore, the SL designation provides for “primary land uses” as “detached single family homes and accessory structures,” it does allow “secondary uses” that are “generally considered to be *compatible with low density homes* may be allowed, including home occupations, *small residential care* and childcare facilities, churches and other similar places of worship, secondary dwelling units, and other uses and structures incidental to the primary uses.” Although it is true, as the 5/22/19 Staff Report points out, that the term “small residential care” facility is “not defined” by the SL designation, simple common sense would indicate that a “small” residential facility would not allow residential care densities greater than 7.5 persons per acre. Moreover, Zoning Ordinance for an R-20 District provides the definition lacking in the SL designation because it specifically states that Residential Care Facilities are “for the elderly” where “not more than six persons reside or receive care.” (Ord. 84-14.402(6))

The 5/22/19 Staff Report ignores this obvious analysis and instead incorrectly interprets a “small residential facility” as one equivalent to supportive and transitional housing, “where 7 or more persons reside with a land use permit.” However, the Project does not

worry over physical health.” (<https://www.psychom.net/depression-definition-dsm-5-diagnostic-criteria/>)

involve either “Supportive” or “Transitional” housing. Government Code Section 65582 and Ord. 84-14.404(12) define “supportive housing” as “housing with *no limit on length of stay*.” Government Code Section 65582 and Ord. 82-4.326 define “transitional housing” as “buildings configured as rental housing developments, but operated under program requirements that require the termination of assistance . . . *no less than six months from the beginning of the assistance*.” Clearly, “Supportive Housing” and “Transitional Housing” are fundamentally *housing* programs, not psychiatric care facilities, so any reference to these programs is completely misplaced. Simply put, the proposed Project does not propose either “Supportive Housing” and “Transitional Housing” and the 5/22/19 Staff Reports erroneously recommends approval based upon this fundamentally flawed analysis.

Obviously, the number of “patients” served at the Project will affect both the intensity and land use, which combined with the types of drug “treatment” being offered, will pose a certain risk to health and safety in the neighboring community. Yet, the 5/22/19 Staff Report recommends a finding of “consistency” despite the clear and specific density limitations of the SL designation of the General Plan and the obvious error in interpretation of a “small residential facility.” Simply put, a facility with 12 or 16 mental ill patients is *not* consistent with the General Plan or Zoning Ordinances and a facility with a higher density of seriously ill patients is a greater intensity of land use and risk to the community.

Additionally, it should be noted that patients enrolled in the Program are treated with psychotropic drugs -- such as lithium, librium and lamictal – as a means of stabilizing the patients. Applicable State law requires that the Program have “medical and psychiatric policies and practices” that include “monitoring of medications,” “screening for medical complications which may contribute to disability,” maintain records of “all prescribed and non-prescribed medications,” and “central storage of medication when necessary.” (9 CCR § 532.1) “Urine drug screens are done during clients (SIC) stay if indicated, and residents who choose to consume alcohol or illicit drugs while in the program will be assisted to find a more appropriate placement.” (Exh. C [Program Description, p. 9])

Because of the inherent risks involved in dealing with such a population of patients, the Program is required to be staffed by trained and license psychiatric professionals as well as security personnel. The Program is required to staff the facility with professionals who can provide “specific diagnostic and treatment needs of the clients.” (9 CCR § 532.6) The Program plans to be staffed by a Medical Doctor Psychiatrist, a Director of Nursing (RN/LVN) who is “on-call” twenty four (24) hours a day, seven (7) days a week to supervise “nursing and medication management,” a vocational nurse (LVN), Mental Health Works and a Consulting Pharmacist. (Exh. C [Program Description, p. 8]) Significantly, three (3) trained license staff are “on duty” during the night shift and “all three remain awake throughout the shift.” (Exh. C [Program Description, p. 10])

THESE NIGHT SHIFT EMPLOYEES PLAINLY PROVIDE SECURITY DURING THE NIGHT IN THE EVENT THAT A RELAPSE OR INCIDENT OCCURS AND IT IS NECESSARY TO SUBDUE OR RESTRAIN ONE OR MORE PATIENTS.

The 5/22/19 Staff Report states that “clients admitted to the facility must have a primary diagnosis of mental illness that can be expected to improve significantly through a residential psychological rehabilitation program.” While the Program aims to improve patient’s conditions, no program is 100% successful all of the time. Thus, the Program Description states that among the Applicant’s goals is to facilitate “transitions to more secure settings” when “more restrictive treatment is needed.” (Exh. C [Program Description, p. 6]) And the risk of “relapse” for persons with these types of disorders is a very real risk. A 2016 quantitative study shows that patients suffering from these disorders are frequently compelled to be “readmitted” into hospitals after “treatment” has failed. Although “rehospitalization” is viewed clinically as a “poor outcome,” the Study found that in California “readmission” to state hospitals averaged 3.9 occurrences within thirty (30) days of release and 11.2 occurrences within six months (180 days) of release. (Exh. E [Fuller, Sinclair and Snook, *Release, Relapsed and Rehospitalized: Length of Stay and Readmission Rates in State Hospitals*, p. 8 (2016 Treatment Advocacy Center)])

Moreover, the Fuller Study found that “schizophrenia and mood disorders, including bipolar, account for more readmissions of Medicaid patients than any other medical conditions.” (Fuller, *supra*, *Release, Relapsed and Rehospitalized*, p. 8) The Study concluded that “a diagnosis of schizophrenia, the most disabling mental illness, increases the risk of readmission.” (*Id.* at p. 2) Because there is a significant risk that “treatment” at the Project may be unsuccessful (while in treatment or after release), there is an equally significant risk to the community that unsuccessfully treated patients may pose a risk of harm.

Finally, the licensing and certification is completely different between Elder Care Facility and a Social Rehabilitation Facility. While Elder Care Facilities are regulated by the Department of Social Services, the Program is administered by the Department of Health Care Services, which adopts and applies comprehensive regulatory standards. (Welf. & Inst. Code §4090) The regulatory oversight and intervention is much greater for projects like the Program because of the inherent risks posed by the “crisis” treatment provided to seriously ill patients. Furthermore, a facility cannot be licensed as both a Elder Care Facility and a Short Term Crisis Residential Treatment Program.

2. THERE ARE KNOWN RISKS TO PUBLIC HEALTH AND SAFETY FROM THE PROGRAM, BUT THE ADMINISTRATIVE DECISION FAILED TO REQUIRE ANY DATA RELATED TO SUCH RISKS PRIOR TO APPROVAL

Despite several objections and comments from interested persons that the Project poses as risk to the community, the Applicant was not required to provide any data about the dangers to the community of the Project, the number of Police service calls for other facilities operated by the Applicant or other clinics, or the general impacts that the Project may pose. Instead, the 5/22/19 Staff Report merely notes that the “applicant maintains that clients admitted to the facility are not dangerous and do not have substance or alcohol use disorders as a primary diagnosis.” (Exh. D [Staff Report, p. 7]) Yet, there are public reports of specific incidents involving projects like the one presented.

For example, on March 9, 2018, a 36 year old PTSD patient used a semi-automatic weapon committed a a murder-suicide at The Pathway Home, a residential treatment facility in Yountville, CA, in which the staff psychologist and the two clinic executive directors were murdered. (Exh. F) One of the persons murdered was pregnant with an unborn child. The perpetrator, Albert Wong, had been a patient in the program. “After the shootings, The Pathway Home suspended operations indefinitely and its clients were placed with other programs.” Survivors of the victims are now suing the Veterans Administration. Similarly, on November 5, 2018 – the same day that the Zoning Administrator issued her approval of this Project -- a shooting took place at the Helen Vine Recovery Center in San Rafael, in which the LA Times reported that a 37 year old boyfriend of a patient of the program opened fire and murdered one person and wounded two others. (Exh. G) On November 17, 2016, the Associated Press reported that a gunman, Tevin McDonald, who had been a patient receiving treatment at a mental health facility known as the Ridge Mental Health Facility located on Smyrna, GA, opened gunfire inside the facility after he had “argued with staff members” because “McDonald didn’t want to remain in the facility.” (Exh. H) After the shooting, McDonald “ran into a nearby neighborhood, causing Griffin Middle School and King Springs Elementary to go on lockdown.”

In a May 15, 2016 article published in the Clinical Psychiatry News, Dr. Michael Knable reported on mental health worker’s efforts to guard against patient violence. “About half of all mental health professional at all levels and in all practice settings can expect to be threatened by a patient at some point in the career, with as many as 40% sustaining a patient-inflicted injury.” (Exh. I) Such reports represent an ongoing concern because, as was stated in the article entitled “*Mental Health Relapses Happen*,” by Dr. Boris Vaisman, a Doctor of family medicine and addiction specialist, “*as is the case with treating addiction there is no permanent “cure” when someone is diagnosed with a mental illness and relapse is always a possibility.*” (Exh. J)

Yet, the Application presents no historical data concerning the risks to the community from psychiatric treatment centers with respect to public safety. Thus, the administrative decision did not require sufficient information from which to determinate whether the imposed Conditions of Approval are adequate.

In addition, the Program's use of psychotropic drugs for treatment presents a serious concern. Psychotropic drugs, such as antidepressants, antipsychotics, mood stabilizers and anti-anxiety agents, affect the mind, emotions and behaviors of the patients being treated with them. Doctors cannot predict what adverse side effects a patient might experience and according to medical studies done, these drugs can double the risk of suicide. Common and well documented side effects include mania, psychosis, hallucinations, suicidal ideations, depersonalization, heart attack, stroke and sudden death. Yet, the Food and Drug Administration admits that probably only one to ten percent of all adverse drug effects are actually reported by patients or physicians.

The Staff Report neglected to even mention any of these issues even though they were raised in Appellant's appeal letter. Had the Staff Report addressed these issues, it would have completely undermined their argument that the proposed facility is "similar" in intensity and use to the existing Elder Care Facility and highlighted the risks to both the patients and their surroundings of these "treatments" at an acute psychiatric care facility.

Despite the plain health and safety risks posed by the Project, both the Application and the Staff Report contain absolutely no data whatsoever about the nature and extent of any risks to the immediate community. Thus, there is insufficient data upon which to base any determination of the risks inherent in such a project. Nor is there any data made available concerning the efficacy of the imposed Conditions of Approval as a means of "mitigating" those risks.

**3. THE APPROVED CONDITIONS OF APPROVAL ARE INSUFFICIENT TO
"MITIGATE" THE RISKS OF A SHORT-TERM CRISIS RESIDENTIAL
TREATMENT PROGRAM**

Both the Zoning Administrator and Planning Commission each imposed Conditions of Approval purportedly to "mitigate" the impacts of the Project upon the community, but these Conditions of Approval demonstrate the distinctions between the proposed use and the R-20 allowed land use. They are also, as a practical matter, completely inadequate to effectively mitigate the risks created for the community by this Project.

The 5/22/19 Staff Report reflects that in response to objections from property owners, including Appellant, "the Zoning Administrator had included conditions to the land use permit approval to ensure the safety and wellbeing of the surrounding community." Those conditions included closed circuit cameras on all exists, improved fencing, and

requiring that all “facility clients” be accompanied by staff when leaving the premises. (*Ibid.*) In addition, the Staff Report for the appeal recommended as “additional conditions” further reporting requirements and a neighborhood complaint policy.

However, the Conditions of Approval imposed are grossly inadequate to address the neighborhood concerns. Firstly, the new “fencing” required by the Conditions of Approval was simply to “repair and maintain the existing fencing at the facility.” (Exh. K [Conditions of Approval, Condition #11]) The recommended Neighbor Complaint Policy merely requires the Applicant to “personally investigate” any complaint, but does not assure that any corrective action or compensation will be paid to affected neighbors or that any action will be taken by the Applicant (or anyone else) if such an investigation identifies a specific risk or injury to the community.

Similarly, Condition #2 requires “quarterly reports” to the DCD of any “incidents” or “complaints” and the 5/22/19 Staff Report claims that:

In the event that the facility is not operated in compliance with the conditions of approval, the matter will be referred to the Code Enforcement Division. Violations of conditions of approval may result in fines, revocation of the land use permit, or any other remedy authorized under the County Ordinance Code.

(Exh. B [5/22/19 Staff Report, p. 10])

This statement is simply untrue and misleading. The Conditions of Approval provides ***no regulatory authority to the DCD*** to act on any such reports if threats to the community are identified or injuries occur. Specifically, the Conditions of Approval impose no specific conditions that could result in either “fines” or “revocation” of the Use Permit. In fact, so long as the Applicant complies with the reporting requirements, the Conditions of Approval impose no conditions that would allow the DCD to revoke the Use Permit no matter how serious the incident or series of incidents. In reality, these reports are simply meant to appease the community since DCD’s jurisdiction to act on any reports is ***non-existent***. In fact, once the Use Permit is issued, the Applicant will have “vested rights” to maintain the facility indefinitely in its approved condition without many any improvements to security or otherwise as a result of such incidents. DCD has no jurisdiction to impose further conditions even if they should prove necessary to protect the public health and safety.

Yet, the imposition of these Conditions of Approval reflect that a higher level of risk will exist connected with mentally ill patients with possible histories of hostility, aggression, and violence toward themselves and/or others.

4. ADDITIONAL CONDITIONS OF APPROVAL SHOULD BE IMPOSED TO ADDRESS THE INADEQUACIES OF THE PROJECT

Appellant believes that the proposed Project should be denied, but should the Board of Supervisors determine that it must be approved, the proposed additional Conditions of Approval set forth in **Exhibit L** should be imposed as additional conditions.

Among other things, the additional Conditions of Approval should include the following:

A. LIMIT THE NUMBER OF BEDS TO SIX (6)

As mentioned, Contra Costa County Ord. 84-14.402 permits “a residential care facility for the elderly” where “not more than six persons reside or receive care.” (Ord. 84-14.402(4)) Similarly, State law mandates uniform approval of facilities “for the care of six or fewer persons with mental health disorders” within residential zoning areas. (Welf. & Inst. Code §5115(b)) These laws reflect the state policy that smaller facilities strike the appropriate balance between such health facilities and residential uses. Yet, the Applicant seeks to exploit the fact that a prior owner obtained Land Use Permit #LP01-2045, which allowed the Subject Property to serve up to twelve (12) “elderly patients.” However, because the Application seeks to make a fundamental change in the intensity of the use, i.e., from housing for the elderly to a mental health facility, the limitations of existing law should be applied. The Conditions of Approval should limit the number of beds to six (6) in order to conform with the standards established by Ord. 84-14.402(4) and Welf. & Inst. Code §5115(b). No part of the Zoning Ordinance allows the Applicant to obtain a 16-bed facility within a residential neighborhood.

B. SECURED FENCING AROUND THE ENTIRE PERIMETER SUBJECT PROPERTY

The approved Conditions of Approval call for repairs to the existing fence, but do not require perimeter fencing that would entirely secure the Subject Property during the evening and night time hours. Access to and from the Subject Property and the community should be completely secured by a perimeter fence that locks from both the inside and outside. Visitors and/or patients should be prevented from leaving the facility during evening and night time hours.

C. FACILITY LOCKED DOWN AT NIGHT

The facility should be “locked down” at night in order to prevent patients from leaving their rooms or the common areas.

D. NO USE OF PSYCHOTROPIC DRUGS AND TREATMENTS

In light of the risks of psychotropic drug therapy, the Conditions of Approval should prohibit the use or administration of such drugs within the facility and allow only patients whose conditions are “stable” without the use of such drugs to be admitted to the Program.

E. ON PREMISES SECURITY

The Program should be required to provide armed security guards on site during the evening and night time hours.

F. POLICE PATROLS AND IMPACT FEES

Because the Program will undoubtedly place a burden on police and first protection services, impact fees should be imposed sufficient to fund one additional police officer position and patrol vehicle for the local Police Department or substation for a period of at least two years with a third year provided, if warranted.

G. GENERAL LIABILITY INSURANCE NAMING DOCTORS, NURSES AND PATIENTS AS “ADDITIONAL INSURED”

In order to protect and indemnify members of the community or general public who may be impacted or injured by the Program, it should be required to maintain general liability insurance equal to twenty (\$20) million dollars a year per occurrence and fifty (\$50) million dollars a year in the aggregate and to make each patient of the Program an additional insured.

5. THE STAFF RECOMMENDATION THAT THE PROJECT IS “CATEGORICALLY EXEMPTION” FROM CEQA IS ERRONEOUS WHERE THERE IS A SUBSTANTIAL PROPOSED CHANGE OF USE CONTEMPLATED FOR THE PROJECT

The 5/22/19 Staff Report on the appeal to the Planning Commission stated that the Project was categorically exempt under CEQA Guidelines Class 1, Section 15301 as an “existing facility.” However, that exemption is not available where, as here, there is an actual change in the use of the facility.

This has been highlighted earlier in this letter—the intensities and uses at this site as an eldercare facility versus what would be manifest as a psychiatric facility — there is a demonstrable difference. Therefore, a false equivalency is being applied to allow this exemption and the county should prepare a full initial study under CEQA and any further environmental review as required by the initial study.

III. CONCLUSION

For the foregoing reasons, the Appellant respectfully requests that the Board of Supervisors reverse the decisions of the Planning Commission and Zoning Administrator and deny the Use Permit for this Project. The proposed Project is out of character with the residential nature of the community and constitutes a much more intense and impactful "use" than the existing residential care facility for the elderly. The 5/22/19 Staff Report inadequately addressed the significance in the change of use and required that no data be provided by the Applicant concerning the risks to the community. The imposed Conditions of Approval are plainly inadequate to address the known risks and are really tantamount to an effort to only appease the objectors without adding meaningful protections for the community.

If the Board of Supervisors determines that the the appeal does not result in reversal, then Appellant requests that additional terms and conditions be imposed in the form attached hereto as Exhibit L. At a minimum, the additional Conditions of Approval discussed above should be adopted and imposed in order to mitigate the impacts of the Project on the local community.

Very truly yours,

MOLLICA LAW

By 

Terry J. Mollica

Attorneys for Appellant Amy Majors

Encls.
Cc: clients



CONTRA COSTA COUNTY
Department of Conservation & Development
Community Development Division

| LAND USE PERMIT APPLICATION | | | | |
|---|---|--|-------|--|
| TO BE COMPLETED BY OWNER OR APPLICANT | | | | |
| OWNER | | APPLICANT | | |
| Name <u>Hannam Homes, Inc.</u> | | Name <u>GREGORY BRAVERMAN</u> | | |
| Address <u>3385 Deer Hollow Drive</u> | | Address _____ | | |
| City, State/Zip <u>Danville, CA 94506</u> | | City, State/Zip _____ | | |
| Phone _____ email _____ | | Phone _____ | | |
| By signing below, owner agrees to pay all costs, including any accrued interest, if the applicant does not pay costs. | | By signing below, applicant agrees to pay all costs for processing this application plus any accrued interest if the costs are not paid within 30 days of invoicing. | | |
| <input checked="" type="checkbox"/> Check here if billings are to be sent to applicant rather than owner. | | | | |
| Owner's Signature <u>see attached</u> | | Applicant's Signature | | |
| CONTACT PERSON (optional) | | PROJECT DATA | | |
| Name _____ | | Total Parcel Size: <u>0.65 acres</u> | | |
| Address _____ | | Proposed Number of Units: _____ | | |
| City, State/Zip _____ | | Proposed Square Footage: <u>5605</u> | | |
| Phone _____ email _____ | | Estimated Project Value: <u>2,300,000</u> | | |
| Project description (attach supplemental statement if necessary): <u>We are applying for Adult Residential care facility for 16 Ambulatory Adults</u> | | | | |
| FOR OFFICE USE ONLY | | | | |
| Project description: | | | | |
| <input type="checkbox"/> The applicant requests approval of a Land Use Permit to amend land use permit #LP01-2045 to allow the conversion of an existing elderly care facility to an adult residential care facility for 16 ambulatory adults with no proposed improvements to the existing facility. | | | | |
| Property description: <u>A 0.51 acre lot as a portion of Rancho San Ramon.</u> | | | | |
| Ordinance Ref.: | TYPE OF FEE | FEE | CODE | Assessor's #: <u>188-040-001</u> |
| Area: <u>Walnut Creek</u> | *Base Fee/Deposit | <u>\$2700⁰⁰</u> | S- | Site Address: <u>2181 Tice Valley Blvd</u> |
| Fire District: <u>Contra Costa Fire</u> | Late Filing Penalty (+50% of above if applicable) | | S-066 | Zoning District: <u>R-20</u> |
| Sphere of Influence: <u>Walnut Creek</u> | ½% est. value over \$100,000 | | S-029 | Census Tract: <u>334200</u> |
| Flood Zone: <u>X/B</u> | #Units _____ x \$195.00 | | S-014 | Atlas Page: <u>P-14 & Q-13</u> |
| Panel Number: | Notification Fee | <u>15.00 / 30.00</u> | S-052 | General Plan: <u>SL</u> |
| x-ref Files: | Fish & Game Posting (if not CEQA exempt) | <u>75.00</u> | S-048 | LP/DP Combination: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <u>LP01-2045</u> | Environmental Health Dept. | <u>57.00</u> | 5884 | Supervisorial District: <u>2</u> |
| | Other: | | | Received by: <u>Syd Wayman</u> |
| Concurrent Files: | TOTAL | <u>\$ 2787⁰⁰</u> | | Date Filed: <u>07/05/2018</u> |
| | Receipt # | <u>180008699</u> | | File #LP 18-2020 |
| *Additional fees based on time and materials will be charged if staff costs exceed base fee. | | | | |

INSTRUCTIONS ON REVERSE

SMITTING YOUR APPLICATION

1. PREPARE a plot (site) plan, floor plans and building elevations clearly and legibly drawn to a commonly used scale with the following information, and verify (by initialing) that the information is included on the plans:

Applicant's
Initials

Plot (site) Plan

- _____ a. All existing property lines labeled and fully dimensioned.
- _____ b. All public and private roads, easements and drainage installations adjacent to the subject parcel(s).
- _____ c. All existing and proposed improvements (including drainage) with distances to all property lines.
- _____ d. Distance from property lines to existing improvements on parcels adjoining the subject parcel(s).
- _____ e. Names of adjoining property owner(s).
- _____ f. Topographic contours labeled with elevation, known geologic hazards, creeks/streams and drainage ditches.
- _____ g. Location, species, drip lines and trunk diameters of all trees with a diameter of 6 inches or greater, measured 4½ feet above ground whose trunks lie within 50 feet of any proposed improvements. This shall include all such trees on the subject property as well as trees on adjoining properties whose canopy extends onto the subject property. Number the trees for identification purposes and indicate if they are to be removed or altered in any way.
- _____ h. North arrow and scale.
- _____ i. Existing and proposed parking layouts, driveways and landscaped areas (all fully dimensioned).
- _____ j. Computations of lot coverage, gross floor area and landscaped areas (all indicated in square feet).
- _____ k. Area of the subject parcel(s) officially mapped within the boundary of a Special Flood Hazard Area (if applicable).
- _____ l. A vicinity map showing sufficient information such as streets, highways, railroad tracks, water bodies, landmarks etc. to locate the subject parcel(s).

Floor Plans

- _____ m. All rooms, hallways and other common areas with their dimensions and use (i.e. bedroom, kitchen, etc.).
- _____ n. Locations of doorways, stairways and landings, windows, permanent fixtures (sinks, toilets, showers, etc.) and major mechanical equipment (hot water heaters, furnaces, etc.).

Building Elevations

- _____ o. Exterior dimensions (height, width, depth) of all proposed improvements. Height is measured at the point within the building footprint that has the greatest distance between the ground and the top of the building directly above.
- _____ p. Proposed exterior ornamentation such as shutters, planting boxes, window trim, cornices, signs, railings, etc.
- _____ q. Proposed exterior materials (i.e. wood siding, stucco, stone veneer, concrete tile roof, etc.).

2. HAND DELIVER (do not mail) the following to the Contra Costa County Application & Permit Center:

- _____ r. Three (3) full size sets of plans (24" x 36") and twelve (12) reduced sets (11" x 17"). All sets must be folded to approximately 8½" x 11". **Rolled plans will not be accepted.**
- _____ s. Completed application form (reverse side of this sheet).
- _____ t. "Important Notice to Applicants" signed and dated.
- _____ u. *Required deposit and miscellaneous fees. Checks may be made payable to Contra Costa County.

* Please note that the fees described on this form are related only to the Contra Costa County Department of Conservation and Development and Public Works Department [(925) 313-2000] costs for processing your application. Additional fees and requirements may be imposed by federal, state and local agencies that may be involved in reviewing your project. It is the applicant's responsibility to investigate whether additional fees and requirements will be imposed.

APPLICANT VERIFICATION

I verify that all of the information submitted as indicated by my initials is complete and accurate to the best of my knowledge and further acknowledge that should it be found that any of the information is incorrect or incomplete it may result in increased processing time and/or costs. I acknowledge that all staff costs are borne by the applicant and if necessary, additional deposits will be required. I also acknowledge that I have completely read this form and understand all of the information stated herein.

Signature

Name (print)

GREGORY BRAVERMAN

Date

07/05/18

Contra Costa County Department of Conservation & Development
Community Development Division
Application & Permit Center
30 Muir Rd.,
Martinez, CA 94553
(925) 674-7200

IMPORTANT NOTICE TO APPLICANTS & PROPERTY OWNERS

The purpose of this notice is to alert you to various issues which may affect your proposed project development. You are encouraged to research these requirements *before* submitting an application for development.

MUNICIPAL ADVISORY COUNCILS (MAC): MAC's have been formed for the communities of Alamo, Bay Point, Bethel Island, Byron, Contra Costa Centre, Diablo, Discovery Bay, El Sobrante, Kensington, Knightsen, North Richmond, Pacheco and Rodeo. They will receive a copy of your application for their review and approval. You may wish to contact them independently in advance of submitting your application.

DISCLOSING PROJECT IMPACT ON TREES: Prior to accepting a development permit (e.g., subdivision, land use permit, development plan or variance) application as complete, the County will require the following project and tree survey information on a site plan. (Except where no exterior improvements or alterations are proposed.)

The site (grading and development) plan shall accurately and fully disclose the location, species, tree dripline, and trunk circumference of all trees with a trunk circumference of 20 inches (50.8 cm; approximately 6½ inches in diameter) or greater, measured 4½ feet (1.37 m) above the ground whose tree trunks lie within 50 feet (15 m) of proposed grading, trenching, or other proposed improvements. The site plan shall include any multi-stemmed tree, the sum of whose circumferences measures 40-inches or more, measured 4½ feet from ground level.

- **Trees Along Property Lines** - The site plan shall include any qualifying trees whose trunks lie on adjoining property but whose canopy (dripline) extends onto the subject property.
- **Numbering of Trees for Identification Purposes** - If the proposed development is in proximity to two or more qualifying trees, then each tree shall be assigned a number for identification purposes (e.g., #3, #5, etc.). (Trees whose trunks are more than 50 feet removed from the proposed ground disturbance need be only denoted by the outline of the aggregate tree canopy.)
- **Identification of Project Impact on Individual Trees** - The site plan shall also specifically and clearly indicate whether individual trees are proposed to be (1) removed, or (2) altered¹ or otherwise affected². The plan shall identify any proposed drainage ditches, sewer or water mains, drainage lines or other utility improvements which would result in trenching.

If mature trees are not shown on the site plan as proposed to be removed or altered, the County may assume that those trees are intended to be preserved without alteration, and a County development permit may be so conditioned. Applicants and property owners should be aware that a subsequent ministerial permit (grading or building permits, or approval of improvement plans) by the County cannot be cleared unless it is consistent with the Tree Ordinance and any applicable development or tree permit.

- **Tally of Trees to be Removed** - The site plan shall contain a tally of the total number of trees proposed to be removed, and their respective aggregate trunk circumference sizes
- **Project Construction Activity Near Trees** - The site plan (or version thereof) shall disclose the location of any stockpiling, paving, compaction (which may be caused by maneuvering of construction vehicles), parking or storing of vehicles, equipment, machinery or construction materials, or construction trailers, or dumping of oils or chemicals which is proposed within the dripline of any above-described tree.³
- **No Trees Near Development** - If there are no qualifying trees on site (including along the site perimeter) or within 50 feet of proposed development, then that site condition shall be expressly noted on the site plan. In this circumstance, other project details specified in this form may not be needed.
- **Identification of Designated Heritage Trees** - Any tree that has been designated by the Board of Supervisors for "heritage" status shall be so labeled on the site plan.

Failure to fully and accurately disclose information about trees and project impacts that can reasonably be anticipated (trenching for utility lines, drainage ditches, grading, etc.) may result in:

- staff determining that the application is not complete, in which case the project will not be scheduled for hearing; and/or
- subsequent interruption of development activity until such time as there is compliance with applicable tree ordinances.

¹ For purposes of the Tree Ordinance, "alteration" does not necessarily mean removal of a tree branch or pruning. However, "alteration" does include any proposed trenching, grading, filling, paving, structural development, change in ground elevation within the dripline of a protected tree. Alteration also includes trim by topping (i.e., removal of the upper 25% or more of a protected tree's trunk or primary leader.)

² Though not required, an applicant or property owner may also choose to identify on the site plan a third classification of trees - (3) trees to be preserved (without alteration). However, any tree designated on an approved site plan for preservation, or so designated by condition of approval, automatically becomes a "protected" tree under the ordinance. No removal or (unauthorized) alteration of a protected tree is allowed without first obtaining a Tree Permit from the County.

³ These construction-related activities are normally prohibited by the Tree Ordinance.

IMPORTANT NOTICE TO APPLICANTS & PROPERTY OWNERS

The purpose of this notice is to alert you to various issues which may affect your proposed project development. You are encouraged to research these requirements before submitting an application for development.

FLOODPLAIN: Your project must satisfy the requirements of the County's Floodplain Management Ordinance. If a site lies within or partially within a floodplain, flood zone information must be shown on the site plan. Before a development permit application within any area of Special Flood Hazards can be accepted as complete, the applicant or must provide verification from the Floodplain Administrator that the required Flood Zone, Base Flood Elevation and minimum finished floor elevation have been determined, Contact the Public Works Department at 925-646-1623 to determine the flood zone of your property.

DRAINAGE IMPROVEMENTS AND ROAD IMPROVEMENTS: Your parcel may require major drainage or road improvements under County ordinances and policies. Contact the Public Works Department at 925-313-2000 as soon as possible to determine the scope of required drainage improvements and road improvements for your project. The counter at the Public Works Department is open from 7:00 am. to Noon and 12:30 - 5:00 p.m. Monday through Thursday, and is located at 255 Glacier Dr., Martinez.

PROPOSED COMMERCIAL OR INDUSTRIAL USES: Disclosure of Hazardous Materials - Applications for development permits involving commercial and industrial projects, and uses where hazardous materials will be handled (in accordance with Sec. 65850.2 of the Government Code). To reduce the possibility that your application will be deemed incomplete, you are encouraged to follow the steps listed below:

- Complete a Hazardous Material Questionnaire form and submit it to the Health Services Department, Hazardous Materials Section, 4333 Pacheco Blvd., Martinez, CA 94553, 925-646-2286; FAX 925-646-2073. Forms may be obtained from the Application and Permit Center, Building Inspection Division, or Hazardous Materials Office They can assist you with any questions and additional materials for submittal with your development application.

Notice to Bay Area Air Quality Management District (BAAQMD) - The air permit requirements apply to all types of commercial and industrial projects, which generate direct sources of air pollution. For information regarding air permit requirements, Contact BAAQMD at 415-749-5000 or visit their website: <http://www.baaqmd.gov/>

Requirement for Business License - The approval of a development permit for a commercial or industrial operation *neither satisfies nor replaces* any County requirement to obtain a business license for the proposed use. Applicants and property owners may need to separately obtain a business license for their use. Questions on any County requirement for a business license should be directed to the County Treasurer/Tax Collector located at 625 Court Street, Martinez (925-954-5280).

FEES: **Development Application Fees** - The Community Development Division application fee schedule is structured to generally require sufficient filing fees to cover the cost of processing development applications. Where the application review costs exceed the initial deposit, applicants will be required to submit additional deposits. *Please note that the applicant or owner is responsible for paying all application fees, whether or not the application is approved.* For additional information about application fees or for a copy of the Application Fee Schedule, contact a Community Development representative at the Application and Permit Center 925-674-7200. **Staff Costs for Processing an Appeal are Borne by the Applicant** - If an interested party files an appeal, the appeal must be accompanied by a filing fee of \$125. However, please note that the County fee schedule requires the applicant to pay fees for all staff costs of processing the appeal, even if the appeal is filed by a party that opposes the project. This would include any appeal of an administrative decision.

California Department of Fish & Game Fees - An additional fee may be due at the time of posting the environmental document and prior to project decision and before permits are issued. Additional fees are based on California Department of Fish and Game Code Section 713, updated annually, and effective January 1, 2018 fees are as follows:

| | |
|---------------------------------|-------------------|
| Categorically Exempt: | No Additional Fee |
| Negative Declaration: | \$2,280.75 |
| Mitigated Negative Declaration: | 2,280.75 |
| Environmental Impact Report: | 3,168.00 |
| Certified Regulatory Program | 1,077.00 |

County Clerk Processing Fee (may apply) Contact your Local County Clerk's Office

Post-Approval Fees - Once a development permit is approved, most development still requires issuance of other types of ministerial permits (e.g., building permits, grading permits, parcel maps, etc.). Development fees and additional processing fees are normally payable at the time of the issuance of those permits. Development fees are often required for such area-wide infrastructure improvements as traffic improvements, park dedication, and child care. An estimate for many of the post-approval fees which will apply to your project may be obtained by contacting the Building Inspection Division at 925-674-7200.

APPLICANT & PROPERTY OWNER(S) VERIFICATION

I/We have read and understand the statements on this entire form; and I/we have contacted the above departments as suggested.

Applicant Signature _____ Name GREGORY BRAVERMAN Date 07/05/18
Owner(s) Signature(s) _____ Name: _____ Date _____

Office Use Only

Application File Number: LP18-2020

REVISED 02/01/17

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(OVER)

**National Psychiatric Care and Rehabilitation Services Inc.
650 South 5th Street
San Jose, CA 95112
408-688-4737**

Letter of Intent

ATTN: Contra Costa County Community Development Division

Facility Address: 2181 Tice Valley Boulevard, Walnut Creek, CA 94595

Date: July 24, 2018

National Psychiatric Care and Rehabilitation Services Inc. is in the process of purchasing the existing facility at the above address, which has the existing Use Permit No LP012045 to operate a residential care facility for the elderly.

In its existing programs in very similar facilities in the cities of San Jose and Sacramento, National Psychiatric Care and Rehabilitation Services Inc., under the state license, provides care for clients age 18 y/o and older. Since the current land use permit for the Walnut Creek facility is limited to elderly clients only, National Psychiatric Care and Rehabilitation Services Inc. is respectively asking to remove this restriction or make an equivalent determination to allow the program to accommodate adult and elderly clients. In all other operational aspects, the facility is not any different from the residential care programs that have run at this property for the last 30 years. The use is totally consistent with the County General Plan and Zoning for this area. **We are planning to accommodate 16 clients. Facility has 8 single bedrooms and 4 double bedrooms**

National Psychiatric Care and Rehabilitation Services Inc. is under contract with Kaiser Permanente Walnut Creek Medical Center and have been serving clients from Contra Costa County in its San Jose and Sacramento facilities over the last several years.

Demand for our services from the Contra Costa County cliental exceeds the capacities of our San Jose and Sacramento facilities. Furthermore, transportation and long distances complicate integration of our clients into the care program. This necessitates that a local facility be established to better serve clients residing in Contra Costa County. The existing building at 2181 Tice Valley Blvd in Walnut Creek is the only facility currently available to address this need.

Consistent with the current use permit, the new facility will be staffed by four licensed staff members during the day and evening shifts and 2 licensed staff at night.

The company provides transportation when needed and our clients are not allowed to have their vehicles on the premises. Our residential care facility will provide a much higher professional level of care than the previous facility at this location and will be an excellent partner in the community. ..

Program Description:

Our Adult Residential facility will provide a 24-hour a day nonmedical care and supervision in a group setting to clients recovering from emotional crises who temporarily need assistance, guidance, or counseling.

The services in this program include, but are not limited to, counseling and ongoing assessment, development of support systems in the community, a day program, which encourages numerous types of interaction, and an activity program that encourages and promotes socialization skills.

The program will be administered and managed by the program director who will be supervising two licensed marriage and family therapists, licensed nursing staff and a licensed social worker.

Four staff members will be working during daytime and two staff members during evening and nighttime. **We are not licensed to provide care to clients with substance and alcohol use disorders. We are not contracted with Medical and MediCare and we are not providing services to severely mentally ill clients.**

We are not admitting homeless clients who will need further disposition and housing.

All clients have to meet the following admission criteria.

Admission Criteria:

- a. Clients are admitted on voluntary status. Client will understand and acknowledge the discharge procedures applicable to voluntary admission status.
- b. Clients understand that they must give 24 hour notice in writing if they desire to be discharged. During this 24 hour period the treatment team will prepare discharge plan providing a follow up appointment with the client's outpatient provider.
1. **Clients admitted to our program must have a condition that can be expected to improve significantly through a residential rehabilitation program.**

2. **Clients with primary diagnosis of substance use disorder cannot be admitted.**
3. Reason for admission as stated by the client and/or others significantly involved must be clearly documented
4. Clients must be **medically cleared** before they are admitted. This may be accomplished by referring physician or by contracting with the facility Medical urgent care clinic. **Client must not have active psychiatric symptoms requiring higher level of care**
5. Client's blood glucose lab level must be less than 250.
6. Client shall not have significantly abnormal vital signs.
7. Clients must not require respiratory isolation.
8. Clients must not have a fragile/unstable medical condition that requires intensive medical evaluation and management and /or intensive nursing interventions.

Kind Regards,

Gregory Braverman, MD
Diplomat of American Board of Psychiatry and Neurology
President of National Psychiatric Care and Rehabilitation Services.

CONTRA COSTA
COUNTY

2019 APR 16 A 9:54

National Psychiatric Care and Rehabilitation Services

Building new beginnings.

DEPARTMENT OF
REHABILITATION
SERVICES

Program and Service Description

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Program description:

Adult Residential Social Rehabilitation Program

National Psychiatric Care and Rehabilitation Services (NPCRS) is licensed by the California Department of Social Services' Community Care Licensing division as a Residential Social Rehabilitation Program for Adults. This facility provides comprehensive care for those suffering from primary psychiatric disorders including:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Panic Disorder
- Generalized Anxiety Disorder
- Post-traumatic Stress Disorder
- Major Depressive Disorder
- Adjustment Disorder
- Personality Disorders
- Obsessive Compulsive Disorder

The program is focused on providing rehabilitation services in a comfortable residential setting with a low client: staff ratio. **NPCRS provides therapeutic, psychosocial rehabilitation in a 24-hour residential treatment program as an alternative to psychiatric hospitalization for individuals who voluntarily choose to be rehabilitated in residential setting.** The goal is to reintegrate the client back into the community by focusing on

interpersonal and independent living skills, behavior management skills, and skills to sustain sobriety.

NPCRS is staffed 24 hours a day, seven days a week. The program's psychiatrists, Administrator/Program Director and Director of Nursing are available on-call to provide support for staff in the facility at any time of the day or night.

Our program includes five group sessions per day, Monday through Saturday, leaving the weekend less structured (three group sessions per day) to allow for time with family and community reintegrating activities.

Group are organized around topics such as:

- Recovery strategies
- Practical facts about mental illness
- How stress combines with biological vulnerability to make managing emotions challenging
- Building social support
- Effective use of medications
- Drug and alcohol abuse
- Strategies for reducing relapses
- Coping skills for stress and persistent symptoms
- Self-advocacy and getting one's needs met in the mental health system
- Maintaining a healthy physical and emotional lifestyle

Residents are assisted using a variety of approaches, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Motivational Interviewing (MI), Wellness Recovery Action Planning (WRAP), and Illness Management and Recovery (IMR), as well as 12-step activities in the

community and in-house via Dual Recovery Anonymous education sessions.

Facility

Our clients reside in a beautiful renovated 6000 sf home in Walnut Creek, California.

- The house consists of 12 very spacious bedrooms and 7 bathrooms.
- Our bedrooms are finished with natural materials and are filled with light.
- Much like a charming boutique hotel, rooms are furnished with beds with premium mattresses, built-in closets, nightstands with reading lamps, and comfortable chairs. Some bedrooms feature a desk, bookcase or a walk-in closet. All rooms are comfortable, quiet and offer privacy to residents.
- The kitchen features top-of-the-line appliances and ample space for cooking and dining.
- Clients may use exercise equipment, games, computers with internet access and a large flat-screen t.v. with DVD for leisure activities when groups are not in session. Wi-fi and phone are available for residents' use
- Private therapy rooms are ideal for individual, couple and family sessions.
- Large, newly remodeled therapy room with comfortable furniture.

- Backyard features a water fountain and shaded seating areas for socializing and visiting with family and friends.
- A beautifully landscaped front entrance welcomes residents and guests with a variety of blooming roses.

Philosophy

Our services are client-centered and strengths-based and tailored to the unique needs of each resident and their families/ caretakers.

- **Least restrictive environment:** The NPCRS program is structured to provide services to mentally ill clients in the least restrictive and most normative environment appropriate to their needs.
- **When more restrictive treatment is needed,** transitions to more secure settings are facilitated with appropriate attention to client safety.
- **Family participation:** Our program recognizes that families are often strong advocates for our residents, therefore regularly-scheduled family education groups and family counseling are available to support residents' recovery.

Goals:

- To provide a safe, comfortable and structured environment for recovery, with effective therapeutic interventions and appropriate supervision twenty-four hours a day.
- To reduce the need for inpatient hospitalization by offering a safe alternative for those in crisis.
- To provide accurate psychosocial and psychiatric

assessments.

- To provide medication evaluation and management.
- To provide collaborative case management which links residents to community resources for aftercare outpatient treatment.
- To provide stabilizing, supportive interventions to individuals who are not able to be safe in a less restrictive environment.
- To foster an environment which supports the family's or caretaker's involvement in treatment planning and transition to the community, when appropriate.
- To provide rehabilitation programming which assists clients in developing an awareness of the interpersonal and behavioral skills that can be used to address future mental health challenges.
- To assist individuals in successfully returning to their families, homes, careers and leisure activities following a psychiatric crisis.

Admission Criteria

Individuals appropriate for services at NPCRS have a primary diagnosis of a mental illness and experience symptoms and behavioral patterns which indicate a deterioration from previous level of functioning and which cannot be treated outside of a 24-hour residential facility. The Individual's social environment is characterized by temporary stressors or limitations that would undermine outpatient treatment and therefore treatment can most effectively be delivered in a residential facility.

There is a reasonable expectation that the illness, condition and level of functioning will be stabilized and improved and that short-term residential crisis interventions will mitigate behaviors and symptoms that required this level of care, and that an Individual will quickly be able to return to outpatient treatment.

Staff Resources

- **The Residential Rehabilitation facility is staffed by multi- disciplinary team consisting of:**
- **Psychiatrist MD- is monitoring resident patients for a combined total of 25 hours a week, with 24/7 on call availability**
- **Program Director/Administrator- employed 40 hours a week; with 24/7 on call availability.**
- **Director of Nursing- an RN/LVN employed 40 hours a week with 24/7 on-call availability supervises nursing and medication management and coordinates admissions and aftercare.**
- **Licensed Vocational Nurse or Licensed Psychiatric Technician on duty during waking hours, 16 hrs/day.**
- **Mental Health Workers, some with backgrounds in peer counseling, support residents in the milieu by providing in-vivo behavioral coaching, prompts and encouragement.**
- **Marriage and Family Therapists- employed 7 days a week to facilitate groups, conduct psychosocial assessments, plan clinical treatment and provide individual, couple and family counseling as needed. These interns receive their required clinical supervision from a licensed therapist who is the Program Director/Administrator**
- **Consulting pharmacist - coordinates, reviews, and supervises the pharmaceutical services quarterly.**

All members of this team participate in service planning and/or provision.

Intensity of Service

- Our residential rehabilitation program takes place in a structured facility-based setting with an average daily client census of up to 12 patients age 18 to 59 years old who do not have major physical disabilities or medical conditions that require immediate attention. All clients are ambulatory. **The average length of stay is approximately 18 days not exceeding 30 days, unless circumstances require a longer stay to ensure successful completion of the treatment plan and appropriate referral.** The service needs are reviewed with the client or an authorized representative prior to admission.
- Structured day and evening services are provided 7 days a week including: Individual and group counseling, development of community support systems, family counseling, development of self-advocacy skills; crisis intervention is provided promptly when necessary.
- Urine drug screens are done during clients stay if indicated, and residents who choose to consume alcohol or illicit drugs while in the program will be assisted to find a more appropriate placement. All clients are required to be screened for tuberculosis prior to admission. A tuberculosis screening may not be required if there is satisfactory written evidence provided that a negative tuberculosis screening occurred within 90 days of the date of admission to the facility.

- **A psychiatrist evaluates clients within 24 hours of admission. Psychiatrists see their resident patients at least two times a week during their stay, and are available on-call 24 hours a day, 7 days a week.**
- **A skilled nursing professional (RN/LVN or LPT) completes a nursing assessment and coordinates the medical/psychiatric care of residents in the program. They monitor vital signs, medication response, and address any laboratory or medical needs. RN/LVN/LPT is available on-site for 24 hours a day, covering day and evening shifts. During the night shift, three trained licensed staff are on duty, and all three remains awake throughout the shift.**
- **Group and individual psychotherapy is provided by Masters-level clinicians and is centered on the development of skills necessary to effectively communicate emotional issues and promote healthy behavioral and verbal expressions of feeling. Therapy and rehabilitation counseling is provided in group daily for approximately five hours. Individual, couple and family therapy is provided if indicated to support recovery.**
- **Clinical service delivery approaches include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Illness Management and Recovery, Wellness Recovery Action Planning (WRAP) and 12-step education. Sessions are specifically designed for those with mental illness or mental illness and a co-occurring substance use disorder.**
- **Client care is coordinated with other service providers, such as outpatient psychiatrist, therapist, primary care physician and case manager.**
- **Unless contraindicated, family members are invited to participate in family psychoeducation groups and family counseling focused on supporting client's recovery within the family.**

Delivery of Services

- The referral assessment is conducted by a trained clinician.
- This includes an interview of the client and family if possible as well as gathering collateral information. Once it is determined that the client is appropriate for the level of care requested as well as the milieu, then the admission is scheduled. The clinician then conducts a thorough clinical assessment and establishes initial treatment goal.
- When the client arrives at NPCRS, the staff orients the client and family to the facility. The client receives a copy of the program schedule and client rights, house rules and grievance procedures are explained. Client or responsible party (i.e. conservator) signs admission agreement and consent for treatment.
- Procedures for calls and visits are explained.
- At the time of admission, all clients receive a formal comprehensive bio-psychosocial assessment, which includes a diagnosis based on DSM 5. Collateral information, information gained via client interview and observation, and available reports from prior treatment environments will be interrelated into a comprehensive summary, which will be used in formulating recovery goals. Discharge goals and plans are also addressed at intake.

Treatment Planning

- **Within 72 hours of admission, a patient centered, individualized/rehabilitation plan is completed, specifying goals and objectives and staff and clients'**

specific responsibilities for their achievement. The plan addresses clients' psychiatric (behavior, affect, cognition), relationship, social, family and substance recovery needs. Clients are involved in an ongoing review of progress towards reaching established goals and objectives. The plan is reviewed by staff and client weekly.

Readiness for Discharge

The client has achieved the goals of recovery that were identified upon admission and can safely be treated in a less restrictive environment.

An alternate plan has been developed which addresses ongoing treatment needs.

The client has received maximum benefit from the stay in the program.

A client may be discharged administratively upon the recommendation of the clinical team in consultation with the Medical Director.

- Our team recognizes that a successful transition from residential care to home and outpatient treatment requires both preparation and planning.
- Therefore, we ensure development of a detailed aftercare plan prior to discharge.
- A discharge plan that identifies outpatient providers, residence arrangements and ongoing course of treatment is developed collaboratively with client (and family where appropriate) and clinical team. Immediate aftercare appointments are scheduled for clients before they are discharged to ensure a smooth transition and continuity of care.

An Overview of Illness Management and Recovery Topics

These topics are the foundation of NPCRS' group therapy program, and the handouts that accompany each topic, or "module" give clients a comprehensive reference guide to recovery to take with them when they are discharged. Illness Management and Recovery (IMR) is a thoroughly researched program proven to support recovery in both inpatient and outpatient settings.

- **Recovery strategies**
 - This topic includes a discussion of how different people define recovery and encourages people to develop their own definition of recovery. Pursuing goals is an important part of the recovery process. This group helps clients set recovery goals and choose strategies to pursue these goals.
- **Practical facts on mental illness**
 - This topic provides information about mental illnesses, including facts about how diagnoses are made, what the symptoms are, how common they are, and the possible courses of the disorders.
- **Stress-Vulnerability Model and treatment strategies**
 - This topic focuses on the nature of psychiatric disorders, including factors that can influence the course of these disorders. According to the Stress-Vulnerability Model, psychiatric illnesses have a biological basis. This biological basis or vulnerability can be worsened by stress and substance use, but it can be improved by medication and by leading a

healthy lifestyle.

- **Building social support**
 - This topic concentrates on increasing social support. Having social support means feeling connected to and cared for by other people. This is especially important to help clients reduce stress and relapses.
- **Using medication effectively**
 - This topic reviews medications for psychiatric disorders. Information about the effects of medications, including advantages and disadvantages, as well as strategies for getting the most out of medication is provided.
- **Drug and alcohol use**
 - This topic focuses on the effects of drug and alcohol use on mental illnesses and other parts of life and suggests strategies for reducing these effects.
- **Reducing relapses**
 - This topic introduces strategies for reducing relapses of symptoms and for minimizing the severity of any relapses that may occur and encourages development of an individual relapse prevention plan.
- **Coping with stress**
 - This topic describes different ways of coping effectively with stress and offers specific strategies for dealing with stress such as using relaxation techniques, talking with others, exercising, and using creative forms of expression.
- **Coping with problems and persistent symptoms**
 - This topic presents strategies for coping with common problems and persistent symptoms. Coping strategies can be effective at reducing symptoms or distress

related to symptoms.

- Getting one's needs met in the mental health system
 - This topic provides an overview of the mental health system, including the services and programs available through mental health service providers in the community. It includes information to help clients evaluate what programs they might like to participate in to further their own recovery. It also includes strategies to help clients advocate effectively for themselves when encountering a problem in the mental health system.

NATIONAL PSYCHIATRIC CARE AND REHABILITATION SERVICES

Program Description addendum

Added 12/12/18

- Our residential rehabilitation program takes place in a structured facility-based setting with an average daily client census of up to 12 patients age 18 to 59 years old who do not have major physical disabilities or medical conditions that require immediate attention. **The average length of stay is approximately 18 days not exceeding 30 days.**
- Structured day and evening services are provided 7 days a week including: Individual and group counseling, development of community support systems, family counseling, and development of self-advocacy skills
- Group and individual psychotherapy is provided by Masters-level clinicians and is centered on the development of skills necessary to effectively communicate emotional issues and promote healthy behavioral and verbal expressions of feeling. Therapy and rehabilitation counseling is provided in group daily for approximately four hours. Individual, couple and family therapy is provided to support recovery.
- **Individual care is coordinated with other service providers, such as outpatient psychiatrist, therapist, primary care physician and case manager.**
- **Family members are invited to participate in family psychoeducation groups as well as family counseling.**
- **Connections to prevocational and vocational programs is provided**
- **Continuation of care and evaluation and establishing clients support system is a priority of our program; Follow up appointments will be coordinated with clients case managers. Clients will not be discharged without follow up appointment with their outpatient mental health professionals if they have one. Outpatient follow up will be arranged if patient does not have a provider.**



Department of Conservation and Development
County Planning Commission

Wednesday, May 22, 2019 – 7:00 .P.M.

STAFF REPORT

Agenda Item # _____

| | |
|--|---|
| Project Title: | Appeal of the Approval of Proposed Social Rehabilitation Facility |
| County File(s): | LP18-2020 |
| Applicant: | Gregory Braverman |
| Appellants: | Amy Majors and Tim Nykoluk |
| Owner: | National Walnut Creek LLC |
| Zoning | Single-Family Residential District (R-20) |
| General Plan: | Single-Family Residential-Low Density (SL) |
| Site Address/Location: | 2181 Tice Valley Boulevard, in the Walnut Creek area in unincorporated Contra Costa County (APN: 188-040-001) |
| California Environmental Quality Act (CEQA) Status: | Categorically Exempt under CEQA Guidelines Class 1, Section 15301(a) – Existing Facilities |
| Project Planner: | Michael Hart, Planner I (925) 674-7867 |
| Staff Recommendation: | Approve the project with modified conditions (See Section II for Full Recommendation) |

I. PROJECT SUMMARY

This is an appeal of the Zoning Administrator's approval of Land Use Permit #LP18-2020 to modify current Land Use Permit #LP01-2045 to allow the conversion of an existing elderly care facility to a Social Rehabilitation Facility operating a Short-Term Crisis Residential Treatment Program for adults, ages 18-59. The appealed land use permit would initially allow the facility to provide treatment for up to 12 clients at a

given time. After one year of operation, the applicant would be able to request that the facility be allowed to treat 16 clients at a given time. The current land use permit allows for the treatment of up to 12 elderly patients. The facility will consist of three existing buildings, two of which will house clients, and one small office building. The front, main building will have six bedrooms with nine beds, and the rear building will have six bedrooms with seven beds. The services provided in this facility would be for the temporary supervision, counseling, and support of clients recovering from emotional crises and mental illness.

II. RECOMMENDATION

Staff recommends that the Planning Commission:

1. OPEN the public hearing on the appeal of the Zoning Administrator's approval allowing the establishment of a Social Rehabilitation Facility at 2181 Tice Valley Boulevard, in the unincorporated Walnut Creek area (#LP18-2020), RECEIVE testimony, and CLOSE the public hearing.
2. DENY the appeals of Amy Majors and Tim Nykoluk and uphold the Zoning Administrator's decision, in part.
3. APPROVE County File #LP18-2020 allowing the establishment of a Social Rehabilitation Facility at 2181 Tice Valley Boulevard, in the unincorporated Walnut Creek area.
4. ADOPT the attached findings as revised by Staff.
5. APPROVE the attached conditions of approval as revised by Staff.

III. BACKGROUND

This application was submitted on July 5, 2018. On October 1, 2018, this application was considered by the Zoning Administrator at a public hearing. After taking testimony on the project, the Zoning Administrator continued the item to October 15, 2018 in order to consider the testimony provided. During the October 15, 2018 open public hearing, the Zoning Administrator took additional testimony, closed the public hearing, and continued the item to November 5, 2018 to consider the additional testimony presented. After considering the testimony heard at the previous two hearings regarding safety in the surrounding community, the Zoning Administrator approved the project with modified findings, modified conditions of approval ("COA" or "conditions"), and added new conditions to address the concerns brought up during the public hearings.

The Zoning Administrator added several conditions to ensure that the community and the clients will be in a safe environment. These additional conditions include requiring the installation of closed circuit cameras, providing improved fencing, and limiting the hours clients are allowed to leave the facility. The Zoning Administrator also conditioned the project to require quarterly reports by the facility, which will include any incidents involving the operation of the facility and complaints that may arise from members of the community, and steps the facility operator took to address them. The Zoning Administrator also conditioned the project to require that the facility operator disclose all public documents related to reportable incidents or licensing review, as well as disclose information related to medical clearance of each client in order to assure that the clients do not have psychiatric symptoms requiring higher level of care (assuming that this information does not compromise patient confidentiality). Additionally, the Zoning Administrator reduced the number of clients that the facility may treat at a given time from 16 to 12, with the ability for the applicant to seek approval to treat up to 16 clients, either administratively or through public hearing, at the discretion of the Zoning Administrator, after the first year of the facility's operation. On November 14, 2018, the approval decision was appealed to the Planning Commission by Amy Majors and Tim Nykoluk. On February 27, 2019, the project went before the County Planning Commission, and was continued to the April 10, 2019. On April 10, 2019, the County Planning Commission continued the matter to May 8, 2019. The matter was further continued to May 22, 2019.

IV. **GENERAL INFORMATION**

- A. **General Plan:** The property has a Single-Family Residential-Low Density (SL) General Plan Land Use designation.
- B. **Zoning:** The subject property is located within the (R-20) Single-Family Residential District.
- C. **California Environmental Quality Act (CEQA) Compliance:** This project is categorically exempt under CEQA Guidelines Class 1, Section 15301 – Existing Facilities. Section 15301 exempts projects that involve interior or exterior alterations of an existing structure and that involve negligible or no expansion of existing or former use.
- D. **Other Regulatory Concerns:**
 - 1. **60 dB Noise Contour:** The site is located within a 60-decibel noise contour. Since

no new residential development is proposed, no noise control requirements need to be implemented.

2. Active Fault Zone: The site is not located within an active fault zone as designated by the Alquist-Priolo Earthquake Fault Zoning Act.
3. Flood Hazard Area: The property is not located within a flood hazard area.

E. Previous Applications:

1. LP90-2060: This Land Use Permit allowed for the construction of a residential second unit with a variance to the rear yard setback (10-feet approved, 15-feet required) and was approved on February 7, 1991.
2. LP01-2045: This Land Use Permit allowed for an elderly care facility to provide living arrangements for a maximum twelve (12) elderly residents, and was approved on September 24, 2001.

V. SITE/AREA DESCRIPTION

The 22,215 square foot subject parcel is located on Tice Valley Boulevard in the area of unincorporated Walnut Creek. There are three buildings on this property that consist of two residential units as well as an accessory "cottage" that is not permitted for independent living. In the front of the property there is a large paved area that provides seven (7) parking spaces. The main residence sits on the front of the property and meets the required minimum setbacks. The residential second unit, approved under County File #LP90-2060, sits approximately 117 feet from the front property line and was approved with a variance to the required side yard (10-feet approved, 15-feet required). Additionally, there is a 451 square-foot office building that was approved by the building inspection department in 1989 (permit #155737).

Much of the surrounding area is populated by single-family homes in an R-20 zoning district. Most of the lots host ranch-style homes on half-acre parcels. The structures on the subject site appear residential in nature so they blend in well with the surrounding neighborhood. To the west of the subject property is a residential project currently under development within the City of Walnut Creek's jurisdiction.

VI. PROJECT DESCRIPTION

The applicant requests approval of Land Use Permit #LP18-2020 to modify current Land Use Permit #LP01-2045 to allow the conversion of an existing elderly care facility to a Social Rehabilitation Facility operating a Short-Term Crisis Residential Treatment Program for adults, ages 18 to 59. The applicant's request was to allow for the treatment of up to 16 clients at the facility at any given time, where the current land use permit only allows for the treatment of 12 elderly patients.

Social Rehabilitation Facilities are licensed and regulated by the California Department of Social Services. A Short-Term Crisis Residential Treatment Program, like that proposed by the applicant, is certified and reviewed annually by the Department of Health Care services. Standards for licensing and certification include medical requirements, treatment/rehabilitation plans and documentation, admission and discharge criteria, physical environment requirements, staff qualifications and duties, and administrative policies and procedures. The State conducts unannounced annual inspections to ensure compliance with State requirements. Additional inspections may be conducted for case management purposes. The applicant will be required to maintain its State license and certificate at all times, and to report to the County any citations or notices of violations issued by the State.

The proposed Social Rehabilitation Facility will provide a Short-Term Crisis Residential Treatment Program with 24-hour nonmedical care and supervision to clients recovering from emotional crises and mental illnesses. Care and supervision will occur in a group setting and include counseling and ongoing assessment, development of support systems in the community, a day program that encourages various types of interactions, and an activity program to encourage and promote socialization skills.

The program will be administered and managed by a program director and will employ two licensed therapists, a licensed nursing staff, and a licensed social worker. Not fewer than four staff members will be present during daytime and not fewer than three staff members will be present during evening and nighttime hours.

Under State regulations, a client's length of stay at the facility will be in accordance with the client's assessed needs, but not to exceed 30 days, unless circumstances require a longer length of stay to ensure successful completion of the treatment plan and appropriate referral. Under no circumstances may a client's length of stay exceed

3 months. The applicant estimates that the average length of stay is approximately 18 days.

Clients admitted to the facility must have a primary diagnosis of mental illness that can be expected to improve significantly through a residential psychiatric rehabilitation program. Under the applicant's admission criteria required by the State for licensing and certification, the facility will not admit clients actively using alcohol or other illicit drugs or clients with a primary diagnosis of substance abuse disorder. Additionally, client's must be medically cleared by the referring medical unit and must not have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management.

Facility clients will not be allowed to have personal vehicles on the premises. Transportation will be provided by the facility operator via a company van or through a taxi/ride share service. All meals will be catered daily, limiting the use of the existing kitchens at the facility.

VII. AGENCY COMMENTS

- A. Building Inspection Division: On July 23, 2018 and September 11, 2018, the Building Inspection Division reviewed the project plans to determine compliance with applicable building codes based on the occupancy types related to the proposed use, and returned the Agency Comment Request form accordingly.
- B. Contra Costa County Floodplain Technician: On August 2, 2018, the Contra Costa County Floodplain Technician returned the Agency Comment Request form with no comments on the project.
- C. Contra Costa County Health Services Department, Environmental Health Division: On August 6, 2018, the Health Services Department, Environmental Health Division sent a letter with standard comments pertaining to soil boring, water and septic service, construction debris requirements, and for food preparation and safety. The letter recommends the applicant undergo the Environmental Health Division's plan check and approval process prior to issuance of building permits.
- D. Contra Costa County Fire Protection District: In an email dated July 24, 2018, the Contra Costa County Fire Protection District indicated that they had no comments on the project.

medical evaluation or management.

APPEAL POINT (2): THE PROJECT WILL HAVE A NEGATIVE IMPACT ON PROPERTY VALUES

Staff Response: Amy Majors' appeal asserts that approval of the facility will have a negative impact on property values due to potential buyers shunning the community due to the mental health facility.

No evidence has been provided that as conditioned the proposed facility will adversely affect the property values of the neighborhood. The proposed Social Rehabilitation Facility will be similar in intensity and in land use as the former residential elderly care facility located at the site.

APPEAL POINT (3): APPROVAL OF THE FACILITY WOULD BE INCONSISTENT WITH COUNTY GENERAL PLAN

Staff Response: Both appeal letters point out that the Land Use Element of the County's General Plan states that only small residential care facilities would be considered as a secondary use in the Single-Family Residential-Low Density (SL) land use designation, and that the site should therefore be limited to a maximum of six beds.

The SL designation of the General Plan provides that a small residential care facility is a secondary use generally considered compatible with low density homes, but does not define the number of beds that constitute a small residential facility. However, the R-20 residential zoning district—which is consistent with the SL land use designation—specifically allows for residential facilities where 7 or more persons reside with a land use permit. See County Ordinance Code, Section 84-14.404(1), referring to Sections 84-4.404(12) (Supportive Housing) and 84-4.404(12) (Transitional Housing). The proposed facility, consisting of twelve beds, is not considered inordinately large for the site, as evidenced by the previous residential elderly care facility permitted at the site.

Moreover, the Housing Element of the County's General Plan calls for a greater commitment and increase in the supply of housing for special needs populations. Goal 4 of the Housing Element is to "increase the supply of appropriate and supportive housing for special needs populations." Permitting the proposed facility is consistent

- E. Contra Costa County Central Sanitary District (CCCSD): On July 24, 2018, the Sanitary District submitted comments citing sanitary sewer and fee requirements for projects that generate added wastewater capacity.
- F. East Bay Municipal Utility District: In a letter dated July 17, 2018, EBMUD advised that the standard procedures for requesting additional water service be observed.
- G. Contra Costa Mosquito & Vector Control District: On July 9, 2018, the Vector Control District returned the Agency Comment Request form with no comments.
- H. City of Walnut Creek: No response to the agency comment form was received. The comment request was sent on July 5, 2018.

VIII. STAFF RESPONSES TO APPEAL ARGUMENTS RECEIVED ON 11/14/2018:

On November 14, 2018, two separate appeals of the Zoning Administrator's approval of County File #LP18-2020 were filed by Amy Majors and by Tim Nykoluk, for the reasons set forth in their letters of appeal (see attachment #2). The appeal points presented in both letters are summarized below and followed by Staff Responses.

APPEAL POINT (1): THE PROJECT WILL HAVE A NEGATIVE IMPACT ON PROPERTY RIGHTS AND SAFETY IN THE COMMUNITY

Staff Response: Both Ms. Majors and Mr. Nykoluk assert that the approval of this land use permit would violate their property rights. The appellants state that they have a reasonable expectation that their neighborhood will be a safe and secure environment, and that there is insufficient evidence that demonstrates the safety and wellbeing of the neighborhood will be preserved.

In response to similar concerns, the Zoning Administrator had included conditions to the land use permit approval to ensure the safety and wellbeing of the surrounding community. These added conditions included requiring the installation of closed circuit cameras at all exits, improving the fencing at the facility, and requiring that facility clients be accompanied by facility staff when leaving the facility property. Staff is also recommending additional conditions to address these concerns including additional reporting requirements and a neighbor complaint policy to address neighbor concerns. Additionally, the applicant maintains that clients admitted to the facility are not dangerous and do not have substance or alcohol use disorders as a primary diagnosis. Based on the applicant's admission policy, clients will not have a fragile or unstable medical condition that requires intensive nursing intervention or

with this General Plan goal.

APPEAL POINT (4): THE DISCLOSURE AND AUDITING CONDITIONS IMPOSED BY THE ZONING ADMINISTRATOR ARE INADEQUATE

Staff Response: Ms. Majors attests that the Zoning Administrator's condition to require the applicant to disclose patient information related to the medical clearance of each individual is flawed because the community will not be able to have access to relevant patient data due to privacy laws.

This condition was added to ensure that the applicant adheres to its admission policy, including that each client must be medically cleared by the referring medical unit and that the client must not have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management. Staff has determined that a condition requiring the applicant to disclose an individual's medical information is unenforceable due to Federal and State privacy laws. However, the facility will be licensed and regulated by the Department of Social Services, Community Care Licensing Division, and will be certified by the Department of Health Care Services. Both departments conduct initial and unannounced annual inspections to ensure compliance with State regulations. Facilities licensed by the Department of Social Services are also subject to periodic unannounced inspections by the Department of Social Services at any time. The results of these inspections are publicly available on the Community Care Licensing Division website. Accordingly, the State's regulatory function with respect to the licensed facility will ensure the facility's compliance with the admission policy. Staff recommends that the condition requiring the applicant to disclose evidence of client medical clearance be deleted.

The Zoning Administrator also added a condition requiring the applicant to submit to DCD quarterly reports of the facility's operation. The applicant is required to report to DCD any incidents involving the operation of the facility and any complaints that arise from members of the community, and the steps the facility operator took to address the incidents or complaints. The facility operator is required to produce a similar report to the Department of Social Services and the Department of Health Care Services.

APPEAL POINT (5): IT IS NOT CLEAR HOW THE FAIR HOUSING ACT RELATES TO APPROVAL OF THE PROJECT

Staff Response: Mr. Nykoluk's appeal letter says that there needs to be a clearer articulation on the grounds of approval for the facility. Particularly, in terms of why the Fair Housing Act was cited as a reason of approval.

The Fair Housing Act prohibits discrimination on the basis of disability in all types of housing transactions, including permitting by a local agency. Staff's recommendation to approve County File #LP18-2020 and the attached findings and conditions of approval as revised by Staff is based on the findings and justification contained in this staff report. Staff has determined that invoking the protections afforded by the Fair Housing Act is not necessary in making its recommendation.

APPEAL POINT (6): THE REPORTING AND AUDITING REQUIREMENTS NEED TO BE MORE CLEARLY DEFINED

Staff Response: Mr. Nykoluk's appeal letter asserts that there has been inconsistencies between the permit approval, the applicant's comments, and National Psychiatric Care & Rehabilitation Services' website, and that there needs to be greater clarity and compliance auditing. Additionally, the appeal states that the county was not clear on reporting compliance requirements, auditing responsibilities, and consequences for non-compliance with any of the conditions.

In addition to the monitoring described above conducted by the Department of Social Services and the Department of Health Care Services, The conditions would require the applicant to submit to DCD quarterly reports of the facility's operation. . The applicant is required to report to DCD any incidents involving the operation of the facility and any complaints that arise from members of the community, and the steps the facility operator took to address the incidents or complaints. DCD staff will conduct an on-going review of the applicant and facility's compliance with the approved conditions of approval, including review of the quarterly reports submitted by the applicant.

In the event that the facility is not operated in compliance with the conditions of approval, the matter will be referred to the Code Enforcement Division. Violations of conditions of approval may result in fines, revocation of the land use permit, or any other remedy authorized under the County Ordinance Code.

APPEAL POINT (7): THE TRAFFIC ASSESSMENT FOR THE FACILITY IS INADEQUATE

Staff Response: Mr. Nykoluk's appeal letter states that the traffic assessment for the facility was incomplete, and that there was a failure to provide proper evidence that the facility will not have a major impact on traffic, given that the assessment failed to include service providers such as catering, laundry, etc.

Implementation Measure 4-c of the Growth Management Performance Standards of the General Plan requires a traffic impact analysis if a project is anticipated to generate more than 100 AM or PM peak hour trips. Facility clients will not be allowed to have their own vehicles at the site. Staff for the facility will have their own vehicles, and family members of clients are able to visit the clients during lunch (11:30am – 1:00pm) and dinner (6:30pm – 8:00pm) visiting hours. Meals will be catered resulting in additional trips generated by the caterers. Nevertheless, staff has determined that these traffic impacts will be below the 100 AM or PM peak hour trips required to trigger a traffic impact analysis.

The site currently includes seven existing parking spaces from the previous residential senior care facility approved under Land Use Permit #LP01-2060. For the proposed use, the County's Off-Street Parking Ordinance (Chapter 82-16.406(a)(24)) requires one space for every three beds. Accordingly, the proposed 12-bed facility must provide four off-street parking spaces. If increased to a 16-bed facility, the Ordinance requires the facility to provide five off-street parking spaces. The applicant does not propose to remove any of the existing off-street parking spaces at the site. Thus, the seven existing spaces meet and exceed the off-street parking requirement for the facility.

APPEAL POINT (8): THE SCOPE OF CONSTRUCTION AND FACILITY IMPROVEMENTS IS UNCLEAR

Mr. Nykoluk's appeal states that there is a lack of clarity in the requirements regarding the facility's physical improvements and the facility's obligation to complete the improvements prior to operation.

The subject property previously hosted an elderly care facility. Minimal physical improvements are needed to convert the facility to accommodate the proposed Social Rehabilitation Facility. No additional structures or additions to the existing residence is needed or proposed under this permit. Improvements or changes necessary to

establish the use will be interior conversions, such as the removal of an unpermitted kitchen in the office building and various ADA upgrades that may be required. Compliance with ADA will be addressed under any required building permit review, and the required building inspections will ensure that any improvements are built to current building code standards.

The only exterior change required for the project is the construction of updated fencing and the installation of 24-hour closed circuit TV cameras at all facility exits. Throughout the hearing process, many of the public comments expressed concerns about the state of the fencing surrounding the facility. The Zoning Administrator added a condition to require the applicant to submit a fencing plan to the Department of Conservation and Development prior to operation of the facility.

IX. STAFF ANALYSIS

- A. General Plan Consistency: The Social Rehabilitation Facility will replace an existing 12-bed elderly care facility within the Single-Family Residential, Low Density (SL) General Plan land use designation. The (SL) designation allows for single-family homes and accessory buildings and structures. Secondary uses considered compatible with this designation include small residential care facilities. In the Housing Element of the General Plan, Goal 4 calls for an increase in the supply of appropriate and supportive housing for special needs populations. The proposed use will increase the supply of appropriate and supportive housing for individuals recovering from a mental illness, a special needs population. The proposed Social Rehabilitation Facility will not conflict with the underlying Single-Family Residential, Low Density (SL) General Plan land use designation and will help the County meet Goal 4 of the Housing Element.
- B. Zoning Compliance: The subject property is located within the Single Family Residential Zoning District (R-20). The R-20 district allows for the establishment of a convalescent home with the approval of a land use permit. A “convalescent home” is any institution for the care of patients recovering health and strength gradually after sickness or weakness. Accordingly, the proposed use is consistent with the intent and purpose of the R-20 Zoning District and is an appropriate use for this site.
- C. Off-street Parking and Traffic: Contra Costa County’s Off-Street Parking Ordinance (Chapter 82-16) requires one space per every three beds for convalescent homes,

rest homes, and nursing homes. Accordingly, four spaces are required for the proposed 12-bed facility, and five spaces are required if the facility is increased to 16 beds. The site currently includes seven existing parking spaces from the previous residential senior care facility approved under Land Use Permit #LP01-2060. The applicant does not propose to remove any of the existing off-street parking spaces at the site. Thus, the seven existing spaces meet and exceed the off-street parking requirement for the facility.

X. DESCRIPTION OF STAFF RECOMMENDED REVISIONS TO CONDITIONS OF APPROVAL

In previous staff reports for this project, the facility was referred to as an Adult Residential Facility or a residential ambulatory care facility for adults. This was changed to Social Rehabilitation Facility operating a Short Term Crises Residential Treatment Program to be more in line with the State licenses that would be obtained by the facility and to make it more clear the type of facility that is proposed for this location. This type of facility would be considered similar in intensity and use as a convalescent home, which is consistent with the R-20 zoning district. The project findings and conditions of approval have been updated to reflect this distinction. Changes were also made to the conditions of approval that were put in place by the Zoning Administrator. The condition requiring disclosure of patient information (originally COA #9) was removed, as it was determined by Staff to be inconsistent with patient confidentiality laws. Staff also recommends adding a condition requiring a neighborhood complaint policy for the facility. Additionally, Staff recommends removal of the limitation on walking hours, but still recommends facility staff accompanying patients on walks outside the facility grounds. Other conditions were re-written for clarification, and some of the project findings were strengthened and re-worded for clarity.

XI. CONCLUSION

Approving Land Use Permit #LP18-2020 to allow the establishment of a Social Rehabilitation Facility would not significantly intensify the existing use of the property. Current Land Use Permit #LP01-2045 allows for a 12-bed residential elderly care facility at the site, and the proposed use would be similar in intensity. The proposed use is consistent with the (SL) General Plan land use designation and with the intent and purpose of the R-20 Zoning District. Therefore, Staff recommends that the Planning Commission deny the appeal, uphold the Zoning Administrator's approval of County File #LP18-2020, in part, and approve the project based on the attached

findings and conditions of approval as revised by Staff.

Attachments:

1. Findings and Conditions of Approval
2. Appeal Letters
3. July 24, 2018 Letter of Intent
4. April 16, 2019 Program and Service Description
5. February 27, 2019 Conditions of Approval Document
6. Public Comments Received since February 27, 2019
7. Maps
8. Agency Comments
9. ZA Staff Report
10. Plans

Released, Relapsed, Rehospitalized



Length of Stay and Readmission Rates in State Hospitals A Comparative State Survey

November 2016



A REPORT FROM THE
**OFFICE OF RESEARCH
& PUBLIC AFFAIRS**

[www.TreatmentAdvocacyCenter.org/
released-relapsed-rehospitalized](http://www.TreatmentAdvocacyCenter.org/released-relapsed-rehospitalized)

**Released, Relapsed,
Rehospitalized**
**LENGTH OF STAY AND READMISSION RATES
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Doris A. Fuller

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Executive Director
Treatment Advocacy Center



Online at www.TreatmentAdvocacyCenter.org/released-relapsed-rehospitalized

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Arlington, Virginia

EXECUTIVE SUMMARY

Psychiatric hospitalization remains an essential element in the continuum of mental health care for patients in psychiatric crisis.^{1,2,3,4} At a minimum, intensive care in a psychiatric bed allows time for stabilization of acute psychiatric symptoms, much as intensive care in a cardiac bed promotes stabilization of acute cardiac symptoms.⁵

In the era of state mental hospital closures that began in the mid-1900s and has continued without pause through today, the number of state psychiatric beds for such care has plunged more than 96%. In 1955, the peak of state hospitalization, there were 560,000 beds available for an estimated 3.3 million American adults living with serious mental illness and other disabilities. By early 2016, there were slightly fewer than 38,000 beds for 8.1 million people with the same conditions.^{6,7,8,9}

“Reduction in LOS has resulted in a concern about ‘quicker but sicker’ with regard to psychiatric patients’ continuing acute symptoms and need for intensive nursing services at hospital discharge.”

J.S. Lyons et al.
Predicting readmission to the psychiatric hospital in a managed care environment: Implications for quality indicators.
American Journal of Psychiatry (1997)

The difference between the number of people who need intensive care to begin recovery and the number of beds available to serve them is more chasm than gap — a bed shortage of unparalleled proportions. Those without access to a bed often end up waiting for hospital admission in emergency rooms, or in jail cells following arrest, or never receiving hospital care at all.¹⁰ At the same time, families, communities, taxpayers and public agencies are affected by common consequences of untreated serious mental illness such as increased risk for homelessness, incarceration, violence and others.

Releasing patients faster creates more bed capacity without requiring new beds. Unsurprisingly, given widespread psychiatric bed shortages and pressure on hospitals to reduce hospitalization costs, length of stay (LOS) has been shrinking for decades. In 1980, the median LOS for an acute episode of schizophrenia was 42 days.¹¹ By 2013, it was an estimated seven days.¹²

At the same time, the rate at which psychiatric patients are readmitted following discharge has been rising.^{13,14,15} In short, ever more people are competing for an ever-smaller number of inpatient beds. Once admitted, they stay ever-shorter periods of time. And, after discharge, they are ever more likely to relapse and be readmitted within weeks or a few months.

Rehospitalization is viewed clinically as a “poor outcome.” Psychiatric patients who are rehospitalized experience reduced continuity of care and quality of life compared with those who are not. Their caretakers are often demoralized.¹⁶

Rehospitalization is also costly, and rehospitalization for serious mental illness is especially costly. Schizophrenia and mood disorders, including bipolar, account for more readmissions of Medicaid patients than any other medical conditions.¹⁷ Schizophrenia hospitalization alone cost \$11.5 billion in 2013, of which \$646 million resulted from readmission within 30 days of discharge.^{18,19} The Centers for Medicare & Medicaid Services (CMS) Hospital Readmissions Reduction Program has already begun penalizing hospitals for “excess” Medicare readmissions for some conditions. There is no reason to believe similar sanctions will not be forthcoming for “excess” Medicaid rehospitalization.

“It is especially important to examine the quality of care provided in hospitals with short vs long LOS. If hospitals achieve shorter LOS by discharging patients too early, it is quite possible that those hospitals have higher readmission rates.”

J. S. Harman et al.
Profiling hospitals for length of stay for
treatment of psychiatric disorders.
*Journal of Behavioral Health
Services and Research* (2004)

Any number of factors impact hospital readmission, many of them unrelated to clinical aspects of hospitalization.^{20,21} For example, a diagnosis of schizophrenia, the most disabling mental illness, increases the risk of readmission.²² Inadequate bed supplies or restrictive bed-access policies reduce readmissions simply by rendering beds unavailable, irrespective of clinical circumstances. Meanwhile, access to robust outpatient and other services following discharge is reported to lower the risk of rapid rehospitalization.^{23,24}

One clinical factor that has been subjected to repeated academic examination for its possible role in hospital readmission is the question of what role psychiatric length of stay plays in hospital readmission: Does reducing LOS increase the rate of rehospitalization by releasing patients at risk for relapse because they are not fully stabilized?

To date, no consensus or evidence-based guidance has emerged. Studies of the association typically have been limited to individual patients in single hospitals or regional systems, rather than populations. Since the turn of the century, research has rarely considered the experience of public hospitals, where the most severely ill patients are treated at public expense. Resulting findings and conclusions have been inconclusive or contradictory.

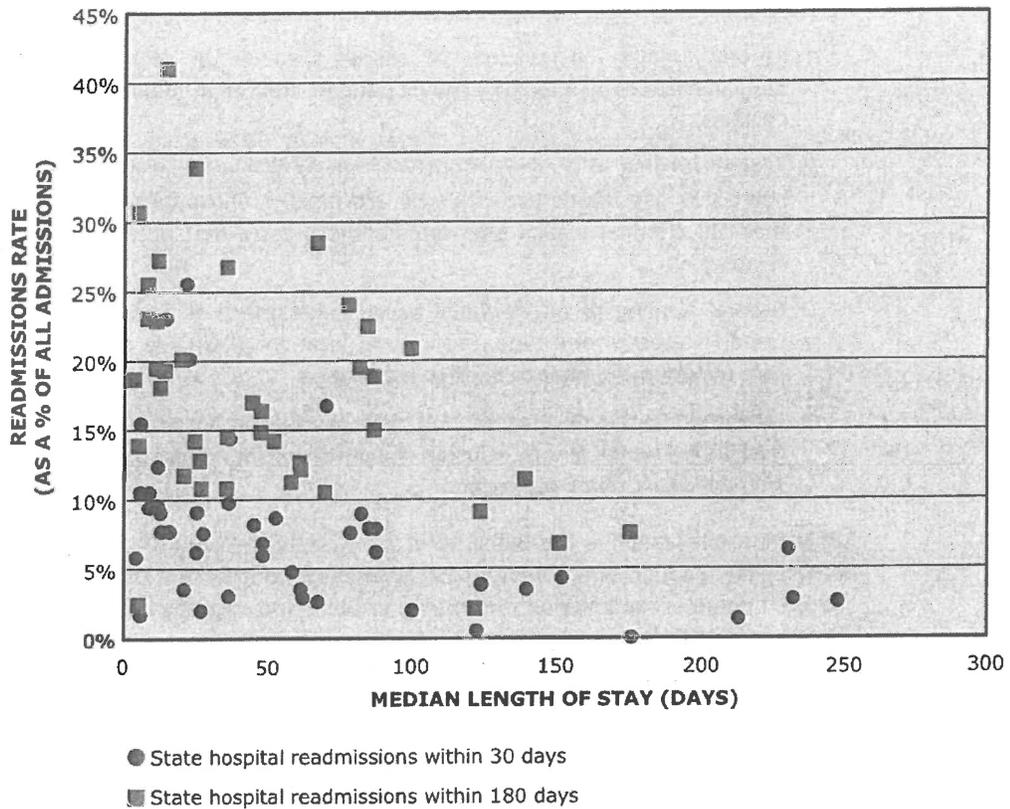
To analyze psychiatric LOS and rehospitalization rates in a large population of patients being discharged from comparable facilities, the authors performed a novel comparative analysis of state hospital data for fiscal year 2015. The data were reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) as a condition of receiving federal block grant funds.²⁵ They included LOS for discharged adult patients in 45 states and the District of Columbia and 30- and 180-day readmission rates in the same states.

The analysis found a statistically significant association between shorter hospital stays and rapid rehospitalization across the states. Among the findings:

- Patients in states with the shortest LOS were nearly three times more likely to be readmitted into a state hospital within 30 days or 180 days of discharge than patients in states with the longest LOS.
- Eleven states had a median LOS of two weeks or less. In those states, 1 in 10 patients (10.8%) was rehospitalized within 30 days of discharge, and slightly more than two in 10 patients (22%) were readmitted within 180 days.
- Nine states had a median LOS of four months or more. In those states, 2.8% (fewer than three in 100) patients were readmitted within 30 days of discharge, and 7.9% (fewer than eight in 100) were readmitted within 180 days.

Figure 1 illustrates the pattern. Each point on the graph represents an individual state’s readmission rate at 30 and 180 days as a correlate of the median LOS in its state hospital system.

Figure 1. 2015 state hospital length of stay and readmission rates by state



Because state hospitals are the facilities of last resort and serve only individuals with the most severe and dangerous symptoms, the association between LOS and rehospitalization may not be replicated in community and private hospitals, where patients typically have milder symptoms and may self-admit. However, precisely because state hospitals are legally obligated to serve their patients at public expense and treat the patients who are most severely compromised by serious mental illness, the association of LOS and readmission is a matter in which both patients and the general public have a considerable stake.

Ultimately, reducing length of hospital stay is a tactic for reducing the cost of serious mental illness by providing inpatient treatment to more people without providing more beds. With no apparent end in sight to the elimination of psychiatric beds and no clear guidance on safe minimum bed numbers, a clearer understanding of the clinical and economic impacts of this trend is needed to inform public policy and practice. Patients who are readmitted to state hospitals do so only after they have relapsed and deteriorated sufficiently to meet civil commitment standards. Often, they recycle through emergency rooms and the criminal justice and other public systems on the way back to the hospital, to their personal detriment and at enormous public cost.

RECOMMENDATIONS

The magnitude and impact of these public health issues demand the following actions:

1. Federal funding of research to assess the role of reduced length of stay in rehospitalization risk for psychiatric patients treated in public and private psychiatric facilities
2. Federal funding of a comprehensive analysis of the public service costs incurred by short-stay psychiatric patients who are rapidly rehospitalized, including emergency medical, criminal justice and homelessness costs that occur in the course of their relapses
3. Federal funding of an evidence-based assessment of psychiatric bed need in the United States by bed type, facility and location to provide guidance for supplying a safe minimum number of beds to meet need
4. Incentivizing the development of new psychiatric hospital beds through measures such as full repeal of the exclusion of institutions for mental diseases ("IMD Exclusion") from Medicaid reimbursement.

Rapid rehospitalization is the outcome of many factors. Given its impact on mental health recovery and its high public health cost, identifying contributors that might be mitigated to reduce the rate of readmission is humane, prudent and urgently needed. Length of stay is a leading candidate for such consideration.

BACKGROUND

Hospitalization is expensive, and psychiatric hospitalization is very expensive — the single greatest direct cost of serious mental illness and the source of more US hospital days than any other medical condition.²⁶ The federal government's "national bill" for mood disorders and schizophrenia in 2013 (the most recent year reported) was \$28 billion. Schizophrenia hospitalization alone cost \$11.5 billion, of which \$646 million resulted from readmission within 30 days of discharge.^{27,28} Combined, mood disorders and schizophrenia cost Medicaid more than twice what respiratory failure or heart attack did.²⁹ They are also the diseases most likely to be treated in state hospitals.

In this context, it may not have been inevitable — but certainly is not surprising — that reducing psychiatric hospitalization is a long-standing target of state mental health departments, private service providers and the health insurance industry.

The most visible result of this effort has been the near extinction of state psychiatric hospitals and mental health beds within other hospitals. The 340 psychiatric beds per 100,000 people that were occupied at the peak of state hospitalization in 1955 are no longer necessary because medication breakthroughs at that time made it possible for more people with serious mental illness to live safely and successfully in their communities. However, with few pharmaceutical advances since then and the failure of the mental health system to replace state hospital beds with suitable facilities in communities, the present number of fewer than 12 beds per 100,000 people is widely considered to be grossly inadequate.³⁰

"Length of stay is still an unsettled issue in psychiatric practice. The parameters for both lower and upper limits of hospital stay need to be determined, as well as the relationships of these parameters to specific patient groups."

L. Appleby et al.
Length of inpatient stay and recidivism
among patients with schizophrenia.
Psychiatric Services (1996)

A significant but less visible result has been shortening psychiatric hospital stay duration. Reducing LOS reduces hospitalization cost per patient and increases the number of people who can be treated with the same number of beds. The metric has been shrinking for decades.^{31,32} In 1993, Appleby and colleagues reported that median public hospital stay had fallen by almost half from 1970 to 1980 and dropped further to 28 days by 1986.^{33,34} By 2013, LOS for schizophrenia and other psychotic diagnosis in the United States had fallen further still, to seven days — exactly one-quarter of the duration Appleby reported 20 years earlier.³⁵

Beyond the numbers, the dwindling length of psychiatric hospital stays can be seen in the evolution of how researchers have described LOS over the years. A 1996 report on LOS and readmission around Chicago called 43 days a "long stay" and 22 days a "short stay."³⁶ By 2016, an Australian study called 12 days "prolonged," although it was barely more than half of what qualified as a "short stay" only 20 years earlier.³⁷ Stays of fewer than 10 days are now common; they are called "ultrashort" stays.³⁸

To test the hypothesis that declining lengths of stay are associated with rising psychiatric hospital readmissions in state hospital systems, the authors analyzed state hospitalization data the federal government collects annually. The resulting report represents the largest and first known comparative analysis of the association in the states. The finding that states with shorter median psychiatric hospital stays have significantly higher hospital readmission rates than states with longer median stays supports the hypothesis.

METHODOLOGY

State hospital LOS for discharged adult patients and 30-day and 180-day readmission rates were collected from the Uniform Reporting System (URS) tables published by the Substance Abuse and Mental Health Services Administration (SAMHSA) on its Drug and Alcohol Services Information System (DASIS) website. The state-specific URS tables are a component of SAMHSA's Mental Health National Outcome Measures (NOMs) reporting system that operates to create "an accurate and current national picture of substance misuse and mental health services."³⁹ Data are developed and reported annually from state mental health department reports required as a condition of SAMHSA's Mental Health Block Grant program.

State hospital median LOS (in days) for all discharged clients from the fiscal year ending June 30, 2015, was taken from URS Table 6. The URS tables were released on a series of dates in the summer of 2016 and include hospitalization data for 137,956 state hospital patients nationwide. A "client" is defined by the reporting requirements as any person served by the state mental health authority, a definition that captures all patients served by state hospitals. Median, rather than mean (average), LOS was used to analyze the correlation because LOS is not normally distributed; the majority of patients are discharged after a short period of time, and a smaller number of patients stay for a long period of time.

Readmissions of civil patients to state hospitals within 30 days and 180 days of discharge from the same hospitals were taken from URS Table 20. Forensic patient readmission rates were excluded from the analysis because the hospitalization of individuals referred by the criminal justice system is confounded by court orders, the regulation of LOS by statute in some states and other factors.

Kansas, Maryland and Michigan did not report complete data to SAMHSA and were excluded from the analysis for this reason. Hawaii and Arizona were excluded because of unique characteristics in their data. Hawaii reported an LOS of 201 days, with 20% of patients readmitted within 30 days of discharge and 60% readmitted within 180 days.⁴⁰ However, virtually all of Hawaii's state hospital beds are occupied by forensic patients, leaving too few civil patients to produce accurate statistics.⁴¹ Arizona reported a median LOS of 469 days, with 0% readmissions. The 0% rehospitalization rate is explained by the median LOS in excess of a year. The state's *average* length of stay (990 days or nearly three years) suggests that the few extremely long-stay patients are rendering the median statistic unrepresentative.

Spearman's rank correlation coefficient was used to assess statistical significance of the correlation between median LOS, 30-day and 180-day readmission rates and state hospital beds per capita. The resulting *r* coefficient was transformed into a Z score, and a *p*-value was determined. Statistical significance was reported at a 5% ($p < 0.05$) confidence level based on a two-tailed analysis.

FINDINGS

The average of state median LOS reported in the federal URS tables was 75 days, with an average readmission rate of 8.2% within 30 days and 18.5% within 180 days. This average is considerably higher than median LOS for all psychiatric patients in facilities reported elsewhere, likely because the population that state hospitals serve is limited by law to individuals with the most severe diagnoses and symptoms and includes many individuals who require extended stays to stabilize.

Analysis of the relevant URS data found statistically significant negative correlations between state hospital LOS and readmission rates at both 30 ($r = -0.49$, $p < 0.001$) and 180 days ($r = -0.47$, $p < 0.001$) (see Table 1). Among the findings:

- Eleven states reported median LOS of two weeks or less (in rank order from shortest LOS): Wisconsin, Alaska, Nevada, Tennessee, Kentucky, New Hampshire, Illinois, South Dakota, Ohio, Georgia and North Dakota
- Nine states reported LOS of six weeks or more (in rank order from longest): Oregon, California, Utah, Nebraska, Florida, Indiana, Missouri, Pennsylvania and Louisiana
- Fourteen states reported higher median LOS than average and 30-day readmission rates that were lower than average (in rank order from longest LOS): Louisiana, Pennsylvania, Missouri, Indiana, Florida, Nebraska, Utah, California, Oregon, Rhode Island, New Jersey, Alabama, New York and Connecticut
- Eleven of these states continued to report lower rehospitalization rates at 180 days (in rank order from longest LOS): Louisiana, Pennsylvania, Missouri, Indiana, Florida, Nebraska, Utah, California, Oregon, Rhode Island and Alabama
- Eleven states reported lower median LOS than average and 30-day readmission rates that were higher than average (in rank order from shortest LOS): Alaska, Tennessee, Kentucky, New Hampshire, Illinois, South Dakota, Ohio, Iowa, Minnesota, North Carolina and Massachusetts
- Ten states reported median LOS that was lower than average along with 180-day readmission rates that were higher than average (in rank order from shortest LOS): Alaska, Tennessee, Kentucky, New Hampshire, Illinois, South Dakota, Georgia, Texas, Minnesota and Wyoming.

Table 1. State hospital median length of stay and 30- and 180-day readmission rates

| STATE | MEDIAN STATE HOSPITAL LENGTH OF STAY (DAYS) | STATE HOSPITAL READMISSIONS WITHIN 30 DAYS* | STATE HOSPITAL READMISSIONS WITHIN 180 DAYS* |
|----------------|---|---|--|
| Wisconsin | 4 | 5.9 | 13.7 |
| Alaska | 5 | 15.5 | 30.5 |
| Nevada | 5 | 1.7 | 2.3 |
| Tennessee | 5 | 10.5 | 22.9 |
| Kentucky | 8 | 9.4 | 25.3 |
| New Hampshire | 8 | 10.5 | 22.8 |
| Illinois | 11 | 12.4 | 19.3 |
| South Dakota | 11 | 9.6 | 27.1 |
| Ohio | 12 | 9.1 | 18.0 |
| Georgia | 13 | 7.7 | 19.1 |
| North Dakota | 14 | 23.0 | 40.9 |
| Texas | 15 | 7.7 | 20.0 |
| South Carolina | 20 | 3.5 | 11.6 |
| New Mexico | 21 | 25.5 | 45.6 |

* as a percentage of all admissions
 + excluded from correlation analysis
 $p < 0.001$ at both 30 and 180 days

**Table 1. State hospital median length of stay
and 30- and 180-day readmission rates,
continued**

| STATE | MEDIAN STATE HOSPITAL LENGTH OF STAY (DAYS) | STATE HOSPITAL READMISSIONS WITHIN 30 DAYS* | STATE HOSPITAL READMISSIONS WITHIN 180 DAYS* |
|-----------------------|---|---|--|
| West Virginia | 22 | 20.1 | 33.7 |
| Iowa | 25 | 9.1 | 14.1 |
| Virginia | 25 | 6.2 | 12.6 |
| Mississippi | 26 | 2.0 | 10.6 |
| Delaware | 27 | 7.6 | 10.6 |
| Idaho | 36 | 3.1 | 14.3 |
| Minnesota | 36 | 14.4 | 26.6 |
| North Carolina | 36 | 9.7 | 16.8 |
| Arkansas | 45 | 8.1 | 16.3 |
| Colorado | 48 | 6.7 | 14.7 |
| Montana | 48 | 6.0 | 14.1 |
| Massachusetts | 52 | 8.7 | 11.1 |
| District of Columbia | 58 | 4.7 | 12.5 |
| Oklahoma | 61 | 3.5 | 12.0 |
| Wyoming | 62 | 2.9 | 28.3 |
| Washington | 67 | 2.6 | 10.4 |
| Vermont | 70 | 16.7 | 23.8 |
| Connecticut | 78 | 7.5 | 19.4 |
| Maine | 82 | 8.9 | 22.2 |
| New York | 85 | 7.9 | 18.7 |
| Alabama | 87 | 6.2 | 14.8 |
| New Jersey | 87 | 7.8 | 20.8 |
| Rhode Island | 100 | 2.0 | 2.0 |
| Oregon | 122 | 0.4 | 9.0 |
| California | 124 | 3.9 | 11.2 |
| Utah | 139 | 3.5 | 6.6 |
| Nebraska | 151 | 4.3 | 7.4 |
| Florida | 176 | 0.0 | 0.0 |
| Hawaii ⁺ | 201 | 20.0 | 60.0 |
| Indiana | 213 | 1.4 | 5.9 |
| Missouri | 231 | 6.3 | 14.7 |
| Pennsylvania | 232 | 2.8 | 7.1 |
| Louisiana | 248 | 2.6 | 8.8 |
| Arizona ⁺ | 469 | 0.0 | 0.0 |
| Maryland ⁺ | x | 3.1 | 9.3 |
| Kansas ⁺ | x | 10.5 | 26.5 |
| Michigan ⁺ | x | x | x |

* as a percentage of all admissions

+ excluded from correlation analysis

p < 0.001 at both 30 and 180 days

x incomplete data

The relationship between psychiatric LOS and readmission rates is multifaceted, which means that LOS does not necessarily predict an individual state's rehospitalization rate. Factors such as state criteria regulating hospital access, the number of beds available to patients who are not criminal offenders, hospital discharge practices and the availability of community resources after discharge, among others, are likely to influence readmission. For example, Minnesota, North Carolina and Idaho all have median LOS of 36 days. However, Minnesota's readmission rate was 14.4% within 30 days and 26.6% at 180 days, while North Carolina's rate was significantly lower, at 9.7% and 16.8% at the same points post-discharge. Idaho's was lower yet: 3.1% and 14.3% at 30 days and 180 days, respectively.^{42,43,44} Interestingly, in the Treatment Advocacy Center's 2014 grading of the quality of inpatient commitment laws, Minnesota, North Carolina and Idaho received grades of C-, A- and A+, respectively.⁴⁵

The association between shorter LOS and rehospitalization is statistically significant in the system-wide analysis. Variation between individual states and identification of patterns within subsets of the patient population (e.g., patients with schizophrenia, bipolar disorder, other affective disorders) were outside the scope of this analysis but merit further study.

LIMITATIONS

The findings of this analysis are based exclusively on LOS and rehospitalization data reported by the states and Washington, DC, to SAMHSA's NOMs reporting system for fiscal year 2015. The consistency and completeness of the underlying state data were not verifiable within the scope of this study, which may reduce the comparability of data in some cases. Five states were eliminated from the study: Michigan, Kansas and Maryland because of failure to submit complete data; Hawaii and Arizona because of the data distortions resulting from circumstances unique to them. Additionally, because NOMs collects only state hospital data, and comparable data are not publicly available for community and private hospitals nationwide, the analysis does not include the entire universe of US psychiatric hospitalizations and may not be representative of it.

A further limitation of the study is the methodology used by NOMs and nearly all the academic literature to define hospital readmission. Typically, rehospitalization statistics are developed as a measure of readmission to the same hospital that has discharged the patient or, at most, to the same hospital system where the patient was hospitalized. Thus, for example, the rehospitalization of a patient discharged by a state hospital and subsequently admitted to a different psychiatric facility or to a state hospital in another state is not reflected in the data. As a result, the findings likely understate the rate at which psychiatric patients return to inpatient care within a 30- or 180-day period by a factor that cannot be determined from public data.⁴⁶

Beyond these limitations to data analysis, the scarcity and quality of much of the literature examining LOS and hospital readmission deprives the topic of a solid evidence base within which to consider the findings of this analysis.

DISCUSSION

The question of whether shortening psychiatric stay increases the likelihood of readmission has been debated for decades and remains contentious, as are most topics related to psychiatric beds. Study of the topic is widely characterized by inconsistent definitions and parameters; data that are decades old and/or incomplete, poor in quality, difficult to interpret or otherwise of little usefulness⁴⁷; selection bias⁴⁸; and other flaws.

"Managed care has reduced the mean length of stay for psychiatric hospitalizations, which has resulted in decreased costs and has raised concerns about the quality of care."

R. Figueroa et al.
Use of claims data to examine the impact of length of inpatient psychiatric stay on readmission rate.
Psychiatric Services (2004)

Findings and conclusions in the resulting body of literature tend to be incomparable and/or contradictory.⁴⁹ Zhang, Harvey and Andrew looked at an acute inpatient clinic in Australia to conclude that "risk of readmission is not associated with LOS."⁵⁰ Auffarth and colleagues studied comparable private and university hospitals in the United States and Germany to conclude, "Short inpatient stays lead to a higher risk of re-admission and other negative effects, like extended number of suicides and subjective feeling of not having time to recover."⁵¹ Lee, Rothbard and Noll analyzed more than 45,000 psychiatric discharges from 106 community hospitals in Pennsylvania in 2006 to arrive at "an unexpected finding that hospitals with longer stays had higher rates of readmission."⁵² However, patterns in state hospitals — with their vastly more compromised patient population — are not reported in any of them.

A final conclusion that "there is a need for further discussion"⁵³ may be the most common denominator in the relatively slight body of literature on the correlation of these two variables.

Any study of shrinking psychiatric hospital stays and their human and economic costs is additionally handicapped by the absence of research into the clinical processes and outcomes from hospitalization in general and consensus regarding optimal length of hospital stay in particular.^{54,55,56} Allison and colleagues in 2016 cite evidence that an "adequate trial" of medication to stabilize psychotic symptoms is at least six weeks but note that in Australia — as in the United States — typical acute stays are not nearly that long.⁵⁷ Figueroa, Haman and Engberg in a 2004 study flatly declare, "There are no commonly accepted length-of-stay guidelines for inpatient care of psychiatric conditions,"⁵⁸ although health care insurers produce them for virtually every other medical condition. Zhang, Harvey and Andrew in 2016 consider the literature on LOS and rehospitalization and report that "available studies were poorly designed, outdated or only looking into variables that are unlikely to be changed..."⁵⁹ Also in 2016, Lamb and Weinberger bemoan the scant attention paid to the roles of protection, safety, security, social support and removal from stress that state hospitals once supplied and that may affect the outcomes of patients they serve.⁶⁰

What *is* well established is that the ever-shrinking psychiatric hospital stay is fundamentally driven by economics.^{61,62,63,64,65} In the United States, where the bed shortage is dire by international standards,⁶⁶ states without enough beds create capacity to handle more patients by discharging the patients they serve faster.⁶⁷ Insurance companies use a combination of "gatekeeping and utilization review" to motivate hospitals to shorten hospital stay, and "under some managed care plans, a case-based reimbursement mechanism has generated *incentives* for hospitals to shorten stays" (our emphasis).⁶⁸ As long ago as 2004, it was reported that "the hope (of managed behavioral health organizations) is that hospital-specific measures of performance can be used to evaluate facilities at the time of credentialing or

contracting with the goal of influencing hospitals with very brief or long stays.”⁶⁹ The response of state hospitals faced with reduced budget from their legislatures and private hospitals faced with penalties and incentives from insurers has been to reduce psychiatric stays.

Inherently, the immediate cost of a shorter hospital stay is less than that of a longer stay. However, defining “cost” as the immediate savings of discharging patients sooner without consideration of the administrative and clinical costs associated with readmission and the secondary costs that may result from their rapid readmission produces an artificial and incomplete construct. A comprehensive analysis of the cost of short and ultrashort psychiatric hospitalization would also consider the role and costs of short psychiatric hospitalization in hospital emergency room usage, where unstable or decompensating patients are first seen; in law enforcement and jails, where behaviors associated with untreated mental illness lead to criminal justice involvement; and in other negative outcomes, including homelessness, victimization, suicide and acts of violence.

Given the stakes for patients, communities and taxpayers, such an analysis is overdue. What cannot be overlooked in parsing the numbers, however, is the role of psychiatric bed supplies in the equation. Ultimately, reducing length of hospital stay is a tactic for providing inpatient treatment to more people without providing more beds. Reducing rehospitalization rates might reduce bed demand, but increasing hospital stays would reduce bed capacity.

As long as bed shortages persist, the options for addressing these issues or any whose resolution depends on an adequate supply of psychiatric beds will remain limited and the benefits of such reforms beyond reach.

RECOMMENDATIONS

Given the magnitude and impact of public health issues associated with psychiatric relapse and rehospitalization, Congress must:

1. Fund research to assess the role of reduced length of stay in rehospitalization risk for psychiatric patients treated in public and private psychiatric facilities.

Academic studies of whether short psychiatric hospital stays increase rehospitalization risk generally have been limited in scope and/or of poor quality. Unsurprisingly, their conclusions have been contradictory. The analysis reported in this study is unique in comparing the experiences of a large population consisting of state hospital patients. It found a sufficiently significant association between the two factors to warrant analysis at the national level to address the question of whether diminishing psychiatric hospital stays are increasing hospital readmission rates, a matter of patient and public welfare and taxpayer cost.

2. Fund a comprehensive analysis of the public service costs incurred by short-stay psychiatric patients who are rapidly rehospitalized, including emergency medical, criminal justice and homelessness costs that occur in the course of their relapses.

Short psychiatric hospital stays are a cost-containment mechanism. However, cost analyses that capture only immediate, direct costs (e.g., the cost of a 3-day hospital stay versus a 10-day stay) are incomplete and thus inadequate to determine the actual cost impact of short hospital stays. If it is found that shorter LOS is associated with higher rates of relapse and rehospitalization, the costs that result from those events must be recognized in cost assessments and considered in policies and practices producing short hospital stays.

3. Fund an evidence-based assessment of psychiatric bed need in the United States by bed type, facility and location to provide guidance for supplying a safe minimum number of beds to meet need.

Short psychiatric hospital stays are an adaptation and reflection of the nation's dire psychiatric bed shortage. Despite widespread consensus that "more beds are needed," neither the United States nor its individual states have conducted research to provide guidance on safe minimum bed numbers needed to meet demand. Given the continued closure of psychiatric beds nationwide and the significant individual and societal consequences resulting from it, comprehensive assessment of bed need by bed and facility type and region to guide states in maintaining safe minimum numbers is imperative.

4. Incentivize the development of new psychiatric hospital beds through measures such as full repeal of the exclusion of institutions for mental diseases ("IMD Exclusion") from Medicaid reimbursement.

Psychiatric bed access — in which length of stay is one factor — is exceptionally sensitive to economic incentives. Since the mid-1900s, incentives have overwhelmingly been directed at reducing the number of mental health beds in America. Mitigating the widespread psychiatric bed shortages that have resulted from these policies requires reevaluating those incentives that erect barriers to creating sufficient beds to meet need.

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The Treatment Advocacy Center is a national nonprofit organization dedicated exclusively to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

Yountville shooting

On March 9, 2018, a murder–suicide shooting took place at a Veterans Home in Yountville, California.^[1] The Pathway Home (<http://thepathwayhome.org/>) is a residential treatment program meant to help post-9/11 veterans struggling with PTSD and TBIs reintegrate into society.^[2] The shooter, Albert Wong, had attended the program until the home's executive director, Christine Loeber, dismissed him earlier in the week.^[3]

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Location

The Pathway Home, was a treatment program run by a non-profit that leased part of a campus of the state-run Veterans Home of California–Yountville. The facility was secured by roaming unnamed 24-hour security personnel for the entire campus, with security cameras installed at The Pathway Homes front door, and hallways as well as a sign in desk.^[4] The program worked with veterans of the Iraq and Afghanistan wars with PTSD.^[5]

During the incident residents of the nearby veterans home were locked down after reports of an active shooter, and teenagers who were visiting the grounds were evacuated shortly after 2:30 pm.^[5]

Incident

A stand-off started at around 10:30 am when a gunman, later identified as Albert Wong, a 36-year-old U.S. Army veteran of the War in Afghanistan, entered the facility during a going away party.^[6] The first 911 call of the incident was received around 10:20 am, and by 10:22 am the dispatcher had named Wong as the perpetrator and that he was armed with a semi-automatic weapon and large quantities of ammunition.^[7] Wong initially released veterans and other staff members, holding only Jennifer Gonzales Shushereba, a psychologist, Jennifer Golick and Christine Lobbber, the clinical and executive directors of Pathway Home respectively.^{[6][8]}

Napa County deputies were some of the first to respond to the scene.^[9] At about 10 minutes after the initial 911 call^[7] Wong exchanged gunfire with Napa County Sheriff's Department Senior Deputy Steve Lombardi and then retreated into The Pathway Home building.^[10] After the shootout there was no further contact with Wong or any of the hostages, although three hostage-negotiation teams were on site.^[5] At around 6:00 pm, after negotiators from several agencies failed to contact him, California Highway Patrol officers entered the room and found everyone in it shot to death.^[1] His cell phone was later discovered in his parked car.^[11]

| | |
|----------------------------|---|
| Yountville shooting | |
| Location | California Veterans' Home, Yountville |
| Date | 10:20 a.m. - 6:00 p.m. (PST); March 9, 2018 |
| Attack type | Mass shooting, false imprisonment |
| Deaths | 5 (including the perpetrator and an unborn child) |
| Perpetrator | Albert Wong |

Wong was found dead of a self-inflicted shotgun wound in the second floor room where he had killed the three female staffers.^[6] The Napa County Sheriff's Coroner determined that Gonzales Shushereba was 26 weeks pregnant at the time of the incident and that her "unborn baby died due to lack of oxygenated blood caused by her mother's death."^{[8][12]} State Senator Bill Dodd reported that it was reasonable to believe that the three hostages were killed during or shortly after the initial exchange of gunfire with officers.^[9]

Perpetrator

Albert Wong (36) had been struggling to readjust to civilian life in California after returning from a tour of duty in Afghanistan in 2013. During his service Wong was awarded an Army Commendation Medal, an Army Good Conduct Medal, and campaign stars for fighting global terrorism and for marksmanship. He had held a professional licenses as a security guard and security trainer, and a firearms permit through the Bureau of Security and Investigative Services from 2008.^[13]

He was a resident of The Pathway House, for nearly a year of residential treatment for post-traumatic stress disorder (PTSD) until he was expelled for unspecified concerns about threatening behavior.^[14] A family member told reporters that Wong had reportedly told them that he was angry at staff members and wanted to get back at them after he had been found with knives at the facility and told to leave. Wong reported "wanted to get back at them, talk to them, yell at them, not to kill them".^[7]

A family member of one of the victims, claimed "People were notified he was violent. Nothing was done. All the proper people were notified...the sheriffs department, the vets' health. Everybody knew."^[4]

Aftermath

The Pathway Home is the subject of the 2014 documentary film, Of Men and War.^[15] After the shootings, The Pathway Home suspended operations indefinitely and its clients were placed with other programs.^{[16][17]} On August 31 its board members told reporters that the nonprofit plan to terminate the lease, as there was little belief they could effectively aid veterans in the location.^[18]

The *Three Brave Women* fund was established and been used to distribute monetary aid to the families of the victims.^[19]

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CALIFORNIA

Suspect in custody in shooting at detox treatment facility in Northern California that left 1 dead

By JACLYN COSGROVE
STAFF WRITER

NOV. 5, 2018
9:40 PM

Detectives have a suspect in custody and are interviewing the person about a shooting that killed one and injured two others at a detox facility in Marin County, officials said Monday.

Authorities identified the suspect as Davance Lamar Reed, a 37-year-old transient who was dating one of the victims, according to the Marin County Sheriff's Office. Reed made statem

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ORLANDO



The Sheriff's Office said authorities received a call at 1:33 a.m. from the Helen Vine Detox Center in San Rafael reporting that staff members had been shot.

Deputies arrived to find three people with gunshot wounds.

One man, whose identity has not been released, died at the scene. Another man and a woman — identified as facility employee Anthony Dominguez Mansapit, 32, and Britney Kehaulani McCann, 30 — were taken to Marin General Hospital after the shooting and are in the intensive care unit, authorities said. Authorities said McCann was dating the suspect.

The Helen Vine Recovery Center, at 301 Smith Ranch Road in San Rafael, is a licensed 26-bed coed facility that offers both detox and residential substance use disorder treatment. Clients can stay up to 30 days for detox and up to 90 days for residential treatment. Last year, the staff at Helen Vine saw more than 900 patients.



Our hearts are with the staff, clients and families affected at Helen Vine Recovery Center. We will post updates here as they become available.

9 11:07 AM - Nov 5, 2018

See Buckelew Program's other Tweets



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The center is run by Buckelew Programs, the largest provider of community-based mental health and support services in the North Bay. The organization sees almost 10,000 people in Marin, Sonoma, Napa, Mendocino and Lake counties. It also runs the North Bay Suicide Prevention Hotline.

"While it is unimaginable to think that such a horrific event occurred at one of our facilities, it's important to remember that Buckelew Programs has been providing safe and effective services for decades; improving the lives of tens of thousands of people," Tamara Player, Buckelew's chief executive, said in an email.

Times staff writer Alene Tchekmedyian contributed to this report.

jaclyn.cosgrove@latimes.com

Twitter: @jaclyncosgrove

UPDATES:

9:35 p.m.: This article was updated with the suspect's identity.

1:45 p.m.: This article was updated with the news that a suspect is in custody, and with information about the treatment center and its parent company.

12:30 p.m.: This article was updated with additional information from police.

This article was originally published at 10:20 a.m.

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Jaclyn Cosgrove is a Metro reporter at the Los Angeles Times.

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SMYRNA, Ga. (AP) — Police have identified a man accused of opening gunfire inside a mental health facility in suburban Atlanta.

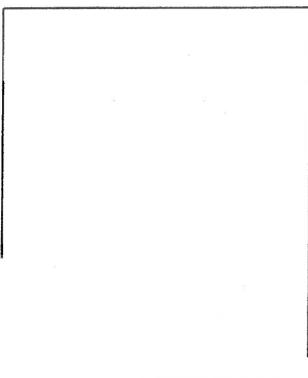
Smyrna Police spokesman Louis Defense tells local news media 24-year-old Tevin McDonald argued with staff members before the shooting at the Ridgeview Mental Health Facility on Wednesday afternoon. Defense says McDonald didn't want to remain in the facility.

Police say no one was injured.

Police say McDonald ran into a nearby neighborhood, causing Griffin Middle School and King Springs Elementary to go on lockdown. He was arrested within 30 minutes.

McDonald is being held at the Cobb County Jail without bond. He is charged with aggravated assault and criminal damage to property, discharge of firearms on property of another and possession of a firearm during the commission of a felony.

It's unclear if McDonald has an attorney.



Trending on AP News

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NEWS

Mental health workers urged to guard against the possibility of patient violence

Publish date: May 15, 2016

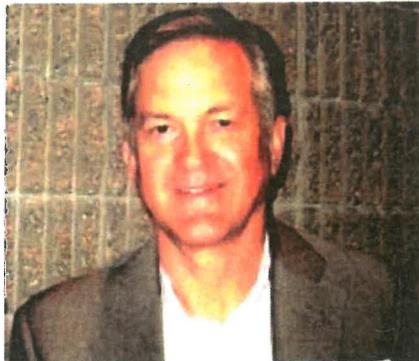
By Whitney McKnight

Clinical Psychiatry News.

EXPERT ANALYSIS FROM THE APA ANNUAL MEETING

ATLANTA – About half of all mental health professionals at all levels and in all practice settings can expect to be threatened by a patient at some point in their career, with as many as 40% sustaining a patient-inflicted injury, according to a researcher.

Despite these numbers, there exist few formal protocols for mental health personnel to learn how to protect themselves against the risk of being harmed by a patient.



Dr. Michael Knable

Why this is, and what can be done to fill this void, has become an area of deep interest for Dr. Michael Knable <<http://www.clearviewcommunities.org/staff/dr-michael-knable-dfapa-medical-director/>> , the executive director of the Sylvan C. Herman Foundation <<http://www.clearviewcommunities.org/about/sylvan-c-herman-foundation/>> in Frederick, Md., a major underwriter for Clearview Communities' residential treatment facilities for persons with mental illness, where Dr. Knable is also the medical director. "I really only got interested in this because of these two friends of mine who were killed [by

patients],” Dr. Knable said in an interview at the annual meeting of the American Psychiatric Association.

His two friends were Dr. Wayne Fenton and Dr. Mark Lawrence, two Washington-based psychiatrists killed in their private offices by patients in 2006 and 2011, respectively.

“It’s true that the seriously mentally ill are more likely to be victimized than to be the victimizers, but it’s also true that, especially in acute settings like emergency rooms and hospitals, that they can be very violent,” Dr. Knable said in the interview.

Based on his research, Dr. Knable said the risks to practitioners include being physically threatened, stalked, sued, stabbed, and even shot to death, among other injuries.

According to [statistics from the Department of Justice](http://www.bjs.gov/content/pub/pdf/wv09.pdf)

[<http://www.bjs.gov/content/pub/pdf/wv09.pdf>](http://www.bjs.gov/content/pub/pdf/wv09.pdf) , between 2004 and 2009, mental health workers were second only to law enforcement officers in sustaining on-the-job violence: 38 victims per 1,000 mental health workers, compared with 48 per 1,000 law enforcement officers.

Dr. Knable conducted a literature review of all published surveys of mental health professionals ranging from those with 4-year degrees, to social workers, to psychiatrists. He found that the typical profile of a mental health provider murdered by a patient is a female case worker in her 30s who has been shot to death. The typical patient perpetrator is a male, also in his 30s, who has a form of schizophrenia, a history of violence, and non-adherence to medication. More than half of these individuals also have a history of involuntary hospitalization.

“Our field attracts a lot of idealistic people who want to help others,” said Dr. Knable. “But until they’ve experienced [violence], they simply don’t evaluate the risks carefully enough.”

The National Institute of Mental Health’s Clinical Antipsychotic Treatment Intervention Effectiveness (CATIE) trial [<https://clinicaltrials.gov/ct/show/NCT00014001>](https://clinicaltrials.gov/ct/show/NCT00014001) found that 19.1% of 1,410 patients with schizophrenia had a violent episode in the prior six months.

A meta-analysis <<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0055942>> of 110 studies of more than 45,000 patients with schizophrenia also found that nearly 20% had a history of violence, and review <<http://www.ncbi.nlm.nih.gov/pubmed/24816046>> of registry data from Sweden showed that in 82,647 patients with schizophrenia, 6.5% of men and 1.4% of women had been convicted of a violent crime when not taking their medication. When they were taking their prescribed medications, crime rates fell by 45% in the cohort taking antipsychotics and 24% in those taking mood stabilizers.

Given these data, when asked why there are not more mandatory personal security training programs for mental health personnel, Dr. Knable said it comes down to a mix of naiveté and politics.

“The perception is that if you worry about this, you are stigmatizing the patient, and, to a certain extent, you are. But my desire is to be factual and to know what we’re really dealing with,” Dr. Knable said. Those in his profession most likely to underestimate the seriousness are those in private practice who “aren’t on the front lines” treating persons with serious mental illnesses like schizophrenia.

The national debate over gun control in the context of persons with mental illness also clouds the issue, he said. “People are afraid it will be stigmatizing and keep people out of treatment to say it, but if you have had an involuntary hospitalization, you should not be allowed to have a gun.”

In addition to taking a danger assessment of a patient in the pre-screening interview, Dr. Knable recommended clinicians set up their office so that there is a desk between them and the patient, and more importantly, that the patient is not between the clinician and the exit. Have an established escape route and consider installing cameras in the waiting area so you can see patients before they enter your office. Be aware of solo meetings such as after hours or on weekends. Above all, he said it was best to see potentially violent patients only in tandem with a member of that person’s family, a colleague, or even a security officer. “Before my friends were killed, I was just like everybody else. I just went to work and thought, ‘Well, you just have to be careful.’ I thought I had good instincts. But now, I think there is a lot of room for study and training on this issue.”

▼ References

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MENTAL HEALTH RELAPSES HAPPEN

In Mental Health (<https://seasonsmalibu.com/mental-health/>) ⓘ April 9th, 2018 ⓘ No Comments (<https://seasonsmalibu.com/mental-health-relapses-happen/#respond>)

While most people associate the term “relapse (<https://seasonsmalibu.com/3-signs-might-relapse/>)” with addiction, it is a problem that can occur with many other types of illnesses. Unfortunately people that have been through recovery for a mental illness can also experience a relapse in which their strongest symptoms return. As is the case with treating addiction there is no permanent “cure” when someone is diagnosed with a mental illness and relapse is always a possibility.

People who struggle with mental illness need to learn how to recognize the signs of a possible relapse as do their loved ones. Believing that a relapse won’t ever happen means that you won’t be prepared if it should occur. Learning more about mental health relapses can help you both prevent and catch early warning signs so that you can get help.

It is important to understand that relapse does not mean that the person has to start over from square one. Once they have done with work in their mental health recovery it is possible for them to get back on track. However, it is always a good idea to seek professional help from a therapist or a treatment center when a relapse occurs.

What Causes Mental Health Relapse?

It can be difficult to predict when and why a person will relapse but typically mental health relapses (<https://seasonsmalibu.com/treatment-programs/mental-health-treatment/>) happen in response to triggers. Someone who has had minimal symptoms for a period of months or even years may have a sudden recurrence of their symptoms when a stressful event occurs. It can be much easier to cope with a mental illness in times of stability but when stress becomes overwhelming a person can easily experience a relapse.

Any changes to a person’s routine can also trigger a relapse. If they suddenly change their treatment plan or engage in different behavior they are putting themselves at risk for relapse. These are some of the most common causes of mental health relapse.

- Stopping medication suddenly or not taking it as prescribed
- Engaging in substance abuse by using drugs or alcohol
- Conflict in relationships including a break up or divorce
- Being under stress at work or losing a job
- Illness or death of a loved one
- Financial difficulties including losing your home

Whenever someone has a mental illness they need to have coping strategies that they use to deal with stress. However, sometimes a very stressful event can be so overwhelming that they are not able to handle their symptoms. When a relapse is triggered by a painful for stressful event the person may need to return to treatment.

Recognizing Symptoms of Relapse

In order to minimize the damage caused by mental health relapse it can be helpful to learn more about the warning signs and symptoms associated with it. The symptoms that a person has during relapse may not always be the same as what they experienced when they first recognized that they had a disorder. They may have a different reaction based on the type of trigger that has caused their symptoms to return.

These are some of the common warning signs that someone may experience a relapse-

- Sleep problems including too much or too little sleep
- Feeling tense, nervous or hostile
- Isolation or social withdrawal
- Confusing or nonsensical speech
- Noticeable appetite or weight changes
- Increase in paranoia or hallucinations
- Risk taking behaviors (<https://seasonsmalibu.com/poor-impulse-management/>)

The type of warning signs that a person exhibits will depend strongly on their specific mental illness but any kind of noticeable change in a person's behavior or mood could indicate an oncoming relapse. It is important that if someone is experiencing a return to very intense symptoms of mental illness that they seek medical and psychological help.

Rebounding from a Mental Illness Relapse

There is no need to view a relapse as a failure because many times it can be a natural response to stressful circumstances. In order to rebound and get back on track after a relapse it is crucial to get back into a healthy routine. The first step is quitting any alcohol or drugs that could have triggered the relapse and maintaining sobriety for the best mental health.

It is also important to start taking medication again regularly and follow the recommendation of a psychiatrist regarding dosage. Eating healthy (<https://seasonsmalibu.com/diets-that-can-reduce-depression/>) and getting enough sleep can also be crucial in establishing a good mental health routine when you are recovering from a relapse. Your number one priority however should be focusing on therapy and talking to a professional about the symptoms you have been experiencing.

In regular therapy or in a treatment center you can receive guidance on how you can recover from a relapse and quickly get back to a more stable place. Making sure that you have support and professional care can prevent a relapse from seriously interfering with your health and your life.

0 Comments



Add a comment...

FINDINGS AND CONDITIONS OF APPROVAL FOR COUNTY FILE #LP18-2020, GREGORY BRAVERMAN (APPLICANT) AND HANNAM HOMES, INC. AS APPROVED BY THE COUNTY ZONING ADMINISTRATOR ON NOVEMBER 5, 2018 AND REVISED BY STAFF FOR MAY 22, 2019 COUNTY PLANNING COMMISSION.

FINDINGS

A. Growth Management Performance Standards

1. **Traffic:** Implementation Measure 4-c of the Growth Management Element of the General Plan requires a traffic impact analysis if a project will generate more than 100 AM or PM peak hour trips. Since the clients of the social rehabilitation facility are not allowed to have personal vehicles, it is reasonable to assume that the project will not generate more than 100 peak hour trips, and in all likelihood will be less. Therefore, a traffic impact analysis was not required. The facility will have four staff members during the day and two during night hours. The existing parking area will be sufficient to accommodate all vehicles expected to be at the facility. As such, the project will not adversely affect traffic levels in the area.
2. **Water:** The subject property currently obtains water service from the East Bay Municipal Utility District (EBMUD). The institution of a social rehabilitation facility at the site of a previous elder care facility will not incrementally increase the use of water at the site or substantially increase the demand for water service at the property. Any change to water service at the project site will be reviewed and approved by EBMUD.
3. **Sanitary Sewer:** The subject property currently receives sanitary sewer service from the Central Contra Costa Sanitary District (CCSD). The proposed change is not expected to produce an unmanageable added capacity demand on the wastewater system, nor interfere with existing facilities. However, comments from CCSD state that the existing sanitary sewer lateral is not large enough to meet CCSD's requirements for commercial properties. In addition, capital improvement fees are required for added wastewater capacity demand. Prior to submitting a building permit application, the applicant is responsible for submitting plans to the Sanitary District and receiving its stamped approval.
4. **Fire Protection:** The project site is in the service area of the Contra Costa County Fire Protection District. . The applicant is required to obtain building permits for

any necessary ADA upgrades or improvements needed for the facility. The Fire District will inspect the facility prior to occupancy to confirm that the facility meets the required fire protection elements for its occupancy type. Prior to submitting a building permit application, the applicant is responsible for submitting plans to the Fire District and receiving its stamped approval.

5. **Public Protection:** The proposed project will not require any increase in public protection services. The proposed facility will not create new housing, provide previously unavailable services, nor will it provide substantial amounts of new business opportunities within the County that would result in a significant population increase. Therefore, the project will not impact the County's ability to maintain the standard of having 155 square feet of Sherriff's facility per 1,000 members of the population.
6. **Parks and Recreation:** The project will not create any housing units, and therefore, will not increase the demand for parks or recreational facilities.
7. **Flood Control and Drainage:** The project site is not located within a flood-prone area as determined by FEMA, the Federal Emergency Management Agency. The proposed project will utilize the existing facilities from the former residential elderly care facility and is not proposing any new structures. Therefore, the project will not create a hazard associated with any existing flood hazard condition.

B. **Land Use Permit Findings**

The following are required findings for the approval of a land use permit.

1. ***The proposed project shall not be detrimental to the health, safety and general welfare of the county.***

Project Finding: The proposed social rehabilitation facility will be licensed and regulated by the California Department of Social Services. The short-term crisis residential treatment program proposed by the applicant will be certified and reviewed annually by the Department of Health Care services. Standards for licensing and certification include medical requirements, treatment/rehabilitation plans and documentation, admission and discharge criteria, physical environment requirements, staff qualifications and duties, and administrative policies and

procedures. The State conducts unannounced annual inspections to ensure compliance with State requirements. Additional inspections may be conducted for case management purposes. The applicant will be required to maintain its State license and certificate at all times, and to report to the County any citations or notices of violations issued by the State.

Clients admitted to the proposed facility must have a primary diagnosis of mental illness that can be expected to improve significantly through a residential psychiatric rehabilitation program. Under the applicant's admission criteria required by the State for licensing and certification, the facility will not admit clients actively using alcohol or other illicit drugs or clients with a primary diagnosis of substance abuse disorder. Additionally, client's must be medically cleared by the referring medical unit and must not have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management.

Additional conditions imposed to ensure that the project will not present health and safety risks to the public include 24-hour video surveillance, onsite security staff, fencing improvements, no unaccompanied clients when leaving the facility property, and a neighbor complaint policy intended to foster open communication between neighbors and the facility operator and timely resolutions to any complaints. The project is also conditioned to obtain approval from the water and sanitary utilities, and the fire department, prior to the issuance of any building permit or operation of the facility, whichever occurs first.

As conditioned, the proposed social rehabilitation facility will not be detrimental to the health, safety, and general welfare of the County.

2. ***The proposed project shall not adversely affect the orderly development within the County or the community.***

Project Finding: Allowing the establishment of a social rehabilitation facility within the former elderly care facility will not require any additional development or expansion of the existing buildings. The project is conditioned to comply with all the requirements of the regulatory and utility agencies prior to operation of the facility. Accordingly, the propose project will not adversely affect the orderly development in the County or the community.

3. ***The proposed project shall not adversely affect the preservation of property values and the protection of the tax base within the county.***

Project Finding: The proposed adult care facility is similar in use and intensity to the former residential elderly care facility operated at the site. The proposed facility operating within existing buildings already equipped to serve its proposed function will have no negative effects on property values. The proposed project will not adversely affect the preservation of property values and the protection of the tax base within the County.

4. ***The proposed project shall not adversely affect the policy and goals as set by the General Plan.***

Project Finding: The General Plan allows small residential care facilities as a secondary use in the Single-Family Residential, Low Density (SL) district. This facility will replace an existing residential elderly care facility on the same parcel. Therefore, the establishment of a residential ambulatory care facility for adults will not adversely affect the policy and goals as set by the general plan, as the site already supports a similar use. Approval of this facility will be consistent with and promote the Contra Costa County Housing Element, Goal #4, which calls for an increase the supply of appropriate and supportive housing for special needs populations.

5. ***The proposed project shall not create a nuisance and/or enforcement problem within the neighborhood or community.***

Project Finding: The establishment of a social rehabilitation facility is not anticipated to create a crime or nuisance problem within the Walnut Creek area. Clients will be under the supervision of qualified staff members as required by State law. Clients will be accompanied by staff members whenever clients leave the facility property. Pursuant to its State license and certification, this facility is not authorized to admit clients with a primary diagnosis of substance use disorder or clients that have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management. Conditions related to ongoing monitoring, maintenance of State licenses, reporting requirements, and a neighbor complaint policy will ensure that the facility is operated in a safe manner within the community. The proposed project will not create a nuisance or enforcement problem within the neighborhood or

community.

6. ***The proposed project shall not encourage marginal development within the neighborhood.***

Project Finding: The establishment of a social rehabilitation facility within the existing buildings of a residential elderly care facility will not encourage marginal development within the community. Some internal construction and remodeling will be required, such as the removal of the unpermitted kitchen in the small office building. However, establishment of the proposed facility does not require any additional development or expansion to the buildings. Thus, the proposed project will not encourage marginal development within the neighborhood.

7. ***That special conditions or unique characteristics of the subject property and its location or surroundings are established.***

Project Finding: The existing residential elderly care facility at this site is already equipped with the bedrooms required to house the proposed number of clients for the proposed facility and is therefore ideal for the proposed use. No additional development or expansion of the existing buildings will be required to accommodate the proposed social rehabilitation facility. In addition, the existing seven parking spaces will accommodate the required parking for the proposed facility. Finally, the proposed short-term crisis residential program operated by the proposed facility is intended to assist clients in the acquisition, testing, and/or refinement of community living and interpersonal skill in a residential environment. The existing facilities located in the surrounding residential community furthers the proposed social rehabilitation facility's treatment goals.

CONDITIONS OF APPROVAL FOR COUNTY FILE #LP18-2020

Land Use Permit Approval

1. **A Land Use Permit is APPROVED** to modify County File #LP01-2045 for the conversion of an existing elderly care facility to a social rehabilitation facility for up to 12 adult clients, ages 18-59. After 12 consecutive months of facility operation, the applicant may request that the facility be allowed to treat up to 16 clients. If the applicant submits a request, DCD will provide written notice of the request to all owners of real property within 300 feet of the facility. The notice shall state the

last day to request a public hearing on the request. If no request for a public hearing is received by DCD by the last day stated in the notice, the Zoning Administrator may, without public hearing, approve or deny the applicant's request. If a request for a public hearing is received by DCD by the last day stated in the notice, DCD will schedule and notice a public hearing on the request for consideration by the Zoning Administrator.

This approval is based on the following documents received by the Department of Conservation and Development, Community Development Division (CDD):

- Application and materials received on July 5, 2018
- Program description received July 24, 2018
- Revised plans received August 10, 2018
- Program and Service Description received April 16, 2019
- Admission Policy received April 16, 2019

Any deviation from the approved plans or any expansion beyond the limits of this land use permit shall require the review and approval of the CDD and may require approval of a new Land Use Permit.

2. The applicant shall provide a quarterly report to DCD on January 15th, April 15th, July 15th, and October 15th during each year the facility is operated. The applicant shall submit the first quarterly report within 90 days after the facility has commenced operating. The quarterly report will include any incidents involving the operation of the facility, any complaints submitted by any member of the community, and the steps the facility operator took to address the incidents and complaints. With the first quarterly report, the applicant shall submit a time and material fee deposit of \$500 for DCD staff's on-going review of project condition compliance, including the monitoring of quarterly reports submitted by the applicant. After 5 consecutive years of facility operation, the applicant may request a land use permit amendment to eliminate the on-going compliance review.
3. The applicant shall install closed circuit cameras at all exits of the facility with video screen monitoring and ensure monitoring by 24-hour security staff.
4. The applicant shall ensure that a facility staff member accompanies any admitted facility client that leaves the facility property.

Application Costs

5. The Land Use Permit application was subject to an initial deposit of \$2,700.00 that was paid with the application submittal, plus time and material costs if the application review expenses exceed the initial deposit. Any additional fee due must be paid prior to submittal of a building permit, or 60 days of the effective date of this permit, whichever occurs first. The fees include costs through permit issuance and final file preparation. Pursuant to Contra Costa County Board of Supervisors Resolution Number 2013/340, where a fee payment is over 60 days past due, the application shall be charged interest at a rate of ten percent (10%) from the date of approval. The applicant may obtain current costs by contacting the project planner. A bill will be mailed to the applicant shortly after permit issuance

Signage:

6. Any proposed signage shall be reviewed and approved by DCD prior to sign construction or placement.

Licenses

7. Prior to operation of the facility, the applicant shall provide to DCD copies of all federal, state, and county permits, licenses, and certificates required to operate a social rehabilitation facility and short-term crisis residential treatment program. The applicant shall maintain as current and valid all such permits, license, and certificates while the facility is in operation. The applicant shall submit to DCD annually any annual renewals of such permits, license, and certificates. The applicant shall report to DCD any citation or notice of violation issued in connection with such permits, license, and certificates within 48 hours of the issuance of the citation or notice of violation.
8. The applicant shall disclose all public documents related to reportable incidents or State licensing review, including the annual State license review, upon request by any member of the community.

Neighbor Complaint Policy

9. Prior to operation of the facility, the applicant shall submit to DCD a neighbor complaint policy that shall provide a procedure for immediate response to

incidents and complaints and includes, at a minimum, the following:

- a. The applicant, facility operator, or person designated by the applicant or facility operator is notified of the incident.
- b. The applicant, facility operator, or person designated by the applicant or facility operator personally investigates the matter.
- c. The person making the complaint or reporting the incident receives a written response of action taken or a reason why no action needs to be taken.
- d. In order to assure the opportunity for complaints to be made directly to the applicant, facility operator, or person designated by the applicant or facility operator, and to provide the opportunity for applicant, facility operator, or person designated by the applicant or facility operator to meet residents and learn of problems in the neighborhood, the policy shall establish a fixed time on a weekly basis when the applicant, facility operator, or person designated by the applicant or facility operator will be present.

Exterior lighting

10. Prior to installing any exterior lighting, the applicant shall submit an exterior lighting plan for review and approval of DCD to ensure glare does not create an impact on adjoining residential properties.

Fencing

11. The applicant shall repair and maintain the existing fencing at the facility to be compatible with the surrounding community. Prior to the operation of the facility, the applicant shall provide to DCD evidence that the fencing has been adequately repaired.

Construction Restrictions

12. All construction activity shall comply with the following restrictions. These restrictions shall be included on the construction drawings:
 - a. Prior to the operation of the facility, the applicant is required to obtain a building permit for the removal of the unpermitted kitchen located in the office building. The applicant must obtain approvals from the Fire District, Sanitary District, and Environmental Health Division (if applicable), prior to

submittal of the building permit application.

- b. The applicant shall make a good faith effort to minimize project-related disruptions to adjacent properties, and to uses on the site. This shall be communicated to all project-related contractors.
- c. The applicant shall require their contractors and subcontractors to fit all internal combustion engines with mufflers which are in good condition and shall locate stationary noise-generating equipment such as air compressors as far away from existing residences as possible.
- d. The site shall be maintained in an orderly fashion. Following the cessation of construction activity, all construction debris shall be removed from the site.
- e. Large trucks and heavy equipment shall be subject to the same restrictions that are imposed on construction activities, except that the hours are limited to 9:00 AM to 4:00 PM.
- f. All construction activities shall be limited to the hours of 8:00 AM to 5:00 PM, Monday through Friday, and are prohibited on state and federal holidays on the calendar dates that these holidays are observed by the state or federal government as listed below:

- New Year's Day (State and Federal)
- Birthday of Martin Luther King, Jr. (State and Federal)
- Washington's Birthday (Federal)
- Lincoln's Birthday (State)
- President's Day (State and Federal)
- Cesar Chavez Day (State)
- Memorial Day (State and Federal)
- Independence Day (State and Federal)
- Labor Day (State and Federal)
- Columbus Day (State and Federal)
- Veterans Day (State and Federal)
- Thanksgiving Day (State and Federal)
- Day after Thanksgiving (State)
- Christmas Day (State and Federal)

For specific details on the actual day the State and Federal holidays occur,

please visit the following websites:

Federal Holidays:
<http://www.opm.gov/fedhol>

California Holidays
http://www.edd.ca.gov/payroll_taxes/State_Holidays.htm

ADVISORY NOTES

ADVISORY NOTES ARE NOT CONDITIONS OF APPROVAL; THEY ARE PROVIDED TO ALERT THE APPLICANT TO ADDITIONAL ORDINANCES, STATUTES, AND LEGAL REQUIREMENTS OF THE COUNTY AND OTHER PUBLIC AGENCIES THAT MAY BE APPLICABLE TO THIS PROJECT.

- A. NOTICE OF OPPORTUNITY TO PROTEST FEES, ASSESSMENTS, DEDICATIONS, RESERVATIONS OR OTHER EXACTIONS PERTAINING TO THE APPROVAL OF THIS PERMIT.

Pursuant to California Government Code Section 66000, et seq., the applicant has the opportunity to protest fees, dedications, reservations or exactions required as part of this project approval. To be valid, a protest must be in writing pursuant to Government Code Section 66020 and must be delivered to the Community Development Division within a 90-day period that begins on the date that this project is approved. If the 90th day falls on a day that the Community Development Division is closed, then the protest must be submitted by the end of the next business day.

- B. Additional requirements may be imposed by the following agencies:

- Department of Conservation and Development, Building Inspection Division
- Health Services Department, Environmental Health Division
- Contra Costa County Fire Protection District
- Central Contra Costa Sanitary District
- East Bay Municipal Utility District
- California Department of Health Care Services

The Applicant is strongly encouraged to review these agencies' requirements prior to continuing with the project.

EXHIBIT L
PROPOSED ADDITIONAL
CONDITIONS OF APPROVAL

1. Occupancy Limits

- a. Once the facility reaches occupancy of six (6) clients, the Applicant shall immediately provide written notification to the DCD that the 6-client threshold has been met. At the conclusion of one year, if the Zoning Administrator determines that the facility has been operating in substantial conformance with all applicable conditions or approval and any other applicable legal requirements, the facility shall be allowed to increase occupancy to twelve (12) clients. If the DCD determines that the facility has not been operating in substantial compliance with all applicable conditions of approval and any other legal requirements, the facility shall be required to maintain occupancy at not more than 6 clients.
- b. The facility's client occupancy capacity may not exceed six (6) clients without an amendment to the Use Permit.
- c. If, *at any time*, the Zoning Administrator determines that the facility is not operating in substantial conformance with the conditions of approval of this Use Permit or any other applicable law, the Zoning Administrator may restrict admission of any new clients until an acceptable action plan or other alternative solution is submitted by the Applicant resolving any outstanding concerns and the Zoning Administrator is satisfied that the concerns have been fully addressed.

2. Overnight Staffing Levels

Upon commencement of operations at the facility, overnight staffing shall consist of three (3) qualified staff persons and one (1) armed security guard between the hours of 10:00 p.m. and 8:00 a.m. daily. The overnight staff shall be responsible for facility monitoring, security, enforcement of facility rules, client assistance and shall be available as a facility liaison with the City Police Department during no overnight operations.

3. Client Screening

Prior to commencement of operations at the facility, the following shall be included and approved by the Zoning Administrator regarding the client screening procedures:

- a. Drug testing Shelby conducted in compliance and in accordance with accepted industry standards for testing period drug testing for all proposed clients of the facility shall be completed by a qualified independent 3rd party and test results verified by the Applicant prior to admission. If the results are positive for any

unlawful substance or alcohol, admission shall be denied. Any reconsideration for admission shall not occur until at least 7 days after the prior Doug had trust was administered and shall include a letter from a qualified health care professional attesting that medical detoxification is not required period those with urine drug test positive only for drugs known to require a prolong time for elimination after you shall be evaluated clinically by facility staff for signs of current usage. These clients, if admitted, shall be tested regularly by a qualified independent 3rd party, as specified by facility staff, to accurately document the time frame for clearance of such drugs from the client's urine.

- b. The Applicant shall not admit any client that:
- i. has a conviction for a misdemeanor or felony involving a crime of violence or any sexual offence;
 - ii. his own parole or probation as a result of conviction of a misdemeanor or felony involving a crime of violence or any sexual offence;
 - iii. is required involuntarily by court order to attend a drug or alcohol treatment or recovery facility;
 - iv. has within the previous year, been known to the Applicant to have had two or more instances of aggressive and violent behavior or within the past six months been known to the Applicant to have had at least one instance of aggressive and violent behavior;
 - v. Has a history of violence, physical assault or abusive behavior at a previous outpatient or residential treatment program or facility;
 - vi. has not successfully completed a state license detoxification program or equivalent prior to admission;

If any of these criteria are found to apply to a client after being accepted into the facility, the client shall be immediately expelled from the facility.

4. Third Party Screening

Prior to commencement of operations at the facility, the Applicant of the facility shall contract with an independent firm specializing in performing background investigations to screen potential clients for conformance with all of the applicable facility restrictions and client screening criteria imposed by this Use Permit or applicable law. The Applicant shall always be required to maintain adequate records to document to the satisfaction of the Zoning Administrator that client screening is occurring as required by this Use Permit. The qualifications and experience of the third-party firm shall be subject to review and approval by the Chief of Police and County Counsel prior to commencement of operations.

5. Residential Admission Agreement and Good Neighbor Policy

Prior to commencement of operations at the facility, the Applicant shall amend the Residential Admission Agreement and Good Neighbor Policy to state the following:

- a. On-going, random illegal substance testing shall be done by a qualified independent third party at a minimum of once a month and the results submitted to facility staff. Any client who tests positive for an unlawful substance shall be immediately expelled. Refusal by any client to submit to subset testing shall result in immediate expulsion. Adequate record shall be maintained by the applicant to confirm compliance with this requirement to the satisfaction of the Zoning Administrator;
- b. Any client in possession of weapons, drugs or alcoholic substances shall be immediately expelled;
- c. Any client who commits a physical or sexual abuse or assault against any other person shall be immediately expelled;
- d. Any client who leaves the facility without approval shall be immediately expelled;
- e. Any client who receives unauthorized visitations at the site shall be immediately expelled, incidental visits for justified purposes shall be allowed on an occasional basis;
- f. Any client who violates any component of the Residential Admission Agreement in Good Neighbor Policy other than the items noted above more than 3 times within any 12-month period shall be immediately expelled;
- g. The operator shall ensure that any client removed from the Program or facility has the resources necessary to return home;
- h. The Applicant shall not tolerate lewd speech, lewd behavior, abusive speech or behavior or profanity at the subject property nor shall the Applicant tolerate such actions by staff or clients at levels audible to neighboring residents on adjacent properties. The Applicant shall strictly enforce house rules and the good neighbor policies relating to prohibiting such behavior through appropriate disciplinary action as specified in the house rules;
- i. Noise regulations consistent with conditions of approval shall be included in the Good Neighbor Policy;

The Applicant shall revise the Residential Admission Agreement and Good Neighbor Policy to incorporate the changes noted. The revised documents shall be submitted to the Zoning Administrator for review and approval prior to commencement of operations at the facility. And the subsequent changes to these documents must be submitted to the Zoning Administrator in advance for review and approval to ensure that the changes are consistent with their quart requirements for this use permit. If the Zoning Administrator determines that a proposed change may be inconsistent with the requirements of this use permit, the Zoning Administrator shall refer the proposed changes to the Planning Commission for consideration that in noticed public hearing. Minor modifications deemed acceptable to the Zoning Administrator shall not require an amendment to the conditional use permit

6. Facility Locked Down At Night

The facility should be “locked down” at night in order to prevent patients from leaving their rooms, the common areas or the facility.

7. No Use Of Psychotropic Drugs And Treatments

Considering the risks of psychotropic drug therapy, the Conditions of Approval should prohibit the use or administration of such drugs within the facility and allow only patients whose conditions are “stable” without the use of such drugs to be admitted to the Program.

8. On Premises Security

The Program should be required to provide armed security guards on site during the evening and nighttime hours.

9. Posting of Rules

Prior to commencement of operations, the Applicant shall enforce at all times the Good Neighbor Policy adopted by the facility and approved with this use permit by posting on site the requirement in several conspicuous locations.

10. Violation Log

A log of all violations of the Residential Admission Agreement and Good Neighbor Policy shall be kept and maintained by the Applicant and be made available for review by City staff at anytime. Components for log shall include date in time of violation, violation description, name of violator, and action or resolution.

11. Visitor Log

A log of all visitors onsite and offsite shall be kept and maintained by the facility and made available for review by the City staff at anytime. Components of the log shall include name, date, time of Visitation, and purpose of visit.

12. Neighborhood Liaison

Prior to commencement of operations come of the Applicant shall designate an on-site staff Neighborhood Liaison who will be available to respond to any community concerns regarding issues related to the facility that may arise. The contact information for the Neighborhood Liaison shall be prominently displayed at the facility, on its website, and in any written materials, newsletters or similar informational pamphlets provided to the community and submitted to the Zoning Administrator. The Neighborhood Liaison shall respond to any complaints or inquiries received within 24 hours of receipt. The log of all

complaints and inquiries received and the method in time frame for resolution shall be maintained by the Neighborhood Liaison for review by the City upon request.

13. Bed Checks

Overnight bed checks shall be completed by the Applicant at least once per night to ensure that clients are in their rooms at the facility. A log of all bed check shall be maintained on site by the Applicant and shall always be available for review by the City . The Applicant shall not assign more than two clients in one bedroom.

14. Non-Resident Facility Use

Persons who are not clients residing at the facility may not receive treatment or recovery services, counseling, training attend unauthorized meetings, or engage in any similar activities at the facility. Neither the building or any portion of the exterior ground sale be used by anyone other than the employees of the facility, a client residing at the facility, or a volunteer authorized by the Applicant , for any purpose unless part of a special event approved by this Zoning Administrator through a temporary use permit, except as necessary to provide repair, maintenance and or deliveries to the facility.

15. Medical Waste

Any and all medical waste generated through the operation of the facility shall be disposed of by the Applicant in accordance with the counties applicable codes and all other applicable laws and best industry standards and practices.

16. Noise

To minimize noise impacts to adjacent properties in the neighborhood and to be in compliance with all applicable laws, the project shall incorporate improvements and additional good neighbor policies that include the following:

- a. Radios, television sets, stereos and other similar sound amplification devices shall not be operated within the residents in such a manner as to disturb the peace, quiet, or comfort of the neighboring inhabitants were to do so with a louder volume and is necessary for convenient hearing for persons in the room, vehicle or chamber in which the devices operated. In addition, the operation of any such device between the hours of 9:00 PM and 7:30 AM in such a manner has to be plainly audible at any adjoining come common property boundary shall not be allowed.
- b. Loud talk by staff or clients that is plainly audible at any adjoining common property boundary shall be prohibited between the hours of 9:00 o'clock PM and 7:30 AM.
- c. Amplified sound outdoors shall be prohibited.
- d. Deliveries to the facility shall occur between the hours of 9:00 o'clock AM and 6:00 o'clock PM, Monday through Friday only.

- e. Prior to the commencement of operation of the facility, a solid 10-foot-tall noise barrier fence slash wall shall be constructed on the perimeter of the Subject Property. The new noise barrier shall be constructed over the entire surface and at the base of the barrier with no openings or gaps and suitable materials for barrier construction shall have a minimum surface weight of 3 lbs./foot (such as thick wood, masonry block, concrete, or metal).
- f. The Applicant shall insure facility strictly adheres to the counties noise ordinance.

17. Impact on Police Services

Applicant shall provide funding for one full time police officer and one patrol vehicle for a period of two years commencing occupancy of the facility with the possibility of an additional year of funding to be determined by the City manager or his or her designee during the second year of funding. The police officer shall be assigned to a beat including the facility and to the extent possible, shall be on duty during hours when passes are issued to consumers.

18. Screening

The applicant shall use all best efforts not to admit any mental health patient to the facility who is: 1) a registered sex offender as defined in Penal Code section 2900, *et seq.*; 2) a person committed to the custody of the state as a “mentally disordered sex offender” as referenced by the Welfare And Institutions Code section in 6300, *et seq.*, or any related successor legislation; 3) a person who has been adjudged to be a sexually violent predator as defined by Welfare And Institutions Code section 6600, *et seq.*; 4) a person who has been convicted of a felony involving physical abusive or assaulted behavior, whether sexual or nonsexual, as determined by the County, that results in serious physical harm to another; 5) a person who has exhibited two or more instances of aggressive and violent behavior when date within the previous one year Results in physical harm to others including sexual or nonsexual harm and no instances of aggressive and violent behavior within the previous six month period that results in physical harm to others including sexual or nonsexual harm; 6) a person who the County determines has abused alcohol or controlled substance substances within the previous 3 months period; 7) a person who has a primary diagnosis of alcohol or controlled substances abuse. For purposes of this condition, quote physical harm” shall be determined by the County.

Any mental health consumer that fails the drug or alcohol screening, or who is found to be using, abusing or selling controlled steps substances or alcohol, or providing alcohol to minors will be promptly expelled from the facility.

19. Motion Lighting & Alarm System

Prior to commencement of operations, all entrances and gates shall be secured and monitored by the Applicant so that visitors may be properly identified and authorized by facility staff prior to entry. Motion-activated lighting shall be installed at all entrances to the building and premises in an alarm system shall be installed that will allow the on site staff to monitor all doors.

20. Smoking

The Applicant has designated the facilities and non-smoking facility and therefore, indoor or outdoor smoking at the facility shall be prohibited.

21. On-Site Visitation

The Applicant shall not allow on-site visits by family or friends of clients residing at the facility due to a lack of available onsite parking. Incidental visits and visits preapproved by the facility management shall be allowed but shall be limited in duration and scope and shall be conducted in a manner that does not result in parking overflow beyond the boundaries facility or street frontage.

22. Insurance

The Applicant shall at all times procure and maintain in full force and effect a policy of general liability insurance equal to twenty (\$20) million dollars a year per occurrence and fifty (\$50) million dollars a year in the aggregate and shall make each patient admitted to the Program an additional insured under the Policy.

July 30, 2019



Dear Supervisor Candace Anderson,

I am a constituent of District 2, giving my input for the July 30, 2019 appeal hearing dealing with the Land Use Permit 18-2020.

I very much oppose the placement of the high-risk mental patient transient facility in a family and retiree neighborhood. Somehow you are managing to equate an "elder-care facility" which is a long term care type that poses no threat or danger to residents with a high-risk mental health transient facility, with some patients having been given a 72 hour hold, which I believe is only done when those people have become a "threat to themselves and others." What makes you think they have ceased becoming a threat to others simply because they have been given a 72 hour hospital stay? It appears you are increasing a possible danger to a neighborhood, rather than solving a problem.

Additionally, there appears to be a good sized construction of new condominiums in the neighborhood which could be occupied by families with children and retirees. When those condos were built, the builders operated with zoning rules that would prohibit what you plan to do. Now they are built, and you are changing the rules. Would you like to buy a new condo with the transient mental health facility nearby that could pose a threat to your family and children?

Here is an idea: Place the transient mental-health facility on or next to a general medical facility, either a hospital or various medical offices.

Thank you for considering these ideas toward the encouragement of safe neighborhoods for families with children and retirees.

Bill O'Brian

46 Oakwood Road

Orinda, Ca 94563

D.3

Stacey Boyd

From: Jami Napier
Sent: Tuesday, July 30, 2019 9:29 AM
To: Stacey Boyd
Subject: FW: Tice Valley Adult Residential Facility

Please make 8 copies.

From: John Gioia
Sent: Tuesday, July 30, 2019 9:11 AM
To: Jami Napier <Jami.Napier@cob.cccounty.us>
Subject: Fwd: Tice Valley Adult Residential Facility

Sent from my iPhone

Begin forwarded message:

From: Shauna McGlynn <wshauna@gmail.com>
Date: July 30, 2019 at 8:56:31 AM PDT
To: Elizabeth McCormick <oneadamtwelve@me.com>
Subject: **Tice Valley Adult Residential Facility**

Good Morning,

I am writing as a resident of the Tice Valley neighborhood in support of the proposed NPCRS facility in our neighborhood. I have lived in the neighborhood for 20 years and have 4 children. We spend a lot of time at the Tice parks, gym and surround area and I have no reservations at all about this facility being in my neighborhood. The patients WANT to be there, they are carefully screened, and they need support to continue their path to wellness. Please support this incredibly important addition to our neighborhood and community. Not doing so is letting down one of our most vulnerable populations.

Thank you,
Shauna McGlynn
130 Glen Court, Walnut Creek

D-3

7/30/19 Presentation to Contra Costa Board of Supervisors
Appeal CCC File #LP 18-2020 - Property 2181 Tice Valley Blvd.

Linda Uhrenholt
2252 Tice Valley Blvd
Walnut Creek, CA 94595

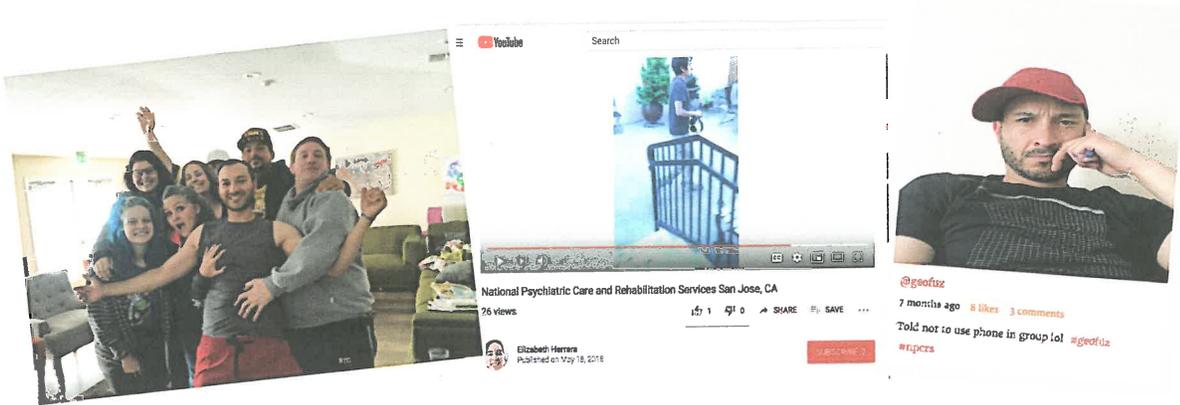
Former Biology, Health Educator; AT&T Government, Education, Medical Technology Specialist and current STEM Education Specialist aboard the USS Hornet Aircraft Carrier Sea, Air & Space Museum.

First and foremost: The Attorney representing Amy and Bill Majors hit the preverbal nail on the head when stating the "Staff Report is grossly inadequate for this Project." I agree with his common sense analysis and legal analysis. Being that this was the first time the County encountered such a proposal, I do not believe extensive research and due diligence was performed to determine the denial of appeals.

A retired Navy pilot volunteering as a Docent at the USS Hornet Museum recently said to me - "I used to visit my wife at Hannam Elderly Care. When traveling down Tice Valley Blvd each day I'd sometimes think that landing a plane on the Hornet deck was easier than maneuvering through this mess of traffic, trying to avoid cars, trucks, bike riders and pedestrians that had no place to walk other than the narrow road berm or ditches."

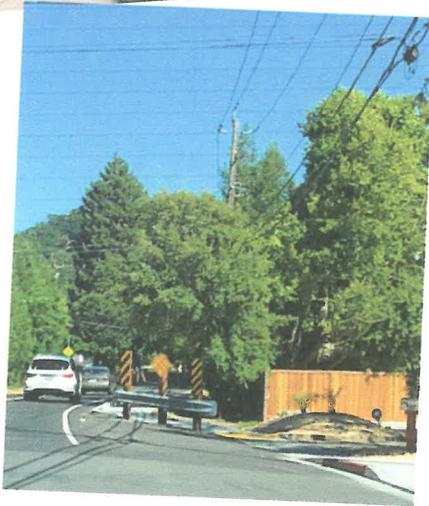
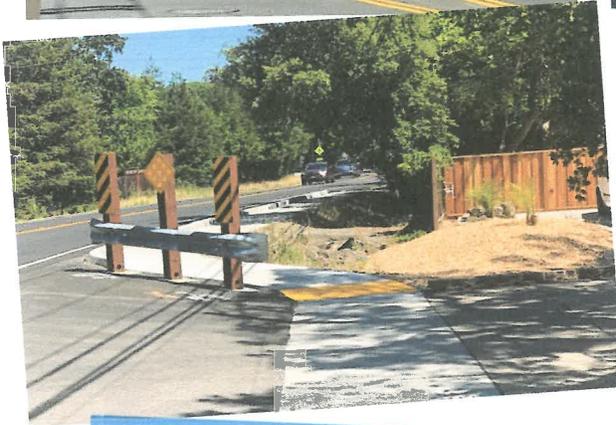
Why do I bring this up?

I'm disheartened that points brought up in my appeal such as safety issues (patient care and neighborhood) were cast aside in the staff report because I quote "They do not relate to land use findings." I would think since the County has committees titled Public Protection, Transportation, Water & Infrastructure, Family and Human Services that these points would be validated. Staff reports had no regard for traffic, lack of availability for reliable connectivity for emergencies, privacy violations (HIPPA - such as posting of pictures on social media by patients about patients and surroundings (examples in this document)).



The County site description states, "The surrounding area is populated by single family homes, most ranch style on half acre parcels. The structures on the subject lot blend in with the surrounding neighborhood." Interesting since adjacent to the subject structures is Pulte Trellis Community of 53 townhouse type homes all located on 5 acres. Immediately, across the street is Tice Oaks Apartments, a 91 unit housing community for seniors. Next to Pulte, is the Tice Valley Community Gym, which is in constant use by all ages, and then Rossmoor gated community with a population of over 9,000. Yes, there are ranch style homes in the area but the site description overlooks what is most prominent. The staff report maps and PowerPoint presentations are deceiving; leaving one to believe this is a quite neighborhood. Pictures below give you a better image of the surroundings. Note the traffic cautionary signs at the foot of the proposed facility. Please imagine yourself as a patient, out walking with required supervision in the area of a narrow road with absolutely no sidewalks or in the other direction, sidewalks aside a very busy, active part of Tice Valley. Tice Valley acts as a convenient thoroughfare between highways 24 and 680.





In my appeal I asked if "staff members would be physically present versus virtual." The response is "No fewer than three would be present at night" but the Letter of Intent states "2 licensed staff at night." Neither statement answered my question about physically being there in this age of tele-medicine and tele-psychiatry. What I should have asked is if staff would be awake based on the recent job posting of NPCRS. "The Mental Health Worker performs duties independently and works alone (with a sleeping backup worker who may be woken up in case of emergency)."

Mental Health Worker

National Psychiatric Care and Rehabilitation Services • San Leandro, CA, US

Posted 5 days ago • Be among the first 25 applicants

Save Apply

Overnight Awake Mental Health Worker

Add Candidate Job Description

National Psychiatric Care and Rehabilitation Services is a 16-bed crisis residential facility in Sacramento serving adults with mental health issues and accompanying substance abuse challenges. We provide round-the-clock support to our residents, so we are seeking seasoned Mental Health Workers to work the night shift (11p-7:30a), assisting with medication administration, performing regular rounds/bed checks, and completing other tasks to keep residents comfortable and safe overnight. The Mental Health Worker performs duties independently and works alone (with a sleeping backup worker on the premises who may be woken in case of emergency) so good decision-making and troubleshooting skills are key. Strong "people" skills are necessary, and experience working in a residential mental health facility is a must. If you hired as a Overnight Awake Mental Health Worker you must remain awake throughout the shift. Positions are full-time, part time or per diem, depending on your availability and our needs. Morning and Evening shift position are open for per diem.

Job Location:

- Sacramento, CA

Seniority Level

Entry level

Industry

Hospital & Health Care

Employment Type

Full-time

Job Functions

Health Care Provider

The appeal response regarding staffing also reads "The proposed facility will provide 24-hour non-medical care." However, all the NPCRS job postings reads "Applicants will be assisting with medication administration." Even the NPCRS website states "We provide top-of-the-line medication management services to our patients."

Many jobs are available at NPCRS but what was a total surprise was not for their facilities in San Jose or Sacramento that Dr. Braverman always has discussed but in San Leandro, Vallejo, Manteca and Concord. He never mentioned these. Therefore, I called the President

| | |
|-------------------------|---|
| LBN Legal business name | NATIONAL PSYCHIATRIC CARE AND REHABILITATION SERVICES |
| Authorized official | ALEX RUDAKOV - (PRESIDENT) |
| Entity | Organization |
| Organization subpart 1 | No |
| Enumeration date | 06/18/2019 |
| Last updated | 06/18/2019 - About 1 months ago |

of NPCRS, Alex Rudakov. I won't go into details about his demeanor but I finally got the answer that "Yes; there are eight (8) such psychiatric residential care facilities with more to come." Dr. Braverman had not been forthcoming when asked about other owned facilities. I would have liked to delve into their operations and licensing. They aren't even listed on the NPCRS website.

From the number of his facilities to much of the information in his presentations (number of beds, ages of patients) was disjointed and often contradictory. His proposed facility is definitely not like a residential care facility for the elderly. I've been involved in elderly care facilities for years (activities, presentations) and have visited social rehabilitation facilities in support. Recently, helped with an Apollo 11 presentation at the VA Hospital and have volunteered to help in the Hornet's annual Veterans Health and Job Fair. By his own admission his proposed facility is for the young ages 18 to 59 not anywhere near the age nor needed care of the previous Hannam Homes Care Facility for the Elderly. The quality of use is definitely different thus the flaw in the staff reports.

Propaganda is Powerful. As a STEM (Science Technology Engineering Math) Specialist at the Hornet Museum, I have an activity pertaining to persuasion, "Propaganda is Powerful." There's been quite a bit of propaganda and undue persuasion at County hearings.

The proponents of this project like to say that people with mental illness reside in my neighborhood; therefore a facility is needed. This is pure propaganda, lack of evidence. Their statements do not mean the patient population at the proposed facility would represent the mental illness of surrounding residents of my neighborhood. Of course, the Tice Valley neighborhood probably does contain those depressed or having addiction issues but they don't exist in a group home plus this type of statement doesn't even take into account those that have received treatment.

Some of the individual speakers representing themselves and speakers representing mental health organizations at zoning and planning commission hearings have personally criticized me by saying quote "I'm a selfish Nimby individual" and "You definitely cannot sit here unless you are for Dr. Braverman's proposal" or "Linda, you're stupid. Don't you know people in your own neighborhood or your own relatives might need psychiatric help?"

They don't know my background, family, my neighborhood, or me. Most of them that have spoken to me don't even live anywhere near Tice Valley Blvd.

For that matter, many speakers don't even know where my neighborhood is located when asked. How many letters and emails have the County received that weren't even from this neighborhood? As a Washington Post article in 2014 aptly reported "NIMBY name-calling intimidates by provoking what psychologists call stereotype threats. There's nothing wrong with standing up for your neighborhood."

As in a 2014 California Planning and Development Report stated: "Many of these people who have vilified opponents of a project are in fact those who would profit from the project." No surprise here based on what Dr. Braverman has asked from the very beginning wanting a consent item rather than action item from Michael Hart, County Project Planner, in emails to Mr. Hart, Dr. Braverman is nervous "since we are approaching escrow closing." The Doctor also spoke of his financial hardship if 16 beds were not approved during the Planning Commission hearing. In emails the Mr. Hart was suggesting to Dr. Braverman edits to his proposal. To use a popular political phrase "Is that collusion?" There are organizations that receive pharmaceutical funding that are representing Dr. Braverman's project as well.

Planner I
Contra Costa County Department of Conservation and Development
30 Muir Road, Martinez CA 94553
(925) 674-7867

-----Original Message-----
From: Gregory Braverman <Gregory.Braverman@npcrs.com>

Sent: Monday, September 24, 2018 3:20 PM

To: Michael Hart <Michael.Hart@dcd.cccounty.us>

Subject: Re: 2181 Tice Valley Blvd Walnut Creek

Hi MICHAEL. Thank you for the report. I read it. Would it be possible to place our use permit on a consent calendar and approve it as a consent item rather than an action item? Thank you. Greg

Sent from my iPhone

On Sep 17, 2018, at 4:38 PM, Michael Hart <Michael.Hart@dcd.cccounty.us> wrote:

408-688-4737

Letter of Intent

ATTN: Contra Costa County Community Development Division

Facility Address: 2181 Tice Valley Boulevard, Walnut Creek, CA 94595

Date: July 24, 2018

National Psychiatric Care and Rehabilitation Services Inc. is in the process of purchasing the existing facility at the above address, which has the existing Use Permit No LP012045 to operate a residential care facility for the elderly.

In its existing programs in very similar facilities in the cities of San Jose and Sacramento. National Psychiatric Care and Rehabilitation Services Inc., under the state license, provides care for clients age 18 and older. Since the current land use permit for the Walnut Creek facility is limited to elderly clients only, National Psychiatric Care and Rehabilitation Services Inc. is respectfully asking to remove this restriction or make an equivalent determination to allow the program to accommodate adult and elderly clients. In all other operational aspects, the facility is not any different from the residential care programs that have run at this property for the last 30 years. The use is totally consistent with the County General Plan and Zoning for this area. We are planning to accommodate 16 clients. Facility has 8 single bedrooms and 4 double bedrooms

National Psychiatric Care and Rehabilitation Services Inc. is under contract with Kaiser Permanente Walnut Creek Medical Center and have been serving clients from Contra Costa County in its San Jose and Sacramento facilities over the last several years.

Demand for our services from the Contra Costa County client exceeds the capacities of our San Jose and Sacramento facilities. Furthermore, transportation and long distances complicate integration of our clients into the care program. This necessitates that a local facility be established to better serve clients residing in Contra Costa County. The existing building at 2181 Tice Valley Blvd in Walnut Creek is the only facility currently available to address this need.

my memo-
solution

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Contra Costa County Department of Conservation and Development
30 Muir Road, Martinez CA 94553
(925) 674-7867

----- Original Message -----
From: Gregory Braverman <Gregory.Braverman@nccrs.com>
Sent: Wednesday, August 01, 2018 9:12 AM
To: Michael Hart <Michael.Hart@dcd.cccounty.us>
Subject: Re: 2181 Tice Valley Blvd Walnut Creek.

Hi Mike. Would you please update us on the process of our application. I am a little bit nervous since we are approaching escrow closing. Regards; Greg

Sent from my iPhone

On Jul 26, 2018, at 3:55 PM, Michael Hart <Michael.Hart@dcd.cccounty.us> wrote:

Don't worry, Gregory. I've already added it to my file. Not sure if it matters too much, but in your 2nd paragraph you have a sentence that still mentions 18-59 y/o. You may want to change that so it is clear that 59+ would be included with the facility. Would you also be able to add something pertaining to the number of beds or patients you expect to have at this facility?

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In conclusion this Project is not appropriate with out further explanation, revisiting the zoning ordinance, taking a better look at the legal analysis including possible HIPPA violations, density of use, the goal of the general plan for Contra Costa County and the inadequate conditions of approval.

Respectfully submitted,


Linda Uhrenholt

Stacey Boyd

From: Molly Masters <molly.masters@gmail.com>
Sent: Monday, July 29, 2019 5:58 PM
To: Clerk of the Board
Subject: LP #18-2020

Dear Board of Supervisors:

As a Walnut Creek constituent, mother of two, and resident, I am giving my input and I hope the BOS gives it its due respect for the 7/30/19 appeal hearing for Land Use Permit 18-2020.

CCCounty has given a conditional 'ok' for a modified land use permit at 2181 Tice Valley Blvd for a psych 12- bed facility (later to increase to 16) to operate where the zoning ordinance ONLY allows for a eldercare facility".

The simplicity is that the county Zoning Administrator and Planning Commission have both made a false equivalency between an eldercare facility, essentially what is 'board and care' for seniors who can no longer independently reside at home versus a facility that treats high-risk patients in crisis who have mental illnesses for an average of 18 days and who are all treated with psychotropic drugs, which have their own set of serious side effects that exacerbates this risk. In intensity and use, they are polar opposites.

This is 'twisting' the rules at the expense of the integrity of the zoning ordinances. By such a contrivance of the land use, the nature of the space (including traffic, density and safety) of the district is harmed.

The county is ignoring the risks associated with treating the mentally ill and misapplying the law with this dangerous equivalency that care of the elderly is the same as care of people in crisis with mental ill illnesses.

The conditions offered are insufficient and in some cases unresponsive.

This application process has been flawed from the beginning, with an erroneous interpretation of an existing land use permit for 12-bed elder care home, which is nothing close to a psychiatric facility. This should have been rejected immediately and this current appeal should be approved.

Thank you for your attention to this very important matter.

Molly Traverso

Jami Napier

From: John Gioia
Sent: Tuesday, July 30, 2019 8:03 AM
To: Jami Napier
Subject: FW: Support for D.3 Tice Valley Blvd ARF

John Gioia
Chair, Contra Costa County Board of Supervisors
11780 San Pablo Ave., Suite D
El Cerrito, CA 94530
Website: www.cocobos.org/gioia
Facebook: www.facebook.com/johngioia1958
Twitter: @supejohngioia

This message is being sent on a public e-mail system and may be subject to disclosure under the California Public Records Act.

From: Teresa Pasquini <tcpasquini@gmail.com>
Date: Tuesday, July 30, 2019 at 7:53 AM
To: Candace Andersen <Candace.Andersen@bos.cccounty.us>, Supervisor_Burgis <Supervisor_Burgis@bos.cccounty.us>, John Gioia <John.Gioia@bos.cccounty.us>, Federal Glover <Federal.Glover@bos.cccounty.us>, Karen Mitchoff <Karen.Mitchoff@bos.cccounty.us>
Subject: Support for D.3 Tice Valley Blvd ARF

Dear Chair Gioia,

I am writing to offer my full support for D.3, the Adult Residential Facility on Tice Valley Blvd in Walnut Creek. I am grateful to the leadership of Karen Cohen and NAMI Contra Costa for supporting this project.

I am out of town and very sorry that I can't attend today's board meeting to speak publicly about the dire need for this type of facility in Contra Costa. However, quite frankly, I have not been able to stomach the NIMBYism that has been on full display throughout the planning approval process for this project. It is beyond painful and hurtful as the mother of a son who has been trying to survive a serious mental illness for over 20 years and has not been allowed to live in his home community of Contra Costa for years due to the lack of quality adult residential facilities (ARFs.) So this is personal.

My son is currently living in Santa Clara County at an adult residential facility called Psynergy, <http://psynergy.org/>. He is living in a beautiful facility in a beautiful residential community where he is regaining his lost life and health. This facility is actually right next door to a private elementary school. The surrounding homes sell for over a million dollars. My son is allowed to walk on the streets of Morgan Hill with his peers, take the bus and live free with supports, as is his right. And, he is accepted by this community. I dream of a place like this for him in Contra Costa so he can live close to his family who loves him very much.

I hope one day that the Contra Costa community will embrace this vulnerable population and that our Board of Supervisors will help us lead our community away from the hate and fear that has been expressed by the opposition who signed this petition <https://www.change.org/p/karen-mitchoff-and-candace-anderson-no-to-mental-health-facility-land-use-permit-at-2181-tice-valley-blvd-walnut-creek>.

We need to do better for our seriously mentally ill population who can not live independently but deserve to live in Contra Costa County.

Respectfully,
Teresa Pasquini, Danny's mom
Former Contra Costa Mental Health Commissioner

Stacey Boyd

From: Steve Hatch <shatch356@yahoo.com>
Sent: Monday, July 29, 2019 3:33 PM
To: Clerk of the Board
Subject: Appeal for land use permit for 2181 Tice Valley Blvd, Walnut Creek

Honorable Chair, Vice Chair and Supervisors,

I am writing as a constituent of Contra Costa County, residing at 290 Montecillo Drive in the unincorporated portion of Walnut Creek.

I am not able to follow the logic whereby the permitted land use of a property can be seamlessly reclassified from a 12 person senior home in a Single-Family Residential (R-20) area within a Single-Family Residential, Low Density (SL) General Plan land use designation zone, to a 16 patient Psychiatric Facility which administers psychotropic drugs to patients with mental illness diagnoses.

I would like to request that the the Board of Supervisors advocate on behalf of the safety of the residents in the neighborhood of the property in question.

I respectfully request that you uphold the appeal filed against the Planning Commission decision of May 22, 2019.

Thank you,
Steve Hatch

Stacey Boyd

From: Stephanie Brown <sbrown.mortgage@gmail.com>
Sent: Monday, July 29, 2019 10:21 AM
To: Clerk of the Board; AMY Majors
Subject: Appeal of LP 18-2020

To Whom It May Concern at the County

I am a resident of Walnut Creek, California and became aware of the County approving a psychiatric facility at 2181 Tice Valley Blvd. This is a residential area and it is extremely disconcerting to have this type of a facility there or anywhere for that matter.

As such, I support those appealing that decision and preventing a Psychiatric Facility from opening up in our local community.

The mentally ill should be helped -not harmed in the name of help.

Psychiatry administers very dangerous psychotropic drugs to the mentally ill. This is harmful to the patient and everyone around them.

The FDA has black box warnings on those drugs for a reason. The most serious of the effects (not side-effects - they are the "effects" of these drugs) is that they cause a person to be suicidal and homicidal.

That fact is stated right on the box for those drugs!! If the facility were to open, the mentally ill patients on psychiatric drugs would pose a risk to other patients, staff and the neighborhood.

Please do the research- it's out there. It has been discovered that over 98% of mass shooting incidents over the past several years (all over the world) was by a person who was on or recently went off psychiatric drugs. Also, I understand that the mentally ill patients would stay at the proposed facility for a short stay (2-3 weeks) to be monitored and then sent on their way with a prescription for one or more psychiatric drugs. However, due to the nature of the drugs, those patients will be back. They don't get well from drugs. The patients on drugs get worse with no sense of self or what is right or wrong. There is a strong risk that those patients could do harm to themselves and/or the neighbors and leave a black mark on Walnut Creek. Is the County prepared to monitor and handle this kind of situation? Why subject the County and the neighbors to the risks this facility will bring about?

Please consider the above information and do the research on psychotropic/psychiatric drugs and violence. I am appealing to the County to overturn the decision to allow a psychiatric facility in a residential area of Walnut Creek, California.

Thank you for your consideration,

Stephanie Brown
Walnut Creek Resident

Stacey Boyd



From: Tim White <tim@timblairwhite.com>
Sent: Monday, July 29, 2019 7:33 AM
To: Clerk of the Board
Subject: Against: proposed residential psychiatric facility @ 2181 Tice Valley Blvd

Board of Supervisors:

I am writing to express my strong concern and urge the board to overturn the decision by the planning department to allow a 16 bed psychiatric facility at 2181 Tice Valley Blvd.

The zoning does **not allow** for a psychiatric facility but only an elderly care facility. These are **not** the same and entirely different.

The facility specifically **will not** accept the homeless and is therefore not a solution for our homeless people.

Such a facility, in a residential community, **will increase the risk** to my family and my neighbors.

I am therefore **strongly** against this facility and urge the board to overturn the decision.

A correctly zoned and **commercial** location for such a facility is the correct path forward.

Most Sincerely,

Tim & Betsy White
11 Kittiwake Rd
Orinda, CA. 94563

July 29, 2019

Contra Costa County

Board of Supervisors

Attn: Clerk of the Board



Subject: **Appeal of the County Planning Commission's approval of a land use permit to establish Social Rehabilitation Facility**

Dear Sir/Madam

We live in 707 Chives Way, Walnut Creek since February 2018. When we bought our property there was no application for a psychiatric facility in the neighborhood. I am a physician scientist working for pharmaceutical company and my wife a retired psychologist with more than 30 years of clinical practice. We both have a professional opinion on the risks and benefits such facility may provide to the neighborhood.

On one side the previous permit was for a convalescent facility, where residents are dealing with chronic debilitating diseases. Such a group of patients posed no risks to the vicinity mainly due to the nature of the debilitating diseases that these residents have.

The interpretation by the board to considered:" The proposed social rehabilitation facility is consistent with the General Plan as a "small residential care facility" and consistent with the Zoning Code as a "convalescent home."

The proposed social rehabilitation facility will provide 24-hour non-medical care and supervision in a residential environment to clients recovering from emotional crises and mental illnesses.

The statement that the facility will provide non-medical care is deceiving and false. The facility with such a permit will deliver medical care to patients with emotional crises and mental illnesses, which by definition, are **medical** conditions requiring **medical** treatment **under the supervision of a health care personnel and the supervision of licensed medical doctor**. The suggestion that they will

provide non-medical care wrongly suggests that these group of patients are not medically ill, therefore giving the appearance that they do not pose a risk to the staff of residential area. Furthermore, the previous residential permit was given to the facility where actually no medical supervision was needed. Therefore, the change of the previous permit to this new one cannot be equivalent in terms of the type of care and the type of patients involved.

Under the Environmental Review it also stated... "Moreover, both the existing elderly care facility and the proposed social rehabilitation facility are 24-hour, non-medical residential care facilities." If such would be the case, the facility would not require health care professionals on site. In the second paragraph of the Response by the County, it states: "*The program will have licensed medical doctors available, but they will not always be on site*" further supporting my claim that this is a facility providing medical care.

Patients attending this facility will be treated with psychotropic drugs, many will have a history of aggressive behavior. The sole fact that this group will reside in the facility will increase the risk of harm to staff and neighbors and will require in occasions emergency treatment that will not be readily available.

I believe that facilities like this are needed in our community but located in areas where emergency medical help is close by. This has been our contention during the hearing at the Contra Costa County.

If this facility is approved as such in this neighborhood, I would consider that the approval carries with it the Contra Costa County's responsibility for not providing to the patients of the facility the safety of a nearby emergency room and to the residents of Walnut Creek the danger of increased crime and violence.

We wholeheartedly request that the facility would be moved near a hospital setting where all these elements will be present.

Oscar Cuzzani, MD, PhD

Beatriz Verschoore, MS, PhD

707 Chives Way

Walnut Creek, CA 94595

Tel: 630-230-6606

Jami Napier

From: John Gioia
Sent: Sunday, July 28, 2019 8:59 PM
To: Jami Napier
Subject: Fwd: 2181 Tice Valley Rd., Walnut Creek

Sent from my iPhone

Begin forwarded message:

From: Clare Beckner <Beckner@astound.net>
Date: July 28, 2019 at 8:14:10 PM PDT
To: <karen.mitchoff@bos.cccounty.us>
Cc: <federal.glover@bos.cccounty.us>, <john.gioia@bos.cccounty.us>, <supervisor.burgis@bos.cccounty.us>, <candance.andersen@bos.cccounty.us>
Subject: FW: 2181 Tice Valley Rd., Walnut Creek

Dear Supervisor Mitchoff:

I am writing to encourage you to approve the proposed adult residential care facility at 2181 Tice Valley Road in Walnut Creek.

A care facility of this nature is lacking in this county. My son has been diagnosed with serious mental illness and as a family, we have supported him through his hospitalizations and recovery over the past 15 years. Fortunately for all of us, he is stable now with proper medications, working to keep himself well with professional counseling and being an active and productive member of the community. Contra Costa Co. is where he grew up, where he went to school and where he continues to live. It has been a long road to get to this point. Every hospitalization, except for the 1st one where he was at the County Hospital in Martinez, has been out of this county. The subacute care after acute hospitalization has been the same. We have driven to: San Jose, Santa Clara, Oakland, San Leandro, Vallejo, Fairfield and Santa Rosa to visit our son. We were most fortunate that we were able and capable to drive to see him. Other people may not.

Please approve this facility. It is a necessary step in the right direction to take care of residents of this county, who frequently are forgotten and underserved. Having a subacute setting in Walnut Creek will allow family to better support their loved one as they recover from their psychiatric episode.

I thank you.

Clare Beckner
358 Scottsdale Rd.
Pleasant Hill, CA

925-375-1669 home
925-951-7217 cell
beckner@astound.net

Stacey Boyd

From: jennifer devinney <devinneysellsrealestate@gmail.com>
Sent: Sunday, July 28, 2019 5:22 PM
To: Clerk of the Board; Jami Napier; AMY Majors
Subject: Re: LP18-2020/psych facility hearing scheduled for Tues., 7/30



Good Afternoon,

As a tax paying home owner and realtor, I am troubled by the lack of regard our counsel members have paid to the existing land use code for the proposed facility.

The proposed site @ 2181 Tice Valley Blvd. was not zoned for the proposed use and this has been paid little to no attention by our city council members with the exception of one member willing to stand up in opposition to the other members at the last appeal. What is the point of designating land with various uses and zones if they can be arbitrarily ignored? This is a neighborhood community who's existence has been in place with the current, grand-fathered-in zoning.

Moreover, one has to know that this arbitrary change of use from a steady elderly facility to a psych facility which will be a revolving door to nearly 300 psychiatric patients over the course of a year will unequivocally affect the neighborhood's character and surrounding property values. When a person or family buys a home, they buy it's neighborhood as well. For most buyers, the neighborhood is the primary draw even over the home. We all know too well "location, location, location". One pays a premium to live in Walnut Creek and even more to live in the Tice Valley area of Walnut Creek. To disregard and dishonor these tax paying residents who've invested their life savings and moved their families into this community just to have their representatives disregard an existing use is wrong. We look to our city representatives and officials to abide by codes and law no less than our cities/law enforcement expect from it's citizens.

Thank you,

Jennifer

A real estate advertisement banner. On the left is a black and white portrait of Jennifer DeVinney, a woman with dark hair, smiling. To the right of the photo is the text "KW EAST BAY" in large, bold letters, with "KELLER WILLIAMS REALTY" underneath. Below that, in smaller text, it says "Each Office is Independently Owned and Operated". To the right of the photo, the name "Jennifer DeVinney" is written in a large, bold font. Below her name is "REALTOR® • CalBRE #01292972". Further down, the phone number "925.389.3437" is listed, followed by the email address "DeVinneySellsRealEstate@gmail.com" and the website "www.DeVinneySellsRealEstate.com". At the bottom right, the address "100 Pringle Avenue, Suite 100 • Walnut Creek • CA 94596" is provided.

Jami Napier

From: AMY Majors <amajors@sbcglobal.net>
Sent: Sunday, July 28, 2019 3:47 PM
To: Jami Napier
Subject: Linda McIntyre

Hi Jami - Linda McIntyre, a resident of Contra Costa County, texted me the following message below to be included for the upcoming BOS hearing. Apparently her laptop is frozen and she cannot email. Happy to forward the actual text but didn't think you have a cell number I can send it to. Thanks, Amy

"Clerk of the Board

In reference to: 2181 Tice Valley Blvd, LP#18-2020

I'm opposed to a psychiatric facility being approved for a land use permit. The county's approval for the facility is ignoring the liability of the drug 'treatments' which leave their patients, staff and neighbors vulnerable to the risks of violence and aggression associated with psychotropic drugs. And yet the Zoning Administrator 'acknowledged' these risks when she added layers of conditions for heightened security but they are insufficient and in some cases unlawful or unenforceable.

There's so many reports out there, stating the killer was on psychotropic drugs."

Linda McIntyre
Resident Contra Costa County

Sent from my iPad



Hello, my name is Craig DeVinney. I have over 17 years of experience in the ER and psych ER. I have spent a majority of my time practicing in the Regional trauma centers both in LA and the Bay Area. I have worked closely with the Psychiatrist practicing in the Psychiatric ER and inpatient psychiatric centers. I have daily interactions in the ER with pts suffering from mental illness in varying degrees of crisis. as an emergency physician I am acutely aware of the need for Mental health facilities but in my medical professional opinion this is not an appropriate location for rehab center specializing in the treatment of adults with mental illness and as their website states "their co-occurring addiction and substance abuse."

I would first like to dispel the myth that the patient population we are discussing in the proposed facility is reflective of the mental illness in the general community.

While it is true that approximately 20 percent of the general population has mental illness in some form, most of us know someone with depression or anxiety, but consider that only 0.6 percent of adults are admitted on a hold to a psychiatric facility. Inpatient care provides patience with the necessary resources to stabilize their condition, access to appropriate medications and medical professionals. Inpatient care is provided to protect not only the patients but also others in the community. As stated in his description, Dr Braverman's program provides psychosocial rehabilitation in a 24 hour treatment program as an alternative to psychiatric hospital. So these are patients were going to be hospitalized but instead voluntarily go to this treatment facility

These patients have shown that they are unable to function at home with routine outpatient care and therefore represent the more severe end of the spectrum in regards to mental illness.

I routinely care for patients with mental illness and their co-occurring substance abuse in the ER. Patients are often easily agitated and emotionally labile. Patients often require both physical and chemical restraints. I have been kicked in the neck, scratched, spit on, had bodily fluids thrown on me. I've seen nurses punched and watched a man slit his throat.

While most patients admitted on psychiatric holds do not reach this level of violence, the literature clearly states that patients with serious mental illness are at increased risk for violence.

A review of over 20 studies shows that the risk of violence is 4-5x greater for patients with schizophrenia than their counterparts in the general population. The overall risk of violence was similar in bipolar disorder, where a review of nine studies published an increased odds of violence in the range of 3-6x the general population. The violent acts include homicide, attempted homicide, assault, robbery, arson, any sexual offense and illegal threats or intimidation.

Most strikingly, in a study that followed nearly 25,000 patients with schizophrenia and related psychoses, the incidence of violent behaviour increased in direct proportion to the decrease in hospitalization time. I.e. fewer annual inpatient nights were associated with more violent acts.

Remember it is these patients being referred to the community facility as an alternative to psychiatric hospitalization.

On this note I would like to express my concern that the majority of patients in the proposed facility will be referred from Kaiser. I have extensive experience with Kaiser and know colleagues that work within the Kaiser system. As Kaiser is both a health care system and its own insurance company, it has a strong financial incentive not to hospitalize patients and to move them to the outpatient setting as early as possible. Patients pay the same premiums regardless of whether or not they utilize expensive resources such as inpatient hospitalization. Facilities such as this one are intended to minimize hospitalization time or avoid it altogether. Essentially a cost saving mechanism for Kaiser and a profit center for the outpatient facility.

And remember lower hospitalization time means increased risk for violence

And while the proposed facility does not specialize in patients who have exclusively drug and substance abuse problems their website does state they "specializing in the treatment of adults with mental illness and their co-occurring addiction and substance abuse."

It is well established that patients with severe mental illness have higher rates of alcohol and substance abuse.

The National Institute of Drug Abuse finds that people with depression and anxiety in the general population have a 2x greater risk of substance abuse and patients with more severe mental illness have a 4-5x greater risk of drug and alcohol abuse.

The patient population at the proposed facility has propensity for substance-abuse, and violence and poses an undue risk to the committee.

It is my medical professional opinion that this is not the appropriate site for the proposed outpatient psychiatric facility. The proposed location is within a family neighborhood, next to the school bus stop, across the street from a preschool and next to a community park and gym. With approximately 300, high risk patients cycled through this facility each year, it in no way resembles the long term elderly care facility that was there prior and poses an unwarranted risk to this Tice Valley neighborhood community

Jami Napier

From: Robin Smith <robinds8@yahoo.com>
Sent: Saturday, July 27, 2019 9:56 PM
To: Jami Napier
Cc: AMY Majors
Subject: Appeal of the Planning Comissions Approval of a Land Use Permit

I am appalled to think any sort of facility which administers mind altering Psychiatric drugs would even be considered. As a Walnut Creek resident I enjoy friendly neighbors and peaceful setting that is Walnut Creek. While this facility may be needed somewhere the media has many articles on both the side effects, including suicide and relapses, including major violence, of the same Psychiatric drugs administered by this facility by our Veterans among others. The Veterans Administration is calling the suicide rate of Vets after taking these meds an epidemic! There was a similar facility closed down after a Veteran relapsed and came back to the facility killing several people and himself. This in a nearby Nor Cal small town. I truly urge the Board to look deeper into the facts and re consider as we will all feel the pain should this sort of atrocity happen in our neighborhood and if you look at the statistics, it's a roll of the dice. Thank you for your time.
Robin Smith Walnut Creek Resident.

Stacey Boyd

From: Janet McIntyre <janetptssp@gmail.com>
Sent: Saturday, July 27, 2019 11:14 PM
To: Clerk of the Board
Subject: Re: Walnut Creek Psychiatric facility

On Sat, Jul 27, 2019, 6:27 PM Janet McIntyre <janetptssp@gmail.com> wrote:

Clerk of the board

In reference to;

"2181 Tice Valley Blvd.

LP#18-2020"

I'm opposed to a psychiatric facility being approved for a land use permit. The county's approval for the facility is ignoring the liability of the drug 'treatments' which leave their patients, staff and neighbors vulnerable to the risks of violence and aggression associated with psychotropic drugs. And yet the Zoning Administrator 'acknowledged' these risks when she added layers of conditions for heightened security but they are insufficient and in some cases unlawful or unenforceable.

There's so many reports out there, stating the killer was on psychotropic drugs.

CC Amy Majors

Jami Napier

From: John Gioia
Sent: Friday, July 26, 2019 2:59 PM
To: Jami Napier
Subject: FW: Tice Facility

For board records for tuesday

John Gioia
Chair, Contra Costa County Board of Supervisors
11780 San Pablo Ave., Suite D
El Cerrito, CA 94530
Website: www.cocobos.org/gioia <<http://www.cocobos.org/gioia>>
Facebook: www.facebook.com/johngioia1958
Twitter: @supejohngioia

This message is being sent on a public e-mail system and may be subject to disclosure under the California Public Records Act.

On 7/26/19, 11:43 AM, "Elizabeth McCormick" <oneadamtwelve@me.com> wrote:

Dear Supervisor Gioia:

I'm writing to encourage your approval of the proposed residential care facility at 2181 Tice Valley Blvd. There is urgent need for high quality residential care in our community. Dr. Braverman is able to provide such care. While this one facility won't remediate the inarguable mental health care crisis we're facing, it is one effective thing that we can do right here and right now. Please approve the 16 beds requested. I'm a mother of four and who lives at 142 Glen Court in Walnut Creek. I grew up here, and my own mother still lives off Tice Valley Blvd. I don't find credible the arguments put forth by the immediate neighbors of the proposed facility. I'd be happy to have this facility next door.

Your support is greatly appreciated.

Sincerely,

Elizabeth King

142 Glen Ct.

Walnut Creek, CA 94595

Jami Napier

From: Jonathan Marsh <jonathan.d.marsh@gmail.com>
Sent: Friday, July 26, 2019 8:49 AM
To: Clerk of the Board
Cc: Michael Hart
Subject: Appeal of the County Planning Commission's approval of a land use permit to establish a Social, Rehabilitation Facility

Jonathan Marsh -- 1770 Carmel Drive #313 -- Walnut Creek, CA 94596

RE THE PROPOSED SOCIAL REHABILITATION FACILITY LOCATED AT 2181 TICE VALLEY BLVD

ACCESS TO MENTAL HEALTH SERVICES IS QUITE LIMITED IN CONTRA COSTA COUNTY AND EXPANSION OF MENTAL HEALTH SERVICES SHOULD BE ACKNOWLEDGED AS A MAJOR NEED TO BE ADDRESSED BY THE COUNTY GOVERNMENT. I AM ALARMED THAT YOU HAVE TAKEN SO LONG TO REACH A DECISION ABOUT THIS APPARENTLY INNOCUOUS PROPOSAL WHICH BARELY SCRATCHES THE SURFACE OF UNMET NEED. IT MAKES ME FEAR YOU WILL BE INCOMPETENT IN PURSUING SOLUTIONS FOR THE MUCH LARGER MENTAL HEALTH CARE ACCESS DEFICIENCIES THAT ARE REAL AND LOOMING THREATS TO PUBLIC HEALTH. I URGE APPROVAL OF THIS PROPOSED FACILITY WITHOUT ANY FURTHER CONDITIONS IMPOSED.

THE DEFICIENCY OF ACCESS TO MENTAL HEALTH SERVICES IN CONTRA COSTA COUNTY IS SEVERE. THE WALNUT CREEK HOMELESSNESS COMMUNITY TASK FORCE HAS IDENTIFIED LIMITED ACCESS TO MENTAL HEALTH SERVICES AS A BARRIER TO EFFORTS TO SUPPORT MANY HOMELESS PERSONS SEEKING TO RESOLVE THE PROBLEMS THAT HAVE CAUSED THEM TO BECOME HOMELESS.

RECENTLY A MENTAL HEALTH PROVIDER IN SAN FRANCISCO EXPRESSED THE SAME POINT. "MENTAL ILLNESS IS A MAJOR CONTRIBUTOR TO HOMELESSNESS. TO END AND HELP PREVENT HOMELESSNESS, OUR CITY LEADERS MUST ENSURE WE ARE MEETING THE IMMEDIATE NEEDS OF THE MENTALLY ILL AND THOSE EXPERIENCING HOMELESSNESS. IT TAKES A COMMUNITY OF HEALTHCARE PROVIDERS TO CARE FOR PATIENTS WITH COMPLEX MENTAL AND PHYSICAL HEALTH PROBLEMS."

<[HTTPS://WWW.SFEXAMINER.COM/OPINION/SFS-PSYCHIATRIC-SERVICES-HAVE-BEEN-CUT-TO-THE BONE/FBCLID=IWAR2XW0NAGDX4UQBWZ3OAA1ZC1FVMIQHPRJQ3WIX0IMLYNCA8KWX7WIPGMQ](https://www.sfexaminer.com/opinion/sfs-psychiatric-services-have-been-cut-to-the-bone/fbclid=iwar2xw0nagdx4uqbwz3oaa1zc1fvmiqhprjq3wix0imlynca8kwx7wipgmq)>

HOMELESS PERSONS ARE NOT THE ONLY UNDER SERVED POPULATION. POST PARTUM DEPRESSION IS RECOGNIZED AS A SERIOUS AND POTENTIALLY FATAL MENTAL HEALTH ISSUE.

[HTTPS://WWW.SEENI.ORG/ADVICE-SUPPORT/2018/3/16/NEW-STUDY-REVEALS-DISTURBING-PPD-STATISTICS](https://www.seeni.org/advice-support/2018/3/16/new-study-reveals-disturbing-ppd-statistics)

[HTTPS://WWW.HUFFPOST.COM/ENTRY/THE-CONVERSATION-ABOUT-POSTPARTUM-MENTAL-HEALTH-CANNOT-AFFORD-TO-NEGLECT-SUICIDE_N_5ADFAED1E4B07560F3966133](https://www.huffpost.com/entry/the-conversation-about-postpartum-mental-health-cannot-afford-to-neglect-suicide_n_5adfaed1e4b07560f3966133)

I BECAME AWARE OF THE ARGUMENTS OF NEIGHBORHOOD OPPONENTS TO THIS PROPOSAL WHICH I FIND NOT CREDIBLE.

[HTTPS://ABC7NEWS.COM/4457020/](https://abc7news.com/4457020/)

THERE HAVE BEEN SIMILAR FEARS EXPRESSED IN WALNUT CREEK IN RECENT YEARS BY NEIGHBORHOOD OPPONENTS TO PROPOSED HOMELESSNESS SERVICE PROJECTS.

NONE OF THE DIRE FEARS HAVE EVER OCCURRED AND THE COMMUNITY RESIDENTS' OPPOSITION HAS MELTED AWAY VERY SWIFTLY ONCE THE PROJECTS OPERATED. THESE OPPONENTS HAVE NOT OFFERED SOUND REASONS TO REFUSE THIS PROPOSED PROJECT. I URGE YOU NOT TO GIVE CREDENCE TO THEIR UNFOUNDED EXPRESSIONS OF DANGER AND IMAGINED POSSIBLE MISADVENTURE WHICH SEEM ENTIRELY UNSUPPORTED BY ANY FACTUAL DATA. MY UNDERSTANDING IS THAT THE PROPONENT HAS SIMILAR FACILITIES IN OTHER COMMUNITIES. UNLESS THERE IS SOME EVIDENCE THAT ANY OF THE UNTOWARD EVENTS THE OPPONENTS IMAGINE COULD OCCUR HAS ACTUALLY OCCURRED IN ONE OF THOSE EXISTING FACILITIES I THINK IT WOULD BE IRRESPONSIBLE AND SILLY FOR YOU TO GIVE THEM ANY WEIGHT IN YOUR DECISION MAKING.

Jami Napier

From: Ba <bethabes1@aol.com>
Sent: Thursday, July 25, 2019 12:52 PM
To: Clerk of the Board
Cc: amajors@sbcglobal.net
Subject: Fwd: Land Use Permit 18-2020

Resending due to earlier typo on land use permit. 18-2020 is correct.

Sent from my iPhone

Begin forwarded message:

From: Ba <bethabes1@aol.com>
Date: July 25, 2019 at 12:18:28 PM PDT
To: clerkoftheboard@cob.cccounty.us
Cc: amajors@sbcglobal.net
Subject: Land Use Permit 28-2020

To the Contra Costa County Board of Supervisors:

As a Walnut Creek resident, I am contacting you in the hope that the BOS will give my input its due respect re: 7/30/19 appeal hearing Re: Land Use Permit 18-2020.

Contra Costa County has given a conditional approval to modify an existing land use permit at 2181 Tice Valley Blvd for the purpose of a psychiatric 12-bed facility (later to increase to 16). BUT the existing land use permit is for an ELDERCARE facility, which is essentially a housing arrangement for residents 60 years of age and up. And that is NOT equivalent to a psychiatric facility which treats patients with serious diagnoses of mental illnesses, usually for an average stay of 18 days. And to further clarify, the list of allowed land uses for the R-20 District does NOT include a psychiatric facility.

The simplicity is that the county Zoning Administrator and Planning Commission have both made a false equivalency between an eldercare facility, essentially what is 'board and care' for seniors who can no longer independently reside at home and a facility that treats high-risk patients for 2-3 weeks who are in crisis/ have mental illnesses. All these patients are treated with psychotropic drugs, which have their own set of serious side effects that exacerbates this risk. In intensity and use, they are polar opposites.

Ignoring the zoning ordinances is at the expense of the integrity of county Planning. By such a contrivance, the intended characteristics of the neighborhood (including traffic, density, safety, etc.) are disrupted.

This overreach by the county ignores the risks associated with treating the mentally ill while misapplying the law with this dangerous equivalency of a housing arrangement for the elderly being equal to psychiatric treatment of people in crisis with mental illnesses - some of whom may have been on a 72-hour involuntary hold, having demonstrated threats of aggression and/or acts of violence toward self or others.

This application process has been flawed from the beginning, with an inappropriate request for an unlawful conversion of the existing land use permit for a 12-bed elder care home. To 'stretch' the meaning of the existing permit and arbitrarily decide this equates to a psychiatric facility is turning the zoning ordinance upside down. The original application should have been rejected immediately and this current appeal should now be approved to correct this breach.

Beth Abrams

2066 Camel Lane #29

Walnut Creek, CA 94596

Jami Napier

From: AMY Majors <amajors@sbcglobal.net>
Sent: Wednesday, July 24, 2019 11:51 AM
To: Jami Napier
Subject: Fwd: Appeal of LP 18-2020 being heard on 7/30/19

Jami - please include this email in public record for the BOS Hearing. Thx.

Board of Supervisors:

I am writing to urge you to overturn the decision of the planning department allowing for a 16 bed psychiatric facility at 2181 Tice Valley Blvd.

The planners have attempted to force a square peg into a round hole by allowing a 16 bed psychiatric facility to replace a 12 bed elderly care facility – they are two entirely different things.

At issue is the safety of my family and my community. The issue is NOT that the mentally ill deserve help, it is the type of “help” facilities like this give them – powerful psychotropic drugs which carry FDA mandated warning labels that these drugs can increase suicidal and homicidal behavior. In fact they DO increase homicides and suicides.

It is a matter of public record that these drugs were involved in nearly every mass killing spree both here and abroad. Powerful pharmaceutical lobbyists work tirelessly to keep a lid on this link and their forces are pushing approval of this facility at the peril of our community. It is well established that NAMI funding comes primarily from pharmaceutical companies.

You can no more allow this facility to replace an elderly care facility than allowing a dynamite factory to replace it.

Sincerely,

Jeff Quiros

1365 Creekside Dr #232

Walnut Creek, CA 94596

Jami Napier

From: AMY Majors <amajors@sbcglobal.net>
Sent: Wednesday, July 24, 2019 11:47 AM
To: Jami Napier
Subject: Fwd: Residential Mental Health Treatment facility going in to a well established neighborhood.

Jami - please add the below email to the record as public comment for the BOS hearing. Thx.

From: "Jeannine Robertson" <jennyroberton@gmail.com>
Date: Jul 5, 2019 2:26 PM
Subject: Residential Mental Health Treatment facility going in to a well established neighborhood.
To: <Supervisorandersen@bos.cccounty.us>

To Whom it May Concern.

I am a concerned citizen. I understand that a mental health facility is in final phases to be opened in the Tice Valley area around Rossmore. As you know the director can never promise that something untoward will not happen to the neighbors or the overall neighborhood as a result of moving these mentally fragile folks in. The fact is that it will and already has affected some families as they have decided to leave, sell their homes and move away. I am sorry for people that have mental health issues. I had an uncle that opened a drug and alcohol program many years ago in New Jersey. His facility was not in and around families. It is not safe. Please establish a safe, sound and practical place to house these poor souls. Don't put them in an area that will not be able to assist them in any way other than a nice place to live.

Thank you,

Sincerely, Jeannine Robertson

Jami Napier

From: AMY Majors <amajors@sbcglobal.net>
Sent: Wednesday, July 24, 2019 11:42 AM
To: Jami Napier
Cc: Amy Majors
Subject: Fwd: Appeal of LP 18-2020 being heard on 7/30/19

Jami - here is another public comment for the BOS. Thx.

From: Megan Ardell <megan.ardell@gmail.com>
Date: July 21, 2019 at 2:41:59 PM PDT
To: clerkoftheboard@cob.eccounty.us
Subject: Appeal of LP 18-2020 being heard on 7/30/19

To the Clerk and Board of Supervisors,

I am writing in opposition of the approval to LP 18-2020. The current zoning does not support the use as described in the requested permit.

Unfortunately, it appears that the Zoning Authority, Planning Commission, and the County Legal department have bent and misconstrued the zoning rules to push this application through. The current zoning for an elderly facility does not align with the use and capacity of the proposed facility. A legal analysis must be done and presented to the community. To date, all officials except one - Bhupen Amin - have turned a blind eye to this.

With regards to impact to property value, I will share that this approved permit has had negative impact on our property value. Our home has been on the market for a protracted period of time (longer than the average in the area) and we have had to reduce the price to lower than what we purchased it for a little over a year ago. Dependent on the final sale result, we will consider filing a claim for the loss of value with the County.

I encourage you to expect more of your Zoning Authority and Planning Commission. These facilities are needed in our community, but a thoughtful siting and requirement process should be developed to find the right location and ensure zoning is accurate. Jamming an application through with bending of rules is not appropriate, right, or legal by appointed and elected officials.

Respectfully,
Megan Nykoluk

Jami Napier

From: Aleso Gourhan <a.gourhan@ggsir.com>
Sent: Wednesday, July 24, 2019 11:27 AM
To: Jami Napier
Cc: AMY Majors
Subject: Land Use Permit hearing

To the Contra Costa County Board of Supervisors:

As a realtor and broker for over 20 years, and who has done business in the Tice Valley area, I am contacting you with concern as to the 7/30/19 appeal hearing Re: Land Use Permit 18-2020.

CCCounty has given a conditional approval to modify an existing land use permit at 2181 Tice Valley Blvd for the purpose of a psychiatric 12-bed facility (later to increase to 16). It is my understanding that the this would be a significant change from what was a 'board and care', **permanent** housing situation for seniors who can no longer independently reside at home to a facility that treats high-risk patients for 2-3 weeks, most of whom are being treated with drugs. This is a HUGE difference in land use and I have concerns not just for home values but the safety and makeup of the community and how this will impact the feel for this quiet residential community.

I urge you to not make a quick decision on this and to take the time to thoroughly review the existing zoning and the full application and how it has been handled thus far. I have concerns as to how the "zoning/use" can be change so easily without concern for the impact and make-up of the community.

Sincerely,



Aleso Gourhan
Top Producer
Broker Associate
BRE Lic #01230328
alesogourhan.com

Golden Gate Sotheby's International Realty
1986 Mountain Blvd, Oakland, CA 94611
Cell: 510.914.0290
Office: 510.339.4280
a.gourhan@ggsir.com

Stacey Boyd

From: Marilyn O'Brian <obrianmarilyn@gmail.com>
Sent: Tuesday, July 23, 2019 9:14 AM
To: Clerk of the Board
Subject: Land Use Permit 18=2020/2081 Tice Valley Blvd, Walnut Creek, Ca.

Dear Supervisor Candace Anderson:

As a constituent of District 2, I am giving my input for the July 30, 2019 appeal hearing regarding the Land Use Permit 18-2020. I view with alarm possible actions regarding the current land use zoning codes and the local residents' concerns regarding loss of community.

2081 Tice Valley Blvd has received a permit for a 6 bed board and care for seniors needing 24 hour assistance. These types of homes become part of a neighborhood and add to a sense of community even if there is little daily interaction between senior boarders and the other households. They are known, predictable, stable neighbors. The senior boarders' residency is for months or, more likely, years. The boarders are stationary not transitory neighbors.

This is in contrast to the proposed 12-16 bed facility at the same address. Just the number of occupants presents traffic, noise, and safety concerns for the nearby residents. The feature of the 12-16 residents changing every 15 days undermines and compromises the sense of community and stability of the year-round Tice Valley residents.

A house for six, long term residents is a home, a house with 12-16, transitory residents is a facility. If this was happening in your neighborhood, which type of use permit would promote the vibrancy of community among your neighbors?

Thank you for considering the future vitality of our local, small neighborhoods.

Marilyn O'Brian
46 Oakwood Road
Orinda, Ca 94563



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: HEARING TO CONSIDER ADOPTION OF NEW AND ADJUSTED ENVIRONMENTAL HEALTH FEES

RECOMMENDATION(S):

1. RECEIVE report from Environmental Health staff regarding proposed new fees and adjustments to current fees to fund Environmental Health programs.
2. OPEN a public hearing on proposed Resolution No. 2019/521, which would establish new fees and adjust existing fees that fund the Environmental Health Division of the Contra Costa County Health Services Department; RECEIVE and CONSIDER all oral and written testimony; and CLOSE the hearing.
3. FIND that the proposed fee adjustments are exempt from the California Environmental Quality Act (CEQA) pursuant to Section 15273 of Title 14 of the California Code of Regulations.
4. ADOPT Resolution No. 2019/521, establishing a schedule of fees set forth in Attachment A to the resolution.
5. DIRECT the Conservation and Development Director, or designee, to prepare and file a Notice of Exemption with the County Clerk.

-
- APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact:

cc:

RECOMMENDATION(S): (CONTD)

6. DIRECT the Health Services Director to arrange for payment of a \$25 fee to the Department of Conservation and Development to process the Notice of Exemption and a \$50 fee to the County Clerk to file the Notice of Exemption.

FISCAL IMPACT:

Approval of Resolution No. 2019/521 is projected to increase Environmental Health fee revenues by approximately \$1.3 million.

BACKGROUND:

The Contra Costa Environmental Health Division of the Health Services Department exists to protect and promote public health through programs for safe food, safe water for drinking and recreation, the sanitary management of wastes, and development of land in a manner protective of the environment. Legal authority for environmental health programs is obtained from the California Health and Safety Code, Government Code, Public Resources Code, Water Code, California Code of Regulations Titles 15, 17, 22, and 24, local ordinances and regulations and the California Constitution.

The Environmental Health Division is almost wholly funded with fee revenue. Division staff has conducted a review of multiple years of time accounting data to develop fees for 2019 that are aligned with the inspection activity and risk function by type of business. All field staff account for their time spent on facility inspections by using commercial software developed for the Environmental Health programs. By utilizing the updated time and risk factors by business type, staff determined that certain fees warrant an increase while other fees can remain unchanged.

Additional revenue is needed to pay for increases in staff wages since the last major adjustment in 2014, and the anticipated retention of additional staff. Increases are proposed to some of the existing fees, including fees that apply to food facilities, plan reviews, medical waste permits, body art facilities and practitioners, sewage collection and disposal systems and transport, wells and borings, and some solid waste activities. Due to increased efficiencies no changes are needed to some of the fees. New fees are proposed to fund new programs, including the Safe Drug Disposal and Commercial Cannabis programs, and some of the existing programs.

The new and adjusted fees are set forth in the fee schedule and attached hereto as Attachment A. Additionally, the report that explains the basis for fee adjustments and calculations it attached, as well, as two accompanying exhibits (A and B).

These new and adjusted fees are exempt from the CEQA pursuant to Section 15273 of Title 14 of the California Code of Regulations in that the proposed fees are for the purpose of meeting operating expenses and for purchasing materials and equipment to provide the identified services.

CONSEQUENCE OF NEGATIVE ACTION:

If Resolution No. 2019/521 is not adopted, current fees will remain in place. Revenue from the current fees together with other revenues may not be sufficient to pay the anticipated costs of the Environmental Health Division in Fiscal Year 2019-2020.

CLERK'S ADDENDUM

Received report from Environmental Health staff regarding proposed new fees and adjustments to current fees to fund Environmental Health programs. Opened a public hearing on proposed Resolution No. 2019/521, which would establish new fees and adjust existing fees that fund the Environmental Health Division of the Contra Costa County Health Services Department; received and considered all oral and written testimony; and CLOSE the hearing. Found that the proposed fee adjustments are exempt from the California Environmental Quality Act (CEQA) pursuant to Section 15273 of Title 14 of the California Code of Regulations. Adopted Resolution No. 2019/521, establishing a schedule of fees set forth in Attachment A to the resolution. Directed the Conservation and Development Director, or designee, to prepare and file a Notice of Exemption with the County Clerk. Directed the Health Services Director to arrange for payment of a \$25 fee to the Department of Conservation and Development to process the Notice of Exemption and a \$50 fee to the County Clerk to file the Notice of Exemption.

AGENDA ATTACHMENTS

Resolution 2019/521

Attachment A to Resolution 2019/521: Environmental Health Fee Schedule eff 8.1.19

Fee Report

Exhibit A and B to Fee Report: Projected Expenses and Revenue and Hourly Rate Calculation

MINUTES ATTACHMENTS

Signed Resolution 2019/521

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

| | | |
|-----------------|-------------------------------------|--------------------------|
| | | John Gioia |
| | | Candace Andersen |
| AYE: | <input checked="" type="checkbox"/> | Diane Burgis |
| | | Karen Mitchoff |
| | | Federal D. Glover |
| NO: | <input type="checkbox"/> | |
| ABSENT: | <input type="checkbox"/> | |
| ABSTAIN: | <input type="checkbox"/> | |
| RECUSE: | <input type="checkbox"/> | |



Resolution No. 2019/521

IN THE MATTER OF ESTABLISHING AND ADJUSTING FEES FOR THE ENVIRONMENTAL HEALTH DIVISION OF CONTRA COSTA HEALTH SERVICES

WHEREAS, the Environmental Health Division is almost wholly financed by fee revenue;

WHEREAS, fees for the Environmental Health Division of the Health Services Department were last set by the Board in Resolution No. 2018/31;

WHEREAS, the Division has conducted a review of time accounting data to develop fees for Fiscal Year 2019-2020 that are aligned with the inspection activity and, in doing so, has determined that certain fees require adjustment;

WHEREAS, new fees are needed to fund the Safe Drug Disposal and Commercial Cannabis programs, as well as some existing programs administered by the Division;

WHEREAS, the Division is incurring additional costs arising from increases in employed compensation and anticipates an increase in staffing;

WHEREAS, the Health Services Department has submitted a recommendation to adopt new and adjusted fees to fund the expenses of the Division, as set forth in Attachment A to this resolution; and

WHEREAS, these recommendations have been duly considered by the Board in a noticed public hearing on this day;

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The schedule of fees for the Environmental Health Division set forth in Attachment A to this resolution is hereby established, effective August 1, 2019.
2. Effective August 1, 2019, Resolution No. 2014/381 is superseded in its entirety.
3. Effective August 1, 2019, Resolution No. 2007/509 is superseded except as to the following Solid Waste Program fees, which shall remain in full force and effect: (1) Solid waste tonnage fee; (2) fees for inspections of closed, illegal and abandoned sites; (3) fees for inspections of bio-solid facility sites; (4) bio-solid facility application and review fees; and (5) solid waste facility permit application and review fees.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

Contact:

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

cc:

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

| | <u>Current Fees</u> | <u>Recommended Fees</u> |
|------------------------------------|---------------------|-------------------------|
| <u>General Program Fees</u> | | |
| Application Fee (Non-Refundable) | \$ 39.00 | \$ 45.00 |
| One-Hour Charge | \$ 174.00 | \$ 199.00 |

IMPORTANT: Permit fees include a non-refundable \$45.00 application fee. Time exceeding the hours provided in the service fees set below will be charged at the rate of \$199.00 per hour during normal business hours and the rate of \$266.00 per hour after normal business hours.

FOOD PROGRAM

Per US Food & Drug Administration, Environmental Health Department is adopting Risk Categorization (RC) of Food Establishments:

Risk Factor RC1: Limited Food Prep/ Prepackaged Food- requires 1 inspection per year.

Risk Factor RC2: Food Prep involves cooking- requires 2 inspections per year.

Risk Factor RC3: Food prep involves cooking, cooling, and reheating - requires 3 inspections per year.

| <u>Category</u> | <u>Units</u> | <u>Capacity</u> | <u>Current Fees</u> | <u>Recommended Fees</u> | |
|---------------------------------------|--------------|-----------------|---------------------|-------------------------|-------------|
| Fixed Food Facilities | | | | | |
| Restaurants | RC1 | Seats | 0-25 | \$ 698.00 | \$ 798.00 |
| | RC2 | | | \$ 1,039.00 | \$ 1,188.00 |
| | RC3 | | | \$ 1,474.00 | \$ 1,686.00 |
| Restaurants | RC1 | Seats | 26-49 | \$ 738.00 | \$ 896.00 |
| | RC2 | | | \$ 1,100.00 | \$ 1,258.00 |
| | RC3 | | | \$ 1,545.00 | \$ 1,767.00 |
| Restaurants | RC1 | Seats | 50-149 | \$ 1,044.00 | \$ 1,194.00 |
| | RC2 | | 50-149 | \$ 1,150.00 | \$ 1,315.00 |
| | RC3 | | 50-149 | \$ 1,648.00 | \$ 1,885.00 |
| Restaurants | RC1 | Seats | 150+ | No Fee | \$ 1,242.00 |
| | RC2 | | 150+ | \$ 1,086.00 | \$ 1,512.00 |
| | RC3 | | 150+ | \$ 1,813.00 | \$ 2,073.00 |
| Cocktail Lounge / Bar | | | | \$ 773.00 | \$ 884.00 |
| Intermittent Snack Bar | | | | \$ 640.00 | \$ 732.00 |
| Registered Exempt Retail Food Markets | | | | No Fee | No Change |
| Incidental Retail Food Markets | | | | \$ 435.00 | \$ 498.00 |
| Retail Food Markets | RC1 | Square Foot | < 2,000 | \$ 693.00 | \$ 793.00 |
| | RC2 | Square Foot | < 2,000 | \$ 899.00 | \$ 1,028.00 |
| Retail Food Markets | RC1 | Square Foot | 2,001-4,000 | \$ 780.00 | \$ 892.00 |
| | RC2 | Square Foot | 2,001-4,000 | \$ 1,049.00 | \$ 1,200.00 |
| Retail Food Markets | RC1 | Square Foot | 4,001-6,000 | \$ 851.00 | \$ 973.00 |
| | RC2 | Square Foot | 4,001-6,000 | \$ 1,201.00 | \$ 1,374.00 |
| Retail Food Markets | RC1 | Square Foot | >6,000 | \$ 961.00 | \$ 1,099.00 |
| | RC2 | Square Foot | >6,000 | \$ 1,250.00 | \$ 1,430.00 |
| Remote Food Storage | | | | No Fee | \$ 299.00 |
| Bakery | RC1 | Square Foot | < 2,000 | \$ 569.00 | \$ 651.00 |
| Bakery | RC2 | Square Foot | < 2,000 | \$ 957.00 | \$ 1,095.00 |

| <u>Category</u> | <u>Units</u> | <u>Capacity</u> | <u>Current Fees</u> | <u>Recommended Fees</u> |
|---|--------------|-----------------|---------------------|-------------------------|
| Bakery RC1 | Square Foot | 2,001-4,000 | \$ 655.00 | \$ 749.00 |
| Bakery RC2 | Square Foot | 2,001-4,000 | \$ 1,044.00 | \$ 1,194.00 |
| Bakery RC1 | Square Foot | 4,001-6,000 | \$ 926.00 | \$ 1,059.00 |
| Bakery RC2 | Square Foot | 4,001-6,000 | \$ 1,131.00 | \$ 1,294.00 |
| Bakery RC1 | Square Foot | > 6,000 | \$ 1,053.00 | \$ 1,204.00 |
| Bakery RC2 | Square Foot | > 6,000 | \$ 1,218.00 | \$ 1,393.00 |
| Production Kitchen | | | \$ 920.00 | \$ 1,052.00 |
| Add'l. Permit for Production Kitchen Restaurant/Caterer (supports no mobile food facility) | | | \$ 174.00 | \$ 199.00 |
| Catering Operation Self Owned | | | No Fee | \$ 1,052.00 |
| Summer Food Service Program RC1 | | | No Fee | \$ 299.00 |
| Catering Operation | | | \$ 920.00 | \$ 1,052.00 |
| Host Facility | | | No Fee | \$ 1,052.00 |
| Food Demonstrator | | | \$ 371.00 | \$ 424.00 |
| School Cafeteria | | | \$ 783.00 | \$ 995.00 |
| School Satellite on a campus w/Cafeteria | | | \$ 261.00 | \$ 299.00 |
| Event Center | | | No Fee | \$ 1,052.00 |
| Seasonal Fixed Facility RC1 | | | \$ 498.00 | \$ 570.00 |

Mobile Food Facilities

| | | | | |
|--|--|------|---------------------|---------------------|
| Push Carts | | 1-4 | \$ 160.00 (each) | \$ 183.00 (each) |
| Push Carts | | 5-10 | \$ 131.00 (each) | \$ 150.00 (each) |
| Push Carts | | >10 | \$ 120.00 (each) | \$ 137.00 (each) |
| Limited Use Mobile Food Facility (MFF) (Vehicle/Carts) (Hot Dog, Espresso, Produce) | | | \$ 454.00 | \$ 728.00 |
| MFF – Enclosed or unenclosed | | | \$ 637.00 | \$ 896.00 |
| Seasonal Ice Cream Vehicle | | | \$ 454.00 | No Change |
| Pre-Packaged Non-Potentially Hazardous MFF | | | \$ 454.00 | No Change |
| Mobile Support Unit | | | \$ 96.00 | \$ 110.00 |
| Auxiliary Conveyance Unit | | | \$ 96.00 | \$ 110.00 |
| Additional MFF Operating Unit | | | No Fee | \$ 110.00 |
| MFF Commissary | | | \$ 698.00 | \$ 798.00 |
| MFF Commissary Addt'l Permit for (Restaurant) | | | \$ 174.00 | \$ 199.00 |

Other Types of Food Facilities

| | | | | |
|--|-------------|---------|----------------------|----------------------|
| Temporary Events (Food/Beverage) | Booths | 1-2 | \$ 171.00 (Booth) | \$ 196.00 (Booth) |
| Temporary Events (Food/Beverage) | Booths | 3-7 | \$ 124.00 (Booth) | \$ 142.00 (Booth) |
| Temporary Events (Food/Beverage) | Booths | 8+ | \$ 110.00 (Booth) | \$ 126.00 (Booth) |
| Temporary Event Applications not submitted two weeks prior to event | | | \$ 150.00 | No Change |
| Swap Meet/Flea Market Pre-Pkg Food Stand | Square Foot | <20,000 | \$ 1,500.00 | \$ 1,716.00 |
| Swap Meet/Flea Market Pre-Pkg Food Stand | Square Foot | >20,000 | \$ 3,001.00 | \$ 3,432.00 |
| Cert-Ag. Vendor – Farmers Markets RC2 | Booths | 1-25 | \$ 522.00 | \$ 597.00 |
| Cert-Ag. Vendor – Farmers Markets RC2 | Booths | 26-45 | \$ 696.00 | \$ 796.00 |
| Cert-Ag. Vendor – Farmers Markets RC2 | Booths | 46+ | \$ 870.00 | \$ 995.00 |

| <u>Category</u> | <u>Units</u> | <u>Capacity</u> | <u>Current Fees</u> | <u>Recommended Fees</u> |
|--|--------------|-----------------|---------------------|-------------------------|
| Non-Ag. Food Vendor – Farmers Markets | Booths | 1-5 | \$ 418.00 | \$ 478.00 |
| Non- Ag. Food Vendor – Farmers Markets | Booths | 6-10 | \$ 525.00 | \$ 600.00 |
| Non- Ag Food Vendor – Farmers Markets | Booths | 11+ | \$ 734.00 | \$ 839.00 |
| Farm Stands | | | \$ 435.00 | \$ 498.00 |
| Vending Machines | Machines | 1-4 | \$ 218.00 | \$ 249.00 |
| Each Machine | Machines | 5+ | \$ 32.00 | \$ 37.00 |

Licensed Health Care Food Facilities

| | | | | |
|---------------------------------|---------------|------------------|-------------|-----------|
| Skilled Nursing Facility RC2 | Beds | 0-50 | \$ 1,147.00 | No Change |
| Skilled Nursing Facility RC2 | Beds | 51-100 | \$ 1,434.00 | No Change |
| Skilled Nursing Facility RC2 | Beds | 101-200 | \$ 1,720.00 | No Change |
| Skilled Nursing Facility RC2 | Beds | 201-300 | \$ 2,008.00 | No Change |
| Skilled Nursing Facility RC2 | Beds | 300+ | \$ 2,295.00 | No Change |
| General Acute Care Facility RC2 | Beds | 0-100 | \$ 2,295.00 | No Change |
| General Acute Care Facility RC2 | Beds | 101-200 | \$ 2,581.00 | No Change |
| General Acute Care Facility RC2 | Beds | 201+ | \$ 2,868.00 | No Change |
| General Acute Care Facility RC2 | Beds + Seats | 0–100 & 0-50 | \$ 3,155.00 | No Change |
| General Acute Care Facility RC2 | Beds + Seats | 0–100 & 51-149 | \$ 3,441.00 | No Change |
| General Acute Care Facility RC2 | Beds + Seats | 0-100 & 150 | \$ 3,728.00 | No Change |
| General Acute Care Facility RC2 | Beds + Seats | 101-200 & 0-50 | \$ 4,015.00 | No Change |
| General Acute Care Facility RC2 | Beds + Seats | 101-200 & 51-149 | \$ 4,060.00 | No Change |
| General Acute Care Facility RC2 | Beds + Seats | 101-200 & 150 | \$ 4,588.00 | No Change |
| General Acute Care Facility RC2 | Beds + Seats | >201 & 0-50 | \$ 4,875.00 | No Change |
| General Acute Care Facility RC2 | Beds + Seats | >201 & 51-149 | \$ 5,162.00 | No Change |
| General Acute Care Facility RC2 | Beds + Seats | >201 & 150 | \$ 5,448.00 | No Change |
| General Acute Care Facility RC2 | Food Stations | 1-20 | \$ 440.00 | No Change |

Miscellaneous

| | | | | |
|-------------------------------------|--|--|-----------|-----------|
| Change of Ownership/Site Evaluation | | | \$ 213.00 | \$ 244.00 |
| Wiping Rags Business | | | \$ 315.00 | \$ 360.00 |

Cottage Food Operations

| | | | | |
|---|--|--|-----------|-----------|
| Class A Application Packet Review (2.5 hrs.) | | | \$ 400.00 | \$ 498.00 |
| Class B Application Packet Review & Inspection (up to 4 hrs.) | | | \$ 679.00 | \$ 796.00 |
| Renewal of Class A Registration | | | \$ 95.00 | \$ 109.00 |
| Renewal of Class B Permit | | | \$ 304.00 | \$ 348.00 |

HOUSING

| | | | | |
|----------------------|--|--|-------------|-------------|
| City Jails | | | \$ 621.00 | \$ 710.00 |
| Court Holding | | | \$ 527.00 | \$ 603.00 |
| Detention Facilities | | | \$ 1,402.00 | \$ 1,603.00 |
| Organized Camps | | | | \$ 597.00 |

| <u>Category</u> | <u>Units</u> | <u>Capacity</u> | <u>Current Fees</u> | <u>Recommended Fees</u> |
|---|--------------|-----------------|---------------------|-------------------------|
| <u>RECREATIONAL HEALTH</u> | | | | |
| Public School Pool (Seasonal) | | | \$ 730.00 | No Change |
| Public School Spa (Seasonal) | | | \$ 631.00 | No Change |
| Add'l Public School Pool/Spa (Seasonal) | | | \$ 261.00 | No Change |
| Municipal Pool Only (Seasonal) | | | \$ 730.00 | No Change |
| Municipal Spa Only (Seasonal) | | | \$ 631.00 | No Change |
| Add'l Municipal Pool/Spa (Seasonal) | | | \$ 261.00 | No Change |
| Municipal Spray Ground (Seasonal) | | | \$ 261.00 | No Change |
| Public Recreational Water Park (Seasonal) | | One System | \$ 1,263.00 | No Change |
| Add'l Public Water Park Pool/Spa (Seasonal) | | | \$ 631.00 | No Change |
| Public Swimming Pool (Seasonal) | | Multi-Use | \$ 730.00 | No Change |
| Public Spa Only (Seasonal) | | Multi-Use | \$ 631.00 | No Change |
| Add'l Public Spa/Pool (Seasonal) | | | \$ 261.00 | No Change |
| Public Spray Ground (Seasonal) | | | \$ 730.00 | No Change |
| Public School Pool (Yr-Round) | | | \$ 730.00 | \$ 835.00 |
| Public School Spa (Yr-Round) | | | \$ 631.00 | \$ 722.00 |
| Add'l Public School Spa/Pool (Yr-Round) | | | \$ 261.00 | \$ 299.00 |
| Municipal Pool Only (Yr-Round) | | | \$ 730.00 | \$ 835.00 |
| Municipal Spa Only (Yr-Round) | | | \$ 631.00 | \$ 722.00 |
| Add'l Municipal Pool/Spa (Yr-Round) | | | \$ 261.00 | \$ 299.00 |
| Municipal Spray Ground (Yr-Round) | | | \$ 730.00 | \$ 835.00 |
| Public Swimming Pool (Yr-Round) | | | \$ 730.00 | \$ 835.00 |
| Public Spa Only (Yr-Round) | | | \$ 631.00 | \$ 722.00 |
| Add'l Public Spa/Pool (Yr-Round) | | | \$ 261.00 | \$ 299.00 |
| Public Spray Ground (Yr-Round) | | | No Fee | \$ 835.00 |
| Public Beach (Seasonal) | | | \$ 1,263.00 | \$ 1,444.00 |

PLAN REVIEW

for Retail Food Facilities and Recreational Health Facilities

Each additional hour beyond the time the fee is based upon is at the hourly rate of \$199.00.

| | | | | |
|--|-------------|-------------|-------------|-------------|
| PR-Restaurants (up to 11 hrs.) | Seats | 0-25 | \$ 1,914.00 | \$ 2,189.00 |
| PR-Restaurants (up to 12 hrs.) | Seats | 26-49 | \$ 2,088.00 | \$ 2,388.00 |
| PR-Restaurants (up to 15 hrs.) | Seats | 50-149 | \$ 2,610.00 | \$ 2,985.00 |
| PR-Restaurants (up to 17 hrs.) | Seats | 150+ | \$ 2,958.00 | \$ 3,383.00 |
| PR-Cocktail Lounge/Bar (up to 11 hrs.) | | | \$ 1,914.00 | \$ 2,189.00 |
| PR-Snack Bar (up to 11 hrs.) | | | \$ 1,914.00 | \$ 2,189.00 |
| PR-Retail Food Markets (up to 10 hrs.) | Square Foot | < 2,000 | \$ 1,740.00 | \$ 1,990.00 |
| PR-Retail Food Markets (up to 13 hrs.) | Square Foot | 2,000-4,000 | \$ 2,262.00 | \$ 2,587.00 |
| PR-Retail Food Markets (up to 16 hrs.) | Square Foot | > 4,000 | \$ 2,784.00 | \$ 3,184.00 |
| PR-Bakery (up to 12 hrs.) | Square Foot | Up to 4,000 | \$ 2,088.00 | \$ 2,388.00 |
| PR-Bakery (up to 14 hrs.) | Square Foot | > 4,000 | \$ 2,436.00 | \$ 2,786.00 |
| PR-Production Kitchen/Event Center (up to 13 hrs.) | | | \$ 2,262.00 | \$ 2,587.00 |
| PR-Host Facility (up to 4 hrs.) | | | No Fee | \$ 796.00 |
| PR-School (up to 10 hrs.) | | | \$ 1,740.00 | \$ 1,990.00 |

| <u>Category</u> | <u>Units</u> | <u>Capacity</u> | <u>Current Fees</u> | <u>Recommended Fees</u> |
|--|--------------|-----------------|---------------------|-------------------------|
| PR-Commissary-MFF (up to 12 hrs.) | | | \$ 2,088.00 | \$ 2,388.00 |
| PR-Cart Commissary (up to 7 hrs.) | | | \$ 1,218.00 | \$ 1,393.00 |
| PR-Minor Food Facility Remodel (up to 6 hrs.) | | | \$ 1,044.00 | \$ 1,194.00 |
| PR-Single Food Equipment Change (up to 2 hrs.) | | | \$ 348.00 | \$ 398.00 |
| PR-Two Food Equipment Change (up to 3 hrs.) | | | \$ 522.00 | \$ 597.00 |
| PR-Three Food Equipment Change (up to 4 hrs.) | | | \$ 696.00 | \$ 796.00 |
| PR-Pool (up to 14 hrs.) | | | \$ 2,436.00 | \$ 2,786.00 |
| PR-Pool + 1 (up to 21 hrs.) | | | \$ 3,654.00 | \$ 4,179.00 |
| PR-Pool + 2 (up to 34 hrs.) | | | \$ 5,916.00 | \$ 6,766.00 |
| PR-Minor Pool/Spa Remodel (up to 6 hrs.) | | | \$ 1,044.00 | \$ 1,914.00 |
| PR-Spa (up to 11 hrs.) | | | \$ 1,914.00 | \$ 2,189.00 |
| PR-Replastering or Replacement of Tile/Coping, Handrail, Ladder or Steps (up to 3 hrs.) | | | \$ 522.00 | \$ 597.00 |
| PR-Deck or Fence Replacement (up to 3 hrs.) | | | \$ 522.00 | \$ 597.00 |
| PR-MFF Limited Prep (up to 2 hrs.) | | | No Fee | \$ 398.00 |
| PR-MFF Full Prep (up to 2.5 hrs.) | | | No Fee | \$ 498.00 |

MEDICAL PROCEDURES

Medical Waste Annual Permit

| | | | | |
|--|-----------|---------|-------------|-------------|
| Health Care Service Plan Facility | | | \$ 1,770.00 | \$ 2,024.00 |
| Medical/Dental/Veterinary Clinic | lbs/month | >200 | \$ 922.00 | \$ 1,054.00 |
| Medical/Dental/Veterinary Clinic | lbs/month | <200 | \$ 101.00 | \$ 116.00 |
| Med/Dental/Veterinary Clinic with on-site treatment systems | lbs/month | <200 | \$ 245.00 | \$ 280.00 |
| Med/Dental/Veterinary Clinic with on-site treatment systems | lbs/month | >200 | \$ 515.00 | \$ 589.00 |
| Small Quantity Gen w/on-site treatment system | lbs/month | <200 | \$ 98.00 | \$ 112.00 |
| Primary Care Clinic | | | \$ 814.00 | \$ 931.00 |
| Intermediate Care Facility | | | \$ 507.00 | \$ 580.00 |
| Acute Psychiatric Care | | | \$ 469.00 | \$ 536.00 |
| Acute Care Hospital | Beds | 251+ | \$ 2,949.00 | \$ 3,373.00 |
| Acute Care Hospital | Beds | 200-250 | \$ 2,433.00 | \$ 2,783.00 |
| Acute Care Hospital | Beds | 100-199 | \$ 1,930.00 | \$ 2,207.00 |
| Acute Care Hospital | Beds | 1-99 | \$ 1,580.00 | \$ 1,807.00 |
| Skilled Nursing Facility (SNF) | lbs/month | >200 | \$ 886.00 | \$ 1,013.00 |
| Skilled Nursing Facility | lbs/month | <200 | \$ 214.00 | \$ 245.00 |
| SNF w/ on-site treatment | lbs/month | <200 | \$ 318.00 | \$ 364.00 |
| Specialty Clinics | lbs/month | >200 | \$ 814.00 | \$ 931.00 |
| Clinical Lab | lbs/month | >200 | \$ 1,216.00 | \$ 1,391.00 |
| Clinical Lab | lbs/month | <200 | \$ 101.00 | \$ 116.00 |
| Clinical Lab with on-site treatment | lbs/month | <200 | \$ 318.00 | \$ 364.00 |
| Bio-Med Producer | lbs/month | >200 | \$ 1,171.00 | \$ 1,339.00 |
| Bio-Med Producer | lbs/month | <200 | \$ 305.00 | \$ 349.00 |
| Bio-Med Producer w/ on-site treatment | lbs/month | <200 | \$ 318.00 | \$ 364.00 |

| <u>Category</u> | <u>Units</u> | <u>Capacity</u> | <u>Current Fees</u> | <u>Recommended Fees</u> |
|---------------------------------------|--------------|-----------------|---------------------|-------------------------|
| Bio-Med Producer w/ on-site treatment | lbs/month | >200 | \$ 1,378.00 | \$ 1,576.00 |
| Common Storage Facility | Generators | 50 + | \$ 886.00 | \$ 1,013.00 |
| Common Storage Facility | Generators | 11-49 | \$ 334.00 | \$ 382.00 |
| Common Storage Facility | Generators | 2-10 | \$ 318.00 | \$ 364.00 |

Body Art

| | | | | |
|---|--|--|-----------|-------------|
| Facility – Tattoo/Body Piercing Permit | | | \$ 522.00 | \$ 796.00 |
| Facility – Permanent Cosmetics Permit | | | \$ 522.00 | \$ 796.00 |
| Body Arts Facility & School Permit | | | No Fee | \$ 1,194.00 |
| Body Arts Practitioner Yearly Registration | | | \$ 131.00 | \$ 150.00 |
| Body Arts Temporary Practitioner Registration – 15 days | | | No Fee | \$ 100.00 |
| Body Arts Temporary Event Permit (Organizer) | | | \$ 213.00 | \$ 244.00 |
| Body Arts Temporary Event Booth (Demonstrator) | | | No Fee | \$ 66.00 |
| Mobile Body Arts Permit | | | \$ 213.00 | \$ 398.00 |
| Mobile Body Arts Application to Operate (up to 4 hrs.) | | | No Fee | \$ 796.00 |
| Tattoo/Body Piercing Fixed Facility Application to Operate (up to 4 hrs.) | | | \$ 696.00 | \$ 796.00 |
| Permanent Cosmetics Fixed Facility Application to Operate (up to 4 hrs.) | | | \$ 696.00 | \$ 796.00 |
| Blood Borne Pathogen Trainer (up to 2 hrs.) | | | \$ 193.00 | \$ 398.00 |
| Practitioner ID Card | | | No Fee | \$ 45.00 |
| Body Art Facility Remodel Plan Review (up to 2 hrs.) | | | No Fee | \$ 398.00 |

LAND USE PROGRAM

Public Water System-Annual Permit

| | | | | |
|--|-------------|---------|-------------|-----------|
| Non-Community, surface water system | | | \$ 1,392.00 | No Change |
| Non-Community, non-transient surface water system | | | \$ 1,392.00 | No Change |
| Non-Community, non-transient groundwater system | | | \$ 1,215.00 | No Change |
| Non-Community, non-transient groundwater system w/ treatment | | | \$ 1,392.00 | No Change |
| Non-Community transient ground water system | | | \$ 510.00 | No Change |
| Non-Community transient ground water system w/ treatment | | | \$ 870.00 | No Change |
| Community ground water system | Connections | 15-24 | \$ 1,392.00 | No Change |
| Community ground water system w/ treatment | Connections | 15-24 | \$ 1,392.00 | No Change |
| Community ground water system | Connections | 25-99 | \$ 1,392.00 | No Change |
| Community ground water system w/ treatment | Connections | 25-99 | \$ 1,392.00 | No Change |
| Community surface water system | Connections | 25-99 | \$ 682.00 | No Change |
| Community ground water system | Connections | 100-199 | \$ 1,740.00 | No Change |
| Community ground water system w/ treatment | Connections | 100-199 | \$ 851.00 | No Change |
| Community surface water system | Connections | 100-199 | \$ 851.00 | No Change |
| Local small water system | | 2-4 | \$ 348.00 | No Change |
| State small water system | | 5-14 | \$ 522.00 | No Change |

| <u>Category</u> | <u>Units</u> | <u>Capacity</u> | <u>Current Fees</u> | <u>Recommended Fees</u> |
|---|--------------|-----------------|----------------------------|----------------------------|
| Public Water System – Plan Review | | | | |
| New Community water system (up to 8.74 hrs.) | | | \$ 1,740.00 | No Change |
| New Non-Community water system (up to 8.74 hrs.) | | | \$ 1,740.00 | No Change |
| Amended permit because of ownership change (up to 6.12 hrs.) | | | \$ 1,218.00 | No Change |
| Amended permit because of system change (up to 13.12 hrs.) | | | \$ 2,610.00 | No Change |
| Sewage Collection & Disposal | | | | |
| <u>Onsite Wastewater Treatment Systems (OWTS)</u> | | | | |
| <i><u>Preliminary Investigations</u></i> | | | | |
| Site Evaluation (up to 3.5 hrs.) | | | \$ 609.00 | \$ 697.00 |
| Percolation test-contractor with staff review (up to 5 hrs.) | | | \$ 870.00 | \$ 995.00 |
| Soil profile evaluation (up to 4 hrs.) | | | \$ 696.00 | \$ 796.00 |
| <i><u>Standard/Conventional OWTS</u></i> | | | | |
| Plan Review (up to 3.5 hrs.) | | | \$ 609.00 | \$ 697.00 |
| Construction Permit (up to 11.55 hrs.) [construction/relocation/replacement; includes plan review] | | | \$ 2,009.00 | \$ 2,298.00 |
| <i><u>Alternative OWTS</u></i> | | | | |
| Plan Review (up to 6 hrs.) | | | \$ 1,044.00 | \$ 1,194.00 |
| Construction Permit (up to 16.81 hrs.) [construction/relocation/replacement; includes plan review] | | | \$ 2,926.00 | \$ 3,346.00 |
| Monitoring Report Audit (up to .5 hr) | | | No Fee | \$ 100.00 |
| <u>Related OWTS and Other Activities</u> | | | | |
| Building Plan Review – Building Additions/Remodel (up to 3.5 hrs.) | | | \$ 609.00 | \$ 697.00 |
| Septic Tank Abandonment Permit (up to 3.5 hrs.) | | | \$ 609.00 | \$ 697.00 |
| Septic Tank Replacement | | | \$ 1,193.00 | \$ 1,364.00 |
| Sewage Holding Tank | | | No Fee | \$ 1,364.00 |
| OWTS Alteration Permit (limited application; see Ord. Code § 420-6.806(a)) | | | \$ 1,117.00 | \$ 1,277.00 |
| General Building Plan Review (up to 2.5 hrs.) | | | \$ 435.00 | \$ 498.00 |
| Liquid Waste Transport | | | | |
| Sewage Pumper Company | | | \$ 675.00 | \$ 772.00 |
| Septic System Pumper Vehicle | | | \$ 200.00 | \$ 229.00 |
| Portable Toilet Pumper Vehicle | | | \$ 220.00 | \$ 252.00 |
| Wells and Soil Borings | | | | |
| Soil Boring Permit (per parcel) | Borings | 1-10 | \$ 537.00 (1st boring) | \$ 614.00 (1st boring) |
| Soil Boring Permit (per parcel) | Borings | 1-10 | \$ 43.50 (add'l boring) | \$ 50.00 (add'l boring) |

| <u>Category</u> | <u>Units</u> | <u>Capacity</u> | <u>Current Fees</u> | <u>Recommended Fees</u> |
|---|--------------|-----------------|--------------------------------|--------------------------------|
| Soil Boring Permit (per parcel) | Borings | >10 | \$ 972.00 | \$ 1,112.00 |
| Soil Vapor Probe Permit (per parcel) | Probes | 1-10 | \$ 537.00 (1st probe) | \$ 614.00 (1st probe) |
| Soil Vapor Probe Permit (per parcel) | Probes | 1-10 | \$ 43.50 (add'l probe) | \$ 50.00 (add'l probe) |
| Soil Vapor Probe Permit (parcel) | Probes | >10 | \$ 972.00 | \$ 1,112.00 |
| Geothermal Heat Exchange Well Permit | | | \$ 1,809.00 | \$ 2,069.00 |
| Cathodic Protection Well Permit | | | \$ 609.00 | \$ 697.00 |
| Dewatering Well Permit (per parcel) | Wells | 1-10 | \$ 617.00 | \$ 706.00 |
| Inclinometer Permit (per parcel) | | | \$ 532.00 | \$ 608.00 |
| Core Penetration Test (CPT) Permit (per parcel) | CPTs | 1-10 | \$ 487.00 (1st CPT) | \$ 557.00 (1st CPT) |
| CPT Permit (per parcel) | CPTs | 1-10 | \$ 43.50 (add'l CPT) | \$ 50.00 (add'l CPT) |
| CPT Permit (per parcel) | CPTs | >10 | \$ 922.00 | \$ 1,054.00 |
| Monitoring Well Permit | | | \$ 609.00 | \$ 697.00 |
| Piezometer w/o Casing Permit (per parcel) | Piezometers | 1-10 | \$ 537.00 (1st piezometer) | \$ 614.00 (1st piezometer) |
| Piezometer w/o Casing Permit (per parcel) | Piezometers | 1-10 | \$ 43.50 (add'l piezometer) | \$ 50.00 (add'l piezometer) |
| Piezometer w/o Casing Permit (per parcel) | Piezometers | >10 | \$ 972.00 | \$ 1,112.00 |
| Piezometer w/ Casing Permit | | | \$ 553.00 | \$ 632.00 |
| Well Destruction Permit | | | \$ 587.00 | \$ 671.00 |
| Well Destruction when done at inspection of replacement well | | | No Fee | No Change |
| Domestic Well Construction Permit | | | \$ 1,209.00 | \$ 1,383.00 |
| Well Variance | | | \$ 321.00 | \$ 367.00 |
| Well Site Evaluation (per well) | | | \$ 522.00 | \$ 597.00 |
| Irrigation/Ag Well Construction Permit | | | \$ 1,209.00 | \$ 1,383.00 |
| Well Flow Test | | | \$ 696.00 | \$ 796.00 |
| Annual Permit for Driller Conducting Shallow Hole/Notification Only | | | \$ 1,392.00 | \$ 1,592.00 |
| Shallow Hole Notification (per parcel) | | | \$ 174.00 | \$ 199.00 |

Subdivisions – Land Use Projects

| | | | | |
|--|--|--|--------------|--------------|
| Dept. of Conservation & Development (DCD) report reviewed for land use permits; rezoning; developmental plans; EIR review; lot line adjustments; and DCD variance requests | | | \$ 174.00/hr | \$ 199.00/hr |
| Environmental Health review of DCD applications | | | \$ 52.00 | \$ 59.00 |

SOLID WASTE PROGRAM

Local Enforcement Agency

[See Resolution No. 2007/509 for (1) solid waste tonnage fee; (2) fees for inspections of closed, illegal and abandoned sites; (3) fees for inspections of bio-solid facility sites; (4) bio-solid facility application and review fees; and (5) solid waste facility permit application and review fees.]

Mandatory Garbage Service Subscription

| | | | | |
|-----------|--|--|--------------|----------|
| Exemption | | | \$ 158.00/hr | \$ 89.00 |
|-----------|--|--|--------------|----------|

| <u>Category</u> | <u>Units</u> | <u>Capacity</u> | <u>Current Fees</u> | <u>Recommended Fees</u> |
|---|--------------|-----------------|------------------------|-------------------------|
| Non-Franchise Solid Waste Collection & Transport | | | | |
| Permit | | | \$ 220.00 (vehicle) | No change |
| Safe Drug Disposal | | | | |
| Initial Plan Review (up to 109 hrs.) | | | No Fee | \$ 21,691.00 |
| Amended Plan Review (up to 6 hrs.) | | | No Fee | \$ 1,194.00 |
| <u>COMMERCIAL CANNABIS</u> | | | | |
| Health Permit Application | | | No Fee | \$ 597.00 |
| Testing Laboratory Permit | | | No Fee | \$ 1,492.00 |
| Retail Storefront Permit | | | No Fee | \$ 2,985.00 |
| Retail Delivery Only Permit | | | No Fee | \$ 2,985.00 |
| Distribution Permit | | | No Fee | \$ 1,492.00 |
| Manufacturing Permit | | | No Fee | \$ 2,985.00 |
| Manufacturing Permit/Shared Facility | | | No Fee | \$ 497.00 |
| Cultivation Indoor Permit | | | No Fee | \$ 1,990.00 |
| Cultivation Outdoor Permit | | | No Fee | \$ 1,492.00 |
| Out of County Delivery Permit | | | No Fee | \$ 398.00 |
| Additional Inspection/Verified Complaint Inspection | | | No Fee | \$ 199.00/hr |

Staff Report on the Determination and
Apportionment of Certain Environmental Health
Division Fees

Contra Costa County
Environmental Health Division



Date: July 30, 2019

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INTRODUCTION

This document addresses proposed fees to fund the Environmental Health Division (“Environmental Health” or “EH”) of the Contra Costa County Health Services Department in 2019. The first part of this document is an overview of laws that authorize Environmental Health to conduct specified activities and collect fees to fund those activities. The second part discusses the data and methodology used to set the adjusted fees.

In December 2014, the Board of Supervisors approved Resolution No. 2014/381, adjusting fees that fund the majority of EH programs. A new fee was added last year, with the adoption of Resolution No. 208/31, to fund costs associated with a new non-franchise solid waste hauler permitting program, but other fees were left unchanged at that time. An increase in staff wages (negotiated from 2016 through 2022), a planned staff expansion to include a total of 39 EH specialists, and new programs now necessitate another adjustment of the fees.

GENERAL OVERVIEW

Environmental Health comprises a wide variety of programs designed to protect and promote the health of the people of Contra Costa County by regulating food, drinking water, sewage disposal, solid waste handling and other matters. Legal authority to operate these programs is derived from the Health and Safety Code, Government Code, Public Resources Code, Water Code and California Code of Regulations and the police power under the California Constitution.

Section 101030 of the Health and Safety Code requires the county health officer to enforce and observe, in the unincorporated territory of his county, all of the following:

- a) Orders and ordinances of the board of supervisors, pertaining to the public health and sanitary matters.
- b) Orders, including quarantine and other regulations, prescribed by the State Department of Health Services.
- c) Statutes relating to public health.

Authority for the county health officer to provide health services within incorporated areas is found in Section 101375 of the Health and Safety Code, which provides that when the governing body of a city in the county consents by resolution or ordinance, the county health officer shall enforce and observe in the city all of the following:

- a) Orders and quarantine regulations prescribed by the State Department of Health Services and other regulations issued under the provisions of Health and Safety Code.
- b) Statutes relating to the public health.

Eighteen cities and towns in Contra Costa County have affirmed by resolution to have the county health officer perform these services.

Additionally, state regulations require local health departments to offer certain basic services in order to qualify for specified state funding, including the following environmental health and sanitation services and programs:

- Food.
- Housing and institutions.

- Radiological health in local jurisdictions contracting with the State Department of Health Services to enforce the Radiation Control Law pursuant to Sections 25600-25654 and Sections 25800-25876 of the Health and Safety Code.
- Milk and dairy products in local jurisdictions maintaining and approved milk inspection service pursuant to Section 32503 of the Food and Agriculture Code.
- Water oriented recreation.
- Safety.
- Vector control.
- Waste management.
- Water supply.
- Air sanitation.
- Additional environmentally related services and programs as required by the County Board of Supervisors, City Council, or Health District Board.
- And may include land development and use.¹

Environmental Health carries out some but not all of these services and programs. There are no commercial dairies in the county; thus, there is no milk and dairy program here. As allowed by state law, all 19 cities have opted to oversee the housing code in their jurisdictions. In the unincorporated area, the Department of Conservation and Development (DCD) carries out most housing oversight. A separate vector control district was established by the County to carry out vector control. Air quality is regulated by the Bay Area Air Quality Management District. In Contra Costa County, the state retains responsibility for radiation programs.

In addition to carrying out health officer duties, Environmental Health is the state-certified solid waste local enforcement agency (LEA)² and in that capacity provides oversight of solid waste activities. LEA functions are part of the EH Solid Waste Program. Staff assigned to the Solid Waste Program also perform duties concerning waste tires, stormwater, and body art. The waste tire program is state-funded, and the stormwater program is funded via a memorandum of understanding with the Contra Costa County Public Works Department. The LEA solid waste activities are funded in part by tipping fees applied to solid waste that is generated.

Environmental Health also regulates medical waste disposal, body art facilities, cottage food operations in accordance with state laws, will soon begin issuing commercial cannabis permits, and administers various local programs, including the solid waste hauler program, and new pharmaceutical take-back program.

ENVIRONMENTAL HEALTH MANDATES AND FEE AUTHORITY

Health Safety Code Section 101325 provides the following general fee authority:

Whenever the governing body of any city or county determines that the expenses of the local health officer or other officers or employees in the enforcement of any statute, order, quarantine, or regulation prescribed by a state officer or department relating to public health, requires or authorizes its health officer or other officers or employees to

¹ [Cal. Code Regs., tit. 17, §§ 1275 & 1276., subd. \(e\).](#)

² Correspondence from Myron H. "Skip" Amerine, REHS, Permitting, California Integrated Waste Management Board to Charles Nicholson, Contra Costa County. Dated July 27, 1992. Subject: Issuance of Certification(s) to and Approval of the Designation for the Contra Costa County Health Services Department, Division of Environmental Health as the Local Enforcement Agency for the Jurisdiction of Contra Costa County.

perform specified acts that are not met by fees prescribed by the state, the governing body may adopt an ordinance or resolution prescribing fees to pay the reasonable expenses of the health officer or other officers or employees incurred in the enforcement, and may authorize a direct assessment against the real property in cases where the real property is owned by the operator of a business and the property is the subject of the enforcement. The schedule of fees prescribed by ordinance or resolution shall be applicable in the area in which the local health officer or other officers or employees enforce any statute, order, quarantine, or regulation prescribed by a state officer or department relating to public health.

The Board of Supervisors has made the determination set forth in the above statute. This means that when the health officer is required or authorized to enforce state requirements, and fees set by statute are not sufficient to fund those efforts, the Board of Supervisors is authorized to prescribe fees to cover the reasonable costs incurred in doing so. Contra Costa County Ordinance Code section 413-3.204 provides that fees prescribed in the Ordinance Code “will help pay the health officer’s reasonable expenses incurred in such enforcement.”

A prerequisite to the imposition of fees under Health and Safety Code section 101325 is either a state mandate or state authorization for Environmental Health to perform the services and provide the programs that are to be funded by fees. Fees that are not imposed under that statute must be authorized by either a different statute or by the Board of Supervisors.

EH staff carries out activities that generally include:

- Review construction plans and other documents.
- Conduct inspections of permitted activities and construction.
- Pursue corrective and enforcement action when out of compliance activities are observed or confirmed.
- Develop departmental policies and guidelines and update existing policy memoranda as necessary.
- Analyze proposed legislation and regulations as part of coordinated local jurisdiction effort.
- Investigate all complaints, identify appropriate action or refer to appropriate agency, and follow up with complainant describing steps taken.
- Respond to inquiries from clients, Board of Supervisors and their staff, other agencies and stakeholders in a timely manner, usually within one day.
- Conduct outreach and education activities to decrease the need for enforcement and promote environmental health responsibilities.
- Prepare for and respond to emergency incidents and provide for public and environmental protection and public safety.

A review of the EH programs that the proposed fees will fund follows.

A. FOOD PROGRAM

The Food Program consists of three elements: (1) Food facility operations; (2) food facility plan checks and construction; and (3) cottage food operations. Fee adjustments are proposed in all elements.

i. FOOD FACILITY OPERATIONS

Food facilities in Contra Costa County are required to obtain an operating permit from Environmental Health.³ Food facilities include food establishments, vending machine businesses, taverns, cocktail lounges, bars, snack bars, commissaries, cart commissaries, food catering, special events food booths, school cafeterias, itinerant food facilities, retail food markets, roadside food stands, food salvagers, retail food vehicles, mobile food preparation units, bakeries, incidental retail food markets, and certified farmers' market.⁴ Environmental Health issued operating permits to more than 4,700 fixed food facilities and 345 mobile food facilities in 2019.

In addition to routine inspections of food facilities, Environmental Health has authority to impound food, equipment, or utensils that are found to be, or suspected of being unsanitary or in such disrepair that food, equipment, or utensils may become contaminated or adulterated, and inspect, impound, or inspect and impound any utensil that is suspected of releasing lead or cadmium in violation of Section 108860.⁵

ii. FOOD FACILITY PLAN CHECKS AND CONSTRUCTION

Food facilities that are built or remodeled may not be placed in operation without first receiving a permit to operate, which is issued by Environmental Health upon the satisfactory completion of construction.⁶ State law establishes construction standards and plan submittal and review requirements applicable to food facilities. The law requires the local health agency to review the plans for new and remodeled food facilities within 20 working days after receipt.⁷ The goal in Environmental Health is to complete food facility plan reviews and either approved or rejected plans within 15 working days.

Staff assigned to this element also evaluates cooking equipment as to the need for and type of mechanical ventilation to be provided⁸ and the acceptability of new types of food equipment to be used for use in restricted food service facilities.⁹

iii. COTTAGE FOOD OPERATIONS

Cottage food operations are enterprises that involve the preparation or packaging of specified foods in private residences and have gross annual sales that do not exceed statutory maximums. A Class A cottage food operation may engage only in direct sales to consumers, while Class B operations may engage in either direct sales to consumers or indirect sales through third party retailers.¹⁰ All cottage food facilities must comply with requirements pertaining to sanitation and food labeling and workers must receive regular food processing training.¹¹

³ [Health & Saf. Code, § 114381.](#)

⁴ [CCC Ord. Code, § 413-3.604.](#)

⁵ [Health & Saf. Code, § 114393.](#)

⁶ [Health & Saf. Code, § 114380.](#)

⁷ [Health & Saf. Code, § 114380, subd. \(e\).](#)

⁸ [Health & Saf. Code, § 114149.1, subd. \(c\).](#)

⁹ [Health & Saf. Code, § 114130, subd. \(c\).](#)

¹⁰ [Health & Saf. Code, § 113758.](#)

¹¹ [Health & Saf. Code, § 114365.2.](#)

A Class A cottage food operation must be registered with the local enforcement agency, but is not subject to initial or routine inspections.¹² Inspections may be made only if a consumer complaint has been made.¹³ If an inspection is made and a Class A cottage food operation is found to be in violation, the local enforcement agency has authority to seek recovery from the operation of an amount that does not exceed the agency's reasonable inspection costs.¹⁴ Environmental Health is the local enforcement agency as to cottage food operations in its jurisdiction.

A Class B cottage food operation must obtain a permit from the local enforcement agency and is subject to a yearly inspection.¹⁵

B. RECREATIONAL HEALTH PROGRAM

The Recreational Health Program consists of three elements: (1) Lakes and beaches; (2) public swimming pools/spas; and (3) public pool plan checks and construction.

i. LAKES AND BEACHES

The purpose of this program element is to enforce sanitation standards at public beaches as defined in Health and Safety Code section 115875, subdivision (a). The health officer is charged with testing the waters adjacent to, and coordination the testing of, all public beaches within his or her jurisdiction.¹⁶ This can be done by utilizing test results from other parties conducting microbiological contamination testing of these waters.¹⁷ EH staff, which have been delegated the health officer's duties regarding public beaches, fulfills this duty by reviewing bacteriological sampling results.

The health officer is also required to, at a minimum, post a beach with warning signs to inform the public when the beach fails to meet the bacteriological standards.¹⁸ Other duties include inspecting the beaches for compliance with state sanitation standards pertaining to certain bacteria and other microbiological indicators, investigating complaints of violations of those standards, informing the agency responsible for the operation and maintenance of the beach whenever a beach is posted, closed or otherwise restricted, establishing a telephone hotline to inform the public of beaches currently closed, posted or otherwise restricted, reporting violation to the district attorney or city attorney, as applicable, testing waters adjacent to the beach in the event of a known untreated sewage release, and closing recreational waters adjacent to a beach in the event of an untreated sewage release that reaches those waters.¹⁹

EH staff also reviews plans and specifications for the construction, reconstruction or alteration of public beach sanitation facilities.²⁰

¹² [Health & Saf. Code, § 114365, subds. \(a\)\(1\)\(A\), \(a\)\(1\)\(C\)\(i\).](#)

¹³ [Health & Saf. Code, § 114365, subd. \(a\)\(1\)\(C\)\(ii\).](#)

¹⁴ [Health & Saf. Code, § 114365, subd. \(a\)\(1\)\(C\)\(iv\).](#)

¹⁵ [Health & Saf. Code, § 114365, subd. \(a\)\(2\)\(B\)\(i\)-\(ii\).](#)

¹⁶ [Health & Saf. Code, § 115880, subd. \(e\).](#)

¹⁷ [Health & Saf. Code, § 115880, subd. \(f\).](#)

¹⁸ [Health & Saf. Code, § 115915, subd. \(a\).](#)

¹⁹ [Health & Saf. Code, § 115885, subd. \(a\)\(1\)-\(7\).](#)

²⁰ [Cal. Code Regs., tit. 17, § 7980.](#)

ii. PUBLIC SWIMMING POOLS/SPAS

Persons operating or maintaining a public swimming pool²¹ must do so in a sanitary, healthful and safe manner.²² The health officer is authorized to inspect the sanitary condition of public swimming pools²³ and a condition at a public swimming pool that constitutes a nuisance may be abated or enjoined.²⁴

An environmental health permit is required to operate public swimming pools, including spas.²⁵ In 2019, Environmental Health issued approximately 1,600 permits for public swimming pools and spas in Contra Costa County. The Ordinance Code requires payment of a fee for an annual operating permit.²⁶

iii. PUBLIC POOL PLAN CHECKS AND CONSTRUCTION

New public pools may not be placed in operation without first receiving a permit to operate. Operating permits for new, reconstructed or altered pools are issued by Environmental Health upon the satisfactory completion of constructions. The health officer is authorized to enforce building standards applicable to public swimming pools.²⁷

The purpose of this element is to enforce state laws and regulations pertaining to the design, construction and inspection of new pools. Title 24 of the California Code of Regulations establishes the standards for design of construction, reconstruction or alternation of swimming pools in compliance with plans approved by the "enforcing agent"²⁸ which is either the health officer or environmental health director or their designated representatives.²⁹ The regulations authorize inspections to be scheduled and conducted by the enforcing agent at three phases of construction.³⁰ A pool may not be opened to the public without written approval by the enforcing agent.³¹

C. HOUSING AND INSTITUTIONS PROGRAM

The Housing and Institutions Program consists of two elements: (1) Jail/detention facilities and (2) organized camps.

i. JAILS/DETENTION FACILITIES

The county health officer is required to inspect health and sanitary conditions in every county jail and every other publicly operated detention facility in the county at least annually.³² Deficiencies are reported to the responsible city/county officials and to the State Board of Corrections. Under this statute, EH staff inspects 10 city detention facilities, four Superior Court temporary holding facilities, three adult detention facilities, and two juvenile detention facilities.

²¹ Public swimming pools include any public swimming pools, bathhouse, public swimming and bathing place and all related appurtenances. ([Health & Saf. Code, § 116025.](#))

²² [Health & Saf. Code, § 116040.](#)

²³ [Health & Saf. Code, § 116055.](#)

²⁴ [Health & Saf. Code, § 116063.](#)

²⁵ [CCC Ord. Code, § 413-3.604.](#)

²⁶ [CCC Ord. Code, § 413-3.802.](#)

²⁷ [Health & Saf. Code, § 116053.](#)

²⁸ [Cal. Code Regs., tit. 24, § 3103B.1.](#)

²⁹ [Cal. Code Regs., tit. 22, 65501, subd. \(d\).](#)

³⁰ [Cal. Code Regs., tit. 24, § 3105B.](#)

³¹ [Cal. Code Regs., tit. 22, § 65511; Cal. Code Regs., tit. 24, § 3105B.](#)

³² [Health & Saf. Code, § 101045.](#)

ii. ORGANIZED CAMPS

The local health officer is required to enforce building standards relating to organized camps.³³ An organized camp is “a site with program and facilities established for the primary purposes of providing an outdoor group living experience with social, spiritual, educational, or recreational objectives, for five days or more during one or more seasons of the year.”³⁴ State regulations require organized camps to be free or protected from hazards such as large numbers of insects and venomous snakes and uncontrolled poison oak.³⁵ Organized camps must have an adequate and dependable supply of potable water, handwashing facilities adjacent to flush toilets, showers when campers are present three or more consecutive days and nights, and toilets.³⁶ Housing must be kept in good repair and maintained in a safe and sanitary condition.³⁷ Food facilities must comply with the California Retail Food Code³⁸ and swimming facilities must be designed and constructed in accordance with specified requirements.³⁹

Under state regulations, the site operator of an organized camp must submit various written notices to the health officer. Camps that operate year-round must submit an initial notice of operation. Other camps must submit a notice of intention to operate at least 30 days prior to the operation of any camp in any calendar year.⁴⁰ Written notices must also be sent to the health officer prior to construction of a new camp, major expansion or changes in ownership, operation or dates of occupancy.⁴¹ Annually and upon change of ownership, the site operation is also required to submit to the health officer either written verification of American Camp Association accreditation or written description of operating procedures for organized and supervised activities of the camp (including an emergency plan). EH reviews this documentation to see if it meets the minimum state requirements and provides written acknowledgment of receipt as required by regulation.⁴²

No inspection requirement is stated in the laws or regulations, but the need to inspect is clearly implied. EH inspects each year round organized camp twice a year and each seasonal organized camp once a year.

D. PROGRAMS RELATED TO MEDICAL PROCEDURES

Program elements related to medical procedures pertain to (1) body art and (2) medical waste.

i. BODY ART

State law prohibits a body art facility from conducting business without a valid health permit issued by the local enforcement agency⁴³ and requires body art practitioners (persons who perform body art) to register with the local enforcement agency and, if they practice at temporary body art events, obtain all necessary permits to conduct business, including a valid permit from the local enforcement agency.⁴⁴ The sponsors of temporary body art events must also obtain permits from the local enforcement agency.⁴⁵ The Health

³³ [Health & Saf. Code, § 18897.4.](#)

³⁴ [Health & Saf. Code, § 18897, subd. \(a\).](#)

³⁵ [Cal. Code Regs., tit. 17, § 30702.](#)

³⁶ [Cal. Code Regs., tit. 17, § 30712](#)

³⁷ [Cal. Code Regs., tit. 17, § 30722, subd. \(a\).](#)

³⁸ [Cal. Code Regs., tit. 17, § 30730.](#)

³⁹ [Cal. Code Regs., tit. 17, § 30740.](#)

⁴⁰ Cal. Code Regs., tit. 17, § 30703, subd. (a).

⁴¹ Cal. Code Regs., tit. 17, § 30703, subd. (b).

⁴² Cal. Code Regs., tit. 17, § 30703, subd. (c).

⁴³ [Health & Saf. Code, § 119312.](#)

⁴⁴ [Health & Saf. Code, § 119306](#)

⁴⁵ [Health & Saf. Code, § 119308, subd. \(a\).](#)

Services Department is the local enforcement agency in the unincorporated area. The Environmental Health Director performs the functions of the local enforcement agency.⁴⁶

Under state laws, the local enforcement agency may conduct inspections, impound unsafe instruments, review a facility's infection prevention and control plan to evaluate whether it meets state law and is being followed, issue citations, and secure samples, photographs, or other evidence from a body art facility, or any facility suspected of being a body art facility.⁴⁷

A local enforcement agency may establish reasonable regulatory fees for registering body art practitioners⁴⁸ and issuing permits⁴⁹ in an amount that does not exceed, but is sufficient to cover, the costs of administration of the program.

ii. MEDICAL WASTE

Local agencies may implement a medical waste management program by the adoption of an ordinance or resolution. In 1991, the Board of Supervisors adopted Resolution No. 91/27, implementing a medical waste management program. Environmental Health has been assigned to carry out this program as the local enforcement agency. The purpose of this program is to protect the health of the public, health care facility personnel, and landfill personnel from exposure to medical wastes containing potentially communicable pathogenic organisms.

Medical waste generators are categorized based on the amount of medical waste they generate per month and whether they treat the waste on site or not. Large quantity generators, which generate 200 or more pounds of medical waste in any 12-month period, and small quantity generators, which generate less than 200 pounds of medical waste per month and treat their waste onsite by specified technology, must register with the enforcement agency⁵⁰ and file a medical waste management plan.⁵¹ EH staff processes and reviews medical waste management plans.⁵² EH staff inspects approximately 50 large quantity generators every year⁵³ and biennially inspects approximately 12 small quantity generators that treat medical waste onsite.⁵⁴ EH also conducts triennial inspections of approximately 1,350 registered, small quantity generators that do not treat onsite.⁵⁵

The local enforcement agency may prescribe, by resolution or ordinance, the registration and permit fees necessary to pay its reasonable expenses to administer this program.⁵⁶ Per County ordinance, an annual environmental health operating permit is required for medical waste generators.⁵⁷

E. LAND USE PROGRAM

The Land Use Program consists of four elements: (1) Land development project review; (2) public water systems; (3) well construction/abandonment; and (4) liquid waste.

⁴⁶ [Health & Saf. Code, § 119301.](#)

⁴⁷ [Health & Saf. Code, § 119319.](#)

⁴⁸ [Health & Saf. Code, § 119306, subd. \(b\)\(7\).](#)

⁴⁹ [Health & Saf. Code, § 119312, subd. \(b\)\(2\), 119317.5, 119318, subd. \(a\)](#)

⁵⁰ [Health & Saf. Code, § 117680, 117890, 117890, 117895](#)

⁵¹ [Health & Saf. Code, § 117935, 117960](#)

⁵² [Health & Saf. Code, § 117820.](#)

⁵³ [Health & Saf. Code, § 117965.](#)

⁵⁴ [Health & Saf. Code, § 117938, subd. \(a\).](#)

⁵⁵ [Health & Saf. Code, § 118335](#)

⁵⁶ [Health & Saf. Code, § 117825.](#)

⁵⁷ [CCC Ord. Code, § 413-3.604.](#)

i. LAND DEVELOPMENT PROJECT REVIEW

The purpose of this element is to protect against health hazards and environmental degradation that might result from land development projects. Counties are required to deny approval of subdivisions if their design is likely to cause serious public health problems or substantial environmental damage.⁵⁸

The great majority of public health and environmental problems associated with land use projects can be prevented if they are identified, evaluated and mitigated in the planning stage. Therefore, it is essential that there be environmental health participation and input during the processing of such projects by the County and cities. EH reviews documents submitted by the Department of Conservation and Development, city planning departments and other agencies for proposed site plans, subdivision proposals, zone changes, use permits, general plan amendments, environmental impact reports, and sewage disposal system and water system designs, to name a few. If, in the initial review, EH identifies that the project may have public health implications which require EH oversight, a more thorough review is completed and comments are submitted to the requesting agency. In particular, the proposed land development will be reviewed for compliance of laws, regulations, and ordinance requirements regarding domestic water supply and sewage disposal.

ii. PUBLIC WATER SYSTEMS

The goal of this element is to protect public health and prevent disease by assuring that domestic water served by water systems that serve more than two parcels and less than 200 parcels is safe, potable and available in adequate quantity and protected against contamination backflow. Among other duties, staff assigned to this element reviews the required bacteriological and chemical water test results for state small water systems.⁵⁹

The state has delegated responsibility to the county health officer under Health and Safety Code section 116330 to administer and enforce state laws pertaining to public water systems that serve fewer than 200 connections. This is referred to as a “local primacy” delegation. Environmental Health, which has been assigned to perform these duties, is known as a local primacy agency (LPA). As an LPA, Environmental Health regulates the following three types of public water systems:

- **Community water systems:** Serve at least 15 service connections used by yearlong residents or regularly serve at least 25 yearlong residents of the areas served by the system.⁶⁰ Examples might be systems serving a mobile home park or residential subdivision. In 2019, EH permitted 31 community water systems.
- **Non-transient non-community water systems:** Regularly serve 25 or more of the same persons over six months per year and is not a community water system.⁶¹ Examples might be systems that serve a school or business. In 2019, EH permitted 11 non-transient non-community systems.
- **Transient non-community water systems:** Non-community water systems that do not regularly serve 25 or more of the same persons over six months per year.⁶² Examples might be systems that serve a restaurant, campground or church. In 2019, EH permitted 47 transient non-community water systems, 3 of which used surface water as the source.

⁵⁸ [Gov. Code, § 66474, subds. \(e\) & \(f\).](#)

⁵⁹ [Cal. Code Regs., tit. 22, §§ 64212, 64213.](#)

⁶⁰ [Health & Saf. Code, § 116275, subd. \(i\).](#)

⁶¹ [Health & Saf. Code, § 116275, subd. \(k\).](#) A non-community water system is a public water system that is not a community water system. ([Health & Saf. Code, § 116275, subd. \(j\).](#))

⁶² [Health & Saf. Code, § 116275, subd. \(o\).](#)

Public water systems serving fewer than 1,000 connections must pay an annual drinking water operating fee to either the state or the local primacy agency, as applicable, to cover costs incurred from mandated activities relating to inspections, monitoring, surveillance and water quality evaluation.⁶³ Public water systems must also reimburse a local primacy agency for costs incurred pertaining to orders and citations, public notifications and hearings.⁶⁴

In addition to performing the duties of a local primacy agency, Environmental Health regulates two other types of water systems, as follows:

- **State small water systems:** These systems provide piped drinking water to the public and serve at least five but not more than 14 service connections and do not regularly serve drinking water to more than an average of 25 individuals daily more than 60 days out of the year.⁶⁵ Examples might be a system that serves a subdivision of eight homes. The local health officer enforces the minimum requirements pertaining to state small water systems.⁶⁶ The reasonable costs of the local health officer in enforcing these requirements may be recovered through the imposition of fees on state small water systems in accordance with Health and Safety Code section 101325.⁶⁷
- **Local small water systems:** “Local small water system” is the informal name given to the remainder of the water systems regulated by Environmental Health – namely, small water systems⁶⁸ that have two or four service connections. An example is a system that serves two residences on separate parcels.

The County Ordinance Code requires persons proposing to install, construct or operate a small water system to apply to the health officer for approval of the water source and utility system and pay appropriate fees.⁶⁹ The health officer may then conduct the necessary investigation and/or site evaluation of the proposed or existing system.⁷⁰ Upon approval of the completed installation of the water system, the health officer issues a water supply permit and a public health license to operate the system.⁷¹

Annual operating permits are required for all small water systems.⁷² Fees for the application, issuance, and renewal of environmental health permits are set by the Board by resolution.⁷³

iii. WELL CONSTRUCTION/ABANDONMENT

The well construction/abandonment element employs a preventive approach to protect against chemical and bacterial contamination of groundwater and protects people from safety hazards associated with improperly constructed or abandoned wells.

The County Ordinance Code requires every person proposing to dig, drill, bore or drive any water well, or rebores, deepen, cut new perforations in, or seal the aquifers of any existing well, to apply for and obtain a

⁶³ [Health & Saf. Code, §§ 116565, subs. \(a\)-\(b\) & \(f\).](#)

⁶⁴ [Health & Saf. Code, § 116595, subd. \(a\).](#)

⁶⁵ [Health & Saf. Code, § 116275, subd. \(n\).](#)

⁶⁶ [Health & Saf. Code, § 116340.](#)

⁶⁷ [Health & Saf. Code, § 116340, subd. \(c\).](#)

⁶⁸ [CCC Ord. Code, § 414-4.221.](#)

⁶⁹ [CCC Ord. Code, § 414-4.401, subd. \(a\).](#)

⁷⁰ [CCC Ord. Code, § 414-4.403.](#)

⁷¹ [CCC Ord. Code, § 414-4.401, subd. \(c\).](#)

⁷² [CCC Ord. Code, § 413-3.604.](#)

⁷³ [CCC. Ord. Code, § 413-3.1212.](#)

permit to do the work.⁷⁴ The Ordinance Code also requires abandoned wells to be destroyed in accordance with state standards.⁷⁵

When first installed, a domestic water well must also demonstrate water quality and water quantity adequacy.⁷⁶

Fees are due at time of filing for or requesting an investigation, test, inspection, or permit.⁷⁷

iv. LIQUID WASTE

The primary purpose of this element is protection of the health of the public and environment from the improper disposal of sewage. This is accomplished through measures that include the evaluation and permitting of onsite wastewater treatment systems⁷⁸ and septage haulers.⁷⁹ This element is linked to the well construction/abandonment element. Improper disposal of wastewater can result in significant groundwater and health problems, including vectors, odors and exposure to pathogens.

Activities specific to the Liquid Waste element include:

- Maintaining records of septage haulers and chemical toilet service companies.
- Working with the Regional Water Quality Control Boards to keep the local onsite wastewater treatment system program in compliance with the Basin Plan.
- Evaluating new methods of onsite wastewater treatment systems.
- Evaluating and permitting onsite wastewater treatment systems.

A permit is required to construct, alter, relocate or replace an onsite wastewater treatment system⁸⁰ and fees are collected when an applicant requests an investigation, inspection, or observation of site evaluations or tests.⁸¹ An annual environmental health permit is required for septic tank-chemical toilet cleaners.⁸²

F. SOLID WASTE PROGRAM

Solid waste needs to be properly handled or it can cause harm to public health, welfare and safety. EH is charged with enforcing state laws and local ordinances aimed at controlling the collection, treatment and disposal of solid waste.

i. STATE-AUTHORIZED SOLID WASTE FACILITIES/OPERATIONS

State law authorizes local agencies to enforce requirements pertaining to solid waste facilities and solid waste handling and disposal if they are designated by the governing body and certified by the state as a local enforcement agency (LEA).⁸³

⁷⁴ [CCC Ord. Code, § 414-4.801, subd. \(a\).](#)

⁷⁵ [CCC Ord. Code, § 414-4.809.](#)

⁷⁶ [CCC Ord. Code, § 414-4.601.](#)

⁷⁷ [CCC Ord. Code, § 414-4.1201.](#)

⁷⁸ [CCC Ord. Code, § 420-6.](#)

⁷⁹ [Health & Saf. Code, § 117405.](#)

⁸⁰ [CCC Ord. Code, § 420-6.806.](#)

⁸¹ [CCC Ord. Code, § 420-6.2004, subd. \(a\).](#)

⁸² [CCC Ord. Code, § 413-3.604.](#)

⁸³ [Pub. Resources Code, § 43200 et seq.](#)

Currently, LEA staff oversees six full permit facilities, two registration tier permit facilities, and seven enforcement agency notification sites. The full permit and registration sites must be inspected monthly, while notification sites are inspected quarterly.

The LEA may prescribe, revise, and collect fees or other charges from each operator of a solid waste facility or from any person who conducts solid waste handling if the local governing body having rate setting authority has approved rate adjustments to compensate the solid waste hauler or solid waste facility operator for the amount of the fee or charges imposed pursuant to this section.⁸⁴ Fees may also be based on volume or type of solid waste or on any other appropriate basis. Currently, a solid waste fee is collected based on tonnage⁸⁵, and other time-based fees are charged based on hourly rates. No changes to LEA fees are being proposed at this time.

ii. LOCAL SOLID WASTE REQUIREMENTS

Mandatory garbage service has been required in the unincorporated area since 1985.⁸⁶ With limited exceptions, a residential, hotel, bar or food establishment must have weekly pickup of solid waste. EH is charged with enforcing this ordinance, and as such is given authority to subscribe a property for garbage service if the owner does not comply with directions to do so and to take enforcement action against the owner to recover the costs of collection. Exemptions from the mandatory subscription requirement may also be granted in specified circumstances.

In 2017, the Board of Supervisors amended the County Ordinance Code to requiring a non-franchise solid waste hauler to obtain an annual permit to collect and transport solid waste in the unincorporated area of the county.⁸⁷ This is one of several actions taken to address the problems of illegal dumping of solid waste. EH first reaches out to solid waste franchise agencies to seek verification that an applicant's proposed activities do not conflict with franchise agreements. An applicant must have the required commercial insurance and provide a bond. EH then inspects each transport vehicle to determine if it can safely haul the solid waste. The permitted hauler must submit quarterly load reports indicating the pick-up location, amount of solid waste collected, and disposal locations.

On December 20, 2016, the Board of Supervisors adopted Ordinance No. 2016-24, requiring pharmaceutical drug manufacturers to provide for the collection of unused drugs, in an effort to prevent accidental poisonings or intentional misuse of drugs such as prescription opioids.⁸⁸ EH enforces the ordinance by inspecting and approving initial and amended stewardship plans. After plan approval, EH receives and reviews annual reports from plan operators.

G. CANNABIS

Article 413-4 of the County Ordinance Code requires that any person conducting any commercial cannabis activity in the unincorporated area of the County to obtain a health permit from the Environmental Health Division. The requirement to obtain a health permit also applies to any commercial cannabis delivery business located outside the unincorporated area of the County that delivers cannabis or cannabis products to any location in the unincorporated area of the County. The health permit requirement is in addition to any other state or locally required permits or licenses.

⁸⁴ [Pub. Resources Code, § 43213.](#)

⁸⁵ Resolution No. 88/783.

⁸⁶ [CCC Ord. Code, § 418-6.](#)

⁸⁷ [CCC Ord. Code, § 418-2.](#)

⁸⁸ [CCC Ord. Code, § 418-16.](#)

Pursuant to the County Ordinance Code, the Environmental Health Division will enforce general health standards that apply to all commercial cannabis activities (e.g., odor control, no consumption on site) and other standards specific to the activity conducts. Specific standards apply to manufacturing (e.g., the use of volatile solvents is prohibited), retail sale (e.g., transaction limits on edible cannabis products, requirements for consumer warnings), and retail delivery (e.g., delivery employees are required to examine government issued identification cards upon delivery). Consistent with the County's tobacco control ordinance, the sale or delivery of flavored cannabis products for which the primary use is human inhalation is also prohibited.

Permitted commercial cannabis activities and cannabis delivery operations must comply with all State and local laws, maintain a valid State license and County business license, and maintain a valid County land use permit if required.

The Environmental Health Division reviews applications, issue commercial cannabis health permits, inspects commercial cannabis activity premises and delivery vehicles, and takes enforcement actions for violations of the permit terms, the health permit ordinance, or other State or local laws and regulations.

METHODOLOGY USED TO DEVELOP EH FEES

A. LEGAL STANDARDS

Environmental Health fees, which cover costs associated with issuing permits, conducting inspections and administrative enforcement activities, are regulatory fees⁸⁹ that may be imposed by the Board of Supervisors.

Regulatory fees are fees charged in connection with regulatory activities that “do not exceed the reasonable cost of providing services necessary to the activity for which the fee is charged and which are not levied for unrelated revenue purposes.”⁹⁰ A local agency imposing a regulatory fee, or any other type of levy, charge or exaction, must establish that it is not a tax, that the amount is no more than necessary to cover the reasonable costs of the government activity, and that the manner in which those costs are allocated to a payor bear a fair or reasonable relationship to the payor’s burdens on, or benefits received from, the governmental activity.⁹¹

B. EXPENSE PROJECTION PROCESS

The first step in the fee setting process is to project expenses of the fee-funded Environmental Health programs, which include staff salaries and benefits, services and supplies, indirect administration and county overhead costs. Staff salaries and benefits make up the bulk of those expenses.

i. SALARIES AND BENEFITS

Expenses are projected differently based on the specific expense categories. Projections of salary and benefit expenses of Environmental Health as a whole for Fiscal Year 2019-2020 include negotiated salary and benefit increases and an increase of two (2) full-time equivalent positions.

The projections of salary and benefit expenses in individual programs begin with an analysis of time data recorded by field inspectors, which is tracked by program element as well as service codes that describe the activities performed. Some activities are specific to a program element; for example, the annual inspection of operations of a food facility, or reviewing construction plans for a swimming pool. Other work is not tied to a particular program element, such as staff meetings, office functions, emergency operations and training. Time spent on that work is referred to as distributed time, and the cost of that time is distributed to each program element in proportion to the hours spent in each program. Salaries and benefits of administrative and clerical support staff are also assigned proportionally to each program, but included in overhead costs in the hourly rate calculation.

ii. SERVICES AND SUPPLIES

The projection of expenses in the services and supplies category for Fiscal Year 2019-2020 is based, first, on the service and supply costs incurred in the previous fiscal year. Anticipated expenses from contractors and vendors may account for cost of doing business and inflation increases, as applicable. Where higher or lower expenditures were determined to be likely in Fiscal Year 2019-2020, adjustments were made to the projected amount.

⁸⁹ [Cal. Const., art. XIII C, § 1, subd. \(e\)\(3\).](#)

⁹⁰ *Sinclair Paint Co. v. State Bd. of Equalization* (1997) 15 Cal.4th 866, 876.

⁹¹ Cal. Const., art. XIII C, § 1, subd. (e).

iii. INDIRECT ADMINISTRATION COSTS; COUNTY OVERHEAD COSTS

Indirect administration and county overhead costs (described below) are allocated to the Environmental Health Division as a whole by the Health Services Department.

C. NECESSITY OF SERVICES AND REASONABLENESS OF ASSOCIATED COSTS

Environmental Health's fee-funded programs provide services that are either mandated or authorized by state law or County ordinance. As a matter of public policy, these services have been determined to be necessary to protect public health. The time spent on activities that are conducted in order to provide those services – most of which is spent on mandated inspections – is also necessary, and the costs to fund those activities are reasonable, as demonstrated below.

i. SALARIES AND BENEFITS

a) Environmental Health Specialists

The most significant costs incurred by Environmental Health are the salaries and benefits of its personnel, particularly those who perform the inspections for the various programs. Staff anticipates that a total of 39 Environmental Health Specialists will work fulltime for the Environmental Health Division in Fiscal Year 2019-2020. Approximately 2.1 full time employees (FTEs) are expected to work in the Solid Waste LEA program, which are not included in the calculations for this fee schedule.⁹² The remaining 36.9 fulltime equivalent specialists will provide inspection and plan review services to the relevant Environmental Health programs and are included in the hourly rate calculation in Exhibit B attached hereto. This level of staffing represents an increase in staff from the previous fiscal year in anticipation of the additional staff needed to fulfill new regulatory activities. An Environmental Health Specialist is projected to work an average of 1,763 hours in Fiscal Year 2019-2020.⁹³ Based on this average, a collective 65,054 hours is projected to be worked by all 36.9 specialists in Fiscal Year 2019-2020. The total salary and benefit costs of the 36.9 specialists collectively is projected to be \$6,220,457.

The salaries and benefits in each program, and program element, are projected based on past time records. Field staff account for their time using commercially available software developed for managing administrative, financial, and technical information in environmental health programs. For each day of paid time, field inspectors enter data based on an assigned service codes to account for the type of work conducted for each facility/permit or for a general category not tied to a facility/permit.

Of the 65,054 workable hours, approximately 56,383 hours collectively (1,528 hours per specialist) are projected to be spent performing inspections, plan reviews and other services. These hours will be referred to as "Productive Time." The remaining hours (an average of 235 annual hours per specialist, or 8,671 hours collectively each year), are projected to be spent on activities such as trainings, emergency drills, staff meetings, office functions and other activities not directly tied to inspections, plan reviews and other fee-based services. These hours will be referred to as "Other Time."

⁹² There are currently 3 FTEs in the Solid Waste LEA program. 73% of this staff time is LEA, not permit related work. Therefore, 2.1 FTEs were removed from Salary and Benefit costs.

⁹³ This was determined by starting with the total number of working hours in a year (2,080 hours, based on 52 weeks per year and 40 hours per week) and then subtracting the projected average hours taken for paid time off (e.g., , vacation, sick time, County holidays, etc.) and the total hours of the two daily 15-minute breaks specialists are allowed to take, to yield 1,763 annual workable hours per specialist. These projected averages were based on actual time off taken by specialists in Fiscal Year 2018-2019.

b) Administrative/Clerical

In Fiscal Year 2019-2020, the administrative/clerical staff of the Environmental Health Division is expected to include the Chief Environmental Health and Hazardous Materials Officer (Chief Officer⁹⁴), the Environmental Health Director, an Assistant Environmental Health Director, six supervising Environmental Health specialists, and eleven clerical personnel, including one clerical supervisor. Technical staff, temporary and student interns are also employed to support administrative and clerical functions of the division. The Chief Officer, Environmental Health Director and Assistant Environmental Health Director are responsible for overall operation and management of the division. The Supervising Environmental Health specialists are responsible for the programs to which they are assigned, and the program elements within each program, and the clerical supervisor manages the remaining clerical staff. The work these administrators and supervisors perform is necessary to the overall functioning of the Environmental Health Division and the fee-funded programs. Their projected salaries and benefits for Supervisor/Clerical staff in Fiscal Year 2019-2020 collectively totals \$3,076,395. This cost is reasonable for the administrative and clerical services that they provide.

The administrative and clerical staff time of the Environmental Health Division is not tracked to specific programs. Administrative and clerical staff salaries and benefits are instead allocated to each program based on the percentage derived by dividing the total regular working hour specialist salaries and benefits attributable to each program by the total regular working hour salaries and benefits of all specialists.

ii. SERVICES AND SUPPLIES

It is projected that \$1,775,478 will be needed to fund the services and supplies required to operate the Environmental Health Division in Fiscal Year 2019-2020. The supplies and services required to operate the Environmental Health Division apply to all of the programs. These costs include, but are not limited to: Communication fees and equipment expenses (\$60,000) which are essential so that staff can communicate with other staff in the field, receive emergency notifications, and to ensure staff are accessible to the public; minor office equipment (\$75,000) such as, computer hardware, ergonomic workspace equipment, and furniture and field equipment used for inspection purposes; building occupancy cost (\$414,582), which covers rent for the Environmental Health building headquarters; maintenance services (\$37,000) necessary for field equipment, EH vehicles, and building/office maintenance and repairs; other travel expenses (\$112,500), which mainly consist of auto mileage reimbursements for inspection staff and training and travel expenses such as airfare, lodging, and registration fees; and software service charges (\$125,000). The projected service and supply costs are essential to Environmental Health Division operations and therefore reasonable expenses to be funded by the Environmental Health Division fees. Further, the services and supplies costs for the Solid Waste LEA program (\$126,898) and Waste Tire program (\$15,803) were not included in the calculations for this fee schedule.

Service and supply expenses are allocated to the different programs based on the percentage derived by dividing the salary and benefit costs attributable to each program by the total salary and benefit costs of the division. The amounts allocated to each program are shown in Table 1 on Exhibit A.

⁹⁴ The time of the Chief Environmental Health and Hazardous Materials Officer is split between the Environmental Health Division and the Hazardous Materials Programs Division. Approximately \$11,000 is allocated to Environmental Health.

iii. INDIRECT ADMINISTRATION

Indirect administration expenses are Health Services Department overhead costs that are allocated to each of its divisions. The projected allocation to Environmental Health in Fiscal Year 2019-2020 is \$619,962, and includes Health Services departmental administration overhead charges (\$337,886), retiree health insurance costs (\$192,993), and other post-employment benefits (OPEB) (\$89,083). Health Services Department overhead includes charges for the Office of the Director to oversee the various divisions within the department, the Contracts and Grants Division to assist in preparing contracts and grants, the Information Systems Division that assists with computer equipment and software, Payroll and Personnel Division, and the Finance Division. The Environmental Health Division allocation was based on the percentage derived by dividing the total division budgeted expenses by the department expense budget. These services are essential parts of the day-to-day operations of the department and its various divisions. The total of \$619,962 in indirect administration costs was allocated to each program by the same percentages used to allocate service and supply costs. Indirect costs for Solid Waste LEA (\$49,783) and Waste Tire (\$6,200) were removed from this total, for a new total of \$563,979. These Indirect Administration costs are shown in Table 1 on Exhibit A. The indirect costs were included in hourly rate calculations in the Supervisor/Clerical Salary and Benefits line item of Exhibit B.

iv. COUNTY OVERHEAD

County overhead costs include those incurred by the County Administrator's Office in overseeing the Health Services Department. Included are costs incurred in the preparation of department or division agenda items for the Board of Supervisors, development of policies concerning the department or its divisions, labor negotiations, contract negotiations with represented personnel, handling grievances, staffing Board committees to which Environmental Health reports and assisting with Environmental Health's reports to these committees. County overhead also includes costs incurred by other County departments that perform services for the Health Services Department or its divisions. They include Human Resources Department costs associated with hiring personnel, conducting classification and compensation studies and developing policies. Also included are the costs of services provided by the Auditor-Controller, Public Works Department, General Services, County Counsel and the Department of Information Technology. As with indirect administration costs, county overhead costs are essential to the day-to-day administration of the Environmental Health Division.

The allocations of these overhead costs are determined according to an accounting process approved by the federal Office of Management and Budget and guidelines on determining best estimates. Amounts are allocated to each division in proportion to the cost of services received by the department from other County departments. The manner in which these proportional amounts are tallied varies depending on the type of services provided. Services provided by the Auditor-Controller, for example, are allocated based on the number of checks issued to the receiving department and number of employees in the receiving department. Building maintenance, on the other hand, is allocated based on the square footages of the buildings maintained and number of employees in the receiving department. For Fiscal Year 2019-2020, it is projected that a total of \$166,000 will be allocated to the Environmental Health Division. This total was then allocated to the Environmental Health programs by the same percentages used to allocate indirect administration costs. The amounts allocated to each program are shown in Table 1 on Exhibit A. Solid Waste LEA and Waste Tire costs, totaling \$14,990 was removed from the County Overhead costs, so that \$151,010 was included in the hourly rate calculations, as seen in Exhibit B. As with indirect administration costs, county overhead costs are essential to the day-to-day administration of the Environmental Health Division and for that reason are reasonable and necessary.

v. EXPENSE SUMMARY

The total projected expenses of the EH Division in Fiscal Year 2019-2020, tied to permit fee specific services is \$11,223,341. Table 1 on Exhibit A shows the total projected expenses (\$12,590,239) for the Environmental Health Division as a whole, as well as, a breakdown of each Environmental Health program category. As discussed, Solid Waste LEA costs and Waste Tire costs totaling (\$1,136,898) are not included in this expense total. Additionally, the totals for Fines and Penalties (\$182,000) and Application Fees (\$48,000) detailed in Table 2 of Exhibit A were removed from total expenses, because the expenses related to this revenue are not tied to inspections. Therefore, they should not be included in hourly rate calculations. This is how the \$11,223,341 total utilized in the hourly rate calculations was arrived at from the full expense total of \$12,590,239.

D. PROJECTIONS OF REQUIRED REVENUES

After expenses have been projected, the next step is to project revenue needs. Revenue projections start with an analysis of the revenues collected in the previous year, the number of active facilities within each program element, and an assessment of the funds needed to cover the anticipated cost of the program.

EH collects fines and late penalties, and is awarded grants intermittently. The totals of these revenues received in Fiscal Year 2018-2019 were used as a basis for projection of these revenues in Fiscal Year 2019-2020. The projected fines and late penalties total \$182,000. Another \$153,000 in grant revenue is projected, \$126,000 of which is earmarked to fund all the expenses of the Waste Tire program element, which is staffed by technicians. An additional \$1 million in solid waste tonnage fee revenue is also projected. Finally, approximately \$48,000 will be collected through application fees to cover clerical costs. These revenues are shown in Table 2 on Exhibit A. These revenues fund other Environmental Health programs and do not fund permit fee specific services, so expenditures tied to these revenue sources are not included in the hourly rate calculations.

Program fees are set so that revenues collected to fund EH operations balance with expenditures needed to carry out regulatory activities each fiscal year. However, sometimes more revenue is collected than is needed to cover operating costs in any given fiscal year. When that happens, the excess revenue is carried forward to the following year, and fees would be adjusted accordingly. Conversely, if expenses exceed the revenues collected, leaving a shortfall in funding, revenues to be collected in following years are borrowed to cover the shortfall, and the shortfall becomes an expense to be funded in the following year and fees would be adjusted accordingly. Although many variables, including estimates for new programs and related staff increases and the number of inspections and annual plan reviews could impact actual Fiscal Year 2019-20 expenditures and revenues, no carryovers or shortfalls are projected going into Fiscal Year 2019-2020.

E. FEE APPORTIONMENT

The vast majority of fees in all of the Environmental Health programs are calculated based on the amount of time projected to be spent by a specialist performing an activity or service for which the fee is charged. These times have been determined based on timekeeping data and estimates developed by staff. Average hours projected to be spent on inspections and other activities for which EH fees are charged are shown on

Exhibit B attached hereto. In setting fees in this manner, the fees are tied directly to the burden that each payor has on the particular program.⁹⁵

The actual cost associated with one hour of a specialist's time spent on an inspection or plan review or other service includes more than just the salaries and benefits of the inspector for that one hour. It includes a proportional cost of time spent on activities for which no fees are collected (Other Time), and proportional shares of other reasonable costs of the division; i.e., the cost of administrative and clerical work, services and supplies, indirect administration and county overhead. In order to recoup all of these costs, fees are based on what is referred to as a "fully burdened hourly rate" associated with one hour of Productive Time. The amount of time that it takes a specialist to conduct an inspection or plan review or other service is multiplied by the fully burdened hourly rate in order to set the applicable fee.

There are two steps involved in calculating the fully burdened hourly rate of a specialist. First, an average salary and benefit rate of one specialist (\$110.32) was calculated based on the Productive Time of the 36.9 specialists (56,383 hours) and projected \$6,220,457 in salaries and benefits.

The second step requires calculating an hourly rate associated with the projected overhead costs of the Division in all programs in which specialists are employed to perform inspections, plan reviews or other services. Those costs (which exclude all the costs of the Solid Waste-LEA, Waste Tire programs, and costs related to Fines and Penalties and Application Fee revenues), total \$5,002,884. Those costs are then divided by the Productive Hours of 56,383, yielding an hourly rate of \$88.73.

The two hourly rates of \$110.32 and \$88.73 were then added to yield a fully burdened rate of approximately \$199 per hour. For a breakdown of these calculations, see Exhibit B.

Program fees are set so that revenues collected to fund EH operations balance with expenditures needed to carry out regulatory activities each fiscal year. If more revenues are collected than are needed to cover the total operating costs in any given fiscal year, such excess revenue will be carried forward to the following year, and fees would be adjusted accordingly. Conversely, if expenses exceed the revenues collected, leaving a shortfall in funding, revenues to be collected in following years are borrowed to cover the shortfall, and the shortfall becomes an expense to be funded in the following year and fees would be adjusted accordingly.

Fees are primarily set at the PE level, which is based on the type of unit of work or facility type. EH work can be broadly described as falling into two types: unit work for which there is a beginning and an end and work that is conducted annually, usually year after year. All plan review work and most land use work is described as unit work for which there is a beginning and an end. Most food facility, pool, body art, medical waste, permit work is conducted in yearly increments. PEs are further broken down in certain program areas based on the type of facility. For instance, inspection and plan check for retail food facilities have a program element for many different types of fixed food facilities, e.g., small restaurant, large grocery store, bakery. Similarly, land use has different PEs based on the type of work being proposed, e.g., drilling of soil boring, well destruction, soil profile evaluation for a proposed on-site wastewater treatment system (OWTS). There are PEs for staff time used in general program development, training, division and team meetings, and time off for each program area.

Within each PE, the field staff further assigns their time using service codes (SCs). For instance, for the annual permitting programs, when conducting a routine inspection of a food facility, pool or beach, body

⁹⁵ *Cal. Assn. of Prof. Scientists v. Dept. of Fish and Game* (2000) 79 Cal.App.4th 935, 945; *Pennell v. City of San Jose* (1986) 42 Cal.3d 365, 375; *United Business Com. v. City of San Diego* (1979) 91 Cal.App.3d 156, 166.

art, medical waste generator, solid waste facility, the SC “002” is used and the time is linked to a particular facility/permit. For the unit work done in plan review and land use entails, the following typical activities: review of the application and proposed work, comments to applicant if changes or additional information is needed, inspection at proscribed times in the project, and final approval, and each the time for each activity has its own SC that the staff assign their time.

Some of the SCs are used when an inspector is not working on a particular project unit or facility. Inspectors attribute time to certain division-wide activities such as emergency operations, training- public, official meeting, training in-service, and staff meeting. In addition, each work day, the inspectors are expected to spend the first two hours of the day (typically, 7AM to 9AM) in the office to be available for office visits, returning phone calls, and to conduct paperwork including recording the previous day’s activities in the software system. This activity is captured as office activity. Field staff time attributed to a program area general PE (e.g., General Land Use, Well General) is distributed amongst the PEs within that EH program area based on the total time that particular PE requires compared to the other PEs for that EH team. Field staff time attributed to General Environmental Health is distributed across all program area groupings based on size of that program grouping compared to all programs.

The data used to develop the fee for a particular PE is based on the time recorded for certain SCs that are linked to a particular facility or project unit. In the subsequent sections, we will describe how the SCs are grouped by a particular program area and provide the base time for each PE in each program area relevant to those programs for which fees are being adjusted with this resolution.

Under current County ordinance, exemptions from paying environmental health permit fees exist for someone who is legally blind⁹⁶ or is a veteran that was honorably discharged⁹⁷ or to a religious or charitable organization.⁹⁸ A more narrow exemption for honorable discharged veteran is described in the state law for those individuals desiring to peddle, sell, and vend.⁹⁹ Revenues collected from penalties cover service cost and fee gaps from these exemptions.

A time analysis study of EH field inspector activity, showed that in many cases, no changes in the fees needed to be made based on the amount of time Environmental Health spent conducting that service. Environmental Health is proposing amendments to the fee schedule for body art program based on the new time analysis. The time analysis study revealed increased efficiency inspecting the licensed health care facilities; therefore, no increased fees are proposed for this program.

Environmental Health has created new categories for certain facilities. For instance, production kitchens and event centers had been combined with commissaries. However, because Environmental Health wants budding food entrepreneurs to be aware of the production kitchen facilities available in the county, we create a separate category for them as it is easier to track them. Similarly, now the commissaries are only comprised of facilities that support a mobile food facility. And the event centers are in a separate category. Separate fees for these two categories are included in this fee revision.

EH has separated the seasonal public pools from the year-round public pools. EH conducts a routine inspection of all seasonal public pools one time, whereas the goal for the year-round public pools is twice a year. The fee for the year-round public pools is proposed to be adjusted based on the increased workload.

State law has created new food facility types, namely a catering operation and a host facility (AB 2524), so

⁹⁶ [CCC Ord. Code, § 413-3.1002.](#)

⁹⁷ [CCC Ord. Code, § 413-3.1006.](#)

⁹⁸ [CCC Ord. Code, § 413-3.1004.](#)

⁹⁹ [Bus. & Prof. Code, § 16102.](#)

we are adding those to the fee resolution. State law also created several charitable food categories; however, these are fee exempt per county ordinance.

The following sections describe the time analysis approach for the development of fees for the annual permit fee, plan review of new or remodeled food facilities and public pools, land use programs, solid waste, safe drug disposal and cannabis.

i. ANNUAL OPERATING PERMITS-FOOD, RECREATIONAL HEALTH, HOUSING, BODY ART, MEDICAL WASTE, SMALL WATER SYSTEMS

The inspectors that conduct the food, recreational health, housing, body art, and organized camp programs are housed within four EH teams. The facility specific activity time involved with these program types serve as the base of the fees for each of these programs, and because they differ slightly, they are explained separately in the following sections. There is also time associated with facility-specific and general program development activities that differ within each of these programs, and is thus distributed within a specific program and not distributed across all the programs. General Environmental Health Time was distributed using a time weighted approach across the programs.

a) FOOD PROGRAMS

EH has established fees for certain food facility-specific activities: annual permit, change of ownership and site evaluations. In this section, the basis for the permitting of fixed facilities, mobile food facilities and other types of retail food facilities will be discussed. EH is proposing no change for the change of ownership and site evaluation fees at this time.

1) FIXED FOOD FACILITY AND LICENSED HEALTH CARE FACILITY

EH has implemented the U.S. Food and Drug Administration’s Voluntary National Retail Food Regulatory Programs Standards. There are nine standards that are aimed at improving retail food safety by focusing on the reduction of risk factors known to contribute to foodborne illness and to promotion of active managerial control of these risk factors. One of the standards delineates the fixed food facility inspection frequency based on the types of food preparation that occurs at the facility.¹⁰⁰ For those facilities with only prepackaged food (Risk category 1), inspection frequency is one per year. For those facilities where the food is heated/cooked (Risk category 2), inspections frequency is two time per year. For those facilities where the food is cooked, cooled, and then reheated, and/or food served raw, such as sushi restaurants (Risk category 3), the inspection frequency is three times per year. These inspection frequencies are different from the past when the goal of EH was to inspect each fixed food facility twice annually. Inspection time includes preparation time reviewing the previous inspection reports and other information in the facility file, travel time to that facility (typically averaged over all the facilities being inspected that day by the inspector), on-site inspection time, and any report writing that occurs after the inspection. Sometimes the inspector must conduct a re-inspection because the routine inspection found one or more violations that requires the operator to fix, which cannot be accomplished while the inspection is taking place. In April 2016, EH implemented the placarding program for fixed facilities. In April 2019, EH implemented the placarding program for limited and full prep mobile food facilities. If a facility gets a yellow placard, a re-placarding inspection is conducted within 10 business days.

This size of the type of operation that occurs at a facility often dictates the length of time it takes to conduct some of the inspection activities, and thus the current fee schedule has a number of different categories. The fee categories include commercial establishments that make and sell food, school food

¹⁰⁰ [U.S. Food and Drug Administration's Voluntary National Retail Food Regulatory Programs Standards](#)

programs, retail bakeries, retail food facilities, commissaries, production kitchens, and licensed health care facilities. In the fee schedule, several of the PE categories have been broken up to better represent the differences in time it takes to oversee these facilities. An example is separating, production kitchens from commissaries, as production kitchens are defined as having food preparation activities, whereas Commissaries are essentially wholesale support for mobile food facilities. Facility specific data were used to develop the basis for the routine inspections where it was possible to do so.

The time consumed conducting one routine inspection and one re-inspection/re-placard inspection is the base hours for a food facility fee category risk level one. The time consumed conducting two routine inspections and one re-inspection/ re-placard inspection is the base hours for a food facility fee category risk level two. The time consumed conducting three routine inspections and one re-inspection/ re-placard inspection is the base hours for a food facility fee category risk level one.

Inspector time for facility-specific non-chargeable activities (e.g. non-validated complaint, consultation/no charge, operating without a permit, out of business) were added with the inspector time spent on non-facility specific activities such as program coordination and development and then distributed across each of those food facility fee categories based on the inspection time workload (total minutes) of that fee category compared to the total inspection time workload for all these food facility fee categories. Then this distributed time for each PE category was divided by the number of routine inspections conducted in that PE to arrive at the distributed time per facility within that PE.

Similarly, inspector time for facility-specific non-chargeable activities for the series licensed health care facilities was added with the inspector time spent on non-facility specific activities such as program coordination and development and distributed across each licensed health care facility fee category based on the inspection time workload (total minutes) of that PE category compared to the total inspection time workload for all the licensed health care facility fee categories. Then this distributed time for each PE category was divided by the number of routine inspections conducted in that PE to arrive at the distributed time per facility within that PE.

2) MOBILE FOOD FACILITIES

EH permits a number of mobile food facilities: trucks that range from the traditional pre-packaged food with coffee truck to gourmet food trucks where food preparation occurs on the trucks, pushcarts that typically sell ice cream or prepackaged food and, in some instances, serve hot food. EH issues permits that take into account that some of the mobile food facilities operate seasonally, e.g. ice cream pushcarts, others may work farmers markets during fair weather, and still others are year round, by offering certain permits on a quarterly basis.

All mobile food facilities must be associated with a commercial kitchen or commissary and return there at the end of every workday.

In recognition of the changing world of mobile food, in this fee proposal certain mobile food facilities and commercial kitchens/commissary PEs have been renamed, others have been split into two or more PEs. For example, "Mobile Food Prep Unit" was renamed "Mobile Food Facility (Full Prep Vehicles)". As another example, previously we did not have a separate PE for a permitted restaurant that also serves as a commissary for a mobile food facility, so we created the "Mobile Food Facility (MFF) Commissary & Restaurant". This separate PE is needed as additional items are inspected due to the facility serving a commissary, and an additional inspection report has to be filled out.

The fees were developed for each of these new fee categories by reassigning current food facilities into the appropriate, new PE and then analyzing the inspector time as previously described for already existing food facility PEs.

Similar to fixed food facilities, EH has had a goal of inspecting each mobile food facility twice per permitted year. The first inspection is not a surprise inspection. The permit year for mobile food facilities is the same as the calendar year. In the fall when operators want to obtain a new permit, a scheduled inspection of the mobile food facility takes place at a designated County facility.

The number of inspections of the mobile food facilities and their associated restaurant/commissary is based on the risk-based approach previously described for the fixed facilities. One re-inspection/re-placard is also included in the development of the fees. The distribution of mobile food facility non-inspection time and general program development time was previously described in the fixed facility section.

3) OTHER RETAIL FOOD PROGRAM FEES

EH fees for vending machines, and temporary events are developed separately from the fixed facilities. For each of these programs, EH tracks program development and implementation and non-chargeable time separately from fixed facility and mobile food facility time.

I. VENDING MACHINES

Under state law, EH regulates vending machines. EH does not permit most vending machines, only those that contain prepackaged, non-potentially hazardous food. Under the permitting system, EH inspects these vending machines once a year.

The basis of the vending machine fee is the time needed to conduct the yearly inspection. Non-inspection time attributed to the vending machine PE is distributed across the number of vending machine permits.

II. TEMPORARY FOOD FACILITIES

EH, under state law, regulates temporary food facilities at events open to the public. These food facilities may operate solely or be part of a larger collection of temporary food facilities such as at a festival or civic celebration or a farmer's market. Typically, the permit is issued for the duration of some community event, one night, over the weekend, etc. In the case of temporary food facilities adjacent to a farmers market, the permit is issued for three months. Thus, over the period of a year, a temporary food facility adjacent to a farmer's market obtains four permits, one for each quarter.

The basis of the temporary food permit is the time needed to conduct one inspection of the temporary food facility(ies). In reviewing the time needed to conduct the inspections, as travel time is included, there was a decrease in the time needed per booth as the number of booths per event increased. Thus, as with the way fees for pushcarts, agricultural vendors at Farmers Markets, and non-agricultural vendors at Farmers Markets have been established in the past, we are proposing that the fees for temporary food booths that are for-profit, be established based on the number of booths per event.

In addition, time spent on non-inspection, facility-specific activities and program administration and development of the temporary food facility is distributed across the temporary food permit.

III. COTTAGE FOOD OPERATIONS

EH initiated its cottage food operation (CFO) program on January 1, 2013, when the state law became effective. The limited time accounting data was used to develop proposed fees. The base time for reviewing and approving the Class A registration (PE 1665) is based on the time needed to review the

initial submission of the proposed food operation including labels that meet FDA standards for each product to be produced (SC 009). The base time for reviewing and approving the Class B permit fee (PE 1665) is based on the sum of time needed to review submission of the proposed food operation including labels that meet FDA standards for each product to be produced (SC 009), the time needed to conduct one yearly inspection (SC 002), and the report writing after the inspection (SC 009). The fees first proposed for the initial review of a new Class A or Class B CFO were too low based on the 2.3 hourly time analysis, and thus the fees being proposed are higher to reflect the amount of time (2.5 hours) needed to adequately review a new proposal. Each of the new fees is based on the average number of hours and, when more time is needed, usually because a package is incomplete and even resubmittals are not adequate, then the additional will be charged at the hourly rate.

For those CFOs that are reapplying for a registration or permit and are proposing no or minimal changes in their products, EH is retaining the fees first proposed for the registration and permit, as these are appropriate given the lesser amount of time needed to review and approve the resubmittal.

b) RECREATIONAL HEALTH

1) POOLS AND SPAS

EH's goal is to inspect each year-round public pool/spa twice a year and conduct one inspection for each seasonal pool/spa. The time to conduct the routine inspections and the report writing associated with that inspection is the base of the permit fee.

Facility-specific non-inspection time and program administration and development of the pool/spa program is distributed across the pool and spa facilities.

Unique pool/spa facilities are the large recreational parks which contain multiple swim areas, and these are designated their own PE, due to the considerably larger amount of time needed to conduct the inspections. Time spent conducting the routine inspections of that recreational park are the base of the permit fee. This PE is also included in the distributed costs described in the previous paragraph.

2) BEACHES

EH enforces state law that requires inspection of "public beaches" as specifically defined in state law. EH inspects two beaches, both operated by the East Bay Regional Parks District.

EH's goal is to inspect each public beach twice a year. The time to conduct two routine inspections and the report writing associated with that inspection is the base of the permit fee. Facility-specific non-inspection time and program administration and development of the mobile food facility is distributed across the pool and spa facilities.

c) HOUSING

1) JAILS

EH conducts housing and food safety inspections at jails and detention facilities in the County per state law. State law requires inspection once a year. Specific inspection forms are provided by the state, and are the basis of the inspection.

The time to conduct one routine inspection and the report review and writing associated with that inspection is the base of the permit fee.

2) ORGANIZED CAMPS

There is one organized camp in Contra Costa County. An annual operating fee based on a three hour time analysis, which includes the time needed to review the annual written notice of intent to operate, a written verification of American Camp Association accreditation or written description of operating procedures for organized and supervised activities of the camp (including an emergency plan), and one inspection is reasonable.

d) BODY ART

EH initiated its body art program on July 1, 2012, when the state law became effective. Based on knowledge from implementing the program for the last six plus years, the existing fees are being updated based on the new time analysis study, and new fee categories are being proposed. The base time for the body artist registration fee is derived from the time needed to review the application including Hepatitis A vaccination documentation or declaration and proof of completion of the Safe Body Arts training. The base time for the body arts facility application review fee is based on the sum of time needed to review application and the facility's operating procedures. The annual operating fee is based on the time needed to conduct one yearly inspection and the report writing after the inspection. The body arts facility's permit to review fee operate (formerly called plan review fee) is based on the sum of time needed to review application, the standard operating procedure document, and the facility's blueprints, the time needed to conduct one inspection after construction is complete, and the finalizing of the permit after the inspection. This fee applies to fixed as well as mobile facilities.

EH is proposing to permit the body art temporary events similar to the food temporary events. The organizer of the event is responsible for submitting the application for the event (called Body Art Temporary Event Organizer Permit) that includes the applications for each of the booths. The Body Art Temporary Event Organizer Permit fee is based on the sum of time needed to review application and the facility's operating procedures, the time needed to talk with the organizer at the event, and the report writing after the inspection. Each booth at the event that participates in the event has a separate demonstration booth fee based on the time to inspect (20 minutes). Each artist at the event either has an annual registration (described above) or can apply to get a temporary registration (good for 15 days). The fee for the temporary registration is based on the time to review the application and the accompanying documentation.

EH is also proposing an annual fee for a body art facility that is also a school for body artist. This fee is based on the time needed to conduct two yearly inspections and the report writing after the inspections. The students would obtain either a body artist temporary registration or an annual registration depending upon their future work location.

A new fee for plan review of a remodel of an established body art permitted facility is based on the time to review the plan and conduct one inspection after the remodel is completed.

Facility-specific non-inspection time and program administration and development of the body art program are distributed proportionally across the body art categories.

e) MEDICAL WASTE

The inspectors that conduct the medical related programs are housed within the solid waste team. EH regulates several different facilities where medical waste is either generated. EH conducts inspections at medical waste generators in the County. State law prescribes that the frequency for large quantity generators (>200 lbs per year) be inspected annually. State law proscribes that the frequency for small generators (<200 lbs per year) with treatment on-site be inspected bi-annually. EH strives to inspect the

small quantity generators (<200 lbs per month, no treatment on-site) once every three years. The time to conduct one routine inspection and the report review and writing associated with that inspection is the base of the permit fee. For small quantity generators with treatment onsite for which EH is only required to inspect bi-annually, the time it takes to conduct one inspection is divided by two and is the base time for development of the fee. For small quantity generators without treatment on-site which EH strives to inspect once every three years, the time it takes to conduct one inspection is divided by three and is the base time for development of the fee.

Other facility-specific time and time needed for program administration and development of the medical waste program is distributed across the medical waste PEs proportional to the amount of time the inspection and report review/writing take-up of the total time needed for the inspections/report review/writing.

f) PUBLIC WATER SYSTEMS

Though a consumer protection program, the public water system element is housed within the Land Use Program. That inspector also conducts land use activities, oversight of construction and destruction of wells and septic systems.

The EH public water system inspector conducts several activities on a yearly basis as part of the annual permit for each of the small water systems, this includes reviewing the permit, recording a chemical sample, recording a bacteriological sample, providing technical assistance/consultation, reviewing the water system, report writing/review, and conducting an annual inspection and sometimes a re-inspection/follow-up. Depending upon the type of system, the state mandates the conduct of a sanitary survey of a small water system either annually, on a 3-year interval or a 5-year interval. Because the time needed to conduct these surveys is extensive, the basis of the fee is derived from looking at the time needed on an annual basis, over a three- or five-year period and then determining the average time needed annually to carryout the permit oversight responsibilities.

The public water system inspector conducts a number of activities to run the program including meetings with the state health department, reviewing the voluminous chemical and bacteriological data that is submitted, completing the paperwork, responding to emails and telephone calls, reviewing the files and responding to inquiries from other agencies and the public. This time was distributed proportionally across the small water systems.

Periodically, EH receives a request from a public water system operator to perform activities not typically covered within the annual permit. There are requests for small water systems to change their owner. There are also requests to change parts of the water system, i.e. modify or add new equipment. For these activities, EH has separate fees that apply only to that activity and were developed using inspector time data from recently requested activities.

ii. PLAN REVIEW-FIXED FOOD FACILITIES AND PUBLIC POOLS

The inspectors that conduct plan review, do so for both food facility and public pool construction and remodeling. The fee for each activity is based on the time needed to complete the project.

EH enforces state law that requires plan review approval for new construction and remodeling of a food facility, and inspection and approval that food facility is built to those approved plans. The fee is based on the time needed to conduct the following steps initial plan review, write plan review denial letter, plan check follow-up, write plan approved letter, conduct pre-final and final inspections, and grant permit to operate.

EH enforces state law that requires plan review approval for new construction and remodeling of a public pool (including spa and other water play structures), and inspection and approval that the public pool is built to those approved plans. The fee is based on the time needed to conduct the following steps: initial plan review, write plan review denial letter, plan check follow-up, write plan approved letter, conduct a pre-gunite inspection, conduct a pre-plaster inspection, conduct final inspection and grant permit to operate.

Changes of equipment related to food preparation (ovens, refrigerators and freezers, deep fat fryers, etc.) do not need to be submitted for review if it is like for like. However, if the equipment change is not like for like or for a change of one finish material, then an application for plan review needs to be submitted, reviewed, and approved. An inspection is not typically warranted, and thus the fee is based on just the review time in the office. Similarly, fees for a second and third piece of equipment change-out and/or finish material that all occur at the same time are based on office review and approval of the changes only. If an on-site inspection is needed, that is charged at the hourly rate. For changes to four or more pieces of equipment or a remodel that is not as extensive as a major remodel, i.e. a minor remodel, the fee is based on the plan review and inspection time. A minor remodel consists of work that requires permanent plumbing, drainage, or direct electrical connections, or installation in, or the modification of, existing structure to accommodate the new equipment, or the extensive replacement of finishes such as wall, floor or ceiling materials or lighting fixtures. Anything more extensive than a minor remodel of a food facility is considered a major remodel which takes the same amount of time for review and inspection time as does a new construction.

Fees for changes to public pools such as re-plastering including the replacement of tile and coping, handrail, ladder, and step replacements and replacement of the fence or deck are based on plan review and a final inspection.

iii. LAND USE

The inspectors that work in the Land Use team conduct both on-site wastewater treatment system and well program work. Most of the work conducted by the Land Use team is project unit-based work. The exception to this is the annual permitting of wastewater haulers. The activity time spent on each of these programs (on-site wastewater treatment system, well, and wastewater hauler) that serves as the base of the fees for each of these programs differs slightly and are explained separately in the following sections. There is also time associated with facility-specific and general program development activities that differ within each of these programs, and is thus distributed within a specific program and not distributed across all the programs. General Land Use and General Environmental Health Time are distributed using a time weighted approach across the programs.

a) ON-SITE WASTEWATER TREATMENT SYSTEMS

EH oversees the construction of on-site wastewater treatment systems per state law and County Ordinance Code to ensure proper disposal of wastewater does not negatively affect public health.

New construction of an on-site wastewater system involves several steps, each of which an applicant applies to EH individually: site evaluation, soil profile, percolation test, plan review, and the construction application permit. This step-wise approach was set-up to ensure EH is able to collect fees for the time spent on each conducted activity, which is necessary since all projects may not be fully completed for various reasons or the applicant may need a longer period of time to complete the process of design and then construction, and thus the fees are timely based on the activity pattern.

Plan review fees are based on office review time. Development of fees for site evaluation, soil profile, and percolation test are based primarily on the time it takes in the field for those activities. The construction or replacement permit fee for a conventional system is based on several field inspections, generally at the following points: a stakeout of the system to ensure proper set-backs, open trench with gravel in a pile, and final. Plan review fees are based on office review time. Alternative systems take more time because of the complexity of the systems in both plan review and additional construction inspections.

Septic tank abandonment and replacement fees are based on the time it has taken to conduct the permit review in the office and one field inspection.

b) WELLS

EH oversees all drilling into the subsurface for the purpose of keeping contaminants out of groundwater. Shallower drilling may not encounter groundwater; however, that cannot always be predicted as groundwater levels vary over time and the true depth of a drilling operation does not always follow the submitted plan. When drilling into or through groundwater, EH oversees the construction of the well and well destructions to ensure each water zone is appropriately sealed off from other water bearing zones and surface contamination. When a hole is drilled and it does not encounter water, it is important it is destroyed correctly, so as not to provide a preferential pathway of surface contamination to the subsurface.

The development of fees for wells using casing including monitoring, cathodic protection, dewatering, inclinometer, and piezometers with casing wells are based on the time it takes to review the permit application, observe the construction in the field and finalizing the permit when the well driller report is received. Geothermal heat exchange, domestic supply, and agricultural/irrigation wells are special types of wells with casing, the construction of which takes more time to review and there are more field inspections needed, so the fee is based on a greater amount of inspector time. The development of fees for wells/holes that do not include the use of casing including soil borings, soil vapor probes, CPT probes, and piezometers without casing are based on the time it takes to review the permit application (SC 363), observe the destruction in the field, and finalizing the permit when the well driller report is received.

The variance request fee is based on office review time. Development of the fees for well flow test is based on the time it takes in the field for those activities.

The development of the fee for the annual drilling permit is 8 hours of inspector time (3 2-hour visits and two hours of office time). The basis of the fee for a soil boring permit in an area where no groundwater/contamination is anticipated to be encountered is 45 minutes of inspector review time of the application, and 15 minutes of review time associated with the application.

c) WASTEWATER HAULERS

Under state law and County Ordinance Code, EH oversees sewage pumper trucks. The development of the fees for the pumper truck annual permit is the time it takes to review the permit applications and the field inspection of the truck.

iv. SOLID WASTE

The LEA may prescribe, revise, and collect fees or other charges from each operator of a solid waste facility or from any person who conducts solid waste handling if the local governing body having rate setting authority has approved rate adjustments to compensate the solid waste hauler or solid waste facility

operator for the amount of the fee or charges imposed pursuant to this section.¹⁰¹ This fee enables the LEA to recover costs incurred in enforcing the statewide minimum standards for solid waste handling and disposal established by the Department of Resources Recycling and Recovery (CalRecycle) at operations and facilities within its jurisdiction. Currently, a solid waste fee is collected based on tonnage.¹⁰² Fees may also be based on the volume or type of solid waste or on any other appropriate basis.

In addition, each application required to be filed with the LEA shall be accompanied by a filing fee according to a fee schedule established by the enforcement agency to reflect the cost of processing the application and to recover costs incurred in the review of the application as well as any supporting documentation required by state minimum standards.¹⁰³ These fees account for five to ten hours of service time and amount to an initial deposit. The proposal is not adjusting these LEA fees.

v. SAFE DRUG DISPOSAL

The Safe Drug Disposal Ordinance requires payment of fees at the time of submission of initial and amended stewardship plans, which are reviewed by EH.¹⁰⁴ Proposed fees for plan reviews have been included in the fee schedule that are based on time that EH staff spent reviewing a plan that was submitted prior to the adoption of fees.

vi. COMMERCIAL CANNABIS

A commercial cannabis health permit is required to conduct any commercial cannabis activity in, or to deliver cannabis to any location in, the unincorporated area of the county. A commercial cannabis health permit is an annual permit that expires on June 30th following the date of its issuance. To renew a permit, a permittee must submit an application for renewal 30 days before the permit expires. The commercial cannabis health permit program is a new program. Thus, Environmental Health has estimated the time and cost required to perform its regulatory activities based on past practices in similar programs.

An application fee is required when an initial or renewal application is submitted (413-4.406). This application fee covers the direct costs of processing and reviewing the application for completeness and compliance with County Ordinance Code requirements. The commercial cannabis health permit application fee is based on 3.0 hours of EH Specialist time. This estimate of time required is reasonable because it is similar to other program application review and processing times.

If the initial or renewal application is approved, payment of a permit fee is required before the health permit is issued (413-4.412). The permit fee covers the direct costs of conducting routine inspections and indirect costs associated with relevant staff training and administration of the County's cannabis permitting program. Additional inspections and verified complaint inspections are charged a separate fee.

Environmental Health proposed separate fee categories based on the various types of commercial cannabis activities. Some of the category types, specifically the manufacturing and retail, will require more inspections and each inspection taking more time, resulting in a higher fee. Environmental Health proposes a uniform fee within each category type. A time analysis after a few years of permitting may suggest a need for varying

¹⁰¹ [Pub. Resources Code, § 43213.](#)

¹⁰² Resolution No. 88/783.

¹⁰³ [Pub. Resources Code, § 44006\(c\).](#)

¹⁰⁴ Ord. Code, § 418-16.206, subd. (d); 418-16.212, subd. (a)(1) & (b).

health permit fees by sub-category; for instance, a larger dispensary may require more time to inspect than a smaller dispensary.

Commercial cannabis health permit fees for testing laboratories, distribution centers, and outdoor cultivation are based on two routine inspections each 3.75 hours, for a total of 7.5 hours. Inspection time includes, travel time, on-site inspection, drafting findings and reports, and any necessary follow-up related to the inspection. This estimate of time required is reasonable because it is similar to other program inspections.

Commercial cannabis health permit fees for the indoor cultivation fee are based on two routine inspections each 5 hours, for a total of 10 hours. This estimate of time required is reasonable because it is similar to other program inspections.

Commercial cannabis health permit fees for retail storefronts, retail delivery only operations, and manufacturing operations are based on quarterly inspections each 3.75 hours, for a total of 15 hours. The estimate of time required is reasonable because it is similar to other program inspection.

Inspections of manufacturing operations at a shared facility are assumed to be shared across multiple operators, or that the facility may have been the subject of previous inspections. Accordingly, Environmental Health proposes to initially set the fee for manufacturing operations at a shared facility at a lesser amount, prorated to assume six operators share a facility, or a fee based on a total of 2.5 hours. Environmental Health will monitor shared manufacturing facilities in the first several years of the program to determine if this assumption requires revision.

Commercial cannabis health permit fees for delivery operations that originate outside the unincorporated County that deliver to any location in the unincorporated County are based on the time to conduct an inspection of the delivery vehicle, estimated at two hours. This estimate of time required is reasonable because it is similar to other program inspections. If more than one delivery vehicle is used by the applicant, then additional inspection fees will apply.

CONCLUSION

Based on the above analysis, staff has determined that (1) the services to be provided by Environmental Health in Fiscal Year 2019-2020 are necessary, and the associated costs are reasonable to fund those services; (2) the projected expenses of Environmental Health in Fiscal Year 2019-2020 are a reasonable estimate of the costs Environmental Health will actually incur; (3) the fees for the fee-funded programs are set at a level sufficient to fund but not exceed the costs of the respective programs; and (4) the proposed fees have been reasonably apportioned based on the payors' burdens on those programs.

Staff therefore recommends adoption of Resolution No. 2019/521, adopting revised fees for Environmental Health, effective August 1, 2019.

Attachments:

Exhibit A: Expenses and Revenues

Exhibit B: Hour Survey

Exhibit A

Table 1

EH Projected Expenses for Fiscal Year 19-20

| Description | Solid Waste- LEA 5880 | Solid Waste- Non LEA 5880 | Medical Waste 5880 | Body Art 5880 | Waste Tire 5881 | Land Use 5884 | Recreational Health 5885 | Retail Food 5886 | Plan Review 5887 | Total Programs |
|-------------------------|--------------------------|---------------------------------|-----------------------|------------------|--------------------|------------------|-----------------------------|---------------------|---------------------|-------------------|
| Salaries and Benefits | 820,986 | 303,652 | 204,480 | 102,240 | 102,240 | 1,124,638 | 920,158 | 6,032,150 | 613,439 | 10,223,983 |
| Services and Supplies | 126,898 | 46,935 | 31,606 | 15,803 | 15,803 | 173,832 | 142,226 | 932,373 | 94,818 | 1,580,294 |
| Indirect Administration | 49,783 | 18,413 | 12,399 | 6,200 | 6,200 | 68,196 | 55,797 | 365,778 | 37,198 | 619,962 |
| County Overhead | 13,330 | 4,930 | 3,320 | 1,660 | 1,660 | 18,260 | 14,940 | 97,940 | 9,960 | 166,000 |
| Total | 1,010,996 | 373,930 | 251,805 | 125,903 | 125,902 | 1,384,926 | 1,133,121 | 7,428,242 | 755,415 | 12,590,239 |

Table 2

EH Projected Revenue for Fiscal Year 19-20

| Description | Solid Waste- LEA 5880 | Solid Waste- Non LEA 5880 | Medical Waste 5880 | Body Art 5880 | Waste Tire 5881 | Land Use 5884 | Recreational Health 5885 | Retail Food 5886 | Plan Review 5887 | Total Programs |
|-----------------------------------|--------------------------|---------------------------------|-----------------------|------------------|--------------------|------------------|-----------------------------|---------------------|---------------------|-------------------|
| Fines & Penalties- 9300 | 0 | 0 | 8,000 | 2,000 | 0 | 2,000 | 20,000 | 150,000 | 0 | 182,000 |
| Intergovernmental Revenue-9500 | 27,000 | 0 | 0 | 0 | 126,000 | 0 | 0 | 0 | 0 | 153,000 |
| Health Inspection Fees-9600 | 0 | 250,000 | 215,000 | 114,500 | 0 | 1,179,500 | 1,010,000 | 6,468,000 | 650,000 | 9,887,000 |
| Application Fee | 0 | 0 | 0 | 500 | 0 | 500 | 15,000 | 32,000 | 0 | 48,000 |
| Tonnage Fees- 9600 | 1,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000,000 |
| Increased Fees | 0 | 124,000 | 29,000 | 9,000 | 0 | 200,000 | 88,000 | 778,250 | 105,500 | 1,333,750 |
| Grand Total | 1,027,000 | 374,000 | 252,000 | 126,000 | 126,000 | 1,382,000 | 1,133,000 | 7,428,250 | 755,500 | 12,603,750 |

| | | | | | | | | | | |
|------------------------|--------|----|-----|----|----|---------|-------|---|----|--------|
| Revenue Over/ Under | 16,004 | 70 | 195 | 97 | 98 | (2,926) | (121) | 8 | 85 | 13,511 |
|------------------------|--------|----|-----|----|----|---------|-------|---|----|--------|

Exhibit B

Hourly Rate Calculation

Hourly Cost of an Inspector:

| | | | |
|--|-----------|-------------------|---------------|
| Total number of FTE's performing inspections in all programs | | 36.9 | |
| Each inspector's workable hours | | 1,528 | |
| Total Billable hours by all FTE's | | 56,383 | |
| Monthly salary of a Health Inspector | \$ | 9,462 | |
| Taxes/ benefits | \$ | 4,586 | |
| Monthly Salaries & Benefits (S&B) of a health inspector | \$ | 14,048 | |
| Annual Salaries & Benefits (S&B) of a Health Inspector | \$ | 168,576 | |
| Total Annual salaries & Benefits for 36.9 inspectors | \$ | 6,220,457 | |
| Hourly Cost of an inspector (Total Annual S&B Cost/ Total workable hours) | | | \$ 110 |
| Hourly Overhead Cost: | | | |
| Sups/ clerical S&B | \$ | 3,076,395 | |
| Service & Supplies | \$ | 1,775,478 | |
| County Overhead | \$ | 151,010 | |
| Total Overhead Cost: | \$ | 5,002,884 | |
| Hourly cost of Overhead (Total overhead Cost/ Total workable Hours) | | | \$ 89 |
| Total | \$ | 11,223,341 | \$ 199 |

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

John Gioia
Candace Andersen
Diane Burgis
Karen Mitchoff
Federal D. Glover

AYE: 5

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2019/521

IN THE MATTER OF ESTABLISHING AND ADJUSTING FEES FOR THE ENVIRONMENTAL HEALTH DIVISION OF CONTRA COSTA HEALTH SERVICES

WHEREAS, the Environmental Health Division is almost wholly financed by fee revenue;

WHEREAS, fees for the Environmental Health Division of the Health Services Department were last set by the Board in Resolution No. 2018/31;

WHEREAS, the Division has conducted a review of time accounting data to develop fees for Fiscal Year 2019-2020 that are aligned with the inspection activity and, in doing so, has determined that certain fees require adjustment;

WHEREAS, new fees are needed to fund the Safe Drug Disposal and Commercial Cannabis programs, as well as some existing programs administered by the Division;

WHEREAS, the Division is incurring additional costs arising from increases in employed compensation and anticipates an increase in staffing;

WHEREAS, the Health Services Department has submitted a recommendation to adopt new and adjusted fees to fund the expenses of the Division, as set forth in Attachment A to this resolution; and

WHEREAS, these recommendations have been duly considered by the Board in a noticed public hearing on this day;

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The schedule of fees for the Environmental Health Division set forth in Attachment A to this resolution is hereby established, effective August 1, 2019.
2. Effective August 1, 2019, Resolution No. 2014/381 is superseded in its entirety.
3. Effective August 1, 2019, Resolution No. 2007/509 is superseded except as to the following Solid Waste Program fees, which shall remain in full force and effect: (1) Solid waste tonnage fee; (2) fees for inspections of closed, illegal and abandoned sites; (3) fees for inspections of bio-solid facility sites; (4) bio-solid facility application and review fees; and (5) solid waste facility permit application and review fees.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

Contact:

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Jami Napier
By: Jami Napier, Deputy



cc:



Contra
Costa
County

To: Board of Supervisors
From: David Twa, County Administrator
Date: July 30, 2019

Subject: Assessment Appeals Board Fees

RECOMMENDATION(S):

1. OPEN the public hearing, RECEIVE testimony, and CLOSE the hearing.
2. ADOPT Ordinance No. 2019-22 to authorize an Assessment Appeals Board fee for preparing written findings of fact.
3. ADOPT Resolution No. 2019/510 establishing an Assessment Appeals Board fee schedule including a \$150 per hour fee for preparing findings, effective September 1, 2019.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Jami Napier, (925) 335-1908

cc:

FISCAL IMPACT:

The application fee of \$40 per application is unchanged from the current fee. A findings fee of \$150 per hour to prepare and review written findings of fact will allow for the recovery of reasonable costs of preparing findings.

BACKGROUND:

Revenue and Taxation Code section 1611.5 authorizes the Board of Supervisors to impose a reasonable fee to cover the expense of preparing written findings of fact. Currently, when parties to hearings before the Contra Costa County Assessment Appeals Board request written findings of fact, the clerk charges a fee of \$10. If a party requests findings, the Assessment Appeals Board and counsel must prepare written findings of fact that fairly disclose the Board's findings on all material points raised in the application and at the hearing. The current \$10 fee is not sufficient to cover the expense of preparing the written findings of fact. The proposed fee increase would charge a fee equal to the Assessment Appeals Board counsel's hourly rate for time actually spent to prepare written findings of fact. The fee charged will not exceed the amount required to provide the service.

Ordinance No. 2019-22, attached, would amend Section 26-10.410 of the County Ordinance Code to authorize an Assessment Appeals Board fee for preparing written findings of fact. Section 26-10.410 currently authorizes a fee for filing and processing an application for changed assessment.

The proposed Assessment Appeals Board fee schedule, attached, includes:

1. An application fee for filing and processing an application for changed assessment in the amount of \$40 for each application filed. This \$40 application fee was approved by the Board of Supervisors in 2011. The fee funds a dedicated Assessment Appeals Board clerk that performs administrative duties and staffing for the Assessment Appeals Board.
2. A findings fee for the preparation of written findings of fact in the amount of \$150 per hour to prepare and review written findings of fact. For single-family residential properties, a \$150 deposit paid to the clerk of the Assessment Appeals Board is required before the conclusion of the hearing. For all other properties, a \$300 deposit paid to the clerk of the Assessment Appeals Board is required before the conclusion of the hearing. The clerk will bill the requesting party for any remaining amount owing. The remaining amount owing by the requesting party must be paid prior to the issuance and transmittal of the findings.

The proposed fee schedule will become effective September 1, 2019.

CONSEQUENCE OF NEGATIVE ACTION:

The current \$10 fee for assessment appeals board written findings of fact will remain unchanged, and the cost of preparing findings will not be fully recovered.

CLERK'S ADDENDUM

Opened the public hearing, received testimony, and closed the hearing. Adopted Ordinance No. 2019-22 to authorize an Assessment Appeals Board fee for preparing written findings of fact. Adopted Resolution No. 2019/510 establishing an Assessment Appeals Board fee schedule including a \$150 per hour fee for preparing findings, effective September 1, 2019.

AGENDA ATTACHMENTS

Resolution 2019/510

Ordinance No. 2019-22

Fee Schedule

MINUTES ATTACHMENTS

Signed Resolution 2019/510

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

| | | |
|-----------------|-------------------------------------|--------------------------|
| AYE: | <input type="checkbox"/> | John Gioia |
| | <input checked="" type="checkbox"/> | Candace Andersen |
| | <input type="checkbox"/> | Diane Burgis |
| | <input type="checkbox"/> | Karen Mitchoff |
| | <input type="checkbox"/> | Federal D. Glover |
| NO: | <input type="checkbox"/> | |
| ABSENT: | <input type="checkbox"/> | |
| ABSTAIN: | <input type="checkbox"/> | |
| RECUSE: | <input type="checkbox"/> | |



Resolution No. 2019/510

IN THE MATTER OF ESTABLISHING A CONTRA COSTA COUNTY ASSESSMENT APPEALS BOARD FEE SCHEDULE

WHEREAS, the Board of Supervisors is authorized to adopt fees for the Assessment Appeals Board pursuant to Section 16 of Article 13 of the California Constitution and Section 1611.5 of the Revenue and Taxation Code;

WHEREAS, Section 26-10.410 of the County Ordinance Code provides that the Board of Supervisors will establish fees for the Assessment Appeals Board in the Assessment Appeals Board's fee schedule;

WHEREAS, the Board has considered the staff report dated July 30, 2019, and finds based on the information contained in the report that the fees charged will not exceed the amount required to provide the service;

WHEREAS, Government Code section 66018 sets forth the procedures for adoption of the fee schedule, and all required notices have been properly given and public hearings held

NOW THEREFORE, the Board of Supervisors of Contra Costa County hereby RESOLVES that the fees set forth in the Assessment Appeals Board fee schedule attached and incorporated herein are established. This resolution is effective September 1, 2019.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Jami Napier, (925) 335-1908

By: Jami Napier, Deputy

cc:

ORDINANCE NO. 2019-22

ASSESSMENT APPEALS BOARD FEES

The Contra Costa County Board of Supervisors ordains as follows (omitting the parenthetical footnotes from the official text of the enacted or amended provisions of the County Ordinance Code):

SECTION I. SUMMARY. This ordinance amends Section 26-10.410 of the County Ordinance Code to authorize the board of supervisors to establish assessment appeals board fees for filing and processing an application for changed assessment and for the preparation of written findings of fact in the assessment appeals board’s fee schedule.

SECTION II. Section 26-10.410 of the County Ordinance Code is amended to read:

26-10.410 Fees.

- (a) The fee for filing and processing an application for changed assessment shall be an amount established by the board of supervisors in the assessment appeals board’s fee schedule.
- (b) The fee for the preparation of written findings of fact shall be an amount established by the board of supervisors in the assessment appeals board’s fee schedule. (Ords. 2019-22 § 2, 2011-12 § 2).

SECTION III. EFFECTIVE DATE. This ordinance becomes effective 30 days after passage, and within 15 days after passage shall be published once with the names of supervisors voting for or against it in the East Bay Times, a newspaper published in this County.

PASSED on _____, by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

ATTEST: DAVID J. TWA,
Clerk of the Board of Supervisors
and County Administrator

Board Chair

By: _____
Deputy

[SEAL]

KCK:

ASSESSMENT APPEALS BOARD FEE SCHEDULE

(Effective September 1, 2019)

| FEE TYPE | FEE AMOUNT |
|---|---|
| 1. Application Fee Fee for filing and processing an application for changed assessment | \$40. The \$40 fee is charged for each application filed. A separate application is required for each parcel and for each tax year. |
| 2. Findings Fee Fee for the preparation of written findings of fact | <p>\$150 per hour to prepare and review written findings of fact. For single-family residential properties, a \$150 deposit paid to the clerk of the Assessment Appeals Board is required before the conclusion of the hearing. For all other properties, a \$300 deposit paid to the clerk of the Assessment Appeals Board is required before the conclusion of the hearing. The clerk will bill the requesting party for any remaining amount owing. The remaining amount owing by the requesting party must be paid prior to the issuance and transmittal of the findings.</p> <p>*Pursuant to Property Tax Rule 325 and Local Rule H, the Assessment Appeals Board may request one or both parties to submit proposed written findings of fact prior to the board's issuance of final findings. The hourly fee will be charged for review of the proposed findings.</p> |

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

AYE: 5 **John Gioia**
Candace Andersen
Diane Burgis
Karen Mitchoff
Federal D. Glover

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2019/510

IN THE MATTER OF ESTABLISHING A CONTRA COSTA COUNTY ASSESSMENT APPEALS BOARD FEE SCHEDULE

WHEREAS, the Board of Supervisors is authorized to adopt fees for the Assessment Appeals Board pursuant to Section 16 of Article 13 of the California Constitution and Section 1611.5 of the Revenue and Taxation Code;

WHEREAS, Section 26-10.410 of the County Ordinance Code provides that the Board of Supervisors will establish fees for the Assessment Appeals Board in the Assessment Appeals Board's fee schedule;

WHEREAS, the Board has considered the staff report dated July 30, 2019, and finds based on the information contained in the report that the fees charged will not exceed the amount required to provide the service;

WHEREAS, Government Code section 66018 sets forth the procedures for adoption of the fee schedule, and all required notices have been properly given and public hearings held

NOW THEREFORE, the Board of Supervisors of Contra Costa County hereby RESOLVES that the fees set forth in the Assessment Appeals Board fee schedule attached and incorporated herein are established. This resolution is effective September 1, 2019.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Jami Napier, (925) 335-1908

Jami Napier
By: Jami Napier, Deputy



cc:



Contra
Costa
County

To: Board of Supervisors
From: Diane Burgis, District III Supervisor
Date: July 30, 2019

Subject: REQUEST FOR SUPPLEMENTAL 2020 CENSUS FUNDING

RECOMMENDATION(S):

1. RECEIVE status report from the 2020 Census Steering Committee regarding the outreach efforts for Census 2020.
2. ALLOCATE \$500,000 to supplement State grant funds that are insufficient to cover expenses for outreach to hard-to-count (HTC) populations.
3. AUTHORIZE the 2020 Census Steering Committee to administer, on behalf of the Board of Supervisors, a program to allocate no more than \$350,000 of the \$500,000 County augmentation to community organizations and other trusted messengers to promote the Census to the HTC populations in Contra Costa County.

FISCAL IMPACT:

The request would require a one-time transfer from the County's Contingency Reserve. The funding will promote a complete census of Contra Costa County residents. An undercount could result in a loss of revenue for the county from State and federal sources.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

Contact: Julie DiMaggio Enea
(925) 335-1077

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

BACKGROUND:

The 2020 Census Complete Count Steering Committee has been meeting monthly since February 2019 to develop a strategic outreach plan to complement State and federal outreach efforts to ensure a complete and accurate 2020 Census.

At the May 21, 2019 status report, the Board of Supervisors approved the County's 2020 Strategic Plan and Budget for State grant funds, and authorized the County's application for State funding in the amount of \$362,605. The State allocation will fund grant administration, GIS - data analysis and map production, media advertisement, meeting and outreach materials, limited language interpretation, and one full-time equivalent staff person for up to 18 months. The grant budget also acknowledges the County's in-kind staffing contribution valued at approximately \$391,000.

The County must network, engage, train and equip community partners to serve as trusted messengers to carry the County's message to HTC populations wherever they live and congregate. HTC populations include:

- Foreign-born residents
- Immigrants
- People of color
- Young children
- Renters / Frequent movers
- Non-English speaking households
- Low-income households
- Homeless or transient individuals
- Large or overcrowded households
- Senior citizens
- People without high school degrees
- People with disabilities
- Households without a computer or internet access
- People who distrust government authority and / or have been or could be targets of law enforcement
- LGBTQ

Accomplishments to Date

The Board of Supervisors adopted a resolution on December 18, 2018 in support of Census 2020 that authorized the County Administrator to opt into an Outreach Agreement with the State.

On February 12, 2019, the Board appointed members to compose the Complete Count Steering Committee.

The Census Steering Committee started meeting in February 2019 and has met six times since being established.

The Steering Committee conducted a successful Kick-off event on April 2, 2019 at the Contra Costa Food Bank facility in Concord.

The Steering Committee developed a Speakers Bureau to provide informed speakers at public meetings. Steering Committee members have presented at 13 of the 19 cities/town council meetings. In addition 17 out of 19 cities in Contra Costa County have passed proclamations in support of the census.

Supervisor Burgis, Chair, Contra Costa County Census 2020 Complete Count Committee, met with BART representatives to establish partnerships for Region 3 in an effort to assist in Census outreach

efforts, for Questionnaire Assistance Centers and Questionnaire Assistance Kiosks; and also presented to the following community organizations / groups.

- April 4, 2019 - Contra Costa County Mayors Conference, approximately 100 people in attendance.
- April 21 & 22, 2019 San Ramon Cultural Events, across several days, 600-700 residents were reached. All were in HTC populations, including non-English language, families with children under age 5, immigrants and distrustful of government.
- May 18, 2019 - The League of Women Voters Diablo Valley, approximately 40 people in attendance.
- May 30, 2019 - East Contra Costa Capacity Building Workshop, approximately 65 people representing non-profits and funders who serve HTC populations.
- July 15, 2019 - Contra Costa County Special District Association / Alameda County Special District Association Joint Meeting, approximately 70 board members and managers of special districts throughout the two counties.
- Ongoing – Neighborhood Watch Video San Ramon Valley Area – viewed by approximately 1,000 people. All HTC populations, including Immigrant; Low Income; Non-English Speaking; Minorities; Youth; Households with children under 5; Distrustful of Government

The Steering Committee adopted the County 2020 Census tagline of, "Count Me In!"

The Steering Committee has thus far completed four of the eight milestones required in the Outreach Agreement with the State:

- Resolution opting into the Outreach Agreement on December 18, 2019
- 1st Quarterly Report on April 1, 2019
- Strategic Plan on June 5, 2019
- 2nd Quarterly Report on July 30, 2019

Staff, on July 9, 2019, launched a new County website landing page for Census 2020.

Census Steering Committee members have been on KCBS, East Bay Times, and on the San Ramon Neighborhood Watch YouTube Video.

Staff convened Regional Solutions public forums in June 2019 to convey the strategic outreach plan and provide opportunities for community and neighborhood groups to connect and collaborate with County organizers to mobilize a strong outreach message.

Next Steps

The Steering Committee and staff will continue to coordinate with the U.S. Census Bureau, State of California, Region 3 Administrative Community-Based Organization – United Way of the Bay Area, and the Bay Area Census Funders Collaborative to optimize limited resources and to reach the hard to count populations that are unique to Contra Costa County.

Staff will prepare for the next phase of Census Solution Workshops.

Staff will prepare required reports to the State:

- 3rd Quarterly Report Due – September 30, 2019
- Implementation Plan Due – September 30, 2019
- Non-Response Follow-up Plan Due – April 15, 2020
- Final Report Due – September 30, 2020

Upon approval of the Strategic Plan by the State, the Steering Committee will begin development of the Implementation Plan that will capture all participants that have contributed to the Census effort. Contra

Costa has been allocated \$362,605 for Census 2020 Outreach efforts as part of the Outreach Agreement. To date the County has invoiced for the Resolution opting into the Outreach Agreement and the 1st Quarterly Report and has received \$32,634.

Regional Solutions Workshops Summary

In June 2019 the Steering Committee and staff organized and hosted Regional Solutions Workshops in Richmond, Danville, Concord, and Brentwood to identify key community partners and seek their input on the best methods to communicate the importance of the Census to HTC populations. The workshops were promoted through social media, press releases, existing database, and partner connections. More than 40 individuals attended and provided valuable feedback. Each workshop provided an overview of the Census and its importance to Contra Costa County. The sessions also included breakout sessions that provided an opportunity to gather input and ideas for outreach efforts to reach HTC communities. Maps and posters were set up to gather information about potential locations for Questionnaire Assistance Centers as well as other Census outreach events, and to answer questions like "What is important to you?" and "What support do you need?" All in all, the Regional Workshops were very successful.

Budget Adoption

The new digital Census questionnaire, and heightened concerns about confidentiality and citizenship status present particular challenges for the 2020 Census. The State allocation of \$362,605 will not be sufficient to fund the level of community outreach necessary to engage the County's HTC populations and overcome the many communication barriers. Many of the County's community-based partners in the Census effort rely on donations and restricted governmental funding for their operations, and will require additional resources in order to assist the County in the Census effort. To that end, the Steering Committee is recommending a one-time County augmentation to fully fund components of the outreach strategy. These components include a grant program for our County and community-based outreach partners, technology to assist in census outreach and support questionnaire assistance centers, and targeted homeless outreach given the Bay Area housing crisis. The Steering Committee proposes the following funding allocations for the one-time augmentation:

| Category | Description | Budget |
|-------------------|--|------------------|
| Grant Funding | Community Partners / CBOs - Grants to fund outreach, including promotional material for outreach events | \$350,000 |
| Technology Access | Technology needs, including software and hardware necessary for outreach efforts, Questionnaire Assistance Centers and Kiosks, Language Access, Adopt-A-Block, and other program requirements or implementation goals. | \$125,000 |
| Homeless Outreach | Targeted material for Homeless & Transient Population. | \$25,000 |
| Total | | \$500,000 |

Some of the counties surrounding Contra Costa County have allocated substantially more than \$500,000 to fund the local Census effort, and the Steering Committee doubts that the requested amount will be sufficient to fund local Census outreach efforts. However, Contra Costa County efforts will be bolstered by the following:

- The County Office of Education, which will receive \$41,000 from the State to conduct outreach and education in schools;
- The City of Richmond, which has allocated \$150,000 to census outreach efforts;
- The State, which has provided the Region 3 ACBO, United Way of the Bay Area \$2.8 Million, of which \$1.5 Million has been designated for grants to educate and outreach to the community; and has received over \$ 5.5 Million in requests for funding, demonstrating a significant need for outreach partners.
- The Bay Area Census Funders Collaborative – a partnership of The East Bay Community Foundation, Silicon Valley Community Foundation, and Northern California Grantmakers, which has committed grant funding of \$1.5 Million to be awarded to nonprofit groups for outreach and education efforts to local community organizations.
- Additionally, the State did budget an additional \$54 Million for Census Outreach efforts totaling \$154.3 million; however, counties are waiting to learn if the augmentation will be shared with local government.

In recognition of these other potential resources and of the many demands on the County's budget, the Steering Committee will do its best with any amount that is allocated by the Board of Supervisors. The Steering Committee respectfully requests that the Board of Supervisor's consider a one-time allocation of \$500,000 and authorize its expenditure as described in the preceding table.

Request for Proposals

The grant funding proposed in the budget will be administered through the Request for Proposals (RFP) process. The outreach and assistance grants will provide funding to community organizations and other trusted messengers to promote the Census to the HTC populations in Contra Costa County.

The proposed grant program is to have two phases. The first phase includes funding for outreach and education activities or Census assistance activities, both in English and other languages. The first round of grants would also include a category for Innovative Strategy to solicit new and effective ways to conduct Census outreach. These grants are expected to range from \$2,000 - \$20,000, but may be higher depending on the proposal. The RFP is anticipated to be issued on September 1, 2019 and due on September 30th, with the Steering Committee making award recommendations to the Board of Supervisors by October 2019.

The second phase is a "mini-grant" program for local community organizations, faith communities, or other eligible organizations to host a Census event to bring together members of their community to increase awareness about the Census and encourage attendees to fill out the Census Form. The RFP is anticipated to be issued on January 1, 2020 with proposals accepted until May 15, 2020. These mini-grants are anticipated to be awarded to organizations that meet certain criteria.

All grant recipients will be required to attend Census Training to understand the importance of the Census, learn about resources available to partners, and understand grant and Census Bureau requirements.

Eligible applicants would include:

- Organizations: Must be tax-exempt organizations such as 501(c)3, 501(c)4, 501(c)6, or an organization that files a 990, 990 EZ, or 990-N with the Internal Revenue Service (IRS) and serves Contra Costa County residents

- School Groups: Must provide educational services to residents and students in Contra Costa County
- Government Agencies: Contra Costa County cities, Contra Costa County districts, and County Departments
- Coalitions: Groups comprised of two or more organizations, school groups, or government agencies.

CONSEQUENCE OF NEGATIVE ACTION:

A lack of funding and resources would hinder the County's efforts to promote, on behalf of the U.S. Census Bureau, a complete and accurate 2020 Census count.

CHILDREN'S IMPACT STATEMENT:

The requested action will support outcomes established by the Children's Report Card: (5) Communities that are Safe and Provide a High Quality of Life for Children and Families. The requested actions will better support all five outcomes.

CLERK'S ADDENDUM

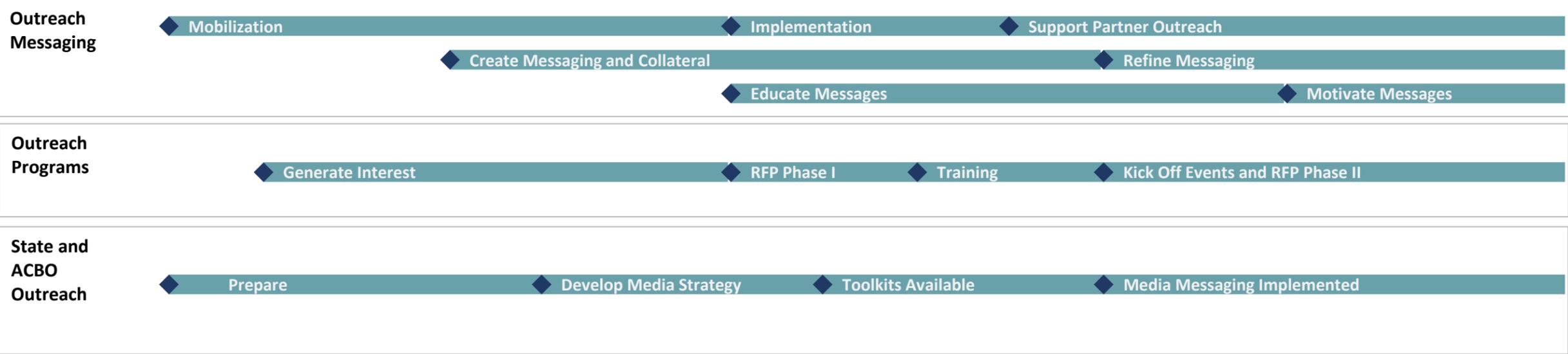
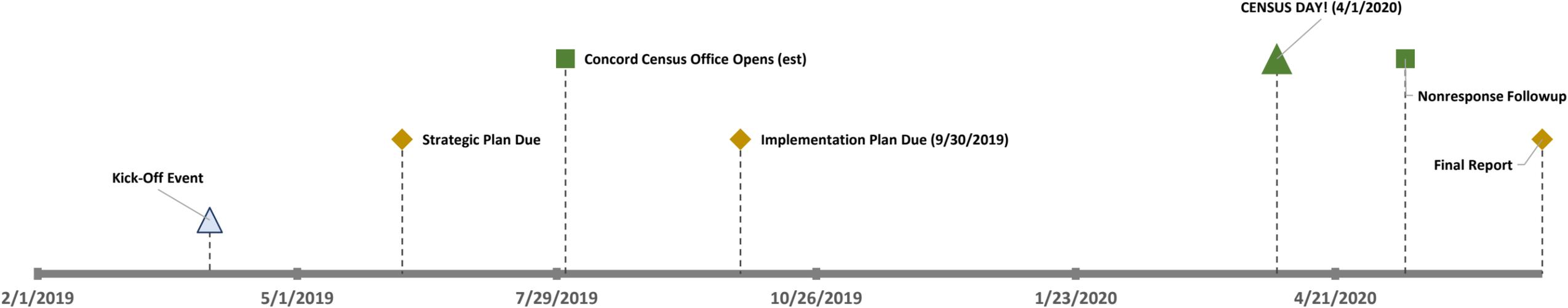
Accepted the report and the allocation of funds. Authorized the 2020 Census Steering Committee to oversee the review and distribution of grants, including the possibility of doing an RFP for grant funds.

ATTACHMENTS

Outreach Timeline

Census Presentation 7-30-19

OUTREACH TIMELINE



Educate Messaging: Messaging during the Educate Phase include newsletter articles in city and community based organization newsletters with message “Why the Census is Important for my community (or school or etc.),” facts about how the Census is used, “What is at Stake” messaging, building up social media following, develop video clips, and continue to enhance website content. Educate messaging phase will also include offers to speak at community groups and tabling at community events in partnership with Census Bureau Partnership program.

Motivate Messaging: Motivate messaging includes increased social media motivational nudges, videos shorts, promote census events, and providing resources to partners.

CONTRA COSTA

CENSUS

2020



Count Me In



PRESENTATION OUTLINE

- Overview of Importance of Census
- Updates and Summary of Activities to date
- Summary of Regional Census Solution Workshops
- Proposed Budget
- Proposed Request For Proposal (RFP)

CENSUS 2020 GOAL

Ensure that everyone is
counted once, only once, and
in the right place.

IMPORTANCE OF THE CENSUS

Representation

Census count determines Congressional Representation for each state and provides data to draw federal, state, and local legislative districts.

Funding

Apportion more than \$675 billion in federal grants to tribal, state and local government.

Policy

Governments use census data to make policy decisions for our communities such as school siting, libraries service, and transportation infrastructure.

Planning

Plan future locations for retail stores, new housing developments and other community facilities.

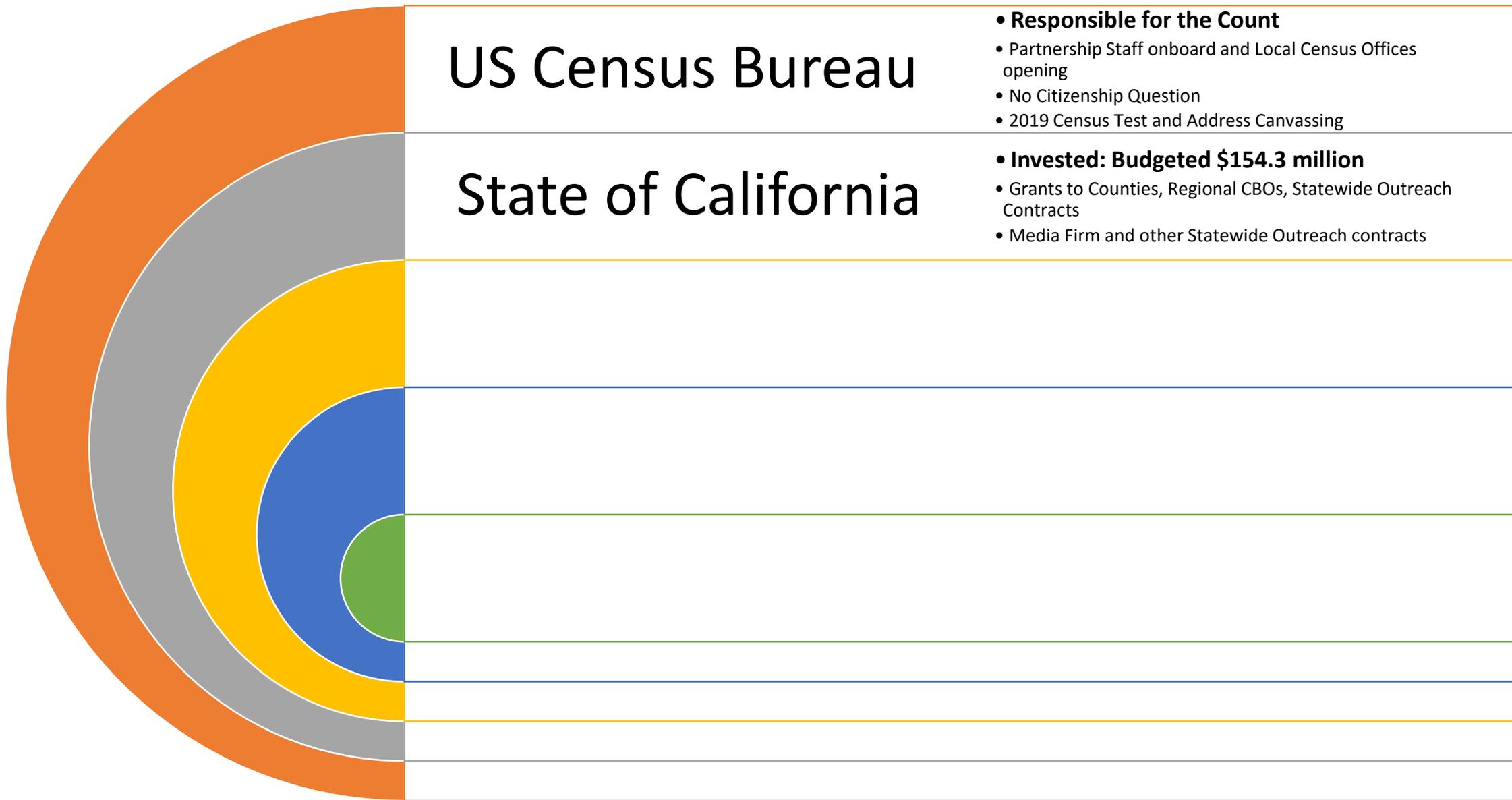
Census Updates



US Census Bureau

- **Responsible for the Count**

- Partnership Staff onboard and Local Census Offices opening
- No Citizenship Question
- 2019 Census Test and Address Canvassing

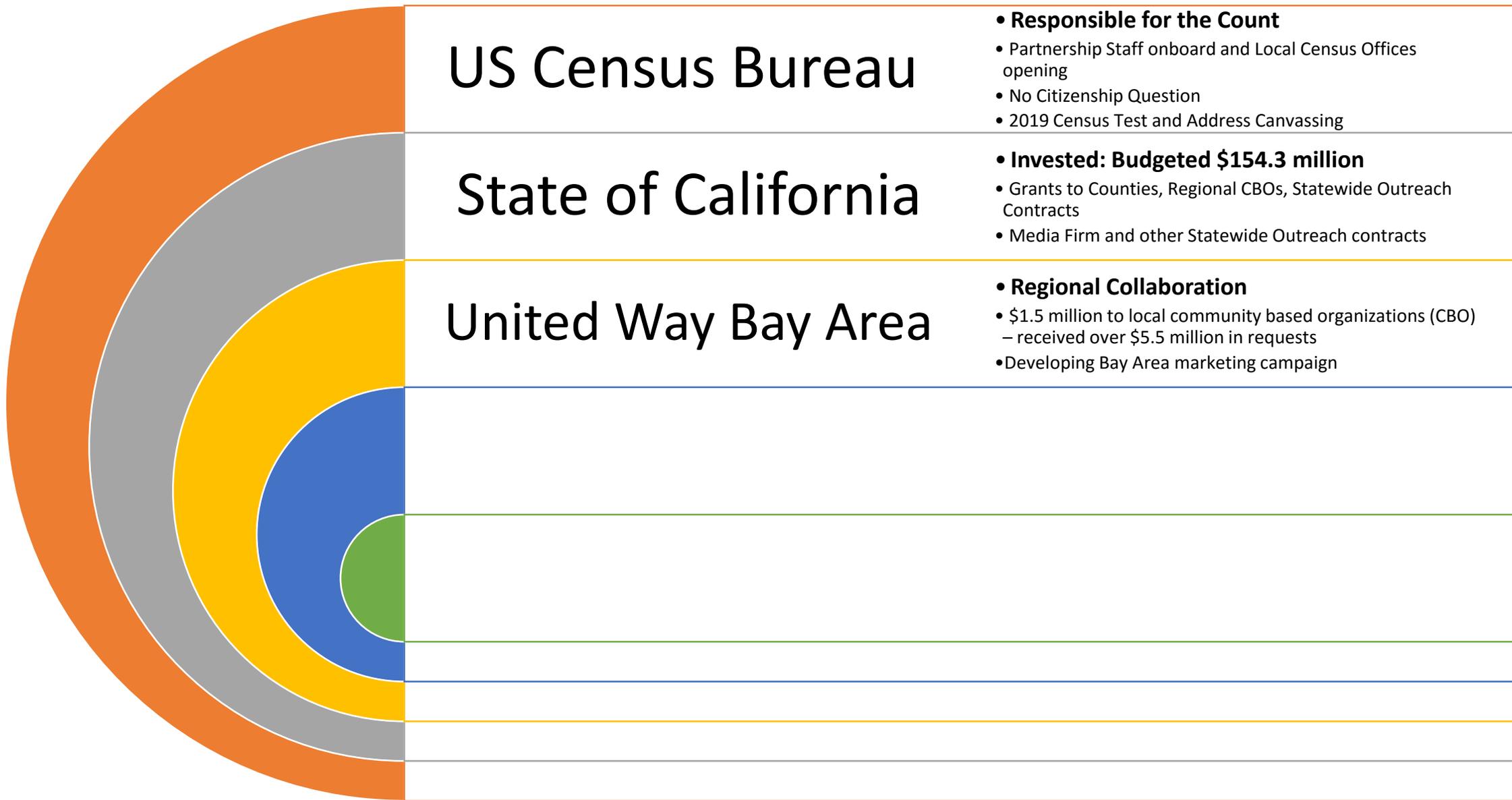


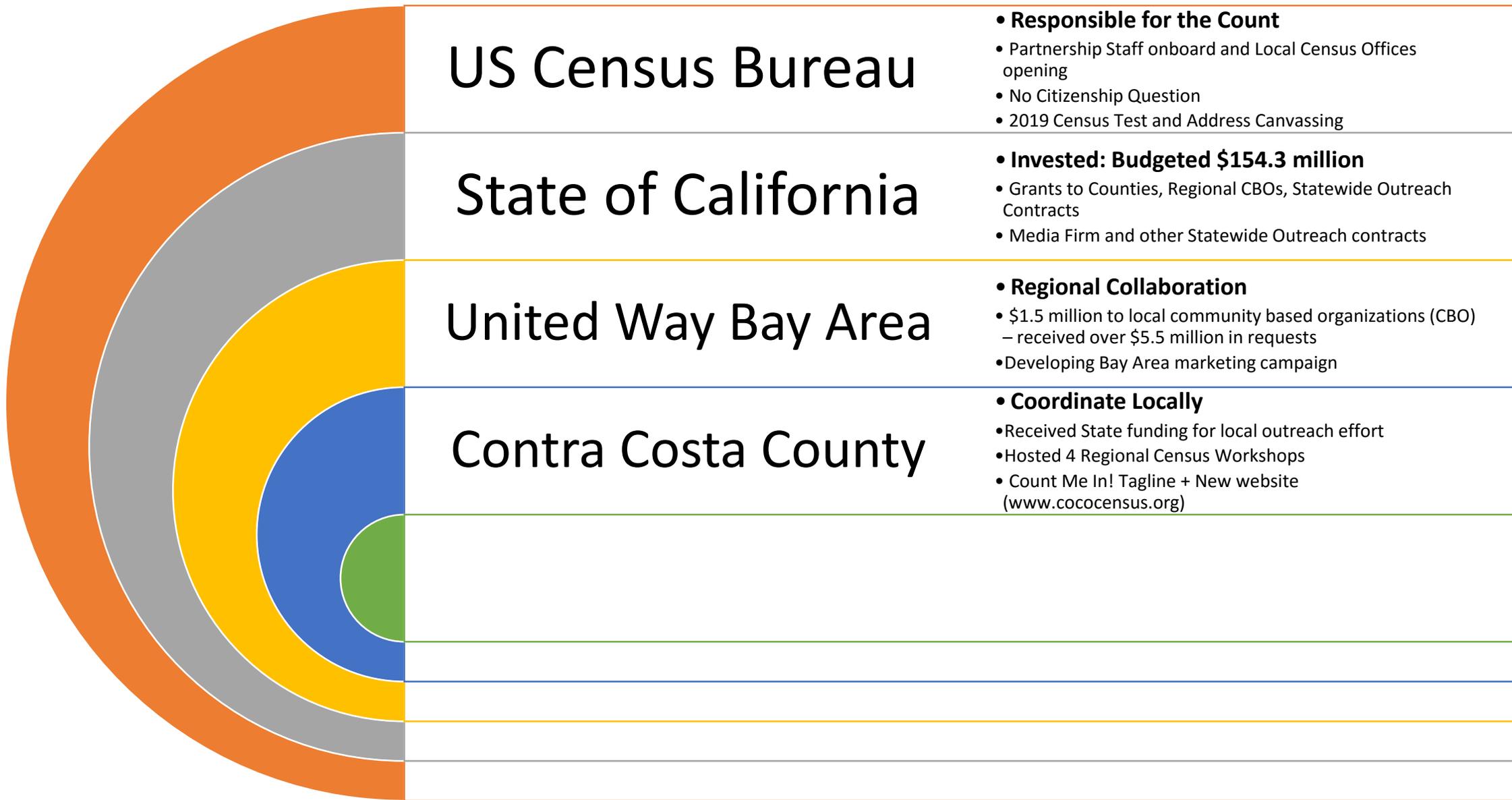
US Census Bureau

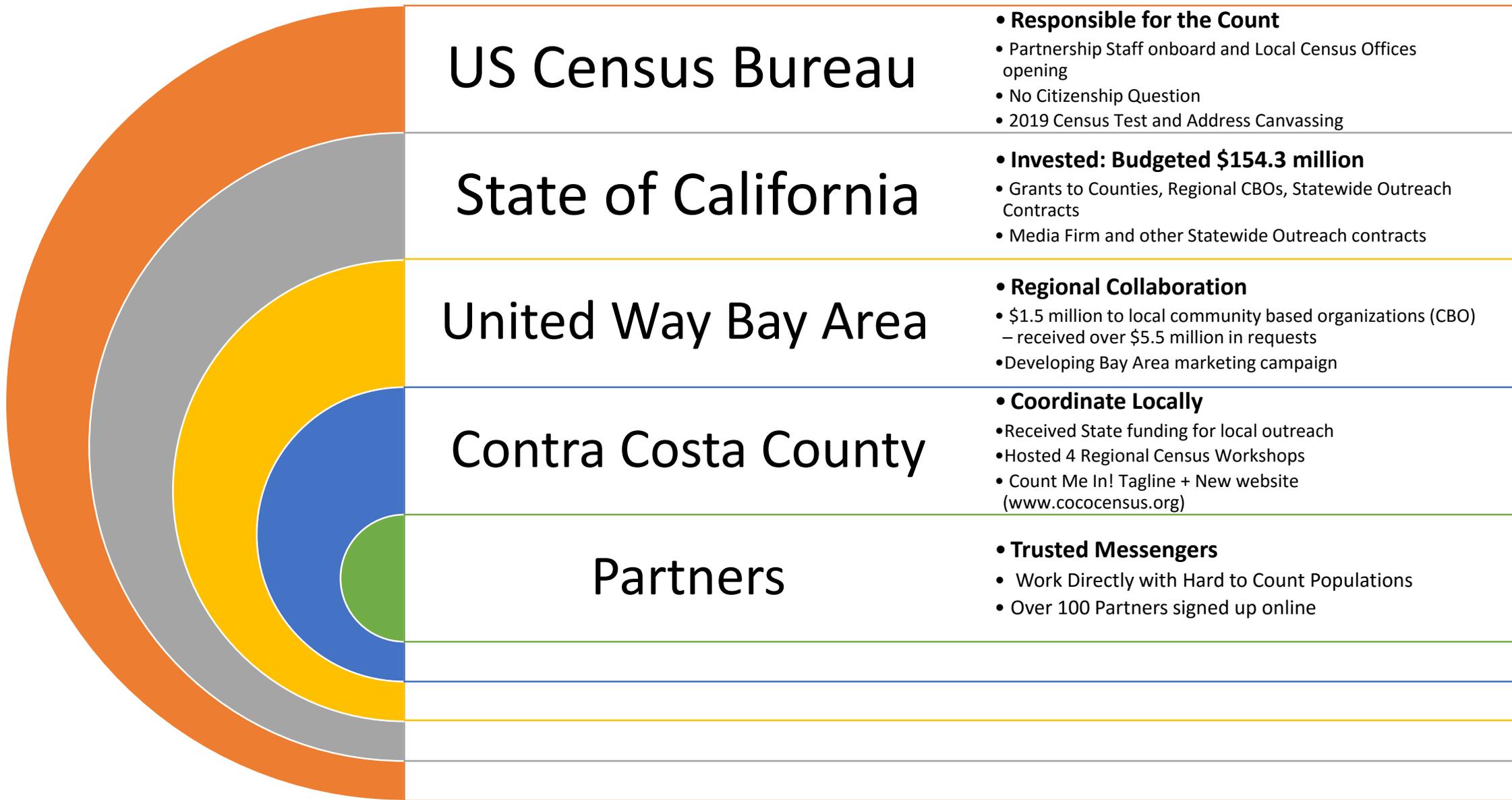
- **Responsible for the Count**
- Partnership Staff onboard and Local Census Offices opening
- No Citizenship Question
- 2019 Census Test and Address Canvassing

State of California

- **Invested: Budgeted \$154.3 million**
- Grants to Counties, Regional CBOs, Statewide Outreach Contracts
- Media Firm and other Statewide Outreach contracts







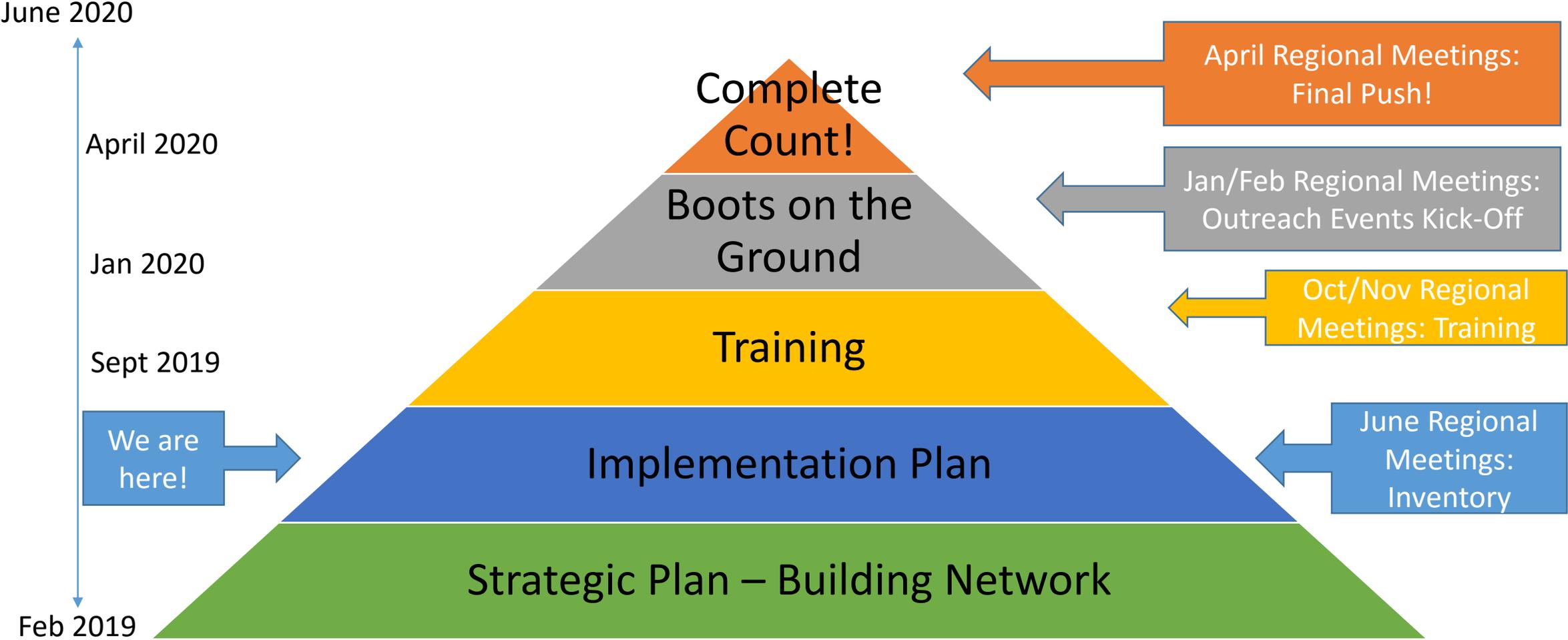
ADDITIONAL ACCOMPLISHMENTS

Speakers Bureau: Supervisor Burgis, Steering Committee Members, and staff have presented at nearly all the cities, the Mayor's Conference, the League of Women Voters, Special Districts Association, San Ramon Cultural Events, East County Non-Profit Capacity Building Workshop, West County Community Engagement Forum, and other locations as requested.

Media Coverage: Census Steering Committee members have been interviewed on KCBS, East Bay Times, and on the San Ramon Neighborhood Watch YouTube Video

Regional Census Solutions Workshop Summary

CONTRA COSTA COUNTY OUTREACH PROCESS



KEY INFORMATION

- 4 Meetings
 - Promoted through social media, press release, existing database, and partner connections
- 40 + attendees
- Lots of great feedback
- Each Workshop provided an overview of Census Importance and Importance to Contra Costa County followed by Breakout Sessions to gather input on Outreach effort.
- There were also maps and posters set up to gather information about potential location for Questionnaire Assistance Centers/Census Outreach events and to answer the questions “What is Important to You” and “What Support do you need”

BREAKOUT SESSIONS, MAP, AND POSTERS

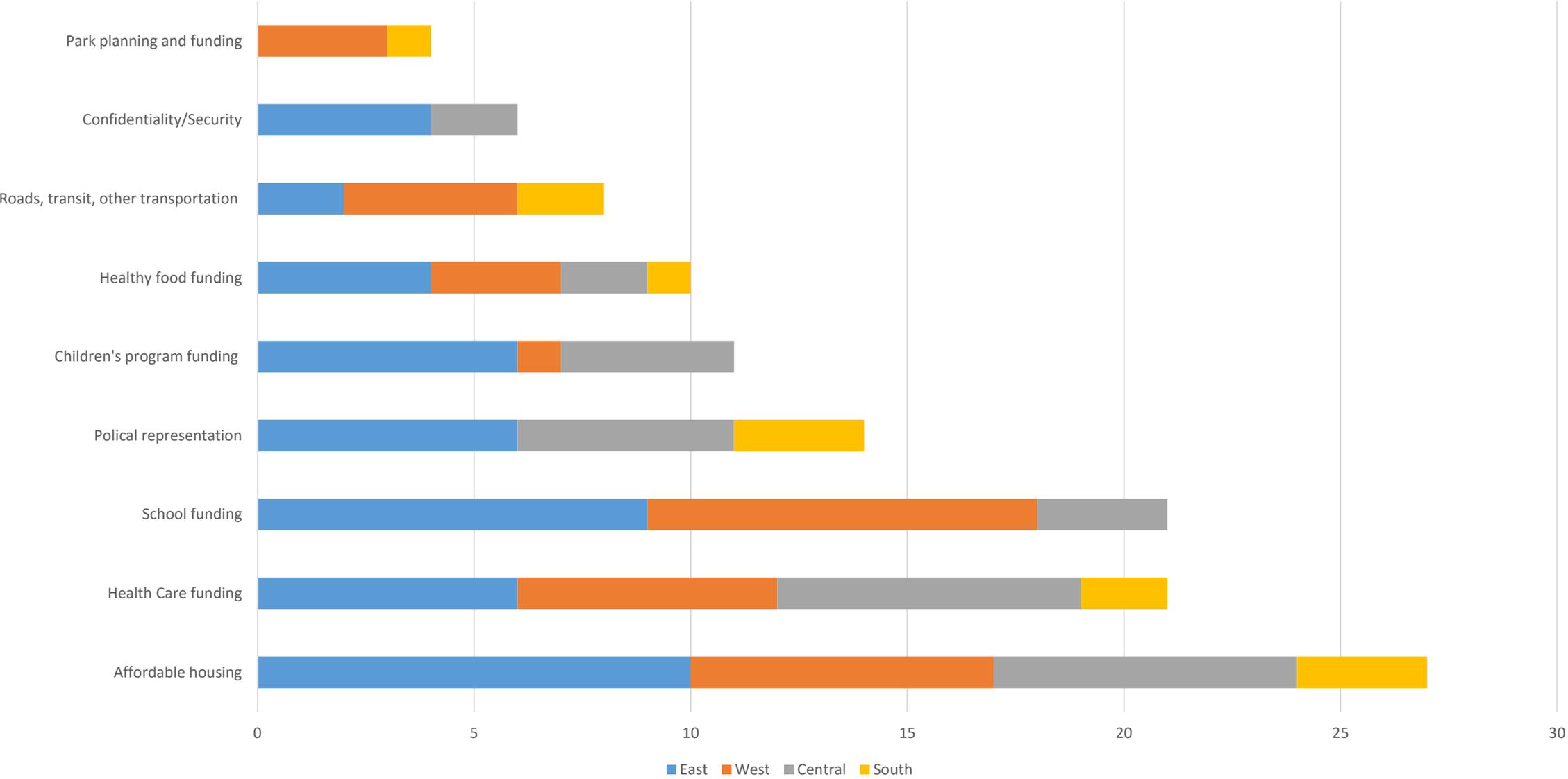


Count me in for...
Why is the Census important to YOU?

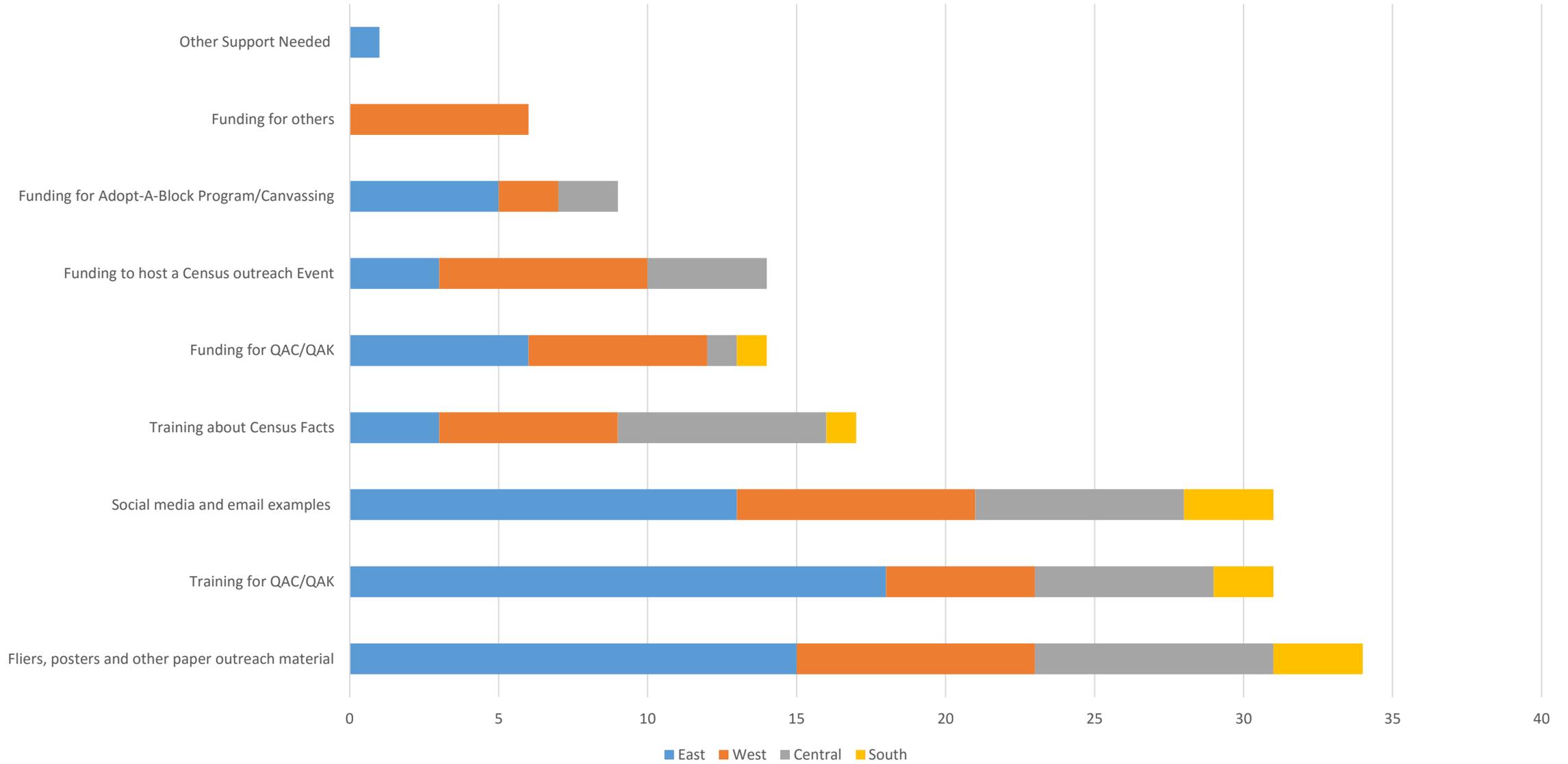
Please place your three Red dots on the issues most important to the community above. You may vote for three different issues or place multiple dots in one issue.

| | |
|--|-------|
| Schools Title I Grants, School Lunch Program, Special Education Grants, Federal Pell Grant | ••••• |
| Political Representation | ••••• |
| Confidentiality / Security There is distrust in sharing data with the government. | ••••• |
| Health Care (Medicaid), Health Care Centers | ••••• |
| Parks | |
| Roads / Transit / Other Transportation | |
| Healthy Food CalFresh, WIC, other nutritional programs (WIC) | ••••• |
| Children Head Start, Foster Care. | ••••• |
| Affordable Housing Low Income Home Energy Assistance, Section 8, Public Housing | ••••• |

Count Me In for...



Support Needed



BREAKOUT SESSION

WHAT ARE THE BARRIERS?

Fear / Distrust

- General Distrust of the Government
- Concerns about Confidentiality
- Fear of Scams
- Fear of how the data will be used
- Homeschool Community Mistrust
- Past Experiences with the Census Bureau

Accessibility

- Language
- Technology
- Physical Disabilities

Lack of Understanding about the Census

- Not knowing who gets counted – in particularly complex family structures
- Lack of Understanding about why it is important
- Assumption that those receiving a subsidy are already “in the system” and don’t need to fill out a form

Disconnect between Census Bureau and HTC

- Lack of representation
- Concern planned communication plan won’t work
- Census workers (and other government workers) don’t look like Hard to Count population
- Need more data analysis
- People are busy
- Lack of interest or don’t want to be bothered

Finding Hard to Count Populations

- Cities and other government agencies move encampments
- Lots of Rain during Census enumeration
- For homeless population, pets often keep individuals from getting services and are hard to find
- Households with young children tend to move a lot
- Seniors are often isolated

BREAKOUT SESSION

WHO ARE THE TRUSTED MESSENGERS?

Schools

Health
Workers

Neighborhood
Groups and
HOAs

Veterans

Places of
Worship

Libraries

Firefighters
and Police*

Peers and
Family

Service
Providers

Community &
Cultural
Groups

Senior Centers

Speaks
language

BREAKOUT SESSION

COMMUNICATION AND MEDIA NEEDS?

Social Media

- Nextdoor, Facebook, and Twitter
- #CountMeIn #Icount
- Website redirects

Traditional Media

- Number of Media Outlets
- Issue Op Ed and Press Releases

Newsletters

- City and Rec Departments
- Library
- Service Organizations

Incentives

- "I Count" Stickers
- T-Shirts
- Magnets

Ethnic Media

- Recommended Specific outlets
- Multiple Languages, especially dialects

Leverage Business Community

- Chamber of Commerce
- Big Business Outreach (Chevron, Amazon, etc)

City/Government Communications

- Community Center Banners
- Newsletter

Faith Community Communications

- Newsletters
- Bulletins
- Sermons

Community Gatherings

- National Night Out
- Festivals

School Communication

- Train students who help parents
- Texts
- Robo Calls
- E-Reader Boards

Homeless Outreach

- Focus on Needs, including Pet needs
- Coordinate with County /Service Providers
- Posters and Social Media/Texts

Other Ideas

- 211 Call Center
- Phone Trees

BREAKOUT SESSION

WHAT ISSUES ARE IMPORTANT?

Schools

Health

Housing

Nutrition
Programs

Personal
Connection

Transportation

Open Space

Basic Needs

Transparency

Links to
Community

How will data
be used?

Immigration
Vista

BREAKOUT SESSION

HOW CAN WE COLLABORATE?



BREAKOUT SESSION

WHERE DO PEOPLE GATHER?

Farmer's
Market /U-Pick

Community
Festivals

Community
Centers

Parks

School and
Youth Sports
Events

Libraries

Churches

Immigration
Forums

Food Truck
Events

National Night
Out

Retail
Locations

Gyms and Run
Events

BREAKOUT SESSION

WHO IS MISSING?

This question generated a list of over 35 ideas

Some of the ideas are organizations already on our list, but not at the Workshops

Many ideas were broad categories such as businesses, colleges, and places of worship.

We will use this list to do additional outreach

Proposed County Budget Allocation

BUDGET OVERVIEW

| Category | State Funding | Proposed County Funding | Other Funds (amounts not known) |
|---|------------------|-------------------------|--|
| Grant Administration | \$ 36,260 | | |
| GIS – Data development, analysis, and map production | \$ 50,000 | | |
| Outreach Coordinator Staff | \$ 150,000 | | |
| Media Buys | \$ 26,345 | | US Census Bureau, State, United Way Bay Area |
| Outreach Costs (venues, materials, food, mileage, etc.) | \$ 50,000 | | |
| Language Contracts | \$50,000 | | City of Richmond in-kind |
| Grants to Outreach Partners | | \$350,000 | Census Funders, United way, and City of Richmond |
| Technology Access | | \$125,000 | State? United Way? |
| Homeless Outreach Programming | | \$ 25,000 | |
| Total | \$362,605 | \$500,000 | Unknown |

Request for Proposals

GOAL OF THE REQUEST FOR PROPOSALS

- **Target the Hard to Count Communities**
- **Work with Trusted Messengers**
- **Provide local resources for people to get Census assistance, including in multiple languages**
- **Find innovate outreach strategy to reach hard to count communities**
- **Invest in our local non-profits and community organizations**

FUNDING PROGRAMS – TWO PHASES

- Phase 1: Larger Grants (\$2,000 - \$20,000+)
 - Outreach, Education, and Awareness
 - Non-English Language Outreach, Education, and Awareness
 - Innovative Strategies
 - Questionnaire Assistance
 - Non-English Language Questionnaire Assistance
- Phase 2: Mini-Grants (\$500 - \$3,000)
 - Host an events to raise awareness about Census
 - These grants would be available on a rolling basis if the organization meets all the criteria

FUNDING PROGRAMS – PHASE 1

| | Outreach, Education, and Awareness | Non-English Promotion of Outreach, Education and Awareness | Innovative Strategy | QAC/QAK | Language Assistance (Language QAC/QAK) |
|----------------------|---|--|--|---|---|
| Description | Promote educate, and outreach to targeted HTC populations to increase awareness and participation in the 2020 Census. For example: canvassing Cultural Events, etc. | Promote educate, and outreach to targeted non-English speaking populations to increase awareness and participation in the 2020 Census. | Design and implement innovative strategies to reach HTC populations to increase participation in the 2020 Census | Serve as a census hub and assist Bay Area community members in accessing, understanding, and completing the questionnaire. QAC/QAK can be either a single event or throughout the Census. | Support the language access needs for HTC populations |
| Grantee Requirements | Attend Census Training Submit Grant Report | Attend Census Training Submit Grant Report If needed, assist in translation of outreach and promotion material | Attend Census Training Submit Grant Report Meeting with County Staff about project | Attend Census Training Submit Grant Report Meet QAC/QAK Requirements | Attend Census Training Submit Grant Report Meet QAC/QAK Requirements If needed, assist in translation of outreach and promotion material |
| County Provides | Census Training Resource Library Census Button Census Swag | Census Training Resource Library Census Button Census Swag | Census Training Resource Library Census Button Census Swag | Census Training Resource Library Census Button Census Swag QAC/QAK in a Box | Census Training Resource Library Census Button Census Swag QAC/QAK in a Box |
| Funding Level | \$2,000 - \$10,000 | \$5,000 - \$15,000 | You Tell Us! | \$5,000 - \$15,000 | \$5,000 - \$20,000 |

FUNDING PROGRAMS – PHASE 2

| | Census Event |
|----------------------|--|
| Description | Host an Event to bring together HTC community members to increase awareness about Census. This could be a block party, a church potluck, a soccer game, or any other event that brings people together to learn more about the importance of the Census. |
| Grantee Requirements | Attend Census Training OR have a someone with Census Training attend the event Submit Grant Report Host a Census Speaker Provide Census Information |
| County Provides | Census Training Resources Library Census Button Census Swag |
| Funding Level | \$500 - \$3,000 (depends on size of event) |

ELIGIBLE APPLICANTS

- **Organizations:** Must be tax-exempt organization such as 501(c)3, 501(c)4, 501(c)6, or an organization that files a 990, 990 EZ, or 990-N with the Internal Revenue Service (IRS) and serves Contra Costa County residents
- **School Groups:** Must provide educational services to residents and students in Contra Costa County
- **Government Agencies:** Contra Costa County cities, Contra Costa County districts, and County Departments.
- **Coalitions:** Groups comprised of two or more organizations, school groups, or government agencies.

GRANTEE REQUIREMENTS

- Use Grant funds only for Census 2020 activities.
- All grantees must send one or more representative to Census Training.
- Submit reports on census activities to the County as requested.
- Attend additional trainings and meetings if requested (dates/locations TBD).
- Agree to communicate with the County as soon as possible should any challenges be identified that will impact your organization's ability to meet your target outcomes within the proposed time frame.
- All Applicants will be required to enter into the County's Short Form contract.

PROPOSED TIMELINE

Phase 1

- September 1, 2019: RFP is released
- September 9 , 2019 (tentative): Bidders Conference
- September 30, 2019: RFP Due
- October 21, 2019: Grants Awarded (Steering Committee)
- October 28 – November 29th: 4 Regional Working Group Census Trainings

Phase 2

- January 1st, 2020: RFP Released
- January 15, 2020 – May 15, 2020: Grants submissions accepted
- Grants are awarded if application meets all the criteria

ADDITIONAL QUESTIONS OR IDEAS

Reach out to staff at

Kristine.Solseng@dcd.cccounty.us

(925) 674-7809

THANK YOU!!



We All Count



Contra
Costa
County

To: Board of Supervisors
From: TRANSPORTATION, WATER & INFRASTRUCTURE COMMITTEE
Date: July 30, 2019

Subject: CONSIDER report on the Contra Costa Transportation Authority's development of a Transportation Sales Tax/Expenditure Plan for the March 2020 ballot

RECOMMENDATION(S):

CONSIDER accepting a report on the Contra Costa Transportation Authority's development of a Transportation Expenditure Plan (TEP) for a potential sales tax measure on the March 2020 ballot, and CONSIDER transmitting Board comments on the TEP.

FISCAL IMPACT:

No Impact. In the event the proposed Sales Tax/Transportation Expenditure Plan measure qualifies for the ballot, the Contra Costa Transportation Authority (CCTA) has committed to pay the cost to place the measure on the ballot (estimated to be \$1.5 million).

BACKGROUND:

Staff Note: New TEP material was received (see attached: 7-22-19 CCTA TEP Materials) by County staff just prior to the deadline to publish this report. We have responded to some of the material below but will provide a more comprehensive commentary verbally at the July 30th Board of Supervisors meeting. CCTA staff will also be present and will provide a brief overview presentation.

- APPROVE OTHER
- RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

- AYE: John Gioia, District I Supervisor
- Candace Andersen, District II Supervisor
- Diane Burgis, District III Supervisor
- Karen Mitchoff, District IV Supervisor
- Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

Contact: John Cunningham (925) 674-7833

cc:

BACKGROUND: (CONT'D)

Past Action/Discussion Summary

The Contra Costa Transportation Authority (CCTA) has initiated the development of a Transportation Expenditure Plan (TEP) for inclusion in a potential transportation sales tax measure. CCTA's concept is to propose an additional half cent sales tax, to run concurrently with the current Measure J (2008), as was the case with the unsuccessful Measure X (2016) effort. CCTA is considering placing the new measure on either the March or November 2020 ballot. The focus and assumptions regarding schedule are currently focused on the March date. Either date requires a significantly compressed TEP development process.

The Board of Supervisors heard a report on this effort at their May 21 meeting. That report included background and contextual information and can be viewed here: [May 21 Board of Supervisors discussion](#).

Meeting Minutes from May 21 BOS TEP Report (copied from BOS agenda website):

Direction to DCD/PWD Staff: Build off of the 2016 Measure X TEP with staff recommendations. Detail: Staff and BOS (at RTPCs) to engage in the process taking the following in to consideration, the County:

- 1) is not convinced that tweaking the 2016 TEP for the 2020+ landscape is adequate,*
- 2) believes that there is a need for additional transportation investments but has also identified the need to fund other pressing issues (health services, social services, human services, public safety/fire), and*
- 3) at this time has not taken a position on whether it supports a new transportation sales tax but commits to engage in a conversation with other jurisdictions on the concept.*

Direction to the Finance Committee (CAO): Take up the concept of a countywide sales tax (non-transportation) measure.

Update

This report covers the following new material:

- July 11 Version of the Transportation Expenditure Plan
- July 17 CCTA Special Meeting packet & board discussion/action.
- July 18 Transportation, Water, and Infrastructure Committee meeting
- July 22 TEP Material reflecting July 18 Board discussion (Attached: 7-22-19 CCTA TEP Materials)

Detailed TEP Discussion

BOS direction at the May 21 meeting was to build off of the County's 2016 priorities which included, increased local maintenance funding ("return to source"), improved transit, land use coordination program, and safe routes to school (SR2S) program. Of these priorities, there is currently active dialogue in two categories which is what this report focuses on, 1) land use coordination, and 2) improved transit.

Land Use Coordination (labeled in various versions as Community Development or Focused Growth): This has been an evolving concept and dialogue which the County has contributed to since the Measure X effort was initiated in 2014. The timeline below shows the evolution of this issue in versions of the TEP:

2016 Measure X: \$100 Million, 3.48%: "Community Development Transportation Program": Among others, the County advocated for the inclusion of this program which funded "...transportation projects or programs that promote housing within planned or established centers that are supported by transit, or that support economic development and job creation in Contra Costa County".

June 2019 Draft TEP: \$80 Million, 2.61%: "Focused Growth, Support Economic Development, and Create Jobs in Contra Costa": This category would fund, "Transportation programs and projects will promote affordable housing [sic] and housing within planned or established centers that are supported by transit, or that support economic development and job creation in Contra Costa County."

July 2019 Draft TEP: \$00, 0%: The "Focused Growth..." category was removed. References to "...improve access to jobs..." were included in various programs included throughout the document but with no specificity relative to expenditures.

July 17th CCTA Special TEP Meeting: Staff Report = \$0, 0% /// Action at Meeting = approximately \$45 Million, 1.5%:

Staff Report: The written report acknowledged the validity of the approach to have transportation investments encourage economic development and spur job growth. The report proposed to add a guiding principle which support these types of investments (see excerpt below) but did not identify specific funding for the program.

ECONOMIC OPPORTUNITY

CCTA recognizes that adding jobs closer to residents' homes can reduce commute times, greenhouse gas emissions and vehicle miles traveled.

CCTA will consider making sales tax revenue available in many expenditure categories to partially fund transportation infrastructure that is likely to result in significant job growth, such as the Northern Waterfront.

CCTA Board meeting: The dialogue and subsequent vote at the 7/17 Board meeting resulted in the approval of 1) additional language added to the TEP which supports "access to jobs", and 2) the re-insertion of as a specific line item for jobs in the Expenditure Plan at 1.5% which results in an estimated \$45 million. CCTA Staff will determine what program/project will be reduced in order to fund this program.

July 22 TEP Material: The following language was referenced by CCTA as their approach to support what is, in summary, transportation investments to reduce commute distances and make use of underused infrastructure and system capacity in the reverse direction:

CCTA is committed to improving access to jobs throughout Contra Costa and supporting economic development of the Northern Waterfront initiative through programs and projects in this Transportation Expenditure Plan. Programs and projects will support housing within planned or established job centers that are served by transit, or that aid economic development and job creation.

If the BOS is interested in supporting this policy and/or expenditure strategy, staff suggests

the Board also consider recommending refinements to the "Access to Jobs" framing. The TEP could be reworded to characterize this issue as an opportunity to reduce commute distances and better utilize the reverse-commute capacity of the existing transportation infrastructure. This could incentivize local jurisdictions and partners to set the stage for creating new jobs in housing-rich areas. A label for this category might be "Reverse and Reduced Commute". Examples that could illustrate the concept include new or upgraded rail crossings to "unlock" development potential for employment centers), rail-based goods movement improvements, bike lanes and bike facilities in business parks and on routes from transit stations to employment centers, and other new or upgraded transportation infrastructure intended to strategically attract jobs.

Accessible Transit: At the July 18 Transportation, Water, and Infrastructure Committee meeting the following revisions were discussed and recommended for approval by the BOS for distribution to CCTA:

Page 27

The revision below "establish a user-friendly, coordinated system with a single point of entry", was cooperatively developed by County and CCTA staff. The TEP is referencing the Accessible Transportation Strategic (ATS) Plan in numerous places. The ATS Plan has just been initiated, the process needs to be respected and allowed to play out but considering the pattern of unfulfilled plans and policies documented in the attached history of paratransit policies (Contra Costa County: Paratransit Policies/Guidance 1990 - 2019) staff believes that leadership should set some base expectations for the process, user-friendly, coordinated, and single point of entry, are all reasonable criteria:

In collaboration with stakeholders and service providers, CCTA will develop an Accessible Transportation ~~Services~~ Strategic Plan to establish a user-friendly, coordinated system with a single point of entry and to further guide the use of these funds.

Page 46

The rationale for the suggested revision below, replacing "...appropriate model...local structure..." with "deliver a streamlined and unified experience for the customer", is twofold: 1) The suggested language is currently in the TEP but only in reference to conventional transit serving the able bodied. Staff believes it is reasonable to set the same expectation for population of elderly and persons with disabilities, and 2) The deletion of "appropriate model for our local structure", is proposed as that language could be construed to mean, "changes are only acceptable so long as the administrative structures stay as they are". Staff does not believe that is reasonable standard.

23. ~~Accessible~~ Accessible Transportation for Seniors, Veterans, and People with Disabilities:

An Accessible Transportation ~~Service~~-Strategic (ATS) Plan will be developed and periodically updated during the term of the Measure. No funding under the ~~Affordable~~-Accessible Transportation for Seniors, Veterans, and People with Disabilities category will be allocated until the ATS ~~Strategic~~-Plan has been developed and adopted. No funds may be distributed to a service provider before it adopts the plan except as noted below. The development and delivery of the ATS ~~Strategic~~-Plan will establish a user-focused system, with a single point of entry, ~~on~~ using mobility management to ensure coordination and efficiencies in accessible service delivery. The ATS ~~Strategic~~-Plan will address both Americans with Disabilities Act (ADA) and non-ADA services. The ATS ~~Strategic~~-Plan will deliver a streamlined, affordable and unified experience for

the customer ~~evaluate the appropriate model for our local structure including and address~~ how accessible services are delivered by all service providers and where appropriate coordination can improve transportation services, eliminate gaps in service and find efficiencies in the service delivered. The ATS Strategic Plan will also determine the investments and oversight of the program funding and identify timing, projects, service delivery options, administrative structure, and fund leverage opportunities.

Additional Comments Not Covered at TWIC

There are references to “new” and “emerging” technologies in the TEP. In the demand response/accessible transit service area there have been technologies and systems available for decades that would both improve cost effectiveness and service. No technologies, new, emerging, or old, will be implemented in the paratransit/accessible transit field if the institutional barriers aren’t addressed. This is the “lack of a structural platform” identified in the 2013 Mobility Management Plan and summarized in the attached paratransit history document.

CCTA included the following, “No funds may be distributed to a service provider before it adopts the plan...” requirement under program #23, “...Transportation for Seniors...”. That is a strong position to take and may help break through the 30 year pattern of unfulfilled policies in this area. Staff recommends expressing specific support for this revision and for CCTA's leadership on this point.

Other

July 1, 2019 Letter: Sustainability Commission to Board of Supervisors (attached): The Contra Costa County Sustainability Commission has endorsed the TEP priorities established by a number of transportation, environmental, and environmental justice organizations. These organizations communicated their priorities to the Contra Costa Transportation Authority on the TEP in a joint letter attached to the attached letter from the Sustainability Commission.

Funding Context: The May 21 report to the Board of Supervisors included information relative the changes in the transportation funding context since the 2016 Measure X effort. Those changes include the gas tax increase due to the passage of Senate Bill 1 (2017): Road Repair and Accountability Act, and the bridge toll increase resulting from the passage of Regional Measure 3 (2018).

A potential additional change to the funding context is emerging. A regional transportation funding proposal being referred to as "Faster Bay Area" has been developed by the Bay Area Council, Silicon Valley Leadership Group (SVLG), and SPUR, a Bay Area planning and research non-profit. The proposal has been referred to as a "mega-measure" by several news sources, links below. News articles indicate that the measure could go to the voters in November 2020 and statutory authority would have to be granted, presumably to the Metropolitan Transportation Commission. Concrete information on the initiative is not yet available, but the SVLG website makes reference to a "nine-county Bay Area Transformative Transportation Measure". Potential projects are reported to be a second transbay crossing for BART, a new southern bay crossing (auto/transit bridge), complete network of express toll car and bus lanes around the bay, expanded ferry network, improvements to BART/Caltrain, and seamless transit across the Bay Area.

San Jose Mercury News, June 9, 2019, "[Mega-measure: \\$100 billion traffic-busting tax plan for the Bay Area taking shape](#)"

San Francisco Chronicle, January 20, 2019, "[Bay Area policy leaders want big money for new transportation projects](#)"

Next City (non-profit public policy advocacy organization), June 12, 2019, "[Price Tag for a “Faster Bay Area”: \\$100 Billion](#)"

Milestone Dates

August 6, 2019: Last BOS meeting to consider and respond to TEP content before CCTA finalizes the document and considers approval and circulation to member agencies.

August 21, 2019: CCTA considers adoption of final draft TEP, approve for circulation to Cities and County for consideration.

September 10, 17, 24/October 8, 15, 22: BOS: Dates available for BOS to consider TEP

October 30, 2019: CCTA approves TEP and the authorization to put Measure on ballot.

November 12, 2019: BOS: Introduce Ordinance calling for the election.

November 19, 2019: BOS: Adopt Ordinance

March 3, 2020: Election Day

CONSEQUENCE OF NEGATIVE ACTION:

If action is not taken, the County will miss an opportunity to communicate its policy preferences to staff and the Contra Costa Transportation Authority.

CLERK'S ADDENDUM

Public speakers: Mariana Moore

Accepted report. Directed DCD to draft a letter to CCTA regarding the Supervisor's issues of interest and requested changes to the Transportation Expenditure Plan.

ATTACHMENTS

CCTA 7-11-19 Initial Draft TEP

7-22-19 CCTA TEP Materials

History of Paratransit Policies Guidance 1990-2019

07_02_19 Sust. Cmsn. Ltr to BOS re Transportation Expense Plan

A PLAN FOR CONTRA COSTA'S FUTURE

2020 Transportation Expenditure Plan



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Transportation for the Next Three Decades
Local Funding for Local Projects

11..... A Roadmap for the Future

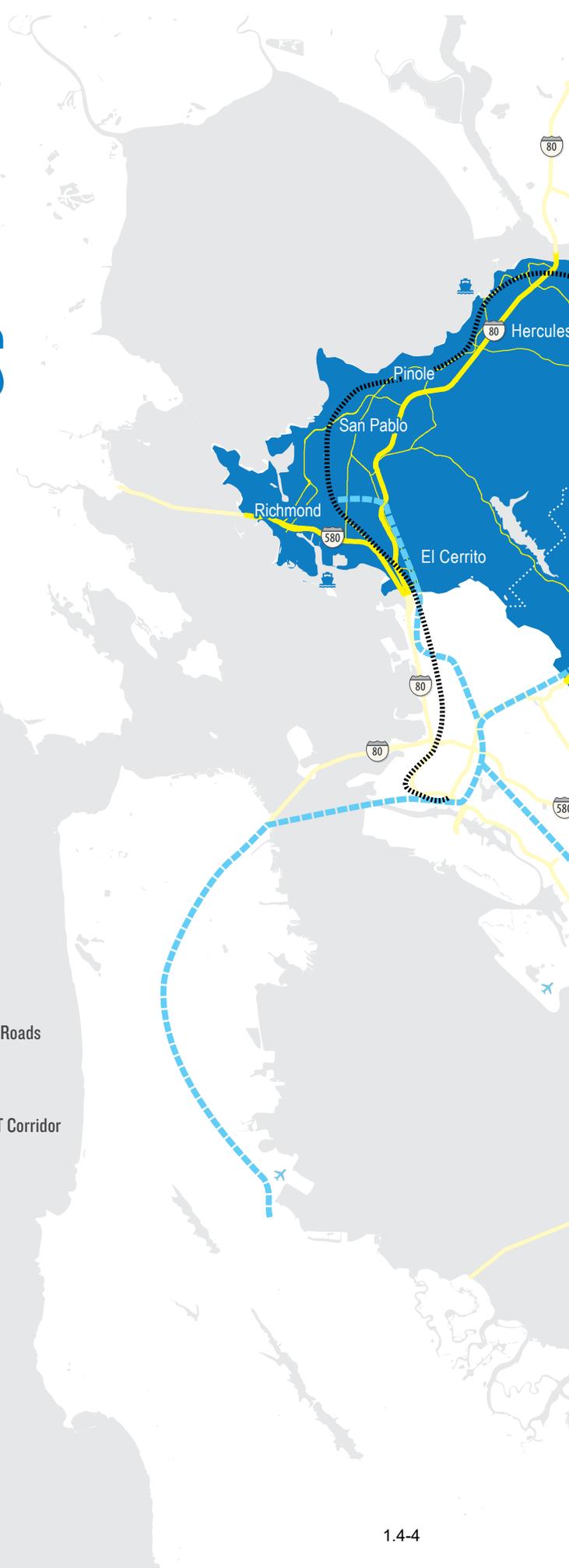
What This Transportation Expenditure Plan Will Accomplish
How The Transportation Expenditure Plan Was Created
Taxpayer Safeguards
Pertinent Policies

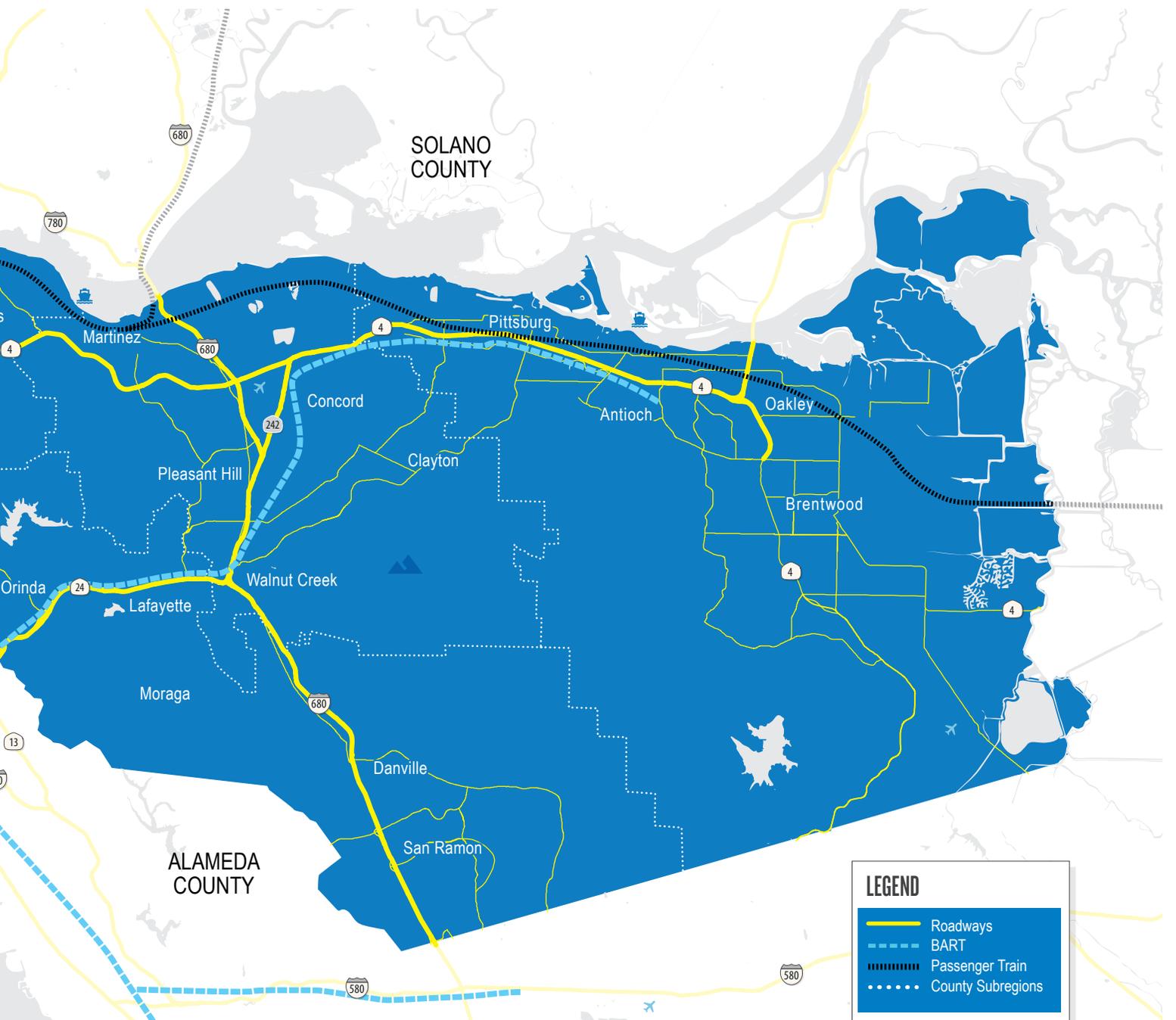
15..... Proposed Transportation Investments

Relieving Congestion Relief on Highways, Interchanges, and Major Roads
 Improve State Route 242, Highway 4, and eBART Corridor
 Modernize I-680, Highway 24, and BART Corridor
 Enhance I-80, I-580 (Richmond-San Rafael Bridge), and BART Corridor
Improving Transportation Countywide in All Our Communities

29..... Policy Statements

The Growth Management Program
Urban Limit Line Compliance Requirements
Transit Policy
Complete Streets Policy
Advance Mitigation Program
Taxpayer Safeguards and Accountability
Vision Zero Policy





LEGEND

- Roadways
- - - BART
- Passenger Train
- County Subregions

» Contra Costa is a county as unique and diverse as its residents. Our communities stretch from the Richmond coastline to Discovery Bay, from Port Chicago to the San Ramon Valley, and from Mount Diablo to Crockett Hills.

» ALL FUNDING AMOUNTS presented in this Transportation Expenditure Plan are rounded.



CONTRA COSTA
transportation
authority

A NEW TRANSPORTATION FUTURE FOR CONTRA COSTA COUNTY

TRANSPORTATION EXPENDITURE PLAN FUNDING SUMMARY

The Contra Costa Transportation Authority (CCTA) envisions a future where all of our transportation systems work together for more streamlined, safe, efficient, and convenient travel. We envision strong cooperation and mutual support across all of Contra Costa's cities, towns, and communities to make it easier for people in Contra Costa County to get around. We envision transportation networks that support a healthy environment and protect Contra Costa County's unique landscapes.

This 2020 Transportation Expenditure Plan (TEP) focuses on innovative strategies and new technologies that will relieve congestion, promote a strong economy, protect the environment, and enhance the quality of life for all of Contra Costa County's diverse communities. In order to offer a wide range of transportation options, CCTA will continue to deliver projects that integrate and optimize transit and vehicular travel in a more balanced way. This plan outlines projects that will achieve a broad range of goals:

- **Relieve Traffic Congestion on Highways and Interchanges.** CCTA's goal is to improve the movement of people and goods through major corridors, to address bottlenecks and hot spots, and to make commutes smoother and more predictable. Contra Costa County's residents and travelers will see smoother traffic flow and less congestion with the implementation of this TEP.
- **Make Bus, Ferry, Passenger Train, and BART Safer, Cleaner, and More Reliable.** Contra Costa County's residents and travelers value safe, clean, convenient, and affordable transit options. CCTA's goal is to support transit operators in providing more frequent and reliable transit service and to plan and build the infrastructure that enables travelers to make quick and convenient transit connections between their homes, work, and recreational activities.
- **Provide Affordable and Safe Transportation for Children, Seniors, Veterans, and People with Disabilities.** CCTA is committed to supporting mobility and transportation options for all Contra Costa County residents.
- **Improve Transportation in Our Communities.** CCTA supports livable communities and quality of life in Contra Costa County by providing local cities and towns with funding to fix and modernize local streets, offer safer places to walk and cycle, and improve air quality. CCTA also helps manage urban sprawl through its transportation-related growth policies.

For planning purposes, CCTA divides the county into four subregions: central, east, southwest, and west. The TEP is intentionally designed to be equitable across all subregions based on the number of people who live in each subregion. **All locally generated transportation revenue—plus any additional grant funding CCTA receives—will be spent on local projects in Contra Costa County.**

EXPENDITURE PLAN SUMMARY

| FUNDING CATEGORIES | SUBTOTALS | |
|---|----------------|-------------|
| | \$ (millions)* | % |
| RELIEVING CONGESTION ON HIGHWAYS, INTERCHANGES, AND MAJOR ROADS | \$1408 | |
| Improve State Route 242 (SR-242), Highway 4, and eBART Corridor | | |
| Relieve Congestion and Improve Access to Jobs Along Highway 4 and SR-242 | 200 | 6.5 |
| Improve Local Access to Highway 4 and Byron Airport | 150 | 4.9 |
| East County Transit Extension to Brentwood and Connectivity to Transit, Rail, and Parking | 100 | 3.3 |
| Improve Traffic Flow on Major Roads in East County | 75 | 2.5 |
| Enhance Ferry Service and Commuter Rail in East and Central County | 50 | 1.6 |
| Improve Transit Reliability Along SR-242, Highway 4, and Vasco Road | 50 | 1.6 |
| Seamless Connected Transportation Options | 36 | 1.2 |
| Additional eBART Trains Cars | 28 | 0.9 |
| Modernize I-680, Highway 24, and BART Corridor | | |
| Relieve Congestion, Ease Bottlenecks, and Improve Local Access Along the I-680 Corridor | 200 | 6.5 |
| Improve Traffic Flow on Major Roads in the Central County and Lamorinda | 103 | 3.4 |
| Improve Transit Reliability along the I-680 and Highway 24 Corridors | 50 | 1.6 |
| Provide Greater Access to BART Stations Along I-680 and Highway 24 | 49 | 1.6 |
| Seamless Connected Transportation Options | 36 | 1.2 |
| Improve Traffic Flow on Highway 24 and Modernize the Old Bores of Caldecott Tunnel | 35 | 1.1 |
| Improve Traffic Flow on Major Roads in San Ramon Valley | 20 | 0.6 |
| Upgrade I-80, I-580 (Richmond-San Rafael Bridge), and BART Corridor | | |
| Improve Transit Reliability Along the I-80 Corridor | 90 | 3.0 |
| Relieve Congestion and Improve Local Access Along the I-80 Corridor | 57 | 1.9 |
| Enhance Ferry Service and Commuter Rail in West County | 34 | 1.1 |
| Improved Traffic Flow and Local Access to Richmond-San Rafael Bridge Along I-580 and Richmond Parkway | 19 | 0.6 |
| Seamless Connected Transportation Options | 16 | 0.5 |
| Improve Traffic Flow on Major Roads in West County | 10 | 0.3 |
| IMPROVING TRANSPORTATION COUNTYWIDE IN ALL OUR COMMUNITIES | \$1530 | |
| Modernize Local Roads and Improve Access to Job Centers and Housing | 532 | 17.4 |
| Improve Walking and Biking on Streets and Trails | 215 | 7.0 |
| Provide Convenient and Reliable Transit Services in Central, East, and Southwest Contra Costa | 192 | 6.3 |
| Increase Bus Services and Reliability in West Contra Costa | 187 | 6.1 |
| Affordable Transportation for Seniors, Veterans, and People with Disabilities | 154 | 5.0 |
| Cleaner, Safer BART | 120 | 3.9 |
| Safe Transportation for Youth and Students | 87 | 2.9 |
| Reduce Emissions and Improve Air Quality | 43 | 1.4 |
| SUBTOTAL | \$2938 | 96% |
| Transportation Planning, Facilities & Services | \$92 | 3.0 |
| Administration | \$31 | 1.0 |
| TOTAL | \$3061 | 100% |

*Funding amounts are rounded



WHAT THESE PROJECTS MEAN FOR CONTRA COSTA COUNTY

The investments described in this TEP have been carefully selected to offer a broad array of tangible benefits to the residents and travelers in Contra Costa County. Here are just a few:

- » Smooth-flowing traffic along highways and roads
- » Quicker trips and less time sitting in traffic
- » Smoother pavement and fewer potholes
- » Transit, where and when it's needed
- » Easier ways to get from home or work to transit stops and back home again
- » Cleaner air due to reduced vehicle emissions
- » More bicycle lanes and walking paths to support an active lifestyle
- » Free or reduced transit fares for students

THREE DECADES OF TRANSPORTATION IMPROVEMENTS

WHO WE ARE AND WHAT WE DO

Contra Costa Transportation Authority (CCTA) is responsible for **maintaining and improving the county's transportation system by planning, funding, and delivering critical transportation projects that connect our communities**, foster a strong economy, increase sustainability, and safely and efficiently get people where they need to go. CCTA is also responsible for putting solutions in place to help manage traffic by providing and connecting a wide range of transportation options.

We are proud of our accomplishments and we also recognize the immense transportation challenges still faced by county residents and businesses—particularly considering population growth, continued development, and threats to the environment. CCTA works to advance transportation solutions, ease congestion, and prepare Contra Costa County for safe future mobility.

CCTA is evolving with the times and presenting innovative solutions while protecting the qualities that make Contra Costa a wonderful place to call home. We present this Transportation Expenditure Plan (TEP), which reflects where we are now and, more importantly, our commitment to pursuing transportation policies, planning, and investments that will get us to where we want to be in the future.

FULFILLING OUR PROMISE TO CONTRA COSTA COUNTY VOTERS

Contra Costa County voters passed **Measure C** in 1988 sending a clear message that recognized the immense need to improve the way people travel around Contra Costa County. Voters authorized a 20-year (1989-2009) half-cent transportation sales tax to finance improvements to the county's overburdened transportation infrastructure. In 1989, the CCTA was born.

Measure C expired in 2009 but much was accomplished including Highway 4 widening from Hercules to Martinez; BART extension to Pittsburg/Bay Point; Richmond Parkway construction; and new transit programs for seniors and people with disabilities.

In 2004, Contra Costa County voters approved **Measure J**. The measure provided for the continuation of the county's half-cent transportation sales tax for 25 more years (2009-2034) beyond the Measure C expiration date. Without Measures C and J funding, CCTA would not have qualified to receive additional federal, state, or regional funds. With a total of \$1.4 billion in Measure C and J project funds, a total of more than \$5.5 billion will be invested in vital transportation projects in Contra Costa County through 2034, leveraging Measure C and J funding at about a three-to-one ratio.

CCTA has delivered most of the major infrastructure improvements projects in Measure J—such as the fourth bore of the Caldecott Tunnels, Highway 4 East widening, eBART extension from the Pittsburg/Bay Point BART station to Antioch and I-680 and I-80 corridor improvements—on an accelerated timeline to deliver its promises to voters. CCTA periodically issues bonds to provide advance funding to design and build major infrastructure projects. Then, the revenue generated from the transportation sales tax is used to pay back the bonds. By turning future Measure J revenue into capital dollars and accelerating design and construction, transportation projects are put into place sooner to alleviate transportation challenges. Designing and building the projects earlier costs less money, because the added cost of future inflation is avoided.

As of 2018, about 80 percent of the Measure J project funds were expended. Remaining revenues are now going toward repayment of bonds, fixing local streets, continuing programs, and supporting public transportation. Without a new TEP, the county will be unable to fund any new major projects to address pressing mobility needs.

TRANSPORTATION FOR THE NEXT THREE DECADES

While the existing Measure J will remain intact through 2034, this new TEP has been developed for several reasons:

- All of the planned major capital improvement projects funded by Measure J are either complete or in construction, ahead of schedule.
- New transportation technology is offering unprecedented opportunities to streamline travel and traffic, and reduce emissions.
- The gap between transportation needs and available funding is at an all-time high. The new TEP will allow local funding to keep needed services in place and alleviate congestion by attracting other funding sources.



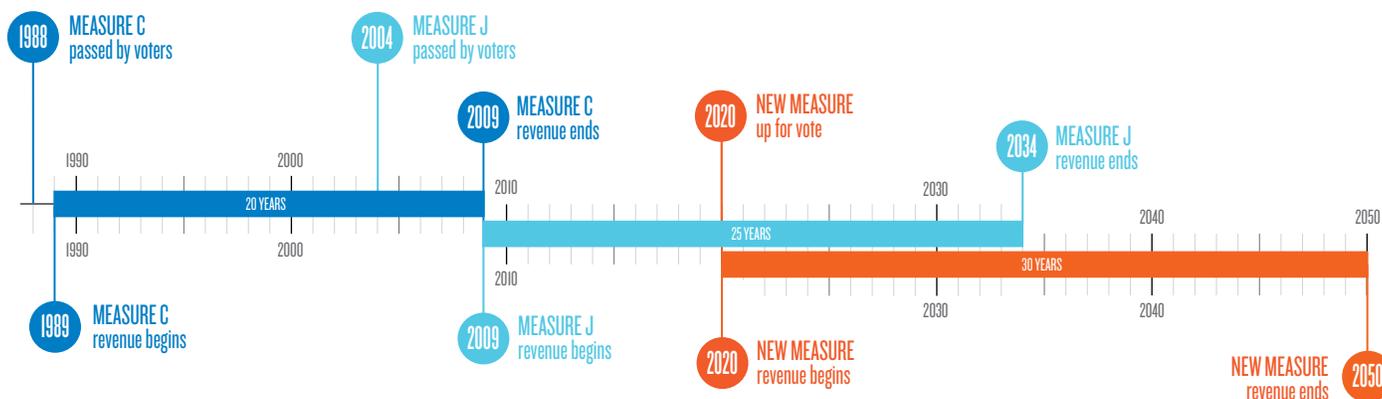
- The demand on Contra Costa County's roads, highways, BART stations, and buses is increasing. The county's population is growing and more people are using roads and transit. Investments are needed to maintain and improve the current transportation system to ensure it can effectively accommodate growth and prepare the system for the future.
- People are increasingly valuing alternative ways to get around, such as transit, walking and biking. Our roads need to safely accommodate all users.
- Contra Costa County's population is aging. Currently, about 14 percent of the population is age 65 or older.* By 2035, this population is expected to double to about 30 percent. New and different transportation solutions are needed to keep our older residents mobile and maintain quality of life.

LOCAL FUNDING FOR LOCAL PROJECTS

Measures C and J local transportation sales taxes have provided a substantial and steady share of the total funding available for transportation projects in Contra Costa County. State and federal sources have targeted some major projects, but local funding is needed to attract and supplement those sources. Our local transportation sales tax has been indispensable in helping to meet the county's growing needs in an era of unpredictable resources.

* Population based on Association of Bay Area Governments (ABAG) Projections 2013
1.4-12

Timeline of Local Funding Contra Costa County Transportation Improvements



The funding for this TEP will augment the existing Contra Costa County Measure J half-cent transportation sales tax by a half-cent until Measure J expires in 2034, then continue the half-cent transportation sales tax until 2050. A sales tax will generate approximately \$3 billion for essential transportation improvements that touch every city, town, and community in Contra Costa County.

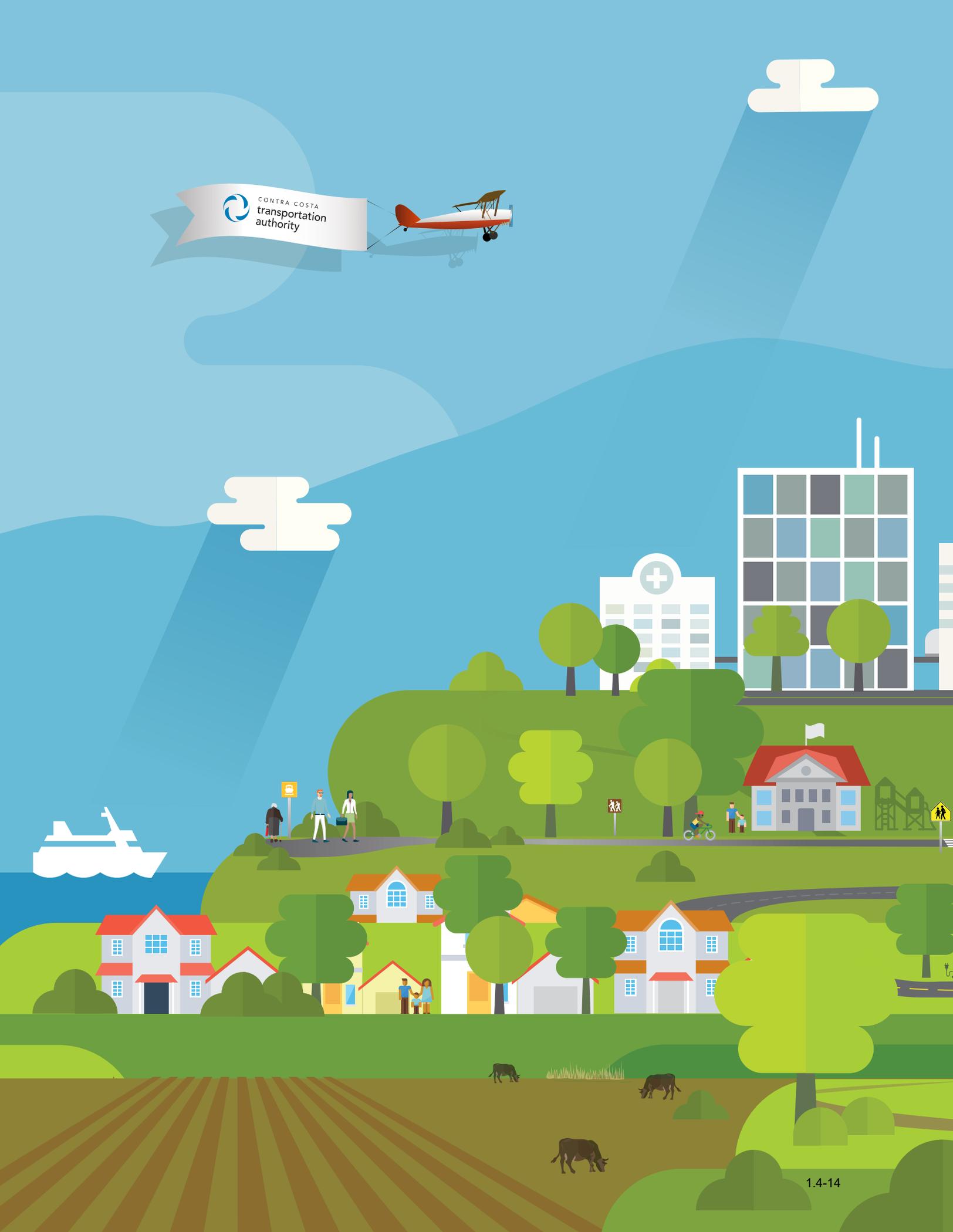
These local funds have allowed CCTA to compete effectively for outside funds by providing a local matching fund source, as required by most grants. Measures C and J, for example, will attract \$4.1 billion of additional funds for Contra Costa County transportation projects through 2034, providing a total investment of \$5.5 billion in vital transportation improvements.

CCTA will continue to use local transportation sales tax revenue to attract outside funds for projects already identified in regional and state funding measures. In fiscal year 2017-2018 alone, more than \$77 million of California's Senate Bill 1 (SB-1), the Road Repair and Accountability Act of 2017 transportation funding was earmarked for projects sponsored by CCTA. The required local match for the grant was \$35 million. In other words, for every dollar Contra Costa County taxpayers paid for these projects, the state paid two more dollars.

Similarly, voters approved Regional Measure 3 (RM-3), which was authorized and signed into law in 2018 to fund major roadway and public transit improvements via an increase in tolls on the Bay Area's seven state-owned toll bridges. Contra Costa County projects that may benefit from RM 3 include:

- Interstate 80 Transit Improvements: expand bus service along the Interstate 80 corridor
- Interstate 680 Transit Improvements: enhance transit service along the Interstate 680 corridor, including bus operations, transit centers, and real-time travel information
- East Contra Costa County Transit Intermodal Station: construct a transit intermodal center to enhance access to eBART and the Mokelumne Bike Trail/Pedestrian Overcrossing at Highway 4
- Contra Costa Interstate 680/Highway 4 Interchange Improvements: reduce congestion and improve safety by widening Highway 4 and adding new direct connectors between I-680 and Highway 4
- Richmond-San Rafael Bridge Access (Contra Costa approach): make improvements to reduce delays on bridge approaches and at the toll plaza, including improvements to the Richmond Parkway
- Byron Highway-Vasco Road Airport Connector: improve access, safety, and economic development with a new connector between Byron Highway and Vasco Road

RM 3 provides only partial funding for these projects. Additional funding is needed to make them a reality.



A ROADMAP FOR THE FUTURE

WHAT THIS TRANSPORTATION EXPENDITURE PLAN WILL ACCOMPLISH

Contra Costa Transportation Authority's (CCTA's) 2020 Transportation Expenditure Plan (TEP) serves as both a roadmap and an itinerary that will guide transportation investments for the coming 30 years. Throughout the 30-year duration of this plan, Contra Costa County's population is expected to grow and change, infrastructure will continue to age and wear out, new forms of travel will emerge, and the environment needs continued protection. Such changes will place even more strain on the county's transportation systems. **Without new investment in transportation, Contra Costa will face a future with distressed and outdated infrastructure, increased traffic on already-congested roadways, and a decrease in critical transportation services to those with the greatest need.**

CCTA strives to preserve and enhance an excellent quality of life for Contra Costa County's residents, businesses, and communities with convenient, reliable, and accessible transportation. We do this through optimizing the existing transportation system, leveraging emerging technologies, offering meaningful programs and services, and providing seamless connections between various forms of transportation (for example, cars, transit, cycling, and walking).

The projects in this plan will benefit all who live and travel within Contra Costa County. The projects will help improve the transportation network over the coming decades to meet growing needs, while supporting economic vitality and an environmentally sustainable future.

Transportation-related technological solutions will continue to evolve to help ease traffic congestion, offer alternative mobility options for travel, provide valuable information to travelers, make it easier and more efficient to maintain our transportation infrastructure, and many other applications that may be currently under development. This TEP reflects CCTA's commitment to fully integrate applicable transportation technologies with traditional infrastructure for the benefit of residents and travelers.

When implemented, the projects in this TEP will accomplish an array of major transportation improvements throughout the county. These projects serve to enhance people's transportation options and reduce congestion on every major transportation corridor in the county. The funding will also reach deep into the local communities to improve residents' quality of life and protect the county's natural environment.

HOW THE TEP WAS CREATED

The 2020 TEP was created for Contra Costa County residents, businesses, and travelers by the communities and people it is intended to serve. Key stakeholder groups were convened and community outreach conducted to understand what outcomes and results are most important to the residents and businesses of Contra Costa County. Through this outreach process, a number of desired outcomes were determined to be of highest priority.

These outcomes served as the basis for high-level funding categories that shape the framework for the TEP. The plan presents a suite of transportation projects and programs that align with guiding principles and will offer a transportation system that supports a vibrant, modern, and livable Contra Costa County.

This TEP is "performance-based," meaning that projects must have defined and measurable outcomes that benefit residents and travelers. Every project with a total project cost more than \$10 million in funding must undergo a performance analysis and review prior to funding being allocated. In this way, county taxpayers can be assured that the funding is well spent to meet the county's transportation goals.

TAXPAYER SAFEGUARDS

Over the past 30 years, CCTA has operated under a system of rigorous taxpayer safeguards to protect the county's investments and to ensure that transportation sales tax revenue is invested wisely, equitably, and transparently. CCTA consistently achieves the highest standards in its governmental accounting and financial reporting and ensures full accountability in its programs and projects.

With the 2020 TEP, CCTA is fully committed to continuing our strong accountability to Contra Costa taxpayers through many safeguards. For example:

- CCTA will continue to publish an annual budget and strategic plan that estimates expected transportation sales tax receipts, other anticipated revenue, and planned expenditures for the year.
- CCTA's public oversight committee will continue to provide diligent oversight of all CCTA expenditures and report its oversight activities and findings to the public through annual audits that focus on the allocation of funding, project performance, local jurisdiction compliance, and growth management performance.
- CCTA will routinely inform, communicate with, and engage its partner organizations, advisory committees, and the county's residents and businesses to ensure that its programs and projects are fully transparent and best meet the needs of its residents.
- CCTA will strive to balance the needs of all people and areas of Contra Costa County to support an equitable and sustainable transportation system for all.
- CCTA's regional transportation planning committees will continue to ensure cohesion with local and subregion planning and implementation efforts and adherence to adopted policies.

PERTINENT POLICIES

CCTA implements and follows several key policies to ensure that Contra Costa's transportation systems are in alignment with the county's established future vision. Full text of these policies is included in the Policy Statements section at the end of this document. In summary, these key policies are as follows:

Growth Management Program: establishes principles that preserve and enhance the county's quality of life and promote a healthy and strong economy through a cooperative, multi-jurisdictional process for managing growth while maintaining local authority over land use decisions.

Urban Limit Line Compliance Policy: requires each jurisdiction to adopt and comply with a voter-approved Urban Limit Line, which defines the physical limits of a jurisdiction's future urban development.

The Growth Management Program and Urban Line Limit Compliance policies in place since Measure J began in 2009 have been enhanced in this TEP.

CCTA, with input from many stakeholders, has developed the following additional four policies to ensure that projects align with the vision, guidelines, and requirements for fund expenditures.

Transit Policy: sets out goals for improving, coordinating, and modernizing transit service—along with first- and last-mile connections to transit—thereby increasing the percentage of residents and commuters that may travel conveniently by public transit.

Complete Streets Policy: encourages making local streets more efficient and safe for all users—including

drivers, pedestrians, bicyclists, and transit riders—and giving travelers convenient options while minimizing the need to widen roadways.

Advanced Mitigation Program: provides innovative ways to advance needed infrastructure projects more efficiently and provides more effective conservation of natural resources, watersheds and wetlands, and agricultural lands.

Vision Zero: requires all funding recipients to systemically apply planning and design practices that quantifiably reduce the risk of traffic-related deaths and severe injuries.

GUIDING PRINCIPLES USED TO DEVELOP THE TEP

CCTA is fully committed to planning, funding, and delivering transportation solutions that meet the transportation needs of Contra Costa County's residents, businesses, and travelers, through a strong set of guiding principles including:



DEFINED BENEFITS

CCTA will use transportation sales tax revenue to achieve defined outcomes and benefits.



PUBLIC PARTICIPATION

CCTA will conduct a public outreach program that collects input from stakeholders, residents, and communities throughout Contra Costa County and responds accordingly with meaningful action.



ACCOUNTABILITY AND TRANSPARENCY

CCTA strives for excellence in protecting the public's investments. We aim to routinely engage with partner organizations, advisory committees, and the county's residents and businesses to ensure full transparency.



BALANCED AND EQUITABLE APPROACH

CCTA will balance the needs and benefits for all people and all areas of Contra Costa County to provide an equitable and sustainable transportation system.



MAXIMIZE AVAILABLE FUNDING

CCTA will proactively seek regional, state, and federal funding and private investments to supplement the county's local transportation sales tax revenue, thereby maximizing the total amount of funding for transportation projects in Contra Costa County.



COMMITMENT TO TECHNOLOGY AND INNOVATION

CCTA is committed to keeping Contra Costa County on the cutting edge of transportation technology by continuing to incorporate advanced technologies and emerging innovations into the transportation system.



COMMITMENT TO GROWTH MANAGEMENT

CCTA administers countywide policies that support thoughtful growth management to sustain Contra Costa's economy, preserve its environment, and support its communities.



CONTRA COSTA
transportation
authority

BIKE ROUTE

PROPOSED TRANSPORTATION INVESTMENTS

PLANNING FOR THE FUTURE

This Transportation Expenditure Plan (TEP) includes transportation-related projects and programs to be planned, designed, funded, constructed, and/or delivered in Contra Costa County over the next thirty years. This plan anticipates an investment of approximately \$3 billion of revenue generated from the half-cent transportation sales tax. Contra Costa County's local sales tax revenue will help Contra Costa Transportation Authority (CCTA) attract additional local, regional, state, and federal funding to augment the sales tax revenue.

The project descriptions that follow are purposefully brief and offer general overviews of the purpose and nature of the projects. Several projects (such as affordable transit for students, seniors, and people with disabilities) are continuations or enhancements to ongoing work performed under Measure J. Many other projects included in this plan are still in the concept or planning stages. Stakeholders and the public will have plenty of future opportunities to help shape these projects so that they are most useful and beneficial to residents, commuters, and visitors.

In its role as the administrator of Contra Costa County's transportation sales tax revenue, CCTA has instituted requirements so that taxpayer's revenue is invested per established policies, as presented in the Policy Statements section of this TEP. The policy statements generally require that recipients of funding perform advance performance assessments and comply with applicable laws and other CCTA policies. The Taxpayer Safeguards and Accountability Policy in the Policy Statements section includes the full statement of funding requirements and restrictions, as applicable.

CCTA sets aside funding to implement the countywide Growth Management Program, prepare the countywide transportation plan, and support the programming and monitoring of federal and state funds, as well as CCTA's Congestion Management Agency functions. A very small percentage of the funding also covers basic administrative functions (such as salaries) and basic expenses (such as rent).

▶ \$1.41 BILLION

IN 2017, THREE MAJOR
FREEWAYS IN CONTRA
COSTA COUNTY RANK IN THE
TOP 10 WORST COMMUTES:
I-680, HIGHWAY 24 AND
HIGHWAY 4.*

RELIEVING CONGESTION ON HIGHWAYS, INTERCHANGES, AND MAJOR ROADS

More than 79 percent of Contra Costa County’s residents drive to work; several of Contra Costa County’s highways have been identified as the “most congested in the San Francisco Bay Area.”**

Easing traffic congestion is one of Contra Costa County residents’ highest priorities. Accordingly, CCTA will invest nearly half of the new transportation sales tax revenue toward new, modern tools and strategies to improve traffic flow and reduce traffic congestion on the county’s major corridors and roads. These strategies include highway and road improvements thoughtfully integrated with transit improvements and alternative modes.

Improving transit and transit connections will lessen traffic congestion on the county’s highways; as transit service is improved and more people take transit, fewer cars on the road translates to less traffic.

CCTA is committed to improving access to jobs throughout Contra Costa and supporting economic development of the Northern Waterfront initiative through programs and projects in this Transportation Expenditure Plan. Programs and projects will support housing within planned or established job centers that are served by transit, or that aid economic development and job creation.

Projects will be subject to applicable policies as presented in the Policy Statements section at the end of this document.

*SOURCE: Metropolitan Transportation Commission, Vital Signs - <https://mtc.ca.gov/whats-happening/newsbay-area-vital-signs-freeway-congestion-hits-new-record-0>

**SOURCE: Metropolitan Transportation Commission, Vital Signs, 2016-2017 data

WHAT'S A CORRIDOR?

A corridor is a swath or belt of land that contains one or more types of transportation infrastructure, such as a road or railway. Each of Contra Costa County's corridors contains a major interstate or highway as well as a major transit line; roads, streets, paths, bus lines, and transit stations.

Everyone is impacted by the performance of corridors, and this impact is felt each and every day, whether you're doing your daily commute, heading to a medical appointment, or traveling to a youth soccer game. CCTA is focused on optimizing all transportation within a corridor so that traffic is smooth, transit is convenient, and all systems work together to support travel across communities and throughout the region. For purposes of this Transportation Expenditure Plan, CCTA is focused on three major transportation corridor improvement categories:

- » Improve State Route 242, Highway 4, and eBART Corridor
- » Modernize I-680, Highway 4, and BART Corridor
- » Enhance I-80, I-580 (Richmond-San Rafael Bridge), and BART Corridor



» Improve SR-242, Highway 4, and eBART Corridor

4 242

RELIEVE CONGESTION AND IMPROVE ACCESS TO JOBS ALONG HIGHWAY 4 AND SR-242

CCTA is continuing its work in **easing traffic congestion**, smoothing traffic flow, and reducing travel time along Highway 4 and SR-242 with a blend of projects that may be considered such as:

- Improve access to jobs and support economic development along the Northern Waterfront
- Improving access to local key destinations, including business districts and BART stations
- Reconfiguring interchanges along SR-242
- Managing traffic flow on Highway 4 by connecting and **synchronizing traffic on freeway**, local roads and freeway ramps
- Completing operational improvements at the I-680/ Highway 4 interchange
- Addressing bottlenecks and cooling hot spots caused by high-volume weaving areas and **adding auxiliary lanes** and improving ramps between SR-242 and Bailey Road
- Providing incentives to encourage the use of transit and alternative transportation options

5th most
CONGESTED
HIGHWAY
in the Bay Area
*Eastbound Martinez to Pittsburg**



IMPROVE LOCAL ACCESS TO HIGHWAY 4 AND BYRON AIRPORT

CCTA has developed a multi-pronged approach to **reducing traffic congestion and improving safety and travel time reliability** on the roads through and around Byron. These projects will also facilitate economic development and goods movement in east Contra Costa County. Key projects may consider:

- A new limited-access connector between Byron Highway and Vasco Road south of Camino Diablo to **improve access to Byron Airport**, making it a more useful transportation hub
- Improvements to Vasco Road and Byron Highway, and other safety improvements
- Interchange improvements along Highway 4 at Balfour Road, Marsh Creek Road, Walnut Boulevard; and Camino Diablo
- Enhancements to the Byron Airport
- Improve access to jobs and support economic development along the Northern Waterfront

These projects will include measures to prevent growth outside pre-defined urban limit lines, for example, prohibitions on roadway access from adjacent properties, permanent protection and/or acquisition of agricultural lands or critical habitat, and habitat conservation measures.



ADDITIONAL eBART TRAIN CARS

Trains are full with standing room only during commute hours. Funding will be considered for allocation toward **purchasing additional eBART train cars** so that trains can run more frequently, thereby carrying more passengers on this popular route.

*Source: Metropolitan Transportation Commission, "Vital Signs: Bay Area Freeway Locations with most Weekday Traffic Congestion, 2017" - https://mtc.ca.gov/sites/default/files/top_10_congestion_locations-2017.pdf



SEAMLESS CONNECTED TRANSPORTATION OPTIONS

Contra Costa County's transportation system is a mix of freeways to bike paths, trains to shuttles, and many other modes in between. Providing **seamless connectivity among these many travel options** will ensure that our system can meet the future needs of our growing and aging population.

CCTA will develop guidelines and implement systems to promote connectivity between all users of the transportation network (vehicles, pedestrians, bicycles, buses, trucks, etc.) using automation technology and taking advantage of future transportation technology trends.

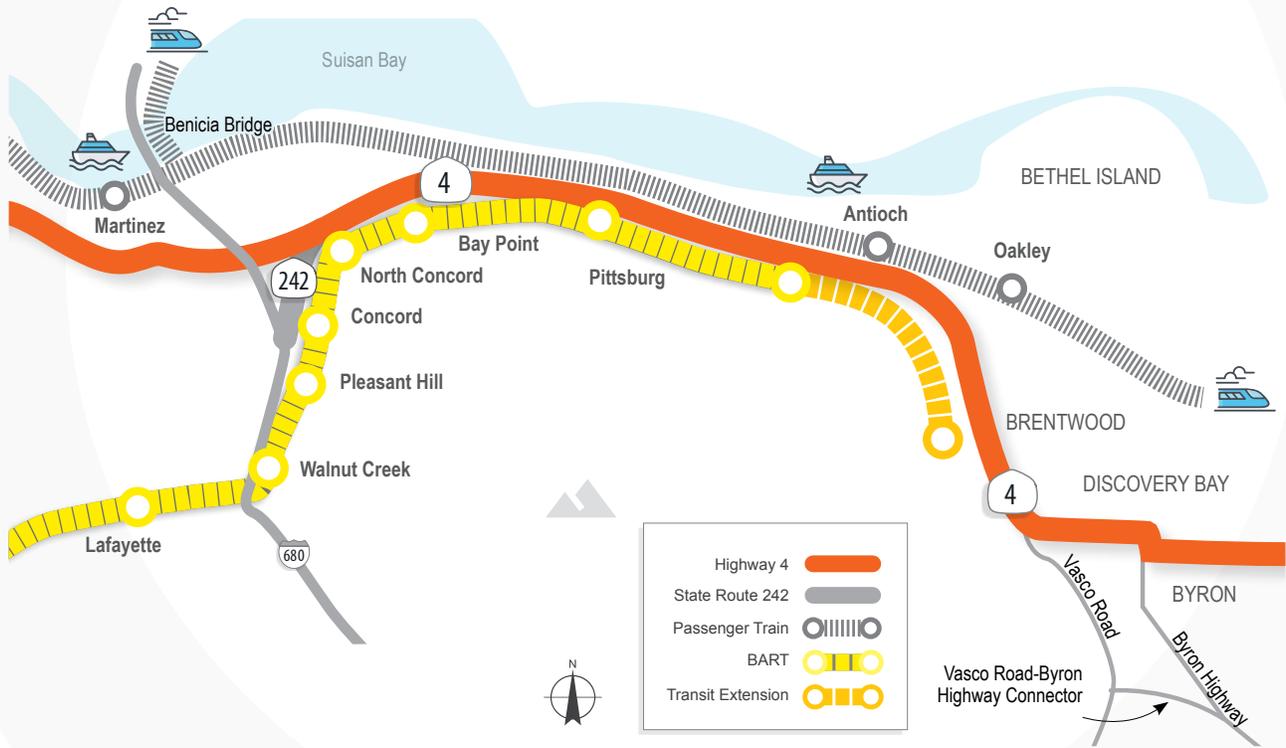


ENHANCE FERRY SERVICE AND COMMUTER RAIL IN EAST AND CENTRAL COUNTY

To help travelers make convenient connections between the Capitol Corridor and San Joaquin train system and the BART system, CCTA proposes to **fund new stations and improvements to existing stations** and rail facilities. Some example projects may include a new train station for the San Joaquin line and a park-and-ride lot in Oakley; new connections between the new Oakley station and Antioch eBART; and a transit connection from the Martinez Amtrak station to the North Concord/ Martinez BART station.

CCTA is also considering expanding ferry service between Martinez and Antioch. As more people use ferries and the passenger train, traffic congestion on Contra Costa County's roads and highways will decrease, **traffic will flow more smoothly, and air emissions will decrease**, thereby improving the county's air quality.

» TOTAL INVESTMENTS: \$689 million



IMPROVE TRAFFIC FLOW ON MAJOR ROADS IN EAST COUNTY

CCTA is committed to relieving congestion on major roads and **implementing modern systems** that provide safe, efficient, and reliable movement of buses, vehicles, bicyclists, and pedestrians. Projects will range in size and type, and may consider, for example:

- New and/or wider lanes or shoulders
- **New bicycle and pedestrian facilities**
- Installation of “smart” parking management programs
- **Traffic signal synchronization** and other innovative technologies
- Traffic calming measures and roundabouts
- Shoulders, sidewalks, curbs and gutters, and streetscapes
- Bus transit facility enhancements such as bus turnouts and passenger amenities
- Close gaps and extend major roads to relieve congestion and improve safety



EAST COUNTY TRANSIT EXTENSION TO BRENTWOOD AND CONNECTIVITY TO TRANSIT, RAIL, AND PARKING

Expanding transit service throughout east Contra Costa County will enable more people to travel conveniently to the Antioch eBART station and other destinations served by transit. The TEP may consider funding a direct link between a new intermodal center in Brentwood to the Antioch eBART station.

Funding will also be considered to **improve transit service throughout Brentwood, Oakley and nearby communities** via new shuttle service, bus service, and transit hubs such as a new Tri Delta park-and-ride lot to service eBART and a new Amtrak San Joaquin station in Oakley. Funding will help integrate existing transit services using new technologies, so that people have smooth and convenient connections with less wait time.



IMPROVE TRANSIT RELIABILITY ALONG SR-242, HIGHWAY 4, AND VASCO ROAD

One of CCTA’s strategies to smoothing traffic along SR-242, Highway 4, and Vasco Road is to **improve and enhance transit service** to give travelers viable and convenient options to driving. When more people take transit, there will be fewer cars on the road and traffic congestion will be reduced. Possible projects may consider:

- Increased express bus service
- Improved interchanges and local access for buses so they can access the highways more efficiently
- **Dedicated part-time transit lanes** to bypass congestion
- Improved transit connections between transit stations (including BART stations and ferry terminals), schools, housing, and employment centers, thereby addressing transit users’ first-mile/last-mile challenges

» Modernize I-680, Highway 24, and BART Corridor



RELIEVE CONGESTION, EASE BOTTLENECKS, AND IMPROVE LOCAL ACCESS ALONG THE I-680 CORRIDOR

Improvements to the I-680 corridor will work together to address bottlenecks, **relieve traffic congestion**, smooth traffic flow, reduce travel times, **improve air quality**, and offer efficient transportation choices to all travelers. Key strategies to be considered include:

- **Complete express lanes** in both directions from Rudgear Road in Walnut Creek to the Benicia Bridge to provide 25 miles of continuous southbound express lanes and nearly continuous northbound express lanes
- Address congestion hot spots caused by high-volume weaving areas between Livorna Road and Treat Blvd. Additional merge lanes and ramp improvements at these locations **will provide safe merging for motorists and ease bottlenecks** that currently create chronic delays
- Implement innovative technology solutions to manage traffic flow by connecting and synchronizing traffic on local arterials, freeway ramps, and freeways
- **Expand park-and-ride facilities** to enable people to use transit more often
- Implement transportation demand management programs to reduce single-occupancy vehicle travel
- Provide incentives for using alternative transportation options

*Source: Metropolitan Transportation Commission, "Vital Signs: Bay Area Freeway Locations with most Weekday Traffic Congestion, 2017" - https://mtc.ca.gov/sites/default/files/top_10_congestion_locations-2017.pdf



**10th most
CONGESTED
HIGHWAY
in the Bay Area**
*Northbound Danville
to Walnut Creek**



» TOTAL INVESTMENTS: \$493 million



IMPROVE TRAFFIC FLOW ON MAJOR ROADS IN CENTRAL COUNTY AND LAMORINDA

CCTA is committed to relieving congestion on major roads and implementing modern systems that provide **safe, efficient, and reliable movement of buses, vehicles, bicyclists, and pedestrians**. Projects will range in size and type, and may consider, for example:

- New and/or wider lanes or shoulders
- New bicycle and pedestrian facilities
- Installation of “smart” parking management programs
- Traffic signal synchronization and other innovative technologies
- Traffic calming measures and roundabouts
- Shoulders, sidewalks, curbs, gutters, and streetscapes
- Bus transit facility enhancements such as bus turnouts and passenger amenities



IMPROVE TRAFFIC FLOW ON HIGHWAY 24 AND MODERNIZE THE OLD BORES OF CALDECOTT TUNNEL

CCTA has plans to improve traffic flow and access along Highway 24 in Orinda, Lafayette, and Moraga through a suite of projects that could include improving interchanges, modifying major roads to reduce highway access delays, and other congestion-reducing improvements. CCTA will also **develop transit and shared trip incentives** for drivers in lieu of single-occupant vehicle travel.

The original two-bore Caldecott Tunnel opened in 1937. CCTA will implement improvements that could include increase lighting and visibility, improved traffic alerts for crashes or stalled vehicles, and other physical or technological solutions to improve safety, and help improve traffic flow in the tunnels.



IMPROVE TRANSIT RELIABILITY ALONG THE I-680 AND HIGHWAY 24 CORRIDORS

One of CCTA's strategies to smoothing traffic along the I-680 and Highway 24 corridors is to improve and **enhance transit service** to give travelers viable and convenient alternatives to driving in their vehicles. When more people take transit, there will be fewer cars on the road and traffic will be reduced. Funding may consider the following:

- Implement and increase express bus service along the I-680 and Highway 24 corridors
- Improve interchanges and local access so buses can access the highways more efficiently
- Provide **dedicated part-time transit lanes** along I-680 to bypass congestion
- **Improve transit connections** between transit stations, schools, housing, and employment centers, thereby addressing first-mile/last-mile challenges for transit users



PROVIDE GREATER ACCESS TO BART STATIONS ALONG I-680 AND HIGHWAY 24

In addition to making shuttle service to and from BART more frequent, CCTA will consider allocating funding toward making **parking and access improvements** that serve BART stations, so that buses and people in vehicles—along with people arriving by walking or bicycling—can get to the station more easily and conveniently. Funding may be considered for constructing satellite parking lots with frequent direct shuttle service to BART.



SEAMLESS CONNECTED TRANSPORTATION OPTIONS

Contra Costa County's transportation system is a mix of freeways to bike paths, trains to shuttles, and many other modes in between. **Providing seamless connectivity** among these many travel options will ensure that our system can meet the future needs of our growing and aging population.

CCTA will develop guidelines and implement systems to promote connectivity between all users of the transportation network (vehicles, pedestrians, bicycles, buses, trucks, etc.) using automation technology and **taking advantage of future transportation technology trends**.



IMPROVE TRAFFIC FLOW ON MAJOR ROADS IN SAN RAMON VALLEY

CCTA is committed to relieving congestion on major roads and implementing modern systems that provide **safe, efficient, and reliable movement of buses, vehicles, bicyclists, and pedestrians**. Projects will range in size and type, and may consider, for example:

- New and/or wider lanes or shoulders
- New bicycle and pedestrian facilities
- Installation of “smart” parking management programs
- Traffic signal synchronization and other innovative technologies
- Traffic calming measures and roundabouts
- Shoulders, sidewalks, curbs, gutters, and streetscapes
- Bus transit facility enhancements such as bus turnouts and passenger amenities

» Enhance I-80, I-580, and BART Corridor



RELIEVE CONGESTION AND IMPROVE LOCAL ACCESS ALONG THE I-80 CORRIDOR

Improvements to the I-80 corridor will address bottlenecks, relieve traffic congestion, smooth traffic flow, reduce travel times, improve air quality, and offer efficient transportation choices to all travelers. Key improvements may include:

- Several innovative strategies and operational improvements will be implemented to **reduce travel time, improve air quality, reduce weaving at interchanges**, and smooth traffic flow
- Expand intelligent transportation systems and advanced technology strategies along I-80 to **maximize system efficiency** and prepare the corridor for future advances in transportation technology
- Increase travel time reliability in the carpool lanes through cost-effective **managed lane strategies** and enforcement
- Improve and expand express transit service through the corridor
- Transform park-and-ride facilities into **shared mobility hubs** that provide multi-modal transportation options and amenities to encourage transit use
- Provide incentives to encourage the use of transit and alternative transportation options.



\$187M



WILL BE SPENT TO INCREASE BUS SERVICES AND RELIABILITY IN WEST CONTRA COSTA COUNTY.

» TOTAL INVESTMENTS: \$226 million



IMPROVE TRAFFIC FLOW ON MAJOR ROADS IN WEST COUNTY

CCTA is committed to relieving congestion on major roads and implementing modern systems that provide safe, efficient, and reliable movement of buses, vehicles, bicyclists, and pedestrians. Projects will range in size and type, and may consider, for example:

- Railroad grade separations
- New and/or wider lanes or shoulders
- **New bicycle and pedestrian facilities**
- Installation of “smart” parking management programs
- **Traffic signal synchronization** and other innovative technologies
- Traffic calming measures and roundabouts
- Shoulders, sidewalks, curbs and gutters, and streetscapes
- Bus **transit facility enhancements** such as bus turnouts and passenger amenities



ENHANCE FERRY SERVICE AND COMMUTER RAIL IN WEST COUNTY

To help travelers make convenient connections with the Capitol Corridor and San Joaquin train systems, CCTA will consider funding a **new regional intermodal station** in Hercules, along with new or improved ferry services in Hercules with connections to the train. As more people use ferries and the train, traffic congestion on Contra Costa County's roads and highways will be less, traffic will flow more smoothly, and air emissions will decrease thereby improving the county's air quality.



SEAMLESS CONNECTED TRANSPORTATION OPTIONS

Contra Costa County's transportation system is a mix of freeways to bike paths, trains to shuttles, and many other modes in between. **Providing seamless connectivity** among these many travel options will ensure that our system can meet the future needs of our growing and aging population.

CCTA will develop guidelines and implement systems to promote connectivity between all users of the transportation network (vehicles, pedestrians, bicycles, buses, trucks, etc.) using automation technology and **taking advantage of future transportation technology trends.**



IMPROVED TRAFFIC FLOW AND LOCAL ACCESS TO RICHMOND-SAN RAFAEL BRIDGE ALONG I-580 AND RICHMOND PARKWAY

CCTA plans to relieve traffic congestion and reduce traffic delays by **modernizing facilities**, expanding pedestrian and bicycling options, improving transit reliability, and encouraging the use of carpools and buses.

Specific improvements to be considered:

- **Extending the carpool lane along I-580** from the toll plaza to Central Avenue in El Cerrito
- Making improvements so that pedestrians and cyclists can better access the Richmond-San Rafael bridge, Richmond Parkway, Richmond Ferry Terminal, and Richmond BART Station
- Improving interchange at Richmond Parkway and I-580
- **Providing incentives** for using alternative transportation options



IMPROVE TRANSIT RELIABILITY ALONG THE I-80 CORRIDOR

One of CCTA's strategies to smoothing traffic along the I-80 corridor is to improve and **enhance transit service** to give travelers viable and convenient options to driving. When more people take transit, there will be fewer cars on the road and traffic will be reduced. Funding is planned to:

- Increase express bus service along the corridor
- Improving interchanges and local access for buses so they can access the highways more efficiently
- Provide dedicated part-time transit lanes along I-80 to bypass congestion
- **Improve transit connections** between transit stations (including BART stations and ferry terminals), schools, housing, and employment centers, thereby addressing first-mile/last-mile challenges for transit users
- Provide incentives to travelers to use alternative transportation options

Several of these projects are earmarked for RM-3 funding, with CCTA providing matching funds.

▶ **\$1.53 BILLION**



IMPROVING TRANSPORTATION COUNTYWIDE IN ALL OUR COMMUNITIES

The quality of roads and availability of transportation options are two major factors in making our communities great places to live, as are the availability of jobs, safety, access to parks and trails, and good clean air and water. CCTA will implement many projects throughout the county to improve our local communities and **protect Contra Costa County's environment and quality of life.**

The previous section of this TEP presented investments focused on Contra Costa County's major corridors. This section describes funding that spreads into every community, through local projects and programs that improve the county's vast transportation network.

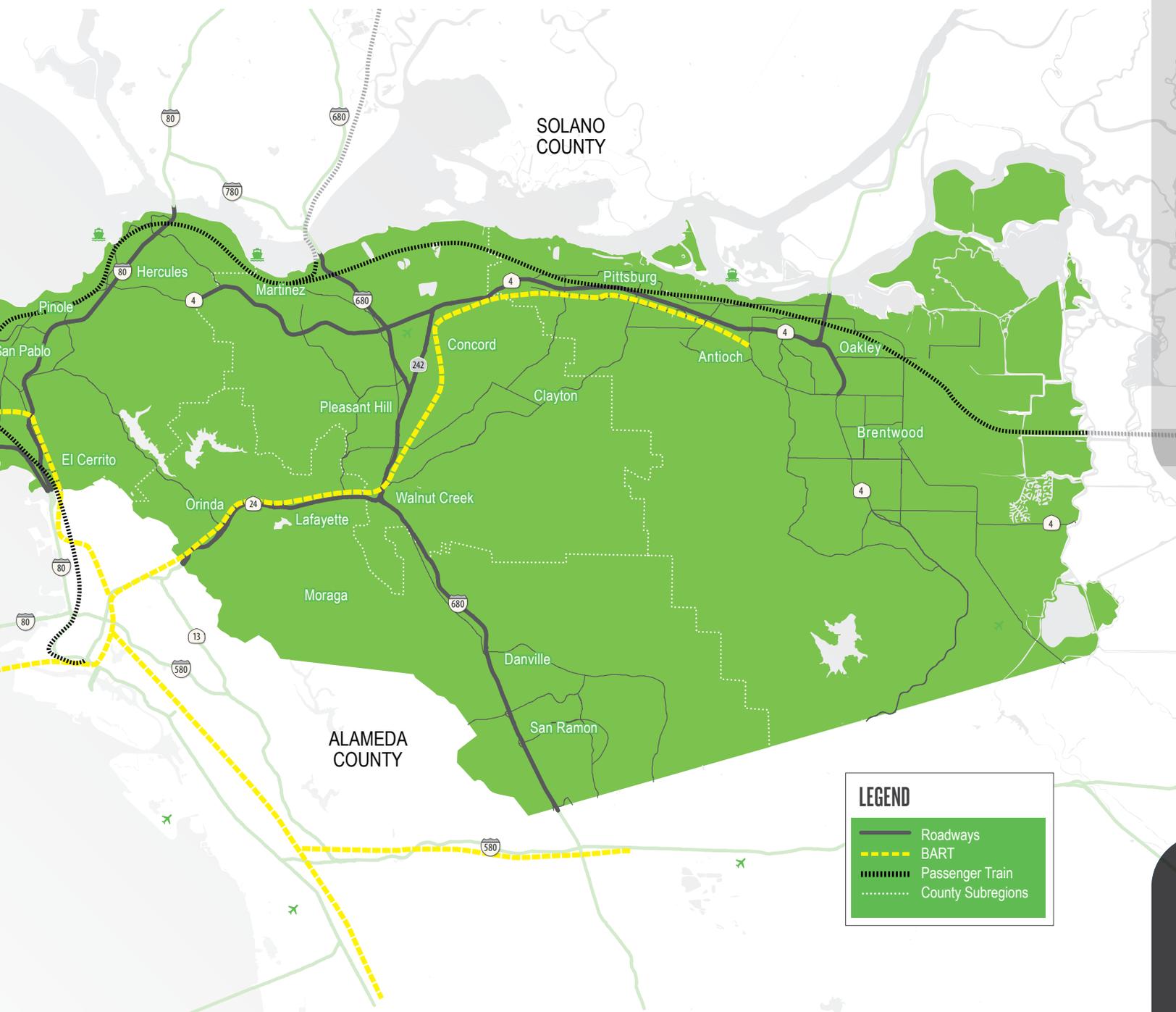
Funding will be allocated toward improving local roads and streets to make them safer for all travelers. Smaller projects—such as removing bottlenecks, improving traffic signal operations, installing traffic calming measures, and making streetscape improvements—can make big improvements in a community's quality of life.

Funding will be allocated toward substantial investments in a **robust transit system** that provides affordable, efficient, convenient, and accessible transit to travelers throughout the county. These projects will result in cleaner, safer, and more reliable trips on BART, buses, and ferries. The transit systems will extend into parts of the county that are currently lacking frequent transit service. When more people take transit, traffic congestion on the county's roads and highways will decrease, traffic will flow more smoothly, and **air emissions will decrease**, thereby improving the county's air quality.

CCTA is committed to supporting affordable and safe transportation for all Contra Costa County residents. CCTA will allocate funding toward a wide array of **programs for students, seniors, veterans, and people with disabilities**, aimed at offering safe transportation options and improving mobility.

Projects will be subject to applicable policies as presented in the Policy Statement section.





LEGEND

- Roadways
- BART
- Passenger Train
- County Subregions

Location
 Eastern suburb of the San Francisco Bay Area

Population
 1 Million+

Diverse
 Demographically, economically and geographically

» Improving Transportation Countywide In All Our Communities



FIX AND MODERNIZE LOCAL ROADS

Smooth, pothole-free roads, safe intersections, pleasant sidewalks, safe bike lanes, and clean air are some of the important features that make Contra Costa County a great place to live and work.

CCTA will provide funding directly to the county's cities, towns, and unincorporated areas so that they may make improvements to their own local roads and streets. Each jurisdiction in Contra Costa County will receive a base allocation of \$100,000 per year plus additional funds distributed based half on relative population and half on road miles within each jurisdiction.

To ensure transparency and accountability, local agencies report annually on the amount spent on roadway maintenance, bicycle and pedestrian facilities, transit facilities, and other roadway improvements. Local agencies must also meet the requirements set forth in the Growth Management Program, Urban Limit Line Compliance Requirements, Transit Policy, Complete Streets Policy, and other applicable policies in the Policy Statements section.



SAFE TRANSPORTATION FOR YOUTH AND STUDENTS

Drop-off and pick-up at schools often creates traffic jams on local streets and unsafe conditions for children. CCTA will allocate funding toward a wide array of transportation projects and programs for students, and youth, aimed at offering safe transportation options, such as walking, and cycling, and improving mobility.

Funding will also be used for **reduced fare transit passes**, transit incentives, and school bus programs to encourage more youth and students to use transit to attend school and afterschool programs. This will also relieve traffic congestion.

In cooperation with project sponsors in each subregion, CCTA will establish guidelines to define priorities and maximize effectiveness. The guidelines may require provisions such as operational efficiencies, performance criteria, parent contributions, and reporting requirements.



IMPROVE WALKING AND BIKING ON STREETS AND TRAILS

Numerous studies and research across many different communities have demonstrated the benefits of creating an environment where walking and bicycling are safe, comfortable, and convenient. For example, **increased walking and bicycling can improve air quality by reducing emissions and energy use** from motor vehicles; improving access by foot or bike can make transit more convenient; and regular walking and bicycling can improve people's health and reduce mortality rates and health care costs.

This TEP contains **unprecedented levels of funding to improve safety for bicyclists and pedestrians in every part of the county**— from local street improvements to trail enhancements and similar projects. Funding will be considered to implement projects in the Contra Costa Countywide Bicycle and Pedestrian Plan, most recently updated in 2018. CCTA will develop program guidelines for a competitive project selection process that maximizes benefits for all users. All funding will be consistent with CCTA's Complete Streets, Vision Zero, and other applicable policies.

Approximately one-fifth of the funds will be considered for allocation to the East Bay Regional Park District for the development, maintenance, and rehabilitation of paved regional trails.



» TOTAL INVESTMENTS: \$1.53 billion



AFFORDABLE TRANSPORTATION FOR SENIORS, VETERANS, AND PEOPLE WITH DISABILITIES

Contra Costa County's population is aging. As people get older or become disabled and can no longer drive, they will increasingly rely on other ways to get around. Funding in this category will be used for **affordable and safe countywide transportation** for seniors, disabled veterans, and other people with disabilities who, due to age or disability, cannot drive or take other transit options.

In collaboration with stakeholders and service providers, CCTA will develop an Accessible Transportation Services Strategic Plan to guide the use of these funds.



CLEANER, SAFER BART

BART began operating in the early 1970s and its stations and station equipment are showing their age. There are eleven BART stations located in Contra Costa County.

CCTA plans to fund a suite of modernization projects at select stations to **increase safety, security, and cleanliness**, and to improve customer experience. Several projects will focus on improving reliability of fare gates and reducing fare evasion. Many of these projects are eligible for Measure RR (BART's \$3.5 billion general obligation bond). CCTA will provide no more than a dollar-for-dollar match for BART projects. BART and CCTA will develop a countywide program to determine how funding is allocated, evaluated, and tracked for effectiveness. Specific funding and maintenance of effort requirements are required and identified in the Taxpayers Safeguards and Accountability Policy.



PROVIDE CONVENIENT AND RELIABLE TRANSIT SERVICES IN CENTRAL, EAST, AND SOUTHWEST COUNTY

Although BART and rail service offers backbone transit options to residents in central, southwest, and east County, many neighborhoods and communities are unserved or underserved by bus or other transit options, meaning that transit is not close enough to people who want to use it, and not frequent enough to be convenient. Funding will be provided to public transit operators in the central, east, and southwest subregions to provide **cleaner, safer, and more reliable trips on buses or shuttles**. This funding will enable transit operators to improve the frequency of service on existing routes, especially high-demand routes, increase ridership, and incentivize transit use by offsetting fares.



INCREASE BUS SERVICES AND RELIABILITY IN WEST CONTRA COSTA COUNTY

Many people in west Contra Costa County rely on buses and transit as their primary means of travel. CCTA will focus on expanding transit services to unserved or underserved areas, along with more frequent and reliable bus service to all. Funding will be provided to public transit operators in the west subregion of Contra Costa County (including AC Transit and WestCAT) to **provide cleaner, safer, and more reliable trips on buses**. This funding will enable transit operators to improve the frequency of service on existing routes, especially high demand routes, increase, and incentivize transit use by offsetting fares.



REDUCE EMISSIONS AND IMPROVE AIR QUALITY

CCTA is a nationwide leader in sustainable, technology-enabled transportation and integrates innovative technological solutions into Contra Costa County's transportation network to improve traffic flow and safety, reduce greenhouse gas emissions, and offer improved travel options. Technology solutions can help solve the challenges of the lack of connectivity between transportation options, resulting in reduced emissions, and improved air quality. Eligible expenditures in this category include:

- Implementing the strategies developed in the 2019 Contra Costa Electric Vehicle Readiness Blueprint and subsequent updates
- Reducing transportation-related greenhouse gases through the utilization of a cleaner vehicle fleet including alternative fuels and/or locally produced energy
- Preparing for a growing fleet of zero-emission vehicles by facilitating the installation of electric charging stations or alternative fuels
- Increasing utilization of non-auto types of transportation by expanding walking and biking paths and transit options
- Using demand management strategies designed to reduce congestion, increase use of non-auto transportation, increase occupancy of autos, manage existing infrastructure, and reduce greenhouse gas emissions
- Managing parking supply to improve availability, utilization, and to reduce congestion and greenhouse gas production

Funding is intended to match regional, state, or federal grants and private-sector investment to achieve maximum benefits. CCTA will develop and adopt guidelines for a competitive project selection process for the use of these funds.



POLICY STATEMENTS

The Growth Management Program (GMP)

GOALS AND OBJECTIVES

The overall goal of the GMP is to preserve and enhance the quality of life and promote a healthy, strong economy to benefit the people and areas of Contra Costa through a cooperative, multi-jurisdictional process for managing growth, while maintaining local authority over land-use decisions.¹

The objectives of the GMP are to:

- Assure that new residential, business, and commercial growth pays for the facilities required to meet the demands resulting from that growth;
- Require cooperative transportation and land-use planning among Contra Costa County, cities/towns, and transportation agencies;
- Support land-use patterns within Contra Costa that make more efficient use of the transportation system, consistent with the General Plans of local jurisdictions; and
- Support infill and redevelopment in existing urban and brownfield areas.

The Measure J Transportation Expenditure Plan GMP, which includes Principles of Agreement for Establishing the Urban Limit Line (ULL), is augmented and superceded by this 2020 TEP.

1. The Authority will, to the extent possible, attempt to harmonize the BMP and the State-mandated Congestion Management Program (CMPs). To the extent they conflict, CMP activities shall take precedence over the GMP activities.

COMPONENTS

To receive its share of funding from the following categories:

- 2020 TEP Modernize Local Roads & Improve Access to Housing and Job Centers;
- Measure J Local Streets Maintenance & Improvements; and
- Measure J Transportation for Livable Communities (TLC);

each jurisdiction must:

1. Adopt a Growth Management Element (GME)

Each jurisdiction must adopt, or maintain in place, a GME as part of its General Plan that outlines the jurisdiction's goals and policies for managing growth and requirements for achieving those goals. The GME must show how the jurisdiction will comply with sections 2–9 below. The Authority will refine its model GME and administrative procedures in consultation with the Regional Transportation Planning Committees (RTPCs) to reflect the revised GMP.

Each jurisdiction is encouraged to incorporate other standards and procedures into its GME to support the objectives and required components of this GMP.

2. Adopt a Development Mitigation Program

Each jurisdiction must adopt, or maintain in place, a Development Mitigation Program to ensure that new growth is paying its share of the costs associated with that growth. This program shall consist of both a local program to mitigate impacts on local streets and other facilities, and a regional program to fund regional and subregional transportation projects, consistent with the Countywide Transportation Plan (CTP).

The jurisdiction's local Development Mitigation Program shall ensure that revenue provided from this measure shall not be used to replace private developer funding that has or would have been committed to any project.

The regional Development Mitigation Program shall establish fees, exactions, assessments, or other mitigation measures to fund regional or subregional transportation improvements needed to mitigate the impacts of planned or forecast development. Regional mitigation programs may adjust such fees, exactions, assessments or other mitigation measures when developments are within walking distance of frequent transit service or are part of a mixed-use development of sufficient density and with necessary facilities to support greater levels of walking and bicycling.

Each RTPC shall develop the regional Development Mitigation Program for its region, taking account of planned and forecast growth and the Multimodal Transportation Service Objectives (MTSOs) and actions to achieve them established in the Action Plans for Routes of Regional Significance. RTPCs may use existing regional mitigation programs, if consistent with this section, to comply with the GMP.

3. Address Housing Options

Each jurisdiction shall demonstrate reasonable progress in providing housing opportunities for all income levels as part of a report on the implementation of the actions outlined in its adopted Housing Element. The report will demonstrate progress by:

- Comparing the number of housing units approved, constructed or occupied within the jurisdiction over the preceding five years with the average number of units needed each year to meet the housing objectives established in the jurisdiction's Housing Element; or
- Illustrating how the jurisdiction has adequately planned to meet the existing and projected housing needs through the adoption of land use plans and regulatory systems which provide opportunities for, and do not unduly constrain, housing development; or
- Illustrating how a jurisdiction's General Plan and zoning regulations facilitate the improvement and development of sufficient housing to meet those objectives.

In addition, each jurisdiction shall consider the impacts that its land use and development policies have on the local, regional and countywide transportation system, including the level of transportation capacity that can reasonably be provided, and shall incorporate policies and standards into its development approval process that support transit, bicycle and pedestrian access in new developments.

4. Participate in an Ongoing Cooperative, Multi-Jurisdictional Planning Process

Each jurisdiction shall participate in an ongoing process with other jurisdictions and agencies, the RTPCs and the Authority to create a balanced, safe and efficient



transportation system and to manage the impacts of growth. Jurisdictions shall work with the RTPCs to:

- a. Identify Routes of Regional Significance and MTSOs or other tools adopted by the Authority for measuring performance and quality of service along routes of significance—collectively referred to as MTSOs—for those routes and actions for achieving those objectives;
- b. Apply the Authority’s travel demand model and technical procedures to the analysis of General Plan Amendments and developments exceeding specified thresholds for their effect on the regional transportation system, including on Action Plan objectives;
- c. Create the Development Mitigation Programs outlined in section 2 above; and
- d. Help develop other plans, programs and studies to address other transportation and growth management issues.

In consultation with the RTPCs, each jurisdiction will use the travel demand model to evaluate changes to local General Plans and the impacts of major development projects for their effects on the local and regional transportation system and the ability to achieve the MTSOs established in the Action Plans.

Jurisdictions shall also participate in the Authority’s ongoing countywide comprehensive transportation planning process. As part of this process, the Authority shall support countywide and subregional planning efforts, including the Action Plans for Routes of Regional Significance, and shall maintain a travel demand model. Jurisdictions shall help maintain the Authority’s travel demand modeling system by providing information on proposed improvements to the transportation system and planned and approved development within the jurisdiction.

5. Continuously Comply with an Urban Limit Line (ULL)

In order to be found in compliance with this element of the Authority’s GMP, all jurisdictions must continually comply with an applicable voter approved ULL. Said ULL may either be the Contra Costa County voter approved ULL (County ULL) or a locally initiated, voter approved ULL (LV- ULL).

Additional information and detailed compliance requirements for the ULL are fully defined in the ULL Compliance Requirements, which are incorporated herein.

Any of the following actions by a local jurisdiction will constitute non-compliance with the GMP:

- a. The submittal of an annexation request to the Local Agency Formation Commission (LAFCO) for lands outside of a jurisdiction’s applicable ULL.
- b. Failure to conform to the Authority’s ULL Compliance Requirements.

6. Develop a Five-Year Capital Improvement Program (CIP)

Each jurisdiction shall prepare and maintain a CIP that outlines the capital projects needed to implement the goals and policies of the jurisdiction’s General Plan for at least the following five-year period. The CIP shall include approved projects and an analysis of the costs of the proposed projects as well as a financial plan for providing the improvements. The jurisdiction shall forward the transportation component of its CIP to the Authority for incorporation into the Authority’s database of transportation projects.

7. Adopt a Transportation Systems Management (TSM) Ordinance or Resolution

To promote carpools, vanpools, and park-and-ride lots, each jurisdiction shall adopt a local ordinance or resolution that conforms to the model TSM ordinance that the Authority has drafted and adopted. Upon approval of the Authority, cities/towns with a small employment base may adopt alternative mitigation measures in lieu of a TSM ordinance or resolution.

8. Adopt Additional Growth Management Policies, as applicable

Each jurisdiction shall adopt and thereafter continuously maintain the following policies (where applicable):

- a. Hillside Development Policy;
- b. Ridgeline Protection Policy;
- c. Wildlife Corridor Policy;
- d. Creek Development Policy

Where a jurisdiction does not have a developable hillside, ridgeline, wildlife corridor or creek, it need not adopt the corresponding policy. An ordinance that implements the East Contra Costa Habitat Conservation Plan (HCP)/Natural Community Preservation Plan Act (NCCP) shall satisfy the requirement to have an adopted Wildlife Corridor Policy and Creek Development Policy. In addition to the above, jurisdictions with Prime Farmland and Farmland of Statewide Importance (FMMP) (as defined by the California Dept. of Conservation and mapped by FMMP)

within their planning areas but outside of their city/town shall adopt and thereafter continuously maintain an Agricultural Protection Policy. The policy must ensure that potential impacts of converting FMMP outside the ULL to other uses are identified and disclosed when considering such a conversion. The applicable policies are required to be in place by no later than July 1, 2022.

9. Adopt a Complete Streets Policy and Vision Zero Policy

Each jurisdiction shall adopt a Complete Streets Policy, consistent with the California Complete Streets Act of 2008 (AB 1358) and with the Authority's Complete Streets Policy, which accommodates all users of travel modes in the public right-of-way. Each jurisdiction shall also adopt a Vision Zero Policy which substantially complies with the Authority's Model Vision Zero Policy and reflects best practices for street design elements and programs to mitigate human error and quantifiably improve the traffic safety of all users in the planning, design and construction of projects funded with Measure funds. Jurisdictions shall document their level of effort to implement these policies, including during requests for funding, peer review of project design, and as part of the newly-added compliance requirement in the biennial GMP Checklist.

If the Authority determines that the jurisdiction complies with the requirements of the GMP, it shall allocate to the jurisdiction its share of 2020 TEP funding from the Fix and Modernize Local Roads category and its share of Measure J Transportation Sales Tax Expenditure Plan Local Streets Maintenance & Improvements funding. Jurisdictions may use funds allocated under this provision to comply with these administrative requirements.

If the Authority determines that the jurisdiction does not comply with the requirements of the GMP, the Authority shall withhold those funds and also make a findings that the jurisdiction shall not be eligible to receive Measure J TLC funds until the Authority determines that the jurisdiction has achieved compliance. The Authority's findings of noncompliance may set deadlines and conditions for achieving compliance.

Withholding of funds, reinstatement of compliance, reallocation of funds, and treatment of unallocated funds shall be as established in adopted Authority policies and procedures.

ALLOCATION OF FUNDS

Portions of the monies received from the retail transaction and use tax will be returned to the local jurisdictions (the cities/towns and County) for use on local, subregional and/or regional transportation improvements and maintenance projects. Receipt of all such funds requires compliance with the GMP and the allocation procedures described below. The funds are to be distributed on a formula based on population and road miles.

Each jurisdiction shall demonstrate its compliance with all of the components of the GMP in a completed compliance checklist. The jurisdiction shall submit, and the Authority shall review and make findings regarding the jurisdiction's compliance with the requirements of the GMP, consistent with the Authority's adopted policies and procedures.

Urban Limit Line (ULL) Compliance Requirements

Definitions—the following definitions apply to the GMP ULL requirement:

1. Urban Limit Line (ULL):

A ULL, urban growth boundary, or other equivalent physical boundary judged by the Authority to clearly identify the physical limits of the local jurisdiction’s future urban development.

2. Local Jurisdictions:

Includes Contra Costa County, the 19 cities and towns within Contra Costa, plus any newly incorporated cities or towns established after July 1, 2020.

3. County ULL:

County ULL: A ULL placed on the ballot by the Contra Costa County Board of Supervisors, approved by voters at a countywide election, and in effect through the applicable GMP compliance period. The current County ULL was established by Measure L approved by voters in 2006.

The following local jurisdictions have adopted the County ULL as their applicable ULL:

| | |
|--------------------|-----------------------|
| City of Brentwood | Town of Moraga |
| City of Clayton | City of Oakley |
| City of Concord | City of Orinda |
| Town of Danville | City of Pinole |
| City of El Cerrito | City of Pleasant Hill |
| City of Hercules | City of Richmond |
| City of Lafayette | City of San Pablo |
| City of Martinez | City of Walnut Creek |

4. Local Voter ULL (LV-ULL):

Local Voter ULL (LV-ULL): A ULL or equivalent measure placed on the local jurisdiction ballot, approved by the jurisdiction’s voters, and recognized by action of the local jurisdiction’s legislative body as its applicable, voter-approved ULL. The LV-ULL will be used as of its effective date to meet the Authority’s GMP ULL requirement and must be in effect through the applicable GMP compliance period.

The following local jurisdictions have adopted a LV-ULL:

- City of Antioch City of Pittsburg
- City of San Ramon

5. Minor Adjustment:

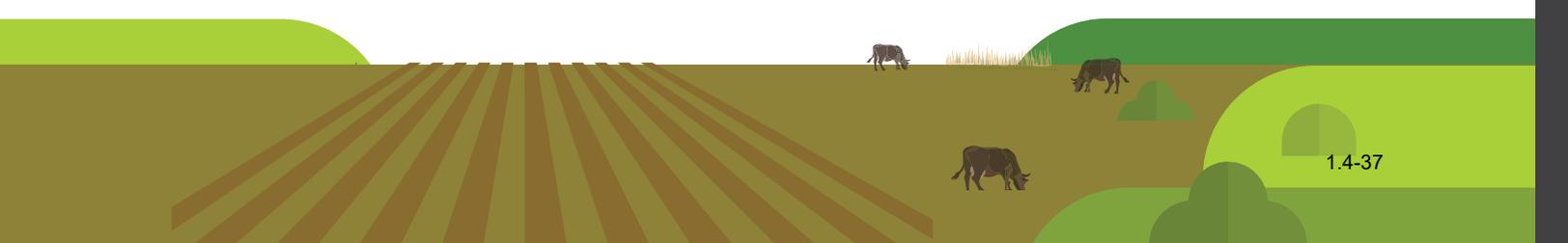
An adjustment to the ULL of 30 acres or less is intended to address unanticipated circumstances.

6. Other Adjustments:

Other adjustments that address issues of unconstitutional takings and conformance to State and Federal law.

REVISIONS TO THE ULL

1. A local jurisdiction which has adopted the County ULL as its applicable ULL may revise its ULL with local voter approval at any time during the term of the Authority’s GMP by adopting a LV-ULL in accordance with the requirements outlined for a LV-ULL contained in the definitions section.
2. A local jurisdiction may revise its LV-ULL with local voter approval at any time during the term of the Authority’s GMP if the resultant ULL meets the requirements outlined for a LV-ULL contained in the definitions section.
3. If voters, through a countywide ballot measure, approve a revision to the County ULL, the legislative body of each local jurisdiction relying on the County ULL shall:
 - a. Accept and approve its existing ULL to continue as its applicable ULL, or
 - b. Accept and approve the revised County ULL as its applicable ULL, or
 - c. Adopt a LV-ULL in accordance with the requirements outlined for a LV-ULL contained in the definitions section.
 - d. However, if any Countywide measure to approve a revision to the County ULL fails, then the legislative body of each local jurisdiction relying on the prior County ULL may accept and approve the existing County ULL.



4. Local jurisdictions may, without voter approval, enact Minor Adjustments to their applicable ULL subject to a vote of at least 4/5 of the jurisdiction's legislative body and meeting the following requirements:
 - a. Minor adjustment shall not exceed 30 acres.
 - b. Adoption of at least one of the findings listed in the County's Measure L (§82-1.018 of County Ordinances 200606 § 3, 91-1 § 2, 90-66 § 4) which include:
 - A natural or man-made disaster or public emergency has occurred which warrants the provision of housing and/or other community needs within land located outside the ULL.
 - An objective study has determined that the ULL is preventing the jurisdiction from providing its fair share of affordable housing, or regional housing, as required by State law, and the governing elected legislative body finds that a change to the ULL is necessary and the only feasible means to enable the County jurisdiction to meet these requirements of state law.
 - A majority of the cities/towns that are party to a preservation agreement and the county have approved a change to the ULL affecting all or any portion of the land covered by the preservation agreement.
 - A minor change to the ULL will more accurately reflect topographical characteristics or legal boundaries.
 - A five-year cyclical review of the ULL has determined, based on the criteria and factors for establishing the ULL set forth in Contra Costa County Code (Section 82-1.010), that new information is available (from city/town, or County growth management studies or otherwise) or circumstances have changed, warranting a change to the ULL.
 - An objective study has determined that a change to the ULL is necessary or desirable to further the economic viability of the East Contra Costa County Airport, and either (i) mitigate adverse aviation-related environmental or community impacts attributable to Buchanan Field, or (ii) further the County's aviation related needs; or
 - A change is required to conform to applicable California or Federal law.
 - c. Adoption of a finding that the proposed Minor Adjustment will have a public benefit. Said public benefit could include, but is not necessarily limited to, enhanced mobility of people or goods, environmental protections or enhancements, improved air quality or land use, enhanced public safety or security, housing or jobs, infrastructure preservation or other significant positive community effects as defined by the local land use authority. If the proposed Minor Adjustment to the ULL is proposed to accommodate housing or commercial development, said proposal must include permanent environmental protections or enhancements such as the permanent protection of agricultural lands, the dedication of open space or the establishment of permanent conservation easements.
 - d. The Minor Adjustment is not contiguous to one or more non-voter approved Minor Adjustments that in total exceed 30 acres.
 - e. The Minor Adjustment does not create a pocket of land outside the existing ULL, specifically to avoid the possibility of a jurisdiction wanting to fill in those subsequently through separate adjustments.
 - f. Any jurisdiction proposing to process a Minor Adjustment to its applicable ULL that impacts FMMP is required to have an adopted Agricultural Protection Ordinance or must demonstrate how the loss of these agricultural lands will be mitigated by permanently protecting farmland.
5. A local jurisdiction may revise its LV-ULL, and the County may revise the County ULL, to address issues of unconstitutional takings or conformance to State or Federal law.

CONDITIONS OF COMPLIANCE

1. Submittal of an annexation request of greater than 30 acres by a local jurisdiction to LAFCO outside of a voter-approved ULL will constitute non-compliance with the GMP.
2. For each jurisdiction, an applicable ULL shall be in place through each GMP compliance reporting period in order for the local jurisdiction to be found in compliance with the GMP requirements.

Transit Policy

VISION

This Transportation Expenditure Plan (TEP) envisions a transportation system that provides reliable, safe, comfortable and convenient access for all users of the transportation system, regardless of mode choice and travel characteristics. The TEP further envisions a public transit system that provides convenient, safe, affordable and reliable service and offers an attractive alternative to private automobile usage. The Transit Policy Vision includes the infrastructure needed to accommodate a more robust transportation system for Contra Costa County that promotes greater use of transit and other shared mobility alternatives by prioritizing the movement of people rather than single-occupancy vehicles across the network. The TEP aims to improve transit countywide and reduce commute travel times, deliver more frequent and reliable service, expand transit service areas and provide better connections to and from transit by various modes of mobility options. Improving the coordination among transit operators and integrating the existing transit systems with new technological tools and platforms to enhance customer access and experience should increase the share of residents and employees who choose public transit. Doing so will reduce congestion, improve air quality, and will accommodate a growing population.

To achieve this vision, the TEP allocates more than one-half of the expected sales tax revenue to Transit and Alternative Modes and approximately one-quarter for local road improvements. In order to provide the maximum benefits to Contra Costa residents, the Contra Costa Transportation Authority (CCTA) adopts the following policies and principles for use of transit funds authorized in the TEP:

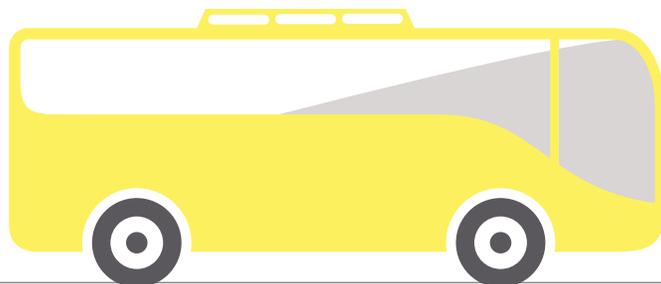
POLICY

1. The Policy shall promote Transit-First and guide the development of an Integrated Transit Plan (ITP). In the context of this Policy, Transit-First considers the following to provide a seamless and integrated transportation system:
 - a. Decisions regarding the use of limited public street and sidewalk space shall prioritize the use

of public rights of way by pedestrians, bicyclists, and public transit, and shall strive to reduce traffic and improve public health and safety.

- b. Transit-priority improvements, such as designated transit lanes and streets and improved signalization, shall be made to expedite the movement of public transit vehicles and to improve safety for people who bike and walk.
 - c. Pedestrian areas shall be enhanced wherever possible to improve the safety and comfort of pedestrians and to encourage travel by foot.
 - d. Bicycling shall be promoted by encouraging safe streets for riding, convenient access to transit, bicycle lanes, and secure bicycle parking.
 - e. Parking policies for areas well served by public transit shall be designed to encourage travel by public transit and alternative transportation.
 - f. The ability to reduce traffic congestion depends on the adequacy of regional public transportation. The cities/towns and county shall promote the use of transit and the continued development of an integrated, reliable, regional public transportation system.
 - g. The cities/towns and county shall encourage innovative solutions to meet public transportation needs wherever possible.
2. All transit operators that receive funding from the TEP shall participate in the development of an ITP to identify how to utilize funding to better coordinate and integrate transit services countywide. The ITP should guide how the TEP funding dedicated to Transit and Alternative Modes categories can be used to implement the Transit Policy Vision.
 - a. The ITP will be developed and managed under the leadership of CCTA and the County's transit operators. CCTA and the transit operators shall coordinate with transportation service providers in Contra Costa to inform the development of the ITP. Transit operators shall consult with the Regional Transportation Planning Committees (RTPCs) in developing the ITP.
 - b. The ITP will focus on delivering a streamlined and unified experience for the customer across all modes and transit operators, and should identify transit service investments (i.e. new routes, service hours,

- frequency), capital projects/assets (i.e. transit centers, bus stops, stop amenities, vehicles), and transit priority measures (i.e. transit signal priority, bus lanes, queue jumps) to be funded from the TEP.
- c. Transit operators, cities/towns and county shall coordinate regarding planned improvements for signal synchronization, Complete Streets and Vision Zero elements, as well as other locally-owned infrastructure investments that could benefit transit.
 - d. Prioritization for TEP funding should consider projects that can leverage other state, federal or local funding.
 - e. The ITP shall be updated at least every five years to address new technology opportunities, any changes in demand and other conditions.
3. Transit operators in Contra Costa County shall incorporate the findings and recommendations of the ITP pertinent to each operator's service area into their respective Short-Range Transit Plans (SRTP). The SRTPs shall be reviewed for consistency with the ITP associated with this TEP.
 4. Allocations pursuant to this TEP will be made in support of the recommendations in the ITP. Any recommendations in the ITP shall include performance measures to achieve continued funding.
 5. CCTA expects that transit operating funds from the TEP be used to support the vision of this policy. In the event that TEP funds must be used to support other transit services as a result of reduction of operating funds from other sources, the transit operator shall update its SRTP and submit to CCTA.
 6. CCTA expects that public agencies and transit operators leverage new and emerging technologies to improve service and to address first-mile/last-mile connections between transit stops and other traveler destinations. These technologies may include, but not be limited to, ride hailing partnerships, autonomous shuttles, shared mobility (bikes, scooters, cars), and mobility on demand platforms that best fit within each transit operators service area. The ITP should address how these technology services function within and among service boundaries and provide a seamless experience countywide for customers.
 7. CCTA expects that recipients of TEP funding create, analyze and seize opportunities for fare and schedule integration among transit operators and any technology services adopted. Focus should be placed on reducing inconveniences associated with transferring between services and on having a cost-effective universally accepted digital payment method. The ITP should address how Contra Costa transit operators can maximize benefits of fare payment and schedule integration.



Complete Streets Policy

VISION

This Plan envisions a transportation system and infrastructure in which each component provides safe, comfortable and convenient access for users of all ages and abilities. These users include pedestrians, bicyclists, transit riders, automobile drivers, taxis, Transportation Network Companies (TNCs) and their passengers, truckers, as well as people of varying abilities, including children, seniors, people with disabilities, and able-bodied adults. The goal of every transportation project is to provide safer, more accessible facilities for all users. All projects shall be planned, designed, constructed and operated to prioritize users' life safety and accommodate the Complete Streets concept.

By making streets more efficient and safer for all users, a Complete Streets approach will expand capacity and improve mobility for all users, giving commuters convenient options for travel and minimizing the need to widen roadways.

POLICY

To achieve this vision, all recipients of funding through this Plan shall consider and accommodate, wherever possible and subject to the exceptions listed in this Policy, the needs of all users in the planning, design, construction, reconstruction, rehabilitation and maintenance of the transportation system. This determination shall be consistent with the exceptions listed below. Achieving this vision will require balancing the needs of different users and may require reallocating existing Right-of-Way (ROW) for different uses.

The Authority shall revise its project development guidelines to require the consideration and accommodation of all users in the design and construction of projects funded with Measure funds and shall adopt peer review and design standards to implement that approach. The guidelines will allow flexibility in responding to the context of each project and the needs of users specific to the project's context and will build on accepted best practices for complete streets and context-sensitive design.

To ensure that this policy is carried out, the Authority shall prepare a checklist that sponsors of projects using Measure funds must submit which documents how the

needs of all users were considered and how they were accommodated in the design and construction of the project. In the checklist, the sponsor will outline how they provided opportunity for public input, in a public forum, from all users early in the project development and design process. If the proposed project or program will not provide context appropriate conditions for all users, the sponsor shall document the reasons why in the checklist, consistent with the following section on "exceptions" below. The completed checklist shall be made part of the approval of programming of funding for the project or the funding allocation resolution.

Recipients of 2020 TEP funding for Fix and Modernize Local Roads and Measure J TEP funding from Local Maintenance and Improvements shall adopt procedures that ensure that all agency departments consider and accommodate the needs of all users for projects or programs affecting public ROW for which the agency is responsible. These procedures shall:

1. Be consistent the California Complete Streets Act of 2008 (AB 1358);
2. Be consistent with and be designed to implement each agency's General Plan Policies once that plan has been updated to comply with the California Complete Streets Act of 2008 and the Authority's Complete Streets Policy;
3. Involve and coordinate the work of all agency departments and staff whose projects will affect the public ROW;
4. Consider the Complete Street design standards adopted by the Authority;
5. Be consistent with the adopted Local Jurisdiction Complete Streets Policy and Authority's Complete Street Policy herein;
6. Promote proactive data collection and traffic system monitoring using next generation technology, such as advance detection systems;
7. Provide opportunity for public review by all potential users early in the project development and design phase so that options can be fully considered. This review could be done through an advisory committee such as a Bicycle and Pedestrian Advisory Committee or as part of the review of the agency's CIP.

As part of their biennial GMP checklist, agencies shall list projects funded by the Measure and detail how those projects accommodated users of all modes by applying Transit, Complete Streets and Vision Zero Policies.

As part of the multi-jurisdictional planning required by the GMP, agencies shall work with the Authority and the RTPCs to harmonize the planning, design, and construction of transportation facilities for all modes within their jurisdiction with the plans of adjoining and connecting jurisdictions.

EXCEPTIONS

Project sponsors may provide a lesser accommodation or forgo Complete Street accommodation components when the public works director or equivalent agency official finds that:

1. Pedestrians, bicyclists, or other users are prohibited by law from using the transportation facility;
2. The cost of new accommodation would be excessively disproportionate to the need or probable use; or
3. The sponsor demonstrates that, such accommodation is not needed, based on objective factors including:
 - a. Current and projected user demand for all modes based on current and future land use; and
 - b. Lack of identified conflicts, both existing and potential, between modes of travel.

Project sponsors shall explicitly approve exceptions findings as part of the approval of any project using measure funds to improve streets classified as a major collector or above.¹ Prior to this project sponsors must provide an opportunity for public input at an approval body (that regularly considers design issues) and/or the governing board of the project sponsor.

¹ Major Collectors and above, as defined by the California Department of Transportation (Caltrans) California Road System (CRS) map.

Advance Mitigation Program

The Authority is committed to participate in the creation and funding of an Advance Mitigation Program (AMP) as an innovative way to advance needed infrastructure projects more efficiently and provide more effective conservation of our natural resources, watersheds and wetlands, and agricultural lands. As a global biodiversity hot spot, the Bay Area and Contra Costa County hosts an extraordinarily rich array of valuable natural communities and ecosystems that provide habitat for rare plants and wildlife, and that supports residents' health and quality of life by providing clean drinking water, clean air, opportunities for outdoor recreation, protection from disasters like flooding, landslides, and adaptation to climate change.

Assembly Bill No. 2087 (AB 2087) outlines a program for informing science-based, non-binding, and voluntary conservation actions and habitat enhancement actions that would advance the conservation of focal species, natural communities, and other conservation elements at a regional scale. The amp used AB 2087 and subsequent guidance to integrate conservation into infrastructure agencies' plans and project development well in advance and on a regional scale to reduce potential impacts of transportation projects, as well as to drive mitigation dollars to protect regional conservation priorities and protect important ecological functions, watersheds and wetlands, and agricultural lands that are at threat of loss. The AMP will provide environmental mitigation activities specifically required under the California Environmental Quality Act of 1970 (CEQA), National Environmental Policy Act of 1969 (NEPA), Clean Water Act Section 401 and Section 404, and other applicable regulations in the implementation of the major highway, transit and regional arterial and local streets and roads projects identified in the Plan. Senate Bill 1 (SB 1) (2017) created the AMP at Caltrans to enhance opportunities for the department to work with stakeholders to identify important project mitigation early in the project development process and improve environmental outcomes from mitigating the effects of transportation projects. The Authority's AMP compliments advance mitigation funding from SB 1.

The Authority's participation in an AMP is subject to the following conditions:

1. Development and approval of a Regional Conservation Investment Strategy (RCIS) that identifies conservation priorities and mitigation opportunities for all of Contra Costa County. The RCIS established conservation goals and includes countywide opportunities and strategies that are, among other requirements, consistent with and support the East Contra Costa Habitat Conservation Plan (HCP)/Natural Community Preservation Plan Act (NCCP). The RCIS will identify mitigation opportunities for all areas of the County to ensure that mitigation occurs in the vicinity of the project impact to the greatest extent possible. The Authority will review and approve the RCIS, in consultation with the RTPCs, prior to the allocation of funds for the AMP.
2. Development of a Project Impacts Assessment (PIA) that identifies the portfolio of projects to be included in the Advance Mitigation Program and the estimated costs for mitigation of the environmental impacts of the projects. The Authority will review and approve the PIA prior to the allocation of funds for the AMP. The PIA and estimated costs do not in any way limit the amount of mitigation that may be necessary or undertaken for the environmental impacts of the projects.
3. Development of the legislative and regulatory framework necessary to implement an AMP in Contra Costa County.
4. The identification of the Implementing Agency to administer the AMP for Contra Costa County or portions of the Bay Area including Contra Costa County.

The Authority will determine the amount of funds to be dedicated to this program following the satisfaction of the above conditions. Funds from the Plan will be allocated consistent with the Regional Conservation Assessment/ Framework to fund environmental mitigation activities required in the implementation of the major highway, transit and regional arterial and local streets and roads projects identified in the Plan. If this approach cannot be fully implemented, these funds shall be used for environmental mitigation purposes on a project by project basis. Mitigation required for future transportation improvements identified in the Plan are not limited by the availability of funding or mitigation credits available in the Program.

All projects funded from the TEP are eligible for inclusion in the AMP. Note that some projects are within the East Contra Costa County HCP / NCCP. The AMP provides an opportunity to meet species mitigation needs on projects that cannot be met by East Contra Costa County HCP/ NCCP.



Taxpayer Safeguards and Accountability

GOVERNING STRUCTURE

Governing Body and Administration

The Authority is governed by an Authority Board composed of 11 members, all elected officials, with the following representation:

- Two members from the Central County Regional Transportation Planning Commission (RTPC) also referred to as Transportation Partnership and Cooperation (TRANSPAC)
- Two members from the East County RTPC, also referred to as East County Transportation Planning Committee (TRANSPLAN)
- Two members from the Southwest County RTPC, also referred to as Southwest Area Transportation Committee (SWAT)
- Two members from the West County RTPC, also referred to as West County Contra Costa County Transportation Advisory Committee (WCCTAC)
- One member from the Conference of Mayors; and
- Two members from the Board of Supervisors

The Authority Board also includes three (3) ex-officio, non-voting members, appointed by the MTC, BART, and the Public Transit Operators in Contra Costa County.

The four subregions within Contra Costa: Central, West, Southwest and East County are each represented by a Regional Transportation Planning Commission (RTPC). Central County (TRANSPAC subregion) includes Clayton, Concord, Martinez, Pleasant Hill, Walnut Creek and the unincorporated portions of Central County. West County (WCCTAC subregion) includes El Cerrito, Hercules, Pinole, Richmond, San Pablo, and the unincorporated portions

of West County. Southwest County (SWAT subregion) includes Danville, Lafayette, Moraga, Orinda, San Ramon and the unincorporated portions of Southwest County. East County (TRANSPLAN subregion) includes Antioch, Brentwood, Oakley, Pittsburg and the unincorporated portions of East County.

Public Oversight Committee

The Public Oversight Committee (POC) shall provide diligent, independent and public oversight of all expenditures of Measure funds by Authority or recipient agencies (County, cities/towns, transit operators, etc.). The POC will report to the public and focus its oversight on the following:

- Review of allocation and expenditure of Measure funds to ensure that all funds are used consistent with the Measure;
- Review of fiscal audits of Measure expenditures;
- Review of performance audits of projects and programs relative to performance criteria established by the Authority, and if performance of any project or program does not meet its established performance criteria, identify reasons why and make recommendations for corrective actions that can be taken by the Authority Board for changes to project or program guidelines;
- Review of application of the Performance-based Review Policy;
- Review of the maintenance of effort compliance requirements of local jurisdictions for local streets, roads and bridges funding; and
- Review of each jurisdiction's GMP Checklist and compliance with the GMP Policies.

The POC shall prepare an annual report including an account of the POC's activities during the previous year, its review and recommendations relative to fiscal or



performance audits, and any recommendations made to the Authority Board for implementing the TEP. The report will be noticed in local media outlets throughout Contra Costa County, posted to the Authority website and made continuously available for public inspection at Authority offices. The report shall be composed of easy-to-understand language that is not produced in an overly technical format. The POC shall make an annual presentation to the Authority Board summarizing the annual report subsequent to its release.

POC members shall be selected to reflect community, business organizations and other interests within the County. The goal of the membership makeup of the POC is to provide a balance of viewpoints including but not limited to geography, age, gender, ethnicity and income status to represent the different perspectives of the residents of Contra Costa County. One member will be nominated by each of the four subregions with the RTPCs representing the subregion nominating the member. The Board of Supervisors will nominate four members, with each of these four members residing in and representing one of the County's four subregions. Eight members will be nominated by each respective organization detailed here, with each having one representative: League of Women's Voters, Contra Costa Taxpayers Association, East Bay Leadership Council, Building and Construction Trades Council, Central Labor Council, Paratransit Coordinating Council (PCC), Bike East Bay, and environmental and/or open space organizations operating in Contra Costa County (specific organization may vary during the life of the Measure). About one-half of the initial member appointments will be for two years and the remaining appointments will be for three-year terms. Thereafter, members will be appointed to two-year terms. Any individual member can serve on the POC for no more than 6 consecutive years.

POC members will be Contra Costa County residents who are not elected officials at any level of government or public employees from agencies that either oversee or benefit from the proceeds of the Measure. Membership is restricted to individuals with no economic interest in any of Authority's projects or programs. If a member's status changes so that he/she no longer meet these requirements, or if a member resigns his/her position on the POC, the Authority Board will issue a new statement of interest from the same stakeholder category to fill the vacant position.

The POC shall meet up to once a month to carry out its responsibility and shall meet at least once every 3 months. Meetings shall be held at the same location as

the Authority Board meetings are usually held, shall be open to the public and must be held in compliance with California's open meeting law (The Brown Act). Meetings shall be recorded and the recordings shall be posted for the public.

Members are expected to attend all meetings. If a member, without good reason acceptable to the Chair of the POC, fails to attend either (a) two or more consecutive meetings or (b) more than 3 meetings a year, the Authority Board will request a replacement from the stakeholder categories listed above.

The Authority commits to support the oversight process through cooperation with the POC by providing access to project and program information, audits, and other information available to the Authority, and with logistical support so that the POC may effectively perform its oversight function. The POC will have full access to Authority's independent auditors and may request Authority staff briefings for any information that is relevant to the Measure. The POC Chair shall inform the Authority Board Chair and Executive Director of any concern regarding Authority staff's commitment to open communication, the timely sharing of information, and teamwork.

The POC shall not have the authority to set policy or appropriate or withhold funds, nor shall it participate in or interfere with the selection process of any consultant or contractor hired to implement the TEP.

The POC shall not receive monetary compensation except for the reimbursement of travel or other incidental expenses in a manner consistent with other Authority advisory committees.

In order to ensure that the oversight by the POC continues to be as effective as possible, the efficacy of the POC Charter (i.e. this document) will be evaluated on a periodic basis and a formal review will be conducted by the Authority Board, Executive Director and the POC a minimum of every five years to determine if any amendments to this Charter should be made. The formal review will include a benchmarking of the Committee's activities and Charter with other best-in-class oversight committees. Amendments to this Charter shall be proposed by the POC and adopted or rejected by the Authority Board.

The POC replaces the Authority's existing Citizens Advisory Committee (CAC).

Advisory Committees

The Authority will continue the committees that were established as part of the Transportation Partnership Commission organization as well as other committees that have been utilized by the Authority to advise and assist in policy development and implementation. The committees include:

The RTPCs that were established to develop transportation plans on a geographic basis for sub-areas of the County, and

- The Technical Coordinating Committee (TCC) that will serve as the Authority's technical advisory committee;
- Paratransit Coordinating Council (PCC);
- The Countywide Bicycle and Pedestrian Advisory Committee (CBPAC);
- Bus Transit Coordinating Committee (BTCC)

IMPLEMENTING GUIDELINES

This TEP is guided by principles that ensure the revenue generated by the sales tax is spent only for the purposes outlined in this TEP in the most efficient and effective manner possible, consistent with serving the transportation needs of Contra Costa County. The following Implementing Guidelines shall govern the administration of sales tax revenues by the Authority. Additional detail for certain Implementing Guidelines is found elsewhere in this TEP.

Duration of the TEP

The duration of the TEP shall be for 30 years from July 1, 2020 through June 30, 2050.

Administration of the Plan

- 1. Funds only Projects and Programs in the TEP:**
Funds collected under this Measure may only be spent for purposes identified in the TEP, as it may be amended by the Authority governing body. Identification of Projects or Programs in the Plan does not ensure their implementation. As authorized, the Authority may amend or delete Projects and Programs identified in the Plan, including to provide for the use of additional federal, state and local funds, to account for unexpected revenue, to

maintain consistency with the current Contra Costa CTP, to take into consideration unforeseen circumstances, and to account for impacts, alternatives, and potential mitigation determined during review under the California Environmental Quality Act (CEQA) at such time as each project and program is proposed for approval.

- 2. All Decisions Made in Public Process:**

The Authority is given the fiduciary duty of administering the transportation sales tax proceeds in accordance with all applicable laws and with the TEP. Activities of the Authority will be conducted in public according to state law, through publicly noticed meetings. The annual budgets of Authority, strategic delivery plans and annual reports will all be prepared for public review. The interest of the public will be further protected by the POC, described previously in the TEP.

- 3. Salary and Administration Cost Caps:**

Revenues may be expended by the Authority for salaries, wages, benefits, overhead, and those services including contractual services necessary to administer the Measure; however, in no case shall the expenditures for the salaries and benefits of the staff necessary to perform administrative functions for the Authority exceed one percent (1%) of revenues from the Measure. The allocated costs of Authority staff who directly implement specific projects or programs are not included in the administrative costs.

- 4. Expenditure Plan Amendments Require Majority Support:**

The Authority may review and propose amendments to the TEP and the GMP to provide for the use of additional federal, state and local funds, to account for unexpected revenues, or to take into consideration unforeseen circumstances. Affected RTPCs will participate in the development of the proposed amendment(s). A majority of the Authority Board is required to approve an amendment and all jurisdictions within the County will be given a 45-day period to comment on any proposed TEP.

- 5. Augment Transportation Funds:**

Funds generated pursuant to the Measure are to be used to supplement and not replace existing local revenues used for transportation purposes. Any funds already allocated, committed or otherwise included in the financial plan for any project in the TEP shall be made available for project development and implementation as required in the project's financial and implementation program.

6. Jurisdiction:

The Authority retains sole discretion regarding interpretation, construction, and meaning of words and phrases in the TEP.

Taxpayer Safeguards, Audits and Accountability**7. Public Oversight Committee (POC):**

The POC will provide diligent, independent and public oversight of all expenditures of Measure funds by Authority or recipient agencies (County, cities/towns, transit operators, etc.). The POC will report to the public and focus its oversight on annual audits, the review and allocation of Measure funds, the performance of projects and programs in the TEP, and compliance by local jurisdictions with the maintenance of effort and GMP described previously in the TEP.

8. Fiscal Audits:

All funds expended by the Authority directly and all funds allocated by formula or discretionary grants to other entities are subject to fiscal audit. Recipients of Measure funds (including but not limited to County, cities/towns and transit operators) will be audited at least once every five (5) years, conducted by an independent CPA. Any agency found to be in non-compliance shall have its formula sales tax funds withheld, until such time as the agency is found to be in compliance.

9. Performance Audits:

All funding categories shall be subject to performance audits by the Authority. Each year, the Authority shall select and perform a focused performance audit on two or three of the funding categories, so that at the end of the fourth year all funding categories are audited. This process shall commence two years after passage of the new sales tax measure. Additional Performance Audits shall continue on a similar cycle for the duration of the TEP. The performance audits shall provide an accurate quantitative and qualitative evaluation of the funding categories to determine the effectiveness in meeting the performance criteria established by the Authority. In the event that any performance audit determines that a funding category is not meeting the performance requirements established by the Authority, the audit shall include recommendations for corrective action including but not limited to revisions to Authority policies or program guidelines that govern the expenditure of funds.

10. Maintenance of Effort (MOE):

Funds generated by the new sales tax Measure are to be used to supplement and not replace existing local revenues used for streets and highways purposes. The basis of the MOE requirement will be the average of expenditures of annual discretionary funds on streets and highways, as reported to the Controller pursuant to Streets and Highways Code Section 2151 for the three most recent fiscal years before the passage of the Measure where data is available. The average dollar amount will then be increased once every three years by the construction cost index of that third year. Penalty for non-compliance of meeting the minimum MOE is immediate loss of all 2020 TEP funding from Fix and Modernize Local Roads and Measure J TEP funding from Local Streets Maintenance and Improvements funds until MOE compliance is achieved. The audit of the MOE contribution shall be at least once every five years. Any agency found to be in non-compliance shall be subject to annual audit for three years after they come back into compliance.

Any local jurisdiction wishing to adjust its MOE requirement shall submit to the Authority a request for adjustment and the necessary documentation to justify the adjustment. The Authority staff shall review the request and shall make a recommendation to the Authority Board. Taking into consideration the recommendation, the Authority Board may adjust the annual average of expenditures reported pursuant to Streets and Highways Code Section 2151. The Authority shall make an adjustment if one or more of the following conditions exists:

- a. The local jurisdiction has undertaken one or more major capital projects during those fiscal years, that required accumulating unrestricted revenues (i.e., revenues that are not restricted for use on streets and highways such as general funds) to support the project during one or more fiscal years.
- b. A source of unrestricted revenue used to support the major capital project or projects is no longer available to the local jurisdiction and the local jurisdiction lacks authority to continue the unrestricted funding source.
- c. One or more sources of unrestricted revenues that were available to the local jurisdiction is producing less than 95 percent of the amount produced in those fiscal years, and the reduction is not caused by any discretionary action of the local jurisdiction.

d. The local jurisdiction Pavement Condition Index (PCI) is 70 or greater, as calculated by the jurisdiction Pavement Management System and reported to the MTC, and the jurisdiction has implemented its synchronized signals plan, and its Complete Streets, Vision Zero, and Transit First policies.

11. Annual Budget and Strategic Delivery Plan:

Each year, the Authority will adopt an annual budget that estimates expected sales tax receipts, other anticipated revenue and planned expenditures for the year. On a periodic basis, the Authority will also prepare a Strategic Delivery Plan which will identify the priority for projects; the date for project implementation based on project readiness and availability of project funding; the State, Federal and other local funding committed for project implementation, and other relevant criteria. The annual budget and Strategic Delivery Plan will be adopted by the Authority Board at a public meeting.

12. Requirements for Fund Recipients:

All recipients of funds allocated in this TEP will be required to sign a Master Cooperative Agreement that defines reporting and accountability elements and as well as other applicable policy requirements. All funds will be appropriated through an open and transparent public process.

13. Geographic Equity:

The proposed projects and programs to be funded through the TEP constitute a proportional distribution of funding allocations to each subregion in Contra Costa County. The subregional share of projected revenue is based on each subregion's share of the projected overall population in Contra Costa County at the midpoint of the measure. RTPCs must approve any revisions to the proportional distribution of funding allocations in the TEP and Strategic Delivery Plan.

Restrictions on Funds

14. Expenditure Shall Benefit Contra Costa County:

Under no circumstance may the proceeds of this transportation sales tax be applied for any purpose other than for transportation improvements benefiting residents of Contra Costa County. Under no circumstance may these funds be appropriated by the State of California or any other local government agency as defined in the implementing guidelines.

15. Environmental Review:

All projects funded by sales tax proceeds are subject to laws and regulations of Federal, State, and local government, including the requirements of the California Environmental Quality Act (CEQA). Prior to approval or commencement of any project or program included in the TEP, all necessary environmental review required by CEQA shall be completed.

16. Performance-based Project Review:

Before the allocation of any Measure funds for the construction of a project with an estimated cost in excess of \$10 million (or elements of a corridor project with an overall estimated cost in excess of \$10 million), the Authority will: 1) verify that the project is consistent with the approved CTP, as it may be amended, 2) verify that the project is included in the Regional Transportation Plan/Sustainable Communities Strategy (RTP/SCS), and 3) require the project sponsor to complete a performance-based review of project alternatives prior to the selection of a preferred alternative. Said performance-based review will include, but not necessarily be limited to, an analysis of the project impacts on greenhouse gas (GHG) emissions, vehicle miles traveled (VMT), goods movement effectiveness, travel mode share, delay (by mode), safety, maintenance of the transportation system, other environmental effects and consistency with adopted Authority plans. The Authority may require the evaluation of other performance criteria depending on the specific need and purpose of the project. The Authority will expect project sponsors to identify and select a project alternative that reduces GHG emissions as well as VMT per capita. The Authority will also prioritize and reward high performing projects by leveraging additional regional and other funding sources. The Authority shall employ a public process to develop and adopt detailed guidelines for evaluating project performance and applying performance criteria in the review and selection of a preferred project alternative no later than October 1, 2022.

There will be additional performance-based reviews for actions in four categories of expenditure: Improve Walking and Biking on Streets and Trails; Countywide Major Road Improvement Program; Reduce Emissions and Improve Air Quality; and, Seamless Connected Transportation Options. The additional review guidelines are outlined in Sections 30-33 of these Implementing Guidelines.

17. Countywide Transportation Plan (CTP):

State law allows each county in the San Francisco Bay Area that is subject to the jurisdiction of the regional transportation planning agency to prepare a CTP for the County and cities/towns within the County. Both Measure C and Measure J also require the Authority to prepare and periodically update a CTP for Contra Costa County. State law also created an inter-dependent relationship between the CTP and regional planning agency. Each CTP must consider the region's most recently adopted Regional Transportation Plan (RTP) and Sustainable Communities Strategy (SCS) while the adopted CTPs must form the "primary basis" for the next RTP and SCS. The Authority shall follow applicable statutes and the most current guidelines for preparing the CTP, as established and periodically updated by the regional transportation planning agency. The Authority shall also use the CTP to convey the Authority's investment priorities, consistent with the long-range vision of the RTP and SCS.

18. Complete Streets:

The Authority has adopted a policy requiring all recipients of funding through this TEP to consider and accommodate, wherever possible, the needs of all users in the planning, design, construction, reconstruction, rehabilitation and maintenance of the transportation system. Achieving this vision will require balancing the needs of different users and may require reallocating existing ROW for different uses.

19. Compliance with the GMP:

If the Authority determines that a jurisdiction does not comply with the requirements of the GMP, the Authority shall withhold funds and also make a finding that the jurisdiction shall not be eligible to receive 2020 TEP funding from Fix and Modernize Local Roads and Measure J TEP funding from Local Streets Maintenance & Improvements funding until the Authority determines the jurisdiction has achieved compliance, as detailed in the GMP section of the TEP.

20. Local Contracting and Good Jobs:

Authority will develop a policy supporting the hiring of local contractors and businesses, including policy requiring prevailing wages, apprenticeship programs for Contra Costa County residents, and veteran hiring policy (such as the Helmets to Hardhats program).

21. New Agencies:

New cities/towns or new entities (such as new transit agencies) that come into existence in Contra Costa County during the life of the TEP may be considered as eligible recipients of funds through a TEP amendment.

22. Integrated Transit Plan (ITP):

The Authority has adopted a Transit Policy that envisions a public transit system which provides convenient, safe, affordable and reliable service that offers an attractive alternative to private automobile usage. In order to achieve this vision, the Authority and transit operators will develop an ITP to identify how Contra Costa County transit operators can utilize TEP funding to better coordinate and integrate their services. This ITP will focus on delivering a streamlined and unified experience for the customer across all modes and transit operators. Allocations pursuant to this TEP will be made in support of the findings and recommendations included in the ITP.

All transit operators who receive funding from the TEP shall participate in the development of an ITP. Transit operators shall consult with the RTPCs in developing the ITP, and cities, towns and the county, as applicable, regarding TEP funding for signal synchronization, complete streets and other investments that could benefit transit. Transit operators shall incorporate the findings and recommendations of the ITP their respective Short Range Transit Plans.

CCTA expects that transit operating funds from the Transportation Expenditure Plan be used to support new service, not to subsidize existing transit service. In the event that TEP funds must be used to subsidize existing services as a result of the reduction of operating funds from other sources or due to other financial concerns, the transit operator shall update its Short Range Transit Plan and notify the Authority.

23. Affordable Transportation for Seniors, Veterans, and People with Disabilities:

An Accessible Transportation Service (ATS) Strategic Plan will be developed and periodically updated during the term of the Measure. No funding under the Affordable Transportation for Seniors, Veterans, and People with Disabilities category will be allocated until the ATS Strategic Plan has been developed and adopted. No funds may be distributed to a service provider before it adopts the plan except as noted below. The development and delivery of the ATS Strategic Plan will focus on using mobility management to ensure coordination and efficiencies in accessible service delivery. The ATS Strategic Plan will address both Americans with Disabilities Act (ADA) and non-ADA services. The ATS Strategic Plan will evaluate the appropriate model for our local structure including how accessible services are delivered by all service

providers and where appropriate coordination can improve transportation services, eliminate gaps in service and find efficiencies in the service delivered. The ATS Strategic Plan will also determine the investments and oversight of the program funding and identify timing, projects, service delivery options, administrative structure, and fund leverage opportunities.

The ATS Strategic Plan will be developed by the Authority, in consultation with direct users of service, stakeholders representing seniors and people with disabilities who face mobility barriers, and non-profit and publicly operated paratransit service providers. Public transit operators in Contra Costa must participate in the ATS planning process to be eligible to receive funding in this category. The ATS Strategic Plan must be adopted no later than December 31, 2020. The development of the ATS Strategic Plan will not affect the allocation of funds to current operators as prescribed in the existing Measure J Expenditure Plan.

24. Safe Transportation for Youth and Children.

Prior to an allocation of funds from the Safe Transportation for Youth and Children category, the Authority will employ a public process to develop and adopt program guidelines and performance assessment procedures to maximize effectiveness. The guidelines and performance assessment may require provisions such as operational efficiencies, performance criteria, parent contributions, and reporting requirements. The guidelines will be developed in coordination with the RTPCs to develop the program that meets the needs within each subregion. Funding will be allocated to subregions and program funding will be subject to the publicized performance assessment conducted by Authority (see item 16 in this policy section). The development of the program guidelines and performance assessment procedures will not affect the allocation of funds to current programs as described in the existing Measure J expenditure plan.

25. Enhance Ferry Service and Rail Connectivity in Contra Costa County:

All projects funded in the Enhance Ferry Service and Commuter Rail in Contra Costa category will be evaluated by the Authority and demonstrate progress toward the Authority's goals of reducing VMT and GHG emissions. Selection of final projects to be based on a performance analysis of project alternatives consistent with Authority requirements. Proposed projects must be included in and conform with the ITP. Project sponsors requesting funding from this category will be required to prepare a feasibility and operations plan and submit to the Authority to demonstrate there sufficient funding is available to operate the proposed project and/or service.

26. BART Maintenance of Effort (MOE):

Prior to any appropriation, allocation or reimbursement of funds to BART, the Authority Board shall make a finding that BART has continued to use a proportional share of its operating allocations for capital projects. BART's preliminary FY 2019 Budget forecasts approximately \$150 million of its operating allocations to capital projects. BART shall demonstrate that it continues to use an equivalent proportional share of its operating revenues for capital projects allowing for normal annual fluctuations in capital projects or maintenance expenditures. In years where BART fare revenues or other general fund revenues are reduced by a decrease in ridership or unforeseen economic circumstances, loss of regional, State or Federal funding, or where one-time costs are increased by a natural disaster, then the Authority may release funds only if the Authority Board makes findings that 1) BART has not reduced its capital project funding disproportionately to the total operating revenue and 2) BART made best efforts to fund capital projects that benefit Contra Costa County.

27. Cleaner, Safer BART:

Prior to making an allocation of funds to BART for the Cleaner, Safer BART category, BART shall develop and submit a countywide plan to the Authority that proposes how these funds and other funds available to BART (including Measure RR, Regional Measure 3, and other funds) will be used as part of a system-wide effort to improve its stations to meet the goals described in the TEP. The funding from the Cleaner, Safer BART category will be used for improvements to stations in Contra Costa County and requires a minimum dollar-for-dollar match from other BART funds. The plan should document how a system-wide program to improve BART stations benefits Contra Costa residents who travel outside the county. BART should consult with the Authority, (in consultation with RTPCs) in the development of the countywide plan.

In the event BART completes the train control system and if BART has maintained the commitment to provide a minimum dollar-for-dollar match from other BART funds as describe above, the Authority (in consultation with RTPCs) and BART will jointly identify and the Authority may allocate funds for the acquisition of additional new BART cars to increase frequency during periods of high demand. The allocation will be considered in conjunction with a periodic review of the TEP (see item 37 in this policy section) and available funding capacity in the TEP.

28. Improve Local Access to Highway 4 and Byron Airport:

Prior to each allocation of funds from the Improve Local Access to Highway 4 and Byron Airport category, the Authority Board must make a finding that the project includes measures to prevent growth outside of the Urban

Limit Lines (ULL). Such measures might include, but are not necessarily limited to, limits on roadway access in areas outside the ULL, purchase of abutters' rights of access, preservation of critical habitat and/or the permanent protection/acquisition of agricultural and open space or performing conservation measures required to cover this project under the East Contra Costa County Habitat Conservation Plan/Natural Community Conservation Plan (HCP/NCCP). With the exception of the proposed new connection between Vasco Road and the Byron Highway, funding from this category shall not be used to construct new roadways on new alignments. The Authority will coordinate with Alameda and/or San Joaquin Counties relative to project improvements in those jurisdictions.

29. Modernize Local Roads and Improve Access to Housing and Jobs Centers:

Each jurisdiction in Contra Costa County will receive their share of 15% of annual sales tax revenues calculated using a base allocation of \$100,000 per year plus additional funds distributed based half on relative population and half on road miles within each jurisdiction. In addition, jurisdictions in Central, East and Southwest will receive their share of an additional allocation of 3% of annual sales tax revenue calculated using the same formula. Population figures used shall be the most current available from the State Department of Finance. Road mileage shall be from the most current information included in the Highway Performance Monitoring System (HPMS). Jurisdictions shall comply with the Authority's Maintenance of Effort (MOE) policy as well as Implementation Guidelines of this TEP. In addition to the requirements set forth in the Growth Management Program / Urban Limit Line Compliance policies and other applicable policies, local jurisdictions will report on the use of these funds, such as the amount spent on roadway maintenance, bicycle and pedestrian facilities, transit facilities, and other roadway improvements.

30. Countywide Major Roads Improvement Program:

Prior to an allocation of funds from the Improve Traffic Flow on Major Roads category, the Authority will develop a new Countywide Major Roads Improvement Program to address congestion relief on major roads within each subregion. The program guidelines will include information regarding how to evaluate the range of possible components. Implementation guidelines and standards will be developed in coordination with the RTPCs and approved by the Authority Board. Project funding is subject to a performance assessment conducted by Authority using approved and publicized guidelines with exception that the assessment will be required for any project over five million dollars or a series of related

projects which have cumulative costs exceeding five million dollars. Funds are allocated to subregions in the expenditure plan. If projects proposed by an RTPC do not meet performance standards, project is either modified or withdrawn in favor of another project from the same region. Funds in this category may be used for arterial refurbishment/redesign for transit first and complete streets. Projects funded from the Improve Traffic Flow on Major Roads must conform to the Transit, Complete Streets, Vision Zero and other related policies.

31. Improve Walking and Biking on Streets and Trails:

Prior to an allocation of funds from the Improve Walking and Biking on Streets and Trails category, the Authority will develop and adopt program guidelines and standards for a competitive project selection process. All projects will be selected through a competitive project selection process with the Authority approving the final program of projects, allowing for a comprehensive countywide approach while recognizing subregional equity based upon the proportional funding share shown in the TEP. Project funding is subject to a performance assessment conducted by Authority using approved and publicized guidelines (see item 30 in this policy section). Projects funded from this category must comply with the Transit, Vision Zero, and Complete Streets Policies and include complete street elements whenever possible.

Up to fifteen million dollars within each subregion for a total of sixty million dollars (\$60 million) will be allocated to Complete Street demonstration projects. Each demonstration project will be recommended by the relevant Regional Transportation Planning Committees and approved by the Authority prior to allocation of funds to demonstrate the successful implementation of Complete Streets projects no later than July 1, 2024. Each demonstration project will be required to strongly pursue the use of separated bike lane facilities to be considered for funding. The purpose of these demonstration projects is to create examples of successful complete street projects in multiple situations throughout the County.

Approximately one fifth of the funding is to be allocated to the East Bay Regional Park District (EBRPD) for the development, rehabilitation and maintenance of paved regional trails. EBRPD is to spend its allocation proportionally in each sub-region, subject to the review and approval of the conceptual planning/design phase by the applicable sub-regional committee, prior to funding allocation by the Authority. The Authority in conjunction with EBRPD will develop a maintenance-of-effort requirement for funds under this component of the funding category.

32. Reduce Emissions and Improve Air Quality:

Prior to an allocation of funds from the Reduce Emissions and Improve Air Quality category, the Authority will develop and adopt program guidelines and standards for a competitive project selection process. All projects will be selected through a competitive project selection process with the Authority approving the final program of projects, allowing for a comprehensive countywide approach while recognizing subregional equity based upon the proportional funding share shown in the TEP. Project funding is subject to a performance assessment conducted by Authority using approved and publicized guidelines (see item 30 in this policy section). Projects funded from this category must comply with the Transit, Complete Streets, Vision Zero, and other related policies.

33. Seamless Connected Transportation Options:

Prior to an allocation of funds from the Seamless Connected Transportation Options category, the Authority will develop and adopt program guidelines and standards for a competitive project selection process. All projects will be selected through a competitive project selection process with the Authority approving the final program of projects, allowing for a comprehensive countywide approach while recognizing subregional equity based upon the proportional funding share shown in the TEP. Project funding subject to performance assessment conducted by Authority using approved and publicized guidelines (see item 38 in this policy section). Projects funded from this category must comply with the Transit, Complete Streets, Vision Zero and other related policies.

Project Financing Guidelines and Managing Revenue

34. Fiduciary Duty:

Funds may be accumulated for larger or longer-term projects. Interest income generated will be used for the purposes outlined in the TEP and will be subject to audits.

35. Project and Program Financing:

The Authority has the authority to bond for the purposes of expediting the delivery of transportation projects and programs. The Authority will develop a policy to identify financing procedures for the entire plan of projects and programs.

36. Strategic Delivery Plan:

On a periodic basis, the Authority will develop a Strategic Delivery Plan to program revenue from the Measure to TEP projects and programs. The Strategic Delivery Plan will program Measure funds as a firm commitment and will consider the amount of Measure funds and additional leveraged funds available to the project or program, expected cost and cash-flow needs, and project

or program delivery schedule in programming Measure funds. Recipients of Measure funds may seek an allocation for projects and programs included in the Strategic Delivery Plan.

37. Periodic Review of the 2020 Transportation Expenditure Plan (TEP):

The Authority may review the TEP to consider updating the financial forecast due to changing economic conditions and adjust funding, if necessary, due to revenue shortfalls. The project and program categories may need to be adjusted based on progress made regarding meeting the commitments of the TEP. The review may determine to invest increased revenues in projects and programs deemed by the Authority to address transportation needs to best serve the residents of Contra Costa County. The review will provide the opportunity to adjust the TEP to adapt to the current state of transportation, leverage new funding opportunities, reflect changed conditions, and capture new opportunities that are becoming better defined. The Authority will review the TEP at a minimum of every 10 years. Any amendments to the TEP must comply with the policy for “Expenditure Plan Amendments Require Majority Support” and the following related policies.

38. Programming of Excess Funds:

Actual revenues may, at times be higher or lower than expected in this TEP due to changes in receipts. Additional funds may become available due to the increased opportunities for leveraging or project costs being less than expected. Revenue may be higher or lower than expected as the economy fluctuates. Determination of when the additional funds become excess will be established by a policy defined by the Authority. Funds considered excess will be prioritized first to the TEP projects and programs that are not fully funded and second to other projects deemed by the Authority to best serve the residents of Contra Costa County. Any new project or program will be required to be amended into the TEP pursuant to the “Expenditure Plan Amendments Require Majority Support” section above.

39. Reprogramming Funds:

Through the course of the Measure, if any TEP project becomes undeliverable, infeasible or unfundable due to circumstances unforeseen at the time the TEP was created, funding for that project will be reallocated to another project or program. The subregion where the project or program is located may request that the Authority reassign funds to another project category in the same subregion. In the allocation of the released funds, the Authority in consultation with the subregion’s RTPC will in priority order consider:

- a. A project or program of the same travel mode (i.e. transit, bicycle/pedestrian, or road) in the same subregion;
- b. A project or program for other modes of travel in the same subregion;
- c. Other TEP projects or programs, and
- d. Other project deemed by the Authority to best serve the residents of Contra Costa County.

The new project, program or funding level may be required to be amended into the TEP pursuant to the Expenditure Plan Amendments section above.

40. Development of Guidelines for Performance Based Projects Review and Programs:

The Transportation Expenditure Plan envisions creation of several procedures and guidelines to ensure that the goals of the TEP are achieved. To ensure high quality of the resulting guidelines and substantial public participation, the following procedure shall be used unless specifically replaced by the Authority.

1. Scope. The process explained below shall apply to the following guidelines and procedures described in the TEP.
 - a. Performance Based Project Review
 - b. Countywide Major Road Improvement Program
 - c. Safe Transportation for Youth and Children
 - d. Improve Walking and Biking on Streets and Trails
 - e. Reduce Emissions and Improve Air Quality
 - f. Seamless Connected Transportation Options
2. Master schedule and participation listing. Before December 31, 2020, the Authority shall publish, including on its website, a master list of when it expects to develop each of the guidelines and policies, hereafter referenced as either guidelines or policies. Individuals and organizations shall be able to register their interest in a guideline and shall subsequently receive advance notification from the Authority of the steps described below and encouragement to participate.
3. Semi-structured scoping. Authority staff shall request comments regarding the proper scope for each guideline in a format that encourages both free-form recommendations and preferences among options.
4. Initial draft and release for comments. Using the responses to the structured scoping effort and other applicable information, Authority staff shall develop an initial draft of the proposed policy. Following discussion at a public meeting and requested modifications, the Authority shall release the draft for comment from any interested party. The comment period shall be at least 30 days. Authority staff shall conduct outreach to the RTPCs, Public Oversight Committee, potential funding recipients, and interested parties to explain the draft policy and solicit comments.
5. Modification and adoption of revised policy. Authority staff shall revise the policy taking into consideration the goals of the TEP, other policies and comments received. The revised policy shall be presented to the Authority where it may be adopted or recirculated for further comments.
6. Policy guidelines. Each policy shall adhere to the following parameters.
 - a. Shall be designed to implement the overall guiding principles, goals, and policies of the TEP and the applicable funding category efficiently and effectively.
 - b. Shall utilize other regulations and reporting requirements for funding recipients as possible to avoid additional work.
 - c. Shall be designed to increase public confidence regarding the Authority and its actions.
 - d. Shall be written concisely in plain language.

Vision Zero Policy

VISION

In this Plan, the **Vision Zero policy is intended to eliminate traffic-related deaths and severe injuries** within Contra Costa County by prioritizing a system-wide safety approach to transportation planning and design. Principally, the Vision Zero policy treats personal mobility and accessibility as a fundamental activity of the general public, in order to attend school, conduct business, and visit friends and family free from the risk of physical harm due to traffic. This policy applies to all transportation system users including pedestrians, bicyclists, transit riders, micro-mobility users, automobile drivers, taxis, ride-hailing services and their passengers, and truckers, and people of varying abilities, including children, seniors, and people with disabilities. Implementation of the Vision Zero policy is intended to reduce societal costs due to loss of life and injury, lessen congestion stemming from non-recurring traffic collisions and incidents, and generally enhance quality of life in Contra Costa.

POLICY

Achieving this vision will require shifting the paradigm of traditional transportation planning and engineering such that life safety becomes the primary consideration in Measure-funded project and program evaluation. All recipients of funding through this Plan shall systemically incorporate street design elements that quantifiably reduce the risk of traffic-related deaths and severe injuries in the public right-of-way and accommodate the needs of all users in the planning, design, construction, reconstruction, rehabilitation and maintenance of the transportation system.

In consultation with local jurisdictions, the RTPCs, and the public, the Authority shall develop and adopt a Model Vision Zero Policy that reflects best practices for street design elements and programs to mitigate human error and quantifiably improve the traffic safety of all users in the planning, design and construction of projects funded with Measure funds. Key design elements of the Model Vision Zero Policy shall be incorporated into the

Authority's project development guidelines as appropriate. In order to be eligible to receive Measure funds, local jurisdictions must adopt a Vision Zero Policy that substantially complies with the Authority's Model Vision Zero Policy.

The Authority shall coordinate periodic traffic system and project monitoring with local jurisdictions and the RTPCs, and utilize data collected over time to evaluate the effects of Vision Zero implementation on public health and safety. Emphasis shall be placed on proactive deployment of next generation technology, such as advanced detection systems, at major intersections and corridors identified in regional and local plans as having high collision density. Funding for this level of effort shall be made available to local jurisdictions and RTPCs through the Countywide Major Road Improvement Program and funding from the Improve Traffic Flow on Major Roads.





CONTRA COSTA
transportation
authority

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MISSION

To advance transportation, ease congestion, and prepare Contra Costa County for future safe mobility.

VISION

Strive to preserve and enhance the quality of life of local communities with integrated, reliable, and accessible transportation that optimizes the existing transportation system, leverages emerging technologies and provides seamless multimodal choices.

BUILDING A NEW TRANSPORTATION FUTURE

We strive to achieve this vision and fulfill our mission by focusing on the following goals:

- ✓ **Ease traffic congestion**, improve freeway traffic flow, and reduce bottlenecks.
- ✓ **Make public transportation more accessible**, convenient, and affordable for seniors, students, commuters, and the disabled; and provide better mobility options for all.
- ✓ **Optimize the transportation system**, enhance local, regional, and express bus service; improve connections between modes; and leverage technology.
- ✓ **Improve air quality, create jobs, and generate economic benefits**; increase personal quality time and overall quality of life.
- ✓ **Repave local streets, repair potholes, and synchronize signals**; smooth traffic, improve neighborhood streets and intersections, and enhance bike and pedestrian connections.

A ROADMAP TO THE FUTURE

The Contra Costa Transportation Authority (Authority) will apply the following principles to meet the goals of a potential new local transportation sales tax measure for Contra Costa County:

-  **Performance Orientation.** Use transportation sales tax to achieve defined outcomes and benefits most sought by residents and businesses. Funding will flow to the best opportunities consistent with other Guiding Principles.
-  **Maximize Available Funding.** Proactively seek regional, state, and federal funding and private investments to supplement the county's local sales tax revenue, thereby maximizing the total amount of funding for transportation projects in Contra Costa County.
-  **Public Participation.** Conduct a public outreach program that collects input from stakeholders, residents and the communities throughout Contra Costa County and respond accordingly with meaningful action.



Commitment to Technology and Innovation. Keep Contra Costa County on the cutting edge of transportation technology by continuing to incorporate advanced technologies and emerging innovations into the transportation system.



Accountability and Transparency. Strive for excellence in protecting the public's investment and shall routinely engage with partner organizations, advisory committees, and the county's residents and businesses to ensure full transparency.



Commitment to Growth Management. Administer countywide policies that support thoughtful growth management to sustain Contra Costa's economy, preserve its environment, and support its communities.



Balanced and Equitable Approach. Balance the needs and benefits for all people and areas of Contra Costa County to provide an equitable and sustainable transportation system.



Economic Opportunity. Recognize that adding jobs closer to residents' homes can reduce commute times, greenhouse gas emissions and vehicle miles traveled. Consider making sales tax revenue available in expenditure categories to partially fund transportation infrastructure that is likely to result in significant job growth, such as the Northern Waterfront.

BENEFITS OF FUTURE MOBILITY

Investments will be well defined to achieve the following defined benefits of a potential new local transportation sales tax measure. While specific benefits will be developed upon conducting public opinion research, possible benefits may include:



Improve Pavement Condition. Smoother roads in Contra Costa County.



Improve Air Quality. Reduce the number of vehicles on the road and encourage the use of zero emission vehicles.



Mode Share and Increased Transit Trips. Expand safe, convenient and affordable alternatives to the single occupant vehicle.



Improve Transit Efficiency and Accessibility. Provide more frequent, reliable and on-demand transit services.



Improve Mobility. Maximize efficiency of the transportation system by increasing movement of more people and goods through vital congested corridors.



Reduce Travel Times and Improve Travel Time Reliability on Congested Corridors.



Improve Economic Activity and Create Jobs. Transportation sales tax investments could result in direct and indirect economic benefits, including jobs, business expansion and attract new businesses.

Expenditure Plan Summary - JULY 18, 2019

| Funding Category | \$ millions | % | Distribution of Funding by Subregion | | | |
|--|-------------|---------------|--------------------------------------|---------------|------------|------------|
| | | | Central (a) | Southwest (b) | West (c) | East (d) |
| RELIEVING CONGESTION ON HIGHWAYS, INTERCHANGES, AND MAJOR ROADS | 1370 | 44.8% | | | | |
| Improve State Route 242 (SR-242), Highway 4 and eBART Corridor | 673 | 22.0% | | | | |
| Relieve Congestion and Improve Access to Jobs along Highway 4 and SR-242 | 200 | 6.5% | 154 | | | 46 |
| Improve Local Access to Highway 4 and Byron Airport | 150 | 4.9% | | | | 150 |
| East County Transit Extension to Brentwood and Connectivity to Transit, Rail, and Parking | 100 | 3.3% | | | | 100 |
| Improve Traffic Flow on Major Roads in East County | 75 | 2.5% | | | | 75 |
| Enhance Ferry Service and Commuter Rail in East and Central County | 50 | 1.6% | 30 | | | 20 |
| Improve Transit Reliability along SR-242, State Route 4 and Vasco Road | 50 | 1.6% | 12 | | | 38 |
| Seamless Connected Transportation Options | 20 | 0.7% | 8 | | | 12 |
| Additional Train Cars for e-BART | 28 | 0.9% | | | | 28 |
| Modernize I-680 , Highway 24, and BART Corridor | 481 | 15.7% | | | | |
| Relieve Congestion, Ease Bottlenecks, and Improve Local Access along the I-680 Corridor | 200 | 6.5% | 105 | 95 | | |
| Improve Traffic Flow on Major Roads in the Central County and Lamorinda | 103 | 3.4% | 93 | 10 | | |
| Improve Transit Reliability along the Interstate 680 and Highway 24 Corridors | 50 | 1.6% | 25 | 25 | | |
| Provide Greater Access to BART Stations along I-680 and Highway 24 | 49 | 1.6% | 30 | 19 | | |
| Seamless Connected Transportation Options | 25 | 0.8% | 17 | 8 | | |
| Improve Traffic Flow on Highway 24 and Modernize the Old Bores of Caldecott Tunnel | 35 | 1.1% | 3 | 33 | | |
| Improve Traffic Flow on Major Roads in San Ramon Valley | 19 | 0.6% | | 19 | | |
| Upgrade I-80 and I-580 (Richmond Bridge), and BART Corridor | 216 | 7.0% | | | | |
| Improve Transit Reliability along the I-80 Corridor | 90 | 3.0% | | | 90 | |
| Relieve Congestion and Improve Local Access along I-80 Corridor | 57 | 1.9% | | | 57 | |
| Enhance Ferry Service and Commuter Rail in West County | 34 | 1.1% | | | 34 | |
| Improve Traffic Flow and Local Access to Richmond-San Rafael Bridge along I-580 and Richmond Parkway | 19 | 0.6% | | | 19 | |
| Seamless Connected Transportation Options | 5 | 0.2% | | | 5 | |
| Improve Traffic Flow on Major Roads in West County | 10 | 0.3% | | | 10 | |
| IMPROVING TRANSPORTATION COUNTYWIDE IN ALL OUR COMMUNITIES | 1569 | 51.3% | | | | |
| Modernize Local Roads and Improve Access to Jobs and Housing | 532 | 17.4% | 156 | 122 | 101 | 154 |
| Improve Walking and Biking on Streets and Trails | 215 | 7.0% | 53 | 54 | 51 | 57 |
| Provide Convenient and Reliable Transit Services in Central, East and Southwest Contra Costa | 192 | 6.3% | 78 | 78 | | 36 |
| Increase Bus Services and Reliability in West Contra Costa | 187 | 6.1% | | | 187 | |
| Affordable Transportation for Seniors, Veterans, and People with Disabilities | 154 | 5.0% | 40 | 25 | 41 | 48 |
| Cleaner, Safer BART | 120 | 3.9% | 30 | 19 | 43 | 28 |
| Safe Transportation for Youth and Students | 87 | 2.8% | 14 | 31 | 27 | 15 |
| Reduce Emissions and Improve Air Quality | 37 | 1.2% | 11 | 7 | 9 | 10 |
| Improve Transportation and Access to Job Centers | 45 | 1.5% | 13 | 8 | 10 | 13 |
| Transportation Planning, Facilities & Services | 92 | 3.0% | 27 | 17 | 21 | 26 |
| Administration | 31 | 1.0% | 9 | 6 | 7 | 9 |
| TOTAL | 3061 | 100.0% | 908 | 577 | 713 | 864 |
| Population Based Share | 3061 | | 908 | 577 | 713 | 864 |
| Population Share (2035 Estimate) of Total | | | 29.7% | 18.8% | 23.3% | 28.2% |

Detailed Expenditure Plan - JULY 18, 2019

| Funding Category | \$ millions | % | Distribution of Funding by Subregion | | | | Transit and Alternative Modes | | | | | |
|--|-------------|---------------|--------------------------------------|---------------|------------|------------|-------------------------------|---------------|-----------------|---------------|---------------|--|
| | | | Central (a) | Southwest (b) | West (c) | East (d) | BART | Bike/ Ped | Transit | Local | Freeway | |
| San Pablo Dam Road in Contra Costa County and City of San Pablo and Others | | | | | | | | | | | | |
| IMPROVING TRANSPORTATION COUNTYWIDE IN ALL OUR COMMUNITIES | 1569 | 51.3% | | | | | | | | | | |
| Modernize Local Roads and Improve Access to Jobs and Housing | 532 | 17.4% | 156 | 122 | 101 | 154 | | x | | | x | |
| Improve Walking and Biking on Streets and Trails | 215 | 7.0% | 53 | 54 | 51 | 57 | | x | | | x | |
| Complete Street Demonstration Projects (Minimum one project per subregion) | | | | | | | | | | | | |
| I-80/Central Avenue (Phase 3) | | | | | | | | | | | | |
| 23rd Street POC | | | | | | | | | | | | |
| Bollinger Canyon Road POC for Iron Horse Trail | | | | | | | | | | | | |
| Connect Iron Horse Trail and Contra Costa Trail ...and Others | | | | | | | | | | | | |
| Provide Convenient and Reliable Transit Services in Central, East and Southwest Contra Costa | 192 | 6.3% | 78 | 78 | | 36 | | | | x | | |
| Increase Bus Services and Reliability in West Contra Costa | 187 | 6.1% | | | 187 | | | | | x | | |
| Affordable Transportation for Seniors, Veterans, and People with Disabilities | 154 | 5.0% | 40 | 25 | 41 | 48 | | | | x | | |
| Cleaner, Safer BART | 120 | 3.9% | 30 | 19 | 43 | 28 | x | | | | | |
| Safe Transportation for Youth and Students | 87 | 2.8% | 14 | 31 | 27 | 15 | | x | | x | | |
| Reduce Emissions and Improve Air Quality | 37 | 1.2% | 11 | 7 | 9 | 10 | | | | x | x | |
| Zero Emission Vehicle Program for Contra Costa | | | | | | | | | | | | |
| Smart rideshare, carshare, and bikeshare services | | | | | | | | | | | | |
| On-demand and guaranteed transit services | | | | | | | | | | | | |
| Smart payment systems | | | | | | | | | | | | |
| Data sharing to improve mobility choices ...and Others | | | | | | | | | | | | |
| Improve Transportation and Access to Job Centers | 45 | 1.5% | 13 | 8 | 10 | 13 | | x | | x | x | |
| Transportation Planning, Facilities & Services | 92 | 3.0% | 27 | 17 | 21 | 26 | | | | | | |
| Administration | 31 | 1.0% | 9 | 6 | 7 | 9 | | | | | | |
| TOTAL | 3061 | 100.0% | 908 | 577 | 713 | 864 | \$ 185 | \$ 344 | \$ 1,028 | \$ 735 | \$ 647 | |
| Population Based Share | 3061 | | 908 | 577 | 713 | 864 | 6.0% | 11.2% | 33.6% | 24.0% | 21.1% | |
| Population Share (2035 Estimate) of Total | | | 29.7% | 18.8% | 23.3% | 28.2% | | | | | | |

EXPENDITURE PLAN SUMMARY

| FUNDING CATEGORIES | SUBTOTALS | |
|---|----------------|-------------|
| | \$ (millions)* | % |
| RELIEVING CONGESTION ON HIGHWAYS, INTERCHANGES, AND MAJOR ROADS | \$1408 | |
| Improve State Route 242 (SR-242), Highway 4, and eBART Corridor | | |
| Relieve Congestion and Improve Access to Jobs Along Highway 4 and SR-242 | 200 | 6.5 |
| Improve Local Access to Highway 4 and Byron Airport | 150 | 4.9 |
| East County Transit Extension to Brentwood and Connectivity to Transit, Rail, and Parking | 100 | 3.3 |
| Improve Traffic Flow on Major Roads in East County | 75 | 2.5 |
| Enhance Ferry Service and Commuter Rail in East and Central County | 50 | 1.6 |
| Improve Transit Reliability Along SR-242, Highway 4, and Vasco Road | 50 | 1.6 |
| Seamless Connected Transportation Options | 36 | 1.2 |
| Additional eBART Trains Cars | 28 | 0.9 |
| Modernize I-680, Highway 24, and BART Corridor | | |
| Relieve Congestion, Ease Bottlenecks, and Improve Local Access Along the I-680 Corridor | 200 | 6.5 |
| Improve Traffic Flow on Major Roads in the Central County and Lamorinda | 103 | 3.4 |
| Improve Transit Reliability along the I-680 and Highway 24 Corridors | 50 | 1.6 |
| Provide Greater Access to BART Stations Along I-680 and Highway 24 | 49 | 1.6 |
| Seamless Connected Transportation Options | 36 | 1.2 |
| Improve Traffic Flow on Highway 24 and Modernize the Old Bores of Caldecott Tunnel | 35 | 1.1 |
| Improve Traffic Flow on Major Roads in San Ramon Valley | 20 | 0.6 |
| Upgrade I-80, I-580 (Richmond-San Rafael Bridge), and BART Corridor | | |
| Improve Transit Reliability Along the I-80 Corridor | 90 | 3.0 |
| Relieve Congestion and Improve Local Access Along the I-80 Corridor | 57 | 1.9 |
| Enhance Ferry Service and Commuter Rail in West County | 34 | 1.1 |
| Improved Traffic Flow and Local Access to Richmond-San Rafael Bridge Along I-580 and Richmond Parkway | 19 | 0.6 |
| Seamless Connected Transportation Options | 16 | 0.5 |
| Improve Traffic Flow on Major Roads in West County | 10 | 0.3 |
| IMPROVING TRANSPORTATION COUNTYWIDE IN ALL OUR COMMUNITIES | \$1530 | |
| Modernize Local Roads and Improve Access to Job Centers and Housing | 532 | 17.4 |
| Improve Walking and Biking on Streets and Trails | 215 | 7.0 |
| Provide Convenient and Reliable Transit Services in Central, East, and Southwest Contra Costa | 192 | 6.3 |
| Increase Bus Services and Reliability in West Contra Costa | 187 | 6.1 |
| Affordable Transportation for Seniors, Veterans, and People with Disabilities | 154 | 5.0 |
| Cleaner, Safer BART | 120 | 3.9 |
| Safe Transportation for Youth and Students | 87 | 2.9 |
| Reduce Emissions and Improve Air Quality | 43 | 1.4 |
| SUBTOTAL | \$2938 | 96% |
| Transportation Planning, Facilities & Services | \$92 | 3.0 |
| Administration | \$31 | 1.0 |
| TOTAL | \$3061 | 100% |

*Funding amounts are rounded

▶ \$1.41 BILLION

IN 2017, FOUR
MAJOR FREEWAYS IN
CONTRA COSTA COUNTY
RANKED IN THE TOP 10
WORST COMMUTES:
I-680, I-80, HIGHWAY 24
AND HIGHWAY 4.*

RELIEVING CONGESTION ON HIGHWAYS, INTERCHANGES, AND MAJOR ROADS

More than 79 percent of Contra Costa County's residents drive to work; several of Contra Costa County's highways have been identified as the "most congested in the San Francisco Bay Area."**

Easing traffic congestion is one of Contra Costa County residents' highest priorities. Accordingly, CCTA will invest nearly half of the new transportation sales tax revenue toward new, modern tools and strategies to improve traffic flow and reduce traffic congestion on the county's major corridors and roads. These strategies include highway and road improvements thoughtfully integrated with transit improvements and alternative modes.

Improving transit and transit connections will lessen traffic congestion on the county's highways; as transit service is improved and more people take transit, fewer cars on the road translates to less traffic.

CCTA is committed to improving access to jobs throughout Contra Costa and supporting economic development of the Northern Waterfront initiative through programs and projects in this Transportation Expenditure Plan. Programs and projects will support housing within planned or established job centers that are served by transit, or that aid economic development and job creation.

Projects will be subject to applicable policies as presented in the Policy Statements section at the end of this document.

*SOURCE: Metropolitan Transportation Commission, Vital Signs - https://mtc.ca.gov/sites/default/files/top_10_congestion_locations-2017.pdf

**SOURCE: Metropolitan Transportation Commission, Vital Signs, 2016-2017 data

» Improve SR-242, Highway 4, and eBART Corridor

4 242

RELIEVE CONGESTION AND IMPROVE ACCESS TO JOBS ALONG HIGHWAY 4 AND SR-242

CCTA is continuing its work in **easing traffic congestion**, smoothing traffic flow, and reducing travel time along Highway 4 and SR-242 with a blend of projects that may be considered such as:

- **Improve access to jobs and support economic development along the Northern Waterfront**
- Improving access to local key destinations, including business districts and BART stations
- Reconfiguring interchanges along SR-242
- Managing traffic flow on Highway 4 by connecting and **synchronizing traffic on freeway**, local roads and freeway ramps
- Completing operational improvements at the I-680/ Highway 4 interchange
- Addressing bottlenecks and cooling hot spots caused by high-volume weaving areas and **adding auxiliary lanes** and improving ramps between SR-242 and Bailey Road
- Providing incentives to encourage the use of transit and alternative transportation options

5th most
CONGESTED
HIGHWAY
in the Bay Area
*Eastbound Martinez to Pittsburg**



IMPROVE LOCAL ACCESS TO HIGHWAY 4 AND BYRON AIRPORT

CCTA has developed a multi-pronged approach to **reducing traffic congestion and improving safety and travel time reliability** on the roads through and around Byron. These projects will also facilitate economic development and goods movement in east Contra Costa County. Key projects may consider:

- A new limited-access connector between Byron Highway and Vasco Road south of Camino Diablo to **improve access to Byron Airport**, making it a more useful transportation hub
- Improvements to Vasco Road and Byron Highway, and other safety improvements
- Interchange improvements along Highway 4 at Balfour Road, Marsh Creek Road, Walnut Boulevard; and Camino Diablo
- Enhancements to the Byron Airport

- **Improve access to jobs and support economic development along the Northern Waterfront**

These projects will include measures to prevent growth outside pre-defined urban limit lines, for example, prohibitions on roadway access from adjacent properties, permanent protection and/or acquisition of agricultural lands or critical habitat, and habitat conservation measures.



ADDITIONAL eBART TRAIN CARS

Trains are full with standing room only during commute hours. Funding will be considered for allocation toward **purchasing additional eBART train cars** so that trains can run more frequently, thereby carrying more passengers on this popular route.

*Source: Metropolitan Transportation Commission, "Vital Signs: Bay Area Freeway Locations with most Weekday Traffic Congestion, 2017" - https://mtc.ca.gov/sites/default/files/top_10_congestion_locations-2017.pdf



SEAMLESS CONNECTED TRANSPORTATION OPTIONS

Contra Costa County's transportation system is a mix of freeways to bike paths, trains to shuttles, and many other modes in between. Providing **seamless connectivity among these many travel options** will ensure that our system can meet the future needs of our growing and aging population.

CCTA will develop guidelines and implement systems to promote connectivity between all users of the transportation network (vehicles, pedestrians, bicycles, buses, trucks, etc.) using automation technology and taking advantage of future transportation technology trends.



ENHANCE FERRY SERVICE AND COMMUTER RAIL IN EAST AND CENTRAL COUNTY

To help travelers make convenient connections between the Capitol Corridor and San Joaquin train system and the BART system, CCTA proposes to **fund new stations and improvements to existing stations** and rail facilities. Some example projects may include a new train station for the San Joaquin line and a park-and-ride lot in Oakley; new connections between the new Oakley station and Antioch eBART; and a transit connection from the Martinez Amtrak station to the North Concord/ Martinez BART station.

CCTA is also considering expanding ferry service between Martinez and Antioch. As more people use ferries and the passenger train, traffic congestion on Contra Costa County's roads and highways will decrease, **traffic will flow more smoothly, and air emissions will decrease**, thereby improving the county's air quality.

» Improving Transportation Countywide In All Our Communities



MODERNIZE LOCAL ROADS AND IMPROVE ACCESS TO JOB CENTERS AND HOUSING

Smooth, pothole-free roads, safe intersections, pleasant sidewalks, safe bike lanes, and clean air are some of the important features that make Contra Costa County a great place to live and work.

CCTA will provide funding directly to the county's cities, towns, and unincorporated areas so that they may make improvements to their own local roads and streets.

To ensure transparency and accountability, local agencies report annually on the amount spent on roadway maintenance, bicycle and pedestrian facilities, transit facilities, and other roadway improvements. Local agencies must also meet the requirements set forth in the Growth Management Program, Urban Limit Line Compliance Requirements, Transit Policy, Complete Streets Policy, and other applicable policies in the Policy Statements section.



SAFE TRANSPORTATION FOR YOUTH AND STUDENTS

Drop-off and pick-up at schools often creates traffic jams on local streets and unsafe conditions for children. CCTA will allocate funding toward a wide array of transportation projects and programs for students, and youth, aimed at offering safe transportation options, such as walking, and cycling, and improving mobility.

Funding will also be used for **reduced fare transit passes**, transit incentives, and school bus programs to encourage more youth and students to use transit to attend school and afterschool programs. This will also relieve traffic congestion.

In cooperation with project sponsors in each subregion, CCTA will establish guidelines to define priorities and maximize effectiveness. The guidelines may require provisions such as operational efficiencies, performance criteria, parent contributions, and reporting requirements.



IMPROVE WALKING AND BIKING ON STREETS AND TRAILS

Numerous studies and research across many different communities have demonstrated the benefits of creating an environment where walking and bicycling are safe, comfortable, and convenient. For example, **increased walking and bicycling can improve air quality by reducing emissions and energy use** from motor vehicles; improving access by foot or bike can make transit more convenient; and regular walking and bicycling can improve people's health and reduce mortality rates and health care costs.

This TEP contains **unprecedented levels of funding to improve safety for bicyclists and pedestrians in every part of the county**— from local street improvements to trail enhancements and similar projects. Funding will be considered to implement projects in the Contra Costa Countywide Bicycle and Pedestrian Plan, most recently updated in 2018. CCTA will develop program guidelines for a competitive project selection process that maximizes benefits for all users. All funding will be consistent with CCTA's Complete Streets, Vision Zero, and other applicable policies.

Approximately one-fifth of the funds will be considered for allocation to the East Bay Regional Park District for the development, maintenance, and rehabilitation of paved regional trails.



Contra Costa County: Paratransit Policies/Guidance 1990 - 2019

Highlighted policies/recommendations from the following approved/adopted documents have **not** been implemented:

1. CCTA Measure J (2004) Transportation Sales Tax Expenditure Plan (Ordinance # 04-02)
2. CCTA Paratransit Improvement Study – 2004
3. Contra Costa Mobility Management Plan 2013
4. Contra Costa County Paratransit Plan 1990

Contra Costa Transportation Authority Measure J (2004) Transportation Sales Tax Expenditure Plan (Ordinance # 04-02)

Transportation for Seniors & People with Disabilities funds shall be available for

(a) managing the program,

(b) retention of a mobility manager,

(c) coordination with non-profit services,

(d) establishment and/or maintenance of a comprehensive paratransit technology implementation plan, and

(e) facilitation of countywide travel and integration with fixed route and BART specifically, as deemed feasible.

Paratransit Improvement Study 2004

"...the consulting team recommends continued delivery of ADA paratransit in Contra Costa under the current decentralized model. Under the current model, improvements to service efficiency and service quality are possible through the implementation of selected elements from the following "toolbox..."*

***Note:** The approach recommended in the 2004 study, "...continued delivery...under the current decentralized model..." was subsequently and unintentionally identified as a flawed approach in the 2013 Mobility Management Plan (described below and which also contains substantial unimplemented recommendations), "...lack of a structural platform...major impediment to action...". In addition to the need for a "structural platform" to implement findings in the 2004 study, the recommendations would not likely be cost effective on a sub-regional (aka "decentralized") level.

6.4.2 ESTABLISHMENT OF A SEPARATE OPERATING ENTITY TO COORDINATE TRANSFERS

6.4.4 STANDARDIZATION OF ADMINISTRATIVE, OPERATIONAL AND SERVICE DELIVERY POLICIES AND PROCESSES

6.4.4.1 *Standard Policies Regarding Scheduling Parameters (including advance booking times, application of scheduling windows, etc.)*

6.4.4.2 *Automating Scheduling of Inter-Agency Transfers*

6.4.4.3 *Allocate a Dedicated Fleet of Vehicles for Inter-Agency Transfers*

6.4.8 COORDINATION OF COMMUNITY-BASED AGENCY TRANSPORTATION

A mobility manager is a transportation organization serving the general public that responds to and influences the demands of the market by undertaking actions and supportive strategies, directly or in collaboration with others.

The mobility management function may assume one or more of the following responsibilities:

Centralized information dissemination and referral service -

Support services

Brokerage service

6.4.9 TECHNOLOGY ROLE

Trip Planning

AVL Implementation

MDT Implementation

Coordinated Client Data Management

IVR implementation

Contra Costa Mobility Management Plan 2013

The plan has broad support from CCTA, transit operators, and human service agencies.

This Plan recommends the formation of an organization to take the lead in implementing a broad range of mobility management strategies. Specifically, a Consolidated Transportation Services Agency (CTSA) is recommended for

Contra Costa County. Further, careful consideration has been given to alternative legal structures for a CTSA. The result of that dialog has been **the agreement to pursue a non-profit corporation model.** The principal basis for recommending this structural model is the level of success in other communities that have adopted this structure.

The planning process identified that **a major impediment to action is the lack of a structural platform to serve as the vehicle through which action is accomplished.** **That vehicle has now been identified as a Consolidated Transportation Services Agency (CTSA).**

Of the models presented above the **non-profit agency model has historically been the most notable in terms of implementing programs with long-term sustainability.** Non-profit agencies such as Outreach¹ and Escort, Ride-On, and Paratransit, Inc. have delivered successful coordinated transportation programs throughout California for many years. Each of these organizations continues to evolve to meet the needs of the communities they serve. **Non-profit organizations have typically been the most successful CTSA model for a number of specific reasons.**

Contra Costa County Paratransit Plan 1990

Mission: Promote a **comprehensive, integrated quality paratransit system** to meet the special needs of persons, who, because of age or disability, are unable to use the County's fixed-route public transportation services.

Goal 1: Promote **standardized service policies to equitably improve mobility** for persons unable to use fixed-route transit.

Goal 2: Promote a coordinated paratransit service network within the County to maximize convenience and ease of use.

Goal 3: Ensure the most efficient** and effective service within available funding.

Other

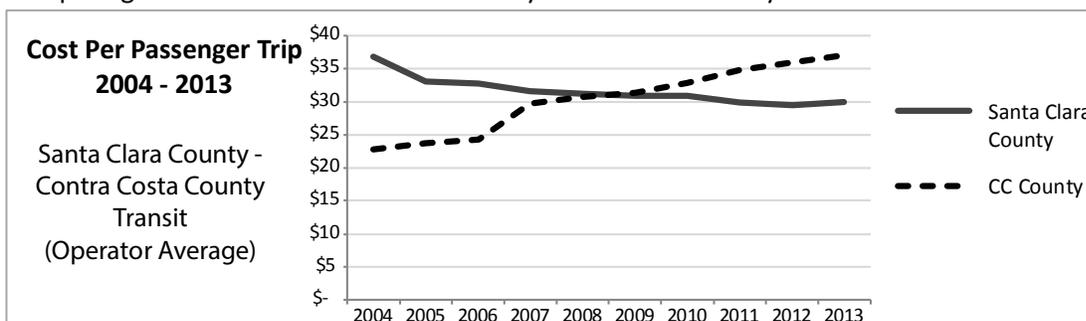
It is the Transportation Authority's view that **one way to meet the County's paratransit goals and objectives might be to allocate funds for a professional paratransit coordinator or broker from the sales tax revenues targeted for paratransit.** This approach has been recommended in Alameda County as part of that County's Measure B transportation program.

The Transportation Authority sees **the development of a cohesive, coordinated paratransit plan as a key milestone in addressing Countywide paratransit issues.**

Due to staff constraints, a critical deficiency in the PCC is **the lack of performance monitoring and operational analysis, both of which are crucial to making informed planning decisions.** Existing PCC members have indicated they would welcome objective, non-operator, professional paratransit input on a regular basis as a means to broaden the group's planning perspective.

Different service hours, reservation and shared ride procedures, fares, eligibility criteria, escort procedures and trip purposes served make it difficult to effectively coordinate service among the various operators. Differing service policies also result in inequities from a user perspective.

****Note:** Relative to the "most efficient" goal, the data² and chart below were provided during the 2016 Measure X effort comparing the cost effectiveness of a countywide coordinated system relative to Contra Costa's system:



¹ Relative to the claims of fraud by the Valley Transportation Authority and subsequent investigation by the FBI of Outreach Paratransit in 2016, an audit in 2018 by the County of Santa Clara found no wrongdoing, no charges were ever filed.

² 60% increase in paratransit cost per trip from 2004 - 2013 (average of all Contra Costa transit agencies) Data source: 2004-2013 National Transit Database



**CONTRA COSTA COUNTY
SUSTAINABILITY COMMISSION**
An Advisory Body to the Board of Supervisors

**30 Muir Road
Martinez, California 94553**

Howdy Goudey, At-Large, Community Group,
Chair
Nick Despota, Member, District 1, Vice Chair
Shoshana Wechsler, Alternate, District 1
Victoria Smith, Member, District 2, Chair
Ryan Buckley, Alternate, District 2

John Sierra, Member, District 3
Gretchen Logue, Alternate, District 3
Wes Sullens, Member, District 4
Travis Curran, Alternate, District 4
Charles Davidson, Member, District 5

Vacant, Alternate, District 5
Harry Thurston, At-Large, Community Group
Russell Driver, At-Large, Business
Doria Robinson, At-Large, Environmental Justice
Kim Hazard, At-Large, Education

July 1, 2019

Contra Costa County Board of Supervisors
651 Pine Street
Martinez, California 94553

Dear Supervisors:

At its June 24, 2019 meeting, the Contra Costa County Sustainability Commission voted unanimously to endorse the priorities set forth by thirteen regional transportation, environmental, and environmental justice organizations, in a letter to the Contra Costa Transportation Authority concerning the expenditure of revenues generated by a proposed transportation sales tax measure. (Letter attached.)

Specifically, Sustainability Commission members endorse the following priorities:

1. The CCTA should commit to no new projects that will increase greenhouse gas emissions and vehicle miles of travel.
2. Focus roadway funding on moving more people with fewer cars.
3. Commit to outcomes-focused projects selection with strong public oversight.
4. Increase social equity through more accessible and affordable mobility options for everyone, especially youth, seniors, people with disabilities, and people of lower incomes. Achieving this can include supporting housing near transit and jobs, adopting means-based fares, an emphasis on pedestrian safety, and support for local contacting and good jobs.
5. Protect the Urban Limit Line, and commit at least 6% of all infrastructure funds to a Regional Advanced Mitigation Fund.
6. Ensure meaningful community engagement. Allocate significant funding for community-based organizations to conduct outreach, and to increase the number of community meetings and workshops. Emphasize identifying the needs of low-income families, people of color, and other transit-dependent populations.

The Sustainability Commission makes no specific recommendations for the allocation of revenue generated by the sales tax measure.

Sincerely,

A handwritten signature in black ink, appearing to read 'Howdy Goudey', written in a cursive style.

Howdy Goudey
Chair, Contra Costa Sustainability Commission

June 19, 2019

Board and Staff
Contra Costa Transportation Authority
2999 Oak Road
Walnut Creek, CA 94597

Re: New Transportation Expenditure Plan

Dear Board and Staff:

Since voters rejected the Contra Costa County Transportation Authority's (CCTA) 2016 Measure X, climate change, housing and transportation costs, inequality, and traffic congestion have all gotten worse, with growing concern on all these issue areas among the public and voters. As such a 2020 measure demands a radical shift from Measure X, one that is transformational for Contra Costa County's transportation system.

As local and regional non-profit organizations, we have come together to participate in the CCTA process to develop a new sales tax measure to be placed on the March 2020 ballot.

We envision affordable, safe, sustainable, convenient, and healthy communities that enable people of all ages, incomes, places, and abilities to be easily connected to homes, jobs, schools, recreation, and other destinations in a manner that significantly surpass existing state and regional greenhouse gas emissions reduction and air quality improvement goals.

We are actively working to help ensure diverse voices are heard in the process, particularly low-income families, people of color, youth, seniors, people with disabilities, transit users, and people who walk and bike to get around. We look forward to working with you to develop a Transportation Expenditure Plan (TEP) that moves all people in Contra Costa County forward safely, conveniently, sustainably, and equitably.

Priorities: We strongly urge the CCTA Board and staff to consider the following recommendations for a 2020 measure:

1. **Significantly reduce greenhouse gas emissions (GHG) and vehicle miles of travel (VMT) and commit to no new GHG and VMT-inducing projects.** Projects and programs in the measure should help the county surpass state and regional GHG and VMT reduction targets. As such, the measure must:
 - **Allocate a large majority of ballot measure funds for high-quality, affordable, and environmentally sustainable public transportation improvements and other active transportation improvements.**¹ San Mateo

¹ 74% of survey respondents agree that "having public transit that is faster, cleaner, safer more reliable, more frequent, and easier to access would make taking transit a real option for more people" and 70% agree it would reduce traffic in Contra Costa County. 82% rated "making BART stations and trains in CCC

and Marin Counties allocated over 55% for public transit and upwards to 10% for active transportation modes, with a combined investment in “transportation alternatives” between two thirds and three quarters, in their successful 2018 measures. Santa Clara County, which has half the transit commute mode share than Contra Costa County, passed 100% transit measures in 2000 and 2008.

- **Focus roadway funding on moving more people with fewer cars**, as well as maintenance, repair, and safety improvements. The approach to congestion relief must be on strategies the result in less driving and fewer cars on the road.²
2. **Commit to performance-oriented and outcomes-focused project selection with strong public oversight.**³
- We strongly recommend that the plan include a clear prioritization process to develop projects and programs that meet forward-thinking principles and performance measures. We are encouraged by the initial concept of performance-based review proposed by staff and look forward to sharing our thoughts to strengthen this fundamentally important component of crafting a measure that most benefits Contra Costa County residents and commuters.⁴
 - It’s critical that the measure be able to adapt over time to respond to changing needs, as well as innovations in transportation as we know it, avoiding locking in projects that could become obsolete over the life of the plan.
 - We want to see a transparent and open process at both the CCTA and at the RTPCs after the passage of the measure. We ask that each agency develop public engagement plans to gather input on programming and project designs as future TEP monies are allocated. Such public engagement must involve meaningful community involvement, particularly of disadvantaged communities and low-income and communities of color.
3. **Prioritize social equity and improve transportation options for all.** Given growing inequality, rising poverty, homelessness, barriers to accessing employment and other necessities, and the fact that sales tax measures place a greater burden on the poor, the TEP must have a strong emphasis on advancing social equity. Disadvantaged populations must benefit the most from the measure’s spending. Key strategies include:
- **Providing better mobility options for everyone, especially those with the greatest transportation barriers, including youth, seniors, people of lower incomes, and people with disabilities.** We are encouraged by the concept of a Transit Policy recommended by CCTA staff to require “Contra Costa transit operators to collaborate in the development of an Integrated Transit Plan (TIP)”,

cleaner and safer” and “improving the frequency, reliability, accessibility, cleanliness, and safety of buses, ferries, and BART” as important items to include in the measure. 77% rated “making transit more reliable and frequent for seniors, veterans, people with disabilities, & students” as important. 74% said they would be more likely to vote for the measure if it “makes public transit in CCC faster, more reliable, more predictable, and easier to access, giving people a real alternative to driving”. EMC research Voter Survey, 5/15/19

² 77% of survey respondents rated improving air quality as important to include in the measure.

³ “An outcomes-focused measure fares better than a traditional project/program oriented format... [and] is also more resistant to opposition messaging.” EMC research Contra Costa County Voter Survey Conducted for the Contra Costa Transportation Authority, presented to CCTA Board - May 15, 2019

⁴ CCTA Staff Report 1.2, pg. 29, June 19, 2019

which would “define how TEP funding could be used to achieve the Transit Vision”. We will be looking for the policies in the TIP to emphasize serving residents and communities with the greatest transportation barriers and needs.

- **Improving safe access to essential destinations for all people**, with an emphasis on protecting vulnerable populations and on traffic collision hot-spots. We are supportive of staff’s proposed Vision Zero Policy and Framework concept “to eliminate all traffic-related deaths and severe injuries, while increasing safety, health, and mobility for all”.⁵ We have questions about the details of the policy and look forward to providing input as the language is further developed.
 - **Increasing transportation and housing affordability** in order to increase transit use, walking, and biking rates, and help address the county’s rising cost of living. Strategies include:
 - Increasing the affordability of transportation options such as through means based fares.
 - Providing more affordable opportunities to live near transit and jobs by making affordable housing production a key criterion for allocation of sales tax funds, setting aside funding to assist local jurisdictions in getting more affordable homes built near transit, and providing incentives structured similar to those in MTC’s Housing Incentive Program.⁶
 - CCTA’s proposed Growth Management Program and Community Development Transportation Program are headed in the right direction, and we are in conversations with housing experts and advocates to share recommendations to strengthen these strategies in the coming weeks.⁷
 - **Supporting community stabilization efforts** in cases where projects and new investments lead to displacement pressures.
 - **Supporting local contracting and good jobs**. We support staff in developing a policy supporting “hiring of local contractors and businesses, including policy requiring prevailing wages, apprenticeship programs for Contra Costa County residents, and veteran hiring policy” for both construction and operating/programmatic jobs.⁸
4. **Protect and strengthen the Urban Limit Line and protections for open space, and commit at least 6% of all infrastructure funds to a Regional Advanced Mitigation Fund** to offset negative environmental impacts (mitigations) of the measure up front.⁹
5. **Meaningfully engage the community**. We suggest several strategies that may help mitigate the aggressive timeline to develop the TEP:

⁵ CCTA Staff Report 1.2, pg. 5, June 19, 2019

⁶ Survey respondents ranked affordable housing and traffic/congestion as the two most important problems facing Contra Costa County today (tied at 17%). Other affordability-related issues that ranked as the most important to voters included homelessness (11%) and cost of living (3%).

⁷ Initial Draft Transportation Expenditure Plan (TEP), CCTA Staff Report 1.3, pg. 38 & 48

⁸ CCTA Staff Report 1.2, pg. 30, June 19, 2019

⁹ 79% of survey respondents rated protecting open space as important.

- Allocate a significant funding for Contra Costa County community-based organizations to engage in the process and provide meaningful input - such as partnering on conducting community workshops.
- Increase the number of community meetings beyond the staff proposal for one community meeting in each subregion.
- Emphasize identifying the needs of low-income families, people of color, and other transit-dependent populations through linguistically and culturally appropriate best practices.
- Ensure that community input helps shape the priorities in the ballot measure. TEP changes that are made based on this feedback should be clearly documented and communicated.

Allocations: Considering the above proposed outcomes and recommendations, we propose the following starting point for TEP investments:

| Projects and Programs | % |
|---|------------|
| Public Transit, Services for Seniors, People with Disabilities, and Youth, Means Based Fare Programs, and Innovative First-Last Mile Connections | 64% |
| <ul style="list-style-type: none"> - Local and express bus transit improvements - 35% - BART service, maintenance, safety, and access improvements - 15% - Services for youth, seniors, and people with disabilities - 6% - Innovative first-last mile connections - 4% - Means based fare programs, including outreach and incentives for low income micro mobility memberships and programs - 4% | |
| Local Street and Road Maintenance and Improvements (5% dedicated to incentives for affordable housing near transit) | 15% |
| Pedestrian, Bicycle and Trail Facilities and Programs | 11% |
| Highway Improvements | 10% |
| Regional Advanced Mitigation Fund (6% of all infrastructure funds in the measure) | |

Thank you for the opportunity to share our initial concerns and recommendations.

Sincerely,
Bob Allen
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Urban Habitat
bob@urbanhabitat.org

Chris Lepe
Regional Policy Director, TransForm
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Cynthia Mahoney
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**Contra
Costa
County**

To: Board of Supervisors
From: LEGISLATION COMMITTEE
Date: July 30, 2019

Subject: State Legislative Advocacy Contract

RECOMMENDATION(S):

CONSIDER the recommendations of the Legislation Committee at its July 22, 2019 meeting and determine whether to:

1. RESCIND the Board of Supervisors' action of June 11, 2019, which authorized the execution of a contract with Nossaman LLP in the amount of \$630,000 for state legislative advocacy services for the period July 1, 2019 through June 30, 2022; and
2. DIRECT staff to conduct a procurement process for state legislative advocacy services.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

Contact: L. DeLaney,
925-335-1097

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

RECOMMENDATION(S): (CONT'D)

>

FISCAL IMPACT:

There is no fiscal impact anticipated from rescinding authorization for the contract. However, if the Board elects to direct staff to conduct a procurement process and obtain short-term state legislative advocacy services during the procurement process, there could be a fiscal impact to engaging short-term legislative advocacy services.

BACKGROUND:

On June 11, 2019, the Board of Supervisors approved a contract for state legislative advocacy services with Nossaman LLP, subject to approval as to form by County Counsel. A copy of the board order is attached as Attachment A.

On June 26, 2019, before contract negotiations were complete, the County received a letter from Nossaman advising the County that Nossaman has an ongoing commitment to provide legal services to the Kern County Water Agency, the Coalition for a Sustainable Delta, and other unnamed clients. According to the letter, all of these clients may, at times, have interests that conflict with those of the County. A copy of the letter is attached as Attachment B. The nature of the potential conflicts is described on page 2 of the letter. The letter goes on to request that the County formally waive the conflict.

On July 8, 2019, a second letter was received from Nossaman, a copy of which is attached as Attachment C. In the second letter, Nossaman reports that it has concluded that no conflict currently exists and that a conflict waiver is not required. Nossaman concludes the letter by asking the County to acknowledge that the firm has disclosed to the County that the firm represents the Kern County Water Agency and the Coalition for a Sustainable Delta, and that those clients have adverse, or potentially adverse, positions to the County with regard to State water project operations and the Delta conveyance project.

Law firms owe clients a duty of undivided loyalty. When a client's interests are adverse to another client's interests, the firm's representation of those clients may be affected.

Nossaman proposed mitigating the potential conflict with the creation of an "ethical wall" between the professionals who represent the Kern County Water Agency and the Coalition for a Sustainable Delta on the one hand, and the professionals who will represent the County on the other hand. The "wall" would be necessary because Nossaman reports that, if the County were to enter into a contract with Nossaman for state legislative advocacy services, Nossaman would continue to represent both the Kern County Water Agency and the Coalition for a Sustainable Delta with respect to endangered species and water supply issues in the Delta, including with respect to the Delta conveyance project. A draft of Nossaman's proposed internal memo related to the "ethical wall" is attached as Attachment D.

At its July 22, 2019, meeting, the Legislation Committee considered the disclosures and requests made by Nossaman in its letters to the County of June 26, 2019 and July 8, 2019. After discussion and input from a representative of Nossaman, the Legislation Committee directed staff to recommend to the Board of Supervisors that the Board rescind the contract authorization granted on June 11, 2019. While acknowledging there may be no present conflict, and expressing the view that the recommended action is not a reflection on the capabilities and capacities of the Nossaman staff proposed to serve the County,

the Legislation Committee concluded that the potential for conflict was too great to proceed with contract negotiations.

The Legislation Committee further directed staff to recommend to the Board that the Board direct staff to conduct a procurement process to identify a substitute provider of state legislative advocacy services.

If the Board adopts the recommendations made by the Legislation Committee, staff requests direction from the Board with respect to the following:

1. The contract period for the party eventually identified through the procurement process.
2. The procurement process period.
3. The process to be followed in conducting the outreach/notification of the contracting opportunity.
4. The composition of the review panel.

CONSEQUENCE OF NEGATIVE ACTION:

The County will not receive state legislative advocacy services.

CLERK'S ADDENDUM

Public speakers: Ashley Walker, Michelle Rubalcava.

Rescind approval of the Nossaman contract and enter into a new short term contract with Nielson.

ATTACHMENTS

Attachment A

Attachment B

Attachment C

Attachment D



Contra
Costa
County

To: Board of Supervisors
From: LEGISLATION COMMITTEE
Date: June 11, 2019
Subject: State Advocacy Services Contract

RECOMMENDATION(S):

APPROVE and AUTHORIZE the County Administrator, or designee, to execute a contract, approved as to form by County Counsel, with Nossaman LLP in an amount not to exceed \$630,000 for state advocacy services for the period July 1, 2019 through June 30, 2022, as recommended by the Legislation Committee at their May 13, 2019 meeting.

The Legislation Committee directed that the procurement process be conducted to secure state legislative advocacy services for a three-year contract with two (2) single year options to renew to the successful responder.

FISCAL IMPACT:

This contract provides a monthly retainer of \$17,500 for an annual cost of \$210,000 for three fiscal years. The appropriations for this contract will be budgeted in the County Administrator's Office.

BACKGROUND:

At its August 13, 2018 meeting, the Legislation Committee directed CAO staff to conduct a procurement process for the State and Federal Advocacy Services contracts for the period

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **06/11/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: June 11, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: L. DeLaney,
925-335-1097

cc:

FY 2019/20 through FY 21/22 with two single year options to renew to the successful responder. Pursuant to this direction, CAO staff prepared and distributed the Request for Qualifications (Attachment B), which was issued on March 27, 2019 for the State Legislative Advocacy Services. The RFQ was posted on BidSync and distributed to all advocates serving CSAC and UCC counties.

BACKGROUND: (CONT'D)

RFQ Results

A total of three responses were received in the County Administrator's Office by the deadline. Responses were received from the following firms:

1. Nielsen Merksamer Parrinello Gross & Leoni LLP
2. Nossaman LLP
3. Quintana, Watts & Hartmann

Following the requirements of the RFQ and standard procurement processes, a County Selection Committee (CSC) was convened to review and rate the responses.

The CSC was composed of the following individuals:

- Supervisor Diane Burgis, District II, Chair of the Legislation Committee
- Chief Assistant County Administrator, Timothy Ewell
- Employment and Human Services Director Kathy Gallagher
- Health Services Administrator Joshua Sullivan
- Water Agency Manager Ryan Hernandez

The CSC convened on May 1, 2019 to score the received responses and select firms for interview. Two of the responding firms for the State Advocacy Services were invited to interview: Nielsen Merksamer and Nossaman LLP.

Upon conclusion of the interview process, the CSC recommended that the contract award be made to the following:

State Legislative Advocacy Services: **Nossaman LLP**

The CSC recognized the excellent service provided by the incumbent firm, Nielsen Merksamer, with primary service from Cathy Christian and Ben Palmer. However, the service model proposed by Nossaman, with two lead representatives, and the experience and expertise of the proposed staff, made Nossaman the consensus choice of the County Selection Committee.

The Legislation Committee considered this matter at its May 13, 2019 meeting and voted to support the recommendation to the Board of Supervisors. The RFQ response from Nossaman LLP is Attachment A. A contract for services is in development.

ATTACHMENTS

Attachment A: Nossaman LLP Response

Attachment B--2019 State Advocacy Services RFQ

Attachment C: Other Responses



ATTORNEYS AT LAW

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Ashley Walker
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awalker@nossaman.com

June 26, 2019

Lara DeLaney
Senior Deputy County Administrator
Acting Director, Office of Reentry & Justice
County of Contra Costa
651 Pine Street, 10th floor
Martinez, CA 94553

Re: Request for Waiver of Potential Conflicts of Interest

Dear Ms. DeLaney:

Nossaman LLP (“Nossaman”) has submitted a proposal to provide State Legislative Advocacy Services to the County (the “Services”). Nossaman wishes to provide the Services, but Nossaman also has ongoing commitments to provide legal services to Kern County Water Agency and Coalition for a Sustainable Delta as well as certain other clients whose interests may, at times, conflict with those of the County. This letter requests and will document the County’s consent to Nossaman’s representation of Kern County Water Agency and Coalition for a Sustainable Delta subject to specified conditions that will enable Nossaman to advise and represent the County with respect to current and future engagements. Since the County has already decided to retain Nossaman for these matters, the consent which we request here will be effective as soon as it is granted, subject to reciprocal consents from the other clients I have just mentioned.

As attorneys, we are governed by specific rules relating to our representation of clients when present or potential conflicts of interest exist. Rule 1.7 of the California Rules of Professional Conduct addresses avoiding the representation of adverse interests. According to this Rule, a member of the California Bar shall not, without the informed written consent of each client “represent a client if the representation is directly adverse to another client in the same or a separate matter.” (Rule 1.7(a)). As the Rule notes, this prohibition against representing conflicting interests can be waived by the clients’ informed written consent.

Lawyers owe an undivided duty of loyalty to their clients. This means that, absent an informed waiver, a lawyer may not take legal action adverse to the client's interests even if such action is outside the scope of the lawyer's engagement with the client.

In connection with our request for waiver, the actual and reasonably foreseeable adverse consequences to the County if it waives the potential conflicts of interest are essentially as follows:

Contra Costa County is currently opposing the proposed Delta conveyance, including in a regulatory proceeding before the State Water Resources Control Board. It is not and does not expect to be represented there by the Nossaman firm. The Coalition for a Sustainable Delta is a party to the regulatory proceeding and Kern County Water Agency, represented by Nossaman, is a State Water Contractor supportive of the proposed Delta conveyance. In both circumstances, these parties are existing firm clients and are taking positions that are in conflict with the position being taken by the County. There is also the foreseeable likelihood that these parties, represented there by Nossaman, will take positions with respect to water operations and species management efforts in the Bay-Delta which are adverse to the County's position in those matters, and which may be addressed in federal and/or state litigation or in as yet unidentified other proceedings, such as Delta Stewardship Council and State Water Resources Control Board regulatory proceedings.

We expect Kern County Water Agency and Coalition for a Sustainable Delta to grant waivers of these conflicts and to agree that the County will be able to call upon Nossaman to advise and represent the County with respect to the matters mentioned in the first sentence of this letter insofar as they are unrelated to water operations and species management in the Bay-Delta and its tributary waters and are not adverse to Kern County Water Agency or to the Coalition for a Sustainable Delta. Under these waivers, Nossaman will also not be available to advise and represent the County with respect to water operations and species management in the Bay-Delta and its tributary waters or any matters that present any direct adversity to either or both of these existing clients of the Nossaman firm.

We believe that the prospects for actual conflicts between the County and these other clients are limited to water operations and species management in the Bay-Delta and its tributary waters. If any other conflict were to appear, we could not represent either the County or parties adverse to the County with respect to those matters without further written waivers of the conflicts from both sides.

However, more generally, lawyers have the duty to do their professional best to serve each client with total loyalty. This means that they must pursue the client's rights zealously. Where a lawyer or a law firm acting through different individual lawyers, represents a client and at the same time opposes that client in an unrelated matter, there can be a concern that the lawyer may not be as zealous in opposition to the other party as he or she would otherwise be if he or she is protecting a relationship with the opposing party. The Rules of

June 26, 2019
Page 3

Professional Conduct require that lawyers shall not represent a client in a matter “if there is a significant risk the lawyer’s representation of the client will be materially limited by the lawyer’s responsibilities to or relationships with another client . . .” We believe that there is no such risk.

Nossaman takes very seriously our obligation to avoid conflicts of interest in the absence of informed, written consent from our affected clients. Thus the waiver we are here requesting from the County will not become effective and our engagement cannot begin unless and until Nossaman obtains waivers from both Kern County Water Agency and Coalition for a Sustainable Delta that acknowledge the limits set forth herein on the County’s consent and on Nossaman’s provision of services to Kern County Water Agency and Coalition for a Sustainable Delta. We are requesting those waivers concurrently and expect them to be granted soon.

Nossaman also takes very seriously its obligation to maintain the confidentiality of information we receive from all of our clients, including the County, Kern County Water Agency, and Coalition for a Sustainable Delta. Accordingly, regardless of whether the requested waiver is granted, Nossaman will continue to maintain the confidences of the County, of Kern County Water Agency, and of the Coalition for a Sustainable Delta, including in any instance where one party might benefit from learning confidential information relating to the other party.

By agreeing to this waiver, you will also agree that you will not consider it a breach of any duty that we might owe to the County in the absence of this agreement, for us to maintain the confidences of Kern County Water Agency and Coalition for a Sustainable Delta parties and to limit any obligation of disclosure of such information to you in this manner. We will, of course, obtain reciprocal agreements from Kern County Water Agency, and Coalition for a Sustainable Delta to waive the conflicts described herein and to protect your confidences.

We believe that we have expressed above the “reasonably foreseeable adverse consequences to the client” from your waiver of the potential conflict described above. If you agree to waive the potential conflicts described above, thereby permitting us to pursue the engagements to provide legal services to Kern County Water Agency, and Coalition for a Sustainable Delta while representing the County in unrelated matters as discussed above, please sign this conflict waiver letter and return it to me for our files. You may wish to consult independent counsel before signing this letter in order to understand the consequences of this waiver for the County.

If you have any questions, please give me a call.

Sincerely,



Ashley Walker
Nossaman LLP

**** Consent Follows This Page ****

CONSENT

The undersigned has read the foregoing and hereby acknowledges and understands the potential for conflicts of interest as described above and waives those potential conflicts subject to the conditions stated above.

Date: June ____, 2019

Contra Costa County (“the County”)

By: _____

x

County Counsel



ATTORNEYS AT LAW

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Ashley Walker
D 916.930.7780
awalker@nossaman.com

July 8, 2019

Lara DeLaney
Senior Deputy County Administrator
Acting Director, Office of Reentry & Justice
County of Contra Costa
651 Pine Street, 10th floor
Martinez, CA 94553

Re: Disclosure of Information

Dear Ms. DeLaney:

Nossaman LLP (“Nossaman”) submitted a proposal to provide State Legislative Advocacy Services to the County (the “Advocacy Services”). Nossaman is confident that we can fulfill the terms of the contract as outlined in our proposal to provide the Advocacy Services, and wants to inform the County about legal services Nossaman provides out of our Orange County office to Kern County Water Agency and Coalition for a Sustainable Delta. Although we previously requested a conflict waiver from the County, upon further review by our General Counsel we determined that no conflict currently exists and therefore waivers are not needed. If a future representation may result in a conflict, we would evaluate whether waivers are needed at that time. However, given the different positions of the County compared to Kern County Water Agency and Coalition for a Sustainable Delta regarding ongoing operations of the State Water Project as well as the Delta conveyance project, we propose implementing an ethical wall between the professionals who work on Kern County Water Agency and Coalition for a Sustainable Delta matters and the professionals who will work on County matters.

Nossaman is long-time counsel to Kern County Water Agency and Coalition for a Sustainable Delta. Kern County Water Agency is the second largest State Water Contractor. The Department of Water Resources delivers water to the Agency and other State Water Contractors via the State Water Project, which extends from Oroville in northern California to San Diego in southern California. Nossaman serves as outside counsel to the Agency with respect to endangered species and water supply issues, principally arising from the Agency’s use of the State Water Project as a critical piece of its water portfolio. In this capacity, Nossaman has participated in Delta Stewardship Council, Fish and Game Commission, and State Water Resources Control Board proceedings. Nossaman has also represented Kern County Water Agency in litigation involving the State Water Project in federal and state court, including litigation in which Contra Costa County was an adverse party.

The Coalition for a Sustainable Delta is non-profit formed by water users who rely on the Delta for their water supplies and for recreation. The Coalition is dedicated to creating a healthy Delta ecosystem by easing or resolving the many stressors affecting the estuary. Nossaman serves as outside counsel to the Coalition with respect to endangered species and water supply issues. In this capacity, Nossaman has

July 8, 2019
Page 2

participated in Delta Stewardship Council, Fish and Game Commission, and State Water Resources Control Board proceedings. Nossaman has also represented the Coalition in litigation involving the State Water Project in federal court, including cases filed under citizen suit provisions against federal, state, and local agencies for violation of federal environmental laws such as the federal Endangered Species Act.

Nossaman will continue to represent Kern County Water Agency and Coalition for a Sustainable Delta with respect to endangered species and water supply issues in the Sacramento-San Joaquin Delta, including with respect to Governor Newsom's Delta conveyance project.

Although Nossaman previously believed its legal work for Kern County Water Agency and Coalition for Sustainable Delta in matters including the CDWR Environmental Impact Cases and the State Water Resources Control Board California WaterFix proceedings were adverse to the County, those matters are effectively over. None of the legal work Nossaman is presently undertaking for Kern County Water Agency and the Coalition for a Sustainable Delta, as outlined above, is adverse to the County to our knowledge. Therefore our General Counsel has determined that no conflicts exist and no waivers are necessary.

If there are instances in the future where our representation of Kern County Water Agency and/or the Coalition for a Sustainable Delta is adverse to the County, Nossaman would then inform the relevant parties and evaluate if conflict waivers are needed.

Although no conflict waivers are needed, we emphasize that Kern County Water Agency and the Coalition for a Sustainable Delta have adverse or potentially adverse positions to the County with regard to State Water Project operations and the Delta conveyance project. As a result, Nossaman proposes to erect and maintain an ethical wall between the professionals who represent Kern County Water Agency and the Coalition for a Sustainable Delta on the one hand and the professionals who will represent the County on the other hand. We respectfully request that the County acknowledge this arrangement and confirm that it is amenable to Nossaman's continued representation of the Coalition for a Sustainable Delta and Kern County Water Agency with respect to State Water Project operations and the Delta conveyance project even if the County decides to oppose some facet of such operations or that project.

If you have any questions, please give me a call.

Sincerely,



Ashley Walker
Nossaman LLP

July 8, 2019
Page 3

ACKNOWLEDGEMENT

The undersigned has read the foregoing and hereby acknowledges and understands Nossaman's representation of the Coalition for a Sustainable Delta and Kern County Water Agency with respect to State Water Project operations and the Delta conveyance project as stated above.

Date: July ____, 2019

Contra Costa County ("the County")

By: _____

Name:

County Counsel



NOSSAMAN LLP

Memorandum

TO: County of Contra Costa

FROM: Ashley S. Walker, Senior Policy Advisor
Jennifer Capitolo, Senior Policy Advisor

DATE: July 22, 2019

RE: Draft Ethical Wall

IMPORTANT!

New ethical wall which will affect you (Ethical Wall No. [____]). Please acknowledge receipt and confirm your compliance.

This message is addressed to you as a member of the team who will provide State Legislative Advocacy services to Contra Costa County (the Contra Costa County Team) in connection with all matters for client no. [____] on one side of a new ethical wall, or of the team who is providing legal services to the Kern County Water Agency and Coalition for a Sustainable Delta (the Kern County Water Agency/Coalition for a Sustainable Delta Team) in connection with all matters for client no. [____] on the other side the new ethical wall.

An ethical wall must be erected to assure that there is no exchange of information regarding work for Contra Costa County and either Kern County Water Agency or Coalition for a Sustainable Delta. Therefore, the Firm is hereby activating, and will maintain until further written notice, an ethical wall between the Contra Costa County Team on the one hand and the Kern County Water Agency/Coalition for a Sustainable Delta Team on the other hand, which will include the following procedures. This message is notice of that wall, effective immediately:

- **Persons on either side of this ethical wall may not discuss any material concerning any facts, legal theories, legal strategies or other aspects of the matters identified above with anyone on the other side of this wall;**
- **All written materials concerning the Firm's work on either side of this wall are to be kept secure from access by any of the people identified below as being on the other side of this wall; and**
- **Any communications concerning any matters regarding either side of this separation on the firm's computer system shall be addressed in a manner which reflects this separation and ethical wall, so as to make such material inaccessible for people on the other side of the separation.**

Contra Costa County Team: Jennifer Capitolo, Ashley Walker, Richard Harris, Samantha Raulinaitis

Kern County Water Agency/Coalition for a Sustainable Delta Team: Paul Weiland, Amy Taylor

Memorandum
July 22, 2019
Page 2

Our Director of Risk Management & Compliance, Derek Knolton, oversees our ethical walls. Please feel free to address any questions about this division to him or to me at any time.

Your compliance with these instructions is essential to the protection of our client relations. Please confirm your receipt of this message. Thank you for your cooperation.



Contra
Costa
County

To: Board of Supervisors
From: Diane Burgis, District III Supervisor
Date: July 30, 2019

Subject: SB 343 (PAN): HEALTHCARE DATA DISCLOSURE - SUPPORT WITH COMMENTS

RECOMMENDATION(S):

ADOPT a position of "Support with comments" for SB 343 (Pan): Healthcare Data Disclosure, and AUTHORIZE the Chair of the Board of Supervisors to sign the letter of support with comments.

FISCAL IMPACT:

None.

BACKGROUND:

SB 343 seeks to standardize the reporting requirements for healthcare costs and data which, in principle, our Board supports. However, Kaiser is a strong community partner, and we are conditioning our support on the continued discussions with stakeholders including impacted reporters, to explore the most effective methods of meeting the desired goals.

SB 343 could provide Contra Costa County and other employers with more uniform healthcare cost data during purchasing negotiations for employee health insurance plans and provide consistent data with which to compare options and outcomes.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Diane Burgis, District III Supervisor
Federal D. Glover, District V Supervisor

NO: Candace Andersen, District II Supervisor
Karen Mitchoff, District IV Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Lea Castleberry
925-252-4500

cc:

CLERK'S ADDENDUM

Public speakers: Ronald Wetter, Doug Jones, Josh Anijer

ATTACHMENTS

DRAFT Letter of Support with Comments - SB 343 (Pan) Healthcare Data Disclosure
SB 343 (Pan), as amended in Assembly, June 18, 2019

The Board of Supervisors

County Administration Building
651 Pine Street, Room 106
Martinez, California 94553

John Gioia, 1st District
Candace Andersen, 2nd District
Diane Burgis, 3rd District
Karen Mitchoff, 4th District
Federal D. Glover, 5th District

Contra Costa County



David Twa
Clerk of the Board
and
County Administrator
(925) 335-1900

July 15, 2019

The Honorable Lorena Gonzalez
Chair of Assembly Appropriations Committee
State Capitol, Room 2114
Sacramento, CA 95814

RE: **SB 343 (Pan): Healthcare Data Disclosure—SUPPORT with comments**

Dear Assembly Member Gonzalez,

As Chair of the Board of Supervisors of Contra Costa County, I write to express our support in principle of Senate Bill 343 (Pan). However, we would like to encourage the bill's author, Dr. Pan, to continue working with Kaiser Permanente as the bill moves through the legislative process.

SB 343 seeks to standardize the reporting requirements for healthcare costs and data which, in principle, our Board supports. However, Kaiser is a strong community partner, and we are conditioning our support on the continued discussions with stakeholders including impacted reporters, to explore the most effective methods of meeting the desired goals.

SB 343 could provide Contra Costa County and other employers with more uniform healthcare cost data during purchasing negotiations for employee health insurance plans and provide consistent data with which to compare options and outcomes.

Thank you for consideration of our request.

Sincerely,

JOHN GIOIA
Chair, Board of Supervisors

cc: Members and Staff of the Assembly Appropriations Committee
Members, Board of Supervisors
David Twa, County Administrator

AMENDED IN ASSEMBLY JUNE 18, 2019

SENATE BILL

No. 343

Introduced by Senator Pan

February 19, 2019

An act to amend Sections 1385.03, 1385.045, 1385.07, 128735, 128740, and 128760 of the Health and Safety Code, and *to amend* Section 10181.45 of the Insurance Code, relating to ~~healthcare~~: *health care*.

LEGISLATIVE COUNSEL'S DIGEST

SB 343, as amended, Pan. ~~Healthcare~~-*Health care* data disclosure.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally requires a health care service plan or health insurer in the individual, small group, or large group markets to file rate information with the appropriate department, but specifies alternative information to be filed by a health care service plan or health insurer that exclusively contracts with no more than 2 medical groups.

Existing law establishes the Office of Statewide Health Planning and Development (OSHPD) in the California Health and Human Services Agency to regulate health planning and research development. Existing law generally requires a ~~healthcare~~ *health care* facility to report specified data to OSHPD, but requires OSHPD to establish specific reporting provisions for a health facility that receives a preponderance of its revenue from associated comprehensive group practice prepayment health care service plans. Existing law authorizes hospitals to report

specified financial and utilization data to OSHPD, and file cost data reports with OSHPD, on a group basis, and exempts hospitals authorized to report as a group from reporting revenue separately for each revenue center.

This bill would eliminate alternative reporting requirements for a plan or insurer that exclusively contracts with no more than 2 medical groups or a health facility that receives a preponderance of its revenue from associated comprehensive group practice prepayment health care service plans and would instead require those entities to report information consistent with any other health care service plan, health insurer, or health facility, as appropriate. The bill would also eliminate the authorization for hospitals to report specified financial and utilization data to OSHPD, and file cost data reports with OSHPD, on a group ~~basis~~: *basis, but would authorize a health facility that receives a preponderance of its revenue from associated comprehensive group practice prepayment health care service plans and that is operated as a unit of a coordinated group of health facilities under common management to report specified information for the group and not for each separately licensed health facility.* Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1385.03 of the Health and Safety Code
- 2 is amended to read:
- 3 1385.03. (a) A health care service plan shall file with the
- 4 department all required rate information for grandfathered
- 5 individual and grandfathered and nongrandfathered small group
- 6 health care service plan contracts at least 120 days prior to
- 7 implementing a rate change. A health care service plan shall file
- 8 with the department all required rate information for

1 nongrandfathered individual health care service plan contracts on
2 the earlier of the following dates:

3 (1) One hundred days before October 15 of the preceding policy
4 year.

5 (2) The date specified in the federal guidance issued pursuant
6 to Section 154.220(b) of Title 45 of the Code of Federal
7 Regulations.

8 (b) A plan shall disclose to the department all of the following
9 for each individual and small group rate filing:

- 10 (1) Company name and contact information.
- 11 (2) Number of plan contract forms covered by the filing.
- 12 (3) Plan contract form numbers covered by the filing.
- 13 (4) Product type, such as a preferred provider organization or
14 health maintenance organization.
- 15 (5) Segment type.
- 16 (6) Type of plan involved, such as for profit or not for profit.
- 17 (7) Whether the products are opened or closed.
- 18 (8) Enrollment in each plan contract and rating form.
- 19 (9) Enrollee months in each plan contract form.
- 20 (10) Annual rate.
- 21 (11) Total earned premiums in each plan contract form.
- 22 (12) Total incurred claims in each plan contract form.
- 23 (13) Average rate increase initially requested.
- 24 (14) Review category: initial filing for new product, filing for
25 existing product, or resubmission.
- 26 (15) Average rate of increase.
- 27 (16) Effective date of rate increase.
- 28 (17) Number of subscribers or enrollees affected by each plan
29 contract form.
- 30 (18) The plan's overall annual medical trend factor assumptions
31 in each rate filing for all benefits and by aggregate benefit category,
32 including hospital inpatient, hospital outpatient, physician services,
33 prescription drugs and other ancillary services, laboratory, and
34 radiology. A plan may provide aggregated additional data that
35 demonstrates or reasonably estimates year-to-year cost increases
36 in specific benefit categories in the geographic regions listed in
37 Sections 1357.512 and 1399.855.
- 38 (19) The amount of the projected trend attributable to the use
39 of services, price inflation, or fees and risk for annual plan contract
40 trends by aggregate benefit category, such as hospital inpatient,

- 1 hospital outpatient, physician services, prescription drugs and other
2 ancillary services, laboratory, and radiology.
- 3 (20) A comparison of claims cost and rate of changes over time.
- 4 (21) Any changes in enrollee cost sharing over the prior year
5 associated with the submitted rate filing.
- 6 (22) Any changes in enrollee benefits over the prior year
7 associated with the submitted rate filing.
- 8 (23) The certification described in subdivision (b) of Section
9 1385.06.
- 10 (24) Any changes in administrative costs.
- 11 (25) Any other information required for rate review under the
12 federal Patient Protection and Affordable Care Act (PPACA).
- 13 (c) A health care service plan subject to subdivision (a) shall
14 also disclose the following aggregate data for all rate filings
15 submitted under this section in the individual and small group
16 health care service plan markets:
- 17 (1) Number and percentage of rate filings reviewed by the
18 following:
- 19 (A) Plan year.
20 (B) Segment type.
21 (C) Product type.
22 (D) Number of subscribers.
23 (E) Number of covered lives affected.
- 24 (2) The plan's average rate increase by the following categories:
- 25 (A) Plan year.
26 (B) Segment type.
27 (C) Product type.
- 28 (3) Any cost containment and quality improvement efforts since
29 the plan's last rate filing for the same category of health benefit
30 plan. To the extent possible, the plan shall describe any significant
31 new—~~healthcare~~ *health care* cost containment and quality
32 improvement efforts and provide an estimate of potential savings
33 together with an estimated cost or savings for the projection period.
- 34 (d) The department may require all health care service plans to
35 submit all rate filings to the National Association of Insurance
36 Commissioners' System for Electronic Rate and Form Filing
37 (SERFF). Submission of the required rate filings to SERFF shall
38 be deemed to be filing with the department for purposes of
39 compliance with this section.

1 (e) A plan shall submit any other information required under
2 PPACA. A plan shall also submit any other information required
3 pursuant to any regulation adopted by the department to comply
4 with this article.

5 (f) (1) A plan shall respond to the department’s request for any
6 additional information necessary for the department to complete
7 its review of the plan’s rate filing for individual and small group
8 health care service plan contracts under this article within five
9 business days of the department’s request or as otherwise required
10 by the department.

11 (2) Except as provided in paragraph (3), the department shall
12 determine whether a plan’s rate increase for individual and small
13 group health care service plan contracts is unreasonable or not
14 justified no later than 60 days following receipt of all the
15 information the department requires to—~~makes~~ *make* its
16 determination.

17 (3) For all nongrandfathered individual health care service plan
18 contracts, the department shall issue a determination that the plan’s
19 rate increase is unreasonable or not justified no later than 15 days
20 before October 15 of the preceding policy year. If a health care
21 service plan fails to provide all the information the department
22 requires in order for the department to make its determination, the
23 department may determine that a plan’s rate increase is
24 unreasonable or not justified.

25 (g) If the department determines that a plan’s rate increase for
26 individual or small group health care service plan contracts is
27 unreasonable or not justified consistent with this article, the health
28 care service plan shall provide notice of that determination to any
29 individual or small group applicant. The notice provided to an
30 individual applicant shall be consistent with the notice described
31 in subdivision (c) of Section 1389.25. The notice provided to a
32 small group applicant shall be consistent with the notice described
33 in subdivision (c) of Section 1374.21.

34 (h) For purposes of this section, “policy year” has the same
35 meaning as set forth in subdivision (g) of Section 1399.845.

36 SEC. 2. Section 1385.045 of the Health and Safety Code is
37 amended to read:

38 1385.045. (a) For large group health care service plan
39 contracts, a health care service plan shall file with the department
40 the weighted average rate increase for all large group benefit

1 designs during the 12-month period ending January 1 of the
2 following calendar year. The average shall be weighted by the
3 number of enrollees in each large group benefit design in the plan's
4 large group market and adjusted to the most commonly sold large
5 group benefit design by enrollment during the 12-month period.
6 For the purposes of this section, the large group benefit design
7 includes, but is not limited to, benefits such as basic ~~healthcare~~
8 *health care* services and prescription drugs. The large group benefit
9 design shall not include cost sharing, including, but not limited to,
10 deductibles, copays, and coinsurance.

11 (b) (1) A plan shall also submit any other information required
12 pursuant to any regulation adopted by the department to comply
13 with this article.

14 (2) The department shall conduct an annual public meeting
15 regarding large group rates within four months of posting the
16 aggregate information described in this section in order to permit
17 a public discussion of the reasons for the changes in the rates,
18 benefits, and cost sharing in the large group market. The meeting
19 shall be held in either the Los Angeles area or the San Francisco
20 Bay area.

21 (c) A health care service plan subject to subdivision (a) shall
22 also disclose the following for the aggregate rate information for
23 the large group market submitted under this section:

24 (1) For rates effective during the 12-month period ending
25 January 1 of the following year, number and percentage of rate
26 changes reviewed by the following:

27 (A) Plan year.

28 (B) Segment type, including whether the rate is community
29 rated, in whole or in part.

30 (C) Product type.

31 (D) Number of enrollees.

32 (E) The number of products sold that have materially different
33 benefits, cost sharing, or other elements of benefit design.

34 (2) For rates effective during the 12-month period ending
35 January 1 of the following year, any factors affecting the base rate,
36 and the actuarial basis for those factors, including all of the
37 following:

38 (A) Geographic region.

39 (B) Age, including age rating factors.

40 (C) Occupation.

1 (D) Industry.

2 (E) Health status factors, including, but not limited to,
3 experience and utilization.

4 (F) Employee, and employee and dependents, including a
5 description of the family composition used.

6 (G) Enrollees' share of premiums.

7 (H) Enrollees' cost sharing, including cost sharing for
8 prescription drugs.

9 (I) Covered benefits in addition to basic ~~healthcare~~ *health care*
10 services, as defined in Section 1345, and other benefits mandated
11 under this article.

12 (J) Which market segment, if any, is fully experience rated and
13 which market segment, if any, is in part experience rated and in
14 part community rated.

15 (K) Any other factor that affects the rate that is not otherwise
16 specified.

17 (3) (A) The plan's overall annual medical trend factor
18 assumptions for all benefits and by aggregate benefit category,
19 including hospital inpatient, hospital outpatient, physician services,
20 prescription drugs and other ancillary services, laboratory, and
21 radiology for the applicable 12-month period ending January 1 of
22 the following year.

23 (B) The amount of the projected trend separately attributable
24 to the use of services, price inflation, and fees and risk for annual
25 plan contract trends by aggregate benefit category, including
26 hospital inpatient, hospital outpatient, physician services,
27 prescription drugs and other ancillary services, laboratory, and
28 radiology.

29 (C) A comparison of the aggregate per enrollee per month costs
30 and rate of changes over the last five years for each of the
31 following:

32 (i) Premiums.

33 (ii) Claims costs, if any.

34 (iii) Administrative expenses.

35 (iv) Taxes and fees.

36 (D) Any changes in enrollee cost sharing over the prior year
37 associated with the submitted rate information, including both of
38 the following:

1 (i) Actual copays, coinsurance, deductibles, annual out of pocket
2 maximums, and any other cost sharing by the benefit categories
3 determined by the department.

4 (ii) Any aggregate changes in enrollee cost sharing over the
5 prior years as measured by the weighted average actuarial value,
6 weighted by the number of enrollees.

7 (E) Any changes in enrollee benefits over the prior year,
8 including a description of benefits added or eliminated, as well as
9 any aggregate changes, as measured as a percentage of the
10 aggregate claims costs, listed by the categories determined by the
11 department.

12 (F) Any cost containment and quality improvement efforts since
13 the plan's prior year's information pursuant to this section for the
14 same category of health benefit plan. To the extent possible, the
15 plan shall describe any significant new ~~healthcare~~ *health care* cost
16 containment and quality improvement efforts and provide an
17 estimate of potential savings together with an estimated cost or
18 savings for the projection period.

19 (G) The number of products covered by the information that
20 incurred the excise tax paid by the health care service plan.

21 (4) (A) For covered prescription generic drugs excluding
22 specialty generic drugs, prescription brand name drugs excluding
23 specialty drugs, and prescription brand name and generic specialty
24 drugs dispensed at a plan pharmacy, network pharmacy, or mail
25 order pharmacy for outpatient use, all of the following shall be
26 disclosed:

27 (i) The percentage of the premium attributable to prescription
28 drug costs for the prior year for each category of prescription drugs
29 as defined in this subparagraph.

30 (ii) The year-over-year increase, as a percentage, in per-member,
31 per-month total health care service plan spending for each category
32 of prescription drugs as defined in this subparagraph.

33 (iii) The year-over-year increase in per-member, per-month
34 costs for drug prices compared to other components of the
35 ~~healthcare~~ *health care* premium.

36 (iv) The specialty tier formulary list.

37 (B) The plan shall include the percentage of the premium
38 attributable to prescription drugs administered in a doctor's office
39 that are covered under the medical benefit as separate from the
40 pharmacy benefit, if available.

1 (C) (i) The plan shall include information on its use of a
2 pharmacy benefit manager, if any, including which components
3 of the prescription drug coverage described in subparagraphs (A)
4 and (B) are managed by the pharmacy benefit manager.

5 (ii) The plan shall also include the name or names of the
6 pharmacy benefit manager, or managers if the plan uses more than
7 one.

8 (d) The information required pursuant to this section shall be
9 submitted to the department on or before October 1, 2018, and on
10 or before October 1 annually thereafter. Information submitted
11 pursuant to this section is subject to Section 1385.07.

12 (e) For the purposes of this section, a “specialty drug” is one
13 that exceeds the threshold for a specialty drug under the Medicare
14 Part D program (Medicare Prescription Drug, Improvement, and
15 Modernization Act of 2003 (Public Law 108-173)).

16 SEC. 3. Section 1385.07 of the Health and Safety Code is
17 amended to read:

18 1385.07. (a) Notwithstanding Chapter 3.5 (commencing with
19 Section 6250) of Division 7 of Title 1 of the Government Code,
20 all information submitted under this article shall be made publicly
21 available by the department except as provided in subdivision (b).

22 (b) (1) The contracted rates between a health care service plan
23 and a provider shall be deemed confidential information that shall
24 not be made public by the department and are exempt from
25 disclosure under the California Public Records Act (Chapter 3.5
26 (commencing with Section 6250) of Division 7 of Title 1 of the
27 Government Code). The contracted rates between a health care
28 service plan and a provider shall not be disclosed by a health care
29 service plan to a large group purchaser that receives information
30 pursuant to Section 1385.10.

31 (2) The contracted rates between a health care service plan and
32 a large group shall be deemed confidential information that shall
33 not be made public by the department and are exempt from
34 disclosure under the California Public Records Act (Chapter 3.5
35 (commencing with Section 6250) of Division 7 of Title 1 of the
36 Government Code). Information provided to a large group
37 purchaser pursuant to Section 1385.10 shall be deemed confidential
38 information that shall not be made public by the department and
39 shall be exempt from disclosure under the California Public

1 Records Act (Chapter 3.5 (commencing with Section 6250) of
2 Division 7 of Title 1 of the Government Code).

3 (c) All information submitted to the department under this article
4 shall be submitted electronically in order to facilitate review by
5 the department and the public.

6 (d) In addition, the department and the health care service plan
7 shall, at a minimum, make the following information readily
8 available to the public on their internet websites in plain language
9 and in a manner and format specified by the department, except
10 as provided in subdivision (b). For individual and small group
11 health care service plan contracts, the information shall be made
12 public for 120 days prior to the implementation of the rate increase.
13 For large group health care service plan contracts, the information
14 shall be made public for 60 days prior to the implementation of
15 the rate increase. The information shall include:

16 (1) Justifications for any unreasonable rate increases, including
17 all information and supporting documentation as to why the rate
18 increase is justified.

19 (2) A plan’s overall annual medical trend factor assumptions in
20 each rate filing for all benefits.

21 (3) A health care service plan’s actual costs, by aggregate benefit
22 category to include hospital inpatient, hospital outpatient, physician
23 services, prescription drugs and other ancillary services, laboratory,
24 and radiology.

25 (4) The amount of the projected trend attributable to the use of
26 services, price inflation, or fees and risk for annual plan contract
27 trends by aggregate benefit category, such as hospital inpatient,
28 hospital outpatient, physician services, prescription drugs and other
29 ancillary services, laboratory, and radiology.

30 SEC. 4. Section 128735 of the Health and Safety Code is
31 amended to read:

32 128735. An organization that operates, conducts, owns, or
33 maintains a health facility, and the officers thereof, shall make and
34 file with the office, at the times as the office shall require, all of
35 the following reports on forms specified by the office that are in
36 accord, if applicable, with the systems of accounting and uniform
37 reporting required by this part, except that the reports required
38 pursuant to subdivision (g) shall be limited to hospitals:

39 (a) A balance sheet detailing the assets, liabilities, and net worth
40 of the health facility at the end of its fiscal year.

1 (b) A statement of income, expenses, and operating surplus or
2 deficit for the annual fiscal period, and a statement of ancillary
3 utilization and patient census.

4 (c) A statement detailing patient revenue by payer, including,
5 but not limited to, Medicare, Medi-Cal, and other payers, and
6 revenue center.

7 (d) A statement of cashflows, including, but not limited to,
8 ongoing and new capital expenditures and depreciation.

9 (e) (1) A statement reporting the information required in
10 subdivisions (a), (b), (c), and (d) for each separately licensed health
11 facility operated, conducted, or maintained by the reporting
12 organization.

13 (2) *Notwithstanding paragraph (1), a health facility that receives*
14 *a preponderance of its revenue from associated comprehensive*
15 *group practice prepayment health care service plans and that is*
16 *operated as a unit of a coordinated group of health facilities under*
17 *common management may report the information required*
18 *pursuant to subdivisions (a) and (d) for the group and not for each*
19 *separately licensed health facility.*

20 (f) Data reporting requirements established by the office shall
21 be consistent with national standards, as applicable.

22 (g) A Hospital Discharge Abstract Data Record that includes
23 all of the following:

24 (1) Date of birth.

25 (2) Sex.

26 (3) Race.

27 (4) ZIP Code.

28 (5) Preferred language spoken.

29 (6) Patient social security number, if it is contained in the
30 patient's medical record.

31 (7) Prehospital care and resuscitation, if any, including all of
32 the following:

33 (A) "Do not resuscitate" (DNR) order on admission.

34 (B) "Do not resuscitate" (DNR) order after admission.

35 (8) Admission date.

36 (9) Source of admission.

37 (10) Type of admission.

38 (11) Discharge date.

39 (12) Principal diagnosis and whether the condition was present
40 on admission.

1 (13) Other diagnoses and whether the conditions were present
2 on admission.

3 (14) External causes of morbidity and whether present on
4 admission.

5 (15) Principal procedure and date.

6 (16) Other procedures and dates.

7 (17) Total charges.

8 (18) Disposition of patient.

9 (19) Expected source of payment.

10 (20) Elements added pursuant to Section 128738.

11 (h) It is the intent of the Legislature that the patient's rights of
12 confidentiality shall not be violated in any manner. Patient social
13 security numbers and other data elements that the office believes
14 could be used to determine the identity of an individual patient
15 shall be exempt from the disclosure requirements of the California
16 Public Records Act (Chapter 3.5 (commencing with Section 6250)
17 of Division 7 of Title 1 of the Government Code).

18 (i) A person reporting data pursuant to this section shall not be
19 liable for damages in an action based on the use or misuse of
20 patient-identifiable data that has been mailed or otherwise
21 transmitted to the office pursuant to the requirements of subdivision
22 (g).

23 (j) A hospital shall use coding from the International
24 Classification of Diseases in reporting diagnoses and procedures.

25 (k) *On or before July 1, 2021, the office shall promulgate*
26 *regulations as necessary to implement subdivision (e). A health*
27 *facility that receives a preponderance of its revenue from*
28 *associated comprehensive group practice prepayment health care*
29 *service plans and that is operated as a unit of a coordinated group*
30 *of health facilities under common management shall comply with*
31 *the reporting requirements of subdivisions (b), (c), and (e) once*
32 *the office issues related regulations.*

33 SEC. 5. Section 128740 of the Health and Safety Code is
34 amended to read:

35 128740. (a) The following summary financial and utilization
36 data shall be reported to the office by a hospital within 45 days of
37 the end of a calendar quarter. Adjusted reports reflecting changes
38 as a result of audited financial statements may be filed within four
39 months of the close of the hospital's fiscal or calendar year. The
40 quarterly summary financial and utilization data shall conform to

- 1 the uniform description of accounts as contained in the Accounting
2 and Reporting Manual for California Hospitals and shall include
3 all of the following:
- 4 (1) Number of licensed beds.
 - 5 (2) Average number of available beds.
 - 6 (3) Average number of staffed beds.
 - 7 (4) Number of discharges.
 - 8 (5) Number of inpatient days.
 - 9 (6) Number of outpatient visits.
 - 10 (7) Total operating expenses.
 - 11 (8) Total inpatient gross revenues by payer, including Medicare,
12 Medi-Cal, county indigent programs, other third parties, and other
13 payers.
 - 14 (9) Total outpatient gross revenues by payer, including
15 Medicare, Medi-Cal, county indigent programs, other third parties,
16 and other payers.
 - 17 (10) Deductions from revenue in total and by component,
18 including the following: Medicare contractual adjustments,
19 Medi-Cal contractual adjustments, and county indigent program
20 contractual adjustments, other contractual adjustments, bad debts,
21 charity care, restricted donations and subsidies for indigents,
22 support for clinical teaching, teaching allowances, and other
23 deductions.
 - 24 (11) Total capital expenditures.
 - 25 (12) Total net fixed assets.
 - 26 (13) Total number of inpatient days, outpatient visits, and
27 discharges by payer, including Medicare, Medi-Cal, county
28 indigent programs, other third parties, self-pay, charity, and other
29 payers.
 - 30 (14) Total net patient revenues by payer including Medicare,
31 Medi-Cal, county indigent programs, other third parties, and other
32 payers.
 - 33 (15) Other operating revenue.
 - 34 (16) Nonoperating revenue net of nonoperating expenses.
- 35 (b) The office shall make available at cost, to any person, a hard
36 copy of any hospital report made pursuant to this section and in
37 addition to hard copies, shall make available at cost, a computer
38 tape of all reports made pursuant to this section within 105 days
39 of the end of every calendar quarter.

1 (c) The office shall adopt by regulation guidelines for the
 2 identification, assessment, and reporting of charity care services.
 3 In establishing the guidelines, the office shall consider the
 4 principles and practices recommended by professional ~~healthcare~~
 5 *health care* industry accounting associations for differentiating
 6 between charity services and bad debts. The office shall further
 7 conduct the onsite validations of health facility accounting and
 8 reporting procedures and records as are necessary to assure that
 9 reported data are consistent with regulatory guidelines.

10 SEC. 6. Section 128760 of the Health and Safety Code is
 11 amended to read:

12 128760. (a) On and after January 1, 1986, the systems of health
 13 facility accounting and auditing formerly approved by the
 14 California Health Facilities Commission shall remain in full force
 15 and effect for use by health facilities, but shall be maintained by
 16 the office.

17 (b) The office shall allow and provide, in accordance with
 18 appropriate regulations, for modifications in the accounting and
 19 reporting systems for use by health facilities in meeting the
 20 requirements of this chapter if the modifications are necessary to
 21 do any of the following:

22 (1) To correctly reflect differences in size of, provision of, or
 23 payment for, services rendered by health facilities.

24 (2) To correctly reflect differences in scope, type, or method of
 25 provision of, or payment for, services rendered by health facilities.

26 (3) To avoid unduly burdensome costs for those health facilities
 27 in meeting the requirements of differences pursuant to paragraphs
 28 (1) and (2).

29 (c) The office shall allow and provide, in accordance with
 30 appropriate regulations, for modifications to discharge data
 31 reporting format and frequency requirements if these modifications
 32 will not impair the office’s ability to process the data or interfere
 33 with the purposes of this chapter. This modification authority shall
 34 not permit the office to administratively require the reporting of
 35 discharge data items not specified pursuant to Section 128735.

36 (d) The office shall allow and provide, in accordance with
 37 appropriate regulations, for modifications to emergency care data
 38 reporting format and frequency requirements if these modifications
 39 will not impair the office’s ability to process the data or interfere
 40 with the purposes of this chapter. This modification authority shall

1 ~~not be construed to~~ permit the office to require administratively
2 the reporting of emergency care data items not specified in
3 subdivision (a) of Section 128736.

4 (e) The office shall allow and provide, in accordance with
5 appropriate regulations, for modifications to ambulatory surgery
6 data reporting format and frequency requirements if these
7 modifications will not impair the office's ability to process the
8 data or interfere with the purposes of this chapter. The modification
9 authority shall ~~not be construed to~~ permit the office to require
10 administratively the reporting of ambulatory surgery data items
11 not specified in subdivision (a) of Section 128737.

12 (f) The office shall adopt comparable modifications to the
13 financial reporting requirements of this chapter for county hospital
14 systems consistent with the purposes of this chapter.

15 SEC. 7. Section 10181.45 of the Insurance Code is amended
16 to read:

17 10181.45. (a) For large group health insurance policies, a
18 health insurer shall file with the department the weighted average
19 rate increase for all large group benefit designs during the 12-month
20 period ending January 1 of the following calendar year. The
21 average shall be weighted by the number of insureds in each large
22 group benefit design in the insurer's large group market and
23 adjusted to the most commonly sold large group benefit design by
24 enrollment during the 12-month period. For the purposes of this
25 section, the large group benefit design includes, but is not limited
26 to, benefits such as basic ~~healthcare~~ *health care* services and
27 prescription drugs. The large group benefit design shall not include
28 cost sharing, including, but not limited to, deductibles, copays,
29 and coinsurance.

30 (b) (1) A health insurer shall also submit any other information
31 required pursuant to any regulation adopted by the department to
32 comply with this article.

33 (2) The department shall conduct an annual public meeting
34 regarding large group rates within four months of posting the
35 aggregate information described in this section in order to permit
36 a public discussion of the reasons for the changes in the rates,
37 benefits, and cost sharing in the large group market. The meeting
38 shall be held in either the Los Angeles area or the San Francisco
39 Bay area.

1 (c) A health insurer subject to subdivision (a) shall also disclose
2 the following for the aggregate rate information for the large group
3 market submitted under this section:

4 (1) For rates effective during the 12-month period ending
5 January 1 of the following year, number and percentage of rate
6 changes reviewed by the following:

7 (A) Plan year.

8 (B) Segment type, including whether the rate is community
9 rated, in whole or in part.

10 (C) Product type.

11 (D) Number of insureds.

12 (E) The number of products sold that have materially different
13 benefits, cost sharing, or other elements of benefit design.

14 (2) For rates effective during the 12-month period ending
15 January 1 of the following year, any factors affecting the base rate,
16 and the actuarial basis for those factors, including all of the
17 following:

18 (A) Geographic region.

19 (B) Age, including age rating factors.

20 (C) Occupation.

21 (D) Industry.

22 (E) Health status factors, including, but not limited to,
23 experience and utilization.

24 (F) Employee, and employee and dependents, including a
25 description of the family composition used.

26 (G) Insureds' share of premiums.

27 (H) Insureds' cost sharing, including cost sharing for
28 prescription drugs.

29 (I) Covered benefits in addition to basic ~~healthcare~~ *health care*
30 services, as defined in Section 1345 of the Health and Safety Code,
31 and other benefits mandated under this article.

32 (J) Which market segment, if any, is fully experience rated and
33 which market segment, if any, is in part experience rated and in
34 part community rated.

35 (K) Any other factor that affects the rate that is not otherwise
36 specified.

37 (3) (A) The insurer's overall annual medical trend factor
38 assumptions for all benefits and by aggregate benefit category,
39 including hospital inpatient, hospital outpatient, physician services,
40 prescription drugs and other ancillary services, laboratory, and

1 radiology for the applicable 12-month period ending January 1 of
2 the following year.

3 (B) The amount of the projected trend separately attributable
4 to the use of services, price inflation, and fees and risk for annual
5 policy trends by aggregate benefit category, including hospital
6 inpatient, hospital outpatient, physician services, prescription drugs
7 and other ancillary services, laboratory, and radiology.

8 (C) A comparison of the aggregate per insured per month costs
9 and rate of changes over the last five years for each of the
10 following:

- 11 (i) Premiums.
- 12 (ii) Claims costs, if any.
- 13 (iii) Administrative expenses.
- 14 (iv) Taxes and fees.

15 (D) Any changes in insured cost sharing over the prior year
16 associated with the submitted rate information, including both of
17 the following:

18 (i) Actual copays, coinsurance, deductibles, annual out of pocket
19 maximums, and any other cost sharing by the benefit categories
20 determined by the department.

21 (ii) Any aggregate changes in insured cost sharing over the prior
22 years as measured by the weighted average actuarial value,
23 weighted by the number of insureds.

24 (E) Any changes in insured benefits over the prior year,
25 including a description of benefits added or eliminated as well as
26 any aggregate changes as measured as a percentage of the aggregate
27 claims costs, listed by the categories determined by the department.

28 (F) Any cost containment and quality improvement efforts made
29 since the insurer's prior year's information pursuant to this section
30 for the same category of health insurer. To the extent possible, the
31 insurer shall describe any significant new ~~healthcare~~ *health care*
32 cost containment and quality improvement efforts and provide an
33 estimate of potential savings together with an estimated cost or
34 savings for the projection period.

35 (G) The number of products covered by the information that
36 incurred the excise tax paid by the health insurer.

37 (4) (A) For covered prescription generic drugs excluding
38 specialty generic drugs, prescription brand name drugs excluding
39 specialty drugs, and prescription brand name and generic specialty

1 drugs dispensed at a pharmacy, network pharmacy, or mail order
2 pharmacy for outpatient use, all of the following shall be disclosed:

3 (i) The percentage of the premium attributable to prescription
4 drug costs for the prior year for each category of prescription drugs
5 as defined in this subparagraph.

6 (ii) The year-over-year increase, as a percentage, in per-member,
7 per-month total health insurer spending for each category of
8 prescription drugs as defined in this subparagraph.

9 (iii) The year-over-year increase in per-member, per-month
10 costs for drug prices compared to other components of the
11 ~~healthcare~~ *health care* premium.

12 (iv) The specialty tier formulary list.

13 (B) The insurer shall include the percentage of the premium
14 attributable to prescription drugs administered in a doctor's office
15 that are covered under the medical benefit as separate from the
16 pharmacy benefit, if available.

17 (C) (i) The insurer shall include information on its use of a
18 pharmacy benefit manager, if any, including which components
19 of the prescription drug coverage described in subparagraphs (A)
20 and (B) are managed by the pharmacy benefit manager.

21 (ii) The insurer shall also include the name or names of the
22 pharmacy benefit manager, or managers if the insurer uses more
23 than one.

24 (d) The information required pursuant to this section shall be
25 submitted to the department on or before October 1, 2016, and on
26 or before October 1 annually thereafter. Information submitted
27 pursuant to this section is subject to Section 10181.7.

28 (e) For the purposes of this section, a "specialty drug" is one
29 that exceeds the threshold for a specialty drug under the Medicare
30 Part D program (Medicare Prescription Drug, Improvement, and
31 Modernization Act of 2003 (Public Law 108-173)).

32 SEC. 8. No reimbursement is required by this act pursuant to
33 Section 6 of Article XIII B of the California Constitution because
34 the only costs that may be incurred by a local agency or school
35 district will be incurred because this act creates a new crime or
36 infraction, eliminates a crime or infraction, or changes the penalty
37 for a crime or infraction, within the meaning of Section 17556 of
38 the Government Code, or changes the definition of a crime within

1 the meaning of Section 6 of Article XIII B of the California
2 Constitution.

O



Contra
Costa
County

To: Board of Supervisors
From: David Twa, County Administrator
Date: July 30, 2019

Subject: 2019 TRUTH ACT COMMUNITY FORUM

RECOMMENDATION(S):

1. HOLD a community forum regarding the provision of access of certain individuals to the federal Immigration and Customs Enforcement Agency, pursuant to Government Code section 7283.1(d);

- a. RECEIVE opening staff report from the County Administrator's Office (*Timothy M. Ewell, Chief Assistant County Administrator*);
- b. RECEIVE report from the Sheriff-Coroner; (*Hon. David O. Livingston, Sheriff-Coroner*)
- c. RECEIVE presentation from the Criminal Justice Reform Program at Asian Americans Advancing Justice - Asian Law Caucus; (*Ms. Angela Chan, Policy Director and Senior Staff Attorney*)
- d. OPEN Public Comment;

FISCAL IMPACT:

No fiscal impact.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

Contact: Timothy M. Ewell,
(925)335-1036

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

BACKGROUND:

In 2016, Governor Brown signed into law the Transparent Review of Unjust Transfers and Holds Act, commonly referred to as the "TRUTH Act." Beginning in 2018, the TRUTH Act required the governing body of local government entities, such as Contra Costa County, to hold a community forum if a "local law enforcement agency" operated by the governmental entity provided the federal Immigration and Customs Enforcement (ICE) agency with "ICE access" to individuals for civil immigration enforcement purposes during the prior calendar year. (Government Code section 7283.1(d))

The TRUTH Act defines a "local law enforcement agency" in a broader context than other areas of statute. Specifically, the Act defines a "local law enforcement agency", as a department that:

1. enforces criminal laws, regulations or local ordinances;
2. operates a jail or juvenile detention facility;
3. maintains custody of individuals in a jail or in a juvenile detention facility; OR
4. monitors compliance with probation or parole conditions

In addition, the term "ICE access" is defined by the TRUTH Act as any of the following:

1. Responding to an ICE hold, notification, or transfer request;
2. Providing ICE with advance notice of detention facility release information that is not otherwise available to the public;
3. Providing ICE with non-public information regarding detention facility release dates, home or work addresses;
4. Permitting ICE to interview an individual; OR
5. Providing ICE with probation or parole check-in dates and times

County Process to Determine Necessity of Community Forum

The County held its first TRUTH Act community forum in July 2018. At that time, since the definition of "local law enforcement agency" described above is broad and the definition of "ICE access" is so specific, the County Administrator's Office determined that each department within the County would be required to certify the following to determine whether a community forum was required to be held pursuant to statute:

1. Whether the department was a "local law enforcement agency" as defined by the TRUTH Act; and
2. If the department is a "local law enforcement agency", then did the department provide "ICE access" during the prior calendar year.

On April 29, 2019, the County Administrator again sent correspondence to department heads requesting that each certify to the above two questions and provided for a four-week due diligence period before responding. A copy of the County Administrator's letter and Certification Form are included in today's agenda packet as Attachment A. In addition, a summary of responses from each department has been included as Attachment B.

The Sheriff's Office reported as having met the statutory definition for providing ICE access in calendar year 2018, which requires the Board of Supervisors to convene a community forum pursuant to Government Code section 7283.1(d).

Community Forum Requirements and Request for Information

Once it has been determined that a community forum is necessary, statute provides that the community forum be scheduled with thirty-days advance notice to the public and that local law enforcement agencies participating in the forum may provide to the local governing board certain information. Specifically, participating agencies may provide the number and demographic characteristics of individuals whose information was disclosed to ICE through a hold, transfer, or notification request or through other means. Further, the data may be provided in the form of statistics or, if such statistics are not maintained, individual records, provided that personally identifiable information is redacted.

On June 6, 2019, County Administrator sent correspondence to the Sheriff's Office requesting information about the 2018 ICE access for inclusion in today's agenda packet. A copy of the County Administrator's correspondence to the Sheriff's Office has been attached to today's agenda packet as Attachment C.

On June 28, 2019, the East Bay Times, a newspaper of general circulation within Contra Costa County, published formal notice of the forum in compliance with the thirty-day public notice requirement. A copy of the Proof of Publication issued by the East Bay Times is attached to today's agenda packet as Attachment D. In addition to this formal notice, the date and time of the County's community forum has been circulated with the assistance of the Contra Costa Immigrant Rights Alliance (CCIRA), Stand Together CoCo and the Office of Reentry and Justice. In addition, information regarding the forum has been listed on the front page of the County website. Flyers distributed to each entity described above and the posting on the County website were made available in English and Spanish.

Public Accessibility

Following the conclusion of the 2018 TRUTH Act community forum, the Board of Supervisors directed staff to provide interpretation in Spanish at the 2019 community forum. And, staff has worked closely with the Chair of the Board to identify other opportunities to enhance public access following last year's forum.

For today's forum, the County is providing the following enhancements to public accessibility and language access to maximize community involvement and participation:

1. Immigration Advocacy Presentation: Allow for a coordinated presentation by the immigration advocacy community represented by Ms. Angela Chan, Policy Director and Senior Staff Attorney for the Criminal Justice Reform Program at Asian Americans Advancing Justice, a national non-profit with a self-described mission to “...*advance the civil and human rights for Asian Americans and other underserved communities to promote a fair and equitable society for all.*” A copy of the PowerPoint presentation received by Ms. Chan is included as Attachment E in English and Attachment F in Spanish.
2. Real-Time Public Comment: Allow for “real-time” public comment to be submitted during the forum, which allows interested parties that are unable to attend in-person, but are following the forum through the County's television, web or mobile platforms an opportunity to provide written public comment through a focused email address – TRUTHAct@cob.cccounty.us. The email address was identified on the flyers distributed to CCIRA and Stand Together CoCo on July 11, 2019 with a request to distribute interested parties. It's important to note that a Spanish translation version of the flyer was distributed to each the following day - July 12, 2019.

3. Written Public Comment: Allow for written public comment to be submitted and published with agenda materials. This ensures that comments submitted in written format are published for review by all parties participating in today's forum. To maintain compliance with the Better Government Ordinance, only those written comments received as of Thursday, July 25, 2019 at 12:00 pm are included as attachments. Any written public comments provided after that time will be provided to the Board of Supervisors at the forum and recorded in the meeting minutes. Copies of written public comments are included as Attachment G.

4. Simultaneous Interpretation in Spanish: Following the Board's direction from last year, the County has engaged Continental Interpreting Services, Inc., a provider of interpreting and translation services and equipment rentals, to provide simultaneous interpretation of today's forum in Spanish. During the forum, two interpreters will ensure that reports and commentary delivered in English will be interpreted in Spanish via FM/RF receivers to Spanish speaking attendees. In addition, during public comment, the interpreters will be available to provide consecutive interpretation from Spanish to English.

For reference, the American Translators Association defines each type of interpretation referred to above as the following:

- *Simultaneous Interpretation*: Simultaneous interpreting requires the interpreter to listen and comprehend in one language (source) while "simultaneously" providing an interpretation in a second language (target).
- *Consecutive Interpretation*: Consecutive interpreting requires the interpreter to hear several complete sentences in one language (source) before the speaker stops to allow the interpreter to provide an interpretation in a second language (target).

5. Consecutive Interpretation for Public Comment (upon request): In addition to providing simultaneous interpretation in Spanish, the County has offered to provide consecutive interpretation in other languages, upon request, for delivery of public comment to the Board of Supervisors. This language accommodation was announced through outreach previously outlined. Due to the logistics involved with securing a professional interpreter for an unknown set of languages, the County requested notice from members of the public by Monday, July 22, 2019. As of that date the County had not received a request for additional language accommodations and no subsequent requests were made through Thursday, July 25, 2019 at 12:00 pm. For these reasons, only consecutive interpretation in Spanish will be provided during public comment at today's forum, as described in paragraph 4. above.

6. Translation of PowerPoint Presentations: In addition to providing interpretation of the spoken word, the County has requested and made provision for the translation of PowerPoint presentations to be used at today's forum from English to Spanish. Two PowerPoint presentations are scheduled for today's forum:

- *Sheriff's Office*: The Sheriff's Office notified the County Administrator's Office that the PowerPoint presentation would likely not be available prior to publishing the July 30th agenda packet (typically the Thursday afternoon prior to a Tuesday meeting). Once the PowerPoint is received, the County will immediately make the information available on the County website and make every effort to have the document translated in advance of the community forum.
- *Community Presentation*: The County is in receipt of the PowerPoint presentation from

Asian Americans Advancing Justice. A copy of the PowerPoint presentation received is included as Attachment E in English and Attachment F in Spanish.

Finally, the text of the TRUTH Act is included as Attachment H for reference.

CONSEQUENCE OF NEGATIVE ACTION:

The TRUTH Act community forum is required to be held by the governing board of a local agency pursuant to Government Code section 7283.1(d) if a local law enforcement agency within that jurisdiction has provided ICE access to an individual. The statute only requires that the community forum be convened and does not require that any action be taken by the local governing board. Should the Board choose not to hold the community forum it must be scheduled for a future date to comply with state law.

CHILDREN'S IMPACT STATEMENT:

No impact.

CLERK'S ADDENDUM

Public Speakers: Kathryn Durham-Hammer, Darlene Roth, Linda Olvera, Sanily Valiencero, Renee Zeimer, Jeffrey Landau, Shirley Shelangoski, Dick Offerman, Don Arana-Foqq, Mark Wassberg, Judy Weatherly, Oscar Flores, Judy Walters, Dan Safran, Misha Safran, Bob Lane, Douglas Leich, Jennifer, Nicole Zapata, Marco Colin, William Colin, Rev. Leslie Takahashi, Rev. Gwendolyn Young, Rita Barouch, Jane Courant, Kristi Laughlin, Ron Ahnem, Raquel Ortega, Tracy Rosenberg, Tony, Chala Bonner, Karen Perkins, Sarah Lee, Yadira Sanchez, Robin Kuslits, Kenji Yamada, Ali Saidi, Cora Mitchell, Adey Teshager (written comment attached).

AGENDA ATTACHMENTS

Attachment A - Letter: County Administrator to Department Heads re: TRUTH Act Certification, April 29, 2019

Attachment B - Summary of Department Responses re: ICE Access

Attachment C - Letter: County Administrator to Sheriff's Office re: Materials for Community Forum, June 6, 2019

Attachment D - TRUTH Act Community Forum Public Notice - Proof of Publication

Attachment E - Presentation: Advancing Justice - Asian Law Caucus

Attachment F - Presentación: Promoviendo la justicia: Cónclave de derecho asiático

Attachment G - Written Public Comments, received through Thursday July 25, 2019 at 12:00 pm

Attachment H - Assembly Bill 2792 (Chapter 768, Statutes of 2016)

Sheriff's Presentation - uploaded 7/26/19

Sheriff's Presentation - uploaded 7/30/19

Sheriff's Presentation uploaded 7/30/19 Spanish Version

MINUTES ATTACHMENTS

public written comment

County of Contra Costa
OFFICE OF THE COUNTY ADMINISTRATOR
MEMORANDUM

DATE: APRIL 29, 2019 *Via Electronic Mail*

TO: DEPARTMENT HEADS

FROM: DAVID J. TWA, County Administrator

SUBJECT: **COMPLIANCE WITH TRUTH ACT – ASSEMBLY BILL 2792 (Chapter 768, Statutes of 2016)**

In 2016, Governor Brown signed into law Assembly Bill 2792 (Chapter 768, Statutes of 2016) also known as the “TRUTH Act” (the “Act”). This legislation further regulated the cooperation of state and local governments with the federal government related to immigration enforcement activities.

Beginning in 2018, the Act required governing bodies of local governments to hold a “Community forum” if a law enforcement agency within that local government provided the U.S. Immigration and Customs Enforcement (ICE) agency access to undocumented immigrants during the prior calendar year. For purposes of counties, several departments may be considered “local law enforcement agencies” pursuant to the Act through enforcement of “criminal statutes, regulations, or ordinances” as part of mandated service delivery to the public. Specifically, local law enforcement agencies are defined by the Act as:

“... any agency of a city, county, city and county, special district, or other political subdivision of the state that is authorized to enforce criminal statutes, regulations, or local ordinances; or to operate jails or to maintain custody of individuals in jails; or to operate juvenile detention facilities or to maintain custody of individuals in juvenile detention facilities; or to monitor compliance with probation or parole conditions.”

Similarly, the Act defines “ICE Access” very broadly to mean:

“...for the purposes of civil immigration enforcement, including when an individual is stopped with or without their consent, arrested, detained, or otherwise under the control of the local law enforcement agency, all of the following:

- (1) Responding to an ICE hold, notification, or transfer request.*
- (2) Providing notification to ICE in advance of the public that an individual is being or will be released at a certain date and time through data sharing or otherwise.*
- (3) Providing ICE non-publicly available information regarding release dates, home addresses, or work addresses, whether through computer databases, jail logs, or otherwise.*

(4) Allowing ICE to interview an individual.

(5) Providing ICE information regarding dates and times of probation or parole checkins.

To ensure compliance with the community forum requirement of the Act, I am requesting that each department head complete the attached certification form to determine the following for the period January 1, 2018 through December 31, 2018: 1) Did your department qualify as a local law enforcement agency as defined by the Act, and 2) If yes, did your department provide ICE with access, as defined above.

Based on your responses the County Administrator's Office will be reaching out to you in preparation for a TRUTH Act Community Forum, which has been scheduled for Tuesday, July 30, 2019.

Please complete the attached TRUTH Act Certification Form and return to Chief Assistant County Administrator Timothy Ewell via email at timothy.ewell@cao.cccounty.us **no later than close of business on May 27, 2019.** Should you have any questions regarding the definitions described above, whether or not your department enforces criminal statutes as defined by the Act or any other issues related to the TRUTH Act, please contact Mr. Ewell at (925) 335-1036 or Deputy County Counsel Cynthia Schwerin at (925) 335-1874 prior to completing and returning your certification form.

Attachment(s)

**TRUTH Act Certification Summary, By Department
Calendar Year 2018**

Attachment B

| Department | Local Law Enforcement Dept? | Provided ICE Access? |
|---------------------------------|------------------------------------|-----------------------------|
| Agriculture | Yes | No |
| Animal Services | Yes | No |
| Assessor | No | |
| Auditor-Controller | Yes | No |
| Child Support Services | No | |
| Conservation and Development | Yes | No |
| County Administrator | No | No |
| County Clerk-Recorder/Elections | No | |
| County Counsel | No | |
| District Attorney | Yes | No |
| Employment and Human Services | No | |
| Health Services | No | No |
| Human Resources | No | |
| Information Technology | No | |
| Library | No | |
| Probation Department | Yes | No |
| Public Defender | No | |
| Public Works | Yes | No |
| Risk Management | No | No |
| Sheriff-Coroner | Yes | Yes |
| Treasurer-Tax Collector | Yes | No |
| Veterans Services | No | No |
| Fire Districts: | | |
| Contra Costa County FPD | Yes | No |
| Crockett-Carquinez | Yes | No |

County of Contra Costa
OFFICE OF THE COUNTY ADMINISTRATOR
MEMORANDUM

DATE: JUNE 6, 2019

Via Electronic Mail

TO: DAVID O. LIVINGSTON, Sheriff-Coroner

FROM: TIMOTHY M. EWELL, Chief Assistant County Administrator

TME

SUBJECT: **TRUTH ACT COMMUNITY FORUM MATERIALS**

The County Administrator's Office is in receipt of TRUTH Act Certification Forms from County departments related to the provision of access to undocumented immigrants to the Immigration and Customs Enforcement (ICE) Agency during calendar year 2018. Based on the responses received, it is necessary for the Board of Supervisors to hold a community forum pursuant to Government Code § 7283.1(d).

In preparation for the forum, the County Administrator's Office will prepare a staff report providing background information about the TRUTH Act and the due diligence process undertaken to determine whether a community forum is required for calendar year 2018. In addition, the Act provides that...

"...As part of this forum, the local law enforcement agency may provide the governing body with data it maintains regarding the number and demographic characteristics of individuals to whom the agency has provided ICE access, the date ICE access was provided, and whether the ICE access was provided through a hold, transfer, or notification request or through other means. Data may be provided in the form of statistics or, if statistics are not maintained, individual records, provided that personally identifiable information shall be redacted."

The community forum has been scheduled for Tuesday, July 30, 2019 at 2:00pm. Please forward any data identified in the referenced statute above that you would like to be included in the Board of Supervisors' agenda packet to my attention no later than end of business on Monday, July 22, 2019 to ensure compliance with the Ralph M. Brown Act and the Better Government Ordinance.

Thank you.

cc: *David J. Twa, County Administrator*
Mike Casten, Undersheriff

Contra Costa Times

2850 Shadelands Dr., Ste. 101
Walnut Creek, CA 94598
925-943-8019

2004197

CLERK OF THE BOARD OF SUPERVISORS
STEPHANIE MELLO
651 PINE ST., 1ST FL.
MARTINEZ, CA 94553-1275

PROOF OF PUBLICATION

FILE NO. TRUTH Act Community Forum 7/30/19

In the matter of

Contra Costa Times

I am a citizen of the United States. I am over the age of eighteen years and I am not a party to or interested in the above entitled matter. I am the Legal Advertising Clerk of the printer and publisher of the Contra Costa Times, a newspaper published in the English language in the City of Walnut Creek, County of Contra Costa, State of California.

I declare that the Contra Costa Times is a newspaper of general circulation as defined by the laws of the State of California as determined by court decree dated October 22, 1934, Case Number 19764. Said decree states that the Contra Costa Times is adjudged to be a newspaper of general circulation for the City of Walnut Creek, County of Contra Costa and State of California. Said order has not been revoked.

I declare that the notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

06/28/2019

I certify (or declare) under the penalty of perjury that the foregoing is true and correct.

Executed at Walnut Creek, California.
On this 28th day of June, 2019.



Signature

Legal No.

0006358267

NOTICE OF COMMUNITY FORUM

NOTICE IS HEREBY GIVEN that on July 30, 2019 at 2:00 pm in the Contra Costa County Board of Supervisors Chambers, 651 Pine Street, 1st Floor, Martinez, CA, a community forum will be held as required by Government Code § 7283.1 regarding access to individuals provided to the federal Immigration and Customs Enforcement (ICE) agency during the 2018 calendar year for civil immigration enforcement purposes.

Dated: June 28, 2019

DAVID J. TWA
Clerk of the Board of Supervisors and County Administrator

Stacey M. Boyd, Deputy
CCT #6358267, Jun. 28, 2019

CONTRA COSTA COUNTY: THE TRUTH ACT

Presented by:

Angela Chan, Policy Director and Senior Staff Attorney
Advancing Justice – Asian Law Caucus

July 30, 2019



I. Contra Costa Immigrant Rights Alliance (CCIRA)

History

- The Contra Costa Immigrant Rights Alliance (CCIRA) was established in 2017 by legal and community-based organizations aiming to advance immigrant rights and promote resources for all Contra Costa residents regardless of immigration status.
- CCIRA was formed after an article was published in the East Bay Express about the Probation Department and the Custody Alternative Facility turning people over to ICE during appointments.



[click to enlarge](#)

Ambushed: Contra Costa County Law Enforcement Sets Up Surprise Stings To Help Federal Immigration Agents Arrest and Deport Immigrants

Chris Kim said his arrest and detention by ICE, with assistance from the Contra Costa Sheriff's Office, cost him his jobs, car, and apartment.

Image credit: Bert Johnson

From:
Story: [Ambushed: Contra Costa County Law Enforcement Sets Up Surprise Stings To Help Federal Immigration Agents Arrest and Deport Immigrants \(January 10, 2017\)](#)

Uploaded: | [Post](#) / [Read Comments \(14\)](#)

Credit: Bert Johnson / East Bay Express

Activities and Accomplishments

- In 2017, CCIRA successfully secured funding through a foundation-county partnership to establish Stand Together Contra Costa, a county rapid response system to respond to increasing immigration enforcement.
- In March 2018, Stand Together officially launched with a 24-hour hotline, two attorneys, and a coordinator.
- In 2017, CCIRA advocated for the passage of the CA Values Act (SB 54), which was signed into law on October 5, 2017 and went into effect in Jan. 2018.

Key CA Immigrant Rights Laws

Concerns about ICE Entanglement with Local Law Enforcement

- Fosters distrust between immigrant communities and local law enforcement
 - ▣ Makes immigrant communities view local law enforcement and ICE as the same entity
 - ▣ Makes immigrants afraid to report when they are the victim of or a witness to a crime
- Takes away resources and attention from addressing ongoing concerns of conditions in Contra Costa jails
- Opens local law enforcement up to liability

CA TRUTH Act (AB 2792)

- Effective as of January 1, 2017 (Gov't Code §§ 7283 *et seq.*).
- Requires a person in jail to sign a consent form before an ICE interview that explains the purpose of the interview, that that interview is voluntary, and that the person may decline to be interviewed or interview only with their attorney present.
- Requires local law enforcement agency to inform individual upon receipt of ICE detainer request.
- Requires local law enforcement agency to inform individual and his/her attorney or designee notice if agency agrees to notify ICE of person's release date.

CA TRUTH Act (AB 2792)

- Requires that all records related to ICE access be public records for purposes of the Public Records Act.
 - ICE access is defined as responding to an ICE request; providing notification to ICE about a person's date and time of release; providing non-public personal information to ICE; allowing ICE to interview a person; or providing ICE information about probation/parole check-ins.
- Beginning in 2018, requires that the local governing body where a local law enforcement agency has provided ICE access in the previous year hold a community forum to provide information about ICE's access and allow public comment.

CA Values Act (SB 54)

- The CA Values Act, signed into law by Gov. Brown on October 5, 2017, is a state law that limits state and local resources from being used to carry out immigration detentions and deportations.



Credit: Irfan Khan / Los Angeles Times

| | |
|--|--|
| <p>Immigration Holds</p>  | <p>Prohibited.</p> |
| <p>Making arrests on civil immigration warrants</p>  | <p>Prohibited.</p> |
| <p>287g</p>  | <p>Prohibited.</p> |
| <p>Asking about immigration status or using immigration agents as interpreters.</p>  | <p>Prohibited.</p> |
| <p>Sharing personal info with ICE (e.g., work, home addresses)</p>  | <p>Prohibited unless publicly available.</p> |
| <p>Notifying ICE of release dates</p>  | <p>Prohibited unless:</p> <ul style="list-style-type: none"> • Revised TRUST Act exception applies, including: <ul style="list-style-type: none"> • Conviction for a felony punishable by imprisonment in state prison at any time • Conviction within past 15 years for any other specified felony. The 15-year "wash" is an improvement on the old TRUST Act standard. • Conviction within the past 5 years for a misdemeanor for a specified wobbler offense. • Charges for a crime that is serious, violent, or punishable by a term in state prison if finding of probable cause has been made by a magistrate pursuant to PC 872. • If release dates/times are already publicly available, can be shared |

POLICE-ICE TACTIC

UNDER SB 54

| | |
|--|--|
| <p>Transfers to ICE</p>  | <p>Prohibited unless:</p> <ul style="list-style-type: none">• Revised TRUST Act exception applies (see above under notifications)• Warrant or probable cause determination from a judge that someone has violated federal criminal immigration law. <p>Local law enforcement required to report number of transfers and basis for transfer to Attorney General's Office.</p> |
| <p>Local arrests for "criminal" violations of immigration law</p>  | <p>Prohibited except local law enforcement may arrest someone for unlawful re-entry following deportation <i>if</i></p> <ul style="list-style-type: none">• The re-entry is detected during an unrelated law enforcement activity, and• The person has a prior "aggravated felony" conviction <p>Any person arrested for unlawful reentry may be transferred to ICE only if a revised TRUST exception applies.</p> |
| <p>ICE interviews in jail and prison</p>  | <p>TRUTH Act protections essentially expanded to prisons (can't be interviewed by ICE unless sign consent form prior to interview). Prohibition on providing office space exclusively dedicated to ICE in local jails.</p> |
| <p>Joint Task forces</p>  | <p>Some limitations and reporting requirements imposed.</p> <ul style="list-style-type: none">• Primary purpose of task force must be unrelated to immigration enforcement, and• Participation does not violate any local law or policy.• Local law enforcement required to report information about joint taskforce operations to CA Attorney General and information is available as a public record. |
| <p>Databases</p>  | <p>Attorney General will draft advisory guidelines to ensure that databases are not used for immigration enforcement. State and local law enforcement agencies are encouraged but not required, to adopt guidelines.</p> |

AB 103: Dignity, Not Detention

AB 103 require the California Attorney General to inspect all public and private facilities that house immigrant detainees in the state and prohibits the expansion of detention facilities operated by local governments.

The CA AG must issue a public report annually with findings for each facility regarding:

- (1) conditions of confinement, and
- (2) the standard of care and due process provided to detainees at the facility.

Contra Costa County & ICE

Concerns with Sheriff's Policy

Contra Costa Sheriff's Office Immigration Policy
("CCCSO Immigration Policy"), section IV.B.1:

"A Deputy's suspicion about any person's immigration status shall not be used as a sole basis to initiate contact, detain, or arrest that person unless such status is reasonably relevant to the investigation of a crime, such as trafficking, smuggling, harboring, and terrorism."

Concerns with Sheriff's Policy

1. Encourages racial profiling. How does a deputy develop suspicion of an individual's immigration status?
2. Encourages asking about immigration status even though SB 54 prohibits asking about immigration status. Cal. Gov't Code § 7284.6(a)(1)(A).
3. Allows for enforcement of criminal immigration law even though SB 54 prohibits use of department resources and personnel to conduct both civil and criminal immigration enforcement. Cal. Gov't Code § 7284.4(a).

Concerns with Sheriff's Policy

Recommendation #1:

Delete this provision, CCCSO Immigration Policy, Section IV.B.1.

Concerns with Sheriff's Policy

CCCSO Immigration Policy, section III.A.1:

“Sheriff’s Personnel may investigate, enforce, or detain upon reasonable suspicion of, or arrest for a violation of 8 USC 1326(a) [illegal reentry by a previously deported or removed alien] that is detected during an unrelated law enforcement activity.”

Concerns with Sheriff's Policy

- SB 54 only permits “[i]nvestigating, enforcing, or detaining upon reasonable suspicion of, or arresting for a violation of, Section 1326(a) of Title 8 of the United States Code that may be subject to the enhancement specified in Section 1326(b)(2) of Title 8 of the United States Code and that is detected during an unrelated law enforcement activity.” Cal. Gov’t Code § 7284.6(b)(1)
- 8 USC 1326(b)(2) = individual was removed because of an aggravated felony conviction
- SB 54 sets the floor, not the ceiling, on limiting involvement in immigration enforcement. Adding this exception into the Sheriff’s Policy is difficult to administer, encourages racial profiling, and undercuts community trust.

Concerns with Sheriff's Policy

Recommendation #2:

- A) Remove this provision, CCCSO Immigration Policy, section III.A.1, or
- B) At minimum, bring this provision into compliance to SB 54 by adding narrowing 8 USC 1326(b)(2) language.

Concerns with Sheriff's Policy

CCCSO Immigration Practice:

Beginning in Feb. 2018, a month after SB 54 went into effect, the Sheriff's Office makes available a pdf with a list of names of individuals and their release date on the Sheriff's website.

Source: Contra Costa Sheriff's Office Website, "Generate Report,"
<http://63.192.159.75/PublicReport/>

Concerns with Sheriff's Policy

- Encourages ICE to engage in racial profiling because release date information is posted in list form with full names of each individual.
- Encourages ICE to show up at the jail at the point of release to conduct immigration arrests.
- Increased ICE presence means family and community members are fearful of going to the jail to pick up an individual who is getting released.
- In practice, individuals are often held for extra time for ICE, which violates SB 54's prohibition on ICE holds
- In practice, ICE often is allowed into the jail to arrest the individual, which violates SB 54's prohibition on ICE transfers if the individual does not have criminal history that falls into an SB 54 carve out.
- Posting release date information only after SB 54 went into effect could be construed as using resources to engage in immigration enforcement, which is prohibited by SB 54.

Concerns with Sheriff's Policy

Recommendation #3:

- A) Eliminate practice of posting release dates online, or
- B) At minimum, rather than publish online a list of all individuals who are scheduled to be released and their release date, require website visitors to submit the full name of the individual (not just last names), their birth date, and their inmate number before the release date information is provided for that individual.

SB 54 Complaint Filed

- 19-year-old passenger in a car stopped by a police officer in Berkeley in May 2018.
- Taken to West County Detention Facility because of a bench warrant for failing to comply with juvenile probation requirements stemming from a juvenile adjudication.
- Protected by SB 54 against ICE holds, transfers, or notifications. No prior convictions, only a juvenile adjudication.
- After 4 days at West County, he was ordered released on an ankle monitor by a juvenile judge.
- Instead of being released, Sheriff's Office turned him over to ICE in a locked part of the jail in violation of SB 54.

CA AG's AB 103 Findings Regarding West County Detention Facility

- From Sept. 2009 to July 2018, the Sheriff's Office's contracted with the federal government to rent beds to ICE for immigration detention purposes at the West County Detention Facility
- Cal DOJ selected West County for a comprehensive review due to allegations reported in a series of articles in November 2017 in San Francisco Chronicle describing troubling conditions of confinement for female detainees

Source: Otis R. Taylor Jr., "Deportation chosen over Richmond jail; complaints under investigation," *San Francisco Chronicle* (Nov. 2, 2017), available at <https://www.sfchronicle.com/news/article/Deportation-chosen-over-Richmond-jail-complaints-12324755.php>.

CA AG's AB 103 Findings Regarding West County Detention Facility

On December 22, 2017, the Sheriff's Office announced:

“[th]e investigation found that nearly all of the complaints were unfounded and unsubstantiated,” however, “[s]ome issues were identified, such as the use of profanity by a staff member.”

Source: Contra Costa County Office of the Sheriff, “Contra Costa Sheriff Announces Findings in Investigation into ICE Detention Complaints,” Dec. 22, 2017).

CA AG's AB 103 Findings Regarding West County Detention Facility

Female detainee population faced:

- extended count lockdowns,
- limited access to restrooms,
- shortening or cancellation of free time,
- lack of a timely orientation and dissemination of information. Detainees had to learn the facility's policies and procedures by word of mouth,
- limited access to timely and adequate medical care,
- lack of language accessible resources for Limited English Proficient detainees.

Source: Attorney General Xavier Becerra, "The California Department of Justice's Review of Immigration Detention in California," February 2019, available at <https://oag.ca.gov/sites/all/files/agweb/pdfs/publications/immigration-detention-2019.pdf>.

Concerns with West County Detention Facility Conditions

Recommendation #4:

Because the WCDF continues to house detainees in criminal custody, establish an independent civilian oversight body to receive, investigate, and adjudicate complaints regarding detention conditions at all CCSO detention facilities. Findings should be publicly reported on a regular basis.

Questions?

Contact information:

Angela Chan

Policy Director and Senior Staff Attorney

Advancing Justice – Asian Law Caucus

(415) 848-7719

angelac@advancingjustice-alc.org

Questions for Contra Costa Sheriff's Department

1. Will you make the three recommended changes to your immigration policy? Why or why not?
2. Do you support establishing a civilian oversight body, why or why not?
3. How many ICE detainer/transfer/notification requests did the Sheriff's Office receive in 2018?
4. How many ICE detainer/transfer/notification requests did the Sheriff's Office comply with?
5. How many people were arrested by ICE because of the posting of release date information on your website?

Questions for Contra Costa Sheriff's Department

5. How many ICE interviews took place with individuals in the Sheriff's Office's custody in 2018?
6. How many instances did the Sheriff's Office provide TRUTH Act forms to individuals in custody in 2018?
7. Aside from release dates, did the Sheriff's Office share any other inmate information with ICE in 2018? If so, what information did it share and how?
8. In 2018, how much money did the Sheriff's Office expend on ICE communications? How many officers communicated directly with ICE or managed ICE requests? How much of these officer's time went toward these tasks?

CONDADO DE CONTRA COSTA: LEY VERDAD

Presentado por:

Angela Chan, directora de políticas y abogada principal
Promoviendo la justicia: Cónclave de derecho asiático

30 de julio de 2019



I. Alianza por los Derechos del Inmigrante de Contra Costa (CCIRA)

Historia

- La Alianza por los Derechos del Inmigrante de Contra Costa (CCIRA) fue establecida en el 2017 por organizaciones legales y comunitarias con el objetivo de promover los derechos de los inmigrantes y promover recursos para todos los residentes de Contra Costa, independientemente de su estatus migratorio.
- La CCIRA se formó después de que se publicara un artículo en el East Bay Express sobre el Departamento de Libertad Condicional y la Unidad Alternativa de Custodia (Custody Alternative Facility) enviando a la gente al ICE durante las audiencias.

Haga clic para ampliar



Emboscada: Las fuerzas de seguridad del condado de Contra Costa establece medidas sorpresivas para ayudar a los agentes federales de inmigración a arrestar y deportar a los inmigrantes

Chris Kim dijo que su arresto y detención por el ICE, con la ayuda de la Oficina del Sheriff de Contra Costa, le costó su trabajo, su automóvil y su apartamento.

Crédito de la imagen: Bert Johnson

De:

Historia: Emboscada: Las fuerzas de seguridad del condado de Contra Costa preparan medidas sorpresivas para ayudar a los agentes federales de inmigración a arrestar y deportar a los inmigrantes (10 de enero de 2017)

Subida: | [Publicar/Leer comentarios \(14\)](#)

Crédito : Bert Johnson / East Bay Express

Actividades y logros

- En el 2017, la CCIRA consiguió con éxito el financiamiento a través de una asociación entre la fundación y el condado para fundar el Stand Together Contra Costa, un sistema de respuesta rápida del condado para responder a la creciente aplicación de la ley de inmigración.
- En marzo de 2018, Stand Together presentó oficialmente una línea directa de 24 horas, dos abogados y un coordinador.
- En el 2017, la CCIRA abogó por la aprobación de la Ley de valores de CA (SB 54), que se convirtió en ley el 5 de octubre de 2017 y entró en vigencia en enero de 2018.

Leyes clave de los derechos de los inmigrantes de California

Preocupaciones sobre el involucramiento del ICE con la policía local

- Fomenta la desconfianza entre las comunidades inmigrantes y la policía local.
 - Hace que las comunidades de inmigrantes vean a la policía local y al ICE como la misma entidad.
 - Hace que los inmigrantes tengan miedo de informar cuando son víctimas o testigos de un crimen.
- Quita los recursos y la atención de abordar las preocupaciones actuales de las condiciones en las cárceles de Contra Costa.
- Hace que las fuerzas de seguridad locales se hagan responsables.

Ley Verdad de California (AB 2792)

- Efectivo a partir del 1 de enero de 2017 (Código de gobierno §§ 7283 *et seq.*).
- Requiere que una persona en la cárcel firme un formulario de consentimiento antes de realizar una entrevista ante el ICE, dicho formulario explica el propósito de la entrevista, indica que esa entrevista es voluntaria y que la persona pueda negarse a ser entrevistada o solo a su abogado presente.
- Requiere que la agencia local de cumplimiento de la ley informe al individuo cuando reciba la solicitud de orden de retención del ICE.
- Requiere que la agencia local de cumplimiento de la ley informe al individuo y a su abogado o persona designada si la agencia está de acuerdo en notificar al ICE de la fecha de liberación de la persona.

Ley Verdad de California (AB 2792)

- Requiere que todos los registros relacionados con el acceso al ICE sean registros públicos a los fines de la Ley de registros públicos.
 - El acceso al ICE se define como una respuesta a una solicitud del ICE; proporciona una notificación al ICE sobre la fecha y hora de liberación de una persona; proporciona información personal no pública al ICE; permite al ICE entrevistar a una persona; o proporciona información del ICE sobre los controles de libertad condicional y libertad bajo palabra.
- A partir de 2018, se requiere que el cuerpo gobernante local donde una agencia local de cumplimiento de la ley haya proporcionado acceso al ICE en el año anterior realice un foro comunitario para proporcionar información sobre el acceso al ICE y permita comentarios del público.

Ley de Valores de CA (SB 54)

- La Ley de Valores de California, firmada como ley por el gobernador Brown, el 5 de octubre de 2017, es una ley estatal que limita el uso de recursos estatales y locales para llevar a cabo detenciones de inmigración y deportaciones.



Crédito : Irfan Khan / Los Angeles Times

**TÁCTICA DE LA POLICÍA BAJO SB 54
O EL ICE**

| | |
|--|---|
| <p>Retenciones de inmigración</p>  | <p>PROHIBIDO.</p> |
| <p>Realizar arrestos con órdenes civiles de inmigración</p>  | <p>PROHIBIDO.</p> |
| <p>287g</p>  | <p>PROHIBIDO.</p> |
| <p>Preguntar sobre el estado migratorio o usar agentes de inmigración como intérpretes</p>  | <p>PROHIBIDO.</p> |
| <p>Compartir información personal con el ICE (p. ej.: trabajo, direcciones de domicilio)</p>  | <p>PROHIBIDO, a menos que esté a disposición del público.</p> |
| <p>Notificación al ICE de las fechas de liberación</p>  | <p>PROHIBIDO a menos que:</p> <ul style="list-style-type: none"> • Se aplique la excepción de la Ley de CONFIANZA revisada, incluyendo: <ul style="list-style-type: none"> • Condena por un delito grave castigado con prisión en una prisión estatal en cualquier momento. • Condena dentro de los últimos 15 años por cualquier otro delito especificado. El "lavado" de 15 años es una mejora del antiguo estándar de la Ley de CONFIANZA. • Condena dentro de los últimos 5 años por un delito menor debido a un delito no tipificado. • Cargos por un delito que sea grave, violento o punible con un castigo en una prisión estatal si un magistrado ha encontrado una causa probable de acuerdo con el PC 872. • Si las fechas/horarios de liberación ya están disponibles públicamente, pueden ser compartidos. |

| | |
|--|---|
| <p>TRANSFERENCIAS AL ICE</p>  | <p>PROHIBIDO a menos que:</p> <ul style="list-style-type: none"> • Se aplique la excepción revisada de la Ley de CONFIANZA (ver arriba, bajo notificaciones). • Orden de arresto o determinación de causa probable de un juez de que alguien ha violado la ley penal federal de inmigración. <p>La policía local debe reportar el número de transferencias y la base para la transferencia a la Oficina del Procurador General.</p> |
| <p>Arrestos locales por violaciones "criminales" de la ley de inmigración</p>  | <p>PROHIBIDO excepto que la policía local puede arrestar a alguien por reingreso ilegal después de la deportación si:</p> <ul style="list-style-type: none"> • El reingreso se detecta durante una actividad no relacionada con la aplicación de la ley, y • La persona tiene una condena previa por "delito grave agravado". <p>Cualquier persona arrestada por reingreso ilegal puede ser transferida al ICE solo si se aplica una excepción revisada de la Ley de CONFIANZA.</p> |
| <p>Entrevistas del ICE en la cárcel y en la prisión</p>  | <p>Las protecciones de la Ley VERDAD esencialmente se expandieron a las prisiones (no pueden ser entrevistadas por el ICE a menos que firmen un formulario de consentimiento antes de la entrevista). Prohibición de proporcionar espacio de oficina dedicado exclusivamente al ICE en las cárceles locales.</p> |
| <p>Grupos de trabajo conjuntos</p>  | <p>Se imponen algunas limitaciones y requisitos de presentación de informes</p> <ul style="list-style-type: none"> • El propósito principal del grupo de trabajo no debe estar relacionado con la aplicación de la ley de inmigración, y • la participación no viola ninguna ley o política local. • La policía local debe reportar información sobre las operaciones del grupo de trabajo conjunto al Procurador General de California y la información está disponible como registro público. |
| <p>Bases de datos</p>  | <p>El Procurador General redactará directrices de asesoramiento para asegurar que las bases de datos no se utilicen para la aplicación de la Ley de inmigración. Se recomienda, pero no se requiere, que las agencias de cumplimiento de la ley estatales y locales adopten los lineamientos.</p> |

AB 103: Dignidad, no detención

AB 103 requiere que el procurador general de California inspeccione todos los establecimientos públicos y privados que albergan a inmigrantes detenidos en el estado y prohíbe la expansión de los centros de detención operados por los gobiernos locales.

CA AG debe emitir un informe público anualmente con los hallazgos de cada instalación con respecto a:

- (1) condiciones de confinamiento, y
- (2) el estándar de atención y el debido proceso proporcionado a los detenidos en el centro.

Condado de Contra Costa y el ICE

Dudas sobre la política del *Sheriff*

Política de inmigración de la Oficina del *Sheriff* de Contra Costa (“Política de Inmigración de la CCCSO”), sección IV.B.1:

"La sospecha de un agente sobre el estado migratorio de una persona no se utilizará como base única para iniciar el contacto, detener o arrestar a esa persona a menos que dicha condición sea razonablemente relevante para la investigación de un delito, como la trata, el contrabando, el refugio y el terrorismo".

Dudas sobre la política del Sheriff

1. Fomenta la elaboración de perfiles raciales. ¿Cómo un agente desarrolla la sospecha del estado migratorio de un individuo?
2. Alienta a preguntar sobre el estado de inmigración a pesar de que la SB 54 prohíbe preguntar sobre el estado de inmigración. Cal. Código de gobierno § 7284.6(a)(1)(A).
3. Permite la aplicación de la ley de inmigración criminal a pesar de que la SB 54 prohíbe el uso de los recursos y el personal del departamento para llevar a cabo la aplicación de la inmigración civil y penal. Cal. Código de gobierno § 7284.4(a).

Dudas sobre la política del *Sheriff*

Recomendación núm. 1:

Eliminar esta disposición, Política de Inmigración de la CCCSO, Sección IV.B.1.

Dudas sobre la política del *Sheriff*

Política de Inmigración de la CCCSO, sección III.A.1:

"El personal del *Sheriff* puede investigar, imponer o detener bajo sospecha razonable o arresto por una violación del 8 USC 1326 (a) [reingreso ilegal por un extranjero previamente deportado] que se detecte durante una actividad no relacionada con la aplicación de la ley".

Dudas sobre la política del *Sheriff*

- La SB 54 solo permite "[i] investigar, imponer o detener bajo sospecha razonable o arresto por una violación de la Sección 1326(a) del Título 8 del Código de los Estados Unidos de América que puede estar sujeta a la mejora especificada en la Sección 1326(b)(2) del Título 8 del Código de los Estados Unidos de América y se detecta durante una actividad de aplicación de la ley no relacionada". Cal. Código de gobierno § 7284.6(b)(1)
- 8 USC 1326(b)(2) = el individuo fue retirado debido a una condena por delito grave agravado.
- El proyecto de ley SB 54 establece el piso, no el techo, para limitar la participación en la aplicación de la ley de inmigración. Agregar esta excepción a la política del *Sheriff* es difícil de administrar, fomenta la elaboración de perfiles raciales y debilita la confianza de la comunidad.

Dudas sobre la política del *Sheriff*

Recomendación núm. 2:

- A) Eliminar esta disposición, Política de Inmigración de la CCCSO, sección III.A.1, o
- B) como mínimo, haga que esta disposición cumpla con la SB 54 agregando el párrafo 8 USC 1326(b)(2).

Dudas sobre la política del *Sheriff*

Práctica de Inmigración de la CCCSO:

Empezando en el 2018, un mes después de que la SB 54 entrara en vigencia, la Oficina del *Sheriff* pone a disposición un archivo PDF con una lista de nombres de personas y su fecha de lanzamiento en el sitio web del *Sheriff*.

Fuente: "Generar informe" del sitio web de la Oficina del *Sheriff* de Contra Costa, <http://63.192.159.75/PublicReport/>

Dudas sobre la política del Sheriff

- Alienta al ICE a elaborar perfiles raciales porque la información de la fecha de liberación se publica en forma de lista con los nombres completos de cada individuo.
- Alienta al ICE a presentarse en la cárcel en el punto de liberación para realizar arrestos de inmigración.
- El aumento de la presencia del ICE genera miedo en las familias y los miembros de la comunidad que deben ir a la cárcel para recoger a una persona que va a ser liberada.
- En la práctica, a menudo el ICE retiene a los individuos por un tiempo adicional, lo que viola la prohibición del SB 54 sobre las retenciones del ICE.
- A menudo se le permite al ICE entrar a la cárcel para arrestar al individuo, lo cual viola la prohibición de la SB 54 sobre las transferencias del ICE si el individuo no tiene antecedentes penales que caen dentro de una excepción de la SB 54.
- Publicar la información de la fecha de liberación solo después de que la SB 54 entrara en vigencia podría interpretarse como el uso de recursos para participar en la aplicación de la ley de inmigración, lo cual está prohibido por la SB 54.

Dudas sobre la política del *Sheriff*

Recomendación núm. 3:

A) Eliminar la práctica de publicar las fechas de liberación en línea, o

B) como mínimo, en lugar de publicar en línea una lista de todas las personas que están en proceso de ser liberadas y su fecha de liberación, es necesario que los visitantes del sitio web presenten el nombre completo de la persona (no solo sus apellidos), su fecha de nacimiento y su número de recluso antes de que se proporcione la información sobre la fecha de liberación de esa persona.

Reclamación SB 54 presentada

- Pasajero de 19 años detenido en un automóvil por un oficial de policía en Berkeley en mayo de 2018.
- Llevado al centro de detención del condado de West debido a una orden judicial por no cumplir con los requisitos de libertad condicional juvenil derivados de una sentencia juvenil.
- Protegido por la SB 54 contra las retenciones, transferencias o notificaciones del ICE. No hay condenas previas, solo una sentencia juvenil.
- Después de 4 días en el condado de West, un juez de menores le ordenó que lo liberara con un monitor de tobillo.
- En lugar de ser liberado, la Oficina del *Sheriff* lo entregó al ICE en una parte cerrada de la cárcel en violación de la SB 54.

Hallazgos de AB 103 de CA AG con respecto al Centro de detención del condado de West

- Desde septiembre del 2009 a julio del 2018, la Oficina del *Sheriff* contrató al gobierno federal para alquilar camas al ICE para fines de detención de inmigrantes en el Centro de detención del condado de West.
- Cal DOJ seleccionó al condado de West para una revisión exhaustiva debido a las denuncias reportadas en una serie de artículos en noviembre de 2017 en *San Francisco Chronicle* que describen las condiciones preocupantes de reclusión para mujeres detenidas.

Fuente: Otis R. Taylor Jr., “Deportación elegida en la cárcel de Richmond; denuncias bajo investigación”, *San Francisco Chronicle* (2 de noviembre de 2017), disponible en: <https://www.sfchronicle.com/news/article/Deportation-chosen-over-Richmond-jail-complaints-12324755.php>.

Hallazgos de AB 103 de CA AG con respecto al Centro de detención del condado de West

El 22 de diciembre de 2017, la Oficina del *Sheriff* anunció:

“En la investigación se descubrió que casi todas las denuncias eran infundadas y sin fundamento”, sin embargo, “se identificaron algunos problemas, como el uso de malas palabras por parte de un miembro del personal”.

Fuente: Oficina del *Sheriff* del condado de Contra Costa, “El *Sheriff* de Contra Costa anuncia los hallazgos en la investigación de denuncias de detención del ICE” (22 de diciembre de 2017).

Hallazgos de AB 103 de CA AG con respecto al Centro de detención del condado de West

Población femenina detenida:

- recuento de confinamiento prolongado,
- acceso limitado a los baños,
- acortamiento o cancelación de tiempo libre,
- falta de una orientación y difusión oportuna de la información. Los detenidos tuvieron que aprender las políticas y procedimientos de la instalación de boca en boca,
- acceso limitado a la atención médica oportuna y adecuada,
- falta de recursos accesibles en idiomas para detenidos con conocimientos limitados de inglés.

Fuente: Fiscal General Xavier Becerra, "Revisión del Departamento de Justicia de California sobre la detención de inmigrantes en California", febrero de 2019, disponible en: <https://oag.ca.gov/sites/all/files/agweb/pdfs/publications/inmigracion-detención-2019.pdf>.

Preocupación por las condiciones del centro de detención del condado de West

Recomendación núm. 4:

Debido a que el WCDF continúa alojando a los detenidos bajo custodia penal, establezca un organismo de supervisión civil independiente para recibir, investigar y juzgar las denuncias relacionadas con las condiciones de detención en todos los centros de detención del CCSO. Las estadísticas deberían hacerse públicas periódicamente.

¿Preguntas?

Información de contacto:

Angela Chan

Directora de políticas y abogada principal

Promoviendo la justicia: Cónclave de derecho asiático

(415) 848-7719

angelac@advancingjustice-alc.org

Preguntas para el Departamento del *Sheriff* de Contra Costa

1. ¿Hará los tres cambios recomendados a su política de inmigración? ¿Por qué sí, o por qué no?
2. ¿Apoya usted el establecimiento de un órgano de supervisión civil? ¿Por qué sí, o por qué no?
3. ¿Cuántas solicitudes de retención / transferencia / notificación del ICE recibió la Oficina del *Sheriff* en el 2018?
4. ¿Cuántas solicitudes de retención / transferencia / notificación del ICE cumplió la Oficina del *Sheriff*?
5. ¿Cuántas personas fueron arrestadas por el ICE debido a la publicación de la información de la fecha de liberación en su sitio web?

Preguntas para el Departamento del *Sheriff* de Contra Costa

5. ¿Cuántas entrevistas del ICE se llevaron a cabo con personas bajo la custodia de la Oficina del *Sheriff* en el 2018?
6. ¿En cuántos casos la Oficina del *Sheriff* proporcionó formularios de la Ley VERDAD a las personas detenidas en el 2018?
7. Aparte de las fechas de liberación, ¿compartió la Oficina del *Sheriff* alguna otra información del recluso con el ICE en el 2018? Si es así, ¿qué información compartió y cómo?
8. ¿Cuánto dinero gastó la Oficina del *Sheriff* en las comunicaciones con el ICE en el 2018? ¿Cuántos oficiales se comunicaron directamente con el ICE o gestionaron las solicitudes del ICE? ¿Cuánto tiempo dedicaron estos oficiales a estas tareas?

ATTACHMENT G

WRITTEN PUBLIC COMMENT RECEIVED

AS OF

12:00 PM ON THURSDAY, JULY 25, 2019

Community for Accountability: United for Racial Justice

a presentation by

The Contra Costa County Racial Justice Coalition

for the consideration of the Contra Costa County Board of Supervisors and the general public

The 2019 Contra Costa County TRUTH Act Forum

July 30, 2019

**Today, we have come together
to demand accountability.**

**California law requires transparency
from local law enforcement
about their collaboration with ICE.**

**We, the people of Contra Costa County,
have the right to know the truth.**

**Sheriff Livingston's answers at this forum
cannot be accepted at face value.**

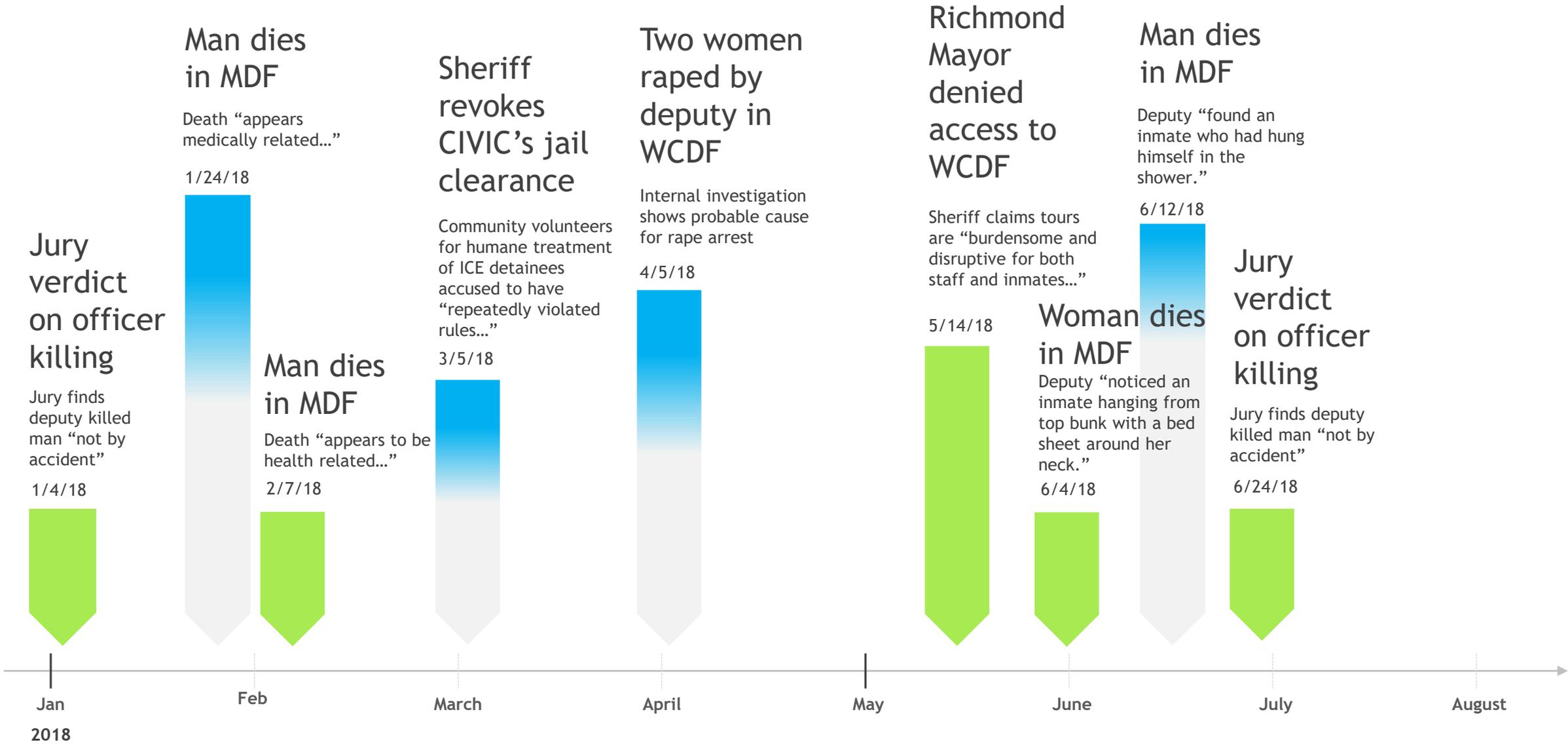
**We must consider also
the sheriff's track record of
dishonesty and disregard for the law.**

**Inhumane treatment of immigrants
is part of a larger practice of
racial injustice in Contra Costa County.**

**The following timeline proves that
Sheriff Livingston is not credible.**

**Given this history,
oversight of the sheriff
is the only way
we will get the truth.**

Contra Costa County Sheriff Accountability Timeline



Contra Costa County Sheriff Accountability Timeline

Jury
verdict
on officer
killing

Jury finds
deputy killed
man “not by
accident”

1/4/18



Contra Costa County
Office of the Sheriff
David O. Livingston
Sheriff



PRESS RELEASE
For immediate release

January 4, 2018

TO: **News / Assignment Desk or News Editor**

CORONER'S INQUEST FINDING

~~Sheriff-Coroner David O. Livingston announces that a coroner's jury has reached a finding in the July 4, 2017 death of 42-year-old Zepp McKinley Crouchet of El Cerrito. The finding of the jury is that the death is - at the hands of another person, other than by accident.~~

~~The coroner's jury reached a verdict after hearing the testimony of witnesses called by the hearing officer, Matthew Guichard.~~

A coroner's inquest, which Sheriff-Coroner Livingston convenes in fatal incidents involving peace officers, is a public hearing, during which a jury rules on the manner of a person's death. Jury members can choose from the following four options when making their finding:

- Accident
- Suicide
- Natural Causes
- At the hands of another person, other than by accident.

###

Sheriff-Coroner David O. Livingston announces that a coroner's jury has reached a finding in the July 4, 2017 death of 42-year-old Zepp McKinley Crouchet of El Cerrito. The finding of the jury is that the death is - at the hands of another person, other than by accident.

Contra Costa County Sheriff Accountability Timeline

Man dies
in MDF

Death “appears
medically related...”

1/24/18



Jury
verdict
on officer
killing

Jury finds
deputy killed
man “not by
accident”

1/4/18



Jan Feb March April May June July August

2018

Contra Costa County
Office of the Sheriff
David O. Livingston
Sheriff



PRESS RELEASE

For immediate release

January 24, 2018

TO: **News / Assignment Desk or News Editor**

In Custody Death at Martinez Detention Facility

At about 12:47 AM today, a Deputy Sheriff was doing a room check at the Martinez Detention Facility (MDF) when he noticed an inmate was unresponsive in his bunk. The Deputy immediately called for medical assistance and started CPR.

Medical staff at MDF continued life-saving measures. An ambulance and the fire department responded to MDF. ~~The inmate was later pronounced deceased.~~ The 45-year-old male inmate is not being identified at this time. His death appears to be medically related.

The officer-involved protocol was initiated. Investigators from the Contra Costa County Office of the Sheriff and the DA's Office are conducting an investigation into the death.

###

Medical staff at MDF continued life-saving measures. An ambulance and the fire department responded to MDF. The inmate was later pronounced deceased. The 45-year-old male inmate is not being identified at this time. His death appears to be medically related.

Contra Costa County Sheriff Accountability Timeline

Man dies
in MDF

Death “appears
medically related...”

1/24/18



Man dies
in MDF

Death “appears to be
health related...”

2/7/18



Jury
verdict
on officer
killing

Jury finds
deputy killed
man “not by
accident”

1/4/18



Contra Costa County
Office of the Sheriff
David O. Livingston
Sheriff



PRESS RELEASE
For immediate release

February 7, 2018

TO: **News / Assignment Desk or News Editor**

In Custody Death at Martinez Detention Facility

At approximately 10:37 AM today, Deputy Sheriffs were conducting lunch meal service on a module at the Martinez Detention Facility (MDF)

During meal service, the Deputies discovered that an inmate was not responsive. Deputies called for emergency medical assistance. Medical staff at MDF responded and started life-saving measures. The fire department and an ambulance responded and continued life-saving measures. The inmate was later pronounced deceased.

The 46-year-old male inmate is not being identified at this time. His death appears to be health related.

The officer-involved protocol was initiated. Investigators from the Contra Costa County Office of the Sheriff and the District Attorney's Office are conducting an investigation into the death.

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The 46-year-old male inmate is not being identified at this time. His death appears to be health related.

Contra Costa County Sheriff Accountability Timeline

Jury verdict on officer killing

Jury finds deputy killed man “not by accident”

1/4/18



Man dies in MDF

Death “appears medically related...”

1/24/18



Man dies in MDF

Death “appears to be health related...”

2/7/18



Sheriff revokes CIVIC’s jail clearance

Community volunteers for humane treatment of ICE detainees accused to have “repeatedly violated rules...”

3/5/18



Jan 2018 Feb March April May June July August



March 8, 2018

TO: **News / Assignment Desk or News Editor**

Revocation of Clearance for CIVIC Group

All volunteer groups that interact with the Office of the Sheriff incarcerated population and/or Federal Immigration and Customs Enforcement (ICE) detainees must agree to the rules set forth in the Detention Facility Clearance Request. These cover: Harassment and Discrimination, Treatment of Offenders and Non-Fraternization, Code of Conduct/Ethics/Confidentiality Agreement and Custody Services Bureau Guidelines for Volunteers. Specific rules for volunteers include: must not engage in undue familiarity with inmates or family and friends of inmates; must not contact or correspond with an inmate or their family; must not take or send messages or items on behalf of an inmate; and must not trade, barter, lend or engage in any personal transactions with any inmate.

Every volunteer must take a class that covers the guidelines and safety for civilians in the detention facility. They also sign an agreement and are warned that clearance will be revoked if they violate any of the rules.

During an investigation, it was discovered Community Initiatives for Visiting Immigrants in Confinement (CIVIC) volunteers repeatedly violated rules by:

- Providing their personal phone numbers and addresses to incarcerated persons.
- Relaying messages to family and friends of incarcerated persons.
- Receiving phone calls and mail from incarcerated persons.
- Sending contraband to incarcerated persons.
- Depositing money into the accounts of incarcerated persons.

The investigation found approximately 20 CIVIC volunteers repeatedly violated the rules for an extended period. On March 5, 2018, CIVIC's clearance was revoked, but like other groups that lose their clearance, they can appeal. CIVIC has not invoked its right to appeal. Access for some other organizations is currently being reviewed for possible violations.

"The Contra Costa County Office of the Sheriff welcomes and partners with numerous community-based organizations and non-governmental groups to assist incarcerated persons with their rehabilitation and re-entry back to their communities when they are released," said Assistant Sheriff Matt Schuler. "While CIVIC's clearance was revoked, we continue to partner with numerous community and volunteer groups that provide needed services and resources to incarcerated persons."

There are currently over 20 programs available to the incarcerated population at West County Detention Facility. Many of the programs are run by volunteers from community-based organizations.

The investigation found approximately 20 CIVIC volunteers repeatedly violated the rules for an extended period. On March 5, 2018, CIVIC's clearance was revoked, but like other groups that lose their clearance, they can appeal. CIVIC has not invoked its right to appeal. Access for some other organizations is currently being reviewed for possible violations.



MARCH 14, 2018 5:30PM EDT

Letter to Contra Costa County Sheriff David Livingston

March 14, 2018

Sheriff David Livingston
Contra Costa County
Office of the Sheriff
651 Pine Street
Martinez, CA 94553

Re: Termination of Community Initiatives for Visiting Immigrants in Confinement (CIVIC, now known as Freedom for Immigrants) Visitation Programs at West County Detention Facility (WCDF)

Dear Sheriff Livingston:

Human Rights Watch writes to express our deep concerns regarding the termination on March 6, 2018 of the visitation program operated by Community Initiatives for Visiting Immigrants in Confinement ("CIVIC") for people held in immigration detention at the West County Detention Facility ("WCDF"). We are also troubled by the termination on

Contra Costa County Sheriff Accountability Timeline

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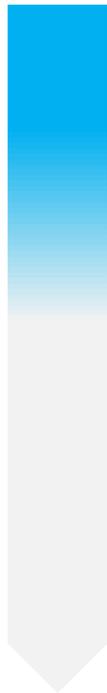
1/4/18



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3/5/18



Two women raped by deputy in WCDF

Internal investigation shows probable cause for rape arrest

4/5/18



Jan 2018 Feb March April May June July August



April 5, 2018

TO: **News / Assignment Desk or News Editor**

Contra Costa Sheriff's Office Arrests Deputy Sheriff in Sex Case

Detectives from the Contra Costa County Office of the Sheriff have arrested Contra Costa Deputy Sheriff Patrick Morseman for unlawful sex with an inmate.

On Tuesday, the Office of the Sheriff immediately launched an investigation after receiving allegations of unlawful sex acts with two female county inmates committed by Morseman at the West County Detention Facility. A warrant was obtained for his arrest and a search warrant for his home. Morseman was also placed on administrative leave.

"Within 24 hours of learning of the allegations, we had interviewed the victims, collected and analyzed physical evidence, obtained search warrants, located the suspect, and made the arrest," said Sheriff David Livingston. "We are now moving forward with termination of employment and providing assistance services to the victims."

Morseman was arrested yesterday afternoon. After being interviewed by detectives, he was booked at county jail for engaging in sexual activity with a consenting adult in a detention facility. Morseman was being held in lieu of \$100,000 bail. He has since bailed out.

The investigation is ongoing and the case will be presented to the D.A.'s Office for the filing of formal charges.

"The actions of this one deputy are criminal, offensive and do not reflect on the good work of the other one-thousand employees of the Office of the Sheriff, said Sheriff Livingston. "We will work closely with the District Attorney to see the deputy is held accountable and make every effort to regain the public trust we work so hard to earn."

Morseman was arrested yesterday afternoon. After being interviewed by detectives, he was booked at county jail for engaging in sexual activity with a consenting adult in a detention facility. Morseman was being held in lieu of \$100,000 bail. He has since bailed out.



Deputy arrested for allegedly having sex with West Contra Costa inmates

By **NATE GARTRELL** | ngartrell@bayareanewsgroup.com, **RICK HURD** | rhurd@bayareanewsgroup.com and

AARON DAVIS | Bay Area News Group

PUBLISHED: April 5, 2018 at 9:51 am | UPDATED: April 6, 2018 at 10:27 am

RICHMOND — A deputy with the Contra Costa County Sheriff's Office was arrested Wednesday evening after it was revealed he was having a sexual relationship with two county jail inmates, according to multiple law enforcement sources.



Patrick Morseman, 26, a deputy employed at the West Contra Costa jail, is suspected of violating a state law that prohibits jail employees from having sex with inmates.

The two victims say they were raped, according to their attorney Joseph LaCome.

“Their feeling was that they had to go along with it, because of the consequences if they didn’t,” LaCome said.

LaCome said his clients would talk with Morseman and he would let

Exclusive: Internal sheriff's records show deputy suspected of rape, not 'consensual' sex



By **AARON DAVIS** and **NATE GARTRELL** | ngartrell@bayareanewsgroup.com | Bay Area News Group

PUBLISHED: April 10, 2018 at 1:12 pm | UPDATED: May 4, 2018 at 11:30 am

RICHMOND — Detectives suspected that a Contra Costa County sheriff's deputy arrested for having "consensual" sex with two jail inmates actually may have abused his authority and raped them, according to internal records.

The records, obtained Tuesday by the Bay Area News Group, show that 26-year-old Patrick Morseman was arrested April 4 on felony suspicion of illegal consensual sex with two inmates. On the same day, a detective with the sheriff's office wrote an affidavit stating there was probable cause to believe the deputy had committed "multiple violations" of rape under color of authority and oral copulation with threats by a public official.

Contra Costa County Sheriff Accountability Timeline

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1/4/18



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Death “appears medically related...”

1/24/18



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Sheriff revokes CIVIC’s jail clearance

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Two women raped by deputy in WCDF

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4/5/18



Richmond Mayor denied access to WCDF

Sheriff claims tours are “burdensome and disruptive for both staff and inmates...”

5/14/18



Jan

Feb

March

April

May

June

July

August

2018



LOCAL // NEWS

Contra Costa sheriff stonewalls officials who want to tour troubled jail



Otis R. Taylor Jr. | April 22, 2018 | Updated: April 22, 2018 4:40 p.m.



News

Contra Costa: Richmond Mayor blocked from jail as volunteer group returns

Truth Act Forum scheduled for July 24 and new data released on immigration court backlog and deportations



Contra Costa County Sheriff Accountability Timeline

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April

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5/14/18



Woman dies in MDF

Deputy “noticed an inmate hanging from top bunk with a bed sheet around her neck.”

6/4/18



June

July

August

Contra Costa County
Office of the Sheriff
David O. Livingston
Sheriff



PRESS RELEASE
For immediate release

June 4, 2018

TO: **News / Assignment Desk or News Editor**

In Custody Death at West County Detention Facility

At approximately 2:48 this morning, a Deputy Sheriff conducting a routine room check at the West County Detention Facility noticed an inmate hanging from the top bunk with a bed sheet around her neck.

The Deputy immediately called for medical assistance and with help from another Deputy moved the inmate to the ground. Both Deputies performed CPR until medical personnel arrived. An ambulance and the fire department responded. The inmate was pronounced deceased at the scene.

The inmate is identified as 74-year-old Linda Thomas of Washington. She was recently convicted of first degree murder.

The officer-involved protocol was initiated. Investigators from the Contra Costa County Office of the Sheriff and the District Attorney's Office are conducting an investigation into the death.

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Contra Costa County Sheriff Accountability Timeline

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6/4/18

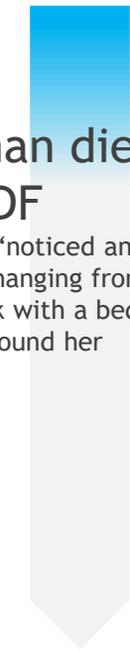


June

Man dies in MDF

Deputy "found an inmate who had hung himself in the shower."

6/12/18



July

August

Contra Costa County
Office of the Sheriff
David O. Livingston
Sheriff



PRESS RELEASE

For immediate release

June 12, 2018

TO: News / Assignment Desk or News Editor

In Custody Death Investigation at Martinez Detention Facility

At approximately 7:43 this morning, a Deputy Sheriff at the Martinez Detention Facility found an inmate who had hung himself in the shower.

The inmate was unresponsive. Deputies called for medical staff at the facility and began CPR.

An ambulance and the fire department also responded to MDF. The inmate was later pronounced deceased at the scene.

The inmate's identity is being withheld pending notification of next of kin.

The in-custody death protocol was initiated. Investigators from the Contra Costa County Office of the Sheriff and the District Attorney's Office are conducting an investigation into the death.

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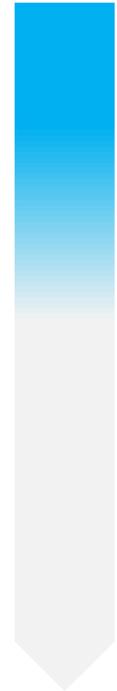
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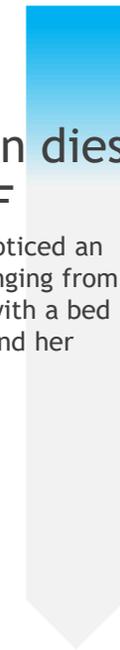


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6/12/18



July

Jury verdict on officer killing

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6/24/18



August

Contra Costa County
Office of the Sheriff
David O. Livingston
Sheriff



PRESS RELEASE
For immediate release

June 26, 2018

TO: News / Assignment Desk or News Editor

CORONER'S INQUEST FINDING

~~Sheriff-Coroner David O. Livingston announces that a Coroner's jury has reached a finding in the January 12, 2018 death of Terry Dean Amons Jr. The finding of the jury is that the death is "at the hands of another person, other than by accident."~~

~~The Coroner's jury reached a verdict after hearing the testimony of witnesses called by the hearing officer, Matthew Guichard.~~

A Coroner's inquest, which Sheriff-Coroner Livingston convenes in fatal incidents involving peace officers, is a public hearing, during which a jury rules on the manner of a person's death. Jury members can choose from the following four options when making their finding:

- Accident
- Suicide
- Natural Causes
- At the hands of another person, other than by accident.

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Contra Costa County Sheriff Accountability Timeline

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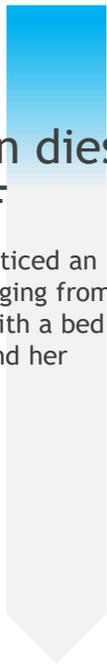


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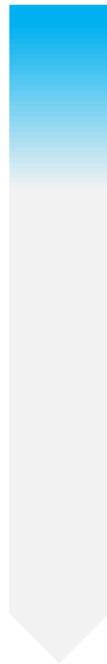


July

Man dies in MDF

"The death appears to be health-related."

9/15/18



September

October

November

2018

Contra Costa County
Office of the Sheriff
David O. Livingston
Sheriff



PRESS RELEASE

For immediate release

September 17, 2018

TO: **News / Assignment Desk or News Editor**

Martinez Detention Facility In Custody Death Update

The investigation into an in custody death on Saturday at the Martinez Detention Facility is ongoing. Per the in custody fatal incident protocol, the investigation is being conducted by the District Attorney's Office and the Office of the Sheriff.

On Saturday, September 15, 2018, at about 2:50 PM, a Deputy Sheriff was conducting a room check at the Martinez Detention Facility when he noticed an inmate who was unresponsive. The Deputy called for facility medical staff to respond immediately and began life saving measures.

An ambulance and the fire department were notified and responded. The 61-year-old male inmate was later pronounced deceased. He is identified as Dwight Dunn, a transient in Concord.

Dunn was booked into the Martinez Detention Facility on Sept. 5, 2018. He was arrested by the Division of Adult Parole Operations for a parole violation.

An autopsy was conducted this morning. The cause of death is pending the results of toxicology tests. The death appears to be health-related.

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Contra Costa County Sheriff Accountability Timeline

Two women raped by deputy in WCDF

Internal investigation shows probable cause for rape arrest

4/5/18



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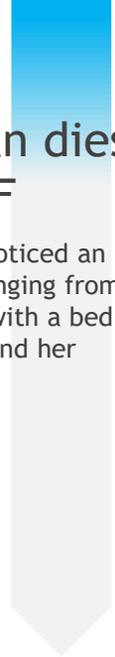


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6/12/18



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6/4/18



June

Jury verdict on officer killing

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6/24/18



July

Man dies in MDF

"The death appears to be health-related."

9/15/18



September

Jury verdict on officer killing

Jury finds deputy killed man "not by accident"

10/30/18



November

Contra Costa County
Office of the Sheriff
David O. Livingston
Sheriff



PRESS RELEASE

For immediate release

October 30, 2018

TO: **News / Assignment Desk or News Editor**

CORONER'S INQUEST FINDING

Sheriff-Coroner David O. Livingston announces that a Coroner's Jury has reached a finding in the February 8, 2018 death of Lloyd Joseph Harris IV. The finding of the jury is that the death is - at the hands of another person, other than by accident.

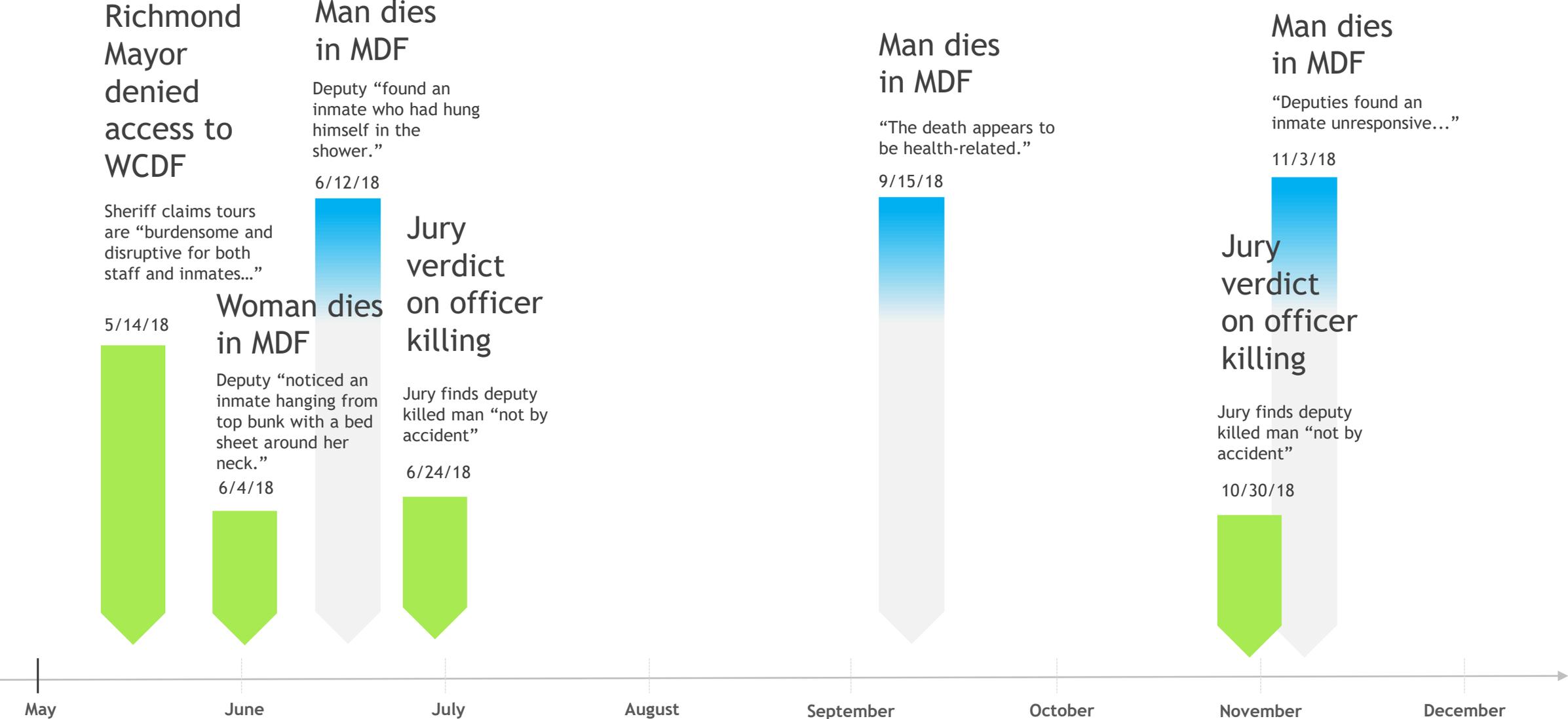
The Coroner's Jury reached a verdict after hearing the testimony of witnesses called by the hearing officer, Matthew Guichard.

A Coroner's Inquest, which Sheriff-Coroner Livingston convenes in fatal incidents involving police officers, is a public hearing, during which a jury rules on the manner of a person's death. Jury members can choose from the following four options when making their finding:

- Accident
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Contra Costa County Sheriff Accountability Timeline



Contra Costa County
Office of the Sheriff
David O. Livingston
Sheriff



PRESS RELEASE

For immediate release

November 5, 2018

TO: **News / Assignment Desk or News Editor**

Update on In Custody Death at the Martinez Detention Facility

The investigation into the in custody death is ongoing. Per the in custody fatal incident protocol, the investigation is being conducted by the Contra Costa County District Attorney's Office and the Office of the Sheriff.

On Saturday, November 3, 2018, at about 11:27 PM, Deputy Sheriffs in the intake area of the Martinez Detention Facility were alerted to a medical situation in a holding room.

Deputies found an inmate unresponsive and called for medical personnel at MDF to respond. Deputies and medical staff immediately performed CPR on the inmate. An ambulance and the fire department were also called and responded. The inmate was later pronounced deceased at the scene.

He is identified as 26-year-old Karthik Kandaswamy of San Ramon. He was arrested by the San Ramon Police Department earlier on Saturday, November 3, 2018, for battery and resisting arrest.

Deputies found an inmate unresponsive and called for medical personnel at MDF to respond. Deputies and medical staff immediately performed CPR on the inmate. An ambulance and the fire department were also called and responded. The inmate was later pronounced deceased at the scene.

LOCAL // NEWS

Conditions worsen for some ICE detainees at Richmond jail



Otis R. Taylor Jr. | Nov. 10, 2017 | Updated: Nov. 10, 2017 11:26 a.m.



1 of 3



Immigration and Customs Enforcement (ICE) detainees gather at the West County Detention Facility in Richmond on Oct. 31, 2017.

Photo: Noah Berger, Special to The Chronicle

LOCAL // NEWS

Immigrant complaints of East Bay jail conditions prompt call for U.S. probe



Otis R. Taylor Jr. | Nov. 29, 2017 | Updated: Nov. 29, 2017 8:10 a.m.



A guard searches women returning to a residential building at the West County Detention Facility in Richmond, Calif., on Tuesday, Oct. 31, 2017.

Photo: Noah Berger, Special to The Chronicle



December 22, 2017

TO: **News / Assignment Desk or News Editor**

Contra Costa Sheriff Announces Findings in Investigation into ICE Detention Complaints

The Office of the Sheriff has completed its investigation into complaints raised by several Immigration & Customs Enforcement (ICE) female detainees at the West County Detention Facility (WCDF) in Richmond, California. The complaints were first reported in a local newspaper. The Sheriff's Office immediately launched an investigation. Investigators interviewed 110 witnesses, with audio recordings and translators where necessary, and viewed hundreds of hours of video surveillance recordings. They also examined log books, computer entries and other evidence.

The investigation found that nearly all of the complaints were unfounded and unsubstantiated. Claims of being "locked down" for 23 hours a day were false. The most time any ICE detainee was confined to their dormitory room was 1 hour and 24 minutes. These "lock downs" are commonly done for facility counts or for administrative reasons. At WCDF the detainees have keys to their rooms and free use of common bathroom facilities.

In one example, the person who complained in the article of being confined to her room for 23 hours was in fact confined for several days in a room with a full toilet and sink. She was confined in such a manner for disciplinary purposes after she assaulted another detainee.

Regarding the use of "red" biohazard bags for toilet needs, there was no evidence that any detainee was forced to use the bags in that manner. In very few cases detainees did use the bags for that purpose in violation of policy. Biohazard bag distribution is now limited to those detainees who are ill or have other medical needs. All inmates are free to use the bathrooms at any time, and even during "lock down" periods of approximately 1 hour, by notifying a Deputy Sheriff by using the call button in their rooms.

There were two complaints alleging limited access to healthcare that also appear to be unfounded based on detainee interviews. However, Contra Costa Health Services will be reviewing those specific complaints.

"Consistent with independent ICE inspections, we found that the alleged policy violations were largely unfounded," said Sheriff David Livingston. "In fact, many detainees told us they are well treated at the West County Detention Facility."

Sheriff Livingston added, "Some issues were identified, such as the use of profanity by a staff member or the quicker replacement of detainees' room keys when they are lost or damaged. We will use this opportunity to improve wherever we can."

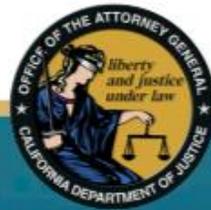
The investigation will now be provided to the California Attorney General as Sheriff Livingston promised he would do.

"Consistent with independent ICE inspections, we found that the alleged policy violations were largely unfounded," said Sheriff David Livingston. "In fact, many detainees told us they are well treated at the West County Detention Facility."

The California Department of Justice's
Review of

Immigration Detention in California

February 2019



Xavier Becerra
California Attorney General

experience extended lockdowns multiple times a day, when toilet facilities were mostly inaccessible, leading them to, at times, defecate and urinate in biohazard bags when locked in their cells. Facility restrictions on free time led female detainees who did not attend classes and did not have jobs to spend 20-22 hours in their cells every day. Further, while female detainees had access to classes, all

extended court lockdowns, limited access to restrooms, and the shortening or cancellation of free time. The lack of a timely orientation and dissemination of information also created problems for detainees, who had to learn the facility's policies and procedures by word of mouth. Access to timely and adequate medical care was not always available. Importantly, language barriers exacerbated some of these problems for non-English speaking detainees.



LOCAL // OTIS R. TAYLOR JR.

State report on treatment of jailed immigrants shows the inmates weren't lying



Otis R. Taylor Jr.

Feb. 28, 2019

Updated: Feb. 28, 2019 4 a.m.



**Contra Costa County Racial Justice Coalition
Contra Costa Immigrant Rights Alliance**

Joint Statement March 18, 2019

This Tuesday, we will go before the Board of Supervisors and demand change. CCCRJC and CCIRA stand together in calling for meaningful oversight and respect for human rights in our county. The new State Attorney General's report documents inadequate medical care in our jails. It is unacceptable that women are being forced to use biohazard bags to defecate and urinate in their cells. We are alarmed that the results of an internal investigation on the rape of two women at WCDF by a sheriff's deputy were hidden from the public. Seven people have died in a Contra Costa County jail since 2018. We can't wait for another death or sexual assault for a new system of oversight. The County has a legal and ethical responsibility to protect every person incarcerated in Contra Costa County from

Activists critical of Sheriff's Department

They say report of immigrants' mistreatment in Richmond detention center contradicts prior report

By Josh Slowiczek

Seizing on a state report highly critical of the way undocumented immigrants were treated at the West County Detention Facility in Richmond, local activists are demanding independent oversight of the Contra Costa County Sheriff's Department and the ouster of its leader.

They say the recently released California Department of Justice report contradicts the rosier findings of the sheriff's internal affairs investigation into conditions inside the facility where immigrants facing potential deportation were held until last summer. The sheriff's conclusion that "nearly all of the complaints were unfounded and unsubstantiated" amounted to a whitewash, they

previously suggested.

In addition to seeking oversight of the detention facility and an inquiry into the handling of the internal investigation, the activists say they intend to raise money and find a candidate to challenge and defeat Sheriff David Livingston in the 2022 election if he seeks a fourth term.

"Finding someone (to run) who is strong enough and has enough of a reputation themselves is certainly our number one goal," said Judy Weatherly, a founder and steering committee member of

Courageous Resistance and Indivisible El Sobrante/Richmond. "I don't think there's going to be that much of a problem at this point, partly because of this investigation."

But in a statement provided to this news organization, Livingston said his office is already regularly monitored by numerous state and federal agencies, including the Attorney General's office, which "noted how we fully cooperated in their investigation and their report confirmed information we had already released last

year."

The statement pushed back at the critics, saying, "Now the same organizations who protest jails and call for oversight have revealed their true intentions: politics. Calls for more 'oversight' are nothing more than political theater."

Livingston, Concord's former police chief, was elected sheriff-coroner in 2010 and has run unopposed the past two elections.

The Department of Justice report, released late last month,

REPORT » PAGE 2



LOCAL // BAY AREA & STATE

Rights groups seek resignation of Contra Costa County sheriff



Otis R. Taylor Jr. | March 14, 2019 | Updated: March 14, 2019 8:14 a.m.



Too many bad cops? Contra Costa Sheriff says “hundreds of files” need review, balks at releasing disciplinary records

As other sheriffs release disciplinary records, Contra Costa Sheriff David Livingston says the “expense and inconvenience” of providing them trumps the public’s right to know



News > [Crime & Courts](#) • News

Lawsuit alleges Contra Costa sheriff enables Norteño beatings, hazing in jail



The lawsuit was filed by a gang dropout who survived a brutal assault

By **NATE GARTRELL** | ngartrell@bayareanewsgroup.com and **ANNIE SCIACCA** |

asciaccia@bayareanewsgroup.com | Bay Area News Group

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[News](#) > [Crime & Courts](#) • News

Contra Costa sheriff settles jail beating lawsuit for \$90,000

By **NATE GARTRELL** | ngartrell@bayareanewsgroup.com | Bay

Area News Group

PUBLISHED: June 12, 2019 at 11:16 am | UPDATED: June 12, 2019 at 4:34 pm

Community for Accountability: United for Racial Justice

a presentation by

The Contra Costa County Racial Justice Coalition

for the consideration of the Contra Costa County Board of Supervisors and the general public

The 2019 Contra Costa County TRUTH Act Forum

July 30, 2019

Assembly Bill No. 2792

CHAPTER 768

An act to add Chapter 17.2 (commencing with Section 7283) to Division 7 of Title 1 of the Government Code, relating to local government.

[Approved by Governor September 28, 2016. Filed with
Secretary of State September 28, 2016.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2792, Bonta. Local law enforcement agencies: federal immigration policy enforcement: ICE access.

Existing federal law authorizes issuance of an immigration detainer that serves to advise another law enforcement agency that the federal department seeks custody of an alien presently in the custody of that agency, for the purpose of arresting and removing the alien. Existing federal law provides that the detainer is a request that the agency advise the department, prior to release of the alien, in order for the department to arrange to assume custody in situations when gaining immediate physical custody is either impracticable or impossible.

Existing law, commonly known as the TRUST Act, prohibits a law enforcement official, as defined, from detaining an individual on the basis of a United States Immigration and Customs Enforcement hold after that individual becomes eligible for release from custody, unless, at the time that the individual becomes eligible for release from custody, certain conditions are met, including, among other things, that the individual has been convicted of specified crimes. Existing law defines specified terms for purposes of these provisions.

This bill, the Transparent Review of Unjust Transfers and Holds (TRUTH) Act, would require a local law enforcement agency, prior to an interview between the United States Immigration and Customs Enforcement (ICE) and an individual in custody regarding civil immigration violations, to provide the individual a written consent form, as specified, that would explain, among other things, the purpose of the interview, that it is voluntary, and that the individual may decline to be interviewed. The bill would require the consent form to be available in specified languages. The bill would require a local law enforcement agency to provide copies of specified documentation received from ICE to the individual and to notify the individual regarding the intent of the agency to comply with ICE requests. The bill would require that the records related to ICE access be public records for purposes of the California Public Records Act. The bill, commencing January 1, 2018, would require the local governing body of any county, city, or city and county in which a local law enforcement agency has provided ICE access to an individual during the last year, to hold at

least one public community forum during the following year, as specified, to provide information to the public about ICE's access to individuals and to receive and consider public comment. By requiring these local agencies to comply with these requirements, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

The people of the State of California do enact as follows:

SECTION 1. This act shall be known, and may be cited, as the Transparent Review of Unjust Transfers and Holds (TRUTH) Act.

SEC. 2. (a) Transparency and accountability are essential minimum requirements for any collaboration between state and federal agencies.

(b) Recent immigration enforcement programs sponsored by the United States Immigration and Customs Enforcement (ICE) agency have suffered from a lack of transparency and accountability.

(c) For example, a federal judge found that ICE "went out of [its] way to mislead the public about Secure Communities," a deportation program in which ICE collaborated with local law enforcement agencies to identify people for deportation.

(d) The Legislature further found that Secure Communities harmed community policing and shifted the burden of federal immigration enforcement onto local law enforcement agencies.

(e) Although ICE has terminated the Secure Communities program, it continues to promote a number of similar programs, including the Priority Enforcement Program, the 287(g) Program, and the Criminal Alien Program.

(f) The Priority Enforcement Program has many similarities to Secure Communities, including the checking of fingerprints for immigration purposes at the point of arrest; the continued use of immigration detainers, which have been found by the courts to pose constitutional concerns; and the reliance on local law enforcement to assist in immigration enforcement.

(g) Just as with Secure Communities, numerous questions have been raised about whether ICE has been transparent and accountable with respect to its current deportation programs.

(h) This bill seeks to address the lack of transparency and accountability by ensuring that all ICE deportation programs that depend on entanglement with local law enforcement agencies in California are subject to meaningful public oversight.

(i) This bill also seeks to promote public safety and preserve limited local resources because entanglement between local law enforcement and ICE undermines community policing strategies and drains local resources.

SEC. 3. Chapter 17.2 (commencing with Section 7283) is added to Division 7 of Title 1 of the Government Code, to read:

CHAPTER 17.2. STANDARDS FOR PARTICIPATION IN UNITED STATES
IMMIGRATION AND CUSTOMS ENFORCEMENT PROGRAMS

7283. For purposes of this chapter, the following terms have the following meanings:

(a) “Community forum” includes, but is not limited to, any regular meeting of the local governing body that is open to the public, where the public may provide comment, is in an accessible location, and is noticed at least 30 days in advance.

(b) “Hold request” means a federal Immigration and Customs Enforcement (ICE) request that a local law enforcement agency maintain custody of an individual currently in its custody beyond the time he or she would otherwise be eligible for release in order to facilitate transfer to ICE and includes, but is not limited to, Department of Homeland Security (DHS) Form I-247D.

(c) “Governing body” with respect to a county, means the county board of supervisors.

(d) “ICE access” means, for the purposes of civil immigration enforcement, including when an individual is stopped with or without their consent, arrested, detained, or otherwise under the control of the local law enforcement agency, all of the following:

(1) Responding to an ICE hold, notification, or transfer request.

(2) Providing notification to ICE in advance of the public that an individual is being or will be released at a certain date and time through data sharing or otherwise.

(3) Providing ICE non-publicly available information regarding release dates, home addresses, or work addresses, whether through computer databases, jail logs, or otherwise.

(4) Allowing ICE to interview an individual.

(5) Providing ICE information regarding dates and times of probation or parole check-ins.

(e) “Local law enforcement agency” means any agency of a city, county, city and county, special district, or other political subdivision of the state that is authorized to enforce criminal statutes, regulations, or local ordinances; or to operate jails or to maintain custody of individuals in jails; or to operate juvenile detention facilities or to maintain custody of individuals

in juvenile detention facilities; or to monitor compliance with probation or parole conditions.

(f) “Notification request” means an Immigration and Customs Enforcement request that a local law enforcement agency inform ICE of the release date and time in advance of the public of an individual in its custody and includes, but is not limited to, DHS Form I-247N.

(g) “Transfer request” means an Immigration and Customs Enforcement request that a local law enforcement agency facilitate the transfer of an individual in its custody to ICE, and includes, but is not limited to, DHS Form I-247X.

7283.1. (a) In advance of any interview between ICE and an individual in local law enforcement custody regarding civil immigration violations, the local law enforcement entity shall provide the individual with a written consent form that explains the purpose of the interview, that the interview is voluntary, and that he or she may decline to be interviewed or may choose to be interviewed only with his or her attorney present. The written consent form shall be available in English, Spanish, Chinese, Tagalog, Vietnamese, and Korean. The written consent form shall also be available in any additional languages that meet the county threshold as defined in subdivision (d) of Section 128552 of the Health and Safety Code if certified translations in those languages are made available to the local law enforcement agency at no cost.

(b) Upon receiving any ICE hold, notification, or transfer request, the local law enforcement agency shall provide a copy of the request to the individual and inform him or her whether the law enforcement agency intends to comply with the request. If a local law enforcement agency provides ICE with notification that an individual is being, or will be, released on a certain date, the local law enforcement agency shall promptly provide the same notification in writing to the individual and to his or her attorney or to one additional person who the individual shall be permitted to designate.

(c) All records relating to ICE access provided by local law enforcement agencies, including all communication with ICE, shall be public records for purposes of the California Public Records Act (Chapter 3.5 (commencing with Section 6250)), including the exemptions provided by that act and, as permitted under that act, personal identifying information may be redacted prior to public disclosure. Records relating to ICE access include, but are not limited to, data maintained by the local law enforcement agency regarding the number and demographic characteristics of individuals to whom the agency has provided ICE access, the date ICE access was provided, and whether the ICE access was provided through a hold, transfer, or notification request or through other means.

(d) Beginning January 1, 2018, the local governing body of any county, city, or city and county in which a local law enforcement agency has provided ICE access to an individual during the last year shall hold at least one community forum during the following year, that is open to the public, in an accessible location, and with at least 30 days’ notice to provide information to the public about ICE’s access to individuals and to receive

and consider public comment. As part of this forum, the local law enforcement agency may provide the governing body with data it maintains regarding the number and demographic characteristics of individuals to whom the agency has provided ICE access, the date ICE access was provided, and whether the ICE access was provided through a hold, transfer, or notification request or through other means. Data may be provided in the form of statistics or, if statistics are not maintained, individual records, provided that personally identifiable information shall be redacted.

7283.2. Nothing in this chapter shall be construed to provide, expand, or ratify the legal authority of any state or local law enforcement agency to detain an individual based upon an ICE hold request.

SEC. 4. The Legislature finds and declares that Section 3 of this act, which adds Chapter 17.2 (commencing with Section 7283) to Division 7 of Title 1 of the Government Code, furthers, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

By requiring public meetings relating to the manner in which local law enforcement entities cooperate with federal authorities in enforcing federal immigration laws and making related documents open to public inspection, this act furthers the purposes of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district under this act would result from a legislative mandate that is within the scope of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution.



Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report
Cal Gov. Code Section 7283.1(d)

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

Background

1. Review current Sheriff's Office General Policy on Immigration Status
2. Brief overview of Field Operations relative to ICE Access
3. Overview of Custody Operations relative to ICE Access

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

Sheriff's Office General Policy No. 1.02.28

1. “No person shall be contacted, detained or arrested solely on the basis of his or her immigration status.”
2. “...the immigration status of a person, and the lack of immigration documentation should have no bearing on the manner in which Deputies execute their duties.”

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

General Policy No. 1.02.28 (Continued)

- 3 IMMIGRATION DETAINERS: “The request to detain will ***not*** be honored.”
- 4 IMMIGRATION REQUEST FOR NOTIFICATION (ICE Form I-247A): Allowed but only in compliance with The Truth Act (Cal Gov. Code Section 7282.5)
- 5 Notifications are of anticipated release dates honored for inmates held for certain charges, specifically inmates convicted of a serious felony or a violent felony. (PC Sections 1192.7(c) and 667.5(c))

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

General Policy No. 1.02.28 (Continued)

6. ICE Interview Requests: “...inmate(s) shall be provided with a written consent form either consenting or declining to participate in the interview.”
7. Equality of Access: “All persons arrested for a criminal offense and held in our custody will have equal access to custody programs if otherwise program-eligible.”

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

Field Operations – Patrol & Investigations

1. Deputies cover the entire county – 750 square miles with a population of 1.1 million.
2. Patrol Division includes servicing 521 square miles of unincorporated lands.
3. Serve a population of nearly 175,000 residents.
4. Responded to 185,375 calls for service last year.
5. Field Operations does not do any immigration enforcement.

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

Custody Services Bureau

1. Sworn Deputies supervise all inmates.
2. Three major facilities: West County Detention Facility, Martinez Detention Facility, Marsh Creek Detention Facility
3. We book ADULTS only for all law enforcement agencies in the county.
4. We booked approximately 25,000 inmates into Martinez Detention in 2018

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

ICE ACCESS INFORMATION - 2018

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

ICE ACCESS INFORMATION – 2018

Demographic Data For Those Notifications Made to ICE (n=)

Contra Costa County

Office of the Sheriff

ICE Access Forum – 2018 Report

ICE ACCESS INFORMATION - 2018

**Actual Examples of Qualifying Prior Convictions for “Serious” or
“Violent” Felonies [Penal Code Sections 1192.7(c) & 667.5 (c).]**

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

ICE ACCESS INTERVIEWS – 2018

**REQUESTS FOR ICE INTERVIEWS – 2018 (*Cal Gov Code
Section 7283.1(a)*)**

0 Requests

NOTE: ICE Supervisors advised Sheriff's Office staff that ICE stopped the practice of requesting interviews in California.

**General Information
In-Custody Death Data:**

ICE Access Forum – 2018 Report

| Facility | Date | Gender | Race | Age | Cause of Death |
|-----------------|------------|--------|----------|-----|------------------------------|
| 2019 - 2 | | | | | |
| MDF | 04/13/2019 | Female | Hispanic | 36 | Suicide |
| MDF | 03/07/2019 | Male | Black | 65 | Pulmonary Edema |
| 2018 - 6 | | | | | |
| MDF | 11/14/2018 | Male | Other | 26 | Acute Cocaine Toxicity |
| MDF | 09/26/2018 | Male | Black | 61 | Congestive Heart Failure |
| MDF | 06/12/2018 | Male | White | 52 | Suicide |
| WCDF | 06/06/2018 | Female | White | 74 | Suicide |
| MDF | 02/07/2018 | Male | Black | 46 | Congestive Heart Failure |
| MDF | 01/24/2018 | Male | Black | 46 | Acute Heroine Toxicity |
| 2017 - 0 | | | | | |
| None | | | | | |
| 2016 - 2 | | | | | |
| MDF | 06/26/2016 | Male | Other | 58 | Suicide |
| MDF | 01/03/2016 | Male | Other | 47 | Suicide |
| 2015 - 5 | | | | | |
| MDF | 11/07/2015 | Male | White | 63 | Suicide |
| WCDF | 08/27/2015 | Female | White | 28 | Suicide |
| MDF | 08/22/2015 | Male | White | 45 | Suicide |
| MDF | 06/11/2015 | Male | White | 54 | Suicide |
| WCDF | 04/25/2015 | Female | White | 51 | Cirrhosis/Pancreatitis/Other |

Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

General Information

In-Custody Death Data: Suicide Prevention

Total Bookings into Contra Costa Custody Services Bureau – 2018: **25,294 Adults**

Approximate Comparison to CDC Adult Suicide Rate

United States Adult Suicide Rate: **20.8 per 100,000 Persons** (*Source: Centers for Disease Control*)

Highest Contra Costa Jail Adult Suicide Rate (*not actual no.*): **16 per 100,000 Persons** (*Extrapolated from 2015 data set*)

Lowest Contra Costa Jail Adult Suicide Rate (*not actual no.*): **8 per 100,000 Persons** (*Extrapolated from 2016 data set*)

General Information

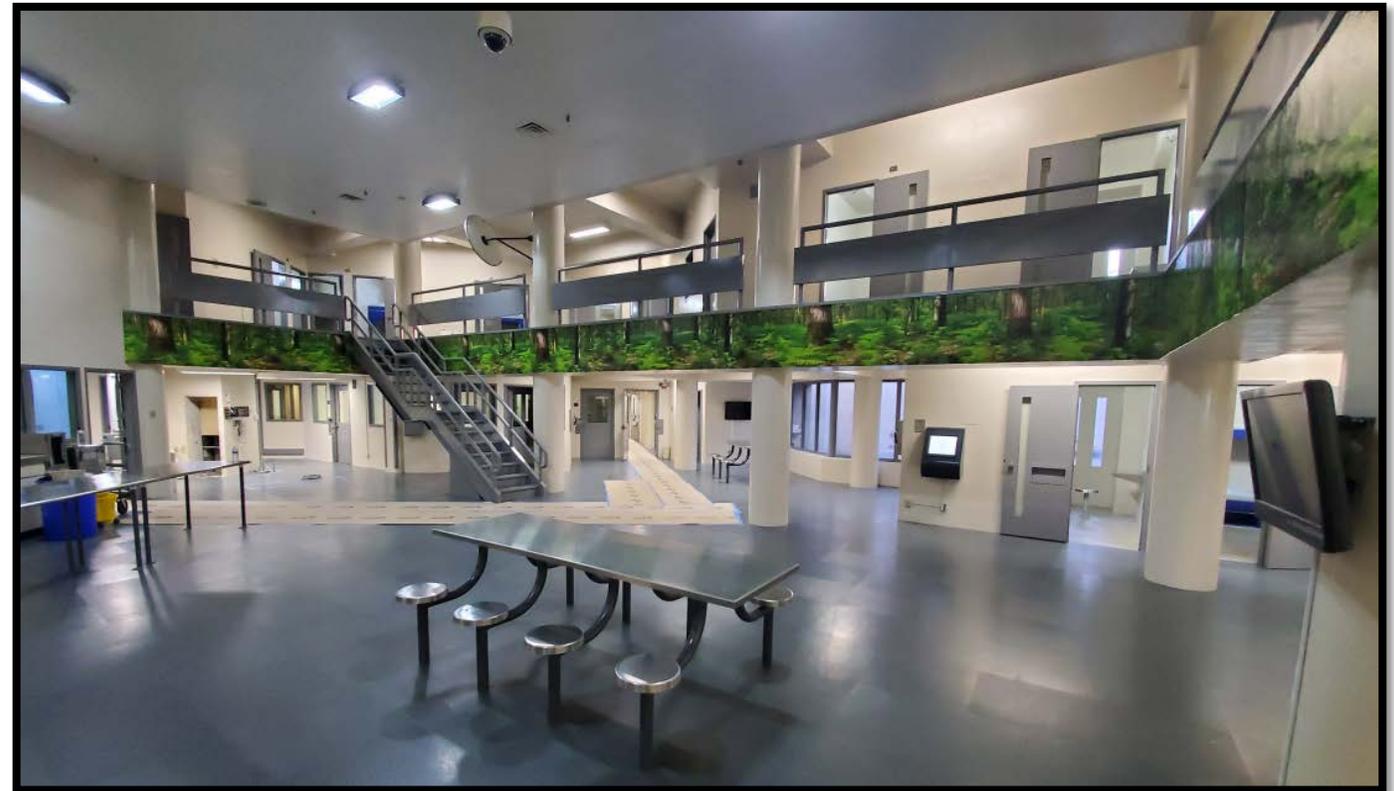
In-Custody Death Data – Medical Protocol:

- All Persons Admitted to Jail Intake Receive Comprehensive Medical & Psychological Screening At Time of Booking by Dedicated Nursing Staff
- New Private Mental Health Evaluation Rooms have been Constructed in MDF Intake Area for Privacy
- All Medical and Psychological Jail Care Provided by Physicians and Nurses from Contra Costa County Health
- Sheriff's Office Staff and Contra Costa Health Have Been Working with the Prison Law Office to Implement Best Practices in Health/Psychological Care Service Delivery for past two years
- Persons Often Enter Jail Intake with Significant Untreated Health Care Issues and Poor General Health
- Narcotics Addiction and/or Mental Health Conditions are Common

General Information

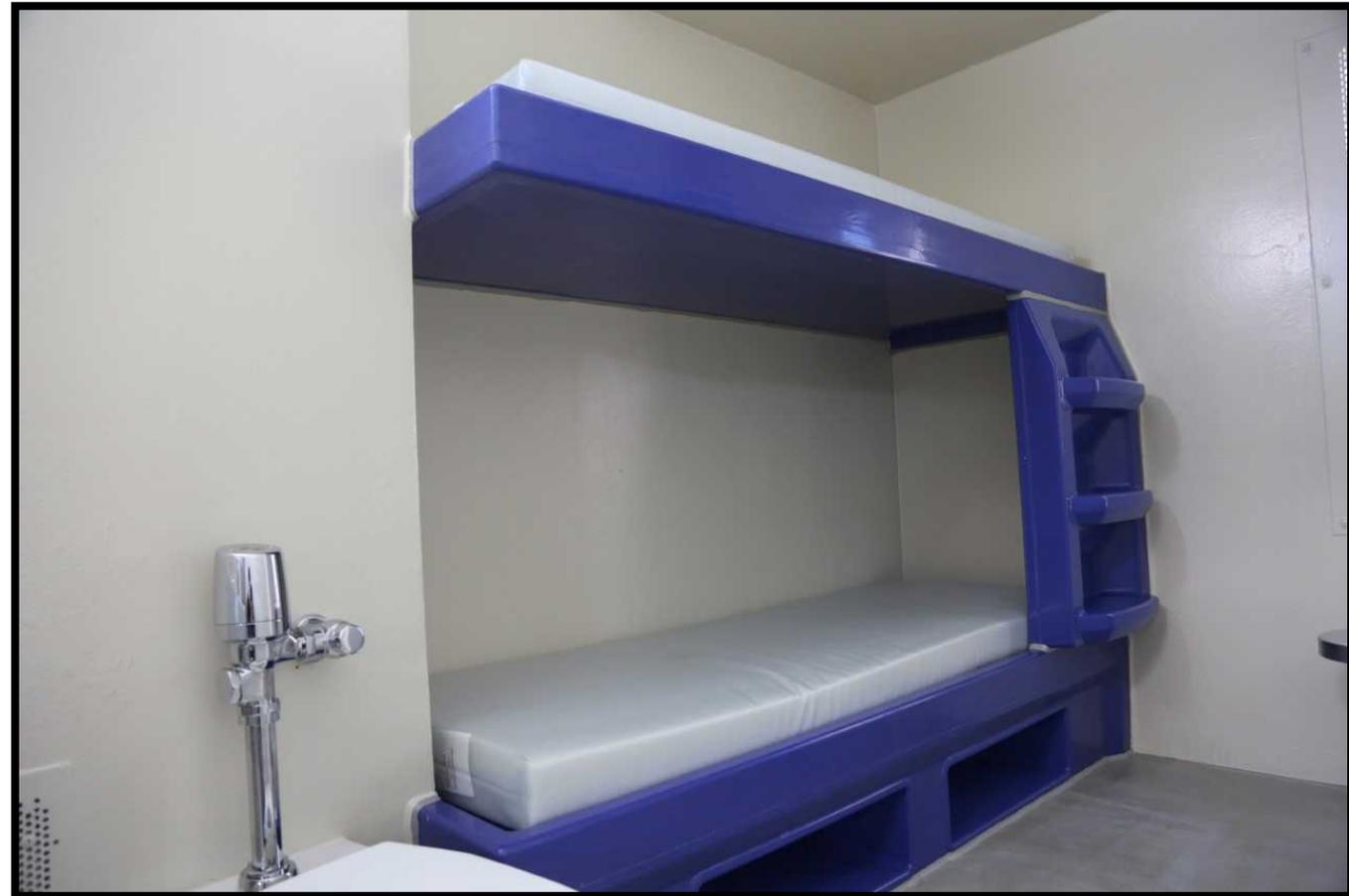
In-Custody Death Data: Suicide Prevention

- New F Module (Behavioral Health) at MDF. Remodeled, painted and installed with a biophilia graphic according to best practices.
- In hopes of reducing suicides, the Sheriff's Office has used IWF Reserve Funds to purchase \$301,000 in ligature-proof bedding to increase inmate safety.
- Special thanks to Brian Balbas and entire Public Works team for jail improvements.



General Information
In-Custody Death Data:
Suicide Prevention

- Example of new Ligature-Proof Bedding Installed in F Module



Contra Costa County
Office of the Sheriff
ICE Access Forum – 2018 Report

End of Report



REQUEST TO SPEAK (2-minute limit)

CITIZENS PARTICIPATION

There are opportunities for citizens to make comments or present information to the Board of Supervisors.

When you are recognized by the chair to speak, approach the lectern and give your name followed by comments.

CONTRA COSTA COUNTY Board of Supervisors

Personal information is optional. This speaker card is part of the public record for this meeting.

Today's
Date:

After completing this form place it in the box near the podium.

Your Name: Adey Teshager Representing: Safe Return
Address: 1011 Mc Donald Ave Phone or Email: Adey@SafeReturn.com

CIRCLE ONE:
General Public
Comment
or
Agenda Item #

SUBJECT MATTER TO BE PRESENTED:

I do not want to speak but would like to leave comments for the Board to consider (Use the back of this form)

Please write comment here if you wish not to speak.
96 hrs

*Why was the Shermits data
upgraded today & not made
available for the public as
we agreed upon. ~~96 hrs~~ - allotted time
of 96 hrs.*



**Contra
Costa
County**

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: July 30, 2019

Subject: Contract Amendment #3 for the 2016 On-Call Trucking Services Contract for Various Road and Flood Control Maintenance Work, Countywide.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Dillard Trucking, Inc., effective July 30, 2019, to increase the payment limit by \$350,000 to a new payment limit of \$950,000, with no change to the term November 8, 2018 to November 8, 2019 for the 2016 On-Call Trucking Services Contract for Various Road and Flood Control Maintenance Work, Countywide.

FISCAL IMPACT:

Contract Amendment #3 will increase the contract payment limit from \$600,000 to \$950,000, which is funded by 100% Local Road and Flood Control Funds.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

- AYE:
- John Gioia, District I Supervisor
 - Candace Andersen, District II Supervisor
 - Diane Burgis, District III Supervisor
 - Karen Mitchoff, District IV Supervisor
 - Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Caroline Tom 925
313-7007

cc:

BACKGROUND:

On November 8, 2016, the County awarded one on-call contract to Dillard Trucking, Inc. for trucking services consisting of trucks and operators to support road and flood control maintenance repair work, for a total allotted amount of \$300,000, with a completion time of 1 year from the effective date of November 8, 2016, with the option of two one-year extensions. Amendment No. 1 extended the completion date from November 8, 2017 to November 8, 2018 and was approved by the Board of Supervisors on December 19, 2017. Amendment No. 2 extended the contract completion date from November 8, 2018 to November 8, 2019, and increased the payment limit from \$300,000 to \$600,000; the Board of Supervisors approved Amendment No. 2 on July 24, 2018.

The County chip seal operation will require the use of trucking to transfer rock to the job sites. The existing payment limit for this contract is close to being exceeded due to prior and preliminary work that has been issued. To accommodate the requirements of the chip seal operation and future routine trucking needs, it is necessary to increase the contract payment limit. Amendment No. 3 is increasing the payment limit from \$600,000 to \$950,000.

CONSEQUENCE OF NEGATIVE ACTION:

If Amendment No. 3 is not approved, the Public Works Department may be unable to complete routine road and flood control maintenance work in a timely manner.



**Contra
Costa
County**

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: July 30, 2019

Subject: Submit grant applications to CCTA for the 2020 State Transportation Improvement Program, Concord and Pleasant Hill areas.

RECOMMENDATION(S):

AUTHORIZE the Public Works Director, or designee, to submit grant applications to the Contra Costa Transportation Authority for the 2020 State Transportation Improvement Program (STIP) funding cycle for the Kirker Pass Road and Hess Road Intersections Improvements Project and Treat Boulevard Corridor Improvements Project, Concord and Pleasant Hill areas.

FISCAL IMPACT:

100% Contra Costa Transportation Authority

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Mary Halle,
925.313.2327

cc:

BACKGROUND:

The STIP is a multi-year capital improvement program of transportation projects on and off the State Highway System, funded with revenues from the State Highway Account and other funding agencies. The 2020 STIP will cover the 5-year period from Fiscal Year (FY) 2020-21 through FY 2024-25. The specific amount available to the program in the 2020 STIP will not be known until the California Transportation Commission (CTC) adopts the Fund Estimate in August 2019.

The 2020 STIP will add programming of funds, if available, in FY 2023-24 and FY 2024-25. The STIP funds can be used to fund one or more phases of a capital project (e.g. environmental clearance, design, right-of-way, and/or construction).

Projects will be screened based on the following criteria:

1. Project must be consistent with adopted Regional Transportation Plan (RTP).
2. Local projects must be in a Congestion Management Plan (CMP).
3. Candidate projects must submit a draft Project Status Report (PSR) or PSR Equivalent along with the application by August 9, 2019. Final PSRs should be submitted to the Authority no later than October 4, 2019.
4. Funds must be allocated for the phase(s) requesting STIP funding within the period between FY 2023-24 and FY 2024-25.
5. Project/project phases must be fully funded with requested STIP funds and other committed fund sources. Current STIP projects cannot seek additional funds for the same phase.
6. Projects must solve an existing problem related to safety, capacity, and/or operations.
7. Requested STIP funds must be for capital improvements and must be at least \$1 million.
8. Roadway projects must be on collector roads or above, as classified by the California Department of Transportation (Caltrans) California Road System (CRS) maps.
9. Since STIP funds are federalized, project sponsors must be willing to go through Caltrans Local Assistance for the complete federal process.
10. Projects that are operational in nature must show commitment of Operations and Maintenance funds for the life of the project.
11. Applications are limited to no more than two per jurisdiction.

The following projects selected for submittal fulfill all these requirements:

1. Kirker Pass Road and Hess Road Intersections Improvements
2. Treat Boulevard Corridor Improvements

Kirker Pass Road and Hess Road Intersections Improvements

The purpose of the project is to improve safety at the intersections of Kirker Pass Road and Hess Road in unincorporated Concord. Hess Road intersects with Kirker Pass Road in two locations. Access to Kirker Pass Road from both the northern and southern intersections of Hess Road is a challenge for the residents of Hess Road. The proposed project will analyze the roadway geometry at both intersections and provide appropriate roadway improvements as determined by staff.

Treat Boulevard Corridor Improvements

The purpose of the project is to improve safety along Treat Boulevard from the North Main Street intersection to the Jones Road/Iron Horse Trail Bridge intersection. The project will address challenges and barriers to bicycling and walking by providing enhanced bicycle and pedestrian facilities, which were

studied in the 2017 Contra Costa Centre I-680/Treat Boulevard Bicycle and Pedestrian Plan. The proposed project will provide buffered (where applicable) and unbuffered bicycle lanes, a shared use bicycle and pedestrian path, and geometric modifications to Oak Road/Treat Boulevard intersection and the I-680 off-ramp onto Treat Boulevard, which will improve pedestrian and bicycle crossings. While an eastbound lane will be removed and replaced with a bicycle lane and the slip lane at the I-680 off-ramp will be removed, congestion has been found to be overall improved with the removal of traffic conflict points.

CONSEQUENCE OF NEGATIVE ACTION:

If the Public Works Department is not authorized to submit applications, grant funding will not be available, which will delay the design and construction of the projects.



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: July 30, 2019

Subject: Close Edgcroft Road at both intersections of Coventry Road, on August 6, 2019 from 5:00 PM through 9:00 PM, Kensington area.

RECOMMENDATION(S):

ADOPT Resolution No. 2019/505 approving and authorizing the Public Works Director, or designee, to partially close Edgcroft Road at both intersections of Coventry Road, on August 6, 2019 from 5:00 PM through 9:00 PM, for the purpose of the Annual Neighborhood Block Party on National Night Out, Kensington area. (District I)

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Applicant shall follow guidelines set forth by the Public Works Department.

CONSEQUENCE OF NEGATIVE ACTION:

Applicant will be unable to close the road for planned activities.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Randolph Sanders
(925)313-2111

By: Stacey M. Boyd, Deputy

AGENDA ATTACHMENTS

Resolution No. 2019/505

MINUTES ATTACHMENTS

Signed: Resolution No.

2019/505

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

John Gioia
Candace Andersen
Diane Burgis
Karen Mitchoff
Federal D. Glover

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2019/505

IN THE MATTER OF approving and authorizing the Public Works Director, or designee, to partially close Edgcroft Road at both intersections of Coventry Road, on August 6, 2019 from 5:00 PM through 9:00 PM, for the purpose of the Annual Neighborhood Block Party on National Night Out, Kensington area. (District I)

RC19-10

IT IS BY THE BOARD RESOLVED that permission is granted to Meryl Rafferty to partially close Edgcroft Road at both intersections of Coventry Road, on August 6, 2019 from 5:00 PM through 9:00 PM, for the purpose of the Annual Neighborhood Block Party on National Night Out, subject to the following conditions:

1. Traffic will be detoured per traffic control plan reviewed by Public Works.
2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.
3. Meryl Rafferty shall comply with the requirements of the Ordinance Code of Contra Costa County.
4. Provide the County with a Certificate of Insurance in the amount of \$1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.
5. Obtain approval for the closure from the Sheriff's Department, the California Highway Patrol and the Fire District.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

Contact: **Randolf Sanders (925)313-2111**

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

cc: Jocelyn LaRocque- Engineering Services, Randolf Sanders- Engineering Services, Sheriff - Patrol Division Commander, CHP, Joshua Laranang- Engineering Services, Bob Hendry -Engineering Services

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

John Gioia
Candace Andersen
Diane Burgis
Karen Mitchoff
Federal D. Glover

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2019/505

IN THE MATTER OF approving and authorizing the Public Works Director, or designee, to partially close Edgcroft Road at both intersections of Coventry Road, on August 6, 2019 from 5:00 PM through 9:00 PM, for the purpose of the Annual Neighborhood Block Party on National Night Out, Kensington area. (District I)

RC19-10

IT IS BY THE BOARD RESOLVED that permission is granted to Meryl Rafferty to partially close Edgcroft Road at both intersections of Coventry Road, on August 6, 2019 from 5:00 PM through 9:00 PM, for the purpose of the Annual Neighborhood Block Party on National Night Out, subject to the following conditions:

1. Traffic will be detoured per traffic control plan reviewed by Public Works.
2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.
3. Meryl Rafferty shall comply with the requirements of the Ordinance Code of Contra Costa County.
4. Provide the County with a Certificate of Insurance in the amount of \$1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.
5. Obtain approval for the closure from the Sheriff's Department, the California Highway Patrol and the Fire District.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: **July 30, 2019**

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Stacey M. Boyd
By: Stacey M. Boyd, Deputy

Contact: **Randolf Sanders (925)313-2111**

cc: Jocelyn LaRocque- Engineering Services, Randolf Sanders- Engineering Services, Sheriff - Patrol Division Commander, CHP, Joshua Laranang- Engineering Services, Bob Hendry -Engineering Services



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: July 30, 2019

Subject: Close Castle Glen Road between both intersections of Creekdale Road, on August 6, 2019 from 5:30 PM through 9:00 PM, Walnut Creek area.

RECOMMENDATION(S):

ADOPT Resolution No. 2019/506 approving and authorizing the Public Works Director, or designee, to partially close Castle Glen Road between both intersections of Creekdale Road and Castle Glen Road, on August 6, 2019 from 5:30 PM through 9:00 PM, for the purpose of the 2nd Annual National Night Out Neighborhood Block Party, Walnut Creek area. (District IV)

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Applicant shall follow guidelines set forth by the Public Works Department.

CONSEQUENCE OF NEGATIVE ACTION:

Applicant will be unable to close the road for planned activities.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Randolph Sanders
(925)313-2111

By: Stacey M. Boyd, Deputy

AGENDA ATTACHMENTS

Resolution No. 2019/506

MINUTES ATTACHMENTS

Signed: Resolution No.

2019/506

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

| | |
|-----------------|--|
| | John Gioia |
| | Candace Andersen |
| AYE: | <input type="text" value="5"/> Diane Burgis |
| | Karen Mitchoff |
| | Federal D. Glover |
| NO: | <input type="text"/> |
| ABSENT: | <input type="text"/> |
| ABSTAIN: | <input type="text"/> |
| RECUSE: | <input type="text"/> |



Resolution No. 2019/506

IN THE MATTER OF approving and authorizing the Public Works Director, or designee, to partially close Castle Glen Road between both intersections of Creekdale Road and Castle Glen Road, on August 6, 2019 from 5:30 PM through 9:00 PM, for the purpose of the 2nd Annual National Night Out Neighborhood Block Party, Walnut Creek area. (District IV)

RC19-11

IT IS BY THE BOARD RESOLVED that permission is granted to Hillary Friedman to partially close Castle Glen Road between both intersections of Creekdale Road and Castle Glen Road, on August 6, 2019 from 5:30 PM through 9:00 PM, for the purpose of the 2nd Annual National Night Out Neighborhood Block Party, subject to the following conditions:

1. Traffic will be detoured per traffic control plan reviewed by Public Works.
2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.
3. Hillary Friedman shall comply with the requirements of the Ordinance Code of Contra Costa County.
4. Provide the County with a Certificate of Insurance in the amount of \$1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.
5. Obtain approval for the closure from the Sheriff's Department, the California Highway Patrol and the Fire District.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Randolph Sanders (925)313-2111

By: Stacey M. Boyd, Deputy

cc: Jocelyn LaRocque- Engineering Services, Randolph Sanders- Engineering Services, Joshua Laranang- Engineering Services, Bob Hendry -Engineering Services, Sheriff - Patrol Division Commander, CHP

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

John Gioia
Candace Andersen
Diane Burgis
Karen Mitchoff
Federal D. Glover

AYE: 5

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2019/506

IN THE MATTER OF approving and authorizing the Public Works Director, or designee, to partially close Castle Glen Road between both intersections of Creekdale Road and Castle Glen Road, on August 6, 2019 from 5:30 PM through 9:00 PM, for the purpose of the 2nd Annual National Night Out Neighborhood Block Party, Walnut Creek area. (District IV)

RC19-11

IT IS BY THE BOARD RESOLVED that permission is granted to Hillary Friedman to partially close Castle Glen Road between both intersections of Creekdale Road and Castle Glen Road, on August 6, 2019 from 5:30 PM through 9:00 PM, for the purpose of the 2nd Annual National Night Out Neighborhood Block Party, subject to the following conditions:

1. Traffic will be detoured per traffic control plan reviewed by Public Works.
2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.
3. Hillary Friedman shall comply with the requirements of the Ordinance Code of Contra Costa County.
4. Provide the County with a Certificate of Insurance in the amount of \$1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.
5. Obtain approval for the closure from the Sheriff's Department, the California Highway Patrol and the Fire District.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Stacey M. Boyd
By: Stacey M. Boyd, Deputy

Contact: Randolph Sanders (925)313-2111

cc: Jocelyn LaRocque- Engineering Services, Randolph Sanders- Engineering Services, Joshua Laranang- Engineering Services, Bob Hendry -Engineering Services, Sheriff - Patrol Division Commander, CHP



**Contra
Costa
County**

To: Board of Supervisors
From: Keith Freitas, Airports Director
Date: July 30, 2019

Subject: APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a hangar rental agreement with Buchanan Field Airport Hangar tenant

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a month-to-month hangar rental agreement with Andre Elghawi for a Shade hangar at Buchanan Field Airport effective July 13, 2019 in the monthly amount of \$140.00, Pacheco area (District IV).

FISCAL IMPACT:

The Airport Enterprise Fund will realize \$1,680.00 annually.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Beth Lee (925)
681-4200

cc:

BACKGROUND:

On September 1, 1970, Buchanan Airport Hangar Company entered into a 30-year lease with Contra Costa County for the construction of seventy-five (75) hangars and eighteen (18) aircraft shelters/shade hangars at Buchanan Field Airport. In 1977 Buchanan Airport Hangar Company amended their lease to allow for the construction of another 30-year lease with Contra Costa County for the construction of seventeen (17) additional hangars. Buchanan Airport Hangar Company was responsible for the maintenance and property management of the property during the lease period.

On September 1, 2000, the ninety-three (93) t- and shade hangars at Buchanan Field reverted to the County ownership pursuant to the terms of the above lease.

On November 14, 2006, the Contra Costa County Board of Supervisors approved the form of the T-Hangar and Shade Hangar Rental Agreement for use with renting the County's t-hangars, shade hangars, medium hangars, and executive hangars at Buchanan Field Airport.

On February 16, 2007, the additional seventeen (17) hangars at Buchanan Field reverted back to the County pursuant to the above referenced lease. This row included six (6) large hangars which were not covered by the approved T-Hangar and Shade Hangar Rental Agreement.

On February 23, 2007, Contra Costa County Board of Supervisors approved the new Large Hangar Rental Agreement for use with the large East Ramp Hangars.

On January 16, 2009, Contra Costa County Board of Supervisors approved an amendment to the T-Hangar and Shade Hangar Rental Agreement and the Large Hangar Rental Agreement (combined "Hangar Rental Agreements") which removed the Aircraft Physical Damage Insurance requirement. The Hangar Rental Agreements are the current forms in use for rental of all the County hangars at Buchanan Field Airport.

CONSEQUENCE OF NEGATIVE ACTION:

A negative action will cause a loss of revenue to the Airport Enterprise Fund.

ATTACHMENTS

Hangar Rental Agreement

CONTRA COSTA COUNTY - BUCHANAN FIELD AIRPORT

T-HANGAR AND SHADE HANGAR RENTAL AGREEMENT

1. **PARTIES:** July 13, 2019 ("Effective Date"), the COUNTY OF CONTRA COSTA, a political subdivision of the State of California ("Airport"), Andre Elghawi ("Renter"), hereby mutually agree and promise as follows:

2. **RENTER AND AIRCRAFT INFORMATION:** Simultaneous with the execution of this T-Hangar and Shade Hangar Rental Agreement ("**Rental Agreement**") by Renter, Renter shall complete the Renter and Aircraft Information Form. A completed copy of the Renter and Aircraft Information Form is attached hereto as Exhibit "A" and incorporated herein. Renter must also provide to Airport at that time, for inspection and copying, (1) the original current Aircraft Registration or, if the aircraft described in Exhibit A is under construction, the plans for and proof of ownership of such aircraft; and (2) the insurance information required by Section 16 below.

3. **PURPOSE:** The purpose of this Rental Agreement is to provide for the rental of a T-Hangar or Shade Hangar space at the Contra Costa County - Buchanan Field Airport for the storage of the aircraft described in the Renter and Aircraft Information Form ("**Renter's Aircraft**").

4. **PREMISES:** For and in consideration of the rents and faithful performance by Renter of the terms and conditions set forth herein, Airport hereby rents to Renter and Renter hereby rents from Airport that T-Hangar or Shade Hangar shown as # B-11 on the T-Hangar and Shade Hangar Site Plan, attached hereto as Exhibit B and incorporated herein. This T-Hangar or Shade Hangar is part of the T-Hangar and Shade Hangar Site ("**T-Hangar Site**") and shall hereinafter be described as the "**T-Hangar.**"

Renter has inspected the T-Hangar and hereby accepts the T-Hangar in its present condition, as is, without any obligation on the part of Airport to make any alterations, improvements, or repairs in or about the T-Hangar.

5. **USE:** The T-Hangar shall be exclusively by Renter for the storage of Renter's Aircraft. In addition to the storage of Renter's Aircraft, Renter may use the T-Hangar for (1) the homebuilding, restoration and/or maintenance of Renter's Aircraft, provided that such homebuilding, restoration and/or maintenance is performed by Renter only and in conformance with all applicable statutes, ordinances, resolutions, regulations, orders, circulars (including but not limited to FAA Advisory Circular 20-27) and policies now in existence or adopted from time to time by the United States, the State of California, the County of Contra Costa and other government agencies with jurisdiction over Buchanan Field Airport; (2) the storage of and materials directly

related to the storage, construction of homebuilt planes homebuilding, restoration, and/or maintenance of Renter's Aircraft; (3) the storage of one boat, or one recreational vehicle, or one motorcycle, or one automobile, provided that Renter first provides to Airport proof of Renter's ownership and original registration of any stored boat or vehicle, for inspection and copying; and/or (4) the storage of comfort items (such as a couch, small refrigerator, etc.) that the Director of Airports, in his sole discretion, determines will not impede the use of the hangar for the storage of Renter's Aircraft, and are not prohibited by applicable building and fire codes. The T-Hangar shall not be used for any purpose not expressly set forth in this Section 5. Use.

The use of all or a portion of the T-Hangar for the storage of aircraft not owned or leased by Renter is prohibited. ("Aircraft not owned or leased by Renter" means any aircraft in which Renter does not have an ownership interest or which is not directly leased to Renter). Renter shall present proof of said ownership interest or lease to Airport upon request in addition to that information provided in Exhibit A.

If Renter's Aircraft is or becomes non-operational, it may be stored in the T-Hangar only if it is being homebuilt or restored by Renter. Prior to the commencement of any such homebuilding or restoration, Renter shall provide to Airport (1) a copy of the purchase agreement or (2) a valid federal registration number. If Renter's Aircraft is not registered as of the Effective Date, upon completion of construction, Renter shall register and apply for an airworthiness certificate for Renter's Aircraft in accordance with all applicable federal statutes and regulations and provide the original registration and certification to Airport, for inspection and copying, immediately upon receipt by Renter. On or before January 1 of each year, if the homebuilding or restoration has not been completed, Renter shall provide a written annual report to the Director of Airports that details the homebuilding or restoration activity performed, work still required to be completed and an estimate of time of completion.

6. **TERM:** This Rental Agreement shall be from month to month commencing **July 13, 2019**, and shall continue until terminated. This Rental Agreement may be terminated by any party upon thirty (30) days written notice to the other party.

7. **RENT:**

A. **Monthly Rent and Additional Rent.** Renter shall pay \$ **140.00** in rent per month ("**Monthly Rent**") due and payable in advance on the first day of each calendar month, beginning on the commencement date of this Rental Agreement. Unless directed to do otherwise by Airport, Renter shall pay rent only in cash or by personal check, certified check, or money order. If the term of this Rental Agreement begins on a day other than the first day of the month, the Monthly Rent stated above for the first month shall be prorated



**Contra
Costa
County**

To: Board of Supervisors
From: David Twa, County Administrator
Date: July 30, 2019

Subject: Claims

RECOMMENDATION(S):

DENY claims filed by Nicholas Amatrone, Nick Amatrone, Enterprise Rent-A-Car, Enterprise Rent-A-Car of San Francisco, Hearts For Paws Rescue, and Lalit Kumar.

FISCAL IMPACT:

No Fiscal Impact.

BACKGROUND:

Nicholas Amatrone: Personal injury claim for false imprisonment in the amount of \$100,000,000.

Nick Amatrone: : Personal injury claim for false imprisonment in the amount of \$100,000,000.

Enterprise Rent-A-Car: Property claim for damage to vehicle in the amount of \$2,275.30

Enterprise Rent-A-Car Company of San Francisco, LLC: Property claim for damage to vehicle in the amount of \$1,887.29

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Scott Selby
925.335.1400

cc:

BACKGROUND: (CONT'D)

Hearts For Paws Rescue: Claim for failure to pay for services provided to Animal Shelter in the amount of \$15,000.

Lalit Kumar: Property claim for damage to vehicle in the amount of \$2,313.



Contra
Costa
County

To: Board of Supervisors
From: Karen Mitchoff, District IV Supervisor
Date: July 30, 2019

Subject: In the matter of Recognizing the 50th Anniversary of the Concord Jazz Festival

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stephanie Mello, Deputy

Contact: Colleen Isenberg,
925-521-7100

cc:

AGENDA ATTACHMENTS

Resolution 2019/518

MINUTES ATTACHMENTS

Signed Resolution No.

2019/518

*The Board of Supervisors of
Contra Costa County, California*

In the matter of:

Resolution No. 2019/518

In the matter of Recognizing the 50th Anniversary of the Concord Jazz Festival

Whereas, in 1969 Carl Jefferson organized the first Concord Summer Music Festival that later became the Concord Jazz Festival; and

Whereas, the inaugural event brought out 17,000 fans to what would be later designated at Dave Brubeck Park; and

Whereas, the festival found its current home at the Concord Pavilion due to the growth of the event over the years; and

Whereas, over the course of the last 50 years the Concord Jazz Festival has welcomed Count Baisey, Rosemary Clooney, Ella Fitzgerald, Wood Herman, Marian McParltand, Mel Torrme, Pancho Sanchez and Dave Brubeck, who was Concord born and raised; and

Whereas, in 1973 Carl Jefferson started Concord Records which operated in Concord for 26 years; and

Whereas, talented musicians at Concord Records recorded albums that made the billboard charts, which lead to a strong jazz history in Concord; and

Whereas, the Concord Jazz Festival will sponsor several jazz related events over the course of August 1-August 10 celebrating jazz in all its forms; and

Whereas, the 50th Anniversary Jazz Festival and Art & Wine Expo will be held August 3, 2019 starting at 4pm at the Concord Pavilion and will feature Dave Koz & Friends Summer Horns, Esperanza Spalding, Chick Corea Spanish Heart Band, The Legendary Count Basie Orchestra featuring Patti Austin, Jamison Ross, Carmen Bradford and Poncho Sanchez & his Latin Jazz Band, and many more.

Now therefore be it resolved that the Contra Costa County Board of Supervisors recognizes 50th Anniversary of the Concord Jazz Festival and honors the community for their rich jazz tradition.

JOHN GIOIA

Chair, District I Supervisor

CANDACE ANDERSEN

District II Supervisor

DIANE BURGIS

District III Supervisor

KAREN MITCHOFF

District IV Supervisor

FEDERAL D. GLOVER

District V Supervisor

I hereby certify that this is a true and correct copy of an
action taken
and entered on the minutes of the Board of Supervisors on
the date
shown.

ATTESTED: July 30, 2019

David J. Twa,

By: _____, Deputy

The Board of Supervisors of
Contra Costa County, California

PR.1, C.7

In the matter of Recognizing the 50th Anniversary of
the Concord Jazz Festival

Resolution No. 2019/518

WHEREAS, in 1969 Carl Jefferson organized the first Concord Summer Music Festival that later became the Concord Jazz Festival; and

WHEREAS, the inaugural event brought out 17,000 fans to what would be later designated at Dave Brubeck Park; and

WHEREAS, the festival found its current home at the Concord Pavilion due to the growth of the event over the years; and

WHEREAS, over the course of the last 50 years the Concord Jazz Festival has welcomed Count Basey, Rosemary Clooney, Ella Fitzgerald, Wood Herman, Marian McParland, Mel Torrme, Pancho Sanchez and Dave Brubeck, who was Concord born and raised; and

WHEREAS, in 1973 Carl Jefferson started Concord Records which operated in Concord for 26 years; and

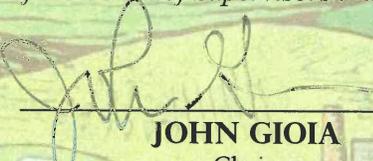
WHEREAS, talented musicians at Concord Records recorded albums that made the billboard charts, which lead to a strong jazz history in Concord; and

WHEREAS, the Concord Jazz Festival will sponsor several jazz related events over the course of August 1-August 10 celebrating jazz in all its forms; and

WHEREAS, the 50th Anniversary Jazz Festival and Art & Wine Expo will be held August 3, 2019 starting at 4pm at the Concord Pavilion and will feature Dave Koz & Friends Summer Horns, Esperanza Spalding, Chick Corea Spanish Heart Band, The Legendary Count Basie Orchestra featuring Patti Austin, Jamison Ross, Carmen Bradford and Poncho Sanchez & his Latin Jazz Band, and many more.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Contra Costa County does hereby recognizes 50th Anniversary of the Concord Jazz Festival and honors the community for their rich jazz tradition.

PASSED by a unanimous vote of the Board of Supervisors members present this 30th day of July, 2019.



JOHN GIOIA
Chair,
District I Supervisor



CANDACE ANDERSEN
District II Supervisor



DIANE BURGIS
District III Supervisor



KAREN MITCHOFF
District IV Supervisor

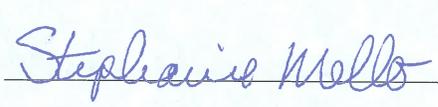


FEDERAL D. GLOVER
District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown:

ATTESTED: July 30, 2019

DAVID TWA, Clerk of the Board of Supervisors and County Administrator

By , Deputy





Contra
Costa
County

To: Board of Supervisors
From: John Gioia, District I Supervisor
Date: July 30, 2019

Subject: Accept the resignation of Robin Tanner from Appointed Seat 2 of the El Sobrante Municipal Advisory Council

RECOMMENDATION(S):

ACCEPT the resignation of Robin Tanner, DECLARE Appointed Seat 2 of the El Sobrante Municipal Advisory Council vacant, and DIRECT the Clerk of the Board to post the vacancy.

FISCAL IMPACT:

None

BACKGROUND:

Ms. Tanner has been serving successfully and has decided to step down because the El Sobrante MAC has become more robust.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: 07/30/2019 APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: James Lyons,
510-231-8692

cc:



Contra
Costa
County

To: Board of Supervisors
From: Diane Burgis, District III Supervisor
Date: July 30, 2019

Subject: VACANCY ON THE SUSTAINABILITY COMMISSION

RECOMMENDATION(S):

ACCEPT resignation of Gretchen Logue, DECLARE vacant the District 3 Alternate seat on the Sustainability Commission and DIRECT the Clerk of the Board to post the vacancy.

FISCAL IMPACT:

None.

BACKGROUND:

Ms. Logue notified the District Office of her resignation to the Sustainability Commission effective immediately.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Lea Castleberry
925-252-4500

cc:



**Contra
Costa
County**

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: July 30, 2019

Subject: Reappoint Armando Morales to Economic Opportunity Council, Low Income Sector 5 Seat

RECOMMENDATION(S):

REAPPOINT Armando Morales to Low-Income Sector 5 seat of the Contra Costa County Economic Opportunity Council with a term end date of June 30, 2021, as recommended by the Employment and Human Services Director.

FISCAL IMPACT:

There is no fiscal impact.

BACKGROUND:

The duties and responsibilities of the Economic Opportunity Council include: reviewing fiscal and programmatic reports submitted by staff and the performance of Community Services Block Grant contractors and the Weatherization program services; selecting its officers and appointing members to EOC Committees; making recommendations to the Board of Supervisors on all program proposals and budgets related to Community Services Block Grant and the Weatherization program; and requiring and receiving budget and other reports prepared by staff every other month along with an Annual Report in September.

This board order seeks to reappoint Armando Morales to Low-Income Sector 5 with a term end date of June 30, 2021. Mr. Morales resides in Oakley, California and has served on the Council since January 7, 2014.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: CSB (925) 681-6308

cc: Nancy Sparks

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, the Economic Opportunity Council's ability to conduct routine business will be impaired.

ATTACHMENTS

A. Morales Application



Contra Costa County

Please return completed applications to:

Clerk of the Board of Supervisors

651 Pine St., Room 106

Martinez, CA 94553

or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name

Morales

Last Name

Armando

Home Address - Street

[Redacted]

City

Oakley

Zip Code

94561

Phone (best number to reach you)

[Redacted]

Email

[Redacted]

Resident of Supervisorial District:

5

EDUCATION

Check appropriate box if you possess one of the following:

High School Diploma

CA High School Proficiency Certificate

G.E.D. Certificate

| Colleges or Universities Attended | Course of Study/Major | Degree Awarded | |
|-----------------------------------|-----------------------|------------------------------|-----------------------------|
| Martires de Tlatelolca | Plastic Art | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other Training Completed:

Certificate of Achievement NAMI Teacher

Board, Committee or Commission Name

Economic Opportunity Council

Seat Name

Low-Income Seat No. 5

Have you ever attended a meeting of the advisory board for which you are applying?

No

Yes If yes, how many?

Numerous.

Please explain why you would like to serve on this particular board, committee, or commission.

I like to serve the low-income families and community. I would like to help different necessities. Mental Health is something I like to focus on and also to help the younger generations reach their dreams.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I have served on this board for the last six years and for headstart four years. I have been with Nami for one year. I do make involvement with the community for 1 year. For the city of oakley, I've served in the community for 1 year. I have been serving the community in many counties for almost 20 years total as a volunteer.

I am including my resume with this application:

Please check one: Yes No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.

Please check one: Yes No

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: Yes No

List any volunteer and community experience, including any boards on which you have served.

I have volunteered in Brentwood with a program for two years called Village Drive Resame Center. I've served on the Policy Council in 2011-2012. I have served with head start programs for 4 years and with EOC for almost six. I volunteered County-wide when I get the opportunity to help.

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one: Yes No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: Yes No

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publicly accessible. I understand and agree that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed:  Date: 07/10/19

Submit this application to: Clerk of the Board of Supervisors
651 Pine St., Room 106
Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 335-1900 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
3. Members of certain boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.
8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.



Contra
Costa
County

To: Board of Supervisors
From: Dianne Dinsmore, Human Resources Director
Date: July 30, 2019

Subject: Reclassify One (1) Planning Technician III to Senior Planning Technician

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22447 to reclassify one (1) Planning Technician III (51TB) (represented) position number 14649 at salary plan and grade ZM5 1352 (\$4,871 - \$5,921) and its incumbent to Senior Planning Technician (51SC) (represented) at salary plan and grade ZB5 1436 (\$5,293 - \$6,434) in the Conservation and Development Department.

FISCAL IMPACT:

Upon approval this action will result in an annual cost of \$9,000 of which \$2,000 is attributed to pension cost. The Land Development Fund will absorb all costs.

BACKGROUND:

Over the past several years, the incumbent in the position of Planning Technician III has assumed additional responsibilities, varied job duties at a higher level than those typically allocated to the current classification. This occurred due to turnover of staff members with critical job duties that needed to get completed. There are numerous tasks that are performed that are not commensurate with the current classification. Reclassification is warranted and will properly align the job classification with the desk's duties. This action is requested on the basis that the incumbent has been performing the higher-level responsibilities for the Senior Planning Technician for more than six months.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Arnai Maxey
925-674-7876

cc: Arnai Maxey

CONSEQUENCE OF NEGATIVE ACTION:

Failure to receive Board approval will result in duties not being assigned to the appropriate classification.

AGENDA ATTACHMENTS

P300 22447_Reclass Planning Tech III to Sr. Planning Tech in DCD

MINUTES ATTACHMENTS

Signed: P300 No. 22447

POSITION ADJUSTMENT REQUEST

NO. 22447
DATE 2/20/2019

Department Conservation and Development Department No./
Budget Unit No. 0280 Org No. 2617 Agency No. 38
Action Requested: Reclassify on one Planning Technician III position #14649 to Senior Planning Technician in the Department of Conservation and Development.

Proposed Effective Date: 5/14/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$9,000.00 Net County Cost \$0.00
Total this FY \$2,250.00 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT NA

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

John Kopchik

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

BR for JE

4/25/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Reclassify on one Planning Technician III (51TB) to Senior Planning Technician (51SC) (represented) position number 14649 at salary plan and grade ZM5 1352 (\$4,871 - \$5,921) and its incumbent to Senior Planning Technician (51SC) (represented) at salary plan and grade ZB5 1436 (\$5,293 - \$6,434)

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 7/1/2019(Date)

Alycia Leach

7/17/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

Approve Recommendation of Director of Human Resources
 Disapprove Recommendation of Director of Human Resources
 Other: _____

/s/ Julie DiMaggio Enea

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

Adjustment is APPROVED DISAPPROVED

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 7/24/2019

No. _____

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

C-11

POSITION ADJUSTMENT REQUEST

NO. 22447
DATE 2/20/2019

Department Conservation and Development Department No./
Budget Unit No. 0280 Org No. 2617 Agency No. 38

Action Requested: Reclassify on one Planning Technician III position #14649 to Senior Planning Technician in the Department of Conservation and Development.

Proposed Effective Date: 5/14/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$9,000.00 Net County Cost \$0.00
Total this FY \$2,250.00 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT NA

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

John Kopchik

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

BR for JE

4/25/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Reclassify on one Planning Technician III (51TB) to Senior Planning Technician (51SC) (represented) position number 14649 at salary plan and grade ZM5 1352 (\$4,871 - \$5,921) and its incumbent to Senior Planning Technician (51SC) (represented) at salary plan and grade ZB5 1436 (\$5,293 - \$6,434)

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.

7/1/2019(Date)

Alycia Leach

7/17/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

/s/ Julie DiMaggio Enea

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors and County Administrator

DATE July 30, 2019

BY Jani Napre

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:



Contra
Costa
County

To: Board of Supervisors
From: Joseph E. Canciamilla, Clerk-Recorder
Date: July 30, 2019

Subject: Reallocate Specified Position in Clerk-Recorder-Elections (P300 #22436)

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22436 to 1) REALLOCATE the classification of the Deputy County Clerk-Recorder-Exempt (ALB2) (unrepresented) from salary plan and grade B85-2054 (\$9,765-\$13,086) to salary plan and grade B85-1008 (\$10,985.63-\$14,721.80), incumbent employee #46433 will remain at step 7; and, 2) CANCEL one (1) vacant Clerk-Recorder Services Specialist (EATA) (represented) at salary plan and grade 3R5-1269 (\$4,486-\$5,453); position #17620.

MODIFY Section 33 of the Management Resolution No. 2018/612 to extend a two and one-half percent (2.5%) differential to the classifications of Deputy County Clerk-Recorder-Exempt (ALB2) (unrepresented) at salary plan and grade B85-1008 (\$10,985.63-\$14,721.80), Assistant County Clerk-Recorder-Exempt (ALB3) (unrepresented) at salary plan and grade B85-2054 (\$9,765-\$13,086), and Assistant County Registrar-Exempt (ALB1) (unrepresented) at salary plan and grade B85-2054 (\$9,765-\$13,086) for a Certified Elections/Registration Administrator Certification.

FISCAL IMPACT:

The action is cost saving.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Joe Canciamilla, (925)
335-7899

BACKGROUND:

The current County Clerk-Recorder was appointed by the Board of Supervisors in 2013 to replace the retiring incumbent, who had held the position for over 25 years. After careful and detailed analysis of department policies, past and current operations and actual and projected future needs, the County Clerk-Recorder designed an administrative reorganization to address issues with coverage, oversight and to centralize administrative functions.

Historically, many operational functions such as contracting, purchasing, travel and others had been isolated within the Divisions, resulting often in duplication of efforts and increased costs.

As a result of legislative, legal and operational changes in Division and Departmental operations there was a need to carefully review workflow and job responsibilities. The recommended actions allow the department to make improvements in cross-training, operational efficiencies, and resource-sharing across division lines. This expands staffing flexibility, provides appropriate department oversight, puts the department in parity with other elected department heads and their administrative staff, as well as addresses issues with recruitment, retention and succession planning.

The substantial increase in responsibilities for the Deputy not only expands that position's role within the department, but creates a clear line of direct operational and supervisory authority within the administrative ranks.

The Certified Elections/Registration Administrator Certificate is issued by the Election Center-Professional Education Program. The Certified Elections/Registration Administrator is a professional education program that is unique in the elections profession. It is the only national program of continuing professional education which specializes in voter registration and elections administration.

CONSEQUENCE OF NEGATIVE ACTION:

For long-term continuity, these actions are required to train, retain, and recruit qualified applicants. Failure to appropriately oversee department functions, particularly election services, could create serious legal and financial issues for the County.

AGENDA ATTACHMENTS

P300 #22436: Clerk-Recorder Administration Reorganization

Attachment to P300 22436

MINUTES ATTACHMENTS

Signed: P300 No. 22436

POSITION ADJUSTMENT REQUEST

NO. 22436
DATE 7/18/2019

Department Clerk-Recorder

Department No./
Budget Unit No. Multi Org No. Multi Agency No. 24

Action Requested: REALLOCATE the unrepresented classification of Deputy County Clerk-Recorder-Exempt (ALB2) from salary plan and grade B85-2054 (9,765.02-13,086.05) to salary plan and grade B85-1008 (10,985.63-14,721.80). Incumbent employee #46433 will remain at step 7; CANCEL vacant Clerk-Recorder Services Specialist (represented) position #17620.

Proposed Effective Date: 7/18/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$0.00 Net County Cost \$0.00
Total this FY \$0.00 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Reallocation cost is offset by deletion of 1 FTE

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Lisa Driscoll

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Lisa Driscoll

7/18/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/23/2019

See Attached.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.

8/1/2019(Date)

Shelly Gough

7/23/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE _____

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 7/23/2019

No. xxxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

Contra Costa County

Resolution Number: 22436

Department: Clerk-Recorder

BOS Date: July 30, 2019

Effective: August 1, 2019

Human Resources Department Recommendation

ADOPT Position Adjustment Resolution No. 22436 to 1) REALLOCATE the classification of the Deputy County Clerk-Recorder-Exempt (ALB2) from salary plan and grade B85-2054 (\$9,765-\$13,086) to salary plan and grade B85-1008 (\$10,985.63-\$14,721.80), incumbent employee #46433 will remain at step 7; and, 2) CANCEL one (1) vacant Clerk-Recorder Services Specialist (EATA); position #17620.

MODIFY Section 33 of Management Resolution Number 2018/612 to extend a two and one-half percent (2.5%) differential to the classifications of Deputy County Clerk-Recorder-Exempt (ALB2), Assistant County Clerk-Recorder-Exempt (ALB3), and Assistant County Registrar-Exempt (ALB1) for a Certified Elections/Registration Administrator Certification.

C.12

POSITION ADJUSTMENT REQUEST

NO. 22436
DATE 7/18/2019

Department Clerk-Recorder

Department No./
Budget Unit No. Multi Org No. Multi Agency No. 24

Action Requested: REALLOCATE the unrepresented classification of Deputy County Clerk-Recorder-Exempt (ALB2) from salary plan and grade B85-2054 (9,765.02-13,086.05) to salary plan and grade B85-1008 (10,985.63-14,721.80). Incumbent employee #46433 will remain at step 7; CANCEL vacant Clerk-Recorder Services Specialist (represented) position #17620.

Proposed Effective Date: 7/18/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$0.00 Net County Cost \$0.00
Total this FY \$0.00 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Reallocation cost is offset by deletion of 1 FTE

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Lisa Driscoll

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Lisa Driscoll

7/18/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/23/2019

See Attached.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.

8/1/2019 (Date)

Shelly Gough

7/23/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE July 30, 2019

BY Jani Napie

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:



**Contra
Costa
County**

To: Board of Supervisors
From: Dianne Dinsmore, Human Resources Director
Date: July 30, 2019

Subject: Reclassify One Network Administrator I to Network Administrator II

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22472 to reclassify one (1) full-time Network Administrator I (LNSA) (represented) position #17216 at salary plan and grade ZA5 1694 (\$6,834-\$8,307) and its incumbent to Network Administrator II (LNSB) (represented) at salary plan and grade ZA5 1787 (\$7,93-\$9108), and place the incumbent at step 5 of the salary range in the new classification in the Public Works Department.

FISCAL IMPACT:

This action will result in an additional annual cost estimated to be \$16,484, including increased pension costs of \$4,335. The increased cost of this position will be funded by Road, Flood Control, and Special Revenue Funds.

BACKGROUND:

The Public Works Department added a Network Administrator II position in June 2017 to address the increased need for network expertise to support its Information Technology (IT) Division. The position was subsequently downgraded to Network Administrator I in order to hire from the Network Administrator I eligible list.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Adrienne Todd, (925)
313-2108

cc: Adrienne Todd

BACKGROUND: (CONT'D)

In June of 2017, the incumbent was hired as a Network Administrator I and began assuming additional responsibilities and technical expertise. The incumbent now performs the higher-level duties associated with Network Administrator II, the level at which the position was originally established. This position requires a significant level of specialized technical expertise, in addition to exercising independent judgment on network projects. With this reclassification, the Network Administrator II will have the following responsibilities: monitor and enhance complex computer and communication systems; develop, design, and implement new and existing equipment; and continue to supervise several staff in the IT Division.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the department will not have the correct classification required to perform its duties.

AGENDA ATTACHMENTS

P300 No. 22472

MINUTES ATTACHMENTS

Signed: P300 No. 22472

POSITION ADJUSTMENT REQUEST

NO. 22472
DATE 05/02/2019

Department Public Works Department No. / Budget Unit No. 0650 Org No. 4528 Agency No. 65
Action Requested: ADOPT Position Adjustment Resolution No.22472_ to reclassify one (1) full-time Network Administrator I (LNSA) (represented) position #17216 at salary plan and grade ZA5 1694 (\$6,571-\$7,987) and its incumbent to Network Administrator II (LNSB) (represented) at salary plan and grade ZA5 1787 (\$7,205-\$8,758), and place the incumbent at step 5 of the salary range in the new classification in the Public Works

Proposed Effective Date: _____

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost 16484 Net County Cost 0
Total this FY 16484 N.C.C. this FY 0

SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% Road, Flood Control and Special Revenue Funds

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Brian M. Balbas

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

L.Strobel

5/31/19

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/11/19

Reclassify one (1) full-time Network Administrator I (LNSA) position #17216 and its incumbent to Network Administrator II (LNSB) and place the incumbent at step 5 of the salary range in the new classification in the Public Works Department.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.

7/1/2019(Date)

Tanya Williams

7/11/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE _____

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 7/11/2019

No. _____

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

POSITION ADJUSTMENT REQUEST

NO. 22472
DATE 05/02/2019

Department Public Works Department No. / Budget Unit No. 0650 Org No. 4528 Agency No. 65

Action Requested: ADOPT Position Adjustment Resolution No.22472_ to reclassify one (1) full-time Network Administrator I (LNSA) (represented) position #17216 at salary plan and grade ZA5 1694 (\$6,571-\$7,987) and its incumbent to Network Administrator II (LNSB) (represented) at salary plan and grade ZA5 1787 (\$7,205-\$8,758), and place the incumbent at step 5 of the salary range in the new classification in the Public Works

Proposed Effective Date: _____

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost 16484 Net County Cost 0
Total this FY 16484 N.C.C. this FY 0

SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% Road, Flood Control and Special Revenue Funds

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Brian M. Balbas

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

L.Strobel

5/31/19

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/11/19

Reclassify one (1) full-time Network Administrator I (LNSA) position #17216 and its incumbent to Network Administrator II (LNSB) and place the incumbent at step 5 of the salary range in the new classification in the Public Works Department.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 7/1/2019(Date)

Tanya Williams

7/11/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE _____

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE July 30, 2019

BY Jani Napier

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:



Contra
Costa
County

To: Board of Supervisors
From: John Kopchik, Director, Conservation & Development Department
Date: July 30, 2019

Subject: Add three (3) Clerk – Senior Level (JWXC) positions and cancel (2) Information Systems Assistant II (LTVH) positions in DCD

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22488 to add three (3) full-time Clerk – Senior Level (JWXC) (represented) positions at salary plan and grade 3RX 1033 (\$3,542- \$4,524), and cancel two (2) Information Systems Assistant II (LTVH) (represented) vacant position numbers 15911 and 17027 at salary plan and grade 3R5 1005 (\$3,454- \$4,199) in the Department of Conservation and Development (DCD).

FISCAL IMPACT:

Upon approval, this action will result in annual personnel costs of approximately \$110,000 including approximately \$18,750 for pension costs. These three (3) positions will be funded 100% by land development funds.

BACKGROUND:

The Department of Conservation and Development has in its IT Division three (3) positions dedicated to the scanning of planning and building documents and files. The scanning positions are currently classified as Information Systems Assistant II, and two of those positions were recently vacated. As a result, the department conducted a needs analysis in the IT Division, particularly in the area of document management, which determined that Clerk – Senior Level is the appropriate classification for the work being performed by Information Systems Assistant IIs. As such, this Board Order is to cancel the two (2) vacant Information

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Kelli Zenn, (925)
674-7726

cc: Sylvia Wong

BACKGROUND: (CONT'D)

Systems Assistant II positions and replace them with Clerk – Senior Level positions. The third Clerk - Senior Level position will be assigned to the Business Operations Division as a "Floater" which, in addition to covering absences, will be utilized to assist existing support staff with special and large projects.

CONSEQUENCE OF NEGATIVE ACTION:

Failure to add these positions will result in the continued use of classifications that do not adequately reflect the work performed in the IT division of DCD, in addition to failure to provide adequate and clerical support throughout the department.

AGENDA ATTACHMENTS

P300 No. 22488 Add 3 Clerk-Sr and Cx1 2 ISA II

MINUTES ATTACHMENTS

Signed: P300 No. 22488

POSITION ADJUSTMENT REQUEST

NO. 22488
DATE 5/16/2019

Department Conservation & Development
Department No./ Budget Unit No. 0280 Org No. 2653 Agency No. 38

Action Requested: Add three (3) full-time Clerk - Senior Level (JWXC) (represented) positions at salary plan and grade 3RX 1033 (\$3,406.49 - \$4,350.23), and cancel two (2) Information Systems Assistant II (LTVH) (represented) positions at salary plan and grade 3R5 1005 (\$3,321.94 - \$4,037.84) in the Conservation & Development Department.

Proposed Effective Date: 7/1/2019

Classification Questionnaire attached: Yes [] No [x] / Cost is within Department's budget: Yes [x] No []

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$110,000.00 Net County Cost \$0.00
Total this FY \$110,000.00 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Land Development Fees

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

John Kopchik

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

/s/ Julie DiMaggio Enea

6/28/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE

ADD three (3) full-time Clerk - Senior Level (JWXC) (represented) positions at salary plan and grade 3RX 1033 (\$3,542-\$4,524), and cancel two (2) Information Systems Assistant II (LTVH) (represented) vacant position numbers 15911 and 17027 at salary plan and grade 3R5 1005 (\$3,454- \$4,199) in the Department of Conservation and Development (DCD).

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: [x] Day following Board Action.
[] (Date)

Eva Barrios

7/23/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/19

[x] Approve Recommendation of Director of Human Resources
[] Disapprove Recommendation of Director of Human Resources
[] Other:

/s/ Julie DiMaggio Enea

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED [] DISAPPROVED []

David J. Twa, Clerk of the Board of Supervisors and County Administrator

DATE

BY

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 7/24/2019

No. _____

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

C-14

POSITION ADJUSTMENT REQUEST

NO. 22488
DATE 5/16/2019

Department Conservation & Development Department No./
Budget Unit No. 0280 Org No. 2653 Agency No. 38

Action Requested: Add three (3) full-time Clerk – Senior Level (JWXC) (represented) positions at salary plan and grade 3RX 1033 (\$3,406.49 - \$4,350.23), and cancel two (2) Information Systems Assistant II (LTVH) (represented) positions at salary plan and grade 3R5 1005 (\$3,321.94 - \$4,037.84) in the Conservation & Development Department.

Proposed Effective Date: 7/1/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$110,000.00 Net County Cost \$0.00
Total this FY \$110,000.00 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Land Development Fees

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

John Kopchik

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

/s/ Julie DiMaggio Enea

6/28/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

ADD three (3) full-time Clerk – Senior Level (JWXC) (represented) positions at salary plan and grade 3RX 1033 (\$3,542-\$4,524), and cancel two (2) Information Systems Assistant II (LTVH) (represented) vacant position numbers 15911 and 17027 at salary plan and grade 3R5 1005 (\$3,454- \$4,199) in the Department of Conservation and Development (DCD).

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

Eva Barrios

7/23/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

7/24/19

Approve Recommendation of Director of Human Resources
 Disapprove Recommendation of Director of Human Resources
 Other: _____

/s/ Julie DiMaggio Enea

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE July 30, 2019

BY Jani Napier

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:



Contra
Costa
County

To: Board of Supervisors
From: David Twa, County Administrator
Date: July 30, 2019

Subject: P300 No. 22487 to Add a Chief Assistant Public Defender, Delete one Asst Public Defender, and Delete IT pos

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22487 to add a Chief Assistant Public Defender (25D1) (unrepresented) position at salary plan and grade B8E (\$15,962-\$19,402) and cancel one Assistant Public Defender-Exempt (25D2) (unrepresented) position # 3887 at salary plan and grade B8E 2377 (\$14,174-\$17,228) ; cancel one Information Systems Specialist III (LTTA) (represented) position (#15743) at salary plan and grade TB5 (\$5,873-\$7,139, and cancel one Information Systems Manager I (LTNA) (represented) position (#16359) at salary plan and grade ZA5 1884 (\$8,249-\$11,054) in the Public Defender's Office.

FISCAL IMPACT:

This action has a current year fiscal impact cost savings of approximately \$168,000, which includes an estimated increase in DoIT charges of \$200,000.

BACKGROUND:

This action addresses the transition of the information systems function

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Paul Reyes, 925-335-1096

BACKGROUND: (CONT'D)

from the Public Defender's Office to the Department of Information Technology. This will result in increased efficiency, improved project management, and will result in a cost savings. Some of this cost savings will be used to add a Chief Assistant Public Defender. The recruitment will be promotional only and the resultant vacant Assistant Public Defender position will be deleted. This action will ensure that current and future operations of the Public Defender's Office are properly managed and is consistent with the overall succession plan of the Public Defender.

CONSEQUENCE OF NEGATIVE ACTION:

The Public Defender's Office would lack the appropriate staffing levels to properly manage the department.

CHILDREN'S IMPACT STATEMENT:

No Impact

AGENDA ATTACHMENTS

P300 No 22487

MINUTES ATTACHMENTS

Signed: P300 No. 22487

POSITION ADJUSTMENT REQUEST

NO. 22487
DATE 6/27/2019

Department Public Defender Department No./
Budget Unit No. 0243 Org No. var Agency No. 43
Action Requested: ADOPT Position Adjustment Resolution No. 22487 to add 1 Chief Asst Public Defender (promotional only) and delete 1 Asst Public Defender resulting from the promotion, Delete Info Sys Spec III and IS Mgr I positions .

Proposed Effective Date: 8/1/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: _____

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost (\$168,000.00) Net County Cost (\$168,000.00)
Total this FY (\$168,000.00) N.C.C. this FY (\$168,000.00)

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Cost Savings

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Paul Reyes

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Paul Reyes

6/26/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/23/2019

Add a Chief Assistant Public Defender (25D1) position, cancel one Assistant Public Defender-Exempt (25D2) position # 3887, cancel one Information Systems Specialist III (LTTA) position (#15743), and cancel one Information Systems Manager I (LTNA) position (#16359) in the Public Defender's Office.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.

8/1/2019(Date)

Tanya Williams

7/23/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE _____

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 7/23/2019

No. xxxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

C.15

POSITION ADJUSTMENT REQUEST

NO. 22487
DATE 6/27/2019

Department Public Defender Department No./
Budget Unit No. 0243 Org No. var Agency No. 43
Action Requested: ADOPT Position Adjustment Resolution No. 22487 to add 1 Chief Asst Public Defender (promotional only) and delete 1 Asst Public Defender resulting from the promotion, Delete Info Sys Spec III and IS Mgr I positions .
Proposed Effective Date: 8/1/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: _____

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost (\$168,000.00) Net County Cost (\$168,000.00)
Total this FY (\$168,000.00) N.C.C. this FY (\$168,000.00)

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Cost Savings

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Paul Reyes

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Paul Reyes

6/26/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/23/2019

Add a Chief Assistant Public Defender (25D1) position, cancel one Assistant Public Defender-Exempt (25D2) position # 3887, cancel one Information Systems Specialist III (LTNA) position (#15743), and cancel one Information Systems Manager I (LTNA) position (#16359) in the Public Defender's Office.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 8/1/2019(Date)

Tanya Williams

7/23/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE _____

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE July 30, 2019

BY Jani Nape

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services
Date: July 30, 2019

Subject: Add One Account Clerk-Experienced Level Position in the Health Services Department

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22493 to add one Account Clerk-Experienced level (JDVC) position at salary plan and grade level 3RH-0755 (\$3,522-\$4,367) in Health Services Department. (Represented)

FISCAL IMPACT:

Upon approval, this action has an annual cost of approximately \$98,418 with \$19,956 in pension costs already included. 100% funded by Whole Person Care Grant.

BACKGROUND:

The Health Services Department is requesting to add one Account Clerk-Experienced Level position allocated to its Whole Person Care Program.

The new position will be responsible for providing necessary support for the processing of the additional \$3 million for the transitional housing fund. The expenditure of this fund is reliant on an Account Clerk to process the payment of allowable housing related expenses, such as utility bills and moving expenses in a timely manner.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

- AYE:
- John Gioia, District I Supervisor
 - Candace Andersen, District II Supervisor
 - Diane Burgis, District III Supervisor
 - Karen Mitchoff, District IV Supervisor
 - Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Sabrina Pearson, (925) 957-5240

cc:

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Whole Person Care Program within the Health Services Department will not have the adequate level of staffing to ensure payments are processed correctly and timely.

AGENDA ATTACHMENTS

P300 No. 22493 HSD

MINUTES ATTACHMENTS

Signed: P300 No. 22493

POSITION ADJUSTMENT REQUEST

NO. 22493
DATE 7/8/2019

Department Health Services

Department No./
Budget Unit No. 0450 Org No. 5754 Agency No. A18

Action Requested: Add one Account Clerk-Experienced Level (JDVC) position in Health Services Department.

Proposed Effective Date: July 31, 2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$98,418 Net County Cost \$0.00

Total this FY \$90,213 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Funded 100% Whole Person Care Grant

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sabrina Pearson

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: Approve as recommended by the Department.

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. xxxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

C-16

POSITION ADJUSTMENT REQUEST

NO. 22493
DATE 7/8/2019

Department Health Services

Department No./
Budget Unit No. 0450 Org No. 5754 Agency No. A18

Action Requested: Add one Account Clerk-Experienced Level (JDVC) position in Health Services Department.

Proposed Effective Date: July 31, 2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$98,418 Net County Cost \$0.00
Total this FY \$90,213 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Funded 100% Whole Person Care Grant

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sabrina Pearson

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: Approve as recommended by the Department.

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

Adjustment is APPROVED DISAPPROVED

DATE July 30, 2019

BY Jami Napue

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services
Date: July 30, 2019

Subject: Add One Clerk-Senior Level Position in the Health Services Department

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22494 to add one Clerk-Senior Level (JWXC) position at salary plan and grade level 3RX-1033 (\$3,542-\$4,524) in the Health Services Department.(Represented)

FISCAL IMPACT:

Upon approval, this action has an annual cost of approximately \$101,328 with \$23,673 in pension costs already included. 100% funded by the Health Resources and Services Administration grant.

BACKGROUND:

The Health Services Department is requesting to add one Clerk-Senior Level position allocated to Health Care for The Homeless program. This position will provide necessary administrative support.

The new position will be responsible for posting information from various reports and documents to appropriate records; offering information over the telephone and making appointments relating to the services offered; and assisting within the department to develop and ensure the implementation of clerical procedures.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Sabrina Pearson, (925) 957-5240

cc:

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Health Care for the Homeless Program within the Health Services Department will not have adequate level of clerical staffing, which will negatively impact the clients.

AGENDA ATTACHMENTS

P300 No. 22494 HSD

MINUTES ATTACHMENTS

Signed: P300 No. 22494

POSITION ADJUSTMENT REQUEST

NO. 22494
DATE 7/8/2019

Department Health Services Department No./
Budget Unit No. 0540 Org No. 6377 Agency No. A18
Action Requested: Add one Clerk-Senior Level (JWXC) position in the Health Services Department.

Proposed Effective Date: 7/30/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$101,328 Net County Cost \$0.00
Total this FY \$92,884 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 100% Health Resources and Services Administration grant.

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sabrina Pearson

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: Approved as recommended by the Department.

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. xxxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

C-17

POSITION ADJUSTMENT REQUEST

NO. 22494
DATE 7/8/2019

Department Health Services Department No./
Budget Unit No. 0540 Org No. 6377 Agency No. A18
Action Requested: Add one Clerk-Senior Level (JWXC) position in the Health Services Department.

Proposed Effective Date: 7/30/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$101,328 Net County Cost \$0.00
Total this FY \$92,884 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 100% Health Resources and Services Administration grant.

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sabrina Pearson

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: Approved as recommended by the Department.

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE July 30, 2019

BY Jami Napie

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services
Date: July 30, 2019

Subject: Add Permanent Positions to the Health Services Department

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22495 to add one Mental Health Program Supervisor (VQHP) position at salary plan and grade level ZA5-1749 (\$7,216-\$8,772), three Mental Health Specialist I (VQWD) positions at salary and grade level TC5-1193 (\$4,161-\$5,577) and two Mental Health Specialist II (VQVA) positions at salary and grade level TC2-1284 (\$4,691-\$6,629) in Health Services Department. (Represented)

FISCAL IMPACT:

Upon approval, this action will have an annual cost of \$770,844 with \$177,126 in pension costs already included. 100% funded by 50% Continuum of Care Reform and 50% Mental Health Service Act.

BACKGROUND:

The Health Services Department is requesting to add one Mental Health Program Supervisor position, three Mental Health Specialist I positions and two Mental Health Specialist II positions. These positions are needed to re-establish the Mentor Program, which provides non-traditional mental health services in community-based settings. Services are aimed at helping clients develop coping skills for their mental health conditions and overcome behavioral challenges that

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Sabrina Pearson, (925) 957-5240

cc:

BACKGROUND: (CONT'D)

interfere with family, school, and community functioning. Mentorship services also include family-based interventions aimed at helping parents and caregivers find better ways to manage their loved one's mental health conditions. Mentors will be stationed at the regional clinics and will closely coordinate their activities with the primary clinicians and the Wraparound team.

The new positions will provide mentor services to a case load of children and adolescents. Duties include developing service plans with clients; evaluating psychological, economic, vocational, educational, physical health, socialization, and housing needs; conducting individual, group and family counseling sessions; consulting with clients, families, other professional staff, and community agencies regarding recommendations for services, discharge, and follow-up planning; performs crisis intervention to provide support and assistance in problem resolution; monitoring, supporting and assisting clients on a regular basis in developing or maintaining the skills required to achieve age appropriate functioning; and other related duties. The Mental Health Program Supervisor position will oversee the program and supervise staff.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Mentor Program within Behavioral Health Division will not have adequate staffing to provide non-traditional mental health services to clients in the community.

AGENDA ATTACHMENTS

P300 No. 22495 HSD

MINUTES ATTACHMENTS

Signed: P300 No. 22495

POSITION ADJUSTMENT REQUEST

NO. 22495
DATE 7/8/19

Department Health Services

Department No./
Budget Unit No. 0467 Org No. 5987 Agency No. A18

Action Requested: Add one Mental Health Program Supervisor (VQHP) position, three Mental Health Specialist I (VQWD) positions and two Mental Health Specialist II (VQVA) positions in the Health Services Department.

Proposed Effective Date: July 31, 2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

| | |
|-------------------------------------|-------------------------------|
| Total annual cost <u>\$ 770,844</u> | Net County Cost <u>\$0.00</u> |
| Total this FY <u>\$ 706,607</u> | N.C.C. this FY <u>\$0.00</u> |

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Funded by 50% Mental Health Services Act, 50% Continuum of Care

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sabrina Pearson

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: Approve as recommended by the department.

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. xxxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

C-18

POSITION ADJUSTMENT REQUEST

NO. 22495
DATE 7/8/19

Department Health Services

Department No./
Budget Unit No. 0467 Org No. 5987 Agency No. A18

Action Requested: Add one Mental Health Program Supervisor (VQHP) position, three Mental Health Specialist I (VQWD) positions and two Mental Health Specialist II (VQVA) positions in the Health Services Department.

Proposed Effective Date: July 31, 2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$ 770,844 Net County Cost \$0.00
Total this FY \$ 706,607 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Funded by 50% Mental Health Services Act, 50% Continuum of Care

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sabrina Pearson

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

Approve Recommendation of Director of Human Resources
 Disapprove Recommendation of Director of Human Resources
 Other: Approve as recommended by the department.

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

Adjustment is APPROVED DISAPPROVED

DATE July 31, 2019

BY Jami Napie

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION
Adjust class(es) / position(s) as follows:



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services
Date: July 30, 2019

Subject: Cancel one Health Services Administrator-Level B Position and Add one Registered Nurse-Beginning Level Position in the Health Services Department

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22496 to add one Registered Nurse-Beginning Level (VWXC) position at salary plan and grade level L35-1634 (\$8,539) and cancel one vacant Health Services Administrator-Level B (VANG) position #15986 at salary plan and grade level ZB2-1323 (\$4,876-\$7,990) in Health Services Department. (Represented)

FISCAL IMPACT:

Upon approval, this action has an annual increase cost of approximately \$69,414 with \$17,114 in pension costs already included. Funded 100% Contra Costa Health Plan Enterprise Fund II.

BACKGROUND:

The Health Services Department is requesting to add one Registered Nurse-Beginning Level position and cancel one vacant Health Services Administrator-Level B position #15986. This position will be assigned to the Quality Management Department, and the unit needs a position that will assist in implanting Population Health and Performance Improvement Interventions.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Sabrina Pearson, (925)
957-5240

cc:

BACKGROUND: (CONT'D)

>

The new position will be responsible for ensuring the new measures are being enforced and stay above Minimum Performance Levels, to avoid fines, and maintaining documents on records and reports with proficiency and expertise.

The Department has deemed that the Health Services Administrator - Level B position is no longer meeting the operational necessity of the unit.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Contra Costa Health Plan will not have the adequate clinical professional staff to ensure compliance to all State-mandated Performance Improvement Projects.

AGENDA ATTACHMENTS

P300 No. 22496 HSD

MINUTES ATTACHMENTS

Signed: P300 No. 22496

POSITION ADJUSTMENT REQUEST

NO. 22496
DATE 7/9/19

Department Health Services Department No./
Budget Unit No.0860 Org No.6106 Agency No. A18
Action Requested: Add one Registered Nurse-Beginning Level (VWXC) position and cancel one vacant Health Services Administrator-B (VANG) position #15986, in the Health Services Department.

Proposed Effective Date: 7/31/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$ 69,414 Net County Cost \$0.00
Total this FY \$ 63,629 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 100% funded by Contra Costa Health Plan Enterprise Fund II

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sabrina Pearson

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Exempt from Human Resources review under delegated authority.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

Approve Recommendation of Director of Human Resources
 Disapprove Recommendation of Director of Human Resources
 Other: Approve as recommended by the Department.

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. xxxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

C-19

POSITION ADJUSTMENT REQUEST

NO. 22496
DATE 7/9/19

Department Health Services

Department No./
Budget Unit No.0860 Org No.6106 Agency No. A18

Action Requested: Add one Registered Nurse-Beginning Level (VWXC) position and cancel one vacant Health Services Administrator-B (VANG) position #15986, in the Health Services Department.

Proposed Effective Date: 7/31/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$ 69,414 Net County Cost \$0.00
Total this FY \$ 63,629 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 100% funded by Contra Costa Health Plan Enterprise Fund II

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sabrina Pearson

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Exempt from Human Resources review under delegated authority.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/24/2019

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: Approve as recommended by the Department.

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

Adjustment is APPROVED DISAPPROVED

DATE July 30, 2019

BY Jani Napie

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:



Contra
Costa
County

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: July 30, 2019

Subject: Add (1) Department Fiscal Officer Position Position in Employment and Human Services, Administrative Services Bureau

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22492 to add one (1) Departmental Fiscal Officer (APSA) (unrepresented) position at Salary Plan and Grade B82 1724 (\$7,256.25 - \$8,841.03), effective Aug 1, 2019 in the Employment and Human Services Department, Administrative Services Bureau.

FISCAL IMPACT:

The additional Departmental Fiscal Officer (DFO) position for an estimated 4 months of overlap for cross training would result in an approximate cost of \$51,582, of which \$2,579 would be funded by the Department's General Fund allocation. The new position will be funded by 43% Federal revenue, 52% State revenue, and 5% County General Fund.

BACKGROUND:

Employment and Human Services Department (EHSD) has had one DFO, responsible for the budget, providing day-to-day fiscal oversight of all programs, and the supervision and training of eight (8) Fiscal Analysts, five (5) of which are new in their position. The Department Head had determined that a redistribution of this employee's responsibilities to two DFO positions, instead of the one, was a more sustainable organizational structure. The workload assigned to the single DFO had been very heavy

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Bao Tran,
925-608-5027

cc: Bao Tran

BACKGROUND: (CONT'D)

and complex. On December 18, 2018, the Board of Supervisors approved adding two DFO positions in the Administrative Services Bureau to provide a transition period between two new and one soon to retire, incumbent DFO staff.

With the new distribution of responsibilities, one DFO was to take over direct supervision of the fiscal analysts, conduct and oversee special projects, as well as assume duties as the In-Home Support Services (IHSS) Maintenance of Effort and Public Authority specialist. An employee covering these duties was hired April 10, 2019. The second, additional DFO was to be responsible for EHSD's year-round budget activities. Due to mounting work, the incumbent DFO employee was unable to retire. As a result, the incumbent occupied one of the two newly created DFO positions, when the original DFO position was deleted on May 1, 2019. The Department no longer has a vacant DFO position to fill for cross-training.

The current DFO has been with EHSD for over 30 years and retirement will result in loss of institutional knowledge unless a transition is provided to bridge the knowledge gap with new staff. Without proper management, this upcoming retirement could have a significant adverse impact on EHSD's ability to exercise and maintain fiscal control. Additionally, EHSD has a new Chief Financial Officer who is still learning the social services processes and EHSD finance complexities, making the ability to cross train a new DFO responsible for budget even more vital.

This Board Order is to request (1) DFO position to provide transitional training in EHSD budgeting. A future Board Order will request the DFO position of the incumbent, soon to be retired staff person, be cancelled.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Department may experience difficulty in transitioning responsibilities and developing a sustainable organizational structure.

AGENDA ATTACHMENTS

P300 No. 22492 EHSD

MINUTES ATTACHMENTS

Signed: P300 No. 22492

POSITION ADJUSTMENT REQUEST

NO. 22492
DATE 7/10/2019

Department Employment and Human Services Department No./
Budget Unit No. 5101 Org No. 0501 Agency No. A19
Action Requested: Add (1) Department Fiscal Officer (APSA) (unrepresented) position at Salary Plan and Grade B82 1724 (\$7,256.25 - \$8,415.02), in Employment and Human Services, Administrative Services Bureau

Proposed Effective Date: 8/1/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$51,582.00 Net County Cost \$1,934.33
Total this FY \$51,582.00 N.C.C. this FY \$1,934.33

SOURCE OF FUNDING TO OFFSET ADJUSTMENT 43% Federal, 52% State, 5% County

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Bao Tran 608-5027

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Julia Taylor

7/17/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/22/2019

Add one (1) Departmental Fiscal Officer (APSA) (unrepresented) position at Salary Plan and Grade B82 1724 (\$7,256.25 - \$8,841.03), effective Aug 1, 2019

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.

8/1/2019(Date)

Gladys Scott Reid

7/22/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

7/24/2019

Approve Recommendation of Director of Human Resources

Disapprove Recommendation of Director of Human Resources

Other: _____

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 7/24/2019

No. xxxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

POSITION ADJUSTMENT REQUEST

NO. 22492
DATE 7/10/2019

Department Employment and Human Services Department No./
Budget Unit No. 5101 Org No. 0501 Agency No. A19
Action Requested: Add (1) Department Fiscal Officer (APSA) (unrepresented) position at Salary Plan and Grade B82 1724 (\$7,256.25 - \$8,415.02), in Employment and Human Services, Administrative Services Bureau

Proposed Effective Date: 8/1/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$51,582.00 Net County Cost \$1,934.33
Total this FY \$51,582.00 N.C.C. this FY \$1,934.33

SOURCE OF FUNDING TO OFFSET ADJUSTMENT 43% Federal, 52% State, 5% County

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Bao Tran 608-5027

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Julia Taylor

7/17/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/22/2019

Add one (1) Departmental Fiscal Officer (APSA) (unrepresented) position at Salary Plan and Grade B82 1724 (\$7,256.25 - \$8,841.03), effective Aug 1, 2019

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.

8/1/2019(Date)

Gladys Scott Reid

7/22/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

7/24/2019

Approve Recommendation of Director of Human Resources

Disapprove Recommendation of Director of Human Resources

Other: _____

Enid Mendoza

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE July 30, 2019

BY Jani Napo

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:



Contra
Costa
County

To: Board of Supervisors
From: David Twa, County Administrator
Date: July 30, 2019

Subject: Add One Management Analyst

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 22498 to add one (1) Management Analyst (ADVB) (unrepresented) position at salary plan and grade B85 1434 (\$5,827.01-\$9,039.60) in the County Administrator's Office.

FISCAL IMPACT:

The total annual cost of the board action will be \$115,600, with pension costs totaling \$21,500. The cost will be covered by existing departmental appropriations.

BACKGROUND:

The requested action reflects the increased level of work for the County Administrator's Office and will allow for appropriate succession planning.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the County Administrator's Office will not have appropriate staff to meet work demand.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Jami Napier, Deputy

Contact: Paul Reyes, (925)
335-1096

AGENDA ATTACHMENTS

Personnel Resolution No 22498

Add

MINUTES ATTACHMENTS

Signed: P300 No. 22498

POSITION ADJUSTMENT REQUEST

NO. 22498
DATE 7/22/2019

Department County Administrator's Office Department No./
Budget Unit No. 0003 Org No. 1200 Agency No. 03

Action Requested: Add one (1) Management Analyst (ADVB) to the County Administrator's Office
Proposed Effective Date: 7/31/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$115,646.00 Net County Cost \$115,646.00
Total this FY \$106,000.00 N.C.C. this FY \$106,000.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Existing departmental appropriations.

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Paul Reyes

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Paul Reyes

7/22/2019

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/23/2019

Add one (1) Management Analyst (ADVB) (unrepresented) position at salary plan and grade B85 1434 (\$5,827.01-\$9,039.60)

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

Gladys Scott Reid

7/23/2019

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE _____

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

Adjustment is APPROVED DISAPPROVED

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 7/23/2019

No. _____

1. Project Positions Requested:
2. Explain Specific Duties of Position(s)
3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)
4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.
5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____
6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications
7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.
8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted
9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

C.21

POSITION ADJUSTMENT REQUEST

NO. 22498
DATE 7/22/2019

Department County Administrator's Office Department No./
Budget Unit No. 0003 Org No. 1200 Agency No. 03

Action Requested: Add one (1) Management Analyst (ADVB) to the County Administrator's Office
Proposed Effective Date: 7/31/2019

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No
Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):
Total annual cost \$115,646.00 Net County Cost \$115,646.00
Total this FY \$106,000.00 N.C.C. this FY \$106,000.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Existing departmental appropriations.

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Paul Reyes

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Paul Reyes 7/22/2019

Deputy County Administrator Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE 7/23/2019
Add one (1) Management Analyst (ADVB) (unrepresented) position at salary plan and grade B85 1434 (\$5,827.01-\$9,039.60)

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.
Effective: Day following Board Action.
 _____ (Date)
Gladys Scott Reid 7/23/2019

(for) Director of Human Resources Date

COUNTY ADMINISTRATOR RECOMMENDATION: DATE _____
 Approve Recommendation of Director of Human Resources
 Disapprove Recommendation of Director of Human Resources
 Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION: David J. Twa, Clerk of the Board of Supervisors and County Administrator
Adjustment is APPROVED DISAPPROVED
DATE July 30, 2019 BY Jani Napie

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION
Adjust class(es) / position(s) as follows:



Contra
Costa
County

To: Board of Supervisors

From: Matt Slattengren

Date: July 30, 2019

Subject: Industrial Hemp Cultivation 18-0680-000SA

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Agricultural Commissioner, or designee, to execute an agreement with the California Department of Agriculture (CDFA) in an amount not to exceed \$2,000 to reimburse the County to register industrial hemp growers and seed breeders and enforce all laws and regulations pertaining to industrial hemp for the period April 30, 2019 through June 30, 2020.

FISCAL IMPACT:

The Department of Agriculture will be reimbursed in an amount not to exceed \$2,000 to register industrial hemp growers and seed breeders and enforce all laws and regulations pertaining to industrial hemp.

BACKGROUND:

The Food and Agricultural Code (FAC) Division 24 requires growers of industrial hemp and seed breeders to register with county agricultural commissioners before growing industrial hemp. When a registrant wishes to alter the land area or change the seed cultivar grown, the registrant must notify and obtain approval from the agricultural commissioner in which the registrant is growing hemp. All registration information must be forwarded to CDFA. Chapter 8, division 4, Title 3 of the California Code of Regulations implements FAC Division 24.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: 608-6600

cc:

CONSEQUENCE OF NEGATIVE ACTION:

A negative vote would decrease the Agriculture Department budget to enforce a mandated program.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Interagency Agreement #28-753-11 with Pittsburg Unified School District

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Interagency Agreement 28-753-11 with Pittsburg Unified School District, an educational institution, to pay County an amount not to exceed \$7,000 for the Public Health Clinic Services Scoliosis Screening Project for the District's 7th and 8th grade students for the period from September 1, 2019 through August 31, 2020.

FISCAL IMPACT:

Approval of this interagency agreement will allow Pittsburg Unified School District to pay County \$5.00 per student to support the Public Health Clinic Services Scoliosis Screening Project. No County match required.

BACKGROUND:

Pittsburg Unified School District has requested that Contra Costa Health Services, Public Health Clinic Services, provide Scoliosis Screening Clinics at their middle schools for their 7th grade girls and 8th grade boys, throughout the school year. By providing an outreach program such as the scoliosis screening of their students, the School District can provide a valuable diagnostic and preventative service to their students who might otherwise go untreated.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Daniel Peddycord,
925-313-6712

BACKGROUND: (CONT'D)

On September 25, 2018, the Board of Supervisors approved Interagency Agreement #28-753-10 with Pittsburg Unified School District, for the Public Health Clinic Services Scoliosis Screening Project for its 7th and 8th grade students for the period from September 1, 2018 through August 31, 2019.

Approval of Interagency Agreement #28-753-11 will allow Agency to offer continuous scoliosis-screening services to its students, through August 31, 2020.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, the County will not receive funds to screen for scoliosis in approximately 1,400 7th and 8th grade students in Pittsburg Unified School District.



Contra
Costa
County

To: Board of Supervisors
From: David O. Livingston, Sheriff-Coroner
Date: July 30, 2019

Subject: Range Use Contract

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Sheriff-Coroner, or designee, to execute a contract with Alameda County Probation Department, including modified indemnification language, for use of the Sheriff's Range Facility commencing with execution of the contract through June 30, 2020.

FISCAL IMPACT:

No net county cost - 100% Participant fees

BACKGROUND:

Local, state, and federal law enforcement officers are required to complete firearms qualifications on a regular basis. The Office of the Sheriff has a firing range and classroom that can be used by other law enforcement agencies for firearms qualifications when not in use by County staff. The recommended contract provides for use of the Sheriff's Range Facilities, including firearms range and classroom, for firearms qualification of this government agency and their employees. The contract includes mutual indemnification language. The contract agency will pay a per day fee for access to the Sheriff's Range Facility.

CONSEQUENCE OF NEGATIVE ACTION:

Negative action on this request would mean a loss of revenue for the County and a valuable loss of services for outside agencies.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Sandra Brown
925-335-1553

cc:



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Interagency Agreement #28-682-17 with Mt. Diablo Unified School District

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Interagency Agreement #28-682-17 with Mt. Diablo Unified School District (MDUSD) an educational institution, to pay County an amount not to exceed \$6,400, for the Tuberculosis (TB) Testing Program for MDUSD employees for the period from September 1, 2019 through June 30, 2020.

FISCAL IMPACT:

Approval of this interagency agreement will result in a total payment to the County not to exceed \$6,400. No County match required.

BACKGROUND:

In the past, MDUSD employees received vouchers to be used for TB testing at Public Health Clinics. Employees experienced extremely long waits to redeem their vouchers for testing and subsequent reading. In an effort to provide better services, MDUSD and Contra Costa Health Services, Public Health Clinic Services have coordinated services to provide TB testing and reading at one MDUSD facility.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Daniel Peddycord,
925-313-6712

BACKGROUND: (CONT'D)

Approval of Interagency Agreement #28-682-17 will allow MDUSD to pay the County \$75.00 per hour and \$3.50 per TB test administered, for the provision of TB testing and reading services for MDUSD employees, through June 30, 2020.

CONSEQUENCE OF NEGATIVE ACTION:

If this agreement is not approved, County will not be able to provide TB testing services to Agency's employees.



Contra
Costa
County

To: Board of Supervisors
From: Marc Shorr, Chief Information Officer
Date: July 30, 2019

Subject: East Bay Regional Communications System (EBRCS) Interagency Agreement Amendment/Extension

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute an Interagency Agreement amendment effective June 20, 2019 with the East Bay Regional Communications System Authority (EBRCSA), to extend the term through June 30, 2021 and increase the payment limit to the County by \$460,000 to a new payment limit of \$1,820,000, allowing the Department of Information Technology's Radio Group to continue to provide radio and microwave related services for the East Bay Regional Communication System (EBRCS) P-25 Public Safety Communication System.

FISCAL IMPACT:

The revenue accrues to the Department of Information Technology Radio Group.

BACKGROUND:

The EBRCS Joint Powers Authority (JPA) has approved and directed that Contra Costa County Radio Service Staff serve as one of the primary service providers to perform system repair, installation, programming, and upgrade services as directed by the JPA for the radio sites and 9-1-1 dispatch centers on the East Bay Regional Communications System. The County has provided this service to the JPA since December 4, 2012.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Marc Shorr, CIO
925-608-4071

cc:

BACKGROUND: (CONT'D)

In accordance with Administrative Bulletin No 104, actions to initiate new or expanded programs or projects following adoption of the final budget require approval of the County Administrator and the Board of Supervisors. The County Administrator's Office has reviewed this request and recommends approval.

CONSEQUENCE OF NEGATIVE ACTION:

Loss of revenue for the Department of Information Technology's Radio Group.



**Contra
Costa
County**

To: Board of Supervisors
From: Matt Slattengren
Date: July 30, 2019

Subject: Agreement 19-0268-002SF Pest Exclusion - Light Brown Apple Moth

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Agricultural Commissioner, or designee, to execute an agreement with the California Department of Food and Agriculture (CDFA) to reimburse the county in an amount not to exceed \$58,769 to provide Light Brown Apple Moth (LBAM) quarantine response and regulatory enforcement activities for the period July 1, 2019 through June 30, 2020.

FISCAL IMPACT:

This agreement provides reimbursement for county expenses not to exceed \$58,769 incurred during the period July 1, 2019 through June 30, 2020. There is no county match of funds nor grant monies involved.

BACKGROUND:

The LBAM was first detected in Contra Costa County in March 2007 and subsequently the County has become generally infested. The CDFA imposed the LBAM Interior Quarantine, for the entirety of Contra Costa County. The United States Department of Food and Agriculture issued a Federal Domestic Quarantine order regulating interstate travel of host materials. This regulation requires all nurseries green waste facilities, community gardens, harvest host plants and commodities within the infested areas be issued quarantine compliance agreements and be inspected every 30 days.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: 608-6600

cc:

CONSEQUENCE OF NEGATIVE ACTION:

A negative response will result in the Department's failure to meet State mandates and reduce budgeted revenue. This would also negatively impact the County's nursery industry an some growers as they would not be able to meet the requirements to ship host material to non-infested areas outside the county.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Approve Application #29-827 to the State of California, Department of Housing and Community Development

RECOMMENDATION(S):

ADOPT Resolution No. 2019/514 authorizing the Health Services Department to submit an application and execute a grant award agreement, including any extensions or amendments thereof, pursuant to State guidelines, with the California Department of Housing and Community Development in an amount not to exceed \$20,000,000 for the Housing for a Healthy California (HHC) Program.

FISCAL IMPACT:

The HHC competitive funds available to Contra Costa County are up to \$20,000,000 from award acceptance through June 30, 2023. No County funds required.

BACKGROUND:

The State of California, Department of Housing and Community Development issued a Notice of Funding Availability dated May 13, 2019, under the Building Homes and Jobs Act (SB 2) Allocation funds for the Housing for a Healthy California Program.

Funding for this program is provided pursuant to AB 74, signed into law in September of 2017. The intent of the bill is to assist in creating permanent Supportive housing opportunities for those that are Chronically

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Lavonna Martin,
925-608-6701

cc: Marcy Wilhelm, L Walker

BACKGROUND: (CONT'D)

homeless or Homeless and a High-cost health user. Before executing any agreements, the Department will report back to the Board with full details of the scope and budget of the project being proposed to be funded with these Housing for a Healthy California funds.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, County will not be able to better assist its homeless population with permanent supportive housing for persons in need of mental health services.

AGENDA ATTACHMENTS

Resolution 2019/514

MINUTES ATTACHMENTS

signed Res 2019 514

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

John Gioia
Candace Andersen
Diane Burgis
Karen Mitchoff
Federal D. Glover

AYE: 5

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2019/514

In The Matter Of: AUTHORIZING APPLICATION FOR, AND RECEIPT OF, HOUSING FOR A HEALTHY CALIFORNIA ARTICLE II GRANT FUNDS.

WHEREAS, the State of California, Department of Housing and Community Development (Department) has issued a Notice of Funding Availability (NOFA), dated May 13, 2019 for its Housing for a Healthy California (HHC) Article II Grants; and

WHEREAS, the County of Contra Costa desires to submit a project application for the HHC Program and will submit a 2019 HHC Article II Application (Application) as described in the HHC Article II NOFA and HHC Article II Guidelines released by the Department for the HHC Program; and

WHEREAS, the Department is authorized to provide approximately \$60 million from the Building Homes and Jobs Act Fund to Counties for permanent Supportive housing for individuals who are Chronically homeless, or Homeless and a High-cost health user, authorized by Part 14.2 (commencing with Section 53590) of Division 31 of the Health and Safety Code.

NOW, THEREFORE, BE IT RESOLVED:

SECTION 1. The County is hereby authorized and directed to apply for and submit to the Department, the 2019 HHC Article II Application released May 13, 2019 in the amount of \$20 million.

SECTION 2. In connection with the HHC Article II Grant, if the Application is approved by the Department, the County is authorized to enter into, execute, and deliver a State of California Standard Agreement (Standard Agreement) for an amount not to exceed \$20 million, and any and all other documents required or deemed necessary or appropriate to evidence and secure the HHC Article II Grant, the County's obligations related thereto, and all amendments thereto (collectively, the "HHC Article II Grant Documents").

SECTION 3. The County shall be subject to the terms and conditions as specified in the Standard Agreement, the HHC Article II Guidelines published by the Department and the HHC statute (Health and Safety Code §53590 et. seq.). Funds are to be used for allowable project expenditures as specifically identified in the Standard Agreement, the HHC statute (Health and Safety Code §53590 et. seq.) and applicable HHC Guidelines. The Application in full is incorporated as part of the Standard Agreement. Any and all activities funded, information provided, and timelines represented in the Application will be enforceable through the executed Standard Agreement. The County hereby agrees to use the funds for eligible uses in the manner presented in the Application as approved by the Department and in accordance with the HHC Article II NOFA, the HHC Article II Guidelines, and 2019 HHC Article II Application.

SECTION 4. That County Executive or designee is authorized and directed to execute the County of Contra Costa HHC Article II Application, the HHC Article II Grant Documents, and any amendments thereto, on behalf of the County as required by the Department for receipt of the HHC Article II Grant.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Lavonna Martin, 925-608-6701

By: Laura Cassell, Deputy

cc: Marcy Wilhelm, L Walker

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

John Gioia
Candace Andersen
Diane Burgis
Karen Mitchoff
Federal D. Glover

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2019/514

In The Matter Of: AUTHORIZING APPLICATION FOR, AND RECEIPT OF, HOUSING FOR A HEALTHY CALIFORNIA ARTICLE II GRANT FUNDS.

WHEREAS, the State of California, Department of Housing and Community Development (Department) has issued a Notice of Funding Availability (NOFA), dated May 13, 2019 for its Housing for a Healthy California (HHC) Article II Grants; and

WHEREAS, the County of Contra Costa desires to submit a project application for the HHC Program and will submit a 2019 HHC Article II Application (Application) as described in the HHC Article II NOFA and HHC Article II Guidelines released by the Department for the HHC Program; and

WHEREAS, the Department is authorized to provide approximately \$60 million from the Building Homes and Jobs Act Fund to Counties for permanent Supportive housing for individuals who are Chronically homeless, or Homeless and a High-cost health user, authorized by Part 14.2 (commencing with Section 53590) of Division 31 of the Health and Safety Code.

NOW, THEREFORE, BE IT RESOLVED:

SECTION 1. The County is hereby authorized and directed to apply for and submit to the Department, the 2019 HHC Article II Application released May 13, 2019 in the amount of \$20 million.

SECTION 2. In connection with the HHC Article II Grant, if the Application is approved by the Department, the County is authorized to enter into, execute, and deliver a State of California Standard Agreement (Standard Agreement) for an amount not to exceed \$20 million, and any and all other documents required or deemed necessary or appropriate to evidence and secure the HHC Article II Grant, the County's obligations related thereto, and all amendments thereto (collectively, the "HHC Article II Grant Documents").

SECTION 3. The County shall be subject to the terms and conditions as specified in the Standard Agreement, the HHC Article II Guidelines published by the Department and the HHC statute (Health and Safety Code §53590 et. seq.). Funds are to be used for allowable project expenditures as specifically identified in the Standard Agreement, the HHC statute (Health and Safety Code §53590 et. seq.) and applicable HHC Guidelines. The Application in full is incorporated as part of the Standard Agreement. Any and all activities funded, information provided, and timelines represented in the Application will be enforceable through the executed Standard Agreement. The County hereby agrees to use the funds for eligible uses in the manner presented in the Application as approved by the Department and in accordance with the HHC Article II NOFA, the HHC Article II Guidelines, and 2019 HHC Article II Application.

SECTION 4. That County Executive or designee is authorized and directed to execute the County of Contra Costa HHC Article II Application, the HHC Article II Grant Documents, and any amendments thereto, on behalf of the County as required by the Department for receipt of the HHC Article II Grant.

Contact: Lavonna Martin, 925-608-6701

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Laura Cassell

By Laura Cassell, Deputy Clerk



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Amendment Agreement #29-812-2 with the City of Concord

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Amendment Agreement #29-812-2 with the City of Concord, to amend Grant Agreement #29-812-1 to increase the amount payable to the County by \$13,000 from \$13,000 to a new amount of \$26,000 and to extend the termination date from June 30, 2019 to June 30, 2020 for the Coordinated Outreach, Referral and Engagement (CORE) Program to provide homeless outreach services to residents in Concord and Pleasant Hill.

FISCAL IMPACT:

Approval of this amendment agreement will allow the County to receive an additional amount not to exceed \$13,000 for Fiscal Year 2019/2020 from the City of Concord. No additional County funds required.

BACKGROUND:

The CORE Program services locate and engage homeless clients throughout Contra Costa County. CORE teams serve as an entry point into the County's coordinated entry system for unsheltered persons and work to locate, engage, stabilize and house chronically homeless individuals and families.

On July

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Lavonna Martin,
925-608-6701

cc: Marcy Wilhelm, Leslie Walker

BACKGROUND: (CONT'D)

24, 2018, the Board of Supervisors approved Agreement #29-812-1, to receive funds from the City of Concord for the provision of the CORE Program, for the period from July 1, 2018 through June 30, 2019. This Agreement included agreeing to indemnify and hold harmless the Contractor for claims arising out of County's performance under this Contract.

Approval of Agreement #29-814-2 will allow County to receive funds for homeless outreach services through June 30, 2020.

CONSEQUENCE OF NEGATIVE ACTION:

If this agreement is not approved, County will not receive funding and without such funding, the CORE program may have to operate at a reduced capacity.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Amendment #26-294-41 with Staff Care, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract Amendment Agreement #26-294-41 with Staff Care, Inc., a corporation, effective February 1, 2019, to amend Contract #26-294-40, to increase the payment limit by \$3,564,000, from \$5,469,000 to a new payment limit of \$9,033,000, with no change in the original term of January 1, 2017 through December 31, 2019.

FISCAL IMPACT:

This amendment is funded 100% Hospital Enterprise Fund I. (No rate increase)

BACKGROUND:

On March 28, 2017, the Board of Supervisors approved Contract #26-294-40 with Staff Care, Inc. for the provision of locum tenens temporary physician services at Contra Costa Regional Medical and Contra Costa Health Centers (CCRMC), for the period from January 1, 2017 through December 31, 2019.

At the time of negotiations, the payment limit was based on target levels of utilization. However, the utilization during the term of the agreement was higher than originally anticipated.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Samir Shah, M.D.,
925-370-5525

cc: Marcy Wilhelm

BACKGROUND: (CONT'D)

Approval of Contract Amendment Agreement #26-294-41 will allow the Contractor to provide additional hours of locum tenens temporary physician services through December 31, 2019.

CONSEQUENCE OF NEGATIVE ACTION:

If this amendment is not approved, Contractor will not be reimbursed for additional hours of locum tenens temporary physician services rendered.

ATTACHMENTS



**Contra
Costa
County**

To: Board of Supervisors
From: David Twa, County Administrator
Date: July 30, 2019

Subject: Interagency Agreement with Pittsburg Police Department for Central-East Ceasefire Program

RECOMMENDATION(S):

APPROVE and AUTHORIZE the County Administrator, or designee, to execute a contract with the City of Pittsburg, Police Department in an amount not to exceed \$119,000 to provide Central & East County Ceasefire Program coordination services for the period July 1, 2019 through June 30, 2020, subject to approval as to form by County Counsel.

FISCAL IMPACT:

100% Public Safety Realignment funds.

BACKGROUND:

On December 7, 2018 the Community Correction Partnership (CCP) Executive Committee approved the FY 2019-20 AB 109 Public safety Realignment Budget for recommendation to the Board of Supervisors. The Recommended Budget included \$119,000 for "Ceasefire Program coordination services." Today's action by the Board of Supervisors authorizes \$119,000 for the continued program coordination services for the Central & East County Ceasefire Program by staff in the City of Pittsburg Police Department.

In October 2016, the County Administrator's Office issued Request for Qualifications #1610-200 to secure the provision of "Ceasefire Program Coordination services" for the period

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Lara DeLaney, (925)
335-1097

cc:

BACKGROUND: (CONT'D)

of December 1, 2016 through June 30, 2017, for the purpose of implementing the Central & East County Ceasefire Program. The funding for this project was established in the Board of Supervisors' adopted FY 2016-17 AB 109 Public Safety Realignment Budget, as an allocation of \$110,000 that had been requested and received by the District Attorney's Office. Upon the establishment of the Office of Reentry & Justice, the allocation was transferred to the CAO/ORJ budget for contract administration and management.

Subsequent to the RFQ process, the County developed an interagency agreement with the Pittsburg Police Department in the amount of \$50,000 for Captain Mike Perry to provide the Central & East County Ceasefire Program launch services for the period of January 1, 2017 through June 30, 2017. Contracts for the provision of Ceasefire Program implementation services for FY 2017-18 and FY 2018-19 with Pittsburg Police Department were developed and approved. Program management is provided by the Office of the Reentry & Justice. Pittsburg Police Department has transferred the responsibility for program coordination and implementation services to Acting Lieutenant Cassandra Simental.

Over the past 15 years, numerous cities across the country have reduced relatively high rates of gang and youth gun violence through a strategy that brings together – and assigns specific roles to – stakeholders including criminal justice agencies, organizations that provide employment training and placement, social service agencies, community and faith leaders, and gang outreach programs. This strategy, based upon extensive research and experience, has evolved from a primary focus on deterring serious gang and youth gun violence, to a comprehensive approach that combines deterrence with workforce training, employment, and other social services; it is also known as "Group Violence Intervention. The Ceasefire program, which is a form of Group Violence Intervention (GVI), has been implemented in several cities throughout the country and the state, including Modesto, Stockton, Oakland, Salinas, Oxnard, Union City and Richmond.

GVI has demonstrated that violence can be dramatically reduced when a partnership of community members, law enforcement, and social service providers directly engages with the small and active number of people involved in street groups and clearly communicates a credible moral message against violence, prior notice about the consequences of further violence, and a genuine offer of help for those who want it. A central method of communication is the call-in, a face-to-face meeting between group members and the strategy's partners. The aim of the GVI strategy is to reduce peer dynamics in the group that promote violence by creating collective accountability, to foster internal social pressure that deters violence, to establish clear community standards against violence, to offer group members an "honorable exit" from committing acts of violence, and to provide a supported path for those who want to change.

CONSEQUENCE OF NEGATIVE ACTION:

The City of Pittsburg, Police Department will be unable to provide Ceasefire program services.



Contra
Costa
County

To: Board of Supervisors
From: John Kopchik, Director, Conservation & Development Department
Date: July 30, 2019

Subject: Allocation of Funds from Livable Communities Trust (District V portion)

RECOMMENDATION(S):

1. ALLOCATE \$200,000 from the Livable Communities Trust (District V portion) to the Contra Costa County Office of the Sheriff for the Bay Point Resident Deputy Program for the period of July 1, 2019 through June 30, 2020, as recommended by Supervisor Glover.
2. ALLOCATE \$100,000 from the Livable Communities Trust (District V portion) to the Department of Conservation and Development for the Bay Point Code Enforcement program for the period of July 1, 2019 through June 30, 2020, as recommended by Supervisor Glover.
3. ALLOCATE \$50,000 from the Livable Communities Trust (District V portion) to the Public Works Department for the East County Beautification Program for the period of July 1, 2019 through June 30, 2020, as recommended by Supervisor Glover.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

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ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Kristin Sherk (925)
674-7887

cc:

RECOMMENDATION(S): (CONT'D)

FISCAL IMPACT:

No General Fund impact. These actions allocate \$350,000 from the District V portion of the Livable Communities Trust Fund (Fund). The current balance in the District V portion of the Fund is \$1,683,505.33.

BACKGROUND:

The Livable Communities Trust Fund (Fund) is a Special Revenue Mitigation Fund established by the Board of Supervisors on November 15, 2005, following the approval of the Camino Tassajara Combined General Plan Amendment Project, also known as the Alamo Creek and Intervening Property residential projects. Pursuant to the conditions of approval for this project, the residential developers pay an \$8,000 per unit fee (excluding affordable housing portions of the project) to the County to implement the County's Smart Growth Action Plan. The Fund was established to serve as repository for these fees. The Department of Conservation and Development administers the Fund.

On December 3, 2013, the Board of Supervisors determined that revenue from the Fund should be spent equally among the supervisorial districts. At complete build-out, fee deposits to the Fund will total \$8,448,000. As of May 20, 2019, the account has collected \$8,120,000 in fees and \$672,526.63 in accrued interest with \$6,007,377.63 remaining in uncommitted funds. The approved expenditures to date are attached.

On July 10, 2018, the Board of Supervisors approved a one-time KCMF allocation of \$150,000 for the purpose of hiring a consultant to conduct radiologic health assessments at the Keller Canyon landfill. This allocation was in response to media reports that potentially toxic soil being removed as part of the clean up at Hunters Point Naval Weapon Station may have been improperly directed to the Keller Canyon landfill. The allocation also impacted KCMF reserves that would be used for funding programs and projects in FY 2019/20. In order to address the reduction of funds available for FY 2019/20 and address reduced revenues, District V proposed the use of its share of the Livable Communities Trust Fund to cover three allocations this year that, in previous years, were funded from the KCMF.

Bay Point Resident Deputy Program

The Bay Point Resident Deputy Program is proposed to provide enhanced law enforcement services to Bay Point to enhance the ability to significantly improve residents of Bay Point's quality of life by reducing crime, increasing public trust, and eliminating threats to vulnerable populations. The program is proposed to create continuity of enforcement strategies within the Bay Point community, which should lead to a more attractive setting for businesses and economic revitalization. The Bay Point Resident Deputy Program supports Goal 4 of the Smart Growth Action Plan to promote economic revitalization in urban infill communities.

Bay Point Code Enforcement Program

The Bay Point Code Enforcement Program is proposed to provide additional focused code enforcement to address complaints of junkyards, abandoned properties, illegal land-use, substandard / unsafe buildings, illegal/unsafe mobile homes, construction without permits and abandoned vehicles. The Code Enforcement program will ensure that the County regulations are adhered to within the Bay Point community, and alleviate blight, which is a deterrent to economic revitalization. The Code Enforcement Program supports Goal 4 of the Smart Growth Action Plan to promote economic revitalization in urban infill communities.

East County Beautification Program

The East County Beautification Program is proposed to provide community upgrades in Bay Point through roadside cleanup of litter, trash, appliances, tires, abandoned vehicles and other waste materials, as well as landscape maintenance throughout the community. A cleaner and safer community will attract commercial and retail interest in Bay Point. The East County Beautification Program supports Goal 4 of the Smart Growth Action Plan to promote economic revitalization in urban infill communities.

CONSEQUENCE OF NEGATIVE ACTION:

Not approving the recommended allocations will reduce the funding for these programs and the level of FY 2019/20 service provision in the Bay Point community.

CHILDREN'S IMPACT STATEMENT:

The Bay Point Resident Deputy Program, Bay Point Code Enforcement Program, and East County Beautification Program each support outcome 5: Communities are Safe and Provide a High Quality of Life for Children and Families.

ATTACHMENTS

LCT Project List

Liveable Communities Trust Fund

List of Projects

| Number | Board Date | Project | District I | District II | District III | District IV | District V | Total Expenditures | Remaining Balance |
|---------|------------|--|---------------------|-------------------|-------------------|-------------------|-------------------|------------------------|------------------------|
| 2013-01 | 10/22/2013 | Northern Waterfront | \$ 50,000 | \$ 50,000 | \$ 50,000 | \$ 50,000 | \$ 50,000 | \$ 250,000.00 | \$ - |
| 2016-01 | 6/14/2016 | Heritage Point | \$ 1,432,830 | \$ - | \$ - | \$ - | \$ - | \$ 57,599.72 | \$ 1,375,230.28 |
| 2016-02 | 12/20/2016 | Marsh Creek Trail | \$ - | \$ - | \$ 250,000 | \$ - | \$ - | \$ 250,000.00 | \$ - |
| 2016-03 | 12/20/2016 | Agriculture Policy Study | \$ - | \$ - | \$ 150,000 | \$ - | \$ - | \$ 150,000.00 | \$ - |
| 2017-01 | 3/7/2017 | Agra Tech Solar Light Greenhouse | \$ - | \$ - | \$ - | \$ 25,000 | \$ 25,000 | \$ 50,000.00 | \$ - |
| 2017-02 | 3/14/2017 | Rides for Veterans (Mobility Matters) | \$ - | \$ 33,458 | \$ - | \$ 50,187 | \$ - | \$ 83,645.00 | \$ - |
| 2017-03 | 9/19/2017 | Garden Park Apartments | \$ - | \$ - | \$ - | \$ 125,000 | \$ - | \$ 125,000.00 | \$ - |
| 2018-01 | 1/16/2018 | SRV Street Smarts - 2018 | \$ - | \$ 20,000 | \$ - | \$ - | \$ - | \$ 20,000.00 | \$ - |
| 2018-02 | 2/27/2018 | Contra Costa Housing Security Fund | \$ - | \$ 10,000 | \$ - | \$ - | \$ - | \$ 10,000.00 | \$ - |
| 2018-03 | 3/27/2018 | Newell Avenue Pathway | \$ - | \$ 75,000 | \$ - | \$ - | \$ - | \$ 75,000.00 | \$ - |
| 2018-04 | 3/27/2018 | Tri Valley Rising Report | \$ - | \$ 10,000 | \$ - | \$ - | \$ - | \$ 10,000.00 | \$ - |
| 2018-05 | 6/12/2018 | RYSE Acquisition - Phase 1 | \$ 25,000 | \$ - | \$ - | \$ - | \$ - | \$ 25,000.00 | \$ - |
| 2018-06 | 12/4/2018 | SRV Street Smarts - 2019 | \$ - | \$ 20,000 | \$ - | \$ - | \$ - | \$ 20,000.00 | \$ - |
| 2018-07 | 12/18/2018 | Choice in Aging | \$ - | \$ - | \$ - | \$ 40,000 | \$ - | \$ - | \$ 40,000.00 |
| 2019-01 | 1/15/2019 | Friends of the El Sobrante Library | \$ 140,000 | \$ - | \$ - | \$ - | \$ - | \$ 140,000.00 | \$ - |
| 2019-02 | 3/26/2019 | RYSE Acquisition - Phase 2 | \$ 42,500 | \$ - | \$ - | \$ - | \$ - | \$ 42,500.00 | \$ - |
| 2019-03 | 3/26/2019 | RYSE Center Capital Expansion Project | \$ 51,174 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 51,174.00 |
| 2019-04 | 6/18/2019 | 2040 Tri Valley Vision Plan Investment | \$ - | \$ 10,000 | \$ - | \$ - | \$ - | \$ - | \$ 10,000.00 |
| 2019-05 | 7/30/2019 | Bay Point Resident Deputy Program | \$ - | \$ - | \$ - | \$ - | \$ 200,000 | \$ - | \$ 200,000.00 |
| 2019-06 | 7/30/2019 | PWD - Beautification Bay Point | \$ - | \$ - | \$ - | \$ - | \$ 50,000 | \$ - | \$ 50,000.00 |
| 2019-07 | 7/30/2019 | District V Code Enforcement | \$ - | \$ - | \$ - | \$ - | \$ 100,000 | \$ - | \$ 100,000.00 |
| | | | \$ 1,741,504 | \$ 228,458 | \$ 450,000 | \$ 290,187 | \$ 425,000 | \$ 1,308,744.72 | \$ 1,826,404.28 |



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #26-745-11 with Medical Solutions, LLC (dba Nebraska Medical Solutions, LLC)

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #26-745-11 with Medical Solutions, LLC (dba Nebraska Medical Solutions, LLC), a limited liability company, in an amount not to exceed \$3,300,000, to provide temporary nursing and medical staff for Contra Costa Regional Medical Center (CCRMC), Contra Costa Health Centers and the County's Detention Facilities, for the period July 1, 2019 through June 30, 2020.

FISCAL IMPACT:

This Contract is funded 100% by Hospital Enterprise Fund I. (Rate increase)

BACKGROUND:

On September 11, 2018, the Board of Supervisors approved Contract #26-745-9 (as amended by Extension Agreement #26-745-10) with Medical Solutions LLC (dba Nebraska Medical Solutions Staffing, LLC), to provide temporary registered nurses, nurse practitioners, and physician assistants to provide coverage during peak workloads, temporary absences and emergency situations at CCRMC, Contra Costa Health Centers, and the County's Detention Facilities, for the period July 1, 2018 through June 30, 2019.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Jaspreet Benepal,
925-370-5501

cc: Marcy Wilhelm

BACKGROUND: (CONT'D)

Approval of Contract #26-745-11 will allow Medical Solutions, LLC (dba Nebraska Medical Solutions, LLC) to continue to provide temporary registered nurses, and medical staff at CCRMC, Contra Costa Health Services and the County's Detention Facilities, through June 30, 2020.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, patients at CCRMC, Contra Costa Health Services and the County's Main Detention Facility would not have access to Contractor's services.



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: July 30, 2019

Subject: Approve a Contract amendment with Diablo Boiler Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a Contract Amendment with Diablo Boiler Inc., to include a payment rate for parts and materials, with no change to the payment limit nor the original term of February 1, 2019 to January 31, 2022 for on-call boiler maintenance and emergency repair services, Countywide.

FISCAL IMPACT:

The payment limit of the contract is \$1.5 million and is funded through the Facilities Services maintenance budget. (100% General Fund)

BACKGROUND:

Facilities Services utilizes vendors such as Diablo Boiler Inc. to provide maintenance and repairs of boiler, furnace, and heat pump systems which provide hot water and heating to County buildings. The original contract only compensated the Contractor for labor costs. This amendment is to include a rate for parts and materials so the Contractor can be compensated for parts and materials needed for repairs.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

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ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Joe Yee (925)
313-2104

cc:

CONSEQUENCE OF NEGATIVE ACTION:

If this contract amendment is not approved, parts and materials used for boiler repairs may not be paid.



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: July 30, 2019

Subject: Amendment No. 3 to CSA with Vanir Construction Management, Inc., for Construction Management Services (WH173D)

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Vanir Construction Management, Inc. (Vanir), effective July 30, 2019, to increase the payment limit by \$400,000 to a new payment limit of \$10,404,948, and to extend the term from May 9, 2022 to May 9, 2023, for construction management services for the renovation of Module M at the Martinez Detention Facility, 1000 Ward Street, Martinez area.

FISCAL IMPACT:

The contract amount amendment, not to exceed \$400,000, is part of the approved general purpose revenue/reserves budget (100% General Fund).

BACKGROUND:

On May 9, 2017, the County awarded a contract to Vanir Construction Management, Inc., for construction management services for two sites at a total allotted amount of \$6,000,000, with a completion date of 3 years from the effective date of May 9, 2017.

Amendment No. 1 increased the payment limit by \$4,004,948 from \$6,000,000 to a new payment limit of \$10,004,948 and extended the term from May 9, 2020 to May 9, 2022 and was approved by the Board of Supervisors on October 17, 2017.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Ramesh Kanzaria
925-957-2480

cc:

BACKGROUND: (CONT'D)

Amendment No. 2 added a subconsultant, Coact Designworks, Inc. with no change to the termination date of May 9, 2022 nor the payment limit of \$10,004,948.

Amendment No. 3 is to increase the payment limit by \$400,000 to \$10,404,948 and extend the term from May 9, 2022 to May 9, 2023. The project is to renovate Module M at the Martinez Detention Facility for inmate medical and mental health care services and related infrastructure. The objective is to create a medical mental health unit for inmates by modifying current spaces to meet current California Title 24 standards and refurbish/renovate existing spaces at this module as required.

CONSEQUENCE OF NEGATIVE ACTION:

The Public Works Department does not have the staff expertise to provide construction management services for a project of this scale. If the amendment is not approved, the project will be delayed and most likely incur increases in the cost of construction.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #25-066-14 with Shelter, Inc. of Contra Costa County

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #25-066-14 with Shelter, Inc. of Contra Costa County, a non-profit corporation, in an amount not to exceed \$555,718, to provide supportive housing services for homeless families, for the period from July 1, 2019 through December 31, 2019.

FISCAL IMPACT:

This contract is entirely funded by the Employment and Human Services Department (EHSD). EHSD will fund this contract with 85% Federal Temporary Assistance for Needy Families, and 15% State from the CalWORKs housing Support Program allocation. (No rate increase)

BACKGROUND:

This Contract meets the social needs of County’s population by providing support services to Contra Costa County families that are homeless, including case management, benefits advocacy, employment services, job training and education services, and short-term rental assistance.

On July 10, 2018, the Board of Supervisors approved Contract #25-066-12, as amended

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

- AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Lavonna Martin,
925-608-6701

BACKGROUND: (CONT'D)

by Amendment/Extension Agreement #25-066-13, with Shelter, Inc. of Contra Costa County for the provision of supportive housing services for homeless families for the period from July 1, 2018 through June 30, 2019.

Approval of Contract #25-066-14 will allow Contractor to continue to provide supportive housing services to Contra Costa County homeless families through December 31, 2019.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, homeless families in Contra Costa County will not receive the housing assistance services provided by Contractor.

CHILDREN'S IMPACT STATEMENT:

This program supports two of the Board of Supervisors' five children's outcomes: "Families that are Safe, Stable, and Nurturing"; and "Communities that are Safe and Provide a High Quality of Life for Children and Families". Expected program outcomes include an increase in positive social and emotional development as measured by the Child and Adolescent Functional Assessment Scale (CAFAS).



Contra
Costa
County

To: Board of Supervisors
From: David Twa, County Administrator
Date: July 30, 2019

Subject: CONTRACT FOR TEMPORARY IT SERVICES FOR LAW & JUSTICE SYSTEMS DEVELOPMENT

RECOMMENDATION(S):

APPROVE and AUTHORIZE the County Administrator, or designee, to execute a contract with Allegis Group Holdings, Inc. (dba TEK Systems, Inc.), a corporation, in an amount not to exceed \$650,000 to provide temporary help and recruitment services for the County Administrator's Law & Justice Information Systems Unit for the period August 1, 2019 through September 30, 2020.

FISCAL IMPACT:

100% County General Fund; County Administrator's Office - Law & Justice Information Systems budget.

BACKGROUND:

The County Administrator's Law and Justice Information Systems (LJIS) Unit is composed of five (5) positions: a Business Manager, an Administrative Analyst, and three (3) Information System Programmer Analysts (ISPAs). Effective August 2, 2019, two ISPA vacancies will exist.

The LJIS Unit is responsible for the planning and implementation of countywide warrant system and information exchange network, and also the case management systems for the District Attorney, Probation, and Public Defender departments.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Julie DiMaggio Enea
(925) 335-1077

cc:

BACKGROUND: (CONT'D)

On June 26, following an RFP and 18-month contract negotiation, the LJIS unit kicked off a significant new information technology project – replacement of the countywide warrant management system. This project is critical to the Sheriff, Superior Court, and all county law enforcement agencies. The current legacy mainframe system is obsolete and no longer supported by IBM, and it must be replaced as soon as possible. The project requires adequate resources in order to be successful.

The CAO has recruited for ISPAs four times in the last three years but has been unable to keep the positions filled. Therefore, the CAO is seeking to hire three qualified temporary contractors to support the LJIS Unit, while continuing to recruit to fill positions permanently. The proposed contract with TEK Systems, Inc., will provide qualified contract-to-hire candidates for these hard to fill positions in the County Administrator's LJIS Unit, for the period from August 1, 2019 through September 30, 2020. The intent is to backfill vacancies for no longer than 12 months. The 14-month contract term is meant to provide additional time for referral and placement of candidates.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #26-661-10 with Planned Parenthood, Shasta Diablo, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of County Contract #26-661-10 with Planned Parenthood, Shasta Diablo, Inc., a corporation, in an amount not to exceed \$1,274,700, to provide prenatal services for Contra Costa Regional Medical Center (CCRMC) and Health Center patients, for the period July 1, 2019 through June 30, 2020.

FISCAL IMPACT:

This contract is funded 100% by Hospital Enterprise Fund I. (No rate increase)

BACKGROUND:

On July 24, 2018, the Board of Supervisors approved Contract #26-661-9 with Planned Parenthood, Shasta Diablo, Inc. to provide, upon request of the County's Health Services Director or designee, its licensed and certified personnel to perform prenatal services to CCRMC and Contra Costa Health Centers' patients at County's leased clinic facilities located in Concord, Richmond and Antioch, for the period from July 1, 2018 through June 30, 2019.

Approval of Contract #26-661-10 will allow Contractor to continue to provide prenatal services to CCRMC and Contra Costa Health Center patients through June 30, 2020.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: PATRICK GODLEY
(925) 957-5410

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved Contractor will be unable to provide services to a significant number of low income women in the county who would either be without services or directed to County Health Services sites.



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: July 30, 2019

Subject: Execute a contract amendment with CDM Smith Inc., effective September 1, 2019, to extend the term, Countywide.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with CDM Smith Inc. (CDM), effective September 1, 2019, to extend the term from December 31, 2019 to December 31, 2020, with no change to the original payment limit of \$400,000 for continued on-call water treatment consulting services, Countywide.

FISCAL IMPACT:

100% Various Public Works Funds.

BACKGROUND:

The Public Works Department is involved in various projects in the County, which require water treatment engineering services. After a solicitation process, CDM was selected to provide water treatment engineering services on an "on-call" basis. The consultant will be used to provide specialized expertise.

The contract was originally solicited and awarded July 7, 2015. CDM has completed the design memorandum for County Service Area (CSA) M-28, Willow Mobile Home Park Water District, Bethel Island, and will be retained to help address future upgrades and/or improvements to the existing treatment system.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Carl Roner -
(925)313-2213

cc:

CONSEQUENCE OF NEGATIVE ACTION:

If the contract amendment is not approved, there is a possible delay in completing projects requiring water treatment services.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #74-562-2 with Emily Watters, M.D.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of County Contract #74-562-2 with Emily Watters, M.D., an individual, in an amount not to exceed \$279,552, to provide outpatient psychiatric services to mentally ill adults in West County, for the period August 1, 2019 through July 31, 2020.

FISCAL IMPACT:

This contract is funded 100% by Mental Health Realignment. (No rate increase)

BACKGROUND:

On June 5, 2018, the Board of Supervisors approved Contract #74-562 (as amended by Contract Amendment Agreement #74-562-1) with Emily Watters, M.D. for the provision of outpatient psychiatric services to mentally ill adults in West County for the period from August 1, 2018 through July 31, 2019.

Approval of Contract #74-562-2 will allow the Contractor to continue to provide outpatient psychiatric services through July 31, 2020.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, County's clients will not have access to Contractor's psychiatric services.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Suzanne Tavano, Ph.D., Ph.N.
925 957-5212.

By: Laura Cassell, Deputy

cc: A FLOYD, M WILHELM



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #76-630-1 with Hank H. Sun, M.D.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of County Contract #76-630-1 with Hank H. Sun, M.D., an individual, in an amount not to exceed \$1,503,000, to provide anesthesia services for Contra Costa Regional Medical Center (CCRMC) and Health Centers patients, for the period October 1, 2019 through September 30, 2022.

FISCAL IMPACT:

This contract is funded 100% by Hospital Enterprise Fund I.

BACKGROUND:

On December 11, 2018, the Board of Supervisors approved Contract #76-630 with Hank H. Sun, M.D., to provide anesthesia services at CCRMC and Health Centers, for the period from October 1, 2018 through September 30, 2019. Approval of Contract #76-630-1 will allow Contractor to continue to provide anesthesia services at CCRMC and Health Centers through September 30, 2022.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, patients requiring anesthesia services at CCRMC and Contra Costa Health Centers will not have access to Contractor's services.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

- AYE:
- John Gioia, District I Supervisor
 - Candace Andersen, District II Supervisor
 - Diane Burgis, District III Supervisor
 - Karen Mitchoff, District IV Supervisor
 - Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Samir Shah, M.D.,
925-370-5525



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #26-958-13 with Muir Orthopaedic Specialists, a Medical Group, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of County Contract #26-958-13 with Muir Orthopaedic Specialists, a Medical Group, Inc., a corporation, in an amount not to exceed \$150,000, to provide orthopedic services for Contra Costa Regional Medical Center (CCRMC) and Health Centers patients, for the period from August 1, 2019 through July 31, 2022.

FISCAL IMPACT:

This contract is funded by 100% Hospital Enterprise I Funds. (No rate increase)

BACKGROUND:

On August 2, 2016, the Board of Supervisors approved Contract #26-958-12, Muir Orthopaedic Specialists, a Medical Group, Inc. to provide orthopedic services for CCRMC including, but not limited to clinic coverage, on-call, consultation, training, and surgical procedures, for the period from August 1, 2016 through July 31, 2019.

Approval of Contract #26-958-13 will allow Contractor to continue to provide orthopedic services, through July 31, 2022.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Samir Shah, M.D.,
925-370-5525

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, patients requiring orthopedic services at CCRMC will not have access to Contractor's services.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #27-633-17 with PerformRX, LLC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #27-633-17 which contains mutual indemnification, with PerformRx, LLC, a limited liability company, in an amount not to exceed \$119,000,000, to provide pharmacy administration services for Contra Costa Health Plan (CCHP), for the period from August 1, 2019 through December 31, 2020.

FISCAL IMPACT:

This contract is funded 100% by CCHP Enterprise Fund II. (No rate increase)

BACKGROUND:

Both the State Department of Health Services and the Federal Centers for Medicare and Medicaid Services (CMS) require a Pharmacy Benefits Manager that can develop, maintain, and manage a large pharmacy network and monitor the correct dispensing of drug benefits, co-pays under multiple group product lines adhering to the required Health Plan Formulary and Health Plan Prior authorization protocol.

On July 18, 2017, the Board of Supervisors approved Contract #27-633-15 (as amended by Contract Amendment Agreement #27-633-16) with PerformRx, LLC, to provide pharmacy administration services

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Sharron Mackey,
925-313-6104

cc: K Cyr, M Wilhelm

BACKGROUND: (CONT'D)

for CCHP members, including drug utilization review and management, prior authorization procedures, account management, member pharmacy call center, analysis and reporting services, and developing partnerships with prescribers and pharmacies, for the period from August 1, 2017 through July 31, 2019.

Approval of Contract #27-633-17 will allow the Contractor to continue providing services through December 31, 2020. This contract includes mutual indemnification.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, contractor will not provide pharmacy administration services to Contra Costa Health Plan.



**Contra
Costa
County**

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: July 30, 2019

Subject: Contract with Language Line Services, Inc. for Interpretation and Translation Services

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute a contract with Language Line Services, Inc., in an amount not to exceed \$1,000,000 for interpretation and translation services for the period July 1, 2019 through June 30, 2020.

FISCAL IMPACT:

This contract will increase Department expenditures by \$1,000,000 to be funded with 5% County, 51% State, 41% Federal revenue (Administrative Overhead).

BACKGROUND:

Language Line Services, Inc. provides telephone interpretation, on-site interpretation, and document translation services to the Employment and Human Services Department (EHSD) and to the clients served by EHSD. Services are provided to the County adult population, children, families, and employment and training program related clients throughout the County. State and Federal regulations require the County to provide public information materials regarding client services to potential, present and past recipients in any non-English language that is prevalent within the County.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Gina Chenoweth
8-4961

cc:

CONSEQUENCE OF NEGATIVE ACTION:

EHSD would be unable to meet requirements for the administration of State and Federal programs.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #77-083-2 with Prohealth Home Care, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-083-2 with Prohealth Home Care, Inc., a corporation, in an amount not to exceed \$300,000, to provide home healthcare and hospice services for Contra Costa Health Plan (CCHP) members for the period from August 1, 2019 through July 31, 2021.

FISCAL IMPACT:

This Contract is funded 100% by CCHP Enterprise Fund II.

BACKGROUND:

On August 15, 2017, the Board of Supervisors approved Contract #77-083 (as amended by Amendment Agreement #77-083-1) with Prohealth Home Care, Inc., to provide home healthcare services for CCHP members for the period from August 1, 2017 through July 31, 2019.

Approval of Contract #77-083-2 will allow the Contractor to continue to provide home healthcare and hospice services for CCHP members through July 31, 2021.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Sharron Mackey,
925-313-6104

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain specialized health care services for CCHP members under the terms of their Individual and Group Health Plan membership contracts with the County will not be provided.



**Contra
Costa
County**

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: July 30, 2019

Subject: 2019-20 KinderCare Learning Centers LLC Childcare Services Contract

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute a contract with KinderCare Learning Centers LLC in an amount not to exceed \$971,011 to provide Early Head Start Childcare Partnership and State General Childcare program services for the period July 1, 2019 through June 30, 2020.

FISCAL IMPACT:

This contract is 30.5% funded by federal grant funds from the Administration for Children and Families (Head Start Program). The remaining 69.5% of the contract is State funded through the California Department of Education. There is no County match requirement. [CFDA 93.600]

BACKGROUND:

Contra Costa County receives funds from the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) to provide Head Start and Early Head Start program services to program eligible County residents. The Employment and Human Services Department, in turn, contracts with a number of community-based organizations to provide a wider distribution of services. This contract provides funding for 48 childcare program slot for children ages 0 to 3 years in the Early Head Start program and 32 childcare program slots for children ages 0 to 3 years in the State General Childcare and Development program.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: CSB (925) 681-6352

cc: Sara Reich, Haydee Ilan

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, the County will not be able to fund childcare slots and start up funds for its community based agency partner, KinderCare Learning Centers LLC.

CHILDREN'S IMPACT STATEMENT:

The Employment and Human Services Department Community Services Bureau supports three of Contra Costa County's community outcomes - Outcome 1: Children Ready for and Succeeding in School, Outcome 3: Families that are Economically Self-sufficient, and Outcome 4: Families that are Safe, Stable, and Nurturing. These outcomes are achieved by offering comprehensive services, including high quality early childhood education, nutrition, and health services to low-income children throughout Contra Costa County.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Purchase Order with Werfen USA LLC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Health Services Director, a Purchase Order with Werfen USA LLC, in an amount not to exceed \$150,000 for the purchase of supplies and reagents for the Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Centers, for the period from May 1, 2019 through April 30, 2020.

FISCAL IMPACT:

100% funding is included in the Hospital Enterprise Fund I budget.

BACKGROUND:

The Clinical Laboratory at CCRMC needs to purchase supplies and reagents for the current ACL TOP 500 analyzers. The Clinical Laboratory uses these analyzers to perform various tests for patients of the CCRMC and only Werfen USA LLC can provide the reagents and supplies needed to do so.

CONSEQUENCE OF NEGATIVE ACTION:

If this Purchase Order is not approved, then the CCRMC Clinical Laboratory will not be able to perform the requested tests ordered by physicians for their Coumadin patients, and the ACL TOP 500 analyzers can no longer be utilized.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Jaspreet Benepal,
925-370-5501

cc: Marcy Wilhelm, Margaret Harris



Contra
Costa
County

To: Board of Supervisors
From: John Kopchik, Director, Conservation & Development Department
Date: July 30, 2019

Subject: Keller Canyon Mitigation Fund FY 2019/20 Allocation Plan

RECOMMENDATION(S):

1. APPROVE the FY 2019/20 Keller Canyon Mitigation Fund (KCMF) allocation plan in the amount of \$1,059,523 for specified projects as recommended by the KCMF Review Committee (Exhibit A); and
2. AUTHORIZE the Department of Conservation and Development (DCD) Director, or designee, to enter into contracts with the nonprofit organizations and public agencies as specified in Exhibit A for the period July 1, 2019 through June 30, 2020.

FISCAL IMPACT:

No General Funds - 100% Keller Canyon Landfill Mitigation Funds. The FY 2019/20 KCMF allocation plan is consistent with the KCMF policies adopted by the Board of Supervisors on May 24, 2011, including: (1) the projected FY 2019/20 revenue amount is based on the revenue trend over the last ten years; (2) staff has considered any anticipated changes in the amount of waste expected to be deposited at the Keller landfill site during the year; (3) the projected revenue amount has been reduced by 20 percent to minimize the likelihood that proposed expenditures will exceed actual revenue. The amount proposed to be allocated includes \$181,082 of the previous years' fund balance, which is also consistent with KCMF policies (Policy IIG).

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Daniel Davis (925)
674-7886

cc:

BACKGROUND:

In 1990, the Board of Supervisors (Board) approved the Keller Canyon Landfill land use permit and franchise agreement which included the establishment of three fees to mitigate the following impacts of the landfill: traffic generated on the County's road system, the impacts of the landfill on open space, existing and proposed recreational facilities and agricultural land, and general impacts of the landfill upon the surrounding community.

The Keller Canyon Mitigation Fund (KCMF) process was established in August 1992, and the first allocation of funds occurred in November, 1992. In 1994, the Board amended the land use permit and the franchise agreement to combine the above mitigation fees, as well as to provide additional flexibility in the use of funds, specifying that the fee shall be used by the Board in its sole discretion. The current program/project/service categories considered for funding include: youth services, code enforcement, public safety, community beautification, and community services.

On May 24, 2011, the Board approved new policies governing the implementation and administration of the KCMF. The Department of Conservation and Development is the fiscal and contract manager for the fund. The FY 2019/20 allocation process is the eighth year that the new policies have governed the process. Listed below are the applicable policies and a description of how they were applied during the FY 2019/20 allocation process:

1. Policy IA: The composition of the KCMF Review Committee shall include the following individuals: District V Supervisor, District V Chief of Staff (or other person assigned by the Supervisor), a representative of the Bay Point Municipal Advisory Committee (MAC) appointed by the Bay Point MAC, a Principal (or other senior school official) from a school located in the Bay Point area, and a representative from the Bay Point Chamber of Commerce. The representatives from the MAC, Bay Point area school, and Chamber of Commerce shall be appointed to minimum two year terms.

Action: The KCMF Review Committee was composed by the District V Supervisor, Federal Glover; Chief of Staff, David E. Fraser; Mount Diablo Unified School District Board Member, Debra Mason; Bay Point Municipal Advisory Committee Member, Marcia Lessley; and Bay Point Chamber of Commerce Representative, Khurram Shah. It should be noted that Debra Mason is also a member of the MAC.

2. Policy ID: The KCMF Review Committee's funding recommendations shall be guided by the KCMF Target Area Map that establishes "Primary" and "Secondary" target areas for the use of KCMF funds. One hundred percent of KCMF funds shall be used for programs/projects/services directly serving those within the "Primary" and "Secondary" target areas. In addition, no less than 70 percent of the KCMF funds shall be used to fund programs/projects/services directly serving those in the "Primary" target area.

Action: The KCMF Review Committee's proposed FY 2019/20 funding recommendations result in 70 percent of the funds being used for programs/projects/services that will directly serve those residents in the "Primary" target area and the remainder is within the "Secondary" target area.

3. Policy IE: Funding recommendations from the KCMF Review Committee shall be presented at a Board of Supervisors regularly scheduled meeting. The Board Order will list all of the applicants, the amount of funding requested, the amount recommended, and a short description of the proposed program/project and the proposed outputs and/or outcomes.

Action: See Exhibit A.

4. Policy IIA: To increase the public's knowledge on how, where, and when to apply for KCMF funding, the funding timeline, request for proposal (KCMF application), and other applicable materials shall be placed on the District V and County websites. The websites shall also allow organizations and interested persons to add their contact information to ensure notification on matters related to KCMF.

Action: The Supervisor's office and DCD staff engaged in a comprehensive outreach effort to notify the public of the availability of funds. In addition to posting the Request for Proposals (RFP) and application on the District V and County's websites, emails announcing the RFP were also sent to the KCMF interested parties list and to previous KCMF applicants. In addition, a "Bidders Conference" was held on April 18, 2019, to inform potential applicants of the application requirements, process, and timeline. KCMF applications were due on May 17, 2019. A total of 112 applications and requests for funding were submitted by the deadline. The KCMF Review Committee met on 5 separate occasions to review the applications, interview applicants, and develop final funding recommendations.

5. Policy IIC: To ensure the tax exempt status of a nonprofit agency requesting funds is valid and in good standing, KCMF applicants shall submit their current non-profit status determination letter from the IRS, a copy of their most recent tax return, and the printout from the California Business Portal.

Action: Any application that did not contain the requisite documents, including the printout from the California Business Portal, was deemed to be incomplete and therefore not accepted.

6. Policy IIF: Any deficit in the KCMF after the end of each fiscal year shall be eliminated by allocating the necessary amount from next year's projected revenue.

Action: Not applicable. The KCMF has a projected FY 2018/19 ending fund balance of \$181,082. See Exhibit B, Available Allocation Calculation.

7. Policy IIG: When estimating the amount of KCMF funds to be made available for projects in future fiscal years, staff shall analyze the revenue trend lines from previous years and the KCMF Review Committee shall only allocate 80 percent of the anticipated revenue for the upcoming year. This protocol will reduce the likelihood that expenses will be greater than actual revenue received during the year. Any revenue in excess of expenses in one year may be added to the amount made available in the following year.

On July 10, 2018, the Board approved a one-time allocation of \$150,000 in Keller Canyon mitigation funds to facilitate the hiring of a consultant with expertise in radiologic health to investigate concerns about soil sent to the landfill from the Hunters Point Naval Shipyard. This allotment reduced the availability of funds for the KCMF FY 2018/19 allocation. A consultant was found, and on September 25, 2018, the Board approved the execution of a service contract not to exceed \$75,000. Thus, the unused \$75,000 will be credited back to the Keller Canyon mitigation fund, and attributed to the total available KCMF FY 2019/20 allocation.

Action: Based on the current information available, the Committee is recommending the allocation of \$1,059,523. See Exhibit B for the calculation. The KCMF Review Committee has recommended allocating the FY 2018/19 ending fund balance. If during the year, additional funds become available, and one or more of the funded agencies is in need of additional funds to complete an approved program/project or a new program/project emerges, the Committee will reconvene to consider any request(s) for additional funding up to the amount held in reserve and return to the Board with any

funding recommendation(s).

CONSEQUENCE OF NEGATIVE ACTION:

Not approving the recommended allocations will result in delays in implementing important projects/programs that directly benefit the residents of the KCMF target areas.

CHILDREN'S IMPACT STATEMENT:

The recommended projects/programs support at least one of the five community outcomes established in the Children's Report Card.

ATTACHMENTS

KCMF FY2019-20 Allocations (Exhibit A)

KCMF Allocation Calculations (Exhibit B)

| Cont # | Organization Name | Project Name | Program/Project Description | FY 19/20 Request Amount | Committee Recommendation |
|--|------------------------------------|--|--|-------------------------|--------------------------|
| NON-PROFIT ORGANIZATIONS (ORG 1582) | | | | | |
| 1 | ALL STAR CHEER REACTION INC | All Star Cheer Reaction,Inc. | Provide a cheer program designed to keep youth (ages 5-18) active during the more vulnerable months of summer as well as to keep them motivated when school begins, in order for them to be a good student that actively participates in healthy lifestyles throughout the year. A total of 75 youth will participate in the cheer program. | \$ 10,000.00 | \$ 10,000.00 |
| 2 | AMBROSE RECREATION & PARK DISTRICT | Ambrose Teen Center | The Teen Center's primary purpose is to provide safe, fun and exciting activities and events for Bay Point youth, ages 12 – 19 years old.The Teen Center creates a stable environment where youth can recreate, socialize and participate in leadership and educational opportunities with their peers. | \$ 48,000.00 | \$ 4,999.00 |
| 3 | AMBROSE RECREATION & PARK DISTRICT | Fun Starts at 60 | Provide social and holiday activities during CC Café's lunch program as a way to encourage attendance and participation. Approximately 200 seniors are expected to participate. | \$ 4,999.00 | \$ 4,999.00 |
| 4 | ANTIOCH ROTARY CLUB | Rotary Empowerment of Antioch with Dictionaries (R.E.A.D.) | Purchase a hardcover dictionary for each third grade student in the Antioch Unified School District facilitating their ability to learn the meaning and correct spelling of words. Over 1,200 are expected to receive a dictionary. | \$ 10,000.00 | \$ 10,000.00 |
| 5 | ANTIOCH ROTARY CLUB | Young Men's Program | The Young Men's Program works with Antioch middle- and high-school aged young men, teaching them how to succeed in life. Students will go through 4 breakout sessions, a discussion session, and a seminar session. | \$ 3,000.00 | \$ 2,700.00 |
| 6 | BAY POINT COMMUNITY FOUNDATION | Planting Seeds of Health: Gardening With Youth | The Bay Point Community Foundation is seeking funding for a Planting Seeds of Health program. The project seeks to involve more youth in engaging and healthy programs by providing hands on experience in gardening, physical activity, nutrition educations, and healthy behaviors. | \$ 1,500.00 | \$ 1,500.00 |
| 7 | BE VERY LOVED FOUNDATION | Line Dancing for Life Program | Be Very Loved will promote physical and emotional health to the aging population utilizing Line Dancing as our chosen exercise. This exercise helps to lower blood pressure/cholesterol levels, increase mobility without joint damage, increase balance control, increase bone/muscle mass, ease levels of depression, and encourage weight loss. | \$ 5,000.00 | \$ 5,000.00 |
| 8 | BEAT THE STREETS, INC. | Work Readiness Project | The Work Readiness Program provides resources and support services in education to ensure young adults complete their high school education or GED. We encourage the desire to attend college to further their education and provide basic computer knowledge to function in employment endeavors. We provide vocational training on employment seeking, resume preparation, and interview preparedness, which all lead to gainful employment. | \$ 7,000.00 | \$ 4,500.00 |
| 9 | CHOICE IN AGING | Adult Day Health Care Participant Program Support and Scholarships | Provide three low-income individuals with scholarships to attend daytime health and social services in a community setting while allowing family caregivers respite time. | \$ 10,000.00 | \$ 5,000.00 |
| 10 | CITY OF PITTSBURG | Fun Food and Fellowship | Partner with the C.C. Café to provide seniors with an opportunity for socialization, physical activity, tournaments, and good nutrition. Three dances and three fun tournaments will be provided to help improve seniors' quality of life. | \$ 6,150.00 | \$ 2,500.00 |
| 11 | CITY OF PITTSBURG SENIOR CENTER | Community is Key | Publish and mail the Senior Center Newsletter three times per year to provide seniors who do not have access to a computer with critical information regarding County and City services that enhance their quality of life. | \$ 5,000.00 | \$ 5,000.00 |

| Cont # | Organization Name | Project Name | Program/Project Description | FY 19/20 Request Amount | Committee Recommendation |
|--------|--|--|---|-------------------------|--------------------------|
| 12 | CITY OF PITTSBURG SENIOR CENTER | Senior Center Health Fair/Winter Ball /Fashion Show | The Pittsburg Senior Center is hosting a series of events in order to build community and reduce isolation for seniors in Pittsburg and Bay Point, as well as to ensure that the seniors gain access to crucial health services. The events are the Senior Fashion Show, the Winter Ball, and the Health Fair. | \$ 6,350.00 | \$ 5,000.00 |
| 13 | COMMUNITY VIOLENCE SOLUTIONS | Violence Prevention | CVS's Sexual Assault Prevention Education programs in East Contra Costa County middle and high schools work to eliminate/decrease the incidence of sexual assault and human trafficking among teens. Furthermore, the programs strive to increase respectful relationships and communications. | \$ 10,000.00 | \$ 5,000.00 |
| 14 | CONTRA COSTA FAMILY JUSTICE ALLIANCE | East County Family Justice Center | Contra Costa Family Justice Alliance is opening an East County Family Justice Center, allowing them to serve more East County cities and communities that require comprehensive resources and integrated service partners after suffering from the traumas of interpersonal violence | \$ 10,000.00 | \$ 10,000.00 |
| 15 | CONTRA COSTA INTERFAITH TRANSITIONAL HOUSING INC | East County Programs for Low-Income/Homeless Children & Families | Provide case management, parent support, and youth enrichment services to 346 low-income and at-risk households living in affordable housing in two housing developments in Bay Point and Pittsburg. | \$ 10,000.00 | \$ 8,000.00 |
| 16 | COURT APPOINTED SPECIAL ADVOCATE PROGRAM, INC. | 4th Year Expansion of Services to Foster Youth | Expansion of CASA's services to 8 abused and neglected children in Bay Point and Antioch. CASA provides highly trained court appointed advocates for children in the foster case system. | \$ 10,000.00 | \$ 10,000.00 |
| 17 | CRAFT COMMUNITY CARE CENTER, INC. | 1-2-3 Tutoring | Provide a tutoring program to 1st, 2nd, and 3rd graders attending Highlands Elementary School in Pittsburg and who are normally shut out of normal after school tutoring and intervention programs because of lack of transportation and other issues. A total 50 students will receive tutoring services during the year. | \$ 10,000.00 | \$ 5,000.00 |
| 18 | CRAFT COMMUNITY CARE CENTER, INC. | World Music and Arts Fair | Bring music and art from around the world to all Bay Point and Pittsburg elementary school students and their families to help cultivate understanding, acceptance and appreciation of the various cultures. | \$ 10,000.00 | \$ 5,000.00 |
| 19 | DISTRICT COUNCIL OF CONTRA COSTA COUNTY SOCIETY OF ST. VINCENT de PAUL | RotaCare Pittsburg Free Medical Clinic at St. Vincent de Paul | Provision of urgent/chronic medical and dental care to low-income uninsured East County residents at the RotaCare Free Medical Clinic. The Clinic serves thousands of patients annually. | \$ 10,000.00 | \$ 5,000.00 |
| 20 | EAST BAY NSBE JR CHAPTER | Saturday STEM & Robotics | East Bay NSBE utilizes Khan Academy for numeracy and literacy proficiency and Lego Mindstorm Education EV3 Software robotics that focuses primarily on engineering, technology, and computer science. Lego Robotics provides an opportunity to integrate cross-curricular activities, such as science and mathematics, when students complete the challenges. | \$ 10,000.00 | \$ 8,000.00 |
| 21 | EAST COUNTY JR WARRIORS BASKETBALL LEAGUE | East County Junior Warriors AAU Basketball Program | The AAU program offered within the ECJW program is a competitive, youth basketball travel team with age groups ranging from 9-14 years old. The program will teach the youth that the world is a big place and help them to experience traveling to different towns and cities while engaging in competition to their outlook and ambition to perform better. | \$ 10,000.00 | \$ 5,000.00 |
| 22 | EAST COUNTY MIDNIGHT BASKETBALL LEAGUE PROGRAM | 2019 Summer E.C. Midnight Basketball League | Each program provide a safe supervised late night location, where participants come and receive information on life-skills, fitness, peer pressure, nutritional counseling, and the opportunities for self-improvement. Their are also physical health benefits from the opportunity to play basketball, which will promote stamina, strength, endurance, hand-eye coordination, healthy eating habits, etc. Participants also receive general knowledge on issues and opportunities, and this is provided through the mandatory workshops before all games. In order to play in a game, a player must attend the practice or workshop. | \$ 10,000.00 | \$ 10,000.00 |

| Cont # | Organization Name | Project Name | Program/Project Description | FY 19/20 Request Amount | Committee Recommendation |
|--------|---|--|---|-------------------------|--------------------------|
| 23 | EL CAMPANIL THEATRE PRESERVATION FOUNDATION | Safety Improvements - Install Handrails in the Theatre | El Campanil Theatre provides a wide range of programs serving East Contra Costa County. Our offerings include Children's Theatre programming for elementary school children. Annually 4,000 - 5,000 children attend field trips at an affordable price. Unfortunately, the facility is 90 years old and in need of handrails in the Opera level, to improve safety for patrons. | \$ 3,100.00 | \$ 3,100.00 |
| 24 | FAMILY PURPOSE CORPORATION | WExcel | WExcel is a academic support program designed to provide students with an individualized educational plan, promoting academic competency and skills development. Facilitated by a cadre of credentialed teachers, WExcel provides an innovative learning experience for our participants, pairing online classes with direct tutoring/instruction. | \$ 9,825.00 | \$ 7,900.00 |
| 25 | FIRST A.M.E. COMMUNITY CHURCH | WMS Community Breakfast | WMS will operate a 3rd & 4th Saturday community breakfast that will provide a nutritious breakfast to those in the community on two Saturdays a month between 8:00am-10:00am. In addition to the breakfast, attendees will be provided take away socks and toiletries. | \$ 4,382.00 | \$ 2,500.00 |
| 26 | FIRST BAPTIST CHURCH OF PITTSBURG, CALIFORNIA | First Baptist Head Start Volunteer Alumni Program | Provide approximately 140 at-risk youth (grades 6th-10th); the opportunity to learn valuable job skills, and develop positive work ethics during the summer months by volunteering at the Head Start facility. | \$ 10,000.00 | \$ 10,000.00 |
| 27 | FUTURE LEADERS OF AMERICA EAST BAY AREA, INC. | FLA East Bay Area's 2019 Youth Leadership Conference | The Youth Leadership Conference (YLC) is a six-day leadership development conference. The YLC is designed to motivate students to excel in secondary education through various workshops including public speaking, assertiveness, brain storming, A through F requirements for college, and goal setting for home, school and the community. | \$ 10,000.00 | \$ 5,000.00 |
| 28 | GIVE ALWAYS TO OTHERS & COMPANY | Cesar E. Chavez State Holiday Breakfast | The Cesar E. Chavez Holiday Breakfast will provide breakfast at cost of \$5 per person, and the organization is to charge as much as \$20 per person. The program will focus on the role of the Filipino farm worker in the Cesar Chavez Movement. An Exhibit will hold of all the displays that GATO has collected, featuring the farm workers movement. | \$ 500.00 | \$ 500.00 |
| 29 | GRACE BIBLE FELLOWSHIP OF ANTIOCH | Grace After School Tutoring & Summer Programs | GASTP Summer Program will provide fun and learning activities to help parents keep their children from excessive hours of television, video games, and other negative influences during summer months. They will achieve this through excursions to fun and educational venues, classroom training by trained staff and volunteers, and guest speakers with careers focusing in STEM areas. | \$ 10,000.00 | \$ 5,000.00 |
| 30 | GREATER FAITH MISSIONARY BAPTIST CHURCH | Greater Faith Food Pantry | This project was founded on July 19, 2008 and designed to accommodate 25 to 35 families in the Pittsburg/Antioch area. At the present time, we have served approximately 150 families bi-weekly. In the first four months of this year, we have served approximately 869 families and 2853 individuals. | \$ 3,000.00 | \$ 3,000.00 |
| 31 | HEALTHY HEARTS INSTITUTE | El Pueblo Community Garden and Health and Wellness education program | After attending their first gardening class, 75% of garden members will report feeling more confident planting their first crop, compared to self-reported confidence before attending the class. El Pueblo will introduce the health benefits of gardening to the community. | \$ 10,000.00 | \$ 3,500.00 |
| 32 | LIONS BLIND CENTER OF DIABLO VALLEY | Early Detection | The purpose of the Early Detection Program is to help low-income seniors access services to preserve their vision and independence. The vision loss associated with some age-related eye disease can be arrested or slowed with proper treatment, but many low-income seniors do not access vision care until it's too late. The Early Detection Program addresses this issue by holding free vision screening events at local housing facilities for low-income seniors. | \$ 10,000.00 | \$ 5,000.00 |
| 33 | LOAVES AND FISHES OF CONTRA COSTA | Nourishing Residents of Pittsburg, Bay Point and Antioch | Operate its dining rooms serving Bay Point, Pittsburg, and Antioch residents by providing free meals to lower income families to decrease the incidence of hunger, malnutrition, obesity and diabetes in adults and children. | \$ 10,000.00 | \$ 7,500.00 |

| Cont # | Organization Name | Project Name | Program/Project Description | FY 19/20 Request Amount | Committee Recommendation |
|--------|---|--|---|-------------------------|--------------------------|
| 34 | LOS MEDANOS COLLEGE FOUNDATION | Los Medanos College Food Pantry | Since opening its doors in Spring 2017, the Los Medanos College Food Pantry has served over 400 unique students. Food insecurity, however, is only one financial barrier that students experience at LMC. LMC intends to provide immediate and temporary support to students in the form of 31- and 20-day Tri-Delta bus passes, school supplies, and feminine/personal hygiene products through the food pantry. | \$ 4,650.00 | \$ 4,650.00 |
| 35 | MEALS ON WHEELS DIABLO REGION | Bay Point C.C. Cafe | Operate the C.C. Cafe in Bay Point that provides healthy food and socialization to seniors to help them to remain in their homes. It is expected that approximately 200 senior will be served during the year. | \$ 10,000.00 | \$ 5,000.00 |
| 36 | MEALS ON WHEELS DIABLO REGION | Pittsburg C.C. Cafe | Operate the C.C. Cafe in Pittsburg that provides healthy food and socialization to seniors to help them to remain in their homes. It is expected that approximately 175 senior will be served during the year. | \$ 10,000.00 | \$ 5,000.00 |
| 37 | MEALS ON WHEELS OF CONTRA COSTA INC | Meals for Homebound Seniors in the Keller Canyon Primary Target Area | Provide daily meals to nutritionally at-risk homebound seniors in East County. | \$ 10,000.00 | \$ 10,000.00 |
| 38 | NEWBERRY'S BLOCK | Newberry's BLOCK Grant | Newberry's BLOCK helps underprivileged children participate in sports through scholarships, fundraising events, and community outreach. Partnering with the community, we help low-income children gain positive values and life-long skills via sports. 100 youth are expected to benefit annually. | \$ 10,000.00 | \$ 5,000.00 |
| 39 | OMBUDSMAN SERVICES OF CONTRA COSTA INC | Ombudsman Services - Advocating to Optimize Care and Minimize Abuse for Long-term Care Residents | Ombudsman Services is the only organization mandated by law to make unannounced visits to longterm care facilities to ensure that residents are free from abuse and receiving quality care. They also serve as the go-to resource on aging in the community. All services are free. | \$ 10,000.00 | \$ 2,500.00 |
| 40 | OPPORTUNITY JUNCTION INC | Job Training and Placement Program | Self-sufficiency through a comprehensive program of computer training, life skills, paid experience, career skills, mental health, and long-term follow-up. Approximately 50 participants are expected to be served during the year. | \$ 10,000.00 | \$ 7,500.00 |
| 41 | PACIFIC COMMUNITY SERVICES, INC. | Black Diamond Ballet Nutcracker | In 2019, Black Diamond Ballet (BDB) will be giving three performances of the Nutcracker ballet December 13, 14 and 15. This will be the eighth consecutive year that BDB has performed the Nutcracker Ballet on the Creative Arts Building's main stage, the largest performing arts venue in Contra Costa County with a seating capacity of 1,850 on School Street in Pittsburg. | \$ 10,000.00 | \$ 5,000.00 |
| 42 | PACIFIC COMMUNITY SERVICES, INC. | Housing Counseling Program | Provide individual HUD certified housing counseling services to approximately 110 households to prevent the loss of housing and to counter habitability, fair housing and other housing issues. | \$ 10,000.00 | \$ 5,000.00 |
| 43 | PACIFIC COMMUNITY SERVICES, INC. | Kidz on Target | Provide approximately 100 children that have been referred by the Contra Costa County Social Services Department with a shopping spree to purchase school clothes, and provide the kids with a back pack with school supplies and a book to take home. | \$ 10,000.00 | \$ 10,000.00 |
| 44 | PEOPLE WHO CARE CHILDREN ASSOCIATION | The PWC Car Wash Expect Success "Green" Job Readiness Program | Provide educational, vocational, employment and mental health services to 175 at-risk youth. | \$ 10,000.00 | \$ 10,000.00 |
| 45 | PITTSBURG COMMUNITY THEATRE | A Raisin in the Sun - Performance for Students | Pittsburg Community Theatre will host 280 high school students, including PUENTE students, and provide them with the opportunity to see a live stage production of the Pulitzer Prize winning book "A Raisin in the Sun". | \$ 4,788.00 | \$ 3,000.00 |
| 46 | PITTSBURG ENTERTAINMENT & ARTS HALL OF FAME | PEAHOF Guitar Mentoring Program | The PEAHOF Guitar Mentoring Program will educate and inspire Pittsburg students, primarily of junior high age, helping to develop skills and, hopefully, a passion for music. It will also give them a positive, creative outlet for their non-school time. | \$ 825.00 | \$ 825.00 |

| Cont # | Organization Name | Project Name | Program/Project Description | FY 19/20 Request Amount | Committee Recommendation |
|--------------------------------------|--|---|---|-------------------------|--------------------------|
| 47 | PITTSBURG FIFTY-PLUS CLUB CORPORATION | Pittsburg Fifty Plus Club Activities | This project improves the quality of life of by providing complimentary services to encourage socialization, enhance mental capacity, promote physical fitness, and develop emotional stability for 350+ Senior Citizens. | \$ 10,000.00 | \$ 2,500.00 |
| 48 | PITTSBURG FIFTY-PLUS CLUB CORPORATION | Pittsburg Fifty Plus Club Website and Brochure | Increase community awareness of Pittsburg Fifty Plus Club mission and activities which improve quality of life of Pittsburg senior citizens by creating/maintaining an internet website and distributing Club Brochures to 21,233 Pittsburg residents who are 50 years of age or older. | \$ 5,500.00 | \$ 1,500.00 |
| 49 | PITTSBURG SENIOR AND HANDICAPPED RESIDENTIAL | Dinner Meal Program | Help subsidize the provision of one nutritious meal five days a week to low-income, elderly and handicapped individuals who reside at Stoneman Village and Stoneman Village II in Pittsburg. | \$ 10,000.00 | \$ 10,000.00 |
| 50 | PITTSBURG UNIFIED SCHOOL DISTRICT - HILLVIEW JR. HIGH | Honor group fee assistance | This project will afford second and third year music students the opportunity to try-out for Honor Band and Choir without having to worry about the cost to audition. | \$ 4,900.00 | \$ 2,700.00 |
| 51 | PRESBYTERIAN CHURCH USA | East County Shared Ministry Bountiful Table | Bountiful Table provides free nutritious meals the third Saturday of each month focusing on Pittsburg area residents who receive weekday meals from Loaves & Fishes, the Ambrose Community Center, and Wednesday meals at Pittsburg's Methodist Church. | \$ 913.00 | \$ 913.00 |
| 52 | RAINBOW COMMUNITY CENTER OF CONTRA COSTA COUNTY | Transitional Youth Housing Project | Rainbow Community Center of Contra Costa will provide emergency housing for youth. This will provide safety for young adults at-risk, especially LGBTQ+ and Spanish-speaking residents who don't usually seek out assistance for fear of retribution. | \$ 10,000.00 | \$ 2,500.00 |
| 53 | ROTARY INTERNATIONAL DISTRICT 5160 | Encourage Love of Learning & Literacy & Assist Students in Advancing their Education | Provide dictionaries to approximately 1,000 third grade students to encourage a love of learning and literacy. | \$ 10,000.00 | \$ 10,000.00 |
| 54 | SACRAMENTO VALLEY SYMPHONIC BAND ASSOCIATION | Keller Canyon Mitigation Funds presents Pittsburg Community Band's Holiday Concerts for Seniors (and Tree Lighting) | Pittsburg Community Band seeks to brighten the holidays of residents in the two most populated Senior Living Facilities in Pittsburg: the 160 resident Stoneman Village II and the 120 resident Diamond Ridge Health Care Center. | \$ 4,875.00 | \$ 4,875.00 |
| 55 | SHELTER Inc. OF CONTRA COSTA COUNTY | Homeless Prevention Program | SHELTER, Inc.'s Homeless Prevention Program will work to prevent and end homelessness by promoting self-sufficiency among low-income residents of Contra Costa County. | \$ 10,000.00 | \$ 5,000.00 |
| 56 | SINGING EAGLE FOUNDATION | Read to Live | READ TO LIVE is a tutoring program in reading and spelling which aims to improve the fluency skills of learning-disabled incarcerated boys at the Orin Allen Youth Rehabilitation Facility. | \$ 10,000.00 | \$ 5,000.00 |
| 57 | THE NETWORK OF CARE | Feeding families in crisis when their child is suddenly hospitalized. | Provide free meals to families of children who are hospitalized at Children's Hospital Oakland, UCSF Children's Hospital, Kaiser Walnut Creek, and California Pacific Medical Center. | \$ 3,862.00 | \$ 3,862.00 |
| 58 | VETERANS ACCESSION HOUSE | Case Management Services | Veterans Accession House will provide case management services to up to 12 student veterans who reside at the Veterans Accession House (VAH), enabling them to succeed in their journey from homelessness to permanent housing. An experienced case manager will provide assistance to help residents achieve educational goals, develop independent life skills and obtain outside employment. | \$ 8,619.00 | \$ 4,000.00 |
| Subtotal | | | | \$ 496,738.00 | \$ 311,523.00 |
| COUNTY DEPARTMENTS (ORG 1581) | | | | | |
| 59 | Contra Costa County Department of Conservation & Development | KCMF Administration | Assist District V staff in managing and administering the FY 2019/20 Keller Canyon Mitigation Fund program. | \$ 60,000.00 | \$ 60,000.00 |

| Cont # | Organization Name | Project Name | Program/Project Description | FY 19/20 Request Amount | Committee Recommendation |
|--------|--|---|---|-------------------------|--------------------------|
| 60 | Contra Costa County District V Staff | KCMF Staff Services | Funding will support the growing needs of constituents in District V through the revision of staff focused on the KCMF target areas. | \$ 100,000.00 | \$ 100,000.00 |
| 61 | Contra Costa County Employment & Human Services | Bay Point Works Community Career Center - SparkPoint Contra Costa | Operate Bay Point Works - a neighborhood-based program that strives to advance the economic well-being of unemployed, underemployed and "working poor" Bay Point residents, while providing them with significant and meaningful opportunities to be an active force in revitalizing their community. | \$ 5,000.00 | \$ 5,000.00 |
| 62 | Contra Costa County Library | Antioch Library | The Antioch Library will purchase replacement shelving for the children's fiction and picture book collection. The existing shelving for these collections is old, unattractive, and not user-friendly. Furthermore, the existing picture book shelving is too small for the books, meaning the books hang off of the edge, have to be shelved on their sides, and are therefore not easily browsable, making it difficult for families and children to find what they are looking for. | \$ 2,500.00 | \$ 2,500.00 |
| 63 | Contra Costa County Library | Bay Point Library | The Bay Point Library will purchase a Google Expeditions kit, which includes up to 30 virtual reality devices, viewers, and equipment. Google Expeditions also includes access to hundreds of virtual reality experiences which allow participants to explore history, science, the arts, and the natural world in an engaging and community-building setting. | \$ 10,000.00 | \$ 10,000.00 |
| 64 | Contra Costa County Library | Pittsburg Library | The Pittsburg Library will purchase replacement shelving for the children's collection. The existing shelving is original to the building, dating back to the 1960's. It is unattractive, in ill-repair, and unstable, creating an unsafe environment for patrons. | \$ 5,000.00 | \$ 5,000.00 |
| 65 | Contra Costa County Office of the County Counsel | Code Development & Compliance Attorney | Provide legal support to the Board of Supervisors, Department of Conservation and Development, and other staff responsible for the effective and timely development, adoption, implementation, and enforcement of zoning, building, housing, and other ordinances. | \$ 95,000.00 | \$ 95,000.00 |
| 66 | Contra Costa County Office of the Sheriff | Annual Bay Point Bike Safety Rodeo | Assist in financing the Office of the Sheriff's the annual Bay Point Christmas Dinner and Toy Drive. The event is free to Bay Point residents and targets local youth. | \$ 5,000.00 | \$ 5,000.00 |
| 67 | Contra Costa County Office of the Sheriff | Annual Christmas Dinner and Toy Giveaway | Assist in financing the Office of the Sheriff's annual Bay Point Christmas Dinner and Toy Drive. The event is free to Bay Point residents and targets local youth. | \$ 8,000.00 | \$ 8,000.00 |
| 68 | Contra Costa County Office of the Sheriff | Bay Point Blight Program | This program will assist in the expedited removal of litter dumps as well as the removal of shopping carts that are full of trash. It will also assist in the removal of gang graffiti and other blight problems as they arise. | \$ 5,000.00 | \$ 5,000.00 |
| 69 | Contra Costa County Office of the Sheriff | Bay Point Gang Prevention Program | Early prevention programs that target youth at risk of gang involvement helps reduce the number of youth who join gangs. This program will involve movie nights at the local schools, an after school sports program, fishing trips in the Delta as well as trips to A's games and other activities that arise during the year. | \$ 5,000.00 | \$ 5,000.00 |
| 70 | Contra Costa County Office of the Sheriff | Bay Point School Resource Officer (SRO) Program | Provide one uniformed officer within the Mt. Diablo School District in Bay Point to establish a safe school environment and promote the positive development of Bay Point youth. | \$ 200,000.00 | \$ 200,000.00 |
| 71 | Contra Costa County Public Works Department | Bay Point Crossing Guard Program | Provide State approved school crossing guards at 9 Bay Point intersections. | \$ 90,000.00 | \$ 90,000.00 |
| 72 | Contra Costa Health Services (Health, Housing, and Homeless Services Division) | Calli House Youth Shelter | Provide shelter and reunification services to runaway and homeless youth ages 14-21 in Contra Costa County. The funds will be used to support 20 homeless youth from Primary and Secondary Target areas of District V. | \$ 10,000.00 | \$ 10,000.00 |

| Cont # | Organization Name | Project Name | Program/Project Description | FY 19/20 Request Amount | Committee Recommendation |
|-----------------|--|-----------------------------------|---|-------------------------|--------------------------|
| 73 | Workforce Development Board of Contra Costa County | Small Business Development Center | Design and implement a process to enhance business recruitment efforts into industrial land along the northern waterfront in Bay Point, Pittsburg, and Antioch. At least four businesses will be recruited during the year. | \$ 15,000.00 | \$ 15,000.00 |
| Subtotal | | | | \$ 615,500.00 | \$ 615,500.00 |

| DISTRICT V INITIATIVES (ORG 1580) | | | | | |
|--|--|---|---|-------------------------|--------------------------|
| Cont # | Organization Name | Project Name | Program/Project Description | FY 19/20 Request Amount | Committee Recommendation |
| 74 | Holiday | Bay Point Holiday Dinner and Toy Giveaway | Provide family photos at the annual Bay Point Holiday Dinner. | \$ 2,000.00 | \$ 2,000.00 |
| 75 | Homeless Outreach | Sleeping Bags | Provide funding to the Coordinated Outreach Referral, Engagement program (CORE) teams for the purchase and distribution of sleeping bags to the homeless population in Bay Point/Pittsburg. | \$ 5,000.00 | \$ 5,000.00 |
| 76 | Internships | District V Interns | Funding will provide a stipend for summer and winter internships at the District V office. | \$ 20,000.00 | \$ 20,000.00 |
| 77 | KCMF Online Application/Reporting System | Benevity | Online application and reporting system to streamline processes and achieve greater program efficiencies. | \$ 25,000.00 | \$ 25,000.00 |
| 78 | Municipal Advisory Committee Operations and Projects | Bay Point MAC | Funding will support the advisory council's activities throughout the year. The MAC provides advice and recommendations to the Contra Costa County Board of Supervisors on planning issues and services provided in Bay Point. | \$ 2,500.00 | \$ 2,500.00 |
| 79 | Network Events | KCMF Review Committee/Keller Reception | Funding will support the annual reception for service providers who receive funding from the Keller Canon Mitigation Fund. Participants share with attendees the scope and nature of the services they provide and collaborate on service expansion. The allocation includes the cost of food, rental and other charges related to the reception. | \$ 3,000.00 | \$ 3,000.00 |
| 80 | Seminars/Summits | Peace in the Streets/Youth Summit/Nonprofit Development Workshop/Small Business Workshop/Relay for Life | Funding will support several community events including: Peace in the Streets, Youth Summit, Small Business Workshops, Grant writing seminars and participation in Relay For Life. These events provide opportunities to enhance and educate residents in the KCMF target areas. | \$ 60,000.00 | \$ 60,000.00 |
| 81 | Technology Upgrades | Computer and Presentation Equipment | Purchase of computer and presentation equipment for the multiple programs and events conducted in East County by District V staff. | \$ 15,000.00 | \$ 15,000.00 |
| Subtotal | | | | \$ 132,500.00 | \$ 132,500.00 |
| Grand Total | | | | \$ 1,244,738.00 | \$ 1,059,523.00 |

**Keller Canyon Mitigation Funds
FY 2019/20
Available Allocation Calculation**

| FY 2018/19 Fund Balance Calculation | | Estimates as of 7/17/19 |
|--|--|------------------------------------|
| FY 2017/18 Actual Ending Fund Balance | | 182,036 |
| FY 2018/19 Actual Revenue | | 1,398,625 |
| Total FY 2018/19 Revenue (a) | | 1,580,661 |
| FY 2018/19 Carry-over Expenditures | | - |
| FY 2018/19 Projected Expenditures* | | 1,173,033 |
| FY 2018/19 Projected Accrued Expenses | | 226,547 |
| Total FY 2018/19 Expenditures (b) | | 1,399,579 |
| FY 2018/19 Projected Ending Fund Balance (a-b) | | 181,082 |
| FY 2019/20 Projected Revenue/Expenses | | |
| FY 2019/20 Projected Revenue | | 1,332,002 |
| Less 20% (per KCMF Policy II.G) | | (266,400) |
| Subtotal | | 1,065,601 |
| FY 2018/19 Projected Ending Fund Balance | | 181,082 |
| FY 2019/20 KCMF Allocation for Radiologic Health Consultant | | (75,000) |
| Total Available to Allocate (c) | | 1,171,683 |
| FY 2018/19 Allocation Amount (d) | | 1,059,523 |
| FY 2018/19 Unallocated Funds (c-d) | | 112,160 |

*Total FY 18/19 allocation, less unspent funds



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Purchase Order Sam Clar Office Furniture, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent, on behalf of the Health Services Director, to execute a Purchase Order with Sam Clar Office Furniture Inc., in the amount not to exceed \$394,145 to purchase furniture for the Behavioral Health West County Adult and Children's Clinic located adjacent to the West County Health Center at 13584 San Pablo Road, San Pablo.

FISCAL IMPACT:

100% funding is included in the Hospital Enterprise Fund I budget.

BACKGROUND:

Behavioral Health West County Adult and Children's Clinics provide direct services to children and adults in West Contra Costa County. The West County Children's Mental Health Clinic provides psychiatric and outpatient services to children and their families, family partners to assist with advocacy, transportation assistance, navigation of the service system, wraparound services, and linkage to countywide children's specialty services, such as emergency foster care and hospital and residential unit care.

The West County Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Suzanne Tavano, PHN.,
PHD., 925-957-5212

By: Laura Cassell, Deputy

cc: Gennifer Mountain, Marcy Wilhelm

BACKGROUND: (CONT'D)

System of Care, and provides assessments, case management, psychiatric services, crisis intervention, housing services, and benefits assistance. In conjunction with clinic services, the Contra Costa Mental Health's Adult System of Care also provides transition services, vocational services, and conservatorship/guardianship services.

The growth and relocation of the clinics will significantly increase capacity to meet the mental health needs of adults and youth. Adult Mental Health is moving from 2523 El Portal, San Pablo and the Children's Mental Health is moving from 303 41st Street, Richmond, to the new joint location at 13584 San Pablo Road, San Pablo. The new location requires furniture and workstations to accommodate staff that will utilize the office.



**Contra
Costa
County**

To: Board of Supervisors
From: Joseph E. Canciamilla, Clerk-Recorder
Date: July 30, 2019

Subject: SouthTech Systems Contract Extension

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Clerk-Recorder, or designee, to execute a contract amendment with SouthTech Systems to extend the term from July 1, 2019 through June 30, 2020 and increase the payment limit by \$262,132 to a new limit of \$1,310,660 for continued licensing of the Integrated Electronic Recording, Cashiering, Indexing and Imaging System.

FISCAL IMPACT:

There is no impact to the General Fund for this contract extension. The original contract and this extension are funded by the dedicated Recorder Modernization Trust Fund (2451). The contract extension will increase the payment limit by \$262,132, from \$1,048,528 to \$1,310,660.

BACKGROUND:

The County recently contracted with Granicus, LLC, for a Clerk-Recorder Integrated Electronic Recording, Cashiering, Indexing & Imaging System to replace the Clerk-Recorder's existing system provided by SouthTech. During the transition to the new system, the Clerk-Recorder Division requires the continued use of the existing system to continue operations and provide services to the public. The amendment specifications reflect the conversion of SouthTech to a limited liability corporation. Granicus, LLC, is in the process of assuming ownership of SouthTech.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: B. Dunmore 5-7919

cc:

CONSEQUENCE OF NEGATIVE ACTION:

Failure to approve the contract extension with SouthTech will leave the Clerk-Recorder Division without the software and technology to perform the division's primary functions to the public and service agencies.



**Contra
Costa
County**

To: Board of Supervisors
From: Marc Shorr, Chief Information Officer
Date: July 30, 2019

Subject: Amend/Extend Contract with Mohammed A. Gaffer (dba Sierra Consulting) for Consulting Programming Support

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Chief Information Officer, or designee, to execute a contract amendment effective August 31, 2019 with Mohammed A. Gaffar (dba Sierra Consulting, Inc.), to extend the term from August 31, 2019 through August 31, 2020 with no change to the payment limit of \$290,000, to provide continuing consulting and programming services on software that supports CalWIN client correspondence.

FISCAL IMPACT:

None. This action is administrative.

BACKGROUND:

The Department of Information Technology is the administrator of the contract used by the Employment and Human Services Department for CalWIN Consortium Client Correspondence. This correspondence is printed on Production Enterprise Batch printers at DOIT & Central Services. Providing their services on a part-time intermittent "as needed" basis, Mohammed A. Gaffar (dba Sierra Consulting) has in-depth expertise and provides the required support skills necessary for the specialized coding and support of the Pitney Bowes StreamWeaver Print Stream software, Finalist Mail Address Validation software, and Mail Stream Plus Address Cleansing software products that are necessary and used to print & mail CalWIN Batch Client Correspondence timely and conform to U.S. Postal mailing requirements and regulations. This

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

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ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Curt Dodson
925-765-0524

cc:

BACKGROUND: (CONT'D)

contract is used to provide testing, analyzing, troubleshooting, consulting, and programming support services.

CONSEQUENCE OF NEGATIVE ACTION:

If the requested action is not approved, the user department will be without the support necessary to keep any CalWIN consortium client correspondence in production.

ATTACHMENTS



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Amendment #27-823-4 with Yellow Cab of Walnut Creek and Contra Costa, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract Amendment Agreement #27-823-4 with Yellow Cab of Walnut Creek and Contra Costa, Inc., a corporation, effective February 1, 2019, to amend Contract #27-823-3, to increase the payment limit by \$150,000 from \$150,000 to a new payment limit of \$300,000, with no change in the original term of May 1, 2018 through April 30, 2020.

FISCAL IMPACT:

This amendment is funded 100% by Contra Costa Health Plan (CCHP) Enterprise II Funds. (No rate increase)

BACKGROUND:

On May 22, 2018, the Board of Supervisors approved Contract #27-823-34 with Yellow Cab of Walnut Creek and Contra Costa, Inc. for the provision of non-emergency taxicab transportation services to CCHP members, for the period from May 1, 2018 through April 30, 2020.

Approval of Contract Amendment Agreement #27-823-4 will allow the Contractor to provide additional transportation services, due to a higher than expected utilization, through April 30, 2020.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

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ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Sharron Mackey,
925-313-6104

cc: Marcy Wilhelm

CONSEQUENCE OF NEGATIVE ACTION:

If this amendment is not approved, CCHP members will not receive transportation to and from medical appointments.

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #74-174-32 with Bi-Bett

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #74-174-32 with Bi-Bett, a non-profit corporation, in an amount not to exceed \$5,699,003, to provide substance use disorder prevention, treatment, and detoxification services, for the period from July 1, 2019 through June 30, 2020.

FISCAL IMPACT:

This Contract is funded by 45% Substance Abuse Treatment and Prevention Block Grant, 50% Federal Medi-Cal, and 5% Assembly Bill 109. (Rate Increase)

BACKGROUND:

This Contract meets the social needs of County's population by providing specialized substance use disorder treatment services so that people, including women with children, are provided an opportunity to achieve and maintain sobriety and to experience the associated benefits of self-sufficiency, family reunification, cessation of criminal activity and productive engagement in the community.

On December 18, 2018, the Board of Supervisors approved Contract #74-174-30 with Bi-Bett, to provide substance use disorder treatment services for County residents referred through the Behavioral Health

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
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 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

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ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Suzanne Tavano, Ph.D,
Ph.N., 925-957-5212

By: Laura Cassell, Deputy

cc: E Suisala , M Wilhelm

BACKGROUND: (CONT'D)

Access Line, for the period from July 1, 2018 through June 30, 2019.

Approval of Contract #74-174-32 will allow the Contractor to continue providing substance use disorder treatment services through June 30, 2020.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, persons referred through the Drug Court, pregnant women, and other County clients will not receive drug abuse prevention, treatment, and testing services from this contractor.

CHILDREN'S IMPACT STATEMENT:

This Alcohol and Drug Abuse prevention program supports two of the Board of Supervisors five Children's Outcomes: "Families that are Safe, Stable, and Nurturing" and "Communities that are Safe and Provide a High Quality of Life for Children and Families". It does so by providing individual, group, and family counseling; substance abuse education; rehabilitation support services; and substance abuse prevention services. Expected outcomes include increased knowledge about the impact of addiction; decreased use of alcohol, tobacco and other drugs; increased use of community-based resources; and increased school and community support for youth and parents in recovery.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Contract #74-601 with Center Point, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #74-601 with Center Point, Inc., a non-profit corporation, in an amount not to exceed \$932,977 to provide drug abuse prevention and treatment services for Contra Costa County adults with co-occurring substance abuse and mental disorders, for the period from July 1, 2019 through June 30, 2020.

FISCAL IMPACT:

This Contract is funded by 74% Substance Abuse Prevention and Treatment Block Grant Perinatal and 26% Assembly Bill 109.

BACKGROUND:

This Contract meets the social needs of County’s population by providing specialized substance abuse treatment and prevention programs to help clients to achieve and maintain sobriety and to experience the associated benefits of self-sufficiency, family reunification, cessation of criminal activity and productive engagement in the community.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

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ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Suzanne Tavano, Ph.N, Ph.D,
925-957-5212

By: Laura Cassell, Deputy

BACKGROUND: (CONT'D)

Under Contract #74-601, the Contractor will provide drug abuse prevention and treatment services for adults with co-occurring substance abuse and mental disorders for the period July 1, 2019 through June 30, 2020.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, County's Clients will not receive substance abuse treatment from Contractor, resulting in an overall reduction of services to a community at risk for incarceration.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Amendment #23-531-11 with Nordic Consulting Partners, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract Amendment Agreement #23-531-11 with Nordic Consulting Partners, Inc., a corporation, effective August 1, 2019, to amend Contract #23-531-10 to increase the payment limit by \$2,400,000, from \$6,000,000 to a new payment limit of \$8,400,000, with no change in the term of July 1, 2018 through December 31, 2019.

FISCAL IMPACT:

This amendment is funded 100% by Hospital Enterprise I Fund. (No rate increase)

BACKGROUND:

On July 24, 2018, the Board of Supervisors approved Contract #23-531-10 with Nordic Consulting Partners, Inc., for the provision of consultation and technical assistance to the Department's Information Systems Unit in support of ccLink, for the period from July 1, 2018 through December 31, 2019.

Approval of Contract Amendment Agreement #23-531-11 will allow the Contractor to provide additional consulting and technical services through December 31, 2019.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Laura Cassell, Deputy

Contact: Patrick Wilson,
925-335-8777

CONSEQUENCE OF NEGATIVE ACTION:

If this amendment is not approved, Contractor will not be able to provide additional consulting services.



**Contra
Costa
County**

To: Board of Supervisors
From: Kathy Gallagher, Director
Date: July 30, 2019

Subject: 2019-2021 Community Services Bureau Policies and Procedures Manual

RECOMMENDATION(S):

APPROVE the revised 2019-2021 Policies and Procedures for the Head Start program, as recommended by the Employment and Human Services Director.

FISCAL IMPACT:

There are no fiscal impacts.

BACKGROUND:

Head Start Performance Standard 1302.10 mandates that the Head Start grantee set criteria, based on a community assessment, that define types of children and families who will be given priority for recruitment and selection. It also requires annual approval of written plans for implementing services which is described within the Policies and Procedures manual. This board order accepts the Community Services Bureau Policies and Procedures for the 2019-2021 program years. The document will be reviewed for approval by the Head Start Policy Council on August 21, 2019. If the Council makes any revisions to the manual, it will come back to the Board for final approval.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, Department will not be in compliance with Head Start regulations.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stephanie Mello, Deputy

Contact: CSB, (925) 681-6389

cc: Nasim Eghlima, Christina Reich

CHILDREN'S IMPACT STATEMENT:

The Employment and Human Services Department Community Services Bureau supports three of Contra Costa County's community outcomes - Outcome 1: "Children Ready for and Succeeding in School," Outcome 3: "Families that are Economically Self-sufficient," and, Outcome 4: "Families that are Safe, Stable, and Nurturing." These outcomes are achieved by offering comprehensive services, including high quality early childhood education, nutrition, and health services to low-income children throughout Contra Costa County.

ATTACHMENTS

Summary of changes

Section 1 track changes

Section 2 track changes

Section 3 track changes

Section 4 track changes

Section 5 track changes

Full copy Policies and Procedures

| Part I: Program Governance → Governance |
|--|
| <ul style="list-style-type: none">• Part I. C-5, C6 & C7<ul style="list-style-type: none">○ Added maintaining communications in parent committee (Page 4)○ Added ERSEA in PC responsibilities (Page 5)○ Added School readiness goals data (part K in table) (Page 7)• Part I, C-10-iii & iv<ul style="list-style-type: none">○ Added notification within 30 days for informal resolution (Page 9)○ Changed verbiage for mediation (Page 9)○ Added the Arbitration section (Page 9) |
| Part I: Program Governance → Communications |
| <ul style="list-style-type: none">• Part II.B,E<ul style="list-style-type: none">○ Added Internal Communications expectation (Page 11-13)○ Added CSB's E-mail Protocol (Page 16-18)○ Added Social Media Posting guidelines (Page 18,19) |
| Part 2: Program Operations → ERSEA |
| <ul style="list-style-type: none">• Part 1-A, G, H, M, AA, DD & HH<ul style="list-style-type: none">○ Updated matrix Maintaining Ongoing Eligibility for CSPP and CCTR and Maintaining Ongoing Need for CSPP and CCTR to align with 24 month eligibility (Page 7)○ Deleted sentence under Documentation of Employment stating "Until such time as the employment patter becomes predictable, need for services shall be updated at least every four months" to align with 24 month eligibility (Page 7)○ Updated the following need criteria to align with 24 month eligibility: Seeking Employment (remains 12 months), Documentation of Training toward Vocation Goals, Documentation of Parental Incapacity, Documentation of Seeking Permanent Housing (Page 8)○ Added Initial Certification definition (Page 11)○ Added Recertification definition (Page 12)○ Updated documentation to be saved in child's electronic file on CLOUDS: clarified age verification and removed Child Care Data Privacy Notice and Consent Form (Page 14)○ Added Site Supervisor responsibility for reviewing the file after the file has been determined eligible and prior to enrollment (Page 15)○ Updated timelines for the waitlist purge procedures (Page 17)○ Added "program year" to clarify the two program year eligibility duration requirement for Head Start (Page 17)○ Updated the threshold for family fee to reflect the current family fee schedule. (Page 17)○ Updated the Emergency Information form number and name (CSB214 Student Emergency Card) (Page 18)○ Updated immunization requirement at program entry to include exception for homeless children (Page 18)○ Updated Hotline Recruitment procedure (Page 18)○ Procedures for maintaining Eligible / Accepted families on Waitlist, assigning children to the purge caseload (Page 19)○ Added state requirement to establish relation to the child (Page 19)○ Deleted purge eligible/accepted list on CLOUDS record of over age children (Page 20) |

Community Services Bureau
2019-21 Policies & Procedures
Summary of Changes

- Updated Section 5, parents eligibility period and deleted irrelevant paragraphs (Page 21)
- Deleted Section 7. School Breaks for Parents Training Toward a Vocation Goal to align with 12 month eligibility (Pages 22, 23)
- Added – English Learners, HS diploma & GED to need categories (Page 23)
- Updated certification of eligibility and recertification to include new requirements for the parent’s responsibility to report a change, file updates and 24 month certification guidelines (seeking employment remains 12 months) (Page 23)
- Added new Recertification eligibility criteria for general childcare and full day state preschool (Page 23)
- Added – English Learners, HS diploma & GED to need categories (Page 23)
- Added loss of subsidy policy for EHS-CCP (Page 30)
- Changed the responsible party to CEU Assistant Manager (Page 36)
- Added changes at parents request. Deleted “increase in parent fees” (Page 38)
- Added “written decision shall contain procedure for submitting an appeal to EESD” under Client’s Request for a Hearing and Procedures to align with Title 5 Regulations (Page 40)
- Added either electronic or hard copy maintained at center; added additional authorized signer (Page 40)
- Added June 30th as withdrawal date for CSPP eligible 4 year olds (Page 42)
- Updated form name for the 9400 process to CDNFS 9500 and CDNFS 8501 (Page 50)
- A bullet added under fee assessment in regards to reduction of family fees (Page 52)
- Updated the timeline of fee exceptions from three to twelve months (Page 53)
- Added checks electronically deposited to be locked for 14 days (Page 56)
- Updated Receipts/Banking Procedures to clarify steps for voided receipts (Page 56-57)

Part 2: Program Operations → Education & Child Development Program Services

- Part III-Subpart 1-C,H &G
 - Changed dates in the parent/teacher conference section to reflect new due dates/timeframes, added sharing kindergarten readiness information with families (Page 61)
 - Assessment-Added work samples; added child portfolio information (Page 63)
 - Updated Kindergarten transition section to reflect HSPPS and other ways CSB supports the transition (Creative Curriculum/Second Step) (Page 64)
- Subpart 2-A, B, G, I
 - Child Development and Education Approach-added head Start Outcomes Early Learning Framework (Page 65)
 - Classrooms-Added Creative Curriculum; added section specifically for Infant and Toddler environments (Page 66)
 - Classroom Transitions-Added maintaining caregiver groups during transitions, when possible (Page 68)
 - Updated Project Approach mandate, added information on Creative Curriculum Studies (Page 69)
 - Added hourly head counts to be added in CLOUDS (Page 71)
 - Updated home visit section to reflect mid-year home visit (Page 75)
 - Parent Involvement into Curriculum-added section on parent input into the weekly lesson plans/curriculum (Page 75)

Community Services Bureau
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Summary of Changes

- Adults Signing Their Child In or out...-Revised section to align with updated procedures regarding parents being in an impaired physical condition (Page 80)
- Field Trip Policy Procedures-Added information regarding child safety seats and seat belts; updated procedure (Page 82)
- Part IV-Subpart 1-E ,G & H
 - Deleted a few paragraphs in Referral section (Page 103)
 - Added protocol in mental health recommendation's (Pages 106-109)
 - Updated staff information (Page 110)
 - Added self-reflection tool guidance (Page 115)
 - Added information regarding expelling and suspending children (Page 115)
 - Added parent involvement in creating the plan (Page 116)
 - Changed verbiage "Family Partnership Agreement" to "Strength Building Family Partnership Agreement" (Pages 119, 120, 121 etc.)
- Part IV-Subpart II-B, C
 - Added schedule family meeting before child starts program if food allergy is life threatening (Page 129)
 - Added notify nutrition office when children who need modified meals have left the program (Page 129)
 - Added teaching staff must check latest meal modification daily (Page 129)
 - Added Comp Services Assistant Manager must write family meeting notes in CLOUDS (Page 129)
 - Added nutrition clerk is responsible for verifying current enrollment rosters in CLOUDS are correct (Page 131)
 - Added Site Supervisor to check enrollment roster is current (Page 131)
- Part IV-Subpart III-C, CC
 - Added caffeinated drinks including teas will not be served (Page 165)
 - Added complying with CSB Licensing requirements for Volunteer's (Page 181)
 - Added CSB partners: Families CAN, CCC Health Services and deleted Healthy Families and Cooking matters (Page 188)
- Part V- Subpart I-B:
 - The initial SB-FPA is completed within 60 days of family enrollment; the second one is a follow-up of the initial SB-FPA and is completed 30 days prior to the end of their program year. (Page 190)
 -
- Part VIII-E
 - Added recognition of staff efforts and that expenditures directly relate to and support health & wellness (Page 205)

Part 2: Program Operations → Human Resources Management

- Part VIII-D, E, F, G, X, Z, AA, EE, FF & HH
 - Added employees must obtain finger clearance without or with exemption approved by Community Care Licensing (Page 213)
 - Added when a candidate needs to apply for exemption, CSB's Personnel works with the candidate to complete the required documentation (Page 213)

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- Added that the DOJ letter or Exemption notification is kept in the candidate's Personnel File (Page 213)
- Added self-reflection as strategy for assessing staff needs (Page 221)
- Added Parent participation in staff recruitment/screening (Page 221)
- Added guidance for conducting 2nd interview (Page 223)
- Added language about excessive absenteeism and handling of absenteeism (Page 233,234)
- Added Photo Consent Policy (Page 237)
- Added Probationary Protocol in Probationary Period section (Page 238,239)
- Added Performance Evaluation Appeal Letter will be attached to the Performance Review and kept in the employee's Personnel File (Page 242)
- Added ECE Work Study Program description (Page 249, 250)
- Updated the New Employee Orientation (Page 252)
- Added Appeal Procedures for Current and Prospective Delegate Agencies (Page 253-261)

Part 2: Program Operations → Child Health and Safety

- Part IV-Subpart III- U
 - Updated Emergency Protocols (Pages 143, 144, 145)

Part 3: Alternative Payment Program

- Part I-A-F
 - Added Provider Packet for items to bring at intake appointment (Page 3)
 - Deleted time sensitive documents to align with 24 month eligibility (Page 4)
 - Updated income eligibility at ~~initial certification and at recertification~~ (strikethrough items was updated last year, however, this will no longer apply effective 07/01/19) to reflect 85% of State Median Income (Page 4)
 - Updated Family Fees to align with Management Bulletin 17-11 (Page 4)
 - Updated procedures when transferring from Stage 1 to Stage 2 to align with 24 month eligibility (Page 6)
 - Deleted probable duration for incapacitation (Page 8)
 - Updated timeline of requirement for participant to provide most recent grades to align with 24 month eligibility (Page 8)
 - Deleted sixty working days from Actively Seeking Employment to align with 12 month eligibility (Page 10)
 - Updated Seeking Permanent Housing to align with 12 month eligibility (Page 10)
 - Updated Family Fee procedures to align with Management Bulletin 17-11 and 24 month eligibility (Page 11)
 - Updated recertification to align with ~~12~~ 24 month eligibility (Page 12)
 - Updated Reporting Changes to align with ~~12~~ 24 month eligibility (Pages 12,13, 14)
- Part II-A-E
 - Updated Definition of Broadly Consistent to align with ~~12~~ 24 month eligibility (Page 18)
 - Deleted Absence Policies as Alternative Payment Program is not required to track absences (Pages 18,19)
 - Updated Reduction in Reimbursements to align with ~~12~~ 24 month eligibility (Pages 19, 20)
 - Updated Denial of Reimbursement to align with ~~12~~ 24 month eligibility and broadly consistent definition (Page 20)

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Summary of Changes

- Deleted Updated and changed from Limited Term Service Leave to Temporary Suspension of Services to align with 12 24 month eligibility (Page 21)
- Replaced “terminated” to “dis-enrolled” (Pages 22, 23, 24,32)
- Part III-A-J
 - Added an exception clause for CAPP families to providers that include religious instruction or worship (Page 26)
 - Updated minimum number of children for In Home Licensed Exempt Providers (Page 28)
 - Updated Regional Market Rate to reflect current regional market rate survey (Page 29)
- Part IV-A-E
 - Updated EESD to ELCD to reflect CDE’s updated name (Page 36)

Part 4: Low Income Home Energy Assistance Program

- Part B.4
 - Added REAL ID Card as acceptable verification (Page 4)
 - Revised language on California Driver’s Licenses and identification cards with “Federal Limits Apply” for applicants that are ineligible to apply (Page 5)
- Part B.6
 - Added photo identification and completion of Account Holder Authorization and Consent Form (CSD 081) when name on the utility account is different from the name of on the application (Page 6)
- Part B. 9
 - Added Account Holder Authorization and Consent Form (CSD 081) (Page 8)
- Part G.1
 - Updated number of files to be reviewed each month (Page 14)

Part 5: Financial & Administrative Requirements → Business Systems

- Part I-C
 - Under reimbursement-changed ASA III to authorized CSB Manager (Page 2)
 - Added reimbursement for community partners attending conferences (Page 2)
- Part II-C.3i
 - Updated revalidation procedures (page 13)
- Part II-C.3ii
 - Updated Education Monitoring to reflect Curriculum Fidelity (Page 14)
- Part IV-B, D &E
 - Added County property should be used for official business only (Page 29)
 - Added County equipment should be used for official business only (Page 31)
 - Added County vehicle usage only for official business (Page 37)

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES
DEPARTMENT COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 1-PROGRAM GOVERNANCE
2017-19

Policy Council Approved: 05/17/17
Board of Supervisors Approved: 08/15/17

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Section 1: Program Governance

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PART I. Program Governance

A. Service Area

Contra Costa County Employment and Human Services Department, Community Services Bureau (CSB) is the designated Community Action Agency for Contra Costa County. CSB is the Head Start and Early Head Start Grantee for Contra Costa and also administers the California Department of Education Child Development Programs, Community Services Block Grant, Stage II/Alternative Payment Programs, Low- Income Home Energy Assistance and Weatherization Programs.

B. Service Recipients

The Bureau's services are directed toward building self-sufficiency among the county's low-income residents and vulnerable populations. CSB serves pregnant women and children ranging in age from birth through kindergarten, individuals and families. All service recipients served under the various CSB funding streams must meet the eligibility requirements of the funding source.

C. Program Governance

1. The Board of Supervisors: The Board of Supervisors (BOS) is a body of publically elected officials. Their role is to oversee the operations of county departments and to exercise executive and administrative authority through the county government and county administration. The BOS is also charged with responsibility and oversight to the Head Start and Early Head Start grants as outlined (please refer to part 8).

2. Policy Council Composition and Formation: The County Board of Supervisors and the Policy Council determine the total size of the Policy Council, procedures for electing parent members, and selection of community representatives.

Policy Council composition is reviewed annually to ensure ~~that~~ it meets the General Membership guidelines of HSPS 1301.1(a); 1301.3(b)(c). Consideration is given to the number of Head Start and Early Head Start currently enrolled children along with program options (Full Day, Part Day, and Home Base). The following steps explain how to determine Policy Council composition:

- Determine the total number of Head Start and Early Head Start slots
- Determine the total HS/EHS slots for each site by program option based on the current CSB slot map (HS/Full Day, HS/Part Day, EHS/FD, and Home Base (EHS/HS collectively). Calculate the percentage of each program option (multiply the number of program option slots for each site by the total number of slots). This will give you the percentage of membership that each option should represent.
- The number of representatives is determined using the formula $1/60$ (1 representative per site for every 60 HS or EHS slots).

This information ~~will be~~ included in the Policy Council By-laws approved annually by the Board of Supervisors and the Policy Council. The term for members is one year, September to August. Parent representatives will be (re)elected annually by each center's parent committee. Community representatives will be selected annually. The maximum number of one-year terms an individual can serve is five. No grantee, delegate or child care partner staff or members of their immediate family may serve on the Policy Council or on the Delegate Agency's Policy

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Committee. Immediate family is defined as any parent, child, sibling, grandparent, significant other, co-parent or spouse of staff. At least 51% of the Policy Council members must be parents of currently enrolled children.

[Reimbursements are provided to parent representatives to support participation in their policy council or policy committees meetings/activities as stated in the Policy Council Bylaws and Policy Council Handbook.](#)

3. Procedures for Electing Parent Representatives to the Policy Council: The parent committees at each site will elect parent representatives as early as possible in the program year. This is done by voting at the parent meetings. Parent representatives must be parents of currently enrolled children in the program.

4. Procedures for Electing Community Representatives to the Policy Council: Community representatives are enlisted from the local community. They represent past parents and local community agencies. All Community Representatives must be elected by the Policy Council. Membership for Individual Community Representatives is also limited to 5 one-year terms. CFR 1301.3(d)(1)(4)

- Past Parent Community Representatives: The past parent representatives must submit a letter to the Policy Council requesting consideration to be a community representative. Letters are read during a business meeting, and the Policy Council must vote to approve the parent's request. If the Policy Council receives more requests than vacancies, all letters are read for consideration, and the Policy Council votes, and the majority decision rules.
- Community Agency Representatives: The Policy Council determines which community agencies ~~they would like to are~~ invited to participate on the Council. Agencies are drawn from the local community and are familiar with resources and services for low-income children and families. CSB staff and Policy Council members assist by contacting agencies to seek interest in joining and requesting the name of an agency representative to be elected onto the Policy Council as early in the program year as possible. Agency representatives are presented and considered for approval by the Policy Council.

5. Parent Committee: The Parent Committee must carry out at least the following minimum responsibilities:

- Advise center staff in developing and implementing local program policies, activities, and services.
- [Maintain communication between Policy Council and Policy Committee at the delegate level.](#)
- Plan, conduct, and participate in informal, as well as formal, programs and activities for children, parents and staff.

6. Policy Council Responsibilities: The Policy Council has policy-making authority and is governed by its By-laws. Annually the Policy Council and Board of Supervisors are oriented to CSB Program Services and receive training on:

- Policy Council Roles and Responsibilities
- Program Governance [responsibilities](#)
- [Head Start Performance Standards](#)
- [Head Start Philosophy](#)
- [Gran Cycle Process](#)
- [Share Decision Making Process and Parliamentary Procedures](#)
- [County code of Conduct and Conflict of Interests](#)

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- [Eligibility, Recruitment, Selection, Enrollment, Attendance ERSEA](#)

A make-up orientation is also provided for members joining later in the program year. A joint training with the Board of Supervisors is also scheduled annually.

7. Governance and Management Responsibilities: The following chart outlines the required Board and Policy Council Approvals:

| Procedure/Plan/Application | Approval Required | | Frequency of Approval |
|---|--------------------|----------------|--|
| | Governing Body BOS | Policy Council | |
| 1. Planning Procedure (Road Map) (Planning Calendar) | X | X | Annually |
| 2. Goals and Objectives (included in the Grant application) | X | X | Annually |
| 3. Child Recruitment/Selection Procedures (Selection Criteria/ Recruitment Plan) | X | X | Annually |
| 4. Budget and Grant Application | X | X | Annually - and as needed for supplements |
| 5. Self-Assessment Plan for Corrections (if applicable) | X | X | Annually |
| 6. Board Composition Requirements for non-governmental agencies | N/A | N/A | One-time (until changed) |
| 7. Board and PC Conflict of Interest requirements (included in Bylaws) | X | X | One-time (until changed) |
| 8. PC Bylaws - Board approval of PC Composition Procedure for how PC members are selected | X | X | One-Time (until changed) |

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|--|---|-----|-----------------------------|
| 9. Financial Management Accounting & Reporting Policies including audit | X | N/A | One-time (until changed) |
| 10. Policies and Procedures including: a) Policy defining roles/ responsibilities of governing board members for implementing a high quality program b) Dispute Resolution & Impasse Procedure c) Procedures to resolve community complaints, conduct investigations d) Personnel Policies & Procedures e) Hiring/Termination procedures for Executive, Head Start, Fiscal, HR Directors and program staff. | X | X | One-Time (until changed) |

Items Requiring Reports to the BOS and PC:

| Required Report | Frequency |
|---|-----------|
| a) Budget, Credit Card Expenses reports | Monthly |
| b) Program Reports | Monthly |
| c) Enrollment Reports | Monthly |
| d) USDA Meals/Snack | Monthly |
| e) Financial Audit | Annually |

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| f) Self-Assessment | Annually |
| g) Community Strategic Planning Goals and Objectives | Jan/June Updates |
| h) Communication from the Secretary/Human Health Services | As Released |
| i) Program Information Report PIR | Annually |
| j) Ongoing Monitoring Results | Semi-Annual |
| k) School Readiness Goals-Data | As Released (3 times a year) |

8. Responsibilities of Board of Supervisors, Policy Council, Employment and Human Services Executive Director and Community Services Bureau Director:

i. Background

The responsibilities of the Board of Supervisors, Policy Council, and Director of Program Services are described in the Head Start Performance Standards. The Performance Standards describe certain responsibilities for the Director of the Head Start program, leaving decisions regarding other responsibilities to Executive Directors of the local Head Start Grantee.

ii. Reference

- Head Start Performance Standards, 45 CFR 1301.1 and CFR 1301.5
- Policy

The Employment and Human Services (EHSD) Director and the Community Services Bureau Director shall ensure that the Policy Council and the Board of Supervisors are routinely and frequently informed of, and trained on, management procedures and functions, as well as the Federal laws and regulatory compliance issues required to ensure a quality program. Mutual communication and understanding between the governing board, the policy council and program management are fundamental prerequisites for a healthy Head Start Program. The EHSD Director and the Community Services Bureau Director will also ensure that the Board of Supervisors has an understanding and

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appreciation of the Head Start Philosophy and the role of parents and Policy Council in shared governance. Careful and complete communication and planning will ensure effective oversight and appropriate actions and interventions that will foster the mutual understanding and actions of all entities responsible to maintain a quality Head Start Program.

iii. Procedures

- The Employment and Human Services Department (EHSD) Director will provide a report to the County Administrator's Office monthly.
- Report topics will include all required monthly report items noted in section 7, Enrollment and Average Daily Attendance, and may additionally include, but are not limited to:
 - Fiscal/budget issues
 - Personnel matters
 - Facility issues
 - Policies and Procedures
 - Program planning
 - Annual Self-Assessment
 - Annual independent audit
 - Grant development and submission
 - Correspondence with ACF
 - Program issues
 - Regulatory changes
 - Family Engagement
 - Planning for joint Board of Supervisors/ Policy Council training activities
- The report will be sent monthly to the Health and Human Services Committee of the Board of Supervisors, to be included on the agenda by the Board of Supervisors and provided to the Chair of the Policy Council.
- The Employment and Human Services Director and Community Services Bureau Director will jointly meet throughout the program year, individually, with each member of the BOS to review reports, give updates and advice, and train on new regulations and initiatives.

9. Role of Policy Council in the Annual Grant Development Process: Throughout the year, the Policy Council is involved in the grant process through a variety of ways:

- The Program Services/[Ongoing Monitoring](#) subcommittee meets throughout the year to review/[discuss](#) and update the annual program goals and objectives and the annual parent services budget and activities.
- The Fiscal subcommittee meets monthly to develop, adjust and approve the program budget for the coming year's grant and tracks it throughout the year.
- The Policy Council approves the annual program goals and objectives.
- The Policy Council reviews the Community Assessment annual updates and the full easement every five years.
- The Policy Council also reviews and approves the Annual Planning Calendar, Child Recruitment and Selection Criteria, the Self-Assessment Plan for Corrective Actions, all of which are included in the submission of the Annual Grant Application.

Once these components of the grant are reviewed and approved, the Policy Council approves the full grant in the fall

10. Resolution of Disputes between the Board of Supervisors and the Policy Council (Impasse Policy)

i. Background

The Performance Standards require that Head Start grantees establish a policy and necessary implementation procedures for the resolution of internal disputes between the Board of Supervisors and the Policy Council.

ii. Reference

Head Start Performance Standards, 45 CFR 1301.6

iii. Policy

The Chairpersons of the Board of Supervisors and the Policy Council will monitor actions and decisions of each body as they relate to their respective responsibilities. It is the policy of Contra Costa County to resolve any disagreements between the Board of Supervisors and the Head Start Policy Council fairly and within required timelines. Whenever possible, disagreements will be resolved through processes of mediation and conciliation, including discussion, compromise, and consensus-seeking between parties, and, if necessary, professional mediation.

iv. Administrative Procedure

~~Informal Resolution:~~

- ~~Informal Resolution: The Chairpersons of the Board of Supervisors and the Policy Council will monitor actions and decisions of each body as they relate to their respective responsibilities.~~ In Informal Resolution: the event that a conflict exists, they will notify each other in writing within 30 days and give reasons why it does not accept the decision of the other, and then they will initiate informal discussions between representatives of the two bodies and seek a mutually acceptable resolution.

- ~~Mediation: If informal resolution is not effective, the Chairpersons of the Board of Supervisors and the Policy Council shall request that the Community Services Bureau Director identify mutually agreeable qualified individuals who third party to provide professional mediation services. The Chairpersons will confer and mutually designate a professional mediator who will be retained to mediate the disagreement.~~ The mediator will use conciliation, compromise and consensus-seeking between the two bodies. The mediation process shall be non-binding.

- Arbitration: If no resolution is reached with a mediator, the Chairpersons of the Board of Supervisors and Policy Council shall request that the Community Services Bureau Director identify mutually agreeable arbitrator, whose decision is final.

11. Resolution of Community Complaints

- "Community complaint" is defined as any complaint from anyone other than staff
- The Policy Council is generally responsible for (and has the legal and fiscal responsibility for guiding/directing/carrying-out the establishment) the method of hearing and resolving community complaints

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about the Contra Costa County Community Services Bureau

iii. Process for Solving Disputes/Complaints: Any parent (enrolled or applying for services) or community member may report a complaint to a program staff member of any of our program/sites, i.e. Site Supervisor, Teacher, Associate Teacher, or Comprehensive Services, Analyst, or clerical staff. If the complaint comes in by phone, the staff member documents that complaint. Complaints may come from sources other than the site, i.e. Board of Supervisors. Anyone receiving a complaint will immediately contact a program manager by phone with the following information:

- Step 1: Document the complaint in writing to include the following information: Contact information of the complainant: Name, Address, Phone Number, email (if appropriate); Information Shared: When was the occurrence? Person/s involved? What happened? Where did it occur? And what was the impact? Other information that the complainant wishes to share may also be documented. If the complaint comes in by phone: program staff document call, note time, date and name of the staff member name
- Step 2: Complaint goes first to the Site Supervisor who must discuss the details with their Assistant Director within 24 hours of the report. The Assistant Director works with the program staff to attempt resolution within 48 hours.
- Step 3: Complaints not resolved within 48 hours will be brought to the attention of the Division Manager, Bureau Director, or their designee.
- Step 4: If the complaint is then resolved, the Bureau Director will send a memo to all involved, stating remedial actions to be taken by staff and the time line for these actions.
- Step 5: If satisfactory resolution is still not achieved, the Bureau Director will request the EHSD Director to review all documentation. When the complaint is then resolved, the EHSD Director will send a memo to all involved, stating remedial actions to be taken by staff and the time line for these actions.
- In addition, Manager, Supervisors and Assistant Directors maintain the "Client Concern Log" to document and track all program concerns/complaints and resolutions.

Part II. Communications

A. General Description

All staff is expected to communicate within the department and externally using the following communication tools:

- Common, not technical terms
- A professional tone
- Assurance that the approach is based on each family's cultural/linguistic preferences
- Adherence to the principles of Facilitative Leadership
- Encouragement of a team approach
- Ensure that translation services are available when needed

B. Internal Communication

Employees must follow County policy with regards to courtesy and confidentiality. High staff morale is dependent

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on friendly greetings, active listening and a display of a helpful attitude toward team members. The following are methods of internal communication with program staff:

- Staff summits
- Regularly scheduled staff meetings at varying levels, such as:
 - Senior Administrative Management
 - Senior Management
 - Comprehensive Services
 - Cluster-based
 - Site-level
 - Daily Interactions
- Staff newsletters
- Internal memos
- Policies and Procedures
- Fax
- Email
- Short Messaging System(SMS/Texting)
- Payroll notices
- Telephone
- Bureau Reports
- Computerized Tracking Systems (CLOUDS)
- Video Conferencing System
- Annual Planning Calendar
- Intranet

Internal Communication Expectations:

Purpose: to ensure that multi-level communication occurs throughout CSB and that employees at every level of the organization are kept informed of Bureau updates, happenings and changes and has the opportunity to provide feedback. Communication is woven through each of CSB's values and is critical to the effectiveness of an organization.

Communication Expectations:

Supervisors and managers are responsible for sharing critical information and key messages to their staff timely.

Key stakeholders are involved at varying levels in planning, decision making and communication depending on the decision.

Supervisors/ managers are expected to hold regular, one-one meetings with subordinates which includes time for feedback, two-way reflective communication and active listening.

Staff are encouraged to provide feedback verbally, through e-mail and written correspondence

Process, relationship and results are valued as equally important in communicating.

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Written and verbal communication has a positive intent, respectful tone and encouraging word choice. We are models for one another.

Information communicated is tailored to the audience.

Communication is concise and hits on the key messages/ points.

Communication aides such as visuals and presentations are considered and shared as appropriate.

Email protocol is followed. Protocols are saved on the Intranet at CSB Resource Center/Shared Documents/CSB Policies and Procedures/ E-mail Protocol.

Expectations of next steps are clearly defined at the end of each meeting.

Justification for change and context is clearly explained.

We value the 3R's (responsiveness, respect, relationships) in our communications.

When starting a new program, policy, project, etc..., identify 2-3 key points to communicate as to why it is important and how it will make it better.

We maintain the intranet as clear and user-friendly as possible to ensure materials are easily accessed; and use hyperlinks whenever possible in sharing information electronically.

Multi-modes and venues are used to communicate key messages including e-mail, newsletters, memos, verbal, presentations, etc...

| <u>Message</u> | <u>Method</u> | <u>Audience</u> | <u>Frequency</u> | <u>Expectation</u> |
|--|---|--|-------------------------------------|---|
| <u>Bureau Strategic Goals/ direction of the organization</u> | <u>Memo or presentation</u> | <u>All staff</u> | <u>Quarterly</u> | <u>All staff at every level of the organization knows the direction of the Bureau</u> |
| <u>Department, Bureau-wide changes and updates</u> | <u>Memos, Sr Mgt meetings, newsletter, all-staff calls, e-mails</u> | <u>All-staff</u> | <u>Monthly and Quarterly</u> | <u>Staff are kept abreast of changes</u> |
| <u>Communication sessions – circles, focus groups</u> | <u>Meetings</u> | <u>A selection of staff bureau-wide</u> | <u>Bi-annually or as needed</u> | <u>Staff are kept abreast of changes and Sr managers hear from staff</u> |
| <u>Year-end report</u> | <u>Memo and/or Meeting Presentation</u> | <u>All Managers and Supervisors</u> | <u>Annually – December/ January</u> | <u>PowerPoint or report is shared with all staff by managers and supervisors</u> |
| <u>New staff and promotions</u> | <u>e-mail/ and unit meetings</u> | <u>Managers and Supervisors and/ or specific units</u> | <u>As needed</u> | <u>Staff know about new hires</u> |

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| <u>Message</u> | <u>Method</u> | <u>Audience</u> | <u>Frequency</u> | <u>Expectation</u> |
|--|---|---|---------------------------------|--|
| <u>Unit changes and updates</u> | <u>e-mail, unit meetings, All-Cluster meetings</u> | <u>Managers and Supervisors and/or specific units</u> | <u>As needed</u> | <u>Staff know about changes</u> |
| <u>Updates/ information Sr Mgt meetings</u> | <u>Unit meetings, All-Cluster meeting</u> | <u>Sr Mgt Team</u> | <u>Monthly</u> | <u>New projects, issues, updates, changes are shared and discussed as a team</u> |
| <u>Updates/ information from All-Cluster and Unit meetings</u> | <u>Center and staff unit meetings, postings on staff boards</u> | <u>Staff</u> | <u>Monthly</u> | <u>New projects, issues, updates, changes are shared and discussed</u> |
| <u>Updates and quick messages of upcoming events</u> | <u>Facebook, etc...</u> | <u>All staff and greater community</u> | <u>3X per week or as needed</u> | <u>CSB is publically celebrated and upcoming events are shared</u> |

Other means of communication:

Planning calendars

Policies and procedures

Unit reports

Board reports

Meeting minutes



C. Internal Communication with Parents

CSB staff strives to provide exceptional customer service and must always use their best judgment with the utmost professionalism. Every employee is responsible for delivering clear and helpful information to our parents. A key element to ensuring communication is both clear and helpful is to ensure it is delivered in the most supportive manner, place and time.

Staff will not address challenging behaviors that may have occurred during the day with parents at pick-up or drop off; instead they will let the parent know that they would like to discuss challenging behaviors and request a time to meet.

Staff will not request letters of recommendation from parents; however they may accept an unsolicited letter. Requesting such a letter maybe perceived as intimidating. Instead, parents should be encouraged to complete the Parent Recognition of Staff Excellence for any staff member they feel is providing excellent service and support.

The following are methods of communication with parents:

- Monthly Policy Council meetings – program planning, policy and financial information is shared
- Monthly Policy Council sub-committee meetings
- Monthly Policy Council executive board meetings
- Monthly parent meetings
- Monthly food menu with nutrition guidance
- Health Bulletins
- Parent surveys

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- Parent-teacher conferences
- Home visits
- Quarterly family newsletters
- Parent bulletin boards that include:
 - Upcoming activities; posted memos; health and safety information logs; site emergency procedures; parents' and child's rights; and Policy Council minutes and agendas
- Daily classroom schedules
- Weekly lesson plans
- Parent policies and procedures
- Dissemination of pertinent information regarding program planning, communications from Office of Head Start, financial reports and grant applications.
- Planned site activities
- Planned community events
- Social Media Tools
- Communication with Delegate Agency and Community Childcare Partners:
 - Regularly scheduled meetings
 - Regular monitoring
 - Joint trainings
 - Appointed members from the delegates on the Policy Council
 - Joint annual self-assessments
- Email
- Telephone
- Fax
- Monthly reports
- Short Messaging System (SMS/Texting)

D. Communications with Governing Bodies and Policy Groups

1. **The Policy Council:** Serves as a link between public and private organizations, the Delegate Agency Policy Committee, Subcontractors, the Grantee-Operated Program Site Committees, the Grantee, the County Board of Supervisors and the community it serves. Mutual communication and understanding between the governing board and program management are fundamental for a high quality Head Start Program.
2. **Monthly meetings with the County Administrator's Office:** The Employment and Human Services Department (EHSD) Director and the CSB Director also ensure that the Board of Supervisors has an understanding and appreciation of the Head Start philosophy and the role of parents and Policy Council in shared governance. Monthly meetings are held with the County Administrator's Office to discuss various areas of the program. A meeting report is generated by the EHSD Director and the CSB Director. The meeting's report is sent monthly to the Health and Human Services Committee of the Board of Supervisors. In addition, the CSB Director and other assigned staff, meet throughout the program year, individually, with each member of the BOS to review reports, tour centers, give updates and advice, and train on new regulations and initiatives.

E. External Communication

1. **Communication with Partnerships:** CSB has several types of Community Partnerships and all of them provide valuable services to our children and parents. Our reputation in the community is often dependent

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upon the respect and assistance provided to our partners when in contact with them. Every employee is responsible for delivering clear and helpful information to the public at large and to our partners in particular.

External Partners include but are not limited to:

- State/Local Policy Groups
- State Department of Education
- Local Planning Council
- First Five Commissions
- County Departments
- Community-based Organizations
- Contra Costa County Special Education Local Planning Areas (SELPA's)
- Child Care Partners
- Policy Forum
- Local Education Agencies
- Contra Costa County School Superintendents
- Contra Costa One Stop Consortium
- California Welfare Directors Association Committees
- News / Media Outlets

2. Press Calls:

- i. All press calls should be immediately reported to the CSB Bureau Director and to the Employment & Human Services Department's Community Relations Director (also known as Public Information Officer or PIO) at (925) 313-1779, or the Executive Secretary at (925) 313-1629 in the Office of the Director for the Employment and Human Services Department. This will guarantee that the CSB and EHSD Directors know which stories and issues are attracting press attention. It will also make it easier for the reporter to be connected with the proper Department spokespersons who can respond fully and accurately. In addition, it will ensure there is proper follow up to meet deadlines, address issues and manage photography.

The Community Relations Director will be available to prepare staff for interviews, review the topic of interest and discuss points that will help the interview be complete and accurate while getting the Department's message across to the public.

On occasion, members of the press will take a shortcut into the Department and contact staff directly. If the staff member has been authorized by his/her Bureau Director to respond to the press, they should first notify the Community Relations Director who can assist in managing and maximizing the media opportunity.

- ii. If the staff person has not been authorized by their Bureau Director to respond to the press, they are required to adhere to the following:
 - Do not respond directly to print, vocal, and/or visual media representatives;
 - Politely refer all contacts to the Community Relations Director at (925) 313-1779 or EHSD's Executive Secretary at (925) 313-1629 in the Office of the Director;
 - Inform your manager/supervisor immediately;
 - Provide the following information: date, time, and location of contact
 - Media representative's name, organization, phone number and deadline;
 - Summary and nature of the inquiry

iii. There are many differing aspects and/or components related to the successful operation of our program. It is unfair for individual staff members to be placed in and/or to place themselves in a position of stating, explaining, and/or formulating policy for the department. An innocent comment intended to project a positive view can be reproduced with a negative spin or violate the right to privacy of our clients. Proposed dialogue when fielding a call from the media:

- "I would like to respond to your questions. My concerns rest with preserving and protecting the privacy of our children and their families. Please give me your name, organization, and phone number so that I can properly refer your request."
- Staff with story ideas or events to promote are asked not to contact the press directly, but to contact the Community Relations Director at (925) 313-1779, so these stories can be channeled to the press most likely to cover them.

3. Tools for External Communication are as follows:

- Formal/informal agreements
- Electronic Newsletters
- Regular meetings
- E-mail
- Short Messaging System (SMS/Texting)
- Telephone
- Membership activities
- Social Media Tools (Facebook/Twitter and etc.)
- Annual Report
- Fact Sheet

4. CSB E-mail Protocol:

The following is a basic guideline of enhancing our e-mail communications:

Purpose of an e-mail –

To Communicate – To get the reader's attention within few lines of text.

To Document – Send a report, instructions, procedure, information to file, etc...

Only discuss public matters - Ask yourself if the topic being discussed is something you'd write on company letterhead or post on a bulletin board for all to see before clicking "send."

Respond in timely fashion Depending on the nature of the e-mail and the sender, responding within 24 to 48 hours is acceptable.

Avoid using shortcuts to real words, emoticons, jargon, or slang for business e- mails such as "4 u" or "Gr8", etc...

Be clear on who the recipient is – When there are multiple recipients or Cc's but one or two specific people who you are directly addressing, address the specific person(s) by name at the start of the email.

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Be clear in your subject line – the subject line must match the message. Be succinct and to the point in the subject line. Never leave this blank.

Evaluate the importance of your e-mail - Don't overuse the high priority option unless very necessary. If an immediate or less than 24 hour response is needed, it is better to pick up the phone.

Keep it short and get to the point - State the purpose of the e-mail within the first two sentences. Be clear, and be up front. Anything more should happen in a verbal conversation.

Know your audience - e-mail greeting and sign-off should be consistent with the level of respect and formality of the person you're communicating with.

Refrain from sending one-liners - "Thanks," "Oh, OK" and "Action"; do not advance the conversation in any way. Put "No Reply Necessary" at the top of the e-mail when you don't anticipate a response.

-Confidential Information blocked -Do not share any of the following information in e-mail communications:

- Credit Card information
- Social Security numbers
- HIPAA-related medical information ((the Health Insurance Portability and Accountability Act of 1996 addresses the use and disclosure of individuals' health information)
- Username and password

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_____ Indicate what response/action you expect - such as "Action needed", "Response needed", or, if none "FYI only". Include a deadline or desired deadline for needed action and responses.

Your e-mail is a reflection of you - Every e-mail you send adds to, or detracts from your reputation.
Always include a signature - You never want someone to have to look up how to get in touch with you.
You name and contact information should always be included.

Send or copy others only on a need to know basis - Before clicking on the Cc lines, ask yourself if all the recipients need the information in your message.

Beware of the "reply all." - Do not hit "reply all" unless every member on the e-mail chain needs to know.

When not to send an e-mail and pick up the phone - When a topic is sensitive or has lots of parameters that need to be explained or negotiated and will generate many questions or may generate confusion, don't handle it via e-mail. If the email exchange has gone back and forth more than a few times, it is usually better to continue the conversation by phone. Also, e-mail should not be used for last minute cancellations of meetings, lunches, interviews, and never for difficult news. Although, if its news you have to deliver to a large group, e-mail is more practical.

Avoid writing in all capital letters – It sends the wrong message and it is hard to read.

Beware of tone – Communicating tone in email is challenging and must be done by thoughtfully choosing words. Sarcasm, for example, is an expression of anger and often comes across hotter than it would in person, where the face and voice assist understanding.

Beware of emotional reply – Too often someone in anger or frustration types off the reply and hits send before taking time to think. After typing the response, it is advisable to take a moment, think, may be take a short break – proof the reply before sending it.

• _____ Adding attachments- Send a link instead.

• _____ Out of Office- Be sure to add the date of your return and the name of the person to contact in your absence.

4. Social Media Posting Guidelines:

These guidelines shall apply to any and all employees who are permitted as authorized users by Contra Costa Community Services Bureau (CSB) to post content on CSB's social media sites.

These guidelines are intended to apply to all official blogs or social media platforms maintained by CSB, including, but not limited to Facebook, Twitter and Instagram. All such activities are referred to as "social media postings" in this document.

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- Social media posting privileges are granted to the pre-approved CSB Social Media Committee.
- The primary and foremost purpose of Contra Costa Community Services Bureau social media platforms is to provide public information and education, to recruit staff and reach out to families that need childcare, and to positively promote the work of our agency, staff and volunteers. The intent is to showcase what our agency does and to communicate with the public via social media outlets.
- All authorized CSB social media users shall always be courteous and respectful of all points of view when posting on CSB's' social media platforms.
- All authorized CSB social media users shall adhere to the CSB brand standards (colors, flyer templates, etc.) in an attempt to ensure the content presented is consistent and visually appealing. Visuals play an important part in social media branding and connectivity to the audience.
- In the event that a negative post or comment is placed on any of CSB's social media platforms, CSB social media posters will not engage in a confrontational, ongoing dialogue. We will instead remove the negative comment and address the issue outside of the public-facing platform, possibly through private messaging if appropriate to follow up/attempt to resolve the issue. This will be done with the assistance of the relevant members of the CSB Leadership Team and approved by the Department Director.
- Common sense is typically the best guide when posting content on CSB's official social media platforms. If you are unsure about a particular posting, please feel free to contact the Social Media Project Manager.
- Social media postings for Contra Costa Community Services Bureau (made on official CSB accounts) may be at the direction of the Bureau Director or designees for the exposure of recruitment efforts, special events, program accomplishments etc.
- Social media postings must not disclose or refer to any information that Contra Costa Community Services Bureau considers confidential information as per the confidentiality policy. If you have any questions about what constitutes confidential information, please contact the Social Media Project Manager.
- If a member of the news media contacts you about a social media posting that concerns the business of the Contra Costa County Community Services Bureau, you must refer that person to one of the following: Bureau Director or the EHSD Community/Media relations Manager.
- All CSB social media postings should be made from the perspective of Contra Costa County Community Services Bureau, reflecting our policies, procedures and positions. Social media posts should not reflect any individual's personal point of view or positions.
- Employees need to adhere to the Hatch Act, whose main provision prohibits employees of the federal government and local government employees who work in connection with federally funded programs from engaging in any form of political activity. No lobbying is allowed.
- Be responsible, be nice, have fun and connect

F. Reporting for County Child Protective Services and State Community Care Licensing

The purpose of these policies and procedures are to provide all department employees with instructions on what specific steps they must take to properly handle any incident involving an abused and/or neglected child, the injury of a child, or a potential child's rights violation. It is important to note that while all employees are charged with the responsibility of reporting incidents involving an abused and/or neglected child, only the EHSD Director or Bureau Director or designee is charged with the responsibility of reporting potential child's rights violations to State Community Care Licensing.

In addition, this policy is intended to make clear the procedure for reporting incidents that may occur both off site and on site.

1. Definitions:

- CCL (State): The acronym for State Community Care Licensing, which is a Division of the State of California Social Services Department, and which is responsible for the licensing of the Department's Child Care facilities.
- EHSD Director: The Director of the Employment and Human Services Department
- Bureau Director: The Director of the Community Services Bureau.
- CFS (County): The acronym for Children and Family Services, formerly Child Protective Services, which is a bureau of the County's Employment and Human Services Department and is mandated by the Federal and State government to assess and investigate all referrals which allege that a child is endangered by abuse, neglect, or exploitation.
- Major Injury: Any incident involving a child that requires the intervention of any medical professional (examples of medical professional include: medical advice nurse, hospital, clinic, doctor, ambulance service, emergency room).
- Minor Injury: Any incident involving a child that does not require the intervention of any medical professional as noted above.
- Child's rights violations: Any incident that occurs at a Community Services Bureau facility and involves an employee, contractor, or volunteer of the Department that might violate either the Head Start Code of Conduct or the rights of a child in accordance with State Child Care Licensing Regulations.

All employees, at all levels, are expected to follow the policies and procedures so that accurate and timely reporting can be assured to both the County CPS and the State CCL.

2. Reporting to CFS:

- Any employee or contractor who knows or suspects that a child has been abused and/or neglected off site should immediately inform and discuss his/her concerns with the direct supervisor.
- Reports shall be made to Child Protective Services in accordance with mandated reporting responsibilities and laws. A report to the Community Care Licensing (CCL) shall also be made summarizing the CFS report.

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- The employee or contractor making the report will provide a copy of the above referenced report to their Supervisor or Manager, who is responsible to inform their Assistant Director.

Additional policies and procedures related to Mandated Reporting can be found in the Child Development Section of this document, "Child Development Reporting Policies".

3. Child Injuries:

i. Minor Injuries

Immediately report the injury to your Supervisor and the parent after you have tended to the child. (Includes any incident not involving medical professionals) Employees do not report minor injuries to CCL.

If a parent of a child who has sustained a minor injury reports back to the center that they subsequently took the child to be seen by any medical professional, the injury needs to be reported as a major injury. All head injuries regardless of staff determination that it is minor or major shall be reported to the Supervisor immediately who shall contact the parent immediately to pick up the child. "Head Injuries" are defined as injuries to the skull or cranium, and do not include the mid and lower facial areas. Staff shall complete a written injury report for the parent prior to pick-up time and at pick-up time talk with the parent to explain the injury, action taken by staff, and provide a copy of the written report. Supervisor shall make a complete entry in the Supervisor's Injury Log for all injuries, minor and major.

ii. Major Injuries

Report the incident immediately to a Site Supervisor, the Assistant Director, and the parent. Depending on the severity of the injury, all staff should take the following steps:

- Comfort the child.
- Phone 911 immediately.
- Report the injury to the Assistant Director, Bureau Director and/or Executive Director.
- The Site Supervisor or designee will make an Unusual Incident Report to Licensing in accordance with the Unusual Incident Reporting policy and procedure.
- The Bureau Director may assign staff to investigate.
- The Department's Licensing Liaison may prepare a written report.
- Staff shall complete a written injury report (form CSB-208) for the parent immediately and provide a copy of the written report to the parent.
- Supervisor shall make a complete entry in the Supervisor's Injury Log for all injuries, minor and major.

iii. Potential Child's Rights Violations

- Any incident that occurs on site at a facility and involves employee(s), contractor(s), or volunteer(s) of the Community Services Bureau that might violate the rights of a child in accordance with Child Care Licensing Regulations or the Community Services Code of Conduct must immediately be reported to the CSB Administration using the following protocol and

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- in accordance with Mandated Reporting of Child Abuse and Neglect ACF-IM-HS-15-04:
- Any potential and/or unusual incident must be reported by CSB employees to the center's Site Supervisor or the designated person-in-charge no later than 15 minutes after being made aware that an alleged incident has or may have taken place.
 - The reporter shall be any employee, contractor or volunteer who has witnessed or heard about an alleged incident, or any employee, contractor or volunteer who was involved in an alleged incident.
 - The Site Supervisor or person-in-charge must phone-in the alleged incident to the Assistant Director and as directed by the AD, the Site Supervisor and the AD will call the CSB Administration Office at (925) 681-6300 no later than one hour after being made aware of the alleged incident.
 - Caller shall make it clear to the clerk answering the phone at CSB Administration Office that you are reporting a possible licensing incident that must be handled by the appropriate staff immediately.
 - When the Unusual Incident Report is phoned into the CSB Administrative Office, the front desk clerk who receives the phone call shall immediately and personally notify the Division Manager. If the Division Manager is not in, the notification succession shall be to the Bureau Director.
 - The Site Supervisor or person-in-charge will then complete, obtain AD approval, and fax the CSB Unusual Incident Report to the CSB Administrative Office within two hours of the alleged incident. The completed form shall be scanned to the Division Manager and immediately followed up by a telephone call to CSB Administrative Office at (925) 681- 6300 to verify that a copy of this report has been received.
 - Site Supervisor shall compile and send upon request all written documentation related to the incident to the Assistant Director, Division Manager and Personnel Services Assistant III. Documentation may include but is not limited to CSB Incident Report, small group conference forms, notes on discussions with parents or other employees, and observation notes. Materials shall be complete, legible, objective, and fact-based.
- It is a requirement of CCL that unusual incidents must be reported to CCL by a telephone call within 24 hours of the County learning that an incident may have occurred.
 - In accordance with CCL protocol, the Site Supervisor remains the official contact with the CCL during any on-site CCL review/investigation process.
 - The Assistant Director must be notified by the Site Supervisor any time a representative from CCL conducts an on-site visit for any reason.
 - Any employee who fails to report an alleged incident as outlined above will be subject to disciplinary action, up to and including termination.
 - Any Site Supervisor or person-in-charge who fails to follow the protocol instructions as outlined above will be subject to disciplinary action, up to and including termination.

iv. CSB Administration Responsibilities

- When the Unusual Incident Report is received by the CSB Administrative Office, the front desk clerk will personally deliver copies to the Personnel Administrator, Division Manager and the Bureau Director for review. When the review process is completed, an approved copy of

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the Unusual Incident Report will be scanned to the appropriate Assistant Director to sign and then the AD or his/her designee will fax/scan/email to CCL.

- A fact finding team will immediately be convened and directed to visit the center to gather information and determine if a child's rights have been violated and report these facts back to the Bureau Director.
- After reviewing the facts, if the Bureau Director determines that a true incident has not occurred, the case will be documented as such and closed.
- After reviewing the facts, if the Bureau Director determines that an incident may have occurred, the EHSD Director, Bureau Director or designee will notify the Head Start Regional Office and/or State DOE Early Education and Support Division in accordance with reporting requirements and as applicable to the funding source of the impacted child(ren).
- Only the EHSD Director or designee has the authority and responsibility on behalf of the County to report these matters to Licensing.
- Upon the notification by the EHSD Director or Bureau Director that an incident may have taken place, an investigation team will be sent out by the next business day to investigate and prepare a draft investigative report and findings.

CSB Administrative Office, in conjunction with the Assistant Director and Site Supervisor of the impacted center, will make all decisions related to protecting the rights of children on behalf of the Department until the investigation has been concluded.

Any employee who is considered to be involved with the violation of the rights of a child in connection with the incident report will be immediately re-assigned temporarily to another work location outside of the classroom and without contact with children until the investigation is concluded.

Failure on the part of the employee to report to, and remain at the alternate work location as directed, will cause the employee to receive absence without pay (AWOP) and to be subject to further discipline, up to and including termination.

The investigative team will have three business days to perform the required investigation and prepare a draft report for the Bureau Director and EHSD Director.

The Bureau Director and EHSD Director will review the report and decide next steps, including, if necessary, any disciplinary or remedial action that should be implemented as a result of the report's findings and conclusions.

The investigator's written report shall also include a holistic analysis of the causes associated with the incident and develop specific recommendations to prevent their recurrence.

Recommendations will be reviewed by the Bureau Director and EHSD Director for consistency with appropriate personnel policies prior to being entered into the final report. After appropriate action is taken by the Department, pertinent information regarding each incident shall be shared with key managers and Site Supervisors to prevent the recurrence of a similar incident at another site (Any report information shared with Department employees must be pre-reviewed by CSB Administration to ensure that it does not violate the confidentiality of any employees or children involved in the incident).

For major incidents, a detailed critique by management of the incident itself shall be provided to all employees on a department-wide basis to prevent the recurrence of a similar incident at another site.

G. Partner Agencies including the Delegate Agency will follow these reporting steps

- Notify and provide County with copies of any licensing citations, licensing visit reports, unusual incident report, and/or any other citations within 48 hours of Contractor's receipt of the report or citation.
- Maintain full compliance with Community Care Licensing Regulations and State and/or Federal Regulations as applicable given other funding sources received by CSB.
- Notify and provide CSB with copies of any Medical Alerts (such as infectious disease outbreaks) within 48 hours.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES
DEPARTMENT COMMUNITY SERVICES BUREAU

**POLICIES AND
PROCEDURES**
SECTION 2-PROGRAM OPERATIONS
2017-19

Policy Council Approved: 05/17/17
Board of Supervisors Approved: 08/15/17

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PART I. Eligibility, Recruitment, Selection and Attendance-ERSEA

A. State Child Development Program

A portion of our program is funded by The California Department of Education ~~Early Education and Support Division~~ Early Learning and Care Division. The matrix, below, provides an overview of the program.

PY = Program Year

| | CSPP | | CTTR |
|--|---|--|--|
| Program Type/ Hours of Care | Part Day 3-3:59 hrs | Full Day More than 4 hrs Includes ¾ time and Full time | Full Day Program Includes ½, ¾ time and full-time |
| Age of Child | 3 or 4 by <u>September December 1</u> of PY <u>or on or after their 3rd birthday</u> *Continued summer enrollment allowable for K-eligible children until K start if requested and available | 3 or 4 by September <u>December 1</u> of PY <u>or on or after their 3rd birthday</u> *Continued summer enrollment allowable for K-eligible children until K start if requested and available | Zero – three (until eligible for CSPP) |
| % Preschoolers age 4 by <u>September 1</u> of PY | 50% of CSPP children at each site * Unless site has approved waiver from CDE | 50% of CSPP children at each site * Unless site has approved waiver from CDE | N/A |
| Eligibility Requirement | Current fiscal year Program Requirements apply | Current fiscal year Program Requirements apply | Current fiscal year Program Requirements apply |
| Maintaining Ongoing Eligibility | N/A Once initially Certified, child is "in" for the Remainder of the PY | All families must report changes to income & family size within 5 days for recertification of eligibility. <u>If the basis of eligibility is income, families must report changes that cause their adjusted monthly income, adjusted for family</u> | All families must report changes to income & family size within 5 days for recertification of eligibility. <u>If the basis of eligibility is income, families must report changes that cause their adjusted monthly income, adjusted for family</u> |

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| | | | |
|---------------------------------|-----|--|---|
| | | <p><u>size to exceed ongoing income eligibility within 30 calendar days. For all other eligibility criteria, once initially certified, child is "in" for the remainder of the certification period.</u></p> <p>Failure to meet ongoing eligibility results in termination of full-day services.</p> <p>*If family fails to meet continued eligibility, they may choose to receive part-day services based on their initial eligibility or pay full fee for services.</p> | <p><u>size to exceed ongoing income eligibility within 30 calendar days. For all other eligibility criteria, once initially certified, child is "in" for the remainder of the certification period.</u></p> <p>Failure to meet ongoing eligibility results in termination of full-day services.</p> |
| Need Requirement | N/A | <p>Current fiscal year Program Requirement apply</p> <p>Preschool children who attend only part of the week (e.g. M W F) or part of the day (11 – 5) can attend their class M-F during the “part-day preschool portion of the day” 8:30-12:00. All hours outside of this time must be supported by need.</p> | |
| Maintaining Ongoing Need | N/A | <p>All families must report changes to need within 5 days for recertification of need. Failure to meet ongoing need results in termination of full-day services.</p> <p>*If family fails to meet need eligibility for full-day, they may choose to receive CSPP part-day services if available or pay full fee for services.</p> | <p>N/A All families must report changes to need within 5 days for recertification of need. Failure to meet ongoing need results in termination of full-day services.</p> |
| Family Fees Assessed | N/A | If less than 130 hours per month part-time fee assessed | If less than 130 hours per month part-time fee assessed |
| | | If more than 130 hours per month full-time fee assessed | If more than 130 hours per month full-time fee assessed |
| | | If family of a 3-5 yr. old child has a need for less than 4 hrs. a day, try to place them in a part-day slot where no fees apply. | N/A |

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B. Definitions

As used in the Program Requirements, definitions are as follows:

- Adjusted monthly income-The total countable income as defined below, minus verified child support payments paid by the parent whose child is receiving child development services, excluding the non-countable income listed below:

| | | | |
|------------------------------------|--|--|---|
| Adjustment Factors | NA | Time and special criteria adjustment factors apply. Time criteria are based on total number of hours in care (not just hours of need). CCTR toddler special criterion applies only until child is 36 months old regardless of type of class child is in. ¾ time – 4 to 6:29 hours. Full-time – 6:30 to 9:59 hours. Full-time Plus – 10 hours or more. | |
| Enrollment Priorities | Transfers (i.e. families of children already certified for care including toddlers leaving CCTR) CPS- CSB622 At-Risk Referral Homeless Returning 4 yr. olds regardless of income Eligible 4 yr. olds* Eligible 3 yr. olds* Over income 4 yr. olds (part-day only) Over income 3 yr. olds (part-day only) <u>Over income age eligible children with IEP/IFSP (part-day only)</u> *Refer to Enrollment Priorities for State Preschool Head Start collaborative full-day programs shall consider Head Start enrollment priorities and these children shall be deemed as meeting the priorities. | | Transfers CPS or “at risk” Homeless Eligible Children Per income Ranking *Head Start collaborative full-day programs shall consider Head Start enrollment priorities and these children shall be deemed as meeting the priorities. |
| Over Income Waivers | 10% of part-day slots allowed to be no more than 15% over State income ceiling. | Not Allowed | Not Allowed |
| Recertification for next PY | N/A Must do 2 nd “initial” application prior to next PY. | At least every 24 months When changes in income, family size or need. At the discretion of the authorized representative anytime during the program year.*With the exception of families whose need is Seeking Employment, their certification period will be for not less than 12 months. | At least every 24 months When changes in income, family size or need. At the discretion of the authorized representative anytime during the program year.*With the exception of families whose need is Seeking Employment, their certification period will be for not less than 12 months. |
| Reporting | Revised 8501 | Revised 8501 | 9500 |

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- o Earnings of a child under age 18 years;

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- Loans;
- Grants or scholarships to students for educational purposes other than any balance available for living costs;
- Food stamps or other food assistance;
- Earned Income Tax Credit or tax refund;
- GI Bill entitlements, hardship duty pay, hazardous duty pay, hostile fire pay, or imminent danger pay;
- Adoption assistance payments;
- Non-cash assistance or gifts;
- All income of any individual counted in the family size that is collecting federal Supplemental Security Income (SSI) or State Supplemental Program (SSP) benefits;
- Insurance or court settlements including pain and suffering and excluding lost wages and punitive damages;
- Reimbursements for work-required expenses such as uniforms, mileage, or per diem expenses for food and lodging;
- Business expenses for self-employed family members;
- When there is no cash value to the employee, the portion of medical and/or dental insurance documented as paid by the employer and included in gross pay; and
- Disaster relief grants or payments, except any portion for rental assistance or unemployment.

~~● Certify eligibility-The formal process the staff goes through to collect information and documentation to determine that the family and/or child meets the criteria for receipt of subsidized child development services. The signature of the designated authorized representative on an application for services attests that the criteria have been met.~~

- Authorized representative-The person designated by the agency to certify eligibility for subsidized services. For CSB's directly operated program, this means the Comprehensive Services Assistant Manager (CSAM) or designee.
- Child Protective Services-Children receiving protective services through the local county welfare department as well as children identified by a legal, medical, social service agency or emergency shelter such as abused, neglected or exploited or at risk of abuse, neglect or exploitation.
- Children with disabilities-Children who have been determined to be eligible for special education or early intervention services in accordance with Part B or C of the Individuals with Disabilities Education Act (IDEA). These children have a current Individualized Education Plan or Individualized Family Service Plan. These children may be developmentally disabled, hearing impaired, deaf, speech impaired, visually impaired, seriously emotionally disturbed, physically impaired, have other health impairments such as: deaf-blind, multi-handicapped or specific learning disabilities, requiring the special attention of adults in a child development setting. Children, birth to three years, may be "at-risk" or with disabilities as defined by IDEA.
- Declaration-A written statement signed by a parent under penalty of perjury attesting that the contents of the statement are true and correct to the best of his or her knowledge.

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- Displace families-To dis-enroll families in order to reduce service levels due to insufficient funding or inability of CSB to operate one or more sites because of reasons beyond control of the department, such as floods or fire.
- Enrolled-A child has been accepted and attended at least one class for center-based or family care option or at least one home visit for the home-based option.
- Family-For State child development programs, the parents and the children for whom the parents are responsible; who comprise the household in which the child receiving services is living. For purposes of income eligibility and family fee determination, when a child and his or her siblings are living in a family that does not include their biological or adoptive parent, "family" shall be considered the child and related siblings. For Head Start (1302.12), family, for a child, means all persons living in the same household who are supported by the child's parent(s)' or guardian(s)' income and related to the child's parent(s) or guardian(s) by blood, marriage, or adoption or the child's authorized caregiver or legally responsible party. Head Start defined family, for a pregnant woman, as all persons who financially support the pregnant woman.
- Fee schedule-The Family Fee Schedule, issued by the department pursuant to Education Code section 8447(e). The fee schedule is used by child development staff to assess fees for families utilizing State child care and development services.
- Homeless-As defined in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), a person or family that lacks a fixed, regular, and adequate night-time residence and has a primary night time residence that is:
 - A supervised publicly or privately operated shelter, transitional housing, or homeless support program designed to provide temporary living accommodations, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, or Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Foster care-24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.
- Income eligible-For the purpose of State, child care and development services that a family's adjusted monthly income is at or below ~~75-79~~85 percent of the state median income, adjusted for family size at initial certification. For ongoing eligibility, adjusted monthly income cannot exceed 85 percent of the state median income, adjusted for family size. In accordance with the Head Start Performance Standards (1302.12), a pregnant woman or child is income eligible if the family's income is equal or below the poverty line or the family is eligible (or in the absence of child care would be potentially eligible) for public assistance, including TANF child-only payments.
- Income fluctuation-Income that varies due to:
 - Migrant, agricultural, or seasonal work;
 - Intermittent earnings or income, bonuses, commissions, lottery winnings, inheritance, back child support payment, or net proceeds from the sale of real property or stock;
 - Unpredictable days and hours of employment, overtime, or self-employment.
 - Initial certification-The formal process for completing an application for services and

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collecting information and documentation to determine that the family and/or child meets the legal requirements for receipt of subsidized child development services based on eligibility and need criteria. The signature of the authorized representative on an application for services certifies that the legal requirements have been met and documented.

- Legally qualified professional-A person licensed under applicable laws and regulations of the State of California to perform legal, medical, health or social services for the general public.
- Parent-A biological parent, adoptive parent, stepparent, foster parent, caretaker relative, legal guardian, domestic partner of the parent, or any other adult living with a child who has responsibility for the care and welfare of the child.
- Parental Incapacity-The temporary or permanent inability of the child's parent(s) to provide care and supervision of the child (ren) for part of the day due to a physical or mental health condition. Recertification means the formal process for completing an application for services and collecting information and documentation to determine that the family and/or child meets the legal requirements for ongoing receipt of subsidized child development services based on eligibility and need criteria. The signature of the authorized representative on an application for services certifies that the legal requirements have been met and documented.
- Recipients of Service-Families and/or children enrolled in a child care and development program subsidized by the California Department of Education.
- Self-Certification of Income-A declaration signed by the parent under penalty of perjury identifying:
 - To the extent known, the employer and date of hire and stating the rate and frequency of pay, total amount of income received for the preceding month(s), the type of work performed, and the hours and days worked, when an employer refuses or fails to provide requested employment information or when a request for documentation would adversely affect the parent's employment; or the amount and frequency of sources of income for which no documentation is possible.
- State median income-The most recent median income for California families as determined by the State Department of Finance.
- Total countable income-All income of the individuals counted in the family size that includes, but is not limited to, the following:
 - Gross wages or salary, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings;
 - Wages for migrant, agricultural, or seasonal work;
 - Public cash assistance;
 - Gross income from self-employment less business expenses with the exception of wage draws;
 - Disability or unemployment compensation;
 - Workers compensation;
 - Spousal support, child support received from the former spouse or absent parent, or financial assistance for housing costs or car payments paid as part of or in addition to spousal or child support;
 - Survivor and retirement benefits;
 - Dividends, interest on bonds, income from estates or trusts, net rental income or royalties;

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- Rent for room within the family's residence;
- Foster care grants, payments or clothing allowance for children placed through child welfare services;
- Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent;
- Veterans' pensions;
- Pensions or annuities;
- Inheritance;
- Allowances for housing or automobiles provided as part of compensation;
- Portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies;
- Insurance or court settlements for lost wages or punitive damages;
- Net proceeds from the sale of real property, stocks, or inherited property; or
- Other enterprise for gain.
- Update the application-The process of revising the application for services between recertification. The application shall be revised by completing a 9600S form with the latest family information that documents the continued need and eligibility for child care and development services.
- Verify-To check or determine the correctness or truth by investigation or by reference.

C. Child Age and Family Income Eligibility

The Community Services Bureau's program enrolls children according to Federal and State eligibility criteria. For the Head Start program, children are selected for service based primarily on the family income adjusted for family size, with lowest income families selected first. Children at risk of abuse or neglect are considered high priority. Within age groups, priority in the pre-school program is given to four-year-old children from the neediest families. Please refer to CSB's Selection Criteria found in the ERSEA folder on the Shared Drive for more information. The Community Assessment is used to determine location of centers and program options to accommodate the areas of greatest need in the county.

Every year, parents/staff review and update placement of centers and program options, restructuring enrollment to best meet community needs as county demographics change.

D. Recruitment

1. Strategies

CSB employs a variety of recruitment strategies to ensure that the neediest children from low-income families have access to services. Each year, a recruitment plan responsive to changes in communities served by CSB is developed with parent feedback and implemented. Various recruitment materials are developed and disseminated throughout the community. There are a variety of ways to access the program by referral or personal contact. Walk-ins are always welcome. Word of mouth, via CSB parents is the best method of

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recruitment. Staff from all content areas of the program conducts presentations to community-based entities wherein detailed information is provided to expedite access to our program by their clients. Articles and ads are published in local publications such as agency newsletters, websites, and social networking sites. For detailed strategies, see the Recruitment Plan in the ERSEA folder on the Shared Drive.

2. Recruitment Policy

All staff, parents, Policy Council members and partners are responsible for giving out information in accordance with the annual Recruitment Plan.

All CSB Staff are responsible for:

- Phone calls: Calls to the Hotlines are will be captured by CLOUDS under the Communications tab. Calls will be returned answered regularly throughout the day by designated staff ~~that log the entries and follow up on the Shared Drive.~~ Staff that ~~answers pre-registration~~ return calls captured on the hotlines is responsible for taking basic pre-registration information over the phone and entering it into CLOUDS.
- Walk-ins: All staffs are responsible for being responsive to walk-ins and providing an explanation of the enrollment process. Assist client in filling out CSB690-Waiting List Pre-Registration Form (See CSB Forms) and/or place the child directly on the CLOUDS waiting list.
 - ~~If client has brought in~~ Any documentation brought in by families, such as pay stubs and/or birth certificates, are scanned them directly to CLOUDS to the CLOUDSSB-Eligibility inbox.
- Mail Received:
 - Route to appropriate person if mail came in self-addressed envelope.
- Faxes: All referral forms are sent to the ERSEA analyst, logged, and then forwarded to the appropriate staff for follow up.

E. Selection Process

Children are selected from the waiting lists that are maintained in CLOUDS. After the agency receives the application material, children are ranked based on CSB's admission priorities. Ten percent of our placement slots are designated for children with disabilities and every effort is made to accommodate children with disabilities.

Selection Criteria:

To ensure that the neediest children from low-income families are selected for CSB's services, CSB implements its Selection Criteria/Admissions Priorities to prioritize neediest families, which is aligned with the state's priorities by a strong community need for child care for working families.

At least 10% of the total number of enrollment opportunities at CSB is designated for children with certified disabilities. Families of children with disabilities are asked to provide documentation from the doctor or a copy of the child's IFSP or IEP.

The authorized representative and other department managers insure that the selection criteria meet the state and federal regulations regarding selection of families and children to the program. The Selection

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Criteria/Admissions Priorities is updated and approved by the Director, Policy Council, and Board of Supervisors annually.

F. CLOUDS Waitlist

1. Procedures for maintaining Eligible / Accepted Families on Waitlist

In Maintaining Eligible / Accepted Families, staffs are responsible for:

- Taking basic pre-registration information over the phone or in person and enter into CLOUDS
- Contacting the next eligible family based on CLOUDS wait list and documenting contact on CLOUDS (Family Case Notes, with the category of Eligibility selected)
- Sending no contact letters, create, and submit-assigning to the Purge list-caseload ~~forte~~ Assistant Manager review in accordance with CSB Purge Protocol
- Conducting interviews
- Determining eligibility based on supporting documentation and information obtained through the interview
- Maintaining pre-enrollment documentation on CLOUDS (e.g., pay stubs, birth certificate, immunization record)
- Creating, signing and dating income calculation sheet in CLOUDS
- Communicating application status to families (CSB Application Status Letter)

2. Collect the following information in the child's electronic file on the CLOUDS waiting list:

- Child's birth certificate or other age verification: for state funding programs collect reliable age verification birth certificates for all children in the family size, indicating the relationship of the child to the parent; for Head Start/Early Head Start collect only age verification for the birth certificate(s) of the child(ren) to be enrolled.
- Documentation of Family Size (unborn can only be counted in family size for Early Head Start where services to pregnant women are provided)
- Parents' income verification (e.g., pay stubs) or self-certification form, if applicable (signed & dated).
- Income calculation worksheet (signed & dated) in CLOUDS.
- Copies of the child's immunization records (not necessary to determine eligibility).
- Health history from CLOUDS (signed and dated).
- ~~Child Care Data Collection Privacy Notice and Consent Form (State funded programs only).~~
- Documentation of Disabilities, if applicable.
- Documentation of Homelessness, if applicable
- Documentation of Categorical Eligibility, if applicable
- Documentation of caregiver's need for services, if applicable
- Documentation of California residency

3. Once file has been determined eligible by the authorized representative, the Site Supervisor for the enrolling center is responsible for:

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- Reviewing and updating information on file. Review and update Child and Family Data sheets on CLOUDS.
- Reviewing the Health History.
- Updating Emergency Information (See Form CSB214)
- Flagging the file in the top right front corner of the file using the following sticker dot system:
 - Blue Dot: Child with Disabilities
 - Red Dot: Child with Health/Nutrition/Mental Health Concerns
 - Yellow Dot: Child that transitioned from I/T to Preschool
 - White Dot: Used to cover up any colored dot that is no longer applicable to the child.

4. The authorized representative is responsible for:

- Reviewing waitlist file from Clerk.
- Verifying family eligibility and signing the income calculation worksheet.
- Moving the child from Eligibility Waiting List to Eligible/Accepted Wait List in CLOUDS once eligibility has been established.
- Ensuring flagged items are properly noted in CLOUDS.
- Keeping any paper copies in a locked drawer or cabinet.
- Maintaining Eligible/Accepted list in CLOUDS and monitor to ensure the next eligible child is being enrolled.
- Managing the Eligible/Accepted list on CLOUDS and removing children as appropriate (i.e. no longer qualifies or interested).
- ~~Purge Eligible/Accepted list on CLOUDS record of over age children.~~
- Reviewing purged list and archive applications on CLOUDS as per the purge protocol.

5. Procedures for Purging Waitlist

i. The authorized representative and supporting Clerk will maintain a current waiting list for those sites by following these steps:

- Document all contacts with families on the Family Case Notes in CLOUDS and indicate the category of Eligibility.
- Make extra special effort via multiple methods to contact Head Start eligible families as some these families require extra outreach efforts. Document all steps taken.
- Send out no contact letters (See Form CSB613) to non-responsive families on an ongoing basis once sufficient efforts to contact as defined above have been made ~~or before the 15th of each month~~; send only one letter to each family; give the family ten working days to respond from date letter is sent.
- Document response/lack of response to the CSB613 on Family Case Notes.
- ~~Assign child to the Purge caseload. Prepare the "Waitlist Purge Request Form" (See Form CSB603) by the second Monday 5th of each month for the previous month's activities (ex. requests from May will be due on the second Monday of June 5); include all families on purge form that have not responded to letters sent out as described in #2 of this protocol.~~
- ~~Assistant Manager assigned to the Purge caseload, will review case notes and purge children as appropriate. Submit the "Waitlist Purge Request Form" (CSB603) to the~~

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~~Comprehensive Services Assistant Manager assigned to them.~~

ii. **The Comprehensive Services Assistant Manager will conduct the purge by following these steps:**

- Review the ~~“Waitlist Purge Request Form” (CSB603) prepared by the clerk.~~Purge caseload in CLOUDs.
- Review the Family Data Sheet for each child listed on the ~~“Waitlist Purge Request Form” (CSB603).~~Purge caseload.
- Purge the records that are appropriate by the ~~third Monday~~10th of each month.
- ~~Shred any temporary files created for purged record.~~
- Communicate with the clerk regarding any purge that is not appropriate.
- Check to see if Family Services have been started and, if so, discontinuing services for those families scheduled to be purged.

G. Enrollment and Re-Enrollment

1. General Enrollment Policy

Families find themselves in many situations and at times ~~disenroll~~ terminate their children’s enrollment, but then, later on, want to re-enroll their child. CSB encourage families to return to the program should their situation allow. When families wish to re-enroll they are placed back on the waiting list and ranked accordingly. When children are enrolled in the Federal Head Start program, they remain eligible for services for the program year they are enrolled and the following year regardless of changes in income. If children are enrolled for a third program year in Head Start, the family income must be re-determined. When children are enrolled in the State Child Development program, they are recertified in accordance with the regulations to insure they remain eligible.

- When children are enrolled in the Early Head Start program, they remain eligible for services until they are three years old regardless of income.
- When EHS children ~~are transitioning to Head Start~~ reach their third birthday, they must re-apply to determine eligibility for Head Start preschool services.
- When children are enrolled in part-day State Preschool, they remain eligible for continued services until the beginning of the next fiscal year regardless of income changes.
- Part-day State Preschool children seeking a second year of services must demonstrate income and age eligibility for continued services but have priority in placement without regard to income ranking in accordance with the Enrollment Priorities.
- Once an infant or toddler is enrolled in a General Child Care program they remain income eligible for subsidized services for not less than 24~~12~~ months (with the exception for families whose need is Seeking Employment, their certification period will be for not less than 12 months) or only as long as the family income remains at or below 8~~7~~5% of the California median income.

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- When family income ~~is rises above~~ 3950% of the California median income, the General Child Care and full-day State Preschool enrollees are assessed a Family Fee based on the California Family Fee Schedule.

In our efforts to ensure services are available to the most vulnerable populations as per our community assessment, CSB may reserve vacant Head Start/Early Head Start slots for families experiencing homelessness and/or foster children. No more than 3% of funded enrollment shall be reserved. Vacancies shall be reserved for no more than 30 days. After 30 days, the slot(s) shall be considered vacant.

2. Enrollment Placement

i. In placing a child at a center, Site Supervisors are responsible for the following:

- Review Eligible/Accepted List in CLOUDS.
- Select the child with the highest priority ensuring that all Head Start eligible children have been placed as vacancies occur, before enrolling any child above the federal poverty guidelines.
- Review all sections of child's file for special needs or concerns and proper placement of dots and accuracy.
- Check for any flagged items that may need follow up or a parent signature.
- Coordinate/schedule ~~Case Management~~Family Meeting with parent, Comprehensive Services Assistant Manager, and other staff as needed.
- Contact parent for enrollment (placement) appointment.
- When meeting with the family:
 - Complete, ~~date~~ and sign new income information as needed and enter updated information on CLOUDS.
 - The 9600 form from CLOUDS is to be signed and dated by the authorized representative and parent.
 - Issue Notice of Action
 - Update Emergency Information (See CSB Forms > ~~02600-Health & Safety Enrollment~~ > CSB214 Licensing Emergency ID/Information form Student Emergency Card).
 - Complete Admission Agreement and hours of service contract on CLOUDS. Complete Parent Handbook receipt with parent.
 - Verify that the child's immunizations are up-to-date (Do not admit in center based programs until record is up to date, unless the enrolling child is homeless).
 - Review health history and ensure appropriate referrals have been made.
 - ~~Move~~ child from Eligible/Accepted List and place into appropriate classroom and Program Model.

H. Eligibility and Need Criteria and Documentation

1. Residency Requirements

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To be eligible for child care and development services, the child must live in the State of California while services are being received.

Any evidence of a street address or post office address in California will be sufficient to establish residency. A person identified as homeless is exempted from this requirement and shall submit a declaration of intent to reside in California.

The determination of eligibility for child care and development services shall be without regard to the immigration status of the child or the child's parent(s), unless the child or the child's parent(s) are under a final order of deportation from the United States Department of Justice.

Community Services Bureau provides Head Start and Early Head Start services to children/pregnant women who reside within the service area of Contra Costa County, and reside in the CSB service area. CSB does not serve a portion of Concord that is commonly referred to as the Monument Corridor. The area falls within the 94520 zip code in Concord and is bounded by Clayton Road to the North, Galindo Street to the Northeast, South along Monument Boulevard to Cleopatra Drive, southeast to Interstate 680 and west to State Route 242. This area is operated by the Unity Council of Alameda County. All other portions of the county are served by CSB. In accordance with the Head Start and Early Head Start Service Area Agreement adopted in 2016 among Bay Area Programs, every effort will be made to honor the family's choice to enroll their child in the program they choose. If a family resides outside of Contra Costa County, the family may enroll with CSB without asking permission from the residence grantee if any of the following reasons are valid.

- If a family lives geographically closer to an agency outside of their residential area.
- If the child is transitioning from EHS to [SHHS](#), allowing for continuity of care.
- If the family works, goes to school, is in training or participating in other related activity outside the residence [area](#).
- If the family starts one program and moves to another area, and they choose to continue enrollment in the program.
- Homeless families may enroll in the program most convenient to them (follow McKinney Vento definition).
- Children with disabilities should be given priority enrollment if there is no room in the residence program.

2. Documentation of Need Based on Employment, Seeking Employment, Training Toward a Vocational Goal, Seeking Housing, and Incapacity

Families who are eligible for subsidized child care and development services based on income, public assistance, or homelessness must document that each parent in the family meets a need criterion to enroll in a full-day CSPP or CCTR program. The need criteria are: vocational training leading directly to a recognized trade, para profession, or profession; [educational program for English language learners or to attain a high school diploma or general educational development certificate](#); employment or seeking employment; seeking permanent housing for family stability; and incapacitation.

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Subsidized child care and development services shall only be available to the extent to which:

- The parent meets a need criterion that precludes the provision of care and supervision of the family's child for some of the day;
- There is no parent in the family capable of providing care for the family's child during the time care is requested; and Supervision of the family's child is not otherwise being provided by school or another person or entity.

3. Documentation of Employment

If the basis of need as stated on the application for services is employment of the parent, the documentation of the parent's employment shall include the days and hours of employment.

If the parent has an employer, the documentation of need based on employment shall consist of one of the following:

- The pay stubs provided to determine income eligibility that indicates the days and hours of employment;
- When the provided pay stubs do not indicate the days and hours of employment, staff shall verify the days and hours of employment by doing the following:
 - Secure an independent written statement from the employer;
 - Telephone the employer and maintain a record;
- If the provided pay stubs indicate the total hours of employment per pay period and if staff is satisfied that the pay stubs have been issued by the employer, specify on the application for services the days and hours of employment to correlate with the total hours of employment and the parent's need;
- If the variability of the parent's employment is unpredictable and precludes staff from verifying specific days and hours of employment or work week cycles, specify on the application for services that the parent is authorized for a variable schedule for the actual hours worked, identifying the maximum number of hours of need based on the week with the greatest number of hours within the preceding four weeks and the verification as noted above. ~~Until such time as the employment pattern becomes predictable, need for services shall be updated at least every four months;~~
- If the employer refuses or is non-responsive in providing the requested information, record attempts to contact the employer, and specify and attest on the application for services to the reasonableness of the days and hours of employment based on the description of the employment and community practice; or
- If the parent asserts in a declaration signed under penalty of perjury that a request for employer documentation would adversely affect the parent's employment, on the application for services:
 - Attest to the reasonableness of the parent's assertion; and
 - Specify and attest to the reasonableness of the days and hours of employment based on the description of the employment and community practice.

When the employed parent does not have pay stubs or other record of wages from the employer and has provided a self-certification of income, staff shall assess the reasonableness of the days and hours of employment, based on the description of the employment and the documentation provided, and authorizes

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only the time determined to be reasonable.

If the parent is self-employed, the documentation of need based on employment shall consist of the following:

- A declaration of need under penalty of perjury that includes a description of the employment and an estimate of the days and hours worked per week;
- To demonstrate the days and hours worked, a copy of one or more of the following: appointment logs, client receipts, job logs, mileage logs, a list of clients with contact information, or similar records; and
- As applicable, a copy of a business license, a workspace lease, or a workspace rental agreement.

A statement by staff assessing the reasonableness of the total number of days and hours requested per week based on the description of the employment and the documentation provided. If the parent has unpredictable hours of employment, staff shall authorize the parent for a variable schedule not to exceed the number of hours determined to be needed per week. ~~Need for services for unpredictable hours shall be updated at least every four months.~~ If staff has been unable to verify need based on the documentation provided, staff shall take additional action to verify self-employment that includes any one or more of the following:

- If the self-employment occurs in a rented space, contacting the parent's lessor or other person holding the right of possession to verify the parent's renting of the space;
- If the self-employment occurs in variable locations, independently verifying this information by contacting one or more clients whose names and contact information have been voluntarily provided by the parent; or
- Making other reasonable contacts or requests to determine the amount of time for self-employment.
- If staff is unable to make a reasonable assessment of the hours needed for self-employment after attempting to verify such hours and documenting the attempts, staff may divide the parent's self-employment income by the applicable minimum wage. The resulting quotient shall be the maximum hours needed for employment per month.

The parent shall provide a release to enable the staff to obtain the information it deems necessary to support the parent's asserted days and hours worked per week.

If additional services are requested for travel time or sleep time to support employment, staff shall determine, as applicable, the time authorized for:

- Travel to and from the location at which services are provided and the place of employment, not to exceed half of the daily hours authorized for employment to a maximum of four hours per day; or
- Sleep, if the parent is employed anytime between 10:00 p.m. and 6:00 a.m., not to exceed the number of hours authorized for employment and travel between those hours.

4. Documentation of Employment in the Home or a Licensed Family Day Care Home

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If the parent's employment is in the family's home or on property that includes the family's home, the parent must provide justification for requesting subsidized child care and development services based on the type of work being done and its requirements, the age of the family's child for whom services are sought, and, if the child is more than five years old, the specific child care needs. Staff shall determine and document whether the parent's employment and the identified child care needs preclude the supervision of the family's child.

If the parent is a licensed family day care home provider or an individual license-exempt, the parent is not eligible for subsidized services during the parent's business hours because the parent's employment does not preclude the supervision of the family's child.

If the parent is employed as an assistant in a licensed large family day care home, and is requesting services for the family's child in the same family day care home, the parent shall provide documentation that substantiates all of the following:

- A copy of the family day care home license indicating it is licensed as a large family day care home;
- A signed statement from the licensee stating that the parent is the assistant, pursuant to the staffing ratio requirement of California Code of Regulations, title 22, section 102416.5(c);
- Proof that the parent's fingerprints are associated with that licensed family day care home as its assistant, which staff may verify with the local community care licensing office; and
- Payroll deductions withheld for the assistant by the licensee, which may be a pay stub.

5. Documentation of Seeking Employment

If the basis of need as stated on the application for services is seeking employment, the parent's period of eligibility for child care and development services is ~~limited to 60 working days during the contract period for not less than 12 months~~. Services shall occur on no more than five days per week and for less than 30 hours per week. ~~The period of eligibility shall start on the day authorized by staff and extend for consecutive working days.~~

Documentation of seeking employment shall include a written parental declaration signed under penalty of perjury stating that the parent is seeking employment. The declaration shall include the parent's plan to secure, change, or increase employment and shall identify a general description of when services will be necessary.

~~Staff shall determine the number of working days available for seeking employment and the child care schedule, which may be a variable schedule, based on the documentation. During the period of authorization and if necessary to verify need, staff may request that the parent provide, no more than once a week, a description of the activities he or she has undertaken during the previous week to seek employment and, as appropriate, may require additional documentation.~~

~~If the Governor declares a state of emergency and if the factual basis for the Governor's declaration indicate that opportunities for employment have temporarily diminished to such a degree that parents cannot be reasonably expected to find employment within 60 working days of diligent searching, the State~~

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~~Superintendent of Public Instruction (SSPI) may investigate to determine whether the 60 working days limitation should be suspended. If the SSPI determines that it is in the public interest to do so, he or she may, by order, suspend the 60 working days limitation on eligibility during the period of the emergency or for a lesser time. The scope of the suspension, including the geographic areas and the persons affected, and its duration, shall be no more than necessary to respond to the emergency as determined in the SSPI's investigation, and shall be specifically described in the SSPI's order. If a parent's services for seeking employment were exhausted after an emergency was declared and before the SSPI suspends the eligibility limitation, staff may re-authorize services for seeking employment in accordance with the conditions specified in the SSPI's order.~~

~~If the parent has concurrently received services based on employment or vocational training for at least 20 working days while receiving services for seeking employment, eligibility for seeking employment may be extended for an additional 20 working days. For such a parent, services for this purpose shall not exceed 80 working days during the contract period.~~

~~If services for this purpose are discontinued, the number of working days remaining in the period of eligibility shall be available for a subsequent period of eligibility during the contract period. The working days used to determine the period of eligibility shall include the consecutive Mondays through Fridays, excluding any federal holidays.~~

6. Documentation of Training toward Vocation Goals / Educational program for English language learners or to attain a high school diploma or general educational development certificate

If the basis of need as stated on the application for services is vocational training leading directly to a recognized trade, para-profession, or profession, child care and development services shall be limited to whichever expires first:

- Six years from the initiation of services; or
- ~~Twenty-four~~Twenty-four semester units, or its equivalent, after the attainment of a Bachelor's Degree.

The parent shall provide documentation of the days and hours of vocational training to include:

- A statement of the parent's vocational goal;
- The name of the training institution that is providing the vocational training;
- The dates that current quarter, semester, or training period, as applicable, will begin and end;
- A current class schedule that is either an electronic print-out from the training institution of the parent's current class schedule or, if unavailable, a document that includes all of the following:
 - The classes in which the parent is currently enrolled;
 - The days of the week and times of day of the classes; and
 - The signature or stamp of the training institution's registrar.
 - The anticipated completion date of all required training activities to meet the vocational goal; and
 - Upon ~~completion of a quarter, semester, or training period~~recertification, as applicable, a report card, a transcript, or, if the training institution does not use formal letter grades, other records to document that the parent is making progress toward the attainment of

Commented [TL3]: Should English learners & HS diploma/GED be separate?

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the vocational goal.

~~A parent shall report any change in his or her class schedule related to the days and times of any class, including a withdrawal from a class, within five calendar days of requesting the change from the institution.~~

Services may be provided for classes related to the General Education Development (GED) test or English language acquisition ~~if such courses support the attainment of the parent's vocational goal.~~

On-line or televised instructional classes that are unit bearing classes from an accredited training institution shall be counted as class time at one hour a week for each unit. The parent shall provide a copy of the syllabus or other class documentation and, as applicable, the Web address of the on-line program. The accrediting body of the training institution shall be among those recognized by the United States Department of Education.

~~Continuation of services~~Ongoing eligibility for services based on training is contingent upon making adequate progress. At recertification, the parent shall provide documentation of the adequate process from the most recently completed quarter, semester, or training period. ~~To make progress each quarter, semester, or training period, as applicable,~~ The parent shall, in the college classes, technical school, or apprenticeship for which subsidized care is provided:

- In a graded program, earn a 2.0 grade point average; or
- In a non-graded program, pass the program's requirements in at least 50 percent of the classes or meet the training institution's standard for making adequate progress.

The first time the parent does not meet the condition of making adequate progress, the parent may ~~continue to receive services~~be recertified and continue to receive ongoing services. ~~for one additional quarter, semester, or training period, as applicable, to improve the parent's progress.~~ At the conclusion of ~~that session~~this eligibility period, the parent shall, ~~in the classes for which subsidized care was provided,~~ have made adequate progress in order to be recertified for services based on vocational training. If the parent has not made adequate progress, services for this purpose shall be:

- ~~Terminated~~Disenrolled; and
- Services based on vocational training are only Aavailable to the parent, to the extent provided by subdivision (a), after six months from the date of disenrollment~~termination.~~

~~No later than ten calendar days after the training institution's release of progress reports for the quarter, semester, or vocational training period, as applicable~~To document adequate progress, the parent shall provide staff with a copy of the parent's official progress report from the most recently completed quarter, semester, or training period. ~~As deemed appropriate, staff~~Staff may require the parent to:

- Have an official copy of a progress report sent directly from the training institution to staff; or
- Provide a release, as may be required by the training institution, to enable staff to verify the parent's progress with the institution.

A parent may change his or her vocational goal, but services shall be limited to the time or units remaining from the initiation of the provision of services for vocational training.

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Staff shall determine the days and hours needed per week, and whether the parent is making progress, based on the documentation. Staff may request that the parent provide a publication from the training institution describing the classes required to complete the parent's vocational goal.

If additional services are requested for study time or travel time to support the vocational training, staff shall determine, as appropriate, the amount of services needed for:

- Travel to and from the location at which services are provided and the training location, not to exceed half of the weekly hours authorized for training to a maximum of four hours per day; or
- Study time, including study time for on-line and televised instructional classes, according to the following:
 - Two hours per week per academic unit in which the parent is enrolled;
 - On a case-by-case basis and as may be confirmed with the class instructor, additional time not to exceed one hour per week per academic unit in which the parent is enrolled; and
 - On a case-by-case basis, no more than the number of class hours per week for non-academic or non-unit bearing training.

The service limitations specified above shall not apply to a parent who demonstrates he or she is:

- As of June 27, 2008, receiving services for vocational training and has attained a Bachelor's Degree;
- Receiving services from a program operating pursuant to Education Code section 66060;
- ~~Attending vocational~~ **Attending vocational**- training when the parent has been deemed eligible for rehabilitation services by the California Department of Rehabilitation; or
- Attending retraining services available through the Employment Development Department of the State or its staffs due to a business closure or mass layoff.

~~—School Breaks for Parents Training Toward a Vocational Goal~~

~~Caregivers whose certified need is Training Toward a Vocational Goal, do not have a certified need for full-day State Child Development Services during their school/training breaks (winter, spring, summer or fall) and days school is not in session (teacher in service and other holidays). These days are non-contract days and the child is not allowed to attend full-day State Child Development Services or use Best Interest Days on these days. To promote continuity of care, the caregiver and site supervisor may determine that the child should remain in services during these days if possible and would therefore either assess a full fee or select program model for which the child is eligible. CCTR only toddlers cannot take advantage of this second option and may not attend during these days as they are not age eligible for any other program model. For all other children the following protocols should be followed:~~

- ~~• FP/HS and FPL/HS preschool children may attend full day under PP/HS or PPL/HS with approval of Request for Change from FP to PP/TB form (See Forms CSB607).~~
- ~~• FP and FPL preschool children may attend ½ day during the preschool portion of the day under PP or PPL only with approval of Request for Change from FP to PP/TB form (See Form CSB607).~~

~~If any of the above actions are taken, the program model in CLOUDS must be changed by wait listing the~~

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~~child and re-enrolling under the new program model for the duration of the school/training break days. Sign-in sheets, monthly 9400s, and other required documents described in the Request to Change from FP to PP Protocol must also reflect this program model change. If/when the child is moved back to their original funding model; these same changes must be made and reflected on the appropriate documentation.~~

8.7. Documentation of Parental Incapacity

If the basis of need as stated on the application for services is parental incapacity, child care and development services shall not exceed 50 hours per week.

Documentation shall include a release signed by the incapacitated parent authorizing a legally qualified health professional to disclose information necessary to establish that the parent meets the definition of incapacity, and needs services.

The documentation of incapacitation provided by the legally qualified health professional shall include:

- A statement that the parent is incapacitated, that the parent is incapable of providing care and supervision for the child for part of the day, and, if the parent is physically incapacitated, that identifies the extent to which the parent is incapable of providing care and supervision;
- The days and hours per week that services are recommended to accommodate the incapacitation, taking into account the age of the child and the care needs. This may include time for the parent's regularly scheduled medical or mental health appointments; and
- ~~The probable duration of the incapacitation; and~~
- The name, business address, telephone number, professional license number, and signature of the legally qualified health professional who is rendering the opinion of incapacitation and, if applicable, the name of the health organization with which the professional is associated.

Staff may contact the legally qualified health professional for verification, clarification, or completion of the provided statement.

Staff shall determine the days and hours of service based on the recommendation of the health professional and consistent with the provisions of this article.

~~The period of eligibility for services when the need for services is incapacitation is for not less than 24+2 months.~~

9.8. Documentation of Seeking Permanent Housing

If the basis of need as stated on the application for services is seeking permanent housing for family stability, the parent's initial certification or recertification period of eligibility for child care and development services ~~is shall be limited to 60 working days during the contract period for not less than 24+2 months~~. Services shall occur on no more than five days per week and for less than 30 hours per week. ~~The period of eligibility shall start on the day authorized by staff and extend for consecutive working days.~~

Documentation of seeking permanent housing shall include a written parental declaration signed under penalty of perjury that the family is seeking permanent housing. The declaration shall include the parent's

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search plan to secure a fixed, regular, and adequate residence and shall identify a general description of when services will be necessary. If the family is residing in a shelter, services may also be provided while the parent attends appointments or activities necessary to comply with the shelter participation requirements.

At any time between the initial certification or recertification period, a parent may voluntarily request an increase to their certified child care hours based on provided documentation of employment or on other basis for need as applicable.

~~Staff shall determine the number of weeks available for seeking permanent housing and the child care schedule, which may be a variable schedule, based on the documentation. During the period of authorization and if necessary to verify need, staff may request that the parent provide, no more than once a week, either a declaration signed under penalty of perjury describing the activities the parent has undertaken during the previous week to seek permanent housing or a signed statement from the shelter, transitional housing agency, or homeless support program regarding the parent's search progress to date.~~

~~If the parent does not expect to secure housing prior to the end of the eligibility period:~~

- ~~• The parent may request an extension in a declaration of need signed under penalty of perjury that includes an update of the parent's search plan and either a description of the activities undertaken during the previous week to seek permanent housing or a signed statement from the shelter, transitional housing agency, or homeless support program indicating the parent's continued need for services; and~~
- ~~• The staff may authorize an extension of search eligibility for up to 20 additional working days.~~

~~If services for this purpose are discontinued, the number of working days remaining in the period of eligibility shall be available for a subsequent period of eligibility during the contract period.~~

~~The working days used to determine the period of eligibility shall include the consecutive Mondays through Fridays, excluding any federal holidays.~~

10-9. Documentation of Child Protective Services

i. General Procedures

CSB Head Start is committed ~~to providing~~ providing child development services for all eligible children and pregnant women who are currently involved in the child welfare system and Children and Family Services (CFS) for the purpose of improving young children's access to and continuity of comprehensive, high quality early care and education services. The partnership between CSB and CFS ensures that staff understands the complex (social, emotional, developmental and physical) needs of this vulnerable population. This partnership is in compliance with the administration for children and families' information memorandum acyf-cb-im-11-01 issued January 31, 2011.

If eligibility and need is based on a child/family's involvement in the child welfare system/child protective

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services (CPS/CFS), the basic data file must contain a written referral-Form CSB622, dated within the six (6) months immediately preceding the date of application for services, from a legal, medical, social service agency or emergency shelter. The written referral must include either:

- A statement from the local county welfare department, child protective services (CPS/CFS) unit certifying that the child is receiving child protective services and that the child care and development services are a necessary component of the child protective services plan, or
- A statement by a legally qualified professional that the child is at risk of abuse or neglect and the child care and development services are needed to reduce or eliminate risk, and
- The probable duration of the child protective service plan or the at-risk situation, and
- The name, address, telephone number and signature of the legally qualified professional who is making the referral.

ii. Children and Family Service Referrals

Families may be referred to CSB for enrollment from Children and Family Services (CFS), if child care is deemed a necessary piece of the service plan. CSB will review the referral to determine a family's eligibility for Head Start, Early Head Start, Center Based, Stage II and CAPP programs. Based on eligibility and need requirements the referral will be forwarded to the appropriate program, taking into consideration parental choice. Once the referral is received by the appropriate unit, the family will be contacted to determine eligibility. If the family is eligible and meets all necessary requirements, they may be enrolled in the program provided there is space. If there is no space or funding available in any of CSB's programs, the ERSEA ~~Manager-Analyst~~ will forward the referral to an outside agency for potential enrollment. At this time staff will notify the referring individual whether or not the family was enrolled or referred to an outside agency.

I. Certification of Eligibility

The Comprehensive Services Assistant Manager or designee is authorized to certify eligibility prior to initial enrollment and at the time of re-certification. The authorized representatives must certify each family's/child's eligibility for childcare and development services after reviewing the completed application and documentation contained in a basic data file that is established and maintained at the site. All data is uploaded to CLOUDS, a central computerized database.

Prior to enrollment, the authorized representative certifies eligibility by completion of the following forms:

- Application for Childcare and Development Services
- Notice of Action, Application for Services

Prior to enrollment, parents may contact Site Supervisors, Assistant Directors, Comprehensive Services team members, and teachers at any sites in Contra Costa County to obtain an application for services. Or they may call one of the enrollment hotline numbers to place themselves on a waiting list.

At the time the authorized representative certifies or recertifies eligibility of a family/child for child care and development services, he/she shall inform the family of the family's responsibility to notify the staff within 30 calendar days if their family income adjusted for family size exceeds 85 percent of the state median income ~~within five calendar days of any changes in family income, family size, or the need for services.~~

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This information is noted on the [application-of-service](#) [Notice of Action](#) and Site Supervisor/Comprehensive Services Manager must review the contents and, if needed, provide an explanation of what the “Declaration” means.

When a child’s residence alternates between the homes of separated or divorced parents, eligibility, need and fees should be determined separately for each household in which the child is residing during the time child development services are needed (i.e., separate certifications and service agreements). For example, a child may be subsidized during part of the week and full cost the rest of the week.

J. Re-certification for General Child Care Services and Full Day State preschool

After initial certification and enrollment, the authorized representative must verify need and eligibility and re-certify each family/child as follows:

Once a family establishes eligibility and need at initial certification or recertification, a family remains eligible for services for not less than 2412 months, with the exception for families whose need is Seeking Employment, their certification period will be for not less than 12 months or until the family's adjusted monthly income exceeds 85 percent of the state median income.

Families must be recertified at least once each contract period and no earlier than 2412 months from their last certification. (with the exception for families whose need is Seeking Employment, their certification period will be for not less than 12 months.) The process for verifying continued eligibility and need shall commence following this 2412 month period and conclude before the end of the 2614th month -and for families with the certified need of Seeking Employment the process will begin after the 12 month period and conclude before the end of the 14th month.

~~Families receiving services because the child is at risk of abuse, neglect or exploitation must be re-certified at least once every three (3) months.~~

~~Families receiving services because of actual abuse, neglect or exploitation must be re-certified at least every twelve (12) months.~~

~~The time of re-certification, the staff must document that the family is participating in a protective services plan in accordance with the requirements of their local county welfare department, child protective services unit to alleviate the circumstances causing the abuse, neglect or exploitation.~~

~~All other families must be re-certified at least once each contract period and at intervals not to exceed twelve (12) months.~~

K. Re-Certification for Part-Day State Preschool Children

Part-day State Preschool families must be certified at the beginning of service using the most recent income documentation and may be certified up to 120 days before the services’ start date.

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After a first year of service, a family must reapply to determine income and age eligibility before a child can be considered for enrollment for a second year. These returning children have placement priority without regard to income ranking as described in the Enrollment Priorities guidance.

L. Re-Certification for Head Start and Early Head Start Children

1. Duration of Eligibility

CSB certifies Head Start children into the program based on family income eligibility at the time of enrollment using the federal income guidelines.

Once a child is enrolled, that child does not need to be re-certified even if the family income rises above the federal poverty level for the first year of enrollment and the following year. Re-certification is only required for a child entering a third program year of Head Start.

Early Head Start children must be re-certified for eligibility when they transition to a Head Start program for preschool age children.

2. Loss of Subsidy

To ensure continuity of services for Early Head Start-Child Care Partnership (EHS-CCP) children, CSB will not dis-enroll due to a loss of child care subsidy. EHS-CCP grant funds will be used to temporarily cover the cost of lost subsidy and the continuation of services. CSB staff must work with the family to improve the situation that caused the loss of subsidy and provide assistance with regaining the subsidy. The family is expected to regain subsidy once circumstances have been improved and comply with request for documentation required to certify eligibility for the child care subsidy. The family's failure to comply with documentation requests as mandated by the terms of the subsidy is not in itself an allowable circumstance to constitute loss of subsidy.

The following circumstances may justify the use of EHS-CCP funds to cover loss of subsidy:

Families experiencing job loss

Gap/Break in education or training

Gap/Break in approved "Welfare to Work Activity" participation

Break in childcare agreements while pending subsidy application/reapplication or transfer, such as a transfer from Stage 1 to Stage 2

Loss of child care subsidies due to exceeding state or local income requirements

If it is not possible for a family's subsidy to be restored, the EHS-CCP grant will be used to cover the full cost of maintaining the child's continued enrollment in the program. This cost will be determined by the reimbursement amount paid by the subsidy for services the child received at the time of subsidy termination, accounting for adjustment factors and day length. Case note documentation and a Notice of

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Action- Termination (for CA Child Care and Development Programs) will justify the use of EHS-CCP grant funds for the child's continued services. The Comprehensive Service Assistant Manager responsible for enrollment within the child care subsidy will provide documentation of applicable subsidy loss to CSB's fiscal unit and the child will be dropped from the CCTR/EHS-CCP program model and re-enrolled in EHS-CCP only.

Families who lose their subsidy will not be required continue to pay a family fee. Family fees will be assess in accordance with CDE regulations ~~shall~~ should subsidy be re-instated.

M. General Recertification / Re-Enrollment Procedures

1. Recertification Procedures

During the recertification process, the authorized representative is responsible for the following:

- Track families needing to be recertified using ~~Recertification Tracking Calendar~~ the Enrollment Recertification Due Date report in CLOUDS.
- Notify families to bring updated eligibility and/or need documentation on first of the month following the month in which their 12 month certification period ends, 30 days prior to enrollment expiration to bring updated eligibility documentation.
- Collect recertification or re-enrollment documentation.
- Complete new 9600 on CLOUDS.
- Complete new income calculation sheet (signed and dated).
- ~~Update reason~~ Update reason- for needing child care and application type on the child data sheet (See "eligibility information" on the child data sheet).
- Proceed with certification procedures as listed above if family is still income eligible.
- ~~Issue Notice~~ Issue Notice -of Action, certifying continuation, changes or termination of services. (Note: adverse action requires a 14-day written notification, 19-days if mailed).
- Drop file on CLOUDS on the last day of service and prepare paper file for storage (Note: Childs "waitlist" or "termination" activity date is the day after the child's last day). The Children's file folders are to be re-used.
- Update CLOUDS record as needed.
- Maintain files of terminated children in locked location at site for one year until after program audit in October or November.
- Send dropped and files of terminated clients to central location after completion of program audit.

2. Re-Enrollment Process

During the re-enrollment process, Site Supervisors in collaboration with Comprehensive Services and the Centralized Enrollment Unit ~~EU~~ are responsible for the following:

- In June, identify children for roll-over.
- In- July, place roll-over children into appropriate classrooms and Program Model, from

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Eligible/Accepted list in CLOUDS.

- For previously enrolled Part-day State Preschool child requesting re-enrollment, follow guidelines for completely new 9600 application with all new documentation.
- If a child's CLOUDS record was archived within the program year, request [Comprehensive Services Manager/Centralized Enrollment Assistant Manager](#) to reactivate child's CLOUDS record and place child back on to Eligibility Wait List.
- Follow approved guidelines for selecting children.

N. Updating the Application

The family has the right to voluntarily report changes during the certification period. The authorized representative must update the family's application for General Child Care and Full-day State Preschool to document continued need and eligibility and determine a reduction any change to fee assessment or change to authorized hours of care, if applicable, within thirty-ten (310) business days whenever the family reports and provides necessary documentation for there is a change in family size, income, public assistance status or need. If a family requests to reduce their authorized hours of care within the certification period, they must do so in writing.

Form 9600S will be used for application updates between re-certifications. 9600S must also be accompanied by a Notice of Action for updates effecting need, eligibility, or certified hours of care.

O. Contents of Basic Data File

Staff must establish and maintain a basic data file for each family receiving childcare and development services. The basic data file (either electronic copy in CLOUDS or a hard copy maintained at the center) must contain a signed application for services with:

- The parent's(s) full name(s), address-(es) and telephone number(s).
- The names, gender and birth dates of all children under the age of eighteen (18) counted in the family size whether or not they are served by the program.
- The number of hours of service each day for each child.
- The names of other family members in the household related by blood, marriage or adoption.
- The reason for needing childcare and development services, if applicable.
- Employment or training information for parent(s) including name and address of employer(s) or training institution(s) and days and hours of employment or training, if applicable.
- Eligibility status.
- Family size and income, if applicable, if eligibility is based on income.
- The parent's signature and date.
- The signature of the Site Supervisor/~~Assistant Director~~Authorized Agency Representative certifying the eligibility and date of signature.
- A notation on when the first services begin,
- A notation of the last day services were received,

-The data file must also contain, as applicable:

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- Documentation of income eligibility, including an income calculation worksheet.
- Documentation of employment.
- Documentation of seeking employment.
- Documentation of training.
- Documentation of parental incapacity.
- Documentation of child's disabilities.
- Documentation of homelessness.
- Documentation of seeking permanent housing for family stability.
- Written referral from a legally qualified professional from a legal, medical, or social services agency, or emergency shelter for children at risk of abuse, neglect, or exploitation.
- Written referral from a county welfare department, child welfare services worker, certifying that the child is receiving protective services and the family requires child care and development services as part of the case plan.
- If the parent of the child was on cash assistance, the date the parental cash aid was terminated.
 - ~~A signed Child Care Data Collection Privacy Notice and Consent Form CD 9600A shall be included.~~
- Notice of Action (as stated above in detail) and/or Recipient of Services.
- All child health and current emergency information required by California Code of Regulations, title 22, Social Security, Division 12, Community Care Facilities Licensing Regulations.

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1. Documentation and Determination of Family Size

A parent shall provide the names of the parents and the names, gender and birthdates of the children identified in the family. This information shall be documented on a confidential application for child care and development services and used to determine family size. The parent shall provide supporting documentation regarding the number of children in the family.

The number of children shall be documented by providing at least one of the following documents, as applicable* for the state funded program:

- Birth certificates.
- Court orders regarding child custody.
- Adoption documents.
- Records of Foster Care placements.
- School or medical records.
- County welfare department records; or
- Other reliable documentation indicating the relationship of the child to the parent.

*Federally funded programs require documentation for the child to be enrolled, only. In state funded programs, when only one parent has signed the application and has indicated on the application that they are a single parent, then the parent signing the application must self-certify single parent status by initialing question one (1) in Section V of the application. A parent shall not be required to submit supporting documentation regarding the presence or absence of the second parent.

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For income eligibility and family fee purposes, when a child and his or her siblings are living in a family that does not include their biological or adoptive parent, only the child and related siblings shall be counted to determine family size. In these cases, the adult(s) must meet a need criterion.

2. Documentation of Income Eligibility

The parent is responsible for providing documentation of the family's total countable income and the staff is required to verify the information, as described below:

The parent(s) shall document total countable income for all the individuals counted in the family size as follows:

i. If the parent is employed, provide:

- A release authorizing the staff to contact the employer(s), to the extent known, that includes the employer's name, address, telephone number, and usual business hours, and
- All payroll check stubs, a letter from the employer delivered to CSB independent of the employee, or other record of wages issued by the employer for the month preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services.

When the employer refuses or fails to provide requested documentation or when a request for documentation would adversely affect the parent's employment, provide other means of verification that may include a list of clients and amounts paid, the most recently signed and completed tax returns, quarterly estimated tax statements, or other records of income to support the reported income, along with a self-certification of income.

ii. If the parent is self-employed, provide:

A combination of documentation necessary to establish current income eligibility for at least the month preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services. Documentation shall consist of as many of the following types of documentation as necessary to determine income:

- A letter from the source of the income,
- A copy of the most recently signed and completed tax return with a statement of current estimated income for tax purposes, or
- Other business records, such as ledgers, receipts, or business logs.

Parents shall provide copies of the documentation of all non-wage income, self-certification of any income for which no documentation is possible, and any verified child support payments.

Staff shall retain copies of the documentation of total countable income and adjusted monthly income in the family data file.

When the parent is employed, staff shall, as applicable, verify the parent's salary/wage; rate(s) of pay; potential for overtime, tips or additional compensation; hours and days of work; variability of hours and

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days of work; pay periods and frequency of pay, start date for the employee. If the employer refuses or is non-responsive in providing requested information or a request for employer documentation would adversely affect the parent's employment, and if the information provided by a self-employed parent is inconsistent with the staff's knowledge or community practice, shall request clarification in the self-certification of income, additional income information or a reasonable basis for concluding that the employer exists.

When the parent is self-employed, staff shall obtain and make a record of independent verification regarding the cost for services provided by the parent that may be obtained by contacting clients, reviewing bank statements, or confirming the information in the parent's advertisements or website.

If the income cannot be independently verified, the staff shall assess whether the reported income is reasonable or consistent with the community practice for this employment.

Staff may request additional documentation to verify total countable income to the extent that the information provided by the parent or the employer is insufficient to make a reasonable assessment of income eligibility.

To establish eligibility, staff shall, by signing the application for services, certify to the staff's reasonable belief that the income documentation obtained and, if applicable, the self-certification, support the reported income, are reliable and are consistent with all other family information and the staff's knowledge, if applicable, of this type of employment or employer.

If the family is receiving child care and development services because the child(ren) is/are at risk of abuse, neglect, or exploitation or receiving child protective services and the written referral specifies that it is necessary to exempt the family from paying a fee, then the parent will not be required to provide documentation of total countable income.

If the basis of eligibility is a current aid recipient, the staff shall obtain verification from CalWIN.

3. Calculation of Income

i. General Procedures for calculating income

Staff calculates total countable income based on income information reflecting the family's current and on-going income using an income calculation worksheet that specifies the frequency and amount of the payroll check stubs provided by the parent and all other sources of countable income.

When income fluctuates because of:

- Agricultural work, by averaging income from the 12 months preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services.
- Intermittent income, by averaging the intermittent income from the preceding 12 months by dividing by 12 and add this amount to the other countable income.

Unpredictable income, by averaging the income from at least three consecutive months and no more than 12 months preceding the initial certification, an update of the application, or the recertification that

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establishes eligibility for services.

Over-Income Families-General Description

Both the State and Federal program allow over-income families meeting strict criteria. NO CHILD SHALL BE CONSIDERED FOR ENROLLMENT WITH AN INCOME ABOVE THE FEDERAL POVERTY GUIDELINE UNTIL ALL FAMILIES AT OR BELOW THE FEDERAL POVERTY GUIDELINES HAVE BEEN ENROLLED. To this end, it is critical that the recruitment plan be fully implemented and that extra efforts are made to assist income eligible families in completing the application to establish eligibility and be placed in the program expeditiously. After these efforts have been conducted, documented and certified, a request to waive the income guidelines may be made. The waiver form (See Forms > CSB606) includes a certification statement on the [back-of-the](#)-form where the outreach efforts are documented. A simple statement that “the waitlist has been exhausted” is never acceptable.

ii. Over-Income Protocols

When enrolling over-income families, the authorized representative is responsible for:

- Completing the over income waiver (CSB606).
- Submitting completed waiver to ERSEA [specialist-Analyst](#) for approval.
- Saving ERSEA [specialistAnalyst Manager](#)-approved waiver in child’s file

The ERSEA [specialist-Analyst](#) is responsible for:

- Tracking waivers to ensure that there are no income eligible children to enroll.
- Reviewing the aggregate waiver list on Shared Drive to ensure that all clusters have not exceeded the 10% unlimited over income designated primarily for children with an IEP or IFSP but for other cases as determined appropriate by the [AS-ERSEA Analyst](#) or 35% limited over income enrollment for the Head Start and Early Head Start program, or the 10% limited over income for the part day preschool (PP) or the part day family literacy program (PPL).
- Signing form.
- Logging each waiver on database on shared drive.
- Analyzing placement of over income slots to inform recruitment and slot planning processes.
- Periodically purging the list as children transition out of the program.

4. Documentation of the Child’s Exceptional Needs (known as Children with Disabilities at CSB).

The family data file shall contain documentation of the child’s exceptional needs if the staff is claiming adjustment factors. The documentation of exceptional needs shall include:

- A copy of the portion of the active individual family service plan (IFSP) or the individualized education program (IEP) that includes the information as specified in Education Code section 56026 and California Code of Regulations, title 5, sections 3030 and 3031; and
- A statement signed by a legally qualified professional that:

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- The child requires the special attention of adults in a child care setting; and
- Includes the name, address, license number, and telephone number of the legally qualified professional who is rendering the opinion.

P. Admission Policies and Procedures

Children are admitted into the program based on need and family income adjusted for family size. Highest priority goes to children with need for protective services and/or having lowest income.

When a parent seeks services, the CSB staff collects family information and the child is placed on the CLOUDS waitlist.

As openings become available, names are drawn by rank from the CLOUDS waitlist for the various program options in accordance with the approved selection criteria/admission priorities.

If multiple families have the same rank, the family waiting the longest period of time is selected first. CSB makes available 10% of its federally funded spaces for children with disabilities and gives priority for ~~it's~~ unlimited over income allotment to these children (also 10% of its funded slots).

Children will not be denied when a family needs less than full-time services.

Families who have been recruited for admissions to the program will be required to complete an application and provide supporting documentation. These documents must include current verification of income, immunizations and birth certification for the child applying for enrollment.

Letters informing the family of acceptance or denial for services must be sent once certification is complete. The family has the right to dispute the denial of services by providing additional information to prove eligibility to receive services. ~~Re-Certification may happen anytime the family's situation changes and requests that new documentation be reviewed. Any changes must be reported by the family within 5 days.~~

Q. General Admission Procedure

When an opening occurs in the center, the authorized representative will call the parent with the highest rank on the CLOUDS eligible list for an appointment for processing eligibility documents, noting any change of income and need for service. At this time, the parent receives an official Notice of Action (NOA) approving or disapproving state funded services. The NOA provides information outlining the parent's due process rights in a statement on the back of the NOA. Parents wishing to appeal an agency decision must follow the procedure carefully or void the right to appeal. Following the timelines is essential. Parents applying for a Head Start only slot sign the Admissions Agreement and Application but do not receive an NOA.

R. Children's Enrollment File

The Federal Regulations and the State of California require children's centers to maintain a file on each enrolled child including the following information:

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- Birth Certificate to verify birth, age of child, gender and parents' names.
- Information on date of admission, termination and re-enrollment.
- Names, addresses and phone numbers of parents and other relatives and/or friend that may be contacted in case of emergency.
- A Health History is completed by the parent to collect information on child's general health.

This and much more information is collected during one-on-one parent meetings, while assisting the parent to complete the enrollment packet and assisting the parent with health needs of the child or issues of the parent and household. Information must be updated and data entered into CLOUDS as it is received.

S. Due Process Requirements

1. Notice of Action, Application for Services

The authorized representative decision to approve or deny services shall be communicated to the applicant through a written statement referred to as a Notice of Action, Application for Services. The authorized representative shall maintain records of the Notice of Action, Application for Services in the basic data file. The Notice of Action, Application for Services shall include: (1) the applicant's name and address; (2) the authorized representative's name and address or the name and telephone number of the CSB authorized representative who made the decision; (3) the date of the notice; (4) the method of distribution of the notice.

If services are approved, the notice shall also contain: (1) basis of eligibility; (2) ~~daily-monthly~~ fee, if applicable; (3) duration of the eligibility; (4) names of children approved to receive services; and (5) the hours of service approved for each day.

If the services are denied, the notice shall contain: (1) the basis of denial and (2) instructions for the parent(s) on how to request a hearing if they do not agree with the authorized representative's decision in accordance with procedures specified below.

2. Notice of Action, Recipient of Services

If, upon re-certification or update of the application, CSB determines that the need or eligibility requirements are no longer being met, or the fee amount of service needs to be modified, the authorized representative will notify the family through a written Notice of Action, Recipient of Services. The authorized representative will maintain records of all Notice of Action, Recipient of Services in the family's basic file. The Notice of Action, Recipient of Services will include: (1) the type of action being taken; (2) The effective date of action; (3) the name and address of recipient; (4) the name and address of CSB; (5) the name and telephone number of the CSB authorized representative who is taking the action; (6) the date of notice is mailed or given to the recipient; (7) the method of distribution to the recipient; (8) a description of the action; (9) a statement of the reason(s) for the changes; (10) a statement of the reason(s) for termination, if applicable; and (11) instructions for the parent(s) on how to request a hearing if they do not agree with

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the authorized representative's decisions.

3. Approval or Denial of Child Care and Development Services

The authorized representative will mail or deliver a completed Notice of Action, Application for Services to the parents within thirty (30) calendar days from the date the application is signed by the parent(s).

4. Changes Affecting Service

The authorized representative will complete a Notice of Action, Recipient of Services when changes are made to the service agreement at the parent's request. Such changes may include, but are not limited to, an increase in parent fees, an increase or decrease in the amount of services, or termination of service.

The authorized representative will mail or deliver the Notice of Action to the parents at least fourteen (14) calendar days before the effective date of the intended action.

To promote the continuity of child care and development services, a family that no longer meets a particular program's income, eligibility or need criteria may have their services continued if the authorized representative is able to transfer that family's enrollment to another program for which the family continues to be eligible prior to the date of termination of services. The transfer of enrollment may be to another program within the same administrative agency or to another agency that administers state or federally funded childcare and development programs within that county.

T. Alternative Placement for Children

When terminating children from the state funded portion of the program, authorized representative is responsible for the following:

- Issue Notice of Action 14 days prior to termination date.
- Explain to parents their appeal rights.
- If parent does not appeal termination:
 - Enter information regarding reason for ending services in CLOUDS Child Data Sheet. Date and initial comments.
 - Change enrollment status in CLOUDS.
 - Discontinue services on Family Data Sheet.
 - Determine if child may return within the program year. If so, place child back on Eligible/Accepted List. If not, archive the CLOUDS record.
 - Assist the family in finding an alternate placement for the child.
- If parent appeals termination, send appeal notice to Assistant Director and continue to serve child until informed to move forward with termination.

Head Start children ~~that are deemed inappropriate for their current setting~~ are always afforded an opportunity in another program option as space is available when their current setting is deemed inappropriate for the child. If the parent is ineligible for Head Start or our state funded programs, they are

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to be referred to a partner site and/or to the county's resource and referral agency, Contra Costa Child Care Council (925-676-KIDS).

U. Client's Request for a Hearing and Procedures

If a parent in the state funded program disagrees with an action, the parent(s) may file a written request for a hearing with the authorized representative within fourteen (14) calendar days of the date the Notice of Action was received.

Upon the filing of a request for hearing, the intended action shall be suspended until the review process has been completed. The review process is complete when the appeal process has been exhausted or when the parent(s) abandons the appeal process.

Within ten (10) calendar days following the receipt of the request for a hearing, the authorized representative will notify the parent(s) of the time and place of the hearing. The time and place of the hearing will, to the extent possible, be convenient for the parent(s).

An Assistant Director, who will be referred to as "the hearing officer" will conduct the hearing. The hearing officer will be at a staff level higher in authority than the staff person who made the contested decision.

The parent(s) or parent's authorized representative is required to attend the hearing. If the parent or the parent's authorized representative fails to appear at the hearing, the parent will be deemed to have abandoned his or her appeal. Only persons directly affected by the hearing will be allowed to attend the hearing.

The Assistant Director will arrange for the presence of an interpreter at the hearing, if one is requested by the parent(s).

The Assistant Director will explain to the parent(s) the legal, regulatory, or policy basis for the intended action.

During the hearing, the parent(s) will have an opportunity to explain the reason(s) they believe the authorized representative's decision was incorrect. The authorized representative will present any material facts omitted by the parent(s).

The Assistant Director will mail or deliver to the parent(s) a written decision within ten (10) days after the hearing. The written decision shall contain procedures for submitting an appeal to ELCD.

V. Appeal Procedure for ~~EESD~~ELCD Review

If the parent disagrees with the written decision from the authorized representative, the parent has fourteen (14) calendar days in which to appeal to the ~~EESD~~ELCD. If the parent(s) do(es) not submit an appeal request to the ~~EESD~~ELCD within fourteen (14) calendar days, the parents' appeal process will be deemed abandoned and the authorized representative may implement the intended action.

The parent(s) will specify in the appeal request the reason(s) why he/she believes the authorized

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representative decision was incorrect.

The parents must submit a copy of CSB's Notice of Action with the appeal request, and CSB's written decision. Upon receipt of the appeal request, the EESDELCD may request copies of the basic data file and other relevant materials from CSB. The EESDELCD may also conduct any investigations, interviews or mediation necessary to resolve the appeal.

The decision of the EESDELCD will be mailed or delivered to the parent(s) and the authorized representative within thirty (30) Calendar days after receipt of the appeal request.

W. CSB Compliance with EESDELCD Decision

CSB will comply with the decision of the EESDELCD immediately upon receipt thereof.

CSB will be reimbursed for childcare and development services delivered to the family during the appeal process.

If the authorized representative determination that a family is ineligible is upheld by the State, services to the family will cease upon receipt by the authorized representative of the State's decision.

X. Retention of Enrollment Records

Delegate Agencies, the Grantee-Operated Program, and sub-contractor retain copies of official enrollment application forms, which contain certification data for each child enrolled during the program year for 5 years.

Copies of enrollment records serve as a primary source document for audit purposes.

Cooperation with local Contra Costa County welfare offices is encouraged for recruiting eligible children into the program.

Y. Enrolled but Waiting For Transfer Protocol

When staff has a child/family that wants to transfer sites:

- Comprehensive Services staff and site staff who learn about a family wanting to transfer communicate via email to all applicable SSS, CSAMs, the Central Enrollment Unit (CEU) & Partners (as known or Partner CSAM) the need for a transfer. Make additional calls as necessary.
- Clearly and fully document the transfer in the case file on CLOUDS.
- Clearly and fully explain to the family about any changes they may experience as a result of a possible program model change at time of transfer to other center (ex: part-day to full-day - family must now show need)

When staff are searching to fill an open slot:

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- Notify CSAM immediately upon determination that a slot will become available.
- CSAM check notes for any children that are enrolled but waiting for a slot.
- CSAM of current center reviews files for pending issues prior to transfer and communicates any issues to receiving CSAM. Transfer file to new center's Site Supervisor or designee.
- Authorized representative completes 9600S and NOA. Also, collect any additional documentation required for program model change (see Eligibility and Need Criteria Documentation Checklists)
- Site Supervisor enrolls the child from CLOUDS.

Z. Transfer of Child with Disabilities or of Child Receiving Mental Health Services

When a child with disabilities or receiving mental health services transfers to another CSB site, communication is vital. The Comprehensive Services team member is responsible for notifying the Site Supervisor/Head Teacher and CS/Disabilities/Mental Health Manager in writing. Notification is to be sent before the child begins at another site so that necessary arrangements or accommodations can be made.

The Site Supervisor/Head Teacher will inform the appropriate teacher of the transfer. The Comprehensive Services team member and the CS/Mental Health Manager will complete this process within two weeks of notification of an opening.

AA. CSPP Full-day to Part-Day or Tuition Based Approval Process

1. General Description

In the event that a family loses eligibility or need for services during the program year, CSB has the discretion to offer families the option to receive services part-day (less than 4 hours per day) or pay a fee for full-day services (Tuition Based) rather than terminate services. Part-day services could be offered in the child's same class or in another class during the "pre-school portion of the day" (8:30 – 12:00) as available. Whenever possible, the child will be allowed to stay in their current classroom.

CSB fiscal unit tracks CDE earnings monthly, and notifies program staff if the risk of under earning develops. If under earning is a risk, ADs cease to approve all moves to part-day until risk subsides according to reports from fiscal unit.

2. Action Guidance for Staff

i. Full-day or ¾ time to Part-day

- At recertification, the aAuthorized representative determines family no longer meets eligibility or need criteria (for more than 4 hours of care) and issues NOA for termination of full-day (or ¾ time) services effective 14 or 19 days as appropriate.
- The below process must be complete no later than the effective date of action noted on the NOA.
- Authorized representative ensures that each class is fully enrolled morning and afternoon through enrollment and certified hours of care.

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- Authorized representative determines if part-day services are available during the preschool portion of the day (8:30 – 12:00).
- If available, the Authorized representative and family determine if part-day services are desirable and appropriate.
- If desired by the family and appropriate, Authorized representative completes approval form CSB607 (See CSB Forms).
- If part-day services are unavailable, not desired by the family or inappropriate, authorized representative terminates the child and closes the file.
- AD approves or denies CSB607 request, maintains original for her records and returns a copy to the site.

- If approved, authorized representative files copy in student file, updates CLOUDS (waitlist & re-enroll with new program model), and updates student file including the following and moves the child to part-day services on date on or after AD approval date and no later than effective date of NOA terminating full-day (or ¾ time) services.
 - Completed 9600S – update program model at least and hours of care, and other information as applicable
 - Income and family size remain as they were at original enrollment unless documentation of current income or family size benefits the family.
 - NOA stating change to part-day services - effective date is same as effective date for termination of full-day services (or before if desired by the parent).
 - Update CLOUDS hours of care.
 - Update CLOUDS program model (while retaining previous enrollment history), reason for needing care (if applicable), program option (if applicable) to “part-day center- based”, and any other appropriate updates.
 - ~~Authorized representative~~The Site Supervisor ensures child is reflected on appropriate 9400s for appropriate number of days during the month of the move.

ii. Full-day or ¾ time to Tuition Based (TB)

- At recertification, the Aauthorized representative determines family no longer meets eligibility or need criteria (for more than 4 hours of care) and issues NOA for termination of full-day (or ¾ time) services effective 14 or 19 days as appropriate.
- Authorized representative ensures that each class is fully enrolled morning and afternoon through enrollment and hours of care.
- Authorized representative determines if TB services are available.
- If available, authorized representative and family determine if TB services are desirable and appropriate.
- If desired by the family and appropriate, authorized representative completes approval form CSB607 (See CSB Forms).
- AD approves or denies request, maintains original for her records and returns a copy to the site.
- If approved, authorized representative closes file and CLOUDS, completes all applicable paperwork and required forms, including an NOA stating termination of services and moves the child to TB services on first day after the end of the 14 to 19 day NOA waiting period.

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- ~~Authorized representative~~ The Site Supervisor ensures child is reflected on 9400 for only the appropriate number of days during the month until the date the move to TB services was effective.
- See section at end of this manual for Tuition Based services policies and procedures.

BB. Withdrawal of Child from the Program

When the teaching staff learns that a child has terminated services, they should notify the Site Supervisor. The "last day attended" should be noted on the child's application (9600) and the sign in/out sheet. They must also notify the CSAM immediately upon knowledge of a pending vacancy. Whenever possible, the reason for the withdrawal should be ascertained and recorded. The child's termination date in CLOUDS is the first date the child does not attend so that attendance data can be captured for the last day of attendance.

Parents who wish to reinstate must meet Title V Regulations. If the parents are successful in meeting the Title V Regulations, the parent must complete all required paperwork and provide income documentation.

The following are some reasons that a child might be placed back on the waiting list (please see Parent Handbook for a complete listing):

- A pattern of unexcused absences - Poor attendance / sporadic attendance is defined as three or more unexcused absences. When this occurs, the teacher calls the Site Supervisor, who makes personal contact with the parent as soon as they realized a child has not attended and the parent has not called. If multiple service needs are disclosed by a parent, he/she should be offered Case Management services in order to create a plan to correct the absenteeism. Every effort is made to assist parents in removing barriers to attendance.
- Parent's failure to comply with rules/regulations, resulting in danger to the health / safety of children / staff – (Must be approved by the Assistant Director)
- Parent's failure to comply with health requirements as mandated by Community Care Licensing.
- Extreme behavior problems in a child that may be harmful to the child or others (This must be based on a joint assessment by the CS / Disabilities / Mental Health Manager, and the Site Supervisor.)
- For General Childcare, a change in income or need eligibility status such that the family is no longer eligible for care or failure to submit required documentation to verify continued need/ eligibility at recertification.
- For the full-year program, kindergarten-bound CSPP eligible 4 year olds begin to transition out of the program at the end of the program year, which ends June 30th. Those children who have been determined eligible before the end of the program year may remain in the program until they start kindergarten as long as they are still within their certification period. Each year, the program will determine last days of enrollment extended past June 30th and take into consideration the community need for continued services.

When a child has been ~~disenrolled terminated~~ from the program, the Site Supervisor will then call the Assistant Director, CSAM and teacher, notifying them of a new child replacing the terminated child. The Site

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Supervisor will call the parent of the terminated child, informing him/her that the child has been put back on the waiting list. If a terminated child is brought to school, the parent should be told to speak to the Site Supervisor.

CC. Attendance Expectations

1. General Description

CSB children are expected to attend classes daily. Regular attendance is strictly enforced, and each center maintains documentation of all attendance/absenteeism activities. Upon registration, parents are oriented about enrollment/attendance policies.

Each parent receives a copy of the attendance policies, and the importance of regular attendance is stressed to them. Re-orientation of the enrollment/attendance policies occurs at the beginning of classes, and ongoing reminders are communicated as needed. Parents are expected to report absence reasons to the center as soon as possible and within one hour of their child's start time.

2. Unexcused Absences

To ensure children are safe when they do not arrive at school, CSB must make attempts to contact parents within one hour for unexpected absences. CSB utilizes SMS technology to efficiently communicate with families. Strategies to contact families within one hour include the use of CLOUDS automatic SMS (text) messages. Parent can reply via text messaging to inform center staff of absence reasons. Each day a child's absence is not reported by the parent, the Site Supervisor or center staff contacts the parent to determine the cause of the absence and to clarify the attendance policy.

After two consecutive unexcused absences, direct contact is made with the parent, such as a conference or home visit. Parents are informed that failure to participate in the conference or visit may result in a loss of services and will be placed onto the waiting list.

After ten consecutive or intermittent days of unexcused absences, the child is dropped from the active program and is put back onto the waiting list. (Children absent due to illness are counted in the Average Daily Attendance criteria.)

Site supervisor will check attendance sheets daily or at least three times a week to ensure attendance policies are implemented.

3. Re-occurring Absences

Site Supervisors, in collaboration with teaching staff, will identify and assess patterns of absences for each child. Within 60 days, children with patterns of absences and those at risk of reaching an absence rate of 10% are identified and family support services provided. Absences per child are analyzed on a monthly basis utilizing CLOUDS reports. Family meetings are held as needed to clarify the attendance policy and identify strategies in which a family may implement to improve attendance.

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1. General Description

Accountings for attendance is completed daily by the classroom teacher by ensuring parents sign their child into CLOUDS **upon arrival**. Absence reasons are entered into CLOUDS daily and no later than Friday of each week, and reports are utilized to ensure that each center maintains 85% monthly attendance for all federally funded slots. If the monthly attendance rate falls below 85%, the Site Supervisor will be notified by the ERSEA Managers and will utilize the CLOUDS absence reports to analyze the reasons. If average program attendance for federally funded slots falls below 85% for any month, the ERSEA Manager develops a corrective action plan after analyzing data and identifying root causes.

Within 60 days and on an ongoing basis, patterns of absences per child are analyzed. A risk assessment for chronic absenteeism is conducted. Chronic absenteeism is defined as an absence rate of 10% of the program days per year.

2. Procedure

i. Directly Operated Sites

Attendance is captured at CSB centers by CLOUDS via the wall pads as parents electronically sign their child into the program. Teachers must ensure that this is done immediately upon the child's arrival to the classroom.

If a parent fails to sign their child into CLOUDS, staff must do the following:

- Staff will "sign" child into CLOUDS without a signature to place the child in the classroom and part of the ratio.
- The parent **MUST** be called back to the center to sign-in on the hard copy sign-in/out sheet (CSB682) with the original drop-off time which can be obtained from CLOUDS.
- In CLOUDS staff will select "Parent no sign in" from the drop down menu as the Reason under the Attendance Sign-in/out sheet for the specific child.

If the parent fails to sign their child out in CLOUDS, staff must do the following:

- Staff will "sign" child out in CLOUDS without a signature to take the child out of the classroom and out of the ratio.

Staff will notify the parent as soon as the parent or authorized representative returns to the center (i.e. next morning) that a sign-out signature was not collected. The parent will sign out on the hard copy sign-in/out sheet (CSB682) with the original sign out time which can be obtained from CLOUDS. In CLOUDS, staff will enter "Parent no sign out" from the drop down menu as the reason under the attendance sign-in/out sheet for the specific child.

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In the event that the electronic system fails and parents are not able to sign their children in or out of CLOUDS, staff **MUST** do the following:

- A hard copy sign-in/out sheet (CSB682) shall be maintained by each classroom teacher which the parents will use to sign in and/or out until CLOUDS is back on-line.
- As soon as the system comes back up, staff will sign children in and/or out (as applicable) of CLOUDS **without a signature** to place them in or out of the classroom for ratio purposes.
- Staff will do this by using the Manual Attendance feature in CLOUDS to sign children in and/or out, enter attendance/absences and enter meal counts for the time CLOUDS was not operational. For this purpose it is acceptable for staff to select the child's general contract hours for the approximate sign in and out times as parents will already have physically signed on the hard copy sign-in/out sheet (CSB682) with the correct sign in and out times. Even if some children are signed-in on CLOUDS when this update by staff takes place, clicking on "All Attendance" will only affect those who have not yet signed in; other children's data will not be affected.

A code is used consistently throughout the entire program to mark Present, Excused Absence, and Unexcused Absence. Absences are marked with an "A" and given the excuse provided by the parent in the comment section of the sign-in sheet. The teacher determines if the absence is excused in accordance with the excused and unexcused absence policies included herein. When absences are excused, the "A" is enclosed in a circle "(A)". All information must be immediately entered into CLOUDS when the system becomes available through the manual attendance section or the wall pad by doing the following:

- **Wall Pad:**
 - Go to Reports
 - Select the month
 - Select the child
 - Click on the Attendance button
 - Enter Attendance data
- **CLOUDS:**
 - Go to Attendance Folder
 - Select Manual Attendance
 - Click on the "A" box for that child
 - Enter the Attendance data

Teachers must enter absence reasons daily and review for accuracy by Friday of each week via the Wall Pad system. Parents are responsible for reporting absence reasons within one hour of their child's start time and must give the reason for a child's absence when the child returns to school if not already provided. On occasions where the child has not returned to school, the Site Supervisor can enter the reason for absence in CLOUDS after contacting the parent.

At the end of the month, the Teacher reviews each attendance record via the Wall pad system and verifies the totals for the days of attendance, excused and unexcused absences. After verifying each attendance

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record, the teacher will click on the "Submit" button which will send the electronic file to the Site Supervisor for their approval. All hard copy sign in and sign out sheets (CSB682) should also be forwarded to the Site Supervisor.

After Teachers have submitted the attendance records via the Wall Pad, Site Supervisors shall review the submitted attendance sheets under the Track Forms section in CLOUDS under the "Submitted" section. After reviewing each attendance sheet for accuracy, the Site Supervisor shall "Approve" or "Deny" each attendance record. If the attendance record is denied, it will go back to the wall pad for correction and re-submittal by the Teacher.

ii. Partner Sites & Family Child Care Homes

Attendance is captured at CSB Partner centers by CLOUDS via Galaxy tablets as parents electronically sign their child into the program. Teachers must ensure that this is done immediately upon the child's arrival to the classroom.

If a parent fails to sign their child into CLOUDS, staff must do the following:

- Staff will "sign" child into CLOUDS without a signature ("STAFF" button) to place the child's status as "in the classroom" on the system.
- The parent MUST be called back to the center to sign-in on the hard copy sign-in/out sheet with the actual drop-off time.
- In CLOUDS staff will select "Parent no sign in" from the drop down menu as the Reason under the Attendance Sign-in/out sheet for the specific child.

If the parent fails to sign their child out in CLOUDS, staff must do the following:

- Staff will "sign" child out in CLOUDS without a signature to place the child's status as "child out of the classroom" on the system.
- Staff will notify the parent as soon as the parent or authorized representative returns to the center (i.e. next morning) that a sign-out signature was not collected. The parent will sign out on the hard copy sign-in/out sheet with the original sign out time. In CLOUDS, staff will enter "Parent no sign out" from the drop down menu as the reason under the attendance sign-in/out sheet for the specific child.

In the event that the electronic system fails and parents are not able to sign their children in or out of CLOUDS, staff MUST do the following:

- A hard copy sign-in/out sheet shall be maintained by each classroom teacher which the parents will use to sign in and/or out until CLOUDS is back on-line.
- As soon as the system comes back up, staff will sign children in and/or out (as applicable) of CLOUDS without a signature to place them in or out of the classroom and use their Actual sign-in/out times from the hard copy sign-in/out sheet.

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A code is used consistently throughout the entire program to mark Present, Excused Absence, and Unexcused Absence. Absences are marked with an "A" and given the excuse provided by the parent in the comment section of the sign-in sheet. The teacher determines if the absence is excused in accordance with the excused and unexcused absence policies included herein. When absences are excused, the "A" is enclosed in a circle. All information must be immediately entered into CLOUDS when the system becomes available through Galaxy tablets (iCLOUDS) by doing the following:

iii. Galaxy Tablets (iCLOUDS):

- Under "My Classroom", click on the child's name you want to enter attendance for
- Click on "Attendance Sign-in/out sheet"
- Select the Month
- Click on the Day you want to enter attendance
- Enter Attendance data

iv. CLOUDS (CSB Partner Unit Staff):

- Go to Attendance Folder
- Select Manual Attendance
- Click on the "A" box for that child
- Enter the Attendance date

Partner Teachers must enter absence reasons by Friday of each week via the Galaxy tablets. Parents are required to give the reason for a child's absence when the child returns to school if not already provided. On occasions where the child has not returned to school, the Site Supervisor (CSB Staff) can enter the reason for absence in CLOUDS after contacting the parent.

At the end of the month, the Partner Teacher reviews each attendance record via the Galaxy Tablet and verifies the totals for the days of attendance, excused and unexcused absences. After verifying each attendance record, the teacher will click on the "Submit" button by the 3rd day of the following month which will send the electronic file to the Site Supervisor (CSB Partner Staff) for their approval. All hard copy sign in and sign out sheets and absence notes should also be forwarded to the Site Supervisor (CSB Partner Staff) by the 3rd of the following month.

After Teachers have submitted the attendance records through the Galaxy Tablet, Site Supervisors (CSB Partner staff) shall review the submitted attendance sheets under the Track Forms section in CLOUDS under the "Submitted" section. After reviewing each attendance sheet for accuracy, the Site Supervisor (CSB Partner Staff) shall "Approve" or "Deny" each attendance record. If the attendance record is denied, it will go back to the Galaxy tablets for correction and must be re-submittal by the Teacher.

v. CSB Partner Staff

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- Collect hardcopy attendance sheets & absence notes from Partner agencies no later than the 3rd of the following month and enter into CLOUDS Manual Attendance module by the 5th of each month.
- all attendance records need to be verified (i.e. excused, un-excused and BID...etc.) via CLOUDS

vi. **CD 9400 Process**

CLOUDS will automatically generate the state Monthly CD 9400 sheets (Programs funded by the State). To complete the submission process, staff will do the following:

- Using the CLOUDS 9400 Monthly Enrollment report, Site Supervisors or Partner Staff will check each child's funding, day length, adjustment factors and attendance records for accuracy. The Site Supervisor compares each child's 9400 record with their electronic attendance record (CLOUDS>Track Forms>Attendance) & hard copy sign-in/out sheets (CSB682). Any discrepancies are to be corrected in CLOUDS via the Attendance Analysis module.
- After all discrepancies have been corrected, the Site Supervisor or Partner Staff will click on each child's individual verification button in which they can change the selection from "No" to "Yes" signifying that information for that child is correct. When all the children listed under each 9400 sheet has been verified (All "Yes" for each child listed), the site supervisor can now complete the sheet by clicking on the final "Verify" button which will record the site supervisor's or CSB Partner staff's digital signature on the 9400 sheet thus completing the process.
- All 9400 sheets must be completely verified by the 5th work day of the month on CLOUDS.
- Assistant Directors/Cluster Clerks or partner staff confirms that all CD 9400 sheets have been verified on CLOUDS via the 9400 Monthly Enrollment report by the 6th work day of the month. Only the hard copy sign-in/out sheets (CSB682) must also be submitted to the Assistant Director or CSB Partner Analyst for their review. It is not necessary print out the 9400 sheets and electronic attendance sheets from CLOUDS as that data is already in CLOUDS. When all 9400 sheets have been verified in CLOUDS via the 9400 Monthly Enrollment report (requires a visual inspection from AD or CSB Partner Analyst), all hard copy sign-in/out sheets (CSB682) are forwarded to Business Systems by the 6th work day.
- Business Systems staff will confirm that all children have been verified on the 9400 Monthly Enrollment report (visual inspection). If there are any discrepancies, the specific Site Supervisor or Partner Analyst will be notified of necessary corrections. Corrections must be done as soon as possible.
- Business Systems staff will notify Fiscal when CD 9400s have been checked and completed by the 10th work day of each month.
- When the Fiscal Department is notified by the Business Systems Unit that all 9400s have been verified, CSB Fiscal staff will generate the electronic CDNFS 9500 and CDNFS 8501s to review. Once CSB Fiscal staff determines the reports are accurate, they will print and submit the reports to the California Department of Education by the 20th of the month for each quarter (September, December, March & June).
- The Business Systems ~~Administrative Services Assistant~~ Analyst will generate the CD 801A report in CLOUDS and submits it electronically to the State CDMIS website by the 20th of every

vii. Excused Absences

- **Illness:** Absences may be excused for illness of the child, parent, or any sibling. If the absence is due to the illness of the child, the specific reason must be recorded on the sign-in sheet (e.g. cold, cough, sore throat, fever, runny nose, etc.). Illness absences lasting three (3) or more consecutive days may require appropriate medical professional documentation.
- **Family Emergency:** Absences due to family emergencies may be considered excused absences. The reason for the family emergency must be specified in the sign in and out sheets. Any of the following reasons can be considered family emergencies:
 - Death of a family member.
 - Immediate need for medical health treatment of anyone in the family unit.
 - Any incident caused by a situation which results in the family having their normal schedule disrupted to the extent that the parent cannot safely accompany their child to the site (i.e., theft, fire, flood, arrest and/or incarceration of a parent, or any other similar situations)
 - If regular means of transportation to school is disrupted, and no alternative, i.e. public transportation is available.
 - Any other situation at the discretion of the site supervisor.
- **Best Interest Days (BID):** Absences may be excused for the “best interest of the child” which would include time for a child to be with a parent or relative (i.e. vacation or visitation with non- custodial parent, a court-mandated visit, or participating in cultural or religious holidays). Other requests for BID are at the discretion of the Site Supervisor. BID absences are limited to ten (10) days per program year per child, with the exception of children who are recipients of protective services or are at risk of abuse or neglect. Proof of such services must be documented in the child’s data file. The reason for the “Best Interest Day” must be specified in the sign in and out sheets.
- **Exclusion due to unmet health requirements:** Children must be excused for immunizations that are not up-to-date or a physical or TB clearance that is not received within 30 days of enrollment. Parents are allowed one extension for physicals beyond the 30 day requirement with proof of an appointment on file. No extensions are allowed for TB clearances. Children are permitted up to three days of excused absences. After that, a Notice of Action (as applicable) will be issued for termination from the program.

EE. Title XXII Requirements for All Children

Record of “up to date” immunizations must be on file before children can attend. A complete physical examination by the child’s physician is required within 30 days of admission. A form is provided at the intake interview for use by the family physician. An immunization record authorized by a Medical Doctor or a Registered Nurse must be shown. The Site Supervisor or Comprehensive Services staff will review and file a copy at the time of enrollment. Immunizations must be kept current while the child is attending the centers. The Site Supervisor or Comprehensive Services staff member notifies parents when immunizations are due. Children whose immunizations are not kept up to date will be excluded from the center until they are

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brought up-to-date, unless there is a medical waiver on file.

Although TB clearance must be obtained within thirty days of admission, the physical must also have indicated the result of the TB screening on the child's record.

Children may be eligible for a free physical through the Child Health Disability Prevention Program. Parents should be encouraged to discuss this option with the Site Supervisor or Comprehensive Services staff member.

Enrollment information is kept confidential from all but: (1) authorized program staff, (2) California Department of Education program evaluators (3) authorized public officials. Information will not be released without parental permission, except as mentioned above.

Children with disabilities are accepted by the centers when CSB is able to obtain appropriate documentation to determine the child's needs. CSB will work with the family to make all reasonable accommodations for the child. CSB complies with ADA and IDEA.

FF. Fees for Non-Head Start and Early Head Start Funded Programs

1. Purpose

The purpose of these procedures is to document the process of billing, collecting, and depositing of childcare fees in accordance with County policies and the State's Funding Terms and Conditions related to child development programs.

2. County Administrative Bulletins

Community Services Bureau shall comply with the requirements set forth in Administrative Bulletin Number 205 regarding cash collections procedures.

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3. Fee Assessment

CSB shall use the current fee schedule prepared and issued by California Department of Education for child care programs funded by the State.

- The family fee will be assessed either a flat monthly full-time or part-time fee based on certified hours of care for the month, income, and family size.
- If family's certified need is 130 hours or more, the family will be assessed full-time fee.
- If the family's certified need is less than 130 hours, the family will be assessed part-time fee.
- Upon initial enrollment or final enrollment month, a family may be charged cost of care fee (current State Reimbursement Rate (SRR) ~~of \$40.45 for CSPP and \$40.20 for CCTR~~ multiplied by adjustment factor multiplied by days of enrollment) if this is less than monthly part-time fee rate.
- The family fee will be assessed:

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- **At initial enrollment.** If the enrollment day is the first of the month, the family fee will be assessed a full-time or a part-time fee based on their certified hours of care. If the enrollment day is not the first day of the month, fee will be based on the certified hours for the partial month and another fee for each subsequent month based on their certified hours. The first payment is due the first day of enrollment and due the first day of each subsequent month.
- **At recertification/~~updating family file~~.** The assessed fee will be effective on the first of the subsequent month after the new fee is assessed (Issue date of NOA) if there are 14 or 19 calendar days remaining in that month. If there are less than 14 or 19 days remaining in the month following the issue date of NOA, the assessed fee will become effective on the first of the month a month after the subsequent month.
- When family voluntarily requests a reduction of family fee. The assessed fee reduction will be effective on the first day of the month that follows the issue date of the NOA. Families must still be given 14/19 calendar days from the issue date of the NOA, to file an appeal.

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- If more than one child in a family is participating in the state funded program the family's fee shall be assessed and collected based on the child who is enrolled for the longest period in a day.
- If the children are located at different child care centers, the fee shall be collected by the center in which the child who is enrolled the longest period in the day is enrolled.
- If a child drops at one center and enrolls in another before the NOA period, both centers must communicate throughout the transition to determine the impact on related fees. (We must communicate)

For Fee for Service Program (Tuition Based), CSB shall use the monthly rate approved by the County Board of Supervisors.

4. Exclusions from Fee Assessment

- The exclusions shall apply only to State-funded child care programs.
- No fees shall be collected from CCTR, FP, and FPL families with an income level that, in relation to family size, is less than the first entry in the fee schedule.
- There is no family fee for PP and PPL programs
- Families receiving services because the child is at risk of abuse, neglect, or exploitation, may be exempt from paying fees for up to ~~three-twelve (12)~~ months if the referral prepared by a legally qualified professional from a legal, medical, or social services agency, or emergency shelter specifies that it is necessary to exempt the family from paying a fee. The cumulative period of time that a family may be exempt from paying a fee for this reason shall not exceed 12 months.
- Families receiving services because the child is receiving protective services may be exempt from paying fees for up to ~~twelve (12)~~ months if the referral prepared by the county welfare department, child welfare services worker specifies that it is necessary to exempt the family from paying a fee. The cumulative period of time that a family may be exempt from paying a fee for this reason shall not exceed 12 months.
- In accordance with the State's Management Bulletin 09-18, all families that currently receive a CalWORKs grant on behalf of the children will not be assessed a fee. Former CalWORKs grant

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recipients are not included in this exemption.

5. Credit for Fees Paid to Other Service Providers

This section shall apply only to State-funded child care programs.

- When CSB cannot meet all of the family's needs for child care for which eligibility and need have been established, CSB shall grant a fee credit equal to the amount paid to the other provider(s) of these childcare and development services. CSB shall apply the fee credit to the family's subsequent fee billing period. The family shall not be allowed to carry over the fee credit beyond the family's subsequent fee billing period.
- CSB shall obtain copies of receipts or cancelled checks for the other child care and development services from the parent. The copies of the receipts or cancelled checks and a complete and signed CSB Fees Rendered Form shall be maintained in the parent's fee assessment records.
- The copies of the receipts or cancelled checks and a complete and signed CSB Fees Rendered Form are due by the first day of the month. Fees due shall be considered delinquent if this documentation and any remaining fees owed are not collected within seven (7) calendar days.
- Copies of the receipt or cancelled check shall include the following: name of the other service provider, amount of payment, date of receipt or payment, the period of child care services covered by the payment, name of the parent, and name of the child who received childcare from the other service provider.

GG. Billing Procedures

Child care fees are paid in advance. One week before the end of each month, each Center shall submit to the CSB Fiscal staff a Billing Worksheet that contains the following information:

- Name of the parent or guardian
- Name of the child enrolled
- Funding category of the program where the child is enrolled in.
- Monthly rate determined by the Site Supervisor based on State's fee schedule (for child development contracts) or county approved rate (for fee for service program)
- Total amount assessed
- Collections made in prior month
- Comment section for effective date of the ~~daily-monthly~~ rate, last date the child will attend the day care, and other pertinent information that affects the calculation of monthly billing.

No adjustments shall be made for excused or unexcused absences. The parent or guardian shall pay the total amount billed if the child is absent regardless of the reason during the billing month.

Periodic review of billing information – Assistant Directors shall reconcile or perform independent review from the participant's files to the billing report to ensure all parent fees are billed correctly.

CSB Fiscal staff shall input the information from the Billing Worksheet to QuickBooks in order to generate the Monthly Invoice ~~and Statement~~ for the following month. The Invoice ~~and Account Statement~~ shall be

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sent to the Site Supervisor for distribution to fee paying parents on or before the first of the following month.

Child care fees can be paid in advance or are due by the first of the month. They shall be considered delinquent if not paid ~~within~~after seven (7) calendar days.

If account is delinquent at the close of business on the seventh calendar day, a Notice of Action shall be issued to inform the family of the following:

- The total amount of unpaid fees
- The fee rate
- The period of delinquency

That services shall be terminated fourteen (14) to nineteen (19) calendar days (depending on method of issuance) from the date of the Notice of Action unless all delinquent fees are paid and/or documentation of credit for fees paid to other service providers is collected before the end of the 14-19 day waiting period. The 14 day period pertains to NOAs that are hand delivered to the parent; the 19 day period pertains to NOAs that are delivered to the parent via the US Postal Service.

If the family is unable to pay their fee the program shall accept a reasonable plan from the parents for payment of delinquent fees. The plan must be developed before the end of the 14-19 day waiting period and shall not exceed 4 months to repay the full amount of delinquent fees. The center shall continue to provide services to the child provided the parents make a minimum "good faith" payment of at least 10% of the total delinquent fees at the time the plan is developed, pay their full assessed monthly fees when due and comply with the provisions of the repayment plan. The Delinquent Child Care Fee Repayment Plan Form can be printed from the Intranet-CSB Resource Center under 0600 Enrollment of Electronic Forms.

- Agency staff shall submit the repayment plan to their Assistant Director or Partner Agency Director for approval before finalizing the plan. Once approved, the originals of the termination NOA and repayment plan shall be filed in the family file and copies shall immediately be provided to CSB Fiscal staff and the center's Assistant Director or Partner Agency Director.
- Upon termination of services from non-payment of delinquent fees, staff shall make this indication in CLOUDS, and the family shall be ineligible for childcare services until all delinquent fees are paid.

Center staff must issue a Notice of Action-Delinquent Fees on the morning of the 8th day of the billing month if family fee is unpaid by close of business on the 7th day of the month. Center will keep a copy of the NOA-Delinquent Fees in the child's file and send a copy to CSB Fiscal staff upon its issuance. The center shall make reasonable attempts to collect unpaid fees from families before the exhaustion of the 14/19 day appeal request period.

If unpaid fees have not been collected successfully by the end of the 14/19 day appeal request period, services to the family must be terminate unless a payment plan was established prior to the 14/19 day (see payment plan policies and procedures), CSB Fiscal staff is notified immediately of termination or establishment of

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Payment Plan, and copies of all paperwork related to action taken, including the NOA and CSB664- Delinquent Child Care Fee Repayment Plan must be sent to CSB Fiscal Staff and original copies are filed in child's file.

If unpaid fees are collected, staff shall send the pre-numbered receipt, Deposit slip/original check marked "electronically deposited", and original bank receipt/bank deposit confirmation to CSB Fiscal Staff immediately for recording. Triplicate copy of Receipt issued to family is filed in child's file.

In the event the child is no longer enrolled at the center:

- CSB Fiscal staff will send a letter of collection together with the Statement of Account and NOA-Delinquent Fees to the family. If the account is still unpaid after 2 weeks, a follow up collection letter as a 2nd notice will be sent to the family.
- All attempts to collect unpaid fees must be made within 45 days of termination
- Any over payment made by the family towards a family fee of \$10.00 or less, will be refunded upon a family's written request.

HH. Fee Collection Procedures

- Each center shall collect checks, money order or cashier check from the parents. Cash is not acceptable mode of payment. A designated center staff shall issue signed receipt to the parent for the amount collected. At CSB centers this person must be a county employee, and may not be temporary staff. The designated staff shall be accountable for the money received and such money shall be stored in a locked cash box placed in a secured area of the center.
- Center staff shall process all collected fees immediately. At least once weekly, or if fee collections exceed \$250, the designated staff must endorse the back of each check properly and deposit the money to the County Wells Fargo Bank account. Immediately following the deposit designated staff shall submit a copy of the receipt(s) issued to the parent(s), a copy of the Deposit Slip/original check marked "electronically deposited" and Original Bank Receipt/bank deposit confirmation to the CSB Fiscal Unit.
- CSB Fiscal staff shall check copies of Receipts to make sure that total amount agrees to Deposit Slip/original checked marked "electronically deposited" and Bank Receipt/bank deposit confirmation amounts.
- CSB Fiscal staff shall enter the payment information to QuickBooks in order to update parent accounts. Receipts shall be stamped "Posted" and filed in numeric order by Center.
- CSB Fiscal staff shall code the collected family fees accordingly and input the data in the county's Electronic Deposit Permit system.
- CSB Fiscal staff shall file the Deposit Slip/original checked marked "electronically deposited", Bank Receipt/bank deposit confirmation and print out of Validated Deposit Permit in the Deposit binder.
- Checks marked "electronically deposited" are to be kept in a locked file cabinet for fourteen (14) days from the deposit date before shredding by CSB Fiscal staff.

II. Receipts/Banking Procedures

The S-Receipts issued to parents shall be in quadruplicate (4 copies).

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- Take the hard cardboard piece from inside the back cover of the book to use between the series of S-receipts.
- Give the original S-receipt to the parent and send the duplicate copy of the S-receipt to the CSB Fiscal staff with the duplicate deposit slip and original bank receipt (the transaction record).
- The triplicate copy of the S-receipt shall be put in the child's file at the site.
- The quadruplicate copy of the S-receipt shall stay in the S-receipt book and the entire book shall be sent to the CSB Fiscal staff when a new S-receipt booklet is needed.
- The following steps shall occur for voided receipts:
 - ~~The original, duplicate and triplicate copies shall be sent to the CSB Fiscal staff even if an error is made that resulted in the voiding of the S-receipt.~~ Write "VOID" across ~~it~~ the receipt. The voided S-receipt must be signed and dated by the Site Supervisor. The reason for the void must also be written on the S-receipt. The original, duplicate and triplicate copies shall be sent to the CSB Fiscal staff when an error is made that resulted in the voiding of the S-receipt.
 - For credit for fees paid to other service providers, the center staff shall send to CSB Fiscal staff a copy of the receipt or cancelled check paid by the parent to the other child care service provider. The Site Supervisor shall attach these receipts or cancelled checks to the signed Fees Rendered Form and submit to CSB Fiscal staff. The Fees Rendered Form can be printed from the Intranet-CSB Resource Center, under 0600 Enrollment of Electronic Forms. The form should be properly filled out and the credit amount should be equal to and no more than the amount paid to the other provider and shall not exceed the parent fees billed during the month.

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JJ. Confidentiality of Records

The use or disclosure of all information pertaining to the child and his/her family will be restricted to purposes directly connected with the administration of the program. The Comprehensive Services Assistant Manager or Site Supervisor will permit the review of the basic data file by the child's parent(s) or parent's authorized representative, upon request and at a reasonable times and place.

PART II. Planning

A. Philosophy

The Community Services Bureau Philosophy of Program Management is as follows:

To establish a culturally competent, systematic and innovative process of program planning that demonstrates forward mobility and strategic thinking, in an effort to meet the changing needs of the children and families within the community.

In efforts to fulfill our philosophy, administrative staff including fiscal, personnel, information technology and administration, is committed and dedicated to carry out the following program goals:

- Poor health and nutrition are significantly correlated to children and families living in poverty. CSB will address the need to improve indicators of nutritional health through increased education and physical activity.
- Comprehensive Services staff is required to maintain up to date accurate data in order to provide quality comprehensive services to children and families, and to maintain agency compliance. CSB will provide ongoing training opportunities to assist staff in enhancing their record keeping skills.
- Exposure to violence has a lasting impact on children's development including their emotional, mental and physical health. CSB will promote positive and enduring adult-child relationships that increase a child's level of secure attachments by providing services to promote the safety and well-being of children and families.
- CSB will support parents in their ability to maintain family well-being and promote positive parent-child relationships. Families will become more competent and experience increased joy as they gain confidence in their parenting.
- CSB will achieve and maintain an expanded and stable funding base of diverse sources.

CSB implements a systematic, ongoing process of program planning that includes consultation with the programs governing body, policy groups, program staff and with other local community organizations that serve enrolled families.

CSB planning includes: community assessment, multi-year (long-range) program goals and short-term objectives, systems planning calendar and written plans for implementing services in each of the program areas.

B. Methodology

1. Community Assessment

- The Community Assessment is conducted once over the five year grant period with annual updates at the onset of each program year. The Community Assessment helps keep CSB abreast of substantive issues facing the community which informs all systems and services of the bureau. Strengths, resources, needs, changes, and trends in the CSB service area are

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identified and integrated into the planning process and into the development and implementation of policies, procedures, service plans and goals and objectives.

- The Community Assessment process is led by a CSB Analyst. The data that is collected externally and internally and must consist of, but is not limited to:
 - The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak.
 - Eligible children experiencing homelessness;
 - Eligible children in foster care;
 - Eligible children with disabilities, including types of disabilities and relevant services and resources;
 - The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;
 - Typical work, school, and training schedules of parents with eligible children;
 - Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;
 - Resources that are available in the community to address the needs of eligible children and their families; and,
 - Strengths of the community.
 - The findings of the Community Assessment are used to assist CSB in developing the following key program planning elements:
 - CSB's program philosophy, including its vision and mission;
 - Long-range and short-range program objectives;
 - The type of services and program options to be provided;
 - The recruitment areas of the program;
 - Identifying locations of centers and home-based programs;
 - Establishing the criteria for recruitment and selection.

The Community Assessment is presented annually to the Policy Council and Board of Supervisors and program staff at all levels.

2. Self-Assessment

- Once each program year, CSB conducts a joint Grantee and Delegate Agency self-assessment of the effectiveness and progress of our programs in meeting program goals and objectives and in implementing federal regulations. Self-assessment tools include resources from the OHS Monitoring Protocol and Classroom Assessment Scoring System (CLASS™). The modes of assessment in the protocols include: Observation, Interview, and Records Review.
- A training and overview of the self-assessment process is given prior to the designated week

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the self-assessment is conducted. The role of the Bureau Director and Delegate Director and/or their designees in the self-assessment process are as “advisor” to the team. The analyst responsible for the self-assessment is the Team Leader and may be supported by a consultant. Teams are comprised of grantee and delegate agency management and non-management staff, parents, community partners, and representatives of the Board of Supervisors. Teams are formed in November of each year.

- The self-assessment process concludes with the team leader and/or his designee(s) writing a cumulative and comprehensive report that addresses program strengths as well as potential non-compliances. If needed, a corrective action plan is developed to remediate areas of non-compliance. The final report of the self-assessment, including the certifications of corrective actions, is presented to the Policy Council, Local Policy Committee, Delegate Board, and Board of Supervisors for approval in March of each year. As soon as these approvals are secured, the final report is then forwarded to the ACF Program Specialist.
- The results of the self-assessment are used in the planning process, in developing and improving program services, and in formulating the program approach included in grant applications.

3. Strategic Plan

With the support of the Employment and Human Services Director, CSB adopts the Program Goals and Objectives as the bureau’s five year Strategic Plan. The plan addresses needs and concerns that are identified through the community assessment, self-assessment, and ongoing monitoring results. They are also developed with input provided from parents through the Policy Council’s Program Services Subcommittee. The strategic plan is reviewed and updated semi-annually by the Senior Management Team. Annual updates are presented to the Policy Council and Board of Supervisors.

4. Bureau Planning Calendar

- The purpose of the CSB Planning Calendar is to provide chronological guidance and a timeline for critical events such as: reviews, audits, reports, etc. that occurs within the fiscal year.
- The planning calendar ensures continuity within the programs as well as throughout the bureau. Included in the planning calendar are methods to ensure consultation and collaboration with the program’s governing body, policy groups and program staff. The planning calendar is updated and submitted for approval annually by the Policy Council and the Board of Supervisors.

5. Management Planning Meetings

Planning is conducted on an on-going basis at varying levels throughout the bureau during planning meetings, staff summits, and management retreats. Additional information regarding management planning meetings is found under Part I of Section 1-Program Governance.

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PART III. Education & Child Development Program Services

SUB PART I. Individualization in the Program

A. Description

Individualization is the process used to design a plan for each child that reflects their unique characteristics, strengths and needs.

Upon completion of the child's first sixty (60) days of enrollment, teachers will develop four (4) individual goals based on:

- Home visits
- Child's health and nutritional screenings and health histories
- Educational screenings: Ages and Stages Three (ASQ-3) and Ages and Stages Social Emotional Questionnaire (ASQ-SE)
- Desired Results Developmental Profile (DRDP 2015) Assessment
- Parent conferences
- Children's Individual Education Plans (IEP or IFSP)
- Observations of children and anecdotal notes

Teachers will create an individualization binder/folder with a section for each child to include copies of parent teacher conferences (CSB118A/B) and a copy of the child's IEP/IFSP, if applicable, and the anecdotal record checklist (CSB-110A/B). Each applicable. Each child is assigned a letter code that is written in the top right corner of the lesson plan during their focus week. The front of the binder must include a key to identify each child's focus week and letter code.

B. First Parent Conference

The first parent conference is ~~scheduled within~~completed within the first ninety (90) days of enrollment. Teachers must use the Education Due Date Calculation Sheet (CSB107) to keep track of each child's conference due dates.

During this conference, the teacher and parents discuss the child's progress based on screenings, DRDP 2015 assessment, and parent observations. The teacher and parent develop the goals for the child's individual plan. The child's strengths, individualized goals and activities that will support the development of goals are listed on the conference form. Teachers will collaborate with parents to identify and record strategies for home that will assist the child to achieve their identified goals. Parent and teacher must sign and date the form.

C. Second Parent Conference

~~The~~A second parent conference is ~~scheduled~~completed within ~~thirtytwo~~(320) days ~~of the completion~~ of the ~~third~~second DRDP 2015. During this conference the parent and teacher review the child's progress

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on their goals set during the first conference and discuss parent observations and teacher observations. ~~If child has met their first conference goals, new learning goals can be made. If the child is still working on the first goals that were developed, teachers should continue to implement those goal(s).~~ Teachers will collaborate with parents to identify and record strategies for home that will assist the child to achieve their identified goals. Kindergarten readiness information may be shared at this time.

D. The Infant-Toddler Individual Needs and Services Plan

The Individual Needs and Services Plan (CSB180) (INSP) is completed prior to the first day of attendance. The process includes an interview with a family member by a staff member. The form is updated quarterly and included in the plan is:

- The current feeding schedule and the amount and types of food provided including whether breast milk or formula and baby food is used.
- The meal patterns of the child, including new foods introduced, and food preferences.

The INSP tracking form should be used by teachers to know when the quarterly updates are due. Section D of the INSP is important and required to complete for children who are between the ages of 25 and 36 months. The areas are listed of how the program will ensure provide age-appropriate language development, large/small motor skills, and social emotional activities. Also, notes to ensure the continuity of care for the child should be documented.

E. Lesson Plans

Lesson Plans are posted weekly. The lesson plan provides various developmentally appropriate activities and materials for the children to engage in to support their physical, social, and cognitive growth. The lesson plan includes activities that meet the children's individualized needs based on the results of their screenings and assessments. Per the individualization process described above, children's individual goals are codes are noted on the lesson plan.

The lead teachers are responsible for:

- Planning and developing the weekly lesson plan with their classroom team.
- Submitting the lesson plan to the site supervisor every Thursday.
- Posting the weekly lesson plan by Monday morning.

The Site Supervisor is responsible for:

- Reviewing and approving the lesson plan.
- Signing off and dating the approved plan.
- Ensuring the lesson plans are posted in the classrooms by Monday morning.

F. Developmental, Sensory, and Behavioral Screening

All newly enrolled children (including those with an IEP/IFSP) are screened by teaching staff in the areas of social emotional development using the ASQ-SE and cognitive development using the ASQ-3 within 45 days

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of enrollment. Teachers must use the Education Due Date Calculation Sheet (CSB107) to keep track of each child's screening due dates. Comprehensive Services staff screens all children in hearing, vision, and heights/weights within 45 days of class entry, and annually thereafter. Parents are informed about all screenings and their purposes in advance. The results from the screening are used to begin the individualization process for each child. Should the results indicate a concern, CSB will follow the outlined referral protocol. If a child does not qualify for referral services, CSB staff will support the child and family through outside services, if applicable, and will seek guidance from Mental Health or other qualified staff to ensure the concerns do not affect the child's school readiness. (For more information on screenings, please refer to Part II, Services for Children with Disabilities).

G. Assessment

The Desired Results Developmental Profile Child Assessment (DRDP 2015) is the required assessment tool mandated by the California Department of Education and also includes the Head Start Outcome requirements. Teachers must use the Education Due Date Calculation Sheet (CSB107) to keep track of each child's assessment due dates. ~~There is a DRDP for preschool and infant/toddler age children.~~

The assessment of children is accomplished through on-going written observation of the child. Infants, toddlers and preschool children are assessed three times per year. Anecdotal records and work samples are kept for each child to show progress.

Assessment results are entered into ~~DRDP-Tech~~ CLOUDS within the required timelines. Results of the assessments are shared with parents during parent conferences, and are a basis for developing children's individual goals and plans and used for individualizing the lesson plans.

Child portfolios are used as evidence to support DRDP2015 rating accuracy and to comply with state requirements. Portfolios include, but are not limited to, child work samples, anecdotal notes, photographs, parent observations, and recordings/videos.

H. Program Transitions

Parents are given the opportunity to participate in and be supported in the transition of their children when they move to new classrooms, programs or enter kindergarten. For families and children who move out of the community in which they are currently served, including homeless families and foster children, CSB staff will support the effective transition to other Early Head Start or Head Start programs. If Early Head Start or Head Start is not available, CSB staff will assist the family to identify another early childhood program that meets their needs.

1. Transition Policies and Procedures for ~~Infants and~~ Infants and Toddlers

While children are enrolled in Early Head Start, they change classrooms based on their age and developmental level. Transition to a new classroom begins two weeks before a child moves to a toddler or preschool classroom.

There are two types of transitions that happen; one takes place when a child moves to a new classroom based on their age and developmental level and the second takes place when a child transitions out of the

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Early Head Start program. Transition to a new classroom begins two weeks before a child moves to a toddler or preschool classroom. During this time, a ~~transition phase-in~~ plan is developed that ~~may involve~~ the child and family member visiting the new classroom ~~and meeting the staff.~~

Over the next days, the child gradually increases the amount of time spent in the new classroom. Initially, the primary caregiver plays an important part to help the child adjust to his/her new environment by assisting the child in their new classroom.

Whenever possible, CSB makes attempts to ensure a continuation of early childhood education services. Staff works in conjunction with other centers and programs to provide a quality and effective transition to preschool. The transition plan from the toddler program to preschool is mandated to begin six months prior to the transition. The CSB Transition form (CSB161) is completed by the parent/family member, child's caregiver and the site supervisor six months before the transition and updated quarterly.

The child may then be placed on the CSB wait list if an immediate transition to a Head Start classroom is not available. The Comprehensive Services staff notifies the family member if a space becomes available and a transition to a Head Start program will occur.

Three weeks prior to the transition, the child will begin visiting their preschool classroom accompanied by their caregiver teacher. The length of the visits and the number of visits will be determined by the child's comfort level and will be gradual in duration. A final home visit will close the child's Early Head Start file. When the child begins Head Start, they begin a specific orientation process (see section B; Curriculum Implementation; 1 Orientation).

2. Kindergarten Transition

Kindergarten registration information is provided to families between January and March. Parents are given information on their local school district registration procedures.

~~Collaboration with the local school districts regarding kindergarten transition may include activities such as open houses, kindergarten fairs, field trips, school representatives at parent meetings, collaboration meetings with kindergarten teachers and other representatives, joint training and professional development opportunities for preschool and kindergarten teachers, and registration resources. In the spring, representatives from the local public schools are invited to speak to parents at parent meetings about the transition to kindergarten. Parents are also encouraged to attend field trips to visit kindergarten classrooms and to familiarize themselves and their child with the school facility. Current kindergarten children are also often invited into the classroom as a guest speaker to talk about their kindergarten experiences. Site staff assists parents with the kindergarten registration process, and if necessary, assist parents to obtain the necessary documents required for kindergarten entry. Preschool staff implements activities from the Creative Curriculum Teaching Guide: Getting Ready for Kindergarten that includes circle time and small group activities and focus questions. Second Step Curriculum lessons about going to kindergarten are also implemented in the classroom.~~

Kindergarten transition meetings are conducted between April and June. At that time, resources for parents to assist their child in transitioning to kindergarten are provided, in addition to kindergarten

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[school supplies for children.-](#)

[The Creative Curriculum has a specific Getting Ready for Kindergarten Teaching Guide that our teachers must use for planning at the end of the year, specifically, the last few weeks of school, that focuses on kindergarten readiness through literacy, math, arts and technology. Teachers will also use the Second Step Early Learning curriculum to support children throughout the school year and in particular for those children going to kindergarten, during the last few weeks of school. The last three lessons in Second Step specifically focus on transitions to kindergarten \(Learning in Kindergarten, Riding the Kindergarten Bus, and Making New Friends in Kindergarten\).](#)

For the PD/PY classrooms that do not operate during the summer, CSB staff will collaborate with school districts to determine the availability of summer school programming for children who will be entering kindergarten and will work with parents and school districts to enroll children in such programs, if available.

3. Kindergarten transition planning for children with disabilities

- Identify family concerns, priorities, resources that relate to the ~~change~~, ~~change~~, and parents' expectation(s) of kindergarten.
- Provide training to parents to become knowledgeable regarding the application procedure and their parental rights.
- Review placement options, parental rights as they relate to responsibilities within the school system, and steps they can take to help their child do well in school.
- Review child's progress and update records. Complete "Authorization to Release Information" (CSB139).
- Provide activities for parents to do at home to prepare their child for kindergarten.
- Inform parents of transition meetings, and allow them to decide what role they will play.
- Schedule an introduction for parents with their new contact, either in person or by phone.
- Encourage parents to arrange a visit to the prospective school before their children transfers.

SUBPART II. Curriculum (Education and Early Childhood Development)

A. Child Development and Education Approach

All CSB Centers implement The Creative Curriculum for Infants, Toddlers and The Creative Curriculum for Preschoolers. Goals for curriculum promote children's active involvement in their own learning. Children will have a learning environment and varied experiences appropriate to their age and stage of development that will help them grow physically, socially, linguistically, intellectually and emotionally. The education program is [aligned guided by Headwith Head Start Performance Standards \(45 CFR 1304\)](#), [The Head Start Early Learning Outcomes Framework \(HSELOF\)](#), The California [Preschool/Infant-Toddler -Department of Education Learning Foundations](#), National Association for the Education of Young Children Developmentally Appropriate Practices, Program for Infants and Toddlers Caregivers (PITC) and Reggio Emilia Inspired Project Approach. The Program Services Committee of the Policy Council provides input into the program

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curriculum and approach to children's education.

1. Educational Options

- Center based: Preschool/infant toddler full-day and Preschool part-day program options.
- ~~Full Inclusion~~ **Full Inclusion** programs: Children with disabilities are mainstreamed into center based classrooms in collaboration with the school districts.
- Preschool Special Day class: School district operates special day classes in collaboration with CSB.
- Home Based: Home base educators serve as facilitators of children's learning in the child's home environment. The program provides one home visit per week for a period of 1.5 hours and two group socialization activities per month.

2. CSB Educational Programs

The curriculum goals are based on the State Child Desired Results and Head Start Child Outcomes.

- Desired Result 1: Children are personally and socially competent
- Desired Result 2: Children are effective learners
- Desired Result 3: Children show physical and motor competence
- Desired Result 4: Children are safe and healthy
- Desired Result 5: Families support their child's learning and development
- Desired Result 6: Families achieve their goals

The curriculum is enhanced by the Project Approach. The Project Approach is a meaningful way to teach content built on children's knowledge and interests. Projects support the development of a child's knowledge, skills, and feelings.

In addition, the curriculum is supported by Second Step Social Emotional Skills for Early Learning program supports children's growth and helps teachers guide children to learn, practice and apply skills for self-regulation and social- emotional competence.

B. Curriculum Implementation

1. Orientation:

Child and family orientation is ongoing throughout the year. Orientation Steps are as follows:

- Phase In: The first day of school is called phase in and lasts a minimum of two hours. The goals for phase in are to welcome the child and family into the program and familiarize them with program philosophy and procedures.
- The teacher completes the Tour of the Classroom and Education, Health, and Nutrition sections of the Classroom Orientation Checklist form (CSB112).

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- The Site Supervisor completes the Review of Program Policies and Procedures section of the Classroom Orientation Checklist form (CSB112).

2. Classrooms:

Preschool Classrooms are divided in clearly defined interest areas based on the Early Childhood Environmental Rating Scale including and Creative Curriculum:

- Block, Art, Discovery (science)Science, Dramatic Play, AAToys and Games (manipulative and Mmath), Library, Writing, Sand and Water, Technology Computer and a quiet/cozy area where children can play alone or with one classmate.
- There is a place where each child can keep personal belongings.
- Learning materials are logically organized, age appropriate, open ended, labeled and accessible to children.
- There are enough materials in each area for several children to work together.
- Materials in the classroom are intentionally and periodically changed using the Material Rotation form (CSB142).
- Classroom displays are current and reflect children’s work and activities.
- Classroom rules are generated by the children and posted. Rules are phrased in positive terms, for example instead of saying “no running”, say “walk”.
- Classroom helper charts are posted.
- The classroom is inviting to families with displays of family photographs, parent information boards, and some adult sized furniture.
- Environments reflect diversity by including visual materials and activities that reflect diversity in gender, family composition, culture, language and ethnicity.
- Rooms are designed to be attractive and comfortable.

Infant and toddler environmentsclassrooms are set up using the Infant Toddler Environmental Rating Scale and Creative Curriculum. The classroom environment is guided by the infant/toddlers changing curiosities, considering the needs, interests, and developmental level as the caregiver continuously reads the cues of the infant/toddler, and includes:

Block, Art (12 months and up), Discovery (science), Dramatic Play, Toys and Games (manipulative and math), Library, Sand and Water (18 months and up) and a quiet/cozy area where children can play alone or with one classmate.

- Gross and fine motor materials, sensory opportunities, books, and classroom displays that reflect family backgrounds and diversity.
- Materials are offered in logical groupings such as manipulatives, blocks, art, etc. to encourage independent exploration.
- Materials are rotated regularly as children’s development and interests change using the Material Rotation form (CSB142).

3. Classroom Transitions:

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In infant, toddler, and preschool classrooms, teaching staff ensures that transitions are thoughtfully conducted for each child. Between daily events, transitions are implemented intentionally, smoothly, and naturally.

When activities during the day are predictable, it helps children begin to understand the concept of time. Anticipating what is coming next makes children feel they are in control of what is happening. The CSB approach to classroom transitions is:

- **Be proactive and be alert.** Have strategies to engage children who may be having difficulties with transitions.
- **Always transition children in small groups**, and ensure children are assigned to a small group at enrollment.
- **Plan ahead and make transitions fun!** Transitions should be engaging for children and can include finger plays, songs, and short activities to reduce wait time.
- **Prepare.** Prepare all teaching materials and small group activities ahead of time so they are ready for the day and easily accessible.
- **Talk with the children** and let them know when a transition is going to occur. Give children a signal 3-5 minutes before the transition.
- **Review transition safety with the children** at the beginning of the year and whenever needed.
- **Follow the protocols** outlined in the Transition Head Count Policy and CLOUDS In-Transition feature, which include a visual count.
- **Always visually sweep!** Before leaving the classroom or yard by physically walking the perimeter and looking around thoroughly.
- **Communicate** continuously with all team members. -State the number of children who are going with you as you transition.
- **CSB has zero tolerance for lack of visual supervision!** All designated caregivers are to be present, engaged, and calm during transitions.
- All transitions that require children exiting or entering the classroom must be conducted using the [Hourly Headcount and Classroom Transition Tracking Sheet](#) form (CSB700).

- Teacher placement is critical as the children transition, with one staff at the front of the group and one in the back. When there is only one staff member present, his/her placement must be such that he/she may be able to see every child as they transition.
- Whenever possible, caregiver groups should be maintained throughout daily activities, including transitions. Transitions should always occur in small groups.

4. English Language Learners:

Education for children who are learning English is enhanced when programs and families partner together. The learning environment includes usage of the child's first language. Promoting language understanding

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and use in this atmosphere encourages easy communication among children and between children and adults. The following examples help promote language understanding:

- Give children ample time to talk to each other and ask questions in the language of their choice. Continued use and development of the child's home language will benefit a child as he or she acquires English.
- Encourage free discussions, shared experiences and conversation between children and adults.
- Provide games, songs, stories, or poems that offer new and interesting vocabulary.
- Encourage children to tell and listen to stories. Interest areas offer opportunities for teachers to teach content as children explore materials.

5. The Project Approach:

~~The CSB~~The curriculum educational program is enhanced by the project approach to learning and is expected to be implemented in every preschool classroom at least twice per program year. Projects are in-depth investigations on a topic based on children's interests. Projects:

- Must be relevant to children's experiences and interests.
- Topics of study must be authentic so that children can manipulate and explore real objects.
- Family members are a part of the implementation of projects.
- Project components include:
 - Selecting a topic based on the children's interests
 - Teaching team creates a "web" of interrelated ideas and activities: ideas may incorporate literacy, math, science, social studies, the arts and technology into the study
 - An opening event
 - Project investigations
 - Field trips and visiting experts
 - Documentation of projects through photographs, children's written feedback, drawings, etc.
 - A closing event

⇐ Creative Curriculum provides predesigned in-depth Studies on a variety of topics. These Studies do not take place of the required twice per year Project Approach, but can be used to support projects. CSB does require two Studies to be implemented each year, The Beginning of the Year and Getting Ready for Kindergarten, in addition to the two projects.

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6. Program for Infants and Toddlers:

The CSB infant and toddler program is enhanced by the Program for Infant Toddler Care (PITC) philosophy, which is based on the belief that infants and toddlers come to the program with their own interests, needs, and temperaments. PITC emphasizes program components that focus on responsive caregiving practices based on supporting the child.

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PITC Program components:

- Care in small groups; each child is assigned to one special infant/toddler care teacher who is responsible for that child's care.
- Cultural Continuity; because of the important role of culture in a child's development, infant and toddler care teachers heighten their understanding of culture in the lives of children, develop cultural competencies, acknowledge and respect cultural differences, and learn to be open and responsive to families.
- Individualized care; this follows children's unique temperaments and promotes child well-being and a healthy sense of self. This approach supports each child's growing ability to self-regulate and to function independently in personal and social contexts. It also ensures that teachers read children's cues throughout the program day.
- Inclusion of children with special needs; this makes the benefits of high quality care available to all infants and toddlers through appropriate accommodation support in order for the child to have full active program participation.

7. Supporting Child and Family Culture and Diversity:

- Families are asked to share their culture and traditions.
- Food served at mealtimes is culturally inclusive.
- Environments and materials include diverse materials such as pictures, books and photographs. Dramatic play props, puzzles, music, planned activities and books reflect diversity in gender, culture, language and ethnicity.

8. Teacher/Child Interactions:

Positive teacher child interactions build trusting, nurturing bonds between teaching staff and children which supports the children's developing a love of learning.

Teaching Staff:

- Welcome children and families into the program daily.
- Foster positive social behaviors such as cooperation, conflict resolution, and turn taking by using modeling, coaching and encouragement.
- Speak to the children at their eye level and move to where a child is to speak with them directly.
- Teacher's voices are warm and calm.
- Engage children in conversations throughout the day. Encouraging verbal expression enhances children's self-esteem and cognitive growth.
- Comfort children who are crying and validate their feelings.
- Engage in activities with the children on the floor by sitting on the floor with them as much as possible.

9. Caregiver Groups

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Upon entry, each preschool child is assigned to a caregiver group of six to eight children based on the developmental and individual needs of the child and the classroom. The teaching staff assigned to the caregiver group plans and implements individual activities for their group during small group time.

Upon entry infants are assigned to a caregiver group of three children per caregiver. Upon entry, toddlers are assigned to a caregiver group of four children per caregiver. Infants and toddlers remain with the same caregiver whenever possible throughout their enrollment in the program to ensure continuity of care.

Caregiver groups can be named after animals, shapes, etc.

Caregiver Groups during Transitions:

- It is CSB's policy to transition children in small groups including; to and from outside time, small group, large group, and bathroom routines.
- Caregiver groups are maintained throughout the daily activities when appropriate.
- Teaching staff work closely with their caregiving group at meal times, small group, hand washing, etc. For children, this reduces confusion, distraction and promotes attachment with the primary caregiver.

10. Child Health and Safety

Teaching staff integrates health and safety lessons and activities into the lesson plan. Health activities may include: oral health, pedestrian safety, good hygiene practices, and emergency safety including: fire, earthquake, shelter-in-place and school safety.

Children wash hands upon entering school, before eating, after wiping noses, after touching animals, before and after messy play, including sand/water play and Play-Doh, contaminated objects, upon returning from the play yard and after toileting.

Staff inspects classroom and outside areas daily to ensure all facilities, furniture, materials and structures are safe and free from hazards. The 7 Health and Safety Daily Classroom Checks in 7 Minutes form (CSB777) is completed daily in all indoor areas used by children, prior to children using the space. The Daily Playground Checklist (CSB136) is completed daily to document inspection of outdoor areas accessible to children.

Teachers perform a daily health check of each child upon their arrival to school. Refer to section 2, IV. Sub Part III, A, Daily Health Inspection for further guidance.

For infants and toddlers, this practice is done using the Daily Communication Form where families and staff document about each child at the beginning and end of the day. The daily health check is also conducted and documented on this form.

Teaching staff conducts head counts hourly [in CLOUDS](#) and during transitions [in CLOUDS and using CSB700 using CSB700](#) in accordance with [Head-County-Policythe Protocol for Hourly and Transition Head](#)

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[Count and Tracking](#) as described in CSB700A.

[Teaching staff](#) and checks that door alarms are set and all gates are secured at all times.

Children are supervised at all times, and always supervised while toileting.

11. Nutrition

Children participate in learning activities planned to affect the selections and enjoyment of a wide variety of nutritious foods.

Nutrition activities may include: field trips, planting gardens, reading stories about food and nutrition, and sampling a wide variety of foods.

Children are involved in simple cooking projects. Teaching staff serve meals family-style at the centers. Children participate in setting the tables, serving themselves, and pouring their own beverages.

12. Language / Literacy Curriculum Enhancements

- **Learning through Literature Curriculum Enhancement:** Each month teaching staff implements a picture story book to read that contains a written guidance of extension activities and open ended questions to ask.
- **Raising A Reader:** Tote bags with age appropriate books are taken home weekly by each child. Parents are encouraged to read to children daily and discuss the stories. Books are multicultural and include children's stories in Spanish.
- **Tandem:** Similar to Raising a Reader, bags with age appropriate books are taken home weekly by each child. Parents are encouraged to read to children daily and discuss the stories. Books are multicultural and include children's stories in Spanish.
- **Books at Naptime:** Each child may choose a book to read to themselves on their mat.

13. Pedestrian Safety

Children and parents are taught the importance of pedestrian safety within the first 30 days of school. This includes educational videos and materials on pedestrian safety for both children and parents, various classroom activities and educating parents at parent meetings.

14. Media in the Classroom

Classrooms are equipped with Surfaces and installed with ABCmouse. Other media are used in the classroom when intentionally connected to a project topic or curriculum enhancement. Other media must be approved by the site supervisor before they are viewed in the classroom and must be documented on the lesson plan

15. Lesson Plans

The Infant, Toddler, and Preschool weekly lesson plans are designed to ensure that all classrooms provide developmentally appropriate activities consistent with Head Start Performance Standards, Creative Curriculum, and Second Step (preschool). The lesson plan communicates to staff and parents the activities

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for each day of the week. The preschool lesson plan is enhanced by the project approach. The infant and toddler Plans and Possibilities include activities that support each child's individual goals. Plans for these age groups are flexible, are based on children's interests, and is a guide for the day rather than a strict implementation plan. The teacher submits a completed lesson plan form to the Site Supervisor weekly for approval and is posted by Monday morning. Lesson plans (CSB105A, B, and C) are completed at the center by the teaching staff, with input from parents.

16. Required Elements of the Children's Daily Schedule

The classroom daily schedule provides a balance of structure and flexibility. The schedule establishes sequences for the implementation of activities and possibilities in the classroom. It includes a variety of play activities and more and less active times of the day.

- Greeting/ Health Check- each child and family member is warmly greeted when they enter the program daily. A brief health check is conducted by the teaching staff that includes touching of the child's skin and looking into their eyes. Staff may ask a child how they are feeling. Parents must remain during the health check and may be asked questions about their child.
- Work Time/Child Initiated Activities; Children have access to all interest areas in the classroom. Project-based and center activities are offered as additional choices for the children in the preschool classrooms. Teachers add materials for children's creative activities during this time. Teachers work with children and ask open-ended questions to stimulate and enhance child learning. Infant and toddler classrooms may offer special activities in addition to the materials that children may interact with independently
- Small and Large Group Time/Teacher Directed Activities; Small group is a planned activity implemented in caregiver groups. Small group time activities may be conducted anywhere in the classroom or outside. Large group time is a planned time of day and can include music, movement, Second Step (preschool), conversations and discussions. Every child is offered the opportunity to participate but no child should be forced to attend group times. Similar times of the day are planned for infants and toddlers however; these must be based on the children's cues and may be modified in the moment and/or as needed.
- Outdoor Play/Gross Motor - Children are able to use their large muscles and develop socialization skills; activities include tricycles, wagons, balls, games, water tables, obstacle courses, music, art, and dramatic play activities (30 minutes each morning and each afternoon). Outdoor play must still occur in the winter months when the temperature is cooler. If weather, such as heavy rain, does not permit outdoor play, a gross motor activity must be offered indoors.
- Meal Times - Breakfast, lunch and a snack times are provided for children depending on their program model. Infants are fed on demand and toddlers are fed on an individualized schedule. Mealtimes are learning times when teachers assist children with setting the tables, serving their own food and engaging them in conversation. Breakfast and lunch times are approximately thirty minutes and snack time is fifteen minutes.

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- Rest Time – Full day classrooms are required to schedule a one and a half to two-hour rest period for preschool and toddler children. Depending on the child’s needs toddlers rest and nap on demand. Infants rest and nap on demand.
 - No child is to be restrained in their crib, on their cot or on their mat at any time.
 - Children are encouraged to nap but not forced. Alternate quiet learning activities are provided for non-nappers.
 - All children must be visually supervised at all times (CCL Regs: 101229, p. 137)
- Preschool classrooms: All children must be given an opportunity to rest without distraction or disturbance from other activities or children. Teachers encourage children to rest by offering them a book, engaging them in soft conversation and gently rubbing their backs. “Each center shall provide a variety of daily activities designed to meet the needs of children in care including but not limited to: (2) rest and relaxation. (b) All children shall be given an opportunity to nap or rest without distraction or disturbance from other activities at the center,” CCL reg.101230 (a) p.138. Once the children are resting, one staff person may supervise the “napping” children, “provided that the remaining qualified teachers necessary to meet the overall ratio ... are immediately available at the center,” CCL Regs: 101230 (c), p. 139.
- Infant and toddler classrooms: Infants are provided an “on demand” schedule for their routines, including napping. Every infant and toddler is required to have a crib, cot, or mat. Once the infants or toddlers are sleeping, one staff person may supervise the sleeping infants/toddlers provided the remaining staff necessary to meet the ratio are immediately available at the center (CCL regulation: 101416.5(d) p.158) No infant/toddler is to be restrained on their crib, cot or mat at any time.
- Rest time napping equipment placement and sanitation guidance for preschool classroom and Infant/toddler classrooms:
 - The napping space for toddlers and preschoolers must be equipped with a mat, or cot, including a sheet and blanket. Each infant is provided a crib. The crib mattress for infants are cleaned and sanitized regularly or as needed. The toddler and preschool cot or mat is cleaned and sanitized regularly or as needed.
 - Preschool bedding is individually stored so that one child’s used bedding does not come in contact with another’s, and is laundered weekly.
 - Napping equipment is arranged to provide access to children and spaced to prevent the spread of germs. Cribs must be placed three feet apart. Cots are placed eighteen inches apart and children are placed so that each child is alternating head-to-feet.
 - Blankets of any type are not allowed in infant cribs because of the risk of suffocation.

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17. Parent Involvement in providing input into the Curriculum

Parents are partners in the processes of planning and implementing curriculum, and are encouraged to participate in the program in a variety of ways:

i. Home Visits

All parents must be given the opportunity to participate in two home visits a year.

- Initial Home Visit: Within the first 45 days of enrollment, or if feasible, before the program year begins, teachers conduct a home visit. Parents begin to develop a positive relationship with their child's teacher through this initial communication. The home visit gathers information about parent's observations of their children and the goals they have for them. The initial home visit gives the child an opportunity to meet the teacher in a familiar setting and may be used to plan individual goals for each child. Staff should make every effort to conduct the home visit at the child's house. The ASQ-SE is conducted at the initial home visit with the family. If parents request that teachers meet them in an alternate location or if they prefer not to have staff come to their homes, the other location will be considered home visit. See Initial Home Visit form (CSB 170 and CSB170IT). If the parent chooses not to have the visit in the home, the reason for that decision must be stated on the home visit form.
- Each new family will be given a CSB Child Development Brochure, a toothbrush and guidance for tooth brushing and hand washing. The teacher will also assist the parent to complete a social/emotional screening. Teaching staff will enter the parent and print out the results and add it to the child's file.
- Returning Child Home Visit: For children who are enrolled for a second year in the program, the returning child home visit form should be completed (CSB106). As with the initial home visit every effort should be made to conduct the home visit in the child's home. Teaching staff will distribute a toothbrush and hand washing/ tooth brushing guidance.
- ~~Second End-of-the-Program-Year~~ Home Visit: During the ~~second~~~~final~~ home visit, the teacher and parent review the child's progress and assessment results. For preschool they may discuss kindergarten readiness. For all children, they may plan activities for the parent and child to do at home and address questions or concerns the parent has.

ii. Parent Conferences All parents must be given the opportunity to participate in two conferences a year. Conferences are not home visits.

- First Parent/Teacher Conference – Within ninety (90) days of the child's first day of school, each parent will be given the opportunity to participate in a Parent/Teacher Conference. During this conference, the teacher and parent(s) will discuss the child's progress (based on results of the screening, assessments, observations, and child's work), and will develop an Individual Plan (IP). If the child has an IEP, the IEP goals must also be included in the plan. DRDP 2015 measure numbers must be reflected next to the written goals. (CSB118A.)
- ~~Second Parent - Teacher Conference~~ – A second Parent -Teacher Conference will be scheduled ~~twenty-thirty (320)~~ days after the ~~second-third~~ DRDP to review the child's progress/goals that were set during the first Parent-Teacher Conference. ~~New goals will be developed if applicable (CSB118B).~~

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- iii. Parents are asked to give input into the weekly lesson plan by reviewing the lesson plan draft and offering input on all aspects of the plan including, but not limited to, small and large group activities, songs, and stories. Parents then sign the lesson plan to show their input and feedback.

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C. Other Elements of Parent Involvement

- Parents have the opportunity to participate in planning and implementation of field trips.
- Families are encouraged to share their culture and traditions by volunteering in the classroom.
- Parents are provided with individualized home activities by the child's teacher to reinforce child's learning objectives at home.
- A variety of family literacy programs are offered to support parents in helping their children develop a love and appreciation of books. These include Raising a Reader or Tandem.

D. Home-Based Option

CSB's Home-based program option provides opportunities for parents to enhance the parent-child relationship, promote the education and development of their children, enrich the home environment to encourage their children's learning, identify and refer children with special healthcare needs, developmental delays, or disabilities. The home educators serve as facilitators, educators, and a support system for parents and families. They act as vital links to the local community and resources. All services provided to the home-visited family are the same quality as those given in centers.

The Home-based Option uses the center-based sites for socialization and plans activities with the parents to use the home as their primary learning environment.

Head Start's Home-based Option services include:

- Providing one home visit per week per family (a minimum of 32 home visits per year), lasting for a minimum of 1.5 hours each.
- Providing a minimum of two group socialization activities per month for each child (a minimum of 16 group socialization activities each year).
- Nutrition objectives are accomplished through both home visits and group socialization activities. The emphasis is on nutrition education, helping parents learn to make the best use of existing resources. Parents receive information and guidance on menu planning, consumer education, and money management.

The program maintains an average of 10 to 12 families per Home Educator with a maximum of 12 families for any individual Home Educator. Services include:

- One home visit per week for each child and provider lasting for a minimum of 1.5 hours each
- Two group socialization activities per month for each child. During socialization, activities and training are planned for parents and providers to increase their knowledge about child development issues.
- Monthly parent meetings are planned and offered at socialization. Parenting classes, support groups, and trainings are scheduled through the year.
- All services provided to the home-visited providers are the same quality as those given in centers.

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The only difference is the home setting is used as the learning environment, and the provider is the educator.

E. Classroom Assignments

Children are assigned to classrooms and teachers in accordance with their needs, available space, and other relevant variables. Each classroom must have a roster listing all enrolled children. The Site Supervisor notifies the teachers of new enrollees.

Copies of class rosters are continuously available on CSB CLOUDS System and are kept current as children enroll or leave the program.

Classroom rosters do not list more than twenty children on any given day, per federal enrollment regulations except if a waiver has been granted. State Preschool not receiving HS funding may enroll 24 children. CSB centers maintain a minimum class size of at least 95% and a maximum of twenty children, and must never exceed the licensing capacity of the classroom.

F. Adult-to-Child Ratio

1. Ratio Requirements

CSB's part day Head Start program is governed by California Community Care Licensing Title 22 Regulations which require a 1:12 ratio. However, Head Start regulations require that the maximum class size is 20 (unless a waiver is granted), so the adult-to-child ratio in these classrooms is 1:10.

CSB's California Department of Education programs, including those combined with other funding such as Head Start and Early Head Start is governed by California Community Care Licensing Title V Regulations which require the following ratios: For children ages 3-5, 1:8; for toddlers, 1:4; for infants 1:3. For preschool classrooms, Title V regulations allow a classroom to be out of ratio for up to 120 minutes per day. These 120 minutes allow for rest time in early morning or late afternoon and do not apply during the core instructional time of day. During those times, children must be supervised according to the Title XXII regulation of State Licensing at 1 teacher per 12 children.

Children under three years of age may not be in groups with more than eight children. Each full-day classroom is staffed with a qualified Teacher and 2 Associate Teachers. If this is not possible, an Associate Teacher may be substituted for a Teacher and a Teacher Assistant Trainee for an Associate. Each part-day classroom is staffed with two Teachers and a Teacher Assistant Trainee.

The EHS Infant and toddler classrooms have the following ratios: Infants (birth – 18 months) is one to three (1:3) and toddlers (18-36 months) is one to four (1:4). Maximum group size for infants is six at all times. Maximum group size for toddlers is 8 at all times.

2. Supervision

All staff inside the classroom and outside in the yard are responsible to ensure that all children are visible at all times and that they are being supervised at every moment. Teaching staff supervise infants and toddlers/twos by sight and sound at all times.

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Teaching staff, including substitutes and other CSB staff serving as a supervising adult for ratio purposes must sign into the classroom via the CLOUDS Wallpad or tablet. The CLOUDS Staff Management Module is utilized for program oversight and planning, including monitoring to ensure compliance with ratio requirements at all times. For these purposes, staff must also transition in and out of classrooms to account for child to teacher ratio, location of the staff person within the center, and on-duty status, including but not limited to transitions to the playground, another classroom or on break/off duty.

- i. To sign-in/ sign-out of a classroom on CLOUDS:
 - Select the “Staff” button on the Wallpad
 - Select the box with the name of the staff member being signed in or out (staff not already showing on the Wallpad may select the green box and enter their employee ID# to place themselves into the classroom)
 - Select the “Sign-In” or “Sign-Out” button on the pop-up

- ii. To transition on CLOUDS:
 - Select the “Staff” button on the Wallpad
 - Select the box with the name of the staff member being transitioned
 - Select the “In-Transition” button on the pop-up
 - If transitioning to another classroom, select the “Staff In-Transition/ Substitute” box on the wallpad
 - Select the “In-Transition” button, then find and select the box with the name of the transitioning staff
 - Select “Yes” in pop-up

G. Sign-In and Out Procedures

1. Signing-In:

Everyone must sign in at a center: visitors and guests. Upon arrival, every child must be signed in by a parent, friend or relative over 14 years of age, denoted on the emergency contact list. The full signature is required, along with the time of arrival. If a child arrives at the center unaccompanied, teaching staff must bring that child into the center, and contact the parent (and State Licensing) immediately so they may return and properly sign in the child. Failure to sign children in properly may require a referral to County Child Protective Services.

For our part-day sessions, if a parent and his/her child arrive before the start of session or stay after the closing of the session, the teaching staff will remind them that the child is the parent’s responsibility during that time.

2. Signing-Out Procedures:

The parent must always sign a child out at the end of the day.

Children who leave and return to the center during the day must be signed out and in by an authorized adult, e.g. a child leaving for a doctor's visit.

Adults who arrive at the center to pick up a child must be listed on the Children's Center File Emergency Card. Picture identification must be provided before child is released. It is the teacher's responsibility to keep emergency numbers current. At least two people must be listed who can pick up the child in an emergency.

If a person picking up the child is not on the emergency form, written preauthorization from the parents is required before CSB staff will release the child from the center. Children will not be permitted to leave the center unless accompanied by a preauthorized adult. Parents may not give verbal authorization for pick-up of children.

3. Child Release Policy:

The safety of the children is the priority for all CSB staff; ~~therefore~~therefore, the following policy must be enforced at all times:

- All parents are required to complete emergency forms during the enrollment process. Emergency forms with the names and telephone numbers of persons authorized to pick up the child will be kept in the child's file. Emergency forms must be updated at least every 12 months or anytime information changes.
- Photo identification will be required of all newly authorized individuals or individuals not recognized by staff prior to release of the child. Under no circumstances will a child be released to an unauthorized person.
- If CSB personnel are not certain the pick-up person is who he/she claims to be, the child will not be released.
- Staff will not release children if the person picking up the child smells of alcohol or if staff has reason to believe the person is under the influence of alcohol or other foreign substance.
- Staff will not release children to the person picking up the child if there is a court ordered restraining order on file against the person.
- Children will not be forced to leave the center with someone they are not familiar with.

4. Sign-Out Disputes Due to Child Custody Issues:

If a parent requests that the other parent not be allowed to remove a child from the center, Site Supervisor or Head Teacher must request a copy of the court order, and place it in the child's file in the locked cabinet.

The parent must be informed that CSB is not a law enforcement agency and cannot undertake that role. (A parent cannot be denied access to his/her child unless there is a Court Order.)

If a dispute over custody should occur in the classroom, the teaching staff will deal with the family calmly.

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The staff will ask the person if they would like to talk with a Supervisor. If it seems likely that the parent may become violent, the teacher may release the child, and inform the parent that they (teacher) must call the police as soon as the likelihood of violence becomes apparent. Should the parent leave with the child prior to the arrival of the police, the teaching team must be prepared to provide a description of the person, the car, and the license plate number. The teacher must call her/his Site Supervisor to report and document the incident. Such unusual incidents must be reported to an Assistant Director and to Community Care Licensing using the standard procedure.

5. Adults Signing Their Child In or Out While Under the Influence of Alcohol or Drugs:

Any parent or other person who is authorized to pick up an enrolled child and if the parent appears to be under the influence of drugs or alcohol, or in an impaired physical condition which may prevent him/her from assuring the child's welfare, will not be allowed to take the child. In the event that this occurs, staff must use their best judgement in determining if the behavior presents a risk to the child. Staff may also seek a second opinion from another staff or site supervisor to ensure their assessment of impairment is accurate. Staff will let the parent or other person picking up know that the child cannot be released, but another authorized person from the child's emergency card can be called. Staff can try to keep the parent at the site by discussing the child's day or any other broad topic. At any point, if necessary, staff may call 911 or the local police if they feel additional support is needed. Should the parent/other person continue to insist leaving with the child, and staff or children are physically threatened, allow the person to take the child. Should this happen the teaching staff must call 911 immediately to notify the police. They must attempt to keep the adult at the center by discussing the child's day or other broad topics until the police arrive. One staff member will call an Assistant Director and inform him/her of the problem. Allow the person to take the child if he/she insists on leaving, or the staff and children are physically threatened. The staff must get the license number of the vehicle and call the police immediately. If this happens, the teaching staff must:

- ~~Call the police~~
- Call County Child Protective Services and file a child abuse report
- Make an unusual incident report to Community Care Licensing, Inform their AD of the situation/concern
-

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If the police arrive at the center while the adult is still present, it is their responsibility to determine what further action should be taken. Only a police officer can officially determine if an adult is intoxicated, or in an impaired physical condition.

6. Late Sign-Out Procedures:

A parent is considered to be late when he/she has not picked up their child by the agreed upon time. Staff should not call parents to pick up their children before these times. (CSB132) When a parent is late, the teaching staff will implement the following procedure:

- First Time - The staff will verbally inform the parent of the importance of picking up their child on time. This must be documented on the child's folder at the center.

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- Second Time - When the child is picked up, the staff will give a late child notice to the parent. A copy of this notice will be kept in the child's file at the center.
- Third Time - The staff will call the Site Supervisor. The Site Supervisor will inform the parent that if this occurs again the child will be suspended from the center and placed on the waiting list. The Site Supervisor will give a "Late Child" letter to the parent. A copy of this letter will be placed in the child's folder at the center. (CSB132.)
- Fourth Time - The staff will call the Site Supervisor, who will inform the family that their child will be placed on the waiting list. If the family receives collaborative funding from the CA Department of Education, a formal Notice of Action will be given terminating the state funding after the 14-day grace period for appeal. The Site Supervisor will notify the Assistant Director and the Comprehensive Services Assistant Managers of the change in that child's status.

Closing Time - If a child has not been picked up by closing, and no one can be reached to pick up the child, the Site Supervisor will determine the plan of action (which may include calling Child Protective Services). CSB staff must never transport children from the center via vehicle or on foot.

7. Full-Day Program Sign In/Out Procedures:

The number of hours for each child enrolled in a full-day program is based upon their Contracted Hours Agreement, completed with the staff responsible for enrollment at that site. All full-day children must be signed in according to their contract hours. Each parent will have an individual sign-out time based on their unique needs for full-day services and Contract Agreement. The same procedures for late pickup are to be followed although "late" times will vary according to the parent's contract hours. Parent(s) may request a change in hours through "Request for Change of Contract Hours" form. (CSB-607)

H. General Classroom Celebration Policy

1. Description:

The Community Services Bureau avoids endorsing commercialism surrounding the holidays. The focus is about learning and celebrating diversity. The following guidelines are followed when planning activities with staff and parents:

- Holidays are not a major part of the curriculum. They are integrated within the total curriculum. No more than a few days and few activities are dedicated to any holiday.
- Holidays are not a theme and the whole room is not to be decorated reflecting a holiday.
- Learning about holidays broadens children's awareness of their own, and other, cultural experiences. Activities must be thoughtfully planned and implemented for inclusion of all children and families.
- Every group represented in the classroom (children and staff) is to be honored.
- Teachers must not assume that everyone from the same ethnic group celebrates holidays in the same way. Teachers check with the families to ensure that activities are indeed reflective of the cultures represented in the classroom.
- Teachers must plan strategies for working with children whose family beliefs do not

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permit participation in holiday celebrations. Their parents are to be included in planning a satisfactory alternative for these children in the classroom.

2. Children's Birthdays:

Children's birthdays are very important and birthday celebrations are as unique as each child. However, the classroom's daily routine should not be changed to accommodate birthday celebrations. Because children learn by example, and to reinforce the nutrition education in the classroom, the following ideas are suggested:

- Giving and/or reading a book to the child and classmates
- Bringing educational toys to share
- Bringing a baby book or other symbolic item, or a special family story to share
- Lead a game
- Decorating the classroom
- Leading a nutritious class project (any food provided cannot be served in place of regular food service)

3. Inappropriate Activities in the Classroom:

- Staged performances, plays, and ceremonies where children have memorized vocal parts or if rehearsals are required
- Lectures, where children have to sit and listen for a long period of time
- Commercial displays
- Adult-directed activities that focus on a product rather than a process (i.e., patterned art / work)
- Combined classrooms with large groups of adults and children
- Graduation ceremonies with caps and gowns

I. Field Trip Policy

1. Procedures:

Field trips complement the classroom educational experience, current curricula, and must be developmentally appropriate. Field trips encourage hands-on exploration and experimentation. Field trips permit the child to learn about his/her world (school, neighborhood, and community). Field trips permit the child to learn about his/her world (school, neighborhood, and community). Bus or walking field trips may not be taken to amusement/theme parks or have large bodies of water as the main component of the field trip event. Field trips to water parks or swimming pools are prohibited. Field trips where tide pools are observed must have prior approval by an AD.

Site supervisors must inform Nutrition office one week prior to date of a field trip using the Field Trip Form (CSB115). All field trip lunches will consist of sun butter sandwiches, string cheese, fruit, vegetable, and milk.

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Parent volunteers are encouraged to plan and participate in field trips. Only children enrolled in the classroom taking the field trip may participate. CSB will not provide parent/family transportation, with the exception of the exception of the previously determined 2-3 parent volunteers/chaperones. Parent volunteers must adhere to the immunization requirements. Parents may not bring siblings or other children on the field trip unless preapproved by the Assistant Director.

Parents may drive their own child to a field trip after signing their child out of school. Parents may not drive other students or parents on a field trip. Upon arrival of the field trip, parents must sign their child in using a paper copy if tablets are not available. Should parents chose to leave early or leave at any time with their child, parents must sign their child out.~~While on the field trip parents need to sign their child in or out, use paper copy if tablets are not available.~~

Field trips are approved in advance by the Site Supervisor and AD are documented in the classroom lesson plan. Teaching staff notifies the Site Supervisor or designee when leaving/returning from the trip.

Parental permission slips are required for all field trips (CSB114). Transportation is provided ~~as needed,~~ primarily for staff and children.

In general, ~~t~~ travel time for field trips should be no more than 60 minutes in length, round trip, and allow for heavy traffic conditions when necessary. Additional travel time may be accommodated with prior AD approval. Walking field trips are encouraged, with the destination within a half- mile radius of the center.

- A field trip should be completed within ~~four~~ three hours, including lunch and transportation.
- Full-day programs require a two hour nap/rest period. A field trip should not interfere with the regular naptime schedule.
- Requests for additional time for field trips may be submitted to the Assistant Director for approval.

~~Size of group—no more than one group of twenty children may go at one time. AM and PM classes do not combine or change program hours to go on a trip. Adult to child ratio on all field trips is a minimum of one adult for every four children (1:4). This ratio may be adjusted lower (1:3 or 1:2) at the discretion of the teacher or Site Supervisor. Staff (and volunteers) must have assigned groups of children for whom they are responsible at all times. Each group must stay together, within the teacher's area of vision/supervision. Teachers are responsible for ensuring that each adult volunteer properly supervises his/her assigned group of children on the field trip. Headcounts on field trips will be taken at the following times:~~
AM and PM classes do not combine or change program hours to go on a trip. On bus field trips, multiple classrooms may share buses as capacity allows, however, children must be separated into smaller caregiver groups upon field trip arrival and while boarding and exiting the bus. Adult-to-child ratio on all field trips is a minimum of one adult for every four children (1:4). This ratio may be adjusted lower (1:3 or 1:2) at the discretion of the teacher or Site Supervisor. Staff (and volunteers) must have assigned groups of children for whom they are responsible at all times. Each group must stay together, within the teacher's area of vision/supervision. Teachers are responsible for ensuring that each adult volunteer properly supervises

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his/her assigned group of children on the field trip. Documented headcounts on field trips will be taken at the following times:

- Upon leaving the center
- On the bus or van
- Upon arrival at the destination
- At random times during the field trip
- When boarding the bus or van for the return to the center
- After return to the center
- Use paper copy for parents to sign-in and out if tablets are not available.

Emergency information for each child, three blank accident forms, a cell phone, and a First Aid Kit must be taken on walking or driving trips, including bus field trips - (CSB-113-Field Trip Information and CSB-1015-Vehicle Use Request Form)

- During field trips, each child must wear a tag at all times that only identifies the name of the center and the center's telephone number on the front. Child's name may be written on the back of the tag, but never on the front.
- Field trip leaders must keep to their schedule, or call the center if there are any changes.
- If there are insufficient adults, inclement weather or any circumstance that would make it less than an optimal experience, the trip must be cancelled. A well-planned field trip taken under adverse conditions or circumstances may become a danger.

2. Planning Protocols:

When planning a field trip or socialization, the following must be completed:

- Establish educational goals and objectives for the planned trip
- Teacher, or their representative, is to visit the destination to check travel time and accommodations, and to ensure the safety of the children

The field trip planning form (CSB115) must be completed and submitted by the teacher and approved by the Site Supervisor and AD at least one month prior the field trip. If planning the use of a bus for the field trip, CSB115 must be given to the AD clerk immediately to schedule a bus at least one month in advance.

- ~~The field trip planning form must be completed and submitted one month prior the field trip~~
- If applicable, the request for change of menu and purchase requisition must be completed and submitted one month prior the field trip
- Parents are notified at least two weeks in advance of the upcoming trip, at which time they are encouraged to volunteer for the trip
- Children are prepared for the trip at least one week in advance through in-class discussions of field trip safety
- When transportation is provided at least one trained bus monitor is aboard each vehicle at all times

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The bus monitor training will include:

- Child boarding-and-exiting procedures
- Use of restraint systems

Bus: Properly fastened seat belts per the waiver for transportation services

Van: Properly installed car seats

-
- Required paperwork
- Emergency response and evacuation procedures
- Use of special equipment
- Child pick-up and release procedures
- Pre- and post-trip vehicles checks

In Case of Minor Accident at Site or on Field Trip

- A designated staff member with a valid First-Aid Certificate assesses the situation, and renders first aid if necessary.
- If a minor accident occurs on a field trip, the teacher of an injured child must notify the child's parents on return to the center. (As noted above, the emergency contact list must be on hand.)

The Injury/Incident Report form (CSB245) " form is completed, signed, and dated

- ~~The "Band Aid Report" form is completed, signed, and dated.~~
- The teacher retains one copy for the center and gives one copy to the parents.
- In Case of Major Accident at Site or on Field Trip
 - The teacher calls paramedics immediately. Classroom staff assesses the situation, and renders first aid as indicated for life-saving measures.
 - Injured children are taken to the nearest emergency facility and the teacher or Site Supervisor accompanies the child.
 - The teacher of an injured child must notify the child's parent(s) immediately. (The emergency contact list must be on hand)
 - The teacher must immediately notify the Site Supervisor, who will notify the Assistant Director and/or the Bureau Director or designee.
- Licensing must be notified by telephone (with a follow-up of the "Unusual Incident/Injury" report) as soon as possible.
- The parent may accompany the child in the emergency vehicle.
- If the parent is not at that location, the child's teacher accompanies the child in the emergency vehicle.
- If necessary, CSB staff will provide transportation for the parent to/from the emergency facility.

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- The “Accident/Incident Report” form (See Form CSB208) is completed, signed, and dated by the staff person involved in the situation.
- An insurance form is also completed, signed, and dated.
- The teacher retains one copy of the “Accident/Incident Report” and insurance form for the center, and submits copies of the reports (within 24 hours) to the Site Supervisor.
- The Site Supervisor submits copies of these reports to the Assistant Director and/or the Bureau Director.
- The CDE must be notified by the Bureau Director if the client is in a program funded by the state.

PART IV. HEALTH PROGRAM SERVICES

SUBPART I. Prevention and Early Intervention

A. Determining Child Health Status

Community Services Bureau establishes and maintains individual, comprehensive files for children and families. Health records, developmental progress portfolios, and files, including Administrative, Delegate Agency, and Grantee-Operated Program and Subcontractor’s filing systems, are kept confidential with use of the Access to File form (CSB900) and following the approved Confidentiality Policy. All staff with access to health information is trained on HIPAA (Health Information Portability Accountability Act) requirements.

CSB obtains parental consent prior to the administration of health or developmental procedures through the program or by contract or agreement and maintains documentation of parental refusal of authorization for health services through use of the Parental Refusal of Health Services Form (CSB298).

CSB staff collaborates with parents to address the health and well-being of each child in a linguistically and culturally appropriate manner, communicating the child’s health needs and developmental concerns.

1. Physical Examinations - Well Child Check (CSB207)

Each parent is provided with a Report of Health Examination - Well Child Check (CSB207) for use in obtaining their child’s physical examination. As much pertinent health information as possible is accumulated and recorded for each child, paying particular attention to the items required by the Bright Futures Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule to ensure that children are following a schedule of complete well child care. The child’s initial physical examination required for program entry

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must be current (in accordance with the EPSDT schedule) and received no later than thirty days after entry into the program. One extension is allowed with documentation of a pending appointment. Children returning for a second year require additional physical exams in accordance with the EPSDT Schedule. Comprehensive Services Teams enter all data on the physical exam into the CLOUDS data management system. This enables program staff to track services and follow-up on actions such as treatment needed, future appointments, and referrals. Managers access reports to help monitor progress in meeting program requirements in a timely manner.

2. TB Clearance – CSB Center-Based Program

In accordance with section #101220 of Licensing Code, TB Clearance documentation must be obtained for each child within 30 days of enrollment (admission) into the program. TB Clearance documentation must consist of either:

- A negative TB Skin Test or Chest X-Ray result, or
- A physician’s check mark indicating “No Risk” on CSB207–Report of Health Examination - Well Child Check or other signed or stamped document from the physician/clinic.

The TB screening referenced in the TB Clearance documentation must be in accordance with the EPSDT schedule. The one extension allowed for pending physical exam appointments does not apply to TB Clearance documentation. Children without TB Clearance will be excluded if clearance is not obtained within 30 days of enrollment.

3. Health Insurance

Through use of the Health History and within 30 days after the child first attends the program, or for the home-based program option, when the child receives a home visit, those children with and without medical and/or dental insurance are designated as such. In the event that the child does not have insurance coverage, Comprehensive Services Teams will assist families in accessing insurance as soon as possible by referring the child to various programs such as the Child Health and Disability Prevention (CHDP) Gateway program, Medi-Cal/Denti-Cal, the Kaiser Permanente Children’s Health Plan, and services through Covered California.

4. Health Records

In the event that health records are returned to the program with information missing, Comprehensive Services Teams obtain consent for release of information from parents. This consent is used to obtain information from medical/dental offices, medical records departments and laboratories. Every effort is made to educate parents regarding the EPSDT schedule and the documentation needed prior to visiting a doctor or dentist.

The following information shall be obtained and entered into CLOUDS and the child’s confidential file:

- Health and developmental history
- Immunization record including immunizations and in series/waivers
- Treatment plans

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- Age-appropriate physical exams, dental exams and screening results
- Records of major/minor illnesses and injury during program activities
- Schedule of daily medications - prescription and over-the-counter medications such as sun screen and rash ointment
- Allergic reactions
- Dietary intake and food habits
- Age and gender-appropriate growth charts
- Source of payment for services, including free federal, State of California, and locally funded health services
- Medi-Cal number or private insurance identification
- Referral and follow-up information
- Record of follow-up and documentation of actual services provided
- Emergency information/Parent Contact
- Signed parent consent forms
- Parent Refusal of Health Services Forms
- Family Meeting Documentation
- Teacher observations
- Progress reports
- Other information as needed

A child whose authorized representatives adhere to a religious faith that practices healing by prayer or other spiritual means shall not be required to meet the requirements of the health examination. In this case, the authorized representatives must provide:

- Information on the child's health history
- A signed statement that indicates:
 - Their acceptance of full responsibility for the child's health.
 - Refusal to obtain a medical examination for the child.
 - Request that no medical care be given to the child.

B. Protocols for Determining Child Health Status

1. Application

Before enrollment, Comprehensive Services Clerks are responsible for:

- Reviewing the electronic application information/intake documents.
- Noting concerns (known or suspected) using the Red/Yellow Flag System as indicated on the Eligibility Certification Checklist Form (CSB604).
- Generating a CLOUDS referral based on application information, as needed and clearly noting details of child's condition in Referral Observation/Comments.

Before enrollment, Comprehensive Services Assistant Managers are responsible for:

- Reviewing the application information/intake documents and ensuring referrals are generated

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and Red/Yellow Flags are in place if needed.

- Coordinating with the Site Supervisor to set up Family Meetings or interventions as appropriate.

Before enrollment, Site Supervisors are responsible for:

- Reviewing the application, Red/Yellow Flags, and referrals.
- Coordinating with the CSAM to set up Family Meeting or interventions as appropriate.
- Communicating child health status and needs with teaching staff.

2. Immunizations

The State of California Immunization Branch requires that programs institute a “No Shots, No School” policy, however, medical providers may indicate that a child may not have any or all immunizations. In this case, the waiver on the back of the California School Immunization Record Card (blue card) must be completely filled out. Medical exemptions from a licensed physician (MD or DO) will continue to be permitted and require a written statement including which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C on the front of the Blue Card. If the medical exemption is temporary, check box B and box D; this child requires follow-up. Per Senate Bill 277, immunization waivers based on personal beliefs is no longer permitted beginning January 1, 2016. A personal belief exemption submitted prior to January 1, 2016 will remain valid until the student enters kindergarten/transitional kindergarten.

Names of all exempt children will be maintained on an exempt roster for immediate identification in case of disease outbreak in the community. Immunization training, including the most current immunization schedule for children 0-5, is provided to staff annually. Children are tracked throughout their enrollment to ensure they remain up-to-date or in-series. Records are updated accordingly. Comprehensive Services staff completes the annual immunization report due to the local health department in September/October of each year.

i. Responsibilities of Comprehensive Services Clerks

Prior to enrollment Comprehensive Services Clerks are responsible for:

- Collecting valid immunization records from parent.
- Obtaining parent consent for use of California Immunization Registry - CAIR (CSB243) and requesting immunization registry search if parent is unable to provide immunization verification.
- Entering immunization data into CLOUDS, completing the results column on the right to indicate one of the following: In Compliance, In Series, Medical Waiver or Non Compliance and ensuring “Overall Immunization Status” below is correctly identified.
- Emailing the name of child exempt from immunizations to the Comprehensive Services Manager (Health Content Area) for placement on the exempt roster.
- Determining overall immunization status.
- Notifying parent of shots needed.

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- Assisting the parent in obtaining a doctor office/clinic for immunizations needed.
- Using the Red/Yellow Flag system on the Eligibility Certification Checklist (CSB604) to indicate temp files as needing immunizations prior to start date.
- Printing the Immunization Blue Card from CLOUDS or manually filling in blanks, signing it, and placing it in the temporary file with documentation of a physician's statement for medical exemptions.

On an ongoing basis, Comprehensive Services Clerks are responsible for:

- Obtaining immunization updates and entering the data on the Blue Card and in CLOUDS.
- Tracking in-series children and notifying the parent of the next dose due prior to the due date.

As needed, Comprehensive Services Clerks are responsible for:

- Assisting the parent in obtaining a doctor office/clinic for immunizations needed.
- Preparing exclusion letters if child fails to obtain shots on time.

Annually, Comprehensive Services Clerks are responsible for:

- Attending the annual immunization training.
- Reviewing and updating immunizations for the annual immunization report prior to submission each September/October.
- Assisting with the annual immunization report as needed.

ii. Responsibilities of Comprehensive Services Assistant Managers

Prior to enrollment, Comprehensive Services Assistant Managers are responsible for:

- Reviewing files to ensure up-to-date or in-series immunizations or waiver is in place before file is provided to Site Supervisor for placement.
- Conducting ongoing immunization registry searches as needed.

On an ongoing basis, Comprehensive Services Assistant Managers are responsible for:

- Ongoing monitoring of CLOUDS for immunization compliance.
- Tracking children with in-series immunizations.
- Supporting the parent by coordinating with the Site Supervisor to set up a Family Meeting as needed regarding immunizations.
- As needed, reviewing exclusion letters generated by clerk and verifying information, which is forwarded to the Site Supervisor for action.

Annually, Comprehensive Services Assistant Managers are responsible for:

- Reviewing annual immunization reports prepared by the clerk, to verify accuracy.
- Collaborating with the Comprehensive Services Manager (Health Content Area) prior to online

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submission each September/October and with the Site Supervisors after online submission is complete.

- Attending annual immunization training.

Site Supervisors are responsible for:

- Reviewing immunization compliance prior to enrollment.
- Returning the temp file to the Comprehensive Services Assistant Manager if immunizations are not complete or required exemption documentation is missing.
- As needed, verifying, signing, dating and issuing exclusion letters prepared by the clerk and reviewed by the Comprehensive Services Assistant Manager.

Comprehensive Services Health Manager is responsible for:

- Providing immunization training annually.
- Overseeing the process and submission of the annual immunization report to the local health department by the September/October due date of each year.
- Conducting ongoing immunization registry (CAIR) searches.
- Obtaining access to CAIR for new team members.
- Maintaining a roster of children who are exempt from immunizations for immediate identification in case of disease outbreak in the community.

3. TB Clearance – CSB Center-Based

i. Program Comprehensive Services Clerks are responsible for

- Informing parent of 30-day TB requirement and ongoing TB requirements per the EPSDT Schedule.
- Assisting parents with gaining access to TB testing.
- Collecting valid TB screening records from parents which include either a negative TB Skin Test or Chest X- Ray results, or a Physician's Clearance indicating "No Risk" on the Report of Health Examination - Well Child Check (CSB207) or other signed or stamped document from physician/clinic.
- Date stamping TB documentation upon receipt and review.
- Inputting TB screening data into CLOUDS upon receipt.
- Updating TB section of the Blue Card in child's file.
- Updating CLOUDS with referrals and case notes.
- As needed, preparing the exclusion letter if TB Clearance is not provided within 30 days of enrollment (TB Clearance: Negative TB skin test or Chest X-Ray results, or "No Risk" per medical provider).

Comprehensive Services Assistant Managers are responsible for:

- Tracking immunization compliance through CLOUDS Reports.
- Supporting the parent by coordinating with the Site Supervisor to set up the family meeting as needed.

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Site Supervisors are responsible for:

- Notifying the parent of 30-day requirement at enrollment.
- Tracking receipt of TB screening records.
- Ensuring that no child is attending the program without TB Clearance beyond 30 days from enrollment.
- Coordinating with the Comprehensive Services Assistant Manager to set up family meetings as needed.
- Communicating with the Comprehensive Services Clerk to prepare exclusion letters.
- Reviewing, authorizing and signing all exclusion letters, and designating staff for distribution.

ii. Health History (CSB217)

Prior to enrollment, Comprehensive Services Clerks are responsible for:

- Completing the Health History on CLOUDS.
- Printing a copy of the Health History for the child's file.
- Obtaining signatures on the Health History if possible.
- Placing a "sign here" sticker on the Health History document if the parent is not present to sign.
- Reviewing the Health History to determine whether each child has a medical/dental home and medical/dental insurance coverage within 30 days of enrollment. Such care is defined as an ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency care or urgent care.
- Reviewing information and flagging any suspected or known special needs using the Red/Yellow Flag System on the Eligibility Certification Checklist Form (CSB-604).
- Generating a CLOUDS referral for any special needs noted on the Health History.
- Providing medical/dental home and insurance intervention with all families that indicate they have no medical / dental provider or coverage. Document intervention on the Health History in CLOUDS.

Prior to Enrollment, Comprehensive Services Assistant Managers are responsible for:

- Reviewing the child's Health History for completion and concerns.
- Ensuring proper Red/Yellow Flags are in place as appropriate with sufficient detail noted for the Site Supervisor.
- Reviewing CLOUDS referrals generated from the Health History.
- Meeting with parent to ensure understanding of the benefits of consenting for services, if parent has not given consents on the Health History.
- Contacting the Comprehensive Services Manager for guidance if unsure of how to proceed with any special needs.
- Coordinating with the Site Supervisor to set up a pre-enrollment family meeting as needed.

Site Supervisors are responsible for:

- Returning any file without a Health History.

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- Reviewing the Health History, checking for Red/Yellow flags and referrals, coordinating with the Assistant Comprehensive Services Manager to set up a family meeting / intervention as appropriate.
- Acquiring a parent signature on the Health History, if necessary at enrollment.
- Ensuring that teaching staff has reviewed the Health History in order to address health conditions/needs and the completion of the consent section.
- Coordinating with Comprehensive Services Assistant Manager to set up pre-enrollment family meeting as needed.

Comprehensive Services Health Manager is responsible for:

- Providing and/or arranging training and technical assistance as necessary for special needs identified in the Health History.
- Attending family meetings for complex cases as needed.
- Tracking and providing follow-up as needed.

iii. Physical Exam Report of Health Examination - Well Child Check

Comprehensive Services Clerk is responsible for:

- Providing a physical exam - Report of Health Examination - Well Child Check (CSB207) to the parent and informing the parent of the 30-day requirement prior to enrollment.
- Educating the parent on the use and importance of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) schedule copied on the back side of the Well Child Check (CSB207).
- Noting in the Child Case Notes in CLOUDS that the parent was given a physical form.
- Referring the parent to a medical provider/insurance and providing support as needed.
- Date stamping the physical exam upon receipt and review of the CSB207 form.
- Immediately notifying the Comprehensive Services Assistant Manager of any known or suspected health concerns or disabilities.
- Inputting the physical exam data into CLOUDS and documenting completion of data entry and staff follow-up by placing notes (as needed), clerk's signature and date on the lower right hand side of the exam form in the "Staff Follow-up" box.
- Entering follow-up data on CLOUDS as needed.
- Generating referrals as needed.
- Collecting parental consents for health services and release/exchange of information.
- Contacting clinics, doctors' offices, and laboratories to obtain missing results.
- Tracking physical exam due dates and sending reminder notices to parents as needed.
- Obtaining authorization from parents for health services administered by the program, or by agreement or contract with a partnering entity.
- Obtaining complete Parent Refusal of Health Services Form (CSB298) for those parents who refuse to give authorization for health services.
- Providing handouts for screening value results and guidelines as needed.
- Providing exclusion letters at the direction of the Site Supervisor.

CHDP Assessment Guidelines for Blood Pressure Readings:

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Further evaluation or follow-up is indicated for a child who sustains a systolic or diastolic reading at or above the 95th percentile for age and gender (measured on at least 3 occasions and averaged together). If results are entered in CLOUDS as "Abnormal", a CLOUDS health referral is generated and follow-up is completed as needed.

| Age in Years | 90 th and 95 th PERCENTILE BLOOD PRESSURE ACCORDING TO AGE and GENDER | | | | | | | |
|--------------|---|-------|-----------|-------|----------|-------|-----------|-------|
| | Boys | | | | Girls | | | |
| | Systolic | | Diastolic | | Systolic | | Diastolic | |
| | 90th% | 95th% | 90th% | 95th% | 95th% | 95th% | 95th% | 95th% |
| 3 | 107 | 111 | 68 | 73 | 73 | 73 | 73 | 73 |
| 4 | 108 | 112 | 69 | 73 | 73 | 73 | 73 | 73 |
| 5 | 109 | 113 | 69 | 74 | 74 | 74 | 74 | 74 |

Blood Lead Levels:

Provide nutrition resources and lead education materials if child's lead blood level is 4.5 or greater. If the lead level is 9.5 or greater a referral must be made to the Comprehensive Services Health Manager.

Comprehensive Services Assistant Manager is responsible for:

- Tracking receipt of Well Child Check for children ages 0-5 years old on an ongoing basis, in accordance with the EPSDT Schedule and in collaboration with the Site Supervisor.
- Reviewing all physicals with known or suspected health conditions/disabilities immediately upon receipt of exam.
- Communicating with the parent immediately when problems are suspected or areas of concern arise.
- Tracking referrals and follow-up.
- Initiating care plans with providers as appropriate.
- Conducting follow-up with parents on an ongoing basis.
- Ensuring completion of parental consents and documentation of parent refusal of health services.
- Conducting follow-up with providers to obtain documentation to complete the exam per the EPSDT Schedule or to obtain follow-up information.
- Monitoring physical exam due dates to ensure compliance with the EPSDT Schedule.
- Coordinating with parent and Site Supervisor to set up family meetings as needed.

Site Supervisors are responsible for the following:

- Notifying the parent of the 30-day Well Child Check (CSB207) requirement at enrollment.
- Tracking receipt of the initial Well Child Check (CSB207) for children 0-5 years.
- Ongoing tracking receipt of Well Child Checks for children 0-5 years in accordance with the EPSDT Schedule.
- Ensuring that no child is in the program without a physical past 30 days (one extension allowed with documentation of a pending appointment).
- Directing clerks to prepare exclusion letters as necessary.

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- Issuing Notice of Action (NOA) for children in state-funded programs that have not complied with requirements.
- Referring families who need assistance in accessing care to the Comprehensive Services Team.
- Reviewing the physical exam for each child and calling for a family meeting when appropriate.
- Working with teaching staff to ensure child's medical and developmental needs are addressed appropriately.
- Ensuring implementation of care plans.

Comprehensive Services Health Manager is responsible for the following:

- Supporting staff and families through the family meeting process for complex cases as needed.
- Interfacing with community partners to obtain health education, services, assistance and follow-up.
- Reviewing CLOUDS Reports to ensure compliance with health requirements.
- Maintaining a Health Services Advisory Committee that includes Head Start parents, professionals and other volunteers from the community to address the health concerns impacting CSB's children and families and to gain knowledge of current health opportunities available to families and children in the community.

iv. Dental Exam

Comprehensive Services Clerks are responsible for:

- Informing parent of the 90 day dental exam requirement upon enrollment.
- Educating the parent about the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule for Dental/Oral Health Care.
- Providing parent with the dental exam form (CSB-206).
- Providing a list of dental providers/insurance options to the parent and providing support as needed.
- Tracking dental exam due dates on an ongoing basis.
- Preparing reminder letters and contacting parents regarding dental exams and treatment needed.
- Date stamping the dental exam on the bottom right hand section under "Date Received", upon receipt and review of the form and entering "Date Obtained" on the Dental Tab in CLOUDS.
- Entering dental exam data into CLOUDS upon receipt and documenting data entry in CLOUDS by placing signature and date in the "CSB Staff Follow-up" section at the bottom of the exam.
- Collecting consents for release of information as needed.
- Generating referrals for children without dental care access, with treatment needed or with non-compliance issues as needed and documenting referral follow up under referral/ case notes.
- Tracking dental treatment follow-up on the Dental Exam (CSB206) and documenting "Receiving Treatment" and/or "Treatment Complete" in CLOUDS on the Dental Tab.
- Obtaining parental dental consents for release/exchange of information and onsite dental services and events.

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- Obtaining complete Parent Refusal of Health Services Form (CSB298) for those parents who refuse to give authorization for oral health services

Comprehensive Services Assistant Managers are responsible for:

- Monitoring dental exam due dates on an ongoing basis.
- Following up to ensure treatment plans are in progress, ongoing or complete.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings for oral health education, dental access, non-compliance issues, etc.
- Assisting the Comprehensive Services Manager with coordination of exams by volunteer dentists/mobile dental care, and other oral health events/services.

Site Supervisors are responsible for:

- Collecting dental forms and forwarding them to Comprehensive Services Clerks.
- Coordinating with the Comprehensive Services Assistant Manager and parent to schedule and attend family meetings regarding oral health as needed and keeping teachers informed with updates.
- Coordinating with Comprehensive Services and teaching staff to support onsite dental activities/trainings/events.

Comprehensive Services Health Manager is responsible for:

- Support staff and families through the family meeting process for complex oral health issues.
- Reviewing CLOUDS Reports to ensure compliance with oral health requirements.
- Coordinating volunteer dentists, mobile services and oral health events on an ongoing basis.
- Collaborating with the Children's Oral Health Program, Contra Costa Dental Society and other community partners, for oral health education, services, assistance and follow-up.
- Ensuring Health Services Advisory Committee participation in addressing the oral health concerns currently impacting CSB's children and families.

v. Staff Protocol for Dental Referrals if Treatment is Needed

Comprehensive Services Clerk is responsible for:

- Generating a dental referral and updating the status as needed in CLOUDS.
- Determining dental insurance status for treatment needed and providing contact information for local community dentists/clinics, the current schedule for mobile dental services in the community, and Covered California or other insurance resources to ensure treatment completion for all children including those in need of, or unable to obtain dental insurance and those with unaffordable co-pays.
- Providing the parent with "Dental Exam/Treatment" Form (CSB206).
- Obtaining parental consents as needed.
- Obtaining documentation of Parental Refusal of Health Services (CSB298) as needed.
- Entering contact information and date referral information was provided in CLOUDS Dental Referral Case Notes (indicating status "in progress").

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- Following-up with the parent (within 2 weeks) regarding the status of scheduled appointment and frequently thereafter until treatment is complete.
- Entering each follow-up activity in CLOUDS Dental Referral Case Notes and once treatment is finished enter status “complete”).
- Referring to the Comprehensive Services Assistant Manager if the family has exhausted all options without success.

Comprehensive Services Assistant Managers are responsible for:

- Monitoring CLOUDS reports to identify children in need of dental services, referrals and follow up.
- Communicating immediately with parent upon identification of oral health concerns.
- Following up with the Comprehensive Services Clerks and the parent to assist with extended “in progress” referrals.
- Coordinating with Site Supervisor and parent to schedule and attend family meetings regarding oral health as needed.
- In cases where the co-pay is unaffordable or the child is not eligible for insurance and parent cannot afford treatment, referring to providers such as local clinics, mobile dental services, the Children’s Oral Health Program, Give Kids a Smile dentist, and the Children’s Dental Health Foundation.
- Entering status/follow-up data in CLOUDS Dental Referral Case Notes.
- Referring to the Comprehensive Services Health Manager if services for treatment cannot be provided or treatment is unaffordable.

Comprehensive Services Health Manager is responsible for:

- Collaborating with community partners to provide services on site or through local dental offices, mobile dental vans and dental events.
- Initiating the request process for Head Start funds (last resort) - working with Comprehensive Services Assistant Manager to acquire treatment estimate, letter from parent, date of dental appointment and additional documents needed.
- Reviewing CLOUDS Reports to ensure compliance with dental treatment follow-up.
- Attending family meetings for complex cases.

vi. Medical/Dental Home

Comprehensive Services Clerks are responsible for:

- Consulting with parents through use of the Health History to determine within 30 days after child attends the program or, for the home-based program option, receives a home visit, whether or not each child has ongoing sources of health care provided by a health care professional that maintains the child's health records and is not primarily a source of emergency care.
- Assisting families with gaining access to a source of ongoing and continuous care and navigating the managed care system to access services as needed and as soon as possible.
- Documenting Medical/Dental interventions and health/oral health coverage in CLOUDS within 90 days of enrollment.

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- Providing ongoing support for families in need of a medical/dental home.

Comprehensive Services Assistant Managers are responsible for:

- Supporting clerks with families that are facing barriers to medical/dental home access.
- Monitoring CLOUDS reports on an on-going basis to identify children in need of a medical/dental home.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings regarding medical/dental homes.

Comprehensive Services Health Manager is responsible for:

- Collaborating with community partners to obtain access to medical/dental homes for CSB families.
- Reviewing CLOUDS Reports to ensure compliance with medical and dental homes.
- Calling upon advocacy organizations to address any gaps in service or access.

C. Developmental, Sensory, and Behavioral Screening

All children are screened by the teaching staff in the areas of social emotional development and cognitive development including children with an IEP/IFSP, and as needed, by the Comprehensive Services Team for hearing, vision, and nutrition, within 45 days of class entry. Parents should be informed about all upcoming screenings and their purposes in advance. Results of the screenings are used as part of the individualization process for each child.

It is the Site Supervisor's responsibility to work with the teacher and Comprehensive Services Team to ensure that ASQ-SE and ASQ-3 screenings are completed within 45 days of class entry.

The teacher places completed ASQ-SE and ASQ-3 Screenings in the Education section of the child's file and enters screening data in CLOUDS. Teachers give each child time to adjust to the new environment before rescreening if necessary.

1. Protocols for Sensory (Vision and Hearing) Screening

Evidence-based vision and hearing screenings are to be completed within 45 days after the child first attends the program or for home-based program option, receives a home visit, for children who do not have results as part of their Well Child Check and for returning children, as needed, based on the EPSDT schedule.

Comprehensive Services Assistant Manager is responsible for:

- Identifying those newly enrolled children in need of initial screenings, returning children in need of screenings based on the EPSDT schedule and re-screenings due within two weeks of the initial screening through use of CLOUDS Smart Reports.
- Coordinating screening team logistics for Comprehensive Services Clerks to administer screenings on an ongoing basis.
- Notifying the Site Supervisor of the upcoming screening schedule with a minimum one week

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notice. Note - One week notice may not apply for children absent on the initial screening date.

- Directing Comprehensive Services Clerks to input data results in CLOUDS, preparing referrals as needed and providing follow-up until treatment is established and complete.
- Communicating immediately with parent upon identification of screening concerns.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings regarding sensory screenings.
- Tracking referrals to physicians and providing ongoing assistance to clerks and parents until testing/treatment is established and the referral is complete.
- Ensuring the completion of the health section of the Screening Results Form (CSB212) within 75 days of enrollment.
- Completing vision and hearing screening certification courses as soon as possible after hire.

The Site Supervisor is responsible for the following:

- Obtaining a screening schedule from the Comprehensive Services Assistant Manager and providing a schedule for teaching staff.
- Providing teaching staff with the screening preparation curriculum.
- Monitoring the implementation of screening preparation in the classroom curriculum and on the lesson plan.
- Providing an appropriate screening area on site for the administration of screenings.
- Designating teaching staff to accompany children to and from designated screening location.
- Coordinating with Comprehensive Services Assistant Manager and parent to schedule and attend family meetings regarding screenings.
- Ensuring the completion of the education section of the Screening Results Form (CSB212) within 75 days of enrollment.

Teaching Staff is responsible for:

- Implementing screening preparation curriculum in the classroom.
- Including screening preparation on the lesson plan. Note – In an effort to complete all screenings within the 45-day deadline, it is important to include screening preparation into the lesson plan for the first week of school for part year programs and two weeks prior to July 1 for year round programs.
- Providing flexibility with the classroom schedule to support Comprehensive Services in completing the screenings.
- Introducing Comprehensive Services Staff to children on the screening day.
- Assisting Comprehensive Services with gathering children to be screened, tracking children as they are removed from and re-enter the classroom and accompanying children to and from the screenings as directed by Site Supervisor.
- Completing the educational areas of the Screening Results Form (CSB212) including the Behavioral Screening (ASQSE) and Cognitive and Language Screening (ASQ3) and signing in the designated area.
- Assisting with the distribution of Screening Results Forms (CSB212) to parents.

Comprehensive Services Clerks are responsible for:

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- Engaging parents in conversation about the importance of screenings.
- Notifying parents of dates and screenings to take place through one-on-one conversation and by posting flyers on site, one week in advance of the screening days.
- Reviewing reports of children to identify those that need to be screened.
- Verifying consents for screenings on the Health History forms of those children to be screened.
- Obtaining additional consents for screening to be administered by collaborative agencies as needed.
- Obtaining documentation of Parent Refusal for Health Services (CSB298).
- Obtaining equipment needed and setting up screening tools on site.
- Introducing screening staff to the classroom teaching staff and allowing teaching staff the opportunity to introduce the screening staff to the children.
- Encouraging teachers to assist in choosing the order in which the children will be screened. Note: those children unwilling to participate will be given future opportunities and parents and/or staff may be encouraged to accompany the child to complete needed screenings within the 45-day deadline.
- Partnering with teaching staff and Site Supervisors to accompany children to and from the classroom and the location of the screening administration.
- Administering the vision and hearing screenings and, noting results on the Hearing and Vision Screening Tracking Form.
- Cleaning up the equipment and leaving the area as it was found.
- Maintaining sensory screening results on the Hearing and Vision Screening Tracking form in a binder onsite.
- Entering all screening data in CLOUDS and documenting screening results, re-screens and referrals.
- Informing the Comprehensive Services Assistant Manager and Site Supervisor of those children in need of re-screening.
- Administering re-screenings within two weeks of the initial screening and within 45 days of enrollment if the child did not pass or was unable to condition.
- Preparing referrals to physicians and in CLOUDS for those children identified as needing further evaluation.
- Contacting parents of children with referrals, offering resources for a medical/dental home/insurance and additional assistance as needed.
- Completing the Screening Results Form (CSB212) and ensuring that teaching staff has completed the education section of the form prior to making a copy for the file and distributing the original to the parent in a confidential manner within 75 days of the child's date of enrollment.
- Providing ongoing assistance for referrals and resources until each referral is complete.
- Completing vision and hearing screening certification courses as soon as possible after hire and prior to expiration of certification.

Comprehensive Services Health Manager is responsible for:

- Overseeing the monitoring of all sensory screenings, referrals and follow up.
- Coordinating annual Vision/Hearing Screening Trainings with CHDP.
- Attending family meetings for complex cases.
- Registering Comprehensive Services Staff in need of vision/hearing training and certification as soon as possible after hire and prior to expiration of certification.

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- Coordinating screenings with collaborative agencies and notifying the Site Supervisor and Comprehensive Services Team of those screening dates and requirements.

D. Exams, Follow-Up and Treatment

Early medical/dental exams and other screenings enable parents and program staff to identify any concerns and respond in a timely manner. Whenever concerns are present the Comprehensive Services Team communicates with the parent immediately and works with the parent to obtain necessary follow-up services or treatment. Assistance is provided in the acquisition of equipment needed for medical/dental conditions and parents are educated regarding their child's specific condition and needs.

- Dental follow up/treatment includes preventive measures and further treatment as ordered by the dental professional.
- Medical Treatment includes treatment of any condition as identified on the physical exam, other health documentation from a health professional or the IFSP/IEP.
- Follow-up treatment for both medical and dental needs is tracked in the CLOUDS system using the referral feature and is referenced in the child's confidential file.

Where no resources exist in the community for follow-up and treatment, the program will pay for services as long as funds remain in the budget earmarked for this purpose. To access program funds, the Comprehensive Services Team must document that all available resources have been exhausted and that program funds are being used as a last resort. This information, along with proof of need and the estimated cost for treatment, must be submitted to an Assistant Director for approval and submitted to the fiscal unit and the Bureau Director.

The protocols for Referrals, Follow Up and Treatment are as follows:

Comprehensive Services Clerk is responsible for:

- Generating a referral in CLOUDS as soon as a need is identified, with attention given to selecting the appropriate Referral Reason, Service Area and Status.
- Provide resources and referrals as needed.
- Assisting in collecting documentation needed for the referral.
- Entering related data into CLOUDS.
- Supporting parents throughout the referral process.
- Obtaining the Parent Refusal for Health Services (CS298) as needed.

Comprehensive Services Assistant Managers are responsible for:

- Monitoring CLOUDS reports and following up on referrals on a weekly basis.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings.
- Supporting families through the referral/family meeting process.
- Ensuring the updating of the status of the referral as it changes.
- Contacting the Comprehensive Services Manager for training or technical assistance as needed

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Comprehensive Services Health Manager is responsible for:

- Providing training and technical assistance as needed.
- Supporting families and staff through the family meeting process for complex referrals.
- Providing reports and updates to the Assistant Directors as needed.

Assistant Directors are responsible for:

- Ensuring follow-up and corrective action plan completion.

E. Children with Disabilities- Screenings, Family Meeting and Referral Procedures

Early childhood experiences are known to shape the developmental outcomes for children. Trauma during the early years also affects long-term outcomes by impacting brain development, cognitive, physical, and social/emotional functioning. The Community Services Bureau has systems in place to mitigate these factors which include early screenings/assessments, family meetings and linkage with appropriate agencies to provide any/all necessary comprehensive services the child and family might need. Parents need to agree and provide a written consent (CSB501) prior to receiving referrals or linkages to any other agencies. Agencies closely working with the Community Services Bureau are: the Regional Center of the East Bay, the Contra Costa School Districts, the Contra Costa Children and Family Services Bureau among others.

1. Screenings

The Community Services Bureau is committed to early identification of children at risk of developmental delays in order to provide the necessary early intervention that will lead to a better future for the child.

Prior to enrollment during the application period the child's file might be flagged using the Red and Yellow Flag System to alert the staff of known or suspected concerns based on the completed health history by the parent. The health history briefly screens children for possible health, nutrition, and socio- emotional and developmental risks.

Child's Physical Exams/Baby Well Checkups provide a great source of information and they are submitted by the parents within 30 days of enrollment and thereafter as required by the EPSDT schedule.

In addition, sensory and developmental screenings are provided to all enrolled children within 45 days of enrollment including children with an IEP/IFSP.

Children determined to be in need of further evaluation/assessment based on screening results, staff observations, and/or parent observation are referred to the appropriate agency with parental consent.

2. Data Gathering, Family Meeting and Referral

The Community Services Bureau staff follows the next steps when referring a child for a diagnostic assessment and early intervention to an outside agency.

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i. Data gathering by CSB staff prior to family meeting

- The child's file and the CLOUDS system are reviewed to identify other related concerns.
- The developmental history taken at enrollment is reviewed. (It provides information regarding the child's history of exceptional items not normally occurring, i.e., low birth weight, allergies, premature and/or post-mature, difficult birth, accidents, eating behaviors, meeting milestones and/or other concerns).
- The medical records completed in the last 12 months are reviewed to identify health concerns or other relevant information given by the pediatrician.
- The sensory/cognitive screening and assessment results are reviewed and verified to ensure further evaluation if necessary.
- The Initial Home Visit form (CSB170) is reviewed to identify parent's concerns.
- The At Risk Referral Form (CSB622) is reviewed. CSB 622 form indicates that the child/family has as an open CFS case and is receiving Child Protective Services and childcare/development services are necessary component of the Child Protective Services Case Plan or the child/family has an At-Risk Case and is NOT receiving Child Protective Services, but is at risk of abuse, neglect or exploitation and childcare and development services are needed to reduce or eliminate the risk.
- Teacher/Site Supervisor/Disabilities Comprehensive Services Disabilities Manger observes the child in the classroom and produces written documentation about child's strengths and challenges.

ii. Family Meeting

After gathering data, the site supervisor, teacher and CSAM review the strategies that will be presented to the parent in a family meeting.

The Site Supervisor and/or CSAM invite the parent/s to a family meeting to be held at the parent's convenient time and to identify if the parent will need an interpreter.

The CSAM invites the additional team members in collaboration with the site supervisor. The family meeting team members include but are not limited to the class teacher, the Site Supervisor, the assistant manager, content area managers, the interpreter, any other family friend/relatives, the physical therapist, the occupational therapist, the speech/language therapist, CFS welfare social worker and any other professional involved with the child/family receiving services.

The meeting is facilitated by the CSAM but can be led by other agency staff. The meeting is documented in the family meeting Form (CSB514) and/or directly entered in CLOUDS under "Disabilities-Family Meeting Information" attached to the Meeting/Event sign-in Sheet Form (CSB905). All participants are required to sign the CSB 905 form. These original forms will be placed in the child's file under the Special Needs Section.

The purpose of the meeting is to open communication relevant to the individual needs of the child, to provide strategies for the parent and to place necessary referrals to outside agencies for further evaluations. The family meeting is dismissed after identifying actions, roles and responsibilities for each member and scheduling a follow up meeting if necessary.

iii. Referral

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~~Based on the agency identified for referral, the CSAM will explain in detail the requirements for their referral process, their timelines, and provide copies of the parent rights and responsibilities under IDEA to the parent. It is crucial that this portion be clear to the parent and an interpreter assist the parent with any clarification.~~

~~The parent is encouraged to sign the Child Referral and Parent Consents Form (CSB501), only after understanding the referral process and his/her parent rights under IDEA. The assistant manager assists the team by providing the copy CSB501 form to be signed.~~

~~For Mental Health referrals, the medical provider information is completed on the referral form and a copy of the child's Medical card (if insured) is attached. When a child is on a Positive Guidance Policy Step Letter and has a Positive Guidance Plan, a copy of this plan, the child's Ages and Stages Questionnaire – Social Emotional (ASQ-SE) and Development Screening (ASQ-3) is included with the referral.~~

~~The Child Referral and Parent Consents Form (CSB501), is reviewed to ensure the document is correctly filled out after acquiring parent signature. Additional signatures are obtained from the Site Supervisor and the Comprehensive Services Assistant Manager. A copy of this form (CSB501), is given to the parent, one to the assistant manager to process the referral and the original is placed in the file.~~

~~The CSAM reviews the signed CSB501 and processes it immediately. Once verified referral receipt by phone with the appropriate School District, Early Intervention Agency, or Mental Health Unit, the assistant manager completes the Response to Referral Form (CSB502).~~

~~The original form (CSB502) is placed in the child's file while the copy is given to the parent attached to additional relevant informational resources.~~

~~The CSAM enters the referral notes in the "Disability Intervention Referral", "Intervention Notification" and "Family Meeting Information" under the disability tab in CLOUDS. Copy of the family meeting (CSB514) or family meeting CLOUD's print out form is placed in the child's file.~~

The CSAM contacts the family for a follow-up within 30 and 60 days after submitting the referral to ensure proper evaluation meetings are in place, proper support is given to the parent in preparation of the diagnosis meeting, and ensure participation in the IEP/IFSP meeting.

Additional family meeting will follow up as needed and/or as determined in the initial meeting.

F. Parent Involvement in Health, Nutrition, and Mental Health Education

- CHDP consultants train parents and staff on prevention of common childhood illnesses. (Contra Costa County Health Services) MediCal representatives provide education and information to parents and staff on MediCal application procedures and the Managed Care system.
- Dental representatives train parents and staff on dental hygiene.
- A Mental Health Consultant trains parents and staff on early prevention/intervention of children's Severe Emotional Disorder, Behavior Disorders, and stress related behavior.

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G. Child and Family Mental Health Services

1. Description

The Community Services Bureau Mental Health Unit provides individual psychotherapeutic services to children enrolled in the Early Head Start and Head Start program. The staff provides individual and group consultation to parents and teaching staff on child abuse, parenting skills, parent advocacy, developmental and mental health issues impacting the 0-5 year-old population and their caregivers.

The Mental Health Unit operates a comprehensive Master's level Internship Program in collaboration with Contra Costa County Health Services Department, Mental Health Division on a year-round basis.

The Contra Costa County Community Services Bureau program staff, partners with parents and mental health professionals, to identify mental health concerns of children and parents in the program. The task of the family meeting team is to:

- Ensure parental consent for Mental Health Consultation is present
- Ensure the delivery of appropriate mental health services in a timely manner
- Assist in designing strategies to identify mental health concerns of children
- Recommend appropriate placement and/or program modifications to meet the individual needs of children
- Support and include parents in the decision making regarding mental health services for their child

Goals of the Mental Health Unit

- The goals of the prevention activities provided by the mental health unit address self-concept, building positive relationships among children, their peers and their caregivers; developing coping and problem solving skills, and stress management.

2. Mental Health Services

The Mental Health Unit delivers the following services:

- Prevention, early identification and intervention in problems that may interfere with a child's development
- Developmental/Social and Emotional Screening (ASQ3 and ASQSE)
- Focus on early detection of concerns of caregivers, staff and children who may be in need of mental health services
- Mental health assessment
- Play Therapy (Individual Psychotherapy with children)
- Family Support
- Parent (Guardian) – Child Interaction Therapy
- Staff Training on mainstreaming and social integration techniques
- Parent Training on social, emotional and mental health development of children

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- Parent Training on positive child rearing techniques and stress management
- Program evaluation and performance partnership review to ensure planning and delivery of excellent supports and services.
- Family Meeting
- Crisis Intervention
- Provide community resources to families
- Child Abuse and Domestic Violence awareness

The objectives of Mental Health treatment are to alleviate and resolve identified symptoms per a diagnosed mental health issue and medical necessity. The clinicians perform assessment and ongoing treatment based on a diagnosis by their licensed supervisor. The treatment is provided in accordance with the parent or legal guardian's consent; parents or guardians are encouraged to be active participants in the treatment planning process as outlined by the Head Start Performance Standards.

Services are individualized and are primarily provided at the preschool sites in dedicated play therapy rooms. The Clinical Team coordinates care of children, parents and families with other contracted and non-contracted county child and family service agencies while a child is enrolled in and transitioning out of Head Start. The hours of operation vary depending on the child's school program and individual needs. The clinicians provide some services in the early morning or evening to accommodate caretakers' work schedules. Additionally, all Mental Health staff is available via voicemail, and email through the Mental Health unit administrator.

3. Mental Health Referral Procedures

i. Mental Health Recommendations

Mental Health Staff collaborate with CSB health, disabilities, nutrition, and education colleagues and CFS to determine a child's need for a diagnostic evaluation. Diagnostic evaluations are recommended for all children who present with symptomatic behavior indicating signs of severe stress, social, emotional, educational, developmental delays and/or physical concerns.

A referral for mental health services can be requested by parents, teachers, Site Supervisors, Ed managers, CSAMs and #clinicians. If recommendation is for referral to Mental Health services within Head Start/Early Head Start or other agency, the Education Staff or Comprehensive Services member will follow this protocol:

- A child observation is not required if the parent initiates and asks for mental health services for her child and a referral will proceed immediately. "Ed manager may do observation on this child after the referral is submitted if s/he feels the reason for the referral may be due to teaching practice and/or classroom environment."

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• If a teacher has a concern about a child's behavior, she/he will inform the site supervisor. Site Supervisor must explore with teacher to ensure best practices including a Positive Guidance Plan (CSB 134B), if appropriate, has been implemented for the child before moving process with MH referral. Site Supervisor has 48 hours to inform CSAM, Ed Manager and Clinician whether MH referral is considered or not, and if not, a reason shall be given.

• Site Supervisor, Ed Manager or Clinician can provide the observation to help determine if referral to MH is needed. Once all observation is completed and MH referral is needed, CSAM will notify the family for a family meeting to move forward with MH referral.

Based on the agency identified for referral, the CSAM will explain in detail the requirements for their referral process, their timelines, and provide copies of the parent rights and responsibilities under IDEA to the parent. It is crucial that this portion be clear to the parent and an interpreter assist the parent with any clarification.

The parent is encouraged to sign the Child Referral and Parent Consents Form (CSB501), only after understanding the referral process and his/her parent rights under IDEA. The assistant manager assists the team by providing the copy CSB501 form to be signed.

For Mental Health referrals, the medical provider information is completed on the referral form and a copy of the child's Medical card (if insured) is attached. When a child is on a Positive Guidance Policy Step Letter and has a Positive Guidance Plan, a copy of this plan, the child's Ages and Stages Questionnaire – Social Emotional (ASQ-SE) and Development Screening (ASQ-3) is included with the referral.

The Child Referral and Parent Consents Form (CSB501), is reviewed to ensure the document is correctly filled out after acquiring parent signature. Additional signatures are obtained from the Site Supervisor, Education Manger, and the Comprehensive Services Assistant Manager. A copy of this form (CSB501), is given to the parent, one to the assistant manager to process the referral and the original is placed in the file.

The CSAM reviews the signed CSB501 and processes it immediately. Once verified referral receipt by phone with the appropriate School District, Early Intervention Agency, or Mental Health Unit, the assistant manager completes the Response to Referral Form (CSB502).

The original form (CSB502) is placed in the child's file while the copy is given to the parent attached to additional relevant informational resources.

The CSAM opens a referral in CLOUDS and enters the referral notes in the "Disability Intervention Referral", "Intervention Notification" and "Family Meeting Information" under the disability tab in CLOUDS. Copy of the family meeting (CSB514) or family meeting CLOUD's print out form is placed in the child's file.

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• Any clinician who provides the service for a child must share their strategies that are being used with the child's teacher so the teacher can support the implementation of the strategies in the classroom for consistency.

• A regular case meeting will occur monthly or bi-monthly depending on the need (case by case) with the site supervisor, child's teacher, the clinician to follow through on the child's progress and update.

The child's teacher is responsible for:

- Consulting with Site Supervisor to recommend a referral.
- Providing documentation regarding concerns such as Positive Guidance Plan (CSB 134B), tracking report, observations.
- Participating at family meetings as needed.

The Site Supervisor and CSAM are responsible for the following:

- Reviewing child's file, if applicable "Positive Guidance Plan" and any pertinent screening results such as ASQ-3, ASQ-SE, and Health History to identify and gather additional information to share with appropriate parties as support for the referral.
- Coordinate and scheduling a meeting with parent to offer strategies that can support the child and suggest referral for mental health services.
- CSAM and Site Supervisor explain the MH services and the referral process to the parent or guardian prior to completing referral forms and securing parent consent and signature. (CSB 501 Child Referral and Parent Consent)

CSAM is responsible for:

Thoroughly reviewing the referral form prior to processing it. All sections of the referral form must be filled out on the CSB501 form (See CSB Forms) including:

- Name
- Birthdate
- CLOUDS ID#
- Center name, room number, and EHS or HS checked
- MediCal #
- Social Security number
- Copy of Medical card
- Check if child has a Positive Guidance Plan and provide copy of the plan with referral
- Check if the child is on one of the Positive Guidance Step Letter, and if applicable, indicate which step
- Address
- Phone #
- Parent's name
- Home Language and English skills level of Parent and child
- If child is being raised by grandparent or foster parent
- Name of person making referral (CSAM name and contact number)
- Reason for Referral

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- ~~Name of agency and address parent is giving consent to. In case of referring to CSB MH, the address is as follows: _____
CSB MH Unit, 2 California St. Room 4
Rodeo, CA 94572
Phone: 510-374-3020~~
- ~~Initials for consent for assessment and exchange of information, signatures and date~~
- ~~Providing parent with copy of referral~~
- ~~Entering the referral in CLOUDS to include:
 - ~~Entering the reason for the referral in the comment section~~
 - ~~Entering 'Parent Consent for Release of Info' as 'Received' and entering the date that the parents signed the form~~
 - ~~Entering the child's Medi-Cal Number in CLOUDS~~~~

CSAM is responsible for:

- Entering the referral in CLOUDS to include:
 - Entering the reason for the referral in the comment section
 - Entering the 'Parent Consent for Release of info' as "Received" and entering the date that the parents signed the form
 - Entering the child's Medi Cal number in CLOUDS
- Faxing referral with cover sheet to confidential fax at CSB Mental Health Unit at (510) 374-7023 and including the following documents:
 - Complete Referral Form
 - MediCal Card or other insurance documentation
 - Positive Guidance Policy Step Letter and Positive Guidance Plan if on file
 - ASQ-SE (as available)
- Sending email or calling ~~Mental Health Assistant Manager and~~ Mental Health Clerk to advise that referral is being faxed. Include the following information:
 - The child CLOUDS ID
 - If it is a high priority case and needs immediate attention, such as a CFS At-Risk referral, use the High Priority Flag on the email, and write in, "High Priority Case-Please process ASAP".
 - Updating CLOUDS data entry Changing referral status from "New" to "In Process"
 - Changing the referral status in CLOUDS from "In Progress" to "On Going" when a clinician has been assigned
- Adding extra notes under Case Notes as applicable
- Scheduling family meeting as needed
- Creating a new Referral in CLOUDS if there are no available case openings, the child is not eligible for Medical Services, or the parent declines services and an outside provider is available
 - CSAM will follow-up with the parent to see if they are receiving services. Update in

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CLOUDS Referral section and note when the child is actually receiving outside services

- CSAM will continue to communicate with Site Supervisor and the Mental Health team regarding services or for support in providing referrals
- If parent fails to obtain outside services, CSAM will assist in finding services and check back periodically with MH clerk to see if CSB MH has case openings and is able to serve the child, CSAM, updates CLOUDS to reflect status of referral (Complete, Parent Refused).
- Notify Disability MH Manager, if services are going to be provided on site by an outside agency.
 - Obtain outside agency documentation and email copies to Disability MH Manager for review and service delivery approval.
- Obtain signed parental consent to release child to intervention services. (CSB 505)
- File proper related documents under the Special Need section of the child's file.

Mental Health Clerk is responsible for:

- Verifying if the child qualifies for services
- Entering Case Notes under CLOUDS referral, beginning with the date, and ending with her first initial and last name.
- Confirming referral receipt by sending an email to CSAM and Site Supervisor. The referral will be processed and assigned to a mental health clinician who will perform an assessment and provide ongoing services if the child symptomatic behaviors meet medical necessity for treatment.
- Emailing the CSAM and Site Supervisor with child's CLOUDS # with the child's MediCal eligibility status and advising if services can be provided or if an outside referral is needed.
- Entering in the Mental Health Section of CLOUDS "Facilitated Referral"
- Sending an email to CSAM and CSB Site Supervisor to inform that the child's case has been assigned to a clinician and when services will begin.
- Entering the clinician assignment in the Mental Health section and Case Notes of CLOUDS
- Emailing the CSAM and Site Supervisor when a referral is closed or returned.
- Advising CSAM and Site Supervisor if there are no available case openings, the child is not eligible for Medical Services, or the parent declines services

In this case a second family meeting may be held to communicate with parent/guardian, and to provide support/follow up, and/or additional resources, and/or recommend a referral for outside services if appropriate.

Clinicians are responsible for:

- Contacting the child's parents to obtain informed consent and to start services
- Consulting with CSAM to advise and/or coordinate first parent contact meeting as appropriate
- Participating in family meetings as needed

Mental Health ~~Assistant~~ Clerk will update CLOUDS in the Referral Section, change status of the original referral and select "Complete" from the drop down menu and provide a brief explanation in Observation Comments Section.

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ii. Mental Health Emergency/Crisis Referral Procedures

If a CSB Site Supervisor and/or CSAM believe that a child is experiencing and/or responding to an emotional crisis or emergency in their life and need urgent mental health intervention, the following people in this order should be notified before making a referral:

- Mental Health Clinical Supervisor East, ~~Lora Groppetti: (925) 890-7540~~
- Mental Health Clinical Supervisor West, ~~Suzy Kim Tran: (925) 405-7784~~
- [Comprehensive Services Assistant Director](#)
- [Comprehensive Services Disability/MH Manager](#)
- ~~Lead Assistant Director, Janissa Rowley: Cell (925) 525-9951~~
- Cluster A Assistant Director, ~~Pam Arrington: Cell (925) 864-9084~~
- Cluster B Assistant Director, ~~Carolyn Johnson: Cell (925) 852-9735~~
- ~~Cluster C Assistant Director, Isabel Renggenathen: Cell (925) 771-0050~~
- ~~Comprehensive Services Disability/MH Manager, Sanaa Gad: Cell (925) 305-3564 (If MH Clinical Supervisor or Assistant Directors cannot be reached)~~

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The responding Mental Health Manager, Clinical Supervisor or Agency Manager will determine an appropriate intervention or course of action based on the level of crisis and an initial clinical assessment. If CSB Mental Health determines that the case needs specialized intervention that CSB cannot provide, the responding clinical supervisor/manager will assist site staff in the facilitation of an appropriate outside referral. If the CSB Mental Health team can provide treatment and the child is determined to be in crisis, a referral will be processed and treatment will be provided regardless of the child's MediCal eligibility.

The referral should be rushed through the current procedure; MediCal eligibility and/or health insurance information can be checked after the referral is faxed to the mental health unit

iii. Mental Health Professional Staff

The Mental Health unit employs licensed Clinical Supervisors and unlicensed Master's level staff working towards Marriage Family Therapist or Clinical Social Worker licensure and who are educated in children and families Mental Health. The staff strives to provide excellent early intervention to children and support services to parents that are designed to meet their specific needs.

The Mental Health unit attempts to employ staff to accommodate the linguistic and cultural needs of a diverse Head Start population. The unit is supported by a senior clerk and a team of CSB Comprehensive Services Assistant Managers CSAMs. The CSAMs facilitate the family meeting that might lead to child referrals for play therapy services.

To promote children's mental wellness, CSB develops collaborative relationships with local mental health agencies for the purpose of securing ongoing prevention, intervention, consultation, and direct services to the program's children and their families.

iv. Mental Health Services & Special Education Services Sign-In Protocol:

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Mental Health and Special Education professionals must sign-in the visitor log at all CSB sites. Mental Health Clinicians and intervention professionals are responsible for:

- Signing the Site visitor log at each site when visiting and providing services to a child or attending a meeting. Only sign name/agency and do not identify self as a Mental Health provider to ensure client confidentiality and comply with HIPAA regulations.
- Adhering to appropriate classroom protocols when removing/returning child from/to classroom for play therapy services.

Site Front Desk Staff is responsible for:

- Ensuring that MH or other Early Intervention professional [sing-sign](#) in the Site Visitor Log prior to providing services to the children on site.

Outside agency providing services at CSB sites:

- When an outside agency professional is going to provide services at a CSB site, the Disabilities-MH Comprehensive Services Manager must be informed immediately. Outside agency Professionals needs to be informed about Head Start and CSB Policies and Protocols prior to providing services at CSB sites.
- Site Supervisor or CSAM must obtain the following documentation from the outside agency professional.
 - Copy of Parental Consent to Child Release to Early Intervention Services (CSB 505)
 - Copy of Parent Consent to exchange information with CSB Staff (CSB 503)
 - Copy of Personal ID, work ID and Business card
- These documents need to be filed under the Special Needs Section of the child's file and copies submitted to the Disabilities-MH Comprehensive Services Manager for review and approval or service delivery.

CSAMs are responsible for:

- Informing Disability- MH Comprehensive Services Manager if an outside agency professional is going to provide services at a CSB site and professional's contact information for review.
- Collect copies of required consents and documents prior to allowing services delivered at CSB site.
- Communicate Site Supervisor of new professional providing services on site and coordinate safe and appropriate space for delivery of services
- Entering all Special Services in CLOUDS

v. Policy Regarding Response to Legal Situations

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Description of CSB Policy Regarding Involvement in Custody Disputes by Treating Mental Health Clinical Staff:

- If there is a custody dispute involving the child who is receiving Mental Health services from CSB's Mental Health unit, it is the policy of this agency that the treating clinician or Mental Health Clinical Staff not get involved in such a custody dispute. This dispute may be between the parent and the system or between Social Services and the parent(s).
- Mental Health Clinical Staff are discouraged from writing letter or reports in support of either side in such a dispute. The treating clinician will serve their client best by staying neutral in a custody dispute. Taking sides opens the door for the clinician to be asked to testify in a court of law and expose confidential client information.
- If a parent (or Social Services) requests a written report about the child's treatment, and after a Release form has been signed by the parent, a short treatment summary should be composed and – upon approval by the supervisor – mailed to the child's parent ONLY.

vi. Description of CSB Policy Regarding Subpoenas

- Subpoena of Records: If a subpoena for records is served to the treating clinician, the clinician must attempt to have the child's parent sign a release form permitting the release of a treatment summary. If such a release cannot be acquired, the clinician must claim the Psychotherapist/Patient privilege. The court will then have to override the privilege and request the records.
- Subpoena to Appear in Person: If a subpoena to appear in person is served to the treating clinician, the clinician, upon consultation with his/her supervisor must also claim the Psychotherapist/Patient privilege. The clinician must not respond to or talk to any court representative, serving officer, or lawyer for any party, without the special written permission of the child's parent(s) (or Social Worker for Social Services). If a Mental Health Intern gets served with a subpoena, he/she should contact his/her supervisor immediately for a consultation.

vii. On- Site Mental Health Consultation

The Mental Health Clinical Supervisor and Comprehensive Services Assistant Managers facilitate and make referrals for psychological assessments for children having potential emotional or behavioral problems with written parental consent.

The Mental Health Clinical Supervisor and Comprehensive Services Assistant Managers utilize the Directory of County Mental Health Providers to make referrals when appropriate and work with parents to obtain information on available school resources and services in the area of mental health, locating placement for individual children including securing psychological services.

Parents and staff collaborate in the planning of all mental health and educational services.

The Mental Health Supervisor, clinical staff and Comprehensive Services Assistant Managers advise the site supervisor and educational staff on integrating mental health activities into the curriculum. Mental Health clinical staff collaborates with site supervisor and classroom teachers to implement strategies and plans related to social emotional curriculum. Periodic observation of children's behavior and classroom learning

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environment is performed. Family meetings are held to discuss the observations with education staff, parents and/or Comprehensive Services Managers.

The Mental Health Clinical Supervisor and clinical staff provide workshops to staff and parents on topics relating to child mental health, such as childhood depression, management of difficult childhood behaviors, stress management, recognition of child abuse, increasing children's self-esteem, and play therapy and positive parenting. Information is also provided to staff on identifying mental health needs, making mental health referrals and utilizing family meeting to facilitate a referral. The Mental Health Clinical Supervisor and clinical staff provide consultation at family meeting to discuss children who exhibit a typical behavior or emotional/behavioral needs.

viii. Additional Mental Health Supports

Staff and parent support group meetings are held to discuss child mental health parenting and caregiver issues and challenges. Family meetings are conducted a minimum of twice per year depending on the needs of the family.

~~Identifying Mental Health Concerns: Mental Health Staff collaborate with CSD health, disabilities, nutrition, and education colleagues and CFS to determine a child's need for a diagnostic evaluation. Diagnostic evaluations are recommended for all children who present with symptomatic behavior indicating signs of severe stress, social, emotional, educational, developmental delays and/or physical concerns.~~

~~Program staff, in partnership with parents, uses the following steps:~~

- ~~• The teacher and/or parent assess the child's behavior (through ASQ SE, direct observation, monitoring tool etc.), and determine that there are concerns at school or at home.~~
- ~~• In the case of children involved in the Child Welfare System, the CFS worker may determine that a child needs assessment and/or intervention based on the child's exposure to trauma as a result of early abuse, neglect in addition to risk factors such as prenatal drug exposure, prematurity, low birth weight, poverty, homelessness, parental depression, and other mental health problems. The CFS worker may also deem that the child needs assessment and/or intervention as a result of the removal of the child from the biological home and placement in foster care.~~
- ~~• The teacher observes and records behavior and consults with Site Supervisor before requesting assistance from the Comprehensive Services/Disabilities/Mental Health Supervisor.~~
- ~~• The appropriate content area Comprehensive Services Manager reviews the child's file (or Child Health/Education Passport in CFS child case) for pertinent information (e.g., health issues, family history, Family Partnership Appraisal, screening results, and other areas of concern) that may have significant impact on the referral.~~
- ~~• If the recommendation is for referral to a school district or other agency, the nature of the referral is discussed with parent through a family meeting. Staff checks with parent for understanding, and parent initials and signs the Child Referral Parent's Consents form (CSB501).~~
- ~~• If a parent requests service only for him/herself, the Mental Health Manager or clinical staff will provide brief confidential consultation and appropriate referrals utilizing the County Mental Health Provider directory. If the parent's issues will have significant impact on the child's classroom~~

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~~behavior or emotional and/or physical health and well-being, appropriate steps are taken to ensure the child's safety and stability. Referrals are provided to Child Protective Services, County Health Services, and/or community agencies that assist with crisis, domestic violence, and homelessness.~~

H. Strategies for Behavior Management

The teaching staff must utilize positive guidance techniques and developmentally appropriate practices in managing children's behavior. Children respond differently to various intervention approaches, and have individual temperaments that staff must consider in behavior management. To help support positive guidance techniques, teachers will utilize the Early Childhood Teacher Self-Reflection Tool. Upon completion, teachers can continue to reflect on their own thoughts and teaching practices to support the classroom. In the fall, teachers can will update and refresh their own self-reflection tool, as needed.

- At CSB any form of discipline or punishment that violates a child's personal rights is not permitted.
- "Time out" for children is not accepted as a strategy for dealing with inappropriate behavior.

CSB will not expel or unenroll any child due to behavior. A temporary suspension may be implemented as a last resort in extraordinary situations. In such cases, CSB will provide the necessary resources to the family to assist the child in returning to full participation in the program.

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- Incidents that include challenging and/or unsafe behavior are: aggressiveness, defiance, unexpected extreme emotional outbursts, or other sudden changes in behavior.

To support a positive behavior development, CSB implements the following strategies:

STRATEGY A-Teaching staff implement best practices including CSB's social-emotional curriculum for all children, Second Step.

STRATEGY B-Create Positive Guidance Plan with parent and site staff during a family meeting. If behavior continues, review and update the Individualized Positive Guidance Plan with parent and site staff in an additional family meeting.

STRATEGY C-When strategies A to B have not been successful; the Positive Guidance Policy Step Letter to Parents is implemented. Apply only when Strategies A and B have been implemented.

1. STRATEGY A-Implement Best Practices

Challenging or unsafe behavior is discouraged. The following strategies reflect best practices for responding to inappropriate behavior:

- Anticipate/eliminate potential problems
- Evaluate and adjust the environment

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- Redirect child away from conflict or negative events to more positive activity
- Offer choices to child
- Assist child to learn logical and natural consequences of their actions
- Encourage respect for the feelings/right of others
- Encourage identification and healthy and socially acceptable ways to express emotion
- Encourage development of self-regulation and behavior control through positive reinforcement of prosocial behavior
- Maintain open communication with children's care givers

Additional behavior management strategies include:

- Let children know what is expected and why – Inform children what the rules are, and the reasons for these rules. Let children help create classroom rules.
- Model and encourage expected behavior – Show children, with actions and words, what is expected. Praise children's actions when appropriate.
- Respect children's developing capacities – Ensure that expectations match/respect children's developing capacities.
- Talk to children about their behavior on their level; listen and communicate caring concern about them as individuals.
- Review the classroom rules with the children or with an individual child and explain that they are important to keep everyone safe.
- Allow someone else to step in and help – If a teacher becomes frustrated, immediately ask another teacher/supervisor to help. (It is best to request another adult to take over until you can return to the classroom.)
- Observe/record behavior - especially recurring behavior – to determine factors involved in the behavior. Maintain a positive/loving attitude – Keep your sense of humor, do not focus on the difficult behavior. View the behavior and responses as opportunities to help children grow/learn.
- Discuss with children healthy ways to deal with anger, stress, and frustration.
- Invite the Education Manager to do an observation of the classroom and provide feedback in an effort to support the teachers work.
- Consider repeating a certain unit of the Second Step Curriculum that relates to the current concerns in the classroom.
- If little or no progress is made within two weeks of implementing these best practices, proceed to Strategy B. *However, if child demonstrates extreme, challenging or unsafe behavior, document outcome of the consultation with Education Manager in the child case notes section under the Positive Guidance category in CLOUDS. The education manager will assist in determining next steps.*

2. STRATEGY B - Positive Guidance Plan

When the above listed strategies are ineffective, the next step is for the Site Supervisor, with teacher support, to conduct a family meeting and develop an individualized Positive Guidance Plan (CSB134B). The Positive Guidance Plan, specifically areas 3 and 4 of the plan, will be created with the parent/family member during the family meeting. Steps include:

- Prior to the family meeting, consult with all key stakeholders

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- Define the child's strengths
- Define the child's challenging/unsafe behavior concerns
- Partner with parent/caregiver through a mutual decision-making process to define how the family will be involved in guidance plan
- Develop strategies to redirect the behavior that include a timeline for behavior change, classroom strategies and family involvement plans
- Develop strategies to reinforce the child's positive behavior
- Discuss other resources if necessary. For example: referral for mental health services, referral to school district or other local support for assessment and services
- Set timelines for plan implementation and progress
- If little or no progress is made within two to four weeks of implementing the Positive Guidance Plan, notify your Assistant Director and proceed to Strategy C, Positive Guidance Policy Step Letter to Parents. *However, if child demonstrates extreme, challenging or unsafe behavior, document outcome of the consultation with Education Manager in the child case notes section under the Positive Guidance category in CLOUDS. The Education Manager will assist in determining next steps.*

3. STRATEGY C- Positive Guidance Policy Step Letter

In compliance with Section #101223 of the Licensing Code, and in support of children's right to be treated with dignity and respect, the following covers our philosophy and methods for handling behavior of young children. Examples of incidents that include challenging and/or unsafe behavior are aggressiveness, defiance, unexpected extreme emotional outbursts, or other sudden changes in behavior.

If a child continues to display inappropriate behavior and previous interventions (Strategies A and B) have proven ineffective, CSB staff will implement the following four step Positive Guidance Policy (After each step, staff and parents are required to sign that each step has occurred). Ensure that your Assistant Director is informed throughout the process:

STEP 1: If the child continues to show challenging or unsafe behavior, the parent will receive an injury/incident report. The Site Supervisor will meet with parent during a family meeting to review the Injury/Incident report, review the Positive Guidance Plan that was previously created, offer resources as needed to help support your child at home and school.

At the Family Meeting:

- Review and sign Injury/Accident report if not done previously.
- Review and sign step one of the Positive Guidance Policy Step Letter to Parents form (CSB521).
- Review the previously created Positive Guidance Plan.
- If not previously offered, provide parent resources and/or linkages to consultation.
- Discuss if additional resources are needed.

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STEP 2: If the child continues to show challenging or unsafe behavior, the parent will receive an injury/incident report. The Site Supervisor will meet with parent for an additional family meeting to review the child's Positive Guidance Plan and determine if changes or additional resources are needed. Referrals to a confidential consultation and support services will be offered.

At the Family Meeting:

- Review and sign Injury/Accident report if not done previously.
- Review and sign step two of the Positive Guidance Policy Step Letter to Parents form. (CSB521)
- Review the previously created Positive Guidance Plan and provide resources and make adjustments as needed.
- Offer parent linkage to confidential consultation and support services

STEP 3: If the child continues to show challenging or unsafe behavior and the two previous steps are proving to be ineffective, the parent will receive an injury/incident report and additional strategies will be reviewed. Family support for the child in the classroom is now necessary. The Site Supervisor will immediately discuss the amount of family support needed during the day and how many days. An additional family meeting will be scheduled to discuss more permanent solutions.

At the Family Meeting:

- Review and sign the Injury/Accident report if not done previously.
- Review and sign step three of the Positive Guidance Policy Step Letter to Parents (CSB521)
- Discuss the family support in the classroom
- Discuss more permanent solutions, if needed

STEP 4: If the child continues to show challenging or unsafe behavior and the three previous steps are proving to be ineffective, the parent will receive an injury/incident report and a temporary suspension is necessary while additional supports are put in place. Educational materials will be given to the child to use at home during this time. CSB will support the family and child to return to the program as quickly as possible. Following the temporary suspension, and upon return to the classroom, an additional family meeting will be scheduled. Should the child continue to show challenging or unsafe behavior, CSB will support the family to transition to a program that better meets the child's needs. The length of the temporary suspension will be determined by the Site Supervisor and Assistant Director.

At the Family Meeting:

- Discuss transitioning the child back into the classroom
- Discuss the possible transition to program that better meets the child's needs

4. Behavior Management Tracking

- A running log is kept to strengthen the tracking ability by SS, AD, and CSB of each child's challenging behaviors and to ensure staff and children receive needed support timely. The log can be found on the Document Library under Education Documents and Resources.

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- SS maintains log daily as needed in addition to making detailed case notes in child's file in CLOUDS.
- SS analyzes the log regularly for trends and checks that a *tiered approach* to address challenging behaviors was followed in accordance with "Strategies for Behavior Management" protocols, and address accordingly.
- SS submits the running log to their AD monthly with their monthly report.
- AD reviews logs monthly for trends and to ensure adherence with protocols, and submits log quarterly to Division Manager.
- Division Manger reviews quarterly log for trends and ensure adherence with protocols, and submits log quarterly to Bureau Director.

5. Family Meeting

i. Description

Family Meeting is a collaborative process involving parents, CSB staff, and other professionals for the purpose of developing, implementing, coordinating, monitoring and evaluating available and/or required services to meet children and family's needs. Open communication and promotion of the family and child's strengths are key elements to the Family Meeting process and essential to quality outcomes.

Family Meetings are not specific to support only children with disabilities or with social emotional behaviors but as comprehensive way of communicating with families as needs or concerns arise. These meetings are conducted to exchange information and to mutually develop the most appropriate action plan to support the family and the child.

These plans may include, but are not limited to, development of a [Family Partnership AgreementStrength Building-Family Partnership Agreement](#) (SB-FPA) with the parent(s), home visits, referrals to outside agencies or professionals, requests for additional information from outside agencies or professionals, and classroom placement decisions or modifications.

ii. Family Meeting Purpose

Family Meeting at CSB is strengths-based; ~~and~~ enhances access to care and improves the continuity and efficiency of services. Depending on the specific setting and location, Comprehensive Services Managers are responsible for a variety of tasks, ranging from linking clients to services to providing the services themselves. Other core functions include outreach to engage clients in services, assess individual's needs, and arrange requisite support services (such as housing, benefit programs, job training, and advocating for parents rights and entitlements).

Family meetings can be called any time the need arises. However, to provide continuity of care to children receiving MH or disability interventions services, family meetings are conducted as a minimum twice a year.

iii. Family Meeting Facilitator Role

A family meeting facilitator serves as a liaison between the family and the service providers (other professional services including classroom staff. The case manager could meet with parents individually or as a multidisciplinary team; often at their respective sites, via telephone, or even in a casual environment,

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all for the purpose of enhancing communication between the present parties.

Family Meetings are best offered in a climate that allows direct communication between the family meeting facilitator, the parent, and appropriate program staff in order to optimize the outcome for all concerned. These meetings are always facilitated in a manner that is sensitive to the parent, child and family's needs, allowing the parent maximum opportunity for expression of their concerns, and help the parent develop advocacy skills. All concerns, agreements and process of the meeting are documented in the Family Meeting Report (CSB514). At the end of the family meeting, necessary and appropriate resources are provided, as well as a copy of meeting decisions such as "Actions and Responsibilities" that parents and staff will implement to support the child. To support monolingual families, efforts are made to provide a prompt written interpretation of meeting Actions and Responsibilities.

Family meeting facilitators are knowledgeable about a variety of community services providers and are able to identify those providers and facilities that can best serve the family's needs throughout the continuum of services, while ensuring that available resources are being used in a timely and effective manner for families. For example, parents in need of health-related support and services receive assistance in navigating the healthcare system and working with other outside agencies.

I. Family Meeting Team Members

It is essential not to overwhelm parents by inviting too many individuals to the meeting or having too many agenda items to discuss. Many issues being discussed at these meetings are complicated and can be emotionally difficult for parents. It is important to encourage the parent to bring an advocate if they feel it will help them better understand the information being discussed, or make important decisions. While starting the meeting, it is recommended to explain the meeting purpose and go over staff introductions including their roles and responsibilities, in an effort for the family to meet the staff and understand their roles.

1. The Family Meeting Team may include:

- Parent/s
- Teachers
- Site Supervisors
- Education Manager
- Disabilities Manager
- Mental Health Supervisor/Clinician
- Content Area Managers
- Comprehensive Services Assistant Manager
- Other community professionals such as a Pediatric Nurse, Psychologist, Speech Therapist, Resource Specialist, CFS Child Welfare/Social Worker, Public Health Nurse, Special Education Teacher, and/or Mental Health professional

2. Family Meeting Team Responsibilities as applicable to each meeting:

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- Review staff introductions and purpose of the meeting
- To respect the civil rights of the parents, children and families involved.
- To provide a confidential and safe place for the child/family information to be discussed.
- To ensure that the child/family's private information is protected and managed in accordance with all state and federal laws.
- To review and discuss assessment, evaluation results, placement and outcomes for children.
- Review and discuss appropriate placement or action to be taken.
- Establish time lines and types of service delivery.
- Develop and implement [Family Partnership Agreement](#)[Strength Building-Family Partnership Agreements](#) with parents.
- Meet on an ongoing basis to review and discuss progress of child.
- Review and evaluate Individualized Positive Guidance Plan.
- Ensure that a family-focused approach is taken to ensure service delivery
- Develop and implementing transition plans for children.
- Ensure that strengths of children and families are encouraged and considered in identifying expected outcomes for children.
- Ensure that family priorities, concerns, and resources are recognized and are part of the [Family Partnership Agreement](#)[Strength Building-Family Partnership Agreement](#).
- Ensure that Actions and responsibilities are well documented and shared with the family.

3. Family Meeting process:

- Concerns are reported to the Site Supervisor
- Prior to the family meeting the Site Supervisors and teachers review the child's information in CLOUDS and file. Notes will be taken but will not be limited to health, dental, nutrition, screening results, disabilities, mental health, family services and parent involvement. All confidential mental health or other health records are stored in accordance with HIPAA.
- After files have been reviewed and the Site Supervisor considers the need for [CM Family Meeting](#), the SS will inform the Comprehensive Services unit about the concerns.
- The Comprehensive Services Assistant Managers with the support of the SS arranges for a family meeting with the families to address concerns.
- Meeting team participation and meeting notes will be documented on CSB905 and CSB 514
- Meeting decisions such as actions and responsibilities will be shared so parent and staff will implement the items for follow up.

4. Referral for Inappropriate Behavior:

If a teacher is concerned about a child's consistent display of inappropriate behavior, the Site Supervisor should be informed.

The Site Supervisor, teaching staff, and Education Manager will observe the child in the classroom and complete documentation on their observations for use at a Family Meeting. A Family Meeting Team meeting must be scheduled to plan strategies on how to effectively meet the child's needs.

5. The Site Supervisor is responsible for:

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- Requesting assistance from Education Managers to observe the classroom.
- Reviewing classroom observations and Individualized Positive Guidance Plan with the teaching staff prior to a Family Meeting Team.
- Discussing strategies/intervention techniques with teaching staff prior to the Family Meeting Team.
- Coordinating meeting with Comprehensive Services staff so key stakeholders could attend (CSB staff as well as any other professional involved with the child/family).
- During the Family Meeting, discuss intervention techniques and strategies to support the child's positive behavior. As needed, recommend mental health consultation/referral or referral for further evaluations under Local Education Areas LEAs.
- Support the team following the Family Meeting agreements.

6. If Applicable, the Nutritionist and Health Services Manager are responsible for:

- Gathering relevant information before the meeting.
- Writing nutritional plans for children and families

7. The Comprehensive Services Manager/Assistant Manager will be responsible for:

Gathering relevant information before the meeting: Inviting all applicable parties or individual advocates working on behalf of or providing services for child/parent (with parent consent), including but not limited to legal guardian, CFS Worker, Speech/language Therapist, Occupation Therapist, and Mental Health Therapist.

- Coordinating and gathering relevant information before the meeting. Including file review and classroom observations.
 - Creating an agenda to provide to all participants and keeping the meeting on time/track and have all participants sign-in.
 - Facilitating the meeting by supporting positive outcomes, facilitating referral as needed, sharing next step including roles and responsibility of the participants.
 - Keeping meeting documentation on child's file: Meeting Signing Sheet (CSB-905), Family Meeting (CSB 514) and if applicable consent for referrals (CSB 501).
 - Schedule a follow up meeting if needed to track team meeting agreement progress.

J. Child Abuse Reporting Policies

1. All CSB and Delegates Agencies will adhere to the following policies:

Children who are identified by Child family Services (CFS) as at-risk will be given the highest priority for intervention and placement in the school program; and make every effort to retain abused and neglected children and/or admit allegedly abused and neglected children referred by Child Protective Services (if the families are income-eligible)

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- CSB and Delegates agencies will maintain secure and confidential records regarding child abuse and neglect in accordance with state laws and Head Start Performance Standards.
- All CSB, Sub-contractors, and Delegate Agency staff must adhere to Mandated Reporters Law- Child Abuse and Neglect Reporting Act as delineated under the Penal Code Section 11164- 11174.3

2. Child Abuse and Neglect Reporting Act- Penal Code Section 11164-11174.3 (Amended Effective January 1, 2016.)

11164. (b) “The intent and purpose of this article is to protect children from abuse and neglect” and “to prevent psychological harm to the child victim”.

11164. As used in this article “child” means a person under the age of 18 years.

11165.2 -11165.6 These articles include all instances of child abuse such as: neglect, physical, sexual and emotional abuse.

11166. (a) a mandated reporter shall make a report to an agency specified in Section **11165.9**, whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written follow up report within 36 hours of receiving the information concerning the incident.

In compliance with penal code **11165.9** CSB, Sub-contractors and Delegate agency staff report reasonable suspect of abuse to the county Welfare department.

11166. (1) For purposes of this article, “reasonable suspicion” means that it is objectively reasonable for a person to entertain a suspicion. “Reasonable suspicion” does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any “reasonable suspicion” is sufficient.

11166. (2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

11166. (c) A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine.

11166. (h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

11166. (i) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

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11166.01 Subdivision (c) of Section 11166, any mandated reporter who willfully fails to report abuse or neglect, or any person who impedes or inhibits a report of abuse or neglect, in violation of this article, where that abuse or neglect results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment. **(Amended. Effective January 1, 2007.)*

3. Procedures for Reporting Suspected child Abuse

i. CSB staff in all divisions MUST report suspected child abuse or neglect IF:

- They have knowledge of it, or
- They have observed it, or
- They have reasonable suspicion of its occurrence or
- They receive second-hand information of the suspected abuse

ii. The report must be made as soon as the suspected abuse is noticed. Report of child abuse takes priority over other matters. In Contra Costa County, it is the responsibility of the local Welfare Department and the police to assess whether or not abuse has occurred.

iii. CSB staff is encouraged to consult with their immediate supervisor for guidance and support prior to reporting. Staff may also call the Mental Health Unit for additional support at the following number: 925-890-7540 or 925-305-3564. However, reporting duties under this section are individual and no supervisor or administrator may impede or inhibit such reporting duties and no person reporting shall be subject to any sanction for making such report.

iv. For the purposes of reporting, staff is encouraged to review the child's file and data entered in CLOUDS. Particular attention should be made to Health History, physical exam, and [Family Partnership Agreement](#) ~~Strength Building-Family Partnership Agreement~~ (to become familiar with any details that may provide further explanation for the incident prompting suspicion of abuse or neglect).

v. Reporting suspect of child abuse:

- In accordance with mandated reporting responsibilities and laws call:

| | |
|--|----------------------------------|
| Contra Costa Children & Family (Protective) Services Hotline Numbers | Hot Line (24 hours) 877-881-1116 |
| | West 510-374-3324 |
| | Central 925-646-1680 |
| | East 925-427-8311 |

- Complete a "Suspected Child Abuse Report" (CSB-510 or Form STAR SS 8572) within 36 hours after the report was made. The Person Making the report must sign the written report and provide the report to their site supervisor for filing.
- Mail or Fax the completed report (CSB 510 or Form STAR SS

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8572) to:
Children and Family Services
400 Ellinwood Way
Concord, Ca 94523
Fax: 925-602-6981

Site Supervisor is responsible for:

- Maintaining and storing all CFS reports in a locked confidential file, which is separate from the child's cumulative/educational file.
- Communicating with cluster AD and completing an Unusual Incident Report to Community Care Licensing within 24 hours of the initial CFS call.

vi. Feedback to Reporter:

- A CFS investigation will be open. CSB staff is encouraged to participate in the process.
- After investigation is completed, the CFS will inform the mandated report of the result of the investigation. At the end, the reporting person's name will be kept confidential. Unless, legal actions are taken when the name will be revealed and the person might be called as a witness.

vii. CSB Mental Health staff is responsible for:

- Informing and consulting with their clinical supervisor.
- Providing a copy of the CFS report to the Mental Health Clerk and filing a report in the child's mental health file.
- Actively collaborating with Children and Family Services to coordinate delivery of necessary services to children and families to support family preservation, reunification and child/family mental health.

viii. The Comprehensive Services Managers, Health, Disabilities-Mental Health and Family Engagement will coordinate activities regarding the issues of child abuse/neglect. Their responsibilities are to:

- Provide training and consultation for staff and parents regarding identification/reporting of child abuse. The purpose of this training will be to educate participants that the abusing parents or caretakers need help and support - not punishment.
- Provide support and educational services to parents as a preventive measure to reduce the likelihood of an additional abuse/neglect occurrence.
- Provide training to parents and staff yearly on the significant aspects of abuse/neglect. Comprehensive Services Disabilities/Mental Health Manager will maintain documentation of such training.
- Establish liaison with Child Protective Services (which has legal responsibility for receiving reports of abuse and neglect).

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- Collaborate with Human Resources to ensure that program staff is properly informed/trained on procedures for identifying/reporting suspected child abuse and neglect.
- Collaborate with Human Resources to ensure there is a signed document in each CSB program personnel file acknowledging that the person has been trained regarding child abuse and neglect.
- Ensure that information/training is provided for parents and staff on the legal requirements regarding reporting of abuse/neglect.
- Provide written explanation of the legal requirements of reporting (given to every parent when he/she enrolls in the program). Obtain a signed acknowledgment from the parent that he/she has received and understands the information. (CSB-360)
- Review annually child abuse reporting laws and update all employees on new requirements. Obtain signed Acknowledgement of review from each staff. (CSB-508)
- Ensure that parents are provided ongoing educational opportunities to learn about positive parenting and child abuse prevention techniques.

Sub Part II. Child Nutrition

A. General Description-Identifying Children's Needs

A comprehensive system of services are implemented to help prevent health problems and intervene promptly when they exist. Comprehensive services are responsible for identifying cases for nutrition referral, follow-up and [arranging family meeting-referrals](#).

B. Nutrition Referral

1. Comprehensive Services Assistant Managers and Clerks perform the following:

- Review medical records, health histories and growth assessments.
- Identify nutrition risks following the guidelines listed below in the table.
- Initiate nutrition referral in CLOUDS.
- Update existing referrals in CLOUDS.
- Use the "What To Say and What To Do" protocol (see CSB Resource Center > Document Library > Comprehensive Services Documents and Training Resources > Nutrition) based on the specific nutrition risk when speaking with parents.
- Complete WIC/Food Stamp screening form with parent, and provide other nutrition resources as appropriate (weight, iron-rich foods, picky eater, lead poisoning, and other

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- areas of concern).
- Encourage parents to attend nutrition presentations, such as at parent meetings.
- Document in CLOUDS all actions/services provided to parent.
- Initial and date all documentation.

2. Guidelines for Identification of Nutritional Risk:

i. Iron Deficiency Anemia – Criteria

| Criteria for Providing Nutrition Information to Child’s Parent | | | |
|--|------|-------------|-------------|
| Age / Years | Sex | Hgb | Hct |
| 0 to 5 | Both | 11.0 – 11.5 | 33.0 – 34.0 |

| Criteria for Initiating Nutrition Referral and MD Referral | | | |
|--|------|--------------|--------------|
| Age / Years | Sex | Hgb | Hct |
| 0 to 5 | Both | 10.9 or less | 32.9 or less |

ii. Diabetes

- If child has been diagnosed with diabetes, obtain “Child Diabetes Care Plan” from child’s MD.
- If child requires blood glucose testing or glucagon for emergency life saving measure, Community Care Licensing requirements must be met prior to enrollment.

iii. Underweight

Input child’s height and weight under Growth Assessment in CLOUDS to determine nutritional status. Refer [any children](#) with [considerable](#) underweight status.

If child’s status is [slightly](#) underweight and there is a family history of small stature, a nutrition referral should not be made. If CLOUDS triggers an automatic referral, click “no referral needed,” and explain why under comments, unless there are additional concerns such as:

- Failure to thrive
- Developmental disabilities
- Anemia

For infants, initiate nutrition referral if following values are determined after plotting on the growth chart:

- Weight-for-age < 3-5%
- Weight-for-length < 5%
- Head circumference < 5%

iv. Overweight & Obese

To effectively manage children’s nutritional concerns follow-up must be monitored through resolution of the problem. Assigned staff is responsible for the following.

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- Comprehensive Services Clerks:
 - Hand out resource~~s~~ and enter resource titles in CLOUDS ~~which resource(s) were given~~
 - Follow steps as indicated on the “What To Say and What To Do” protocol (see CSB Resource Center > Document Library > Comprehensive Services Documents and Training Resources > Nutrition).
- Comprehensive Services Assistant Managers:
 - Monitor to make sure follow-up is completed.
- Site Supervisor and Partner Agency Staff:
 - Obtain updated list of Overweight and Obese children from ~~the~~ Comprehensive Services Clerks.
- Teachers:
 - Model correct portion sizes of food for children, i.e., teachers do not serve themselves adult sized portions.
 - Monitor children's food consumption during meal time and assist children in making healthier choices if needed.
 - If a child is extremely underweight or obese, staff will follow policies and procedures related to reporting suspected child abuse and neglect. Nutrition Manager and Health Services Managers are available for consultation as needed.

v. Picky Eaters

When picky eaters are identified, Comprehensive Services Assistant Managers and/or Clerks are responsible for providing the nutrition handout to parents, and for documenting actions and parent conversations in CLOUDS in the comment section under Health History. No referral is needed.

However, if child is identified as a picky eater and there is another nutrition issue then a referral is needed.

- **Comprehensive Services Clerks:** Inform CSAM that a family meeting is needed due to child being a picky eater and having another nutrition issue such as obesity, overweight, or anemia.
- **Comprehensive Services Assistant Manager:** Schedules family meeting with Nutrition Manager and any other managers who may be needed.
- **Site Supervisors:** Inform CSAM so that a family meeting may be called, once site supervisor is aware that child is a picky eater and has another nutrition issue such as obesity, overweight or anemia.
- **Teachers:** Inform Site Supervisor, Comprehensive Services clerks or CSAMs.

vi. Tube Feeding

If child requires gastrostomy-tube care Community Care Licensing requirements must be met prior to

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enrollment. A family meeting takes place prior to Community Care Licensing notification and prior to enrollment into a CSB program.

vii. Special Meals and/or Accommodations

If dietary modifications are indicated based on a child's medical or special dietary needs and/or religious/personal/cultural belief, the Nutrition Manager will modify or supplement the child's diet on a case-by-case basis, in consultation with parents and the child's medical provider.

viii. CSB is a Peanut-Free Program

Each CSB center is designated a Peanut-Free Zone. CSB does not serve foods that contain peanuts due to their increasing health risk for young children. Peanuts are currently the leading food-related cause of severe life-threatening allergic reactions.

ix. Food Allergies and Special Diets

When food allergies and special diets are identified, the following will apply to Comprehensive Services Assistant Managers, Clerks, Site Supervisors, and Site-Based Clerks:

- Identify food allergy/intolerance or need for special diet if any.
- Immediately give parent a "Medical Statement to Request Special Meals and/or Accommodations" (CSB401). This form is to be used only for food allergies and/or intolerances, and is not complete without the designated healthcare provider's signature.
 - Use "Request for Special Meals Due to Cultural, Religious, and/or Personal Beliefs" form for non-medical special diets (CSB403). This form is not to be used for personal food preferences.
 - Submit completed forms to Nutrition Office two business days prior to child's first day. Original to be kept in child's file, with a copy sent to Nutrition Office.

All parties will communicate directly with others involved to keep them informed

Schedule family meeting before child starts in the program if food allergy is life-threatening or if several different food items are restricted so that meal pattern becomes unbalanced.

○

Site Supervisor or assigned staff must:

- ◆ ~~Schedule case management with Comprehensive Services Assistant Manager before child starts in the program if food allergy is life threatening or if several different food items are restricted so that meal pattern becomes unbalanced.~~

Check latest meal modification to confirm accuracy.

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Post meal modifications weekly in each center both kitchen and classrooms, with names covered for privacy. ~~Cooks and transporters are responsible for:~~

- ~~• Checking posted meal modification to confirm accurate food preparation and delivery.~~
- ~~• Immediately informing the Nutrition Office when children who need meals modified have left the program or have moved to another classroom.~~
- Reviewing meal modifications and addressing any questions to the Nutrition Office Manager.

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Immediately inform the Nutrition Office when children who need meals modified have left the program or have moved to another classroom.

Teaching staff must:

Check latest meal modification daily to confirm accurate food preparation and delivery.

Comprehensive Services Assistant Manager must:

Write family meeting case notes in CLOUDS so that all relevant parties will be informed.

-

~~The Comprehensive Services Assistant Manager is responsible for consulting with the Nutrition Office regarding the possibility of accommodating other food substitutes necessary to meet the child's needs.~~

Nutrition Clerk is ~~r~~Responsible ~~f~~For:

- Adding and maintaining each center's records of children's in name to the Food Allergy or Food Restriction List of the center in which child is enrolled.
- Forwarding copy of list to center.
- Updating list as information is received from Site Supervisor or Comprehensive Services for children who are enrolled or dropped from program.
- Updating and keeping Meal Modifications on file.
- Menu Change Protocol for Sends out weekly Meal Food Allergy/Modifications to centers.

The Nutrition Manager is responsible for making any food modifications/substitutions.

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When a recommended food item is not available:

- The Nutrition Manager will be immediately notified by FS Worker III, Food Operations Supervisor, or AD. The Nutrition Manager will provide an alternate food substitute.
- If the Nutrition Manager is not available, the Food Operations Supervisor will check past meal modifications to determine appropriate substitution. The Food Operations Supervisor will inform kitchen staff of change.
- The Food Operations Supervisor will also inform the Nutrition Manager when substitutions have been made.
- If the Food Operations Supervisor is also not available, the Supervising AD will check past meal modifications to determine appropriate substitution. The Supervising AD will then inform kitchen staff of change.
- The Supervising AD will also inform the Food Operations Supervisor and Nutrition Manager when substitutions have been made.
- The Nutrition Office will inform Site Supervisor or assigned staff of food substitutes.
- Kitchen staff is not to make any substitutions without approval from Nutrition Manager, Food Operations Supervisor, or Supervising AD.

Heights and Weights:

As part of nutrition screening, heights and weights must be taken regularly by designated staff to determine the nutritional status of each child.

The Child's Teacher is responsible for:

- Taking heights and weights every March and November of all preschool children currently enrolled.
- Following height and weight protocol when filling out Height & Weight Log (CSB430).
- Using Height & Weight Log to monitor and ensure healthy growth of all children.
- -Comprehensive Services Clerks are responsible for:
 - Taking heights and weights of all newly enrolled preschool children within their first 30 days of enrollment.
 - Promptly rRecording heights and weights in CLOUDS from the Height & Weight Log completed by the teachers.
 - Returning Height~~Returning~~ & Height & Weight Log to Site Supervisors for grantee and Site Directors for the partners.
 - Plotting Early Head Start length-for-age, weight-for-age, and head circumference-for-age on growth chart whenever information is available on well baby exam based on periodicity schedule.

C. Child Adult Care Food Program (CACFP)

1. General Description

To ensure our participation in the USDA Child Nutrition Program, the following must be accomplished by assigned staff.

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The Food Operations Supervisor (or designee) will be a second eye in checking to ensure accuracy after receiving original enrollment rosters from site supervisor (or designee).

The Nutrition Clerk or designee is responsible for:

Verifying in CLOUDS that the current enrollment rosters are correct. The clerk will send the enrollment roster to site supervisors for verification.

The Site Supervisor or designee is responsible for ensuring enrollment totals are correctly calculated and entered into the claim for reimbursement:

- Completing CACFP form (s) before child attends school, or upon enrollment.
- Completing CACFP enrollment document.
- Filling in days and hours child attends and types of meals served to child while in attendance.
- Ensuring enrollment document is signed and dated by the parent.
- Parent's completion of Meal Benefit form for child(ren) being enrolled, and for signing Meal Benefit form.
- Determining eligibility using current eligibility guidelines.
- Collecting enrollment document and meal benefit form from July 1st to October 31st.
- Sending a CACFP form (s) and CACFP enrollment document to the Nutrition Office,

Checking the enrollment roster to make sure the correct entry of names and numbers of children are on the list, i.e., the names and numbers of the children currently enrolled has been certified.

Sending checked enrollment roster to the Nutrition Clerk by the expected due date.

-
- Completing Enrollment Eligibility Roster each month, which includes:
 - Listing new children for the current month.
 - Determining whether child is free, reduced or base.
 - Marking whether child is in Head Start.
 - Listing child's certification date.
 - Listing children who have dropped for the current month and the drop dates.
 - Sending monthly Enrollment Eligibility Roster to Nutrition Office by the 5th of each month.

2. Nondiscrimination in Child Adult Care Food Program Services

Community Services Bureau Head Start will comply with Title VI and Title VII of the Civil Rights Act of 1964. Title XI of the Educational Amendments of 1972, Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

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Each center will prominently display the And Justice for All poster. Staff will receive annual training on Civil Rights requirements and on handling Civil Rights Complaints. Nutrition Office will monitor and oversee training.

The most current version of the nondiscrimination statement will be used on all CSB forms of communication made available to the public regarding program availability, except for menus. The appropriate nondiscrimination statement is to be used and it must be prominently displayed on the document and be the same text size.

The short statement “This institution is an equal opportunity provider.” can be used on flyers, posters, or documents that are one page by nature, in a font size no smaller than the text size. ~~This institution is an equal opportunity provider.~~

D. Child Adult Care Food Program (CACFP) Monitoring

To ensure compliance and meet CACFP requirements, all grantee sites must be monitored three times a year.

Nutrition Manager's responsibility:

- Unannounced monitoring of mealtimes.
- Conducting CACFP Facility Reviews at each center three times per academic year. ~~facility reviews three times per classroom per academic year.~~
- Using CACFP Centers Facility Review form (see Form CSB440).
- Reporting findings to Site Supervisor or designee immediately after monitoring.
- ~~Writing corrective action plan based on recent findings.~~
- Sending findings to the Assistant Directors.
Filing CACFP Center Monitoring Review Report form at Nutrition Office.
- ~~Sending original copy of CACFP Center Monitoring Review Report form to Nutrition Office.~~
- Following up to confirm completion of corrective action within 60 days of findings.
- Completing CACFP 5-day reconciliation to ensure accuracy of meal claims by each site.

Site Supervisors responsibility:

- Implementing corrective actions and/or responding to monitoring report within 2 weeks.
- ~~Sending the Nutrition Manger documentation of the corrective action plan and date of completion, e.g. Individual/Small Group Conference form or agenda and sign-in sheet for verification completion of corrective action.~~ completion.
Writing corrective action plan based on recent findings.

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Sub Part III. Child Health and Safety

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A. Daily Health Inspection

The teacher is mandated by Community Care Licensing to perform a daily health check of each child. The daily health check is performed when greeting the child and parent as they arrive. Parents are requested to remain present while the teacher performs this assessment. The Daily Health Inspection is a head-to-toe check of emotional and physical well-being. This is an effective tool to develop a baseline of what is normal for each child. This exercise helps the teaching staff reduce the spread of illness and establish rapport with the child and parent each day. It is important that this health check be conducted in the form of a greeting and that no invasive inspection, such as lifting clothing, or discussing findings out loud in front of others, should take place. For preschool classrooms, teaching staff will complete in CLOUDS use the Daily Health Check log (CSB230) to document completion of the Health Check for each child in attendance. For infants, the daily health inspection includes a diaper change and is documented on the Daily Communication Form (CSB155). Teachers must also observe the child throughout the day.

To complete a daily health inspection, the teacher will do the following:

Listen: Greet the child and parent.

- Ask child the following question: "How are you today?"
 - Ask parent the following questions: "How's (name of child)?"
2. "Was there anything different last night?"
 3. "How did he/she sleep?"
 4. Listen to what the child and parent tell you about how the child is feeling. If the child can talk, is he/she complaining of anything? Is he/she hoarse or wheezing?
 5. Look: Get down to the child's level so you can see him/her clearly. Observe signs of health or illness:
 - General appearance (e.g., comfort, mood, behavior, and activity level)
 - Is the child's behavior unusual for this time of day?
 - Is the child clinging to the parent, acting cranky, crying, or fussing?
 - Does he/she appear listless, in pain, or have difficulty moving?
 - Is the child coughing, breathing fast, or having difficulty breathing?
 - Does the child look pale or flushed?
 - Do you see a rash, sores, swelling, or bruising?
 - Is the child scratching his/her skin or scalp?
 - Do the child's eyes look red, crusty, goopy, or watery?
 - Is there a runny nose?
 - Is he/she pulling at his ears?
 - Are there mouth sores, excessive drooling, or difficulty swallowing?
 6. Feel: Gently run the back of your hand over the child's cheek, forehead, or neck.
 - Does the child feel unusually warm, or cold and clammy?
 - Does the skin feel bumpy?
 7. Smell: Be aware of unusual odors.

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- Does the child’s breath smell foul or fruity?
- Is there an unusual or foul smell to the child’s stools?
- Pay particular attention to a child who has been absent or exposed to contagious disease.

After doing the health check, teacher must now use findings to determine if the child looks healthy or sick. Use this chart to identify signs of health and illness:

| | Looking Healthy | Looking Sick |
|-----------------------------|---|---|
| General Appearance | Comfortable Cheerful, responsive Active, playing Behavior appropriate for child and time of day | Excessive crying, clinginess, fussiness Doubled over in pain, unable to move Listless, lethargic, unresponsive No appetite Vomiting, diarrhea |
| Breathing | Breathing slowly Relaxed Quiet | Breathing fast Difficulty breathing Sucking in around ribs Flaring nostrils Persistent Cough Wheezing |
| Skin | Normal skin color and texture for child Normal skin temperature No rashes, sores, swelling, or bruising No scratching at skin or scalp | Pale, grayish, flushed, yellowish Hot or cold and clammy skin Skin rash, sores, swelling or bruising Scratching at skin or scalp Skin doesn’t spring back when pinched |
| Eyes, nose, ears, and mouth | Eyes bright and clear Nose clean Ears clean Mouth without sores, swallowing comfortably | Eyes swollen, red, crusty, goopy, watery, yellowish, or sunken Nose congested or runny Ears draining pus or blood Pulling at ears Mouth or lips with sores, excessive drooling, difficulty swallowing |
| Odors | No odor or normal odor for child | Breath smells foul or fruity Stool smells foul |

B. Hand Washing

Hand washing is the single most important routine in disease prevention. Both children and staff are required to wash hands upon arriving to work or school, before eating, before/after preparing or serving food, and after outdoor play, after wiping noses or using the bathroom, after handling animals/pets, before and after medication administration, and before and after gloving.

All adults and children in the classroom should follow the procedures for proper hand washing:

- Use soap and running water
- Scrub hands vigorously for at least 20 seconds
- Wash all surfaces, including:
 - Backs of hands
 - Wrists
 - Between fingers
 - Under fingernails
 - Under and around rings
- Rinse well
- Dry hands with a paper towel
- Turn off water using paper towel instead of bare hands

C. Infection Control in the Classroom

In addition to Standard Precautions, the following measures are recommended for infection control in the classroom. It is the teacher's responsibility to insure that simple routine practices which reduce disease risks in the group setting are implemented in the classroom. These practices include:

- Hand washing
- General environmental sanitation
- Sanitary food service
- Good personal hygiene
- Careful diapering procedures
- Prompt exclusion of children and adults who have signs and symptoms of communicable disease
- Placement of cribs at least 3 feet apart and cots at least 18" apart

1. Hygiene – Standard Precautions

i. Training

All teachers, site supervisors, managers and food service staff will be trained annually on food sanitation and safety. At least one employee in the Central Kitchen must be trained and must hold a current Food Safety Manager certificate.

ii. Tuberculosis (TB) Tests/[SB 792 Immunization Requirements](#)

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Licensing requires that proof of a negative TB test or chest x-ray of staff and volunteers (except student volunteers under the age of 18) must be kept in the center Licensing Folder. Resources for obtaining a TB test are available for parents and other volunteers in need. [All teachers and volunteers supervising children must comply with immunization requirements of SB 792. Volunteer immunization records will be kept in the Volunteer Binder on site. Please refer to the Volunteer Policy under Human Resources of the Policies and Procedures for more information on CSB Volunteer Policy.](#)

Commented [AA9]: Bold

iii. Standard Precautions

Precautions should be used at all times to protect staff and volunteers from the risk of being exposed to blood, fecal material, vomit, urine, or other potentially infectious materials.

CSB Standard Precautions procedures apply to all program staff and volunteers maximize worker protection from the spread of communicable disease resulting from occupational exposures to blood or other potentially infectious materials. Staff will take the same precautions (hand washing, use of gloves, disinfecting, and other safety measures) when dealing with the blood or body fluids of all children and adults, whether or not they appear sick.

CSB supplies Blood Borne Pathogen Kits in each classroom to ensure staff has access to appropriate standard precaution personal protective equipment including gloves, aprons, mouthpieces for CPR, etc. Blood Borne Pathogen Kits can be located in the classroom by Bloodborne Pathogen Kit signage and will be replaced immediately after a single use. The program will ensure that all program staff receives training in the use of this equipment.

CSB trains staff in standard precautions through annual trainings and as a function of the American Red Cross First Aid certification course. American Red Cross First Aid re-certification is required every two years.

Anyone who has questions regarding the appropriate use of this protective equipment should call the Comprehensive Services Health Manager. If personal protective equipment becomes damaged or lost, ask for a replacement immediately.

2. Diapering and Toileting Procedure

i. Description

Since diapering and toileting are every day procedures for staff, and are a way that infectious diseases can be spread, it is extremely important that proper techniques be used at all times. It should also be noted that no child may be denied the opportunity to participate in any program on the basis of toilet training. The program does not make successful toilet training a condition of enrollment.

The center staff must ensure that there are sufficient changes of clothing and diapers. Each child's clothing and/or diapers must be changed as often as necessary to ensure that the child is clean and dry at all times.

ii. Diapering

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Proper Diapering Procedure

- Get organized. Assemble supplies in the changing area within reach, (disposable diaper, wipes, gloves, non-absorbent paper liner, clean clothing and plastic bag if needed). Cover the entire changing surface or table with paper. Wash hands thoroughly with soap and warm running water.
- Place child on paper covered changing surface or table. Never leave child unattended during diapering processes.
- Remove child's clothing and put soiled clothing aside. Put on gloves using posted procedure.
- Unfasten diaper and leave soiled diaper under child. Lift the child's legs and use disposable wipes to clean skin creases, genitalia, and bottom. Thoroughly as needed, wipe front to back using a clean wipe each time. Place used wipes in dirty diaper.
- Remove soiled diaper. Fold diaper inward and place in covered, hands-free, plastic-lined container. Fold back paper liner if a clean surface is needed. Remove gloves.
- Clean your hands with a disposable wipe and then clean the child's hands with another fresh wipe.
- Put clean diaper on child. (Put ointment provided by parents following CSB Policies and Procedures for over-the-counter medication.)
- Dress the child. Change the child's clothing if wet or soiled.
- Wash the child's hands with soap and water. Put child safely in supervised area.
- Clean and sanitize the changing surface or table. Throw away the paper liner in covered, hands-free, plastic lined container. Clean any visible soil with detergent and water. Wet the entire changing surface with sanitizing solution.
- Wash your hands with soap and water.

iii. Toileting

The following procedure should be followed when toileting a child:

- i. Have all materials at hand before starting procedures.
- ii. Never leave a child unattended; visual supervision is required.
- iii. Have child sit on potty, but never longer than 5 minutes.
- iv. After child has finished, teach child how to wipe self from front to back.
- v. Before child leaves bathroom, the child is to wash hands properly.
- vi. Staff member washes hands when done.

D. Napping Policy

To promote safe sleep practices and reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Infants, unless otherwise ordered by the physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumers Product Safety Commission.
- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment.
- Blankets are not used in cribs or with sleeping babies however Sleep Sacks are available as needed to ensure appropriate temperature for sleeping babies.

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- The infants head must remain uncovered during sleep.
- After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

E. Dental Hygiene

All children with teeth shall brush or have their teeth brushed with fluoride toothpaste once a day during the hours the child is in care. If possible, for full day and family child care programs, children will brush their teeth after lunch, part day morning program children will brush their teeth after breakfast and part day afternoon program children will brush their teeth after lunch.

Size appropriate toothbrushes, tenders and fluoride toothpaste will be obtained through the health supply ordering process and will be use as follows:

Children age three and older - Once daily and in conjunction with a meal as noted above, staff should either brush the child's teeth (for those lacking the motor skills to brush themselves) or supervise as the child brushes his/her own teeth. Fluoride toothpaste, not larger than the size of a pea should be placed on a disposable cup for each child.

Children under three years old - Once daily and in conjunction with a meal as noted above, staff should either brush the child's teeth (for those lacking the motor skills to brush themselves) or supervise as the child brushes his/her own teeth. Fluoride toothpaste, the size of a grain of rice should be placed on a disposable cup for each child.

All children without teeth shall have their gums wiped with a moist cloth or a product called "Tenders" (a soft, single finger swab ordered and provided by the Health Content Area Manager) to remove any remaining food/liquid that coats the teeth and gums at least once a day and after a feeding. By doing this, caregivers are breaking up plaque in order to create a much healthier environment for the teeth that will be coming in later.

Follow these steps when caring for infants without teeth:

- Wash hands thoroughly and slip "Tenders" onto your index finger
- Moisten slightly with cool water. Do not use toothpaste
- Carefully swab infant's gums using a gentle circular motion
- Place used "Tender" in garment bag to be washed prior to next use

F. Health Issues in the Classroom

- Call your assigned Site Supervisor when a health concern is identified. It is crucial to provide appropriate intervention or resolution. Any unusual behavior, any injury or any signs of illness requiring assessment and/or administration of first aid by staff must be reported to the parent and documented in the child's confidential file.
- Health issues include, but are not limited to rash, high fever, head lice, signs of conjunctivitis ("pink eye"), diarrhea, intestinal problems, vomiting and nutritional problems.

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The Site Supervisor, Comprehensive Services Staff or Health Manager must follow up with the parent and medical provider(s) to confirm any diagnosis given by the parent or family member. The information will be evaluated, and a decision made as to whether the child can attend school at that time. The Site Supervisor and the teaching staff will be kept abreast of the health considerations that impact this decision.

G. Child Safety and Supervision

Visiting/socializing on the playground or the premises of a child care facility while on duty is prohibited. Visiting/socializing with fellow employees, who are still on duty regarding non-classroom activities, during break times, is not allowed. All visitors, former employees and relatives must report and sign in at the main office of each center before entering program areas. Information on the nature of the visit will be required.

Children must be visually supervised at all times indoor and outdoor, including while toileting and napping. Essential practices indoors and outdoors include, but are not limited to, active supervision, “zoning” and strong team communication.

6. Playground safety and supervision

Yard staffing must support visual supervision at all times. Staff must “sweep” the yard by walking and visually scanning all areas before leaving.

7. Morning outdoor time and field trips

Whenever the classroom is outside on the yard in the morning or on a field trip, all members of the teaching team must be present to ensure the health and safety of children. No scheduled prep time or breaks are permitted during field trips or morning outside time.

8. Afternoon outdoor time

During the afternoon outdoor time, staffing must meet required teacher-child ratios, and the Lead Teacher must accompany the class and other staff in transitioning the children to and from the yard. If a low ratio allows only one staff person on the yard, that person must be at least an Associate Teacher level staff. Scheduled outdoor time must be approved by Site Supervisor with consideration of approved prep-time and break schedule.

9. Preschool outdoor safety

- No more than two (2) preschool classrooms shall be outside on the playground at any time.
- This policy may be waived with written approval from the Assistant Director. If approval is granted, a written plan must be developed by the Site Supervisor and approved by the Assistant Director outlining additional safety measures that will be established, including but not limited to safe transitions and staff knowing all children on the yard.

10. Infant and toddler outdoor safety

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- Infant and Toddler classrooms shall have no more than eight (8) children present for any activity, including outdoor time.

11. Semi-Annual Child Safety Check

Semi-annually, during the first month of the Program Year (when all programs are in session) and in March, each Site Supervisor will complete and submit to their Assistant Director the Semi-Annual Child Safety Checklist (CSB form 751). This checklist will be used to confirm that the following has occurred as required:

- Annual review of Ready To Learn Curriculum safety considerations;
- Annual review of Pedestrian Safety Training for parents and children;
- Semi-annual review of outdoor schedule against staff breaks and prep time and against peak pick-up/drop-off times to ensure no overlap in the morning and limited overlap in the afternoon;
- Semi-annual review of schedule and plan of class consolidations in early morning and late afternoon;
- Semi-annual meeting with staff to review child safety, visual supervision, staff placement, and safe transitions;
- Semi-annual completion of Transition Observation Checklist (CSB form 750) in each classroom;
- Semi-annual review of center documentation that all volunteers and substitutes have received an on-site orientation and have reviewed *CSB Substitute and Volunteer Handbook* with a signed *Handbook* receipt on file at the center;
- Semi-annual meeting with front desk/lobby/entrance/exit staff to review procedures to ensure Child Safety at all times; and
- Semi-annual meeting with parents to review Child Safety procedures, facility security, and handout *Parent Guidance for Keeping Children Safe*.

H. Child Illness Procedures

1. Admission and Exclusion

The decision to admit or exclude a child with an illness is the responsibility of the Site Supervisor and will be based on whether there are adequate facilities and staff able to care for the ill child and the other children in the group. The Site Supervisor, not the child's family, makes the final determination about whether the ill child can receive care in the childcare program. Children will be excluded if:

- The child's illness prevents the child from participating in activities that the facility routinely offers for well children or mildly ill children.
- The illness requires more care than the childcare staff is able to provide without compromising the needs of that particular child or of the other children in the group.
- Keeping the child in care poses an increased risk to the child or other children or adults with whom the child will come in contact.
- The childcare staff is uncertain about whether the child's illness poses an increased risk to others. The child will be excluded until a physician or nurse practitioner notifies the child care program

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that the child may attend. A child whose illness does not meet any of these conditions listed above does not need to be excluded.

2. Admission and Permitted Attendance

Specific conditions that do not require exclusion are:

- Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves.
- Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or eyelid redness.
- Children with a rash, but no fever or change in behavior.
- Children with cytomegalovirus infection, HIV or carriers of hepatitis B.

3. Procedure for Management of Short-Term Illness

The behavior and health of each child must be continually observed during the course of the day, and should a child become ill, the following steps must be taken:

- The ill infant, toddler or child must be isolated on a cot/crib in an area, which is easily supervised and away from the kitchen, bathroom and any other area used by the other children. Infants, toddlers and children in isolation must be under constant visual observation by designated staff.
- Children ill enough to require isolation may not use the same toilets as other children. One toilet and sink must be designated exclusively for the ill child's use. The other children must be prevented from using that toilet and sink until the sick child has been picked up, and those facilities have been thoroughly disinfected.
- The Site Supervisor or designee will call the parent or other emergency numbers to arrange to have the child picked up. If no one can be contacted, the child must remain on the cot/mat under close supervision and staff will continue to try to reach the parents or emergency numbers.
- If the child's condition worsens and becomes life threatening, the teaching staff must call 911. Notification of parents must be noted in the child's file. The Assistant Director must be notified immediately.

4. Short-Term Exclusion and Admittance

As the program is not set up to care for ill children, staff and parents should use the following three criteria to exclude children with short-term illnesses from the group care setting:

- The child does not feel well enough to participate comfortably in the usual activities of the program.
- The staff cannot care for the sick child without interfering with the care of the other children.
- The child has any of the following that indicate a contagious disease or an immediate need for medical evaluation:
 - Fever and behavior changes or other signs or symptoms, until the child's inclusion is

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- checked with a health professional who determines that the child may be in child care.
- Signs or symptoms of a possible serious condition, such as those defined below under “Conditions that Require Immediate Medical Attention”, until the child is checked by a health professional who determines that the child may be in child care.

An ill child may only be excluded for the period of time when he or she poses a significant risk to the health and safety of anyone in contact with the child and until the child meets the criteria for re- admission.

5. Conditions that Require Immediate Medical Attention

Get help immediately for a child with any of the following conditions:

- Specific fevers:
 - A baby less than 4 months of age has a temperature of 101° F rectally or 100° F axillaries (armpit).
 - A temperature of 105° F or higher in a child of any age.
 - For infants under 4 months, forceful vomiting more than once.
 - Looking or acting very ill or getting worse quickly.
 - Neck pain when the child’s head is moved or touched.
 - A stiff neck or severe headache and looking very sick.
 - A seizure for the first time.
 - Acting unusually confused.
 - Unequal pupils (black centers of the eyes).
 - A blood-red or purple rash made up of pinhead sized spots or bruises that are not associated with injury.
 - A rash of hives or welts that appears and spreads quickly.
 - Breathing so fast or so hard that the child cannot play, talk, cry, or drink.
 - A severe stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall.
 - Stools that are black or have blood mixed in them.
 - Not urinating at least once in 8 hours, a dry mouth, no tears, or sunken eyes.
 - Continuous clear drainage from the nose after a hard blow to the head.
- **Return to School After Illness**

Children who have been excluded from the classroom should not return until:

- A physician has certified that the symptoms are not associated with an infectious agent or the child’s symptoms do not threaten the health of other children.
- The child has received treatment following a ~~is completely “nit free” following a~~ head lice infestation.
- The child has an axillary or oral temperature of less than 100°F, and does not have symptoms such as:
 - Sore throat
 - Vomiting

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- Diarrhea
- Headache and stiff neck
- Undiagnosed rash

- The child has no respiratory problems, such as:
 - Difficult/rapid breathing, severe coughing or a high-pitched croup or whooping sound while coughing.
 - Inability to lie down comfortably, due to continuous coughing.

- No Diarrhea (an increased number of abnormally loose stools in the previous 24 hours), observe the child for other symptoms such as fever, abdominal pain, or vomiting.
- No Vomiting (two or more episodes of vomiting within the previous 24 hours).
- No Eye/Nose Drainage (thick green or yellow mucous from the eye or nose).
- No Sore Throat, especially with fever or swollen glands in the neck.
- No Skin Rash (undiagnosed or contagious), infected sores; sores with crusty, yellow, or green drainage which cannot be covered by clothing or bandages.
- No Persistent Itching (or scratching) of body or scalp.

J. Medical Alerts

Medical Alerts need to be posted by the teacher after the Site Supervisor has investigated and determined that there was exposure to a communicable disease.

In some cases, the teaching staff may be notified by the parent regarding a confirmed diagnosis (i.e., a child with Chickenpox). In this event, the Medical Alert may be posted immediately. The Site Supervisor, Comprehensive Services Team member, and Health Manager must still be notified about the illness.

After two weeks, the Medical Alert must be taken down from the classroom where it has been posted. (CSB221 to CSB238.)

K. Children Injured at the Center

1. Professional Medical Treatment

- All head injuries require an immediate call to the parent. Parents can make the determination to pick up their child or not based on the staff report and advice as to the seriousness of the injury. The Injury / Incident Report (CSB245) must be completed.

- In the event that medical treatment is required, the center staff will instruct the parent to take their child to the doctor. If the parent cannot be contacted and a child needs to be transported by ambulance to the hospital, the teacher will accompany the child. The teacher will notify the Site Supervisor if a child needs professional medical treatment.

- The parents will be responsible for any medical expenses incurred. If the parent feels that it is the responsibility of the program to pay for these expenses, they must file a claim against the program.

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Contact the Health Manager for details regarding submission of claims.

2. Student Injury / Incident Report

- Whenever a member of the center staff uses first aid or informs a parent that a child has been hurt, the Site Supervisor or Teacher will call the Assistant Director to report the incident. If necessary, immediate arrangements for obtaining medical treatment will be made.
- The teacher is required to complete an Injury / Incident Report (CSB245). This report is also used for minor injuries such as scrapes or small cuts that require minor first aid. A copy of completed form is to be shared with the parent on the same day as the injury/incident occurred and the original is kept on site.
- If the incident involves more than 1 child, a report must be done for each child. The information as to who was involved is written and kept confidential, but not given in the report the parents receive. To maintain confidentiality, the names of other children involved in the incident should not be written on the Injury / Incident Report (CSB245).
- Depending on the nature of the injury / incident, Site Supervisor may need to follow-up with the appropriate CSM (Education, Health & Nutrition, Mental Health/Disability) and/or Business Systems Unit after the injury/incident occurred.
- The Assistant Director should be notified immediately of all injuries/incidents. If the Assistant Director notices that an elevated amount of incidents are occurring, he/she should call the Site Supervisor/Teacher to discuss the situation and develop a plan/solution to prevent further incidents.
- Site Supervisors must maintain a Site Injury/Incident Log for each injury / incident at all times.

L. Blood Protocol

1. Description

This protocol is used to prevent the remote and unlikely possibility of the spread of blood and blood diseases in the school setting and applies to all site personnel who have direct contact with children and custodial personnel as necessary. Bloodborne Pathogen Training is provided annually.

2. General Information

- The so-called blood-to-blood diseases (AIDS, Hepatitis B, etc.) are spread by an organism's travel from the blood of an infected person to the blood of a non-infected person.
- Blood and semen are the only body fluids that have been demonstrated to be capable of transmitting AIDS (Acquired Immune Deficiency Syndrome).

3. Supplies needed

- Blood Borne Pathogen Kits are available in each classroom with signage to designate storage location and to ensure staff has access to appropriate standard precaution personal protective equipment including gloves, aprons, mouthpieces for CPR, plastic bags, etc. Blood Borne Pathogen Kits will be replaced immediately after a single use. Additional gloves, CPR mouthpieces, etc., are

located in the First Aid Kits in classrooms and in the office.

4. Procedure

Wash hands and put on gloves when having any contact with blood or bodily fluids. Use gloves one time and only on one student.

- After completing the necessary task, remove gloves by grasping the cuff and then stripping it off by turning it inside out. Be careful not to touch the contaminated surfaces of the gloves.
- Dispose of glove in a disposable plastic bag. See “Disposal of Blood/Body Fluid” below.
- Wash hands after de-gloving. This is necessary because bacteria multiply rapidly inside a glove.
- Fill out Injury/Incident Report (CSB245) as applicable.

5. Disposal of Blood / Body Fluid

- Put all blood/body fluid disposals in clearly marked garbage containers. Examples: soiled wet diapers, used gloves, wipes, vomit, blood products, and all other contaminated materials/supplies.
- Close the bag and tie it, then double bag, and dispose of it in a separate container marked for such disposals. Make sure this container is not used for trash, and that is out of children’s reach and can be easily moved around.
- Be safe - always wear gloves. Questions should be directed to the Health Manager.

M. Medication Administration

In compliance with Community Care Licensing, Community Services Bureau sites maintain an Incidental Medical Service Plan of Operation. CSB supports and provides incidental medical services to children with all medical conditions per CCL regulations including, but not limited to, the administration of medical services for asthma, allergic reactions, and G-tubes.

1. Administering Medication

Because the administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, families must check with the child’s physician to see if a dose schedule can be arranged that does not involve the hours the child is in the child care facility. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents may administer medication to their own child during the child care day.

2. Procedure

Staff, designated by the Site Supervisor, will administer medication only if the parent has provided written consent, the unexpired medication is in an appropriately labeled and stored container, and the facility has on file the written instructions of a licensed physician to administer the specific medication as needed and the appropriate forms/care plans such as CSB280, CSB282, CSB219, CSB219A, and the CSB213 have been completed.

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For prescription medications, parents will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name of the medication, the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; the administration, storage and disposal instructions. Instructions for the dose, frequency, method to be used, and duration of administration will be provided to the child care staff on the prescription label and on CSB forms by a licensed physician or other person legally authorized to prescribe medications.

Over-the-counter medications are treated in the same manner as prescription medications. For administration of over-the-counter (non-prescription) medications, (including diaper cream and sunscreen) parents will provide the unexpired medication in an original child-resistant container that is labeled with the child's first and last names and instructions for storage supplied by the manufacturer. Over-the-counter medications shall be administered only if the facility has on file the written orders (ex: CSB280 and CSB828.) from a physician including the signature or stamp of the physician or other person legally authorized to prescribe medications and in accordance with the instructions of the physician for the dose, frequency, method to be used and duration of administration.

A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child's name, the name of the medication, the dose of the medication, how often the medication may be given, the conditions for use, and any precautions to follow. Example: children may use sunscreen to prevent sunburn; children who wheeze with vigorous exercise may take one dose of asthma medicine before vigorous activity (large muscle) play; children who weigh between 25-35 pounds may be given 1 teaspoon of acetaminophen for up to two doses every four hours for fever. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has received training in how to use an auto-injection device prescribed for that child (e.g., EpiPen®). A child may only receive medication with the permission of the child's parent and when the staff person who will give the medication has the skills required. All documentation regarding a child's medication and its administration shall be kept in the child's confidential file.

Prescription and over-the-counter medications cannot be administered without the appropriate documents in the child's confidential file.

3. Storage

- Medications will be kept at the temperature recommended for that type of medication in a locked container that is inaccessible to children, separate from any other hazardous material storage. An example of an acceptable location is at the back of a locked file cabinet that is not used to store any other hazardous products or materials. Medications that do not require refrigeration, such as inhalers for asthma, should not be placed in the refrigerator. This can damage them and render them ineffective.
- Medications that require refrigeration must be stored in the designated locked refrigerator medication boxes supplied to each center.
- EpiPen Auto-injectors must be stored in a designated EpiPen box and should be out of reach of children in an easy and quick to access area with EpiPen signage posted. EpiPens should not be stored in extreme heat or cold and should be protected from light.

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- When the child no longer needs the medication or the child drops from the center, the medication must be returned to the parent or disposed of if the parent cannot be reached.
- Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.

4. Medication Log Documentation

A medication log will be maintained by the classroom staff to record the instructions for giving the medication, consent obtained from the parent, name of medication, dose, date, and time of administration, and the signature of the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log. All records of any changes in the child's behavior, as documented on the Medication Log, will be communicated to the parent. Parents will be assisted in communicating these incidences to the physician as necessary. (CSB213-Medication Form) Parents will be informed as to when authorized medications have been given via this log.

5. Asthma Protocol

Asthma is a common health condition and one that typically requires medication. Teachers will receive training regarding asthma, its symptoms, and treatment procedures and the following protocol will assist the teaching staff:

- The Comprehensive Services Assistant Manager, upon review of the child's Health History form, will contact both the parent and medical provider(s) to clarify the current status of the asthma condition. It is the responsibility of the Comprehensive Services team to obtain confirmation of the diagnosis and any current treatment using the Asthma Action Plan (See Form CSB219).
- Subsequent to the initial health review by the Site Supervisor and Comprehensive Services team, if the teacher becomes aware of a possible asthma condition, previously unknown to staff, she must call the Comprehensive Services team assigned to the classroom. The Comprehensive Services team will then follow the procedures described above.
- Once all relevant information is obtained, a meeting will be held with the Comprehensive Services team, Site Supervisor, parent, and teacher to ensure teaching staff have the training to carry out the action plan for the child and to review the following:
 - Asthma Action Plan from the doctor.
 - Medication form (See Form CSB213) completed by parent.
 - Inhaled Medication – Nebulizer Consent forms (See Form CSB219a) completed by the parent for each teacher/staff administering the medication.
- Copies of the Asthma Action Plan will be kept by the center staff, parent, with the medication and in the child's main file. If the plan indicates medication is used routinely or "as needed," CSB must have medication on site before the child can attend class.
- Until complete physician's instructions are provided, medications to treat asthma symptoms will be given according to the prescription labels. Medication will be dispensed outside of center hours whenever possible.
- When asthma symptoms occur during center hours, the teaching staff will call the parent to alert

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them about the child's condition. The child will be sent home if the asthma symptoms interfere with the child's ability to fully participate in the program. In the event that the parent cannot be contacted, the teaching staff will call 911 (if the asthma appears life threatening).

6. Training of Caregivers to Administer Medication

Medication Administration Training is provided annually and any caregiver who administers medications shall be trained to:

- Read and understand the Asthma Action Plan, the Medication Form and the Inhaled Medication-Consent Form;
- Check that the name of the child on the medication and the child receiving the medication are the same;
- Read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (such as in relation to meals);
- Administer the medication (including inhalers and EpiPens) according to the prescribed methods and the prescribed dose;
- Observe and report any side effects from medications;
- Document the administration of each dose by the time and the amount given;
- Store and handle medication appropriately;
- Record changes in child's behavior and help parents communicate observations to their provider;
- Demonstrate ability to comply with medication policy.

7. Inhaled Medications

An Inhaled Medication-Consent Form (See LIC 9166 and Form CSB219A) must be filled out and signed by the parent before staff administers inhaled medications. A copy of the completed form must be kept in the child's file. A separate form must be filled out for each person (staff member) who administers inhaled medication to the child. This requirement includes all inhaled medications.

8. EpiPens

EpiPen Training is provided annually, and in addition staff is trained through CPR/1st Aid Training and on-line EpiPen training under the direction of the Site Supervisor when a child with an EpiPen is identified onsite.

9. Sun Protection Policy

Sun protection routines in childhood can establish lifelong preventive habits. At CSB, shade is provided at all sites, infants under six months of age are not exposed to direct sunlight, children are encouraged to wear light colored, loose fitting clothing that covers as much skin as possible, parents are encouraged to apply sunscreen to their child's exposed skin as part of their school drop off routine and following the procedure for the over-the-counter medications sunscreen provided by the parent will be applied by teaching staff. Drinking water is available to children during outdoor play.

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N. Incomplete Health Records

1. The Site Supervisor and/or Comprehensive Services team will notify parents and teaching staff if a child is to be excluded from the classroom due to incomplete health records.
2. Exclusions due to unmet health requirements: Children must be excluded for immunizations that are not up-to-date or a physical or TB clearance that is not received within 30 days of enrollment. Parents are allowed a onetime extension beyond the 30 day requirement for a physical exam with proof of an appointment on file however this extension does not apply to the TB clearance. Children excluded for unmet health requirements are permitted up to three days of excused absences. After that, a Notice of Action (as applicable) will be issued for termination from the program.
3. Parents will be informed during enrollment and at parent conferences that the health requirements are the following: up-to-date immunizations, physical and dental exams, follow-up and required TB Clearance. Parents will be assisted in identifying and accessing a source of care/insurance coverage and family meeting will take place as needed to make every possible effort to meet the health requirements for the child. If, after these notifications and assistance, the child has not obtained the needed services, the parents will be informed that they need to schedule an appointment that day and notify the Site Supervisor or Comprehensive Services Team of the appointment date and time.
4. When the parent has no phone, contact will be made by the Site Supervisor or Comprehensive Services team through the center. The center staff will be asked to have the parent contact the Site Supervisor or Comprehensive Services team the same day. In all cases, teachers will be notified and asked to reinforce the request made by the Site Supervisor or Comprehensive Services Team regarding health requirements.
5. Children may be excluded from the program for missing or incomplete initial physical exam, incomplete immunizations, and lack of a TB Clearance only.
6. For all other health requirements that are incomplete, the Comprehensive Services Team will request updated information from the parent with a Health Records Update Form (See Form CSB242). As needed, family meeting will take place with the site staff, Comprehensive Services and parents and a plan will be implemented.

O. Health and Safety Training for Center Staff and Parents

1. Staff

1. The Site Supervisor of each center must ensure that each of his/her staff members has current CPR / First Aid Certification in the following: Adult / Child/Infant CPR Training and First Aid Training (good for two years from date of issue). Staff can be sent to training via a request by the Site Supervisor to the Training Coordinator. The Site Supervisor is responsible for maintaining the personnel records of staff at his/her site to ensure that staff is certified in CPR / First Aid at all times. CPR / First Aid certified staff must be available at all times when children are present at the facility, or when children are offsite for facility activities.
2. In addition to the CPR / First Aid training, one staff person or Director at each day care center must have at least 15 hours in preventive health practices. This training must include, but is not limited to, pediatric cardiopulmonary resuscitation; pediatric first aid; recognition, management, and

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prevention of infectious diseases, including immunizations; and prevention of childhood injuries and at least 1 hour of child nutrition education, with content to include age- appropriate meal patterns based on the most current Dietary Guidelines for Americans. The training may include sanitary food handling, child nutrition, emergency preparedness and evacuation, caring for children with disabilities and identification and reporting of signs and symptoms of child abuse. The supervisor makes requests for such training to the Personnel Unit.

2. Parents

- Site Supervisors will share the policies for health emergencies that require rapid response on the part of staff or immediate medical attention at the time of completing the Classroom Orientation (CSB112) with parents.
- Through collaboration with parents to promote children's health and well-being, CSB staff provides medical, oral health, nutrition and mental health educational support services. Opportunities for parent education include, but are not limited to: medical and oral health, emergency first aid, environmental hazards, health and safety practices for the home including safe sleep, lead exposure and tobacco use, healthy eating, physical exercise and vehicle/pedestrian safety. In addition, pregnant women and families are provided educational opportunities to learn about pregnancy and postpartum care including breastfeeding, parental mental health, substance abuse, and perinatal depression.

P. Posting of Documents (Health Emergency Procedures)

CSB conforms to all Federal, State, and local regulations by posting or having on file at each facility: mandated notices, licenses, and permits.

- Site Supervisors and teachers are required to post mandated facility compliance documents on bulletin boards, which are attractive, neat, updated, and highly visible. Signage guidance can be found as follows: CSB Resource Center>Document Library>Comprehensive Services Documents and Training Resources>Signage>Signage Guidance.
- The Site Supervisor is responsible for routinely monitoring bulletin boards and classroom files for compliance with this standard. The Comprehensive Services Managers/Assistant Directors are responsible for monitoring all compliance documents.

Q. Pet Protocol

- Animals can bring joy to the classroom while offering children the opportunity to be responsible for another living creature.
- When an animal is being considered for inclusion in the classroom, child and staff allergies and fears must be considered. The animal must be tame and classroom staff must agree to accept responsibility for the care of the pet. Assistant Director's approval must be obtained.
- Turtles and other reptiles are not allowed in the classroom because they are potential carriers of salmonella bacteria.

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- Before the animal is included in the classroom, children will be instructed on the proper care and handling of the animal and the importance of proper hand washing.
- When the animal arrives in the classroom, the animal must be provided an appropriate habitat and space with opportunities to exercise, appropriate temperature, and all other natural conditions and activities.

A Pet Care Plan must be posted to designate care needed to provide quality care to the animal. The Pet Care Plan will include details specific to that particular pet and will inform staff and parents about the pet, and noting the specifics required to provide quality care to the animal. The Pet Care Plan must include:

- Name of animal
- Description of the animal - example: rat - nocturnal, affectionate and playful pets
- Description of appropriate housing/cage/bedding and recommended cleaning pattern
- Description of food needed to provide a healthy diet including portion size and frequency
- Explanation of exercise needed
- Explanation of proper handling practices
- List of vaccines needed (if any), date when administered and future due dates
- The name and phone number of a veterinarian in case of emergency- Site Supervisors will be contacted for veterinarian visits approval.

A log must be posted for staff to initial and date as animal care and related duties are completed. The log must include:

- Daily feeding (food and water) schedule
- Daily exercise
- Cage cleaning schedule

Accommodations must be made for:

- Scheduling weekend, holiday, and vacation care
- Maintaining care in the case of an emergency (natural disaster, animal illness, bites, and other similar situations)

Responsibility of the teaching staff:

- Review each child's Health History to identify children with allergies to specific animals.
- Complete the Pet Care Plan.
- Maintain the overall care of the animal.
- Initial the log noting responsibilities completed.
- To report any bites or scratches to the Site Supervisor and complete health documentation as required.

Responsibility of the Site Supervisor:

- Submit a request to the AD for classroom pet approval.

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- Oversee the health and well-being of children, staff and animals as they interact in the classroom.
- Report bites or scratches immediately the Comprehensive Services Health Manager and the Assistant Director.

Responsibility of Assistant Director:

- Provide pet approval for a classroom on an individual basis.

R. Safety / Sanitation Procedures

- Facilities have available first-aid kits readily accessible/clearly marked for emergency use.
- Facilities are equipped with a fire extinguisher securely mounted and readily accessible.
- Employees are trained in the use and type of fire extinguishers available.
- All fire extinguishers are tagged, noting months/years/dates of inspections/annual maintenance, and identified use (class of fire).
- Facility exits are clearly marked with visible, approved EXIT signs. Aisles, hallways, and other exits are kept free of obstacles, including furniture and equipment.
- All materials and surfaces accessible to children, including toys, shall be free of toxic substances.
- All plants must be non-toxic.
- Air fresheners will not be allowed in any space accessible to children and families.
- Baby walkers shall not be used or kept on the premises.
- Playground equipment shall be securely anchored to the ground unless it is portable by design.
- Equipment and furniture shall be maintained in a safe condition, free of sharp, loose or pointed parts.
- Equipment and furniture shall be age and size appropriate so as to allow children present to fully participate in planned activities.
- All items on shelves above three feet tall (plants, sculptures, books, and other items) shall be secured with museum putty, safety latches, barriers, or other similar items to prevent items from falling onto children.
- Open shelves and cabinets over three feet tall shall be free of heavy objects.
- Tall furniture over four feet tall shall be braced to the wall or floor.
- Cots shall be maintained in safe condition and bedding shall not be shared by different children without first laundering the bedding.
- Floor mats are constructed of foam at least ¾ inch thick and covered with vinyl, with no exposed foam. Floor side must be marked so that it can be distinguished from the sleeping side.
- Aisles and trafficked areas are kept free of obstacles and obstructions, with empty food containers promptly removed.
- Cots shall be arranged so that each child has access to a walkway without having to walk on or over the cots or mats of other children.
- Safe stools/ladders are available and used for reaching shelved items.
- Employees are trained in the proper use of equipment that their duties require them to use. Employees who have not been trained in the proper use of equipment may not operate such equipment.
- Employees are required to be attentive to their tasks, especially when cooking or operating moving

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equipment.

- Smoking is prohibited in all areas.
- All employees must consume food only in designated areas.
- All employees are required to adhere to procedures for kitchen sanitation and the cleaning schedule.
- Firearms and other weapons shall not be allowed on or stored on the premises of a child care center.

S. Safety Surveillance

1. Identification and Correction

The Health and Safety Officer will conduct monthly inspections of the facility for hazards using the Health and Safety Checklist on CLOUDS. The Site Supervisor will review the result of the site inspections and will submit a Track-it request for correcting hazardous conditions identified.

2. Escape Hazards

The Site Supervisor will maintain and review with the staff annually a list of potential high-risk locations/situations where a child might escape unnoticed from the group. Staff will use this list to plan increased supervision in these high-risk locations and situations. If such a high-risk escape hazard is identified between annual reviews, staff will take action immediately.

3. Evacuation Hazards

The Site Supervisor will be responsible for establishing and updating a checklist of locations to be assessed during evacuation to assure complete surveillance of the building before and after evacuation is declared complete. The checklist will identify usual and likely-to-be-forgotten locations such as: under a cot, behind a sofa, in a toy bin, in a closet, kitchen, or toilet room.

4. Injury Prevention

Whenever an injury occurs, a copy of a completed Incident/Accident Report (CSB245) will be filed in an injury log. The injury log will be reviewed every three months by the Site Supervisor or Assistant Director to identify hazards in need of corrective action.

- Staff and volunteers must be able to demonstrate safety procedures. Both staff and volunteers will review safety procedures with the Site Supervisor prior to working in the classroom. Emergency procedures, the Health and Safety Checklist, and playground safety shall be reviewed with each staff person and volunteer before any interaction with children may occur.
- Child and parent activities must include safety awareness for the home and in the program. Videos, brochures, newsletter articles, and parent training will be used to foster safety awareness for the home and in the program.

T. First Aid Kits

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All centers should have a first-aid kit and manual that is easily accessible (location should be marked by "First Aid Kit" signage), available to staff, and out of reach of children. The following items should be in the first-aid kit:

- CPR Mask (inside or outside in conjunction with the first aid kit)
- Disposable, nonporous gloves
- Scissors
- Tweezers
- Thermometer
- Adhesive tape
- Sterile first aid dressings
- Bandages or roller bandages
- Pen/pencil and note pad
- Antiseptic solution
- Cold pack
- First aid manual
- Poison Control number

The Health and Safety Officer, using the Health and Safety Checklist, will inventory the First Aid Kit monthly. Orders for restocking the kits are placed with designated staff. The First Aid Kits are only to be used in an emergency. Everyday health and safety supplies such as Band-Aids, cold packs and gloves are stocked separately in designated locations within each center, inaccessible to children.

U. Preparing For Emergencies

Each classroom has a disaster preparedness plan in case of fire, earthquake, or other emergency. Children and staff must be prepared to execute the plan in the event of such emergency. Regular drills are an essential element in strong preparation.

1. Operations Procedure

- Staff receives training on the disaster preparedness plan from their supervisor during their initial work orientation, and at subsequent staff development training. Such training is filed and documented with training records.
- All CSB centers post evacuation plans and documentation of completing required monthly drills (Disaster Drill Log CSB117) in location visible to families, staff and regulatory agencies.
- Classroom teachers provide an orientation to children on how to respond to an emergency as part of the ongoing curriculum.
- Drills shall be conducted as a whole center as to simulate a real emergency.
- Drills can be planned or unplanned. Periodic unannounced drills coordinated by the Site Supervisor are encouraged.
- Fire and Earthquake drills are held at least once per month, and Shelter-in-Place drills are held on the first Wednesday of each month.

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- When a Fire drill takes place and the building is being evacuated, teachers must bring the following items outside with them:
 - Emergency cards
 - Inhalers and Epi-Pens for applicable children
- After each drill:
 - The Site Supervisor or designee shall complete the Disaster Drill Report form CSB116 and maintain documentation of reports at the center.
 - The Site Supervisor or designee documents the drill on the Disaster Drill Log form CSB117. When log is full, logs shall be filed with the Disaster Drill Report forms CSB116 at the center and a new log will be started and be posted.
- The Site Supervisor shall submit a copy of the Disaster Drill Log form CSB117 monthly to the Assistant Director with the monthly report.
- The Assistant Director shall review logs monthly to ensure drills are conducted regularly.
- The Assistant Director shall periodically review the Disaster Drill Report form CSB116 documentation on file at the center.
- The results of the Disaster Drill Reports shall be reviewed at least annually with staff and parents.
- In the event of an actual emergency,
 - when children are moved to another location, medications and related supplies, equipment and documentation for children with health conditions that may require incidental medical services must be transported with the child by the Lead Teacher or designee who is designated to administer the medication.
 - Site Supervisor shall ensure s/he has possession of the two-way emergency radio at all times.

~~Staff receives training on the disaster preparedness plan during their initial work orientation, and at subsequent staff development training. Such training is filed and documented with training records.~~

- ~~• Fire drills are held at least once per month.~~
- ~~• Earthquake preparedness drills are held at least once per month.~~
- ~~• Shelter in Place drills are held once a month on the first Wednesday of each month.~~
- ~~• All CSB centers post evacuation plans, and have documentation of successfully completing monthly fire and earthquake drills.~~
- ~~• Documentation of earthquake and fire drills should be entered in the Fire/ Earthquake Drill Report for and the Fire and Earthquake Drill Log (Disaster Drill Report SB116 and Disaster Drill Report Log SB117)~~
- ~~• Classroom teachers provide an orientation to children on how to respond to an emergency as part of the ongoing curriculum.~~
- ~~• Fire drill and earthquake preparedness orientations must take place by the second week of program opening for children and monthly thereafter.~~
- ~~• In the event of an emergency when children are moved to another location, medications and documentation for children with health conditions that may require incidental medical services must be transported with the child by the Lead Teacher or designee who is designated to~~

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~~administer the medication.~~

Contra Costa County maintains an Office of Emergency Services (OES) Plan, which is activated during major disasters. The functions performed at the OES include gathering and evaluating damage information, determining emergency response priorities, obtaining necessary resources (materials, supplies, equipment, and personnel) and providing information to the news media. Community Services Bureau staff will provide information to the County OES on the status of the department’s staff, buildings and equipment, including vehicles.

A verbal report to Community Care Licensing must be made within 24 hours and a written report must be submitted to the licensing agency within seven days of the occurrence of any of the following events:

- Death of any child from any cause
- Any injury to any child requiring medical attention
- Any unusual incident or child absence which threatens the physical or emotional health or safety of any child
- Any suspected physical or psychological abuse of any child
- Epidemic outbreak
- Poisoning
- Catastrophe
- Fire or explosion occurring in/on the premises

Reports must be made in writing to the funding sources as soon as possible after any of the above.

2. Emergency Disaster / Earthquake Supplies

All sites have emergency/disaster supply containers that are easily accessible. The sealed containers hold the following items appropriate to the number of adults, children and infants at the site. The inventory with the expiration date of the contents is listed on the outside of the container.

| | | | | | |
|--------------------|-----------|------------|-------------------|----------------|----------------|
| First Aid Supplies | Food Bars | Formula | Formula Bottles | Bottle Bags | Bottle Nipples |
| Pliers | Crow bar | Water | Latex Free Gloves | Hand Sanitizer | Trash bags |
| Multi-purpose Tool | Shovel | Radio | Safety Goggles | Solar Blankets | Work Gloves |
| Gas Shut off Tool | Scissors | Dust Masks | Zip Lock bags | Masking Tape | Duct Tape |
| Fleece Blankets | Batteries | Whistles | Toilet Paper | Rope | Adult Vests |
| Germicidal Tablets | Wrench | Buckets | Flashlight | Soap | Cold Packs |
| Antiseptic Wash | Hammer | Lanterns | Shovel | Eye Wash | Vinyl Tarp |

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| | | | | | |
|-------------|------------------|---------------------|------------|----------|--|
| Toilet Bags | Toilet Chemicals | Bucket Toilet Seats | Dust Masks | Hard Hat | |
|-------------|------------------|---------------------|------------|----------|--|

3. Meal Delivery-Emergency

Each center should have the items listed below available when food cannot be transported to the centers due to unforeseen circumstances such as traffic, breakdown of van, or breakdown of equipment in kitchen. All of these food items should be stored and marked "Emergency Food". The requisite amount of milk (two half-gallon jugs for preschool and one half-gallon jug for toddlers per classroom, per meal) and fluid milk substitutions if needed for milk intolerances are to be on hand at all times.

- Infant food:
 - Meats, fruits and vegetables
 - Dry cereal
 - Formula
- Breakfast food:
 - Dry cereal
 - Canned fruit
 - Milk
- Lunch food:
 - Sun butter
 - String cheese
 - WW crackers
 - 1 can of fruit and 1 can of vegetables
 - Milk
- Afternoon snack:
 - Graham crackers
 - Milk

V. Classroom Sanitation

1. General Description

Each classroom is responsible for preparing the spray bottle of sanitizing solution on a daily basis.

- The proportions of bleach to water are: three quarters (¾) teaspoon of chlorine bleach to two (2) cups of water or one (1) tablespoon of chlorine bleach to one (1) quart of water. Other disinfectants may be used with the approval of the Assistant Director for that site.
- Classroom staff is instructed to clean off any visible soil with soap and water prior to spraying each table lightly with the bleach solution, to wipe it with paper towels and air dry. This is to be done before and after each meal service.
- The bleach solution, as well as any other disinfectants, cleaning solutions, poisons and other items

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that could pose a danger to children, should be placed in a locked cabinet after each use to prevent children from reaching.

- Warning Signs and Mixture instruction posters should be posted on the cabinet door where the solution is stored (See CSB Forms for forms “Warning Sign Poster” and “Warning Mixture Instruction Poster” in English and Spanish).
- Tabletops and eating surfaces must be cleaned/sanitized before and after each meal, counter tops are cleaned between preparation of different food items, and can openers are cleaned/sanitized after each use. Classroom staff is responsible for sanitizing toys weekly, as well as cleaning shelves and all areas of the classroom where toys are stored.
- In classrooms that have kitchen equipment, the teaching staff will ensure that, on a weekly basis and as needed, the pantry is swept, and ovens and refrigerators are cleaned. The building service worker washes trashcans as needed.

2. Classroom Sanitation in Infant Care Centers:

Particular emphasis on classroom sanitation for infant centers is critically important in ensuring the health of the children and staff and in preventing the spread of communicable disease. Keep the classroom sanitized by adhering to these activities:

- All items used by pets and animals shall be kept out of the reach of infants.
- Before walking on surfaces that infants use specifically for play, adults and children shall remove, replace, or cover with clean foot coverings any shoes/socks they have worn outside of that play area.
- Each caregiver shall wash his/her hands with soap and water before each feeding and after each diaper change.
- Only dispenser soap, such as liquid or powder in an appropriate dispenser shall be used.
- Only disposable paper towels in an appropriate holder or dispenser shall be used for hand drying.
- Washing, cleaning and sanitizing requirements for areas used by staff with infants or for areas that infants have access to, are as follows:
- Floors, except those carpeted, shall be vacuumed or swept and mopped with a disinfecting solution at least daily, or more often if necessary.
- Carpeted floors and large throw rugs that cannot be washed shall be vacuumed at least daily and cleaned quarterly, or more often if necessary.
- Small rugs that can be washed shall be shaken or vacuumed at least daily and washed at least weekly, or more often if necessary.
- Walls and portable partitions shall be washed with a disinfecting solution at least weekly, or more often if necessary.
- The diaper-changing area, where residue is splashed from soiled diapers and items and surfaces are touched by staff during the diaper-changing process, shall be washed and disinfected after each diaper change. Such areas, items and surfaces shall include but not be limited to:
 - Walls and floors surrounding the immediate diaper-changing area.
 - Dispensers for lotion, soap and paper towels.

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- Countertops, sinks, drawers and cabinets.
- Sinks used to wash infants, or to rinse soiled clothing or diapers shall be disinfected after each use
- Objects used by infants that have been placed in the child's mouth or that are otherwise contaminated by body secretion or excretion are either to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried, or (b) washed in a mechanical dishwasher before use by another child. A container will be placed in the infant room to collect these objects which shall be washed and disinfected at least daily, or more often if necessary. Such objects shall include, but not be limited to toys and blankets.
- Linens laundered by the center shall be washed and sanitized at least daily, or more often if necessary. Such linens shall include, but not be limited to, bedding, towels and washcloths used on or by infants.
- A disinfecting solution, which shall be used after surfaces and objects have been cleaned with a detergent or other cleaner, shall be freshly prepared each day using 1/4 cup of bleach per gallon of water or other approved disinfectant . Commercial disinfecting solutions, including one-step cleaning/disinfecting solutions, may be used in accordance with label directions.
- All disinfectants, cleaning solutions and other hazardous materials must be approved for use at CSB and shall be placed in a locked storage area.

W. Kitchen Sanitation

- All kitchen staff will follow Contra Costa County's Environmental Health rules and regulations for Retail Food Facilities.
- Cleaning/sanitizing may be done by correct spraying and wiping, or by using a by immersion in dish washing machine, or ~~by any other type of machine or device~~ (if demonstrated thoroughly to cleanse/sanitize equipment and utensils). The dishwashing machine must reach a temperature of 165 °F (74 °C) during washing and 180 °F during rinsing.
- All dishes and utensils used for food preparation, eating and drinking must be cleaned and sanitized after each use. If a dishwasher is not used, the manual 3-compartment sink method must be followed.
- Toxic materials must not be stored in food storerooms, kitchen areas, food preparation areas, or areas where kitchen equipment or utensils are stored.
- Soaps, detergents, cleaning compounds or similar substances must be stored in areas separate from food supplies.

X. Food Safety and Sanitation

1. Personal Hygiene for Food Service Staff and Classroom Staff

No person is allowed to work in a food service facility or a food serving area if he/she:

- Is infected with a communicable disease that can be transmitted by food.
- Is a carrier of organisms that can cause disease.
- Has a boil, infected wound, or acute respiratory infection.

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Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water:

- Before starting work
- Before serving food
- During work
- After diapering
- After smoking
- After eating
- After drinking
- After using the toilet
- As often as otherwise necessary

Employees must take off their apron:

- When exiting building
- When going to use the bathroom
- As often as otherwise necessary

Employees must maintain a high degree of personal cleanliness, and conform to good hygienic practices:

- Minor cuts or scrapes should be thoroughly cleaned, and covered with a clean bandage. If the affected area is on a hand, food service gloves should be worn until the area has healed.
- While engaged in food preparation or service or while in areas used for equipment washing, utensil washing, or food preparation, employees must not use tobacco in any form, eat food, chew gum, or wear earphones. Employees may eat and drink in designated areas only, and shall follow Contra Costa County's tobacco product control ordinance.
- Potentially hazardous food must be kept at an internal temperature below 40°F or above 140°F. Hot foods that fall below 140°F must be reheated to at least 165°F.
- Gloves are to be used when either hand comes into contact with food such as when cutting food. Gloves do not need to be used when serving food with a utensil so there is no hand contact.
- Each serving bowl on the table must have a separate ~~servingspoon or other~~ utensil.
- Leftovers may not be sent home with children, staff, or adults - due to the hazards of bacterial growth.
- Employees may not have ~~their own food such as sandwiches, snacks, (coffee, soda, chips, candy or candy, or other snack foods)~~ in front of children.
- To help maintain kitchen sanitation, all non-kitchen staff shall not enter the kitchen except as required for work duties.

2. Policies for Food Sanitation / Safety

i. Mealtime Sanitation Procedures

- Before and after each meal time, tables must be cleaned with the registered disinfectant/cleaner approved for food prep surfaces
 - Children should not return to the table with books, toys, etc. until after the table has

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been cleaned and sanitized.

- Teachers and children must wash hands before setting table or sitting down at table.
- The assigned staff must take temperatures of foods before serving, and food must be warmed up to 165°F if temperature falls below 140°F.
- Serving temperature and the time when temperature was taken must be recorded on transport sheet.

ii. Food Utensils, Dishes and Food Containers

- Each center must ensure that all serving bowls and other tableware items have been properly sanitized before each use.
- All dishes, utensils, and food containers are the property of Contra Costa County Community Services Bureau, and should not be taken off the premises.
- All food and utensils ~~must~~ are to be kept in their proper storage cabinet.
- Non-perishable food and food-related products ~~must~~ are to be stored at least six inches off the ground at all times.

iii. Refrigerators

Thermometers inside freezers and refrigerators must be checked daily. It is the Site Supervisor's responsibility to:

- Monitor the daily temperature check and keep the Refrigerator/Freezer Log (CSB455) accessible.
- Order a new thermometer when needed.
- ~~Ensure that that refrigerator is cleared of~~ perishable food items ~~and are cleared from the refrigerator weekly.~~
- ~~Ensure that the refrigerator~~ is cleaned and sanitized on the last day of the week.
- ~~Ensure that staff food is stored only in produce drawers labeled "Staff Food" in CACFP refrigerators.~~
- ~~No open containers are allowed in the produce drawers.~~
- ~~Stored containers must not have any exposed straw or spout~~

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iv. Food storage

◆ Leftover fruit (except for bananas) and bread shall be stored in the refrigerator for later use ~~and bread in the freezer for later use.~~

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- ~~Leftover milk and cold foods shall be rotated so they do not become outdated.~~
~~Use FIFO (First In, First Out) method~~

- ◆ ~~Once milk that has been is~~ poured into small containers, ~~it~~ should not be poured back into the milk carton.

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- All foods shall be marked with their date of delivery.
- Opened food that must be stored shall be labeled with name and date of opening.
- All containers shall be labeled with name of food and date when packed.

v. Disposal of Leftover Food

Serious health problems can be caused by leftovers that are held too long at an improper temperature. Teaching staff is required to dispose of all un-served cooked foods. At the end of each meal they are thrown into the garbage can.

- Food may not be kept after it has been put on the table for children.
- Leftover (un-served) food can never be taken home.
- Leftover fresh fruits, vegetables, cereals, breads and milk should be stored properly and used for snacks or breakfast. Unsafe perishables shall be disposed of daily.
- The central kitchen will create a sample lunch plate and hold it for seven days. This food will be used for analysis in the event of a food-borne illness outbreak.

Y. Procedures for Using Transport Units

Food cambros are insulated to help maintain the temperature of hot food or cold food. Cambros and containers shall be washed and sanitized daily.

- Cambros shall not be stacked more than four high.
- Broken cambros shall not be used to transport foods.
- Cambros and containers are opened just before serving food.
- All food containers shall be rinsed before being returned to central kitchen.
- Food shall not be left at room temperature in an open insulated food containercambro.

Z. Food for Infants

1. General Description

- Infants from birth through 11 months participating in the program will be offered an infant meal. Under the infant meal pattern, infant formula is a required component and, as such, must always be offered unless the infant's mother provides breast milk. CSB encourages breast-feeding. Infants and mothers benefit when infants are breastfed. Facilities are available for mothers to comfortably and discreetly breastfeed infants. Alternatively, staff can feed infants expressed breast milk left by their mothers.
- The decision regarding which infant formula to feed a baby should be made jointly by the infant's doctor and parents. CSB provides one house formula: Enfamil Infant. Any parent who wishes to decline this formula must document this declination using the form "Parent's Form for Declining a Provider's Formula" (See Form CSB404). Such parents will furnish a formula which meets the CACFP requirements for iron fortification and nutritional content, unless the doctor has prescribed a special formula. If the doctor-prescribed formula does not meet the CACFP requirements, parent

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and MD will need to complete a medical statement in addition to the declination form (CSB404).

- Infants are to be held while being fed, and must never be laid down to sleep with a bottle.
- An infant's developmental readiness is assessed to determine the foods to be provided, the texture of the foods, and the feeding styles to use. For complete guidelines, refer to the training manual Feeding Infants: A Guide for Use in the Child Nutrition Programs.

2. Feeding Infants:

- The introduction of solid foods is usually started around six months of age, depending upon each infant's nutritional and developmental needs. The decision to introduce solid foods should always be made in consultation with the parents. New foods are introduced one at a time, ~~up to at least~~ one week apart to make it easier to identify food allergies or intolerances. Infants will be offered single-ingredient commercial baby food when appropriate.
- As infants grow older, they may prefer to hold their own bottles, and may do so while being held in an adult's arms or lap.
- Dental problems, such as tooth decay, may result from children using bottles as pacifiers. For this reason, children are not allowed to carry bottles.
- Cereal or any other solid food may not be served from a bottle. A spoon is to be used instead. Baby food shall not be served from jars. Before feeding, the approximate amount of food that infant might consume shall be taken from the jar and placed into a small dish. Solid foods must not be put in bottles. Babies fed such food in a bottle can choke and may not learn to eat foods properly.
- Any parents who choose to decline the center's offered food and instead furnish one or more food items that meet Child Nutrition Program (CNP) nutritional content requirements, must document this declination using the Parent's Form for Declining a Center's Food For Infants, (Form CSB405) unless the doctor has prescribed special food. Any food items provided by the parent must be in compliance with local health codes, [Head Start Performance Standards and CACFP regulations](#). - If the doctor's prescribed food item(s) does not meet the CNP requirements, the doctor will need to complete the Physician's Letter for Declining a Center's Food (CSB405a), return the original to the Nutrition Office, and retain a copy in the child's file.

3. Food to Avoid with Infants

Infants are at risk of choking on food due to their poor chewing and swallowing abilities. For a complete list of foods to avoid for infants and toddlers, please refer to the training manual, "Feeding Infants: A Guide for Use in Child Nutrition Programs."

AA. Food for Toddlers

Toddlers will be served food from the regular Child Nutrition Toddler menu. Foods should be served family style and prepared so they are easy to eat (small pieces, or thin slices, no bones).

BB. Potlucks

Potlucks have historically been an integral part of CSB. They have provided parents with opportunities to share part of their family traditions, culture, personal interests, and strengths with other parents and staff in an economic and enriching manner. As the program has grown, concerns have been raised in relation to sanitation, safety, and nutrition. This is partly due to the common practice in our community of celebrations

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being built around a shared food experience, often with participants bringing their choice of food.

- Potlucks are discouraged during class hours as the children have their planned menus.
- If a potluck is held during a classroom event, it shall be held in a separate room such as a teacher's lounge or conference room. If a separate room is not available, potlucks shall be held after class hours.
- If a potluck is held during a classroom event, enrolled children will first be served the food provided by Child Nutrition Services.
- Parents may prepare a plate of potluck food for their own children only, and enrolled children may not be served the food in lieu of the food provided by the program.
- If after hours, parents may serve their children alternate food from whatever source they choose at that time.
- Parents who choose to contribute food should be encouraged to bring foods that are economical, healthy, and prepared in sanitary conditions. See section CC below for restrictions and suggested healthy alternatives.
- The food may be either homemade or purchased.
- Cultural foods are encouraged.

CC. Food for Children, Parent, Staff Meetings and Events

In March 1993, in an effort to reduce chronic disease, the Board of Supervisors adopted the Contra Costa County Food Policy developed by the Contra Costa County Food and Nutrition Policy Consortium, of which CSB is a member. The policy states that food provided at staff meetings, parties and other types of County social events should include choices that meet U.S. Dietary Guidelines. All foods served to people or provided through food assistance programs should reflect current standards of good nutrition.

In 2012, the Board of Supervisors and the Policy Council approved a Healthy Food & Beverage Policy. This policy states that Community Services Bureau recognizes frequent consumption of non-nutritious foods and beverages as a significant risk to the health of the children being served, and is taking a preventive approach. The role of CSB in serving families includes consistently modeling the behavior we wish to encourage. Therefore, at all CSB meetings, events, activities, or celebrations which include children:

- Sugar (or corn syrup) sweetened beverages and 100% fruit juice will not be served
Caffeinated drinks, including teas, will not be served
-
- Foods containing large amounts of sugar and/or solid fats (candy, donuts, cakes, cookies, chips, etc.) will not be served

Instead, CSB will provide or require healthy alternatives such as:

- Unsweetened carbonated water (flavored or unflavored)
- Water, perhaps flavored with a slice of lemon or other fresh fruit (and preferably served in non-plastic containers)

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- Non-fat or 1% milk (plain)
- Coffee and/or tea (for adults)
- Fresh fruit
- Whole-grain snacks (crackers, etc.)
- Raw vegetables and dipping sauce

At all facilities directly operated by CSB, the CSB Healthy Food and Beverage policy will be implemented for any meal or special event that includes children.

DD. Nutrition Services

- The Nutrition Office works with staff, professionals and parents to meet the nutritional needs of children with disabilities, and to help prevent disabilities that have a nutrition-related basis
- The Comprehensive Services Health, Disabilities and Mental Health Managers work with the Nutrition Manager to ensure that provisions to meet special needs are incorporated into the nutrition program.
- Appropriate professionals shall be consulted when determining ways to assist Head Start staff and parents with regard to children who have severe disabilities and/or problems with eating.
- The Nutrition Manager will plan and implement activities to help children with disabilities participate at mealtime, and to help prevent nutrition-related disabilities.

EE. Food Defense

Security measures in the central kitchen area will be followed by limiting access to the food production area and storage area to authorized personnel only.

When not in use:

- Freezers shall be kept locked.
- Walk in refrigerators shall be kept locked.
- Storage room shall be kept locked.
- Access to ice machine shall be controlled.
- Food shipments shall be accepted only if products are secured and sealed.
- Incoming food shipments shall be examined for potential tampering.

PART V. FAMILY & COMMUNITY ENGAGEMENT PROGRAM SERVICES

SUBPART I. ~~Family Partnership Agreement~~ Strength Building-Family Partnership Agreement Building

A. Purpose

Parent and family engagement in Head Start/Early Head Start (HS/EHS) is about building relationships with families that support family well-being, strong relationships between parents and their children, and

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ongoing learning and development for both parents and children. The partnership between parents and HS/EHS staff is fundamental to children's current and future success and their readiness to school. -At CSB, parents and family engagement activities are grounded in positive, ongoing, and goal-oriented relationships with families. -The ~~Family Partnership Agreement~~[Strength Building-Family Partnership Agreement Building](#) process begins at the first point of contact with the families. This may occur through a phone call to the enrollment line, an intake appointment, an enrollment clinic or a walk-in at one of our centers. Upon enrollment staff and families build ongoing, respectful, and goal oriented relationships. As needed, ~~the~~ staff is ready to link families with community resources and referrals to promote progress on family and child development goals.

The ~~Family Partnership Agreement~~[Strength Building-Family Partnership Agreement Building](#) is further strengthened by parents completing the Parent Volunteer Survey, Parent Interest Survey, and engaging in the day to day program activities for families and children.

B. Building Strength Building-Family Partnership Agreement (SB-FPA)

[The SB-FPA aligns with the HS Parent and Community Engagement Framework and family outcomes.](#) Through the ~~Family Partnership Agreement~~[Strength Building-Family Partnership Agreement SB-FPA](#), families work with staff to identify and achieve their goals and aspirations. The SB-FPA is a strength-based practice and is completed twice each program year. In both cases, parents and co-parents are encouraged to participate based on their readiness/willingness.

The ~~Family Partnership Agreement~~[Strength Building-Family Partnership Agreement](#) has three layers of engagement:

- [Strength Building](#) Family assessment
- Family Goal Setting
- Referral and Resources

1. Family Assessment

Through the family assessment process, families meet with staff to share their unique strengths, inspirations, goals and challenges. -They also discuss various dimensions of the HS/EHS Parent Family Community Engagement (PFCE) Framework:

- Family's well-being (Parent/family Health and safety, financial security, Shelter)
- Positive Parent Relationships (Parents developing warm relationships that nurture their child's learning and development).
- Family as [a Lifelong Educator](#) (Parent as [the](#) first teacher, participates and support their children learning, partner with ~~teachers~~ school [teachers](#) and community).
- Family as Learners (Parents advance their own learning through educations, training, to support parenting, career and life goals).

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- Family Engagement in Transitions (Parents support children learning and development as they transition to new learning environments such as EHS to HS or HS to Kinder and Elementary School).
- Family Connections to Peer and Community (Parent is connected with peers to build networks that are supportive and educational to enhance social well-being and community life).
- Family as Advocates and Leaders (Parent participates in leadership development at site level, community or state level to improve advocate for high quality children' learning experiences).

The key points of this conversation are objectively documented in CLOUDS. ~~U~~ using the Family Partnership Assessment Indicators, Comprehensive Services staff will assign one of the indicators to the dimension (T: thriving, ~~safe~~, S: stable, or IN: in-crisis).

2. Goal Setting

Based on the information gathered ~~in-through~~ the ~~Family Partnership Agreement~~ Strength Building-Family Partnership Agreement—Assessment, and based on what families consider it is important to them, ~~the they~~ ~~are~~ staff encourages ~~ed~~ and assists ~~ed~~ parents in setting to set personal or family oriented a SMART goals. (Specific, Measurable, Agreed upon, Realistic, and Time Based). If the family ~~had~~ has a pre-existing goal, ~~and~~ the parent seeks assistance, CSB staff will support the family as requested. Through the goal setting, families are educated on setting SMART goals and planning the steps and support needed to achieve their aspirations. The family goals are documented in CLOUDS-Family Goals. ~~U~~ using the family's own words, ~~(Family SMART Goal are: Specific, Measurable, Achievable, Realistic/relevant, and Timely)~~ the goal is recorded in CLOUDS, Family Partnership Agreement Strength Building-Family Partnership Agreement Goal section, clearly stating the following:

- ~~Areas of Strength~~
- ~~Goal Category based on PFCE Framework~~
- ~~Goal Description, including pre-existing goals~~
- ~~Action Goal Steps, for what is needed to achieve goal(s) including a backup plan (The parent's responsibility for the action)~~
- ~~Goal Support, what will be done by other than the parent to assist achieving the goal~~ Needed (Staff/other commitment to the action)
- ~~When the goal will be completed (within the program year)~~
- ~~Plan B (if something unexpected happens)~~
-

12.3. Accessing Resources and Services Referrals

Upon identification of the family SMART goal, the family defines achievable short steps, identifies resources/referrals they might need to successfully reach those goals, and commits to its completion. Staff assistance and support, nurtures the family as they go through this process, building their knowledge and confidence accessing community resources. Referrals and Services are documented in CLOUDS Referral/Services tab.

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4. CSB ~~Family Partnership Agreement~~ **Strength Building-Family Partnership Agreement Process**

The initial SB-FPA is completed within ~~90-60~~ **60** days of family enrollment; the second one is a follow-up of the initial SB-FPA and is completed ~~by April 30-30 days prior to the end of their program year. This applies to {Part day/Part Year Programs}, and by May 31 {Full Day/Full Year Programs}~~. The SB-FPA is a fluid process, depending on individual family's circumstances; staff will support their interest and needs regularly.

i. Within ~~90~~ **60** days of Enrollment

Comprehensive Services Clerks are responsible for the following:

Completing family Assessment:

- ~~Meet with parents to~~ **Complete the first SB-FPA as early in enrollment as possible, with parents and enter all Document family strengths and areas in need of further information/referral information accurately in the CLOUDS system. Staff document** Use key-words to describe and based on the evaluation indicators (strengths or concerns) for each area to validate reason for the selected evaluation indicator under each of the eight sections.
- ~~Avoid keeping assessments as new or in progress.~~
- ~~Families may decline the completion of the SB-FPA, if this happens, staff documents parent "declined" in CLOUDS SB-FPA Form.~~

Completing Goal Setting:

- ~~Assist family on setting personal or family oriented goals to be completed within the program year, to describe what step will be taken to complete the desired goal, what support will be needed and when the goal will be achieved. Educate family in using the SMART Goal format and encourage to write them in their own words. (Specific, Measurable, Achievable, Relevant and Timely). Encourage parents to develop their own goals. If a family doesn't identify specific family goals, suggest the family develop a goal that supports their child's educational goal or development. (Staff can refer families to their parent-teacher conference goals if needed).~~
- ~~Document family goal in CLOUDS by indicating:~~
 - ~~Goal category based on PFCE frame work.~~
 - ~~Goal description, enter the family's own words. Include pre-existing goals if applicable.~~
 - ~~Goal steps, what is needed to achieve the goal(s) including a back plan. (The parent's responsibility for the action)~~
 - ~~Goal support, what will be done by other than the parent to assist in achieving the goal. (Staff/other commitment to the action)~~
 - ~~Expected completion date. (Within the program year)~~
 - ~~Goal follow up, provide~~

- ~~Immediate support/resource and referrals are given to families especially those that identified themselves as feel vulnerable or "in crisis" need" or requested additional information. In this last one, Comprehensive Services Manager for Parent, Family and Community Engagement is notified by the CLOUDS inbox. All actions, resources, referrals and results of follow-ups are documented in the assessment and under Goal Follow-up and in the Resources Referral Section in CLOUDS.~~

Entering Referral and Services:

- ~~Families are provided with resources as requested or if staff consider the family will benefit from a community resource. Referral and Services are documented in CLOUDS. Within one month~~ **AS**

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- ~~needed contact the family-families are contacted~~ to determine if resources or referrals were appropriate and adequate for the family. ~~(Contact can be over the phone or in person)~~
- Document contact on Family Referrals and Services-Notifications in CLOUDS (enter dates and CS staff initials) indicating if the resource(s) met the family's needs and if the family was satisfied with the referral/resource. Resources and referral status in CLOUDS need to be marked as "Completed" by the end of the program year. Avoid leaving pending referrals, as in progress or new.
 - ~~If a family doesn't identify areas in need to strength up, suggest the family to develop a goal that supports their child's educational goal or development. (Staff can refer families to their parent-teacher conference goals if needed)~~ Document notes in CLOUDS.

ii. By January

Mid-year Goal follow-up. All family goals must be followed and documented in CLOUDS family goals section.

iii. ~~April 30th~~ April 30th days before the end of the Program Year. ~~*(Part Day Programs) or May 31st (and Full Day Programs)~~

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Comprehensive Services Clerks are responsible for the following:

- Complete the second SB-FPA, by reviewing the initial SB-FPA with parents. ~~Staff communicates with families to discuss and document the second assessment any changes to the previous family assessment on~~ in CLOUDS
- Follow ~~up~~ on family goal progress. All family goals need to be closed at this time. Staff document on CLOUDS, the status of goal completion (Accomplished, Not accomplished). ~~If, if the goal changed, or if there were any barriers were to impeding the completing the goal~~ goal completion, staff document the goal status as "Not Achieved" and enter comments explaining the barriers under "End of the Year Comments" section of Goal in CLOUDS. Avoid leaving goals in progress or as new.
- As needed assist families in utilizing provided resources/referrals immediately, especially for families identified as in need, for emergency, in-crisis.
- As needed contact families to determine if resources or referrals were appropriate and adequate for the family. ~~(Contact can be over the phone or in person)~~ Document notes in CLOUDS under Referral and Resources and Services-Notifications. At the end of the program year, all referral and resources status in CLOUDS need to be marked as "Complete", avoid leaving pending referrals as "In progress" or as "New".

iii-iv. On an Ongoing Basis:

Site Supervisors are responsible for the following:

- Review individual SB-FPA's and Family Goals for their sites.
- Review CLOUDS custom report for Family Performance and Outcome by Measure by selecting your site.
- Maintain communication with CS Staff, especially for ~~those~~ families they that might be "in crisis" or "vulnerable" ~~consider themselves as in need.~~
- Should the family situation change and site staff is aware, notify comprehensive services staff to

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update ~~Family Partnership Agreement~~ Strength Building-Family Partnership Agreement assessment if needed, and provide support or resources as needed.

- As applicable, provide Comprehensive Services staff with updates to Referrals and Services as parents inform so that CLOUDS is maintained accurate and support is provided as needed.

Comprehensive Services Assistant Managers are responsible for the following:

- Monitor the completion and accuracy of SB-FPA data entry in CLOUDS.
- Following through CLOUDS reports to ensure family's referral and services are properly followed up and resources, referrals are in place.
- End of year SB-FPA reached closure. All assessments completed, all goals completed (achieve or not achieved or declined), all referral and services (Completed).
- Ensure that adequate follow-up and resources were provided ~~in a timely manner promptly~~ by CS Staff.
- Provide support and assistance to Site Supervisors and CS Clerk in obtaining resources if requested.
- Provide support and assistance to the family when needed.
- Hold Family Meeting for referrals that require multiple steps and planning.
- Hold Family Meeting ~~in order~~ to comprehensively support families who requested additional support assistance or identify themselves as been vulnerable or in crisis need.
- Work with Comprehensive Services Clerks to strategize timely completion of SB-FPAs.

Comprehensive Services Clerks:

- Build positive goal oriented relationships with the families as early in enrollment as possible.
- Complete Family Assessment, Goal setting, Referral and Resources.
 - Complete initial ~~or returning year~~ SB-FPA within ~~90~~ days of enrollment. (~~By September 29th for returning families.~~)
 - Complete end of the program year SB-FPAs, ~~30 days before the end of the program year~~ follow upon initial SB-FPAs, review goal achievements, and request family feedback about community resources provided. ~~If the family has not achieved their goal from the previous year and would like to continue working towards the same goal, staff may open a new goal format in CLOUDS and enter the same goal for the following year.~~
- Maintain ~~open~~ communication with families and follow on their goal process.- As needed provides support.
- ~~Complete Family Assessments, Goal setting, Referrals and Resources. If the family has not completed their goal from the previous year and would like to continue working towards the same goal, staff is to document in the existing CLOUDS goal and change the "by when" date.~~
- Partner with families to educate, support and build skills in accessing community resources and referral. If families ~~were vulnerable or in crisis~~, identify themselves as in need, a ~~2~~-week follow up is required to review if families accessed the community resources provided.
- Document all entries and follow up in CLOUDS data system.

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5. Desired Outcomes of Family Partnership Process

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- Families achieve an enhanced quality of life by engaging in a [Family Partnership Agreement](#)~~Strength Building-Family Partnership Agreement~~. Families are provided community resources such as adult education classes, financial literacy assistance programs, employment counseling, school lunch programs, health resources, and other community services. Such efforts are coordinated with the Comprehensive Services staff via the [Family Partnership Agreement](#)~~Strength Building-Family Partnership Agreement~~ process and through on-going interactions with site or comprehensive services staff at the parent's discretion and need. By assisting families to identify their own supports and strengths, development of skills, tools, and resources, families ~~are able to can~~ use this process to further develop their goals for their families beyond Head Start.
- Families feel empowered and have gained life skills to be self-reliant by learning about and accessing community resources to support their family.
- Families' attainment of goals will be identified.
- Families attain and accomplish pre-existing goals if identified.

The Comprehensive Services staff provides guidance, support, and resources to the family, moving them toward successful completion of their family goal(s) and aspirations. Documentation of support can be found in CLOUDS, [Family Partnership Agreement](#)~~Strength Building-Family Partnership Agreement~~, Family Goal, Referrals and Services, and the Family Case History.

When the family does not meet the timeline to accomplish their Family Goal, the Comprehensive Services staff will provide additional support and guidance, by reviewing/discussing all obstacles which prevented the family from meeting the time line. Families have a choice to continue moving toward meeting their goal(s) or establishing a new goal. If a family chooses to set a new goal, Comprehensive Services staff will assist the family in identifying an area to set a goal, and follow the goal setting procedures as listed under Goal Setting. Comprehensive Services staff will provide support and resources for the family to work towards achieving the newly identified goal.

Families may refuse to participate in the assessment, goal development or resources/referrals services. Staff document their attempts at explaining [the](#) benefits of the process, and note on CLOUDS that parent refused.

6. Parent Volunteer Survey

During the enrollment appointment, Comprehensive Services staff asks parents to complete a Volunteer Survey (See Form CSB300). This survey includes ways for parents to be engaged at the site level such as: helping in the classroom, preparing materials, and sharing their talents. It also offers opportunities to volunteer on a larger scale such as [the](#) Policy Council, [Health & Nutrition Services](#) Advisory Committee, [Health Services Advisory Committee](#), and Interview Panels.

The following is the protocol for implementation and completion of the Volunteer Surveys:

i. Upon Enrollment

CS Clerks are responsible for:

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- Educating parent about CSB volunteer opportunities and encouraging parents to complete the CSB300 Volunteer Survey Form.
- Collecting completed forms and tallying a list of volunteers by site.
- Inputting names of parents indicating interest in an Advisory Committee (Policy Council, Health & Nutrition Services, Interview Panel, Nutrition, etc.) into the Volunteers for Advisory Committees folder on the Shared drive.

ii. By September 30th

Site Supervisors are responsible for:

- Compiling a list of site volunteers from Volunteer Survey results.
- Utilizing the list of volunteers when needed for parent meetings.

Comprehensive Services Assistant Managers are responsible for:

Working with Comprehensive Services Clerks to ensure Parent Interest Survey distribution and Volunteer Survey tasks are completed within the timeline with the parents.

iii. Ongoing

- Should parents indicate interest in volunteering at a later date, they can inform site staff or CS staff for about volunteer opportunities. (Volunteer Interest Survey is used upon enrollment as a means to discuss various engagement opportunities; however, families can participate in a volunteer activity at any point of enrollment).

7. Parent Interest Survey

The Parent Interest Survey is aligned with the Head Start Program Performance Standard (HSPPS) and the Parent Family and Community Engagement Family Outcomes. Parents complete this survey upon enrollment; results from the survey allow staff to identify the top topics of parents' interests to provide training at parent meetings or to provide family resources. Trainings at the parent committee meetings, or resources provided at site level of interest. The list of the top ten results are kept in the Parent Committee Meeting and Policy Council binder, and can also be Family resources are shared via written materials, newsletter articles, speakers, and other forms of media. The categories for topics include:

- Health/safety
- Nutrition
- Mental health
- Child development/transitions/
- Parenting/child-parent relationships
- Literacy/adult education
- Employment/job training/asset building
- Connecting to community resources, leadership/advocacy

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The following is the protocol for implementation, timeline, distribution, and follow up for the Parent Interest Survey (See Form CSB300):

- Upon enrollment Comprehensive Services Clerks are responsible for the following:
 - Completing the surveys with Parent [after introducing the purpose of its completion.](#)
 - [Entering data in the Survey Monkey for a tally of](#) ~~Tallying the~~ completed surveys.
 - [Collecting Survey Monkey tallies from PFCE staff and providing sites with top ten interests on site level completed CSB304 Forms](#) ~~Parent Meeting Training Schedule Form (See Form CSB304)~~ [top ten interests.](#)

- By October-/November of each year Site Supervisors are responsible for the following:
 - Present the top ten [parent](#) interest results at next ~~parent meeting as~~ scheduled [parent meeting.](#)
 - Work with parents to develop [a](#) calendar/schedule for topic presentations.
 - Request support from Comprehensive Services as needed in obtaining or identifying speakers.

Based on [the](#) results of the Survey and Performance Standard requirements, parent education workshops are planned by Site Supervisors/Head Teachers, and Comprehensive Services team members throughout the school year.

C. Accessing Community Services and Resources

In order to best support and provide needed resources and referrals to registered families, CSB collaborates [with members of the community agencies that are a part of our Health-Nutrition Advisory Committee.](#) ~~Community agencies support our work in the areas of and works in close partnership with several child and family services community agencies in a wide number of service areas such as: mental health,~~ health, [behavioral health,](#) nutrition support, education programs, disabilities/services agencies, social services, local Food Banks, financial literacy education, asset development programs, and domestic violence prevention programs [and substance abuse prevention/intervention.](#)

D. Supporting Families in Crisis-(Emergency and Crisis assistance)

When a family experiences a crisis, the stress disrupts the family's usual pattern of functioning and family well-being. Families sometimes find that their usual ways of coping or problem solving do not work; as a result, they feel vulnerable, anxious, and overwhelmed. Sensitivity, empathy, and care are taken to assess the nature and scope of the crisis in order to work with the family to discuss the level of support that is adequate yet comfortable for the family. The role of Head Start staff is to recognize and assess the crisis situation, listen mindfully, provide assurance, and help the family use specialized resources in the broader community. Whether staff provide the needed assistance or intervention or refer families to community resources, they are key sources of support to the family.

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- In an event of a crisis, the Site Supervisors and Comprehensive Services staff assigned to each site should always be the first contact.
- Comprehensive Services and site staff will conduct a comprehensive review of the immediate crisis that the family has.
- Consult the Service Area Manager(s) most connected to the crisis as needed for case review assessment and ensure comprehensive services support has been considered, and track crisis until stabilized.
- As needed, contact the Mental Health unit for support. Report the situation and advise of [the](#) potential need for crisis intervention or consultation.
- The Parent, Family and Community Engagement Manager should also be notified regardless of the crisis area.
- Comprehensive Services Assistant Manager supporting the site creates, reviews and updates documentation of events in CLOUDS.

E. Accessing Mental Health Services: Prevention Identification, Intervention, Program for Families

CSB supports the social-emotional health and well-being of both the child and the family. Opportunities for parents are provided to discuss concerns regarding their child or family and seek/assess support/treatment options with CSB mental health unit clinicians. Goals of the mental health prevention program are to:

- Improve self-concept
- Build positive goal-oriented relationships
- Develop coping skills for problem-solving
- Manage stress effectively

Family Meetings are offered to families as needed to identify and address child or family issues so that Comprehensive Services staff can provide information or additional resources to the family. Staff can assist families in obtaining appropriate referrals to address individualized family needs or concerns.

Child Abuse Prevention training for parents is scheduled annually at the site level during parent meetings. Additional resources are available to site and parents upon request.

F. Family Resources

1. Resource Guides:

- Several community resource guides are used by Comprehensive Services staff, [and many are posted on Parent Boards](#) including:
 - “Surviving Parenthood,” published by the Child Abuse Prevention Council (925-798-0546 [or access the link: https://www.capc-coco.org/](#) ~~[www/capc-coco.org](#)~~).
 - “~~Regional~~ Resources Guides” published by Contra Costa Crisis Center (Toll-Free 800-830-5380 or 925-939-1916, [and Crisis line 800-833-2900](#) or [http://cccc.bowmansystems.com/](#)).

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~~“Street Sheet,” published by Shelter, Inc. (925-335-0698/shelterinc.org) is widely used and~~ and the guide, provides an at a glance perspective of what resources are available to assist with families’ basic needs. ~~The “Street Sheet”~~ It is easy to reproduce, is available in English and Spanish, and is published for East, Central, and West Contra Costa County.

- ~~CSB Friday Flyer: A source of -county wide community resources/events, that are distributed twice a month to all CSB staff, in an effort to support their work linking families with valuable community resources. The Friday Flyer is distributed in English/Spanish and contains up to date information regarding county wide training and job opportunities, community events such family recreational activities, as well a variety of community learning opportunities.~~

—Other community resources lists that are frequently distributed to CSB staff and parents include:

- One Stop Career Center monthly calendars
- First 5 Center monthly calendars
- Local Library calendars
- Latina Center calendars
- Spark Point calendars
- Family Law workshops

2. Internet Database

For individualized resources customized to fit particular needs, Comprehensive Services staff and other staff can access 211 Online Database via the Internet at www.crisis-center.org. This up-to-date system allows staff to search for resources by name, need, and geographical area. It has the capability of translating the resource information into 12 different languages and has a map feature allowing the user to create a map to and from the resource location. Parents are encouraged to use this resource from CSB computers, or if available, from their personal computer.

3. Other Methods of Access

Parents are also given access to information about community services by ~~posting~~ ing information on parent bulletin boards at sites and Wellness Center Displays in the classrooms. Additionally parents receive, educational, from resource booklets, pamphlets, CSB Family newsletters, ~~and~~ flyers of program events during distributed to parents ~~at~~ orientation and/or other parent meetings/trainings.

4. Site Based Resources and Referrals

Each Site Supervisor must make available the Resource Guides for the appropriate region of the county to assist families in accessing frequently used or needed resources. Copies of these Resource Guides should be posted on the Site Parent Board and also be distributed to each family so that it is easily accessible should they need it at a later time. Additional copies for photocopying and updated versions can be found at 211 Contra Costa: <http://cccc.bowmansystems.com/>—Resource boxes are also available at each site with additional resources and handouts that relate to topics from the Parent Interest Surveys. Each site has a Wellness Center (self-help) that will assist those families that don’t ask for resources directly. The Wellness

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Centers contain information in the areas of: CSB's health, disabilities, nutrition, mental health, parent/family involvement, among other flyers. The [Site Supervisors update the](#) wellness centers ~~are updated by the Site Supervisor on a~~ quarterly basis.

G. Services to Pregnant Women Enrolled in the Program

Staff engages enrolled pregnant women and other relevant family members such as fathers, in family partnership services focused on factors that influence prenatal and postpartum maternal and infant health. Staff provides support throughout the transition process with program options and transition to program enrollment, as appropriate.

The ~~Family Partnership Agreement~~ [Strength Building-Family Partnership Agreements](#) will address:

- Early and continuing risk assessments, which include assessment for nutritional status as well as nutrition counseling and food assistance, if necessary.
- Health/oral promotion and treatment, including medical and dental exams, on a schedule deemed appropriate by attending health care providers as early in the pregnancy as possible.
- Mental health interventions and follow-up, including substance abuse prevention and treatment services as needed.
- Pre-natal education on fetal development, labor and delivery, and postpartum recovery
- Benefits of breastfeeding and accommodation of breastfeeding in the program.
- Health staff will visit the newborn within two weeks after birth to ensure the well-being of both mother and child.

SUBPART II. Parent Engagement

A. General Description

Parents are the first and most important educators of their child. Parent Engagement in CSB is integrated [into](#) the classroom and in the administration, by then, it is imperative that the parents become engaged in their children educational program, and in all aspects of the program. Parents are encouraged to participate in policy-making groups at the center, agency, and grantee levels. Participation of parents is voluntary and is not required as a condition of the child's enrollment. Four ways have been designed to provide the parents and/or families of the program to actively participate in the following:

- Engage in [the](#) decision-making process
- Engage as paid employees
- Engage as volunteers
- Engage as observers in their child's classroom-

Families can also expect to be offered the opportunity to be engaged in the program as equal partners in their child's education, learning, and development in these ways and more:

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- [Participates in the Home Visit](#)
- Attend an orientation to the program and the classroom
- Attend two Parent/Teacher conferences per year
- Attend Parent Meetings and parent trainings
- Participate as a volunteer, staff, or observer
- Participate in the Male Involvement and Engagement Program
- Participate in Policy Council and other advisory bodies
- Participate in the [Family Partnership Agreement](#)[Strength Building-Family Partnership Agreement](#)
• [assessments](#)

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B. Engagement in the Decision-Making Process

Participation in the process of making decisions about the nature and operation of the programs (as well as decision-making in the Contra Costa County Community Services Bureau Grantee-Operated Program and the Policy Council) occurs on two levels, Site Parent Committee and Policy Council:

1. **Site Parent Committee Meetings:** comprised exclusively of the parents of children currently enrolled at each center or within a program option such as the Home-based option.

The Site Parent Committee carries out at a minimum, the following responsibilities:

- Collaborates ~~with staff~~[with staff](#) ~~-in-~~ developing- and implementing- local program ~~-policies,~~ ~~activities~~[events,](#) ~~- and -services~~ (including but not limited to classroom curriculum and activities, and center-wide activities).
- Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff (including but not limited to parent training, special events, and parent/child activities).
- Within the guidelines established by the governing body, Policy Council, or Policy Committee, participate in the recruitment and screening of Early Head Start and Head Start employees.

The following is the staff protocol for implementation of parent meetings as family engagement:

- In September Comprehensive Services Clerks, Comprehensive Services Assistant Managers and CS Managers provide support at 1st parent meeting to establish Policy Council representative and Parent Committee officers.
- As needed Comprehensive Services staff assists in providing resources for speakers at Parent Meeting upon request by Site Supervisor.
- Monthly one week before meeting, Site Parent Meeting Chair:
 - Announces upcoming meeting
 - Prepares agenda, make copies, prepare minutes
 - [Copies minutes from prior month](#)
 - [Copies PC minutes to share with parents](#)
 - Posts agenda on Parent Board
 - Secures training/guest speakers (with Site Supervisor assistance)-

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- Monthly Site Supervisor (with the support of Comprehensive Services staff as needed):
 - Supports Site Parent Committee Meeting Chair with monthly duties assigned.
 - Provides support for translation of minutes/agendas if needed.
 - Provides staff report for meeting.
 - Ensures parent [committee](#) meeting binder is current for [the](#) school year with training tally, [training evaluations, meeting](#) agendas, [meeting](#) minutes, sign-in sheets and copies of handouts given to parents.
 - Attends Parent Meeting or provide staff support to parent officers.
- ~~Within school~~[Within school](#) -year -Site Supervisor - (with the support of Comprehensive Services staff -as needed) ensures that required trainings are provided at the site, including:
 - Pedestrian Safety (By September 30th)
 - Child Abuse Prevention (By April 30th)
 - Kindergarten Transition (January to May depending on school district)

2. Policy Council

The Policy Council operates in ~~accordance with~~[under](#) Internal Operational Procedures of the County Board of Supervisors, the Brown Act, Simplified Roberts Rules of Order, Head Start Program Performance Standards (HSPPS), and Better Governance Ordinance. The Policy Council By-Laws, which are reviewed and approved annually by the PC, contains [detailed](#) information including but not limited to the following:

- Purpose of the Policy Council and composition information
- Procedures for handling business
- Duties and Responsibilities of members
- Membership and Meeting information
- Standards of Conduct requirements

For more information regarding the roles and responsibilities of the Policy Council, refer to the Program Governance [section](#) under [Administration Section 1](#) of the Policies and Procedures.

The following is the staff protocol for implementation of [the](#) Policy Council as an opportunity for Parent Engagement:

i. Site Supervisors with the support of designated Comprehensive Services staff is responsible for the following:

- September:
 - Attend 1st Parent Meeting at each site where there is Head Start or Early Head Start enrolled families as assigned.
 - Assist in establishing site officers and Policy Council Rep(s). (Refer to [Initial Parent Meeting-Election Packet](#) ~~resources and handouts available in Parent Involvement section of CSB~~)

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~~forms that that~~ outline general duties of policy council representatives:-

- [Initial Parent Meeting-Election CSB 330](#)
- [Initial Parent Meeting-Election Agenda CSB 330A](#)
- [Initial Parent Meeting-Election Minutes CSB 330B](#)
- [Parent Committee HS Requirements CSB 330C](#)
- [Functions of the Parent Committee Officer CSB 330D](#)
- [Policy Council Representative Overview CSB 330E](#)
- [Policy Council Representative Information CSB330F](#)
- [Roster of Parent Committee -Policy Council Officers CSB 330G](#)
- [Provide new Policy Council representative with Policy Council Representative Changes \(CSB-330F27\) form to complete and forward to the check of the Policy Council Staff and CC PC Manager-](#)

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ii. Site Policy Council Representative with the support of site staff:

- Monthly:
 - Ensures posting of upcoming Policy Council Agenda on Parent Board ~~96 hours~~ before the Policy Council meeting.
 - File Policy Council Agendas in site Parent Meeting Binder.
 - Prepare monthly Site Report to present to [the](#) Policy Council.
 - Share and distribute flyers and information received at the Policy Council Meeting to parents at the monthly site committee meeting.
 - Attend Policy Council meeting and take back information and resources to [the](#) next Parent meeting at their site.

iii. Site Supervisor:

- Monthly-week of PC:
 - Confirm representation for [the](#) site. If rep(s) cannot attend, secure an alternate.
 - West Co. sites only: Confirm if Policy Council rep(s) needs transportation and inform [Site Supervisor or designated PFCF](#) staff to [arrange](#) transportation for the respective month.
 - Facilitate election of new Policy Council representative if replacement is needed.
- As needed:
 - If the elected Policy Council Representative is unable to fulfill his/her duties, he or she submits a letter of resignation to site or comprehensive services staff to be forwarded to the clerk or manager of PC.
 - Site conducts [an](#) election for replacement Policy Council representative at the next Parent Committee meeting.
 - Provide new Policy Council representative with Policy Council Representative [Changes Information](#) (CSB-330F27) form to complete and forward to the clerk of the Policy Council.

iv. Comprehensive Services Manager Assigned to Policy Council

iv. Monthly-after PC:

- Provide Policy Council [meeting Summary minutes](#) to sites for Policy Council representative to report at next parent [committee](#) meeting.
- Post minutes and agenda on EHSD, [CSB and Contra Costa County](#) -public website, in both English and Spanish.

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C. Parent Engagement in the Classroom as Paid Employees, Volunteers, or Observers

1. As Paid Employees:

Contra Costa County CSB defines “paid employees” as currently-enrolled parents who have qualified for an employee position. Preference will be given to parents of children formerly or currently enrolled in CSB’s programs. Parents who become paid employees of Contra Costa County may not participate on the Policy Council.

2. As Volunteers:

To be considered for volunteering, a currently enrolled parent must [comply with CSB and Licensing requirements](#), take part in an orientation about the program and the specific aspects of being a volunteer. Parents and family members are encouraged to participate in the classroom as frequently as their schedule permits. Please refer to the Volunteer Policy under Human Resources of the Policies and Procedures for more information on CSB Volunteer Policy.

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If parents are unable to volunteer at the center, the following home activities are suggested:

- [Helping-Assisting the](#) children extend their experience in the classroom
- [Helping-Assisting the](#) children to use materials in different ways, providing children with appropriate work and strategies to help them solve problems
- Encouraging children to communicate with one another so that they can help themselves work out problems and explore alternatives
- Organizing, fixing, making toys or sewing/repair of dramatic play clothes
- Participating in story-telling activities with children
- Making observations of their child
- Making flannel board stories
- Going to the library to check out books for the classroom
- Translating written materials.

3. As Observers:

Parents of currently enrolled children may observe in their child's classroom or during the Home-based socialization time at any point during program operations.

Depending on circumstances, other observers and professionals will need to obtain permission from the

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Site Supervisor/Early Childhood Home Educator and or parental consent release for observations by indicating the purpose of the visit, and how long they plan to visit.

Parents and other family members have a responsibility to treat staff and other program participants with courtesy. Aggressive or abusive actions towards any staff members, parent, or another child by a parent is unacceptable and may result in the parent being barred from the center grounds and or a child/family being withdrawn from the program. If this should occur, CSB will work with the parent to provide resources for alternative placement.

4. Male Involvement Program:

CSB supports the engagement of both parents in their children's educational experience that will ultimately help the children to reach better outcomes. Regardless of living arrangements, it is our goal to include both parents, (co-parents) to the maximum extent possible in the family partnership process and have ongoing communication with the child's teacher as co-partners in their child's education, learning and development.

CSB makes fathers feel welcome and supported at our sites and offer activities that will be meaningful to both father and mother. The goal of male involvement is to provide fathers and other significant males with opportunities to build parent to parent network that is supportive and/or educational, to enhance social well-being and community life. Activities and support for fathers and engaged men are determined locally through a variety of ways such as ongoing communication as a result of a parent-teacher conference, home visit, other means with a teacher or site supervisor, and fatherhood support groups (24/7 Dad).

D. Family Engagement in the Program

Staff members have a major-significant role in providing opportunities for parents/families to become engaged. Site staff and Comprehensive Services staff have the responsibility of ensuring that parents of children currently enrolled and/or family members have the opportunity to be engaged in all aspects of the program. CSB defines opportunity as the staff's willingness to assist families in removing barriers to their involvement.

1. Parent Orientation:

CSB staff ensures that parents have the opportunity to be engaged in the program by providing a Parent orientation at the time of placement. Once a child is ready to be placed at a site, comprehensive services, or site staff meets with the family to complete the placement process. This includes the Parent Interest Survey and a review of the Family Handbook which provides an overview of our CSB program, family parent engagement opportunities, and its service models & areas. The Family Handbook is updated annually in conjunction with the annual review of CSB Policies and Procedures. Contents of the Handbook are limited to appropriate content regarding program information, school readiness, staff professional development, parent, family, and community engagement, health and safety requirements, nutrition information, social services and more.

Please refer to the current Family Handbook for more details.

Site staff and Early Childhood Home Educators work with parents to plan classroom activities, field trips, socializations and home-based activities. Planning with parents at the site level occurs at parent meetings and

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individually through parent conferences twice a year. Child care and transportation are ~~planned-scheduled~~ and provided when needed to allow for maximum family engagement.

2. Family Information Sharing:

All centers are required to have a Parent Information Board, located in a visible and accessible place all parents visiting the facility. For centers with several buildings, a Parent Information Board should be included at each building. These boards are used to communicate with families and should contain Center Licensing regulations, CSB and Community current events, parent committee meeting agendas and minutes, Policy Council agendas and minutes, job announcements, site special events, and parent engagement opportunities such as Male Involvement, parenting classes, financial literacy classes and other CSB and community learning opportunities. Materials should be posted in English and Spanish whenever possible.

CSB monitors both Delegate Agencies and subcontractors, and the directly operated program to determine the extent of parent engagement, giving technical assistance to programs as needed.

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E. Development of Activities for All Parents

To gain an understanding about families are encouraged to fill the CSB300 "Parent Interest-Volunteer Survey Form".

Parent Interest surveys are distributed to enrolled families at enrollment and are tallied by Comprehensive Services staff by September 30~~th~~~~th~~ to determine interests and needs of parents at each site. Information from these surveys is analyzed by staff, and form the basis for the development of activities and parent trainings that reflect the interests of the site. Parent Engagement requests found consistently across the program will be considered for agency-wide opportunities.

Currently enrolled parents, are encouraged to co-partnership with classroom staff, or with their Early Childhood Home Educators to design child development activities and special events.

Staff should assist parents to define their ~~own~~ feelings about child rearing, as well as building partnerships with parents (to develop confidence and knowledge about their children's education). In turn, parents contribute their experiences and values to the program in a way that is comfortable for each parent. Various opportunities are made available throughout the year, and support is provided both site and comprehensive services staff to assist each family to participate to the extent of their comfort, ability, and availability.

F. Parent Education / Home Activities

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Teachers provide parents with individualized home activities to reinforce their child's learning objectives. Home activities focus on the use of household items and emphasize a developmentally appropriate approach to working with preschoolers.

Home activities are introduced to parents at site parent meetings, home visits/parent conferences, and daily conversations with parents.

Each center has a Parent Lending Library/Wellness Center available to parents on a checkout basis. Books

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and pamphlets about Parenting, Child Developmental Milestones, Health, Mental Health, Dental Care, Nutrition, Child Development, and Home Activities are all part of the library. For more information on Home Activities, refer to the Education section of the Policies and Procedures.

G. Parent Notification of Community Services Bureau Changes

Following is CSB's procedure for notification of parents of staff changes, new hires, substitutes, staff departures, and other applicable CSB staff movement:

- Classroom Substitute – the Site Supervisor will notify impacted families about changes in staffing at the classroom.
- Hiring/Assignment/Departure of Staff –the Site Supervisor or Head Teacher will ~~notify~~ inform parents in writing and verbally about changes in staffing on-site.

H. Family Literacy

Family Literacy will be promoted on a group and individual family basis through information obtained in the ~~Family Partnership Agreement~~ Strength Building-Family Partnership Agreements, Parent Interest Surveys, parent/teacher home visits, parent conferences, center parent meetings, and from other parent contacts. Family Literacy is approached as a collaborative ~~venture,venture~~; wherein interagency agreements are established to streamline access to the services of a variety of community agencies. Examples of Family Literacy opportunities include:

- Tandem Reading Program
- Raising a Reader book bags
- Reading Advantage
- Home activities

Comprehensive Services and site staff work consistently through the year to maintain effective working relationships with community agencies providing literacy support services. These may include, but are not limited to, United Way, Literacy Alliance, Libraries, ROP, RIF, Project Second Chance, CalWORKs, and Diablo Valley Literacy Council, or provide parents with resources for literacy services at their local library and more depending on the need and interest of families.

I. Parent and Family Engagement in Health, Nutrition, and Mental Health Education

The ~~Family Partnership Agreement~~ Family Strength Building Partnership Agreement utilizes a ~~Family Development Matrix developed by the California Department of Community Services~~ the PFCE Family Framework outcomes. This matrix specifically addresses the family wellbeing that includes health, nutrition and mental health education. By ~~completing~~ utilizing this ~~matrix~~ tool staff gains the information they need to:

- Assist parents in establishing and utilizing a medical and dental home
- Encourage parents to be active participants in their child's health care

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- Provide parents with the opportunity to learn the principles of preventive medical and dental health, health and safety education, and individualized health training specific to the child and/or family needs-

In addition to addressing education via the ~~Family Partnership Agreement~~[Strength Building-Family Partnership Agreement](#), there is a joint advisory group that allows appropriate time/opportunity for maximum engagement in Health and Nutrition.

Health Services and Nutrition Advisory Committee: This committee is composed of staff, parents, and community representatives from the fields of health, nutrition, disabilities, and mental health and their related services for pregnant women, children 0-5 years old, and their families. Members inform staff of current issues and practices in the community so that the program can address them. Parents also have an opportunity to express their concerns regarding health-related issues affecting their family or their community by providing input to local community agencies regarding current health-related events, trends, service gaps. Members of this committee also exchange information regarding the food service program and discuss and explore nutrition issues such as obesity, anemia, cancer, breastfeeding, and other topics of interest to the parent participants. This group meets twice a year. Parents indicate interest on the Volunteer Survey that is completed at placement (See form CSB300).

J. Parent and Family Engagement in Community Advocacy

Through the encouragement of parent and family engagement at all levels, the program provides parents with ~~important~~[valuable](#) information that will empower them and serve as a practical resource to help them in their day-to-day lives.

One of the goals of parent and family engagement is to support and engage parents in their child's education, learning, and development. Information exchanged during the first and second parent- teacher conferences, through Family Meetings, sharing of health screening results, and on- going communication with parents, staff are educating parents on the importance of seeking out support for the interest and well-being of their child.

Through the ~~Family Partnership Agreement~~[Strength Building-Family Partnership Agreement](#) ~~strength based assessment process~~, staff support and encourages families to develop goals or support existing goals in order to support the growth and well-being of their family.

Through the Policy Council ~~and Policy Council Subcommittees~~, parents are provided an opportunity to extend their advocacy into the community as they are involved in the decision making process for their Head Start and Early Head Start Programs. They gain experience in a public meeting setting and will have knowledge of public meeting rules should they wish to advocate in their local public meetings. They are exposed to community resources and in turn become vital resources to other parents at their respective centers. The Policy Council Executive Committee ~~and Advocacy Subcommittee~~, shares information about grass roots advocacy for the Head Start program and encourages parents to write letters to their elected officials supporting their Head Start program. This advocacy extends beyond supporting their own child which is what brought them to Head Start initially. It is vital that parents remain concerned and informed about issues that affect their lives and the lives of their children. Parents are encouraged to form their own opinions regarding issues and are provided with information on advocacy skills so that they can have a voice

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K. Parent and Family Engagement in Transition Activities

Helping each parent become an effective advocate for their children is an important-essential transitional strategy. ~~One The goal should be is to help the parent learn about her/his rights, as stated in:~~

- Transitions start well in advance to allow time for the parent and the child to prepare for the upcoming change.
- ~~Public Law 100476 – Individuals with Disabilities Act (IDEA)~~
- ~~American With Disabilities Act (ADA)~~
- ~~Public Law 93– 80 – The Family Educational Rights and Privacy Act (FERPA)~~
- ~~Public Law 99-372 – Handicapped Children’s Protection, Education Handicapped Act (EHA)~~

~~Parents should knowaware of their rights to ensure that they and their child(ren) are treated fairly. CSB staff may need to help parents develop some assertiveness skills. Parents need to know howare encouraged to approach their child’s teacher, and tactfully request that an arrangement is made to communicate maintain regular communication y with the teacher. Modeling and role playing are effective ways to help parents learn/practice discussions with teachers and administrators. This could be done individually or in small groups with other parents (some of whom may have had experience in working with teachers from other agencies). The focus should be positive assertion of the parent’s rights. Staff should concentrate on the benefits that might result for the child if the parent continues an active role in the education of the child.~~

Parents are involved in transitions throughout the program such as to include: transition from home to school, infant to toddler; toddler to preschool, preschool to kindergarten; routine transitions during class time; and transitions from the parking lot to the center. For more information on transitions, refer to the Education and Disabilities sections of the Policies and Procedures and the CSB Family Handbook.

L. Parent and Family Engagement in Home Visits

Head Start enrolled parents are encouraged to participate in two home visits during the program year. The first visit may occur at the time of placement and is intended to be an opportunity for the teacher to meet the child and family, and ensure that the child’s entry into the program is successful. Comprehensive Services staff may accompany the teacher if necessary. This provides an opportunity for parents to share information about their child to the teacher.

Individual needs are also addressed at this time as well as completion of some required program documentation. The second visit occurs near the end of the program year and is intended to exchange information regarding progress the child has made and to address any areas of concern before the child leaves the program or begins another year with the program.

Parents may decline the opportunity for a home visit at any time. While home visits are not required as a condition of the child’s enrollment or participation in these program options, every effort must be made by program staff to explain the advantages of home visits. Home visits are, however, required for the Home-

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based option and in the Early Head Start program where staff must visit the newborn within two weeks of birth. For more information regarding these programs, refer to the Education section of the Policies and Procedures.

M. Parent Engagement in Recruiting and ~~Screening~~ Interviewing Head Start and Early Head Start Employees

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All parents are invited to participate in the recruiting ~~and screening of~~ EHS and HS employees. Parents are included as part of the interview panel for consideration of employment. Parents can be engaged by showing interest as a Policy Council member or by way of the Volunteer Survey that is done upon enrollment. A list of parents who are interested in being on interview panels is created at the beginning of each year. Training and orientation of the interview process is provided for all parents who wish to participate. For more information on staffing procedures, refer to the Human Resources section of the Policies and Procedures.

SUBPART III. Community Partnerships

A. Description

CSB takes an active role in community partnership building and advocacy to enhance the delivery of services to children and families. Based on a variety of information sources, such as the Community Assessment, ~~Family Partnership Agreement~~ **Strength Building-Family Partnership Agreements**, regulatory requirements and current legislation, program staff actively seeks out and enters into partnerships with various community entities and individuals to coordinate the access to resources and services to children, families, and staff. These partnerships and the manner in which they are conducted are documented by virtue of interagency agreements and memoranda of understanding, which clearly delineate the responsibilities of both parties, are updated regularly, and are responsive to the needs of children and families.

B. Child Care Partnerships

CSB engages several Community-Based Organizations on a contractual basis to provide child-care and development services to eligible families. Comprehensive Services staff and a CSB Senior Manager are assigned to these programs operated by our child care partners to provide support and technical assistance and to ensure compliance with federal and state regulations. Collaborative partnerships with child care agencies enhance the educational, health care, and social services to children and families throughout the county.

Providers of child care services include: -First Baptist Church, We Care Services for Children, YMCA of the East Bay, Martinez Early Childhood Center, Richmond College Prep, Crossroads High School, Little angels Country Day School, Aspiranet, Sunshine Valley, -San Ramon Unified School district, Healthy Families America, Child Care Counsel.

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C. Partnerships with Agencies, Entities, and Individuals.

CSB partners with over a hundred community-based organizations including but not limited to:

- Health Services: -Family, Maternal, Child Health Program (FMCH), Child Health and Disability Prevention Program (CHDP), [Gurnick Academy for Medical Arts, Elks Vision](#), CAIR, Integrated Pest Management- Bed Bug Task Force, John Muir Child Safety Coalition, Give Kids a Smile Day, Children's Oral Health Program, Lead Prevention program, Communicable Disease program, Community Wellness & Prevention program.
- Child Welfare: County Child & Family Services (CCC EHS-D-CFS).
- Mental Health: County Mental Health Program--/MediCal Reimbursement, C.O.P.E. Family Services program (Triple-P program).
- Nutrition: Women, Infants and Children Nutrition Program (WIC), CCFP Roundtable, Solano & Contra Costa Food Bank, [Families CAN](#), [CCC Health Services](#), [Healthy Families](#), [Cooking Matters](#), CalFresh, BANPAC, UC Cooperative Extension (EFNEP), Healthy and Active Before 5.
- Disabilities: Regional Center [of the East Bay](#), California Children's Services, [California Community Care Coordination Collaboration Five Cs](#), [Contra Costa and SELPA](#), Parent Care Network, Child Health and Disability Prevention.
- Family Support: Department of Child Support Services (DCCS), SparkPoint Center, County Probation [Family Justice Centers](#), [Contra Costa First 5](#).
- Child Abuse Prevention: -Family Stress Center's Child Assault Prevention Program and Families Thrive.
- Professional Associations: California Child Development Administrator's Association (CCDAA), National Association for the Education of Young Children (NAEYC), California AEYC, Contra Costa AEYC, Local Planning Council (LPC), National Head Start Association (NHSA), California Head Start Association (CHSA), and Region IX Head Start Association (RHSA).
- Educational Institutions: Contra Costa College District, UC Davis, UC Berkeley, and Cal State University East Bay.
- Other Supportive Services: Reading Is Fundamental, Supporting Father Involvement, Zero Tolerance for Domestic Violence, Raising A Reader and First 5 Commission.

In addition to partnering with agencies and entities to provide services to our children, families, and staff, CSB also conducts outreach to organizations for the purpose of securing volunteers to participate in program activities. -Examples of this type of outreach include our work with the Volunteer Center, CalWORKs (work experience clients), Teens Link with the Community (teens fulfilling community services requirements in High School), and the Telephone Pioneers (retired Pacific Bell employees). Visiting experts are also recruited from the community to enhance training for children, staff, and families.

Groups of parents and professionals recruited to participate on Advisory Committees (Health & Nutrition Services Advisory, Community Colleges, Budget, Bylaws, Education and Family Services, Nutrition, and Personnel Committees) ensure quality planning for needs/interests of children and families. These committees contribute parent and professional input to the planning and program implementation process and are recognized for the important role they play in community partnership building.

PART VI. ADDITIONAL SERVICES FOR CHILDREN WITH DISABILITIES

A. Purpose

The Contra Costa County Community Services Bureau complies with the IDEA (Individuals and Disability Act IDEA) and is consistent with both Federal and Center regulations governing the rights of the disabled. Children enrolled in Head Start programs with disabilities receive all the services to which they are entitled to under the Head Start Program Performance Standards (45 CFR 1302).

Contra Costa County Community Services Bureau enrollment efforts include recruiting children with disabilities.

Enrollment may not be denied on the basis of a disability as long as:

- The parent wants to enroll the child,
- The child meets the Head Start age and income eligibility criteria,
- Head Start is an appropriate placement according to the child's IEP/IFSP, and
- The program has vacancy to enroll

When a Head Start program has been determined an appropriate placement for a child with a disability and documented on the child's IEP/IFSP, Contra Costa Community Services Bureau will access resources, recommend placement options, and provide staff training as needed.

Children with disabilities may not be denied enrollment due to the following:

- Staff apprehension and/or unfamiliarity with the child's individual disability or special equipment required to accommodate the disability
- Inaccessibility of facilities,
- The need to access additional resources to serve a specific child to the extent possible,
- Unfamiliarity with a disabling condition or special equipment or devices needed to support the child
- The need for personalized special services

The policies governing Head Start program eligibility are the same for children with or without disabilities.

The Contra Costa Community Services bureau has instituted a variety of placement options for enrollment, including:

- Joint/shared placement with other agencies
- Shared provision of services
- Collaboration with the school district personnel to supervise special education services
- Shared enrollment slots
- Accepting kindergarten-aged eligible children in collaboration with school districts when IEP states the need

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Children with disabilities identified for services are as follows:

- Children who have been diagnosed by a certified and/or licensed professional as “having a developmental delay or a disabling condition and have and IEP or IFSP.”
- Children who may require special attention due to specific high risk factors who do not have a diagnosis. These children may not have and IEP or IFSP.

B. Definitions

1. **ACYF** - Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, and includes appropriate Regional Office staff.
2. **Children with disabilities** - Children with intellectual disabilities, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments or specific learning disabilities; and who, by reason thereof, need special education and related services. The term children with disabilities for children aged 3 to 5, inclusive, may, at a State's discretion, include children experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, need special education and related services.
3. **Commissioner** - Commissioner of the Administration on Children, Youth and Families.
4. **Day** - Calendar day.
5. **Delegate agency** - A public or private non-profit agency that a grantee has delegated the responsibility for operating all or part of its Head Start program.
6. **Disabilities coordinator** - Person on the Head Start staff designated to manage on a full or part-time basis the services for children with disabilities described in part 1308.
7. **Eligibility criteria** - Criteria for determining that a child enrolled in Head Start requires special education and related services because of a disability.
8. **Grantee** - A public or private non-profit agency that has been granted financial assistance by ACYF to administer a Head Start program.
9. **IFSP** - Individualized Family Service Plan for (ages 0-3) and IEP - **Individualized Education Program** for (ages 3-5) - A written statement for a child with disabilities, developed by the public agency responsible for providing free appropriate public education to a child, and contains the special education and related services to be provided to an individual child.
10. **Least Restrictive Environment** - An environment in which services to children with disabilities

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are provided:

- To the maximum extent appropriate, with children who are not disabled and in which;
- Special classes or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

11. Performance Standards - Head Start program functions, activities and facilities required and necessary to meet the objectives and goals of the Head Start program as they relate directly to children and their families.

12. Related services - Transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services, and parent counseling and training. It includes other developmental, corrective or supportive services if they are required to assist a child with a disability to benefit from special education, including assistive technology services and devices.

- Assistive technology - Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

- Assistive technology service - Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. The term includes: The evaluation of the needs of an individual with a disability; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices; coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; training or technical assistance for an individual with disabilities, or, where appropriate, the family of an individual with disabilities; and training or technical assistance to professionals who employ or provide services involved in the major life functions of individuals with disabilities.

13. Responsible HHS (Human Health Services) official - The official who is authorized to make the grant of assistance in question or his or her designee.

14. Special education - Specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a child with a disability. These services include classroom or home-based instruction, instruction in hospitals and institutions, and specially designed physical education if necessary.

C. List of Disabling Conditions

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The classification of a child as “having a disabling condition” requires diagnosis by a qualified professional. Children with disabling conditions require special education and related services, due to one or more conditions including, but not limited to:

- Autism
- Emotional /Behavior Disorder
- Developmental Delay
- Health Impairment
- Hearing Impairment and Deafness
- Intellectual Disability as of Oct. 2010 instead of Mental Retardation
- Learning Disabilities
- Orthopedic Impairment
- Speech/Language Impairment
- Traumatic Brain Injury
- Visual Impairment and Blindness
- Other impairments

No child will be identified as having a disability because of speaking a language other than English, economic circumstances, ethnic or cultural factors, or normal developmental delays.

D. Responsibilities of CSB Full Inclusion Teacher

- Work collaboratively with the Site Supervisor, Comprehensive Services team and school district full inclusion staff.
- Share joint responsibility for all students in the class with regard to the implementation of indoor and outdoor activities with the School District full inclusion teacher (Special Education Teacher)
- Obtain appropriate documentation (copy of IEP or IFSP) that identifies the child as having a disability and be aware of other services provided to the child.
- Complete child observations in the classroom.
- Ensure each child’s safety and assist identified children with self-help skills while they are receiving services.
- Assist school district full inclusion staff with bathroom procedures including diapering and toileting.
- Participate in family meetings and IEP/IFS meetings regarding children in the class.

E. Responsibilities of School District Special Day Classroom (SDC), Response to Intervention (RTI) and Full Inclusion Teachers

School District and CSB Staff work in collaboration to ensure the children and families receive needed services while ensuring the education and safety of the children under their supervision.

1. Full Inclusion Staff:

- Follow all Community Services Bureau policies and procedures.
- School District Inclusion Teacher (Special Education Teacher) and CSB inclusion teacher share

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joint responsibility for all students' supervision during small and large, indoor and outdoor activities. This includes assisting full inclusion children in bathroom procedures (including diapering and toileting).

- Provide special education services to identified children by ensuring the children's IEP goals are addressed, maintaining accurate records of evaluations documenting progress, and meeting with families.
- Follow CSB transition protocols
- Participate in team planning for classroom inclusion strategies, family meeting team meetings and IEP meetings.
- Participate in program collaboration meetings.
- Collaborates completing children's assessments

2. Special Day Class Staff:

- Ensure the safety of the children under their direct supervision (SDC).
- Collaborate directly with the Comprehensive Services Team to ensure the family and children comply with CSB mandates.
- While in the playground, SDC teaching staff and CSB Teacher share joint responsibility for supervision of all students during small and large outdoor activities.
- SDC teachers are responsible for providing special education to identified children, ensuring the children's IEP goals are addressed, maintaining accurate records of evaluations, documenting progress, and meeting with families.
- Follow CSB transition protocols
- Participate in family meetings, SDC program collaboration meetings and children IEP meetings.
- Participate in program collaboration meetings.

F. Responsibilities of the Comprehensive Services Team

1. Comprehensive Services Clerks

- Complete CSB temp files at intake.
- Flag files using the red/yellow flag system to alert the staff and assistant manager as to the child's health, nutrition, social-emotional and developmental needs to also include parental concerns and/or family needs.
- Communicate to comprehensive services assistant manager if child's physical exam/baby well check or sensory/developmental screening results indicate concerns.
- Keep accurate records of child health, nutrition and families services information.

2. Comprehensive Services Assistant Managers

- Review all records relating to the child's health history, medical records and screening results to ensure children with suspected or identified concerns receive further evaluations and services.
- Carefully review and follow up on intake files flagged with the red/yellow system
- Facilitates family meetings as needed to provide early interventions to children with

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identified concerns based on health, nutrition, social-emotional and developmental screenings.

- Facilitates pre-enrollment family meeting for new children entering our program with identified health, nutritional, social-emotional and developmental needs.
- Maintain close communication with parents and staffs to ensure the delivery of services and resources/referrals are in place and in accordance with the individual needs of the child and the family.
- With parental consent participate in IEP/IFSP meetings and any other meetings related to the services the child/family are receiving.
- Reviews and discusses Parent's Rights and Responsibilities under the Individual with Disabilities Education Act IDEA
- Supports and provides Advocacy resources to parents.
- Maintain accurate and up-to-date documentation regarding current IEP/IFSP and other services provided to the child and family in the children's file and in CLOUDS.
- Coordinate, schedule and participate with the site supervisor in transition planning for children moving from Early Head Start to Head Start and from Head Start to kindergarten; especially for those children with IEP and IFSP.
- Coordinate and schedule transportation to facilitate the child/family participation in evaluations/assessments or the IEP/IFSP meeting. Assist families, as needed in finding public transportation so they are able to participate in meetings.
- Consult and maintain open communication with the disability services manager and other content area managers as needed.

3. Responsibilities of the Comprehensive Services Disabilities Manager

- Coordinate and Monitor the delivery of services provided by Community Services Bureau in collaboration with outside agencies to children with suspected and diagnosed disabilities and their families.
- Review, update and implement the Community Services Bureau Disability Services Plan.
- Review, update and train Community Services Bureau staff on following disability protocols to ensure that policies and procedures are implemented consistently.
- Create, review, and update interagency agreements with community agencies serving children with disabilities in an effort to:
 - Participate in the public agency's Child Find plan under Part B of IDEA
 - Participate in or lead joint trainings for staff and parents
 - Create procedures for mutual referrals and placements
 - Plan for transitions to provide support for children and families
 - Share resources
- Coordinate delivery of services and provision to children with a suspected or diagnosed disability.
 - Coordinate with other content area managers the timely completion of health/cognitive screenings.
 - Monitor site data reports to ensure that children received early intervention as a result of their screening and assessments results.
 - Participate in family meetings, and IEP/IFSP meetings as needed.
 - Assist teaching staff with trainings based on a specific disability or as requested.

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- Monitor the implementation of services provided to children with disabilities based on their IEP or IFSP goals and objectives.
- Monitor the disability referrals tracking system to ensure child referrals are followed up accordingly.
- Coordinate and monitor classrooms adaptations, accommodations and modification based on the individual needs of the child.
- Assist identified parents with resources and advocacy information to prepare for meetings with the Regional Center or School District to develop an Individual Family Services Plan (IFSP) or an Individual Education Program (IEP).
- Regularly visit classrooms to ensure that children with suspected and identified disabilities receive the individualization and accommodation they need based on their IEP and their individual needs. Monitor the delivery of services from both Community Services Bureau and the collaborative agencies.
- Monitor delivery of services to children with disabilities and their families when transitioning from home to center based program, from infant/toddler program (EHS) to Preschool Program (HS) and from Preschool Program (HS) to Kindergarten. Participate in transition plans and meetings as needed.
- Provide disability content area assistance, and support to upper management, teaching staff including home based and comprehensive services team.
- Monitor disability reports for accuracy and timely completion of delivery of services to comply with PIR (Program Information Report) requirements.
- Review Program Self-Assessment reports and create follow up action plans when needed.
- Manage allocated funds to purchase or lease of special equipment and materials for use in the program and home to assist the child to move, communicate, improve functioning or address objectives listed in the child's IEP/IFSP.
- Track and provide a detailed report to the Assistant Directors of the number of children enrolled in HS and EHS with disabilities, including the types of disabilities.

G. Documentation of Disabilities Services

CSB must maintain a record of all services provided to children with disabilities and their families. Children's records are confidential and are maintained in locked files and password-protected in the CLOUDS data system. Data from these records are used to prepare the annual Program Information Report (PIR).

H. Postural Supports / Protective Devices

Children needing protective, postural or medical devices due to a disability must have a written request from a physician or an IEP/IFSP Team indicating such need. The Comprehensive Services Disabilities Manager works with educational and health staff to ensure that children with disabilities use approved medical devices including, postural or supportive restraints that are in accordance with state requirements and have CSB approval.

The use of any medical appliances, devices or supportive restraints must be secure and able to be released in a way that is in compliance with fire clearance and earthquake safety.

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CSB Teachers and Site Supervisors directly working with the children should be trained in the use and care of such devices prior to the child starting the program. The training should be documented in the family meeting notes with attached signatures of the trainer and trainees.

I. Disabilities Resources

The Comprehensive Services Disabilities Manager works with the Special Education Local Plan Area (SELPA) and other collaborative agencies to utilize all available resources to ensure involvement of the child and family in the program. The Comprehensive Services Disabilities Manager is responsible for developing a coordinated plan with all agencies working with the child and family.

J. Additional Services

Community Services Bureau must ensure that services for children with disabilities will be planned and delivered as required by their IEP/IFSP, that the IFSPs and IEPs are being reviewed and revised as required by IDEA and that the children are working towards their goals.

- CSB plans and implements the transition services for children with IEP/IFSP to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition into a new setting.
- All components of the Community Services Bureau program are appropriately involved in the integration of children with disabilities and their parents.

The Community Services Bureau Disability Manager coordinates with other service managers the provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and ensures provisions for any modifications necessary to meet the special needs of the children with disabilities.

K. Disabilities Budget Coordination

The Comprehensive Services Disabilities Manager is the designated liaison for special education services. Disabilities services outlined in the budget follow the regular budget procedure of parent and staff input with final approval.

L. Special Education Budget Allocation

The CSB program works within its budget to assist in providing needed services to children with disabilities. The program accesses all available sources to insure that all needs identified in the IEP or IFSP are met. This includes the local and state LEAs, SSI funding, other agency support, and local educational institutions. Every effort is made to utilize community resources to meet the needs of each child with disabilities enrolled in the program.

M. Disabilities Screenings

Parents complete a comprehensive health screening while completing the child's health history at the

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intake process. There after all preschool and infants and toddlers children including children with IEP/IFSP are screened within 45 days by the teaching staff in the areas of social and emotional development using ASQ-SE and cognitive development using ASQ-3 within 45 days.

The Comprehensive Services Team screens preschool children in hearing, vision, and nutrition, within 45 days of initial enrollment and for infant and toddler follow the vision and hearing assessments based on the EPSDT schedule. Comprehensive services staff completes the screening results form within 75 days and communicates results to parents. The screening results are used for beginning the individualization process for each child.

The Site Supervisors are responsible for working with the Teachers and Comprehensive Services Team to ensure that the ASQ-3 and ASQ-SE screening are completed within 45 days of child's entry. Teachers will give each child time to adjust to the new environment before completing the screenings. Lead teachers review and initial all education screenings to ensure they are accurately completed and meet required timelines.

Designated site staff enters the screening data in CLOUDS. The Teacher places original documents for Ages and Stages Questionnaire-3 (ASQ-3) and Ages and Stages Social Emotional (ASQSE) behavioral screening in the Education section of the family file. Children with screenings that show concerns will be rescreened within thirty days to ensure the validity of the original screening.

If concerns arise after developmental and social-emotional re-screening, the teacher will communicate with the Site Supervisor and Comprehensive Services Assistant Manager to discuss options for referring the child for further evaluation/s. If concerns arise after sensory re-screenings the Comprehensive Services staff will follow the same process.

N. Evaluations

Children are recommended for further evaluation based on screening results, parent's concerns, based on staff observations and other professional recommendations. Referrals for further evaluations are discussed with the parent at a family meeting.

O. Accessibility of Facilities

All Community Services Bureau facilities are ADA (American Disabilities Act) compliant. Additionally, CSB in conjunction with other agencies provides special furniture, equipment and materials in order to meet the individual needs of children with disabilities.

P. Transitioning Children with Disabilities

1. IFSP Transition

- All infant toddler transition plans start when the child turns 30 months old. The Parent, Site Supervisor, Teacher and Comprehensive Service Assistant Manager meet together to plan the transition and complete the Infant Toddler Transition Plan Form (CSB 161). A plan is completed for all children transitioning out of EHS including children with a current IFSP.

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- When a child with IFSP turns 30 months and no later than 90 days prior to their 3rd birthday the family and child will go through the IFSP Transition Process. This transition is initiated by the IFSP team and both parties the Early Intervention Program (Part C Services of IDEA) School District (Part B of IDEA) participate in this process. The IFSP transition meeting includes but is not limited to the Parent and any family member for support, the Early Intervention Provider, the School District Coordinator, the Special Education teacher, the Comprehensive Services Assistant Manager or Comprehensive Services Disabilities Manager, and the CSB Teacher or Home Educator. The team will create a transition plan; evaluate the child's strengths and areas of concerns, schedule further evaluation by the School District and a diagnosis meeting. Following the evaluations the child may or may not qualify for an IEP services under the School District and exit the Early Intervention Program (IFSP) the day before the child turns 3 yrs. old.

2. IEP Transition into a HS program

Another opportunity for transition begins when the child qualifies for an IEP and placement is available at a CSB site. When this occurs a family meeting conference is held to evaluate and plan how to best serve the child and how to support his/her learning based on the child's IEP goals. Evaluation of the classroom and outdoor environment will take place in an effort to identify needed accommodation including adaptive furniture or materials, modification of classroom schedules and routines to meet the individual needs of the child. This Transition Plan may include a gradual transition that involves both programs over a period of time. Any needed staff training will be provided as part of the plan.

3. IEP Transition out of HS program

For children transitioning out of the program into another program, the Teacher, Home Educator or Comprehensive Services Assistant Manager coordinates with parent and School District as to how to support the child's transition. The meeting is to explore possible placements for the child. Included in the meeting are the child's parent, School District Coordinator, Teacher or Home Educator, and other professionals providing services for the child and family. When the most appropriate placement for the child has been decided, the teacher and the family will initiate a meeting with the child's new Teacher. At that time, a plan for a gradual transition including visits to the new program and sharing information about the child and their individual plan takes place.

Q. Transition Policy for Early Head Start Children Receiving Mental Health or Special Education Services

- For EHS children receiving mental health services, CSB must consider the children's disabilities in transitioning from the EHS program to the HS program. If an EHS child who is receiving mental health or special education services turns 3, the child must not automatically be terminated from the program. Transition planning must consider the child's individual developmental and emotional needs as well as age.

The following steps will be followed to support the child's transition:

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- If a child is receiving mental health services from Community Services Bureau's Mental Health unit, a transition-planning meeting will take place approximately 6 months before the child's 3rd birthday to address the child's individual circumstances. The family, teachers, site supervisor, comprehensive services assistant manager and mental health clinician will participate in a family meeting.
- If it is determined that the child is developmentally and/or emotionally not ready to move into the HS program, the child can remain in the EHS program until such time when it is determined that the child is ready to transition to the HS classroom (Site Supervisor to Check on Center Based License Regulation to see if this is feasible.)
- If there is a time gap between the child's 3rd birthday and the beginning of the HS program, so as to ensure continuity in educational and mental health services, the child may remain in the EHS program until he/she can transition into the a HS classroom. (Site Supervisor to Check on Center Based License Regulation to see if this is feasible.)

R. Special Education and Related Services

All infants/toddlers and preschool age children entering Community Services Bureau must have a well-child exam within 30 days of enrollment. Those preschool children who did not receive a hearing and vision screening as part of their well-child exam will be screened by in-house certified trainers within 45 days of enrollment.

Children identified with concerns are referred back to their physician for further evaluation or referred to a community agency for assessment. Children who qualify after assessment receive services from the Special Education Local Plan Area (SELPA) or the Regional Center under an IEP or IFSP plan in accordance with our interagency agreement.

A mental health consultant is available to discuss behavioral/mental health concerns that the family, teacher or home visitor may have about a child. The consultant will share non-confidential information with the teacher/home educator and families, and work with them to develop a plan for the child.

When no other alternative is available, the comprehensive services team provides transportation for the guardians and child to obtain evaluations. When services are not provided on site, parents are assisted in finding public transportation to clinics or service providers.

Community Services Bureau works collaboratively with all other agencies involved with the child and the family to meet the objectives in the IEP or IFSP.

Community Services Bureau, subject to budgetary allowances, will purchase any assistive devices identified in the IEP or IFSP that cannot be funded through outside agencies.

Comprehensive Services staff forms collaborative partnerships with individual families to develop a ~~Family Partnership Agreement~~[Strength Building-Family Partnership Agreement](#) (SB-FPA) twice a year. Comprehensive Services staff provides families with community resources such as, parent support groups, parent trainings, advocacy and child development among others to assist families to reach their SB-FPA

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S. Special Education Services with Other Agencies

CSB refers children to the Local Education Agency (LEA) for further evaluation/s when there is strong documentation that early intervention is necessary now and we cannot prolong waiting for screening results. Such documentation may be based on parents, teachers and other professional's observations and recommendations.

Following the preschool age child assessment administered by the LEA an IEP meeting is held that includes the child's family, teacher or home educator and comprehensive services assistant manager, and the LEA representative. At this time, appropriate placement is determined and a service plan is developed for the child. For children who do not qualify for placement with the LEA, Community Services Bureau addresses the child's individual needs within the classroom or during a home based visit and seek guidance from Mental Health, other professional, including outside services, to determine if concerns will affect child's development and school readiness.

An IEP meeting is held to develop a plan and establish goals for children with disabilities transitioning in or out of the program. CSB and the LEA share resources as appropriate at this time. This resource sharing includes use of the classroom for any individual, family or group work that is necessary for the child's success. The LEA staff member also shares ideas and materials with the CSB teaching staff as applicable to foster attainment of IEP goals.

Children enrolled with a diagnosed disability and have a current IEP or IFSP, receive individualized education based on their unique needs. For center based care, if a child's IEP or IFSP indicates a part-time schedule, he/she may share an enrollment slot with another child. Children with shared placement in Community Services Bureau and outside agencies receive careful monitoring to ensure that the program developed for them in each placement is meeting the needs of the children. Frequent communication among the service providers is necessary to ensure this. The family also plays a key role in assessing the success of the shared placement.

T. Volunteers

CSB welcomes community volunteers and student interns from colleges. Whether paid or volunteer, all staff working with children with disabilities, are provided training that includes specific identified topics relating to the unique needs of each child. General training topics also include working with children in group situations and respecting child/family confidentiality (Health Insurance Portability and Accountability Act - HIPAA regulations).

U. Special Education Staff

Community Services Bureau ensures that the Disabilities Services Plan addresses program efforts to meet state standards for personnel when serving children with disabilities. Special education and related services are provided by or under the supervision of personnel meeting state qualifications. All staff working with children with disabilities meets required state special education standards for

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personnel serving children with disabilities. Training and supervision that meet special education standards are developed in collaboration with Local Education Agencies.

V. Interagency Agreements

CSB maintains an interagency agreement with the Contra Costa County Special Education Local Plan Area (SELPA) and the Regional Center of the East Bay (RCEB) to establish shared guidelines for providing services to identify children with disabilities within the CSB program.

CSB participates in the Local Education Area (LEA) Child Find plan (Child Find is a component of the IDEA) by providing information on application and enrollment guidelines to the LEA and supporting them with the enrollment of eligible children.

W. Recruitment and Enrollment

All personnel responsible for the recruitment and enrollment of children are knowledgeable of all laws (Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance and of the American with Disabilities Acts) and Head Start mandates regarding children with disabilities.

Interagency agreements between Community Services Bureau, Local Education Agencies and Regional Centers are developed, maintained and updated annually to aid in the recruitment, enrollment and mainstreaming of children with disabilities. Referral sources are maintained, utilized and updated to provide needed services for children with disabilities. Special efforts are made to recruit children with severe disabilities.

All staff involved with the recruitment and enrollment of children with disabilities receives training on children's records as they apply to each child file.

Obstacles (including staff apprehensions, inaccessibility of facilities, provision of additional resources necessary for child's specific needs, unfamiliarity with a disabling condition or special equipment, and the need for personalized special services) are addressed through needed program adaptations and trainings and do not affect a child's enrollment.

Enrollment placement takes into account the number of children receiving services under the disabilities area, including types of disabilities, severity of the disability, and services and resources provided by other agencies. Resources and placement options are utilized according to a child's IEP or IFSP. Children with disabilities enrolled in Community Services Bureau programs follow the same eligibility enrollment procedures stated in the Community Services Bureau Policies and Procedures and comply with all licensing regulations for center based programs. Children with a current certified IEP or IFSP may have an over income waiver to qualify them for the HS/EHS program.

Families with children who have a current certified IEP or IFSP may qualify for an over income waiver to enroll in a HS or EHS program. At the same time families enrolled in double funded programs (State/Federal) may have a fee, based on the state portion of the program.

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Children with a current certified IEP or IFSP, sharing blended state-federal funding, must comply with state requirements and provide CSB with a copy of the child's IEP or IFSP and the Exceptional Needs Verification Form (CSB625) completed in full.

The Comprehensive Services Disabilities Manager monitors the recruitment and enrollment of children with suspected disabilities and certified IEPs or IFSPs.

X. American with Disabilities Act (ADA) Policy – Recruitment and Enrollment of Children with Disabilities

The Americans with Disabilities Act (ADA) is a federal law, enacted in 1990, that provides child care professionals with an exciting opportunity to serve children with special needs or disabilities. The law guarantees that children with disabilities cannot be excluded from "public accommodations" simply because of a disability. CSB takes steps to ensure full ADA compliance; to identify the unique needs of each child and family; to facilitate the individualization process in collaboration with the family; and to make needed modifications in policies, practices and/or procedures as deemed reasonable.

During intake, the individual needs of each child and family are reviewed. Based on information presented at this time a child may or may not have a suspected or diagnosed disability. However, if determined that the child has a diagnosed disability (IEP/IFSP), the parents are required to provide such documentation for review.

The site team, with the appropriate comprehensive services manager will review the intake file to include if available IEP/IFSP documentation. After reviewing all documentation and as applicable a family meeting will be scheduled with the family and other related professionals to:

- Further identify child/family strengths and needs
- Define needed accommodations/adaptations
- Identify staff training needs and support
- Identify any additional action that may be needed

Following the family meeting in collaboration with the comprehensive services manager the site team will:

- Initiate an individualized assessment of the child's needs as applicable. The process for an individualized assessment will be determined on a case by case basis:
- The process for an individualized assessment will be defined on a case by case basis and may include:
 - Reviewing additional medical or special services, records/information.
 - Gathering the most current medical knowledge and/or best objective evidence regarding the disability.
 - Observation of the child in a natural environment or through parent/child site visitations.
 - Medical guidance obtained from Public Health Agencies, Center for Disease Control, National Institute of Health, including the National Institute of Mental Health, and other such agencies.

Based on the findings of the previous actions, a proposal of accommodations/modifications to allow for the

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child to participate in the program will be presented to a management team (Including the Assistant Director). The team will determine if identified modifications constitute reasonable accommodations or if CSB can demonstrate that making such modifications would:

- Create undue financial burden/hardship (all resources available for use in funding and program operation will be considered)
- Fundamentally alter the nature of the program (essential elements of program as well as essential elements necessary for participant will be considered)

The management team must also determine if the child's presence would pose a direct threat to the health and safety of the individual child or others (factors to consider include: nature, duration, and severity of risk; probability of occurrence of injury; whether reasonable modifications of policies, practices, or procedures will mitigate or eliminate risk).

The team will:

- Recommend enrolling the child in appropriate placement
- Or provide a written statement of the reasons for reaching the conclusion not to enroll the child based on criteria stated above.

Y. Assessment Process of Children with Disabilities

The Comprehensive Services Disabilities Manager in collaboration with Health and Education Managers coordinate the completion of sensory and cognitive screening of all children within 45 days of enrollment.

The Comprehensive Services Assistant Managers evaluate the need for further specialized assessment after all standard screenings have been completed.

In a family meeting families are informed of screening results and are encouraged to sign a written consent for requesting further evaluations with an outside agency when appropriate.

The Comprehensive Services Assistant Managers refers children for further formal evaluations to the LEA (3 years to 5 years) or RECEB (new-born to 2.9 years) according to the established referral procedure. LEA agencies have 60 days to process referrals and develop an IEP upon receipt of the family intake file. RECEB has 45 days to process the referrals upon receipt of the family intake file.

The evaluation procedure is conducted with the following provisions:

- Parental consent prior to evaluations
- Parents informed of their rights and responsibilities under IDEA
- An evaluation conducted in a culturally sensitive manner by trained certified/licensed personnel that speak the child's home language.
- More than one criterion will be considered in determining an appropriate program placement.

A multi-disciplinary team including the child's teacher will conduct an evaluation utilizing assessment materials validated for the purpose.

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Z. Eligibility Criteria: Health Impairment

Children will not be discriminated against if they present any health impairments such as, cancer, severe asthma, uncontrolled seizures, neurological disorders, rheumatic fever, heart conditions, lead poisoning, diabetes, blood disorders, cystic fibrosis, heart diseases, ADD, AIDS and other medically fragile conditions. CSB must ensure all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and their implementing regulations.

Children who meet specific criteria including level of functioning, age, onset of indicators and documented reports may be classified as having Health Impairment.

Children with suspected health impairments are referred for further evaluation. With the parent's consent, CSB teaching staff will provide documentation of behavior observations relevant to the impairment, to the appropriate professional for assessment. Upon receipt of a physician evaluation, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child.

AA. Eligibility Criteria: Emotional / Behavioral Disorders

The identification of children with emotional/behavioral disorders involves specific characteristics, the use of multiple sources of data such as child's health history, behavior screening results, teachers/parents observation notes, and the child's Head Start physical exam.

Children suspected of having an emotional/behavioral disorder are referred for further evaluation to appropriate community agencies to determine whether IEP services are appropriate. Upon receipt of a diagnosis, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

BB. Eligibility Criteria: Speech or Language Impairments

All HS children are screened for speech and language delays, within 45 days of enrollment using ASQ-3. Infant/toddlers and preschool children with suspected speech/language delays are referred for further evaluation to RCEB or SELPA. If a determination is made for intervention or special education, an IEP or IFSP will be implemented through the outside agency (Regional Center or SELPAs). When referring children for assessments, careful consideration is given to cultural, ethnic and bilingual differences as well as temporary disorders and delays that fall within the normal range for the child's age. Upon receipt of evaluation and diagnosis, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

CC. Eligibility Criteria: Intellectual Disability

"Intellectual Disability" is the term in IDEA replacing Mental Retardation (Rosa's Law, 2010). After screening is completed children suspected of having any delays/deficits in adaptive behavior are referred for further evaluation to the LEA and/or physician and/or MH services. A family meeting will be scheduled

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upon receipt of the diagnosis to ensure proper placement and support is provided for the child.

DD. Eligibility Criteria: Hearing Impairment

All children are screened for hearing loss through the program or by their physician. Children needing further evaluation are referred back to their private physician and to the SELPA or to the Regional Center. Upon receipt of evaluation and diagnosis, a family meeting will take place to ensure the CSB can accommodate the individual needs of the child in the classroom.

EE. Eligibility Criteria: Orthopedic Impairment, Visual Impairment / Blindness

Children suspected of having an orthopedic impairment including but not limited to spinal bifida, cerebral palsy, loss of or deformed limbs, arthritis, or muscular dystrophy are referred to their pediatrician for further evaluation. Children requiring special services are referred to the SELPA or Regional Center and the California Children Services.

All children have vision screenings through the program or their physician. Children needing further evaluation are referred to their physician, an ophthalmologist and/or optometrist to determine whether the child is visually impaired.

Upon receipt of evaluation and diagnosis, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

FF. Eligibility Criteria: Learning Disabilities

All Head Start children are screened for possible learning disabilities. Children with suspected disabilities are referred to their physician and RCEB or SELPA as needed. Site Supervisors with the assistance of teaching staff provide classroom observations and child's work samples as needed to document the child's needs. Upon receipt of evaluation and diagnosis, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

GG. Eligibility Criteria: Autism, Traumatic Brain Injury, Other Impairments

Children that present behaviors such as autism, traumatic brain injuries or other developmental impairments may qualify for services under the Regional Center of East Bay or Local Education Agency (LEA). CSB supports the early identification and intervention of children and following parental consent children are referred for further evaluation to outside agencies. Upon receipt of evaluation/diagnosis, a family meeting takes place to review the IEP/IFSP diagnosis. Based on IEP/IFSP goals and objectives, the best placement will be offered to support the child's enrollment in the HS program.

CSB must ensure all enrolled children are screened for autism at the ages 18 months and 24 months by their physicians based on EPSDT.

HH. Disabilities/Health Services Coordination

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The Comprehensive Services Disabilities Manager works closely with the Health Manager, CS Team and other staff in the screening, assessment process and follow-up to meet the needs of children with disabilities.

The Health and Disabilities Managers work together to ensure children's special needs are met and supervision of the administration of all prescriptions and over the counter medications occurs in accordance with state requirements. Children requiring medication must have the doctor's instructions and parental consent before the medication is administered. Individual records of all medications dispensed and a regular review with the child's parents occurs.

All medications are adequately labeled, locked and stored out of reach of children. Epi Pens labeled and accessible but out of children's reach. Individual medical plans are shared with the teaching staff and closely monitored for compliance. Any changes in a child's behavior related to a drug are shared with staff, parents and the physician. Pre-enrollment case management is encouraged to ensure CSB staff is aware of the individual needs of the child and accommodations can be made.

II. Developing Individualized Education Programs (IEPs)

The School Districts provide families with advance written notification of IEP meetings. Family's participation in the IEP meeting are documented. Opportunities are provided for reviewing assessment results of the meetings and to request parent's input. Efforts are made to assure that families are knowledgeable about their parent's rights and responsibilities under IDEA and understand the purpose and proceedings of the child's program.

Head Start evaluates all pertinent information when determining eligibility and placement options of children with current s IEPs such as:

- Child's strengths and present level of functioning in all areas of development, strengths.
- Identification of challenges and needs in areas requiring specific services.
- Short and long term goals and objectives.
- Specific related services necessary for the child to participate in Head Start including those services provided by other LEAs and professionals.
- Personnel responsible for services provided, projected dates for initiation/duration of services and location of services.
- Evaluation procedures to determine the achievement of goals including family goals and objectives.
- Transition Plans
- Transportation if applicable

JJ. Disability Referral Procedures

1. Description

The first five years of the children's life are times of rapid growth and learning. CSB provides rich learning and nurturing environment for them to grow and develop. Children develop at different rates and some may need extra support to reach their age appropriate milestones. The Community Services Bureau is committed to early identification of children at risk of developmental delays in order to provide

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the necessary early intervention that will lead to positive outcomes for the child.

2. Screening for suspected concerns

- i. Prior to enrollment and during the application period the child's file may be flagged using the Red and Yellow Flag System to alert the staff of known or suspected concerns based on the completed health history shared by the parent. The health history briefly screens children for possible health, nutrition, and socio-emotional and developmental risks.
- ii. Child's Physical Exams/Baby Well Checkups provide a great source of information and parents are responsible for submitting them to us within 30 days of enrollment thereafter as required by CHDP (Child Health and Disability Prevention.)
- iii. Sensory and developmental screenings and assessments are provided to all enrolled children within 45 days of enrollment.

Children determined to be in need of further evaluation/assessment based on screening results, staff observations, and/or parent observation are referred to the appropriate agency with parental consent.

3. Referral

The referral process is explained in detail to the parent during a family meeting. This meeting will take place in the parent's home language whenever possible. The CSAM will review agency referral protocols with the family including referral time lines, and requirements to complete the referral. CSAM will review with the family and provided copies of their Parent's Rights and Responsibilities under IDEA and advocacy resources.

Depending on the child's age Referrals could be sent to one of the agencies below:

- Regional Center/Early Intervention Agency (Children zero to two years "2.9 years") The process takes approximately 45 days from the date of referral.
- Local Education Agencies/Family Home School District (Children 3 to 5 years) The process takes approximately 60 days from the date of referral.

As part of a [Case Management Family Meeting](#) the parent is encouraged to sign the Child Referral and Parent Consent Form (CSB501); only after understanding the referral process and his/her parent rights under IDEA.

For Mental Health referrals, the medical provider information is completed on the referral form and a copy of the child's Medical card (if insured) is attached. When a child is on "Positive Guidance Policy Steps" and has a "Positive Guidance Plan", a copy of those documents (CSB521 & CSB134B), along with the child's Social-Emotional (ASQ-SE) and Developmental Screenings (ASQ-3) are included with the referral.

The Child Referral and Parent Consents Form (CSB 501), is reviewed to ensure the document is correctly filled out after acquiring parent signature. Additional signatures are obtained from the Site Supervisor and the Comprehensive Services Assistant Manager. A copy of this form (CSB501), is given to the parent, one to

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the assistant manager to process the referral and the original is placed in the file.

The Assistant Manager reviews the signed CSB501 form and processes it immediately. Once receipt of the referral is verified with the appropriate School District, Early Intervention Agency, or Mental Health Unit, the Assistant Manager completes the Response to Referral Form (CSB502).

The referral must be including:

- Child's Last and First name
- Child's birth date
- Gender
- Child's CLOUDS ID
- Child's center and Classroom #
- Current home address
- Family phone number#
- Parent's name
- Parent's language of preference
- Child's language of preference
- Medi-Cal or SSN # for Mental Health referral (No need of SSN or Medi-Cal for Disability referrals)
- Positive Guidance Plan and Positive Guidance Policy Step Letter if applicable
- Referral contact: CSAM's name and phone number
- Consents for exchange of information and assessment should be initialed by parent.
- Parent's signature
- Site Supervisor, CSAM or Home Based Teacher's signatures
- Parental check and initials for consent-referral and assessment
- Name/address of the agency referring to and providing consent for exchange of information
- If foster parent is requesting evaluations, CSAM must obtain the biological's parent consent. Or, request Social Worker consent signature

Agency to refer information:

- Determine Home School District for children 3 to 5 years old. Identify individual school referral requirements such as: Child's birth certificate, child's immunizations, copy of parent's ID, a copy of a utility bill and any other home addressed mail other than cell phone bill.
- Access RCEB or other intervention programs if the child is under 2 ½ years old.
- Fax signed form (CSB501) to outside agency and follow up with a confirmation phone call to ensure they have received the referral.
- Complete Response to Referral Form (CSB502)

The original Response to Referral form (CSB502) is placed in the child's file and a copy is given to the parent attached to any requested or additional relevant informational resources such as CARE Parent Network, IEP/IFSP program descriptions, advocacy resources, etc.

The CSAM enters the family meeting notes and intervention/referral information under the disability tab in CLOUDS (Intervention/Referral). A copy of the family meeting (CSB514) is placed in the child's file.

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The CSAM will contact the family for a follow-up between 30 and 60 days after submitting the referral to ensure proper evaluation meetings are in place, proper support is given to the parent in preparation of the diagnosis meeting, and ensure participation in the IEP/IFSP meeting. Additional family meetings will follow as applicable.

KK. Nutrition Services for Children with Disabilities

The Comprehensive Services Disabilities Manager works with the Health Services Manager and the Nutritionist to ensure that provisions to meet the needs of each child are incorporated into the nutrition program.

Appropriate professionals are consulted to provide support for Head Start staff and families for children having severe disabilities and problems with eating.

Activities to help children with disabilities participate at mealtimes are implemented in the classroom after discussion in a family meeting.

Family meetings with CSB staff, other professionals and families are held to meet the nutritional needs of children with disabilities including the prevention of disabilities with a nutrition basis.

LL. Parent Involvement in Transition Services for Children with Disabilities

In an effort to support the transition of children with disabilities into CSB programs, or children transferring from one Community Services Bureau program to another, the parent will be asked to attend a family meeting (transition planning meeting) prior to enrollment or transfer. The focus of the meeting will be to:

- Review the IEP/IFSP goals and objectives as well as identify parent goals for child
- Determine the needs of the child
- Insure appropriate placement
- Plan program adaptations (if needed)
- Support family and foster team approach for service delivery
- Provide activities and information to the family to foster the child's development.
- Provide activities to the family to reinforce program activities at home.
- Provide family with resources such as Social Security (SSI), Early Periodic Screening Diagnosis and Treatment (EPSDT) programs and other community resources and assist them in accessing these resources.
- Provide family with information to prevent disabilities among younger siblings.
- Provide parent with information about their rights under the Individuals with Disabilities Act. (IDEA)
- Provide resources to family groups for children with similar disabilities who can provide peer and family support.

Comprehensive Services Team will support family through the children's transition from Early Head Start to Head Start or from Head Start to Kindergarten or to other agencies.

PART VII. Services to Pregnant Women Enrolled in the Program

Enrolled Pregnant Women

Staff addresses the needs for appropriate supports for emotional well-being, nurturing and responsive caregiving and father engagement during pregnancy and early childhood.

1. **Health Care and Insurance** - Within 30 days of enrollment Comprehensive Services Staff determines the status of an ongoing source of continuous, accessible health care provided by a health professional that maintains ongoing health records and is not primarily a source of emergency or urgent care and health insurance for each enrolled pregnant woman. For those pregnant enrolled women, support is provided to gain access to health care and insurance as quickly as possible.
2. **Family Partnership Services** - Comprehensive Services Staff engages enrolled pregnant women and other relevant family members such as fathers, in family partnership services focused on factors that influence prenatal and postpartum maternal and infant health. Staff provides support throughout the transition process with program options and transition to program enrollment, as appropriate.

Support Services Provided for Pregnant Women to Access Comprehensive Services through Referrals include:

- Assessment for nutritional status as well as nutrition counseling and food assistance, if necessary.
- Health/oral health promotion and treatment, including medical and dental exams, on a schedule deemed appropriate by attending health care providers as early in the pregnancy as possible.
- Mental health interventions and follow-up services
- Substance abuse prevention and treatment services as needed.
- Emergency shelter or transitional housing in cases of domestic violence.

Pre-natal and postpartum information, education and services are provided to pregnant women, fathers and other relevant family members on the following:

- fetal development
- the importance of nutrition
- risks of smoking, alcohol and drug use
- labor and delivery
- postpartum recovery
- parental depression
- infant care
- safe sleep practices
- the benefits of breastfeeding and accommodation of breastfeeding in the program

Newborn Home Visit

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Newborn visits are scheduled with each mother and baby within two weeks after the infant's birth to offer support and identify family needs.

Comprehensive Services Staff is responsible for ensuring compliance with the requirement for a Newborn Home Visit within two weeks after the infant's birth as follows:

- At enrollment - Educating each pregnant woman on the importance of the Newborn Home Visit and explaining the importance of agreeing to this visit when it is offered at the hospital following the birth of her child or when the Public Health Nurse calls to schedule the home visit.
- Prior to delivery due date - Reminding the parent of the Newborn Home Visit requirement.
- After delivery – Following up with mother to provide support as needed with scheduling or obtaining documentation of the Newborn Home Visit or following up with Public Health Nursing to ensure Newborn Home Visit or obtain documentation.
- Entering documentation of the Newborn Home Visit in the file and in CLOUDS.

PART VIII. Program Human Resources Management (Personnel Policies & Procedures)

A. Statement of Purpose of Policies and Procedures

These personnel policies are produced for the purpose of:

- Promoting an effective, efficient, and economic operation of programs;
- Providing fair and equal opportunity to all qualified individuals to enter employment with Employment and Human Services Department, Community Services Bureau (CSB) and assuring that employees are promoted or advanced under impartial procedures;
- Maintaining a program of recruitment and advancement which will provide career development opportunities;
- Maintaining a uniform plan of evaluation, duties and wages based upon the relative duties and responsibilities of positions in CSB;
- Employing persons who can perform their duties with competence and integrity.

B. Governing Board

The ultimate authority to manage the Head Start and Early Head Start program is vested in the County Board of Supervisors. According to Contra Costa County, Personnel Management Regulations, the Executive Director or Department has the authority to act on behalf of the County Board of Supervisors on certain personnel actions as stipulated throughout the regulations. All authority for day-to-day administration of CSB is delegated to the Community Services Director.

The Board of Supervisors, upon the recommendation of the Employment and Human Services Director, reserves the exclusive right to hire, evaluate, compensate or release the CSB Director (HS/EHS Director), Human Resources and Fiscal Officers. The Policy Council shall approve or disapprove in advance the

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hiring of the Community Services Director.

The Board of Supervisors delegates the authority of the Head Start and Early Head Start program to the Community Services Director or his/her designee, who is responsible for carrying out the policies, procedures, and intent of these policies to include power to employ, promote, assign duties and responsibilities, evaluate, train, reprimand, suspend, discharge, or reward employees within the guidelines of all applicable federal, state and local regulations.

CSB will observe standards of organization, management, and administration that will ensure, so far as reasonably possible, that all program activities are conducted in a manner consistent with the purpose of Head Start Performance Standards and the objective of providing assistance effectively, efficiently, and free of any taint of partisan political bias or person or family favoritism.

C. Organizational Structure

This section contains policies governing the activities of all CSB employees. It is not intended to supersede the Memorandum of Understanding between Contra Costa County and Public Employees Union, Local One (M_QeUs), the Personnel Management Regulations (PMRs) or any other policies adopted by the County Board of Supervisors. It establishes standard procedures which are applicable to all programs operated by CSB, irrespective of funding source. Unless otherwise noted, all provisions of the manual apply to each and every employee of CSB. If the requirements of M_QeUs, PMRs, funding sources, and etcetera are less stringent than the provisions of this section, then these provisions will apply. If personnel provisions imposed by the M_QeUs, PMRs, funding source, et cetera conflicts with the provisions of these policies, then such regulations shall apply.

The Community Services Director or designee has the authority to identify and interpret regulations which conflict with these policies. Employees may not take it upon themselves to interpret regulations which may permit them or require them to behave in a manner which is inconsistent with the provisions of this policy. If doubt arises, employees must request their supervisors to secure a ruling from the Community Services Director or designee.

In addition to these policies, the M_QeUs, PMRs, management bulletins, memos, side letters, et cetera regarding personnel policies issued by the County and funding sources shall be considered a part of CSB's personnel policies and procedures whenever applicable. All personnel policies and practices contained herein are established in accordance with current applicable rules and regulations of CSB funding sources and other mandates. All CSB staff members are required to become thoroughly familiar with these policies and adhere to their provisions.

The Community Services Director and senior management are charged with the responsibility for assuring that all provisions of these policies are administered fairly and impartially.

According to Contra Costa County, Personnel Management Regulations, the Executive Director or Department Head has the authority to act on behalf of the County Board of Supervisors on Certain personnel actions as stipulated throughout the regulations.

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D. Additional Personnel Policies Relating to Employees of Program Services

1. Criminal Record Clearance (Background Check/Fingerprinting)

i. Live Scan (Fingerprinting) Process

~~3.~~ 1. According to the Head Start Act, 45 CFR 1304.3(a)(18) and California DSS, 101170(f), all employees/adults must be fingerprinted. Failure to obtain clearance free of an exemption or with and exemption and/or to comply with fingerprinting regulations will result in refusal of employment.

~~4.~~ 2. Applicable employees must be fingerprinted and cleared before their first day of employment. CSB will not employ anyone without an active clearance ~~nor will they hire anyone who has a clearance with an exemption.~~ With or without an appropriate exemption.

~~5.~~ 3. CSB Personnel works with the County's Central Human Resources to schedule a Livescan appointment and provides the applicant with a Livescan form to take to their appointment.

FBI

Child Abuse Index

State Department of Justice

4. After the Live Scan is completed, the Department of Social Services notifies the County's Central Human Resources (HR) of the results of the Livescan ~~CSB Personnel Unit of the following clearances via a Department of Justice Letter of Criminal Record Clearance.~~ Human Resources forward the letter to the CSB Personnel.

5. After receiving the Department of Justice (DOJ) Letter, CSB Personnel contacts the Community Care Licensing Office to verify the clearance and obtain a clearance number for the prospective employee.

a. If the candidate receives full clearance, CSB Personnel proceeds with the hiring/on-boarding process

b. In the case that a candidate is required to apply for exemption, CSB Personnel works with the candidate to complete the required documentation to apply for exemption. Only after CSB Personnel receives written notification from the Department of Social Services that the candidate is granted exemption to work in a child care facility, the candidate is further advanced through the County's hiring/on-boarding process.

6. The DOJ letter or Exemption Notification is kept in the candidate confidential Personnel File

~~6.~~ The following checks are conducted:

- ~~•~~ FBI
- ~~•~~ Child Abuse Index
- ~~•~~ State Department of Justice

ii. Re-checking Livescan Process

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- According to the Head Start Performance Standards 1302.90 (5) the program must conduct the complete background check for each employee, consultant, or contractor at least every five years, unless the program can demonstrate that it has a more stringent system in place that will ensure child safety.
- California Department of Social Services, Community Care Licensing Division automatically re-checks live scans continuously and notifies the program and the employee.
- Should a conviction or other charge occur while the employee is employed, CSB receives an “Immediate Action Required (IAR)” letter from the Department of Social Services Caregiver Background Check Bureau. In this case:
 - The Community Services Bureau Director determines the appropriate action to be taken based on the Child Care and Development Fund (CCDF) disqualification factors described in 42. U.S.C. 9858f(c)(1)(D) and 42 U.S.C. 9858f(h)(1).--
 - If a manager receives an IAR letter, he/she is to notify CSB Personnel Unit immediately. If CSB Personnel Unit receives an IAR letter, they will notify the Manager, Site Supervisor and immediately have the employee removed from the facility. Disciplinary actions may be taken up to and including termination.
 - It is the responsibility of the employee to obtain a waiver form from DSS and submit the waiver. Any employee who obtains a waiver may apply for reinstatement and applications will be considered by personnel. If no waiver is obtained as requested by the Personnel Unit, the employee may be terminated from employment with Contra Costa County.
 - Declaration-The State requires that all current/prospective employees must sign a declaration, Criminal Record Statement prior to employment, which reveals any background information that might be detrimental to their employment with CSB. The declaration or Criminal Record statement must list:
 - All pending and prior criminal arrests / charges related to child sexual abuse and their disposition
 - Convictions related to other forms of child abuse / neglect
 - All convictions
 - The grantee must review each application for employment individually in order to assess the relevancy of an arrest, a pending criminal charge, or a conviction.
 - The declaration may exclude listing of:
 - Any offense, other than the ones related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee’s 18th birthday which was adjudicated in a juvenile court or under a youth offender law
 - Any conviction the record of which has been expunged under Federal or State law
 - Any conviction set aside under the Federal Youth Corrections Act or similar State authority

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[iii.Requirements for Staff Providing Mental Health Services](#)

1. Eligibility Criteria

In addition to the above, for staff providing mental health services, such as the Mental Health Clinical Supervisors and Mental Health Interns, CSB is required by the Department of Health Care Services (CCR, title 42, section 1128 or section 1128A of the Social Security Act and CFR, Title 42, section 438.214) to verify that at time of hire the Mental Health Supervisors and the Mental Health Interns meet the following:

- Are eligible to claim for and receive state and federal funds
- Have the required licensure that is current and valid
- Are not on the following individual/entities excluded provider lists:
 - http://oig.hhs.gov/exclusions/exclusions_list.essp
 - <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>

Thereafter, verification will be conducted on a monthly basis.

3. Emergency Procedures

i. Chemical Accident

In case of a shelter-in-place emergency, a manager will notify all affected sites. In this case, all employees are required to follow shelter-in-place protocols.

SHELTER—Go inside a building immediately to avoid exposure to airborne chemicals.

SHUT—Seal all doors and windows/turn off ventilation systems. (Locking doors and windows creates the best seal.) Parents must be informed during orientation that staff is not authorized to release children during a shelter-in-place accident.

LISTEN—Turn on the radio/listen for up-to-date information. Avoid using the telephone unless you have a life-threatening emergency. All sites must have a working radio available at all times.

ii. Earthquake Emergency

Duck and cover under a table or desk, crouching on knees with face down and hand covering the back of the head.

- Stay clear of outer walls, windows, glass, cabinets, files, or shelves
- Evacuate the building to Assembly Area after counting 100.
- Avoid re-entry into the building.
- Allow the Building Warden to re-enter the building (searching for missing persons, assessing the extent of damage, turning off utilities as needed, and checking for gas leaks).
- Keep clear of overhead wires, poles, buildings, trees, and falling objects if outside.
- Prepare for aftershocks.

iii. Fire Emergency

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Notify the fire department immediately, giving required information:

- CSB building, room number, address, and other means of identifying location of the fire
- Description of size / type of fire
- Information regarding any injured people
- The name, telephone number, and extension of the employee reporting
- Evacuate all people from the fire area and close off the fire area using posted emergency routes.
- Report to Assembly Area (consult the Evacuation Plan)
- Use appropriate type of fire extinguisher. If smoke or heat endangers safety, evacuation of the area is required (to allow emergency personnel to handle the situation).

iv. Medical Emergency

- Provide appropriate first aid and/or cardiopulmonary resuscitation (CPR).
- Call the Fire Department if advanced first aid is required (911).
- Call an ambulance if appropriate (911).
- Send the injured to either the physical location of his or her choice or to the nearest medical emergency center or hospital. Notify the family of the injured.
- Report injuries to the appropriate supervisor and the designated CSB Personnel Analyst immediately. The supervisor is responsible for notifying Community Care Licensing via telephone within 24 hours and in writing within 7 days.
- If an injury results in death or hospitalization of an employee for over twenty-four hours, notify CSB Personnel and the Workers' Compensation/Safety Coordinator. She/he is responsible to inform the CCC Risk Management and the State Division of Occupational Safety and Health (CAL/OSHA).

4.3 Work-Related Injury and Illness

All County employees who are injured or become ill as a result of their job are covered under workers' Compensation.

Workers' Compensation is a no-fault insurance plan paid for by the County and supervised by the State. It is a plan where fault does not have to be proven to receive medical expenses and lost wages. If an employee is unable to work because of a work-related injury or illness, (s)he is eligible for benefits. All benefits are determined by the California State Legislature.

i. If an employee is injured or becomes ill as a result of her/his job, the following steps should be taken:

- The employee must immediately notify her/his supervisor. All work-related injuries/illnesses, including first-aid, need to be reported.
- The supervisor must notify CSB Personnel (the designated Workers' Compensation/Safety Coordinator)
- The supervisor and the employee are to complete the required workers' compensation forms: CCC Supervisor's Occupational Injury or Illness Report Procedures (AK 30 –

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- Part A & B), and Workers' Compensation Claim Form (DWC – 1), as soon as possible
- The supervisor is to submit the completed forms to CSB Personnel (CSB Workers' Compensation Coordinator) by the end of the business day of the injury/illness or by the end of the day (s)he became aware of the injury or the illness; The Supervisor is to fax the first white page of the DWC-1 and parts A & B of the AK-30, Supervisors Report, to the CSB Worker's Compensation/Safety Coordinator at Personnel on the day of the injury and to send the original paperwork via the Interoffice Mail.
- The CSB Workers' Compensation Safety Coordinator will submit the required documentation to CCC Risk Management Office. County policy requires the documentation to be submitted to Risk Management within 24 hours of the injury/illness
- Injured/ill employees are encouraged to seek immediate medical attention. The CSB Workers' Compensation/Safety Coordinator will provide information on medical facilities that can be visited in case of a work-related injury/illness
- The injured/ill employee may only return to work with a doctor's note stating that employee is cleared to return to work on that date. If the employee is placed on "Off Work" or any modified work status, (s)he must notify her/his supervisor and the CSB Workers' Compensation/Safety Coordinator about her/his status and fax/deliver the appropriate doctor's note to both parties
- Modified work will be assigned only by the CSB Workers' Compensation/Safety Coordinator in coordination with the employee's supervisor if accommodations are viable
- If an employee is ordered for follow-up doctor visits or therapy as a result of a job-related injury or illness, (s)he is required to attend all prescribed visits and furnish Work Status Reports to her/his supervisor and the CSB Workers' Compensation/Safety Coordinator after each visit
- Employees leaving work for appointments connected to work-related injuries/illness are to claim the time off as workers' compensation time (WC) on their time cards
- Doctor bills and hospital expenses related to on the job injuries or illness will be paid directly by the County. If an employee receives a bill that is related to a job-connected injury or illness, (s)he should notify the CSB Workers' Compensation/Safety Coordinator and should not pay the bill.

ii. Return-To-Work Program

CSB participates in the Return-To-Work (RTW) Program. It is a plan utilized by Contra Costa County with the main objective to manage the employees' successful and timely return to work after a work related injury. The program facilitates the earliest possible return of an injured employee to meaningful, productive work within the parameters of her/his physical capabilities. If necessary, the program allows for temporary modifications to the employee's job description or position to accommodate the physical restrictions identified by the medical provider. Employees participating in the program are assigned transitional jobs. Two main transitional jobs are available for employees through the RTW program:

- Modified work within the employee's unit – this is usually for on-the-job injured employees who can perform their usual jobs full time or part time with significant accommodations

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- Bridge Assignments – these are for employees who cannot perform their usual jobs, but can be assigned to other meaningful jobs. Usually, Bridge Assignments are much broader and employees assigned to them may be placed in any of the EHSD’s Bureaus or even other County Departments.

Assigning employees to transitional jobs is facilitated by the CSB RTW Coordinator (Personnel) in collaboration with the employee’s supervisor. While in the RTW program, each employee is required to furnish Personnel with Work Status reports after each visit with the Worker’s Comp doctor.

Employees with work related injuries benefit from participating in the RTW Program by returning back to work quickly, by continuing to participate in meaningful jobs and maintaining their self-esteem, by the on-the-job hardening, and faster recovery.

5.4. Ergonomic Safety and Evaluation

All employees are expected to maintain their work environment and equipment safe and in good repair. Employees are to organize their work space considering basic ergonomic and safety practices such as, easy access/reach of desk equipment, appropriate lighting, use of appropriate equipment, avoidance of forceful lifting, pushing or pulling, prolonged repetitive motions. Employees performing mainly sitting jobs are encouraged to periodically change activities and positions, take small stretch breaks to reduce repeated stress to various parts of the body.

Employees who experience discomfort by using their work equipment or have doctor’s recommendation for ergonomic evaluation are to notify their direct supervisor and request evaluation. The supervisor should contact CSB Personnel, the Workers’ Compensation/Safety Coordinator and request ergonomic evaluation for the employee. The CSB Workers’ Compensation/Safety Coordinator will review the request and arrange for the evaluation.

After the completion of the ergo evaluation, the employee and her/his supervisor will receive a copy of the evaluation report and an Ergonomic Equipment Acknowledgment Form. The employee is to review and keep the copy of the evaluation. Both the employee and the supervisor are to sign the Ergonomic Equipment Acknowledgment Form and return the original to the CSB Workers’ Compensation/Safety Coordinator at the Personnel Unit for authorization of the recommended ergonomic equipment.

The CSB Workers’ Compensation/Safety Coordinator will work with the CCC Ergo Lab to ensure the appropriate accommodations are made and that the employee is trained on ergonomic and safety practices. Ergonomic Equipment Acknowledgment forms sent by the employees directly to the CCC Ergo Lab without the authorization of the CSB Workers’ Compensation/Safety Coordinator will not be accepted by the Ergo Lab and the requested equipment/accommodations will not be provided.

6.5. Employee Relations

As a part of a team providing services for the benefit of the public, each employee must cooperate with co-workers and supervisors and the public through professionalism and mutual respect in order to set a high standard of work performance. The entire staff of CSB must function as a team. Each employee is required to make a positive contribution in the interest of efficient public service.

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Unwillingness or failure to cooperate will not be tolerated and will be cause for disciplinary action.

7.6. Smoke-Free Environment

CSB will create a smoke-free environment and eliminate exposure to tobacco smoke by children, staff, parents, and visitors in the Head Start program.

Under California labor code, it is unlawful for any individual to smoke tobacco products in an enclosed workplace.

Furthermore, in June 2014 the Contra Costa County Board of Supervisors adopted a Smoke-Free Contra Costa law which prohibits smoking, including use of medical marijuana and electronic smoking devices such as e-cigarettes. This law, which will be fully enforced on March 1, 2015, prohibits smoking as follows:

- In all buildings, vehicles, and other enclosed areas occupied by county employees, owned or leased by the county, or otherwise operated by the county.
- In all outdoor areas owned or leased by the county, including parking lots, the grounds of the county's hospital and health clinics, and the grounds of all other buildings owned or leased by the county.
- In personal vehicle, whether parked or in motion, if it is located on property owned by the county.

Employees leaving the County property to smoke or use electronic smoking devices, have to be mindful of their personal safety while off county property. Staff is encouraged to wear protective wear, such as a smoke or "smoking jacket" so that when they finish smoking, they can remove it so as to not carry the tobacco chemicals on their clothing into the classrooms or offices.

Adults are also prohibited from smoking during group socialization activities, such as field trips, neighborhood walks, and other outdoor activities. The only situation under which this does not apply is during a presentation or field trip related to American Indian cultural customs in which tobacco is utilized.

Educational and wellness activities, such as smoking cessation programs for adults and inclusion of developmentally appropriate activities in health education for children will be developed to assist in carrying out smoke-free policies. Staff and parents are encouraged to call the California Smokers Helpline at 1-800-NO-BUTTS (English speakers) or 1-800-No-Fume (Spanish speakers) or to visit <http://cchealth.org/tobacco/time-to-quit-smoking.php> for a list of local cessation resources. Additional information and resources are available by contacting the Comprehensive Services Unit's Health Services Manager.

8.7. Drug-Free Work Environment

In Compliance with the Federal Drug-Free Workplace Act 1988, the Contra Costa County Board of supervisors instituted a Drug-Free Workplace Policy (Resolution No. 90/674 from October 16, 1990). The Board is committed to a Drug-Free Workplace because of the inherent dangers to employees who abuse

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drugs and/or alcohol. According to the Drug-Free Workplace Policy:

- The County prohibits the unlawful manufacture, distribution, dispensing, possession, or use of controlled substance in the workplace, and/or during work hours.
- Any violation of this policy may result in disciplinary action, up to and including termination, or when needed, mandatory participation of the employee in a drug-abuse assistance or rehabilitation program.
- Any employee convicted of any State or Federal criminal drug statute for a violation occurring in the County workplace or on County time, shall report the conviction to their supervisor, department manager or personnel officer no later than five (5) days after such conviction.

CSB strives to maintain a workplace that is reflective of the County Smoke-Free and Drug-Free Workplace Environment Policy. CSB employees are expected to conduct themselves responsibly. Upon report that an employee appears to be under the influence of alcohol or illegal drugs, the employee's supervisor must notify the Assistant Director or the Division Manager, or the Personnel Administrator. One of these CSB Senior Managers and the employee's supervisor will immediately meet with the employee and determine if she/he is under the influence of alcohol or illegal drugs. If they determine that the employee is under the influence, the employee shall be instructed to immediately leave the workplace. An employee under the influence of alcohol or illegal drugs is to report back to work sober and clean of drugs at least one day after the incident. The employee has the option to claim unpaid time or to use her/his own accruals.

9.8. Solicitation of Goods

Contra Costa County prohibits the solicitation of goods on any County property. Goods for sale will not be accepted, bought, or sold at any Grantee office or CSB center. This applies to commercial activities only. This does not apply to parent fundraising. Parent fundraising activities are reviewed and approved by the Policy Council and the Bureau Director.

10.9. CSB Telephone Usage Policy

There may be times when personal telephone calls must be made or received during working hours. Personal telephone calls must be kept to a minimum, and may not interfere with classroom or business activities. CSB expects employees to make these calls during break or lunch periods. No long distance calls can be made on CSB telephones. Personal cellular phone usage is prohibited in the classroom and business offices at all times.

11.10. Food in the Classroom

Food for individual staff consumption is not allowed in the classroom unless the staff member is eating a [CSB provided](#) meal or snack with the children. Any other food and drink must be consumed by the staff member during [their](#) break or lunchtime, away from the classroom [and children](#).

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E. Analysis of Staff Needs

The needs of individual staff members for assistance and training, as well as the training tools are analyzed regularly to ensure optimal performance and efficiency of services. The Community Services Director or designee assesses staff needs by considering levels of responsibility, experience, performance of assigned tasks, and other relevant factors. On the basis of such assessment, the Community Services Director or designee determines the delivery of needed assistance after considering funding limitations. Assessment of staff needs is performed annually or as needed.

Self-reflection is also a support strategy used to assess staff strengths and needs. Teachers will utilize the Early Childhood Teacher Self-Reflection Tool at least annually and throughout the year, as desired. Upon completion, teachers can continue to reflect on their own thoughts and teaching practices to support the classroom. In the fall, teachers will update and refresh their own self-reflection tool, as needed and share their reflection tool with their supervisor so that s/he is able to support desired areas of growth and development.

CSB also recognizes that building positive employee morale leads to staff feeling motivated, encouraged, and appreciated. To maintain high morale, CSB will recognize and appreciate staff efforts through various wellness initiatives. Employee health and wellness is a CSB priority and recognition expenditures will directly relate to building a wellness culture that promotes staff well-being and personal effectiveness.

F. Recruitment and Selection

It is the policy of CSB to employ qualified, capable, and responsible personnel who are of good character and reputation. Consideration will be given to provide employment opportunities to current and former Head Start and Early Head Start parents. CSB will follow the guidelines for recruitment as required by the MOEs, PMRs, Management Bulletins and other provisions established by the County and funding sources. CSB shall make certain that its recruiting procedures afford adequate opportunity for the hiring and career advancement of its parents and staff. The attainment of a high level of education may be important to performance in certain positions; however, formal educational qualifications, unless required by state, local or federal law, where practical, shall be made discretionary rather than required for employment and advancement. Head Start staff will be required to meet the educational requirement as established in the Head Start Act and/or Head Start Performance Standards.

Parent Participation in Staff Recruitment/Screening:

CSB has a comprehensive approach with regard to parent participation in the recruitment and screening of HS/EHS program employees. (HSPS1301.4 (b)(3))

a. Annually, CSB families complete a Parent Interest Survey (CSB300 Form), a question in the survey asks and identifies parent interest in being part of the screening/interviewing process for new hires. Results from the Parent Interest Survey are tallied and the PFCE clerk provides personnel with a list of interested parents. The Personnel unit is responsible for contacting parents to request their participation as recruitment and screening opportunities become available.

b. To support recruitment:

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During Policy Council Meetings, parents are informed of open positions within the program. Informational flyers are also made available to be shared at site Parent Committee Meeting and with the community.

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At the site level, AD's inform staff of open positions during their monthly Cluster Meetings. Flyers with information about individual open positions are shared and posted on site Parent Boards with extra copies accessible for dissemination.

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CSB Family Newsletters, a triannual publication, advertises CSB employment opportunities.

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CSB Friday Flyers, a semi-monthly resource publication for families includes CSB employment opportunities.

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G. Hiring of CSB Staff

A position will be following steps outlined below:

- Following the approved Contra Costa County Personnel Management Regulations, the Personnel Unit will work with the County Human Resources Department, as required, to publicly announce a position for employment.
- Upon receipt of applications, the Human Resources Department or designee will screen the applications to ensure that applicants meet the minimum requirements for filling the position.
- The Human Resources Department shall designate selection procedures that may be written tests, oral tests, physical agility tests, assessment centers, training and experience evaluations or other selection procedures, or any combination of these. Selection procedures shall be practical and job related, constructed to sample the knowledge, skills, abilities and/or personal attributes required for successful job performance.
- When, after public announcement, the number of accepted candidates is equal to or less than the number necessary for a full certification, after consulting with the Community Services Director, the Personnel Unit may waive competitive testing and certify the applicants without rank or score. Under these circumstances, the Community Services Director will appoint a Qualifications Appraisal Board within the Community Services Bureau to conduct oral interviews of the applicants.
- In examinations where an oral interview is to be conducted as part of the total examination, the Personnel Unit shall appoint two or more qualified staff, to conduct oral interviews.
- Whenever final interviews are conducted to fill key management positions such as Executive Director, Head Start or Early Head Start Director, Chief Fiscal Officer, Personnel Director or any other equivalent position within the Community Services Bureau, in addition to the appointed subject matter experts, the Policy Council Chair/Vice Chair will be included in the panel conducting the interview/s.
- After completion of the examination process, the Personnel Unit will certify to the Bureau Director in rank order, according to the overall scores in the examination process, the names, addresses and phone numbers of the persons entitled to certification.

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- CSB Personnel will coordinate the Hiring Manager to identify an interviewing panel consisting of managers and supervisors with expertise in the content area of the position needed to be filled. The panel should include minimum of two managers or supervisors and a parent always when possible.
- The designated interview panel will interview the prospective employee to determine:
 - ~~If the individual will be able to work effectively with parents and/or children in a positive, supportive manner;~~
 - If the individual will be able to work with staff in a cooperative, team-like manner;
 - The individual's commitment to low income families and the community;
 - The experience the individual has working with or the understanding the individual has of culturally diverse groups;
 - Personal characteristics such as warmth, strength, flexibility, understanding, empathy, ability to respond quickly under stress;
 - The ability of the individual to work within systems;
 - The individual's respect for authority and ability to work under supervision; and
 - Any other special skills such as speaking, reading, or writing in other languages.

- - A second interview may be conducted in some cases with the purpose of determining the candidate/s suitability to the agency and the particular job. The interview should be conducted by a panel of at least two interviews. No interviewer should be conducting an interview by him/herself. This interview, although set up with CSB Personnel assistance, can be informal without the usage of a structured interview questionnaire.
 - After the interview, the Personnel Unit will conduct personal and employment reference checks on all potential new hires and will submit a reference report for review along with recommendations recommendation to the Hiring Manager and Community Services Director or designee for employment in the position being considered.
 - The name and qualifications of the candidate/s will be considered for approval by the Hiring Manager and the Community Services Director. Only after the candidate has been approved for employment may the candidate be officially employed and report for work.
 - In case of hiring a new Head Start Director, a Chief Fiscal Officer, or a Personnel Director, the candidate/s will be presented for approval by the Policy Council.
 - ~~No Head Start funds may be obligated for payment of salary to any permanent employee not previously approved by the Policy Council.~~ Policy Council will be informed of all new hires during the monthly Policy Council meetings.
 - All newly hired employees will serve a probationary period as outlined in Section 9 of the Personnel Management Regulations and the appropriate Section of the applicable Memorandum of Understanding between Contra Costa County and Public Employees Union, Local One.

H. Reject from Probation

When an employee is being separated from employment while on probation, the employee's supervisor and/or a CSB Personnel Analyst will notify serve a copy of the Contra Costa County Notice of Separation (AK 16) to the employee and at that time shall ask for any keys and/or employee badges they may have to

I. 9/80 Work Schedule

A 9/80 work schedule has been established for a period determined by the Community Services Bureau Director. The schedule is available for Senior Management and some management and middle management classifications. There may be some job functions or classifications that are not feasible for participation in the 9/80 schedule. Additionally, probationary employees are not eligible for a 9/80 schedule until successfully completing their probationary period. Furthermore, temporary employees are excluded from the 9/80 work schedule. The Director of Community Services Bureau has the authority to determine the exclusion or the participation of particular jobs or classifications in the 9/80 shift.

The 9/80 schedule is voluntary. An employee who participates in the 9/80 schedule is not obligated to maintain it except for a two-week cycle from the beginning of the 9/80 shift. If an employee opts out of the schedule, she/he may opt back in once in the following three-month period. Work expectations do not change as a result of an employee's participation in a 9/80 schedule. If her/his performance deteriorates due to participation in the 9/80 schedule, the employee may be returned to a regular schedule. This action requires the approval of the Community Services Director or designee.

Employees requesting participation in the 9/80 work schedule should complete a Participation Request form that can be obtained from CSB Personnel Unit. The employees are to submit the completed form to their supervisor. Approval is granted by the Community Services Director or designee with consideration for adequate coverage of the Department and the individual units. A copy of the approved request should be submitted to the Fiscal unit and to CSB Personnel to be filed in the employee's personnel file.

Employees participating in a 9/80 schedule must take a day off during the two-week pay period. During the period, the employees work one 8-hour day and 9 hours each day thereafter. The total work hours for the pay period should equal 80. If a holiday falls on the employee's day off, the employee should take her/his 9/80 day within the pay period before or after the holiday. If a holiday falls on a work day, the employee must use 1 hour accruals to make the required 9-hour work day since a holiday is 8 hours.

9/80 Work Schedule for Employees Temporarily Disabled Due To Industrial Injury

In accordance with the Memorandum of the Office of the County Administrator, dated November 23, 2009, and the Contra Costa County's Return to Work Policy for Industrial Injury or Illness, Section VI, A. Restrictive Duty, the 9/80 or flexible work schedule for every employee who has sustained industrial injuries, who has an accepted worker's compensation claim and is temporarily disabled from working full time will be temporarily revoked. Upon release to full time work by the treating physician and only if the employee is able to work more than 8 hours per day, the 9/80 or flexible schedule may be resumed.

J. Separation

Employees are dismissed, suspended, and demoted in accordance with Contra Costa County, Personnel Management Regulations Part 11, Separation and Memorandum of Understanding between Contra Costa County and the Labor Unions.

K. Resignation

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A resignation letter from the employee shall be made in writing and submitted to the employee's immediate supervisor and/or Assistant Director. The original letter should be sent to Personnel Unit.

L. Nepotism

No immediate family member of a supervisor shall work directly under his/her supervision. Immediate family member shall be defined as person's parent/s, grand-parent/s, siblings, spouse, in-laws, natural child, stepchild, foster child, child in employee's custody, legally adopted child, legal guardianship, foreign adoption, tribal adoption, disabled adult child, domestic partner, child of domestic partner, and children's spouses.

M. Enrolled Children of CSB Employees

To maintain an equitable educational environment at our child care centers, CSB requires that ~~every effort will be made to place the an~~ enrolled child of a CSB employee or immediate family member be placed at facility that is different from the ~~employee's or immediate family member's worksite, with the exception of AD approval under extenuating circumstances worksite~~. In NO case will an employee's child be placed in the employee's or immediate family members classroom. CSB employees' children may be enrolled in the program only if eligible.

N. Staff Qualifications – General

All site-based staff must meet the minimum qualifications of the State Department of Education matrix and the Early Head Start and Head Start staff qualification requirements as stated in Sections 645(A) and 648(A) & (B) of the 2007 Head Start Act and Section 1302.91 of the Head Start Performance Standards. This includes Assistant Directors, Site Supervisors, Infant/Toddler Master Teachers, Master Teachers, Infant/Toddler Teachers, Teachers, Infant/Toddler Associate Teachers, and Associate Teachers. It is the employee's responsibility to maintain and provide to Personnel and their Site Supervisor a current Permit or Temporary Certificate issued by the Office of Education and to meet the Head Start and Early Head Start staff qualification requirements by the established timelines.

Services for families enrolled in the home-based program option are provided by Early Childhood Educators. These employees must meet the education qualification requirements established in Section 1302.91(e)(6) of the Head Start Performance Standards, demonstrate competency to implement home visiting curriculum, promote the progress of all children, including dual language learners and children with disabilities, and build respectful, culturally responsive, and trusting relationship with families.

Family services staff work directly with families on the family partnership process. Staff hired after November 7, 2016 must, within 18 months of hire, obtain at a minimum a credential or certification in social work, human services, family services, counseling or a related field.

In addition, all staff must meet the minimum qualifications as stated in the Community Services Bureau Job

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Descriptions and as set forth by state and federal regulations. Should an employee fail to meet the minimum qualification of his or her job while employed with Contra Costa County, he or she will be dismissed as stipulated in the Personnel Management Regulations, Part 1108 and the Public Employees Union, Local One M~~O~~eU, Section 24.2.

O. Qualification Requirements for Positions

Minimum qualification requirements reflecting the California Department of Education, the Head Start Act and Section 1302.91 of the Head Start Performance Standards qualification guidelines are set for all Contra Costa County Community Services Bureau positions.

The Personnel Director, in conjunction with the Assistant Directors and/or other subject matter experts, drafts minimum qualification requirements for certain positions. These are received by Division Managers for input and review.

Where minimum qualification requirements affect health, education, food service, or other component positions, the draft is received by the appropriate committee for input and review.

The draft is then submitted to the Community Services Director for review and approval. After Community Services Director's approval, the draft is sent to the CSB Personnel Unit for further processing.

Managers receive copies of job descriptions and qualifications adopted by Human Resources. Preference will be given to former and current parents who meet the qualifications as set forth in the job descriptions.

All staff must be able to perform the Essential Functions as set forth by the Bureau at all times (please refer to Essential Functions documentation). If staff is unable to perform the functions at any time during employment, the Bureau will try to accommodate needs; however, there are some instances where this may not be possible.

New Hires: Before a new employee / volunteer who will work directly with the families and children begin work, (s)he must have completed the following:

- Complete health screening by a physician including a tuberculosis test (prior to employment) or a written statement from a doctor stating a TB test is not required.
- Provide verification of required vaccinations for Measles and Pertussis or waiver of such vaccination/s as required by Community Services Bureau Vaccination policy as per SB 792 (for staff working in child care centers).
- Fingerprint / criminal record clearance without any exemptions.

P. Classroom Staffing and Ratios and Comprehensive Services Staffing

1. Classroom Staffing and Ratios

Each classroom maintains the adult/child ratios required by Title V: For children ages 3-5, 1:8; for

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toddlers, 1:4; for infants 1:3. Children under three years of age may not be in groups with more than eight children. Each full-day pre-school classroom is staffed with a qualified Teacher and 2 Associate Teachers. If this is not possible, an Associate Teacher may be substituted for a Teacher and a Teacher Assistant Trainee for an Associate. Each part-day pre-school classroom is staffed with two Teachers and Teacher Assistant Trainees.

CSB center classrooms will have no more than 20 children enrolled at any time, except in- State Preschool classrooms where there may be 24 children enrolled at one time and in Head Start classrooms with an approved 24-waiver from the Administration for Children and Families (ACF).

The Supervisor must ensure that adult/child ratios are maintained at all times. If a staff member is absent, the Site Supervisor must do the following:

- Assess the staffing needs of the classroom based on the number of children present and the staff/child ratios in other classrooms at the site.
- Request the services of a parent volunteer.
- If a substitute is needed, the Supervisor must contact the clerk who coordinates the substitutes. All staff inside the classroom and outside in the yard are responsible to ensure that all children are visible at all times and that they are being supervised at every moment.
- Whenever the classroom is outside on the yard or on a field trip, all members of the teaching team must be present to ensure the health and safety of children. No scheduled prep time or breaks are permitted during times scheduled outside of the classroom.

Teaching staff supervise infants and toddlers/twos by sight and sound at all times. When infants and toddlers/twos are sleeping, mirrors, video or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision. Sides of cribs are checked to ensure that they are up and locked.

Teaching staff and volunteers are aware of, and positioned so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

CSB management ensures that the staff reflects the cultures and languages of the children and families served in the program whenever possible. If this is not possible, the Supervisor must contact the main office to obtain the services of a translator in order to communicate with families.

2. Comprehensive Services

The program is supported at all times by the following personnel:

- A health services content area expert who is trained and experienced in public health, nursing, health education, maternal and child health, or health administration.
- An education and curriculum services content area expert who is trained and experienced in early childhood education and development, classroom observation and monitoring, and coaching/mentoring.
- A nutrition services content area expert who is a registered dietitian or nutritionist.

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- A mental health services content area expert who is a licensed or certified mental health professional with experience and expertise in serving young children and their families.
- A family and community partnership or parent involvement content area expert who is trained and experienced in field(s) related to social, human, or family services and who is skilled in assisting parents of young children in advocating and decision-making for their families.
- A disabilities services content area expert who is trained and experienced in securing and individualizing needed services for children with disabilities.

When a health procedure must only be provided by a licensed or certified health professional, the agency will ensure that this requirement is met.

Q. Site Administration

Each site that receives State Department of Education funding must have a full time Site Supervisor housed in the building. For sites with more than nine classrooms, an additional Site Supervisor will be housed at the building. This Supervisor may be counted in the ratio if working directly with the children. Sites with infant/toddler care must have a Site Supervisor who, in addition to the regular qualifications, has completed 3 units of Infant and Toddler Care.

As an entity operating child care and development programs, providing direct services to children at two or more sites, CSB shall employ Assistant Directors that meet the minimum qualifications of a Program Director as outlined in the State Department of Education matrix.

R. Teacher Assistant Trainees (TATs)

CSB may employ Teacher Assistant Trainees (TATs) ~~through the County or the ROP program who have no less than 12 Early Child Education units from an accredited college.~~ The following applies for all teaching staff with less than 12 units in Early Childhood Education courses:

- The TAT must be at least 18 years of age ~~UNLESS: (s)he has a high school diploma or equivalent or a part of the ROP or other occupational program.~~
- ~~The TAT may never be alone with the children — the Teacher/Associate must always supervise the interactions with the children.~~
- If the TAT has enrolled in or completed at least 6 units in Early Childhood Education, (s)he may supervise children at nap time and escort children to the bathroom without the direct supervision of a Teacher/Associate.
- The TAT will support the classroom needs under the supervision of the Lead Teacher

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~~In order to support the professional development and career advancement of Teacher Assistant Trainees, CSB will provide a select number, based on funding availability, of Teacher Assistant Trainees the opportunity to participate in the Teacher Assistant Trainee Program, as outlined in 31(a)(4).b of this section.~~

In order to support the professional development and career advancement of TATs, CSB will provide a select number, based on funding and availability, of TATs the opportunity to participate in the ECE Work Study Program, as outlined in Section 2.VIII.EE.vii

S. Volunteers

CSB encourages volunteers from the community whenever possible. Each year, program staff recruits volunteers through flyers and other announcements. Before a volunteer begins in the program, (s)he must be approved by the CSB Manager responsible for volunteer coordination. This ensures that the volunteer has fulfilled the necessary requirements prior to being given an assignment. All potential volunteers must complete a Volunteer Application. If the volunteer works more than sixteen (16) hours at one facility s/he must obtain fingerprint clearance. All volunteers, regardless of the number of hours they are planning to work, must submit a statement of good health. The statement could be issued by a doctor, a medical professional or be a self-disclosure signed by the volunteer. Each volunteer must undergo a TB risk assessment and if at risk submit a negative TB test result, as well as provide verification of measles, pertussis and influenza immunizations as outlined in California Community Care Licensing and Health and Safety Code 1596.7995 at their own cost prior to volunteering. The statement of good health, the TB and immunization result should be provided to the manager overseeing volunteer coordination and kept on file by the Site Supervisor. As outlined in California DSS section 101170(b), certain volunteers may be exempt from the requirement to submit fingerprints and or immunization verification.

Once fingerprint, criminal background clearance, immunization verification/s and TB clearance is received, the volunteer coordinator will contact site supervisors to see if there is an appropriate volunteer opportunity at their site. The volunteer coordinator will forward all paperwork to the site supervisor for their Licensing and Health file. The Site Supervisor or designee will review the Volunteer Policy with the volunteer and have him/her sign the Standards of Conduct, Certification Statement and all other Licensing forms. Only then will CSB make the final volunteering assignment which includes: start date, end date, and number of days and hours per week. The volunteer enters hours worked daily on an in-kind form for the whole month. At the end of the month, the volunteer submits the completed in-kind reporting form to the assigned volunteer supervisor to have them sign their approval and to make a copy of form for the volunteer. The volunteer's supervisor or designee submits the in-kind records monthly to the cluster clerk for entry into the In-Kind Log in the shared drive.

T. Standards of Conduct

CSB ensures that all staff, consultants, and volunteers will observe the program's Standards of Conduct. All employees must sign the Standards of Conduct annually and the original will be maintained in their personnel file.

Every employee, consultant and volunteer involved in the Program, must subscribe to the following:

- Respect and promote the unique identity of each child/family.
- Refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, disability, Sexual orientation, or family composition.
- Follow program confidentiality policies concerning information about children, families, and other staff members.
- Never leave a child alone/unsupervised while under their care.
- Use positive methods of child guidance.
- Never engage in corporal punishment, emotional/physical abuse, rejection, extended ignoring, humiliation, intimidation, ridicule, coercion or threats.

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- Never use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child and/or about his/her family.
- Never prohibit a child from attending religious services outside the agency.
- Never use methods of discipline that involve:
 - Isolation
 - Binding or tying a child to restrict movement or taping a child's mouth.
 - The use of physical activity or outdoor times as a punishment or reward
 - The use of food as punishment or reward
 - The denial of basic needs
- Provide a safe, healthy and accommodating environment that meets the children's needs.

Each employee, consultant, contractor, and volunteer must comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members.

Every employee engaged in the award/administration of contracts or other financial awards will sign a statement to the effect that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors. Additionally, employees will not engage in any form of picketing, protest, or other direct action that is in violation of law and must comply with Contra Costa County Administrative Bulletin 405.4.

If a staff member, consultant, contractor, or volunteer violates any of the above Standards of Conduct, the following disciplinary steps may be followed:

- Conference(s) with the individual's supervisor to discuss implications of their behavior, and corrective action plans.
- Further training for the individual may be provided.
- A letter of Coaching and Counseling may be sent to the individual, detailing the seriousness of their violation(s) of the Standards of Conduct.
- If the letter of Coaching and Counseling is ignored, the employee may receive further disciplinary action.
- If the behavior of the individual does not change, disciplinary measures may be applied, such as Letter of Reprimand, suspension, and/or termination of employment. In some cases, termination may be the first discipline.

U. Professional Behavior and Attire

1. CSB Standards of Professional Behavior

As representatives of County government, it is important that staff adhere to high standards of professional behavior at all times. Public and client perceptions of our staff and services can be significantly affected by a single negative interaction with any employee in our department.

As professionals, staff members need to refrain from excessively negative behavior in all interactions

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with their colleagues, in meetings and training sessions, with clients, or the public. Such behavior can over time create a hostile work environment, be experienced as harassment, interfere with client access to services, or violate client rights.

Examples of excessively negative behavior can include: rudeness, being overly brusque and impatient, showing contempt for others, being excessively critical and fault-finding, demeaning and sarcastic, disrespectful, slamming doors or files, raised voices, use of profanities, sexual and national origin harassment and discrimination, There may also be other behaviors that create a hostile or extremely unpleasant environment for staff or clients.

Staff who engages in such behaviors will receive counseling and coaching from their supervisors. Continued engagement in unprofessional behavior after counseling and coaching has been provided may result in disciplinary action.

To ensure the health and safety of enrolled children and to foster professionalism at our child care centers and offices, staff is expected to adhere to the following dress code.

Staff at child care centers, whether direct caregivers or support staff, must wear clean, neat, comfortable clothing and footwear suitable for the daily tasks of significant bending, walking, lifting, sitting and running. Central Kitchen staff must adhere to policies that specifically pertain to hygiene and attire.

2. CSB Standards for Appropriate Attire

- Shoes: heel height to a maximum of 1 inch, closed toe and heel required
- Shorts: must reach the knee, transparent fabric is unacceptable.
- Tops: prohibited are tops that expose the midriff, low cut necklines, backless, strapless, halter or tube tops, spaghetti straps, or any transparent material.
- Skirts/dresses: hem must be knee length or longer; fabric may not be transparent.
- Pants: hems of pants cannot drag on the floor, and waistband may hit no lower than the top of the hip. Transparent fabric is unacceptable.
- Jewelry: Earrings must be shorter than 1 inch from lobe, rings no higher than ¼ inch from shank. Any jewelry that may pose a hazard to children or staff may not be worn to work.
- Any articles of clothing with statements deemed by CSB to be political, offensive, or inappropriate are prohibited. The display of 'gang colors' is prohibited.
- Administrative staff shall dress in a manner that reflects a positive public image. In general, appropriate business attire will include well maintained clothing, as described above. 'Casual Friday' attire is acceptable, but must incorporate the above standards. Administrative staff may wear blue jeans on Casual Friday but may not be worn with sneakers, thong shoes, or T-shirts.

V. Non-Discrimination and Anti-Harassment Policies

It is the policy of Contra Costa County to maintain a work, service and program environment free of discrimination, harassment, or intimidation based on sex, gender, age, race, religion, national origin, ancestry marital status, sexual orientation, disability or medical condition. These policies are also mandated by state and federal law. It is the policy of the Community Services Bureau to comply with all applicable state and federal statutes and regulations prohibiting discrimination in employment, contracting,

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buildings, facilities, and provision of services. All employees should be familiar with all of the provisions in the County's "Notice of County Non-Discrimination and Anti-Harassment Policies" and the procedures for "Reporting Discrimination, Harassment, and Retaliation".

In addition to policies and regulations which prohibit harassment on the job on the basis of one's membership in one of the protected classes as well as all forms of sexual harassment, please note that the County policy also states that:

- "Employees are entitled to, and will be provided with, a workplace environment which is free from harassment...All employees are individually responsible for conducting themselves in ways that ensure others are able to work in an atmosphere free of discrimination, harassment or intimidation...Each employee has a duty to report incidents of unlawful discrimination and harassment. Retaliation for reporting discrimination or harassment or participating in an investigation of a discrimination claim is both unlawful and against County policy."
- Supervisors have an affirmative and legal duty and responsibility to report all allegations of sexual and other forms of harassment or discrimination to their managers or supervisors. The Employment and Human Services Department will fully comply with these policies and will not tolerate discrimination, harassment, or intimidation in any form. Reports of violations of these policies will be promptly investigated and appropriate disciplinary action taken if warranted. This policy also includes more subtle forms of harassment, such as threats, name-calling, and use of slurs, innuendo, or misrepresentation of actions or intent to damage an employee's reputation.

W. Whistleblowers are Protected

Community Services Bureau adheres to the California Whistleblower Protection Act (Government Code Sections 8547-8547.13) and EHSD Policy against Retaliation. It is the public policy of the State of California to encourage employees to report or "blow the whistle" to an appropriate government or law enforcement agency when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a state or federal rule or regulation. These violations may include fraud, waste, abuse, unnecessary government spending, an unsafe or unhealthy employer practices.

A "whistleblower" is an employee afforded with the following protections:

- An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
- An employer may not retaliate against an employee who is a whistleblower.
- An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
- An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibilities should be reported by calling the California State Attorney General's

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A copy of this Labor Code and how to report improper acts is posted at each CSB center.

X. Protocol for Tracking Staff Absences and Recognizing Excessive Absenteeism

Maintaining good attendance is a condition of employment and essential function of every employee's job. Further, consistent staff attendance is critical to the operation of quality child development centers. To maintain our daily staffing levels so that our work is completed effectively and efficiently it is necessary to keep accurate account of the use of these benefits.

Use of vacation and personal leave accruals is by mutual agreement between the employee and the supervisor. Request for use of this time must be made and approved in advance using the form provided by CSB.

For employees who do not have pre-approved absence from work, each Site Supervisor is required to maintain a daily employee call-in log to record employee absences that were not pre-approved. Employees calling off of their shift must do so by 6:00am on the day of the absence. For consecutive absences, employees must notify their supervisor by 3:00pm of the day prior. If no communication between the employee and supervisor takes place during the first day of absence it is expected that the employee will be present for their shift on the next business day. The employee is required to provide the following information when calling in: Name, date of the absence, job classification, shift, time of the call, reason for not reporting to work.

Supervisors are to track absences on the monthly Staff Absentee Tracking log that is provided in an Excel workbook. Assistant Directors are to review monthly Staff Absentee Tracking logs for analysis of staffing patterns, site needs for substitutes, etc. Additionally, through review of these logs, assistant directors, supervisors and managers can detect abuse of sick leave and excessive absenteeism and allow management and supervisory staff to proactively address absenteeism concerns in a timely manner.

Excessive Absenteeism:

- a. Absenteeism (including use of sick leave) may be considered excessive where there are frequent and often unscheduled absences, including use of vacation, floating holiday and earned compensatory time accruals. Excessive absenteeism usually results in exhausted sick leave accruals and frequent use of other leave balances such as vacation, floating holidays or compensatory time for "sick leave" purposes, as well as other unscheduled absences (including tardiness). In general, repeated depletion of sick leave accruals as they are earned may be an indicator of excessive absenteeism as is the frequent placement in Absent With Out Pay (AWOP) status.
- b. Abuse of sick leave use occurs when it is used for absences that are not permissible under the definition of appropriate use of sick leave or for the purpose other than that for which it is claimed (as described in the MOUs and he Personnel Management Regulations).
- c. Use of large amount of sick leave accruals may be mitigated by extenuating circumstances as applicable in the MOUs (FMLA, disability status, etc.).

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Supervisors and managers are encouraged to look for patterns of absenteeism such as unscheduled absenteeism at the beginning or the end of the work week, before and after holidays, before and after approved time off, etc. Such patterns may be indicators of excessive absenteeism.

Handling Excessive Absenteeism:

When patterns of excessive absenteeism are detected, and there are no known mitigating circumstances, supervisors and managers are to discuss their findings with the Assistant Director or Unit Manager and decide on appropriate course of action. Actions taken may include but are not limited to the following:

Counsel the employee verbally to improve their attendance

Issue Counseling and Counseling Letter (if employee does not improve)

Pursue disciplinary actions: Letter of Reprimand

Reference the absenteeism issue in the employee's annual performance review

Develop Improvement Plan with the impute of the employee

Consult with Personnel Analyst on other disciplinary actions if no improvement is noticed

If appropriate, refer the employee to the County's Employee Assistance Program (EAP). This action requires consult with and involvement of the CSB Personnel Analyst. Note: EAP is always available to an employee who may wish to make an appointment him/herself.

Supervisors and managers are encouraged to check with CSB Personnel Analyst if not sure if an employee has any known mitigation circumstances.

Y. Family Medical Leave Act (FMLA)

CSB provides coverage under the Family Medical Leave Act (FMLA). Eligible employees can receive up to 18 weeks unpaid, job-protected leave in a rolling 12 months period. An "eligible" employee is an employee who had work for his/her employer for at least a year and had worked a minimum of 1,250 hours and meets any of the qualifying reasons listed below:

- The birth of a child or placement of a child with the employee for adoption or foster care
- The employee's own serious health condition
- The employee's need to care for her/his spouse, child, parent, due to his/her serious health condition
- The employee is the spouse, son/daughter, parent, next of kin of a service member with a serious injury or illness (in this case the FMLA may be up to 26 weeks in a single 12 month period)
- Qualifying emergency arising out of the fact that the employee's spouse, son/daughter, parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves

Employees needing to take FMLA are required to notify their supervisor and Personnel, and submit a medical certification or appropriate document/s issued by a court, law/enforcement agency or a military

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service entity showing need for the employee to take time from work. Medical certification has to be provided on CCC Certification of Health Care Provider Form. This form can be obtained from the CSB Personnel Unit. The employee is required to submit the completed and signed by his/her doctor document within 15 calendar days of receiving the form from Personnel. The CSB Personnel Analyst/FMLA Coordinator will provide the employee with official letter approving/disapproving the FMLA and information on the employee's benefits and rights while away of work.

If a supervisor is aware that an employee is off work due to a condition qualifying under the FMLA, she/he should notify CSB Personnel on behalf of the employee. Personnel will contact the employee and will provide information on his/her rights under the FMLA.

Employees who have been on FMLA or Approved Leave of Absence (LOA) due to their serious medical condition are required to submit to CSB Personnel a Physician's Statement of Ability to Work clearing them to return to work, prior to reporting to their assigned work location. If the employee is cleared to return to modified work, CSB Personnel Analyst/Return-to-Work Coordinator will assign modified work, if any is available.

While on FMLA, an employee may be eligible for Temporary Disability Benefits or Paid Family Leave. The employee is to make personal decision if (s)he wants to take advantage of these benefits. Employees are encouraged to contact CCC Benefits Unit at (925) 335-1746 for specific information regarding their benefits during time off work. While on FMLA, employees may choose to use their accruals. In this case, they are to contact their payroll clerk and make specific arrangements for the use of their accruals.

In California, employees are also covered by the California Family Rights Act (CFRA) and the Pregnancy Disability Leave (PDL) Act, each of which provide family or medical leave that can run concurrently or consecutively with the FMLA, depending on the circumstances.

Paid Family Leave is also available to employees who contribute to State Disability Insurance (SDI). Paid Family Leave runs concurrently with FMLA, CFRA, and PDL.

Z. Confidentiality

As public employees, CSB is governed by numerous federal, state, and county regulations that are designed to ensure that public resources are being administered in an ethical manner and that the right of both employees and the public CSB serves are respected and honored. These include regulations that ensure that the rights of individual employees are respected to work in an environment that is free of discrimination, intimidation, hostility, or retaliation. CSB's mission to serve the most vulnerable members of the community also requires even higher standards of professional conduct to ensure that rights are respected and that there will be no cause of additional harm and suffering.

Knowing what these myriad regulations are and understanding their relationships to each other can be confusing. The purpose of this policy is to update and summarize the major policies that govern employee conduct. References will be made to other policy documents that contain the more detailed provisions.

These policies will be reviewed with all existing employees and will be presented to and discussed with all new employees and temporary staff at the time of their orientation. New employees will sign a

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statement that certifies that they have received and read these Standards of Conduct.

1. General Policies

Policies and procedures in this matter bind CSB employees who have access to confidential information. The policy is:

- No information about a child or family is to be released without written, parental informed consent if the material is personally identifiable.
- “Personally identifiable” information is defined as information about a child or family that would make it possible to identify the child or family with reasonable certainty. Such information includes:
 - The child’s name, address, telephone number
 - Medical record
 - Social Security number
 - Any other data that can readily identify the child or family.

When the child’s name is attached to any of the following, that information is considered confidential:

- Specific educational/medical screening
- Diagnostic data
- Disability
- Categorical diagnosis
- Child’s functional assessment
- Family needs assessment
- Home visit reports
- Progress reports

2. Confidentiality Procedure

All records containing information pertaining to a child and/or family must be kept in a locked file. The locked file should be maintained at each center location, and the Site Supervisor shall designate a staff member to be responsible for the key.

A list of individuals authorized to review files must be available at every center. Any individual not on the list, but requesting access to files must be approved by the lead Teacher/Site Supervisor prior to release of files.

Please refer to Record Keeping and Reporting Section for protocols for file review.

An Individual Access Log must be kept in each file, and any individual working with/reviewing/monitoring the file must sign his/her name, date, and reason for accessing the file.

Files or papers containing confidential material regarding a family must not be left on desks, tables, or other areas where others may have access to them. After current business concerning a file is completed, the file must be returned to the file cabinet, and the cabinet locked.

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Discussions of family problems or situations are to be held only with those staff members working directly with the family. Information should be shared only if it is relevant to that staff member in assisting the family. The normal mode of information sharing is the Case Conference/~~Case Management~~Family Meeting. The following must be followed:

- Problems of one family must not be discussed with another family.
- Family situations/problems must not be discussed in the presence of parents, children, or visitors at the centers or division office.
- Written information regarding families must not be shared with any community agency without express prior written authorization from the family.
- After a child's participation in the program has ended, no records of home visits, Case Conferences/~~Case Management~~Family Meeting, IEP's or other confidential reports are to be forwarded to any school without prior written authorization from the parent(s).
- Prior to using children's photographs outside the program or allowing children to participate in research, parents' written permission must be secured.

3. Parent Access to Family Records

The following protocols are followed with regards to family records:

- Parents have full review / access rights to information regarding their children and themselves.
- CSB has an obligation to explain to parents any information in the records that pertains to the child/family.
- Parents have the right, after reviewing their child's records, to have them amended or corrected. The request can be written or verbal; the Site Supervisor must approve it.
- If the parents cannot come to an agreement with the Comprehensive Services team/Site Supervisor, then all explanations and requests for change must be kept with, and become part of, the child's permanent record.
- Parents may obtain from the Site Supervisor, upon written request, a list of locations of all personally identifiable information kept by CSB.

4. Photo Consent Policy

The Community Services Bureau provides families with the Parent Handbook upon enrollment. In the Parent Handbook, there is a section on Photo Consent where parents/guardians can choose to grant consent for photographs/videos taken of their children during the term of their child's enrollment. Note that when children transition from the EHS program to the HS program they will need to re-enroll and a new consent form needs to be signed.

- Community Services Bureau will use photographs to record children's progress and development during their time at preschool. These photographs may also be used in a variety of ways in the agency such as for publicity for a variety of events, Social Media, annual reports, and newsletters.

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- Photo Consents must be signed by parents/guardians upon enrollment and re-enrollment. A record of the consent forms need to be filed and readily accessible at each site. The signed consent form is added in each child's file (parent communication section).
- Site Supervisors must be aware of where the photo consent forms are filed and must be able to identify the children with no consent.
 - In addition if the child has no consent, at the time of enrollment, Site Supervisors must checkmark the field in CLOUDS titled 'No Photo Consent' in the child's Data Sheet to indicate lack of photo consent.
 - Smart Reports can be created from CLOUDS to show the list of children with no consent so it is of utmost importance to checkmark the 'No Photo Consent' field upon enrollment.
- In the case of a change in guardianship, the signed consent form is sufficient for the pictures taken prior to the change of guardianship. If however, the new guardian approaches you and asks for the child's picture not to be used, you must stop using it going forward. Any time a student's guardianship changes, the new guardian must review and initial the policies and forms to stay informed.
- Under no circumstances are foster children to be given photo consent or to be photographed for display to the public. Site Supervisors must ensure that the field in CLOUDS titled 'No Photo Consent' in the child Data Sheet is check-marked.

AA. Probationary Period and Staff Performance Appraisals

1. Probationary Period

All employees appointed from officially promulgated employment list for original entrance and promotions are subject to a probationary period. For original entrance appointments the duration of the probationary period is determined by the Personnel Management Regulations and the appropriate MOUs. For all CSB employees represented by Public Employee Union Local 1, the entrance probationary period is 9 months. For most promotional appointments, the probationary period is six months.

- Probationary Period Protocol

The probationary period for new and promoted employees gives the supervisor the opportunity to evaluate an employee's performance and conduct on the job training, provide learning opportunities and, if necessary, remove or resign the employee. During this time a new or promoted employee receives extra

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supervision and coaching to help the employee meet the standards and expectations of the job. The period begins on the day of appointment to a permanent position.

Period length:

The length of the probationary period is negotiated between the county and the labor unions for different classifications and may vary.

- o For new non-management, project employees and Site Supervisors – (all represented by PEU, Local 1) 9 months;
- o Promotional positions, non-management project and Site Supervisors – 6 months;
- o Management classifications (represented by Local 21 and not represented) – 6 months

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Tracking Date of Appointment / End of Probationary Period:

Supervisors of employees on probation must obtain and know the official date of appointment to a permanent position and the date that the probationary period ends. This information should be provided by Personnel, but if not, it is the supervisor's responsibility to obtain it. The Supervisor shall mark the probationary period end date in her/his Outlook calendar to ensure it does not pass without the supervisor's knowledge.

Once the official date of appointment has been determined, Personnel is to send out a communication to the responsible supervisor that contains the start date, the end of probation period date, and a guide to onboarding a new employee which is to outline the steps and the roles of the supervisor in providing an exceptional onboarding experience.

Orientation:

All new and promoted employees will receive a full orientation to their new position, which includes CSB New Employee Orientation, EHSD New Employee Orientation and any classification and unit-related orientation checklists. These activities shall be completed within the first two months after the appointment date. It is the responsibility of the supervisor to arrange for the new employee to timely meet with the other key stakeholders to complete their onboarding check lists. Completed orientation checklists shall be signed and submitted to the CSB Personnel Analyst.

Management and supervisory staff may be scheduled for additional orientation sessions provided by the Employment and human Services Staff Development Unit. All new and promoted employees will receive a full orientation to their new position, including CSB New Employee Orientation and any unit-related orientation checklists. These activities shall be completed within the first two months after the appointment date. Completed orientation checklists shall be signed and submitted to the CSB Personnel Analyst.

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The Personnel unit will track receipt of checklists timely and provide reminders 4 weeks before the completion deadline, if not yet received.

Support and Coaching:

Within the first 45 days of appointment, all new teaching staff will receive an observation in his/ her classroom from the education manager and an opportunity to discuss the observation and receive feedback.

All supervisors will provide regular reflective supervision opportunities to the employee as a means to provide timely feedback and discuss any issues brought forth by the employee or supervisor.

If issues arise, the supervisor will provide resources and support as needed. This shall be documented.

For all new employees, a 3 and/or 6 month evaluation will be conducted to provide feedback and resources. If concerning issues are identified prior to 3 months, both 3 and 6 month evaluations with coaching, resources and remedial learning opportunities will be provided and documented. Small group conferences may also be used in addition to formal evaluations but not in lieu of. If concerning issues arise, the second level supervisor will be notified immediately of any concerns and kept regularly and well-informed on progress or lack thereof. A final probationary evaluation will be provided just prior to the conclusion of the probationary period.

For all promoted employees, a 3 month evaluation will be conducted to provide feedback and resources. A final probationary evaluation will be provided just prior to the conclusion of the 6 month probationary period.

Release during probationary period:

An employee may be released during their probationary period at any time; however, sufficient documentation which includes evidence of adequate support, coaching, and proof of resources and learning opportunities, must be present.

The second-level supervisor and the Personnel Analyst must review all documentation to ensure it is complete and that adequate evidence is present to warrant release.

2. Staff Performance Appraisals

A Uniform Service Rating System includes provision for periodic rating of employees' performance for the purposes of:

- Promotion
- Transfer
- Demotion

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- Termination
- Salary adjustment
- Re-hiring
- Recommendation to future employers
- Performance improvement

A probationary employee must be evaluated at least once during their probationary period. In accordance with Contra Costa County probationary requirements, every employee on original entry appointment is evaluated at the end of the first six months of employment. A formal, written review of the employee is completed at that time and thereafter at least annually by the immediate supervisor.

In the process of formal evaluation of the employees, CSB utilizes also peer feedback evaluation and self-evaluation. The information collected through the feedback evaluation tool is analyzed and summarized by the supervisor and included in the employee's Performance Evaluation. The employee is given the opportunity to evaluate his/her Professional Goals and submit the self-evaluation form to his/her supervisor before the Performance Evaluation meeting. The employee's self-evaluation is included in the Performance Evaluation.

The probationary period is used as the final phase of the examination process. It is utilized by the appointing authority for effective adjustment of new employees, and for release of employees whose performance is unsatisfactory. Ongoing evaluation continues throughout employment.

(For more information on the probationary period, see "Personnel Management Regulations, Part 9, Sections 901 and 902, pages 9-10.)

Performance Evaluation Schedules (due dates) are tracked monthly by the Personnel Unit and notifications are given directly to the immediate supervisors as well as the 2nd line supervisor and the Bureau Director. The immediate supervisor is also notified via the COPA/CLOUDS electronic system.

3. When Completing Employee Evaluations

The immediate supervisor rates an individual employee on work performance, efficiency, dependability, and adaptability. Step ratings are made in a formal report by the immediate supervisor (responsible for the work of the employee being rated).

In completing the Performance Evaluation for each employee the supervisor takes in consideration the feedback information received from the employee's peers, as well as, the self-evaluation completed by the employee. At least two weeks before completing the employee's evaluation, the supervisor will ask 2-3 employees working closely and familiar with the employee to complete the appropriate feedback tool. The supervisor will summarize and analyze the results and include them in the employee's review. Prior to the meeting with the employee, the supervisor will also ask the employee to evaluate his/her performance in the area of Professional Goals. The employee self-evaluation will be reviewed at the time of the Performance Evaluation meeting and included with the Performance Evaluation.

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During the Performance Evaluation meeting both the supervisor and the employee will review and discuss his/her performance, as well as their goals. After the discussion, the employee must sign the Performance Evaluation form. Each employee shall receive a copy of his/her evaluation.

Signed original evaluations are submitted to the Personnel Unit.

Evaluations are filed in the employee's personnel records. The formal report becomes a part of the employee's permanent personnel record.

An employee who receives an unsatisfactory rating may be ineligible for a higher pay until a satisfactory rating has been received.

An employee may be reassigned, demoted, or discharged for receiving an unsatisfactory rating.

Each employee shall receive a copy of his/her rating.

The primary functions of supervisory personnel are: 1) guidance, and 2) improvement of the operation. Each supervisory visit shall be a positive approach to improvement, and add to the employee's contribution to the department.

In accordance with section 648(A)(f) of the Head Start Act, staff and supervisors will collaboratively complete a Professional Development Plan that connects the employee's professional goals to training and educational programs and/or resources that support attainment of such goals. Each plan will clearly outline high quality activities that will improve the knowledge and skills of staff as relevant to their roles and functions in a manner that will improve delivery of program services to enrolled children and families. Supervisors shall ensure that the plans are regularly evaluated for their impact on teacher and staff effectiveness. Professional Development Plans are part of the performance evaluation process and must be submitted with the completed evaluation tool.

4. Supervisor's Approval

Before evaluations are reviewed with employees, they must be approved by the second level supervisor. The supervisor's supervisor or designee reviews step ratings. That reviewing official must:

- Approve or disapprove the service rating
- Change the service rating, without formal appeal procedures, when in the interest of sound administration
- Discuss the rating with the employee
- Upon request of the employee, provide an impartial review of the service rating.

5. Appealing a Performance Evaluation

If the employee is dissatisfied with the review/decision, the employee may appeal in writing (within ten days) to the CSB Director for an impartial review of their service rating. The CSB Director shall render a written decision, sustaining or modifying the rating to the employee within ten days following a hearing. [The Appeal Letter submitted by the employee will be attached to the Performance Review being disputed and will be kept in the employee's Personnel File.](#)

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~~If the employee is dissatisfied with the decision of the Community Services Director, the employee may appeal in writing (within ten days) the decision to the local authority for a review. This authority reviews the appeal, rating, and Community Services Director's decision, and renders (in writing) a decision to the employee (within ten days).~~

~~Policy Council must be involved in the decision if a recommendation to terminate an employee is given. Policy Council must approve the termination, in accordance with CSB regulations.~~

BB. Chronological Supervision and Filing System

Chronological Supervision is a management and record-keeping system that organizes and facilitates the tasks of supervision, staff development, and progressive discipline. It is based on the concept that all employees are trained and supervised over a chronological period of time. Since this training and supervision occurs over an indefinite time period, the documentation of these activities should be filed in the chronological order that they happened. Chronological supervision supports non-discriminatory documentation of employee professional growth and performance, increases management accountability, and contributes to personal and organizational development. Chronological Supervision files will contain all non-disciplinary correspondence and documents pertaining to the supervision of subordinate employees. Examples of mentoring and supervision include, but are not limited to recognition for excellent and/or consistent performance of assigned tasks; written instructions for improving job functioning with follow-up of monitoring activities; and documentation of meetings held with employees.

Each site will maintain a site Chronological and Supervision File. If a staff person's site assignment changes, Site Supervisors are responsible for transferring the employee's Chronological and Supervision File to the new assigned site.

CC. Staff and Volunteer Health

1. Volunteer Health

In accordance with California Care Licensing Regulations, all volunteers (regardless of the number of hours volunteering) must sign and date form CSB232-Volunteer Health Statement (See Forms CSB232), indicating that they are in good health and pose no threat to the health and safety of the staff and children of the program. All volunteers must provide proof of required immunizations for measles, pertussis and influenza (flu), as per the Health and Safety Code 1596.7995(a)(1) and a negative TB test or negative chest x-ray, certified by a health care professional. TB tests are not required for visiting experts.

The TB test must be administered and the results documented by an authorized medical provider. CSB will help in obtaining a TB test with our LVN. Also, provide all potential volunteers with information regarding the latest schedule for the immunization clinics throughout the county. Call 1-800-246-2494 for clinic times and locations. The cost is approximately \$10.00, but may be covered under some insurance policies.

A signed statement from a provider indicating the test date and result must be on file before the first day

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of volunteering at the site(s). For parent volunteers, place the documentation behind the volunteer health statement in the health section of the comprehensive file. For non-parent volunteers, place the documentation in file specific to that volunteer along with other required documentation such as fingerprints and volunteer applications. Keep all information confidential.

For frequency of testing and other details regarding TB test results, please refer to "Tuberculosis Screening Guidelines," below.

2. Staff Health

New employees must obtain and submit to CSB Personnel Unit a Physical and an Intradermal Mantoux 5TU PPD skin test (note: Tine or other multiple puncture tests are not acceptable.) prior to starting work. If an employee has had a positive PPD skin test in the past, a negative chest x-ray and physician's statement must be obtained. Initial Physicals and TB tests must be obtained within one year of the date of employment with CSB.

In compliance with California Community Care Licensing regulation 101216(g)(1), staff shall obtain a health screening performed by or under the supervision of a physician not more than one year prior to or upon employment. No further re-examination is required by the State of California.

In accordance with Health and Safety Code 1596.7995(a)(1), effective September 1, 2016 all employees working in child care facilities must provide proof of measles and pertussis immunizations or waiver of such immunizations per the regulation. Additionally, each employee must annually provide verification or waiver of influenza (flu) immunization. Influenza vaccination must be received between August 1st and December 1st of the same calendar year.

3. Tuberculosis Screening Guidelines for Staff and Volunteers

If staff or volunteers present a positive TB test (10mm or more of indurations), it must be followed by a chest x-ray and a statement from the examining physician indicating that the employee or volunteer is free from active disease.

Employees and volunteers with a negative initial TB test, who do not live in the Richmond or San Pablo area, must repeat the test every four years. Employees and volunteers with a negative initial TB test must complete a TB Risk Assessment every year (See Form CSB262) to determine whether annual TB testing is recommended.

An employee or volunteer who lives in the Richmond or San Pablo area must have a TB test done yearly. Employees and volunteers with a documented positive initial TB Test that was followed with an x-ray showing no active disease do not require any additional exam. These employees and volunteers must complete the TB Symptom Review (CSB260) every year to determine whether they require further medical evaluation.

4. Hand Hygiene Standards at Sites

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To assist in the prevention of spreading infection and viruses, and for safety reasons, all staff at child care facilities, whether considered direct caregivers, clerical or management must adhere to the following standards of hand and fingernail hygiene.

Artificial or natural fingernails must be clean, and at a maximum, ¼ inch in length.

Large rings that extend above the ring base more than ¼ inch may not be worn while at work.

Hands must be washed, at a minimum, before and after diapering, before and after food preparation or handling, before and after morning health check-in, after contact with any bodily fluid (blood, mucus etc.), after personal use of the restroom, after playing with -pets or other animals, after handling garbage, and after playground activities, including sandbox play.

If staff are found in violation of the hand hygiene policy, they may be required, at the Site Supervisor's or CSB management's discretion, to rectify the problem by washing their hands, removing rings or trimming or cleaning nails before returning to their position.

DD. Career Development Opportunities

The County encourages/supports employees' efforts to improve their skills, abilities, and knowledge to be more productive in their current assignments and to be prepared for career advancement (as opportunities arise). Staff may be required to attend trainings and/or educational advancement programs to meet licensing, state and/or federal regulations. As resources are available, CSB will support staff in attaining certain goals; however, it is the responsibility of CSB staff to meet the minimum qualifications and requirements of their position.

Service Requirements may be established for certain professional development programs to comply with federal, state, or local regulations. As mandated in the Improving Head Start for School Readiness Act of 2007, Section 648A (6), employees who receive financial assistance to pursue a degree shall:

- Teach or work in a Head Start program for a minimum of 3 years after receiving the degree; or
- Repay the total or a prorated amount of the financial assistance received based on the length of service completed after receiving the degree.

Contra Costa County Community Services Bureau agrees that:

- Career development activities are the joint responsibility of the individual and the County.
- All staff members should engage in continuing education, whether it takes the form of formal courses of study, participation in technical society activities, attendance at meetings, reading, or other forms of communication with the profession. CSB will make every effort possible to accommodate working schedules to permit occasional attendance at educational meetings.
- To encourage continuing education, the Board of Supervisors has established a career development education policy. Applications for assistance will be considered by the Bureau and, subject to funding limitations. The details of this policy are outlined in Administrative Bulletin 112.9. Funds may be provided for tuition, books, and other direct costs, providing that the following criteria are met:
 - The employee must start and complete course while associated with the County, within timelines.

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- The field of study must relate to assigned duties or prospective assignments.
- Attendance at all meetings or classes is required, unless compelling reasons for missing sessions occur.
- Passing grades must be maintained throughout the course.

Certain classified, exempt, and project management employees may be eligible for reimbursement for up to \$625 every two years for memberships in professional organizations, subscriptions to professional publications, professional engineering license fees required by the employee's classification, and attendance fees at job-related professional development activities. Individual professional development reimbursement requests are authorized by the department head.

Training sessions are held to provide opportunities for staff development and to help employees grow professionally. Such sessions help orient employees to their assignments, explain policies and procedures, teach new skills and methods, and help prepare for a particular program. Professional growth is accomplished through staff meetings and conferences, supervisory interviews, correspondence, extension courses, attendance at professional conferences, inspection tours, and directed readings.

If an employee is directed to undertake a course of study or to attend any meeting or lecture requiring travel and/or expenditure of funds, the County reimburses the authorized expenses. Time out of the office during normal working hours attending meetings will be counted as regular hours worked. The details of allowable training travel and reimbursable expenses are outlined in Administrative Bulletins 111.7 and 204.13 respectively.

The Bureau provides opportunities for employees to attend conferences which may benefit the employee and which would help to improve the department's operation or service. All employees must submit written reports to their supervisor within fourteen (14) days after attending a conference. The written report should include a summary of ideas or methods, which may benefit or improve the services or operation of the Bureau. Requests to attend conferences are made to the CSB Director.

Additionally, the County offers wide variety of free of charge on-line or in-class training and professional growth opportunities through its Risk Management Office (Target Solution) and the Employment and Human Services Department/Staff Development Office (SMART, Learning Management System). Teaching and technical staff members are encouraged to participate as active members of technical societies and professional organizations of their choice. With prior approval, time off to attend local meetings of particular interest and benefit may be arranged. The same pertains to national meetings dealing with subjects benefiting professional advancement. Ongoing staff meetings are held for all employees. Individual employees may be called upon to present assigned topics to the group or be appointed to a committee to study special problems/lead discussions. All such meetings are held on department time and are designed to improve overall job performance/efficiency and services of the department.

CSB has designated the Personnel Unit as the lead for professional development and training activities within the program.

EE. Staff Training and Development

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1. Training and Technical Assistance Plan

The Training and Technical Assistance Plan is reviewed and updated annually and included as part of the continuation grant process to promote program improvement and enhancement. Senior managers, Content Area Experts, and other stakeholders are to submit projected trainings for each year that support the needs of their staff and meet program mandates, and are responsible for the delivery of such trainings. These trainings are included in the Training Calendar for each program year. Any training requested after the Training and Technical Assistance Plan is finalized will require approval by the Community Services Director or designee.

The designated Staff Development Coordinator should be informed of all scheduled CSB trainings in advance. Aside from their own recordkeeping, training leaders are responsible for submitting original sign-in sheets and copies of training agendas and materials to the Staff Development Coordinator. The Training Calendar that has been developed is based, in part, on career development training needs.

2. Staff Training and Development System

Purpose/Philosophy: CSB delivery of high quality services depends on enhancing the skills, knowledge, and ability of the staff. The management staff and Training Committee carefully design training and professional growth opportunities for staff, which serve as critical resources for maintaining and improving program quality.

i. Strategic Training Plan

This reflects the training and staff development needs identified through Community Assessment, Program Self-Assessment, Performance Indicator Report (PIR), Ongoing Monitoring, Federal and State Reviews and Regulations. The Strategic Training Plan is closely aligned to CSB short and long term goals and objectives.

ii. Annual Training Plan

The plan is developed based on: Staff Training and Professional Development Survey results from the program's self-assessment and the ongoing monitoring, staff's needs and goals identified in their performance evaluations, and federal, state and county regulations.

iii. Training Calendar

This identifies training topics and events for a 12-month period. It is updated quarterly and training opportunities and events are reflected on a monthly program calendar available to each CSB staff member. In addition, staff members are informed of ongoing community training events and opportunities.

iv. Training Budget

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This is developed annually to support the implementation of the Training Plan. The budget also provides for additional training activities, as well as for training materials and equipment.

v. Training Delivery / Implementation-Required Staff/Management Training

- Orientation – All new staff are required to complete a bureau orientation covering all Department and County policies relating to employment. A site-based and program orientation is conducted within the first 2 weeks of employment. Additional orientation information is included in the New Employee Orientation section below.
- Ongoing Training – provided throughout the year in a timely and balanced fashion to ensure that staff possess the knowledge, skills, and expertise required to fulfill their job responsibilities and to operate a successful program.
- Head Start Required Training – provided to ensure that line and management staff develop skills and knowledge needed to operate a successful and effective Head Start program, one that fully meets the Head Start Performance Standards and the program objectives of the grantee.
- California Department of Education (CDE) Required Training – provided to meet the requirements of the Exemplary Program Standards and the State regulations.
- Community Care Licensing (CCL) Required Training – provided to ensure that line and management staff have knowledge and skills to provide services and operate a program in congruence with the Community Care Licensing requirements.
- Contra Costa County (CCC) Required Training – provided to all CSB staff to ensure that the program creates a working environment that meets the County requirements and that staff members conduct themselves in a manner prescribed by the Code of Conduct.
- Domestic Violence Training- All Head Start and Early Head Start staff is trained on an annual basis regarding domestic violence. This training includes identifying the effects these situations may have on a child's behavior, how to talk with a parent who has made a disclosure of domestic violence, and community resources available to those in need. The role of staff is to listen to the parents' needs and provide specialized resources/assistance as requested and appropriate following the procedure for supporting families in crisis.

vi. Staff/Professional Development

Staff/Professional Development activities are the joint responsibility of the individual and CSB. All staff members are encouraged to improve their knowledge and skills to advance in their career and effectively serve enrolled children and families. Staff/Professional Development training supported/offered by CSB are as follows:

- Basic Professional Level – Staff members are encouraged and supported to engage in continuing education.
- Participation in activities leading to an associate or bachelor degree – Teaching staff working toward their associate or bachelor degree are supported by various continuing education programs offered by CSB. Additional information is included in the Continuing Education Programs section below.

All permanent County employees are eligible for financial assistance as specified by the policy for training (Administrative Bulletin 112.9) and reimbursement (Administrative Bulletin 204.13).

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With the support of educational advancement grants for teaching staff awarded to CSB, staff is eligible for the benefits specified in such grant.

Whenever possible, appropriate accommodations are made to allow staff participation in the training opportunities leading toward an associate or bachelor degree.

CSB makes every effort to accommodate the work schedule to permit staff's attendance in formal training classes, conferences, and professional meetings.

Staff receive information about classes offered through the Community Colleges, Adult Schools, community based workshops, and conferences.

vii. ~~Teacher Assistant Trainee (TAT) Program~~ ECE Work Study Program

~~Staff with less than 12 units in Early Childhood Education (ECE) are given the opportunity to participate in an 18 month training program to receive their 12 units in ECE as required for the Associate Teacher Permit. Head Start parents seeking a career in early childhood education and development are encouraged to apply for the TAT position and participate in the TAT program.~~

Teacher Assistant Trainees (TATs) employed with CSB and in need of core classes to acquire the Associate Teacher Permit are encouraged to participate in the ECE Work Study Program:

- In partnership with the community colleges of Contra Costa, CSB offers its ECE Work Study
- Program designed for TATs endeavoring to advance in the ECE field
- TATs work to obtain the four core classes, a total of 12 units; upon completing the program, they become eligible for the California Child Development Associate Teacher Permit
- Provides assistance with books, school supplies, tutoring, and paid tuition for required courses
- The only reimbursable travel expenses are: from work to class or from work to campus to fulfill college registration obligations are reimbursable
- The expectation is that participants in this program are working and studying

Program Participation Requirements:

- Must be a TAT with CSB and at least 18 years of age
- Must have worked at least 30 days in the classroom prior to applying for program
- Must have completed orientation and online trainings with sub coordinators and onsite orientation with initial Site Supervisor or designee
- Must work at least 24 hours on average per week in the classroom; 30+ preferred;
- Must maintain good attendance, job performance, and professional conduct by being professional, respectful, cooperative, punctual, prepared to learn, collaborative, communicative, and courteous

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- Must be recommended for program by Site Supervisor and approved by Assistant Director

- Must complete and submit application both for CSB program and college

- Must register for classes (assistance provided during Enrollment Sessions)

- Must attend mandated tutoring when grade is below a "C"

- If a participant in the program during the semester finds difficulty with coursework, they may utilize tutoring services even if their grade is "C" or above to ensure success in their classes; if tutoring is received during TAT's work hours, they will be paid

- TATs will also be paid to attend mandated tutoring during work hours

- Must study outside of class, utilize available resources, and complete all required assignments and tasks by college instructors to maximize success in the program

- Must communicate individual and academic needs, concerns, and/or challenges immediately to Program Coordinator to ensure they are addressed and resolved so that it does not become a barrier to TAT's success in the program

- Must provide timely notification to the college instructor and the Program Coordinator of changes and/or circumstances that affect participation in the program (e.g. absences, medical reasons, change in phone number, etc.)

- Must obtain a grade of "C" or higher in all classes

- If a grade below a "C" is received in any of the four core classes offered, participant is permitted to take the class again. If, after second attempt to take the class, the grade remains below a "C", participation in the program must be discontinued.

- Upon completing the program:

-Must transition into an Associate Teacher sub position

-Must apply for the California Child Development Associate Teacher Permit

- Must commit to at least two years of working with young children ages 0-5 at CSB

- If CSB has a permanent Associate Teacher position vacancy, the TAT must apply

- Must submit requested documents to the Program Coordinator

- Must keep all borrowed textbooks and laptops in the condition it was received; return all books at the end of the semester; return laptop upon completing the program

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viii. On-the-Job Training Program (Metrix Learning)

Income-eligible Contra Costa Residents, including parents, are provided with employment, mentorship, on-the-job training and support in establishing and pursuing career advancement objectives and goals within the field of clerical support and administrative services. The program requires participation in on-line vocational learning. Participants who successfully complete the program receive a Certificate.

ix. Professional Growth Activities for renewal of existing or receiving of a new Child Development Permit

Staff are provided the opportunity to participate in a variety of training/ professional development activities offered by CSB or the educational community, leading to completion of the CDE required professional growth hours for Child Development Certification. It is the responsibility of the employee to ensure that all renewal or upgrade requirements are met to maintain a valid Child Development permit as required by their position.

- CSB managers and supervisors, who are certified Professional Growth Advisors, counsel program staff and provide them with effective guidance and assistance in accomplishing their professional goals.
- Participation in professional organizations and technical societies – staff are encouraged and supported to participate in technical societies and professional organizations.
- Staff are given time off to attend meetings/conferences, whenever possible.
- Staff's membership in the NHSA is paid by CSB. Participation in other professional organizations and technical societies is governed by the CCC Personnel Management Regulations (PMRs).

x. Parent training is conducted throughout the year in a variety of settings including

- Annual Parent Conferences
- Monthly Policy Council Meetings
- Monthly Parent Committee Meetings
- Policy Council training events
- Monthly Parent Trainings (in each part of the County)
- Annual Trainings

xi. Evaluation and Monitoring

Evaluation and monitoring of the training activities are effective ways to determine the extent to which the training achieved its objectives and to plan follow-up activities. They also ensure a consistent sequence in the whole training process. The following tools are used to evaluate and monitor the Staff Training and Development process:

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- Staff Performance Evaluations - provide information for effectiveness of training, follow-up activities, and individual training needs.
- Tracking System - provides data regarding individual staff training and the sequence for balance of training opportunities in general.
- Training Summary - provides information about effectiveness of the training, the follow-up activities and the need for technical assistance.
- Ongoing Monitoring and Self-Assessment findings - provide information for the update of the training plan. Monitoring and Self-Assessment are used to determine the training needs and professional development activities for the next school year and for the next three-year Strategic Plan. The Staff Training and Development System operate in a cycle. The results from the Evaluation and Monitoring are crucial elements for the beginning of the new planning cycle.

FF. New Employment Orientation

1. All new employees will receive a CSB orientation covering the goal and the underlying philosophy of the program, the department and county policies and programs and the ways they are implemented, and will sign a New Employee General Orientation Record form. The Personnel Unit is responsible for conducting New Employee Orientation Trainings, which include but are not limited to:
 - EHSD and CSB Mission Statements and Organizational Structures
 - Employee Rights and Responsibilities
 - Standards of Conduct, [Rules & Regulations, CSB's Buddy System](#)
 - Payroll and [Claiming Expense Reimbursements](#)
 - Employee Benefits and Training
 - [Information Technology and Systems](#), [IT Policies & Resources](#)
 - [Injury & Illness Prevention Program Training](#)
2. All newly employed teaching staff, including Site Supervisors, [and other staff determind to benefit from](#), will receive an Education Orientation. The CSB Education Team is responsible for conducting the Education Orientation, which includes, but is not limited to:
 - Performance Standards
 - Job Descriptions
 - Curriculum goals, objectives and effective implementation
 - Screenings, assessment, individualization, and parent-teacher conferences
 - Kindergarten transition
 - Positive Guidance and Discipline
 - Project Approach
 - [Lesson Planning](#)
 - [Nutrition, Education, Health, Mental Health, Disabilities & Homelessness Programs](#)
 - [Parent, Family, and Community Engagement](#)

Further, newly hired teaching staff will receive on-the-job training to ensure their successful acclimation with the program.

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3. All non-teaching staff will receive on-the job training as identified for the work unit and specific job.

Specially designed New Employee Orientation Check-Off Lists will be utilized for navigating each employee learning and on-boarding.

Additional initial and ongoing orientation trainings will be provided to new employees as required by County, State and Federal regulations.

All volunteers and temporary/substitute staff will review the CSB Substitute and Volunteer Handbook, and will sign the Handbook receipt which will be kept on file at the center and the personnel files. Both volunteers and substitute staff will also receive on-site orientation at the center/office. Substitute staff additionally will complete the Substitute Orientation Checklist with the Substitute Coordinator.

GG. Continuing Education Programs

CSB will make every effort to support staff pursuing a degree in higher education that is relevant to the public services provided by CSB.

CSB staff enrolled in programs leading to an associate or bachelor degree are encouraged to use the financial benefits available through the County as outlined in Administrative Bulletin 112.9.

CSB works with local colleges and universities, and community organizations to provide mentorship, tutorial, and other support services. A lending library is available to staff attending degree programs in the local community colleges.

In addition, CSB is committed to pursue grant opportunities providing financial support for staff working towards degrees or credentials in early childhood education, or related field, as specified in the Teacher Qualifications Section 648(A)(2) of the Improving Head Start for School Readiness Act of 2007 and the 2016 Head Start Performance Standards.

HH. Delegate Agency Policies

~~The Delegate Agency develops their own policies and procedures and are reviewed annually by the Grantee during the Self Assessment. The Delegate Agency is under contractual agreement to adhere to all local, state, and federal regulations, as applicable.~~

[Appeal Procedures for Current & Prospective Delegate Agencies](#)

[The 2007 Head Start Act requires all grantees to provide written procedures for evaluating and](#)

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defunding a delegate agency and procedures for a delegate agency to appeal a defunding decision.

Head Start Program Performance Standards in 45 CFR 1303.33 and 1304.6 provides for three (3) separate and distinct occasions a current or prospective delegate may have appeal rights to CSB or the responsible HHS official.

Termination of a contract with a current delegate agency
Rejection of a funding application from a prospective delegate agency
Failure of the grantee to act on a funding application from a prospective delegate agency

The applicable procedures are described in the sections below. These appeal procedures do not apply in any of the following circumstances:

CSB's decision not to fund a prospective delegate agency or a current delegate agency in the first year of any future competitive or non-competitive five-year grant award period from the Office of Head Start (OHS);

Any CSB contract for services other than as a current HS or EHS delegate agency;

Funding applications from current delegate agencies for cost-of-living allowances (COLA), program improvement funds (PIF), or quality improvement (QI) funds, or similar supplemental funding whether one-time or permanent increase in the funding amount to the current delegate agency;

Reduction, by any amount or percentage, of a current delegate's recruitment area(s);

Reduction, by any amount or percentage, of a current delegate's slots or funding level;

Removal of one or more contracted programs funded by CSB except where the removal is a termination of the contract and all of the delegate agency's funded programs;

Suspension of a current delegate's funding; or

CSB-funded CSPP or CCTR programs.

Mandates and Implementation

Current Delegate Appeals

Termination of a Head Start, Early Head Start, or Early Head Start-Child Care Partnership contract with a current delegate

CSB may not terminate a current delegate's contract based on defects or deficiencies in the operation of the program without first:

Notifying the delegate of the defects/deficiencies;

Providing, or providing for, technical assistance to assist the delegate in correcting the defects and deficiencies; and

Giving the delegate the opportunity to make corrections based on the grantee's approval of the delegate's Quality Improvement Plan (QIP) and the identified defects and deficiencies within ninety (90) days from the date of notification by the grantee to the delegate agency of those defects and deficiencies. Extensions are at the discretion of CSB.

If after the above procedures have been followed, the delegate agency still fails or refuses to make the necessary corrections in its program operations, the CSB Bureau Director, shall notify the EHSD Department Director of his/her recommendation to terminate a delegate agency's contract and the need to identify a designated reviewer in the event there is an appeal of CSB's decision.

If the EHSD Director supports terminating a delegate agency's contract, the EHSD Director will provide the Board of Supervisors with a recommendation to terminate the contract. The Policy Council is not required to approve the decision to terminate a current delegate agency contract.

Once the Board of Supervisors and the EHSD Director have reached an agreement, the EHSD Director will:

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Notify the delegate agency within five (5) working days after the EHSD Director and Board of Supervisors have reached an agreement.

Convene a meeting with the delegate agency's governing board and CSB representatives to outline the options available to the delegate agency.

Allow the delegate agency five (5) working days following the joint meeting to voluntarily terminate the contract with CSB. This meeting must include a representative from the delegate agency's policy committee executive membership.

Notify the delegate agency of the termination of the contract to provide HS and/or EHS services (including EHS-CCP) and the reasons for the decision when the delegate agency rejects voluntary termination. The notice will include a statement that the delegate agency has a right to appeal the decision within ten (10) working days of receiving the notice.

Ensure that the appeal procedure is fair and timely and is not arbitrary or capricious.

Select a EHSD designated reviewer in preparation for a possible appeal from the delegate agency.

Submit a copy of the delegate agency's appeal together with CSB's response to the appeal to the designated reviewer within twenty (20) working days from the receipt of the appeal.

Review the written appeal from the delegate agency and issue a decision within sixty (60) working days of receiving the appeal notice.

Notify the responsible HHS official about the termination decision, the delegate agency's appeal timelines, and CSB's final decision.

The designated reviewer will review within ten (10) working days the delegate agency's appeal and CSB's response to the appeal. The designated reviewer will not accept and/or review from the delegate agency and/or CSB any additional information after the appeal is submitted. The designated reviewer will submit his/her recommendation to the EHSD Director or designee to sustain CSB's initial decision to terminate the delegate agency's contract or to support the delegate agency's appeal position.

The designated reviewer will review all submitted documentation by the delegate agency and determine the following:

Whether, when, and how CSB advised the delegate agency of alleged defects and deficiencies in the agency's operations prior to sending the rejection notice.

Whether CSB provided the delegate agency reasonable opportunity to correct the defects and deficiencies and the details of the opportunity that was given.

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Whether CSB provided or provided for technical advice, consultation, or assistance concerning the correction of the defects and deficiencies.

The steps or measures undertaken by the delegate agency to correct the defects or deficiencies.

When and how CSB notified the delegate agency of its decision, the reasons for its decision, and how the reasons were communicated to the agency.

If the delegate agency believes CSB acted arbitrarily or capriciously, why the delegate agency believes this to be true.

Any other facts supporting the delegate agency's appeal of CSB's decision.

If the designated reviewer is in support of the EHSD Director's and Board of Supervisors' decision, the EHSD Director will notify the delegate agency within twenty (20) days and give instructions and timelines for completion of the close-out of the HS, EHS, and/or EHS-CCP program(s). A close-out contract will be issued to the delegate agency.

If the designated reviewer disagrees with the EHSD Director's and Board of Supervisors' decision to terminate based on the appeal review, the designated reviewer will within ten (10) working days notify the EHSD Director in writing and provide specific reasons to support the decision.

The EHSD Director will review with the Board of Supervisors the recommendation of the designated reviewer, and the EHSD Director will make a subsequent recommendation to the Board.

The delegate agency will be notified within twenty (20) working days whether the Board of Supervisors and EHSD Director uphold the initial decision or will allow other actions to be taken with the delegate agency.

The EHSD Director will notify the responsible HHS official about the appeal decision and the next steps.

This decision is final and no further appeals are allowed from the delegate agency to CSB or to the responsible HHS official.

Current delegates that meet the criteria for termination will be sent formal notice of the intent to terminate the contract with specific reasons included in the notice.

The notice will be sent to the following three contacts at the delegate:

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Governing Entity of the Organization: President of the Board of Directors
Head Start/Early Head Start Executive Director
Policy Committee Chair

This notice may be sent by certified mail, return receipt requested, or any manner that provides proof of the date of receipt by the delegate.

The notice will be sent to the delegate's official address as identified in the current contract unless the agency has provided a change of address notification. If the notice is returned by the delivery company or the United States Postal Service as "undeliverable," the notice will be sent to the delegate's last known address provided by the California Secretary of State.

The notice must include the EHSD contact and the address to file all appeals and supporting documentation.

Selection of the EHSD Designated Reviewer

During the annual planning process, but no later than August 1, and in anticipation of a possible appeal, the CSB Director will prepare a list of prospective reviewers and work with Division Managers to review the EHSD staff roster for potential "designated reviewers." Qualifications and requirements for the reviewer(s) are listed below.

The designated reviewer must:

- Be knowledgeable about HS and EHS programs (including EHS-CCP), regulations, and legal contracts.
- Have no involvement with the original decision to terminate the contract.
- Have no personal interest or bias in the matter that may prevent an objective, impartial review of all information relevant to the case.
- Have not received funding directly or indirectly through CSB's HS or EHS budget.

The CSB Director, will identify a minimum of three (3) current or former EHSD employees or external consultants as designated reviewers. The list will be submitted to the EHSD Director no later than September 1 each year. The EHSD Director will review and approve the list. The designated reviewers must not be employees of CSB.

The approved list will be sent to the CSB Director, who will train new additions to the list as necessary.

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The training will include appeal procedures, federal regulations, Head Start law, and the current CSB delegate contract. The training will also provide the timetable for the refunding process, including the date(s) applications are due to CSB, the cutoff date for CSB's completed application review, and the deadline for delegate to submit appeals.

Prospective Delegate Agencies

The EHSD Director chooses delegate agencies through a competitive solicitation process, assigns services areas, and enters into contract service agreements. The EHSD Director will share information on the process and outcome with the Board of Supervisors.

Unsolicited Request for Funding

If CSB receives an unsolicited funding application from a prospective delegate agency or a current delegate agency when no CSB RFP/RFQ was announced, the executive director, Head Start-State Preschool Division, will notify the applicant that its funding application cannot be accepted and that it has no appeal rights to the responsible HHS official.

Solicitation through RFQ

An RFQ is initiated to establish a list of qualified prospective delegate agencies. It is intended to determine the viability of a prospective delegate to effectively operate a CSB program through its existing organizational structure, policies and procedures, and fiscal solvency. The application requires programs to answer questions pertaining to the organization's current operations and fiscal management.

If a prospective delegate agency submits an application to CSB in response to an RFQ and that RFQ does not request a written program narrative and detailed operational budget, the prospective delegate agency has not submitted a "funding application" and, therefore, no appeal rights are available.

Solicitation through RFP

An RFP is initiated when a service area identified by CSB becomes available with associated funding allocation. An RFP requires submission of a written program narrative and detailed operational budget detailing plans that will be undertaken should the prospective delegate agency be awarded a contract to directly serve children under CSB.

Appeals from prospective delegate agencies or RFP applicants will follow the appeal process as outlined in Board of Supervisors Policy 5148.4.

If a prospective delegate agency's funding application is rejected, CSB's Business Services will notify the prospective delegate agency of CSB's decision and the prospective delegate agency's right to appeal directly to the responsible HHS official.

If CSB denies, or fails to act on, a prospective delegate agency's RFP funding application within the specified amount of time, the prospective delegate may appeal CSB's decision or inaction.

If after a prospective delegate agency submits an application to CSB under an RFP publication and CSB requests and the prospective delegate agency submits additional information (i.e., written program narrative and detailed operational budget), then a "funding application" has been submitted to CSB. Should CSB reject that funding application, the prospective delegate agency now has the right of appeal to the responsible HHS official.

Note: A current delegate agency submitting a funding application under a CSB RFQ/RFP is considered a "prospective delegate agency" and must follow the appeal process as specified herein for prospective delegate agencies.

To appeal, a prospective delegate agency must:

Submit the appeal, including a copy of the funding application, to the responsible HHS official within 30 days after it receives CSB's decision to reject a funding application, or within 30 days after CSB has had 120 days to review but has not notified the prospective delegate agency of CSB's decision; and,

Provide CSB with a copy of the appeal at the same time the appeal is filed with the responsible HHS official.

CSB must provide the responsible HHS official with a response to the prospective delegate agency's appeal within thirty (30) working days of receiving the materials submitted by the prospective delegate agency.

CSB's response must:

Relate to the items specified by the agency in its appeal submitted to HHS.

Specify why CSB acted appropriately.

Identify why CSB's actions taken were not arbitrary or capricious.

Explain any other mitigating factors that support CSB's position not to accept the application or why action was not taken on the prospective delegate agency's funding application.

If the responsible HHS official finds CSB acted arbitrarily, capriciously, or otherwise contrary to law, regulation, or other applicable requirements, CSB may be directed to reevaluate its decision.

The responsible HHS official's decision is final and not subject to further appeal.

II. Short-Term Contract Employees

Contract employees working over one year must have the approval of Contra Costa County. The need for contract labor is determined and funds must be available for contract labor.

Selection of persons to fill contract labor positions is determined by the appointing authority or designee.

Contra Costa County Managers and Directors give input into the development of the Service Plan.

Please see reference to contracts and grants under Record Keeping and Reporting.

JJ. Union Membership

Contra Costa County follows the State of California Legislature, adopting a set of codes pertaining to employer-employee relations for public agencies as follows:

- The Contra Costa County Board of Supervisors recognizes collective bargaining units to represent certain classifications of County employees - to determine the wishes to be represented, and by which organizations.

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- Representatives of the collective bargaining unit provide literature/information regarding the services of that unit, and conditions of employment (agreed to by the Board of Supervisors and that collective bargaining unit).

The Board of Supervisors approves processes by which representatives of the bargaining unit may use Contra Costa County time, facilities, and bulletin boards to communicate with members. The collective bargaining unit provides its members with information regarding these matters. Questions relating to policies guiding the collective bargaining process are directed to:

*Human Resources
Department Employee
Relations Division 651 Pine
Street, Second Floor
Martinez, CA 94553*

KK. Equal Opportunity/Affirmative Action Policy

CSB shall not illegally discriminate in their recruitment, selection, promotion, or implementation of personnel policies and procedures against any person without regard to race, religion, sex, sexual orientation, national origin, age, disability, or military status. All applicable state and federal laws will be followed including, but not limited to Title VI, and Title VII, of the Civil Rights Act of 1964, as amended; the Age Discrimination in Employment Act of 1967, as amended, Section 504 of the Rehabilitation Act Amendments of 1974; the Civil Rights Restoration Act of 1987; the Americans with Disabilities Act of 1990 and the Civil Rights Act of 1991. Employment Discrimination procedures are set forth in Contra Costa County Administrative Bulletin 429.3.

LL. Approval of New Personnel Policies and Revisions

All personnel policies must be approved by Community Services Bureau, Policy Council, the County Human Resources Department, and the Board of Supervisors. Personnel policies and procedures must be consistent with collective bargaining agreements, and approved by County Counsel and County Human Resources as appropriate. The process is as follows:

- A policy is drafted with input from managers and program staff, related committees, and appropriate department personnel.
- County Counsel and County HR review it as appropriate.
- The draft policy is submitted to appropriate Managers and Assistant Directors for review/input before it is submitted to the Community Services Director for review and approval.
- After the Community Services Director's approval of the draft policy, it is submitted to the Policy Council for review and approval.
- If the draft policy is health-related, the draft is reviewed by the Health Advisory Committee before submission to the Policy Council.
- The draft policy must be consistent with written policies of collective bargaining agreements.
- The draft policy is submitted to the Board of Supervisors for review and approval.
- If the content of a policy has changed since the Policy Council's original approval, the Policy Council must approve the final version.

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- After personnel policies and procedures have been approved, they are made available to staff electronically and in hard copy if requested.
- Policies and procedures are translated as needed.
- Policies and procedures are being made available in Braille as needed.
- Community Services Director and Personnel Director are responsible for amending, revising, or otherwise modifying these policies and procedures.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 3-ALTERNATIVE PAYMENT PROGRAM

2017-19

Policy Council Approved: 05/17/16
Board of Supervisors Approved: 08/15/17

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Part I. Program Overview

The purpose of this program is to provide subsidized child care for eligible children and families living in Contra Costa County and to provide a wide range of child care choices for participants. The CalWORKs Stage 2 child care program is limited to those participants who are in receipt of or have received CalWORKs cash assistance within the last twenty four (24) months. Our California Alternative Payment Program (CAPP) assists families referred by Children and Family Services and low-income families. Both of these programs support families in their child care decisions and make timely payments to their chosen child care providers.

CSB operates in accordance with all applicable state and federal laws governing human service agencies. Directed by the California Department of Education Title 5 regulations, CSB administers the child care subsidy program on a non-discriminatory basis, giving equal treatment and access to services without regard to race, color, creed religion, age, sex, national origin, sexual orientation, disabilities, or any other category that is prohibited by law.

For participants/families/providers that do not speak English, the Child Care Assistant Manager will provide, if available, translated materials, or upon request will provide an interpreter to explain the materials in the language the participants/family/provider prefers.

Children can be served from birth up until their 13th birthday, or up to age 21 if special needs are verified with appropriate documentation.

CSB CalWORKs Stage 2 & CAPP child care program administers subsidized child care through a vendor approach, providing full or partial payments for child care of eligible participants. These programs are designed to maximize parental choice in selecting child care. Participants may select child care services from licensed centers and preschools, licensed family child care homes, or licensed-exempt providers. Subsidized child care does NOT pay for private schooling.

A. How to Qualify for Services

There are various ways that families can qualify for our programs. There are two distinctly subsidized programs that CSB administers, CalWORKs Stage 2 and CAPP (California Alternative Payment Program).

1. CalWORKs Stage 2:

This program is the second out of three stages from the CalWORKs child care services. CalWORKs Stage 2 child care services begins when the county welfare department determines that a CalWORKs Stage 1 family is stable and transfers the family to our CalWORKs Stage 2 program for continuation of child care services.

Families that are not participating in CalWORKs Stage 1 child care services may be eligible in receiving CalWORKs Stage 2 if a family applies and is found eligible by meeting the following criteria:

- Family is and remains income eligible *and*

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- Participant is responsible for the care of the child needing child care services *and*
- Participant is a CalWORKs cash aid recipient or a former case aid recipient who received cash aid within the last 24 months *or*
- Participant is determined eligible for diversion services by the county welfare department.
- *And* Participants must have a documented need(s) for child care

The twenty-four (24) month period begins when the participant leaves cash aid. For example, if a participant's last date of cash aid was January 31st, 2015, the participant is eligible in receiving CalWORKs Stage 2 until January 31st, 2017 (as long as family remains income eligible and maintains a need for child care). Upon approaching the twenty-four month period, families will be transferred to CalWORKs Stage 3 child care. It will be the responsibility of the Child Care Assistant Manager to work with the participant to determine the appropriate stage for child care services. The twenty-four (24) month period resets when the participant begins receiving CalWORKs cash aid.

Please Note: Families receiving CalWORKs cash aid for child aid only are not eligible for CalWORKs Stage 2. Families that are not eligible for CalWORKs Stage 2, will be placed on a waiting list for CAPP, if funding is not available.

2. CAPP (California Alternative Payment Program):

Families may be eligible for CAPP funding based on need and eligibility criteria (such as low income working families), with first priority for those children currently receiving child protective services, or those children who are considered at risk of abuse, neglect or exploitation by a legally qualified professional. Participants must maintain eligibility and need while enrolled in CAPP. Enrollment is based on available funding.

B. How Families are selected for the Programs

There are various ways that families may be selected to participate in one of our programs. Families are enrolled based on the following (*all enrollments are subject to availability of funding*):

- Families may be referred to CSB for enrollment from *Children and Family Services* (CFS), if child is receiving child protective services and it is stated on referral that child care is deemed a necessary part of the service plan.
- Families may be enrolled through an eligibility list maintained by CSB for families wanting to participate in subsidized child care. These lists rank families on their income and family size to ensure the most eligible family is being served at the time of enrollment. (All families with CPS, or at-risk referrals, will be enrolled as 1st priority.)
- Families may be transferred to Stage 2 child care services from the Stage 1 child care unit upon discontinuance of cash assistance or when families have been considered stable by their previous child care worker. Families may also be enrolled directly into Stage 2 child care if the family is deemed Stage 2 eligible and meet the eligibility and need criteria.

C. Enrollment Process

Based on the availability of funding, families will be notified by phone if they are selected to participate in our program. For those families referred by Children and Family Services or for those deemed At-Risk, our office will contact the referring individual to verify the child's need and begin communication regarding enrollment to better support the needs of the family.

Intake Packet for the CalWORKs Stage 2 & CAPP Child Care Program will be mailed to the participant applying for services. Participants may be scheduled for an appointment to review all documents being submitted. Participant must provide all requested information and documentation to determine initial and ongoing eligibility within the timeframe given.

Intake Packet may be completed electronically by the participant by the due date indicated by CSB staff. Digital signature by the participant is accepted, however, participant must comply with CSB's policies.

- At the time of appointment, participants will be required to bring documentation that may include, but is not limited to, the following:
 - Birth records for all children counted in the family size
 - One month current/consecutive paycheck stubs
 - Any other income received such as Cash Aid, Unemployment, Disability, etc.
 - Verification of need for child care such as employment, vocational training, or parental incapacity
 - Immunization records for non-school age children (if chosen provider is non-licensed)
 - If applicable, an active individual family service plan (IFSP) or individualized education program (IEP) for children with special needs that includes a statement signed by a legally qualified professional that the child requires the special attention of adults in a child care setting which also includes the name, address, license number and telephone number of the legally qualified professional who is rendering the opinion
 - Any other verification documentation as requested by the Child Care Assistant Manager to determine the families need and eligibility for services.
 - [Provider Packet \(see Provider Participation section\)](#)

Upon completion of the Child Care Application, the assigned Child Care Assistant Manager will review and verify the information provided by the participant.

Once services are reviewed, verified and approved, the Child Care Assistant Manager will issue a *Notice of Action* (NOA) to the participant and send a copy to the chosen provider indicating certification has been completed. Along with the Notice of Action, the participant will receive one *Child Care Agreement* per child.

- The Child Care Agreement(s) will outline the following:
 - The effective date of the Child Care Agreement

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- The end date of the Child Care Agreement
- Name of the Participant
- Name of the Child
- Monthly Family Fee *if applicable* (See Family Fee section for more information)
- Authorized Days
- Authorized Hours
- Payment Rate
- Maximum Payment Amount CSB can reimburse
- Co-payment *if applicable* (See Co-Payment section for more information)
- Authorized Child Care Provider
- Type of Child Care Provider
- Registration Fee *if applicable* (Licensed Providers only)

Important: If child care starts before child care services or provider has been approved by the Child Care Assistant Manager, it will be the participant's responsibility to pay the provider directly for any child care services rendered before child care services has been approved.

For those families transferred from CalWORKs Stage 1 to our CalWORKs Stage 2 child care program, a *Welcome Packet* will be mailed to the participant explaining the transfer has occurred. The packet will contain a letter indicating the effective date of transfer, and the contact information for the family's assigned Child Care Assistant Manager ~~and request time sensitive documents to be reviewed, signed and returned by the participant to their assigned Child Care Assistant Manager.~~ The following documents in the Welcome Packet will include: ~~Stage 1 to Stage 2 Transfer Certification Form~~ Welcome Letter, Child Care Agreement(s), the Participation Handbook, attendance sheets, and any other documents pertaining to the case. A copy will be mailed to the child care provider(s) on file. ~~The participant will be asked to verify initial eligibility for the Stage 2 program and notify us of any changes to the information we received from Stage 1. This verification must be returned to the Child Care Assistant Manager within ten (10) days or the family may risk termination of their child care services.~~

D. Eligibility and Need

1. Eligibility:

Is determined at the time of enrollment, recertification or upon an update on the participant's application because of a reported change. The participant is required to provide to the Child Care Assistant Manager the appropriate documentation to prove their eligibility and continued eligibility for child care. One or more of the following criteria determines their eligibility for child care services.

i. Income Eligibility:

If the income is equal to or less than ~~70-85~~ percent of the state median income released by California Department of Education Early Learning and Care Division. Participants will be required to provide supporting documentation for all total countable income. Listed below are the income guidelines by family size:

- The Child Care Assistant Managers will calculate the total gross monthly income of the family based on, but not limited to, the following:
 - Gross wages or salaries, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings
 - Wages for migrant, agricultural, or seasonal work
 - Public cash assistance (TANF/Cash Aid)
 - Gross income from self-employment -less business expenses with the exception of wage draws
 - Portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies
 - Disability or unemployment compensation
 - Workers compensation
 - Spousal and/or child support received from the former spouse or absent parent, or financial assistance for housing costs or car payments paid as part of or in addition to spousal or child support
 - Foster care grants, payments or clothing allowance for children placed through child welfare services
 - Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent

i. Homelessness:

If the basis of eligibility is homelessness, documentation is needed stating that the participant is homeless and a description of the family's situation from a local shelter, a legally qualified professional from a medical or social service agency, or a written parental declaration written by the participant.

ii. Child Protective Services:

If the basis of eligibility is Child Protective Services, a written referral by the county welfare department must be provided to our agency indicating that the child is currently receiving CPS services and child care is a necessary part of the service plan. The referrals must be dated within six (6) months prior to the date of application for services. The referral must also include:

- The probable duration of the CPS service plan
- The hours approved for child care services
- The name and signature of the child welfare services worker who is making the referral, their business address and telephone number

iii. At Risk of Abuse/Neglect:

If the basis of eligibility is that the child is deemed at-risk of abuse/neglect, a written referral by a legally qualified professional from a legal, medical, or social service agency must be provided to our agency indicating that child care is needed to reduce the risk. The referral must be dated within (6) months prior to the date of application for services. The referral must also include:

- The probable duration of the at risk situation
- The hours approved for child care services
- The name, signature and license number of the legally qualified professional who is making the referral, their business address and telephone number

iv. Transferring from CalWORKs Stage 1 to CalWORKs Stage 2 child care (Cash aid recipient or discontinuing from cash aid):

If the participant is transferring from Stage 1 to Stage 2, initial documentation (9 data elements) will be required at the time of transfer ~~to certify immediate eligibility from participant from Workforce Services Bureau.~~ Upon receiving appropriate documentation, participant's eligibility for child care ~~will~~ will be extended ~~twenty-four (24 months) from the effective date of transfer.~~ Participant will be asked to provide documents for recertification ~~within six (6) months of the effective transfer date.~~

2. Family Size:

Upon completion of participant's initial application, recertification or upon an update in family size, participant will need to provide supporting documentation for all children listed in the family. The family members may be documented by the following:

- Birth records; or
- Court ordered child custody agreements; or
- Adoption records; or
- Foster care placement records; or
- School or medical records; or
- County welfare department records; or
- Any other reliable document indicating the relationship of the child to the parent

When only one (1) parent has signed the child care application and the documentation provided for family size determination indicates the child(ren) in the family has another parent whose name does not appear on the application, then parent may self-certify single parent status under penalty of perjury.

- If due to a recent departure of a parent from the family and when participant requests an update, the remaining applicant may submit a self- declaration under penalty of perjury explaining the recent departure of a parent from the family.

- The Child Care Assistant Manager may require further documentation at any time to prove the absence of a parent from family and/or verify the family composition and family size.

3. Service Need:

Families who are income eligible to receive subsidized child care must also have, at minimum, one of the following service need to become enrolled or remain enrolled in our program. All participants/guardians listed in the family size must have a service need. Hours of care provided to the family will be determined by the family's need for services. Below are the service needs:

i. Child Protective Services (CPS):

If the need for child care is based on CPS, a written referral by the county welfare department must be provided to our agency indicating that the child is currently receiving CPS services and child care is a necessary part of the service plan. The referrals must be dated within six (6) months prior to the date of application for services. The referral must also include:

- The probable duration of the CPS service plan
- The hours approved for child care services
- The name and signature of the child welfare services worker who is making the referral, their business address and telephone number

ii. At-Risk:

If the need for child care is based on the child(ren) being at risk of abuse, neglect, or exploitation, a written referral by a legally qualified professional from a legal, medical, or social service agency must be provided to our agency indicating that child care is needed to reduce the risk. The referral must be dated within (6) months prior to the date of application for services. The referral must also include:

- The probable duration of the at risk situation
- The hours approved for child care services
- The name, signature and license number of the legally qualified professional who is making the referral, their business address and telephone number

iii. Parental Incapacity:

If the basis of need for child care is parental incapacity (temporary or permanent), documentation shall include a release signed by the incapacitated participant authorizing a legally qualified health professional to disclose information necessary indicating why the participant is incapable of providing care and supervision for the child(ren). The documentation must also include the following:

- The days and hours per week that services are recommended (Child care services cannot exceed 50 hours per week)
- ~~The probable duration of the incapacitation~~
- The- name, business address, telephone number, professional license number and signature of the legally qualified health professional

iv. Employment:

If the basis of need for child care is employment, families may receive child care services during the time they are working and traveling to and from work. To qualify for child care services under this need, participants would need to submit the following documentation:

- An employment verification form – completed and signed by the participant consenting CSB staff to contact their employer to verify employment.
- One month’s worth of current and consecutive pay stubs (*if new employment, income will initially be assessed based on the employment verification form upon verifying employment with ~~employment~~ employer*)
- If participant is paid in cash by their employer, participant will provide a letter from the employer verifying the following:
 - An- employment verification form – completed and signed by the participant’s consenting CSB staff to contact their employer to verify employment.
 - Statement declaring employee is paid in cash only
 - Self-certification of income from participant
- If the participant is self-employed, the participant will provide the following:
 - A declaration under penalty of perjury that includes a description of the nature of their employment and an estimated number of days and hours worked per week
 - Copies of appointment logs, client receipts and/or mileage logs to demonstrate the days and hours worked
 - As applicable, copy of their business license, or workspace rental agreement
 - As applicable, a list of clients with contact information
 - Provide documentation to establish income (*may include but not limited to, a list of clients and amounts paid, the most recently completed tax returns, other records of income to support the reported income, along with a self-certification of income*)

Please Note: Participants employed by child care centers, or assisting family care home providers may receive services, but those participants who are licensed providers registered with Community Care licensing are not eligible to receive child care services for their own child(ren).

v. Approved Welfare to Work Activity (For Stage 2 Participants receiving Cash Assistance):

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The Welfare-to-Work (WTW) Program is a comprehensive Employment and Training Program designed to promote self-sufficiency. CalWORKs recipients are assessed to determine the best course of action, whether it is immediate placement into a job, placement into an education or training program, or both.

CalWORKs recipients must participate in the Welfare-to-Work Program or be employed in order to determine need for CalWORKs Stage 2. All Welfare-to-Work participants receive an orientation to the program and appraisal of their education and employment background, followed by the development of a Welfare-to-Work plan designed to assist individuals with obtaining employment. Employment Specialist will forward a referral to the Child Care Assistant Manager in order for child care services to be approved. For any additional hours of child care, the participant must communicate with their Employment Specialist in order for activity to be approved by their worker as well as approval for child care services.

vi. Training Towards Vocational Goal:

If the basis of need for child care is training towards a vocational goal, families may be eligible for child care services if the participant(s) are enrolled in a program that will directly lead to a recognized trade or profession. There is a six (6) year limitation for services under this need and the participant must continue to make adequate progress towards their goal. Regardless of the length of time a participant needs to complete their training, child care services must not exceed the six (6) year time limit. To qualify for child care under this need, participants must submit the following documentation:

- Training Verification Form to be signed by registrar (or designee of program). This form includes such information as name and location of school/training institute, days and hours of class/training schedule, vocational goal of parent, etc. *If a printout of current class schedule is available, registrar does not need to sign.*
- A copy of the current class schedule if available in electronic print, if not this information may be indicated on the verification form listed above.
- The anticipated completion date of all required courses/trainings to meet the vocational goal of the parent.
- ~~Each semester/quarter~~At recertification, participant will be required to submit their **most recent** grades to show they are meeting adequate progress towards their vocational goal.
- Participant may request hours for study time for any academic course(s) enrolled. Participant and Child Care Assistant Manager will discuss the hours of study time.

vii. Actively Seeking Employment:

If the basis of need for child care is seeking employment, each participant in the home may qualify for child care services during the time they are actively seeking employment. Services must not exceed ~~sixty (60) consecutive working days within a fiscal year (July 1st through June 30th) and are~~

~~limited to no~~ more than five (5) days per week and for less than thirty (30) hours of child care per week. Participants seeking employment will be required to submit a self- declaration under penalty of perjury that they are currently looking for employment. This declaration will include their plan to secure, change or increase employment and a general description of the child care hours necessary during this time. The Child Care Assistant Manager may request verification of the job search and/or interviews at any time.

~~If participant is simultaneously receiving services based on employment or vocational training while receiving services for seeking employment, they may be eligible for an additional 20 working days. Child care services shall not exceed 80 working days per fiscal year for seeking employment.~~

viii. Seeking Permanent Housing

~~If the basis of need for child care is seeking permanent housing, each participant in the home may qualify for child care services during the time they are actively seeking permanent housing. Services must not exceed more than five (5) days per week and for less than thirty (30) hours of child care per week. Participants seeking permanent housing will be required to submit a self-declaration under penalty of perjury that they are currently looking for employment. This declaration will include their plan to secure, change or increase employment and a general description of the child care hours necessary during this time. The Child Care Assistant Manager may request verification of the job search and/or interviews at any time.~~

- ~~• Families receiving services through the one of the programs may be eligible for child care if they are trying to secure permanent housing to stabilize the family. Services must not exceed sixty (60) consecutive working days within a fiscal year.~~

1. Family Fees:

Some families may be required to pay a portion of their child care costs, this is called the “family fee”. These fees are paid by the participant directly to their child care provider. Family fees are determined using the “*Family Fee Schedule*” provided by the California Department of Education (CDE). The following determines a participant’s family fee:

- Family’s gross monthly income
- Family Size
- Child’s Certified Need

Based on the above criteria, families will be assessed either a flat monthly full-time fee or a flat monthly part-time fee based on participant’s certified need. If certified need is 130 hours or more per month, the Full-Time Monthly Fee will be assessed to the participant. If the certified need is less than 130 hours per month, the Part-Time Monthly Fee will be assessed to the participant.

Example: If participant is approved on the 20th of the month and is certified for 8 hours per day, participant’s certified need for the month approved will be less than 130 hours. Therefore a flat Part-Time Monthly Fee will be assessed for the month participant was enrolled and a flat Full-Time Monthly Fee will be assessed on the following month and thereafter.

If there is more than one child enrolled in the program, the child who uses the most hours of child care will be assessed the monthly fee. Monthly fees cannot under any circumstances, be recalculated based

on a child's actual attendance. Family fees are only to be assessed at initial certification, recertification or when a participant voluntarily reports a change to reduce their family fees. The collected family fee is part of the provider's reimbursement. The family fee is deducted from the provider's reimbursement each month. The Child Care Assistant Manager will issue a notice of action anytime there is a decrease, an increase or a new family fee with the effective date of change along with the updated Child Care Agreement. An informational copy will be sent to the provider.

Example: If participant voluntarily reports a change in income due to a change of employment requesting a decrease in family fee to the Child Care Assistant Manager, the Child Care Assistant Manager will reassess participant's income. If at the time of updating participant's income, it is determined that they will have an increase no longer have a family fee or a decrease in family fee or new family fee, the Child Care Assistant Manager will issue a Notice of Action to the participant. The family fee will be effective on the first day of the month after the 19-day appeal request period is exhausted that follows the issue date of the Notice of Action. For example, if a Notice of Action is issued on July 28, 2017, the effective date of the reduced fee would be August 1, 2017.

Monthly Fees are due at the beginning of each month. Provider will declare on the monthly attendance record that the monthly fee have been paid for the month of services rendered. The provider shall issue a receipt to the participant of the amount family fees were paid. The monthly fee assessed by the Child Care Assistant Manager will still be deducted from the provider's reimbursement each month ~~regardless if provider waives or collects a different amount each month.~~

- The following exceptions apply in paying family fees:
 - Families with children at risk of abuse, neglect or exploitation as determined by a- legally qualified professional in a legal, medical, or social services agency or emergency shelter (limitation is up to three (3) months).
 - Child Protective Services (CPS) families may be exempt from paying a fee if child development services are determined to be necessary by the county welfare department (limitation is up to twelve [12] cumulative months)
 - Families receiving CalWORKs (limitation is as long as family is receiving cash aid)

2. Co-Payments

A participant may choose a child care provider regardless of the provider's rates. If the participant chooses a provider who charges more than the maximum subsidy amount CSB can reimburse, the participant will be responsible to pay the difference directly to the provider. This difference is referred to as a "co-payment". The maximum subsidy amount CSB can reimburse is determined by the California Department of Education (CDE) reimbursement ceiling guidelines. It will be the provider's responsibility to collect payment from the participant. If applicable, the provider will declare on the monthly attendance sheet that co-payments have been paid for the month of services rendered.

***Example:** Participant's approved certified need for child care is 25 hours per week for their two (2) year old. Participant's child care provider who is a Licensed Family Day Care Home charges ~~\$200-210~~ per week for Part-Time Care (less than 30 hours per week). Based on participant's*

certified need, CSB will only be able to reimburse the maximum subsidy amount of ~~\$171,51205.50~~ per week for Part-Time care. Therefore, participant will be responsible to pay their provider the difference of what CSB cannot cover which is ~~\$28,494.50~~ per week.

Please Note: Family Fees and Co-payments are two different shares of costs. If participant has a Family Fee and a Co-Payment, participant will be responsible in reimbursing both the Family Fee and Co- Payment directly to their provider. Failure to reimburse any shares of cost mentioned above to the child care provider may result in termination.

J.F. Maintaining Enrollment

1. Recertification

- ~~After initial approval, participants are required to recertify their child care services once every three (3) to for not less than twelve-twenty-four (1224) months, or more frequent depending on their need for services.~~

CSB Staff will mail a *Recertification Packet* to be completed within a specified amount of time. Participants are responsible to ensure that all requested documents are submitted before the due date. If participant submits an incomplete recertification packet by the due date requested, their child care services may be denied. CSB staff will attempt to request the missing documentation before the participant's certification end date ~~or prior to the thirtieth (30th) day from date of participant's signature on the Child Care Application for Services Form (whichever comes first).~~

If a recertification packet is not submitted within the timeframe given, a Notice of Action will be issued to the participant terminating their child care services at the end of their contract period. If a recertification packet is submitted after the termination Notice of Action has been mailed out to the participant, the packet ~~will may~~ be viewed as a reapplication of child care services. Application will be forwarded to the intake specialist to be reviewed and determine approval or denial of care. There may be a lapse in services if application packet is not completed before the participant's certification end date.

Recertification Packet may be completed electronically by the participant by the due date indicated by CSB staff. Digital signature by the participant is accepted, however, participant must comply with CSB's policies.

2. Reporting Changes

~~It is the~~The participant's may voluntarily report changes ~~responsibility to report any changes~~ to their family size, income, if participant has been discontinued from cash aid, need for services, address, contact phone numbers, or any other information with regards to their need and eligibility ~~within five (5) calendar days of the change.~~ Examples of change in need for services may include but are not limited to: a change in employment, a change of hours in employment, starting or ending a training, loss of employment, child's school schedule change, leave of absence from employment due to incapacitation, etc. To better accommodate a participant's child care needs, ~~it is crucial~~ participants are encouraged to report any significant changes to the Child Care Assistant Manager. Participant must call their Child Care Assistant Manager to report the change.

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Upon notifying the Child Care Assistant Manager, the Child Care Assistant Manager will Use information as applicable to reduce the family fee, increase the family's services, or extend the period of eligibility.

~~Request~~ the documentation in writing to be submitted by the participant within ten (10) calendar days from the date letter was mailed. It is the participant's responsibility to submit the requested documents within the due date. Otherwise, ~~a Notice of Action will be issued terminating child care services for failure to submit documentation~~ reported change may not be updated accordingly.

Not later than ten (10) business days after receipt of applicable documentation, issue a Notice of Action. The Child Care Assistant Manager will not use any information received to make any other changes to the child care agreement unless it is an increase.

Submit a written request that includes:

- Days and hours per day requested;
- Effective date of proposed reduction of service level; and
- Acknowledge in writing that they understand that they may retain their current service level.

Upon receipt of the parent's written request, the Child Care Assistant Manager shall:
Notify the family in writing of the parent's right to continue to bring their child pursuant to the original certified service level

Collect documentation to support the changes requested, and
Not later than ten (10) business days after receipt of applicable documentation, issue a Notice of Action. The Child Care Assistant Manager will not use any information received to make any other changes to the child care agreement unless it is an increase.

When a participant is initially certified or recertified on the basis of income eligibility, the participant shall, within thirty (30) calendar days, report changes to ongoing income that causes their adjusted monthly income, adjusted for family size to exceed ongoing income eligibility. The Child Care Assistant Manager will:

At initial certification and recertification, notify the participant in writing of the following:
Of the adjusted monthly income amount, based on the family size, that would render the family ineligible for services, based on ongoing income eligibility requirements
Of the requirement to notify the Child Care Assistant Manager, within thirty (30) calendar days, of any change in ongoing income that causes the family's adjusted monthly income to exceed eighty-five (85%) percent of the State Medium Income.

~~• If the family does not meet another basis for eligibility, the Child Care Assistant Manager shall issue a Notice of Action to dis-enroll the family. Failure to notify the Child Care Assistant Manager of any change within the five (5) calendar days of the change will result in the following:~~

All family fees are to be collected by the child care provider. Due dates for these fees will at the beginning of each month, and payment will be acknowledged on the monthly attendance sheets. Fees are delinquent seven (7) calendar days from the due date. It is the provider's responsibility to collect all fees from the participant and notify the Child Care Assistant Manager if fees have not been paid. Upon receipt of notification that the participant has outstanding fees due to the provider, the Child

Care Assistant Manager will issue a Notice of Action terminating child care services for Delinquent Family Fees. Participant will have nineteen (19) calendar days to pay the debt owed to the provider, or submit a written reasonable repayment plan signed off by both the participant and provider. If repayment plan is submitted within the nineteen (19) calendar days of the termination notice, child care services will be rescinded. The participant must comply with the repayment plan in order for child care to continue. However, if the provider notifies the Child Care Assistant Manager that the participant is failing to comply with the repayment plan, the family will be ~~disenrolled~~terminated from the program.

9.4. Alternative Payment Program Policies and Procedures

By abiding to the policies and procedures outlined in the Participation Handbook, participant may retain their child care services as long as they are eligible to participate. Any violation of the program regulations may result in termination from the program

Part II. Alternative Payment Program Parent Policies and Procedures

A. Reimbursement Policy

1. General Description

Participants are responsible for the accurate completion of the CSB attendance sheets (CCARE5). Attendance Sheets are provider's form of reimbursement. CSB can only reimburse for childcare services, not private school tuition, educational fees, transportation, diapers, clothing items, or other expenses that are not part of the basic child care cost.

Below are criteria for accurate and reimbursable attendance sheets:

- Only original hard copy or electronic attendance sheets will be accepted (one attendance sheet per child and provider). Participant may request additional attendance sheets by calling the main office, emailing the unit or calling their Child Care Assistant Manager.
- -Photocopies of an attendance sheets and faxed copies will not be accepted without prior approval from Comprehensive Services Manager.
- The full name of the child receiving services must be provided on the attendance sheets.
- The month/year must be reflected on the attendance sheet
- The specific dates services were provided must be entered on the attendance sheets.
- Attendance sheets must be filled out DAILY. This means each day the participant (or authorized adult) must record the ACTUAL TIME IN when dropping off the child, and again record the ACTUAL TIME OUT when picking up the child. Participant shall not round off the time; the actual time of pick up must be recorded. For school age child(ren) only or split schedule: The provider/authorized representative must sign school age children in and out from school on the attendance sheet using the exact drop off/pick up times.
- The participant must state the reason of child's absence from care (*see absence policy for further information*).

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- Signatures and/or date of signatures of both the provider and the participant at the end of each month, attesting under penalty of perjury, that the information provided on the attendance sheet is accurate.
- Should participant make a mistake on the attendance sheet, they should simply cross out the error, initial it and write in the correct information. Correction tape shall not be used or information shall not be transferred to a new attendance sheet. The original attendance sheet must be submitted for reimbursement.

Complete and accurate attendance sheets are due by 5pm on the fifth (5th) day of each month following the month in which services were rendered. If the fifth (5th) day falls on a weekend, or holiday, attendance sheets will be due by 5pm on the next business day following the fifth (5th). ~~For families with a varied schedule, all required documentation requested such as paystubs and/or work schedule verifications must be received with the attendance sheet on or before the fifth of each month to ensure timely reimbursement.~~ Payments for correct and accurate attendance sheets received by the fifth (5th) of the month will be processed no later than the last day of the month. Any attendance sheet submitted after 5pm on the fifth (5th) day of the month may be processed no later than the last day of the following month. For example, an attendance sheet submitted on August 7th may not be processed and mailed until September 30th.

2. Incomplete Attendance Sheet(s)

If an attendance sheet is incomplete or have missing documentation required for a reimbursement to be processed, a Provider Reimbursement Notice (PRN) will be issued to the participant and a copy to provider indicating that the reimbursement was not made because of the following reason:

- ~~Missing Work Schedule Verification (if required on a monthly basis)~~
- The full name of the child receiving services must be provided on the attendance sheets (if it occurs more than once, participant or provider must come into the office for completion)
- The month/year is not reflected on the attendance sheet (if it occurs more than once, participant or provider must come into the office for completion)

Important: If an attendance sheet is received on or before the fifth (5th) of the month, but is missing one or more of the items listed above, and depending upon the date of completion, the attendance sheet will be considered late and may be processed the following month.

3. Invalid Attendance Sheet(s)

The California Department of Education (CDE) code of regulations 10865(b)(1) requires that attendance sheets be filled out properly by the participant or other adult authorized by the participant. CDE has directed all child care contractors to develop a policy to ensure that attendance sheets are completed on a daily basis using actual times. This policy will be strictly enforced when attendance sheets are submitted that appears to have not been filled out on a daily basis with ACTUAL TIME IN and ACTUAL TIME OUT.

In an effort to support participants and providers and to comply with all regulations, the following three step policy shall be implemented when suspect attendance sheets are received:

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Step 1: Participant will be contacted by the Child Care Assistant Manager to verbally warn them the problem with the attendance sheet and explain how to complete the form correctly. Participants will be advised the next time this occurs, they will receive an advisory letter.

Step 2: An Advisory Letter will be sent to the participant, and copied to the provider, that explains the exact problem with the attendance sheet and includes information on how to complete the form correctly. Participants will be advised the next time this occurs they will be asked to come in to the office to review attendance sheet procedures with their Child Care Assistant Manager.

Step 3: An appointment will be set up between the participant and Child Care Assistant Manager to review attendance sheet policies. The participant will be advised should the problem occur a fourth time, they will be ~~terminated-disenrolled~~ from the program for failure to comply with program policies. At this time the provider will be mailed a letter indicating the participant has been to our office or via telephone to review policies and has been warned of possible termination.

Step 4: Participant will be ~~disenrolled~~~~terminated~~ from the child care program. Participant and provider will receive appropriate documentation regarding termination.

At the beginning of each fiscal year (July 1st), any steps participant previously had will reset. Participant will start at Step 1.

4. Definition of Broadly Consistent

In an effort to ensure the full use of the certified child care, participant's hours of care on the attendance sheet must be broadly consistent with the child care agreement. Broadly consistent is defined as participant's utilization for child care being between eighty (80%) to one hundred twenty (120%) percent from the certified child care agreement.

Example: If the certified need for the month of February is a maximum of 180 hours per month, utilization for child care must be no less than 144 and no greater than 216 hours for February in order for CSB to reimburse without contacting participant.

- When the participant's utilization of the certified child care agreement falls below the 80% or over 120% threshold, the following shall occur:
 - The participant will be called to discuss the low or high use of child care based on the monthly attendance sheet submitted. ~~If a change has occurred without notification to the Child Care Assistant Manager, the~~ Child Care Assistant Manager ~~will follow the Five (5) Day Reporting Policy~~ will inform participant of their right to continue using child care based on their approved certified hours regardless of a change in participant's need or if services may need to be increased.
 - For participants with a variable schedule and/or unpredictable schedule, reimbursement will be based on the actual days and hours for which services were provided, but no more than the maximum certified need for services.

Please Note: Absences due to illness or emergency will be considered prior to Child Care Assistant

Manager contacting the participant. On a case by case, Child Care Assistant Manager may contact the participant if child has excessive absences on a monthly basis.

~~— Absence Policies~~

~~6-5. Reduction in Reimbursement~~

It is the intent of CSB to reimburse child care providers for the care provided. However, there are limitations in which CSB cannot reimburse child care providers. The following are possible examples that reimbursement will be reduced by CSB:

- ~~• Excessive Absences without documentation (five or more consecutive absences)~~
- Provider was NOT available to provide child care (includes when the provider is sick, days not listed on the Provider Self Declaration, etc.)
- ~~• Participant failing to report a change in their need for child care (See Reporting Changes)~~
- ~~• Using child care services when days/hours do not reflect the Work Schedule Verification and/or paystubs (days will result in zero hours)~~

The provider may charge the participant and obtain payment directly from the participant for these absences. It is the participant's responsibility to pay any charges for unauthorized care to the provider.

A Provider Reimbursement Notice (PRN) will be issued to the participant and a copy to provider regarding a reduction for the above reasons.

~~7-6. Denial of Reimbursement~~

Attendance sheets may not be reimbursed and may be denied by CSB for any, but not limited to, the following reasons:

- They are received sixty (60) days after the month of which services were rendered (*i.e. an April attendance sheet received in July will not be reimbursed*).
- ~~• If required on a monthly basis for reimbursement, a Work Schedule Verifications and/or Paystubs are received sixty (60) days after the month of which services were rendered.~~
- If after sixty (60) days after the month of which services were rendered, parent or provider fails to complete the month/year on the attendance sheet.
- If after sixty (60) days after the month of which services were rendered, parent and/or provider fails to sign or date under penalty of perjury, that the information provided on the attendance sheet is accurate.
- ~~• If participant fails in a timely manner to submit requested documentation stated on the Provider Reimbursement Notice by Child Care Assistant Manager (such as written documentation for excessive absences was not submitted within the timeframe given to the participant from the Provider Reimbursement Notice).~~
- Participant or child were not approved at the time child care services were provided, no exceptions.

A Provider Reimbursement Notice (PRN) will be issued to the participant and a copy to provider regarding a non-reimbursement for the above reasons. Exceptions may apply to some of the above reasons, however, must be approved by a supervisor prior to reimbursement.

~~Important! If there are two consecutive months in which the reimbursements are pending because of missing required documentation (i.e. Work Schedule Verification, paystubs, tip sheets, etc.), it may result in termination. Any services that CSB cannot reimburse will be the participant's responsibility to reimburse directly to their provider.~~

B. ~~Limited Term Service Leave~~ Temporary Suspension of Services (LTSL)

A family may request a leave of absence from the program if the family temporarily does not have a need for subsidized child care. They may contact their Child Care Assistant Manager to request the leave over the phone or submit a written request for a temporary leave from services. CSB may grant the family a limited term service leave for no more than twelve (12) consecutive weeks per fiscal year, except when the participant is on a maternity or medical related leave of absence from his/her employment or vocational training.

Maternity leave, or medical limited term service leave, shall not exceed sixteen (16) consecutive weeks in duration. During this time no child care services shall be provided nor be claimed for reimbursement. Participants may be required to provide documentation from their physician prior to going on leave and again when released.

At the time of authorized reinstatement, when the service leave ends, CSB cannot pay another registration or other new provider charges.

Please Note: It is important to remember that providers do not have to hold child care spaces throughout the leave and participants may need to seek a new child care provider(s) upon their return from leave.

C. Confidentiality

The use or disclosure of information about the child and his/her family is limited to purposes directly connected with administering the program. When helping participants/families move to another subsidized program, information about the participant/family may be exchanged and the other program or provider is then bound by these same confidentiality guidelines. Participant or their authorized representatives may review the case file upon request and at the time and place considered reasonable by CSB. Participant may only review the forms or other documentation/information that they have provided CSB and are in their own case file.

When a Contra Costa County employee or a client to whom an employee has a relationship with as defined above is applying or receiving child care services, the case will be considered Confidential. Employees will not process any action involving their own case, or the cases of family members or those with whom they have a relationship like a family member or close friend. Employees who are not sure if there is a conflict of interest should check in advance through their supervisor to ensure that this policy is not violated. Files considered confidential will be locked in a designated location of which only the authorized employees and supervisors will have access.

D. Release of Information

CSB is authorized to discuss information regarding the family's child care services and eligibility with other agencies as appropriate. Examples may include but not limited to other Social Services Programs, CFS, employers, schools, child care providers, licensed physicians. Prior written consent from the participant may be asked by CSB. The participant's eligibility may be reviewed by representatives of the State of California, the Federal Government, independent auditors, or others as necessary for the administration of the program.

E. Fraud Policy

Fraud is the knowing misrepresentation of facts made with the intent to obtain something to which one is not entitled. Fraud exists when an individual:

- Makes a false statement or representation to obtain benefits, or continuation of benefits that they are not eligible to receive
- Fails to disclose information, which if disclosed would result in denial, reduction, discontinuance of child care benefits
- Accepts benefits knowing she/he is not entitled to them

The California Department of Education (CDE) requires that CSB create a Fraud Policy, which applies to program participants and providers receiving reimbursements through CSB. If fraud is suspected, CSB will initiate investigation, pursue collection of payments and may seek legal assistance made through fraudulent participant and/or provider action.

Any participant or provider whose participation is ~~terminated~~ ~~disenrolled~~ under the Fraud Policy will not be eligible to participate in the CSB CalWORKS Stage 2 & CAPP Child Care Program for a minimum of twelve (12) months. Any past debts or expenses must be paid in full prior to return.

F. Grievance Policy

It is the policy of CSB to resolve any participant or provider grievances. What is a grievance? A grievance is a complaint over a situation or an action to be deemed wrong or unfair. There will be no retaliation, formal or informal, against the participant and/or provider who file a grievance. All participants and/or providers are encouraged to first speak with the Child Care Assistant Managers to attempt to resolve any issues that may arise. If the issue is not resolved to the participant and/or provider's satisfaction, the participant and/or provider may file a written request within ten (10) calendar days from the date of complaint. The written request should be submitted to the Program Supervisor.

Upon receiving participant and/or provider's written request, the Program Supervisor will review the complaint and meet with the participant and/or provider by phone, or by appointment, to discuss the issue within ten (10) calendar days of receiving the complaint. If the participant and/or provider still feels dissatisfied, they may submit a written request for the issue to be elevated to a staff at least one level higher than the Program Supervisor who made the contested decision. The participant and/or provider will be contacted within ten (10) calendar days of receiving the complaint and given an opportunity to present their concerns. The decision at this level will be final.

G. Uniform Complaint Policy

It is the intent of the Community Services Bureau to fully comply with all applicable state and federal laws and regulations.

Individuals, agencies, organizations, students and interested third parties have the right to file a complaint regarding Community Services alleged violations of federal and/or state laws. This includes allegations of unlawful discrimination (ED Code Sections 200 and 220 and Government Code Section 11135) in any program or activity funded directly by the State or receiving federal or state financial assistance. Complaints must be signed and filed in writing with:

The California State Department of Education Early Education
and Support Division Complaint Coordinator
1430 N Street, Suite 3410
Sacramento, CA, 95814

If the complainant is not satisfied with the final written decision of the California Department of Education, remedies may be available in federal or state court. The complainant should seek the advice of an attorney of his/her choosing in this event.

A complainant filing a written complaint alleging violations of prohibited discrimination may also pursue civil law remedies, including, but not limited to, injunctions, restraining order, or other remedies or orders.

H. Sexual Harassment

It is the policy of Contra Costa County to maintain a work, service and program environment free of discrimination, harassment, or intimidation based on sex, gender, age, race, religion, national origin, ancestry, marital status, sexual orientation, disability or medical condition. These policies are also mandated by state and federal law. It is the policy of the Community Services Bureau to comply with all applicable state and federal statutes and regulations prohibiting discrimination in employment, contracting, buildings, facilities, and provision of services. Reports of violations of these policies will be promptly investigated and appropriate disciplinary action taken if warranted.

I. Zero Tolerance

CSB prohibits inappropriate behavior towards staff, or in the presence of families, children or providers on the program. Such use of abusive/foul language, intimidating actions (including belligerent emails and voicemails), physical harassment, destruction of property, threats to staff, etc., will be documented and may lead to termination from the program.

J. ~~Termination~~-Disenrollment Policies

Child Care services may be ~~terminated~~-disenrolled for any, but not limited to, the following reasons:

- Failure to maintain required ongoing need and/or eligibility ~~for the program with which the~~

~~family is enrolled at recertification~~

- ~~• Failure to inform the Child Care Assistant Manager within five (5) days of changes that affect the families need and/or eligibility to retain services~~
- Failure to pay family fee or co-payment
- Failure to make payments to licensed exempt in-home providers in a timely manner
- Failure to use services for sixty (60) consecutive days, or two (2) consecutive months
- ~~• Failure to submit A Work Schedule Verification and/or Paystubs for two (2) consecutive months~~
- Failure to comply with the State mandates requirements of the program
- Families income exceeds the state income ceiling
- Children are no longer age appropriate for the program with which they are enrolled, and family cannot provide required documentation to maintain services past that age (i.e. IEP)
- Failure to maintain a 2.0 GPA if services are based on a vocational training need
- Failure to abide by attendance polices and reimbursement guidelines
- Contract funding has been exhausted

K. Notice of Action and Appeal Process

Whenever CSB approves, denies, terminates or updates a change regarding participant's child care, CSB will issue the participant a Notice of Action and send an informational copy to the provider(s). The Notice of Action will notify the participant of the following:

- Tell participant what action is being taken (approval, denial, recertification, change or termination)
- The reason for the action
- The effective date of the action
- The date participant has to appeal CSB's action

If a participant disagrees with an action taken by CSB, the participant may file an appeal request for a hearing with Employment and Human Services Department Appeals Unit. To request a hearing, participant must complete the back page of the Notice of Action no later than the appeal's date on the first page of the notice and mail or deliver the notice to the following address:

*Office of Appeals Coordinator
400 Ellinwood Way
Pleasant Hill, CA 94523
(925) 677-2900*

At the local hearing, the Appeals Officer will explain the reason for the hearing and will ask both CSB representative and participant to swear under oath. The hearing will be recorded by the Appeals Officer. CSB will state the reason for the Notice of Action and provide any supporting documentation that supports their action. The participant or authorized representative will be able to explain the reason why they think the action on the Notice of Action is wrong. The participant may bring any documentation that supports their reason why the action was wrong.

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The Appeals Officer will make a decision based on the information provided at the hearing. Within ten (10) calendar days after the local hearing, the Appeals Officer will mail their written decision. If the participant disagrees with the written decision of the local hearing, the participant may request a review of the local decision by the California Department of Education. The request must include the following information:

- A copy of both sides of the original Notice of Action with which participant disagrees
- A copy of the written decision letter from the local hearing; and
- A statement explaining why participant disagrees with the local Appeals Officer's decision.

Participant may mail, fax or deliver their request within fourteen (14) calendar days from the date of local agency's decision letter to the following address:

California Department of Education Early Education and Support
Division ATTN: Appeals Coordinator
1430 N Street, Suite 3410
Sacramento, CA 95814
Phone: (916) 322-6233
Fax: (916) 323-6853

CDE will review the information provided and may contact the participant or CSB if necessary. CDE will have thirty (30) calendar days to make a decision and mail a final decision letter to the participant and CSB. CDE's decision is the final administrative decision and CSB will follow CDE's decision.

Part III. Provider Participation

A. General Requirements - Parental Choice

CSB policies provide for parental choice in selecting a child care provider. Participants are responsible for selecting the child care provider and the type of care, which they feel best, meets the needs of the family and meets enrollment requirements. However, CSB may reserve the right to deny or terminate a provider for the health and safety of the child/ren. Participants also have the right to change providers (up to two [2] changes per fiscal year) while they are participating in the child care program (unless the participant can provide reasonable concerns for more changes). Participants may choose the following types of care while enrolled in one of our programs:

1. Licensed Child Care Centers, Licensed Exempt Centers & Licensed Family Child Care Homes

Child care centers and family child care homes are all licensed by the California Department of Social Services Community Care Licensing division, which ensures all standards of health and safety criteria are being met. These programs will be required to submit and comply with the following:

- A complete Child Care Provider & Parent Statement by both the participant and provider

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- A complete Agreement For Direct Payments To Child Care Providers by both the participant and provider
- A complete Provider Self Declaration listing a maximum of ten (10) non-operational days charged to families
- A copy of their current license
- A copy of their current policies, rules and rates
- A complete W-9 Form (request for Taxpayer Identification Number and Certification)
- Provide services to all eligible children on a non-discriminatory basis, giving equal treatment and access to services without regard to race, color, creed, religion, sex, national origin, or any other category that is prohibited by law
- Providers must report observed and/or suspected child abuse to the local police departments and/or Children and Family Services and refrain from all forms of punishment, cruelty, and/or physical/corporal punishment
- Providers must maintain confidential child and family records and other information with the exception of authorized disclosures to CSB staff or other authorized State or Federal agency staff in accordance with the law
- Allow CSB to visit licensed facilities if requested
- Provide care for children only during the period authorized
- Enter into Child Care Provider Agreement with CSB as an independent contractor and in no way be considered an employee of CSB or any of its funding sources
- Hold CSB harmless for any damages to person(s), or property, which arise out of the delivery of services under agreement with CSB
- A statement signed by the provider that the child care and development services being provided do not include religious instruction or worship. [An exception may be for those participants enrolled in the Alternative Payment Program \(CAPP\).](#)
- Sign the CalWORKs Stage 2 & CAPP Child Care Participation Program Handbook Acknowledgement of Receipt understanding and following CSB's policies

2. Licensed-Exempt Providers

Licensed-exempt providers are not licensed by the State of California. Participants are responsible for hiring, terminating services, and setting up the days and hours when care will be used. Licensed-exempt child care providers must be on the Trustline Registry or be exempt from Trustline in order to participate as an approved child care provider. The following are types of License-Exempt Providers:

- License Exempt Providers Exempt from Trustline
Who is exempt from Trustline? Providers who are the child/ren's grandparent, aunt or uncle by blood, marriage or court decree are exempt from the Trustline registration. Participant and provider must complete the Trustline Exemption Form as well as provide proof of relationship between the child and the provider.

Example: If the chosen provider is the child's grandparent, the participant may submit

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their birth certificate to demonstrate that provider is their parent and therefore the child/ren's grandparent.

If no documentation can be provided, the grandparent, aunt or uncle must complete the Trustline Registration Process and be cleared and placed on the Trustline Registry before services can be approved by the Child Care Assistant Manager.

- License Exempt Providers not exempt from Trustline
License exempt providers not exempt from Trustline, must go through the Trustline Registration Process to get fingerprinted through the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). The provider must be cleared and placed on the Trustline Registry prior to child care services being approved. Participants must contact their Child Care Assistant Manager to request a Trustline Application.
- Provisional License Exempt Providers (not exempt from Trustline)
In cases where the participant has an immediate need for child care services, the participant is allowed to select a provisional child care provider. However, the Provisional child care provider must go through the Trustline Application Process to get fingerprinted through the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). The provider MUST be cleared and placed on the Trustline Registry within thirty (30) days in order to be eligible for reimbursement. If the provider is not cleared within the thirty (30) days, no reimbursement can be given for any child care services provided. Services will be approved on the day provider was cleared and placed on the Trustline Registry.

Participants must also submit the following documentation regarding their chosen license exempt provider:

- A complete Child Care Provider & Parent Statement by both the participant and provider (indicating the hours and rate of pay for child care)
- A complete Agreement For Direct Payments To Child Care Providers by both the participant and provider
- Health and Safety Self-Certification Form indicating the following:
 - The provider's name, date of birth, address, phone number and social security number
 - A description of the provider's qualifications and experience
 - A health statement, including Tuberculosis clearance
 - A statement from the parent that he/she has interviewed and approve of the provider
 - Names and ages of all other adults residing in the home where the child care is provided
 - All forms signed by both the parent and provider, as appropriate
 - The location where the care is to be provided
- Health & Safety Facility Checklist (a supplement to the Health & Safety Self

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Certification form

- A complete W-9 Form (request for Taxpayer Identification Number and Certification)
- A copy of provider's California driver's license or a valid California ID verifying the provider to be at least eighteen (18) years of age
- A copy of provider's Social Security Card
- Provide care for one (1) family at a time and only during the period authorized
- Enter into Child Care Provider Agreement with CSB as an independent contractor and in no way be considered an employee of CSB or any of its funding sources
- Hold CSB harmless for any damages to person(s), or property, which arise out of the delivery of services under agreement with CSB
- Sign the CalWORKs Stage 2 & CAPP Child Care Participation Program Handbook Acknowledgement of Receipt understanding and following CSB's policies
- In-Home Child Care Provider (*for In Home Licensed Exempt Providers only*)

License-exempt providers must only provide care for only ONE family at one time other than their own. If it is found that a license-exempt provider is providing care for two (2) or more families at one time, they may be terminated as a provider and the families will need to find an alternate provider.

In Home Licensed Exempt Providers – Since child care providers are independent contractors and therefore not employees of CSB, CSB is not held responsible for federal and state tax obligations. If it is determined that the child care provider performs child care in the home where the child resides, the participant may be considered to be the employer of the child care provider (domestic worker) and will be responsible to ensure the child care provider receives minimum wage, social security taxes, state worker's compensation and unemployment requirements. In order to ensure that minimum wage is being met, the participant must have at a combination of at least three to four (3-4) children depending on child's age, -receiving child care services. In-home licensed exempt child care may be subject to Federal and California laws pertaining to household employees.

Please Note: Families transferring directly from CalWORKs Stage 1 to CalWORKs Stage 2 that have an In Home Licensed Exempt Provider will be given a timeframe to find alternate child care.

1099 Hotline - Contact (877) 375-0312, during tax season if 1099 is not received.

B. Oliver's Law

Participants have the right to receive information regarding any substantiated or inconclusive complaint about any licensed child care provider. That information is public and can be acquired by calling Contra Costa County's local licensing office at (510) 622-2602.

C. Rate Sheets

Licensed Providers shall submit a statement of their current rates to CSB. Rates must be the same for both subsidized and private paying families. If the provider charges more than the current Regional Market

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Rate allows CSB to pay, the participant will be responsible to pay the difference directly to the provider. If a provider offers any discount for siblings, the subsidized family will offered the same discount.

Providers must submit a written thirty (30) calendar day advanced notice addressed to the Program Supervisor of any changes to their rates; all rate increases are subject to availability of funds. New rate increases will take in effect thirty (30) calendar days after receipt of notice. CSB will only accept one (1) rate change from providers per fiscal year (July 1st – June 30th).

D. Child Care Agreement

Upon approval or update of child care services, the Child Care Assistant Manager will issue a Notice of Action indicating initial approval for services or change in services and will be accompanied by a *Child Care Agreement* that will outline the schedule approved for services as well as indicate if the child has a Family Fee and/or Co-payment. It is the participant's responsibility to review the approved child care agreement and notify the Child Care Assistant Manager of any questions.

Important: If provider starts providing services before the agreement has been approved, the participant will be responsible to reimburse for any services rendered before the certificate start date on the *Child Care Agreement*.

E. References to Written Information

All providers are subject to the general policies described in the CalWORKs Stage 2 & CAPP Child Care Participation Program Handbook. Providers are encouraged to become familiar with the parental requirements, as well as those identified for child care providers.

F. Limitations on Child Care Reimbursement

1. Regional Market Rate (RMR)

Beginning January 1st, ~~2017~~2018, California Department of Education required all agencies to implement ceilings at the 75th percentile of the ~~2014-2016~~ Regional Market Rate Survey. Licensed exempt child care is reimbursed up to 70% of the Family Child Care Home rates. This is referred to as the Regional Market Rate (RMR). ~~This rate is subject to change, if directed from the California Department of Education (CDE).~~

Children attending less than thirty (30) hours of child care per week will be reimbursed at the part-time benefit ceiling and children attending thirty (30) hours or more will be reimbursed at the full time benefit ceiling. Those families that have variable schedules will be assessed by the Child Care Assistant Manager and assigned the most appropriate ceiling for their needs.

Should the participant choose a provider with a rate exceeding that exceeds the maximum subsidy amount, the participant will be responsible in paying the difference. This is referred to as a co-payment. This is paid by the participant to the provider directly and not accounted for by CSB (see example on Share of Cost-Co-Payments).

If the provider has a registration fee (*licensed providers only*) the rate for reimbursement will be

determined by State guidelines and may be paid no more than once a fiscal year if the provider meets eligibility requirements.

2. Provider Days of Non-Operation

CSB will only reimburse for up to ten (10) days of non-operation (per fiscal year) to a licensed provider when the center, or family child care home, is closed if they fall on a contracted day. The provider **MUST** list the days of non-operation on the *Provider Self Declaration* form to be eligible to receive payment. If more than ten (10) days are listed, Child Care Assistant Managers will review the non-operational days with provider to determine which of the ten (10) would be reimbursed. Days of non-operation may include, but are not limited to the following:

- Holiday (i.e. New Year's Day, Christmas, Labor Day)
- Provider Vacation Days
- Staff Training/Development Days

This does not apply to child care in which the provider charges an hourly rate or has a drop-in rate.

3. Instructional Minutes for School Age Children

Providers will **NOT** be reimbursed for child care provided for a school age child/ren care during instructional minutes, whether they are attending public or private schools.

4. Reduction or Denial of Reimbursement

See Reimbursement Policy.

G. Multiple/Alternate Providers

CSB can only reimburse one provider per child for child care services. However, there are some exceptions:

1. If a family's need exceeds the hours of operation of the first provider, the participant may add an alternate provider to cover the hours the primary provider is closed. Child Care Assistant Manager must approve the alternate child care provider prior to the use of care. CSB will contract separately with the alternate provider for child care services. If participant begins the use of alternate provider before approval from Child Care Assistant Manager, participant must reimburse alternate provider for any unauthorized care.
2. If a child's usual child care provider is closed, or if the child is sick and cannot attend the usual care, the participant may request to seek an alternate child care provider. Child Care Assistant Manager must approve the alternate child care provider prior to the use of care. CSB will contract separately with the alternate provider for child care services. Upon approval of the alternate provider, reimbursement for alternate provider when primary provider is closed is limited to 10 days per fiscal year. Reimbursement for alternate provider when child is sick and cannot attend

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primary provider is also limited up to 10 days per fiscal year. CSB may make an exception based on the illness and if participant provides written documentation from physician.

H. Participant's Rights to Change Providers & Rights to Terminate Services

Participants have the right to change their providers, up to two (2) per fiscal year, unless they can provide the Child Care Assistant Manager with reasonable concerns for more changes. CSB asks all participant to provide a written (preferable), or verbal, two (2) week notice to their licensed provider regarding the termination of care. The Child Care Assistant Manager will follow up with any notifications necessary.

Should the participant not give a two (2) week notice to the licensed provider, CSB will work with the licensed provider and offer any reimbursement as required by the licensed provider's established policies and procedures submitted with the initial approval of care (not to exceed two [2] weeks). Participants ~~will be terminated~~ may be disenrolled from the program due to abandonment of care.

IMPORTANT: The attendance sheet must meet the minimum requirements in order to honor the two week notice when the participant does not give a two week notice to their child care provider. See *Reimbursement Policy*.

I. Provider's Rights to Terminate Services

A licensed provider may terminate services with cause in adherence to his/her established policies and procedures and with a two (2) week advance notification to the participant and the Child Care Assistant Manager. Should a licensed provider terminate a family without notification, CSB will not reimburse any days past the child's last day of care.

J. CSB's Rights to Terminate a Provider

CSB reserves the right to terminate a provider from participation with or without a two weeks' notice. Reasons for termination may include but are not limited to the following:

- Child/ren's health and safety is at risk (*all providers*)
- Closure or denial of Trustline Registry (*licensed-exempt providers*)
- Child care license revoked (*licensed providers only*)
- Falsifying attendance sheets in any manner (*all providers*)
- Charging subsidized families more than non-subsidized families (*licensed providers only*)
- Providing care for more than one family other than their own at one time (*licensed-exempt providers*)
- Using abusive language and behavior to staff, children or participants (*all providers*)

Part IV Staff Roles and Responsibilities

A. Stage 2/CAPP Unit Clerks

- Administrative Support to Unit Managers
 - Program Calendars
 - Form Revisions
 - Mass Mailings
 - Other clerical tasks as assigned by Assistant Managers
 - Complete Reports (such as 801 A Report)
- Reimbursement Calculations
 - Collect, review and distribute incoming CCAREs to appropriate staff
 - Perform initial reimbursement calculations for Assistant Managers
- Incoming Phone Calls
 - Check and empty Stage 2/CAPP Unit General Voicemail
 - Return all calls within 24 hours of retrieving the message
 - Answer and forward calls to appropriate staff member
- Mail Process
 - Log all incoming mail in database
 - Forward mail to appropriate staff member
- Scanning Process/Document Record Keeping
 - Scan and Index all documents into Northwoods Compass database
- Stage 1 Transfers
 - Prepare and send Welcome Packets
 - Prepare Family Files
 - Coordinate with Unit Manager on case assignments
- Intake Applications
 - Prepare and mail intake packets
 - Collect and verify all documentation
 - Forward packet to appropriate Assistant Manager upon completion
- Family Recertification's

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- Prepare and mail recertification packets
- Collect and verify all documentation
- Forward packet to appropriate Assistant Manager upon completion

- Suite Support
 - Monitor office supplies
 - Monitor Postage Meter
 - Monitor office equipment

B. Stage 2/CAPP Unit Child Care Assistant Managers (CCAM)

- Case Management
 - Initial intake for new/transferred families
 - Verify documents
 - Coordinate with referring agencies about prior case information
 - Review selection of provider(s)
 - Monitor families need and eligibility
 - Family/Provider Correspondence as needed
 - Recertify families need/eligibility for services at minimum once annually
 - Termination procedures where appropriate

- Process Reimbursements
 - Review calculations
 - Process payments into CalWIN system for fiscal review/release

- Attend Appeals hearing if needed

- Monitoring/Audits/Reviews
 - Quarterly monitoring of selected family files
 - Assist Unit Manager with fiscal and/or state audits and reviews of program
 - Prepare family files as needed for reviews

C. Stage 2/CAPP Unit Manager – (CSM)

- Reports
 - Monthly Report to Program Director
 - Monthly liaison to fiscal
 - Fiscal Audits/State Reviews as scheduled

- Personnel
 - Supervise Student Worker Assignments

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- Supervise Field Intern Assignments
- Supervise Clerks
- Supervise Child Care Assistant Managers

- Program Handbook
 - Revisions per CDE regulations
 - Annual Update if applicable

- CDE Regulations
 - Monitor Management Bulletin Releases
 - Participate in CDE conference calls regarding program regulations as needed
 - Review Title 5 and Education Codes as they pertain to program implementation.

- Client/Provider Correspondence
- Stage 1 Transfer Process
 - Monitor incoming Stage 1 transfer process
 - Assign cases to CCAMs
 - Review potential cases to be transferred out to Child Care Council

- Monitoring
 - Review monthly reimbursements
 - Monitor CCAM Caseloads
 - Review terminations
 - Monitor Unit calendar

- Miscellaneous
 - Order office supplies for Suite
 - Approves requests for equipment/work orders

D. Stage 2/CAPP Fiscal Support (Accountant III)

- Review and release payments to providers in CalWIN in the absence of Program staff
- Monitor program budgets
- Release payments for Maintenance of Effort contracts
- Submit to State CDE/~~EESDELCD~~ monthly Fiscal and Caseload reports
- Submit to CDE projection request for additional funding in excess of MRA
- Submit year-end financial reports and schedules to External Auditors
- Correspond with Unit Manager/Program Manager

E. Stage 2/CAPP Program Manager (ASA III)

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- Program Support for CDE/~~EESDELCD~~ Programs
- State Correspondence/Management Bulletins
- Liaison with CDE/~~EESDELCD~~
- ~~Monthly-Quarterly~~ Monitoring
- CDE/~~EESDELCD~~ Contract initiation/renewal
- Reports/Program Self-Assessments to CDE/~~EESDELCD~~
- Supervise Unit Manager (CSM)
- Liaison with Stage 1/WFS, Child Care Council and CalWIN
- State Audit/APMU/Independent Audit
- Review MOE Payments
- Agency's CWDA Child Care Representative

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 4-LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

2017-19

Policy Council Approved: 05/17/17
Board of Supervisors Approved: 08/15/17

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Section 4: Low-Income Home Energy Assistance Program

| Section 4 | Low Income Home Energy Assistance Program | |
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A. Introduction

1. Program Overview

The Low-Income Home Energy Assistance Program (LIHEAP) is a federally-funded program that assists low-income households with their utility bill. Eligibility is based on the household's total monthly income that is provided by Department of Community Services and Development on a yearly basis. This assistance is targeted to households with low income and high energy costs, taking into consideration households with elderly, disabled persons, and children under six. The amount of assistance is based on the number of household members, total gross household income, the cost of energy within Contra Costa County and funding availability.

In addition to helping with a household's utility bill, LIHEAP offers free weatherization. Weatherization is the process of making a household more air tight and energy efficient. Weatherizing a home can help lower a household's energy usage and utility costs.

2. Types of Assistance Available

i. Utility Assistance

HEAP: Pay the amount eligible of an applicant's utility bill.

Fast Track: LIHEAP funds are available in case of a crisis/emergency situation. Staff is required to resolve an energy crisis situation within forty-eight (48) hours and a life threatening energy situation within eighteen (18) hours.

ii. Weatherization Assistance

Weatherization: The weatherization program provides services designed to reduce heating and cooling costs to improve the energy efficiency of a home, while safeguarding the health and safety of the household. Weatherization is supported through the partnership with Department of Conservation and Development (DCD).

ECIP EHCS: LIHEAP funds are available to low-income families in case of a crisis/emergency situation. DCD staff is required to resolve an energy crisis situation within forty-eight (48) hours and a life threatening energy situation within eighteen (18) hours.

3. Service Center Locations

- i. LIHEAP Utility Assistance: 1470 Civic Ct. [Ste-Suite 200](#), Concord, CA 94520, Phone: 925-681-6380, Fax: 925-229-6784
- ii. Weatherization Assistance: 30 Muir Rd, Martinez, CA 94553, Phone: 925-674-7214, Fax: 925-646-9339

B. LIHEAP Eligibility Guidelines

1. General Guidelines

Applications are received via mail, email, fax, or drop-in. Applicants for all utility assistance and/or weatherization programs must meet the following for eligibility:

- Must be 18 years of age or older
- Be a resident of Contra Costa County
- Meet the definition of a household
- Housing unit must meet the definition of a dwelling
- Provide proof of citizenship or alien status
- Meet the income guidelines and provide proof of income from all sources for all members of the household.
- Be responsible for energy costs and provide copies of utility bills
- Receive energy/budget counseling
- Meet agency's priority plan
- Submit all applicable documentation to complete application process. Other eligibility requirements for Fast Track Assistance/ECIP EHCS/SWEATS must be submitted.

2. Household Composition

An eligible household is defined as an individual or group of individuals, related or unrelated, who share residential energy and have an energy cost.

Ineligible households for utility assistance consist of the following:

- Subsidized households that do not pay any out of pocket energy costs.
- Persons living in licensed facilities (nursing homes, assisted living, etc.).
- Temporary shelters or group homes with residents who have no energy expense or who pay a nominal fee to live there.
- Single room dwelling, within a larger dwelling and the single room dwelling is not considered a separate household.
- Persons who have no physical address.
- Individuals who previously received Utility Assistance (UA) in another LIHEAP household during the same program year are considered ineligible household members to receive services. However, his/her income is counted in the household's total income.
- Applicants under the age of 18 who are not legally emancipated and do not have a parent or legal guardian to apply on their behalf.

Ineligible households for weatherization consist of the following:

- Persons living in licensed facilities (nursing homes, assisted living, etc.).
- Persons who reside in only one room within a larger dwelling and is not considered a separate household.

- Persons who have no physical address.
- Applicants under the age of 18 who are not legally emancipated and do not have a parent or legal guardian to apply on their behalf.

The following exceptions on ineligible household members apply to both Utility Assistance and Weatherization:

- Live-in Attendants - Individuals who reside within a household to provide necessary medical services and whose services are paid for in part or in full by a third party.
- Persons living in multi-unit buildings - If a building contains more than one housing unit, but has only one meter or tank that is shared by all the units, each unit may contain a separate household if each one functions as a separate economic unit (also known as submetered).
- A person out of the home for reasons of employment, education, hospitalization, etc., who continues to support or be supported by the unit and who intends to return to the unit, will remain a member of the household.
- A dependent child who is a student living away from his/her primary residence to attend an educational facility is considered to be a member of the primary residence.

3. Housing Unit Must Meet the Definition of a Dwelling

Housing unit must meet the definition of a dwelling in order to be eligible for assistance. Below are examples of a housing unit that are considered an eligible dwelling:

- A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant is intended for occupancy) as separate living quarters.
- All dwellings must be a permanent building and located in Contra Costa County. Applicants can have a mailing address in another county/state, but the location where they receive utility services must be in Contra Costa County.
- Applicant must complete the Intake Form CSD 43

The following housing units are considered ineligible dwellings:

- Applicants renting a room in someone else's home (Exception: applicant provides proof that his/her living arrangement adheres to the definition of "separate living quarters")
- Applicants living in transitory, tent or temporary encampments
- Applicants living in board-and-care facilities, nursing or convalescent homes, or in jail or prison
- Applicants that are homeless

There are exceptions on dwelling eligibility and staff may need to review the list below to determine if a housing unit is eligible for assistance. Below is a list of the exceptions:

- Applicants living on boats, in a marina with a dock number and utility hook-up, are eligible for Utility Assistance.
- Applicants living in mobile homes or RVs are ineligible for energy and weatherization services unless they meet the following criteria:

- I. The dwelling must not be mobile (i.e., wheels have been removed, attached porch, etc.).
- II. The dwelling must have resided in the same location for a reasonable length of time.

4. Citizenship and Alien Status

Applicant must be a permanent and legal United States resident and complete a Statement of Citizenship or Non-Citizen Status for Public Benefits Form (CSD 600). Federal law requires that all public agencies verify that an applicant is a United States (U.S.) citizen, national, or an alien in a qualified immigration status. A copy of the documentation to verify their qualified status must be retained in the applicant file. An individual is a U.S. citizen if:

- Born in the U.S. regardless of the citizenship of his/her parents
- Born outside of the U.S. to U.S. citizen parents
- Born outside of the U.S. of alien parents and has been naturalized as a U.S. citizen. A child born outside of the U.S. of alien parents automatically becomes a citizen after birth if his/her parents are naturalized before he/she becomes age 16
- U.S. territories that include: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the Virgin Islands.

Applicants must submit acceptable verification of their citizenship and/or alien status. The following is a list of acceptable verification:

- U.S. birth certificate
- U.S. passport
- Naturalization certificate, N-550 or N-570. Certificate cannot be copied, but agency should review, verify and document in the file that the “naturalized certificate was “verified and valid”
- Report of birth abroad of a U.S. Citizen FS-240
- U.S. Citizen Identification Card, I-197
- Certificate of Citizenship, N-560 or N-561
- Statement provided by the U.S. consular officer certifying the individual is a U.S. citizen
- American Indian card with a classification code KIC
- Documentation of direct receipt of SSI or SSA benefits
- DD 214 – Military Separation – This document must show a U.S. place of birth.
- [REAL ID Card](#)

Applicants who are ineligible to participate in the utility assistance and/or weatherization programs with public agencies are:

- Individuals who hold an INS I-94 who are admitted as temporary entrants (such as students, visitors, tourists, diplomats, etc.).
- Aliens who have no other INS document.
- Individuals possessing an Individual Taxpayer Identification Number (ITIN). An ITIN does not create an inference regarding the person’s immigration status. An ITIN is issued by the U.S. Internal Revenue Service to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain, a Social Security Number issued by the Social Security Administration.
- Individuals possessing an ID card issued by a foreign consulate

- ~~AB 60 Driver's License~~ California Driver's licenses and identification cards with that includes a "Federal Limits Apply" ~~issued prior to January 22, 2018~~ designation.

5. Income Guidelines

Applicants must meet the income guidelines provided by Department of Community Services and Development each program year. Staff must obtain income documentation supporting the total gross monthly income earnings stated on the Energy Intake Form (CSD 43). Income documentation for all household members must be within 6 weeks of the application intake date, and must comply with the stated acceptable forms of income documentation referenced below.

Countable Income includes:

| Income Type | Definition |
|--|---|
| Annuities, Pensions, Retirement | Includes Rail Road retirement |
| Assistance payments | Retirement Survivor Disability Insurance, Supplemental Security Insurance (SSI), General Assistance, Cal Works |
| Business income | Income from business, less business operational expenses |
| Capital gains or losses | For self-employment only |
| Cash gifts (regular basis) | Must provide regular support for an individual or for the family |
| Child support | Include child support for the household receiving it |
| Declaration of personal income | Irregular income resulting from occasional sources such as yard work, childcare, collecting cans/bottles, donating blood/plasma |
| Dividends, Interest & Royalties | If withdrawn |
| Foster care payments | Include foster care payments received for foster children or foster adults living alone. |
| Government Employee Pensions | |
| Insurance or annuity payments | Military family allotments, Military retirement |
| Jury duty pay | |
| Military pay | |
| Payment from government sponsored programs | Such as agricultural programs |
| Payment on behalf of the household | Must provide regular support for the family |
| Railroad Retirement | |
| Social Security Benefits | Net amount of the check, excluding the amount deducted for Medicare |
| Spousal support | |
| Strike benefits | |
| Training allowances | From Federal and State Employment programs, only the portion that pays or reimburses for living expenses |
| Tribal payments from casinos | Per capita payments |
| Trust disbursements | Regular |
| Unemployment insurance | |
| Veteran's Benefits | |

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|---|---|
| Wages, salaries, commissions, bonuses, profit sharing, tips, vacation pay, severance pay, sick leave, royalties and honoraria which result from the applicant's work or service | Count all gross income received for the period used to determine income eligibility |
| Worker's compensation | |

Applicants claiming no income must reveal their source(s) of support. If there is zero income reported; Certification of Income And Expenses Form (CSD43B) must be completed by the applicant and included in the file. If applicant is reporting zero income for a consecutive year, a Certification of Income And Expenses form will need to be completed by the applicant PLUS include documentation of monthly expenses (a letter from the person/agency that supports the applicant's rental, food and/or utility expenses). An example of documentation can be a print out of applicant's food stamps, a letter from housing authority, a declaration from the person that supports the applicant's rental expenses. Staff must obtain written or verbal verification of regular support from others reported on the form. Eligibility will be based on documentation submitted with the form or verified during the follow-up.

For DOE only: All applicants applying for Department of Energy (DOE) services with zero income may complete a self-certification after all avenues of documenting income eligibility are exhausted. Evidence of the various attempts at proving eligibility must be contained in the applicant file, including a notarized statement signed by the applicant that they have no other proof of income. If 120 days pass and the applicant's income eligibility for DOE needs to be re-established, they will follow the same "Zero Income Notarization" rules that apply to an applicant entering through the DOE program. On an exceptional basis, if Weatherization staff cannot obtain a notarized self-certification statement, Weatherization will follow their policies and procedures for next steps.

6. Utility Bill

Applicants must be responsible for energy costs and provide copies of utility bills. Utility bill(s) must contain a billing period of at least 22 days and be current and within 6 weeks of the application intake date. Documentation such as a [photo](#) identification [and the completion of Account Holder Authorization and Consent Form \(CSD 081\)](#) is required if name on the account is different from the name on the Energy Intake Form (CSD 43). The person on the utility account must be at least 18 years of age or older. The utility bill must provide the amount of the household's current energy costs and the following:

- Service address - In rural areas, the service address can be descriptive (Example: 3rd house on the left, past the gas station, etc.)
- Account number
- Name of the utility company
- Customer's name
- The dollar amount of a full month's energy costs (at least 22 days), some exceptions may apply.
- Fast Track applications: The documentation must include the total amount due on the bill (current and past due and all other charges). Applicants must include in addition to current monthly utility bill, a past due, 15 day, 48 hour, or shut off notices.

The following are considered unacceptable utility bill verification:

- Closing bills
- Altered bills
- Service address on the utility bill does not match the applicant's service address
- Outdated utility bill
- Deposit accounts or accounts in collections
- Business / Commercial Accounts
- Bill Less than 22 days

When the applicant is attempting to establish service at a new address and changes from the old account are transferred to the new account, CSB will make an exception and accept utility bill. This will also apply when applicants are trying to re-establish services on a closed account (due to non-payment) at the same address, which has no current charges. The issue date of the bill is to be used to determine if it is current. Since the service period will not be current, the current energy charges for that utility will be set to zero on the application. When re-establishing service on a closed account, staff must correspond with the utility company to verify the applicant is re-establishing service. LIHEAP assistance can only be provided when the service is re-connected. LIHEAP cannot be used to pay for an outstanding balance on a closed account if a new account is not established.

To qualify for services when utilities are included in the rent, the applicant must submit documentation that must include the following:

- Date
- Tenant/Customer's Name
- Service Address
- The amount of rental charges covering energy expenses
- Landlord's signature
- Photocopied and faxed letters of utility cost verification

Staff must keep a dated copy with a wet signature on file for each multi-family dwelling. Letter must contain service address, date, and the location of the original signature.

This document may be photocopied for insertion into the applicant's file of other tenants in that building. A newly signed landlord letter must be obtained each program year.

Acceptable Documentation must be current to six weeks from intake date and may include one of the listed documents below:

- Original or faxed letter signed by landlord/manager
- Rental receipt that indicates utilities included in rent
- HUD statement showing zero utility allowance

7. Energy/Budget Counseling

Applicants must complete Client Education Confirmation of Receipt Form (CSD 321) verifying of energy conservation education and/or budget counseling were provided by staff.

8. Priority Plan

Applicants must meet CSB's priority plan (for Utility Assistance Only) or meet DCD's priority plan (for Weatherization, LIWP and DOE). CSB will make every attempt to assist the vulnerable population with the lowest income and highest energy cost.

Vulnerable population consists of:

- families in the household who have children 5 years or younger
- elderly members (60 years or older)
- have a permanent and/or temporary disability

Documentation of vulnerable population must be in applicant's file.

Please note: Staff is not required to obtain written documentation to verify disability for any disabled household members, however, it will be to the discretion of staff to request it from the applicant, should it be reasonable.

9. File Documentation

All applications must have the following documents in their file:

- Energy Intake Form (CSD43)
- Statement of Citizenship or Non-Citizenship Status for Public Benefits (CSD 600)
- Provide a copy of a current monthly utility bill plus any past due notices if applicable
- Copies of the total gross monthly income for ALL household members 18 years and older
- If applicable, Certification of Income and Expenses (CSD 43B)
- Client Education Confirmation of Receipt (CSD321)
- If Applicable: Birth Certificates or documentation verifying any children ages 0-5 in the household and ID required for any household members 60 years or older.
- If Applicable: Account Holder Authorization and Consent Form (CSD 081)

10. Utility Bill Balances for Utility Assistance

Applicants with a credit balance on their account that is more than double the monthly gas and electric charges must re-apply when the credit balance has been exhausted. A denial notice will be mailed to the applicant.

HEAP or Fast Track payment must bring applicants to zero balance. If payment doesn't bring the balance to zero, the applicant must first make a co-payment to their utility company before a pledge can be made. Proof of payment must be verified by our staff to the utility company prior to pledge being made. On a case by case basis for Fast Track, if the utility bill is higher than the eligible amount, but the eligible amount is sufficient to avoid services being shut off; the application will be processed. If there was an agreement made to avoid services in being shut off between the applicant and their utility company, staff must document the agreement in the applicant's file. All Fast Track applications will be pledged by staff to the utility company. A pledge is defined as a promise to pay from LIHEAP to utility company.

11. Incomplete Applications

Once the application is received via fax, mail, walk-ins or email, an acknowledgement letter has to be sent within 15-days of the intake date. Review the application and if there are any missing items to complete the application process, identify the document(s) that are still missing. Staff will complete the following:

- i. Complete the Missing Documentation Letter. The letter indicates that our agency will give the applicant ten (10) working days to submit the requested missing documentation requested in order to process application. The form will have HEAP's fax number if they choose to fax it to our office. If applicant does not submit the requested documentation within the timeframe given, their application will be denied. Missing Documentation Letter will have:
 - Applicant's full name
 - Appropriate box(es) checked of the missing documents
- ii. Staff will print two (2) copies of the Missing Documentation Letter (one to be mailed to the applicant and the other to retain with the file).
- iii. Incomplete file will be placed in the file cabinet labeled Pending Files drawer.

12. Incomplete Fast Track Applications

If there are any missing items to complete the application process, identify the document(s) that are still missing. Staff will do a courtesy call to applicant to discuss and request missing documentation. Staff will follow up with completing the Missing Documentation letter giving the applicant ten working days to submit the missing documentation requested in order to process application (please see steps 1-3 above).

Upon receiving missing documentation, the application will still be processed as Fast Track. If applicant makes a payment arrangement with PG&E to avoid disconnection after submitting an application, staff will honor the application as a Fast Track.

When an applicant does not submit the requested documents within the timeframe given, staff will mail a denial letter for Incomplete Applications (see procedures for Denial Letters For Incomplete Applications).

13. Ineligible and Denied Applications

If an application is ineligible for HEAP or Fast Track services, notification of ineligibility will be mailed in writing. Reasons for ineligibility may include, but are not limited to:

- Agency is out of funds
- Facts concerning applicant's eligibility/income calculation are in dispute
- Household does not meet the agency's priority plan (and no disputed facts concerning applicant's eligibility could impact plan determination)

Reasons for denial may include, but are not limited to:

- Exceeds maximum income guidelines
- Missing or insufficient information
- Household already served

All “DENIED” applications shall receive written notification explaining the reason for the denial and advising the applicant of their rights to appeal. Provide the applicant 10 working days if needed and the opportunity to submit additional information needed to prove eligibility.

A letter describing the reason for their ineligibility/denial will be mailed to the applicant and one placed in their file. Denial letters will include an appeal notice (LIHEAP APPEAL FORM).

C. Appeal Procedure

1. General Description

Contra Costa County residents are entitled to apply for assistance from the Low Income Home Energy Assistance Program (LIHEAP) with their energy cost. The LIHEAP program is funded by the state and federal government, and is administered by the State Community Services and Development Department in Sacramento.

Our goal at Contra Costa County Community Services Bureau is to serve the applicant, the best we can. If the applicant has provided all the necessary documentation and meets the income and program guidelines for service they will be approved for assistance.

In the event the application has been denied for assistance; the applicant has the right to appeal that decision. The applicant may complete and submit the LIHEAP APPEAL FORM that is mailed along with the denial letter. The applicant has within ten (10) working days from the date of the denial letter to complete and submit it to the office. They may provide any additional proof to determine eligibility.

Upon receiving the LIHEAP APPEAL FORM, it will then be forwarded to a staff where he/she will review the LIHEAP APPEAL FORM along with any additional proof submitted by the applicant to determine eligibility. After reviewing the information submitted, the staff will either overturn the denial and process the application or agree with the denial. If the application was approved, the applicant is notified by letter within five (5) working days of the approval of the application. However, if denial stands, the staff will forward the LIHEAP APPEAL FORM along with his/her notes of the review to the next designated staff.

The next designated staff will review the information and either overrule the staff’s decision or agree with the current decision. Applicant is notified by letter with the LIHEAP APPEAL FORM within five (5) working days of the decision. The next designated staff will scan the decision letter along with the supporting documents into the HEAPAPPs Folder under PY Appeals Folder.

If applicant does not agree with the decision made by the designated staff, the applicant may complete another LIHEAP APPEAL FORM. The LIHEAP APPEAL FORM will then be forwarded to the Program Manager where he/she will review the information and either overrule the designated staff’s decision or agree with the current decision. Then applicant is notified by letter within five (5) working days of the Program Manager’s decision after his/her review.

If satisfaction is not reached, the applicant still has the option to appeal at the State level by contacting the Department of Community Services and Development in Sacramento, CA by writing to:

California Department of Community Services and Development
2389 Gateway Oaks Drive, Suite 100
Sacramento, CA 94833
(866) 675-6623

D. LIHEAP/Fast Track Complaint Procedure

- Any complaints are to be handled immediately by staff who receives the complaint.
- Any complaints that cannot be resolved by the first contact staff in a reasonable amount of time are to be passed to the next designated staff.
- If the complaint cannot be resolved at this level; it will be forwarded to the Assistant Manager or designee

Upon resolving the complaint, a written dated account is to be made and filed in the complaint log.

E. Weatherization Referrals

1. General Description

After the interview process is complete and the applicant is eligible for Utility Assistance, staff will ask and offer weatherization for the applicant's homes. Staff will ask if they are renters or homeowners. Staff will explain that weatherization will improve their home to make it more energy efficient. This could include windows, doors, caulking, weather stripping, heaters, water heaters, stoves, refrigerators and more. All work conducted by weatherization is done at NO COST to landlords with eligible tenants, or eligible property owners.

2. Weatherization for Rental Units

If the applicant is renting, they must first ask their landlord to fill out and sign the Energy Service Agreement for Rental Units and Post Weatherization Lead Forms. This is giving the weatherization program permission to go in the home and perform an assessment of the measures needed and perform the weatherization work. The Post Weatherization Lead Form is the only item not paid by the program and the cost is between \$200 and \$400. If the landlord does not wish to pay this they can select wish not to pay and sign the form.

3. Weatherization for Home Owners

If the applicant owns the home and is eligible for services the applicant can fill out and sign the Energy Service Agreement for Owner and Post Weatherization Lead forms. This is giving the weatherization program authorization to inspect and perform an assessment of the measures needed and perform the weatherization work. The Post Weatherization Lead Form is the only item not paid by the program and

the cost is between \$200 and \$400. If the owner does not wish to pay this they can select 'wish not to pay and sign the form.

Staff will provide to applicant the Weatherization Forms upon applicant's interest, which includes the following:

- i. For Rental Units:
 - Weatherization Program Checklist for HEAP clients
 - Energy Service Agreement for Rental Units
 - Energy Service Agreement for Rental Units – Mechanical Ventilation
 - Energy Service Agreement for Rental Units – Wall Insulation
 - Post Weatherization Lead Presence Test
 - CSD Form 081 Client/Customer Consent Form and Authorization

- ii. For Owner Occupied Units
 - Weatherization Program Checklist for HEAP clients
 - Energy Service Agreement for Owner Occupied Units
 - Energy Service Agreement for Owner Occupied Units – Mechanical Ventilation
 - Energy Service Agreement for Owner Occupied Units – Wall Insulation
 - Post Weatherization Lead Presence Test
 - CSD Form 081 Client/Customer Consent From and Authorization

After the forms are completed and signed by the applicant, the applicant must send all documents to the Weatherization office by email at Weatheri@dcd.cccounty.us, mail to 30 Muir Rd., Martinez, CA 94553, visit the weatherization website (<http://www.contracosta.ca.gov/4336/Weatherization>) or fax at (925) 646-9339. As soon as the Weatherization Program receives the forms, the Weatherization office will contact HEAP to request the applicant's LIHEAP application. At that time, staff will fax the documents to the Weatherization Program. As soon as the Weatherization Program has a completed application; it will then be reviewed and all eligible applicants will be contacted to start the weatherization home improvements. This will ensure the applicant's home is more energy efficient and will save money on their utility bill.

F. LIHEAP and DOE Deferrals

1. Purpose

Employees of the Contra Costa County LIHEAP Programs and Department of Energy (DOE) Weatherization Program have the right and responsibility to provide services in a safe and effective manner without undue hazard to intake and assessment staff, installation crews, inspectors, and the households we serve.

2. Scope

Employees of the Contra Costa County LIHEAP Programs and DOE Weatherization Program are to adhere to the California Department and Development of Community Services' (CSD) Deferral Policy when determining eligibility for LIHEAP Programs or DOE Weatherization services up to and including denial of any and all services.

3. Description

The Contra Costa County LIHEAP Programs and DOE Weatherization Program staff will consult with the Program Manager when any of the following potential deferral conditions are created:

- Any act that that is physical or verbal abuse; or
- Any threatening behavior or action which is interpreted to carry the potential to:
 - Harm or endanger the safety of others;
 - Result in an act of aggression; or
 - Destroy or damage property.

Items to report may include, but not limited to:

- Verbal abuse/Foul Language;
- Falsification of Information;
- Harassment;
- Feeling unsafe or uneasy while working with an applicant;
- Threatening Violence
- Detection of Substance Abuse; or
- Discrimination

What should staff do if this occurs at the LIHEAP front desk or no Manager is available?

- If this situation occurs in the front desk and the applicant is not cooperating, contact the manager to calm the situation.
- If the applicant's behavior is threatening to staff or manager, LIHEAP has the right to refuse service and ask them to leave the office and close the main door for safety.
- Applicant's application will not be accepted for eligibility.
- A panic button is available under the front desk counter; it can be pressed if staff is feeling unsafe while working with an applicant. Once the button is pressed, an alert will be sent to the Sheriff Department in which they will show in approximately 15 minutes.

In addition, the Contra Costa County Weatherization Program complies with the California Department and Development of Community Services' (CSD) Deferral Policy requirements that:

- Weatherization agencies are required to take all responsible precautions against performing work on homes that could subject workers or applicants to health and safety (H&S) risks.
- Applicants must be informed about identified problems and safety concerns, and the reason why weatherization services must be deferred.
- The decision to defer work in a dwelling, or in extreme cases, to provide no weatherization

services, is difficult but necessary in some cases.

- Decision to defer must take place upon discovery, or as soon as practicable. This does not mean that assistance will never be available, but that work must be postponed until the problem(s) can be resolved. Deferrals do not have an “expiration date”.

The Contra Costa County Weatherization Program staff will consult with the Program Manager when any of the following potential deferral conditions are found:

- Applicant has a health condition that would be made worse by weatherization.
- Home’s mechanical, electrical, or plumbing system is in such despair that failure is imminent/not correctable within the program.
- Home is condemned, under rehabilitation, or applicant’s “hoarding” and/or structural issues make full assessment and/or diagnostic tests not feasible.
- Moisture issues are so severe that they cannot be fixed under Minor Envelope Repair.
- Combustion appliance safety or Indoor Air Quality fail exists that cannot be reasonably corrected within program parameters.
- Lead-based paint present that would create hazard if disturbed.
- Applicant is uncooperative, abusive, or threatening to weatherization team members.
- Illegal activities are taking place in the home.

The Contra Costa County LIHEAP Programs and DOE Weatherization Program has a Zero Tolerance policy that prohibits illegal activity and/or inappropriate behavior towards staff or subcontractors. Such use of abuse/foul language, intimidating actions (including belligerent emails and voicemails), physical harassment, destruction of property, threats to staff, etc., will be documented and will lead to termination from the program and future Deferral from services.

G. Quality Assurance:

1. General Description

To ensure quality control is being met, staff will conduct random file review of a minimum of ~~25~~20 files per month.

2. Procedures

Staff will use the Utility Assistance Quality Control File Review form to conduct the file reviews. Any errors found in the file, will be corrected in RED and documented on the file review form. The Utility Assistance Quality Control File Review form will be collected from staff and used as a tool for the Program Manager or designee to identify any trends or errors for training purposes.

Program Manager or designee shall update the Utility Assistance QA File Review Results. The Utility Assistance QA File Review Results shall be saved by month to monitor the progress or trends.

3. File Review between Community Services Bureau and Department of Conservation and

Development

To ensure quality control is being met between agencies, CSB and DCD will monitor each other's application files at least on a quarterly basis.

H. Confidentiality

1. General Description

When a Contra Costa County employee or an applicant to whom an employee has a relationship with is applying for the LIHEAP program, the application is considered Confidential.

2. Procedures

Applications considered Confidential will be handled by the assigned staff or designee. Assigned staff or designee will review and determine eligibility. Program Manager or designee must review and sign off on the application before application is processed by assigned staff. All confidential applications will be kept locked in a filing cabinet of which only designated staff will have access to.

I. FRAUD

1. General Description

Staff who have a good reason, supported by documentary evidence or firsthand knowledge, to suspect that an applicant, utility company employee, another agency, etc, is knowingly, by means of misrepresentation, obtaining, attempting to, or assisting someone else to obtain benefits for which the applicant is ineligible, should report such concerns to an appropriate supervisor.

2. Procedures

Fraud is defined as a crime involving a material representation relating to a past or an existing fact which is: false; made with knowledge of its falsity; or in reckless disregard of the truth made in order to obtain a benefit or something of value. Factors to be considered may include, but not limited to:

- Whether the incorrect or unreported information affects eligibility
- Whether the correct information was, in fact, known to the applicant
- Whether the applicant fully understood the eligibility requirements and their responsibility for reporting information
- Whether material facts were deliberately/intentionally altered or withheld

Staff can evaluate the information provided by applicants and request additional information when reasonably necessary to verify income and their eligibility factors. The agency may deny services if the information appears to be insufficient or contradictory, and give the applicant an opportunity to appeal. If the applicant has a fraud case with PG&E for any illegal activity, the application will be denied. They can reapply once their PG&E account is in good standing.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES
DEPARTMENT COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 5-Financial & Administrative Requirements **2017-19**

Policy Council Approved:05/17/17
Board of Supervisors Approved:08/15/17

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Section 5: Financial and Administrative Requirements

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Part I. Financial Requirements

A. Advance Amount for Travel

Advance amounts for travel are not allowed for County employees.

B. Travel Reimbursement-County Employees

County employees are allowed compensation for mileage, meals and miscellaneous other travel expenses. Eligible individuals are entitled to claim reimbursement for actual, reasonable, and necessary expenses arising from the discharge of their official duties, subject to limitations established by law and policy.

1. Mileage

As authorized by the department head or designee, use of private automobiles may be reimbursed for mileage between an individual's normal work location and other designated work locations. The reimbursement rate is set by the County, adjusted periodically to conform to IRS approved rates. Please see note in item #4 below for the time frame of submitting mileage reimbursements.

2. Meals

Actual expenses, including tax and gratuity, for individual meals will be reimbursed. However, such reimbursement shall not exceed the following individual maximums:

- Breakfast: \$10.00
- Lunch: \$20.00
- Dinner: \$35.00

When away from the normal work area for an entire day, individuals eligible for meal reimbursement may claim reimbursement for the actual cost of each individual meal, notwithstanding the maximum per meal amounts specified above. However, the total amount claimed for the day shall not exceed \$65.00.

3. Other Travel Expenses

- Bridge tolls, parking; Telephone and facsimile charges required in connection with County business; BART or bus fares; and Tips, parking, and checking fees in accordance with local custom.

See County Admin Bulletin #204.13 (02-20-08) regarding expense reimbursement and #111.8 (07-13-10) regarding travel.

C. Travel Reimbursement-Parent Reimbursement for Policy Council Activities

Per HSPS 1304.50(f), Policy Council, Policy Committee, and Parent Committee reimbursement- Grantee and delegate agencies must enable low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members (i.e. childcare and transportation).

Parents requesting reimbursement should complete and submit Form CSB 325 to the Clerk of the Policy Council who will verify the request and determine the amount of reimbursement. After approval is received from the ASAHH-authorized CSB Manager or Supervisor responsible for Policy Council, a check will be issued, no later than 30 days after the request.

Reimbursements are given for approved Policy Council activities only (i.e. monthly PC meetings or committee meetings). Exceptions must be preapproved before reimbursements are issued. Mileage is calculated using distance from home to meeting location. Childcare hours include reasonable travel time to and from meetings and is based on reasonable arrival time to the approved activity.

Representatives from the Policy Council attending conferences and out-of-area meetings will be given a per diem allotment for meals and ground transportation, and reimbursed for childcare expenses. Representatives from community partners attending conferences and out-of-area meetings will be reimbursed for meals and ground transportation. Travel requests must be submitted a minimum of 30 days prior to the travel date to allow ample time for approval and advance processing. Upon return from the trip, Liquidation of Cash Advances requires that all receipts must be submitted to the appropriate PC staff person no more than 7 days after return from travel.

If receipts are not received within the 7 day timeframe, a verbal reminder will be given by the ASAHH authorized CSB Manager or Supervisor responsible for Policy Council.

If receipts are still not received after a reasonable amount of time, a certified letter will be sent to the representative and a copy will be maintained in the CSB PC travel files.

Failure to return receipts within the allotted time will prevent the opportunity to attend future conferences and can prevent reimbursement for other PC activities.

**Note-Approved travel reimbursement rates are provided to parents at the beginning of each program year and prior to travel.*

D. Using Employee's Own Funds for County Expenditures

Only in an emergency should an employee use his/her own funds or personal credit cards to purchase materials/services for a County purpose. An "emergency" is when:

- An event occurs which requires material or service to correct a safety hazard, or to prevent damage to facilities or equipment.
- A significant program need occurs which will have a significant impact on the goals of the program.
- Note: Lack of planning is not considered an emergency.

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- While it is not encouraged, employees may purchase minor items that would not meet the criteria of an emergency as stated above. The purchase of minor items that are required to meet program needs must:
 - Be approved by the Assistant Director (AD) in writing if under \$100.00.
 - Anything over \$100.00 must be approved by the Director, Division Manager or designee.

E. Reimbursement for Expenses – Employees

Employees will be reimbursed for approved, necessary eligible expenses, provided that reimbursement requests are made on the appropriate forms, in a timely manner and with receipts. When employees incur expenses for an approved purpose, one of the following procedures occurs for getting reimbursed:

1. Petty Cash

Most of the emergencies involving minor purchases can be met by use of the department’s petty cash fund maintained in each Division Administrative Office. Normally, this fund is to be used for general office needs and for minor emergency requirements. A supervisor or employee may present a request for petty cash approved by an Assistant Director, to the Petty Cash Fund Custodian for payment.

2. Demand (Form D15*)

In the event you are unable to get payment from the petty cash fund, you may use the Demand (Form D-15) to get reimbursed. This form is to be used to reimburse employees for non-travel related purchases. This form should be used for items of small value, as defined above, not related to travel or entitlements.

*See EHS D Intranet> Community Services> CSB Forms > Fiscal > Demand D15)

3. Employee Travel Demands*

This form is designed for reporting an employee’s expenses relating to travel, mileage, or for other employee benefits or entitlements such as training costs. It will normally not be used for any other purpose. The purpose for each expense must be shown; for example, mileage should show the destination, and the reason for the trip (See Employee Handbook).

Note: County regulations allow you to include expenses for only one month on a single Travel Demand. For example, if you have expenses for May and June, you may not combine expenses on one form, but must submit two separate forms - one for May and one for June. Demands are to be submitted to your immediate supervisor for approval. Claims should be submitted within one month of completion of travel. The Bureau has no obligation to pay travel expense reimbursement submitted more than three months following completion of the travel. If an employee has over three months of mileage reimbursement to claim, the employee must submit a request letter, stating the reason for submitting a late claim, to Bureau Director or designee for approval.

*See EHS D Intranet> Community Services> CSB Forms > Fiscal > Travel Demand (Form M8154 Rev. 11/09)

F. Use of Procurement Cards

County Procurement Cards are assigned to an employee at the discretion of the EHS Director and CSB Director. Card holders must abide by all policies as stated in the Procurement Card Manual, County Administrative Bulletin 111.8, and County Administrative Bulletin 204.13.

CSB card holders must obtain written approval from a Senior Administrative Manager prior to making a purchase to ensure that all expenditures are known about at the time the Approving Official is reviewing and approving the monthly Statement of Account.

- The Procurement Card is to be used for official County business purposes only and may not be used for any personal transactions.
- Card holders are responsible for adherence to all County Policies and Procedures regardless of whether a transaction is allowed at the point of sale.
- The Procurement Card is not intended to avoid or bypass appropriate purchasing procedures.
- Each card has a preset transaction, 24 hour, and billing cycle spending limit which varies by card. Employees are not authorized to exceed their spending limits.
- Disputes to charges must be made as quickly as possible per County Procurement Card manual.
- Authorized Purchases include:
 - Small Tools/ Computer supplies
 - Safety/ First Aid
 - Books/Subscriptions
 - Office Supplies (If not available through our office supply contractor)
 - Conference Registration/ Travel (an approved travel request is still required)
- Unauthorized Purchases include:
 - Repetitive purchases better served under a blanket purchase order
 - Meals/ Alcohol /Entertainment
 - Local/ Long distance telephone charges/Internet connection costs
 - Parking/Fuel
 - Committee membership/Professional Membership Dues
 - Services of any kind
 - Items to be reimbursed through a travel demand
 - Items available under a County Contract
 - Cash/ Gift Card/ Gift Certificate/ Money Order, etc.
 - Fines/Donations
 - Any expense prohibited under County Administrative Bulletins.
- A log must be kept of all purchases which includes:

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- Charges split between the appropriate org codes
- Original sales receipt/ credit or return receipts/packing slips

G. Other Compensation

Refer to Contra Costa County Personnel Policies and Procedures.

H. Salary

Employee salaries are set according to procedures established by the County Board of Supervisors and the Memorandum of Understanding as agreed to by the Board and collective bargaining units.

The Salary schedule and range of steps for Community Services Bureau classifications is available in each work location.

New employees generally are appointed at the minimum step of the salary range established for the particular class of positions to which the appointment is made. The appointing authority, however, may fill a particular position at a step above the minimum of the range.

Upon satisfactory completion of the probationary period, employees receive a salary increase to the next step.

The performance of each employee, except those employees already at the maximum salary step of the appropriate salary range, is reviewed on the employee's anniversary date to determine whether the salary of the employee is to be advanced to the next higher step in the salary range. Advancement is granted on the affirmative recommendation of the appointing authority, based on satisfactory performance by the employee. The appointing authority may recommend denial of the increment or denial subject to one additional review at some specified date before the next anniversary, with the date set at the time the original report is returned. This decision may be appealed through the Grievance Procedure.

Except as provided by County procedures, increments within range shall not be granted more frequently than once per year, nor shall more than one step within range increment be granted at one time, except as otherwise provided in deep class resolutions. Nothing may be construed to make the granting of increments mandatory on the County.

If an operating department verifies in writing that an administrative or clerical error was made in failing to submit the documents needed to advance an employee to the next salary step on the first of the month when eligible, the advancement will be made retroactive to the first of the month when eligible.

A part-time employee is paid a monthly salary (in the same ratio to the full-time monthly rate to which the employee would be entitled as a full-time employee) as the number of hours per week in the employee's part-time work schedule bears to the number of hours in the full-time work schedule of the department.

Any employee who is appointed to a position of a class allocated to a higher salary range than the class previously occupied - except as provided by County procedures - receives the salary in the new salary

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range, which is next higher than the rate received before promotion. If this increase is less than five percent, the employee's salary is adjusted (to the step in the new range which is at least five percent greater than the next higher step), provided that the next step does not exceed the maximum salary for the higher class.

Any employee who is demoted (except as provided under Contra Costa County procedures) will have the salary reduced to the monthly salary step in the range for the class of positions to which he or she has been demoted next lower than the salary received before demotion. If this decrease is less than five percent, the employee's salary will be adjusted to the step in the new range which is five percent less than the next lower step provided that the next step is not less than the minimum salary for the lower class.

Whenever a demotion is the result of layoff, cancellation of position, or displacement by another employee with greater seniority rights, the salary of the demoted employee will be the step on the salary range which would have been achieved if the employee had been continuously in the position to which he/she has been demoted, all within range increments being granted.

Whenever any employee voluntarily demotes to a position in a class having a salary range lower than that of the class from which he/she demotes, the salary remains the same if the steps in the new demoted salary range permit. If not, the new salary is set at the step next below the former salary.

I. Bilingual Pay Differential

A salary differential of one hundred dollars (\$100) per month is paid to incumbents of positions requiring bilingual proficiency as designated by the appointing authority and the Bureau Director of Human Resources.

The bilingual salary differential is prorated for employees working less than full-time and/or who are on an unpaid leave of absence for a portion of any given month. (Refer to Contra Costa County Management Handbook.)

J. Accounting Certificate Differential

Incumbents of Management professional accounting, auditing or fiscal officer positions who are duly qualified as a CPA, CIA, CMA or CGFM shall receive a positive differential of five percent (5%) of base monthly salary. (Refer to Contra Costa County Management Handbook.)

K. Management Longevity Pay

Employees who have completed ten (10) years of appointed service for the County shall receive a two and one-half percent (2.5%) longevity differential.

Employees who have completed fifteen (15) years of appointed service for the County shall receive an additional two and one-half percent (2.5%) longevity differential. (Refer to Contra Costa County Management Handbook.)

L. Management Paid Personal Leave (Admin Leave)

Un-represented management employees (exempt from payment of overtime) receive paid administrative leave (94 hours per year) annually.

All management employees exempt from payment of overtime are authorized paid administrative leave credit for each year, in accordance with current Contra Costa County policies.

Use of administrative leave credits may be requested whenever desired by the employee; however, approval of requests is subject to the same department process as used for vacation requests.

All unused paid administrative leave will be canceled on December 31 of each year.
For further information on management paid administrative leave, see Contra Costa County Admin Bulletin #423.3 (06-23-98).

M. Unemployment Compensation

Employees of Contra Costa County may be eligible for unemployment compensation. The cost of unemployment compensation is borne by the County. To qualify for unemployment compensation, an employee must:

- Be unemployed and registered with the State Employment Development Department for work
- Have separated for good cause
- Have received minimum base-period wages as currently established by State law or regulation
- Comply with regulations in regard to filing claims
- Be available to immediately accept suitable work
- Be actively seeking work
- Be physically able to work

On all voluntary resignations, a Notice of Voluntary Termination of Employment (AK-219) must accompany the Notice of Separation (AK-16), and must be immediately forwarded to the

Personnel Office, Records Division.

On non-voluntary separations, complete details must be attached to the separation notice (with the exception of rejection of probation separation). Refer to County Admin Bulletin #420.1 (01-19-81) for further information.

N. Vehicle Use

The County establishes policies on the use and operation of vehicles, both County-owned and privately owned, on County business.

Please see County Admin Bulletins #507.8 (02-20-08), County Vehicle Operation, and #535 (05-20-10),

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Use of Private Vehicles, for further information.

NOTE: For Contra Costa County's Policies and Procedures, please refer to the Contra Costa County's Administrative Bulletins and Management Handbook.

O. In-Kind (Non-Federal Share)

1. Background

The Head Start Act stipulates that the Federal share of the total costs of the Head Start program will not exceed 80 percent of the total grantee budget unless a waiver has been granted (Head Start Act Section 640(b)). If the grantee agency fails to obtain and document the required 20 percent, or other approved match, a disallowance of Federal funds may be taken. Non-Federal share must meet the same criteria for allowability as other costs incurred and paid with Federal funds.

2. Definitions

- Allowable Cost: Third party in-kind contributions shall count toward satisfying a cost-sharing or matching requirement only where, if the party receiving the contribution were to pay for them, they would be an allowable cost. Allowable costs are determined by the tests of reasonableness, necessity and allocability as defined in Office of Management and Budget (OMB) Circulars A-21, A-87 and A-122.
- In-Kind: Property or services that benefit a grant supported project or program and are contributed by non-Federal third parties without charge to the grantee. In-kind contributions may consist of the value of real property and equipment and the value of goods and services directly benefiting the grant program and specifically identifiable to it. In-kind match is counted for the period when the services are provided or when the donated goods are received and used.
- Volunteer: An individual providing a service that is necessary to the operation of the Head Start program at no cost to a grantee agency.
- CSB Categories for third party in-kind contributions:
 - Classroom Help (CH): In-Kind to assist in the classroom.
 - Field Trip Help (FT): In-Kind to assist supervising children and their activities during a field trip.
 - Home Visits (HV): Volunteer at Home visits where parent is involved in child-directed activities.
 - Parent Meetings/Family Events (PM): Volunteer at Parent Meetings: Participating in site based events.
 - Policy Council Meetings/Subcommittees (PC): Volunteer at Policy Council and approved related events.
 - Home Activities (HA): Volunteer working on educational goals with child at home.
 - Donated Goods (DG): Materials donated directly to HS including land, buildings, or space that offset normal operating expenses.
 - Donated Services (DS): Time provided by professionals within the community on a professional level; i.e. Fire person, fence builder, mechanic, library aide, doctor, dentist, counselor and other professions.

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3. Values of third party in-kind contributions will be determined and computed by CSB Fiscal Unit for the following contributions:

- Classroom Help
- Field Trip Help
- Home Visit Volunteer
- Site Meeting/Family Events Volunteer
- Policy Council Meetings/Subcommittee Volunteer
- Home Activities Volunteer

4. Donated Goods and Services (professional) will be determined by the community member or professional delivering the contribution within the standards of reason for the value and goods of the service.

5-CSB Staff will adhere to the following procedures for collection, documentation, calculation and record keeping of Third Party In-Kind contributions:

- Head/Lead Teachers: Daily/Monthly
 - Prepares CSB320 (CSB-320), in-kind form for classroom
 - Ensures proper completion of in-kind form-Full Name, Type of in-kind contribution, Service Time, signature of volunteer
 - Submit the CSB320 to Site Supervisor by 1st of each month with the 9400 sign-in sheets

- Site Supervisor Monthly
 - Ensures collection of in-kind forms from every classroom by the 1st of each month
 - Reviews and monitors forms for completion and accuracy
 - Sign form indicating review and approval
 - Follows up with any classrooms submitting zero or low in-kind
 - Submits the in-kind form to the Cluster Clerk by the 5th of each month with the 9400s

- Assistant Director Monthly
 - Reviews in-kind sheets and signs off
 - Follows-up with any sites submitting zero or low in-kind
 - Submits to Cluster Clerk for data entry

- Cluster Clerk Monthly
 - Calculates the total number of in-kind hours per activity for each site
 - Calculate EHS and, HS separately as directed by CSB fiscal unit
 - Inputs data into COPA/CLOUDS by the 20th of each month
 - If a cluster clerk receives in-kind forms after the 15th, hold for next month tracking
 - Maintains original documents

- Fiscal
 - Determines the in-kind rate calculation for volunteer contributions

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- (Non-professional) Annually
- Monitor volunteer in-kind hours once a month Monthly
- Ensure proper value of in-kind rates and calculations

- CSM in charge of Parent Involvement / PC Clerk: Monthly
- Reviews monthly in-kind data entered by Cluster Clerks
- Reports in-kind hours by site as reported to CSM in charge of Parent Involvement
- Reports in-kind hours by cluster as reported to Assistant Directors
- Provides training and support, as needed, to teachers and/or Site Supervisors
- Provides total in-kind contributions as needed or requested

P. Reduced Days of Attendance Due to Emergency Conditions

1. Background

California Department of Education (CDE) Management Bulletin 10-09 which reminds Agencies that Education Code (EC) 8271 provides against loss of funds due to the circumstances that are beyond the control of the contractor.

It states that in the event that operating agencies are unable to operate due to incomplete renovations authorized by administering state agencies, or due to circumstances beyond the control of the operating agency, including earthquakes, floods, or fires, such programs shall not be penalized for incurred program expenses nor in subsequent annual budget allocations.

Circumstances beyond the control of operating contractors include, but are not necessarily limited to:

- Earthquakes
- Floods
- Fires
- Epidemics
- Impassable roads
- The imminence of a major health or safety hazard, as determined by the local health department or law enforcement agency
- A strike affecting transportation services for children provided by a non-agency entity
- Incomplete facility renovations authorized by the California Department of Education, pursuant to California *Education Code* sections 8277.1 and 8277.2
- State of California budget impasse

2. Policy

Whenever a contractor's days of operation are reduced for any of the above reasons, and the reduction in days of operation did not require the contractor to reduce staff through layoffs or unpaid furloughs, the contractor's governing board, or the executive office for contractors not having a governing board, must adopt a resolution that clearly and fully describes the nature of the emergency condition as well as the specific effect on program operations. The resolution

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should include:

- Dates program operation was necessarily suspended or substantially reduced
- Daily attendance for both certified and non-certified children for the week prior to the date operation was suspended or reduce

Whenever the contractor's days of operation are reduced because of a state budget impasse and this reduction requires the contractor to reduce staff through layoffs or unpaid furloughs, the contractor may request reimbursement for ongoing administrative and operational expenses that occurred during the emergency closure. The contractor's governing board, or the executive office for contractors not having a governing board, must adopt a resolution that clearly and fully describes the nature of the emergency condition as well as the specific effect on program operation. The resolution should include:

- Dates program operation was suspended
- A detailed list of actual program expenses incurred during the period of closure

3. Application Submission Requirements

- Whenever an emergency closure happens at any of the CSB or Partner sites that meets the definition of Management Bulletin 10-09 as mentioned above, the Assistant Director (AD) with the responsibility for that site/ASA III (Partner Sites) will:
 - Inform their Division Manager, Child Development Accountant and State Liaison ASA III of such occurrence as soon as possible.
 - Obtain a copy of the verification for the emergency closure. This could be in the form of a utility notice, damage assessment report, unusual Incident/injury report etc.
 - Mark "Non Class Day" for all children affect by the emergency closure for all closure days on CLOUDS via the classroom wall pads or CLOUDS Manual Attendance module.
 - Obtain the daily attendance for both certified and non-certified children of the impacted classroom/site for the whole week prior to date of emergency closure. The attendance sheet should indicate site, classroom, number of children in that classroom, contract type(s) and date. Please use CLOUDS Manual Attendance Module to print the Attendance for the entire week.
 - Submit the closure verification and the attendance to the State liaison ASA III.
 - The State Liaison ASA III will use the above data, verify the attendance and contract types on CLOUDS/CDFS 8501, and submit a request for a board resolution to the Contracts Unit.
 - Once the board resolution is obtained, the State Liaison ASA III will submit the application to our Early Learning and Care Division (ELCD) consultant for approval in accordance with the Management Bulletin 10-09.

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- The ELCD and the Child Development Fiscal Services (CDFS) will jointly review and determine the actual program expenses incurred during the period of closure/reduced operations.
- The approval will be submitted to CSB Business System Unit and Fiscal Unit for processing of CDE's in CLOUDS System and reporting to CA Department of Education respectively.
 - Business Systems Unit will mark all children's Attendance as "Excused" for those closure days which were approved by CDE.
 - Business Systems Unit will update the affected 9400s
 - Business Systems Unit will provide a new CD 9500/8501 report to Fiscal Unit for processing.

Part II. Administrative Requirements

Subpart I. Monitoring

A. Purpose

CSB Ongoing Monitoring is a key management system for ensuring program quality and compliance with Head Start/Early Head Start Performance Standards, California Child Development Title V Regulations, California Desired Results and Environment Rating Scales, NAEYC Standards and Title XXII Child Care General Licensing requirements. Ongoing Monitoring ensures that the program is moving toward achieving its goals and objectives while providing high quality, comprehensive services to the ever-changing needs of the children and families served. CSB is committed to the continuous improvement of our programs through regular and ongoing monitoring of all aspects of our operations.

B. Methodology

The ongoing monitoring process is comprehensive in scope. The system provides a method to examine service delivery including the tracking of child and family outcomes on an ongoing basis and incorporates a process to connect the results to management systems. Staff at all operational levels participate in the ongoing monitoring process and any identified concerns are communicated in writing to the appropriate staff responsible. Corrections are validated according to specific timelines.

Ongoing monitoring occurs on a regular and routine basis to assess systems and program operations for evaluation and continuous improvement of our programs. It includes the review and evaluation of services and systems, documentation of results, tracking and analyzing areas of concern and correction, and validation that correction has been completed. Results of monitoring and completion of corrective actions for findings are shared by the Bureau Director or designee with: EHSD Director, Board of Supervisors, Policy Council, Assistant Directors, Site Supervisors and their staff. Results are used to conduct root cause analysis and develop plans for improvement and program planning.

C. Multi-Level Monitoring

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1. Center-Level Monitoring is conducted by Site Supervisors, Comprehensive Services Assistant Managers, Clerks, and Teachers for the purpose of monitoring day-to-day center operations, delivery of services, and overall health and safety of internal and external environments of children at the center for which they are assigned. Assistant Directors receive monthly reports from Site Supervisors that provide an overview of each of the centers they are assigned to track any concerns as well as highlight strengths and special activities occurring each month.

For partner centers, the CSB Partners Unit visits subcontracted centers weekly to monitor the delivery of services and health and safety to ensure ongoing communication. The delegate agency provides monthly communication reports to the Analyst responsible for partners and the delegate agency.

2. Cluster and Content Area Monitoring is conducted by Site Supervisors, Comprehensive Services Managers and Analysts responsible for a specific content or service area to ensure that staff are trained and comply with funding requirements and regulations around a specific content or service. CSMs and Analysts review trends across centers and services and identify risks or concerns and provide ongoing training as well as targeted training when needed.

For partner agencies, the designated Analyst reviews monthly reports and monitoring performed by the agencies and provides support and training as needs are identified. The delegate agency completes its own internal ongoing monitoring. Monthly reports on these activities, including corrective actions, will be submitted to the Analyst overseeing the Partner Unit.

3. Agency-level monitoring is conducted by the CSB Quality Management Unit (QMU). This unit is responsible for conducting compliance and quality monitoring of directly operated, partner and delegate agency centers in six key areas: center monitoring, comprehensive services compliance, need and eligibility, education file monitoring, curriculum fidelity, and Classroom Assessment Scoring System (CLASS™) observations. Corrections for non-compliances are completed by the responsible person at the center and are validated by a QMU Comprehensive Services Assistant Manager(s) or designee. The members of QMU or designee will select a random sample of 50% of the non-compliant files and conduct a final review of correction and validation.

i. File Monitoring: Each directly operated; partner and delegate agency center is monitored once per year (July-June). A random sample of 30% of files is reviewed in the areas of need and eligibility, education and comprehensive services compliance. Areas of strengths and non-compliances are documented on CLOUDS ~~forms~~. For centers that do not utilize CLOUDS, information will be extracted to communicate the findings on a ~~MS-Microsoft~~ document version of the tool and feedback form. The site has seven business days to review non-compliances and send questions, concerns, and items that ~~are may be~~ considered false non-compliances to the QMU. The monitors will be responsible for reviewing, investigating, and correcting any false non-compliance items on the tools as mentioned by the site, revise and communicate changes to tools if applicable. Four weeks after the 7 business day period, QMU staff will revisit the center to validate 50 percent of the files that had been flagged with items of concerns to ensure that they have been corrected, if applicable. Once validation is completed, QMU staff will send center the Quality Management Unit Feedback Form (CSB 791) to inform whether validation passed or failed. If the files do not pass the 50 percent validation review, ~~the Assistant Directors and/or designee will create a~~ corrective action plan is required. Within eight weeks from validation results, a designee will complete the Quality Management Unit Feedback Form (CSB 791) addressing a corrective action plan. A CSM or designee will validate the corrective action plan and verify that all corrections have been made within seven business days and ~~The Quality Management Unit~~

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~~Feedback Form whether center passed or failed validation, must be submitted to CSB-Monitoring@ehsd.cccounty.us within eight weeks from the date QMU staff sent validation results.~~
~~After the submission of the corrective action plan, QMU staff will check for it 4 weeks from the date of monitoring to be for the review of non-compliance items.~~

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ii.

Areas of strengths and non-compliances are documented on CLOUDS forms. For centers that do not utilize CLOUDS, information will be extracted to communicate the findings on a ~~MS-Microsoft~~ document version of the tool and feedback form. The site has seven days to send questions, concerns, and items that are considered false non-compliances to the QMU. The monitors will be responsible for reviewing, investigating, and correcting any false non-compliance items on the tools as mentioned by the site, revise and communicate changes to tools if applicable. Center based staff will correct non-compliances and document it on CLOUDS forms ~~or Microsoft, MS-~~ documents. QMU clerk will monitor to ensure that all corrections are documented within 5 weeks, or notify the Assistant Director or designee to follow-up, as applicable.

~~v-ii.~~ Education-Curriculum Fidelity Monitoring: All directly operated, partner, and delegate agency classrooms are monitored for ~~education—environment~~ curriculum fidelity. QMU monitors the classroom using ~~the a revised version of ECERS and ITERS~~ Creative Curriculum Fidelity Checklist. Classroom must receive a score ~~of in fidelity of medium 5-~~ or better to be compliant. Non-compliant items are marked on the tools and the findings are documented on the feedback forms. ~~QMU staff will visit the classroom for a minimum of 3 hours during the prime times of the day.~~ After completing the observation ~~period~~ period, the monitor will meet with the lead teacher and share observations and ask any questions as needed. Within three days, QMU staff will send the reports to the responsible persons. It is the expectation that all monitoring reports, regardless of type of findings, are shared with the team whose work was reviewed. The site has seven days to send questions, concerns, and items that are considered false non-compliances to the QMU. The monitors will be responsible for reviewing, investigating, and correcting any false non-compliance items on the tools as mentioned by the site, revise and communicate changes to tools if applicable.

If there are no non-compliances, the feedback form is signed by the Assistant Director or designee and submitted to CSB-Monitoring@ehsd.cccounty.us within five weeks of monitoring.

If there are non-compliances, with five weeks from the monitoring, the Site Supervisors will complete and sign a corrective action plan and submit it to the Cluster's Comprehensive Services Education Manager for approval. The Site Supervisor or designee will submit the signed Corrective Action Plan to CSB-Monitoring@ehsd.cccounty.us. An additional five weeks to have the Comprehensive Services Education Manager validate that the corrective action plan has been implemented and submits it to CSB-Monitoring@ehsd.cccounty.us.

~~v-iii.~~ CLASS Monitoring: CLASS™ Observations are conducted by a trained CLASS™ reliable observer working with the QMU. Fifty percent of the eligible preschool classrooms ~~are randomly selected using an automated system~~ will be selected. Selected classrooms receive CLASS™ observations twice in the year. The following year, CLASS™ will be completed for the remaining classrooms that did not receive observations. Ratings below cut-off scores require a corrective action. CSB's CLASS™ cut-off scores for corrective action may vary from year-to- year as they are established after the National Designation Renewal System trigger scores have been made available. Teachers must receive a score of 6 or better in the domains of Emotional Support and

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Classroom Organization and a score of 3 or better in the Instructional Support domain. Classrooms review two twenty-minute observations, twice per year. Within three days, QMU staff will send the reports to the responsible persons. It is the expectation that all monitoring reports, regardless of type of findings, are shared with the team whose work was reviewed. The site has seven days to send questions, concerns, and items that are considered false non-compliances to the QMU. The monitors will be responsible for reviewing, investigating, and correcting any false non-compliance items on the tools as mentioned by the site, revise and communicate changes to tools if applicable.

If there are no non-compliances, the feedback form is signed by the Assistant Director or designee and submitted to CSB-Monitoring@ehsd.cccounty.us within five weeks of monitoring.

If there are non-compliances, with five weeks from the monitoring, the Site Supervisors will complete and sign a corrective action plan and submit it to the Cluster's Comprehensive Services Education Manager for approval. The Site Supervisor or designee will submit the signed Corrective Action Plan to CSB-Monitoring@ehsd.cccounty.us. An additional five weeks to have the Comprehensive Services Education Manager validate that the corrective action plan has been implemented and submits it to CSB-Monitoring@ehsd.cccounty.us.

Data collected from monitoring is compiled into agency reports for review by staff, managers, the Policy Council and Board of Supervisors to inform of agency trends, strengths and areas in need of improvement. All reports and findings are shared with the partner and delegate agencies.

The Analyst overseeing the QMU compiles results and findings and distributes reports to senior management, Comprehensive Services Managers, Site Supervisors, center staff, Board of Supervisors, and the Policy Council twice per year. These reports are a high-level representation of the agency's compliance and non-compliance concerns in the five-six areas monitored by QMU. Comprehensive Services Managers and senior managers responsible for a content or service area review these bi-annual reports to identify trends and develop staff training.

4. The Bureau Director or her designees will monitor all administrative internal team members with responsibility over service areas. This may include periodic walk-through activities or unannounced visits to sites.

5. Additional information on multi-level monitoring is available in the Appendix of the Policies and Procedures.

D. Fiscal Monitoring of the Delegate Agency by the Grantee

The Grantee certifies that the Delegate Agency is complying with regulations and generally accepted accounting principles. Monitoring is conducted using the following format:

- Monthly Reports: Delegate Agency shall submit monthly financial reports that record cumulative and accrued expenditures and obligations through the end of the contract year. Monthly reports are due on the 20th of each month for the preceding month. Reports shall be submitted on Form M2092 (Monthly Financial Report) and shall include, at a minimum:

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- Separate reports for Program Accounts 20 and 22
- Reimbursement reports for the Child Food Program
- Line item documentation of administrative expenditures
- Copies of contractor's monthly financial statement and payroll reports
- A separate monthly report summarizing the local share reported in the financial report.

E. Fiscal Officer or his/her designee reviews the financial information for content and consistency before reimbursing monthly expenditures

Annual On-Site Monitoring: After the annual audit by a Certified Independent Accountant, the Grantee performs an on-site review of the Delegate Agency records using the OHS Monitoring Protocol. This procedure is performed no later than May of each year for the prior award year.

The following is monitored:

- Accounting Records: Records are reviewed to assure that they adequately identify the source and application of funds for contract-supported activities, and that they are maintained. Records are reviewed to make sure that they contain information pertaining to contract awards, authorizations, obligations, unobligated balances, assets, outlays, income, and liabilities.
- Internal Controls: Controls are reviewed for effectiveness, and that accountability is maintained for all contract cash, real and personal property, and all other assets. Contractor is reviewed for adequately safeguarding all such property and that property is used solely for contract purposes.
- Budgetary Controls: The actual and budgeted amounts for each contract allocation are compared. The grantee will conduct regular and routine monitoring including delegate agency annual management and fiscal systems review.

F. Center Visit Documentation

The CSB Director, Assistant Directors, or other Administrative Managers may conduct unscheduled/unannounced monitoring visits at directly operated or partner agency sites. These visits are documented on the Center Visit Documentation form. Any issue requiring a corrective action is documented and validation of correction is assigned and verified upon completion.

G. Client Concern Tracking

CSB maintains a log to record and track customer concerns/complaints.

1. Site Supervisor and Comprehensive Services Manager Responsibility:
 - Site Supervisors and CSMs will document all customer complaints on the monthly log and

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submit to their AD or ASAIII monthly.

- A new sheet or document will be used each month. Do not combine months when submitting to AD/ASAIII. At this time this log is not yet posted on CSB Forms or Intranet and so each SS/CSM should keep a blank template of this log on hand to start a new one each month.
- Complaints to be documented include all complaints from the public, enrolled families or families attempting to be enrolled.
- The completed monthly log shall be maintained by the SS/CSM.

2. Assistant Director/ASA III Responsibility:

Upon receipt of the monthly client concern tracking log, AD or ASAIII will combine all reports onto the Quarterly Complaint Log and submit to their supervisor quarterly.

3. Division Manager/Business Systems Manager Responsibility: The DM or BSM will provide the report quarterly to the Director.

H. Procedures for Review, Analysis and Reporting

The monitoring analyst will ensure that the data is entered into the Monitoring database and that reports are distributed to all stakeholders, including the Bureau Director, Assistant Director, and Comprehensive Services Managers and site staff. A monitoring results report is also prepared for the Delegate Agency. All monitoring results will be formally submitted to the delegate agency. Issues or corrections cited will be communicated with corrective action requirements as part of the notification.

1. Monitoring Database

- The program uses databases designed in-house to track monitoring findings and areas of strength to inform the reporting process and ensure the system is working effectively and efficiently. The analyst responsible for the ongoing monitoring system uses the database to track completion of corrective actions to ensure that closure is established for any item found to be non-compliant.
- The databases allow program managers to view trends and isolated incidences and assist them in conducting root cause analysis and plans for improvement as appropriate in a timely fashion.
- Non-compliances will be utilized by all staff to: to identify program weaknesses; to correct identified non-compliance issues; and to seek continuous improvement.

2. Monitoring Reports

- Monitoring analyst compiles results and findings such as: program strengths, areas of improvement, site performance reports and other reports as needed.
- Reports are disseminated to: senior management, comprehensive services unit, site supervisors, and site staff, Board of Supervisors, and Policy Council.
- Monitoring Analyst will complete a semi-annual Root Cause Analysis report and provide roll up summaries within 4 weeks of completion of Period 1 (July-December) and Period 2 (January-June).

3. Root Cause Analysis

Content Area Managers will review semi-annual monitoring reports for trends across their service area and complete a Root Cause Analysis and provide an Ongoing Monitoring Corrective Action Plan in response to areas identified as needing improvement within 4 weeks of report distribution.

- Review the monitoring reports for areas needing improvement to address and identify root causes for non-compliances (tangible, materials items failed, something was done incorrectly, system or process to do work requires revision).
- Define the problem, collect data, identify possible causal factors surrounding the problem, and identify the root cause.
- Submit an action plan to the Assistant Director to recommend and implement solutions, identify responsible persons.
- Effectiveness of action plan will be reviewed at the release of the following semi-annual monitoring report.

I. The Ongoing Monitoring Plan

For more detailed description of the ongoing monitoring system, refer to the Ongoing Monitoring Plan located in the CSB Intranet.

Subpart II. Self-Assessment

A. Self-Assessment Team

The Grantee and the Delegate Agency conduct a joint Self-Assessment each year. The role of the Bureau Director and Delegate Director and/or their designees in the self-assessment process are as “advisor” to team. The analyst responsible for the Self-Assessment is the Team Leader and may be supported by a consultant. Small teams are comprised of grantee and delegate agency management and non-management staff, parents, community partners, and representatives of the Board of Supervisors. A cross-section of staff is represented on each team. Teams are formed beginning in November of each year and finalized in January.

B. Methodology

1. Components of the self-assessment monitoring may differ year to year. The team leader and consultant, if applicable, identify sites and classrooms for the self-assessment. The following factors are considered in site selection:

- Monitoring results, including recent Federal Review, licensing visits, and assessment Findings
- History of site inclusion in last three years of self-assessment
- Program options and funding models to ensure all variations are assessed

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- Representation of Supervisory Districts
- Site based special initiatives and projects
- Operational days

2. The current Office of Head Start (OHS) Program Monitoring Instrument and the Classroom Assessment Scoring System (CLASS™) are the tools used for the self-assessment each year. Slight modifications may be made to the tool by the team leader to streamline it for ease of use by community partners, parents, and board representatives. Other tools may be introduced as needed.

3. A timeline is established which includes ample time for site visits and report writing, scheduled team check-in sessions, and ongoing training and technical assistance.

4. Training is provided to all team members in January of each year and addresses the following items:

- Purpose and Approach
- Self-assessment process
- Methods of collecting applicable data
- Timelines
- Confidentiality
- Reporting procedure used in the “non-compliant” portion of each review team’s report
- Report writing format and techniques

C. Parent Involvement

The Policy Council has a Self-Assessment sub-committee, which forms in November of each year after being provided with a description of the work of the committee. The Policy Council is oriented to the self-assessment process and timeline in November, at which time additional members of the sub-committee are recruited. These parents are trained fully with the rest of the team in January and are paired with an experienced manager to mentor them through the process, if necessary. The varying availability of parents is accommodated to maximize the involvement of all parents who express an interest in participating. Non-English speaking parents are encouraged to get involved and are paired with a staff person who speaks their language.

D. Process of Self-Assessment of Agency’s Program Services

The Self-Assessment is conducted in February of each year. Each team is assigned specific service areas and several sites to assess and determine compliance. Examples of tasks of the various teams include:

- Interviewing appropriate staff, community partners, and parents
- Observing the classroom environment
- Reviewing documents such as policies, procedures, and service plans
- Observing procedures as they are implemented in the field
- Completing checklists for health and safety and eligibility

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Teams check in regularly to report progress, problem solve questionable compliance areas, and plan their next day. At the conclusion of the data-collecting process, individual teams meet and review their findings, and determine the following:

- Program strengths and compliances
- Non-compliances
- Recommendation of a plan of action to meet compliance
- Evaluate the process using a plus/delta approach which is used to inform the process for the next year.

E. Self-Assessment Results

Individual results of the self-assessment teams are submitted to the Analyst, who consults with the Bureau Director and Delegate Agency Director, and then compiles a complete report of the self-assessment.

The written report is sent out to staff, and if non-compliances are found, content area experts are assigned to develop a corrective action plan. Once the corrections are validated (immediately for health and safety items and within 30 days for all other items), the self-assessment report and plan of action are submitted to the Policy Council and Board of Supervisors in March. An approval is obtained for any corrective action plan involved. The final report, inclusive of the validation of submission and/or approval by the Policy Council and Board of Supervisors, is then submitted to the Administration for Children and families (ACF).

The results of the self-assessment are to be used in the planning process, in developing and improving program services, and in formulating the program approach, service plans, and goals and objectives for the program.

F. Monitoring the Plan of Action Resulting from Self-Assessment

Throughout the year, management staff responsible for any areas of non-compliance identified in the self-assessment process shall continue to monitor the status of the corrective action, using the results of ongoing monitoring efforts, to ensure the issue is resolved and continues to remain compliant.

Part III. Record Keeping and Reporting

A. General Description

Record-Keeping and Reporting Systems

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The effective and efficient reporting system used in CSB meets federal guidelines as spelled out in the Performance Standards Record-Keeping Instruction and the state guidelines as required by state contract and licensing requirements.

The system provides for accurate and timely information regarding children, families and staff and meets the Confidentiality Policy of the bureau.

Each area of program services maintains the appropriate record-keeping and reporting systems according to the above mentioned federal and state guidelines to include: child and family records, site safety records, child records, child health records, family records, and personnel records. Systems for maintaining the records, specific to a program service area, are described in each section of these policies and procedures.

A file and records system is established/maintained by the Contra Costa County Community Services Bureau personnel office. In addition, copies of certain personnel records pertaining to all permanent staff, including Teacher Assistant Trainees job qualifications are kept at each child care center as required by state licensing.

Confidential files and records system shall be maintained in a locked cabinet to include official documents for each staff member.

- Procedure for File Transfers: When staff transfers to another site, it is the responsibility of the Site Supervisor at the new site to assure all required personnel files are sent to the new site by communicating with the Site Supervisor of the site from which the employee is transferring.
- The following procedures are in place to protect confidentiality of all sensitive material:
If files are faxed by CSB Personnel to the employee's new location, CSB Personnel will contact the site supervisor and request the site supervisor to oversee the fax machine to verify all confidential information is transmitted to the site supervisor only, protecting the employee's HIPAA rights to privacy.
- After the Personnel Staff receives a confirmation from the fax machine, the Personnel Staff will call or e-mail the Site Supervisor to ensure that all the documents sent to that site have been received.
- The site supervisor at the employee's previous location will shred all documents pertaining to the transferred employee, and will send email verification to CSB Personnel when shredding is complete.
- Employees have the option of personally transporting their files to their new site. The employee must sign for the file material, and immediately transfer the file contents to their new site supervisor. The site supervisor must send verification to CSB Personnel when proper filing procedures have been completed.
- Under no circumstances may files be transmitted by interoffice or pony mail.

B. Personnel Files

All personnel files are stored in the Personnel Unit in a locked cabinet and in a locked office. The access to the personnel files is granted only to the authorized personnel. An employee's union representative must have a written authorization from the employee to obtain access to his/her personnel file. When reviewing a personnel file, a member from the personnel staff must accompany the authorized

personnel at all times in the closed door office. The authorized personnel must sign, date and write the reasons on the "Access to File" card located in front of each personnel file.

C. Family Files

1. Center Based

The Site Supervisor, comprehensive service staff or the head teacher at each site is responsible for maintaining the family's basic data file at each site. All children's files must be kept in a locked file cabinet. Access to files is permitted only by authorized personnel. When authorized personnel must access a child's file, the protocol must be adhered to. Two types of access and removal of a file from the cabinet can take place.

- The file is taken off site for audit or review:
Authorized staff must record the removal of the file off the site premises on the "Record Keeping Log" located at the site; He/she must log: "check in/out status" by completing the required information on the template.
- The file is accessed on site:
Authorized staff needing to work on a file on site must pull the file and in its place insert the file check-out card indicating: date, name and signature of staff pulling file. Upon return of the file, staff must sign in verifying the return of the file, and the check-out Card is removed.

In both of the above situations, an "Access to File" form must also be completed by the authorized person accessing the file. This is located on the right hand side of the first section of the child's file. One must indicate date, name, and purpose for accessing the file.

Files are kept on site for the current enrollment year until after the annual audit is complete. After the audit, files are prepared to be archived, and sent to a warehouse for storage. Children's files are kept for five years after our services to the family ends. Files are then shredded.

Effective January 1st 2014, any document or record may be maintained on electronic format if it was originally created in an electronic format and kept in its original unconverted electronic format. Documents or records created in paper form cannot be scanned and stored electronically alone. These records must be stored in their original paper format. Independently of being hard copy or electronic format, all records must be kept for at least five years

2. Alternate Payment Program: All family files must be kept in a locked file cabinet. Access to files is permitted only by authorized personnel.

Any document or record may be maintained on electronic format if it was originally created in an electronic format and kept in its original unconverted electronic format. Documents or records created in paper form cannot be scanned and stored electronically alone. These records must be stored in their original paper format. Independently of being hard copy or electronic format, all records must be kept for at least five years. After this period, hard copy files will be shredded.

D. Client Files for Low Income Home Energy Assistance Program

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All Client records and documents must be scanned in a secure folder. All scanned and hard copy client records are retained for three years from the contract close out. After three years from the contract close out date, the hard copies are then shredded.

E. Contract Files

Contract files are stored in designated cabinets in the Contract & Grants Administration office. Contract staff is required to maintain current and accurate records of contract activity. This includes contracts, board orders, insurance verifications, required clearances and Internal Revenue Service (IRS) documentation. The documents are kept in individual contract files, labeled by contractor name and contract number. Board orders are kept with each corresponding contract and in a general board order file, organized by month and year. EHSD Contracts and Grants Unit will maintain a record of all contractors' files and will include all licensing and program mandated forms. The following documents are maintained by the Contracts & Grants Unit:

- Independent Contractor contract files
- County Administrator Office Questionnaire for determining Independent Contractor status
- Corporation (non-profit and for-profit) Contractor contract files
- Contract files for contracts with other legal status, such as general partnership
- Contra Costa County Small Business Enterprise award forms (where applicable)
- Board of Supervisors board orders
- IRS W-9s and IRS W-4s (where applicable)
- Certificate of Liability Insurance
- Fingerprint clearance form (where applicable)
- Current Health Screening Form or proof of current physical exam and TB clearance (where applicable)
- Contra Costa County Auditor-Controller Insurance clearance
- CSB Contract Request forms, with authorizing signatures

F. Public Access to County Records

In accordance with the California Public Records Act and the Better Government Ordinance, any person is entitled to inspect and to receive copies of the public records of the County, including records of individual departments. Upon a request for a copy of public records, county staff is to make the requested records available to any person upon payment of applicable fees. Disclosable county records may be inspected anytime during regular business hours. Every attempt should be made to allow prompt inspection of the requested disclosable records. If copies are requested, they should be provided no later than the next business day if possible to do so.

i. Disclosable Records:

Any existing writings containing information relating to the conduct of the public's business prepared, owned, used or retained by the County regardless of physical form or characteristics are considered public records and should be disclosed by request. These include, but are not limited to, papers, books, maps, charts, photographs, audio tapes, and video tapes, information stored in non-paper form on a

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computer or other electronic media and other material. Additionally, writings that are not, in whole or in part, exempt from disclosure under the Public Records Act and the Better Government Ordinance.

ii. Exempt from Disclosure Records:

Personnel, medical or similar records which cover intimate and personal information such as: employee performance evaluations, employee home address, home telephone number and all personal information are exempt from disclosure. Certain other public employee information may be released: (1) amount of an employee's gross salary and benefits, job classification, and job duties; (2) Merit board and arbitration disciplinary proceedings and writings submitted in such proceedings; (3) information in case of emergency or need when such disclosure appears reasonable to protect any person's health or welfare; (4) information for authorized criminal law enforcement purposes; (5) information required by subpoena, testimony or other legal process; (6) information authorized to be released to third parties by the written consent of the effected employee; and (7) any other information, when reviewed and approved by CC County Counsel prior to release.

- Investigatory records compiled for correctional or law enforcement purposes such as: records of complaints, preliminary inquiries if a crime or violation has been committed, full investigations, and memoranda "closing" an investigation.
- Examination data such as questions, scoring keys, examination data used to administer a licensing, employment or academic examination.
- Confidential legal writings such as writings to or from the CC County Counsel to an attorney who represents the County or writings especially prepared for or by the County Counsel providing legal advice, analysis of proposed legislative actions or positions, terms of settlement of litigation, post-negotiation reports.
- Health Services contracts between the County and the State and writings related to those contracts.
- Particular statutory exemptions related to specific situations such as information about health facilities, assessment records, agricultural information, etc.
- Real estate appraisals or engineering studies relating to the acquisition of properties or to prospective construction contracts.
- Preliminary drafts, notes, memoranda and "deliberative process".

CSB employees are encouraged to contact Personnel when approached with requests for disclosure of documents by the public. Personnel staff will provide advice or contact County Counsel for additional clarification. In such cases, the employees are expected to provide the requestor/s with timelines in which the requested information will be provided to them.

Part IV. Business Systems

A. Overview

The Business Systems Unit supports the operation of CSB programs by ensuring that CSB has:

- Safe, secure facilities.

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- Technology and related services to effectively manage work.
- Safe transportation for travel as necessary and available.
- Grant writing leadership and support.
- Ongoing monitoring, planning, and communication systems.
- Equipment and supplies necessary to operate a quality program; and
- Forums for sharing ideas and implementing continuous improvement.

B. Facilities

1. Physical Environment and Facilities

- Both CSB and their designated contractors shall endeavor to operate offices and childcare centers that are free of exposure from toxins such as cigarette smoke, pesticides, herbicides, lead, and other air pollutants as well as contaminants from the soil and the water.
- Smoking is not permitted under any circumstances on the premises of the centers and is posted as such. Anyone found bringing in a lit cigarette, electronic cigarette, or cigar shall be directed to immediately leave the office/center until the item has been safely extinguished outside of the building.
- No center or office shall be sprayed with herbicides or pesticides when children or staff is present.
- Each center has a thermostat that must maintain a minimum of 68 degrees F. and a maximum of 85 degrees F.
- All plumbing fixtures must be sanitary, safe and in working condition at all times, including hot and cold water availability (a minimum of 105 degrees F. and not to exceed 120 degrees F) and may not serve more than 15 children.

i. Children's Centers-Outdoor Environment

The outdoor space must be safe and free from hazards at all times. Each morning, before the children go outside, the Site Supervisor or designee must assess the entire outside area including the sandbox, climbing area, playground surfacing, fences and any other area in use by the children to ensure compliance with state and federal health and safety requirements. This is done by using the "Outdoor Health and Safety Checklist".

If there are hazards on the playground, the Site Supervisor must:

- Assess what needs to be done immediately to fix the hazard. If he/she is unable to fix the situation immediately, he/she must make alternate space for the children until the situation is fixed.

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- Report the hazard to his/her immediate supervisor.
- Complete a Facility Work Request after receiving approval from the Site Supervisor.
- In centers with infants, toddlers and preschoolers, the age groups must be kept separated at all times.

ii. Children Centers-Indoor Environment

The indoor space must meet applicable state and federal regulations at all times. Each morning, the opening staff member(s) must conduct an indoor health and safety check to ensure the facility is ready for children.

iii. Infants Environment

The indoor and outdoor spaces for infants must be separate from areas for children of differing ages. Inside it can be a separate room or separated by moveable walls or partitions that have correct square footage in each area. The moveable walls or partitions must be at least four feet high, made of sound absorbing material and designed to minimize injury to infants.

The calculation of the indoor space does not include the space used by cribs. The sleeping area must be physically separate from the activity area. This can be accomplished by having a separate room or with the partitions described above.

2. Building Security/Alarms and Maintenance

i. Building Closure

Procedures are established at each site based on the whether they have an Electronic Access System and/or Building Security Alarm. Each site and the administrative office is responsible for developing and enforcing a building opening and closing procedure. The Site Supervisor or senior staff member is responsible to see that all appropriate staff are informed and trained on the procedure of locking the building and arming the alarm (if applicable). Information on how to contact the alarm company and who to contact for after hour emergencies is posted on the alarm panel.

ii. Building Security Alarms

Building security alarms are turned on by assigned staff when leaving the site at the end of the day and turned off at the beginning of the day. Assigned staff may not share individually assigned alarm codes unless it's an emergency situation. If there are problems with arming or disarming the system, staff must call the alarm monitoring company at the phone number shown at the arming station. If assistance cannot be provided over the phone, an alarm technician will be sent to the site. If error codes are present but the system is functioning, staff should submit an electronic work order to Facilities stating the error code.

The Security system performs a self-test and displays a trouble code for any required maintenance on a daily basis. An emergency contact list is provided to the alarm monitoring company of staff to

contact in case of an alarm being triggered after hours.

iii. Fire and carbon monoxide monitoring systems

Fire and carbon monoxide monitoring systems are tested annually by the Public Works staff and inspection reports are kept on site. Any identified deficiencies must be repaired and pass re-inspection. Repair work orders are submitted electronically to Facilities by the Site Supervisor along with a copy of the Fire Inspection Report on the day of the inspection.

Trouble codes are sent from the alarm system to the monitoring company which alerts the fire department. When the alarm sounds, staff must evacuate the building to the designated evacuation area and wait for emergency personnel.

iv. Exterior door alarms

Exterior door alarms are located at the top of the door(s) and are to remain active in the "On" position at all times. Alarms can be over-ridden by the use of a key that turns the alarm to the "Off" position and allows access to and from a classroom.

The Site Supervisor will submit a work order to Facilities the same day as problems occur, for example the alarm not sounding when the door is opened without turning the key to the "Off" position. The exterior doors alarms are battery operated and beep when a battery becomes weak. Facilities Building Services Workers will replace batteries within 24-hours of receiving a work order request notifying them of a low battery alert.

The Safety Officer performs a test of exterior door alarms as part of the monthly health and safety checklist and all problems are reported to Facilities immediately through submission of an electronic work order request.

v. Alarmed Push Bars on Half-doors

Alarmed push bars on half-doors are located in building entrances and must be armed at all times. The Safety Officer tests all half-doors in the facility as part of the monthly health and safety checklist and all problems are reported to Facilities immediately through submission of an electronic work order request. The Site Supervisor will submit a work order the same day as problems occur, for example when the alarm doesn't make a sound when opening the door and pressing on the bar, or if the alarm does not reset after the door is closed. A half door that is armed will show a red light on the alarm panel. No light or a green light indicates the alarm is not set.

To activate the alarm: the key is turned to the off/green light position, staff waits 30 seconds, and then turns to the on/red light position. Keys to the doors are to be kept out of the reach of children at all times and in a discrete location from visitors. Staff is to demonstrate proficiency in arming the system. Facilities staff will review and provide training on arming the doors upon request.

Centers with alarmed push bars on playground gates are to include the testing of the gates in the monthly Health and Safety checklist. Playground gates do not have alarm panels with lights and are armed at all times.

vi. Electronic Access Card Systems

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Electronic access card systems on exterior entry doors maintain the security of the facilities by limiting access. Staff is issued electronic access cards to sites that work like electronic keys. Exterior doors remain locked from the outside while allowing staff access with their electronic card. The cards are also printed with staff names and photos to be used as identification cards. If an electronic access card is lost or stolen it will be promptly deactivated to maintain the security of the facility. Repairs to access card systems are rarely needed and are made when issues are reported by the Site Supervisor to the Facilities unit through an electronic work order request.

vii. Keys

Keys for entry to the Community Services Bureau buildings will be furnished by Business Systems per the request of the Site Supervisor or employee's supervisor.

At the time of the issuance of keys, the employee will be requested to sign the Portable Media/Access Policy and key sign out sheet.

Upon receiving access to any of the site keys, the staff member is responsible for safe keeping the key and its use as well as to ensure that all building doors are secured prior to leaving the building. Keys are not to be loaned or made available to others and any lost or stolen keys should be reported to Business Systems immediately. For more information, refer to the Portable Media/Access Device Policy.

viii. iPhone (Video/intercom) Systems

iPhone systems are used at some sites to allow staff to easily allow access to families while keeping the facility secure. Visitors to a center press the buzzer outside the entrance and are greeted over the intercom, when they are visually identified the door is unlocked.

ix. Video Surveillance Systems

Video surveillance systems operate 24 hours a day 7 days a week. The Site Supervisor monitors the surveillance cameras daily and confirms cameras are directed to show a clear unobstructed view of the classrooms, entrances and playgrounds. Any obstructions to the view or misdirected cameras are reported to Facilities through an electronic work order request by the site supervisor the same day as they occur. The Facilities staff will check the video feed from their location and report the problem immediately to Public Works. The facilities unit will work with Public Works to make any necessary repairs within 24 hours of the reported problem.

Requests for video footage are made to Facilities by the Site Supervisor or senior management staff through an electronic work order request. Requests must be made as soon as possible as the system only retains footage for up to a week.

3. Acquiring Space

The Policy Council must be consulted on the location of space acquired for the program's use. The space acquired must meet all applicable local ordinances for both classroom and office use. Additionally, all space acquired for classroom use must meet all the state and federal regulations. Negotiation of leases is delegated to Contra Costa County Lease Management and lease costs must

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be within budgeted amounts designated for such expenditures. Lease Management prepares/finalizes all leases for the Assistant Director's signature. In addition, the Business Systems Manager or Division Manager must approve/sign all the leases negotiated for CSB.

4. Use of County Facilities

The use of county facilities is covered by the following regulations:

- County Property shall be used only for official business. No employee of the Department shall use any County Property for his or her own personal benefit.
- Use of County building space by private organizations is regulated by inter-agency agreement.
- Departmental officials may make arrangements for posting official announcements on County bulletin boards through the General Services Department. Use of County bulletin boards by private organizations for advertising, except as provided by ordinance for employee organizations, is prohibited.
- CSB program managers are responsible for County facilities and property used by employees under their jurisdiction. While controlling and administering use of space/facilities, managers must see that employees do not introduce material which others would find objectionable / offensive for reasons such as different social, political, religious, or moral beliefs.
- Solicitation of contributions and sale of merchandise within County buildings except for purposes authorized by the Board of Supervisors is prohibited.
- Restrooms and lounge facilities are provided for employee use.
- CSB classrooms and offices are not to be used as lunch or coffee rooms.
- All facilities serving children must meet applicable state and federal regulations pertaining to health, safety, and developmentally appropriate practice.

5. Document Posting

Before classes begin each program year, the Site Supervisor obtains and assures the proper posting or filing of the following documents at each facility and/or classroom:

- Evacuation Plan
- Fire / Earthquake Drill Schedule
- Emergency Guidelines for Illness and Accident First Aid Manual
- Emergency phone numbers for fire, police, paramedics, nearest emergency hospital, poison control center, physician, and administrative office
- Parents' Rights Form
- Children's Rights Form
- No Smoking signs
- Employee Safety Policy Statement
- Current license
- Any other document mandated by the state or federal government.

Note: Children's contact numbers are never to be posted.

6. Safety Officer

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For each building which houses CSB personnel, a safety officer has been designated. General responsibilities of safety officers are to:

- Complete a monthly health and safety checklist.
- Instruct co-workers in emergency procedures.
- Assist the Supervisor/Manager in charge during an emergency.
- Keep track of persons assigned to each building.
- Know the conditions under which a building should be evacuated.
- Know what procedures/equipment is available for the evacuation of handicapped persons.
- Know the location of all primary and alternate building exits and know direct routes to each exit.
- After evacuating a building, search to make certain all individuals have left.
- When emergency responders arrive, report to them any injured person requiring special attention.
- Call roll at the evacuation assembly area and report missing persons to emergency responders.
- Know the location of all fire alarms and fire extinguishers.
- Know how to operate fire extinguishers.
- Know the location of all the first aid and emergency kits.
- Know first aid and CPR.

C. Use of Technology

CSB utilizes a variety of technology throughout the bureau and is supported by the Contra Costa County Department of Information Technology.

1. Child Location Observation Utilization Data System (CLOUDS)

CSB uses CLOUDS as its management information system. Staff are required to keep the system up-to-date in accordance with their respective roles in the organization. These roles are detailed in these policies and procedures in each service area. In addition, teachers are responsible for ensuring that parents sign their child in and out electronically. Manual systems are in place for back-up purposes.

i. User Support

CLOUDS user manuals are posted on the CSB intranet and in the Shared Drive (x:\CLOUDS) that details how to use the system. In addition, training is provided in an ongoing fashion via user groups. New staff is assigned a mentor user to orient them to the system.

ii. Ongoing System Enhancements

All system enhancements must be requested via the content area expert for the respective portion of the system. Content area experts formally request the enhancement to be placed in the project queue via the CSB Help-Desk System (Track-It). Enhancement requests must include attachments with screen shots and indicate the level of priority with a justification for the priority level. The Business Systems Manager will evaluate all requests and notify requestor of the final decision regarding placement in the project queue. As enhancements are developed, content area experts are required to test them and then to inform staff regarding proper usage of enhancement. User manuals will be updated with finalized enhancements by the vendor.

D. Equipment and Supplies

County property, equipment and supplies shall be used for official business purposes only. No employee of the Department shall use any county property for his or her own personal benefit.

1. Procedures for Ordering Materials - Employees and Supervisors

i. General Description

An employee or supervisor has alternatives for obtaining non-emergency material or services:

- Office Supplies - Approved ordering staff at each location prepare an on-line order form. CSB has an approved shopping list of discounted items that should be utilized whenever possible. Items can be added from the general catalog if they are not on the approved list. The completed order is sent electronically to the Assistant Director/Program Manager for approval and submission to the office supply company. Ordering staff can track their order progress online.
- Classroom Supplies – Requests for classroom supplies are sent from the Site Supervisor to their Assistant Director for approval. The designated Assistant Director orders classroom supplies for all sites.
- Health / Janitorial Supplies – All health and janitorial supplies may be ordered on an online Supply Order Form. Supply orders should be completed on a monthly basis by the Site Supervisor and are approved by the Assistant Director. The order is then sent electronically to the Purchasing Unit for processing.
- Open Purchase Order - The County has established a number of Open Purchase Orders (POs) with vendors in the area authorizing certain persons to pick up material and charge it to the CSB account.
 - If you wish to order materials from these vendors, submit a purchase requisition to your supervisor for approval of the Assistant Director. If approved, it will be forwarded to a person authorized to purchase material under the Open PO by credit card or other arrangement. If an order is over \$5,000 it must be signed by the Division Manager.
 - After the purchase is made, the requisition and the vendor's receipt will be forwarded to the CSB Accounts Payable Unit. When the bill is received, the Accounts Payable Clerk will match it to the approved requisition and receipt prior to payment. CSB has established Open Purchase Orders with many vendors. A current list can be obtained from Fiscal. If you are making a large number of purchases from a vendor that does not have an Open PO you may request that one be established by contacting the purchasing clerk.

CSB Requisition: If there is no Open PO available for the material required, you must submit an approved CSB purchase requisition to your division's purchasing clerk. After a purchase is made, the requisition and packing receipt must be forwarded as soon as possible to CSB Accounts Payable Unit. When the bill is received the Accounts Payable Clerk will match it to the approved requisition and receipt for payment.

ii. Purchasing Procedures - Purchasing Clerks

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Purchasing clerks are located in the CSB Administrative Office and are responsible for processing all department requisitions. Once the purchasing clerk receives a CSB requisition he/she has several options of procurement methods depending on the situation. Below is a description of the methods available to the purchasing clerk.

- Warrant Request - CSB can normally use a Warrant Request to purchase items with a total cost under \$500. This form needs to be signed by the requester and an authorized manager. This procedure is faster than a purchase order as it does not need to be processed by County Purchasing.
- CSB cannot use a Warrant Request to purchase any item that can be purchased using an open purchase agreement. In addition, the following items cannot be purchased using a warrant request:
 - Furniture
 - Printing Services
 - Appliances
 - Professional Services
 - Cellular Telephones
 - Building Related Charges
- County Requisition (Form REQ) - For vendors not having an Open PO, or not qualifying for a Warrant Request, items are purchased using an approved Purchase Order. The purchasing clerk completes a County Requisition form based on the submitted requisition form and forwards it to the General Services Purchasing Division for preparation of a Purchase Order.

There is no dollar limit for a Purchase Order however it can be an extensive process as it may have to go through the County's procurement process and involve soliciting competitive bids and awarding of the contract to the lowest qualified bidder depending on the dollar amount of the proposed contract. It should be noted that, when time is critical, CSB might ask the Purchasing Division for a PO number. If they agree, CSB is allowed to make the purchase without the normal process.

- Equipment Definition: purchase of equipment must adhere to both Grantee policies and guidelines outline in the Contra Costa County Head Start Administrative Manual. (For local purposes, "equipment" is defined as any purchase costing \$5,000 or more.) Any equipment/equipment purchase not identified in the annual grant (or subsequent applications) must receive Policy Council, Regional, and Executive Director's approval. Such requests must be made prior to the end of the Head Start fiscal year (by December 31st of each year). Equipment funded in part or wholly through CA Department of Education must have prior approval on any single item of \$5,000.
- Supplies: Supplies purchased for CSB programs must be deemed necessary and appropriate by the Bureau Director. (The process for expenditures of funds for supplies is outlined in the procurement procedure on file in the fiscal office. It must be followed.) All expenditures of funds must be approved by the Program Director.

2. CSB Equipment, Toys, Materials, and Furniture

i. General Description

CSB sites must provide clean sheets and blankets for children's use at naptime and they are to be

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washed each week or as needed. If there are not sufficient sheets and blankets, the Site Supervisor must notify the Assistant Director immediately.

All play structures and equipment used by the children must meet the following requirements:

- Age and developmentally appropriate.
- Maintained in good condition.
- In sufficient quantity to allow full participation.
- Free of health and safety hazards.
- Free of toxic substances.
- If any material in the environment does not meet the above standards, it must be removed immediately or deemed off limits to the children until it can be safely removed.

ii. Infant Furniture

- The infant equipment and furniture, inside and outside, must be developmentally appropriate and includes cribs, cots or mats, changing tables and other necessary equipment. The type, height, and size of all furniture and equipment must be age appropriate. There must be a variety of age appropriate washable toys and equipment.
- CSB does not use swings, playpens, walkers or high chairs. Walkers may not be kept on the premises. Equipment that is assembled when purchased must not be modified, and if assembly is needed, it must be assembled according to the manufacturer's instructions.
- Supplies containing toxic materials or substances shall not be purchased and used on the centers.
- All equipment and furniture must be maintained in good repair, safe condition and disinfected after each use. Equipment must be safe and must not have sharp points or edges or splinters, or be made of small parts that can be swallowed.
- Toilets and hand washing sinks must be in close proximity to the activity areas.

Infant changing tables must:

- Have a padded surface no less than one-inch thick and be covered with washable vinyl or plastic
- Have raised sides at least three inches high
- Be maintained in good repair and safe condition
- While in use, be placed within arm's reach of a sink
- Not be located in the kitchen/food-preparation area

Toy storage containers must meet the following requirements:

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- Lids and the hardware used to hinge lids on boxes or chests must be removed
- All edges and corners must be rounded and padded
- The container must be well ventilated
- The container must be lockable
- The container must be maintained in good repair and safe condition
- Metal and wood boxes must not have sharp or splintery surfaces

Pacifiers must have a shield or guard large enough that the child cannot choke. Rattles must be large enough that they cannot become lodged in the infant's throat and constructed so that they will not separate into small pieces.

It is recommended that all infant sites comply with the US Consumer Product Safety Commission advice for the selection and safe use of children's toys. Avoid toys with small parts. Look for the age recommendation on labels. Toys should be suited to the skills, abilities and interests of children.

iii. Infant Napping Equipment

Each crib, mat or cot must be occupied by no more than one infant at a time.

For each infant who is unable to climb out of a crib, a standard size crib meeting the following requirements is provided:

- Slats must be no more than 2 and 3/8 inches apart.
- Tiered cribs are not allowed.
- Cribs must not limit the ability of the staff to see the infant.
- Cribs must not limit the infant's ability to stand upright.
- The mattress must be at its lowest position.
- Cribs will have stationary sides.

Crib mattresses must be:

- Covered with vinyl or similar moisture resistant material.
- Wiped with disinfectant daily when soiled or wet.
- Maintained in a safe condition with no exposed foam, batting or coils.
- Bumper pads must not be used at CSB facilities.

- Each infant must have his/her own bedding used solely for him/her. It must be replaced when wet or soiled or when it is to be occupied by another infant.
- Bedding must be changed daily or more often if required, and placed in a container that is inaccessible to children.
- Floor mats or cots must be provided for all infants who have the ability to climb out of a crib.

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- Cribs, mats or cots must be arranged so that the staff can reach each infant without having to step over or reach over any other infant. Placement must not hinder going in and out of the nap area.

3. Use of County Communication Services

i. General Description

Communication services are provided for the use of County employees for work-related communications. For example:

- The telephone system is provided for the use of Contra Costa County employees in the conduct of their assigned duties. (See EHS&D & CSB Internet/Email/IT Standard Usage Policies)
- Contra Costa County provides a message service (to forward written material and small packages among various County facilities on a regular route and time schedule). Each work site served posts the time of pickup and delivery; this service is to be used where available (Supervisors have further information regarding this program).
- The Contra Costa County Public Works Department provides a centralized United States Postal Service operation. All mail must be processed through this Center (except for emergency situations). Materials to be mailed may be submitted through Messenger Service.
- The department pays for all postage charges, but receives reduced costs for bulk and ZIP code mailings. Contra Costa County's Postal Service is provided for office use of County staff. It is not to be used for personal benefit of employees or the public (Supervisors may be contacted for rules and Regulations regarding United States Postal Services).
- Fax machines are available for Contra Costa County use. Telephone numbers for fax machines are listed in the Inter-Office Telephone Directory. CSB implemented the use of E-fax, faxes received and sent by email, and paperless faxing through copiers to switch to paperless faxing.

ii. Portable Communication Devices

Smart phones, two-way radios, tablets, laptops and wireless modems (collectively referred to as portable communication devices) are utilized by CSB to allow management personnel to stay in communication when away from their primary office, when traveling on business, and in emergency situations. Portable communication devices are county property and are covered under the same requirements as other county property.

Employees are responsible for the security of communication devices and are to report lost, damaged or malfunctioning devices to their supervisor as soon as possible after discovery.

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- Employees are responsible to ensure the confidentiality and security of information contained on or obtained through communication devices.
- All communication on the device is considered county business and as such is not considered personal or private.
- Voice messages, text messages, e-mails, photos and other methods of communication or storage of information can be reviewed at any time by appropriate county personnel. This includes call, data and text logs.
- Communication devices are to be used for county business only. Inappropriate use of county property, including the personal use of communication devices that cause excess use charges to be incurred whether reimbursed or not, can result in loss of privileges to use county property.
- Communication devices are to be used only by the county employee they are assigned to. If devices are to be used by more than one authorized employee they will be assigned to specified employees for a defined time period before reassignment to other employees. (Sites make assignments on the Equipment Check-out Log).
- Use of a device for texting while driving, whether in a county vehicle or personal vehicle on county business, is prohibited by state law. Phone calls made or received while driving are strongly discouraged, but are allowed only if possible with the safe use of hands-free devices.
- CSB is required to submit reports on the use of the devices to DoIT and the CAO. The reports will contain information specific to each device, including any use of a device that caused additional charges to be incurred, and confirmation of reimbursement of those charges.
- As with all county property, each communication device (including accessories) is to be returned upon change of position or separation of employment.

Two-Way Radio: In the event of an emergency such as natural disasters, storms and other emergency situations where normal methods of communication are disconnected and all else fails, the use of the two-way portable radios as a primary communication option is a must. Two-way radios have played a vital role as the most reliable form of communication, which is why it is primarily used by the military, law enforcement and other emergency personnel.

In the event of an emergency, a transmission will be relayed county wide to all centers from the Administrative office at Civic Court. A "roll call" will be conducted along with center status checks. In some cases, there could be an emergency/event only affecting one particular area of the county. If this is the case, certain centers may be directed to switch to a secondary channel to transmit (our radios have a primary and secondary channel).

Please refer to the "Two-Way Radio Guideline" on the CSB Intranet Resource Center under the "Facility Guidelines" folder for information on how to utilize the radios.

E. Vehicle Usage Policy

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1. General Procedures

CSB maintains vehicles for use by authorized personnel in order to conduct official County business. Policies on the use and operation of vehicles on County business also apply to driving personal vehicles while on County business. Vehicles are reserved through designated clerical staff or vehicle reservation calendars. In an effort to ensure that CSB vehicles are kept in top condition, the following procedures must be followed.

- County vehicles can only be used by authorized employees while conducting county official business.
- Authorized drivers must have a valid California Driver's license.
- Authorized drivers are to immediately notify their supervisor of any change in the status of their California Driver's license.
- County vehicles are to be used only for authorized county business.
- Drivers are responsible for safe driving, including parking in a well-lit area, and locking the vehicle at all times.
- Drivers are to be courteous and practice defensive driving and fuel conserving practices.
- Authorized drivers are to observe all traffic rules and regulations.
- Carpooling in county vehicles is strongly encouraged when multiple employees are attending the same business function.
- Employees are prohibited from carrying unauthorized riders while on county business.
- Moving, parking and toll violations are the personal responsibility of the driver.
- No smoking is allowed in county vehicles.
- While the vehicle is in operation no eating or drinking is allowed.
- Cell phones and other hand held devices are not to be used while operating a vehicle, unless:
 - The device is secured in a mounting system to the dashboard (including air vents) or windshield (placed in one of two positions on the windshield - in the lower left or right hand corner).
 - Can be operated by tapping or swiping the screen with one finger.
- All persons driving or riding in a vehicle are to be properly secured with the use of seat belts or other approved restraint systems.
- Vehicles are to be returned free of trash or other debris.
- Car seats and other cargo should be secured in the cargo area of the vehicle so that they will not become projectiles in case of a sudden stop or accident.
- Drivers are to wear appropriate footwear, no backless or loose sandals.
- Vehicles are to be returned with a minimum of a half tank of fuel.
- County vehicles are to be fueled regularly at the County Fleet station or other approved facilities.
- The County credit card is to be used exclusively for purchasing gasoline at authorized fueling centers. (See list of centers and addresses in the vehicle binder fuel tab.)
- If the credit card is lost it must be reported immediately to avoid fraudulent use.
- County vehicles will be serviced at the Fleet Service Center on Waterbird Way, except in after-hour emergencies.
- CSB does not use Fleet loaner vehicles. Contact the Facilities clerk for possible temporary use of another CSB vehicle if necessary.
- County vehicles are not to be taken to a personal residence without Sr. Management approval.

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- Vehicle binders and keys are to be returned punctually after vehicle use.

It is CSB policy to use a county vehicle when one is available in lieu of using a personal vehicle. If a county vehicle is available it must be utilized unless a supervisor determines that the use of a personal vehicle is justified. Justification for the use of a personal vehicle is documented by the supervisor's signature on the request for reimbursement of travel expenses.

2. Accident and Maintenance/Repair Reporting

Drivers are to report any accident or service need the same day as the occurrence. All accidents must be reported and the proper paperwork to be completed and submitted to Risk Management within 24 hours of the accident. Any unusual sound, odor, low fuel, maintenance light or other indication that the vehicle is malfunctioning or may need service is to be reported to the clerk when returning the vehicle binder.

3. Child Passenger Safety Procedures

A child will be transported in county vehicles only if the child is fastened in an approved developmentally appropriate safety seat, seat belt, or harness appropriate to the child's weight, and the restraint is installed and used in accordance with the manufacturers' instructions for the car seat and the motor vehicle. Each child must have an individual seat belt and be positioned in the vehicle in accordance with the requirements for the safe use of air bags.

Age and size appropriate vehicle child restraint systems shall be used for children under 8 years of age, less than 80 pounds or under 4'9" tall. Vehicle restraint systems should be secured in the back seats only. Children shall ride facing the back of the car until they have reached two years of age or weigh over 40 pounds or are 40 or more inches tall. A booster child safety seat shall be used when the child has outgrown the convertible child safety seat. A vehicle seat belt can only be used when the child is 8 years of age or older, 80 pounds or 4'9" in height. The seat belt only fits properly when the lap belt lies low and tight across the child's hips (not the abdomen), touching the upper thighs and the shoulder belt lies flat across the shoulder, snugly across the mid chest, away from the neck and face. Never tuck the shoulder belt under the child's arm or behind the child's back. The child's knees should bend easily over the edge of the vehicle seat.

Staff transporting children must be aware of the following:

- The rear of the vehicle is the only place for a child to ride.
- Staff should use the diagram of the seating plan when placing children in a vehicle.
- Lap-belt only positions can only use the 5-point harness car seats.
- Shoulder and lap belt positions close to the sliding door should be last position to seat a child.
- The car seat and seat belts should be checked before each use to make sure they are installed correctly and that the belt straps are not twisted.
- Empty car or booster seats should be strapped in with the seat belt system or stowed in the cargo area away from the passengers.
- No loose items should be on the floor.

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The following are child passenger safety basics for each type of car seat:

- Rear-Facing
 - Must ride rear facing until at least 2 years of age, weighs 40 pounds or is 40" tall
 - Do not bundle or swaddle; no heavy clothing
 - Harnesses at or below shoulder level
 - Harnesses snug and flat across infant
 - Retainer clip at armpit level
 - Must ride at a 45 degree angle
 - Seat secured tightly to vehicle with less than 1 inch of movement side-to-side and forward

- Forward-Facing
 - Children 2 years of age and 40 pounds but weighing less than 80 pounds or under 4'9" tall, ride either in a convertible or forward facing seat in the forward facing position
 - No heavy clothing
 - Harnesses above shoulder level and in reinforced slots
 - Harnesses snug and flat across infant
 - Retainer clip at armpit level
 - Generally ride fully upright
 - Seat secured tightly to vehicle with less than 1" of movement side-to-side and forward
 - Top tether in use when available and appropriate

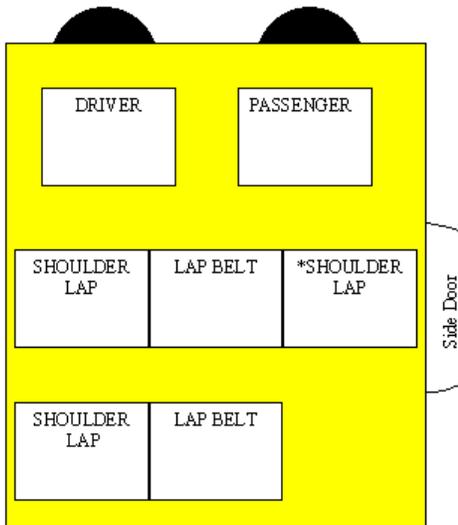
- Belt Positioning Boosters
 - For children who have outgrown the car seat but do not yet fit the adult lap/shoulder belt
 - Lap belt crosses pelvis or top of thighs
 - Shoulder belt crosses chest
 - Middle of child's head is below the top of the vehicle seat or booster

F. Transportation

While CSB does not provide direct transportation services to and from the centers each day, the Site Supervisor or Comprehensive Services team member must assess the needs of each family upon enrollment and attempt to make reasonable effort to assist if the family is in need of transportation services to the center.

Transportation services are offered for the following:

- To / from socialization activities
- To / from Policy Council Meetings
- To / from field trip locations



- Lap Belts – use only 5-point Harness Seats. No Boosters
- Shoulder Lap with Star (*) is the last Shoulder Harness to fill
- No loose items in the vehicle
- Unused car or booster seats are strapped in or removed from the passenger area of the vehicle.

G. Emergency Procedures

1. Gas Leak/Power Outage

i. If you detect an odor of natural gas:

- Determine where the odor of gas is emanating from.
- Contact PG&E at (800)743-5000.
- Contact the local Fire Department.
- Evacuate the building (if you feel there is an immediate threat to children and staff).
- If the gas odor emanates from outside the building, close all windows and doors and remain inside.
- Contact your Supervisor and Facilities.

ii. Power Outage:

- Have your flashlight ready to move through darkened areas.
- Contact PG&E at (800)743-5001.
- Contact your Supervisor and Facilities.

2. Shelter in Place

In the event of a chemical release, safety sirens in Contra Costa County's industrial corridor will sound to alert the public. If you hear the sirens, or are told to Shelter-in-Place, emergency officials recommend that you Shelter, Shut and Listen:

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- Stay inside.
- Close all windows and secure doors (locking provides a tighter seal).
- Close the center.
- Post the Shelter-In-Place notification sign on the front of the building or Suite doors.
- Children, staff and any visitors are to remain inside the building*.
- Turn off all ventilation systems such as heating or air conditioning.
- If there are gaps in windows or doors, seal with tape or damp towels.
- Have an AM radio for emergencies and tune to KCBS, 740 AM for more information.

*No one (with the exception of First Responders) will be allowed to enter or exit the building until the Shelter-in-Place is lifted

3. Earthquake

You cannot tell from the initial shaking if an earthquake will suddenly become intense, so always Drop, Cover and Hold On immediately (Center staff must assist children first)!

- DROP to the ground (before the earthquake drops you!).
 - COVER your head and neck with your arms and seek shelter by getting under a sturdy desk or table, if nearby.
 - HOLD ON to your shelter and be prepared to move with it until the shaking stops.
- i. **Indoors:** Drop Cover and Hold On. Avoid exterior walls, windows, hanging objects, mirrors, tall furniture, large appliances, and kitchen cabinets with heavy objects or glass. However, do not try to move more than 5-7 feet before getting on the ground. Do not go outside during shaking! The area near the exterior walls of a building is the most dangerous place to be. Windows, facades, and architectural details are often the first parts of the building to break away.
- If you are unable to Drop, Cover, and Hold on: If you have difficulty getting safely to the floor on your own, get as low as possible, protect your head and neck, and move away from windows or other items that can fall on you.
 - In a wheelchair: Lock your wheels and remain seated until the shaking stops. Always protect your head and neck with your arms, a pillow, a book, or whatever is available.
- ii. **Outdoors:** Move to a clear area if you can safely do so; avoid power lines, trees, signs, buildings, vehicles, and other hazards.

4. Fire

- i. **If a fire occurs, GET OUT, STAY OUT, and CALL FOR HELP:**

- Remain calm.
- If you smell smoke, activate a fire alarm.
- Follow exit route and evacuation procedures for your center/office. Make sure to feel the door before opening it. If it is hot, do not open it, look for an alternate exit. If there is none, remain in the room and call for help. Close the door on your way out to help isolate the fire.
- Center staff must sweep the area and ensure all children are evacuated.
- Assist all children and those who are unable to exit the building on their own if it will not put yourself at additional risk.
- Do not use elevators.
- If the area you are in fills with smoke, drop to the floor and crawl to the nearest exit or smoke-free area.
- If your clothes catch on fire, immediately STOP, DROP, and ROLL.
- Once you are in a safe area, call for help

i. You should only attempt to fight a fire if the following conditions exist:

- If the fire is small and contained.
- You are safe from toxic smoke.
- You have a means of escape.
- Your instincts tell you it is safe.

ii. You should flee a fire if:

- If the fire is spreading rapidly or is a large fire.
- You are unsure of how to operate the extinguisher.
- The extinguisher runs out of agent.
- The fire could block your escape route.

5. Severe Weather

i. Heat Wave Safety Tip:

Elderly persons, small children, chronic invalids, those on certain medications or drugs (especially tranquilizers and anticholinergics) and persons with weight and alcohol problems are particularly susceptible to heat reactions, especially during heat waves in areas where a moderate climate usually prevails. The following safety tips are recommended:

- Slow Down, strenuous activities should be reduced, eliminated, or rescheduled to the coolest time of the day.
- Individuals at risk should stay in the coolest available place, not necessarily indoors.
- Limit sun exposure between 10am and 4pm. Play in the shade, if at all possible. Keep babies under six (6) months of age out of direct sunlight.
- Dress for summer. Lightweight light colored clothing reflects heat and sunlight, and helps your body maintain normal temperatures.

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- Drink plenty of water or other non-alcohol fluids. Your body needs water to keep cool. Drink plenty of fluids even if you don't feel thirsty. Persons who (1) have epilepsy, or heart, kidney, or liver disease, (2) are on fluid restrictive diets or (3) have a problem with fluid retention, should consult a physician before increasing their consumption of fluids.
- Spend more time in air-conditioned places. Air conditioning in a home and other buildings significantly reduces danger from the heat.
- Don't get too much sun. Sunburn makes the job of heat dissipation that much more difficult. Wear sunscreen and reapply per the manufacturer's directions.

ii. Lightning Storms:

- When thunder roars, go indoors!
- Stay away from windows and doors.
- Avoid water, high ground, trees, open spaces, metal objects and find shelter in a building.
- Avoid electronic equipment of all types; lightning can travel through electrical systems.
- Avoid corded phones, however, cordless or cellular phones are safe to use during a storm.
- Avoid concrete floors and walls.
- Wait at least 30 minutes after hearing the last clap of thunder before leaving your shelter.
- Call 9-11 if a person has been struck by lightning.

iii. Flood:

- Do not walk through moving water. Six inches of moving water can make you fall.
- Never try to walk, swim, drive or play in flood water. You may not be able to see how fast the flood water is moving, see holes or submerged debris.
- Beware of low spots, such as underpasses, underground parking garages, and basements as they can become death traps.
- Beware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
- Beware of streams, drainage channels, canyons, and other areas known to suddenly flood

6. Active Shooter:

i. Administration Office:

- Be aware of your environment and any possible dangers.
- Take note of the two nearest exits in any facility you visit.
- If you are in an office, stay there and secure the door.
- If you are in a hallway, get into a room and secure the door.
- As a last resort, attempt to take the active shooter down.
- CALL 9+911 or 911 WHEN IT IS SAFE TO DO SO!
- Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

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- RUN/ESCAPE: If there is an accessible escape path, attempt to evacuate the premises.
- HIDE OUT: If evacuation is not possible, find a hiding place.
- TAKE ACTION/FIGHT: As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.

ii. Childcare Centers:

Initiate a lockdown: The purpose of a lock down is to keep children and staff inside the building, by securing them inside a classroom or other secure safe are, due to an immediate threat in or around the center.

- Remain in the classroom, locking all entry doors if you have the ability to do so
- Tie down the door handle(s), if possible, using belts, purse straps, shoe laces, etc.
- Turn off all lights
- Cover the windows if possible
- Create a barricade at the main entry door with anything available (desks, chairs, rolling cabinets, etc.)
- Stay clear of any doorways and windows
- Try and keep as many barriers between you and any doors and windows
- Move children to the safest location in the room
- Drop and Cover (Lay as flat as you can, while covering your head)
- Silence or place your cell phones on vibrate
- No one is allowed to enter or exit any safe areas, until the “all clear” is issued by the Site Supervisor or law enforcement

7. Acts of Violence

If you witness an employee or customer threatening violence or becoming overly agitated because of a problem, alert a supervisor immediately. If the person becomes physically menacing, call 9+911/911 or signal for a coworker to make the call.

- Remain calm
- If someone threatens you with a weapon, remember that the person hasn’t decided to use it yet. They are probably as scared as you are. Remain clam. You might look like the person that is in control. If you panic it might aggravate the situation.
- Be courteous and patient
- Listen attentively and follow the instructions of the person with the weapon.
- Plan an escape route
- Try to stay as far away from the person as possible. Pay close attention to your surroundings. Plan an escape route in case the situation becomes more serious.

8. Serious Injury & Illness at work

All serious injuries* and illnesses incurred by a County employee or a contractor while on a County site or work assignment, must be reported to Cal/OSHA. (*This includes illnesses that may not be work-related)

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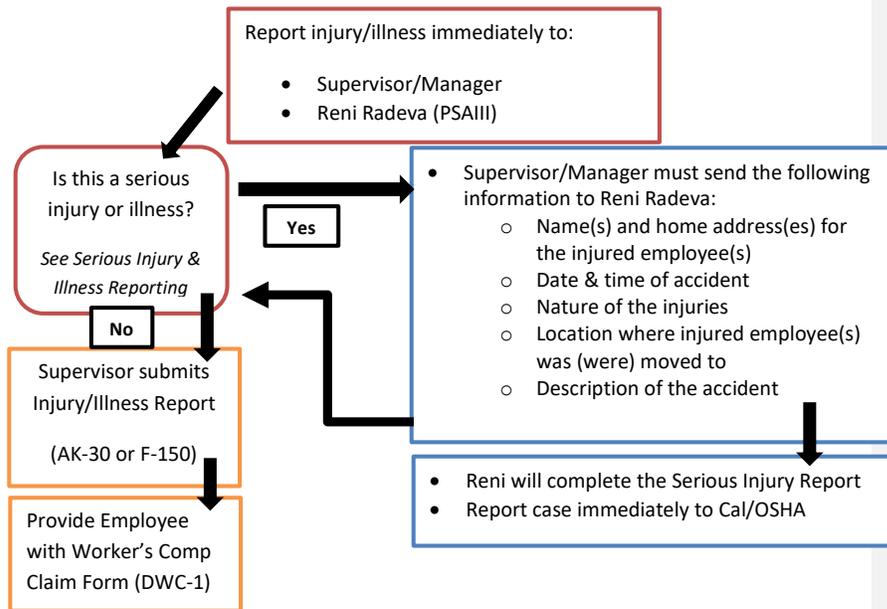
Follow the Injury and Illness Reporting Procedure below. Notify your Supervisor and Reni Radeva, PSA III. Immediately means as soon as practically possible, but no longer than eight (8) hours after the employer learns of the incident.

Serious Injury or Illness includes:

- Fatality, the loss of any member of the body, or any serious degree of physical disfigurement.
- Any injury or illness which requires inpatient hospitalization for a period in excess of twenty-four (24) hours for treatment other than medical observation.
- Any minor injury or illness which becomes a serious injury.

Note: If an employee goes to the hospital directly from work or an AMBULANCE responds to the site, closely monitor the situation and use the Serious Injury Decision Tree to see if a Cal/OSHA report is needed.

Injury and Illness Reporting Procedure



9. Dental Emergency:

- In the event of an accident to the tongue, lips, cheek or teeth:
 - Attempt to calm the child.

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- All incidents should be handled quietly and calmly; a panicky child may cause further trauma.
- Check for bleeding. If the child is bleeding:
 - Stop bleeding by applying pressure to area;
 - Wash affected area with clean water;
 - Apply ice for swelling.

If tooth is knocked out, fractured, chipped, broken or loose:

- Staff should calm the child;
- If injured area is dirty, clean gently;
- Place cold compresses on the face in the injured area to limit swelling;
- Take the child to a dentist immediately for treatment.

If a tooth or teeth are loosened in an accident:

- Rinse out child's mouth;
- Do not attempt to move teeth or jaw;
- Take the child to the dentist immediately.

If tooth is knocked into gums (intruded):

- Do not attempt to free or pull on the tooth;
- Rinse out the child's mouth;
- Take the child to the dentist immediately.

If injury to tongue, cheek, or lips occurs:

- Rinse affected area;
- Apply ice to control swelling;
- Place cold compresses on the face in the injured area to limit swelling;
- Take the child to a dentist or physician if bleeding continues or wound is large.

- ii. Miscellaneous: In the event of any other soft tissue injury, as in the case where the tongue or lips become stuck to an object and the tissue tears:
 - Stop the bleeding;
 - Cover the area with sterile petroleum jelly;
 - Take the child to a dentist or physician.

10. Adult or Child Choking

i. Mild Obstruction

- With a mild airway obstruction, the person is able to cough forcefully or even speak. Do not interfere. If the person can speak, he/she can breathe.
- Treatment:
 - Ask the person, "Are you choking?"
 - If the person can cough forcefully or speak, do not interfere.
 - Encourage coughing until the obstruction is relieved.
 - Monitor for progression to a severe obstruction.

ii. Severe Obstruction

- A person with a severe obstruction cannot breathe, cough effectively, or speak. He/she may make a high-pitched sound when inhaling or turn blue around the lips and face. Act quickly to remove the obstruction, or the person will soon become unresponsive and die.
- Ask the person, "Are you choking?"
- If he nods "yes" or is unable to speak, tell him you are going to help. Do not leave the person.
- Stand behind him and reach under his arms.
- Make a fist with one hand and place it just above the navel, thumb side in. Grasp the fist with your other hand.
- Perform quick, forceful inward and upward abdominal thrusts until the object is expelled or he becomes unresponsive.

iii. Unresponsive Choking Person

When a choking person becomes unresponsive, carefully lower the person to the ground. Use CPR to relieve the obstruction.

- Send a bystander to call 9-1-1.
- If alone with an adult victim, go call 9-1-1 yourself, then return to perform CPR.
- If alone with a child victim, call 9-1-1 after 2 minutes of CPR.
- Perform CPR with the added step of looking in the mouth after each set of compressions. If you see the obstruction, remove it and continue CPR.
- Continue CPR until the person begins to breathe normally.

Chest Thrusts:

- Chest Thrusts – Large or Pregnant Person
- If a rescuer cannot reach around the waist of a large person, or the victim is obviously pregnant, use chest thrusts to relieve the obstruction.
- Place one fist in the middle of the chest on the lower half of the breastbone, with your thumb against the chest.
- Grasp the fist with your other hand.
- Pull straight back on the chest quickly and forcefully.
- Continue until the object is expelled or the victim becomes unresponsive.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES
DEPARTMENT COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 1-PROGRAM GOVERNANCE
2019-21

Policy Council Approved: 05/17/17

Board of Supervisors Approved: 08/15/17

| | | |
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PART I. Program Governance

A. Service Area

Contra Costa County Employment and Human Services Department, Community Services Bureau (CSB) is the designated Community Action Agency for Contra Costa County. CSB is the Head Start and Early Head Start Grantee for Contra Costa and also administers the California Department of Education Child Development Programs, Community Services Block Grant, Stage II/Alternative Payment Programs, Low-Income Home Energy Assistance and Weatherization Programs.

B. Service Recipients

The Bureau's services are directed towards building self-sufficiency among the county's low-income residents and vulnerable populations. CSB serves pregnant women and children ranging in age from birth through kindergarten, individuals and families. All service recipients served under the various CSB funding streams must meet the eligibility requirements of the funding source.

C. Program Governance

1. The Board of Supervisors: The Board of Supervisors (BOS) is a body of publically elected officials. Their role is to oversee the operations of county departments and to exercise executive and administrative authority through the county government and county administration. The BOS is also charged with responsibility and oversight to the Head Start and Early Head Start grants as outlined (please refer to part 8).

2. Policy Council Composition and Formation: The County Board of Supervisors and the Policy Council determine the total size of the Policy Council, procedures for electing parent members, and selection of community representatives.

Policy Council composition is reviewed annually to ensure it meets the General Membership guidelines of HSPS 1301.1(a); 1301.3(b)(c). Consideration is given to the number of Head Start and Early Head Start currently enrolled children along with program options (Full Day, Part Day, and Home Base). The following steps explain how to determine Policy Council composition:

- Determine the total number of Head Start and Early Head Start slots
- Determine the total HS/EHS slots for each site by program option based on the current CSB slot map (HS/Full Day, HS/Part Day, EHS/FD, and Home Base (EHS/HS collectively). Calculate the percentage of each program option (multiply the number of program option slots for each site by the total number of slots). This will give you the percentage of membership that each option should represent.
- The number of representatives is determined using the formula $1/60$ (1 representative per site for every 60 HS or EHS slots).

This information is included in the Policy Council By-laws approved annually by the Board of Supervisors and the Policy Council. The term for members is one year, September to August. Parent representatives will be (re)elected annually by each center's parent committee. Community representatives will be selected annually. The maximum number of one-year terms an individual can serve

is five. No grantee, delegate or childcare partner staff or members of their immediate family may serve on the Policy Council or on the Delegate Agency's Policy Committee. Immediate family is defined as any parent, child, sibling, grandparent, significant other, co-parent or spouse of staff. At least 51% of the Policy Council members must be parents of currently enrolled children.

Reimbursements are provided to parent representatives to support participation in their policy council or policy committee's meetings/activities as stated in the Policy Council Bylaws and Policy Council Handbook.

3. Procedures for Electing Parent Representatives to the Policy Council: The parent committees at each site will elect parent representatives as early as possible in the program year. This is done by voting at the parent meetings. Parent representatives must be parents of currently enrolled children in the program.

4. Procedures for Electing Community Representatives to the Policy Council: Community representatives are enlisted from the local community. They represent past parents and local community agencies. All Community Representatives must be elected by the Policy Council. Membership for Individual Community Representatives is also limited to 5 one-year terms. CFR 1301.3(d)(1)(4)

- **Past Parent Community Representatives:** The past parent representatives must submit a letter to the Policy Council requesting consideration to be a community representative. Letters are read during a business meeting, and the Policy Council must vote to approve the parent's request. If the Policy Council receives more requests than vacancies, all letters are read for consideration, the Policy Council votes, and the majority decision rules.
- **Community Agency Representatives:** The Policy Council determines which community agencies are invited to participate on the Council. Agencies are drawn from the local community and are familiar with resources and services for low-income children and families. CSB staff and Policy Council members assist by contacting agencies to seek interest in joining and requesting the name of an agency representative to be elected onto the Policy Council as early in the program year as possible. Agency representatives are presented and considered for approval by the Policy Council.

5. Parent Committee: The Parent Committee must carry out at least the following minimum responsibilities:

- Advise center staff in developing and implementing local program policies, activities, and services.
- Maintain communication between Policy Council and Policy Committee at the delegate level.
- Plan, conduct, and participate in informal, as well as formal, programs and activities for children, parents and staff.

6. Policy Council Responsibilities: The Policy Council has policy-making authority and is governed by its By-laws. Annually the Policy Council and Board of Supervisors are oriented to CSB Program Services and receive training on:

- Policy Council Roles and Responsibilities

- Program Governance_responsibilities
- Head Start Performance Standards
- Head Start Philosophy
- Gran Cycle Process
- Share Decision Making Process and Parliamentary Procedures
- County code of Conduct and Conflict of Interests
- Eligibility, Recruitment, Selection, Enrollment, Attendance ERSEA

A make-up orientation is also provided for members joining later in the program year. A joint training with the Board of Supervisors is also scheduled annually.

7. Governance and Management Responsibilities: The following chart outlines the required Board and Policy Council Approvals:

| Procedure/Plan/Application | Approval Required | | Frequency of Approval |
|--|--------------------|----------------|--|
| | Governing Body BOS | Policy Council | |
| 1. Planning Procedure (Road Map) (Planning Calendar) | X | X | Annually |
| 2. Goals and Objectives (included in the Grant application) | X | X | Annually |
| 3. Child Recruitment/Selection Procedures (Selection Criteria/ Recruitment Plan) | X | X | Annually |
| 4. Budget and Grant Application | X | X | Annually - and as needed for supplements |
| 5. Self-Assessment Plan for Corrections (if applicable) | X | X | Annually |
| 6. Board Composition Requirements for non-governmental agencies | N/A | N/A | One-time (until changed) |

| | | | |
|--|---|-----|-----------------------------|
| 7. Board and PC Conflict of Interest requirements (included in Bylaws) | X | X | One-time (until changed) |
| 8. PC Bylaws - Board approval of PC Composition Procedure for how PC members are selected | X | X | One-Time (until changed) |
| 9. Financial Management Accounting & Reporting Policies including audit | X | N/A | One-time (until changed) |
| 10. Policies and Procedures including: a) Policy defining roles/ responsibilities of governing board members for implementing a high quality program b) Dispute Resolution & Impasse Procedure c) Procedures to resolve community complaints, conduct investigations d) Personnel Policies & Procedures e) Hiring/Termination procedures for Executive, Head Start, Fiscal, HR Directors and program staff. | X | X | One-Time (until changed) |

Items Requiring Reports to the BOS and PC:

| Required Report | Frequency |
|---|-----------|
| a) Budget, Credit Card Expenses reports | Monthly |
| b) Program Reports | Monthly |

| | |
|---|------------------------------|
| c) Enrollment Reports | Monthly |
| d) USDA Meals/Snack | Monthly |
| e) Financial Audit | Annually |
| f) Self-Assessment | Annually |
| g) Community Strategic Planning Goals and Objectives | Jan/June Updates |
| h) Communication from the Secretary/Human Health Services | As Released |
| i) Program Information Report PIR | Annually |
| j) Ongoing Monitoring Results | Semi-Annual |
| k) School Readiness Goals-Data | As Released (3 times a year) |

8. Responsibilities of Board of Supervisors, Policy Council, Employment and Human Services Executive Director and Community Services Bureau Director:

i. Background

The responsibilities of the Board of Supervisors, Policy Council, and Director of Program Services are described in the Head Start Performance Standards. The Performance Standards describe certain responsibilities for the Director of the Head Start program, leaving decisions regarding other responsibilities to Executive Directors of the local Head Start Grantee.

ii. Reference

- Head Start Performance Standards, 45 CFR 1301.1 and CFR 1301.5

- Policy

The Employment and Human Services (EHSD) Director and the Community Services Bureau Director shall ensure that the Policy Council and the Board of Supervisors are routinely and frequently informed of, and trained on, management procedures and functions, as well as the Federal laws and regulatory compliance issues required to ensure a quality program. Mutual communication and understanding between the governing board, the policy council and program management are fundamental prerequisites for a healthy Head Start Program. The EHSD Director and the Community Services Bureau Director will also ensure that the Board of Supervisors has an understanding and appreciation of the Head Start Philosophy and the role of parents and Policy Council in shared governance. Careful and complete communication and planning will ensure effective oversight and appropriate actions and interventions that will foster the mutual understanding and actions of all entities responsible to maintain a quality Head Start Program.

iii. Procedures

- The Employment and Human Services Department (EHSD) Director will provide a report to the County Administrator's Office monthly.
- Report topics will include all required monthly report items noted in section 7, Enrollment and Average Daily Attendance, and may additionally include, but are not limited to:
 - Fiscal/budget issues
 - Personnel matters
 - Facility issues
 - Policies and Procedures
 - Program planning
 - Annual Self-Assessment
 - Annual independent audit
 - Grant development and submission
 - Correspondence with ACF
 - Program issues
 - Regulatory changes
 - Family Engagement
 - Planning for joint Board of Supervisors/ Policy Council training activities
- The report will be sent monthly to the Health and Human Services Committee of the Board of Supervisors, to be included on the agenda by the Board of Supervisors and provided to the Chair of the Policy Council.
- The Employment and Human Services Director and Community Services Bureau Director will jointly meet throughout the program year, individually, with each member of the BOS to review reports, give updates and advice, and train on new regulations and initiatives.

9. Role of Policy Council in the Annual Grant Development Process: Throughout the year, the Policy Council is involved in the grant process through a variety of ways:

- The Program Services subcommittee meets throughout the year to review/discuss and update the annual program goals and objectives and the annual parent services budget and activities.

- The Fiscal subcommittee meets monthly to develop, adjust and approve the program budget for the coming year’s grant and tracks it throughout the year.
- The Policy Council approves the annual program goals and objectives.
- The Policy Council reviews the Community Assessment annual updates and the full easement every five years.
- The Policy Council also reviews and approves the Annual Planning Calendar, Child Recruitment and Selection Criteria, the Self-Assessment Plan for Corrective Actions, all of which are included in the submission of the Annual Grant Application.

Once these components of the grant are reviewed and approved, the Policy Council approves the full grant in the fall before submission to ACF.

10. Resolution of Disputes between the Board of Supervisors and the Policy Council (Impasse Policy)

i. Background

The Performance Standards require that Head Start grantees establish a policy and necessary implementation procedures for the resolution of internal disputes between the Board of Supervisors and the Policy Council.

ii. Reference

Head Start Performance Standards, 45 CFR 1301.6

iii. Policy

The Chairpersons of the Board of Supervisors and the Policy Council will monitor actions and decisions of each body as they relate to their respective responsibilities. It is the policy of Contra Costa County to resolve any disagreements between the Board of Supervisors and the Head Start Policy Council fairly and within required timelines. Whenever possible, disagreements will be resolved through processes of mediation and conciliation, including discussion, compromise, and consensus seeking between parties, and, if necessary, professional mediation.

iv. Administrative Procedure

- **Informal Resolution:** In the event that a conflict exists, they will notify each other in writing within 30 days and give reasons why it does not accept the decision of the other, and then they will initiate informal discussions between representatives of the two bodies and seek a mutually acceptable resolution.
- **Mediation:** If informal resolution is not effective, the Chairpersons of the Board of Supervisors and the Policy Council shall request that the Community Services Bureau Director identify mutually agreeable qualified third party to provide professional mediation services. The mediator will use conciliation, compromise and consensus seeking between the two bodies. The mediation process shall be non-binding.
- **Arbitration:** If no resolution is reached with a mediator, the Chairpersons of the Board of Supervisors and Policy Council shall request that the Community Services Bureau Director identify

mutually agreeable arbitrator, whose decision is final.

11. Resolution of Community Complaints

- i. "Community complaint" is defined as any complaint from anyone other than staff
- ii. The Policy Council is generally responsible for (and has the legal and fiscal responsibility for guiding/directing/carrying-out the establishment) the method of hearing and resolving community complaints about the Contra Costa County Community Services Bureau
- iii. Process for Solving Disputes/Complaints: Any parent (enrolled or applying for services) or community member may report a complaint to a program staff member of any of our program/sites, i.e. Site Supervisor, Teacher, Associate Teacher, or Comprehensive Services, Analyst, or clerical staff. If the complaint comes in by phone, the staff member documents that complaint. Complaints may come from sources other than the site, i.e. Board of Supervisors. Anyone receiving a complaint will immediately contact a program manager by phone with the following information:
 - Step 1: Document the complaint in writing to include the following information: Contact information of the complainant: Name, Address, Phone Number, email (if appropriate); Information Shared: When was the occurrence? Person/s involved? What happened? Where did it occur? And what was the impact? Other information that the complainant wishes to share may also be documented. If the complaint comes in by phone: program staff document call, note time, date and name of the staff member name
 - Step 2: Complaint goes first to the Site Supervisor who must discuss the details with their Assistant Director within 24 hours of the report. The Assistant Director works with the program staff to attempt resolution within 48 hours.
 - Step 3: Complaints not resolved within 48 hours will be brought to the attention of the Division Manager, Bureau Director, or their designee.
 - Step 4: If the complaint is then resolved, the Bureau Director will send a memo to all involved, stating remedial actions to be taken by staff and the time line for these actions.
 - Step 5: If satisfactory resolution is still not achieved, the Bureau Director will request the EHSD Director to review all documentation. When the complaint is then resolved, the EHSD Director will send a memo to all involved, stating remedial actions to be taken by staff and the time line for these actions.
 - In addition, Manager, Supervisors and Assistant Directors maintain the "Client Concern Log" to document and track all program concerns/complaints and resolutions.

Part II. Communications

A. General Description

All staff is expected to communicate within the department and externally using the following communication tools:

- Common, not technical terms
- A professional tone
- Assurance that the approach is based on each family’s cultural/linguistic preferences
- Adherence to the principles of Facilitative Leadership
- Encouragement of a team approach
- Ensure that translation services are available when needed

B. Internal Communication

Employees must follow County policy with regards to courtesy and confidentiality. High staff morale is dependent on friendly greetings, active listening and a display of a helpful attitude toward team members. The following are methods of internal communication with program staff:

- Staff summits
- Regularly scheduled staff meetings at varying levels, such as:
 - Senior Administrative Management
 - Senior Management
 - Comprehensive Services
 - Cluster-based
 - Site-level
 - Daily Interactions
- Staff newsletters
- Internal memos
- Policies and Procedures
- Fax
- Email
- Short Messaging System(SMS/Texting)
- Payroll notices
- Telephone
- Bureau Reports
- Computerized Tracking Systems (CLOUDS)
- Video Conferencing System
- Annual Planning Calendar
- Intranet

Internal Communication Expectations:

Purpose: to ensure that multi-level communication occurs throughout CSB and that employees at every level of the organization are kept informed of Bureau updates, happenings and changes and has the opportunity to provide feedback. Communication is woven through each of CSB’s values and is critical to the effectiveness of an organization.

Communication Expectations:

- Supervisors and managers are responsible for sharing critical information and key messages to their staff timely.
- Key stakeholders are involved at varying levels in planning, decision-making and communication depending on the decision.
- Supervisors/ managers are expected to hold regular, one-one meetings with subordinates, which includes time for feedback, two-way reflective communication and active listening.
- Staff are encouraged to provide feedback verbally, through e-mail and written correspondence
- Process, relationship and results are valued as equally important in communicating.
- Written and verbal communication has a positive intent, respectful tone and encouraging word choice. We are models for one another.
- Information communicated is tailored to the audience.
- Communication is concise and hits on the key messages/ points.
- Communication aides such as visuals and presentations are considered and shared as appropriate.
- Email protocol is followed. Protocols are saved on the Intranet at CSB Resource Center/Shared Documents/CSB Policies and Procedures/ E-mail Protocol.
- Expectations of next steps are clearly defined at the end of each meeting.
- Justification for change and context is clearly explained.
- We value the 3R’s (responsiveness, respect, relationships) in our communications.
- When starting a new program, policy, project, etc..., identify 2-3 key points to communicate as to why it is important and how it will make it better.
- We maintain the intranet as clear and user-friendly as possible to ensure materials are easily accessed; and use hyperlinks whenever possible in sharing information electronically.
- Multi-modes and venues are used to communicate key messages including e-mail, newsletters, memos, verbal, presentations, etc.

| Message | Method | Audience | Frequency | Expectation |
|---|--|----------------------------------|------------------------------|--|
| Bureau Strategic Goals/ direction of the organization | Memo or presentation | All staff | Quarterly | All staff at every level of the organization knows the direction of the Bureau |
| Department, Bureau-wide changes and updates | Memos, Sr Mgt meetings, newsletter, all-staff calls, e-mails | All-staff | Monthly and Quarterly | Staff are kept abreast of changes |
| Communication sessions – circles, focus groups | Meetings | A selection of staff bureau-wide | Bi-annually or as needed | Staff are kept abreast of changes and Sr managers hear from staff |
| Year-end report | Memo and/or Meeting Presentation | All Managers and Supervisors | Annually – December/ January | PowerPoint or report is shared with all staff by managers and supervisors |
| New staff and promotions | e-mail/ and unit meetings | Managers and Supervisors | As needed | Staff know about new hires |

| Message | Method | Audience | Frequency | Expectation |
|---|--|---|--------------------------|---|
| | | and/ or specific units | | |
| Unit changes and updates | e-mail, unit meetings, All-Cluster meetings | Managers and Supervisors and/ or specific units | As needed | Staff know about changes |
| Updates/ information Sr Mgt meetings | Unit meetings, All-Cluster meeting | Sr Mgt Team | Monthly | New projects, issues, updates, changes are shared and discussed as a team |
| Updates/ information from All-Cluster and Unit meetings | Center and staff unit meetings, postings on staff boards | Staff | Monthly | New projects, issues, updates, changes are shared and discussed |
| Updates and quick messages of upcoming events | Facebook, etc... | All staff and greater community | 3X per week or as needed | CSB is publically celebrated and upcoming events are shared |

Other means of communication: Planning calendars, Policies and procedures, Unit reports, Board reports and meeting minutes

C. Internal Communication with Parents

CSB staff strives to provide exceptional customer service and must always use their best judgment with the utmost professionalism. Every employee is responsible for delivering clear and helpful information to our parents. A key element to ensuring communication is both clear and helpful is to ensure it is delivered in the most supportive manner, place and time.

Staff will not address challenging behaviors that may have occurred during the day with parents at pick-up or drop off; instead they will let the parent know that they would like to discuss challenging behaviors and request a time to meet.

Staff will not request letters of recommendation from parents; however they may accept an unsolicited letter. Requesting such a letter maybe perceived as intimidating. Instead, parents should be encouraged to complete the Parent Recognition of Staff Excellence for any staff member they feel is providing excellent service and support.

The following are methods of communication with parents:

- Monthly Policy Council meetings – program planning, policy and financial information is shared
- Monthly Policy Council sub-committee meetings
- Monthly Policy Council executive board meetings
- Monthly parent meetings
- Monthly food menu with nutrition guidance
- Health Bulletins

- Parent surveys
- Parent-teacher conferences
- Home visits
- Quarterly family newsletters
- Parent bulletin boards that include:
 - Upcoming activities; posted memos; health and safety information logs; site emergency procedures; parents' and child's rights; and Policy Council minutes and agendas
- Daily classroom schedules
- Weekly lesson plans
- Parent policies and procedures
- Dissemination of pertinent information regarding program planning, communications from Office of Head Start, financial reports and grant applications.
- Planned site activities
- Planned community events
- Social Media Tools
- Communication with Delegate Agency and Community Childcare Partners:
 - Regularly scheduled meetings
 - Regular monitoring
 - Joint trainings
 - Appointed members from the delegates on the Policy Council
 - Joint annual self-assessments
- Email
- Telephone
- Fax
- Monthly reports
- Short Messaging System (SMS/Texting)

D. Communications with Governing Bodies and Policy Groups

- 1. The Policy Council:** Serves as a link between public and private organizations, the Delegate Agency Policy Committee, Subcontractors, the Grantee-Operated Program Site Committees, the Grantee, the County Board of Supervisors and the community it serves. Mutual communication and understanding between the governing board and program management are fundamental for a high quality Head Start Program.
- 2. Monthly meetings with the County Administrator's Office:** The Employment and Human Services Department (EHSD) Director and the CSB Director also ensure that the Board of Supervisors has an understanding and appreciation of the Head Start philosophy and the role of parents and Policy Council in shared governance. Monthly meetings are held with the County Administrator's Office to discuss various areas of the program. A meeting report is generated by the EHSD Director and the CSB Director. The meeting's report is sent monthly to the Health and Human Services Committee of the Board of Supervisors. In addition, the CSB Director and other assigned staff, meet throughout the program year, individually, with each member of the BOS to review reports, tour centers, give updates and advice, and train on new regulations and initiatives.

E. External Communication

1. Communication with Partnerships: CSB has several types of Community Partnerships and all of them provide valuable services to our children and parents. Our reputation in the community is often dependent upon the respect and assistance provided to our partners when in contact with them. Every employee is responsible for delivering clear and helpful information to the public at large and to our partners in particular. External Partners include but are not limited to:

- State/Local Policy Groups
- State Department of Education
- Local Planning Council
- First Five Commissions
- County Departments
- Community-based Organizations
- Contra Costa County Special Education Local Planning Areas (SELPAs)
- Child Care Partners
- Policy Forum
- Local Education Agencies
- Contra Costa County School Superintendents
- Contra Costa One Stop Consortium
- California Welfare Directors Association Committees
- News / Media Outlets

2. Press Calls:

- i. All press calls should be immediately reported to the CSB Bureau Director and to the Employment & Human Services Department's Community Relations Director (also known as Public Information Officer or PIO) at (925) 313-1779, or the Executive Secretary at (925) 313-1629 in the Office of the Director for the Employment and Human Services Department. This will guarantee that the CSB and EHSD Directors know which stories and issues are attracting press attention. It will also make it easier for the reporter to be connected with the proper Department spokespersons who can respond fully and accurately. In addition, it will ensure there is proper follow up to meet deadlines, address issues and manage photography.

The Community Relations Director will be available to prepare staff for interviews, review the topic of interest and discuss points that will help the interview be complete and accurate while getting the Department's message across to the public.

On occasion, members of the press will take a shortcut into the Department and contact staff directly. If the staff member has been authorized by his/her Bureau Director to respond to the press, they should first notify the Community Relations Director who can assist in managing and maximizing the media opportunity.

- ii. If the staff person has not been authorized by their Bureau Director to respond to the press, they are required to adhere to the following:

- Do not respond directly to print, vocal, and/or visual media representatives;
 - Politely refer all contacts to the Community Relations Director at (925) 313-1779 or EHSD's Executive Secretary at (925) 313-1629 in the Office of the Director;
 - Inform your manager/supervisor immediately;
 - Provide the following information: date, time, and location of contact
 - Media representative's name, organization, phone number and deadline;
 - Summary and nature of the inquiry
- iii. There are many differing aspects and/or components related to the successful operation of our program. It is unfair for individual staff members to be placed in and/or to place themselves in a position of stating, explaining, and/or formulating policy for the department. An innocent comment intended to project a positive view can be reproduced with a negative spin or violate the right to privacy of our clients. Proposed dialogue when fielding a call from the media:
- "I would like to respond to your questions. My concerns rest with preserving and protecting the privacy of our children and their families. Please give me your name, organization, and phone number so that I can properly refer your request."
 - Staff with story ideas or events to promote are asked not to contact the press directly, but to contact the Community Relations Director at (925) 313-1779, so these stories can be channeled to the press most likely to cover them.

3. Tools for External Communication are as follows:

- Formal/informal agreements
- Electronic Newsletters
- Regular meetings
- E-mail
- Short Messaging System (SMS/Texting)
- Telephone
- Membership activities
- Social Media Tools (Facebook/Twitter etc.)
- Annual Report
- Fact Sheet

4. CSB E-mail Protocol:

The following is a basic guideline of enhancing our e-mail communications:

- **Purpose of an e-mail** is:
 - To Communicate – To get the reader's attention within few lines of text.
 - To Document – Send a report, instructions, procedure, information to file, etc.
- **Only discuss public matters** - Ask yourself if the topic being discussed is something you would write on company letterhead or post on a bulletin board for all to see before clicking "send."
- **Respond in timely fashion**- Depending on the nature of the e-mail and the sender, responding within 24 to 48 hours is acceptable.

- **Avoid using shortcuts to real words**- emoticons, jargon, or slang for business e- mails such as “4 u” or “Gr8”, etc.
- **Be clear on who the recipient is** – When there are multiple recipients or Cc’s but one or two specific people who you are directly addressing, address the specific person(s) by name at the start of the email.
- **Be clear in your subject line** – the subject line must match the message. Be succinct and to the point in the subject line. Never leave this blank.
- **Evaluate the importance of your e-mail** - Do not overuse the high priority option unless very necessary. If an immediate or less than 24-hour response is needed, it is better to pick up the phone.
- **Keep it short and get to the point** - State the purpose of the e-mail within the first two sentences. Be clear, and be up front. Anything more should happen in a verbal conversation.
- **Know your audience** - e-mail greeting and sign-off should be consistent with the level of respect and formality of the person you are communicating with.
- **Refrain from sending one-liners** - "Thanks," "Oh, OK" and “Action”; do not advance the conversation in any way. Put "No Reply Necessary" at the top of the e-mail when you do not anticipate a response.
- **Confidential Information blocked** -Do not share any of the following information in e-mail communications:
 - Credit Card information
 - Social Security numbers
 - HIPAA-related medical information ((the Health Insurance Portability and Accountability Act of 1996 addresses the use and disclosure of individuals’ health information)
 - Username and password
- **Indicate what response/action you expect** - such as “Action needed”, “Response needed”, or, if none “FYI only”. Include a deadline or desired deadline for needed action and responses.
- **Your e-mail is a reflection of you** - Every e-mail you send adds to, or detracts from your reputation. Always include a signature - You never want someone to have to look up how to get in touch with you. You name and contact information should always be included.
- **Send or copy others only on a need to know basis** - Before clicking on the Cc lines, ask yourself if all the recipients need the information in your message.
- **Beware of the "reply all."** - Do not hit "reply all" unless every member on the e- mail chain needs to know.
- **When not to send an e-mail and pick up the phone** - When a topic is sensitive or has many parameters that need to be explained or negotiated and will generate many questions or may generate confusion, do not handle it via e-mail. If the email exchange has gone back and forth more than a few times, it is usually better to continue the conversation by phone. In addition, e-mails should not be used for last minute cancellations of meetings, lunches, interviews, and never for difficult news. Although, if its news you have to deliver to a large group, e-mail is more practical.
- **Avoid writing in all capital letters** – It sends the wrong message and it is hard to read.
- **Beware of tone** – Communicating tone in email is challenging and must be done by thoughtfully choosing words. Sarcasm, for example, is an expression of anger and often comes across hotter than it would in person, where the face and voice assist understanding.
- **Beware of emotional reply** –Too often someone in anger or frustration types off the reply and hits send before taking time to think. After typing the response, it is advisable to take a moment,

think, may be take a short break – proof the reply before sending it.

- **Adding attachments-** Send a link instead.
- **Out of Office-** Be sure to add the date of your return and the name of the person to contact in your absence.

4. Social Media Posting Guidelines:

These guidelines shall apply to any and all employees who are permitted as authorized users by Contra Costa Community Services Bureau (CSB) to post content on CSB's social media sites.

These guidelines are intended to apply to all official blogs or social media platforms maintained by CSB, including, but not limited to Facebook, Twitter and Instagram. All such activities are referred to as "social media postings" in this document.

- Social media posting privileges are granted to the pre-approved CSB Social Media Committee.
- The primary and foremost purpose of Contra Costa Community Services Bureau social media platforms is to provide public information and education, to recruit staff and reach out to families that need childcare, and to positively promote the work of our agency, staff and volunteers. The intent is to showcase what our agency does and to communicate with the public via social media outlets.
- All authorized CSB social media users shall always be courteous and respectful of all points of view when posting on CSB's' social media platforms.
- All authorized CSB social media users shall adhere to the CSB brand standards (colors, flyer templates, etc.) in an attempt to ensure the content presented is consistent and visually appealing. Visuals play an important part in social media branding and connectivity to the audience.
- In the event that a negative post or comment is placed on any of CSB's social media platforms, CSB social media posters will not engage in a confrontational, ongoing dialogue. We will instead remove the negative comment and address the issue outside of the public-facing platform, possibly through private messaging if appropriate to follow up/attempt to resolve the issue. This will be done with the assistance of the relevant members of the CSB Leadership Team and approved by the Department Director.
- Common sense is typically the best guide when posting content on CSB's official social media platforms. If you are unsure about a particular posting, please feel free to contact the Social Media Project Manager.
- Social media postings for Contra Costa Community Services Bureau (made on official CSB accounts) may be at the direction of the Bureau Director or designees for the exposure of recruitment efforts, special events, program accomplishments etc.
- Social media postings must not disclose or refer to any information that Contra Costa Community Services Bureau considers confidential information as per the confidentiality policy. If you have any questions about what constitutes confidential information, please contact the Social Media Project

Manager.

- If a member of the news media contacts you about a social media posting that concerns the business of the Contra Costa County Community Services Bureau, you must refer that person to one of the following: Bureau Director or the EHSD Community/Media relations Manager.
- All CSB social media postings should be made from the perspective of Contra Costa County Community Services Bureau, reflecting our policies, procedures and positions. Social media posts should not reflect any individual's personal point of view or positions.
- Employees need to adhere to the Hatch Act, whose main provision prohibits employees of the federal government and local government employees who work in connection with federally funded programs from engaging in any form of political activity. No lobbying is allowed.
- Be responsible, be nice, have fun and connect

F. Reporting for County Child Protective Services and State Community Care Licensing

The purpose of these policies and procedures are to provide all department employees with instructions on what specific steps they must take to properly handle any incident involving an abused and/or neglected child, the injury of a child, or a potential child's rights violation. It is important to note that while all employees are charged with the responsibility of reporting incidents involving an abused and/or neglected child, only the EHSD Director or Bureau Director or designee is charged with the responsibility of reporting potential child's rights violations to State Community Care Licensing.

In addition, this policy is intended to make clear the procedure for reporting incidents that may occur both off site and on site.

1. Definitions:

- CCL (State): The acronym for State Community Care Licensing, which is a Division of the State of California Social Services Department, and which is responsible for the licensing of the Department's Child Care facilities.
- EHSD Director: The Director of the Employment and Human Services Department
- Bureau Director: The Director of the Community Services Bureau.
- CFS (County): The acronym for Children and Family Services, formerly Child Protective Services, which is a bureau of the County's Employment and Human Services Department and is mandated by the Federal and State government to assess and investigate all referrals which allege that a child is endangered by abuse, neglect, or exploitation.
- Major Injury: Any incident involving a child that requires the intervention of any medical professional (examples of medical professional include: medical advice nurse, hospital, clinic, doctor, ambulance service, emergency room).
- Minor Injury: Any incident involving a child that does not require the intervention of any medical professional as noted above.
- Child's rights violations: Any incident that occurs at a Community Services Bureau facility and involves an employee, contractor, or volunteer of the Department that might violate either the Head Start Code of Conduct or the rights of a child in accordance with State Child Care

Licensing Regulations.

All employees, at all levels, are expected to follow the policies and procedures so that accurate and timely reporting can be assured to both the County CPS and the State CCL.

2. Reporting to CFS:

- Any employee or contractor who knows or suspects that a child has been abused and/or neglected off site should immediately inform and discuss his/her concerns with the direct supervisor.
- Reports shall be made to Child Protective Services in accordance with mandated reporting responsibilities and laws. A report to the Community Care Licensing (CCL) shall also be made summarizing the CFS report.
- The employee or contractor making the report will provide a copy of the above referenced report to their Supervisor or Manager, who is responsible to inform their Assistant Director.

Additional policies and procedures related to Mandated Reporting can be found in the Child Development Section of this document, "Child Development Reporting Policies".

3. Child Injuries:

i. Minor Injuries

Immediately report the injury to your Supervisor and the parent after you have tended to the child. (Includes any incident not involving medical professionals) Employees do not report minor injuries to CCL.

If a parent of a child who has sustained a minor injury reports back to the center that they subsequently took the child to be seen by any medical professional, the injury needs to be reported as a major injury. All head injuries regardless of staff determination that it is minor or major shall be reported to the Supervisor immediately who shall contact the parent immediately to pick up the child. "Head Injuries" are defined as injuries to the skull or cranium, and do not include the mid and lower facial areas. Staff shall complete a written injury report for the parent prior to pick-up time and at pick-up time talk with the parent to explain the injury, action taken by staff, and provide a copy of the written report. Supervisor shall make a complete entry in the Supervisor's Injury Log for all injuries, minor and major.

ii. Major Injuries

Report the incident immediately to a Site Supervisor, the Assistant Director, and the parent. Depending on the severity of the injury, all staff should take the following steps:

- Comfort the child.
- Phone 911 immediately.
- Report the injury to the Assistant Director, Bureau Director and/or Executive Director.
- The Site Supervisor or designee will make an Unusual Incident Report to Licensing in accordance with the Unusual Incident Reporting policy and procedure.

- The Bureau Director may assign staff to investigate.
- The Department’s Licensing Liaison may prepare a written report.
- Staff shall complete a written injury report (form CSB-208) for the parent immediately and provide a copy of the written report to the parent.
- Supervisor shall make a complete entry in the Supervisor’s Injury Log for all injuries, minor and major.

iii. Potential Child’s Rights Violations

- Any incident that occurs on site at a facility and involves employee(s), contractor(s), or volunteer(s) of the Community Services Bureau that might violate the rights of a child in accordance with Child Care Licensing Regulations or the Community Services Code of Conduct must immediately be reported to the CSB Administration using the following protocol and in accordance with Mandated Reporting of Child Abuse and Neglect ACF-IM-HS-15-04:
 - Any potential and/or unusual incident must be reported by CSB employees to the center’s Site Supervisor or the designated person-in-charge no later than 15 minutes after being made aware that an alleged incident has or may have taken place.
 - The reporter shall be any employee, contractor or volunteer who has witnessed or heard about an alleged incident, or any employee, contractor or volunteer who was involved in an alleged incident.
 - The Site Supervisor or person-in-charge must phone-in the alleged incident to the Assistant Director and as directed by the AD, the Site Supervisor and the AD will call the CSB Administration Office at (925) 681-6300 no later than one hour after being made aware of the alleged incident.
 - Caller shall make it clear to the clerk answering the phone at CSB Administration Office that you are reporting a possible licensing incident that must be handled by the appropriate staff immediately.
 - When the Unusual Incident Report is phoned into the CSB Administrative Office, the front desk clerk who receives the phone call shall immediately and personally notify the Division Manager. If the Division Manager is not in, the notification succession shall be to the Bureau Director.
 - The Site Supervisor or person-in-charge will then complete, obtain AD approval, and fax the CSB Unusual Incident Report to the CSB Administrative Office within two hours of the alleged incident. The completed form shall be scanned to the Division Manager and immediately followed up by a telephone call to CSB Administrative Office at (925) 681- 6300 to verify that a copy of this report has been received.
 - Site Supervisor shall compile and send upon request all written documentation related to the incident to the Assistant Director, Division Manager and Personnel Services Assistant III. Documentation may include but is not limited to CSB Incident Report, small group conference forms, notes on discussions with parents or other employees, and observation notes. Materials shall be complete, legible, objective, and fact-based.
- It is a requirement of CCL that unusual incidents must be reported to CCL by a telephone call within 24 hours of the County learning that an incident may have occurred.
 - In accordance with CCL protocol, the Site Supervisor remains the official contact with the CCL during any on-site CCL review/investigation process.

- The Assistant Director must be notified by the Site Supervisor any time a representative from CCL conducts an on-site visit for any reason.
- Any employee who fails to report an alleged incident as outlined above will be subject to disciplinary action, up to and including termination.
- Any Site Supervisor or person-in-charge who fails to follow the protocol instructions as outlined above will be subject to disciplinary action, up to and including termination.

iv. CSB Administration Responsibilities

- When the Unusual Incident Report is received by the CSB Administrative Office, the front desk clerk will personally deliver copies to the Personnel Administrator, Division Manager and the Bureau Director for review. When the review process is completed, an approved copy of the Unusual Incident Report will be scanned to the appropriate Assistant Director to sign and then the AD or his/her designee will fax/scan/email to CCL.
- A fact finding team will immediately be convened and directed to visit the center to gather information and determine if a child's rights have been violated and report these facts back to the Bureau Director.
- After reviewing the facts, if the Bureau Director determines that a true incident has not occurred, the case will be documented as such and closed.
- After reviewing the facts, if the Bureau Director determines that an incident may have occurred, the EHSD Director, Bureau Director or designee will notify the Head Start Regional Office and/or State DOE Early Education and Support Division in accordance with reporting requirements and as applicable to the funding source of the impacted child(ren).
- Only the EHSD Director or designee has the authority and responsibility on behalf of the County to report these matters to Licensing.
- Upon the notification by the EHSD Director or Bureau Director that an incident may have taken place, an investigation team will be sent out by the next business day to investigate and prepare a draft investigative report and findings.

CSB Administrative Office, in conjunction with the Assistant Director and Site Supervisor of the impacted center, will make all decisions related to protecting the rights of children on behalf of the Department until the investigation has been concluded.

Any employee who is considered to be involved with the violation of the rights of a child in connection with the incident report will be immediately re-assigned temporarily to another work location outside of the classroom and without contact with children until the investigation is concluded.

Failure on the part of the employee to report to, and remain at the alternate work location as directed, will cause the employee to receive absence without pay (AWOP) and to be subject to further discipline, up to and including termination.

The investigative team will have three business days to perform the required investigation and prepare a draft report for the Bureau Director and EHSD Director.

The Bureau Director and EHSD Director will review the report and decide next steps, including, if necessary, any disciplinary or remedial action that should be implemented as a result of the report's findings and conclusions.

The investigator's written report shall also include a holistic analysis of the causes associated with the incident and develop specific recommendations to prevent their recurrence.

Recommendations will be reviewed by the Bureau Director and EHSD Director for consistency with appropriate personnel policies prior to being entered into the final report. After appropriate action is taken by the Department, pertinent information regarding each incident shall be shared with key managers and Site Supervisors to prevent the recurrence of a similar incident at another site (Any report information shared with Department employees must be pre-reviewed by CSB Administration to ensure that it does not violate the confidentiality of any employees or children involved in the incident).

For major incidents, a detailed critique by management of the incident itself shall be provided to all employees on a department-wide basis to prevent the recurrence of a similar incident at another site.

G. Partner Agencies including the Delegate Agency will follow these reporting steps

- Notify and provide County with copies of any licensing citations, licensing visit reports, unusual incident report, and/or any other citations within 48 hours of Contractor's receipt of the report or citation.
- Maintain full compliance with Community Care Licensing Regulations and State and/or Federal Regulations as applicable given other funding sources received by CSB.
- Notify and provide CSB with copies of any Medical Alerts (such as infectious disease outbreaks) within 48 hours.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES
DEPARTMENT COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 2-PROGRAM OPERATIONS

2019-21

Policy Council Approved: 05/17/17

Board of Supervisors Approved: 08/15/17

2019-21
Policies and Procedures
Section 2: Program Operations

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PART I. Eligibility, Recruitment, Selection and Attendance-ERSEA

A.State Child Development Program

The California Department of Education Early Learning and Care Division fund a portion of our program. The matrix below provides an overview of the program.

PY = Program Year

| | CSPP | | CTTR |
|--|---|---|---|
| Program Type/ Hours of Care | <u>Part Day</u> 3-3:59 hrs | <u>Full Day</u> More than 4 hrs Includes ¾ time and Full time | <u>Full Day Program</u> Includes ½, ¾ time and full-time |
| Age of Child | 3 or 4 by December 1 of PY or on or after their 3rd birthday *Continued summer enrollment allowable for K-eligible children until K start if requested and available | 3 or 4 by December 1 of PY or on or after their 3rd birthday *Continued summer enrollment allowable for K-eligible children until K start if requested and available | Zero – three (until eligible for CSPP) |
| Eligibility Requirement | Current fiscal year Program Requirements apply | Current fiscal year Program Requirements apply | Current fiscal year Program Requirements apply |
| Maintaining Ongoing Eligibility | N/A Once initially Certified, child is "in" for the Remainder of the PY | If the basis of eligibility is income, families must report changes that cause their adjusted monthly income, adjusted for family size to exceed ongoing income eligibility within 30 calendar days. For all other eligibility criteria, once initially certified, child is "in" for the remainder of the certification period. Failure to meet ongoing eligibility results in termination of full-day services. *If family fails to meet continued eligibility, they may choose to | If the basis of eligibility is income, families must report changes that cause their adjusted monthly income, adjusted for family size to exceed ongoing income eligibility within 30 calendar days. For all other eligibility criteria, once initially certified, child is "in" for the remainder of the certification period. Failure to meet ongoing eligibility results in termination of full-day services. |

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| | | receive part-day services based on their initial eligibility or pay full fee for services. | |
| Need Requirement | N/A | Current fiscal year Program Requirement apply Preschool children who attend only part of the week (e.g. M W F) or part of the day (11 – 5) can attend their class M-F during the “part-day preschool portion of the day” 8:30-12:00. All hours outside of this time must be supported by need. | |
| Maintaining Ongoing Need | N/A | *If family fails to meet need eligibility for full-day, they may choose to receive CSPP part-day services if available or pay full fee for services. | N/A |
| Family Fees Assessed | N/A | If less than 130 hours per month part-time fee assessed | If less than 130 hours per month part-time fee assessed |
| | | If more than 130 hours per month full-time fee assessed | If more than 130 hours per month full-time fee assessed |
| | | If family of a 3-5 yr. old child has a need for less than 4 hrs. a day, try to place them in a part-day slot where no fees apply. | N/A |
| Adjustment Factors | NA | Time and special criteria adjustment factors apply. Time criteria is based on total number of hours in care (not just hours of need). CCTR toddler special criterion applies only until child is 36 months old regardless of type of class child is in. ¾ time – 4 to 6:29 hours. Full-time – 6:30 to 9:59 hours. Full-time Plus – 10 hours or more. | |
| Enrollment Priorities | Transfers (i.e. families of children already certified for care including toddlers leaving CCTR) CPS- CSB622 At-Risk Referral Homeless Returning 4 yr. olds regardless of income Eligible 4 yr. olds* Eligible 3 yr. olds* Over income 4 yr. olds (part-day only) Over income 3 yr. olds (part-day only) Over income age eligible children with IEP/IFSP (part-day only) *Refer to Enrollment Priorities for State Preschool | | Transfers CPS or “at risk” Homeless Eligible Children Per income Ranking *Head Start collaborative full-day programs shall consider Head Start enrollment priorities and these children shall be deemed as meeting the priorities. |

| | | | |
|------------------------------------|--|--|---|
| | Head Start collaborative full-day programs shall consider Head Start enrollment priorities and these children shall be deemed as meeting the priorities. | | |
| Over Income Waivers | 10% of part-day slots allowed to be no more than 15% over State income ceiling. | Not Allowed | Not Allowed |
| Recertification for next PY | N/A Must do second "initial" application prior to next PY. | For not less than 24 months *With the exception of families whose need is Seeking Employment, their certification period will be for not less than 12 months. | For not less than 24 months *With the exception of families whose need is Seeking Employment, their certification period will be for not less than 12 months |
| Reporting | Revised 8501 | Revised 8501 | 9500 |

B. Definitions

As used in the Program Requirements, definitions are as follows:

- Adjusted monthly income-The total countable income as defined below, minus verified child support payments paid by the parent whose child is receiving child development services, excluding the non-countable income listed below:
 - Earnings of a child under age 18 years;
 - Loans;
 - Grants or scholarships to students for educational purposes other than any balance available for living costs;
 - Food stamps or other food assistance;
 - Earned Income Tax Credit or tax refund;
 - GI Bill entitlements, hardship duty pay, hazardous duty pay, hostile fire pay, or imminent danger pay;
 - Adoption assistance payments;
 - Non-cash assistance or gifts;
 - All income of any individual counted in the family size that is collecting federal Supplemental Security Income (SSI) or State Supplemental Program (SSP) benefits;
 - Insurance or court settlements including pain and suffering and excluding lost wages and punitive damages;
 - Reimbursements for work-required expenses such as uniforms, mileage, or per diem expenses for food and lodging;
 - Business expenses for self-employed family members;
 - When there is no cash value to the employee, the portion of medical and/or dental insurance documented as paid by the employer and included in gross pay; and
 - Disaster relief grants or payments, except any portion for rental assistance or unemployment.

- Authorized representative-The person designated by the agency to certify eligibility for subsidized services. For CSB's directly operated program, this means the Comprehensive Services Assistant Manager (CSAM) or designee.
- Child Protective Services-Children receiving protective services through the local county welfare department as well as children identified by a legal, medical, social service agency or emergency shelter such as abused, neglected or exploited or at risk of abuse, neglect or exploitation.
- Children with disabilities-Children who have been determined to be eligible for special education or early intervention services in accordance with Part B or C of the Individuals with Disabilities Education Act (IDEA). These children have a current Individualized Education Plan or Individualized Family Service Plan. These children may be developmentally disabled, hearing impaired, deaf, speech impaired, visually impaired, seriously emotionally disturbed, physically impaired, have other health impairments such as: deaf-blind, multi-handicapped or specific learning disabilities, requiring the special attention of adults in a child development setting. Children, birth to three years, may be "at-risk" or with disabilities as defined by IDEA.
- Declaration-A written statement signed by a parent under penalty of perjury attesting that the contents of the statement are true and correct to the best of his or her knowledge.
- Displace families-To dis-enroll families in order to reduce service levels due to insufficient funding or inability of CSB to operate one or more sites because of reasons beyond control of the department, such as floods or fire.
- Enrolled-A child has been accepted and attended at least one class for center-based or family care option or at least one home visit for the home-based option.
- Family-For State child development programs, the parents and the children for whom the parents are responsible; who comprise the household in which the child receiving services is living. For purposes of income eligibility and family fee determination, when a child and his or her siblings are living in a family that does not include their biological or adoptive parent, "family" shall be considered the child and related siblings. For Head Start (1302.12), family, for a child, means all persons living in the same household who are supported by the child's parent(s)' or guardian(s)' income and related to the child's parent(s) or guardian(s) by blood, marriage, or adoption or the child's authorized caregiver or legally responsible party. Head Start defined family, for a pregnant woman, as all persons who financially support the pregnant woman.
- Fee schedule-The Family Fee Schedule, issued by the department pursuant to Education Code section 8447(e). The fee schedule is used by child development staff to assess fees for families utilizing State childcare and development services.
- Homeless-As defined in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), a person or family that lacks a fixed, regular, and adequate night-time residence and has a primary night time residence that is:
 - A supervised publicly or privately operated shelter, transitional housing, or homeless support program designed to provide temporary living accommodations, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, or children and youths who are sharing the housing of other persons

due to loss of housing, economic hardship, or a similar reason.

- Foster care-24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, childcare institutions, and pre-adoptive homes.
- Income eligible-For the purpose of State, childcare and development services that a family's adjusted monthly income is at or below 85 percent of the state median income, adjusted for family size at initial certification. For ongoing eligibility, adjusted monthly income cannot exceed 85 percent of the state median income, adjusted for family size. In accordance with the Head Start Performance Standards (1302.12), a pregnant woman or child is income eligible if the family's income is equal or below the poverty line or the family is eligible (or in the absence of child care would be potentially eligible) for public assistance, including TANF child-only payments.
- Income fluctuation-Income that varies due to:
 - Migrant, agricultural, or seasonal work;
 - Intermittent earnings or income, bonuses, commissions, lottery winnings, inheritance, back child support payment, or net proceeds from the sale of real property or stock;
 - Unpredictable days and hours of employment, overtime, or self-employment.
- Initial certification-The formal process for completing an application for services and collecting information and documentation to determine that the family and/or child meets the legal requirements for receipt of subsidized child development services based on eligibility and need criteria. The signature of the authorized representative on an application for services certifies that the legal requirements have been met and documented.
- Legally qualified professional-A person licensed under applicable laws and regulations of the State of California to perform legal, medical, health or social services for the general public.
- Parent-A biological parent, adoptive parent, stepparent, foster parent, caretaker relative, legal guardian, domestic partner of the parent, or any other adult living with a child who has responsibility for the care and welfare of the child.
- Parental Incapacity-The temporary or permanent inability of the child's parent(s) to provide care and supervision of the child (ren) for part of the day due to a physical or mental health condition.
- Recertification means the formal process for completing an application for services and collecting information and documentation to determine that the family and/or child meets the legal requirements for ongoing receipt of subsidized child development services based on eligibility and need criteria. The signature of the authorized representative on an application for services certifies that the legal requirements have been met and documented.
- Recipients of Service-Families and/or children enrolled in a childcare and development program subsidized by the California Department of Education.
- Self-Certification of Income-A declaration signed by the parent under penalty of perjury identifying:
 - To the extent known, the employer and date of hire and stating the rate and frequency of pay, total amount of income received for the preceding month(s), the type of work performed, and the hours and days worked, when an employer refuses or fails to provide requested employment information or when a request for documentation would adversely affect the parent's employment; or the amount and frequency of sources of income for which no documentation is possible.
- State median income-The most recent median income for California families as determined by

the State Department of Finance.

- Total countable income-All income of the individuals counted in the family size that includes, but is not limited to, the following:
 - Gross wages or salary, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings;
 - Wages for migrant, agricultural, or seasonal work;
 - Public cash assistance;
 - Gross income from self-employment less business expenses with the exception of wage draws;
 - Disability or unemployment compensation;
 - Workers compensation;
 - Spousal support, child support received from the former spouse or absent parent, or financial assistance for housing costs or car payments paid as part of or in addition to spousal or child support;
 - Survivor and retirement benefits;
 - Dividends, interest on bonds, income from estates or trusts, net rental income or royalties;
 - Rent for room within the family's residence;
 - Foster care grants, payments or clothing allowance for children placed through child welfare services;
 - Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent;
 - Veterans' pensions;
 - Pensions or annuities;
 - Inheritance;
 - Allowances for housing or automobiles provided as part of compensation;
 - Portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies;
 - Insurance or court settlements for lost wages or punitive damages;
 - Net proceeds from the sale of real property, stocks, or inherited property; or
 - Other enterprise for gain.
- Update the application-The process of revising the application for services between recertification. The application shall be revised by completing a 9600S form with the latest family information that documents the continued need and eligibility for child care and development services.
- Verify-To check or determine the correctness or truth by investigation or by reference.

C. Child Age and Family Income Eligibility

The Community Services Bureau's program enrolls children according to Federal and State eligibility criteria. For the Head Start program, children are selected for service based primarily on the family income adjusted for family size, with lowest income families selected first. Children at risk of abuse or neglect are considered high priority. Within age groups, priority in the pre-school program is given to four-year-old children from the neediest families. Please refer to CSB's Selection Criteria found in the ERSEA folder on the Shared Drive for more information. The Community Assessment is used to determine location of centers and program options to accommodate the areas of greatest need in the county.

Every year, parents/staff review and update placement of centers and program options, restructuring enrollment to best meet community needs as county demographics change.

D. Recruitment

1. Strategies

CSB employs a variety of recruitment strategies to ensure that the neediest children from low-income families have access to services. Each year, a recruitment plan responsive to changes in communities served by CSB is developed with parent feedback and implemented. Various recruitment materials are developed and disseminated throughout the community. There are a variety of ways to access the program by referral or personal contact. Walk-ins are always welcome. Word of mouth, via CSB parents is the best method of recruitment. Staff from all content areas of the program conducts presentations to community-based entities wherein detailed information is provided to expedite access to our program by their clients. Articles and ads are published in local publications such as agency newsletters, websites, and social networking sites. For detailed strategies, see the Recruitment Plan in the ERSEA folder on the Shared Drive.

2. Recruitment Policy

All staff, parents, Policy Council members and partners are responsible for giving out information in accordance with the annual Recruitment Plan.

All CSB Staff are responsible for:

- Phone calls: CLOUDS will capture the phone calls to the Hotlines under the Communications tab. Calls will be returned regularly throughout the day by designated staff. Staff that return calls captured on the hotlines is responsible for taking basic pre-registration information over the phone and entering it into CLOUDS.
- Walk-ins: All staffs are responsible for being responsive to walk-ins and providing an explanation of the enrollment process. Assist client in filling out CSB690-Waiting List Pre-Registration Form (See CSB Forms) and/or place the child directly on the CLOUDS waiting list.
 - Any documentation brought in by families, such as pay stubs and/or birth certificates will be scanned to the CLOUDS.
- Mail Received:
 - Route to appropriate person if mail came in self-addressed envelope.
- Faxes: All referral forms are sent to the ERSEA analyst, logged, and then forwarded to the appropriate staff for follow up.

E. Selection Process

Children are selected from the waiting lists that are maintained in CLOUDS. After the agency receives the application material, children are ranked based on CSB's admission priorities. Ten percent of our placement slots are designated for children with disabilities and every effort is made to accommodate children with disabilities.

Selection Criteria:

To ensure that the neediest children from low-income families are selected for CSB's services, CSB implements its Selection Criteria/Admissions Priorities to prioritize neediest families, which is aligned with the state's priorities by a strong community need for child care for working families.

At least 10% of the total number of enrollment opportunities at CSB is designated for children with certified disabilities. Families of children with disabilities are asked to provide documentation from the doctor or a copy of the child's IFSP or IEP.

The authorized representative and other department managers insure that the selection criteria meet the state and federal regulations regarding selection of families and children to the program. The Selection Criteria/Admissions Priorities is updated and approved by the Director, Policy Council, and Board of Supervisors annually.

F. CLOUDS Waitlist

1. Procedures for maintaining Eligible / Accepted Families on Waitlist

In Maintaining Eligible / Accepted Families, staffs are responsible for:

- Taking basic pre-registration information over the phone or in person and enter into CLOUDS
- Contacting the next eligible family based on CLOUDS wait list and documenting contact on CLOUDS (Family Case Notes, with the category of Eligibility selected)
- Sending no contact letters, and assigning to the Purge caseload for Assistant Manager review in accordance with CSB Purge Protocol
- Conducting interviews
- Determining eligibility based on supporting documentation and information obtained through the interview
- Maintaining pre-enrollment documentation on CLOUDS (e.g., pay stubs, birth certificate, immunization record)
- Creating, signing and dating income calculation sheet in CLOUDS
- Communicating application status to families (CSB Application Status Letter)

2. Collect the following information in the child's electronic file on the CLOUDS waiting list:

- Child's birth certificate or other age verification: for state funding programs collect reliable age verification for all children in the family size, indicating the relationship of the child to the parent; for Head Start/Early Head Start collect only age verification for the child(ren) to be enrolled.
- Documentation of Family Size (unborn can only be counted in family size for Early Head Start where services to pregnant women are provided)
- Parents' income verification (e.g., pay stubs) or self-certification form, if applicable (signed & dated).
- Income calculation worksheet (signed & dated) in CLOUDS.
- Copies of the child's immunization records (not necessary to determine eligibility).
- Health history from CLOUDS (signed and dated).

- Documentation of Disabilities, if applicable.
- Documentation of Homelessness, if applicable
- Documentation of Categorical Eligibility, if applicable
- Documentation of caregiver's need for services, if applicable
- Documentation of California residency

3. Once file has been determined eligible by the authorized representative, the Site Supervisor for the enrolling center is responsible for:

- Reviewing and updating information on file. Review and update Child and Family Data sheets on CLOUDS.
- Reviewing the Health History.
- Updating Emergency Information (See Form CSB214)
- Flagging the file in the top right front corner of the file using the following sticker dot system:
 - Blue Dot: Child with Disabilities
 - Red Dot: Child with Health/Nutrition/Mental Health Concerns
 - Yellow Dot: Child that transitioned from I/T to Preschool
 - White Dot: Used to cover up any colored dot that is no longer applicable to the child.

4. The authorized representative is responsible for:

- Reviewing waitlist file from Clerk.
- Verifying family eligibility and signing the income calculation worksheet.
- Moving the child from Eligibility Waiting List to Eligible/Accepted Wait List in CLOUDS once eligibility has been established.
- Ensuring flagged items are properly noted in CLOUDS.
- Keeping any paper copies in a locked drawer or cabinet.
- Maintaining Eligible/Accepted list in CLOUDS and monitor to ensure the next eligible child is being enrolled.
- Managing the Eligible/Accepted list on CLOUDS and removing children as appropriate (i.e. no longer qualifies or interested).
- Reviewing purged list and archive applications on CLOUDS as per the purge protocol.

5. Procedures for Purging Waitlist

i. The authorized representative and supporting Clerk will maintain a current waiting list for those sites by following these steps:

- Document all contacts with families on the Family Case Notes in CLOUDS and indicate the category of Eligibility.
- Make extra special effort via multiple methods to contact Head Start eligible families as some these families require extra outreach efforts. Document all steps taken.
- Send out no contact letters (See Form CSB613) to non-responsive families on an ongoing basis once sufficient efforts to contact as defined above have been made; send only one letter to each family; give the family ten working days to respond from date letter is sent.
- Document response/lack of response to the CSB613 on Family Case Notes.

Assign child to the Purge caseload. Assistant Manager assigned to the Purge caseload, will review case notes and purge children as appropriate.

ii. The Comprehensive Services Assistant Manager will conduct the purge by following these steps:

- Review the Purge caseload in CLOUDs.
- Review the Family Data Sheet for each child listed on the Purge caseload.
- Purge the records that are appropriate by the third Monday of each month.
- Communicate with the clerk regarding any purge that is not appropriate.
- Check to see if Family Services have been started and, if so, discontinuing services for those families scheduled to be purged.

G. Enrollment and Re-Enrollment

1. General Enrollment Policy

Families find themselves in many situations and at times disenroll their children, but then, later on, want to re-enroll their child. CSB encourage families to return to the program should their situation allow. When families wish to re-enroll they are placed back on the waiting list and ranked accordingly. When children are enrolled in the Federal Head Start program, they remain eligible for services for the program year they are enrolled and the following year regardless of changes in income. If children are enrolled for a third program year in Head Start, the family income must be re-determined. When children are enrolled in the State Child Development program, they are recertified in accordance with the regulations to insure they remain eligible.

- When children are enrolled in the Early Head Start program, they remain eligible for services until they are three years old regardless of income.
- When EHS children are transitioning to Head Start, they must re-apply to determine eligibility for Head Start preschool services.
- When children are enrolled in part-day State Preschool, they remain eligible for continued services until the beginning of the next fiscal year regardless of income changes.
- Part-day State Preschool children seeking a second year of services must demonstrate income and age eligibility for continued services but have priority in placement without regard to income ranking in accordance with the Enrollment Priorities.
- Once an infant or toddler is enrolled in a General Child Care program they remain income eligible for subsidized services for not less than 24 months (with the exception for families whose need is Seeking Employment, their certification period will be for not less than 12 months) or only as long as the family income remains at or below 85% of the California median income.
- When family income is above 39 of the California median income, the General Child Care and full- day State Preschool enrollees are assessed a Family Fee based on the California Family Fee Schedule.

In our efforts to ensure services are available to the most vulnerable populations as per our community assessment, CSB may reserve vacant Head Start/Early Head Start slots for families experiencing

homelessness and/or foster children. No more than 3% of funded enrollment shall be reserved. Vacancies shall be reserved for no more than 30 days. After 30 days, the slot(s) shall be considered vacant.

2. Enrollment Placement

i. In placing a child at a center, Site Supervisors are responsible for the following:

- Review Eligible/Accepted List in CLOUDS.
- Select the child with the highest priority ensuring that all Head Start eligible children have been placed as vacancies occur, before enrolling any child above the federal poverty guidelines.
- Review all sections of child's file for special needs or concerns and proper placement of dots and accuracy.
- Check for any flagged items that may need follow up or a parent signature.
- Coordinate/schedule Family Meeting with parent, Comprehensive Services Assistant Manager, and other staff as needed.
- Contact parent for enrollment (placement) appointment.
- When meeting with the family:
 - Complete, date and sign new income information as needed and enter updated information on CLOUDS.
 - The 9600 form from CLOUDS is to be signed and dated by the authorized representative and parent.
 - Issue Notice of Action
 - Update Emergency Information (See CSB Forms > 0200-Health & Safety > CSB214 Student Emergency Card).
 - Complete Admission Agreement and hours of service contract on CLOUDS. Complete Parent Handbook receipt with parent.
 - Verify that the child's immunizations are up-to-date (Do not admit in center based programs until record is up to date, unless the enrolling child is homeless).
 - Review health history and ensure appropriate referrals have been made.
 - Move child from Eligible/Accepted List and place into appropriate classroom and Program Model.

H. Eligibility and Need Criteria and Documentation

1. Residency Requirements

To be eligible for child care and development services, the child must live in the State of California while services are being received.

Any evidence of a street address or post office address in California will be sufficient to establish residency. A person identified as homeless is exempted from this requirement and shall submit a declaration of intent to reside in California.

The determination of eligibility for child care and development services shall be without regard to the

immigration status of the child or the child's parent(s), unless the child or the child's parent(s) are under a final order of deportation from the United States Department of Justice.

Community Services Bureau provides Head Start and Early Head Start services to children/pregnant women who reside within the service area of Contra Costa County, and reside in the CSB service area. CSB does not serve a portion of Concord that is commonly referred to as the Monument Corridor. The area falls within the 94520 zip code in Concord and is bounded by Clayton Road to the North, Galindo Street to the Northeast, South along Monument Boulevard to Cleopatra Drive, southeast to Interstate 680 and west to State Route 242. This area is operated by the Unity Council of Alameda County. All other portions of the county are served by CSB. In accordance with the Head Start and Early Head Start Service Area Agreement adopted in 2016 among Bay Area Programs, every effort will be made to honor the family's choice to enroll their child in the program they choose. If a family resides outside of Contra Costa County, the family may enroll with CSB without asking permission from the residence grantee if any of the following reasons are valid.

- If a family lives geographically closer to an agency outside of their residential area.
- If the child is transitioning from EHS to HS, allowing for continuity of care.
- If the family works, goes to school, is in training or participating in other related activity outside the residence area.
- If the family starts one program and moves to another area, and they choose to continue enrollment in the program.
- Homeless families may enroll in the program most convenient to them (follow McKinney Vento definition).
- Children with disabilities should be given priority enrollment if there is no room in the residence program.

2. Documentation of Need Based on Employment, Seeking Employment, Training Toward a Vocational Goal, Seeking Housing, and Incapacity

Families who are eligible for subsidized childcare and development services based on income, public assistance, or homelessness must document that each parent in the family meets a need criterion to enroll in a full-day CSPP or CCTR program. The need criteria are: vocational training leading directly to a recognized trade, para profession, or profession; educational program for English language learners or to attain a high school diploma or general educational development certificate; employment or seeking employment; seeking permanent housing for family stability; and incapacitation.

Subsidized childcare and development services shall only be available to the extent to which:

- The parent meets a need criterion that precludes the provision of care and supervision of the family's child for some of the day;
- There is no parent in the family capable of providing care for the family's child during the time care is requested; and Supervision of the family's child is not otherwise being provided by school or another person or entity.

3. Documentation of Employment

If the basis of need as stated on the application for services is employment of the parent, the documentation of the parent's employment shall include the days and hours of employment.

If the parent has an employer, the documentation of need based on employment shall consist of one of the following:

- The pay stubs provided to determine income eligibility that indicates the days and hours of employment;
- When the provided pay stubs do not indicate the days and hours of employment, staff shall verify the days and hours of employment by doing the following:
 - Secure an independent written statement from the employer;
 - Telephone the employer and maintain a record;
- If the provided pay stubs indicate the total hours of employment per pay period and if staff is satisfied that the pay stubs have been issued by the employer, specify on the application for services the days and hours of employment to correlate with the total hours of employment and the parent's need;
- If the variability of the parent's employment is unpredictable and precludes staff from verifying specific days and hours of employment or work week cycles, specify on the application for services that the parent is authorized for a variable schedule for the actual hours worked, identifying the maximum number of hours of need based on the week with the greatest number of hours within the preceding four weeks and the verification as noted above.;
- If the employer refuses or is non-responsive in providing the requested information, record attempts to contact the employer, and specify and attest on the application for services to the reasonableness of the days and hours of employment based on the description of the employment and community practice; or
- If the parent asserts in a declaration signed under penalty of perjury that a request for employer documentation would adversely affect the parent's employment, on the application for services:
 - Attest to the reasonableness of the parent's assertion; and
 - Specify and attest to the reasonableness of the days and hours of employment based on the description of the employment and community practice.

When the employed parent does not have pay stubs or other record of wages from the employer and has provided a self-certification of income, staff shall assess the reasonableness of the days and hours of employment, based on the description of the employment and the documentation provided, and authorizes only the time determined to be reasonable.

If the parent is self-employed, the documentation of need based on employment shall consist of the following:

- A declaration of need under penalty of perjury that includes a description of the employment and an estimate of the days and hours worked per week;
- To demonstrate the days and hours worked, a copy of one or more of the following: appointment logs, client receipts, job logs, mileage logs, a list of clients with contact information, or similar records; and

- As applicable, a copy of a business license, a workspace lease, or a workspace rental agreement.

A statement by staff assessing the reasonableness of the total number of days and hours requested per week based on the description of the employment and the documentation provided. If the parent has unpredictable hours of employment, staff shall authorize the parent for a variable schedule not to exceed the number of hours determined to be needed per week. If staff has been unable to verify need based on the documentation provided, staff shall take additional action to verify self-employment that includes any one or more of the following:

- If the self-employment occurs in a rented space, contacting the parent's lessor or other person holding the right of possession to verify the parent's renting of the space;
- If the self-employment occurs in variable locations, independently verifying this information by contacting one or more clients whose names and contact information have been voluntarily provided by the parent; or
- Making other reasonable contacts or requests to determine the amount of time for self-employment.
- If staff is unable to make a reasonable assessment of the hours needed for self-employment after attempting to verify such hours and documenting the attempts, staff may divide the parent's self-employment income by the applicable minimum wage. The resulting quotient shall be the maximum hours needed for employment per month.

The parent shall provide a release to enable the staff to obtain the information it deems necessary to support the parent's asserted days and hours worked per week.

If additional services are requested for travel time or sleep time to support employment, staff shall determine, as applicable, the time authorized for:

- Travel to and from the location at which services are provided and the place of employment, not to exceed half of the daily hours authorized for employment to a maximum of four hours per day; or
- Sleep, if the parent is employed anytime between 10:00 p.m. and 6:00 a.m., not to exceed the number of hours authorized for employment and travel between those hours.

4. Documentation of Employment in the Home or a Licensed Family Day Care Home

If the parent's employment is in the family's home or on property that includes the family's home, the parent must provide justification for requesting subsidized child care and development services based on the type of work being done and its requirements, the age of the family's child for whom services are sought, and, if the child is more than five years old, the specific child care needs. Staff shall determine and document whether the parent's employment and the identified child care needs preclude the supervision of the family's child.

If the parent is a licensed family day care home provider or an individual license-exempt, the parent is not eligible for subsidized services during the parent's business hours because the parent's employment does not preclude the supervision of the family's child.

If the parent is employed as an assistant in a licensed large family day care home, and is requesting services for the family's child in the same family day care home, the parent shall provide documentation

that substantiates all of the following:

- A copy of the family day care home license indicating it is licensed as a large family day care home;
- A signed statement from the licensee stating that the parent is the assistant, pursuant to the staffing ratio requirement of California Code of Regulations, title 22, section 102416.5(c);
- Proof that the parent's fingerprints are associated with that licensed family day care home as its assistant, which staff may verify with the local community care licensing office; and
- Payroll deductions withheld for the assistant by the licensee, which may be a pay stub.

5. Documentation of Seeking Employment

If the basis of need as stated on the application for services is seeking employment, the parent's period of eligibility for childcare and development services is for not less than 12 months. Services shall occur on no more than five days per week and for less than 30 hours per week.

Documentation of seeking employment shall include a written parental declaration signed under penalty of perjury stating that the parent is seeking employment. The declaration shall include the parent's plan to secure, change, or increase employment and shall identify a general description of when services will be necessary.

6. Documentation of Training toward Vocation Goals / Educational program for English language learners

If the basis of need as stated on the application for services is vocational training leading directly to a recognized trade, para-profession, or profession, child care and development services shall be limited to whichever expires first:

- Six years from the initiation of services; or
- Twenty-four semester units, or its equivalent, after the attainment of a Bachelor's Degree.

The parent shall provide documentation of the days and hours of vocational training to include:

- A statement of the parent's vocational goal;
- The name of the training institution that is providing the vocational training;
- The dates that current quarter, semester, or training period, as applicable, will begin and end;
- A current class schedule that is either an electronic print-out from the training institution of the parent's current class schedule or, if unavailable, a document that includes all of the following:
 - The classes in which the parent is currently enrolled;
 - The days of the week and times of day of the classes; and
 - The signature or stamp of the training institution's registrar.
 - The anticipated completion date of all required training activities to meet the vocational goal; and

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- Upon recertification, as applicable, a report card, a transcript, or, if the training institution does not use formal letter grades, other records to document that the parent is making progress toward the attainment of the vocational goal.

Services may be provided for classes related to the General Education Development (GED) test or English language acquisition.

On-line or televised instructional classes that are unit bearing classes from an accredited training institution shall be counted as class time at one hour a week for each unit. The parent shall provide a copy of the syllabus or other class documentation and, as applicable, the Web address of the on-line program. The accrediting body of the training institution shall be among those recognized by the United States Department of Education.

Ongoing eligibility for services based on training is contingent upon making adequate progress. At recertification, the parent shall provide documentation of the adequate process from the most recently completed quarter, semester, or training period. The parent shall, in the college classes, technical school, or apprenticeship for which subsidized care is provided:

- In a graded program, earn a 2.0 grade point average; or
- In a non-graded program, pass the program's requirements in at least 50 percent of the classes or meet the training institution's standard for making adequate progress.

The first time the parent does not meet the condition of making adequate progress, the parent may be recertified and continue to receive ongoing services. At the conclusion of this eligibility period, the parent shall have made adequate progress in order to be recertified for services based on vocational training. If the parent has not made adequate progress, services for this purpose shall be:

- Disenrolled; and
- Services based on vocational training are only available to the parent, to the extent provided by subdivision (a), after six months from the date of disenrollment.

To document adequate progress, the parent shall provide staff with a copy of the parent's official progress report from the most recently completed quarter, semester, or training period. Staff may require the parent to:

- Have an official copy of a progress report sent directly from the training institution to staff; or
- Provide a release, as may be required by the training institution, to enable staff to verify the parent's progress with the institution.

A parent may change his or her vocational goal, but services shall be limited to the time or units remaining from the initiation of the provision of services for vocational training.

Staff shall determine the days and hours needed per week, and whether the parent is making progress, based on the documentation. Staff may request that the parent provide a publication from the training institution describing the classes required to complete the parent's vocational goal.

If additional services are requested for study time or travel time to support the vocational training, staff

shall determine, as appropriate, the amount of services needed for:

- Travel to and from the location at which services are provided and the training location, not to exceed half of the weekly hours authorized for training to a maximum of four hours per day; or
- Study time, including study time for on-line and televised instructional classes, according to the following:
 - Two hours per week per academic unit in which the parent is enrolled;
 - On a case-by-case basis and as may be confirmed with the class instructor, additional time not to exceed one hour per week per academic unit in which the parent is enrolled; and
 - On a case-by-case basis, no more than the number of class hours per week for non-academic or non-unit bearing training.

The service limitations specified above shall not apply to a parent who demonstrates he or she is:

- As of June 27, 2008, receiving services for vocational training and has attained a Bachelor's Degree;
- Receiving services from a program operating pursuant to Education Code section 66060;
- Attending vocational training when the parent has been deemed eligible for rehabilitation services by the California Department of Rehabilitation; or
- Attending retraining services available through the Employment Development Department of the State or its staffs due to a business closure or mass layoff.

7. Documentation of Parental Incapacity

If the basis of need as stated on the application for services is parental incapacity, child care and development services shall not exceed 50 hours per week.

Documentation shall include a release signed by the incapacitated parent authorizing a legally qualified health professional to disclose information necessary to establish that the parent meets the definition of incapacity, and needs services.

The documentation of incapacitation provided by the legally qualified health professional shall include:

- A statement that the parent is incapacitated, that the parent is incapable of providing care and supervision for the child for part of the day, and, if the parent is physically incapacitated, that identifies the extent to which the parent is incapable of providing care and supervision;
- The days and hours per week that services are recommended to accommodate the incapacitation, taking into account the age of the child and the care needs. This may include time for the parent's regularly scheduled medical or mental health appointments; and
- The name, business address, telephone number, professional license number, and signature of the legally qualified health professional who is rendering the opinion of incapacitation and, if applicable, the name of the health organization with which the professional is associated.

Staff may contact the legally qualified health professional for verification, clarification, or completion of the provided statement.

Staff shall determine the days and hours of service based on the recommendation of the health professional and consistent with the provisions of this article.

The period of eligibility for services when the need for services is incapacitation is for not less than 24 months.

8. Documentation of Seeking Permanent Housing

If the basis of need as stated on the application for services is seeking permanent housing for family stability, the parent's initial certification or recertification period for child care and development services shall be for not less than 24 months. Services shall occur on no more than five days per week and for less than 30 hours per week.

Documentation of seeking permanent housing shall include a written parental declaration signed under penalty of perjury that the family is seeking permanent housing. The declaration shall include the parent's search plan to secure a fixed, regular, and adequate residence and shall identify a general description of when services will be necessary. If the family is residing in a shelter, services may also be provided while the parent attends appointments or activities necessary to comply with the shelter participation requirements.

At any time between the initial certification or recertification period, a parent may voluntarily request an increase to their certified child care hours based on provided documentation of employment or on other basis for need as applicable.

9. Documentation of Child Protective Services

i. General Procedures

CSB Head Start is committed to providing child development services for all eligible children and pregnant women who are currently involved in the child welfare system and Children and Family Services (CFS) for the purpose of improving young children's access to and continuity of comprehensive, high quality early care and education services. The partnership between CSB and CFS ensures that staff understands the complex (social, emotional, developmental and physical) needs of this vulnerable population. This partnership is in compliance with the administration for children and families' information memorandum acyf-cb-im-11-01 issued January 31, 2011.

If eligibility and need is based on a child/family's involvement in the child welfare system/child protective services (CPS/CFS), the basic data file must contain a written referral-Form CSB622, dated within the six (6) months immediately preceding the date of application for services, from a legal, medical, social service agency or emergency shelter. The written referral must include either:

- A statement from the local county welfare department, child protective services (CPS/CFS) unit certifying that the child is receiving child protective services and that the child care and development services are a necessary component of the child protective services plan, or
- A statement by a legally qualified professional that the child is at risk of abuse or neglect and

- the child care and development services are needed to reduce or eliminate risk, and
- The probable duration of the child protective service plan or the at-risk situation, and
- The name, address, telephone number and signature of the legally qualified professional who is making the referral.

ii. Children and Family Service Referrals

Families may be referred to CSB for enrollment from Children and Family Services (CFS), if child care is deemed a necessary piece of the service plan. CSB will review the referral to determine a family's eligibility for Head Start, Early Head Start, Center Based, Stage II and CAPP programs. Based on eligibility and need requirements the referral will be forwarded to the appropriate program, taking into consideration parental choice. Once the referral is received by the appropriate unit, the family will be contacted to determine eligibility. If the family is eligible and meets all necessary requirements, they may be enrolled in the program provided there is space. If there is no space or funding available in any of CSB's programs, the ERSEA Analyst will forward the referral to an outside agency for potential enrollment. At this time staff will notify the referring individual whether or not the family was enrolled or referred to an outside agency.

I. Certification of Eligibility

The Comprehensive Services Assistant Manager or designee is authorized to certify eligibility prior to initial enrollment and at the time of recertification. The authorized representatives must certify each family's/child's eligibility for childcare and development services after reviewing the completed application and documentation contained in a basic data file that is established and maintained at the site. All data is uploaded to CLOUDS, a central computerized database.

Prior to enrollment, the authorized representative certifies eligibility by completion of the following forms:

- Application for Childcare and Development Services
- Notice of Action, Application for Services

Prior to enrollment, parents may contact Site Supervisors, Assistant Directors, Comprehensive Services team members, and teachers at any sites in Contra Costa County to obtain an application for services. Or they may call one of the enrollment hotline numbers to place themselves on a waiting list.

At the time the authorized representative certifies or recertifies eligibility of a family/child for child care and development services, he/she shall inform the family of the family's responsibility to notify the staff within 30 calendar days if their family income adjusted for family size exceeds 85 percent of the state median income.

This information is noted on the Notice of Action and Site Supervisor/Comprehensive Services Manager must review the contents and, if needed, provide an explanation of what the "Declaration" means.

When a child's residence alternates between the homes of separated or divorced parents, eligibility, need and fees should be determined separately for each household in which the child is residing during the time child development services are needed (i.e., separate certifications and service agreements). For example, a child may be subsidized during part of the week and full cost the rest of the week.

J. Re-certification for General Child Care Services and Full Day State preschool

After initial certification and enrollment, the authorized representative must verify need and eligibility and re-certify each family/child as follows:

Once a family establishes eligibility and need at initial certification or recertification, a family remains eligible for services for not less than 24 months, with the exception for families whose need is Seeking Employment, their certification period will be for not less than 12 months or until the family's adjusted monthly income exceeds 85 percent of the state median income.

Families must be recertified at least once each contract period and no earlier than 24 months from their last certification (with the exception for families whose need is Seeking Employment, their certification period will be for not less than 12 months). The process for verifying continued eligibility and need shall commence following this 24-month period and conclude before the end of the 26th month and for families with the certified need of Seeking Employment the process will begin after the 12-month period and conclude before the end of the 14th month.

K. Re-Certification for Part-Day State Preschool Children

Part-day State Preschool families must be certified at the beginning of service using the most recent income documentation and may be certified up to 120 days before the services' start date.

After a first year of service, a family must reapply to determine income and age eligibility before a child can be considered for enrollment for a second year. These returning children have placement priority without regard to income ranking as described in the Enrollment Priorities guidance.

L. Re-Certification for Head Start and Early Head Start Children

1. Duration of Eligibility

CSB certifies Head Start children into the program based on family income eligibility at the time of enrollment using the federal income guidelines.

Once a child is enrolled, that child does not need to be re-certified even if the family income rises above the federal poverty level for the first year of enrollment and the following year. Re-certification is only required for a child entering a third program year of Head Start.

Early Head Start children must be re-certified for eligibility when they transition to a Head Start program for preschool age children.

2. Loss of Subsidy

To ensure continuity of services for Early Head Start-Child Care Partnership (EHS-CCP) children, CSB will not dis-enroll due to a loss of child care subsidy. EHS-CCP grant funds will be used to temporarily cover the cost of lost subsidy and the continuation of services. CSB staff must work with the family to improve

the situation that caused the loss of subsidy and provide assistance with regaining the subsidy. The family is expected to regain subsidy once circumstances have been improved and comply with request for documentation required to certify eligibility for the child care subsidy. The family's failure to comply with documentation requests as mandated by the terms of the subsidy is not in itself an allowable circumstance to constitute loss of subsidy.

The following circumstances may justify the use of EHS-CCP funds to cover loss of subsidy:

- Families experiencing job loss
- Gap/Break in education or training
- Gap/Break in approved "Welfare to Work Activity" participation
- Break in childcare agreements while pending subsidy application/reapplication or transfer, such as a transfer from Stage 1 to Stage 2
- Loss of child care subsidies due to exceeding state or local income requirements

If it is not possible for a family's subsidy to be restored, the EHS-CCP grant will be used to cover the full cost of maintaining the child's continued enrollment in the program. This cost will be determined by the reimbursement amount paid by the subsidy for services the child received at the time of subsidy termination, accounting for adjustment factors and day length. Case note documentation and a Notice of Action- Termination (for CA Child Care and Development Programs) will justify the use of EHS-CCP grant funds for the child's continued services. The Comprehensive Service Assistant Manager responsible for enrollment within the childcare subsidy will provide documentation of applicable subsidy loss to CSB's fiscal unit and the child will be dropped from the CCTR/EHS-CCP program model and re-enrolled in EHS-CCP only.

Families who lose their subsidy will not be required continue to pay a family fee. Family fees will be assess in accordance with CDE regulations should subsidy be re-instated.

M. General Recertification / Re-Enrollment Procedures

1. Recertification Procedures

During the recertification process, the authorized representative is responsible for the following:

- Track families needing to be recertified using the Enrollment Recertification Due Date report in CLOUDS.
- Notify families to bring updated eligibility and/or need documentation on first of the month following the month in which their 12-month certification period ends.
- Collect recertification or re-enrollment documentation.
- Complete new 9600 on CLOUDS.
- Complete new income calculation sheet (signed and dated).
- Update reason for needing child care and application type on the child data sheet (See "eligibility information" on the child data sheet).

- Proceed with certification procedures as listed above if family is still income eligible.
- Issue Notice of Action, certifying continuation, changes or termination of services. (Note: adverse action requires a 14-day written notification, 19-days if mailed).
- Drop file on CLOUDS on the last day of service and prepare paper file for storage (Note: Childs "waitlist" or "termination" activity date is the day after the child's last day). The Children's file folders are to be re-used.
- Update CLOUDS record as needed.
- Maintain files of terminated children in locked location at site for one year until after program audit in October or November.
- Send dropped and files of terminated clients to central location after completion of program audit.

2. Re-Enrollment Process

During the re-enrollment process, Site Supervisors in collaboration with Comprehensive Services and the Centralized Enrollment Unit are responsible for the following:

- In June, identify children for roll-over.
- In July, place roll-over children into appropriate classrooms and Program Model, from Eligible/Accepted list in CLOUDS.
- For previously enrolled Part-day State Preschool child requesting re-enrollment, follow guidelines for completely new 9600 application with all new documentation.
- If a child's CLOUDS record was archived within the program year, request Centralized Enrollment Assistant Manager to reactivate child's CLOUDS record and place child back on to Eligibility Wait List.
- Follow approved guidelines for selecting children.

N. Updating the Application

The family has the right to voluntarily report changes during the certification period. The authorized representative must update the family's application for General Child Care and Full-day State Preschool to document and determine a reduction to fee assessment or change to authorized hours of care, if applicable, within ten (10) business days whenever the family reports and provides necessary documentation for a change in family size, income, public assistance status or need. If a family requests to reduce their authorized hours of care within the certification period, they must do so in writing. Form 9600S will be used for application updates between re-certifications. 9600S must also be accompanied by a Notice of Action for updates effecting need, eligibility, or certified hours of care.

O. Contents of Basic Data File

Staff must establish and maintain a basic data file for each family receiving childcare and development services. The basic data file (either electronic copy in CLOUDS or a hard copy maintained at the center) must contain a signed application for services with:

- The parent's(s) full name(s), address(es) and telephone number(s).
- The names, gender and birth dates of all children under the age of eighteen (18) counted in the family size whether or not they are served by the program.

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- The number of hours of service each day for each child.
- The names of other family members in the household related by blood, marriage or adoption.
- The reason for needing childcare and development services, if applicable.
- Employment or training information for parent(s) including name and address of employer(s) or training institution(s) and days and hours of employment or training, if applicable.
- Eligibility status.
- Family size and income, if eligibility is based on income.
- The parent's signature and date.
- The signature of the Site Supervisor/Authorized Agency Representative certifying the eligibility and date of signature.
- A notation on when the first services begin and a notation of the last day services were received.

The data file must also contain, as applicable:

- Documentation of income eligibility, including an income calculation worksheet.
- Documentation of employment.
- Documentation of seeking employment.
- Documentation of training.
- Documentation of parental incapacity.
- Documentation of child's disabilities.
- Documentation of homelessness.
- Documentation of seeking permanent housing for family stability.
- Written referral from a legally qualified professional from a legal, medical, or social services agency, or emergency shelter for children at risk of abuse, neglect, or exploitation.
- Written referral from a county welfare department, child welfare services worker, certifying that the child is receiving protective services and the family requires childcare and development services as part of the case plan.
- If the parent of the child was on cash assistance, the date the parental cash aid was terminated.
- Notice of Action (as stated above in detail) and/or Recipient of Services.
- All child health and current emergency information required by California Code of Regulations, title 22, Social Security, Division 12, Community Care Facilities Licensing Regulations.

1. Documentation and Determination of Family Size

A parent shall provide the names of the parents and the names, gender and birthdates of the children identified in the family. This information shall be documented on a confidential application for childcare and development services and used to determine family size. The parent shall provide supporting documentation regarding the number of children in the family.

The number of children shall be documented by providing at least one of the following documents, as applicable* for the state funded program:

- Birth certificates.
- Court orders regarding child custody.
- Adoption documents.

- Records of Foster Care placements.
- School or medical records.
- County welfare department records; or
- Other reliable documentation indicating the relationship of the child to the parent.

*Federally funded programs require documentation for the child to be enrolled, only. In state funded programs, when only one parent has signed the application and has indicated on the application that they are a single parent, then the parent signing the application must self-certify single parent status by initialing question one (1) in Section V of the application. A parent shall not be required to submit supporting documentation regarding the presence or absence of the second parent.

For income eligibility and family fee purposes, when a child and his or her siblings are living in a family that does not include their biological or adoptive parent, only the child and related siblings shall be counted to determine family size. In these cases, the adult(s) must meet a need criterion.

2. Documentation of Income Eligibility

The parent is responsible for providing documentation of the family's total countable income and the staff is required to verify the information, as described below:

The parent(s) shall document total countable income for all the individuals counted in the family size as follows:

i. If the parent is employed, provide:

- A release authorizing the staff to contact the employer(s), to the extent known, that includes the employer's name, address, telephone number, and usual business hours, and
- All payroll check stubs, a letter from the employer delivered to CSB independent of the employee, or other record of wages issued by the employer for the month preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services.

When the employer refuses or fails to provide requested documentation or when a request for documentation would adversely affect the parent's employment, provide other means of verification that may include a list of clients and amounts paid, the most recently signed and completed tax returns, quarterly estimated tax statements, or other records of income to support the reported income, along with a self-certification of income.

ii. If the parent is self-employed, provide:

A combination of documentation necessary to establish current income eligibility for at least the month preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services. Documentation shall consist of as many of the following types of documentation as necessary to determine income:

- A letter from the source of the income,
- A copy of the most recently signed and completed tax return with a statement of current estimated income for tax purposes, or
- Other business records, such as ledgers, receipts, or business logs.

Parents shall provide copies of the documentation of all non-wage income, self-certification of any income for which no documentation is possible, and any verified child support payments.

Staff shall retain copies of the documentation of total countable income and adjusted monthly income in the family data file.

When the parent is employed, staff shall, as applicable, verify the parent's salary/wage; rate(s) of pay; potential for overtime, tips or additional compensation; hours and days of work; variability of hours and days of work; pay periods and frequency of pay, start date for the employee. If the employer refuses or is non-responsive in providing requested information or a request for employer documentation would adversely affect the parent's employment, and if the information provided by a self-employed parent is inconsistent with the staff's knowledge or community practice, shall request clarification in the self-certification of income, additional income information or a reasonable basis for concluding that the employer exists.

When the parent is self-employed, staff shall obtain and make a record of independent verification regarding the cost for services provided by the parent that may be obtained by contacting clients, reviewing bank statements, or confirming the information in the parent's advertisements or website. If the income cannot be independently verified, the staff shall assess whether the reported income is reasonable or consistent with the community practice for this employment.

Staff may request additional documentation to verify total countable income to the extent that the information provided by the parent or the employer is insufficient to make a reasonable assessment of income eligibility.

To establish eligibility, staff shall, by signing the application for services, certify to the staff's reasonable belief that the income documentation obtained and, if applicable, the self-certification, support the reported income, are reliable and are consistent with all other family information and the staff's knowledge, if applicable, of this type of employment or employer.

If the family is receiving child care and development services because the child(ren) is/are at risk of abuse, neglect, or exploitation or receiving child protective services and the written referral specifies that it is necessary to exempt the family from paying a fee, then the parent will not be required to provide documentation of total countable income.

If the basis of eligibility is a current aid recipient, the staff shall obtain verification from CalWIN.

3. Calculation of Income

i. General Procedures for calculating income

Staff calculates total countable income based on income information reflecting the family's current and on-going income using an income calculation worksheet that specifies the frequency and amount of the payroll check stubs provided by the parent and all other sources of countable income.

When income fluctuates because of:

- Agricultural work, by averaging income from the 12 months preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services.
- Intermittent income, by averaging the intermittent income from the preceding 12 months by dividing by 12 and add this amount to the other countable income.

Unpredictable income, by averaging the income from at least three consecutive months and no more than 12 months preceding the initial certification, an update of the application, or the recertification that establishes eligibility for services.

ii. Over-Income Families-General Description:

Both the State and Federal program allow over-income families meeting strict criteria. NO CHILD SHALL BE CONSIDERED FOR ENROLLMENT WITH AN INCOME ABOVE THE FEDERAL POVERTY GUIDELINE UNTIL ALL FAMILIES AT OR BELOW THE FEDERAL POVERTY GUIDELINES HAVE BEEN ENROLLED. To this end, it is critical that the recruitment plan be fully implemented and that extra efforts are made to assist income eligible families in completing the application to establish eligibility and be placed in the program expeditiously. After these efforts have been conducted, documented and certified, a request to waive the income guidelines may be made. The waiver form (See Forms > CSB606) includes a certification statement on the form where the outreach efforts are documented. A simple statement that “the waitlist has been exhausted” is never acceptable.

iii. Over-Income Protocols

When enrolling over-income families, the authorized representative is responsible for:

- Completing the over income waiver (CSB606).
- Submitting completed waiver to ERSEA Analyst for approval.
- Saving ERSEA Analyst approved waiver in child’s file

The ERSEA Analyst is responsible for:

- Tracking waivers to ensure that there are no income eligible children to enroll.
- Reviewing the aggregate waiver list on Shared Drive to ensure that all clusters have not exceeded the 10% unlimited over income designated primarily for children with an IEP or IFSP but for other cases as determined appropriate by the ERSEA Analyst or 35% limited over income enrollment for the Head Start and Early Head Start program, or the 10% limited over income for the part day preschool (PP) or the part day family literacy program (PPL).
- Signing form.
- Logging each waiver on database on shared drive.
- Analyzing placement of over income slots to inform recruitment and slot planning processes.
- Periodically purging the list as children transition out of the program.

4. Documentation of the Child’s Exceptional Needs (known as Children with Disabilities at CSB).

The family data file shall contain documentation of the child’s exceptional needs if the staff is claiming

adjustment factors. The documentation of exceptional needs shall include:

- A copy of the portion of the active individual family service plan (IFSP) or the individualized education program (IEP) that includes the information as specified in Education Code section 56026 and California Code of Regulations, title 5, sections 3030 and 3031; and
- A statement signed by a legally qualified professional that:
 - The child requires the special attention of adults in a child care setting; and
 - Includes the name, address, license number, and telephone number of the legally qualified professional who is rendering the opinion.

P. Admission Policies and Procedures

Children are admitted into the program based on need and family income adjusted for family size. Highest priority goes to children with need for protective services and/or having lowest income.

When a parent seeks services, the CSB staff collects family information and the child is placed on the CLOUDS waitlist.

As openings become available, names are drawn by rank from the CLOUDS waitlist for the various program options in accordance with the approved selection criteria/admission priorities.

If multiple families have the same rank, the family waiting the longest period of time is selected first. CSB makes available 10% of its federally funded spaces for children with disabilities and gives priority for its unlimited over income allotment to these children (also 10% of its funded slots).

Children will not be denied when a family needs less than full-time services.

Families who have been recruited for admissions to the program will be required to complete an application and provide supporting documentation. These documents must include current verification of income, immunizations and birth certification for the child applying for enrollment.

Letters informing the family of acceptance or denial for services must be sent once certification is complete. The family has the right to dispute the denial of services by providing additional information to prove eligibility to receive services.

Q. General Admission Procedure

When an opening occurs in the center, the authorized representative will call the parent with the highest rank on the CLOUDS eligible list for an appointment for processing eligibility documents, noting any change of income and need for service. At this time, the parent receives an official Notice of Action (NOA) approving or disapproving state funded services. The NOA provides information outlining the parent's due process rights in a statement on the back of the NOA. Parents wishing to appeal an agency decision must follow the procedure carefully or void the right to appeal. Following the timelines is essential. Parents applying for a Head Start only slot sign the Admissions Agreement and Application but do not

receive an NOA.

R. Children's Enrollment Files

The Federal Regulations and the State of California require children's centers to maintain a file on each enrolled child including the following information:

- Birth Certificate to verify birth, age of child, gender and parents' names.
- Information on date of admission, termination and re-enrollment.
- Names, addresses and phone numbers of parents and other relatives and/or friend that may be contacted in case of emergency.
- A Health History is completed by the parent to collect information on child's general health.

This and much more information is collected during one-on-one parent meetings, while assisting the parent to complete the enrollment packet and assisting the parent with health needs of the child or issues of the parent and household. Information must be updated and data entered into CLOUDS as it is received.

S. Due Process Requirements

1. Notice of Action, Application for Services

The authorized representative decision to approve or deny services shall be communicated to the applicant through a written statement referred to as a Notice of Action, Application for Services. The authorized representative shall maintain records of the Notice of Action, Application for Services in the basic data file. The Notice of Action, Application for Services shall include: (1) the applicant's name and address; (2) the authorized representative's name and address or the name and telephone number of the CSB authorized representative who made the decision; (3) the date of the notice; (4) the method of distribution of the notice.

If services are approved, the notice shall also contain: (1) basis of eligibility; (2) monthly fee, if applicable; (3) duration of the eligibility; (4) names of children approved to receive services; and (5) the hours of service approved for each day.

If the services are denied, the notice shall contain: (1) the basis of denial and (2) instructions for the parent(s) on how to request a hearing if they do not agree with the authorized representative's decision in accordance with procedures specified below.

2. Notice of Action, Recipient of Services

If, upon re-certification or update of the application, CSB determines that the need or eligibility requirements are no longer being met, or the fee amount of service needs to be modified, the authorized representative will notify the family through a written Notice of Action, Recipient of Services. The authorized representative will maintain records of all Notice of Action, Recipient of Services in the family's basic file. The Notice of Action, Recipient of Services will include: (1) the type of action being taken; (2) The effective date of action; (3) the name and address of recipient; (4) the name and address of CSB; (5) the name and telephone number of the CSB authorized representative who is taking the

action; (6) the date of notice is mailed or given to the recipient; (7) the method of distribution to the recipient; (8) a description of the action; (9) a statement of the reason(s) for the changes; (10) a statement of the reason(s) for termination, if applicable; and (11) instructions for the parent(s) on how to request a hearing if they do not agree with the authorized representative's decisions.

3. Approval or Denial of Child Care and Development Services

The authorized representative will mail or deliver a completed Notice of Action, Application for Services to the parents within thirty (30) calendar days from the date the application is signed by the parent(s).

4. Changes Affecting Service

The authorized representative will complete a Notice of Action, Recipient of Services when changes are made to the service agreement at the parent's request. Such changes may include, but are not limited to, an increase or decrease in the amount of services, or termination of service.

The authorized representative will mail or deliver the Notice of Action to the parents at least fourteen (14) calendar days before the effective date of the intended action.

To promote the continuity of child care and development services, a family that no longer meets a particular program's income, eligibility or need criteria may have their services continued if the authorized representative is able to transfer that family's enrollment to another program for which the family continues to be eligible prior to the date of termination of services. The transfer of enrollment may be to another program within the same administrative agency or to another agency that administers state or federally funded childcare and development programs within that county.

T. Alternative Placement for Children

When terminating children from the state funded portion of the program, authorized representative is responsible for the following:

- Issue Notice of Action 14 days prior to termination date.
- Explain to parents their appeal rights.
- If parent does not appeal termination:
 - Enter information regarding reason for ending services in CLOUDS Child Data Sheet. Date and initial comments.
 - Change enrollment status in CLOUDS.
 - Discontinue services on Family Data Sheet.
 - Determine if child may return within the program year. If so, place child back on Eligible/Accepted List. If not, archive the CLOUDS record.
 - Assist the family in finding an alternate placement for the child.
- If parent appeals termination, send appeal notice to Assistant Director and continue to serve child until informed to move forward with termination.

Head Start children are always afforded an opportunity in another program option as space is available when their current setting is deemed inappropriate for the child. If the parent is ineligible for Head Start

or our state funded programs, they are to be referred to a partner site and/or to the county's resource and referral agency, Contra Costa Child Care Council (925-676-KIDS).

U. Client's Request for a Hearing and Procedures

If a parent in the state funded program disagrees with an action, the parent(s) may file a written request for a hearing with the authorized representative within fourteen (14) calendar days of the date the Notice of Action was received.

Upon the filing of a request for hearing, the intended action shall be suspended until the review process has been completed. The review process is complete when the appeal process has been exhausted or when the parent(s) abandons the appeal process.

Within ten (10) calendar days following the receipt of the request for a hearing, the authorized representative will notify the parent(s) of the time and place of the hearing. The time and place of the hearing will, to the extent possible, be convenient for the parent(s).

An Assistant Director, who will be referred to as "the hearing officer" will conduct the hearing. The hearing officer will be at a staff level higher in authority than the staff person who made the contested decision.

The parent(s) or parent's authorized representative is required to attend the hearing. If the parent or the parent's authorized representative fails to appear at the hearing, the parent will be deemed to have abandoned his or her appeal. Only persons directly affected by the hearing will be allowed to attend the hearing.

The Assistant Director will arrange for the presence of an interpreter at the hearing, if one is requested by the parent(s).

The Assistant Director will explain to the parent(s) the legal, regulatory, or policy basis for the intended action.

During the hearing, the parent(s) will have an opportunity to explain the reason(s) they believe the authorized representative's decision was incorrect. The authorized representative will present any material facts omitted by the parent(s).

The Assistant Director will mail or deliver to the parent(s) a written decision within ten (10) days after the hearing. The written decision shall contain procedures for submitting an appeal to ELCD.

V. Appeal Procedure for ELCD Review

If the parent disagrees with the written decision from the authorized representative, the parent has fourteen (14) calendar days in which to appeal to the ELCD. If the parent(s) do(es) not submit an appeal request to the ELCD within fourteen (14) calendar days, the parents' appeal process will be deemed abandoned and the authorized representative may implement the intended action.

The parent(s) will specify in the appeal request the reason(s) why he/she believes the authorized

representative decision was incorrect.

The parents must submit a copy of CSB's Notice of Action with the appeal request, and CSB's written decision.

Upon receipt of the appeal request, the ELCD may request copies of the basic data file and other relevant materials from CSB. The ELCD may also conduct any investigations, interviews or mediation necessary to resolve the appeal.

The decision of the ELCD will be mailed or delivered to the parent(s) and the authorized representative within thirty(30) Calendar days after receipt of the appeal request.

W. CSB Compliance with ELCD Decision

CSB will comply with the decision of the ELCD immediately upon receipt thereof.

CSB will be reimbursed for childcare and development services delivered to the family during the appeal process.

If the authorized representative determination that a family is ineligible is upheld by the State, services to the family will cease upon receipt by the authorized representative of the State's decision.

X. Retention of Enrollment Records

Delegate Agencies, the Grantee-Operated Program, and sub-contractor retain copies of official enrollment application forms, which contain certification data for each child enrolled during the program year for 5 years.

Copies of enrollment records serve as a primary source document for audit purposes.

Cooperation with local Contra Costa County welfare offices is encouraged for recruiting eligible children into the program.

Y. Enrolled but Waiting For Transfer Protocol

When staff has a child/family that wants to transfer sites:

- Comprehensive Services staff and site staff who learn about a family wanting to transfer communicate via email to all applicable SSs, CSAMs, the Central Enrollment Unit (CEU) & Partners (as known or Partner CSAM) the need for a transfer. Make additional calls as necessary.
- Clearly and fully document the transfer in the case file on CLOUDS.
- Clearly and fully explain to the family about any changes they may experience as a result of a possible program model change at time of transfer to other center (ex: part-day to full-day - family must now show need)

When staff are searching to fill an open slot:

- Notify CSAM immediately upon determination that a slot will become available.
- CSAM check notes for any children that are enrolled but waiting for a slot.
- CSAM of current center reviews files for pending issues prior to transfer and communicates any issues to receiving CSAM. Transfer file to new center's Site Supervisor or designee.
- Authorized representative completes 9600S and NOA. Also, collect any additional documentation required for program model change (see Eligibility and Need Criteria Documentation Checklists)
- Site Supervisor enrolls the child from CLOUDS.

Z. Transfer of Child with Disabilities or of Child Receiving Mental Health Services

When a child with disabilities or receiving mental health services transfers to another CSB site, communication is vital. The Comprehensive Services team member is responsible for notifying the Site Supervisor/Head Teacher and CS/Disabilities/Mental Health Manager in writing. Notification is to be sent before the child begins at another site so that necessary arrangements or accommodations can be made.

The Site Supervisor/Head Teacher will inform the appropriate teacher of the transfer. The Comprehensive Services team member and the CS/Mental Health Manager will complete this process within two weeks of notification of an opening.

AA. CSPP Full-day to Part-Day or Tuition Based Approval Process

1. General Description

In the event that a family loses eligibility or need for services during the program year, CSB has the discretion to offer families the option to receive services part-day (less than 4 hours per day) or pay a fee for full-day services (Tuition Based) rather than terminate services. Part-day services could be offered in the child's same class or in another class during the "pre-school portion of the day" (8:30 – 12:00) as available. Whenever possible, the child will be allowed to stay in their current classroom.

CSB fiscal unit tracks CDE earnings monthly, and notifies program staff if the risk of under earning develops. If under earning is a risk, ADs cease to approve all moves to part-day until risk subsides according to reports from fiscal unit.

2. Action Guidance for Staff

i. Full-day or ¾ time to Part-day

- At recertification, the authorized representative determines family no longer meets eligibility or need criteria (for more than 4 hours of care) and issues NOA for termination of full-day (or ¾ time) services effective 14 or 19 days as appropriate.
- The below process must be complete no later than the effective date of action noted on the NOA.
- Authorized representative ensures that each class is fully enrolled morning and afternoon through enrollment and certified hours of care.
- Authorized representative determines if part-day services are available during the

preschool portion of the day (8:30 – 12:00).

- If available, the Authorized representative and family determine if part-day services are desirable and appropriate.
- If desired by the family and appropriate, Authorized representative completes approval form CSB607 (See CSB Forms).
- If part-day services are unavailable, not desired by the family or inappropriate, authorized representative terminates the child and closes the file.
- AD approves or denies CSB607 request, maintains original for her records and returns a copy to the site.

- If approved, authorized representative files copy in student file, updates CLOUDS (waitlist & re-enroll with new program model), and updates student file including the following and moves the child to part-day services on date on or after AD approval date and no later than effective date of NOA terminating full-day (or $\frac{3}{4}$ time) services.
 - Completed 9600S – update program model at least and hours of care, and other information as applicable
 - Income and family size remain as they were at original enrollment unless documentation of current income or family size benefits the family.
 - NOA stating change to part-day services - effective date is same as effective date for termination of full-day services (or before if desired by the parent).
 - Update CLOUDS hours of care.
 - Update CLOUDS program model (while retaining previous enrollment history), reason for needing care (if applicable), program option (if applicable) to “part-day center- based”, and any other appropriate updates.
 - The Site Supervisor ensures child is reflected on appropriate 9400s for appropriate number of days during the month of the move.

ii. Full-day or $\frac{3}{4}$ time to Tuition Based (TB)

- At recertification, the authorized representative determines family no longer meets eligibility or need criteria (for more than 4 hours of care) and issues NOA for termination of full-day (or $\frac{3}{4}$ time) services effective 14 or 19 days as appropriate.
- Authorized representative ensures that each class is fully enrolled morning and afternoon through enrollment and hours of care.
- Authorized representative determines if TB services are available.
- If available, authorized representative and family determine if TB services are desirable and appropriate.
- If desired by the family and appropriate, authorized representative completes approval form CSB607 (See CSB Forms).
- AD approves or denies request, maintains original for her records and returns a copy to the site.
- If approved, authorized representative closes file and CLOUDS, completes all applicable paperwork and required forms, including an NOA stating termination of services and moves the child to TB services on first day after the end of the 14 to 19 day NOA waiting period.
- The Site Supervisor ensures child is reflected on 9400 for only the appropriate number of days during the month until the date the move to TB services was effective.

- See section at end of this manual for Tuition Based services policies and procedures.

BB. Withdrawal of Child from the Program

When the teaching staff learns that a child has terminated services, they should notify the Site Supervisor. The “last day attended” should be noted on the child's application (9600) and the sign in/out sheet. They must also notify the CSAM immediately upon knowledge of a pending vacancy. Whenever possible, the reason for the withdrawal should be ascertained and recorded. The child's termination date in CLOUDS is the first date the child does not attend so that attendance data can be captured for the last day of attendance.

Parents who wish to reinstate must meet Title V Regulations. If the parents are successful in meeting the Title V Regulations, the parent must complete all required paperwork and provide income documentation.

The following are some reasons that a child might be placed back on the waiting list (please see Parent Handbook for a complete listing):

- A pattern of unexcused absences - Poor attendance / sporadic attendance is defined as three or more unexcused absences. When this occurs, the teacher calls the Site Supervisor, who makes personal contact with the parent as soon as they realized a child has not attended and the parent has not called. If multiple service needs are disclosed by a parent, he/she should be offered Case Management services in order to create a plan to correct the absenteeism. Every effort is made to assist parents in removing barriers to attendance.
- Parent's failure to comply with rules/regulations, resulting in danger to the health / safety of children / staff – (Must be approved by the Assistant Director)
- Parent's failure to comply with health requirements as mandated by Community Care Licensing.
- Extreme behavior problems in a child that may be harmful to the child or others (This must be based on a joint assessment by the CS / Disabilities / Mental Health Manager, and the Site Supervisor.)
- For General Childcare, a change in income or need eligibility status such that the family is no longer eligible for care or failure to submit required documentation to verify continued need/eligibility at recertification.
- For the full-year program, kindergarten-bound CSPP eligible 4 year olds begin to transition out of the program at the end of the program year, which ends June 30th. Those children who have been determined eligible before the end of the program year may remain in the program until they start kindergarten as long as they are still within their certification period. Each year, the program will determine last days of enrollment extended past June 30th and take into consideration the community need for continued services.

When a child has been disenrolled from the program, the Site Supervisor will then call the Assistant Director, CSAM and teacher, notifying them of a new child replacing the terminated child. The Site Supervisor will call the parent of the terminated child, informing him/her that the child has been put back on the waiting list. If a terminated child is brought to school, the parent should be told to speak to the Site Supervisor.

CC. Attendance Expectations

1. General Description

CSB children are expected to attend classes daily. Regular attendance is strictly enforced, and each center maintains documentation of all attendance/absenteeism activities. Upon registration, parents are oriented about enrollment/attendance policies. Each parent receives a copy of the attendance policies, and the importance of regular attendance is stressed to them. Re-orientation of the enrollment/attendance policies occurs at the beginning of classes, and ongoing reminders are communicated as needed. Parents are expected to report absence reasons to the center as soon as possible and within one hour of their child's start time.

2. Unexcused Absences

To ensure children are safe when they do not arrive at school, CSB must make attempts to contact parents within one hour for unexpected absences. CSB utilizes SMS technology to efficiently communicate with families. Strategies to contact families within one hour include the use of CLOUDS automatic SMS (text) messages. Parent can reply via text messaging to inform center staff of absence reasons. Each day a child's absence is not reported by the parent, the Site Supervisor or center staff contacts the parent to determine the cause of the absence and to clarify the attendance policy.

After two consecutive unexcused absences, direct contact is made with the parent, such as a conference or home visit. Parents are informed that failure to participate in the conference or visit may result in a loss of services and will be placed onto the waiting list.

After ten consecutive or intermittent days of unexcused absences, the child is dropped from the active program and is put back onto the waiting list. (Children absent due to illness are counted in the Average Daily Attendance criteria.) Site supervisor will check attendance sheets daily or at least three times a week to ensure attendance policies are implemented.

3. Re-occurring Absences

Site Supervisors, in collaboration with teaching staff, will identify and assess patterns of absences for each child. Within 60 days, children with patterns of absences and those at risk of reaching an absence rate of 10% are identified and family support services provided. Absences per child are analyzed on a monthly basis utilizing CLOUDS reports. Family meetings are held as needed to clarify the attendance policy and identify strategies in which a family may implement to improve attendance.

DD. Attendance Accounting

1. General Description

Accountings for attendance is completed daily by the classroom teacher by ensuring parents sign their child into CLOUDS **upon arrival**. Absence reasons are entered into CLOUDS daily and no later than Friday of each week, and reports are utilized to ensure that each center maintains 85% monthly attendance for all federally funded slots. If the monthly attendance rate falls below 85%, the Site Supervisor will be notified by the ERSEA Managers and will utilize the CLOUDS absence reports to analyze the reasons. If

average program attendance for federally funded slots falls below 85% for any month, the ERSEA Manager develops a corrective action plan after analyzing data and identifying root causes.

Within 60 days and on an ongoing basis, patterns of absences per child are analyzed. A risk assessment for chronic absenteeism is conducted. Chronic absenteeism is defined as an absence rate of 10% of the program days per year.

2. Procedure

i. Directly Operated Sites

Attendance is captured at CSB centers by CLOUDS via the wall pads as parents electronically sign their child into the program. Teachers must ensure that this is done immediately upon the child's arrival to the classroom.

If a parent fails to sign their child into CLOUDS, staff must do the following:

- Staff will "sign" child into CLOUDS without a signature to place the child in the classroom and part of the ratio.
- The parent **MUST** be called back to the center to sign-in on the hard copy sign-in/out sheet (CSB682) with the original drop-off time which can be obtained from CLOUDS.
- In CLOUDS staff will select "Parent no sign in" from the drop down menu as the Reason under the Attendance Sign-in/out sheet for the specific child.

If the parent fails to sign their child out in CLOUDS, staff must do the following:

- Staff will "sign" child out in CLOUDS without a signature to take the child out of the classroom and out of the ratio.

Staff will notify the parent as soon as the parent or authorized representative returns to the center (i.e. next morning) that a sign-out signature was not collected. The parent will sign out on the hard copy sign-in/out sheet (CSB682) with the original sign out time which can be obtained from CLOUDS. In CLOUDS, staff will enter "Parent no sign out" from the drop down menu as the reason under the attendance sign-in/out sheet for the specific child.

In the event that the electronic system fails and parents are not able to sign their children in or out of CLOUDS, staff **MUST** do the following:

- A hard copy sign-in/out sheet (CSB682) shall be maintained by each classroom teacher which the parents will use to sign in and/or out until CLOUDS is back on-line.
- As soon as the system comes back up, staff will sign children in and/or out (as applicable) of CLOUDS **without a signature** to place them in or out of the classroom for ratio purposes.
- Staff will do this by using the Manual Attendance feature in CLOUDS to sign children in and/or out, enter attendance/absences and enter meal counts for the time CLOUDS was not operational. For this purpose it is acceptable for staff to select the child's general contract hours

for the approximate sign in and out times as parents will already have physically signed on the hard copy sign-in/out sheet (CSB682) with the correct sign in and out times. Even if some children are signed-in on CLOUDS when this update by staff takes place, clicking on “All Attendance” will only affect those who have not yet signed in; other children’s data will not be affected.

A code is used consistently throughout the entire program to mark Present, Excused Absence, and Unexcused Absence. Absences are marked with an “A” and given the excuse provided by the parent in the comment section of the sign-in sheet. The teacher determines if the absence is excused in accordance with the excused and unexcused absence policies included herein. When absences are excused, the “A” is enclosed in a circle “(A)”. All information must be immediately entered into CLOUDS when the system becomes available through the manual attendance section or the wall pad by doing the following:

- **Wall Pad:**
 - Go to Reports
 - Select the month
 - Select the child
 - Click on the Attendance button
 - Enter Attendance data

- **CLOUDS:**
 - Go to Attendance Folder
 - Select Manual Attendance
 - Click on the “A” box for that child
 - Enter the Attendance data

Teachers must enter absence reasons daily and review for accuracy by Friday of each week via the Wall Pad system. Parents are responsible for reporting absence reasons within one hour of their child's start time and must give the reason for a child’s absence when the child returns to school if not already provided. On occasions where the child has not returned to school, the Site Supervisor can enter the reason for absence in CLOUDS after contacting the parent.

At the end of the month, the Teacher reviews each attendance record via the Wall pad system and verifies the totals for the days of attendance, excused and unexcused absences. After verifying each attendance record, the teacher will click on the “Submit” button which will send the electronic file to the Site Supervisor for their approval. All hard copy sign in and sign out sheets (CSB682) should also be forwarded to the Site Supervisor.

After Teachers have submitted the attendance records via the Wall Pad, Site Supervisors shall review the submitted attendance sheets under the Track Forms section in CLOUDS under the “Submitted” section. After reviewing each attendance sheet for accuracy, the Site Supervisor shall “Approve” or “Deny” each attendance record. If the attendance record is denied, it will go back to the wall pad for correction and re-submittal by the Teacher.

ii. Partner Sites & Family Child Care Homes

Attendance is captured at CSB Partner centers by CLOUDS via Galaxy tablets as parents electronically sign their child into the program. Teachers must ensure that this is done immediately upon the child's arrival to the classroom.

If a parent fails to sign their child into CLOUDS, staff must do the following:

- Staff will "sign" child into CLOUDS without a signature ("STAFF" button) to place the child's status as "in the classroom" on the system.
- The parent MUST be called back to the center to sign-in on the hard copy sign-in/out sheet with the actual drop-off time.
- In CLOUDS staff will select "Parent no sign in" from the drop down menu as the Reason under the Attendance Sign-in/out sheet for the specific child.

If the parent fails to sign their child out in CLOUDS, staff must do the following:

- Staff will "sign" child out in CLOUDS without a signature to place the child's status as "child out of the classroom" on the system.
- Staff will notify the parent as soon as the parent or authorized representative returns to the center (i.e. next morning) that a sign-out signature was not collected. The parent will sign out on the hard copy sign-in/out sheet with the original sign out time. In CLOUDS, staff will enter "Parent no sign out" from the drop down menu as the reason under the attendance sign-in/out sheet for the specific child.

In the event that the electronic system fails and parents are not able to sign their children in or out of CLOUDS, staff MUST do the following:

- A hard copy sign-in/out sheet shall be maintained by each classroom teacher which the parents will use to sign in and/or out until CLOUDS is back on-line.
- As soon as the system comes back up, staff will sign children in and/or out (as applicable) of CLOUDS without a signature to place them in or out of the classroom and use their Actual sign-in/out times from the hard copy sign-in/out sheet.

A code is used consistently throughout the entire program to mark Present, Excused Absence, and Unexcused Absence. Absences are marked with an "A" and given the excuse provided by the parent in the comment section of the sign-in sheet. The teacher determines if the absence is excused in accordance with the excused and unexcused absence policies included herein. When absences are excused, the "A" is enclosed in a circle. All information must be immediately entered into CLOUDS when the system becomes available through Galaxy tablets (iCLOUDS) by doing the following:

iii. Galaxy Tablets (iCLOUDS):

- Under "My Classroom", click on the child's name you want to enter attendance for
- Click on "Attendance Sign-in/out sheet"
- Select the Month
- Click on the Day you want to enter attendance

- Enter Attendance data

iv. CLOUDS (CSB Partner Unit Staff):

- Go to Attendance Folder
- Select Manual Attendance
- Click on the “A” box for that child
- Enter the Attendance date

Partner Teachers must enter absence reasons by Friday of each week via the Galaxy tablets. Parents are required to give the reason for a child’s absence when the child returns to school if not already provided. On occasions where the child has not returned to school, the Site Supervisor (CSB Staff) can enter the reason for absence in CLOUDS after contacting the parent.

At the end of the month, the Partner Teacher reviews each attendance record via the Galaxy Tablet and verifies the totals for the days of attendance, excused and unexcused absences. After verifying each attendance record, the teacher will click on the “Submit” button by the 3rd day of the following month which will send the electronic file to the Site Supervisor (CSB Partner Staff) for their approval. All hard copy sign in and sign out sheets and absence notes should also be forwarded to the Site Supervisor (CSB Partner Staff) by the 3rd of the following month.

After Teachers have submitted the attendance records through the Galaxy Tablet, Site Supervisors (CSB Partner staff) shall review the submitted attendance sheets under the Track Forms section in CLOUDS under the “Submitted” section. After reviewing each attendance sheet for accuracy, the Site Supervisor (CSB Partner Staff) shall “Approve” or “Deny” each attendance record. If the attendance record is denied, it will go back to the Galaxy tablets for correction and must be re-submittal by the Teacher.

v. CSB Partner Staff

- Collect hardcopy attendance sheets & absence notes from Partner agencies no later than the 3rd of the following month and enter into CLOUDS Manual Attendance module by the 5th of each month.
- all attendance records need to be verified (i.e. excused, un-excused and BID...etc.) via CLOUDS

vi. CD 9400 Process

CLOUDS will automatically generate the state Monthly CD 9400 sheets (Programs funded by the State). To complete the submission process, staff will do the following:

- Using the CLOUDS 9400 Monthly Enrollment report, Site Supervisors or Partner Staff will check each child’s funding, day length, adjustment factors and attendance records for accuracy. The Site Supervisor compares each child’s 9400 record with their electronic

attendance record (CLOUDS>Track Forms>Attendance) & hard copy sign-in/out sheets (CSB682). Any discrepancies are to be corrected in CLOUDS via the Attendance Analysis module.

- After all discrepancies have been corrected, the Site Supervisor or Partner Staff will click on each child's individual verification button in which they can change the selection from "No" to "Yes" signifying that information for that child is correct. When all the children listed under each 9400 sheet has been verified (All "Yes" for each child listed), the site supervisor can now complete the sheet by clicking on the final "Verify" button which will record the site supervisor's or CSB Partner staff's digital signature on the 9400 sheet thus completing the process.
- All 9400 sheets must be completely verified by the 5th workday of the month on CLOUDS.
- Assistant Directors/Cluster Clerks or partner staff confirms that all CD 9400 sheets have been verified on CLOUDS via the 9400 Monthly Enrollment report by the 6th workday of the month. Only the hard copy sign-in/out sheets (CSB682) must also be submitted to the Assistant Director or CSB Partner Analyst for their review. It is not necessary print out the 9400 sheets and electronic attendance sheets from CLOUDS as that data is already in CLOUDS. When all 9400 sheets have been verified in CLOUDS via the 9400 Monthly Enrollment report (requires a visual inspection from AD or CSB Partner Analyst), all hard copy sign-in/out sheets (CSB682) are forwarded to Business Systems by the 6th workday.
- Business Systems staff will confirm that all children have been verified on the 9400 Monthly Enrollment report (visual inspection). If there are any discrepancies, the specific Site Supervisor or Partner Analyst will be notified of necessary corrections. Corrections must be done as soon as possible.
- Business Systems staff will notify Fiscal when CD 9400s have been checked and completed by the 10th work day of each month.
- When the Fiscal Department is notified by the Business Systems Unit that all 9400s have been verified, CSB Fiscal staff will generate the electronic CDNFS 9500 and CDNFS 8501s to review. Once CSB Fiscal staff determines the reports are accurate, they will print and submit the reports to the California Department of Education by the 20th of the month for each quarter (September, December, March & June).
- The Business Systems Analyst will generate the CD 801A report in CLOUDS and submits it electronically to the State CDMIS website by the 20th of every month for the preceding month.

vii. Excused Absences

- **Illness:** Absences may be excused for illness of the child, parent, or any sibling. If the absence is due to the illness of the child, the specific reason must be recorded on the sign-in sheet (e.g. cold, cough, sore throat, fever, runny nose, etc.). Illness absences lasting three (3) or more consecutive days may require appropriate medical professional documentation.
- **Family Emergency:** Absences due to family emergencies may be considered excused absences. The reason for the family emergency must be specified in the sign in and out sheets. Any of the following reasons can be considered family emergencies:
 - Death of a family member.
 - Immediate need for medical health treatment of anyone in the family unit.

- Any incident caused by a situation which results in the family having their normal schedule disrupted to the extent that the parent cannot safely accompany their child to the site (i.e., theft, fire, flood, arrest and/or incarceration of a parent, or any other similar situations)
 - If regular means of transportation to school is disrupted, and no alternative, i.e. public transportation is available.
 - Any other situation at the discretion of the site supervisor.
- Best Interest Days (BID): Absences may be excused for the “best interest of the child” which would include time for a child to be with a parent or relative (i.e. vacation or visitation with non-custodial parent, a court-mandated visit, or participating in cultural or religious holidays). Other requests for BID are at the discretion of the Site Supervisor. BID absences are limited to ten (10) days per program year per child, with the exception of children who are recipients of protective services or are at risk of abuse or neglect. Proof of such services must be documented in the child’s data file. The reason for the “Best Interest Day” must be specified in the sign in and out sheets.
 - Exclusion due to unmet health requirements: Children must be excused for immunizations that are not up-to-date or a physical or TB clearance that is not received within 30 days of enrollment. Parents are allowed one extension for physicals beyond the 30 day requirement with proof of an appointment on file. No extensions are allowed for TB clearances. Children are permitted up to three days of excused absences. After that, a Notice of Action (as applicable) will be issued for termination from the program.

EE. Title XXII Requirements for All Children

Record of “up to date” immunizations must be on file before children can attend. A complete physical examination by the child’s physician is required within 30 days of admission. A form is provided at the intake interview for use by the family physician. An immunization record authorized by a Medical Doctor or a Registered Nurse must be shown. The Site Supervisor or Comprehensive Services staff will review and file a copy at the time of enrollment. Immunizations must be kept current while the child is attending the centers. The Site Supervisor or Comprehensive Services staff member notifies parents when immunizations are due. Children whose immunizations are not kept up to date will be excluded from the center until they are brought up-to-date, unless there is a medical waiver on file.

Although TB clearance must be obtained within thirty days of admission, the physical must also have indicated the result of the TB screening on the child’s record. Children may be eligible for a free physical through the Child Health Disability Prevention Program. Parents should be encouraged to discuss this option with the Site Supervisor or Comprehensive Services staff member.

Enrollment information is kept confidential from all but: (1) authorized program staff, (2) California Department of Education program evaluators (3) authorized public officials. Information will not be released without parental permission, except as mentioned above.

Children with disabilities are accepted by the centers when CSB is able to obtain appropriate documentation to determine the child’s needs. CSB will work with the family to make all reasonable

accommodations for the child. CSB complies with ADA and IDEA.

FF. Fees for Non-Head Start and Early Head Start Funded Programs

1. Purpose

The purpose of these procedures is to document the process of billing, collecting, and depositing of childcare fees in accordance with County policies and the State's Funding Terms and Conditions related to child development programs.

2. County Administrative Bulletins

Community Services Bureau shall comply with the requirements set forth in Administrative Bulletin Number 205 regarding cash collections procedures.

3. Fee Assessment

CSB shall use the current fee schedule prepared and issued by California Department of Education for child care programs funded by the State.

- The family fee will be assessed either a flat monthly full-time or part-time fee based on certified hours of care for the month, income, and family size.
- If family's certified need is 130 hours or more, the family will be assessed full-time fee.
- If the family's certified need is less than 130 hours, the family will be assessed part-time fee.
- Upon initial enrollment or final enrollment month, a family may be charged cost of care fee (current State Reimbursement Rate (SRR) multiplied by adjustment factor multiplied by days of enrollment) if this is less than monthly part-time fee rate.
- The family fee will be assessed:
 - **At initial enrollment.** If the enrollment day is the first of the month, the family fee will be assessed a full-time or a part-time fee based on their certified hours of care. If the enrollment day is not the first day of the month, fee will be based on the certified hours for the partial month and another fee for each subsequent month based on their certified hours. The first payment is due the first day of enrollment and due the first day of each subsequent month.
 - **At recertification.** The assessed fee will be effective on the first of the subsequent month after the new fee is assessed (Issue date of NOA) if there are 14 or 19 calendar days remaining in that month. If there are less than 14 or 19 days remaining in the month following the issue date of NOA, the assessed fee will become effective on the first of the month a month after the subsequent month.
 - **When family voluntarily requests a reduction of family fee.** The assessed fee reduction will be effective on the first day of the month that follows the issue date of the NOA. Families must still be given 14/19 calendar days from the issue date of the NOA, to file an appeal.
- If more than one child in a family is participating in the state funded program the family's fee shall be assessed and collected based on the child who is enrolled for the longest period in a day.

- If the children are located at different child care centers, the fee shall be collected by the center in which the child who is enrolled the longest period in the day is enrolled.
- If a child drops at one center and enrolls in another before the NOA period, both centers must communicate throughout the transition to determine the impact on related fees. (We must communicate)

For Fee for Service Program (Tuition Based), CSB shall use the monthly rate approved by the County Board of Supervisors.

4. Exclusions from Fee Assessment

- The exclusions shall apply only to State-funded childcare programs.
- No fees shall be collected from CCTR, FP, and FPL families with an income level that, in relation to family size, is less than the first entry in the fee schedule.
- There is no family fee for PP and PPL programs
- Families receiving services because the child is at risk of abuse, neglect, or exploitation, may be exempt from paying fees for up to twelve (12) months if the referral prepared by a legally qualified professional from a legal, medical, or social services agency, or emergency shelter specifies that it is necessary to exempt the family from paying a fee. The cumulative period of time that a family may be exempt from paying a fee for this reason shall not exceed 12 months.
- Families receiving services because the child is receiving protective services may be exempt from paying fees for up to twelve (12) months if the referral prepared by the county welfare department, child welfare services worker specifies that it is necessary to exempt the family from paying a fee. The cumulative period of time that a family may be exempt from paying a fee for this reason shall not exceed 12 months.
- In accordance with the State's Management Bulletin 09-18, all families that currently receive a CalWORKs grant on behalf of the children will not be assessed a fee. Former CalWORKs grant recipients are not included in this exemption.

5. Credit for Fees Paid to Other Service Providers

This section shall apply only to State-funded child care programs.

- When CSB cannot meet all of the family's needs for child care for which eligibility and need have been established, CSB shall grant a fee credit equal to the amount paid to the other provider(s) of these childcare and development services. CSB shall apply the fee credit to the family's subsequent fee billing period. The family shall not be allowed to carry over the fee credit beyond the family's subsequent fee billing period.
- CSB shall obtain copies of receipts or cancelled checks for the other child care and development services from the parent. The copies of the receipts or cancelled checks and a complete and signed CSB Fees Rendered Form shall be maintained in the parent's fee assessment records.
- The copies of the receipts or cancelled checks and a complete and signed CSB Fees Rendered Form are due by the first day of the month. Fees due shall be considered delinquent if this documentation and any remaining fees owed are not collected within seven (7) calendar days.
- Copies of the receipt or cancelled check shall include the following: name of the other service provider, amount of payment, date of receipt or payment, the period of child care services covered by the payment, name of the parent, and name of the child who received childcare

from the other service provider.

GG. Billing Procedures

Childcare fees are paid in advance. One week before the end of each month, each Center shall submit to the CSB Fiscal staff a Billing Worksheet that contains the following information:

- Name of the parent or guardian
- Name of the child enrolled
- Funding category of the program where the child is enrolled
- Monthly rate determined by the Site Supervisor based on State's fee schedule (for child development contracts) or county approved rate (for fee for service program)
- Total amount assessed
- Collections made in prior month
- Comment section for effective date of the monthly rate, last date the child will attend the day care, and other pertinent information that affects the calculation of monthly billing.

No adjustments shall be made for excused or unexcused absences. The parent or guardian shall pay the total amount billed if the child is absent regardless of the reason during the billing month.

Periodic review of billing information – Assistant Directors shall reconcile or perform independent review from the participant's files to the billing report to ensure all parent fees are billed correctly.

CSB Fiscal staff shall input the information from the Billing Worksheet to QuickBooks in order to generate the Monthly Invoice for the following month. The Invoice shall be sent to the Site Supervisor for distribution to fee paying parents on or before the first of the following month.

Childcare fees can be paid in advance or are due by the first of the month. They shall be considered delinquent if not paid after seven (7) calendar days.

If account is delinquent at the close of business on the seventh calendar day, a Notice of Action shall be issued to inform the family of the following:

- The total amount of unpaid fees
- The fee rate
- The period of delinquency

That services shall be terminated fourteen (14) to nineteen (19) calendar days (depending on method of issuance) from the date of the Notice of Action unless all delinquent fees are paid and/or documentation of credit for fees paid to other service providers is collected before the end of the 14-19 day waiting period. The 14-day period pertains to NOAs that are hand delivered to the parent; the 19-day period pertains to NOAs that are delivered to the parent via the US Postal Service.

If the family is unable to pay their fee the program shall accept a reasonable plan from the parents for payment of delinquent fees. The plan must be developed before the end of the 14-19 day waiting period and shall not exceed 4 months to repay the full amount of delinquent fees. The center shall continue to provide services to the child provided the parents make a minimum "good faith" payment

of at least 10% of the total delinquent fees at the time the plan is developed, pay their full assessed monthly fees when due and comply with the provisions of the repayment plan. The Delinquent Child Care Fee Repayment Plan Form can be printed from the Intranet-CSB Resource Center under 0600 Enrollment of Electronic Forms.

- Agency staff shall submit the repayment plan to their Assistant Director or Partner Agency Director for approval before finalizing the plan. Once approved, the originals of the termination NOA and repayment plan shall be filed in the family file and copies shall immediately be provided to CSB Fiscal staff and the center's Assistant Director or Partner Agency Director.
- Upon termination of services from non-payment of delinquent fees, staff shall make this indication in CLOUDS, and the family shall be ineligible for childcare services until all delinquent fees are paid.

Center staff must issue a Notice of Action-Delinquent Fees on the morning of the 8th day of the billing month if family fee is unpaid by close of business on the 7th day of the month. Center will keep a copy of the NOA-Delinquent Fees in the child's file and send a copy to CSB Fiscal staff upon its issuance. The center shall make reasonable attempts to collect unpaid fees from families before the exhaustion of the 14/19 day appeal request period.

If unpaid fees have not been collected successfully by the end of the 14/19 day appeal request period, services to the family must be terminate unless a payment plan was established prior to the 14/19 day (see payment plan policies and procedures), CSB Fiscal staff is notified immediately of termination or establishment of Payment Plan, and copies of all paperwork related to action taken, including the NOA and CSB664- Delinquent Child Care Fee Repayment Plan must be sent to CSB Fiscal Staff and original copies are filed in child's file.

If unpaid fees are collected, staff shall send the pre-numbered receipt, Deposit slip/original check marked "electronically deposited", and original bank receipt/bank deposit confirmation to CSB Fiscal Staff immediately for recording. Triplicate copy of Receipt issued to family is filed in child's file.

In the event the child is no longer enrolled at the center:

- CSB Fiscal staff will send a letter of collection together with the Statement of Account and NOA-Delinquent Fees to the family. If the account is still unpaid after 2 weeks, a follow up collection letter as a second notice will be sent to the family.
- All attempts to collect unpaid fees must be made within 45 days of termination
- Any over payment made by the family towards a family fee of \$10.00 or less, will be refunded upon a family's written request.

HH. Fee Collection Procedures

- Each center shall collect checks, money order or cashier check from the parents. Cash is not acceptable mode of payment. A designated center staff shall issue signed receipt to the parent

for the amount collected. At CSB centers, this person must be a county employee, and may not be temporary staff. The designated staff shall be accountable for the money received and such money shall be stored in a locked cash box placed in a secured area of the center.

- Center staff shall process all collected fees immediately. At least once weekly, or if fee collections exceed \$250, the designated staff must endorse the back of each check properly and deposit the money to the County Wells Fargo Bank account. Immediately following the deposit designated staff shall submit a copy of the receipt(s) issued to the parent(s), a copy of the Deposit Slip/original check marked "electronically deposited" and Original Bank Receipt/bank deposit confirmation to the CSB Fiscal Unit.
- CSB Fiscal staff shall check copies of Receipts to make sure that total amount agrees to Deposit Slip/original checked marked "electronically deposited" and Bank Receipt/bank deposit confirmation amounts.
- CSB Fiscal staff shall enter the payment information to QuickBooks in order to update parent accounts. Receipts shall be stamped "Posted" and filed in numeric order by Center.
- CSB Fiscal staff shall code the collected family fees accordingly and input the data in the county's Electronic Deposit Permit system.
- CSB Fiscal staff shall file the Deposit Slip/original checked marked "electronically deposited", Bank Receipt/bank deposit confirmation and print out of Validated Deposit Permit in the Deposit binder.
- Checks marked "electronically deposited" are to be kept in a locked file cabinet for fourteen (14) days from the deposit date before shredding by CSB Fiscal staff.

II. Receipts/Banking Procedures

The S-Receipts issued to parents shall be in quadruplicate (four copies).

- Take the hard cardboard piece from inside the back cover of the book to use between the series of S-receipts.
- Give the original S-receipt to the parent and send the duplicate copy of the S-receipt to the CSB Fiscal staff with the duplicate deposit slip and original bank receipt (the transaction record).
- The triplicate copy of the S-receipt shall be put in the child's file at the site.
- The quadruplicate copy of the S-receipt shall stay in the S-receipt book and the entire book shall be sent to the CSB Fiscal staff when a new S-receipt booklet is needed.
- The following steps shall occur for voided receipts:

Write "VOID" across the receipt. The voided S-receipt must be signed and dated by the Site Supervisor.

The reason for the void must also be written on the S-receipt. The original, duplicate and triplicate copies shall be sent to the CSB Fiscal staff when an error is made that resulted in the voiding of the S-receipt.

- For credit for fees paid to other service providers, the center staff shall send to CSB Fiscal staff a copy of the receipt or cancelled check paid by the parent to the other childcare service provider. The Site Supervisor shall attach these receipts or cancelled checks to the signed Fees Rendered Form and submit to CSB Fiscal staff. The Fees Rendered Form can be printed from the Intranet-CSB Resource Center, under 0600 Enrollment of Electronic Forms. The form should be properly filled out and the credit amount should be equal to and no more than the amount paid to the other provider and shall not

exceed the parent fees billed during the month.

JJ. Confidentiality of Records

The use or disclosure of all information pertaining to the child and his/her family will be restricted to purposes directly connected with the administration of the program. The Comprehensive Services Assistant Manager or Site Supervisor will permit the review of the basic data file by the child's parent(s) or parent's authorized representative, upon request and at a reasonable times and place.

PART II. Planning

A. Philosophy

The Community Services Bureau Philosophy of Program Management is as follows:

To establish a culturally competent, systematic and innovative process of program planning that demonstrates forward mobility and strategic thinking, in an effort to meet the changing needs of the children and families within the community.

In efforts to fulfill our philosophy, administrative staff including fiscal, personnel, information technology and administration, is committed and dedicated to carry out the following program goals:

- Poor health and nutrition are significantly correlated to children and families living in poverty. CSB will address the need to improve indicators of nutritional health through increased education and physical activity.
- Comprehensive Services staff is required to maintain up to date accurate data in order to provide quality comprehensive services to children and families, and to maintain agency compliance. CSB will provide ongoing training opportunities to assist staff in enhancing their record keeping skills.
- Exposure to violence has a lasting impact on children's development including their emotional, mental and physical health. CSB will promote positive and enduring adult-child relationships that increase a child's level of secure attachments by providing services to promote the safety and well-being of children and families.
- CSB will support parents in their ability to maintain family well-being and promote positive parent-child relationships. Families will become more competent and experience increased joy as they gain confidence in their parenting.
- CSB will achieve and maintain an expanded and stable funding base of diverse sources.

CSB implements a systematic, ongoing process of program planning that includes consultation with the programs governing body, policy groups, program staff and with other local community organizations that serve enrolled families.

CSB planning includes: community assessment, multi-year (long-range) program goals and short-term objectives, systems planning calendar and written plans for implementing services in each of the program areas.

B. Methodology

1. Community Assessment

- The Community Assessment is conducted once over the five year grant period with annual updates at the onset of each program year. The Community Assessment helps keep CSB abreast of substantive issues facing the community which informs all systems and services of the bureau. Strengths, resources, needs, changes, and trends in the CSB service area are identified and integrated into the planning process and into the development and implementation of policies, procedures, service plans and goals and objectives.
- The Community Assessment process is led by a CSB Analyst. The data that is collected externally and internally and must consist of, but is not limited to:
 - The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak.
 - Eligible children experiencing homelessness;
 - Eligible children in foster care;
 - Eligible children with disabilities, including types of disabilities and relevant services and resources;
 - The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;
 - Typical work, school, and training schedules of parents with eligible children;
 - Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;
 - Resources that are available in the community to address the needs of eligible children and their families; and,
 - Strengths of the community.
 - The findings of the Community Assessment are used to assist CSB in developing the following key program planning elements:
 - CSB's program philosophy, including its vision and mission;
 - Long-range and short-range program objectives;
 - The type of services and program options to be provided;
 - The recruitment areas of the program;
 - Identifying locations of centers and home-based programs;
 - Establishing the criteria for recruitment and selection.

The Community Assessment is presented annually to the Policy Council and Board of Supervisors and program staff at all levels.

2. Self-Assessment

- Once each program year, CSB conducts a joint Grantee and Delegate Agency self-assessment of the effectiveness and progress of our programs in meeting program goals and objectives and in implementing federal regulations. Self-assessment tools include resources from the OHS Monitoring Protocol and Classroom Assessment Scoring System (CLASS™). The modes of assessment in the protocols include: Observation, Interview, and Records Review.
- A training and overview of the self-assessment process is given prior to the designated week the self-assessment is conducted. The role of the Bureau Director and Delegate Director and/or their designees in the self-assessment process are as “advisor” to the team. The analyst responsible for the self-assessment is the Team Leader and may be supported by a consultant. Teams are comprised of grantee and delegate agency management and non-management staff, parents, community partners, and representatives of the Board of Supervisors. Teams are formed in November of each year.
- The self-assessment process concludes with the team leader and/or his designee(s) writing a cumulative and comprehensive report that addresses program strengths as well as potential non-compliances. If needed, a corrective action plan is developed to remediate areas of non-compliance. The final report of the self-assessment, including the certifications of corrective actions, is presented to the Policy Council, Local Policy Committee, Delegate Board, and Board of Supervisors for approval in March of each year. As soon as these approvals are secured, the final report is then forwarded to the ACF Program Specialist.
- The results of the self-assessment are used in the planning process, in developing and improving program services, and in formulating the program approach included in grant applications.

3. Strategic Plan

With the support of the Employment and Human Services Director, CSB adopts the Program Goals and Objectives as the bureau’s five year Strategic Plan. The plan addresses needs and concerns that are identified through the community assessment, self-assessment, and ongoing monitoring results. They are also developed with input provided from parents through the Policy Council’s Program Services Subcommittee. The strategic plan is reviewed and updated semi-annually by the Senior Management Team. Annual updates are presented to the Policy Council and Board of Supervisors.

4. Bureau Planning Calendar

- The purpose of the CSB Planning Calendar is to provide chronological guidance and a timeline for critical events such as: reviews, audits, reports, etc. that occurs within the fiscal year.
- The planning calendar ensures continuity within the programs as well as throughout the bureau. Included in the planning calendar are methods to ensure consultation and collaboration with the program’s governing body, policy groups and program staff. The

planning calendar is updated and submitted for approval annually by the Policy Council and the Board of Supervisors.

5. Management Planning Meetings

Planning is conducted on an on-going basis at varying levels throughout the bureau during planning meetings, staff summits, and management retreats. Additional information regarding management planning meetings is found under Part I of Section 1-Program Governance.

PART III. Education & Child Development Program Services

SUB PART I. Individualization in the Program

A. Description

Individualization is the process used to design a plan for each child that reflects their unique characteristics, strengths and needs.

Upon completion of the child's first sixty (60) days of enrollment, teachers will develop four (4) individual goals based on:

- Home visits
- Child's health and nutritional screenings and health histories
- Educational screenings: Ages and Stages Three (ASQ-3) and Ages and Stages Social Emotional Questionnaire (ASQ-SE)
- Desired Results Developmental Profile (DRDP 2015) Assessment
- Parent conferences
- Children's Individual Education Plans (IEP or IFSP)
- Observations of children and anecdotal notes

Teachers will create an individualization binder/folder with a section for each child to include copies of parent teacher conferences (CSB118A/B) and a copy of the child's IEP/IFSP, if applicable. Each child is assigned a letter code that is written in the top right corner of the lesson plan during their focus week. The front of the binder must include a key to identify each child's focus week and letter code.

B. First Parent Conference

The first parent conference is completed within the first ninety (90) days of enrollment. Teachers must use the Education Due Date Calculation Sheet (CSB107) to keep track of each child's conference due dates.

During this conference, the teacher and parents discuss the child's progress based on screenings, DRDP 2015 assessment, and parent observations. The teacher and parent develop the goals for the child's individual plan. The child's strengths, individualized goals and activities that will support the development of goals are listed on the conference form. Teachers will collaborate with parents to identify and record strategies for home that will assist the child to achieve their identified goals. Parent

and teacher must sign and date the form.

C. Second Parent Conference

The second parent conference is completed within thirty(30) days of the third DRDP 2015. During this conference the parent and teacher review the child's progress on their goals set during the first conference and discuss parent observations and teacher observations.. Teachers will collaborate with parents to identify and record strategies for home that will assist the child to achieve their identified goals. Kindergarten readiness information may be shared at this time.

D. The Infant-Toddler Individual Needs and Services Plan

The Individual Needs and Services Plan (CSB180) (INSP) is completed prior to the first day of attendance. The process includes an interview with a family member by a staff member. The form is updated quarterly and included in the plan is:

- The current feeding schedule and the amount and types of food provided including whether breast milk or formula and baby food is used.
- The meal patterns of the child, including new foods introduced, and food preferences.

The INSP tracking form should be used by teachers to know when the quarterly updates are due. Section D of the INSP is important and required to complete for children who are between the ages of 25 and 36 months. The areas are listed of how the program will ensure provide age-appropriate language development, large/small motor skills, and social emotional activities. Also, notes to ensure the continuity of care for the child should be documented.

E. Lesson Plans

Lesson Plans are posted weekly. The lesson plan provides various developmentally appropriate activities and materials for the children to engage in to support their physical, social, and cognitive growth. The lesson plan includes activities that meet the children's individualized needs based on the results of their screenings and assessments. Per the individualization process described above, children's individual codes are noted on the lesson plan.

The lead teachers are responsible for:

- Planning and developing the weekly lesson plan with their classroom team.
- Submitting the lesson plan to the site supervisor every Thursday.
- Posting the weekly lesson plan by Monday morning.

The Site Supervisor is responsible for:

- Reviewing and approving the lesson plan.
- Signing off and dating the approved plan.
- Ensuring the lesson plans are posted in the classrooms by Monday morning.

F. Developmental, Sensory, and Behavioral Screening

All newly enrolled children (including those with an IEP/IFSP) are screened by teaching staff in the areas of social emotional development using the ASQ-SE and cognitive development using the ASQ-3 within 45 days of enrollment. Teachers must use the Education Due Date Calculation Sheet (CSB107) to keep track of each child's screening due dates. Comprehensive Services staff screens all children in hearing, vision, and heights/weights within 45 days of class entry, and annually thereafter. Parents are informed about all screenings and their purposes in advance. The results from the screening are used to begin the individualization process for each child. Should the results indicate a concern, CSB will follow the outlined referral protocol. If a child does not qualify for referral services, CSB staff will support the child and family through outside services, if applicable, and will seek guidance from Mental Health or other qualified staff to ensure the concerns do not affect the child's school readiness. (For more information on screenings, please refer to Part II, Services for Children with Disabilities).

G. Assessment

The Desired Results Developmental Profile Child Assessment (DRDP 2015) is the required assessment tool mandated by the California Department of Education and also includes the Head Start Outcome requirements. Teachers must use the Education Due Date Calculation Sheet (CSB107) to keep track of each child's assessment due dates.

The assessment of children is accomplished through on-going written observation of the child. Infants, toddlers and preschool children are assessed three times per year. Anecdotal records and work samples are kept for each child to show progress.

Assessment results are entered into CLOUDS within the required timelines. Results of the assessments are shared with parents during parent conferences, and are a basis for developing children's individual goals and plans and used for individualizing the lesson plans.

Child portfolios are used as evidence to support DRDP2015 rating accuracy and to comply with state requirements. Portfolios include, but are not limited to, child work samples, anecdotal notes, photographs, parent observations, and recordings/videos.

H. Program Transitions

Parents are given the opportunity to participate in and be supported in the transition of their children when they move to new classrooms, programs or enter kindergarten. For families and children who move out of the community in which they are currently served, including homeless families and foster children, CSB staff will support the effective transition to other Early Head Start or Head Start programs. If Early Head Start or Head Start is not available, CSB staff will assist the family to identify another early childhood program that meets their needs.

1. Transition Policies and Procedures for Infants and Toddlers

While children are enrolled in Early Head Start, they change classrooms based on their age and developmental level. Transition to a new classroom begins two weeks before a child moves to a toddler or preschool classroom.

There are two types of transitions that happen; one takes place when a child moves to a new classroom based on their age and developmental level and the second takes place when a child transitions out of the Early Head Start program. Transition to a new classroom begins two weeks before a child moves to a toddler or preschool classroom. During this time, a transition plan is developed that may involve the child and family member visiting the new classroom.

Over the next days, the child gradually increases the amount of time spent in the new classroom. Initially, the primary caregiver plays an important part to help the child adjust to his/her new environment by assisting the child in their new classroom.

Whenever possible, CSB makes attempts to ensure a continuation of early childhood education services. Staff works in conjunction with other centers and programs to provide a quality and effective transition to preschool. The transition plan from the toddler program to preschool is mandated to begin six months prior to the transition. The CSB Transition form (CSB161) is completed by the parent/family member, child's caregiver and the site supervisor six months before the transition and updated quarterly.

The child may then be placed on the CSB wait list if an immediate transition to a Head Start classroom is not available. The Comprehensive Services staff notifies the family member if a space becomes available and a transition to a Head Start program will occur.

Three weeks prior to the transition, the child will begin visiting their preschool classroom accompanied by their caregiver teacher. The length of the visits and the number of visits will be determined by the child's comfort level and will be gradual in duration. A final home visit will close the child's Early Head Start file. When the child begins Head Start, they begin a specific orientation process (see section B; Curriculum Implementation; 1 Orientation).

2. Kindergarten Transition

Kindergarten registration information is provided to families between January and March. Parents are given information on their local school district registration procedures.

Collaboration with the local school districts regarding kindergarten transition may include activities such as open houses, kindergarten fairs, field trips, school representatives at parent meetings, collaboration meetings with kindergarten teachers and other representatives, joint training and professional development opportunities for preschool and kindergarten teachers, and registration resources. Parents are also encouraged to visit kindergarten classrooms and to familiarize themselves and their child with the school facility. Current kindergarten children are also often invited into the classroom as a guest speaker to talk about their kindergarten experiences. Site staff assists parents with the kindergarten registration process, and if necessary, assist parents to obtain the necessary documents required for kindergarten entry.

Kindergarten transition meetings are conducted between April and June. At that time, resources for parents to assist their child in transitioning to kindergarten are provided, in addition to kindergarten school supplies for children.

The Creative Curriculum has a specific Getting Ready for Kindergarten Teaching Guide that our teachers must use for planning at the end of the year, specifically, the last few weeks of school, that

focuses on kindergarten readiness through literacy, math, arts and technology. Teachers will also use the Second Step Early Learning curriculum to support children throughout the school year and in particular for those children going to kindergarten, during the last few weeks of school. The last three lessons in Second Step specifically focus on transitions to kindergarten (Learning in Kindergarten, Riding the Kindergarten Bus, and Making New Friends in Kindergarten).

For the PD/PY classrooms that do not operate during the summer, CSB staff will collaborate with school districts to determine the availability of summer school programming for children who will be entering kindergarten and will work with parents and school districts to enroll children in such programs, if available.

3. Kindergarten transition planning for children with disabilities

- Identify family concerns, priorities, resources that relate to the change, and parents' expectation(s) of kindergarten.
- Provide training to parents to become knowledgeable regarding the application procedure and their parental rights.
- Review placement options, parental rights as they relate to responsibilities within the school system, and steps they can take to help their child do well in school.
- Review child's progress and update records. Complete "Authorization to Release Information" (CSB139).
- Provide activities for parents to do at home to prepare their child for kindergarten.
- Inform parents of transition meetings, and allow them to decide what role they will play.
- Schedule an introduction for parents with their new contact, either in person or by phone.
- Encourage parents to arrange a visit to the prospective school before their children transfers.

SUBPART II. Curriculum (Education and Early Childhood Development)

A. Child Development and Education Approach

All CSB Centers implement The Creative Curriculum for Infants, Toddlers and The Creative Curriculum for Preschoolers. Goals for curriculum promote children's active involvement in their own learning. Children will have a learning environment and varied experiences appropriate to their age and stage of development that will help them grow physically, socially, linguistically, intellectually and emotionally. The education program is aligned with Head Start Performance Standards (45 CFR 1304), The Head Start Early Learning Outcomes Framework (HSELOF), The California Preschool/Infant-Toddler Learning Foundations, National Association for the Education of Young Children Developmentally Appropriate Practices, Program for Infants and Toddlers Caregivers (PITC) and Reggio Emilia Inspired Project Approach. The Program Services Committee of the Policy Council provides input into the program curriculum and approach to children's education.

1. Educational Options

- Center based: Preschool/infant toddler full-day and Preschool part-day program options.

- Full Inclusion programs: Children with disabilities are mainstreamed into center based classrooms in collaboration with the school districts.
- Preschool Special Day class: School district operates special day classes in collaboration with CSB.
- Home Based: Home base educators serve as facilitators of children’s learning in the child’s home environment. The program provides one home visit per week for a period of 1.5 hours and two group socialization activities per month.

2. CSB Educational Programs

The curriculum goals are based on the State Child Desired Results and Head Start Child Outcomes.

- Desired Result 1: Children are personally and socially competent
- Desired Result 2: Children are effective learners
- Desired Result 3: Children show physical and motor competence
- Desired Result 4: Children are safe and healthy
- Desired Result 5: Families support their child's learning and development
- Desired Result 6: Families achieve their goals

The curriculum is enhanced by the Project Approach. The Project Approach is a meaningful way to teach content built on children’s knowledge and interests. Projects support the development of a child’s knowledge, skills, and feelings.

In addition, the curriculum is supported by Second Step Social Emotional Skills for Early Learning program supports children’s growth and helps teachers guide children to learn, practice and apply skills for self-regulation and social- emotional competence.

B. Curriculum Implementation

1. Orientation:

Child and family orientation is ongoing throughout the year. Orientation Steps are as follows:

- Phase In: The first day of school is called phase in and lasts a minimum of two hours. The goals for phase in are to welcome the child and family into the program and familiarize them with program philosophy and procedures.
- The teacher completes the Tour of the Classroom and Education, Health, and Nutrition sections of the Classroom Orientation Checklist form (CSB112).
- The Site Supervisor completes the Review of Program Policies and Procedures section of the Classroom Orientation Checklist form (CSB112).

2. Classrooms:

Preschool Classrooms are divided in clearly defined interest areas based on the Early Childhood Environmental Rating Scale and Creative Curriculum:

- Block, Art, Discovery (science), Dramatic Play, Toys and Games (manipulative and

math), Library, Writing, Sand and Water, Technology and a quiet/cozy area where children can play alone or with one classmate.

- There is a place where each child can keep personal belongings.
- Learning materials are logically organized, age appropriate, open ended, labeled and accessible to children.
- There are enough materials in each area for several children to work together.
- Materials in the classroom are intentionally and periodically changed using the Material Rotation form (CSB142).
- Classroom displays are current and reflect children’s work and activities.
- Classroom rules are generated by the children and posted. Rules are phrased in positive terms, for example instead of saying “no running”, say “walk”.
- Classroom helper charts are posted.
- The classroom is inviting to families with displays of family photographs, parent information boards, and some adult sized furniture.
- Environments reflect diversity by including visual materials and activities that reflect diversity in gender, family composition, culture, language and ethnicity.
- Rooms are designed to be attractive and comfortable.

Infant and toddler environments are set up using the Infant Toddler Environmental Rating Scale and Creative Curriculum. The classroom environment is guided by the infant/toddlers changing curiosities, considering the needs, interests, and developmental level as the caregiver continuously reads the cues of the infant/toddler, and includes:

- Block, Art (12 months and up), Discovery (science), Dramatic Play, Toys and Games (manipulative and math), Library, Sand and Water (18 months and up) and a quiet/cozy area where children can play alone or with one classmate.
- Gross and fine motor materials, sensory opportunities, books, and classroom displays that reflect family backgrounds and diversity.
- Materials are offered in logical groupings such as manipulatives, blocks, art, etc. to encourage independent exploration.
- Materials are rotated regularly as children’s development and interests change using the Material Rotation form (CSB142).

3. Classroom Transitions:

In infant, toddler, and preschool classrooms, teaching staff ensures that transitions are thoughtfully conducted for each child. Between daily events, transitions are implemented intentionally, smoothly, and naturally.

When activities during the day are predictable, it helps children begin to understand the concept of time. Anticipating what is coming next makes children feel they are in control of what is happening. The CSB approach to classroom transitions is:

- **Be proactive and be alert.** Have strategies to engage children who may be having difficulties with transitions.
- **Always transition children in small groups**, and ensure children are assigned to a small group at enrollment.

- **Plan ahead and make transitions fun!** Transitions should be engaging for children and can include finger plays, songs, and short activities to reduce wait time.
- **Prepare.** Prepare all teaching materials and small group activities ahead of time so they are ready for the day and easily accessible.
- **Talk with the children** and let them know when a transition is going to occur. Give children a signal 3-5 minutes before the transition.
- **Review transition safety with the children** at the beginning of the year and whenever needed.
- **Follow the protocols** outlined in the Transition Head Count Policy and CLOUDS In-Transition feature, which include a visual count.
- **Always visually sweep!** Before leaving the classroom or yard by physically walking the perimeter and looking around thoroughly.
- **Communicate** continuously with all team members. -State the number of children who are going with you as you transition.
- **CSB has zero tolerance for lack of visual supervision!** All designated caregivers are to be present, engaged, and calm during transitions.
- **All transitions that require children exiting or entering the classroom** must be conducted using the Classroom Transition Tracking Sheet form (CSB700).

- **Teacher placement is critical** as the children transition, with one staff at the front of the group and one in the back. When there is only one staff member present, his/her placement must be such that he/she may be able to see every child as they transition.

- **Whenever possible, caregiver groups should be maintained** throughout daily activities, including transitions. Transitions should always occur in small groups.

4. English Language Learners:

Education for children who are learning English is enhanced when programs and families partner together. The learning environment includes usage of the child's first language. Promoting language understanding and use in this atmosphere encourages easy communication among children and between children and adults. The following examples help promote language understanding:

- Give children ample time to talk to each other and ask questions in the language of their choice. Continued use and development of the child's home language will benefit a child as he or she acquires English.
- Encourage free discussions, shared experiences and conversation between children and adults.
- Provide games, songs, stories, or poems that offer new and interesting vocabulary.
- Encourage children to tell and listen to stories. Interest areas offer opportunities for teachers to teach content as children explore materials.

5. The Project Approach:

The educational program is enhanced by the project approach to learning and is expected to be

implemented in every preschool classroom at least twice per program year. Projects are in-depth investigations on a topic based on children's interests. Projects:

- Must be relevant to children's experiences and interests.
- Topics of study must be authentic so that children can manipulate and explore real objects.
- Family members are a part of the implementation of projects.
- Project components include:
 - Selecting a topic based on the children's interests
 - Teaching team creates a "web" of interrelated ideas and activities: ideas may incorporate literacy, math, science, social studies, the arts and technology into the study
 - An opening event
 - Project investigations
 - Field trips and visiting experts
 - Documentation of projects through photographs, children's written feedback, drawings, etc.
 - A closing event

Creative Curriculum provides predesigned in-depth Studies on a variety of topics. These Studies do not take place of the required twice per year Project Approach, but can be used to support projects. CSB does require two Studies to be implemented each year, The Beginning of the Year and Getting Ready for Kindergarten, in addition to the two projects.

6. Program for Infants and Toddlers:

The CSB infant and toddler program is enhanced by the Program for Infant Toddler Care (PITC) philosophy, which is based on the belief that infants and toddlers come to the program with their own interests, needs, and temperaments. PITC emphasizes program components that focus on responsive caregiving practices based on supporting the child.

PITC Program components:

- Care in small groups; each child is assigned to one special infant/toddler care teacher who is responsible for that child's care.
- Cultural Continuity; because of the important role of culture in a child's development, infant and toddler care teachers heighten their understanding of culture in the lives of children, develop cultural competencies, acknowledge and respect cultural differences, and learn to be open and responsive to families.
- Individualized care; this follows children's unique temperaments and promotes child well-being and a healthy sense of self. This approach supports each child's growing ability to self-regulate and to function independently in personal and social contexts. It also ensures that teachers read children's cues throughout the program day.
- Inclusion of children with special needs; this makes the benefits of high quality care available to all infants and toddlers through appropriate accommodation support in order for the child to have full active program participation.

7. Supporting Child and Family Culture and Diversity:

- Families are asked to share their culture and traditions.
- Food served at mealtimes is culturally inclusive.
- Environments and materials include diverse materials such as pictures, books and photographs. Dramatic play props, puzzles, music, planned activities and books reflect diversity in gender, culture, language and ethnicity.

8. Teacher/Child Interactions:

Positive teacher child interactions build trusting, nurturing bonds between teaching staff and children which supports the children's developing a love of learning.

Teaching Staff:

- Welcome children and families into the program daily.
- Foster positive social behaviors such as cooperation, conflict resolution, and turn taking by using modeling, coaching and encouragement.
- Speak to the children at their eye level and move to where a child is to speak with them directly.
- Teacher's voices are warm and calm.
- Engage children in conversations throughout the day. Encouraging verbal expression enhances children's self-esteem and cognitive growth.
- Comfort children who are crying and validate their feelings.
- Engage in activities with the children on the floor by sitting on the floor with them as much as possible.

9. Caregiver Groups

Upon entry, each preschool child is assigned to a caregiver group of six to eight children based on the developmental and individual needs of the child and the classroom. The teaching staff assigned to the caregiver group plans and implements individual activities for their group during small group time.

Upon entry infants are assigned to a caregiver group of three children per caregiver. Upon entry, toddlers are assigned to a caregiver group of four children per caregiver. Infants and toddlers remain with the same caregiver whenever possible throughout their enrollment in the program to ensure continuity of care.

Caregiver groups can be named after animals, shapes, etc.

Caregiver Groups during Transitions:

- It is CSB's policy to transition children in small groups including; to and from outside time, small group, large group, and bathroom routines.
- Caregiver groups are maintained throughout the daily activities when appropriate.

- Teaching staff work closely with their caregiving group at meal times, small group, hand washing, etc. For children, this reduces confusion, distraction and promotes attachment with the primary caregiver.

10. Child Health and Safety

Teaching staff integrates health and safety lessons and activities into the lesson plan. Health activities may include: oral health, pedestrian safety, good hygiene practices, and emergency safety including: fire, earthquake, shelter-in-place and school safety.

Children wash hands upon entering school, before eating, after wiping noses, after touching animals, before and after messy play, including sand/water play and Play-Doh, contaminated objects, upon returning from the play yard and after toileting.

Staff inspects classroom and outside areas daily to ensure all facilities, furniture, materials and structures are safe and free from hazards. The 7 Health and Safety Daily Classroom Checks in 7 Minutes form (CSB777) is completed daily in all indoor areas used by children, prior to children using the space. The Daily Playground Checklist (CSB136) is completed daily to document inspection of outdoor areas accessible to children.

Teachers perform a daily health check of each child upon their arrival to school. Refer to section 2, IV. Sub Part III, A, Daily Health Inspection for further guidance.

For infants and toddlers, this practice is done using the Daily Communication Form where families and staff document about each child at the beginning and end of the day. The daily health check is also conducted and documented on this form.

Teaching staff conducts head counts hourly in CLOUDS and during transitions in CLOUDS and using CSB700 in accordance with the Protocol for Hourly and Transition Head Count and Tracking as described in CSB700A.

Teaching staff checks that door alarms are set and all gates are secured at all times.

Children are supervised at all times, and always supervised while toileting.

11. Nutrition

Children participate in learning activities planned to affect the selections and enjoyment of a wide variety of nutritious foods.

Nutrition activities may include: field trips, planting gardens, reading stories about food and nutrition, and sampling a wide variety of foods.

Children are involved in simple cooking projects. Teaching staff serve meals family-style at the centers. Children participate in setting the tables, serving themselves, and pouring their own beverages.

12. Language / Literacy Curriculum Enhancements

- **Learning through Literature Curriculum Enhancement:** Each month teaching staff

implements a picture story book to read that contains a written guidance of extension activities and open ended questions to ask.

- **Raising A Reader:** Tote bags with age appropriate books are taken home weekly by each child. Parents are encouraged to read to children daily and discuss the stories. Books are multicultural and include children's stories in Spanish.
- **Tandem:** Similar to Raising a Reader, bags with age appropriate books are taken home weekly by each child. Parents are encouraged to read to children daily and discuss the stories. Books are multicultural and include children's stories in Spanish.
- **Books at Naptime:** Each child may choose a book to read to themselves on their mat.

13. Pedestrian Safety

Children and parents are taught the importance of pedestrian safety within the first 30 days of school. This includes educational videos and materials on pedestrian safety for both children and parents, various classroom activities and educating parents at parent meetings.

14. Media in the Classroom

Classrooms are equipped with Surfaces and installed with ABCmouse. Other media are used in the classroom when intentionally connected to a project topic or curriculum enhancement. Other media must be approved by the site supervisor before they are viewed in the classroom and must be documented on the lesson plan

15. Lesson Plans

The Infant, Toddler, and Preschool weekly lesson plans are designed to ensure that all classrooms provide developmentally appropriate activities consistent with Head Start Performance Standards, Creative Curriculum, and Second Step (preschool). The lesson plan communicates to staff and parents the activities for each day of the week. The preschool lesson plan is enhanced by the project approach. The infant and toddler Plans and Possibilities include activities that support each child's individual goals. Plans for these age groups are flexible, are based on children's interests, and is a guide for the day rather than a strict implementation plan. The teacher submits a completed lesson plan form to the Site Supervisor weekly for approval and is posted by Monday morning. Lesson plans (CSB105A, B, and C) are completed at the center by the teaching staff, with input from parents.

16. Required Elements of the Children's Daily Schedule

The classroom daily schedule provides a balance of structure and flexibility. The schedule establishes sequences for the implementation of activities and possibilities in the classroom. It includes a variety of play activities and more and less active times of the day.

- **Greeting/ Health Check-** each child and family member is warmly greeted when they enter the program daily. A brief health check is conducted by the teaching staff that includes touching of the child's skin and looking into their eyes. Staff may ask a child how they are feeling. Parents must remain during the health check and may be asked questions about their child.
- **Work Time/Child Initiated Activities;** Children have access to all interest areas in the

classroom. Project-based and center activities are offered as additional choices for the children in the preschool classrooms. Teachers add materials for children's creative activities during this time. Teachers work with children and ask open-ended questions to stimulate and enhance child learning. Infant and toddler classrooms may offer special activities in addition to the materials that children may interact with independently

- Small and Large Group Time/Teacher Directed Activities; Small group is a planned activity implemented in caregiver groups. Small group time activities may be conducted anywhere in the classroom or outside. Large group time is a planned time of day and can include music, movement, Second Step (preschool), conversations and discussions. Every child is offered the opportunity to participate but no child should be forced to attend group times. Similar times of the day are planned for infants and toddlers however; these must be based on the children's cues and may be modified in the moment and/or as needed.
- Outdoor Play/Gross Motor - Children are able to use their large muscles and develop socialization skills; activities include tricycles, wagons, balls, games, water tables, obstacle courses, music, art, and dramatic play activities (30 minutes each morning and each afternoon). Outdoor play must still occur in the winter months when the temperature is cooler. If weather, such as heavy rain, does not permit outdoor play, a gross motor activity must be offered indoors.
- Meal Times - Breakfast, lunch and a snack times are provided for children depending on their program model. Infants are fed on demand and toddlers are fed on an individualized schedule. Mealtimes are learning times when teachers assist children with setting the tables, serving their own food and engaging them in conversation. Breakfast and lunch times are approximately thirty minutes and snack time is fifteen minutes.
- Rest Time – Full day classrooms are required to schedule a one and a half to two-hour rest period for preschool and toddler children. Depending on the child's needs toddlers rest and nap on demand. Infants rest and nap on demand.
 - No child is to be restrained in their crib, on their cot or on their mat at any time.
 - Children are encouraged to nap but not forced. Alternate quiet learning activities are provided for non-nappers.
 - All children must be visually supervised at all times (CCL Regs: 101229, p. 137)
- Preschool classrooms: All children must be given an opportunity to rest without distraction or disturbance from other activities or children. Teachers encourage children to rest by offering them a book, engaging them in soft conversation and gently rubbing their backs. "Each center shall provide a variety of daily activities designed to meet the needs of children in care including but not limited to: (2) rest and relaxation. (b) All children shall be given an opportunity to nap or rest without distraction or disturbance from other activities at the center," CCL reg.101230 (a) p.138. Once the children are resting, one staff person may supervise the "napping" children, "provided that the remaining qualified teachers necessary to meet the overall ratio ... are immediately available at the center," CCL Regs:

101230 (c), p. 139.

- Infant and toddler classrooms: Infants are provided an “on demand” schedule for their routines, including napping. Every infant and toddler is required to have a crib, cot, or mat. Once the infants or toddlers are sleeping, one staff person may supervise the sleeping infants/toddlers provided the remaining staff necessary to meet the ratio are immediately available at the center (CCL regulation: 101416.5(d) p.158) No infant/toddler is to be restrained on their crib, cot or mat at any time.
- Rest time napping equipment placement and sanitation guidance for preschool classroom and Infant/toddler classrooms:
 - The napping space for toddlers and preschoolers must be equipped with a mat, or cot, including a sheet and blanket. Each infant is provided a crib. The crib mattress for infants are cleaned and sanitized regularly or as needed. The toddler and preschool cot or mat is cleaned and sanitized regularly or as needed.
 - Preschool bedding is individually stored so that one child’s used bedding does not come in contact with another’s, and is laundered weekly.
 - Napping equipment is arranged to provide access to children and spaced to prevent the spread of germs. Cribs must be placed three feet apart. Cots are placed eighteen inches apart and children are placed so that each child is alternating head-to-feet.
 - Blankets of any type are not allowed in infant cribs because of the risk of suffocation.

17. Parent Involvement in providing input into the Curriculum

Parents are partners in the processes of planning and implementing curriculum, and are encouraged to participate in the program in a variety of ways:

i. Home Visits

All parents must be given the opportunity to participate in two home visits a year.

- Initial Home Visit: Within the first 45 days of enrollment, or if feasible, before the program year begins, teachers conduct a home visit. Parents begin to develop a positive relationship with their child’s teacher through this initial communication. The home visit gathers information about parent’s observations of their children and the goals they have for them. The initial home visit gives the child an opportunity to meet the teacher in a familiar setting and may be used to plan individual goals for each child. Staff should make every effort to conduct the home visit at the child’s house. The ASQ-SE is conducted at the initial home visit with the family. If parents request that teachers meet them in an alternate location or if they prefer not to have staff come to their homes, the other location will be considered home visit. See Initial Home Visit form (CSB 170 and CSB170IT). If the parent chooses not to have the visit in the home, the reason for that decision must be stated on the home visit form.
- Each new family will be given a CSB Child Development Brochure, a toothbrush and

guidance for tooth brushing and hand washing. The teacher will also assist the parent to complete a social/emotional screening. Teaching staff will enter the parent and print out the results and add it to the child's file.

- Returning Child Home Visit: For children who are enrolled for a second year in the program, the returning child home visit form should be completed (CSB106). As with the initial home visit every effort should be made to conduct the home visit in the child's home. Teaching staff will distribute a toothbrush and hand washing/ tooth brushing guidance.
- Second Home Visit: During the second home visit, the teacher and parent review the child's progress and assessment results. For preschool they may discuss kindergarten readiness. For all children, they may plan activities for the parent and child to do at home and address questions or concerns the parent has.

ii. **Parent Conferences**

All parents must be given the opportunity to participate in two conferences a year. Conferences are not home visits.

- First Parent/Teacher Conference – Within ninety (90) days of the child's first day of school, each parent will be given the opportunity to participate in a Parent/Teacher Conference. During this conference, the teacher and parent(s) will discuss the child's progress (based on results of the screening, assessments, observations, and child's work), and will develop an Individual Plan (IP). If the child has an IEP, the IEP goals must also be included in the plan. DRDP 2015 measure numbers must be reflected next to the written goals. (CSB118A.)
- Second Parent - Teacher Conference – A second Parent -Teacher Conference will be scheduled thirty (30) days after the third DRDP to review the child's progress/goals that were set during the first Parent-Teacher Conference.
- Parents are asked to give input into the weekly lesson plan by reviewing the lesson plan draft and offering input on all aspects of the plan including, but not limited to, small and large group activities, songs, and stories. Parents then sign the lesson plan to show their input and feedback.

C. Other Elements of Parent Involvement

- Parents have the opportunity to participate in planning and implementation of field trips.
- Families are encouraged to share their culture and traditions by volunteering in the classroom.
- Parents are provided with individualized home activities by the child's teacher to reinforce child's learning objectives at home.
- A variety of family literacy programs are offered to support parents in helping their children develop a love and appreciation of books. These include Raising a Reader or Tandem.

D. Home-Based Option

CSB's Home-based program option provides opportunities for parents to enhance the parent-child relationship promote the education and development of their children, enrich the home environment to encourage their children's learning, identify and refer children with special healthcare needs, developmental delays, or disabilities. The home educators serve as facilitators, educators, and a support system for parents and families. They act as vital links to the local community and resources. All services provided to the home-visited family are the same quality as those given in centers.

The Home-based Option uses the center-based sites for socialization and plans activities with the parents to use the home as their primary learning environment.

Head Start's Home-based Option services include:

- Providing one home visit per week per family (a minimum of 32 home visits per year), lasting for a minimum of 1.5 hours each.
- Providing a minimum of two group socialization activities per month for each child (a minimum of 16 group socialization activities each year).
- Nutrition objectives are accomplished through both home visits and group socialization activities. The emphasis is on nutrition education, helping parents learn to make the best use of existing resources. Parents receive information and guidance on menu planning, consumer education, and money management.

The program maintains an average of 10 to 12 families per Home Educator with a maximum of 12 families for any individual Home Educator. Services include:

- One home visit per week for each child and provider lasting for a minimum of 1.5 hours each
- Two group socializations activities per month for each child. During socialization, activities and training are planned for parents and providers to increase their knowledge about child development issues.
- Monthly parent meetings are planned and offered at socialization. Parenting classes, support groups, and trainings are scheduled through the year.
- All services provided to the home-visited providers are the same quality as those given in centers. The only difference is the home setting is used as the learning environment, and the provider is the educator.

E. Classroom Assignments

Children are assigned to classrooms and teachers in accordance with their needs, available space, and other relevant variables. Each classroom must have a roster listing all enrolled children. The Site Supervisor notifies the teachers of new enrollees.

Copies of class rosters are continuously available on CSB CLOUDS System and are kept current as children enroll or leave the program.

Classroom rosters do not list more than twenty children on any given day, per federal enrollment regulations except if a waiver has been granted. State Preschool not receiving HS funding may enroll 24 children. CSB centers maintain a minimum class size of at least 95% and a maximum of twenty children, and must never exceed the licensing capacity of the classroom.

F. Adult-to-Child Ratio

1. Ratio Requirements

CSB's part day Head Start program is governed by California Community Care Licensing Title 22 Regulations which require a 1:12 ratio. However, Head Start regulations require that the maximum class size is 20 (unless a waiver is granted), so the adult-to child ratio in these classrooms is 1:10.

CSB's California Department of Education programs, including those combined with other funding such as Head Start and Early Head Start is governed by California Community Care Licensing Title V Regulations which require the following ratios: For children ages 3-5, 1:8; for toddlers, 1:4; for infants 1:3. For preschool classrooms, Title V regulations allow a classroom to be out of ratio for up to 120 minutes per day. These 120 minutes allow for rest time in early morning or late afternoon and do not apply during the core instructional time of day. During those times, children must be supervised according to the Title XXII regulation of State Licensing at 1 teacher per 12 children.

Children under three years of age may not be in groups with more than eight children. Each full-day classroom is staffed with a qualified Teacher and 2 Associate Teachers. If this is not possible, an Associate Teacher may be substituted for a Teacher and a Teacher Assistant Trainee for an Associate. Each part-day classroom is staffed with two Teachers and a Teacher Assistant Trainee.

The EHS Infant and toddler classrooms have the following ratios: Infants (birth – 18 months) is one to three (1:3) and toddlers (18-36 months) is one to four (1:4). Maximum group size for infants is six at all times. Maximum group size for toddlers is 8 at all times.

2. Supervision

All staff inside the classroom and outside in the yard are responsible to ensure that all children are visible at all times and that they are being supervised at every moment. Teaching staff supervise infants and toddlers/twos by sight and sound at all times.

Teaching staff, including substitutes and other CSB staff serving as a supervising adult for ratio purposes must sign into the classroom via the CLOUDS Wallpad or tablet. The CLOUDS Staff Management Module is utilized for program oversight and planning, including monitoring to ensure compliance with ratio requirements at all times. For these purposes, staff must also transition in and out of classrooms to account for child to teacher ratio, location of the staff person within the center, and on-duty status, including but not limited to transitions to the playground, another classroom or on break/off duty.

- i. To sign-in/ sign-out of a classroom on CLOUDS:
 - Select the "Staff" button on the Wallpad
 - Select the box with the name of the staff member being signed in or out (staff not already showing on the Wallpad may select the green box and enter their employee ID# to place themselves into the classroom)
 - Select the "Sign-In" or "Sign-Out" button on the pop-up
- ii. To transition on CLOUDS:

- Select the “Staff” button on the Wallpad
- Select the box with the name of the staff member being transitioned
- Select the “In-Transition” button on the pop-up
- If transitioning to another classroom, select the “Staff In-Transition/ Substitute” box on the wallpad
- Select the “In-Transition” button, then find and select the box with the name of the transitioning staff
- Select “Yes” in pop-up

G. Sign-In and Out Procedures

1. Signing-In:

Everyone must sign in at a center: visitors and guests. Upon arrival, every child must be signed in by a parent, friend or relative over 14 years of age, denoted on the emergency contact list. The full signature is required, along with the time of arrival. If a child arrives at the center unaccompanied, teaching staff must bring that child into the center, and contact the parent (and State Licensing) immediately so they may return and properly sign in the child. Failure to sign children in properly may require a referral to County Child Protective Services.

For our part-day sessions, if a parent and his/her child arrive before the start of session or stay after the closing of the session, the teaching staff will remind them that the child is the parent’s responsibility during that time.

2. Signing-Out Procedures:

The parent must always sign a child out at the end of the day.

Children who leave and return to the center during the day must be signed out and in by an authorized adult, e.g. a child leaving for a doctor’s visit.

Adults who arrive at the center to pick up a child must be listed on the Children's Center File Emergency Card. Picture identification must be provided before child is released. It is the teacher's responsibility to keep emergency numbers current. At least two people must be listed who can pick up the child in an emergency.

If a person picking up the child is not on the emergency form, written preauthorization from the parents is required before CSB staff will release the child from the center. Children will not be permitted to leave the center unless accompanied by a preauthorized adult. Parents may not give verbal authorization for pick-up of children.

3. Child Release Policy:

The safety of the children is the priority for all CSB staff; therefore, the following policy must be enforced at all times:

- All parents are required to complete emergency forms during the enrollment process. Emergency forms with the names and telephone numbers of persons authorized to pick up the child will be kept in the child’s file. Emergency forms must be updated at

- least every 12 months or anytime information changes.
- Photo identification will be required of all newly authorized individuals or individuals not recognized by staff prior to release of the child. Under no circumstances will a child be released to an unauthorized person.
- If CSB personnel are not certain the pick-up person is who he/she claims to be, the child will not be released.
- Staff will not release children if the person picking up the child smells of alcohol or if staff has reason to believe the person is under the influence of alcohol or other foreign substance.
- Staff will not release children to the person picking up the child if there is a court ordered restraining order on file against the person.
- Children will not be forced to leave the center with someone they are not familiar with.

4. Sign-Out Disputes Due to Child Custody Issues:

If a parent requests that the other parent not be allowed to remove a child from the center, Site Supervisor or Head Teacher must request a copy of the court order, and place it in the child's file in the locked cabinet.

The parent must be informed that CSB is not a law enforcement agency and cannot undertake that role. (A parent cannot be denied access to his/her child unless there is a Court Order.)

If a dispute over custody should occur in the classroom, the teaching staff will deal with the family calmly. The staff will ask the person if they would like to talk with a Supervisor. If it seems likely that the parent may become violent, the teacher may release the child, and inform the parent that they (teacher) must call the police as soon as the likelihood of violence becomes apparent. Should the parent leave with the child prior to the arrival of the police, the teaching team must be prepared to provide a description of the person, the car, and the license plate number. The teacher must call her/his Site Supervisor to report and document the incident. Such unusual incidents must be reported to an Assistant Director and to Community Care Licensing using the standard procedure.

5. Adults Signing Their Child In or Out While Under the Influence of Alcohol or Drugs:

Any parent or other person who is authorized to pick up an enrolled child and appears to be under the influence of drugs or alcohol, or in an impaired physical condition which may prevent him/her from assuring the child's welfare, will not be allowed to take the child. In the event that this occurs, staff must use their best judgement in determining if the behavior presents a risk to the child. Staff may also seek a second opinion from another staff or site supervisor to ensure their assessment of impairment is accurate. Staff will let the parent or other person picking up know that the child cannot be released, but another authorized person from the child's emergency card can be called. Staff can try to keep the parent at the site by discussing the child's day or any other broad topic. At any point, if necessary, staff may call 911 or the local police if they feel additional support is needed. Should the parent/other person continue to insist leaving with the child, and staff or children are physically threatened, allow the person to take the child. Should this happen. Staff must get the license number of the vehicle and call the police immediately. Teaching staff must:

- Call County Child Protective Services and file a child abuse report

- Make an unusual incident report to Community Care Licensing
Inform their AD of the situation/concern

If the police arrive at the center while the adult is still present, it is their responsibility to determine what further action should be taken. Only a police officer can officially determine if an adult is intoxicated or in an impaired physical condition.

6. Late Sign-Out Procedures:

A parent is considered to be late when he/she has not picked up their child by the agreed upon time. Staff should not call parents to pick up their children before these times. (CSB132) When a parent is late, the teaching staff will implement the following procedure:

- First Time - The staff will verbally inform the parent of the importance of picking up their child on time. This must be documented on the child's folder at the center.
- Second Time - When the child is picked up, the staff will give a late child notice to the parent. A copy of this notice will be kept in the child's file at the center.
- Third Time - The staff will call the Site Supervisor. The Site Supervisor will inform the parent that if this occurs again the child will be suspended from the center and placed on the waiting list. The Site Supervisor will give a "Late Child" letter to the parent. A copy of this letter will be placed in the child's folder at the center. (CSB132.)
- Fourth Time - The staff will call the Site Supervisor, who will inform the family that their child will be placed on the waiting list. If the family receives collaborative funding from the CA Department of Education, a formal Notice of Action will be given terminating the state funding after the 14-day grace period for appeal. The Site Supervisor will notify the Assistant Director and the Comprehensive Services Assistant Managers of the change in that child's status.

Closing Time - If a child has not been picked up by closing, and no one can be reached to pick up the child, the Site Supervisor will determine the plan of action (which may include calling Child Protective Services). CSB staff must never transport children from the center via vehicle or on foot.

7. Full-Day Program Sign In/Out Procedures:

The number of hours for each child enrolled in a full-day program is based upon their Contracted Hours Agreement, completed with the staff responsible for enrollment at that site. All full-day children must be signed in according to their contract hours. Each parent will have an individual sign-out time based on their unique needs for full-day services and Contract Agreement. The same procedures for late pickup are to be followed although "late" times will vary according to the parent's contract hours. Parent(s) may request a change in hours through "Request for Change of Contract Hours" form. (CSB-607)

H. General Classroom Celebration Policy

1. Description:

The Community Services Bureau avoids endorsing commercialism surrounding the holidays. The focus is about learning and celebrating diversity. The following guidelines are followed when planning activities with staff and parents:

- Holidays are not a major part of the curriculum. They are integrated within the total curriculum. No more than a few days and few activities are dedicated to any holiday.
- Holidays are not a theme and the whole room is not to be decorated reflecting a holiday.
- Learning about holidays broadens children's awareness of their own, and other, cultural experiences. Activities must be thoughtfully planned and implemented for inclusion of all children and families.
- Every group represented in the classroom (children and staff) is to be honored.
- Teachers must not assume that everyone from the same ethnic group celebrates holidays in the same way. Teachers check with the families to ensure that activities are indeed reflective of the cultures represented in the classroom.
- Teachers must plan strategies for working with children whose family beliefs do not permit participation in holiday celebrations. Their parents are to be included in planning a satisfactory alternative for these children in the classroom.

2. Children's Birthdays:

Children's birthdays are very important and birthday celebrations are as unique as each child. However, the classroom's daily routine should not be changed to accommodate birthday celebrations. Because children learn by example, and to reinforce the nutrition education in the classroom, the following ideas are suggested:

- Giving and/or reading a book to the child and classmates
- Bringing educational toys to share
- Bringing a baby book or other symbolic item, or a special family story to share
- Lead a game
- Decorating the classroom
- Leading a nutritious class project (any food provided cannot be served in place of regular food service)

3. Inappropriate Activities in the Classroom:

- Staged performances, plays, and ceremonies where children have memorized vocal parts or if rehearsals are required
- Lectures, where children have to sit and listen for a long period of time
- Commercial displays
- Adult-directed activities that focus on a product rather than a process (i.e., patterned art / work)
- Combined classrooms with large groups of adults and children
- Graduation ceremonies with caps and gowns

I. Field Trip Policy

1. Procedures:

Field trips complement the classroom educational experience, current curricula, and must be developmentally appropriate. Field trips encourage hands-on exploration and experimentation. Field trips permit the child to learn about his/her world (school, neighborhood, and community). Bus or walking field trips may not be taken to amusement/theme parks or have large bodies of water as the main component of the field trip event. Field trips to water parks or swimming pools are prohibited. Field trips where tide pools are observed must have prior approval by an AD.

- Site supervisors must inform Nutrition office one week prior to date of a field trip using the Field Trip Form (CSB115). All field trip lunches will consist of sun butter sandwiches, string cheese, fruit, vegetable, and milk.
- Parent volunteers are encouraged to plan and participate in field trips. Only children enrolled in the classroom taking the field trip may participate. CSB will not provide parent/family transportation, with the exception of the exception of the previously determined 2-3 parent volunteers/chaperones. Parent volunteers must adhere to the immunization requirements.
- Parents may drive their own child to a field trip after signing their child out of school. Parents may not drive other students or parents on a field trip. Upon arrival of the field trip, parents must sign their child in using a paper copy if tablets are not available. Should parents chose to leave early or leave at any time with their child, parents must sign their child out
- Field trips are approved in advance by the Site Supervisor and AD are documented in the classroom lesson plan. Teaching staff notifies the Site Supervisor or designee when leaving/returning from the trip.
- Parental permission slips are required for all field trips (CSB114). Transportation is provided for staff and children.

In general, travel time for field trips should be no more than 60 minutes in length, round trip, and allow for heavy traffic conditions when necessary. Additional travel time may be accommodated with prior AD approval. Walking field trips are encouraged, with the destination within a half- mile radius of the center.

- A field trip should be completed within four hours, including lunch and transportation.
- Full-day programs require a two hour nap/rest period. A field trip should not interfere with the regular naptime schedule.
- Requests for additional time for field trips may be submitted to the Assistant Director for approval.

AM and PM classes do not combine or change program hours to go on a trip. On bus field trips, multiple classrooms may share buses as capacity allows, however, children must be separated into smaller

caregiver groups upon field trip arrival and while boarding and exiting the bus. Adult-to-child ratio on all field trips is a minimum of one adult for every four children (1:4). This ratio may be adjusted lower (1:3 or 1:2) at the discretion of the teacher or Site Supervisor. Staff (and volunteers) must have assigned groups of children for whom they are responsible at all times. Each group must stay together, within the teacher's area of vision/supervision. Teachers are responsible for ensuring that each adult volunteer properly supervises his/her assigned group of children on the field trip. Documented headcounts on field trips will be taken at the following times:

- Upon leaving the center
- On the bus or van
- Upon arrival at the destination
- At random times during the field trip
- When boarding the bus or van for the return to the center
- After return to the center
- Use paper copy for parents to sign-in and out if tablets are not available.

Emergency information for each child, three blank accident forms, a cell phone, and a First Aid Kit must be taken on walking or driving trips, including bus field trips (CSB-113-Field Trip Information and CSB-1015-Vehicle Use Request Form)

- During field trips, each child must wear a tag at all times that only identifies the name of the center and the center's telephone number on the front. Child's name may be written on the back of the tag, but never on the front.
- Field trip leaders must keep to their schedule, or call the center if there are any changes.
- If there are insufficient adults, inclement weather or any circumstance that would make it less than an optimal experience, the trip must be cancelled. A well-planned field trip taken under adverse conditions or circumstances may become a danger.

2. Planning Protocols:

When planning a field trip or socialization, the following must be completed:

- Establish educational goals and objectives for the planned trip
- Teacher, or their representative, is to visit the destination to check travel time and accommodations, and to ensure the safety of the children

The field trip planning form (CSB115) must be completed and submitted by the teacher and approved by the Site Supervisor and AD at least one month prior the field trip. If planning the use of a bus for the field trip, CSB115 must be given to the AD clerk immediately to schedule a bus at least one month in advance.

- If applicable, the request for change of menu and purchase requisition must be completed and submitted one month prior the field trip
- Parents are notified at least two weeks in advance of the upcoming trip, at which time they are encouraged to volunteer for the trip
- Children are prepared for the trip at least one week in advance through in-class

- discussions of field trip safety
- When transportation is provided at least one trained bus monitor is aboard each vehicle at all times

The bus monitor training will include:

- Child boarding-and-exiting procedures
- Use of restraint systems
 - Bus: Properly fastened seat belts per the waiver for transportation services
 - Van: Properly installed car seats
- Required paperwork
- Emergency response and evacuation procedures
- Use of special equipment
- Child pick-up and release procedures
- Pre- and post-trip vehicles checks

In Case of Minor Accident at Site or on Field Trip

- A designated staff member with a valid First-Aid Certificate assesses the situation, and renders first aid if necessary.
- If a minor accident occurs on a field trip, the teacher of an injured child must notify the child's parents on return to the center. (As noted above, the emergency contact list must be on hand.
- The Injury/Incident Report form (CSB245) " form is completed, signed, and dated
- The teacher retains one copy for the center and gives one copy to the parents.
- In Case of Major Accident at Site or on Field Trip
The teacher calls paramedics immediately. Classroom staff assesses the situation, and renders first aid as indicated for life-saving measures.
Injured children are taken to the nearest emergency facility and the teacher or Site Supervisor accompanies the child.
The teacher of an injured child must notify the child's parent(s) immediately. (The emergency contact list must be on hand)
The teacher must immediately notify the Site Supervisor, who will notify the Assistant Director and/or the Bureau Director or designee.
- Licensing must be notified by telephone (with a follow-up of the "Unusual Incident/Injury" report) as soon as possible.
- The parent may accompany the child in the emergency vehicle.
- If the parent is not at that location, the child's teacher accompanies the child in the emergency vehicle.
- If necessary, CSB staff will provide transportation for the parent to/from the emergency facility.
- The "Accident/Incident Report" form (See Form CSB208) is completed, signed, and dated by the staff person involved in the situation.

- An insurance form is also completed, signed, and dated.
- The teacher retains one copy of the “Accident/Incident Report” and insurance form for the center, and submits copies of the reports (within 24 hours) to the Site Supervisor.
- The Site Supervisor submits copies of these reports to the Assistant Director and/or the Bureau Director.
- The CDE must be notified by the Bureau Director if the client is in a program funded by the state.

PART IV. HEALTH PROGRAM SERVICES

SUBPART I. Prevention and Early Intervention

A. Determining Child Health Status

Community Services Bureau establishes and maintains individual, comprehensive files for children and families. Health records, developmental progress portfolios, and files, including Administrative, Delegate Agency, and Grantee-Operated Program and Subcontractor’s filing systems, are kept confidential with use of the Access to File form (CSB900) and following the approved Confidentiality Policy. All staff with access to health information is trained on HIPAA (Health Information Portability Accountability Act) requirements.

CSB obtains parental consent prior to the administration of health or developmental procedures through the program or by contract or agreement and maintains documentation of parental refusal of authorization for health services through use of the Parental Refusal of Health Services Form (CSB298).

CSB staff collaborates with parents to address the health and well-being of each child in a linguistically and culturally appropriate manner, communicating the child’s health needs and developmental concerns.

1. Physical Examinations - Well Child Check (CSB207)

Each parent is provided with a Report of Health Examination - Well Child Check (CSB207) for use in obtaining their child’s physical examination. As much pertinent health information as possible is accumulated and recorded for each child, paying particular attention to the items required by the Bright Futures Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule to ensure that children are following a schedule of complete well child care. The child’s initial physical examination required for program entry must be current (in accordance with the EPSDT schedule) and received no later than thirty days after entry into the program. One extension is allowed with documentation of a pending appointment. Children returning for a second year require additional physical exams in accordance with the EPSDT Schedule. Comprehensive Services Teams enter all data on the physical exam into the CLOUDS data management system. This enables program staff to track services and follow-up on actions such as treatment needed, future appointments, and referrals. Managers access reports to help monitor progress in meeting program requirements in a timely manner.

2. TB Clearance – CSB Center-Based Program

In accordance with section #101220 of Licensing Code, TB Clearance documentation must be obtained for each child within 30 days of enrollment (admission) into the program. TB Clearance documentation must consist of either:

- A negative TB Skin Test or Chest X-Ray result, or
- A physician's check mark indicating "No Risk" on CSB207–Report of Health Examination - Well Child Check or other signed or stamped document from the physician/clinic.

The TB screening referenced in the TB Clearance documentation must be in accordance with the EPSDT schedule. The one extension allowed for pending physical exam appointments does not apply to TB Clearance documentation. Children without TB Clearance will be excluded if clearance is not obtained within 30 days of enrollment.

3. Health Insurance

Through use of the Health History and within 30 days after the child first attends the program, or for the home-based program option, when the child receives a home visit, those children with and without medical and/or dental insurance are designated as such. In the event that the child does not have insurance coverage, Comprehensive Services Teams will assist families in accessing insurance as soon as possible by referring the child to various programs such as the Child Health and Disability Prevention (CHDP) Gateway program, Medi-Cal/Denti-Cal, the Kaiser Permanente Children's Health Plan, and services through Covered California.

4. Health Records

In the event that health records are returned to the program with information missing, Comprehensive Services Teams obtain consent for release of information from parents. This consent is used to obtain information from medical/dental offices, medical records departments and laboratories. Every effort is made to educate parents regarding the EPSDT schedule and the documentation needed prior to visiting a doctor or dentist.

The following information shall be obtained and entered into CLOUDS and the child's confidential file:

- Health and developmental history
- Immunization record including immunizations and in series/waivers
- Treatment plans
- Age-appropriate physical exams, dental exams and screening results
- Records of major/minor illnesses and injury during program activities
- Schedule of daily medications - prescription and over-the-counter medications such as sun screen and rash ointment
- Allergic reactions
- Dietary intake and food habits
- Age and gender-appropriate growth charts
- Source of payment for services, including free federal, State of California, and locally funded health services
- Medi-Cal number or private insurance identification
- Referral and follow-up information

- Record of follow-up and documentation of actual services provided
- Emergency information/Parent Contact
- Signed parent consent forms
- Parent Refusal of Health Services Forms
- Family Meeting Documentation
- Teacher observations
- Progress reports
- Other information as needed

A child whose authorized representatives adhere to a religious faith that practices healing by prayer or other spiritual means shall not be required to meet the requirements of the health examination. In this case, the authorized representatives must provide:

- Information on the child's health history
- A signed statement that indicates:
 - Their acceptance of full responsibility for the child's health.
 - Refusal to obtain a medical examination for the child.
 - Request that no medical care be given to the child.

B. Protocols for Determining Child Health Status

1. Application

Before enrollment, Comprehensive Services Clerks are responsible for:

- Reviewing the electronic application information/intake documents.
- Noting concerns (known or suspected) using the Red/Yellow Flag System as indicated on the Eligibility Certification Checklist Form (CSB604).
- Generating a CLOUDS referral based on application information, as needed and clearly noting details of child's condition in Referral Observation/Comments.

Before enrollment, Comprehensive Services Assistant Managers are responsible for:

- Reviewing the application information/intake documents and ensuring referrals are generated and Red/Yellow Flags are in place if needed.
- Coordinating with the Site Supervisor to set up Family Meetings or interventions as appropriate.

Before enrollment, Site Supervisors are responsible for:

- Reviewing the application, Red/Yellow Flags, and referrals.
- Coordinating with the CSAM to set up Family Meeting or interventions as appropriate.
- Communicating child health status and needs with teaching staff.

2. Immunizations

The State of California Immunization Branch requires that programs institute a “No Shots, No School” policy, however, medical providers may indicate that a child may not have any or all immunizations. In this case, the waiver on the back of the California School Immunization Record Card (blue card) must be completely filled out. Medical exemptions from a licensed physician (MD or DO) will continue to be permitted and require a written statement including which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C on the front of the Blue Card. If the medical exemption is temporary, check box B and box D; this child requires follow-up. Per Senate Bill 277, immunization waivers based on personal beliefs is no longer permitted beginning January 1, 2016. A personal belief exemption submitted prior to January 1, 2016 will remain valid until the student enters kindergarten/transitional kindergarten.

Names of all exempt children will be maintained on an exempt roster for immediate identification in case of disease outbreak in the community. Immunization training, including the most current immunization schedule for children 0-5, is provided to staff annually. Children are tracked throughout their enrollment to ensure they remain up-to-date or in-series. Records are updated accordingly. Comprehensive Services staff completes the annual immunization report due to the local health department in September/October of each year.

i. Responsibilities of Comprehensive Services Clerks

Prior to enrollment Comprehensive Services Clerks are responsible for:

- Collecting valid immunization records from parent.
- Obtaining parent consent for use of California Immunization Registry - CAIR (CSB243) and requesting immunization registry search if parent is unable to provide immunization verification.
- Entering immunization data into CLOUDS, completing the results column on the right to indicate one of the following: In Compliance, In Series, Medical Waiver or Non Compliance and ensuring “Overall Immunization Status” below is correctly identified.
- Emailing the name of child exempt from immunizations to the Comprehensive Services Manager (Health Content Area) for placement on the exempt roster.
- Determining overall immunization status.
- Notifying parent of shots needed.
- Assisting the parent in obtaining a doctor office/clinic for immunizations needed.
- Using the Red/Yellow Flag system on the Eligibility Certification Checklist (CSB604) to indicate temp files as needing immunizations prior to start date.
- Printing the Immunization Blue Card from CLOUDS or manually filling in blanks, signing it, and placing it in the temporary file with documentation of a physician’s statement for medical exemptions.

On an ongoing basis, Comprehensive Services Clerks are responsible for:

- Obtaining immunization updates and entering the data on the Blue Card and in CLOUDS.
- Tracking in-series children and notifying the parent of the next dose due prior to the due date.

As needed, Comprehensive Services Clerks are responsible for:

- Assisting the parent in obtaining a doctor office/clinic for immunizations needed.
- Preparing exclusion letters if child fails to obtain shots on time.

Annually, Comprehensive Services Clerks are responsible for:

- Attending the annual immunization training.
- Reviewing and updating immunizations for the annual immunization report prior to submission each September/October.
- Assisting with the annual immunization report as needed.

ii. Responsibilities of Comprehensive Services Assistant Managers

Prior to enrollment, Comprehensive Services Assistant Managers are responsible for:

- Reviewing files to ensure up-to-date or in-series immunizations or waiver is in place before file is provided to Site Supervisor for placement.
- Conducting ongoing immunization registry searches as needed.

On an ongoing basis, Comprehensive Services Assistant Managers are responsible for:

- Ongoing monitoring of CLOUDS for immunization compliance.
- Tracking children with in-series immunizations.
- Supporting the parent by coordinating with the Site Supervisor to set up a Family Meeting as needed regarding immunizations.
- As needed, reviewing exclusion letters generated by clerk and verifying information, which is forwarded to the Site Supervisor for action.

Annually, Comprehensive Services Assistant Managers are responsible for:

- Reviewing annual immunization reports prepared by the clerk, to verify accuracy.
- Collaborating with the Comprehensive Services Manager (Health Content Area) prior to online submission each September/October and with the Site Supervisors after online submission is complete.
- Attending annual immunization training.

Site Supervisors are responsible for:

- Reviewing immunization compliance prior to enrollment.
- Returning the temporary file to the Comprehensive Services Assistant Manager if immunizations are not complete or required exemption documentation is missing.
- As needed, verifying, signing, dating and issuing exclusion letters prepared by the clerk and reviewed by the Comprehensive Services Assistant Manager.

Comprehensive Services Health Manager is responsible for:

- Providing immunization training annually.
- Overseeing the process and submission of the annual immunization report to the local health department by the September/October due date of each year.
- Conducting ongoing immunization registry (CAIR) searches.
- Obtaining access to CAIR for new team members.
- Maintaining a roster of children who are exempt from immunizations for immediate identification in case of disease outbreak in the community.

3. TB Clearance – CSB Center-Based

i. Program Comprehensive Services Clerks are responsible for

- Informing parent of 30-day TB requirement and ongoing TB requirements per the EPSDT Schedule.
- Assisting parents with gaining access to TB testing.
- Collecting valid TB screening records from parents which include either a negative TB Skin Test or Chest X- Ray results, or a Physician's Clearance indicating "No Risk" on the Report of Health Examination - Well Child Check (CSB207) or other signed or stamped document from physician/clinic.
- Date stamping TB documentation upon receipt and review.
- Inputting TB screening data into CLOUDS upon receipt.
- Updating TB section of the Blue Card in child's file.
- Updating CLOUDS with referrals and case notes.
- As needed, preparing the exclusion letter if TB Clearance is not provided within 30 days of enrollment (TB Clearance: Negative TB skin test or Chest X-Ray results, or "No Risk" per medical provider).

Comprehensive Services Assistant Managers are responsible for:

- Tracking immunization compliance through CLOUDS Reports.
- Supporting the parent by coordinating with the Site Supervisor to set up the family meeting as needed.

Site Supervisors are responsible for:

- Notifying the parent of 30-day requirement at enrollment.
- Tracking receipt of TB screening records.
- Ensuring that no child is attending the program without TB Clearance beyond 30 days from enrollment.
- Coordinating with the Comprehensive Services Assistant Manager to set up family meetings as needed.
- Communicating with the Comprehensive Services Clerk to prepare exclusion letters.
- Reviewing, authorizing and signing all exclusion letters, and designating staff for distribution.

ii. Health History (CSB217)

Prior to enrollment, Comprehensive Services Clerks are responsible for:

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- Completing the Health History on CLOUDS.
- Printing a copy of the Health History for the child's file.
- Obtaining signatures on the Health History if possible.
- Placing a "sign here" sticker on the Health History document if the parent is not present to sign.
- Reviewing the Health History to determine whether each child has a medical/dental home and medical/dental insurance coverage within 30 days of enrollment. Such care is defined as an ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency care or urgent care.
- Reviewing information and flagging any suspected or known special needs using the Red/Yellow Flag System on the Eligibility Certification Checklist Form (CSB-604).
- Generating a CLOUDS referral for any special needs noted on the Health History.
- Providing medical/dental home and insurance intervention with all families that indicate they have no medical / dental provider or coverage. Document intervention on the Health History in CLOUDS.

Prior to Enrollment, Comprehensive Services Assistant Managers are responsible for:

- Reviewing the child's Health History for completion and concerns.
- Ensuring proper Red/Yellow Flags are in place as appropriate with sufficient detail noted for the Site Supervisor.
- Reviewing CLOUDS referrals generated from the Health History.
- Meeting with parent to ensure understanding of the benefits of consenting for services, if parent has not given consents on the Health History.
- Contacting the Comprehensive Services Manager for guidance if unsure of how to proceed with any special needs.
- Coordinating with the Site Supervisor to set up a pre-enrollment family meeting as needed.

Site Supervisors are responsible for:

- Returning any file without a Health History.
- Reviewing the Health History, checking for Red/Yellow flags and referrals, coordinating with the Assistant Comprehensive Services Manager to set up a family meeting / intervention as appropriate.
- Acquiring a parent signature on the Health History, if necessary at enrollment.
- Ensuring that teaching staff has reviewed the Health History in order to address health conditions/needs and the completion of the consent section.
- Coordinating with Comprehensive Services Assistant Manager to set up pre-enrollment family meeting as needed.

Comprehensive Services Health Manager is responsible for:

- Providing and/or arranging training and technical assistance as necessary for special needs identified in the Health History.
- Attending family meetings for complex cases as needed.
- Tracking and providing follow-up as needed.

iii. Physical Exam Report of Health Examination - Well Child Check

Comprehensive Services Clerk is responsible for:

- Providing a physical exam - Report of Health Examination - Well Child Check (CSB207) to the parent and informing the parent of the 30-day requirement prior to enrollment.
- Educating the parent on the use and importance of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) schedule copied on the back side of the Well Child Check (CSB207).
- Noting in the Child Case Notes in CLOUDS that the parent was given a physical form.
- Referring the parent to a medical provider/insurance and providing support as needed.
- Date stamping the physical exam upon receipt and review of the CSB207 form.
- Immediately notifying the Comprehensive Services Assistant Manager of any known or suspected health concerns or disabilities.
- Inputting the physical exam data into CLOUDS and documenting completion of data entry and staff follow-up by placing notes (as needed), clerk’s signature and date on the lower right hand side of the exam form in the “Staff Follow-up” box.
- Entering follow-up data on CLOUDS as needed.
- Generating referrals as needed.
- Collecting parental consents for health services and release/exchange of information.
- Contacting clinics, doctors’ offices, and laboratories to obtain missing results.
- Tracking physical exam due dates and sending reminder notices to parents as needed.
- Obtaining authorization from parents for health services administered by the program, or by agreement or contract with a partnering entity.
- Obtaining complete Parent Refusal of Health Services Form (CSB298) for those parents who refuse to give authorization for health services.
- Providing handouts for screening value results and guidelines as needed.
- Providing exclusion letters at the direction of the Site Supervisor.

CHDP Assessment Guidelines for Blood Pressure Readings:

Further evaluation or follow-up is indicated for a child who sustains a systolic or diastolic reading at or above the 95th percentile for age and gender (measured on at least 3 occasions and averaged together). If results are entered in CLOUDS as “Abnormal”, a CLOUDS health referral is generated and follow-up in completed as needed.

| Age in Years | 90 th and 95 th PERCENTILE BLOOD PRESSURE ACCORDING TO AGE and GENDER | | | | | | | |
|--------------|---|-------|-----------|-------|----------|-------|-----------|-------|
| | Boys | | | | Girls | | | |
| | Systolic | | Diastolic | | Systolic | | Diastolic | |
| | 90th% | 95th% | 90th% | 95th% | 95th% | 95th% | 95th% | 95th% |
| 3 | 107 | 111 | 68 | 73 | 73 | 73 | 73 | 73 |
| 4 | 108 | 112 | 69 | 73 | 73 | 73 | 73 | 73 |
| 5 | 109 | 113 | 69 | 74 | 74 | 74 | 74 | 74 |

Blood Lead Levels:

Provide nutrition resources and lead education materials if child's lead blood level is 4.5 or greater. If the

lead level is 9.5 or greater a referral must be made to the Comprehensive Services Health Manager.

Comprehensive Services Assistant Manager is responsible for:

- Tracking receipt of Well Child Check for children ages 0-5 years old on an ongoing basis, in accordance with the EPSDT Schedule and in collaboration with the Site Supervisor.
- Reviewing all physicals with known or suspected health conditions/disabilities immediately upon receipt of exam.
- Communicating with the parent immediately when problems are suspected or areas of concern arise.
- Tracking referrals and follow-up.
- Initiating care plans with providers as appropriate.
- Conducting follow-up with parents on an ongoing basis.
- Ensuring completion of parental consents and documentation of parent refusal of health services.
- Conducting follow-up with providers to obtain documentation to complete the exam per the EPSDT Schedule or to obtain follow-up information.
- Monitoring physical exam due dates to ensure compliance with the EPSDT Schedule.
- Coordinating with parent and Site Supervisor to set up family meetings as needed.

Site Supervisors are responsible for the following:

- Notifying the parent of the 30-day Well Child Check (CSB207) requirement at enrollment.
- Tracking receipt of the initial Well Child Check (CSB207) for children 0-5 years.
- Ongoing tracking receipt of Well Child Checks for children 0-5 years in accordance with the EPSDT Schedule.
- Ensuring that no child is in the program without a physical past 30 days (one extension allowed with documentation of a pending appointment).
- Directing clerks to prepare exclusion letters as necessary.
- Issuing Notice of Action (NOA) for children in state-funded programs that have not complied with requirements.
- Referring families who need assistance in accessing care to the Comprehensive Services Team.
- Reviewing the physical exam for each child and calling for a family meeting when appropriate.
- Working with teaching staff to ensure child's medical and developmental needs are addressed appropriately.
- Ensuring implementation of care plans.

Comprehensive Services Health Manager is responsible for the following:

- Supporting staff and families through the family meeting process for complex cases as needed.
- Interfacing with community partners to obtain health education, services, assistance and follow-up.
- Reviewing CLOUDS Reports to ensure compliance with health requirements.
- Maintaining a Health Services Advisory Committee that includes Head Start parents,

professionals and other volunteers from the community to address the health concerns impacting CSB's children and families and to gain knowledge of current health opportunities available to families and children in the community.

iv. Dental Exam

Comprehensive Services Clerks are responsible for:

- Informing parent of the 90 day dental exam requirement upon enrollment.
- Educating the parent about the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule for Dental/Oral Health Care.
- Providing parent with the dental exam form (CSB-206).
- Providing a list of dental providers/insurance options to the parent and providing support as needed.
- Tracking dental exam due dates on an ongoing basis.
- Preparing reminder letters and contacting parents regarding dental exams and treatment needed.
- Date stamping the dental exam on the bottom right hand section under "Date Received", upon receipt and review of the form and entering "Date Obtained" on the Dental Tab in CLOUDS.
- Entering dental exam data into CLOUDS upon receipt and documenting data entry in CLOUDS by placing signature and date in the "CSB Staff Follow-up" section at the bottom of the exam.
- Collecting consents for release of information as needed.
- Generating referrals for children without dental care access, with treatment needed or with non-compliance issues as needed and documenting referral follow up under referral/ case notes.
- Tracking dental treatment follow-up on the Dental Exam (CSB206) and documenting "Receiving Treatment" and/or "Treatment Complete" in CLOUDS on the Dental Tab.
- Obtaining parental dental consents for release/exchange of information and onsite dental services and events.
- Obtaining complete Parent Refusal of Health Services Form (CSB298) for those parents who refuse to give authorization for oral health services

Comprehensive Services Assistant Managers are responsible for:

- Monitoring dental exam due dates on an ongoing basis.
- Following up to ensure treatment plans are in progress, ongoing or complete.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings for oral health education, dental access, non-compliance issues, etc.
- Assisting the Comprehensive Services Manager with coordination of exams by volunteer dentists/mobile dental care, and other oral health events/services.

Site Supervisors are responsible for:

- Collecting dental forms and forwarding them to Comprehensive Services Clerks.
- Coordinating with the Comprehensive Services Assistant Manager and parent to schedule and attend family meetings regarding oral health as needed and keeping teachers informed with

updates.

- Coordinating with Comprehensive Services and teaching staff to support onsite dental activities/trainings/events.

Comprehensive Services Health Manager is responsible for:

- Support staff and families through the family meeting process for complex oral health issues.
- Reviewing CLOUDS Reports to ensure compliance with oral health requirements.
- Coordinating volunteer dentists, mobile services and oral health events on an ongoing basis.
- Collaborating with the Children’s Oral Health Program, Contra Costa Dental Society and other community partners, for oral health education, services, assistance and follow-up.
- Ensuring Health Services Advisory Committee participation in addressing the oral health concerns currently impacting CSB’s children and families.

v. Staff Protocol for Dental Referrals if Treatment is Needed

Comprehensive Services Clerk is responsible for:

- Generating a dental referral and updating the status as needed in CLOUDS.
- Determining dental insurance status for treatment needed and providing contact information for local community dentists/clinics, the current schedule for mobile dental services in the community, and Covered California or other insurance resources to ensure treatment completion for all children including those in need of, or unable to obtain dental insurance and those with unaffordable co-pays.
- Providing the parent with “Dental Exam/Treatment” Form (CSB206).
- Obtaining parental consents as needed.
- Obtaining documentation of Parental Refusal of Health Services (CSB298) as needed.
- Entering contact information and date referral information was provided in CLOUDS Dental Referral Case Notes (indicating status “in progress”).
- Following-up with the parent (within 2 weeks) regarding the status of scheduled appointment and frequently thereafter until treatment is complete.
- Entering each follow-up activity in CLOUDS Dental Referral Case Notes and once treatment is finished enter status “complete”).
- Referring to the Comprehensive Services Assistant Manager if the family has exhausted all options without success.

Comprehensive Services Assistant Managers are responsible for:

- Monitoring CLOUDS reports to identify children in need of dental services, referrals and follow up.
- Communicating immediately with parent upon identification of oral health concerns.
- Following up with the Comprehensive Services Clerks and the parent to assist with extended “in progress” referrals.
- Coordinating with Site Supervisor and parent to schedule and attend family meetings regarding oral health as needed.
- In cases where the co-pay is unaffordable or the child is not eligible for insurance and parent cannot afford treatment, referring to providers such as local clinics, mobile dental services, the Children’s Oral Health Program, Give Kids a Smile dentist, and the Children's Dental Health

Foundation.

- Entering status/follow-up data in CLOUDS Dental Referral Case Notes.
- Referring to the Comprehensive Services Health Manager if services for treatment cannot be provided or treatment is unaffordable.

Comprehensive Services Health Manager is responsible for:

- Collaborating with community partners to provide services on site or through local dental offices, mobile dental vans and dental events.
- Initiating the request process for Head Start funds (last resort) - working with Comprehensive Services Assistant Manager to acquire treatment estimate, letter from parent, date of dental appointment and additional documents needed.
- Reviewing CLOUDS Reports to ensure compliance with dental treatment follow-up.
- Attending family meetings for complex cases.

vi. Medical/Dental Home

Comprehensive Services Clerks are responsible for:

- Consulting with parents through use of the Health History to determine within 30 days after child attends the program or, for the home-based program option, receives a home visit, whether or not each child has ongoing sources of health care provided by a health care professional that maintains the child's health records and is not primarily a source of emergency care.
- Assisting families with gaining access to a source of ongoing and continuous care and navigating the managed care system to access services as needed and as soon as possible.
- Documenting Medical/Dental interventions and health/oral health coverage in CLOUDS within 90 days of enrollment.
- Providing ongoing support for families in need of a medical/dental home.

Comprehensive Services Assistant Managers are responsible for:

- Supporting clerks with families that are facing barriers to medical/dental home access.
- Monitoring CLOUDS reports on an on-going basis to identify children in need of a medical/dental home.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings regarding medical/dental homes.

Comprehensive Services Health Manager is responsible for:

- Collaborating with community partners to obtain access to medical/dental homes for CSB families.
- Reviewing CLOUDS Reports to ensure compliance with medical and dental homes.
- Calling upon advocacy organizations to address any gaps in service or access.

C. Developmental, Sensory, and Behavioral Screening

All children are screened by the teaching staff in the areas of social emotional development and cognitive development including children with an IEP/IFSP, and as needed, by the Comprehensive Services Team for hearing, vision, and nutrition, within 45 days of class entry. Parents should be informed about all upcoming screenings and their purposes in advance. Results of the screenings are used as part of the individualization process for each child.

It is the Site Supervisor's responsibility to work with the teacher and Comprehensive Services Team to ensure that ASQ-SE and ASQ-3 screenings are completed within 45 days of class entry.

The teacher places completed ASQ-SE and ASQ-3 Screenings in the Education section of the child's file and enters screening data in CLOUDS. Teachers give each child time to adjust to the new environment before rescreening if necessary.

1. Protocols for Sensory (Vision and Hearing) Screening

Evidence-based vision and hearing screenings are to be completed within 45 days after the child first attends the program or for home-based program option, receives a home visit, for children who do not have results as part of their Well Child Check and for returning children, as needed, based on the EPSDT schedule.

Comprehensive Services Assistant Manager is responsible for:

- Identifying those newly enrolled children in need of initial screenings, returning children in need of screenings based on the EPSDT schedule and re-screenings due within two weeks of the initial screening through use of CLOUDS Smart Reports.
- Coordinating screening team logistics for Comprehensive Services Clerks to administer screenings on an ongoing basis.
- Notifying the Site Supervisor of the upcoming screening schedule with a minimum one week notice. Note - One week notice may not apply for children absent on the initial screening date.
- Directing Comprehensive Services Clerks to input data results in CLOUDS, preparing referrals as needed and providing follow-up until treatment is established and complete.
- Communicating immediately with parent upon identification of screening concerns.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings regarding sensory screenings.
- Tracking referrals to physicians and providing ongoing assistance to clerks and parents until testing/treatment is established and the referral is complete.
- Ensuring the completion of the health section of the Screening Results Form (CSB212) within 75 days of enrollment.
- Completing vision and hearing screening certification courses as soon as possible after hire.

The Site Supervisor is responsible for the following:

- Obtaining a screening schedule from the Comprehensive Services Assistant Manager and providing a schedule for teaching staff.
- Providing teaching staff with the screening preparation curriculum.
- Monitoring the implementation of screening preparation in the classroom curriculum and on

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the lesson plan.

- Providing an appropriate screening area on site for the administration of screenings.
- Designating teaching staff to accompany children to and from designated screening location.
- Coordinating with Comprehensive Services Assistant Manager and parent to schedule and attend family meetings regarding screenings.
- Ensuring the completion of the education section of the Screening Results Form (CSB212) within 75 days of enrollment.

Teaching Staff is responsible for:

- Implementing screening preparation curriculum in the classroom.
- Including screening preparation on the lesson plan. Note – In an effort to complete all screenings within the 45-day deadline, it is important to include screening preparation into the lesson plan for the first week of school for part year programs and two weeks prior to July 1 for year round programs.
- Providing flexibility with the classroom schedule to support Comprehensive Services in completing the screenings.
- Introducing Comprehensive Services Staff to children on the screening day.
- Assisting Comprehensive Services with gathering children to be screened, tracking children as they are removed from and re-enter the classroom and accompanying children to and from the screenings as directed by Site Supervisor.
- Completing the educational areas of the Screening Results Form (CSB212) including the Behavioral Screening (ASQSE) and Cognitive and Language Screening (ASQ3) and signing in the designated area.
- Assisting with the distribution of Screening Results Forms (CSB212) to parents.

Comprehensive Services Clerks are responsible for:

- Engaging parents in conversation about the importance of screenings.
- Notifying parents of dates and screenings to take place through one-on-one conversation and by posting flyers on site, one week in advance of the screening days.
- Reviewing reports of children to identify those that need to be screened.
- Verifying consents for screenings on the Health History forms of those children to be screened.
- Obtaining additional consents for screening to be administered by collaborative agencies as needed.
- Obtaining documentation of Parent Refusal for Health Services (CSB298).
- Obtaining equipment needed and setting up screening tools on site.
- Introducing screening staff to the classroom teaching staff and allowing teaching staff the opportunity to introduce the screening staff to the children.
- Encouraging teachers to assist in choosing the order in which the children will be screened. Note: those children unwilling to participate will be given future opportunities and parents and/or staff may be encouraged to accompany the child to complete needed screenings within the 45-day deadline.
- Partnering with teaching staff and Site Supervisors to accompany children to and from the classroom and the location of the screening administration.
- Administering the vision and hearing screenings and, noting results on the Hearing and Vision Screening Tracking Form.
- Cleaning up the equipment and leaving the area as it was found.

- Maintaining sensory screening results on the Hearing and Vision Screening Tracking form in a binder onsite.
- Entering all screening data in CLOUDS and documenting screening results, re-screens and referrals.
- Informing the Comprehensive Services Assistant Manager and Site Supervisor of those children in need of re-screening.
- Administering re-screenings within two weeks of the initial screening and within 45 days of enrollment if the child did not pass or was unable to condition.
- Preparing referrals to physicians and in CLOUDS for those children identified as needing further evaluation.
- Contacting parents of children with referrals, offering resources for a medical/dental home/insurance and additional assistance as needed.
- Completing the Screening Results Form (CSB212) and ensuring that teaching staff has completed the education section of the form prior to making a copy for the file and distributing the original to the parent in a confidential manner within 75 days of the child's date of enrollment.
- Providing ongoing assistance for referrals and resources until each referral is complete.
- Completing vision and hearing screening certification courses as soon as possible after hire and prior to expiration of certification.

Comprehensive Services Health Manager is responsible for:

- Overseeing the monitoring of all sensory screenings, referrals and follow up.
- Coordinating annual Vision/Hearing Screening Trainings with CHDP.
- Attending family meetings for complex cases.
- Registering Comprehensive Services Staff in need of vision/hearing training and certification as soon as possible after hire and prior to expiration of certification.
- Coordinating screenings with collaborative agencies and notifying the Site Supervisor and Comprehensive Services Team of those screening dates and requirements.

D. Exams, Follow-Up and Treatment

Early medical/dental exams and other screenings enable parents and program staff to identify any concerns and respond in a timely manner. Whenever concerns are present the Comprehensive Services Team communicates with the parent immediately and works with the parent to obtain necessary follow-up services or treatment. Assistance is provided in the acquisition of equipment needed for medical/dental conditions and parents are educated regarding their child's specific condition and needs.

- Dental follow up/treatment includes preventive measures and further treatment as ordered by the dental professional.
- Medical Treatment includes treatment of any condition as identified on the physical exam, other health documentation from a health professional or the IFSP/IEP.
- Follow-up treatment for both medical and dental needs is tracked in the CLOUDS system using the referral feature and is referenced in the child's confidential file.

Where no resources exist in the community for follow-up and treatment, the program will pay for services as long as funds remain in the budget earmarked for this purpose. To access program funds, the

Comprehensive Services Team must document that all available resources have been exhausted and that program funds are being used as a last resort. This information, along with proof of need and the estimated cost for treatment, must be submitted to an Assistant Director for approval and submitted to the fiscal unit and the Bureau Director.

The protocols for Referrals, Follow Up and Treatment are as follows:

Comprehensive Services Clerk is responsible for:

- Generating a referral in CLOUDS as soon as a need is identified, with attention given to selecting the appropriate Referral Reason, Service Area and Status.
- Provide resources and referrals as needed.
- Assisting in collecting documentation needed for the referral.
- Entering related data into CLOUDS.
- Supporting parents throughout the referral process.
- Obtaining the Parent Refusal for Health Services (CS298) as needed.

Comprehensive Services Assistant Managers are responsible for:

- Monitoring CLOUDS reports and following up on referrals on a weekly basis.
- Coordinating with the Site Supervisor and parent to schedule and attend family meetings.
- Supporting families through the referral/family meeting process.
- Ensuring the updating of the status of the referral as it changes.
- Contacting the Comprehensive Services Manager for training or technical assistance as needed

Comprehensive Services Health Manager is responsible for:

- Providing training and technical assistance as needed.
- Supporting families and staff through the family meeting process for complex referrals.
- Providing reports and updates to the Assistant Directors as needed.

Assistant Directors are responsible for:

- Ensuring follow-up and corrective action plan completion.

E. Children with Disabilities- Screenings, Family Meeting and Referral Procedures

Early childhood experiences are known to shape the developmental outcomes for children. Trauma during the early years also affects long-term outcomes by impacting brain development, cognitive, physical, and social/emotional functioning. The Community Services Bureau has systems in place to mitigate these factors which include early screenings/assessments, family meetings and linkage with appropriate agencies to provide any/all necessary comprehensive services the child and family might need. Parents need to agree and provide a written consent (CSB501) prior to receiving referrals or linkages to any other agencies. Agencies closely working with the Community Services Bureau are: the Regional Center of the East Bay, the Contra Costa School Districts, the Contra Costa Children and Family

Services Bureau among others.

1. Screenings

The Community Services Bureau is committed to early identification of children at risk of developmental delays in order to provide the necessary early intervention that will lead to a better future for the child.

Prior to enrollment during the application period the child's file might be flagged using the Red and Yellow Flag System to alert the staff of known or suspected concerns based on the completed health history by the parent. The health history briefly screens children for possible health, nutrition, and socio-emotional and developmental risks.

Child's Physical Exams/Baby Well Checkups provide a great source of information and they are submitted by the parents within 30 days of enrollment and thereafter as required by the EPSDT schedule.

In addition, sensory and developmental screenings are provided to all enrolled children within 45 days of enrollment including children with an IEP/IFSP.

Children determined to be in need of further evaluation/assessment based on screening results, staff observations, and/or parent observation are referred to the appropriate agency with parental consent.

2. Data Gathering, Family Meeting and Referral

The Community Services Bureau staff follows the next steps when referring a child for a diagnostic assessment and early intervention to an outside agency.

i. Data gathering by CSB staff prior to family meeting

- The child's file and the CLOUDS system are reviewed to identify other related concerns.
- The developmental history taken at enrollment is reviewed. (It provides information regarding the child's history of exceptional items not normally occurring, i.e., low birth weight, allergies, premature and/or post-mature, difficult birth, accidents, eating behaviors, meeting milestones and/or other concerns).
- The medical records completed in the last 12 months are reviewed to identify health concerns or other relevant information given by the pediatrician.
- The sensory/cognitive screening and assessment results are reviewed and verified to ensure further evaluation if necessary.
- The Initial Home Visit form (CSB170) is reviewed to identify parent's concerns.
- The At Risk Referral Form (CSB622) is reviewed. CSB 622 form indicates that the child/family has as an open CFS case and is receiving Child Protective Services and childcare/development services are necessary component of the Child Protective Services Case Plan or the child/family has an At-Risk Case and is NOT receiving Child Protective Services, but is at risk of abuse, neglect or exploitation and childcare and development services are needed to reduce or eliminate the risk.
- Teacher/Site Supervisor/Disabilities Comprehensive Services Disabilities Manager observes the child in the classroom and produces written documentation about child's strengths and

challenges.

ii. Family Meeting

After gathering data, the site supervisor, teacher and CSAM review the strategies that will be presented to the parent in a family meeting.

The Site Supervisor and/or CSAM invite the parent/s to a family meeting to be held at the parent's convenient time and to identify if the parent will need an interpreter.

The CSAM invites the additional team members in collaboration with the site supervisor. The family meeting team members include but are not limited to the class teacher, the Site Supervisor, the assistant manager, content area managers, the interpreter, any other family friend/relatives, the physical therapist, the occupational therapist, the speech/language therapist, CFS welfare social worker and any other professional involved with the child/family receiving services.

The meeting is facilitated by the CSAM but can be led by other agency staff. The meeting is documented in the family meeting Form (CSB514) and/or directly entered in CLOUDS under "Disabilities-Family Meeting Information" attached to the Meeting/Event sign-in Sheet Form (CSB905). All participants are required to sign the CSB 905 form. These original forms will be placed in the child's file under the Special Needs Section.

The purpose of the meeting is to open communication relevant to the individual needs of the child, to provide strategies for the parent and to place necessary referrals to outside agencies for further evaluations. The family meeting is dismissed after identifying actions, roles and responsibilities for each member and scheduling a follow up meeting if necessary.

iii. Referral

The CSAM contacts the family for a follow-up within 30 and 60 days after submitting the referral to ensure proper evaluation meetings are in place, proper support is given to the parent in preparation of the diagnosis meeting, and ensure participation in the IEP/IFSP meeting.

Additional family meeting will follow up as needed and/or as determined in the initial meeting.

F. Parent Involvement in Health, Nutrition, and Mental Health Education

- CHDP consultants train parents and staff on prevention of common childhood illnesses. (Contra Costa County Health Services) MediCal representatives provide education and information to parents and staff on MediCal application procedures and the Managed Care system.
- Dental representatives train parents and staff on dental hygiene.
- A Mental Health Consultant trains parents and staff on early prevention/intervention of children's Severe Emotional Disorder, Behavior Disorders, and stress related behavior.

G. Child and Family Mental Health Services

1. Description

The Community Services Bureau Mental Health Unit provides individual psychotherapeutic services to children enrolled in the Early Head Start and Head Start program. The staff provides individual and group consultation to parents and teaching staff on child abuse, parenting skills, parent advocacy, developmental and mental health issues impacting the 0-5 year-old population and their caregivers.

The Mental Health Unit operates a comprehensive Master's level Internship Program in collaboration with Contra Costa County Health Services Department, Mental Health Division on a year-round basis.

The Contra Costa County Community Services Bureau program staff, partners with parents and mental health professionals, to identify mental health concerns of children and parents in the program. The task of the family meeting team is to:

- Ensure parental consent for Mental Health Consultation is present
- Ensure the delivery of appropriate mental health services in a timely manner
- Assist in designing strategies to identify mental health concerns of children
- Recommend appropriate placement and/or program modifications to meet the individual needs of children
- Support and include parents in the decision making regarding mental health services for their child

Goals of the Mental Health Unit

- The goals of the prevention activities provided by the mental health unit address self-concept, building positive relationships among children, their peers and their caregivers; developing coping and problem solving skills, and stress management.

2. Mental Health Services

The Mental Health Unit delivers the following services:

- Prevention, early identification and intervention in problems that may interfere with a child's development
- Developmental/Social and Emotional Screening (ASQ3 and ASQSE)
- Focus on early detection of concerns of caregivers, staff and children who may be in need of mental health services
- Mental health assessment
- Play Therapy (Individual Psychotherapy with children)
- Family Support
- Parent (Guardian) – Child Interaction Therapy
- Staff Training on mainstreaming and social integration techniques
- Parent Training on social, emotional and mental health development of children
- Parent Training on positive child rearing techniques and stress management
- Program evaluation and performance partnership review to ensure planning and delivery of excellent supports and services.

- Family Meeting
- Crisis Intervention
- Provide community resources to families
- Child Abuse and Domestic Violence awareness

The objectives of Mental Health treatment are to alleviate and resolve identified symptoms per a diagnosed mental health issue and medical necessity. The clinicians perform assessment and ongoing treatment based on a diagnosis by their licensed supervisor. The treatment is provided in accordance with the parent or legal guardian's consent; parents or guardians are encouraged to be active participants in the treatment planning process as outlined by the Head Start Performance Standards.

Services are individualized and are primarily provided at the preschool sites in dedicated play therapy rooms. The Clinical Team coordinates care of children, parents and families with other contracted and non-contracted county child and family service agencies while a child is enrolled in and transitioning out of Head Start. The hours of operation vary depending on the child's school program and individual needs. The clinicians provide some services in the early morning or evening to accommodate caretakers' work schedules. Additionally, all Mental Health staff is available via voicemail, and email through the Mental Health unit administrator.

3. Mental Health Referral Procedures

i. Mental Health Recommendations

Mental Health Staff collaborate with CSB health, disabilities, nutrition, and education colleagues and CFS to determine a child's need for a diagnostic evaluation. Diagnostic evaluations are recommended for all children who present with symptomatic behavior indicating signs of severe stress, social, emotional, educational, developmental delays and/or physical concerns.

A referral for mental health services can be requested by parents, teachers, Site Supervisors, Ed managers, CSAMs and clinicians. If recommendation is for referral to Mental Health services within Head Start/Early Head Start or other agency, the Education Staff or Comprehensive Services member will follow this protocol:

- A child observation is not required if the parent initiates and asks for mental health services for her child and a referral will proceed immediately. "Ed manager may do observation on this child after the referral is submitted if s/he feels the reason for the referral may be due to teaching practice and/or classroom environment."
- If a teacher has a concern about a child's behavior, she/he will inform the site supervisor. Site Supervisor must explore with teacher to ensure best practices including a Positive Guidance Plan (CSB 134B), if appropriate, has been implemented for the child before moving process with MH referral. Site Supervisor has 48 hours to inform CSAM, Ed Manager and Clinician whether MH referral is considered or not, and if not, a reason shall be given.

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- Site Supervisor, Ed Manager or Clinician can provide the observation to help determine if referral to MH is needed. Once all observation is completed and MH referral is needed, CSAM will notify the family for a family meeting to move forward with MH referral.
- Based on the agency identified for referral, the CSAM will explain in detail the requirements for their referral process, their timelines, and provide copies of the parent rights and responsibilities under IDEA to the parent. It is crucial that this portion be clear to the parent and an interpreter assist the parent with any clarification.
- The parent is encouraged to sign the Child Referral and Parent Consents Form (CSB501), only after understanding the referral process and his/her parent rights under IDEA. The assistant manager assists the team by providing the copy CSB501 form to be signed.
- For Mental Health referrals, the medical provider information is completed on the referral form and a copy of the child's Medical card (if insured) is attached. When a child is on a Positive Guidance Policy Step Letter and has a Positive Guidance Plan, a copy of this plan, the child's Ages and Stages Questionnaire – Social Emotional (ASQ-SE) and Development Screening (ASQ-3) is included with the referral.
- The Child Referral and Parent Consents Form (CSB501), is reviewed to ensure the document is correctly filled out after acquiring parent signature. Additional signatures are obtained from the Site Supervisor, Education Manger, and the Comprehensive Services Assistant Manager. A copy of this form (CSB501), is given to the parent, one to the assistant manager to process the referral and the original is placed in the file.
- The CSAM reviews the signed CSB501 and processes it immediately. Once verified referral receipt by phone with the appropriate School District, Early Intervention Agency, or Mental Health Unit, the assistant manager completes the Response to Referral Form (CSB502).
- The original form (CSB502) is placed in the child's file while the copy is given to the parent attached to additional relevant informational resources.
- The CSAM opens a referral in CLOUDS and enters the referral notes in the "Disability Intervention Referral", "Intervention Notification" and "Family Meeting Information" under the disability tab in CLOUDS. Copy of the family meeting (CSB514) or family meeting CLOUD's print out form is placed in the child's file.
- Any clinician who provides the service for a child must share their strategies that are being used with the child's teacher so the teacher can support the implementation of the strategies in the classroom for consistency.
- A regular case meeting will occur monthly or bi-monthly depending on the need (case by case) with the site supervisor, child's teacher, the clinician to follow through on the child's progress and update.

CSAM is responsible for:

- Entering the referral in CLOUDS to include:
 - Entering the reason for the referral in the comment section
 - Entering the 'Parent Consent for Release of info' as "Received" and entering the date

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- that the parents signed the form
- Entering the child's Medi Cal number in CLOUDS
- Faxing referral with cover sheet to confidential fax at CSB Mental Health Unit at (510) 374-7023 and including the following documents:
 - Complete Referral Form
 - MediCal Card or other insurance documentation
 - Positive Guidance Policy Step Letter and Positive Guidance Plan if on file
 - ASQ-SE (as available)
- Sending email or calling Mental Health Clerk to advise that referral is being faxed. Include the following information:
 - The child CLOUDS ID
 - If it is a high priority case and needs immediate attention, such as a CFS At-Risk referral, use the High Priority Flag on the email, and write in, "High Priority Case-Please process ASAP".
 - Updating CLOUDS data entry Changing referral status from "New" to "In Process"
 - Changing the referral status in CLOUDS from "In Progress" to "On Going" when a clinician has been assigned
- Adding extra notes under Case Notes as applicable
- Scheduling family meeting as needed
- Creating a new Referral in CLOUDS if there are no available case openings, the child is not eligible for Medical Services, or the parent declines services and an outside provider is available
 - CSAM will follow-up with the parent to see if they are receiving services. Update in CLOUDS Referral section and note when the child is actually receiving outside services
 - CSAM will continue to communicate with Site Supervisor and the Mental Health team regarding services or for support in providing referrals
- If parent fails to obtain outside services, CSAM will assist in finding services and check back periodically with MH clerk to see if CSB MH has case openings and is able to serve the child, CSAM, updates CLOUDS to reflect status of referral (Complete, Parent Refused).
- Notify Disability MH Manager, if services are going to be provided on site by an outside agency.
 - Obtain outside agency documentation and email copies to Disability MH Manager for review and service delivery approval.
- Obtain signed parental consent to release child to intervention services. (CSB 505)
- File proper related documents under the Special Need section of the child's file.

Mental Health Clerk is responsible for:

- Verifying if the child qualifies for services
- Entering Case Notes under CLOUDS referral, beginning with the date, and ending with her first initial and last name.
- Confirming referral receipt by sending an email to CSAM and Site Supervisor. The referral will

be processed and assigned to a mental health clinician who will perform an assessment and provide ongoing services if the child symptomatic behaviors meet medical necessity for treatment.

- Emailing the CSAM and Site Supervisor with child's CLOUDS # with the child's MediCal eligibility status and advising if services can be provided or if an outside referral is needed.
- Entering in the Mental Health Section of CLOUDS "Facilitated Referral"
- Sending an email to CSAM and CSB Site Supervisor to inform that the child's case has been assigned to a clinician and when services will begin.
- Entering the clinician assignment in the Mental Health section and Case Notes of CLOUDS
- Emailing the CSAM and Site Supervisor when a referral is closed or returned.
- Advising CSAM and Site Supervisor if there are no available case openings, the child is not eligible for Medical Services, or the parent declines services

In this case a second family meeting may be held to communicate with parent/guardian, and to provide support/follow up, and/or additional resources, and/or recommend a referral for outside services if appropriate.

Clinicians are responsible for:

- Contacting the child's parents to obtain informed consent and to start services
- Consulting with CSAM to advise and/or coordinate first parent contact meeting as appropriate
- Participating in family meetings as needed

Mental Health Clerk will update CLOUDS in the Referral Section, change status of the original referral and select "Complete" from the drop down menu and provide a brief explanation in Observation Comments Section.

ii. Mental Health Emergency/Crisis Referral Procedures

If a CSB Site Supervisor and/or CSAM believe that a child is experiencing and/or responding to an emotional crisis or emergency in their life and need urgent mental health intervention, the following people in this order should be notified before making a referral:

- Mental Health Clinical Supervisor East
- Mental Health Clinical Supervisor West
- Comprehensive Services Assistant Director
- Comprehensive Services Disability/MH Manager
- Cluster A Assistant Director
- Cluster B Assistant Director

The responding Mental Health Manager, Clinical Supervisor or Agency Manager will determine an appropriate intervention or course of action based on the level of crisis and an initial clinical assessment. If CSB Mental Health determines that the case needs specialized intervention that CSB cannot provide, the responding clinical supervisor/manager will assist site staff in the facilitation of an appropriate outside referral. If the CSB Mental Health team can provide treatment and the child is determined to be in crisis, a referral will be processed and treatment will be provided regardless of the child's MediCal eligibility.

The referral should be rushed through the current procedure; MediCal eligibility and/or health insurance information can be checked after the referral is faxed to the mental health unit

iii. Mental Health Professional Staff

The Mental Health unit employs licensed Clinical Supervisors and unlicensed Master's level staff working towards Marriage Family Therapist or Clinical Social Worker licensure and who are educated in children and families Mental Health. The staff strives to provide excellent early intervention to children and support services to parents that are designed to meet their specific needs.

The Mental Health unit attempts to employ staff to accommodate the linguistic and cultural needs of a diverse Head Start population. The unit is supported by a senior clerk and a team of CSB Comprehensive Services Assistant Managers CSAMs. The CSAMs facilitate the family meeting that might lead to child referrals for play therapy services.

To promote children's mental wellness, CSB develops collaborative relationships with local mental health agencies for the purpose of securing ongoing prevention, intervention, consultation, and direct services to the program's children and their families.

iv. Mental Health Services & Special Education Services Sign-In Protocol:

Mental Health and Special Education professionals must sign-in the visitor log at all CSB sites. Mental Health Clinicians and intervention professionals are responsible for:

- Signing the Site visitor log at each site when visiting and providing services to a child or attending a meeting. Only sign name/agency and do not identify self as a Mental Health provider to ensure client confidentiality and comply with HIPAA regulations.
- Adhering to appropriate classroom protocols when removing/returning child from/to classroom for play therapy services.

Site Front Desk Staff is responsible for:

- Ensuring that MH or other Early Intervention professional sign in the Site Visitor Log prior to providing services to the children on site.

Outside agency providing services at CSB sites:

- When an outside agency professional is going to provide services at a CSB site, the Disabilities- MH Comprehensive Services Manager must be informed immediately. Outside agency Professionals needs to be informed about Head Start and CSB Policies and Protocols prior to providing services at CSB sites.
- Site Supervisor or CSAM must obtain the following documentation from the outside agency professional.
 - Copy of Parental Consent to Child Release to Early Intervention Services (CSB 505)

- Copy of Parent Consent to exchange information with CSB Staff (CSB 503)
- Copy of Personal ID, work ID and Business card
- These documents need to be filed under the Special Needs Section of the child's file and copies submitted to the Disabilities-MH Comprehensive Services Manager for review and approval or service delivery.

CSAMs are responsible for:

- Informing Disability- MH Comprehensive Services Manager if an outside agency professional is going to provide services at a CSB site and professional's contact information for review.
- Collect copies of required consents and documents prior to allowing services delivered at CSB site.
- Communicate Site Supervisor of new professional providing services on site and coordinate safe and appropriate space for delivery of services
- Entering all Special Services in CLOUDS

v. Policy Regarding Response to Legal Situations

Description of CSB Policy Regarding Involvement in Custody Disputes by Treating Mental Health Clinical Staff:

- If there is a custody dispute involving the child who is receiving Mental Health services from CSB's Mental Health unit, it is the policy of this agency that the treating clinician or Mental Health Clinical Staff not get involved in such a custody dispute. This dispute may be between the parent and the system or between Social Services and the parent(s).
- Mental Health Clinical Staff are discouraged from writing letter or reports in support of either side in such a dispute. The treating clinician will serve their client best by staying neutral in a custody dispute. Taking sides opens the door for the clinician to be asked to testify in a court of law and expose confidential client information.
- If a parent (or Social Services) requests a written report about the child's treatment, and after a Release form has been signed by the parent, a short treatment summary should be composed and – upon approval by the supervisor – mailed to the child's parent ONLY.

vi. Description of CSB Policy Regarding Subpoenas

- Subpoena of Records: If a subpoena for records is served to the treating clinician, the clinician must attempt to have the child's parent sign a release form permitting the release of a treatment summary. If such a release cannot be acquired, the clinician must claim the Psychotherapist/Patient privilege. The court will then have to override the privilege and request the records.
- Subpoena to Appear in Person: If a subpoena to appear in person is served to the treating clinician, the clinician, upon consultation with his/her supervisor must also claim the Psychotherapist/Patient privilege. The clinician must not respond to or talk to any court

representative, serving officer, or lawyer for any party, without the special written permission of the child's parent(s) (or Social Worker for Social Services). If a Mental Health Intern gets served with a subpoena, he/she should contact his/her supervisor immediately for a consultation.

vii. On- Site Mental Health Consultation

The Mental Health Clinical Supervisor and Comprehensive Services Assistant Managers facilitate and make referrals for psychological assessments for children having potential emotional or behavioral problems with written parental consent.

The Mental Health Clinical Supervisor and Comprehensive Services Assistant Managers utilize the Directory of County Mental Health Providers to make referrals when appropriate and work with parents to obtain information on available school resources and services in the area of mental health, locating placement for individual children including securing psychological services.

Parents and staff collaborate in the planning of all mental health and educational services. The Mental Health Supervisor, clinical staff and Comprehensive Services Assistant Managers advise the site supervisor and educational staff on integrating mental health activities into the curriculum. Mental Health clinical staff collaborates with site supervisor and classroom teachers to implement strategies and plans related to social emotional curriculum. Periodic observation of children's behavior and classroom learning environment is performed. Family meetings are held to discuss the observations with education staff, parents and/or Comprehensive Services Managers.

The Mental Health Clinical Supervisor and clinical staff provide workshops to staff and parents on topics relating to child mental health, such as childhood depression, management of difficult childhood behaviors, stress management, recognition of child abuse, increasing children's self-esteem, and play therapy and positive parenting. Information is also provided to staff on identifying mental health needs, making mental health referrals and utilizing family meeting to facilitate a referral. The Mental Health Clinical Supervisor and clinical staff provide consultation at family meeting to discuss children who exhibit a typical behavior or emotional/behavioral needs.

viii. Additional Mental Health Supports

Staff and parent support group meetings are held to discuss child mental health parenting and caregiver issues and challenges. Family meetings are conducted a minimum of twice per year depending on the needs of the family.

H. Strategies for Behavior Management

The teaching staff must utilize positive guidance techniques and developmentally appropriate practices in managing children's behavior. Children respond differently to various intervention approaches, and have individual temperaments that staff must consider in behavior management. To help support positive guidance techniques, teachers will utilize the Early Childhood Teacher Self-Reflection Tool. Upon completion, teachers can continue to reflect on their own thoughts and teaching practices to support the classroom. In the fall, teachers will update and refresh their own self-reflection tool, as needed.

- At CSB any form of discipline or punishment that violates a child's personal rights is not permitted.
- "Time out" for children is not accepted as a strategy for dealing with inappropriate behavior.
- CSB will not expel or unenroll any child due to behavior. A temporary suspension may be implemented as a last resort in extraordinary situations. In such cases, CSB will provide the necessary resources to the family to assist the child in returning to full participation in the program.
- Incidents that include challenging and/or unsafe behavior are: aggressiveness, defiance, unexpected extreme emotional outbursts, or other sudden changes in behavior.

To support a positive behavior development, CSB implements the following strategies:

STRATEGY A-Teaching staff implement best practices including CSB's social-emotional curriculum for all children, Second Step.

STRATEGY B-Create Positive Guidance Plan with parent and site staff during a family meeting. If behavior continues, review and update the Individualized Positive Guidance Plan with parent and site staff in an additional family meeting.

STRATEGY C-When strategies A to B have not been successful; the Positive Guidance Policy Step Letter to Parents is implemented. Apply only when Strategies A and B have been implemented.

1. STRATEGY A-Implement Best Practices

Challenging or unsafe behavior is discouraged. The following strategies reflect best practices for responding to inappropriate behavior:

- Anticipate/eliminate potential problems
- Evaluate and adjust the environment
- Redirect child away from conflict or negative events to more positive activity
- Offer choices to child
- Assist child to learn logical and natural consequences of their actions
- Encourage respect for the feelings/right of others
- Encourage identification and healthy and socially acceptable ways to express emotion

- Encourage development of self-regulation and behavior control through positive reinforcement of prosocial behavior
- Maintain open communication with children’s care givers

Additional behavior management strategies include:

- Let children know what is expected and why – Inform children what the rules are, and the reasons for these rules. Let children help create classroom rules.
- Model and encourage expected behavior – Show children, with actions and words, what is expected. Praise children’s actions when appropriate.
- Respect children’s developing capacities – Ensure that expectations match/respect children’s developing capacities.
- Talk to children about their behavior on their level; listen and communicate caring concern about them as individuals.
- Review the classroom rules with the children or with an individual child and explain that they are important to keep everyone safe.
- Allow someone else to step in and help – If a teacher becomes frustrated, immediately ask another teacher/supervisor to help. (It is best to request another adult to take over until you can return to the classroom.)
- Observe/record behavior - especially recurring behavior – to determine factors involved in the behavior. Maintain a positive/loving attitude – Keep your sense of humor, do not focus on the difficult behavior. View the behavior and responses as opportunities to help children grow/learn.
- Discuss with children healthy ways to deal with anger, stress, and frustration.
- Invite the Education Manager to do an observation of the classroom and provide feedback in an effort to support the teachers work.
- Consider repeating a certain unit of the Second Step Curriculum that relates to the current concerns in the classroom.
- If little or no progress is made within two weeks of implementing these best practices, proceed to Strategy B. *However, if child demonstrates extreme, challenging or unsafe behavior, document outcome of the consultation with Education Manager in the child case notes section under the Positive Guidance category in CLOUDS. The education manager will assist in determining next steps.*

2. STRATEGY B - Positive Guidance Plan

When the above listed strategies are ineffective, the next step is for the Site Supervisor, with teacher support, to conduct a family meeting and develop an individualized Positive Guidance Plan (CSB134B). The Positive Guidance Plan, specifically areas 3 and 4 of the plan, will be created with the parent/family member during the family meeting. Steps include:

- Prior to the family meeting, consult with all key stakeholders
- Define the child’s strengths
- Define the child’s challenging/unsafe behavior concerns
- Partner with parent/caregiver through a mutual decision-making process to define how the family will be involved in guidance plan
- Develop strategies to redirect the behavior that include a timeline for behavior change,

classroom strategies and family involvement plans

- Develop strategies to reinforce the child's positive behavior
- Discuss other resources if necessary. For example: referral for mental health services, referral to school district or other local support for assessment and services
- Set timelines for plan implementation and progress
- If little or no progress is made within two to four weeks of implementing the Positive Guidance Plan, notify your Assistant Director and proceed to Strategy C, Positive Guidance Policy Step Letter to Parents. *However, if child demonstrates extreme, challenging or unsafe behavior, document outcome of the consultation with Education Manager in the child case notes section under the Positive Guidance category in CLOUDS. The Education Manager will assist in determining next steps.*

3. STRATEGY C- Positive Guidance Policy Step Letter

In compliance with Section #101223 of the Licensing Code, and in support of children's right to be treated with dignity and respect, the following covers our philosophy and methods for handling behavior of young children. Examples of incidents that include challenging and/or unsafe behavior are aggressiveness, defiance, unexpected extreme emotional outbursts, or other sudden changes in behavior.

If a child continues to display inappropriate behavior and previous interventions (Strategies A and B) have proven ineffective, CSB staff will implement the following four step Positive Guidance Policy (After each step, staff and parents are required to sign that each step has occurred). Ensure that your Assistant Director is informed throughout the process:

STEP 1: If the child continues to show challenging or unsafe behavior, the parent will receive an injury/incident report. The Site Supervisor will meet with parent during a family meeting to review the Injury/Incident report, review the Positive Guidance Plan that was previously created, offer resources as needed to help support your child at home and school.

At the Family Meeting:

- Review and sign Injury/Accident report if not done previously.
- Review and sign step one of the Positive Guidance Policy Step Letter to Parents form (CSB521).
- Review the previously created Positive Guidance Plan.
- If not previously offered, provide parent resources and/or linkages to consultation.
- Discuss if additional resources are needed.

STEP 2: If the child continues to show challenging or unsafe behavior, the parent will receive an injury/incident report. The Site Supervisor will meet with parent for an additional family meeting to review the child's Positive Guidance Plan and determine if changes or additional resources are needed. Referrals to a confidential consultation and support services will be offered.

At the Family Meeting:

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- Review and sign Injury/Accident report if not done previously.
- Review and sign step two of the Positive Guidance Policy Step Letter to Parents form. (CSB521)
- Review the previously created Positive Guidance Plan and provide resources and make adjustments as needed.
- Offer parent linkage to confidential consultation and support services

STEP 3: If the child continues to show challenging or unsafe behavior and the two previous steps are proving to be ineffective, the parent will receive an injury/incident report and additional strategies will be reviewed. Family support for the child in the classroom is now necessary. The Site Supervisor will immediately discuss the amount of family support needed during the day and how many days. An additional family meeting will be scheduled to discuss more permanent solutions.

At the Family Meeting:

- Review and sign the Injury/Accident report if not done previously.
- Review and sign step three of the Positive Guidance Policy Step Letter to Parents (CSB521)
- Discuss the family support in the classroom
- Discuss more permanent solutions, if needed

STEP 4: If the child continues to show challenging or unsafe behavior and the three previous steps are proving to be ineffective, the parent will receive an injury/incident report and a temporary suspension is necessary while additional supports are put in place. Educational materials will be given to the child to use at home during this time. CSB will support the family and child to return to the program as quickly as possible. Following the temporary suspension, and upon return to the classroom, an additional family meeting will be scheduled. Should the child continue to show challenging or unsafe behavior, CSB will support the family to transition to a program that better meets the child's needs. The length of the temporary suspension will be determined by the Site Supervisor and Assistant Director.

At the Family Meeting:

- Discuss transitioning the child back into the classroom
- Discuss the possible transition to program that better meets the child's needs

4. Behavior Management Tracking

- A running log is kept to strengthen the tracking ability by SS, AD, and CSB of each child's challenging behaviors and to ensure staff and children receive needed support timely. The log can be found on the Document Library under Education Documents and Resources.
- SS maintains log daily as needed in addition to making detailed case notes in child's file in CLOUDS.
- SS analyzes the log regularly for trends and checks that a *tiered approach* to address challenging behaviors was followed in accordance with "Strategies for Behavior Management" protocols, and address accordingly.
- SS submits the running log to their AD monthly with their monthly report.

- AD reviews logs monthly for trends and to ensure adherence with protocols, and submits log quarterly to Division Manager.
- Division Manger reviews quarterly log for trends and ensure adherence with protocols, and submits log quarterly to Bureau Director.

5. Family Meeting

i. Description

Family Meeting is a collaborative process involving parents, CSB staff, and other professionals for the purpose of developing, implementing, coordinating, monitoring and evaluating available and/or required services to meet children and family's needs. Open communication and promotion of the family and child's strengths are key elements to the Family Meeting process and essential to quality outcomes.

Family Meetings are not specific to support only children with disabilities or with social emotional behaviors but as comprehensive way of communicating with families as needs or concerns arise. These meetings are conducted to exchange information and to mutually develop the most appropriate action plan to support the family and the child.

These plans may include, but are not limited to, development of a Strength Building-Family Partnership Agreement (SB-FPA) with the parent(s), home visits, referrals to outside agencies or professionals, requests for additional information from outside agencies or professionals, and classroom placement decisions or modifications.

ii. Family Meeting Purpose

Family Meeting at CSB is strengths-based; enhances access to care and improves the continuity and efficiency of services. Depending on the specific setting and location, Comprehensive Services Managers are responsible for a variety of tasks, ranging from linking clients to services to providing the services themselves. Other core functions include outreach to engage clients in services, assess individual's needs, and arrange requisite support services (such as housing, benefit programs, job training, and advocating for parents rights and entitlements).

Family meetings can be called any time the need arises. However, to provide continuity of care to children receiving MH or disability interventions services, family meetings are conducted as a minimum twice a year.

iii. Family Meeting Facilitator Role

A family meeting facilitator serves as a liaison between the family and the service providers (other professional services including classroom staff. The case manager could meet with parents individually or as a multidisciplinary team; often at their respective sites, via telephone, or even in a casual environment, all for the purpose of enhancing communication between the present parties.

Family Meetings are best offered in a climate that allows direct communication between the family meeting facilitator, the parent, and appropriate program staff in order to optimize the outcome for all concerned. These meetings are always facilitated in a manner that is sensitive to the parent, child and family's needs, allowing the parent maximum opportunity for expression of their concerns, and help the parent develop advocacy skills. All concerns, agreements and process of the meeting are documented in

the Family Meeting Report (CSB514). At the end of the family meeting, necessary and appropriate resources are provided, as well as a copy of meeting decisions such as “Actions and Responsibilities” that parents and staff will implement to support the child. To support monolingual families, efforts are made to provide a prompt written interpretation of meeting Actions and Responsibilities.

Family meeting facilitators are knowledgeable about a variety of community services providers and are able to identify those providers and facilities that can best serve the family’s needs throughout the continuum of services, while ensuring that available resources are being used in a timely and effective manner for families. For example, parents in need of health-related support and services receive assistance in navigating the healthcare system and working with other outside agencies.

I. Family Meeting Team Members

It is essential not to overwhelm parents by inviting too many individuals to the meeting or having too many agenda items to discuss. Many issues being discussed at these meetings are complicated and can be emotionally difficult for parents. It is important to encourage the parent to bring an advocate if they feel it will help them better understand the information being discussed, or make important decisions. While starting the meeting, it is recommended to explain the meeting purpose and go over staff introductions including their roles and responsibilities, in an effort for the family to meet the staff and understand their roles.

1. The Family Meeting Team may include:

- Parent/s
- Teachers
- Site Supervisors
- Education Manager
- Disabilities Manager
- Mental Health Supervisor/Clinician
- Content Area Managers
- Comprehensive Services Assistant Manager
- Other community professionals such as a Pediatric Nurse, Psychologist, Speech Therapist, Resource Specialist, CFS Child Welfare/Social Worker, Public Health Nurse, Special Education Teacher, and/or Mental Health professional

2. Family Meeting Team Responsibilities as applicable to each meeting:

- Review staff introductions and purpose of the meeting
- To respect the civil rights of the parents, children and families involved.
- To provide a confidential and safe place for the child/family information to be discussed.
- To ensure that the child/family’s private information is protected and managed in accordance with all state and federal laws.
- To review and discuss assessment, evaluation results, placement and outcomes for children.
- Review and discuss appropriate placement or action to be taken.

- Establish time lines and types of service delivery.
- Develop and implement Strength Building-Family Partnership Agreements with parents.
- Meet on an ongoing basis to review and discuss progress of child.
- Review and evaluate Individualized Positive Guidance Plan.
- Ensure that a family-focused approach is taken to ensure service delivery
- Develop and implementing transition plans for children.
- Ensure that strengths of children and families are encouraged and considered in identifying expected outcomes for children.
- Ensure that family priorities, concerns, and resources are recognized and are part of the Strength Building-Family Partnership Agreement.
- Ensure that Actions and responsibilities are well documented and shared with the family.

3. Family Meeting process:

- Concerns are reported to the Site Supervisor
- Prior to the family meeting the Site Supervisors and teachers review the child's information in CLOUDS and file. Notes will be taken but will not be limited to health, dental, nutrition, screening results, disabilities, mental health, family services and parent involvement. All confidential mental health or other health records are stored in accordance with HIPAA.
- After files have been reviewed and the Site Supervisor considers the need for Family Meeting, the SS will inform the Comprehensive Services unit about the concerns.
- The Comprehensive Services Assistant Managers with the support of the SS arranges for a family meeting with the families to address concerns.
- Meeting team participation and meeting notes will be documented on CSB905 and CSB 514
- Meeting decisions such as actions and responsibilities will be shared so parent and staff will implement the items for follow up.

4. Referral for Inappropriate Behavior:

If a teacher is concerned about a child's consistent display of inappropriate behavior, the Site Supervisor should be informed.

The Site Supervisor, teaching staff, and Education Manager will observe the child in the classroom and complete documentation on their observations for use at a Family Meeting. A Family Meeting Team meeting must be scheduled to plan strategies on how to effectively meet the child's needs.

5. The Site Supervisor is responsible for:

- Requesting assistance from Education Managers to observe the classroom.
- Reviewing classroom observations and Individualized Positive Guidance Plan with the teaching staff prior to a Family Meeting Team.
- Discussing strategies/intervention techniques with teaching staff prior to the Family Meeting Team.

- Coordinating meeting with Comprehensive Services staff so key stakeholders could attend (CSB staff as well as any other professional involved with the child/family).
- During the Family Meeting, discuss intervention techniques and strategies to support the child's positive behavior. As needed, recommend mental health consultation/referral or referral for further evaluations under Local Education Areas LEAs.
- Support the team following the Family Meeting agreements.

6. If Applicable, the Nutritionist and Health Services Manager are responsible for:

- Gathering relevant information before the meeting.
- Writing nutritional plans for children and families

7. The Comprehensive Services Manager/Assistant Manager will be responsible for:

Gathering relevant information before the meeting: Inviting all applicable parties or individual advocates working on behalf of or providing services for child/parent (with parent consent), including but not limited to legal guardian, CFS Worker, Speech/language Therapist, Occupation Therapist, and Mental Health Therapist.

- Coordinating and gathering relevant information before the meeting. Including file review and classroom observations.
 - Creating an agenda to provide to all participants and keeping the meeting on time/track and have all participants sign-in.
 - Facilitating the meeting by supporting positive outcomes, facilitating referral as needed, sharing next step including roles and responsibility of the participants.
 - Keeping meeting documentation on child's file: Meeting Signing Sheet (CSB-905), Family Meeting (CSB 514) and if applicable consent for referrals (CSB 501).
 - Schedule a follow up meeting if needed to track team meeting agreement progress.

J. Child Abuse Reporting Policies

1. All CSB and Delegates Agencies will adhere to the following policies:

Children who are identified by Child family Services (CFS) as at-risk will be given the highest priority for intervention and placement in the school program; and make every effort to retain abused and neglected children and/or admit allegedly abused and neglected children referred by Child Protective Services (if the families are income-eligible)

- CSB and Delegates agencies will maintain secure and confidential records regarding child abuse and neglect in accordance with state laws and Head Start Performance Standards.
- All CSB, Sub-contractors, and Delegate Agency staff must adhere to Mandated Reporters Law- Child Abuse and Neglect Reporting Act as delineated under the Penal Code Section 11164- 11174.3

2. Child Abuse and Neglect Reporting Act- Penal Code Section 11164-11174.3 (Amended

Effective January 1, 2016.)

11164. (b) “The intent and purpose of this article is to protect children from abuse and neglect” and “to prevent psychological harm to the child victim”.

11164. As used in this article “child” means a person under the age of 18 years.

11165.2 -11165.6 These articles include all instances of child abuse such as: neglect, physical, sexual and emotional abuse.

11166. (a) a mandated reporter shall make a report to an agency specified in Section **11165.9**, whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written follow up report within 36 hours of receiving the information concerning the incident.

In compliance with penal code **11165.9** CSB, Sub-contractors and Delegate agency staff report reasonable suspect of abuse to the county Welfare department.

11166. (1) For purposes of this article, “reasonable suspicion” means that it is objectively reasonable for a person to entertain a suspicion. “Reasonable suspicion” does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any “reasonable suspicion” is sufficient.

11166. (2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

11166. (c) A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine.

11166. (h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

11166. (i) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

11166.01 Subdivision (c) of Section 11166, any mandated reporter who willfully fails to report abuse or neglect, or any person who impedes or inhibits a report of abuse or neglect, in violation of this article, where that abuse or neglect results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment. **(Amended. Effective January 1, 2007.)*

3. Procedures for Reporting Suspected child Abuse

- i. CSB staff in all divisions MUST report suspected child abuse or neglect IF:

- They have knowledge of it, or
 - They have observed it, or
 - They have reasonable suspicion of its occurrence or
 - They receive second-hand information of the suspected abuse
- ii. The report must be made as soon as the suspected abuse is noticed. Report of child abuse takes priority over other matters. In Contra Costa County, it is the responsibility of the local Welfare Department and the police to assess whether or not abuse has occurred.
- iii. CSB staff is encouraged to consult with their immediate supervisor for guidance and support prior to reporting. Staff may also call the Mental Health Unit for additional support at the following number: 925-890-7540 or 925-305-3564. However, reporting duties under this section are individual and no supervisor or administrator may impede or inhibit such reporting duties and no person reporting shall be subject to any sanction for making such report.
- iv. For the purposes of reporting, staff is encouraged to review the child’s file and data entered in CLOUDS. Particular attention should be made to Health History, physical exam, and Strength Building-Family Partnership Agreement (to become familiar with any details that may provide further explanation for the incident prompting suspicion of abuse or neglect).
- v. Reporting suspect of child abuse:
- In accordance with mandated reporting responsibilities and laws call:

| | |
|--|----------------------------------|
| Contra Costa Children & Family (Protective) Services Hotline Numbers | Hot Line (24 hours) 877-881-1116 |
| | West 510-374-3324 |
| | Central 925-646-1680 |
| | East 925-427-8311 |

- Complete a “Suspected Child Abuse Report” (CSB-510 or Form STAR SS 8572) within 36 hours after the report was made. The Person Making the report must sign the written report and provide the report to their site supervisor for filing.
- Mail or Fax the completed report (CSB 510 or Form STAR SS 8572) to:
Children and Family Services
400 Ellinwood Way
Concord, Ca 94523
Fax: 925-602-6981

Site Supervisor is responsible for:

- Maintaining and storing all CFS reports in a locked confidential file, which is separate from the child’s cumulative/educational file.
- Communicating with cluster AD and completing an Unusual Incident

Report to Community Care Licensing within 24 hours of the initial CFS call.

vi. Feedback to Reporter:

- A CFS investigation will be open. CSB staff is encouraged to participate in the process.
- After investigation is completed, the CFS will inform the mandated report of the result of the investigation. At the end, the reporting person's name will be kept confidential. Unless, legal actions are taken when the name will be revealed and the person might be called as a witness.

vii. CSB Mental Health staff is responsible for:

- Informing and consulting with their clinical supervisor.
- Providing a copy of the CFS report to the Mental Health Clerk and filing a report in the child's mental health file.
- Actively collaborating with Children and Family Services to coordinate delivery of necessary services to children and families to support family preservation, reunification and child/family mental health.

viii. The Comprehensive Services Managers, Health, Disabilities-Mental Health and Family Engagement will coordinate activities regarding the issues of child abuse/neglect. Their responsibilities are to:

- Provide training and consultation for staff and parents regarding identification/reporting of child abuse. The purpose of this training will be to educate participants that the abusing parents or caretakers need help and support - not punishment.
- Provide support and educational services to parents as a preventive measure to reduce the likelihood of an additional abuse/neglect occurrence.
- Provide training to parents and staff yearly on the significant aspects of abuse/neglect. Comprehensive Services Disabilities/Mental Health Manager will maintain documentation of such training.
- Establish liaison with Child Protective Services (which has legal responsibility for receiving reports of abuse and neglect).
- Collaborate with Human Resources to ensure that program staff is properly informed/trained on procedures for identifying/reporting suspected child abuse and neglect.
- Collaborate with Human Resources to ensure there is a signed document in each CSB program personnel file acknowledging that the person has been trained regarding child abuse and neglect.
- Ensure that information/training is provided for parents and staff on the legal requirements regarding reporting of abuse/neglect.
- Provide written explanation of the legal requirements of reporting (given to every parent when he/she enrolls in the program). Obtain a signed acknowledgment from the parent that he/she has received and understands

- the information. (CSB-360)
- Review annually child abuse reporting laws and update all employees on new requirements. Obtain signed Acknowledgement of review from each staff. (CSB- 508)
- Ensure that parents are provided ongoing educational opportunities to learn about positive parenting and child abuse prevention techniques.

Sub Part II. Child Nutrition

A. General Description-Identifying Children’s Needs

A comprehensive system of services are implemented to help prevent health problems and intervene promptly when they exist. Comprehensive services are responsible for identifying cases for nutrition referral, follow-up and arranging family meetings.

B. Nutrition Referral

1. Comprehensive Services Assistant Managers and Clerks perform the following:

- Review medical records, health histories and growth assessments.
- Identify nutrition risks following the guidelines listed below in the table.
- Initiate nutrition referral in CLOUDS.
- Update existing referrals in CLOUDS.
- Use the “What To Say and What To Do” protocol (see CSB Resource Center > Document Library > Comprehensive Services Documents and Training Resources > Nutrition) based on the specific nutrition risk when speaking with parents.
- Complete WIC/Food Stamp screening form with parent, and provide other nutrition resources as appropriate (weight, iron-rich foods, picky eater, lead poisoning, and other areas of concern).
- Encourage parents to attend nutrition presentations, such as at parent meetings.
- Document in CLOUDS all actions/services provided to parent.
- Initial and date all documentation.

2. Guidelines for Identification of Nutritional Risk:

i. Iron Deficiency Anemia – Criteria

| Criteria for Providing Nutrition Information to Child’s Parent | | | |
|--|------|--------------|--------------|
| Age / Years | Sex | Hgb | Hct |
| 0 to 5 | Both | 11.0 – 11.5 | 33.0 – 34.0 |
| Criteria for Initiating Nutrition Referral and MD Referral | | | |
| Age / Years | Sex | Hgb | Hct |
| 0 to 5 | Both | 10.9 or less | 32.9 or less |

ii. Diabetes

- If child has been diagnosed with diabetes, obtain “Child Diabetes Care Plan” from child’s MD.
- If child requires blood glucose testing or glucagon for emergency life saving measure, Community Care Licensing requirements must be met prior to enrollment.

iii. Underweight

Input child’s height and weight under Growth Assessment in CLOUDS to determine nutritional status. Refer any child with considerable underweight status.

If child’s status is slightly underweight and there is a family history of small stature, a nutrition referral should not be made. If CLOUDS triggers an automatic referral, click “no referral needed,” and explain why under comments, unless there are additional concerns such as:

- Failure to thrive
- Developmental disabilities
- Anemia

For infants, initiate nutrition referral if following values are determined after plotting on the growth chart:

- Weight-for-age < 3-5%
- Weight-for-length < 5%
- Head circumference < 5%

iv. Overweight & Obese

To effectively manage children’s nutritional concerns follow-up must be monitored through resolution of the problem. Assigned staff is responsible for the following.

- Comprehensive Services Clerks:
 - Hand out resources and enter resource titles in CLOUDS
 - Follow steps as indicated on the “What To Say and What To Do” protocol (see CSB Resource Center > Document Library > Comprehensive Services Documents and Training Resources > Nutrition).
- Comprehensive Services Assistant Managers:
 - Monitor to make sure follow-up is completed.
- Site Supervisor and Partner Agency Staff:
 - Obtain updated list of Overweight and Obese children from Comprehensive Services Clerks.
- Teachers:
 - Model correct portion sizes of food for children, i.e., teachers do not serve themselves adult sized portions.
 - Monitor children's food consumption during meal time and assist children in making healthier choices if needed.
 - If a child is extremely underweight or obese, staff will follow policies and

procedures related to reporting suspected child abuse and neglect. Nutrition Manager and Health Services Managers are available for consultation as needed.

v. Picky Eaters

When picky eaters are identified, Comprehensive Services Assistant Managers and/or Clerks are responsible for providing the nutrition handout to parents, and for documenting actions and parent conversations in CLOUDS in the comment section under Health History. No referral is needed. However, if child is identified as a picky eater and there is another nutrition issue then a referral is needed.

- **Comprehensive Services Clerks:** Inform CSAM that a family meeting is needed due to child being a picky eater and having another nutrition issue such as obesity, overweight, or anemia.
- **Comprehensive Services Assistant Manager:** Schedules family meeting with Nutrition Manager and any other managers who may be needed.
- **Site Supervisors:** Inform CSAM so that a family meeting may be called, once site supervisor is aware that child is a picky eater and has another nutrition issue such as obesity, overweight or anemia.
- **Teachers:** Inform Site Supervisor, Comprehensive Services clerks or CSAMs.

vi. Tube Feeding

If child requires gastrostomy-tube care Community Care Licensing requirements must be met prior to enrollment. A family meeting takes place prior to Community Care Licensing notification and prior to enrollment into a CSB program.

vii. Special Meals and/or Accommodations

If dietary modifications are indicated based on a child's medical or special dietary needs and/or religious/personal/cultural belief, the Nutrition Manager will modify or supplement the child's diet on a case-by-case basis, in consultation with parents and the child's medical provider.

viii. CSB is a Peanut-Free Program

Each CSB center is designated a Peanut-Free Zone. CSB does not serve foods that contain peanuts due to their increasing health risk for young children. Peanuts are currently the leading food-related cause of severe life-threatening allergic reactions.

ix. Food Allergies and Special Diets

When food allergies and special diets are identified, the following will apply to Comprehensive Services Assistant Managers, Clerks, Site Supervisors, and Site-Based Clerks:

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- Identify food allergy/intolerance or need for special diet if any.
- Immediately give parent a “Medical Statement to Request Special Meals and/or Accommodations” (CSB401). This form is to be used only for food allergies and/or intolerances, and is not complete without the designated healthcare provider’s signature.
 - Use "Request for Special Meals Due to Cultural, Religious, and/or Personal Beliefs" form for non-medical special diets (CSB403). This form is not to be used for personal food preferences.
 - Submit completed forms to Nutrition Office two business days prior to child’s first day. Original to be kept in child’s file, with a copy sent to Nutrition Office.
 - All parties will communicate directly with others involved to keep them informed
- 3. Schedule family meeting before child starts in the program if food allergy is life-threatening or if several different food items are restricted so that meal pattern becomes unbalanced.

Site Supervisor or assigned staff must:

- Check latest meal modification to confirm accuracy.
- Post meal modification weekly in each centers kitchen and classrooms, with names covered for privacy.
- Review meal modifications and address any questions to the Nutrition Office.
- Immediately inform the Nutrition Office when children who need meals modified have left the program or have moved to another classroom.

Teaching staff must:

- Check latest meal modification daily to confirm accurate food preparation and delivery.

Comprehensive Services Assistant Manager must:

- Write family meeting case notes in CLOUDS so that all relevant parties will be informed.

Nutrition Clerk is responsible for:

- Adding and maintaining each center’s records of children in the Food Allergy or Food Restriction List.
- Forwarding copy of list to center.
- Updating list as information is received from Site Supervisor or Comprehensive Services for children who are enrolled or dropped from program.
- Updating and keeping Meal Modifications on file.
- Sends out weekly Meal Modifications to centers.

The Nutrition Manager is responsible for making any food modifications/substitutions.

When a recommended food item is not available:

- The Nutrition Manager will be immediately notified by FS Worker III, Food Operations Supervisor, or AD. The Nutrition Manager will provide an alternate food substitute.

- If the Nutrition Manager is not available, the Food Operations Supervisor will check past meal modifications to determine appropriate substitution. The Food Operations Supervisor will inform kitchen staff of change.
- The Food Operations Supervisor will also inform the Nutrition Manager when substitutions have been made.
- If the Food Operations Supervisor is also not available, the Supervising AD will check past meal modifications to determine appropriate substitution. The Supervising AD will then inform kitchen staff of change.
- The Supervising AD will also inform the Food Operations Supervisor and Nutrition Manager when substitutions have been made.
- The Nutrition Office will inform Site Supervisor or assigned staff of food substitutes.
- Kitchen staff is not to make any substitutions without approval from Nutrition Manager, Food Operations Supervisor, or Supervising AD.

Heights and Weights:

As part of nutrition screening, heights and weights must be taken regularly by designated staff to determine the nutritional status of each child.

The Child's Teacher is responsible for:

- Taking heights and weights every March and November of all preschool children currently enrolled.
- Following height and weight protocol when filling out Height & Weight Log (CSB430).
- Using Height & Weight Log to monitor and ensure healthy growth of all children.
- Comprehensive Services Clerks are responsible for:
 - Taking heights and weights of all newly enrolled preschool children within their first 30 days of enrollment.
 - Promptly recording heights and weights in CLOUDS from the Height & Weight Log completed by the teachers.
 - Returning Height & Weight Log to Site Supervisors for grantee and Site Directors for the partners.
 - Plotting Early Head Start length-for-age, weight-for-age, and head circumference-for-age on growth chart whenever information is available on well baby exam based on periodicity schedule.

C. Child Adult Care Food Program (CACFP)

1. General Description

To ensure our participation in the USDA Child Nutrition Program, the following must be accomplished by assigned staff:

- The Food Operations Supervisor (or designee) will be a second eye in checking to ensure accuracy after receiving original enrollment rosters from site supervisor (or designee).

The Nutrition Clerk or designee is responsible for:

- Verifying in CLOUDS that the current enrollment rosters are correct. The clerk will send the enrollment roster to site supervisors for verification.

The Site Supervisor or designee is responsible for ensuring enrollment totals are correctly calculated and entered into the claim for reimbursement:

- Completing CACFP form (s) before child attends school, or upon enrollment.
- Completing CACFP enrollment document.
- Filling in days and hours child attends and types of meals served to child while in attendance.
- Ensuring enrollment document is signed and dated by the parent.
- Parent's completion of Meal Benefit form for child(ren) being enrolled, and for signing Meal Benefit form.
- Determining eligibility using current eligibility guidelines.
- Collecting enrollment document and meal benefit form from July 1st to October 31st.
- Sending CACFP form (s) and CACFP enrollment document to the Nutrition Office.
- Checking the enrollment roster to make sure the correct entry of names and numbers of children are on the list, i.e., the names and numbers of the children currently enrolled has been certified.
 - Sending checked enrollment roster to the Nutrition Clerk by the expected due date.
- Completing Enrollment Eligibility Roster each month, which includes:
 - Listing new children for the current month.
 - Determining whether child is free, reduced or base.
 - Marking whether child is in Head Start.
 - Listing child's certification date.
 - Listing children who have dropped for the current month and the drop dates.
 - Sending monthly Enrollment Eligibility Roster to Nutrition Office by the 5th of each month.

2. Nondiscrimination in Child Adult Care Food Program Services

Community Services Bureau Head Start will comply with Title VI and Title VII of the Civil Rights Act of 1964. Title XI of the Educational Amendments of 1972, Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

Each center will prominently display the And Justice for All poster. Staff will receive annual training on Civil Rights requirements and on handling Civil Rights Complaints. Nutrition Office will monitor and oversee training.

The most current version of the nondiscrimination statement will be used on all CSB forms of communication made available to the public regarding program availability, except for menus. The appropriate nondiscrimination statement is to be used and it must be prominently displayed on the document and be the same text size.

The short statement “This institution is an equal opportunity provider.” can be used on flyers, posters, or documents that are one page by nature, in a font size no smaller than the text size.

D. Child Adult Care Food Program (CACFP) Monitoring

To ensure compliance and meet CACFP requirements, all grantee sites must be monitored three times a year.

Nutrition Manager's responsibility:

- Unannounced monitoring of mealtimes.
- Conducting CACFP Facility Reviews at each center three times per academic year.
- Using CACFP Centers Facility Review form (see Form CSB440).
- Reporting findings to Site Supervisor or designee immediately after monitoring.
- Sending findings to the Assistant Directors.
- Filing CACFP Center Monitoring Review Report form at Nutrition Office.
- Following up to confirm completion of corrective action within 60 days of findings.
- Completing CACFP 5-day reconciliation to ensure accuracy of meal claims by each site.

Site Supervisors responsibility:

- Implementing corrective actions and/or responding to monitoring report within 2 weeks.
- Sending the Nutrition Manger documentation of the corrective action plan and date of completion, e.g. Individual/Small Group Conference form or agenda and sign-in sheet for verification of corrective action completion.
- Writing corrective action plan based on recent findings.

Sub Part III. Child Health and Safety

A. Daily Health Inspection

The teacher is mandated by Community Care Licensing to perform a daily health check of each child. The daily health check is performed when greeting the child and parent as they arrive. Parents are requested to remain present while the teacher performs this assessment. The Daily Health Inspection is a head-to-toe check of emotional and physical well-being. This is an effective tool to develop a baseline of what is normal for each child. This exercise helps the teaching staff reduce the spread of illness and establish rapport with the child and parent each day. It is important that this health check be conducted in the form of a greeting and that no invasive inspection, such as lifting clothing, or discussing findings out loud in front of others, should take place. For preschool classrooms, teaching staff will complete in CLOUDS use the Daily Health Check log (CSB230) to document completion of the Health Check for each child in attendance. For infants, the daily health inspection includes a diaper change and is documented on the Daily Communication Form (CSB155). Teachers must also observe the child throughout the day.

To complete a daily health inspection, the teacher will do the following:

1. Listen: Greet the child and parent.

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- Ask child the following question: “How are you today?”
 - Ask parent the following questions: “How’s (name of child)?”
2. “Was there anything different last night?”
 3. “How did he/she sleep?”
 4. Listen to what the child and parent tell you about how the child is feeling. If the child can talk, is he/she complaining of anything? Is he/she hoarse or wheezing?
 5. Look: Get down to the child’s level so you can see him/her clearly. Observe signs of health or illness:
 - General appearance (e.g., comfort, mood, behavior, and activity level)
 - Is the child’s behavior unusual for this time of day?
 - Is the child clinging to the parent, acting cranky, crying, or fussing?
 - Does he/she appear listless, in pain, or have difficulty moving?
 - Is the child coughing, breathing fast, or having difficulty breathing?
 - Does the child look pale or flushed?
 - Do you see a rash, sores, swelling, or bruising?
 - Is the child scratching his/her skin or scalp?
 - Do the child’s eyes look red, crusty, goopy, or watery?
 - Is there a runny nose?
 - Is he/she pulling at his ears?
 - Are there mouth sores, excessive drooling, or difficulty swallowing?
 6. Feel: Gently run the back of your hand over the child’s cheek, forehead, or neck.
 - Does the child feel unusually warm, or cold and clammy?
 - Does the skin feel bumpy?
 7. Smell: Be aware of unusual odors.
 - Does the child’s breath smell foul or fruity?
 - Is there an unusual or foul smell to the child’s stools?
 - Pay particular attention to a child who has been absent or exposed to contagious disease.

After doing the health check, teacher must now use findings to determine if the child looks healthy or sick. Use this chart to identify signs of health and illness:

| | Looking Healthy | Looking Sick |
|--------------------|---|--|
| General Appearance | Comfortable Cheerful, responsive Active, playing Behavior appropriate for child and time of day | Excessive crying, clinginess, fussiness Doubled over in pain, unable to move Listless, lethargic, unresponsive No appetite Vomiting, diarrhea |

| | | |
|-----------------------------|---|---|
| Breathing | Breathing slowly Relaxed Quiet | Breathing fast Difficulty breathing Sucking in around ribs Flaring nostrils Persistent Cough Wheezing |
| Skin | Normal skin color and texture for child Normal skin temperature No rashes, sores, swelling, or bruising No scratching at skin or scalp | Pale, grayish, flushed, yellowish Hot or cold and clammy skin Skin rash, sores, swelling or bruising Scratching at skin or scalp Skin doesn't spring back when pinched |
| Eyes, nose, ears, and mouth | Eyes bright and clear Nose clean Ears clean Mouth without sores, swallowing comfortably | Eyes swollen, red, crusty, goopy, watery, yellowish, or sunken Nose congested or runny Ears draining pus or blood Pulling at ears Mouth or lips with sores, excessive drooling, difficulty swallowing |
| Odors | No odor or normal odor for child | Breath smells foul or fruity Stool smells foul |

B. Hand Washing

Hand washing is the single most important routine in disease prevention. Both children and staff are required to wash hands upon arriving to work or school, before eating, before/after preparing or serving food, and after outdoor play, after wiping noses or using the bathroom, after handling animals/pets, before and after medication administration, and before and after gloving.

All adults and children in the classroom should follow the procedures for proper hand washing:

- Use soap and running water
- Scrub hands vigorously for at least 20 seconds
- Wash all surfaces, including:
 - Backs of hands
 - Wrists
 - Between fingers
 - Under fingernails
 - Under and around rings

- Rinse well
- Dry hands with a paper towel
- Turn off water using paper towel instead of bare hands

C. Infection Control in the Classroom

In addition to Standard Precautions, the following measures are recommended for infection control in the classroom. It is the teacher's responsibility to insure that simple routine practices which reduce disease risks in the group setting are implemented in the classroom. These practices include:

- Hand washing
- General environmental sanitation
- Sanitary food service
- Good personal hygiene
- Careful diapering procedures
- Prompt exclusion of children and adults who have signs and symptoms of communicable disease
- Placement of cribs at least 3 feet apart and cots at least 18" apart

1. Hygiene – Standard Precautions

i. Training

All teachers, site supervisors, managers and food service staff will be trained annually on food sanitation and safety. At least one employee in the Central Kitchen must be trained and must hold a current Food Safety Manager certificate.

ii. Tuberculosis (TB) Tests/SB 792 Immunization Requirements

Licensing requires that proof of a negative TB test or chest x-ray of staff and volunteers (except student volunteers under the age of 18) must be kept in the center Licensing Folder. Resources for obtaining a TB test are available for parents and other volunteers in need. All teachers and volunteers supervising children must comply with immunization requirements of SB 792. Volunteer immunization records will be kept in the Volunteer Binder on site. Please refer to the Volunteer Policy under Human Resources of the Policies and Procedures for more information on CSB Volunteer Policy.

iii. Standard Precautions

Precautions should be used at all times to protect staff and volunteers from the risk of being exposed to blood, fecal material, vomit, urine, or other potentially infectious materials.

CSB Standard Precautions procedures apply to all program staff and volunteers maximize worker protection from the spread of communicable disease resulting from occupational exposures to blood or other potentially infectious materials. Staff will take the same precautions (hand washing, use of gloves, disinfecting, and other safety measures) when dealing with the blood or body fluids of all children and adults, whether or not they appear sick.

CSB supplies Blood Borne Pathogen Kits in each classroom to ensure staff has access to appropriate

standard precaution personal protective equipment including gloves, aprons, mouthpieces for CPR, etc. Blood Borne Pathogen Kits can be located in the classroom by Bloodborne Pathogen Kit signage and will be replaced immediately after a single use. The program will ensure that all program staff receives training in the use of this equipment.

CSB trains staff in standard precautions through annual trainings and as a function of the American Red Cross First Aid certification course. American Red Cross First Aid re-certification is required every two years.

Anyone who has questions regarding the appropriate use of this protective equipment should call the Comprehensive Services Health Manager. If personal protective equipment becomes damaged or lost, ask for a replacement immediately.

2. Diapering and Toileting Procedure

i. Description

Since diapering and toileting are every day procedures for staff, and are a way that infectious diseases can be spread, it is extremely important that proper techniques be used at all times. It should also be noted that no child may be denied the opportunity to participate in any program on the basis of toilet training. The program does not make successful toilet training a condition of enrollment.

The center staff must ensure that there are sufficient changes of clothing and diapers. Each child's clothing and/or diapers must be changed as often as necessary to ensure that the child is clean and dry at all times.

ii. Diapering

Proper Diapering Procedure

- Get organized. Assemble supplies in the changing area within reach, (disposable diaper, wipes, gloves, non-absorbent paper liner, clean clothing and plastic bag if needed). Cover the entire changing surface or table with paper. Wash hands thoroughly with soap and warm running water.
- Place child on paper covered changing surface or table. Never leave child unattended during diapering processes.
- Remove child's clothing and put soiled clothing aside. Put on gloves using posted procedure.
- Unfasten diaper and leave soiled diaper under child. Lift the child's legs and use disposable wipes to clean skin creases, genitalia, and bottom. Thoroughly as needed, wipe front to back using a clean wipe each time. Place used wipes in dirty diaper.
- Remove soiled diaper. Fold diaper inward and place in covered, hands-free, plastic-lined container. Fold back paper liner if a clean surface is needed. Remove gloves.
- Clean your hands with a disposable wipe and then clean the child's hands with another fresh wipe.
- Put clean diaper on child. (Put ointment provided by parents following CSB Policies and Procedures for over-the-counter medication.)
- Dress the child. Change the child's clothing if wet or soiled.

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- Wash the child's hands with soap and water. Put child safely in supervised area.
- Clean and sanitize the changing surface or table. Throw away the paper liner in covered, hands-free, plastic lined container. Clean any visible soil with detergent and water. Wet the entire changing surface with sanitizing solution.
- Wash your hands with soap and water.

iii. Toileting

The following procedure should be followed when toileting a child:

- Have all materials at hand before starting procedures.
- Never leave a child unattended; visual supervision is required.
- Have child sit on potty, but never longer than 5 minutes.
- After child has finished, teach child how to wipe self from front to back.
- Before child leaves bathroom, the child is to wash hands properly.
- Staff member washes hands when done.

D. Napping Policy

To promote safe sleep practices and reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Infants, unless otherwise ordered by the physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumers Product Safety Commission.
- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment.
- Blankets are not used in cribs or with sleeping babies however Sleep Sacks are available as needed to ensure appropriate temperature for sleeping babies.
- The infants head must remain uncovered during sleep.
- After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

E. Dental Hygiene

All children with teeth shall brush or have their teeth brushed with fluoride toothpaste once a day during the hours the child is in care. If possible, for full day and family child care programs, children will brush their teeth after lunch, part day morning program children will brush their teeth after breakfast and part day afternoon program children will brush their teeth after lunch.

Size appropriate toothbrushes, tenders and fluoride toothpaste will be obtained through the health supply ordering process and will be use as follows:

Children age three and older - Once daily and in conjunction with a meal as noted above, staff should either brush the child's teeth (for those lacking the motor skills to brush themselves) or supervise as the child brushes his/her own teeth. Fluoride toothpaste, not larger than the size of a pea should be placed on a disposable cup for each child.

Children under three years old - Once daily and in conjunction with a meal as noted above, staff should either brush the child's teeth (for those lacking the motor skills to brush themselves) or supervise as the child brushes his/her own teeth. Fluoride toothpaste, the size of a grain of rice should be placed on a disposable cup for each child.

All children without teeth shall have their gums wiped with a moist cloth or a product called "Tenders" (a soft, single finger swab ordered and provided by the Health Content Area Manager) to remove any remaining food/liquid that coats the teeth and gums at least once a day and after a feeding. By doing this, caregivers are breaking up plaque in order to create a much healthier environment for the teeth that will be coming in later.

Follow these steps when caring for infants without teeth:

- Wash hands thoroughly and slip "Tenders" onto your index finger
- Moisten slightly with cool water. Do not use toothpaste
- Carefully swab infant's gums using a gentle circular motion
- Place used "Tender" in garment bag to be washed prior to next use

F. Health Issues in the Classroom

- Call your assigned Site Supervisor when a health concern is identified. It is crucial to provide appropriate intervention or resolution. Any unusual behavior, any injury or any signs of illness requiring assessment and/or administration of first aid by staff must be reported to the parent and documented in the child's confidential file.
- Health issues include, but are not limited to rash, high fever, head lice, signs of conjunctivitis ("pink eye"), diarrhea, intestinal problems, vomiting and nutritional problems.

The Site Supervisor, Comprehensive Services Staff or Health Manager must follow up with the parent and medical provider(s) to confirm any diagnosis given by the parent or family member. The information will be evaluated, and a decision made as to whether the child can attend school at that time. The Site Supervisor and the teaching staff will be kept abreast of the health considerations that impact this decision.

G. Child Safety and Supervision

Visiting/socializing on the playground or the premises of a child care facility while on duty is prohibited. Visiting/socializing with fellow employees, who are still on duty regarding non-classroom activities, during break times, is not allowed. All visitors, former employees and relatives must report and sign in at the main office of each center before entering program areas. Information on the nature of the visit will be required.

Children must be visually supervised at all times indoor and outdoor, including while toileting and napping. Essential practices indoors and outdoors include, but are not limited to, active supervision, "zoning" and strong team communication.

1. Playground safety and supervision

Yard staffing must support visual supervision at all times. Staff must “sweep” the yard by walking and visually scanning all areas before leaving.

2. Morning outdoor time and field trips

Whenever the classroom is outside on the yard in the morning or on a field trip, all members of the teaching team must be present to ensure the health and safety of children. No scheduled prep time or breaks are permitted during field trips or morning outside time.

3. Afternoon outdoor time

During the afternoon outdoor time, staffing must meet required teacher-child ratios, and the Lead Teacher must accompany the class and other staff in transitioning the children to and from the yard. If a low ratio allows only one staff person on the yard, that person must be at least an Associate Teacher level staff. Scheduled outdoor time must be approved by Site Supervisor with consideration of approved prep-time and break schedule.

4. Preschool outdoor safety

- No more than two (2) preschool classrooms shall be outside on the playground at any time.
- This policy may be waived with written approval from the Assistant Director. If approval is granted, a written plan must be developed by the Site Supervisor and approved by the Assistant Director outlining additional safety measures that will be established, including but not limited to safe transitions and staff knowing all children on the yard.

5. Infant and toddler outdoor safety

- Infant and Toddler classrooms shall have no more than eight (8) children present for any activity, including outdoor time.

6. Semi-Annual Child Safety Check

Semi-annually, during the first month of the Program Year (when all programs are in session) and in March, each Site Supervisor will complete and submit to their Assistant Director the Semi-Annual Child Safety Checklist (CSB form 751). This checklist will be used to confirm that the following has occurred as required:

- Annual review of Ready To Learn Curriculum safety considerations;
- Annual review of Pedestrian Safety Training for parents and children;
- Semi-annual review of outdoor schedule against staff breaks and prep time and against peak pick-up/drop-off times to ensure no overlap in the morning and limited overlap in the afternoon;
- Semi-annual review of schedule and plan of class consolidations in early morning and late afternoon;
- Semi-annual meeting with staff to review child safety, visual supervision, staff placement , and

- safe transitions;
- Semi-annual completion of Transition Observation Checklist (CSB form 750) in each classroom;
- Semi-annual review of center documentation that all volunteers and substitutes have received an on-site orientation and have reviewed *CSB Substitute and Volunteer Handbook* with a signed *Handbook* receipt on file at the center;
- Semi-annual meeting with front desk/lobby/entrance/exit staff to review procedures to ensure Child Safety at all times; and
- Semi-annual meeting with parents to review Child Safety procedures, facility security, and handout *Parent Guidance for Keeping Children Safe*.

H. Child Illness Procedures

1. Admission and Exclusion

The decision to admit or exclude a child with an illness is the responsibility of the Site Supervisor and will be based on whether there are adequate facilities and staff able to care for the ill child and the other children in the group. The Site Supervisor, not the child's family, makes the final determination about whether the ill child can receive care in the childcare program. Children will be excluded if:

- The child's illness prevents the child from participating in activities that the facility routinely offers for well children or mildly ill children.
- The illness requires more care than the childcare staff is able to provide without compromising the needs of that particular child or of the other children in the group.
- Keeping the child in care poses an increased risk to the child or other children or adults with whom the child will come in contact.
- The childcare staff is uncertain about whether the child's illness poses an increased risk to others. The child will be excluded until a physician or nurse practitioner notifies the child care program that the child may attend. A child whose illness does not meet any of these conditions listed above does not need to be excluded.

2. Admission and Permitted Attendance

Specific conditions that do not require exclusion are:

- Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves.
- Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or eyelid redness.
- Children with a rash, but no fever or change in behavior.
- Children with cytomegalovirus infection, HIV or carriers of hepatitis B.

3. Procedure for Management of Short-Term Illness

The behavior and health of each child must be continually observed during the course of the day, and should a child become ill, the following steps must be taken:

- The ill infant, toddler or child must be isolated on a cot/crib in an area, which is easily supervised

and away from the kitchen, bathroom and any other area used by the other children. Infants, toddlers and children in isolation must be under constant visual observation by designated staff.

- Children ill enough to require isolation may not use the same toilets as other children. One toilet and sink must be designated exclusively for the ill child's use. The other children must be prevented from using that toilet and sink until the sick child has been picked up, and those facilities have been thoroughly disinfected.
- The Site Supervisor or designee will call the parent or other emergency numbers to arrange to have the child picked up. If no one can be contacted, the child must remain on the cot/mat under close supervision and staff will continue to try to reach the parents or emergency numbers.
- If the child's condition worsens and becomes life threatening, the teaching staff must call 911. Notification of parents must be noted in the child's file. The Assistant Director must be notified immediately.

4. Short-Term Exclusion and Admittance

As the program is not set up to care for ill children, staff and parents should use the following three criteria to exclude children with short-term illnesses from the group care setting:

- The child does not feel well enough to participate comfortably in the usual activities of the program.
- The staff cannot care for the sick child without interfering with the care of the other children.
- The child has any of the following that indicate a contagious disease or an immediate need for medical evaluation:
 - Fever and behavior changes or other signs or symptoms, until the child's inclusion is checked with a health professional who determines that the child may be in child care.
 - Signs or symptoms of a possible serious condition, such as those defined below under "Conditions that Require Immediate Medical Attention", until the child is checked by a health professional who determines that the child may be in child care.

An ill child may only be excluded for the period of time when he or she poses a significant risk to the health and safety of anyone in contact with the child and until the child meets the criteria for re-admission.

5. Conditions that Require Immediate Medical Attention

Get help immediately for a child with any of the following conditions:

- Specific fevers:
 - A baby less than 4 months of age has a temperature of 101° F rectally or 100° F axillaries (armpit).
 - A temperature of 105° F or higher in a child of any age.
- For infants under 4 months, forceful vomiting more than once.
- Looking or acting very ill or getting worse quickly.
- Neck pain when the child's head is moved or touched.

- A stiff neck or severe headache and looking very sick.
- A seizure for the first time.
- Acting unusually confused.
- Unequal pupils (black centers of the eyes).
- A blood-red or purple rash made up of pinhead sized spots or bruises that are not associated with injury.
- A rash of hives or welts that appears and spreads quickly.
- Breathing so fast or so hard that the child cannot play, talk, cry, or drink.
- A severe stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall.
- Stools that are black or have blood mixed in them.
- Not urinating at least once in 8 hours, a dry mouth, no tears, or sunken eyes.
- Continuous clear drainage from the nose after a hard blow to the head.

I. Return to School After Illness

Children who have been excluded from the classroom should not return until:

- A physician has certified that the symptoms are not associated with an infectious agent or the child's symptoms do not threaten the health of other children.
- The child has received treatment following a head lice infestation.
- The child has an axillary or oral temperature of less than 100°F, and does not have symptoms such as:
 - Sore throat
 - Vomiting
 - Diarrhea
 - Headache and stiff neck
 - Undiagnosed rash
- The child has no respiratory problems, such as:
 - Difficult/rapid breathing, severe coughing or a high-pitched croup or whooping sound while coughing.
 - Inability to lie down comfortably, due to continuous coughing.
- No Diarrhea (an increased number of abnormally loose stools in the previous 24 hours), observe the child for other symptoms such as fever, abdominal pain, or vomiting.
- No Vomiting (two or more episodes of vomiting within the previous 24 hours).
- No Eye/Nose Drainage (thick green or yellow mucous from the eye or nose).
- No Sore Throat, especially with fever or swollen glands in the neck.
- No Skin Rash (undiagnosed or contagious), infected sores; sores with crusty, yellow, or green drainage which cannot be covered by clothing or bandages.
- No Persistent Itching (or scratching) of body or scalp.

J. Medical Alerts

Medical Alerts need to be posted by the teacher after the Site Supervisor has investigated and determined that there was exposure to a communicable disease.

In some cases, the teaching staff may be notified by the parent regarding a confirmed diagnosis (i.e., a child with Chickenpox). In this event, the Medical Alert may be posted immediately. The Site Supervisor, Comprehensive Services Team member, and Health Manager must still be notified about the illness.

After two weeks, the Medical Alert must be taken down from the classroom where it has been posted. (CSB221 to CSB238.)

K. Children Injured at the Center

1. Professional Medical Treatment

- All head injuries require an immediate call to the parent. Parents can make the determination to pick up their child or not based on the staff report and advice as to the seriousness of the injury. The Injury / Incident Report (CSB245) must be completed.
- In the event that medical treatment is required, the center staff will instruct the parent to take their child to the doctor. If the parent cannot be contacted and a child needs to be transported by ambulance to the hospital, the teacher will accompany the child. The teacher will notify the Site Supervisor if a child needs professional medical treatment.
- The parents will be responsible for any medical expenses incurred. If the parent feels that it is the responsibility of the program to pay for these expenses, they must file a claim against the program. Contact the Health Manager for details regarding submission of claims.

2. Student Injury / Incident Report

- Whenever a member of the center staff uses first aid or informs a parent that a child has been hurt, the Site Supervisor or Teacher will call the Assistant Director to report the incident. If necessary, immediate arrangements for obtaining medical treatment will be made.
- The teacher is required to complete an Injury / Incident Report (CSB245). This report is also used for minor injuries such as scrapes or small cuts that require minor first aid. A copy of completed form is to be shared with the parent on the same day as the injury/incident occurred and the original is kept on site.
- If the incident involves more than 1 child, a report must be done for each child. The information as to who was involved is written and kept confidential, but not given in the report the parents receive. To maintain confidentiality, the names of other children involved in the incident should not be written on the Injury / Incident Report (CSB245).
- Depending on the nature of the injury / incident, Site Supervisor may need to follow-up with the appropriate CSM (Education, Health & Nutrition, Mental Health/Disability) and/or Business Systems Unit after the injury/incident occurred.
- The Assistant Director should be notified immediately of all injuries/incidents. If the Assistant Director notices that an elevated amount of incidents are occurring, he/she should call the Site

Supervisor/Teacher to discuss the situation and develop a plan/solution to prevent further incidents.

- Site Supervisors must maintain a Site Injury/Incident Log for each injury / incident at all times.

L. Blood Protocol

1. Description

This protocol is used to prevent the remote and unlikely possibility of the spread of blood and blood diseases in the school setting and applies to all site personnel who have direct contact with children and custodial personnel as necessary. Bloodborne Pathogen Training is provided annually.

2. General Information

- The so-called blood-to-blood diseases (AIDS, Hepatitis B, etc.) are spread by an organism's travel from the blood of an infected person to the blood of a non-infected person.
- Blood and semen are the only body fluids that have been demonstrated to be capable of transmitting AIDS (Acquired Immune Deficiency Syndrome).

3. Supplies needed

- Blood Borne Pathogen Kits are available in each classroom with signage to designate storage location and to ensure staff has access to appropriate standard precaution personal protective equipment including gloves, aprons, mouthpieces for CPR, plastic bags, etc. Blood Borne Pathogen Kits will be replaced immediately after a single use. Additional gloves, CPR mouthpieces, etc., are located in the First Aid Kits in classrooms and in the office.

4. Procedure

Wash hands and put on gloves when having any contact with blood or bodily fluids. Use gloves one time and only on one student.

- After completing the necessary task, remove gloves by grasping the cuff and then stripping it off by turning it inside out. Be careful not to touch the contaminated surfaces of the gloves.
- Dispose of glove in a disposable plastic bag. See "Disposal of Blood/Body Fluid" below.
- Wash hands after de-gloving. This is necessary because bacteria multiply rapidly inside a glove.
- Fill out Injury/Incident Report (CSB245) as applicable.

5. Disposal of Blood / Body Fluid

- Put all blood/body fluid disposals in clearly marked garbage containers. Examples: soiled wet diapers, used gloves, wipes, vomit, blood products, and all other contaminated materials/supplies.
- Close the bag and tie it, then double bag, and dispose of it in a separate container marked for such disposals. Make sure this container is not used for trash, and that is out of children's reach and can be easily moved around.
- Be safe - always wear gloves. Questions should be directed to the Health Manager.

M. Medication Administration

In compliance with Community Care Licensing, Community Services Bureau sites maintain an Incidental Medical Service Plan of Operation. CSB supports and provides incidental medical services to children with all medical conditions per CCL regulations including, but not limited to, the administration of medical services for asthma, allergic reactions, and G-tubes.

1. Administering Medication

Because the administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, families must check with the child's physician to see if a dose schedule can be arranged that does not involve the hours the child is in the child care facility. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents may administer medication to their own child during the child care day.

2. Procedure

Staff, designated by the Site Supervisor, will administer medication only if the parent has provided written consent, the unexpired medication is in an appropriately labeled and stored container, and the facility has on file the written instructions of a licensed physician to administer the specific medication as needed and the appropriate forms/care plans such as CSB280, CSB282, CSB219, CSB219A, and the CSB213 have been completed.

For prescription medications, parents will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name of the medication, the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; the administration, storage and disposal instructions. Instructions for the dose, frequency, method to be used, and duration of administration will be provided to the child care staff on the prescription label and on CSB forms by a licensed physician or other person legally authorized to prescribe medications.

Over-the-counter medications are treated in the same manner as prescription medications. For administration of over-the-counter (non-prescription) medications, (including diaper cream and sunscreen) parents will provide the unexpired medication in an original child-resistant container that is labeled with the child's first and last names and instructions for storage supplied by the manufacturer. Over-the-counter medications shall be administered only if the facility has on file the written orders (ex: CSB280 and CSB282.) from a physician including the signature or stamp of the physician or other person legally authorized to prescribe medications and in accordance with the instructions of the physician for the dose, frequency, method to be used and duration of administration.

A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child's name, the name of the medication, the dose of the medication, how often the medication may be given, the conditions for use, and any precautions to follow. Example: children may use sunscreen to prevent sunburn; children who wheeze with vigorous exercise may take one dose of asthma medicine before vigorous activity (large muscle) play; children who weigh between 25-35 pounds may be given 1 teaspoon of acetaminophen for up to two doses every four hours for fever. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a

staff member who has received training in how to use an auto-injection device prescribed for that child (e.g., EpiPen®). A child may only receive medication with the permission of the child's parent and when the staff person who will give the medication has the skills required. All documentation regarding a child's medication and its administration shall be kept in the child's confidential file.

Prescription and over-the-counter medications cannot be administered without the appropriate documents in the child's confidential file.

3. Storage

- Medications will be kept at the temperature recommended for that type of medication in a locked container that is inaccessible to children, separate from any other hazardous material storage. An example of an acceptable location is at the back of a locked file cabinet that is not used to store any other hazardous products or materials. Medications that do not require refrigeration, such as inhalers for asthma, should not be placed in the refrigerator. This can damage them and render them ineffective.
- Medications that require refrigeration must be stored in the designated locked refrigerator medication boxes supplied to each center.
- EpiPen Auto-injectors must be stored in a designated EpiPen box and should be out of reach of children in an easy and quick to access area with EpiPen signage posted. EpiPens should not be stored in extreme heat or cold and should be protected from light.
- When the child no longer needs the medication or the child drops from the center, the medication must be returned to the parent or disposed of if the parent cannot be reached.
- Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.

4. Medication Log Documentation

A medication log will be maintained by the classroom staff to record the instructions for giving the medication, consent obtained from the parent, name of medication, dose, date, and time of administration, and the signature of the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log. All records of any changes in the child's behavior, as documented on the Medication Log, will be communicated to the parent. Parents will be assisted in communicating these incidences to the physician as necessary. (CSB213-Medication Form) Parents will be informed as to when authorized medications have been given via this log.

5. Asthma Protocol

Asthma is a common health condition and one that typically requires medication. Teachers will receive training regarding asthma, its symptoms, and treatment procedures and the following protocol will assist the teaching staff:

- The Comprehensive Services Assistant Manager, upon review of the child's Health History form, will contact both the parent and medical provider(s) to clarify the current status of the asthma

condition. It is the responsibility of the Comprehensive Services team to obtain confirmation of the diagnosis and any current treatment using the Asthma Action Plan (See Form CSB219).

- Subsequent to the initial health review by the Site Supervisor and Comprehensive Services team, if the teacher becomes aware of a possible asthma condition, previously unknown to staff, she must call the Comprehensive Services team assigned to the classroom. The Comprehensive Services team will then follow the procedures described above.
- Once all relevant information is obtained, a meeting will be held with the Comprehensive Services team, Site Supervisor, parent, and teacher to ensure teaching staff have the training to carry out the action plan for the child and to review the following:
 - Asthma Action Plan from the doctor.
 - Medication form (See Form CSB213) completed by parent.
 - Inhaled Medication – Nebulizer Consent forms (See Form CSB219a) completed by the parent for each teacher/staff administering the medication.
- Copies of the Asthma Action Plan will be kept by the center staff, parent, with the medication and in the child's main file. If the plan indicates medication is used routinely or "as needed," CSB must have medication on site before the child can attend class.
- Until complete physician's instructions are provided, medications to treat asthma symptoms will be given according to the prescription labels. Medication will be dispensed outside of center hours whenever possible.
- When asthma symptoms occur during center hours, the teaching staff will call the parent to alert them about the child's condition. The child will be sent home if the asthma symptoms interfere with the child's ability to fully participate in the program. In the event that the parent cannot be contacted, the teaching staff will call 911 (if the asthma appears life threatening).

6. Training of Caregivers to Administer Medication

Medication Administration Training is provided annually and any caregiver who administers medications shall be trained to:

- Read and understand the Asthma Action Plan, the Medication Form and the Inhaled Medication- Consent Form;
- Check that the name of the child on the medication and the child receiving the medication are the same;
- Read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (such as in relation to meals);
- Administer the medication (including inhalers and EpiPens) according to the prescribed methods and the prescribed dose;
- Observe and report any side effects from medications;
- Document the administration of each dose by the time and the amount given;
- Store and handle medication appropriately;
- Record changes in child's behavior and help parents communicate observations to their provider;
- Demonstrate ability to comply with medication policy.

7. Inhaled Medications

An Inhaled Medication-Consent Form (See LIC 9166 and Form CSB219A) must be filled out and signed

by the parent before staff administers inhaled medications. A copy of the completed form must be kept in the child's file. A separate form must be filled out for each person (staff member) who administers inhaled medication to the child. This requirement includes all inhaled medications.

8. EpiPens

EpiPen Training is provided annually, and in addition staff is trained through CPR/1st Aid Training and on-line EpiPen training under the direction of the Site Supervisor when a child with an EpiPen is identified onsite.

9. Sun Protection Policy

Sun protection routines in childhood can establish lifelong preventive habits. At CSB, shade is provided at all sites, infants under six months of age are not exposed to direct sunlight, children are encouraged to wear light colored, loose fitting clothing that covers as much skin as possible, parents are encouraged to apply sunscreen to their child's exposed skin as part of their school drop off routine and following the procedure for the over-the-counter medications sunscreen provided by the parent will be applied by teaching staff. Drinking water is available to children during outdoor play.

N. Incomplete Health Records

1. The Site Supervisor and/or Comprehensive Services team will notify parents and teaching staff if a child is to be excluded from the classroom due to incomplete health records.
2. Exclusions due to unmet health requirements: Children must be excluded for immunizations that are not up-to-date or a physical or TB clearance that is not received within 30 days of enrollment. Parents are allowed a onetime extension beyond the 30 day requirement for a physical exam with proof of an appointment on file however this extension does not apply to the TB clearance. Children excluded for unmet health requirements are permitted up to three days of excused absences. After that, a Notice of Action (as applicable) will be issued for termination from the program.
3. Parents will be informed during enrollment and at parent conferences that the health requirements are the following: up-to-date immunizations, physical and dental exams, follow-up and required TB Clearance. Parents will be assisted in identifying and accessing a source of care/insurance coverage and family meeting will take place as needed to make every possible effort to meet the health requirements for the child. If, after these notifications and assistance, the child has not obtained the needed services, the parents will be informed that they need to schedule an appointment that day and notify the Site Supervisor or Comprehensive Services Team of the appointment date and time.
4. When the parent has no phone, contact will be made by the Site Supervisor or Comprehensive Services team through the center. The center staff will be asked to have the parent contact the Site Supervisor or Comprehensive Services team the same day. In all cases, teachers will be notified and asked to reinforce the request made by the Site Supervisor or Comprehensive Services Team regarding health requirements.
5. Children may be excluded from the program for missing or incomplete initial physical exam, incomplete immunizations, and lack of a TB Clearance only.
6. For all other health requirements that are incomplete, the Comprehensive Services Team will

request updated information from the parent with a Health Records Update Form (See Form CSB242). As needed, family meeting will take place with the site staff, Comprehensive Services and parents and a plan will be implemented.

O. Health and Safety Training for Center Staff and Parents

1. Staff

- The Site Supervisor of each center must ensure that each of his/her staff members has current CPR / First Aid Certification in the following: Adult / Child/Infant CPR Training and First Aid Training (good for two years from date of issue). Staff can be sent to training via a request by the Site Supervisor to the Training Coordinator. The Site Supervisor is responsible for maintaining the personnel records of staff at his/her site to ensure that staff is certified in CPR / First Aid at all times. CPR / First Aid certified staff must be available at all times when children are present at the facility, or when children are offsite for facility activities.
- In addition to the CPR / First Aid training, one staff person or Director at each day care center must have at least 15 hours in preventive health practices. This training must include, but is not limited to, pediatric cardiopulmonary resuscitation; pediatric first aid; recognition, management, and prevention of infectious diseases, including immunizations; and prevention of childhood injuries and at least 1 hour of child nutrition education, with content to include age- appropriate meal patterns based on the most current Dietary Guidelines for Americans. The training may include sanitary food handling, child nutrition, emergency preparedness and evacuation, caring for children with disabilities and identification and reporting of signs and symptoms of child abuse. The supervisor makes requests for such training to the Personnel Unit.

2. Parents

- Site Supervisors will share the policies for health emergencies that require rapid response on the part of staff or immediate medical attention at the time of completing the Classroom Orientation (CSB112) with parents.
- Through collaboration with parents to promote children's health and well-being, CSB staff provides medical, oral health, nutrition and mental health educational support services. Opportunities for parent education include, but are not limited to: medical and oral health, emergency first aid, environmental hazards, health and safety practices for the home including safe sleep, lead exposure and tobacco use, healthy eating, physical exercise and vehicle/pedestrian safety. In addition, pregnant women and families are provided educational opportunities to learn about pregnancy and postpartum care including breastfeeding, parental mental health, substance abuse, and perinatal depression.

P. Posting of Documents (Health Emergency Procedures)

CSB conforms to all Federal, State, and local regulations by posting or having on file at each facility: mandated notices, licenses, and permits.

- Site Supervisors and teachers are required to post mandated facility compliance documents on bulletin boards, which are attractive, neat, updated, and highly visible. Signage guidance can be found as follows: CSB Resource Center>Document Library>Comprehensive Services Documents and Training Resources>Signage>Signage Guidance.
- The Site Supervisor is responsible for routinely monitoring bulletin boards and classroom files for compliance with this standard. The Comprehensive Services Managers/Assistant Directors are responsible for monitoring all compliance documents.

Q. Pet Protocol

- Animals can bring joy to the classroom while offering children the opportunity to be responsible for another living creature.
- When an animal is being considered for inclusion in the classroom, child and staff allergies and fears must be considered. The animal must be tame and classroom staff must agree to accept responsibility for the care of the pet. Assistant Director's approval must be obtained.
- Turtles and other reptiles are not allowed in the classroom because they are potential carriers of salmonella bacteria.
- Before the animal is included in the classroom, children will be instructed on the proper care and handling of the animal and the importance of proper hand washing.
- When the animal arrives in the classroom, the animal must be provided an appropriate habitat and space with opportunities to exercise, appropriate temperature, and all other natural conditions and activities.

A Pet Care Plan must be posted to designate care needed to provide quality care to the animal. The Pet Care Plan will include details specific to that particular pet and will inform staff and parents about the pet, and noting the specifics required to provide quality care to the animal. The Pet Care Plan must include:

- Name of animal
- Description of the animal - example: rat - nocturnal, affectionate and playful pets
- Description of appropriate housing/cage/bedding and recommended cleaning pattern
- Description of food needed to provide a healthy diet including portion size and frequency
- Explanation of exercise needed
- Explanation of proper handling practices
- List of vaccines needed (if any), date when administered and future due dates
- The name and phone number of a veterinarian in case of emergency- Site Supervisors will be contacted for veterinarian visits approval.

A log must be posted for staff to initial and date as animal care and related duties are completed. The log must include:

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- Daily feeding (food and water) schedule
- Daily exercise
- Cage cleaning schedule

Accommodations must be made for:

- Scheduling weekend, holiday, and vacation care
- Maintaining care in the case of an emergency (natural disaster, animal illness, bites, and other similar situations)

Responsibility of the teaching staff:

- Review each child's Health History to identify children with allergies to specific animals.
- Complete the Pet Care Plan.
- Maintain the overall care of the animal.
- Initial the log noting responsibilities completed.
- To report any bites or scratches to the Site Supervisor and complete health documentation as required.

Responsibility of the Site Supervisor:

- Submit a request to the AD for classroom pet approval.
- Oversee the health and well-being of children, staff and animals as they interact in the classroom.
- Report bites or scratches immediately the Comprehensive Services Health Manager and the Assistant Director.

Responsibility of Assistant Director:

- Provide pet approval for a classroom on an individual basis.

R. Safety / Sanitation Procedures

- Facilities have available first-aid kits readily accessible/clearly marked for emergency use.
- Facilities are equipped with a fire extinguisher securely mounted and readily accessible.
- Employees are trained in the use and type of fire extinguishers available.
- All fire extinguishers are tagged, noting months/years/dates of inspections/annual maintenance, and identified use (class of fire).
- Facility exits are clearly marked with visible, approved EXIT signs. Aisles, hallways, and other exits are kept free of obstacles, including furniture and equipment.
- All materials and surfaces accessible to children, including toys, shall be free of toxic substances.
- All plants must be non-toxic.
- Air fresheners will not be allowed in any space accessible to children and families.
- Baby walkers shall not be used or kept on the premises.
- Playground equipment shall be securely anchored to the ground unless it is portable by design.
- Equipment and furniture shall be maintained in a safe condition, free of sharp, loose or pointed parts.

- Equipment and furniture shall be age and size appropriate so as to allow children present to fully participate in planned activities.
- All items on shelves above three feet tall (plants, sculptures, books, and other items) shall be secured with museum putty, safety latches, barriers, or other similar items to prevent items from falling onto children.
- Open shelves and cabinets over three feet tall shall be free of heavy objects.
- Tall furniture over four feet tall shall be braced to the wall or floor.
- Cots shall be maintained in safe condition and bedding shall not be shared by different children without first laundering the bedding.
- Floor mats are constructed of foam at least ¾ inch thick and covered with vinyl, with no exposed foam. Floor side must be marked so that it can be distinguished from the sleeping side.
- Aisles and trafficked areas are kept free of obstacles and obstructions, with empty food containers promptly removed.
- Cots shall be arranged so that each child has access to a walkway without having to walk on or over the cots or mats of other children.
- Safe stools/ladders are available and used for reaching shelved items.
- Employees are trained in the proper use of equipment that their duties require them to use. Employees who have not been trained in the proper use of equipment may not operate such equipment.
- Employees are required to be attentive to their tasks, especially when cooking or operating moving equipment.
- Smoking is prohibited in all areas.
- All employees must consume food only in designated areas.
- All employees are required to adhere to procedures for kitchen sanitation and the cleaning schedule.
- Firearms and other weapons shall not be allowed on or stored on the premises of a child care center.

S. Safety Surveillance

1. Identification and Correction

The Health and Safety Officer will conduct monthly inspections of the facility for hazards using the Health and Safety Checklist on CLOUDS. The Site Supervisor will review the result of the site inspections and will submit a Track-it request for correcting hazardous conditions identified.

2. Escape Hazards

The Site Supervisor will maintain and review with the staff annually a list of potential high-risk locations/situations where a child might escape unnoticed from the group. Staff will use this list to plan increased supervision in these high-risk locations and situations. If such a high-risk escape hazard is identified between annual reviews, staff will take action immediately.

3. Evacuation Hazards

The Site Supervisor will be responsible for establishing and updating a checklist of locations to be

assessed during evacuation to assure complete surveillance of the building before and after evacuation is declared complete. The checklist will identify usual and likely-to-be-forgotten locations such as: under a cot, behind a sofa, in a toy bin, in a closet, kitchen, or toilet room.

4. Injury Prevention

Whenever an injury occurs, a copy of a completed Incident/Accident Report (CSB245) will be filed in an injury log. The injury log will be reviewed every three months by the Site Supervisor or Assistant Director to identify hazards in need of corrective action.

- Staff and volunteers must be able to demonstrate safety procedures. Both staff and volunteers will review safety procedures with the Site Supervisor prior to working in the classroom. Emergency procedures, the Health and Safety Checklist, and playground safety shall be reviewed with each staff person and volunteer before any interaction with children may occur.
- Child and parent activities must include safety awareness for the home and in the program. Videos, brochures, newsletter articles, and parent training will be used to foster safety awareness for the home and in the program.

T. First Aid Kits

All centers should have a first-aid kit and manual that is easily accessible (location should be marked by “First Aid Kit” signage), available to staff, and out of reach of children. The following items should be in the first-aid kit:

- CPR Mask (inside or outside in conjunction with the first aid kit)
- Disposable, nonporous gloves
- Scissors
- Tweezers
- Thermometer
- Adhesive tape
- Sterile first aid dressings
- Bandages or roller bandages
- Pen/pencil and note pad
- Antiseptic solution
- Cold pack
- First aid manual
- Poison Control number

The Health and Safety Officer, using the Health and Safety Checklist, will inventory the First Aid Kit monthly. Orders for restocking the kits are placed with designated staff. The First Aid Kits are only to be used in an emergency. Everyday health and safety supplies such as Band-Aids, cold packs and gloves are stocked separately in designated locations within each center, inaccessible to children.

U. Preparing For Emergencies

Each classroom has a disaster preparedness plan in case of fire, earthquake, or other emergency. Children and staff must be prepared to execute the plan in the event of such emergency. Regular drills are an essential element in strong preparation.

1. Operations Procedure

- Staff receives training on the disaster preparedness plan from their supervisor during their initial work orientation, and at subsequent staff development training. Such training is filed and documented with training records.
- All CSB centers post evacuation plans and documentation of completing required monthly drills (Disaster Drill Log CSB117) in location visible to families, staff and regulatory agencies.
- Classroom teachers provide an orientation to children on how to respond to an emergency as part of the ongoing curriculum.
- Drills shall be conducted as a whole center as to simulate a real emergency.
- Drills can be planned or unplanned. Periodic unannounced drills coordinated by the Site Supervisor are encouraged.
- Fire and Earthquake drills are held at least once per month, and Shelter-in-Place drills are held on the first Wednesday of each month.
- When a Fire drill takes place and the building is being evacuated, teachers must bring the following items outside with them:
 - Emergency cards
 - Inhalers and Epi-Pens for applicable children
- After each drill:
 - The Site Supervisor or designee shall complete the Disaster Drill Report form CSB116 and maintain documentation of reports at the center.
 - The Site Supervisor or designee documents the drill on the Disaster Drill Log form CSB117. When log is full, logs shall be filed with the Disaster Drill Report forms CSB116 at the center and a new log will be started and be posted.
- The Site Supervisor shall submit a copy of the Disaster Drill Log form CSB117 monthly to the Assistant Director with the monthly report.
- The Assistant Director shall review logs monthly to ensure drills are conducted regularly.
- The Assistant Director shall periodically review the Disaster Drill Report form CSB116 documentation on file at the center.
- The results of the Disaster Drill Reports shall be reviewed at least annually with staff and parents.
- In the event of an actual emergency,
 - When children are moved to another location, medications and related supplies, equipment and documentation for children with health conditions that may require incidental medical services must be transported with the child by the Lead Teacher or designee who is designated to administer the medication.

- Site Supervisor shall ensure s/he has possession of the two-way emergency radio at all times.

Contra Costa County maintains an Office of Emergency Services (OES) Plan, which is activated during major disasters. The functions performed at the OES include gathering and evaluating damage information, determining emergency response priorities, obtaining necessary resources (materials, supplies, equipment, and personnel) and providing information to the news media. Community Services Bureau staff will provide information to the County OES on the status of the department’s staff, buildings and equipment, including vehicles.

A verbal report to Community Care Licensing must be made within 24 hours and a written report must be submitted to the licensing agency within seven days of the occurrence of any of the following events:

- Death of any child from any cause
- Any injury to any child requiring medical attention
- Any unusual incident or child absence which threatens the physical or emotional health or safety of any child
- Any suspected physical or psychological abuse of any child
- Epidemic outbreak
- Poisoning
- Catastrophe
- Fire or explosion occurring in/on the premises

Reports must be made in writing to the funding sources as soon as possible after any of the above.

2. Emergency Disaster / Earthquake Supplies

All sites have emergency/disaster supply containers that are easily accessible. The sealed containers hold the following items appropriate to the number of adults, children and infants at the site. The inventory with the expiration date of the contents is listed on the outside of the container.

| | | | | | |
|--------------------|-----------|------------|-------------------|----------------|----------------|
| First Aid Supplies | Food Bars | Formula | Formula Bottles | Bottle Bags | Bottle Nipples |
| Pliers | Crow bar | Water | Latex Free Gloves | Hand Sanitizer | Trash bags |
| Multi-purpose Tool | Shovel | Radio | Safety Goggles | Solar Blankets | Work Gloves |
| Gas Shut off Tool | Scissors | Dust Masks | Zip Lock bags | Masking Tape | Duct Tape |
| Fleece Blankets | Batteries | Whistles | Toilet Paper | Rope | Adult Vests |
| Germicidal Tablets | Wrench | Buckets | Flashlight | Soap | Cold Packs |
| Antiseptic Wash | Hammer | Lanterns | Shovel | Eye Wash | Vinyl Tarp |

| | | | | | |
|-------------|------------------|---------------------|------------|----------|--|
| Toilet Bags | Toilet Chemicals | Bucket Toilet Seats | Dust Masks | Hard Hat | |
|-------------|------------------|---------------------|------------|----------|--|

3. Meal Delivery-Emergency

Each center should have the items listed below available when food cannot be transported to the centers due to unforeseen circumstances such as traffic, breakdown of van, or breakdown of equipment in kitchen. All of these food items should be stored and marked "Emergency Food". The requisite amount of milk (two half-gallon jugs for preschool and one half-gallon jug for toddlers per classroom, per meal) and fluid milk substitutions if needed for milk intolerances are to be on hand at all times.

- Infant food:
 - Meats, fruits and vegetables
 - Dry cereal
 - Formula

- Breakfast food:
 - Dry cereal
 - Canned fruit
 - Milk

- Lunch food:
 - Sun butter
 - String cheese
 - WW crackers
 - 1 can of fruit and 1 can of vegetables
 - Milk

- Afternoon snack:
 - Graham crackers
 - Milk

V. Classroom Sanitation

1. General Description

Each classroom is responsible for preparing the spray bottle of sanitizing solution on a daily basis.

- The proportions of bleach to water are: three quarters ($\frac{3}{4}$) teaspoon of chlorine bleach to two (2) cups of water or one (1) tablespoon of chlorine bleach to one (1) quart of water. Other disinfectants may be used with the approval of the Assistant Director for that site.
- Classroom staff is instructed to clean off any visible soil with soap and water prior to spraying each table lightly with the bleach solution, to wipe it with paper towels and air dry. This is to be done before and after each meal service.
- The bleach solution, as well as any other disinfectants, cleaning solutions, poisons and other items that could pose a danger to children, should be placed in a locked cabinet after each use

to prevent children from reaching.

- Warning Signs and Mixture instruction posters should be posted on the cabinet door where the solution is stored (See CSB Forms for forms “Warning Sign Poster” and “Warning Mixture Instruction Poster” in English and Spanish).
- Tabletops and eating surfaces must be cleaned/sanitized before and after each meal, counter tops are cleaned between preparation of different food items, and can openers are cleaned/sanitized after each use. Classroom staff is responsible for sanitizing toys weekly, as well as cleaning shelves and all areas of the classroom where toys are stored.
- In classrooms that have kitchen equipment, the teaching staff will ensure that, on a weekly basis and as needed, the pantry is swept, and ovens and refrigerators are cleaned. The building service worker washes trashcans as needed.

2. Classroom Sanitation in Infant Care Centers:

Particular emphasis on classroom sanitation for infant centers is critically important in ensuring the health of the children and staff and in preventing the spread of communicable disease. Keep the classroom sanitized by adhering to these activities:

- All items used by pets and animals shall be kept out of the reach of infants.
- Before walking on surfaces that infants use specifically for play, adults and children shall remove, replace, or cover with clean foot coverings any shoes/socks they have worn outside of that play area.
- Each caregiver shall wash his/her hands with soap and water before each feeding and after each diaper change.
- Only dispenser soap, such as liquid or powder in an appropriate dispenser shall be used.
- Only disposable paper towels in an appropriate holder or dispenser shall be used for hand drying.
- Washing, cleaning and sanitizing requirements for areas used by staff with infants or for areas that infants have access to, are as follows:
- Floors, except those carpeted, shall be vacuumed or swept and mopped with a disinfecting solution at least daily, or more often if necessary.
- Carpeted floors and large throw rugs that cannot be washed shall be vacuumed at least daily and cleaned quarterly, or more often if necessary.
- Small rugs that can be washed shall be shaken or vacuumed at least daily and washed at least weekly, or more often if necessary.
- Walls and portable partitions shall be washed with a disinfecting solution at least weekly, or more often if necessary.
- The diaper-changing area, where residue is splashed from soiled diapers and items and surfaces are touched by staff during the diaper-changing process, shall be washed and disinfected after each diaper change. Such areas, items and surfaces shall include but not be limited to:
 - Walls and floors surrounding the immediate diaper-changing area.
 - Dispensers for lotion, soap and paper towels.
 - Countertops, sinks, drawers and cabinets.
 - Sinks used to wash infants, or to rinse soiled clothing or diapers shall be disinfected after each use
- Objects used by infants that have been placed in the child’s mouth or that are otherwise

contaminated by body secretion or excretion are either to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried, or (b) washed in a mechanical dishwasher before use by another child. A container will be placed in the infant room to collect these objects which shall be washed and disinfected at least daily, or more often if necessary. Such objects shall include, but not be limited to toys and blankets.

- Linens laundered by the center shall be washed and sanitized at least daily, or more often if necessary. Such linens shall include, but not be limited to, bedding, towels and washcloths used on or by infants.
- A disinfecting solution, which shall be used after surfaces and objects have been cleaned with a detergent or other cleaner, shall be freshly prepared each day using 1/4 cup of bleach per gallon of water or other approved disinfectant . Commercial disinfecting solutions, including one-step cleaning/disinfecting solutions, may be used in accordance with label directions.
- All disinfectants, cleaning solutions and other hazardous materials must be approved for use at CSB and shall be placed in a locked storage area.

W. Kitchen Sanitation

- All kitchen staff will follow Contra Costa County's Environmental Health rules and regulations for Retail Food Facilities.
- Cleaning/sanitizing may be done by correct spraying and wiping, or by using a dish washing machine, or any other type of machine (if demonstrated thoroughly to cleanse/sanitize equipment and utensils). The dishwashing machine must reach a temperature of 165 °F (74 °C) during washing and 180 °F during rinsing.
- All dishes and utensils used for food preparation, eating and drinking must be cleaned and sanitized after each use. If a dishwasher is not used, the manual 3-compartment sink method must be followed.
- Toxic materials must not be stored in food storerooms, kitchen areas, food preparation areas, or areas where kitchen equipment or utensils are stored.
- Soaps, detergents, cleaning compounds or similar substances must be stored in areas separate from food supplies.

X. Food Safety and Sanitation

1. Personal Hygiene for Food Service Staff and Classroom Staff

No person is allowed to work in a food service facility or a food serving area if he/she:

- Is infected with a communicable disease that can be transmitted by food.
- Is a carrier of organisms that can cause disease.
- Has a boil, infected wound, or acute respiratory infection.

Employees must thoroughly wash their hands and exposed portions of their arms with soap and warm water:

- Before starting work
- Before serving food
- During work

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- After diapering
- After smoking
- After eating
- After drinking
- After using the toilet
- As often as otherwise necessary

Employees must take off their apron:

- When exiting building
- When going to use the bathroom
- As often as otherwise necessary

Employees must maintain a high degree of personal cleanliness, and conform to good hygienic practices:

- Minor cuts or scrapes should be thoroughly cleaned, and covered with a clean bandage. If the affected area is on a hand, food service gloves should be worn until the area has healed.
- While engaged in food preparation or service or while in areas used for equipment washing, utensil washing, or food preparation, employees must not use tobacco in any form, eat food, chew gum, or wear earphones. Employees may eat and drink in designated areas only, and shall follow Contra Costa County's tobacco product control ordinance.
- Potentially hazardous food must be kept at an internal temperature below 40°F or above 140°F. Hot foods that fall below 140°F must be reheated to at least 165°F.
- Gloves are to be used when either hand comes into contact with food such as when cutting food. Gloves do not need to be used when serving food with a utensil so there is no hand contact.
- Each serving bowl on the table must have a separate serving utensil.
- Leftovers may not be sent home with children, staff, or adults - due to the hazards of bacterial growth.
- Employees may not have their own food such as sandwiches, (coffee, soda, chips or candy in front of children.
- To help maintain kitchen sanitation, all non-kitchen staff shall not enter the kitchen except as required for work duties.

2. Policies for Food Sanitation / Safety

i. Mealtime Sanitation Procedures

- Before and after each meal time, tables must be cleaned with the registered disinfectant/cleaner approved for food prep surfaces
 - Children should not return to the table with books, toys, etc. until after the table has been cleaned and sanitized.
- Teachers and children must wash hands before setting table or sitting down at table.
- The assigned staff must take temperatures of foods before serving, and food must be warmed up to 165°F if temperature falls below 140°F.
- Serving temperature and the time when temperature was taken must be recorded on transport sheet.

ii. Food Utensils, Dishes and Food Containers

- Each center must ensure that all serving bowls and other tableware items have been properly sanitized before each use.
- All dishes, utensils, and food containers are the property of Contra Costa County Community Services Bureau, and should not be taken off the premises.
- All food and utensils must be kept in their proper storage cabinet.
- Non-perishable food and food-related products must be stored at least six inches off the ground at all times.

iii. Refrigerators

Thermometers inside freezers and refrigerators must be checked daily. It is the Site Supervisor's responsibility to:

- Monitor the daily temperature check and keep the Refrigerator/Freezer Log (CSB455) accessible.
- Order a new thermometer when needed.
- Ensure that refrigerator is cleared of perishable food items and is cleaned and sanitized on the last day of the week.
- Ensure that staff food is stored only in produce drawers labeled "Staff Food" in CACFP refrigerators.
- No open containers are allowed in the produce drawers.
- Stored containers must not have any exposed straw or spout

iv. Food storage

Leftover fruit (except for bananas) and bread shall be stored in the refrigerator for later use and bread in the freezer for later use.

- Leftover milk and cold foods shall be rotated so they do not become outdated.
 - Use FIFO (First In, First Out) method
- Milk that has been poured into small containers should not be poured back into the milk carton.
- All foods shall be marked with their date of delivery.
- Opened food that must be stored shall be labeled with name and date of opening.
- All containers shall be labeled with name of food and date when packed.

v. Disposal of Leftover Food

Serious health problems can be caused by leftovers that are held too long at an improper temperature. Teaching staff is required to dispose of all un-served cooked foods. At the end of each meal they are thrown into the garbage can.

- Food may not be kept after it has been put on the table for children.
- Leftover (un-served) food can never be taken home.
- Leftover fresh fruits, vegetables, cereals, breads and milk should be stored properly and used

for snacks or breakfast. Unsafe perishables shall be disposed of daily.

- The central kitchen will create a sample lunch plate and hold it for seven days. This food will be used for analysis in the event of a food-borne illness outbreak.

Y. Procedures for Using Transport Units

Food cambros are insulated to help maintain the temperature of hot food or cold food. Cambros and containers shall be washed and sanitized daily.

- Cambros shall not be stacked more than four high.
- Broken cambros shall not be used to transport foods.
- Cambros and containers are opened just before serving food.
- All food containers shall be rinsed before being returned to central kitchen.
- Food shall not be left at room temperature in an open cambro.

Z. Food for Infants

1. General Description

- Infants from birth through 11 months participating in the program will be offered an infant meal. Under the infant meal pattern, infant formula is a required component and, as such, must always be offered unless the infant's mother provides breast milk. CSB encourages breast-feeding. Infants and mothers benefit when infants are breastfed. Facilities are available for mothers to comfortably and discreetly breastfeed infants. Alternatively, staff can feed infants expressed breast milk left by their mothers.
- The decision regarding which infant formula to feed a baby should be made jointly by the infant's doctor and parents. CSB provides one house formula: Enfamil Infant. Any parent who wishes to decline this formula must document this declination using the form "Parent's Form for Declining a Provider's Formula" (See Form CSB404). Such parents will furnish a formula which meets the CACFP requirements for iron fortification and nutritional content, unless the doctor has prescribed a special formula. If the doctor-prescribed formula does not meet the CACFP requirements, parent and MD will need to complete a medical statement in addition to the declination form (CSB404).
- Infants are to be held while being fed, and must never be laid down to sleep with a bottle.
- An infant's developmental readiness is assessed to determine the foods to be provided, the texture of the foods, and the feeding styles to use. For complete guidelines, refer to the training manual Feeding Infants: A Guide for Use in the Child Nutrition Programs.

2. Feeding Infants:

- The introduction of solid foods is usually started around six months of age, depending upon each infant's nutritional and developmental needs. The decision to introduce solid foods should always be made in consultation with the parents. New foods are introduced one at a time, up to one week apart to make it easier to identify food allergies or intolerances. Infants will be offered single-ingredient commercial baby food when appropriate.
- As infants grow older, they may prefer to hold their own bottles, and may do so while being held in an adult's arms or lap.

- Dental problems, such as tooth decay, may result from children using bottles as pacifiers. For this reason, children are not allowed to carry bottles.
- Cereal or any other solid food may not be served from a bottle. A spoon is to be used instead. Baby food shall not be served from jars. Before feeding, the approximate amount of food that infant might consume shall be taken from the jar and placed into a small dish. Solid foods must not be put in bottles. Babies fed such food in a bottle can choke and may not learn to eat foods properly.
- Any parent who chooses to decline the center's offered food and instead furnishes one or more food items that meet Child Nutrition Program (CNP) nutritional content requirements, must document this declination using the Parent's Form for Declining a Center's Food For Infants, (Form CSB405) unless the doctor has prescribed special food. Any food items provided by the parent must be in compliance with local health codes, Head Start Performance Standards and CACFP regulations. If the doctor's prescribed food item(s) does not meet the CNP requirements, the doctor will need to complete the Physician's Letter for Declining a Center's Food (CSB405a), return the original to the Nutrition Office, and retain a copy in the child's file.

3. Food to Avoid with Infants:

Infants are at risk of choking on food due to their poor chewing and swallowing abilities. For a complete list of foods to avoid for infants and toddlers, please refer to the training manual, "Feeding Infants: A Guide for Use in Child Nutrition Programs."

AA. Food for Toddlers

Toddlers will be served food from the regular Child Nutrition Toddler menu. Foods should be served family style and prepared so they are easy to eat (small pieces, or thin slices, no bones).

BB. Potlucks

Potlucks have historically been an integral part of CSB. They have provided parents with opportunities to share part of their family traditions, culture, personal interests, and strengths with other parents and staff in an economic and enriching manner. As the program has grown, concerns have been raised in relation to sanitation, safety, and nutrition. This is partly due to the common practice in our community of celebrations being built around a shared food experience, often with participants bringing their choice of food.

- Potlucks are discouraged during class hours as the children have their planned menus.
- If a potluck is held during a classroom event, it shall be held in a separate room such as a teacher's lounge or conference room. If a separate room is not available, potlucks shall be held after class hours.
- If a potluck is held during a classroom event, enrolled children will first be served the food provided by Child Nutrition Services.
- Parents may prepare a plate of potluck food for their own children only, and enrolled children may not be served the food in lieu of the food provided by the program.
- If after hours, parents may serve their children alternate food from whatever source they choose at that time.
- Parents who choose to contribute food should be encouraged to bring foods that are

economical, healthy, and prepared in sanitary conditions. See section CC below for restrictions and suggested healthy alternatives.

- The food may be either homemade or purchased.
- Cultural foods are encouraged.

CC. Food for Children, Parent, Staff Meetings and Events

In March 1993, in an effort to reduce chronic disease, the Board of Supervisors adopted the Contra Costa County Food Policy developed by the Contra Costa County Food and Nutrition Policy Consortium, of which CSB is a member. The policy states that food provided at staff meetings, parties and other types of County social events should include choices that meet U.S. Dietary Guidelines. All foods served to people or provided through food assistance programs should reflect current standards of good nutrition.

In 2012, the Board of Supervisors and the Policy Council approved a Healthy Food & Beverage Policy. This policy states that Community Services Bureau recognizes frequent consumption of non-nutritious foods and beverages as a significant risk to the health of the children being served, and is taking a preventive approach. The role of CSB in serving families includes consistently modeling the behavior we wish to encourage. Therefore, at all CSB meetings, events, activities, or celebrations which include children:

- Sugar (or corn syrup) sweetened beverages and 100% fruit juice will not be served
- Caffeinated drinks, including teas, will not be served
- Foods containing large amounts of sugar and/or solid fats (candy, donuts, cakes, cookies, chips, etc.) will not be served

Instead, CSB will provide or require healthy alternatives such as:

- Unsweetened carbonated water (flavored or unflavored)
- Water, perhaps flavored with a slice of lemon or other fresh fruit (and preferably served in non-plastic containers)
- Non-fat or 1% milk (plain)
- Coffee and/or tea (for adults)
- Fresh fruit
- Whole-grain snacks (crackers, etc.)
- Raw vegetables and dipping sauce

At all facilities directly operated by CSB, the CSB Healthy Food and Beverage policy will be implemented for any meal or special event that includes children.

DD. Nutrition Services

- The Nutrition Office works with staff, professionals and parents to meet the nutritional needs of children with disabilities, and to help prevent disabilities that have a nutrition-related basis
- The Comprehensive Services Health, Disabilities and Mental Health Managers work with the

Nutrition Manager to ensure that provisions to meet special needs are incorporated into the nutrition program.

- Appropriate professionals shall be consulted when determining ways to assist Head Start staff and parents with regard to children who have severe disabilities and/or problems with eating. The Nutrition Manager will plan and implement activities to help children with disabilities participate at mealtime, and to help prevent nutrition-related disabilities.

EE. Food Defense

Security measures in the central kitchen area will be followed by limiting access to the food production area and storage area to authorized personnel only.

When not in use:

- Freezers shall be kept locked.
- Walk in refrigerators shall be kept locked.
- Storage room shall be kept locked.
- Access to ice machine shall be controlled.
- Food shipments shall be accepted only if products are secured and sealed.
- Incoming food shipments shall be examined for potential tampering.

PART V. FAMILY & COMMUNITY ENGAGEMENT PROGRAM SERVICES

SUBPART I. Strength Building-Family Partnership Agreement

A. Purpose

Parent and family engagement in Head Start/Early Head Start (HS/EHS) is about building relationships with families that support family well-being, strong relationships between parents and their children, and ongoing learning and development for both parents and children. The partnership between parents and HS/EHS staff is fundamental to children's current and future success and their readiness to school. At CSB, parents and family engagement activities are grounded in positive, ongoing, and goal-oriented relationships with families. The Strength Building-Family Partnership Agreement process begins at the first point of contact with the families. This may occur through a phone call to the enrollment line, an intake appointment, an enrollment clinic or a walk-in at one of our centers. Upon enrollment staff and families build ongoing, respectful, and goal oriented relationships. As needed, the staff is ready to link families with community resources and referrals to promote progress on family and child development goals.

The Strength Building-Family Partnership Agreement is further strengthened by parents completing the Parent Volunteer Survey, Parent Interest Survey, and engaging in the day to day program activities for families and children.

B. Building Strength Building-Family Partnership Agreement (SB-FPA)

The SB-FPA aligns with the HS Parent and Community Engagement Framework and family outcomes. Through the SB-FPA, families work with staff to identify and achieve their goals and aspirations. The SB-FPA is a strength-based practice and is completed twice each program year. In both cases, parents and co-parents are encouraged to participate based on their readiness/willingness.

The Strength Building-Family Partnership Agreement has three layers of engagement:

- Strength Building Family assessment
- Family Goal Setting
- Referral and Resources

1. Family Assessment

Through the family assessment process, families meet with staff to share their unique strengths, inspirations, goals and challenges. They also discuss various dimensions of the HS/EHS Parent Family Community Engagement (PFCE) Framework:

- Family's well-being (Parent/family Health and safety, financial security, Shelter)
- Positive Parent Relationships (Parents developing warm relationships that nurture their child's learning and development).
- Family as a Lifelong Educator (Parent as the first teacher, participates and support their children learning, partner with school teachers and community).
- Family as Learners (Parents advance their own learning through educations, training, to support parenting, career and life goals).
- Family Engagement in Transitions (Parents support children learning and development as they transition to new learning environments such as EHS to HS or HS to Kinder and Elementary School).
- Family Connections to Peer and Community (Parent is connected with peers to build networks that are supportive and educational to enhance social well-being and community life).
- Family as Advocates and Leaders (Parent participates in leadership development at site level, community or state level to improve advocate for high quality children' learning experiences).

The key points of this conversation are objectively documented in CLOUDS using the Family Partnership Assessment Indicators, Comprehensive Services staff will assign one of the indicators to the dimension (T: thriving, S: stable, or IN: in-crisis).

2. Goal Setting

Based on the information gathered through the Strength Building-Family Partnership Agreement-Assessment, and based on what families consider it is important to them, the staff encourages and assists parents in setting personal or family oriented goals. If the family has a pre-existing goal, CSB staff will support the family as requested. Through the goal setting, families are educated on setting SMART goals

and planning the steps and support needed to achieve their aspirations. The family-goals are documented in CLOUDS-Family Goals, using the family's own words. (Family SMART Goal are: Specific, Measurable, Achievable, Realistic/relevant, and Timely)

3. Accessing Resources and Services

Upon identification of the family SMART goal, the family defines achievable short steps, identifies resources/referrals they might need to successfully reach those goals, and commits to its completion. Staff assistance and support, nurture the family as they go through this process, building their knowledge and confidence accessing community resources. Referrals and Services are documented in CLOUDS Referral/Services tab.

4. CSB Strength Building-Family Partnership Agreement Process

The initial SB-FPA is completed within 60 days of family enrollment; the second one is a follow-up of the initial SB-FPA and is completed 30 days prior to the end of their program year. This applies to Part day/Part Year Programs and Full Day/Full Year Programs. The SB-FPA is a fluid process, depending on individual family's circumstances; staff will support their interest and needs regularly.

i. Within 60 days of Enrollment

Comprehensive Services Clerks are responsible for the following:

- Completing family Assessment:
 - Meet with parents to complete the first SB-FPA as early in enrollment as possible. Document family strengths and areas in need of further information/referral in the CLOUDS system. Use key-words to describe and validate the selected indicator under each of the eight sections.
 - Avoid keeping assessments as new or in progress.
 - Families may decline the completion of the SB-FPA, if this happens, staff documents parent "declined" in CLOUDS SB-FPA Form.
- Completing Goal Setting:
 - Assist family on setting personal or family oriented goals to be completed within the program year, to describe what step will be taken to complete the desired goal, what support will be needed and when the goal will be achieved. Educate family in using the SMART Goal format and encourage to write them in their own words. (Specific, Measurable, Achievable, Relevant and Timely). If a family doesn't identify specific family goals, suggest the family develop a goal that supports their child's educational goal or development. (Staff can refer families to their parent-teacher conference goals if needed).
- Document family goal in CLOUDS by indicating:
 - Goal category based on PFCE frame work.
 - Goal description, enter the family's own words. Include pre-existing goals if

- applicable.
 - Goal steps, what is needed to achieve the goal(s) including a back plan. (The parent's responsibility for the action)
 - Goal support, what will be done by other than the parent to assist in achieving the goal. (Staff/other commitment to the action)
 - Expected completion date. (Within the program year)
 - Goal follow up, provide immediate support/resource and referrals to families that identified themselves as "in need" or requested additional information. All actions, resources, referrals and results of follow-ups are documented in under Goal Follow-up and in the Resources Referral Section in CLOUDS.
- Entering Referral and Services:
 - Families are provided with resources as requested or if staff consider the family will benefit from a community resource. Referral and Services are documented in CLOUDS. As needed families are contacted to determine if resources or referrals were appropriate and adequate for the family.
 - Document contact on Family Referrals and Services-Notifications in CLOUDS (enter dates and CS staff initials) indicating if the resource(s) met the family's needs and if the family was satisfied with the referral/resource. Resources and referral status in CLOUDS need to be marked as "Completed" by the end of the program year. Avoid leaving pending referrals, as in progress or new.

ii. By January

- Mid-year Goal follow-up. All family goals must be followed and documented in CLOUDS family goals section.

iii. 30 days before the end of the Program Year (Part Day Programs and Full Day Programs)

Comprehensive Services Clerks are responsible for the following:

- Complete the second SB-FPA, by reviewing the initial SB-FPA with parents. Staff communicates with families to discuss and document the second assessment in CLOUDS
- Follow on family goal progress. All family goals need to be closed at this time. Staff document on CLOUDS, the status of goal completion (Accomplished, Not accomplished). If any barriers were impeding the goal completion, staff document the goal status as "Not Achieved" and enter comments explaining the barriers under "End of the Year Comments" section of Goal in CLOUDS. Avoid leaving goals in progress or as new.
- As needed assist families in utilizing provided resources/referrals immediately, especially for families identified as in need.
- As needed contact families to determine if resources or referrals were appropriate and adequate for the family. Document notes in CLOUDS under Referral and Resources and Services-Notifications. At the end of the program year, all referral and resources status in CLOUDS need to be marked as "Complete", avoid leaving pending referrals as "In progress" or as "New".

iv. On an Ongoing Basis:

Site Supervisors are responsible for the following:

- Review individual SB-FPA's and Family Goals for their sites.
- Review CLOUDS custom report for Family Performance and Outcome by Measure by selecting your site.
- Maintain communication with CS Staff, especially for families they might consider themselves as in need.
- Should the family situation change and site staff is aware, notify comprehensive services staff to update Strength Building-Family Partnership Agreement assessment if needed, and provide support or resources as needed.
- As applicable, provide Comprehensive Services staff with updates to Referrals and Services as parents inform so that CLOUDS is maintained accurate and support is provided as needed.

Comprehensive Services Assistant Managers are responsible for the following:

- Monitor the completion and accuracy of SB-FPA data entry in CLOUDS.
- Following through CLOUDS reports to ensure family's referral and services are properly followed up and resources, referrals are in place.
- End of year SB-FPA reached closure. All assessments completed, all goals completed (achieve or not achieved or declined), all referral and services (Completed).
- Ensure that adequate follow-up and resources were provided promptly by CS Staff.
- Provide support and assistance to Site Supervisors and CS Clerk in obtaining resources if requested.
- Provide support and assistance to the family when needed.
- Hold Family Meeting for referrals that require multiple steps and planning.
- Hold Family Meeting to comprehensively support families who requested additional assistance or identify themselves as been vulnerable or in need.
- Work with Comprehensive Services Clerks to strategize timely completion of SB-FPAs.

Comprehensive Services Clerks:

- Build positive goal oriented relationships with the families as early in enrollment as possible.
- Complete Family Assessment, Goal setting, Referral and Resources.
 - Complete initial SB-FPA within 60 days of enrollment.
 - Complete end of the program year SB-FPAs 30 days before the end of the program year, review goal achievements, and request family feedback about community resources provided. If the family has not achieved their goal from the previous year and would like to continue working towards the same goal, staff may open a new goal format in CLOUDS and enter the same goal for the following year.
- Maintain open communication with families and follow on their goal process. As needed provides support.
- Partner with families to educate, support and build skills in accessing community resources and referral. If families identify themselves as in need, a week follow up is required to review if families accessed the community resources provided.
- Document all entries and follow up in CLOUDS data system.

5. Desired Outcomes of Family Partnership Process

- Families achieve an enhanced quality of life by engaging in a Strength Building-Family Partnership Agreement. Families are provided community resources such as adult education classes, financial literacy assistance programs, employment counseling, school lunch programs, health resources, and other community services. Such efforts are coordinated with the Comprehensive Services staff via the Strength Building-Family Partnership Agreement process and through on-going interactions with site or comprehensive services staff at the parent's discretion and need. By assisting families to identify their own supports and strengths, development of skills, tools, and resources, families can use this process to further develop their goals for their families beyond Head Start.
- Families feel empowered and have gained life skills to be self-reliant by learning about and accessing community resources to support their family.
- Families' attainment of goals will be identified.
- Families attain and accomplish pre-existing goals if identified.

The Comprehensive Services staff provides guidance, support, and resources to the family, moving them toward successful completion of their family goal(s) and aspirations. Documentation of support can be found in CLOUDS, Strength Building-Family Partnership Agreement, Family Goal, Referrals and Services, and the Family Case History.

When the family does not meet the timeline to accomplish their Family Goal, the Comprehensive Services staff will provide additional support and guidance, by reviewing/discussing all obstacles which prevented the family from meeting the time line. Families have a choice to continue moving toward meeting their goal(s) or establishing a new goal. If a family chooses to set a new goal, Comprehensive Services staff will assist the family in identifying an area to set a goal, and follow the goal setting procedures as listed under Goal Setting. Comprehensive Services staff will provide support and resources for the family to work towards achieving the newly identified goal.

Families may refuse to participate in the assessment, goal development or resources/referrals services. Staff document their attempts at explaining the benefits of the process, and note on CLOUDS that parent refused.

6. Parent Volunteer Survey

During the enrollment appointment, Comprehensive Services staff asks parents to complete a Volunteer Survey (See Form CSB300). This survey includes ways for parents to be engaged at the site level such as: helping in the classroom, preparing materials, and sharing their talents. It also offers opportunities to volunteer on a larger scale such as the Policy Council, Health & Nutrition Services Advisory Committee, , and Interview Panels.

The following is the protocol for implementation and completion of the Volunteer Surveys:

i. Upon Enrollment

CS Clerks are responsible for:

- Educating parent about CSB volunteer opportunities and encouraging parents to complete the

CSB300 Volunteer Survey Form.

- Collecting completed forms and tallying a list of volunteers by site.
- Inputting names of parents indicating interest in an Advisory Committee (Policy Council, Health & Nutrition Services, Interview Panel, etc.) into the Volunteers for Advisory Committees folder on the Shared drive.

ii. By September 30th

Site Supervisors are responsible for:

- Compiling a list of site volunteers from Volunteer Survey results.
- Utilizing the list of volunteers when needed for parent meetings.

Comprehensive Services Assistant Managers are responsible for:

- Working with Comprehensive Services Clerks to ensure Parent Interest Survey and Volunteer Survey are completed within the timeline with the parents.

iii. Ongoing

- Should parents indicate interest in volunteering at a later date, they can inform site staff or CS staff about volunteer opportunities. (Volunteer Interest Survey is used upon enrollment as a means to discuss various engagement opportunities; however, families can participate in a volunteer activity at any point of enrollment).

7. Parent Interest Survey

The Parent Interest Survey is aligned with the Head Start Program Performance Standard (HSPPS) and the Parent Family and Community Engagement Family Outcomes. Parents complete this survey upon enrollment; results from the survey allow staff to identify the top topics of parents' interests to provide training at parent meetings or to provide family resources. The list of the top ten results is kept in the Parent Committee Meeting and Policy Council binder. Family resources are shared via written materials, newsletter articles, speakers, and other forms of media. The categories for topics include:

- Health/safety
- Nutrition
- Mental health
- Child development/transitions/
- Parenting/child-parent relationships
- Literacy /adult education
- Employment /job training/asset building
- Connecting to community resources, leadership/advocacy

The following is the protocol for implementation, timeline, distribution, and follow up for the Parent Interest Survey (See Form CSB300):

- Upon enrollment Comprehensive Services Clerks are responsible for the following:

- Completing the surveys with Parent after introducing the purpose of its completion.
 - Entering data in the Survey Monkey for a tally of completed surveys.
 - Collecting Survey Monkey tallies from PFCE staff and providing sites with completed CSB304 Forms Parent Meeting Training Schedule top ten interests.
- By October/November of each year Site Supervisors are responsible for the following:
 - Present the top ten parent interest results at next scheduled parent meeting.
 - Work with parents to develop a calendar/schedule for topic presentations.
 - Request support from Comprehensive Services as needed in obtaining or identifying speakers.

Based on the results of the Survey and Performance Standard requirements, parent education workshops are planned by Site Supervisors/Head Teachers, and Comprehensive Services team members throughout the school year.

C. Accessing Community Services and Resources

In order to best support and provide needed resources and referrals to registered families, CSB collaborates with members of the community agencies that are a part of our Health-Nutrition Advisory Committee. Community agencies support our work in the areas of health, behavioral health, nutrition support, education programs, disabilities/services agencies, social services, local Food Banks, financial literacy education, asset development programs, and domestic violence prevention programs and substance abuse prevention/intervention.

D. Supporting Families in Crisis-(Emergency and Crisis assistance)

When a family experiences a crisis, the stress disrupts the family's usual pattern of functioning and family well-being. Families sometimes find that their usual ways of coping or problem solving do not work; as a result, they feel vulnerable, anxious, and overwhelmed. Sensitivity, empathy, and care are taken to assess the nature and scope of the crisis in order to work with the family to discuss the level of support that is adequate yet comfortable for the family. The role of Head Start staff is to recognize and assess the crisis situation, listen mindfully, provide assurance, and help the family use specialized resources in the broader community. Whether staff provide the needed assistance or intervention or refer families to community resources, they are key sources of support to the family.

- In an event of a crisis, the Site Supervisors and Comprehensive Services staff assigned to each site should always be the first contact.
- Comprehensive Services and site staff will conduct a comprehensive review of the immediate crisis that the family has.
- Consult the Service Area Manager(s) most connected to the crisis as needed for case review assessment and ensure comprehensive services support has been considered, and track crisis until stabilized.
- As needed, contact the Mental Health unit for support. Report the situation and advise of the potential need for crisis intervention or consultation.
- The Parent, Family and Community Engagement Manager should also be notified regardless of

the crisis area.

- Comprehensive Services Assistant Manager supporting the site creates, reviews and updates documentation of events in CLOUDS.

E. Accessing Mental Health Services: Prevention Identification, Intervention, Program for Families

CSB supports the social-emotional health and well-being of both the child and the family. Opportunities for parents are provided to discuss concerns regarding their child or family and seek/assess support/treatment options with CSB mental health unit clinicians. Goals of the mental health prevention program are to:

- Improve self-concept
- Build positive goal-oriented relationships
- Develop coping skills for problem-solving
- Manage stress effectively

Family Meetings are offered to families as needed to identify and address child or family issues so that Comprehensive Services staff can provide information or additional resources to the family. Staff can assist families in obtaining appropriate referrals to address individualized family needs or concerns.

Child Abuse Prevention training for parents is scheduled annually at the site level during parent meetings. Additional resources are available to site and parents upon request.

F. Family Resources

1. Resource Guides:

Several community resource guides are used by Comprehensive Services staff, and many are posted on Parent Boards including:

- “Surviving Parenthood,” published by the Child Abuse Prevention Council 925-798-0546 or access the link: <https://www.capc-coco.org/>
- “Resources Guides” published by Contra Costa Crisis Center (Toll-Free 800-830-5380 or 925-939-1916, and Crisis line 800-833-2900 or [http://cccc.bowmansystems.com./](http://cccc.bowmansystems.com/)) and the guide provides an at a glance perspective of what resources are available to assist with families' basic needs. It is easy to reproduce, is available in English and Spanish, and is published for East, Central, and West Contra Costa County.
- CSB Friday Flyer: A source of county wide community resources/events, that are distributed twice a month to all CSB staff, in an effort to support their work linking families with valuable community resources. The Friday Flyer is distributed in English/Spanish and contains up to date information regarding county wide training and job opportunities, community events such family recreational activities, as well a variety of community learning opportunities.

Other community resources list that are frequently distributed to CSB staff and parents include:

- One Stop Career Center monthly calendars

- First 5 Center monthly calendars
- Local Library calendars
- Latina Center calendars
- Spark Point calendars
- Family Law workshops

2. Internet Database

For individualized resources customized to fit particular needs, Comprehensive Services staff and other staff can access 211 Online Database via the Internet at www.crisis-center.org. This up-to-date system allows staff to search for resources by name, need, and geographical area. It has the capability of translating the resource information into 12 different languages and has a map feature allowing the user to create a map to and from the resource location. Parents are encouraged to use this resource from CSB computers, or if available, from their personal computer.

3. Other Methods of Access

Parents are also given access to information about community services by posting information on parent bulletin boards at sites and Wellness Center Displays in the classrooms. Additionally parents receive, educational booklets, pamphlets, CSB Family newsletters, flyers of program events during parent orientation and/or other parent meetings/trainings.

4. Site Based Resources and Referrals

Each Site Supervisor must make available the Resource Guides for the appropriate region of the county to assist families in accessing frequently used or needed resources. Copies of these Resource Guides should be posted on the Site Parent Board and also be distributed to each family so that it is easily accessible should they need it at a later time. Additional copies for photocopying and updated versions can be found at **211 Contra Costa**: <http://ccc.bowmansystems.com/> Resource boxes are also available at each site with additional resources and handouts that relate to topics from the Parent Interest Surveys. Each site has a Wellness Center (self-help) that will assist those families that don't ask for resources directly. The Wellness Centers contain information in the areas of: CSB's health, disabilities, nutrition, mental health, parent/family involvement, among other flyers. The Site Supervisors update the wellness centers quarterly basis.

G. Services to Pregnant Women Enrolled in the Program

Staff engages enrolled pregnant women and other relevant family members such as fathers, in family partnership services focused on factors that influence prenatal and postpartum maternal and infant health. Staff provides support throughout the transition process with program options and transition to program enrollment, as appropriate.

The Strength Building-Family Partnership Agreements will address:

- Early and continuing risk assessments, which include assessment for nutritional status as well as nutrition counseling and food assistance, if necessary.
- Health/oral promotion and treatment, including medical and dental exams, on a schedule

- deemed appropriate by attending health care providers as early in the pregnancy as possible.
- Mental health interventions and follow-up, including substance abuse prevention and treatment services as needed.
 - Pre-natal education on fetal development, labor and delivery, and postpartum recovery
 - Benefits of breastfeeding and accommodation of breastfeeding in the program.
 - Health staff will visit the newborn within two weeks after birth to ensure the well-being of both mother and child.

SUBPART II. Parent Engagement

A. General Description

Parents are the first and most important educators of their child. Parent Engagement in CSB is integrated into the classroom and in the administration, by then, it is imperative that the parents become engaged in their children educational program, and in all aspects of the program. Parents are encouraged to participate in policy-making groups at the center, agency, and grantee levels. Participation of parents is voluntary and is not required as a condition of the child's enrollment. Four ways have been designed to provide the parents and/or families of the program to actively participate in the following:

- Engage in the decision-making process
- Engage as paid employees
- Engage as volunteers
- Engage as observers in their child's classroom

Families can also expect to be offered the opportunity to be engaged in the program as equal partners in their child's education, learning, and development in these ways and more:

- Participates in the Home Visit
- Attend an orientation to the program and the classroom
- Attend two Parent/Teacher conferences per year
- Attend Parent Meetings and parent trainings
- Participate as a volunteer, staff, or observer
- Participate in the Male Involvement and Engagement Program
- Participate in Policy Council and other advisory bodies
- Participate in the Strength Building-Family Partnership Agreement

B. Engagement in the Decision-Making Process

Participation in the process of making decisions about the nature and operation of the programs (as well as decision-making in the Contra Costa County Community Services Bureau Grantee-Operated Program and the Policy Council) occurs on two levels, Site Parent Committee and Policy Council:

- 1. Site Parent Committee Meetings:** comprised exclusively of the parents of children currently enrolled at each center or within a program option such as the Home-based option.

The Site Parent Committee carries out at a minimum, the following responsibilities:

- Collaborates with staff in developing and implementing local program policies, events, and services (including but not limited to classroom curriculum and activities, and center-wide activities).
- Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff (including but not limited to parent training, special events, and parent/child activities).
- Within the guidelines established by the governing body, Policy Council, or Policy Committee, participate in the recruitment and screening of Early Head Start and Head Start employees.

The following is the staff protocol for implementation of parent meetings as family engagement:

- In September Comprehensive Services Clerks, Comprehensive Services Assistant Managers and CS Managers provide support at 1st parent meeting to establish Policy Council representative and Parent Committee officers.
- As needed Comprehensive Services staff assists in providing resources for speakers at Parent Meeting upon request by Site Supervisor.
- Monthly one week before meeting, Site Parent Meeting Chair:
 - Announces upcoming meeting
 - Prepares agenda, make copies, prepare minutes
 - Copies minutes from prior month
 - Copies PC minutes to share with parents
 - Posts agenda on Parent Board
 - Secures training/guest speakers (with Site Supervisor assistance)
- Monthly Site Supervisor (with the support of Comprehensive Services staff as needed):
 - Supports Site Parent Committee Meeting Chair with monthly duties assigned.
 - Provides support for translation of minutes/agendas if needed.
 - Provides staff report for meeting.
 - Ensures parent committee meeting binder is current for the school year with training tally, training evaluations, meeting agendas, meeting minutes, sign-in sheets and copies of handouts given to parents.
 - Attends Parent Meeting or provide staff support to parent officers.
- Within school year Site Supervisor (with the support of Comprehensive Services staff as needed) ensures that required trainings are provided at the site, including:
 - Pedestrian Safety (By September 30th)
 - Child Abuse Prevention (By April 30th)
 - Kindergarten Transition (January to May depending on school district)

2. Policy Council

The Policy Council operates in under Internal Operational Procedures of the County Board of Supervisors,

the Brown Act, Simplified Roberts Rules of Order, Head Start Program Performance Standards (HSPPS), and Better Governance Ordinance. The Policy Council By-Laws, which are reviewed and approved annually by the PC, contains detailed information including but not limited to the following:

- Purpose of the Policy Council and composition information
- Procedures for handling business
- Duties and Responsibilities of members
- Membership and Meeting information
- Standards of Conduct requirements

For more information regarding the roles and responsibilities of the Policy Council, refer to the Program Governance under Section 1 of the Policies and Procedures.

The following is the staff protocol for implementation of the Policy Council as an opportunity for Parent Engagement:

i. Site Supervisors with the support of designated Comprehensive Services staff is responsible for the following:

- September:
 - Attend 1st Parent Meeting at each site where there is Head Start or Early Head Start enrolled families as assigned.
 - Assist in establishing site officers and Policy Council Rep(s). Refer to Initial Parent Meeting-Election Packet that outline general duties of policy council representatives:
 - Initial Parent Meeting-Election CSB 330
 - Initial Parent Meeting-Election Agenda CSB 330A
 - Initial Parent Meeting-Election Minutes CSB 330B
 - Parent Committee HS Requirements CSB 330C
 - Functions of the Parent Committee Officer CSB 330D
 - Policy Council Representative Overview CSB 330E
 - Policy Council Representative Information CSB330F
 - Roster of Parent Committee -Policy Council Officers CSB 330G
 - Provide new Policy Council representative with Policy Council Representative Changes (CSB-330F) form to complete and forward to Policy Council Staff and CC PC Manager

ii. Site Policy Council Representative with the support of site staff:

- Monthly:
 - Ensures posting of upcoming Policy Council Agenda on Parent Board before the Policy Council meeting.
 - File Policy Council Agendas in site Parent Meeting Binder.
 - Prepare monthly Site Report to present to the Policy Council.
 - Share and distribute flyers and information received at the Policy Council Meeting to parents at the monthly site committee meeting.
 - Attend Policy Council meeting and take back information and resources to the next Parent meeting at their site.

iii. Site Supervisor:

- Monthly-week of PC:
 - Confirm representation for the site. If rep(s) cannot attend, secure an alternate.
 - West Co. sites only: Confirm if Policy Council rep(s) needs transportation and inform PFCE staff to arrange transportation for the respective month.
 - Facilitate election of new Policy Council representative if replacement is needed.
- As needed:
 - If the elected Policy Council Representative is unable to fulfill his/her duties, he or she submits a letter of resignation to site or comprehensive services staff to be forwarded to the clerk or manager of PC.
 - Site conducts an election for replacement Policy Council representative at the next Parent Committee meeting.
 - Provide new Policy Council representative with Policy Council Representative Information (CSB-330F) form to complete and forward to the clerk of the Policy Council.

iv. Comprehensive Services Manager Assigned to Policy Council:

- Monthly-after PC:
 - Provide Policy Council meeting minutes to sites for Policy Council representative to report at next parent committee meeting.
 - Post minutes and agenda on EHSD, CSB and Contra Costa County public websites, in both English and Spanish.

C. Parent Engagement in the Classroom as Paid Employees, Volunteers, or Observers

1. As Paid Employees:

Contra Costa County CSB defines “paid employees” as currently-enrolled parents who have qualified for an employee position. Preference will be given to parents of children formerly or currently enrolled in CSB’s programs. Parents who become paid employees of Contra Costa County may not participate on the Policy Council.

2. As Volunteers:

To be considered for volunteering, a currently enrolled parent must comply with CSB and Licensing requirements, take part in an orientation about the program and the specific aspects of being a volunteer. Parents and family members are encouraged to participate in the classroom as frequently as their schedule permits. Please refer to the Volunteer Policy under Human Resources of the Policies and Procedures for more information on CSB Volunteer Policy.

If parents are unable to volunteer at the center, the following home activities are suggested:

- Assisting the children extend their experience in the classroom
- Assisting the children to use materials in different ways, providing children with appropriate work and strategies to help them solve problems

- Encouraging children to communicate with one another so that they can help themselves work out problems and explore alternatives
- Organizing, fixing, making toys or sewing/repair of dramatic play clothes
- Participating in story-telling activities with children
- Making observations of their child
- Making flannel board stories
- Going to the library to check out books for the classroom
- Translating written materials

3. As Observers:

Parents of currently enrolled children may observe in their child's classroom or during the Home-based socialization time at any point during program operations.

Depending on circumstances, other observers and professionals will need to obtain permission from the Site Supervisor/Early Childhood Home Educator and or parental consent release for observations by indicating the purpose of the visit, and how long they plan to visit.

Parents and other family members have a responsibility to treat staff and other program participants with courtesy. Aggressive or abusive actions towards any staff members, parent, or another child by a parent is unacceptable and may result in the parent being barred from the center grounds and or a child/family being withdrawn from the program. If this should occur, CSB will work with the parent to provide resources for alternative placement.

4. Male Involvement Program:

CSB supports the engagement of both parents in their children's educational experience that will ultimately help the children to reach better outcomes. Regardless of living arrangements, it is our goal to include both parents, (co-parents) to the maximum extent possible in the family partnership process and have ongoing communication with the child's teacher as co-partners in their child's education, learning and development.

CSB makes fathers feel welcome and supported at our sites and offer activities that will be meaningful to both father and mother. The goal of male involvement is to provide fathers and other significant males with opportunities to build parent to parent network that is supportive and/or educational, to enhance social well-being and community life. Activities and support for fathers and engaged men are determined locally through a variety of ways such as ongoing communication as a result of a parent-teacher conference, home visit, other means with a teacher or site supervisor, and fatherhood support groups (24/7 Dad).

D. Family Engagement in the Program

Staff members have a significant role in providing opportunities for parents/families to become engaged. Site staff and Comprehensive Services staff have the responsibility of ensuring that parents of children currently enrolled and/or family members have the opportunity to be engaged in all aspects of the program. CSB defines opportunity as the staff's willingness to assist families in removing barriers to their involvement.

1. Parent Orientation:

CSB staff ensures that parents have the opportunity to be engaged in the program by providing a Parent orientation at the time of placement. Once a child is ready to be placed at a site, comprehensive services, or site staff meets with the family to complete the placement process. This includes the Parent Interest Survey and a review of the Family Handbook which provides an overview of our CSB program, family parent engagement opportunities, and its service models & areas. The Family Handbook is updated annually in conjunction with the annual review of CSB Policies and Procedures. Contents of the Handbook are limited to appropriate content regarding program information, school readiness, staff professional development, parent, family, and community engagement, health and safety requirements, nutrition information, social services and more.

Please refer to the current Family Handbook for more details.

Site staff and Early Childhood Home Educators work with parents to plan classroom activities, field trips, socializations and home-based activities. Planning with parents at the site level occurs at parent meetings and individually through parent conferences twice a year. Child care and transportation are scheduled and provided when needed to allow for maximum family engagement.

2. Family Information Sharing:

All centers are required to have a Parent Information Board, located in a visible and accessible place all parents visiting the facility. For centers with several buildings, a Parent Information Board should be included at each building. These boards are used to communicate with families and should contain Center Licensing regulations, CSB and Community current events, parent committee meeting agendas and minutes, Policy Council agendas and minutes, job announcements, site special events, and parent engagement opportunities such as Male Involvement, parenting classes, financial literacy classes and other CSB and community learning opportunities. Materials should be posted in English and Spanish whenever possible.

CSB monitors both Delegate Agencies and subcontractors, and the directly operated program to determine the extent of parent engagement, giving technical assistance to programs as needed.

E. Development of Activities for All Parents

To gain an understanding about families are encouraged to fill the CSB300 "Parent Interest-Volunteer Survey Form".

Parent Interest surveys are distributed to enrolled families at enrollment and are tallied by Comprehensive Services staff by September 30th. to determine interests and needs of parents at each site. Information from these surveys is analyzed by staff, and form the basis for the development of activities and parent trainings that reflect the interests of the site. Parent Engagement requests found consistently across the program will be considered for agency-wide opportunities.

Currently enrolled parents, are encouraged to co-partnership with classroom staff, or with their Early Childhood Home Educators to design child development activities and special events.

Staff should assist parents to define their feelings about child rearing, as well as building partnerships with parents (to develop confidence and knowledge about their children's education). In turn, parents contribute their experiences and values to the program in a way that is comfortable for each parent.

Various opportunities are made available throughout the year, and support is provided both site and comprehensive services staff to assist each family to participate to the extent of their comfort, ability, and availability.

F. Parent Education / Home Activities

Teachers provide parents with individualized home activities to reinforce their child's learning objectives. Home activities focus on the use of household items and emphasize a developmentally appropriate approach to working with preschoolers.

Home activities are introduced to parents at site parent meetings, home visits/parent conferences, and daily conversations with parents.

Each center has a Parent Lending Library/Wellness Center available to parents on a checkout basis. Books and pamphlets about Parenting, Child Developmental Milestones, Health, Mental Health, Dental Care, Nutrition, Child Development, and Home Activities are all part of the library. For more information on Home Activities, refer to the Education section of the Policies and Procedures.

G. Parent Notification of Community Services Bureau Changes

Following is CSB's procedure for notification of parents of staff changes, new hires, substitutes, staff departures, and other applicable CSB staff movement:

- Classroom Substitute – the Site Supervisor will notify impacted families about changes in staffing at the classroom.
- Hiring/Assignment/Departure of Staff –the Site Supervisor or Head Teacher will inform parents in writing and verbally about changes in staffing on-site.

H. Family Literacy

Family Literacy will be promoted on a group and individual family basis through information obtained in the Strength Building-Family Partnership Agreements, Parent Interest Surveys, parent/teacher home visits, parent conferences, center parent meetings, and from other parent contacts. Family Literacy is approached as a collaborative venture; wherein interagency agreements are established to streamline access to the services of a variety of community agencies. Examples of Family Literacy opportunities include:

- Tandem Reading Program
- Raising a Reader book bags
- Reading Advantage
- Home activities

Comprehensive Services and site staff work consistently through the year to maintain effective working relationships with community agencies providing literacy support services. These may include, but are not limited to, United Way, Literacy Alliance, Libraries, ROP, RIF, Project Second Chance, CalWORKs, and Diablo Valley Literacy Council, or provide parents with resources for literacy services at their local library and more depending on the need and interest of families.

I. Parent and Family Engagement in Health, Nutrition, and Mental Health Education

The Family Strength Building Partnership Agreement utilizes the PFCE Family Framework outcomes. This matrix specifically addresses the family wellbeing that includes health, nutrition and mental health education. By completing this tool staff gains the information they need to:

- Assist parents in establishing and utilizing a medical and dental home
- Encourage parents to be active participants in their child's health care
- Provide parents with the opportunity to learn the principles of preventive medical and dental health, health and safety education, and individualized health training specific to the child and/or family needs

In addition to addressing education via the Strength Building-Family Partnership Agreement, there is a joint advisory group that allows appropriate time/opportunity for maximum engagement in Health and Nutrition.

Health Services and Nutrition Advisory Committee: This committee is composed of staff, parents, and community representatives from the fields of health, nutrition, disabilities, and mental health and their related services for pregnant women, children 0-5 years old, and their families. Members inform staff of current issues and practices in the community so that the program can address them. Parents also have an opportunity to express their concerns regarding health-related issues affecting their family or their community by providing input to local community agencies regarding current health-related events, trends, service gaps. Members of this committee also exchange information regarding the food service program and discuss and explore nutrition issues such as obesity, anemia, cancer, breastfeeding, and other topics of interest to the parent participants. This group meets twice a year. Parents indicate interest on the Volunteer Survey that is completed at placement (See form CSB300).

J. Parent and Family Engagement in Community Advocacy

Through the encouragement of parent and family engagement at all levels, the program provides parents with valuable information that will empower them and serve as a practical resource to help them in their day-to-day lives.

One of the goals of parent and family engagement is to support and engage parents in their child's education, learning, and development. Information exchanged during the first and second parent-teacher conferences, through Family Meetings, sharing of health screening results, and on-going communication with parents, staff are educating parents on the importance of seeking out support for the interest and well-being of their child.

Through the Strength Building-Family Partnership Agreement staff support and encourages families to develop goals or support existing goals in order to support the growth and well-being of their family.

Through the Policy Council and Policy Council Subcommittees parents are provided an opportunity to extend their advocacy into the community as they are involved in the decision making process for their Head Start and Early Head Start Programs. They gain experience in a public meeting setting and will have knowledge of public meeting rules should they wish to advocate in their local public meetings. They are

exposed to community resources and in turn become vital resources to other parents at their respective centers. The Policy Council Executive Committee and Advocacy Subcommittee, shares information about grass roots advocacy for the Head Start program and encourages parents to write letters to their elected officials supporting their Head Start program. This advocacy extends beyond supporting their own child which is what brought them to Head Start initially. It is vital that parents remain concerned and informed about issues that affect their lives and the lives of their children. Parents are encouraged to form their own opinions regarding issues and are provided with information on advocacy skills so that they can have a voice as well as leadership skills.

K. Parent and Family Engagement in Transition Activities

Helping each parent become an effective advocate for their children is an essential transitional strategy:

- Transitions start well in advance to allow time for the parent and the child to prepare for the upcoming change.

Parents are involved in transitions throughout the program such as transition from home to school, infant to toddler; toddler to preschool, preschool to kindergarten; routine transitions during class time; and transitions from the parking lot to the center. For more information on transitions, refer to the Education and Disabilities sections of the Policies and Procedures and the CSB Family Handbook.

L. Parent and Family Engagement in Home Visits

Head Start enrolled parents are encouraged to participate in two home visits during the program year. The first visit may occur at the time of placement and is intended to be an opportunity for the teacher to meet the child and family, and ensure that the child's entry into the program is successful. Comprehensive Services staff may accompany the teacher if necessary. This provides an opportunity for parents to share information about their child to the teacher.

Individual needs are also addressed at this time as well as completion of some required program documentation. The second visit occurs near the end of the program year and is intended to exchange information regarding progress the child has made and to address any areas of concern before the child leaves the program or begins another year with the program.

Parents may decline the opportunity for a home visit at any time. While home visits are not required as a condition of the child's enrollment or participation in these program options, every effort must be made by program staff to explain the advantages of home visits. Home visits are, however, required for the Home-based option and in the Early Head Start program where staff must visit the newborn within two weeks of birth. For more information regarding these programs, refer to the Education section of the Policies and Procedures.

M. Parent Engagement in Recruiting Head Start and Early Head Start Employees

All parents are invited to participate in the recruiting EHS and HS employees. Parents are included as part of the interview panel for consideration of employment. Parents can be engaged by showing interest as a Policy Council member or by way of the Volunteer Survey that is done upon enrollment. A list of parents who are interested in being on interview panels is created at the beginning of each year.

Training and orientation of the interview process is provided for all parents who wish to participate. For more information on staffing procedures, refer to the Human Resources section of the Policies and Procedures.

SUBPART III. Community Partnerships

A. Description

CSB takes an active role in community partnership building and advocacy to enhance the delivery of services to children and families. Based on a variety of information sources, such as the Community Assessment, Strength Building-Family Partnership Agreements, regulatory requirements and current legislation, program staff actively seeks out and enters into partnerships with various community entities and individuals to coordinate the access to resources and services to children, families, and staff. These partnerships and the manner in which they are conducted are documented by virtue of interagency agreements and memoranda of understanding, which clearly delineate the responsibilities of both parties, are updated regularly, and are responsive to the needs of children and families.

B. Child Care Partnerships

CSB engages several Community-Based Organizations on a contractual basis to provide child-care and development services to eligible families. Comprehensive Services staff and a CSB Senior Manager are assigned to these programs operated by our child care partners to provide support and technical assistance and to ensure compliance with federal and state regulations. Collaborative partnerships with child care agencies enhance the educational, health care, and social services to children and families throughout the county.

Providers of child care services include: First Baptist Church, We Care Services for Children, YMCA of the East Bay, Martinez Early Childhood Center, Richmond College Prep, Crossroads High School, Little angels Country Day School, Aspiranet, Sunshine Valley, San Ramon Unified School district, Healthy Families America, Child Care Counsel.

C. Partnerships with Agencies, Entities, and Individuals.

CSB partners with over a hundred community-based organizations including but not limited to:

- Health Services: Family, Maternal, Child Health Program (FMCH), Child Health and Disability Prevention Program (CHDP), , CAIR, Integrated Pest Management Bed Bug Task Force, John Muir Child Safety Coalition, Give Kids a Smile Day, Children’s Oral Health Program, Lead Prevention program, Communicable Disease program, Community Wellness & Prevention program.
- Child Welfare: County Child & Family Services (CCC EHSD-CFS).
- Mental Health: County Mental Health Program/MediCal Reimbursement, C.O.P.E. Family Services program (Triple-P program).
- Nutrition: Women, Infants and Children Nutrition Program (WIC), CCFP Roundtable, Solano

- & Contra Costa Food Bank, Families CAN, CCC Health Services CalFresh, BANPAC, UC Cooperative Extension (EFNEP), Healthy and Active Before 5.
- Disabilities: Regional Center of the East Bay, California Children’s Services, California Community Care Coordination Collaboration Five Cs, Contra Costa SELPA, Parent Care Network, Child Health and Disability Prevention.
 - Family Support: Department of Child Support Services (DCCS), SparkPoint Center, County Probation Family Justice Centers, Contra Costa First 5.
 - Child Abuse Prevention: Family Stress Center’s Child Assault Prevention Program and Families Thrive.
 - Professional Associations: California Child Development Administrator’s Association (CCDAA), National Association for the Education of Young Children (NAEYC), California AEYC, Contra Costa AEYC, Local Planning Council (LPC), National Head Start Association (NHSA), California Head Start Association (CHSA), and Region IX Head Start Association (RHSA).
 - Educational Institutions: Contra Costa College District, UC Davis, UC Berkeley, and Cal State University East Bay.
 - Other Supportive Services: Reading Is Fundamental, Supporting Father Involvement, Zero Tolerance for Domestic Violence, Raising A Reader and First 5 Commission.

In addition to partnering with agencies and entities to provide services to our children, families, and staff, CSB also conducts outreach to organizations for the purpose of securing volunteers to participate in program activities. Examples of this type of outreach include our work with the Volunteer Center, CalWORKs (work experience clients), Teens Link with the Community (teens fulfilling community services requirements in High School), and the Telephone Pioneers (retired Pacific Bell employees). Visiting experts are also recruited from the community to enhance training for children, staff, and families.

Groups of parents and professionals recruited to participate on Advisory Committees (Health & Nutrition Services Advisory, Community Colleges, Budget, Bylaws, Education and Family Services, Nutrition, and Personnel Committees) ensure quality planning for needs/interests of children and families. These committees contribute parent and professional input to the planning and program implementation process and are recognized for the important role they play in community partnership building.

PART VI. ADDITIONAL SERVICES FOR CHILDREN WITH DISABILITIES

A.Purpose

The Contra Costa County Community Services Bureau complies with the IDEA (Individuals and Disability Act IDEA) and is consistent with both Federal and Center regulations governing the rights of the disabled. Children enrolled in Head Start programs with disabilities receive all the services to which they are entitled to under the Head Start Program Performance Standards (45 CFR 1302).

Contra Costa County Community Services Bureau enrollment efforts include recruiting children with disabilities.

Enrollment may not be denied on the basis of a disability as long as:

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- The parent wants to enroll the child,
- The child meets the Head Start age and income eligibility criteria,
- Head Start is an appropriate placement according to the child's IEP/IFSP, and
- The program has vacancy to enroll

When a Head Start program has been determined an appropriate placement for a child with a disability and documented on the child's IEP/IFSP, Contra Costa Community Services Bureau will access resources, recommend placement options, and provide staff training as needed.

Children with disabilities may not be denied enrollment due to the following:

- Staff apprehension and/or unfamiliarity with the child's individual disability or special equipment required to accommodate the disability
- Inaccessibility of facilities,
- The need to access additional resources to serve a specific child to the extent possible,
- Unfamiliarity with a disabling condition or special equipment or devices needed to support the child
- The need for personalized special services

The policies governing Head Start program eligibility are the same for children with or without disabilities.

The Contra Costa Community Services bureau has instituted a variety of placement options for enrollment, including:

- Joint/shared placement with other agencies
- Shared provision of services
- Collaboration with the school district personnel to supervise special education services
- Shared enrollment slots
- Accepting kindergarten-aged eligible children in collaboration with school districts when IEP states the need

Children with disabilities identified for services are as follows:

- Children who have been diagnosed by a certified and/or licensed professional as "having a developmental delay or a disabling condition and have an IEP or IFSP."
- Children who may require special attention due to specific high risk factors who do not have a diagnosis. These children may not have an IEP or IFSP.

B. Definitions

- 1. ACYF** - Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, and includes appropriate Regional Office staff.
- 2. Children with disabilities** - Children with intellectual disabilities, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health

impairments or specific learning disabilities; and who, by reason thereof, need special education and related services. The term children with disabilities for children aged 3 to 5, inclusive, may, at a State's discretion, include children experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, need special education and related services.

3. **Commissioner** - Commissioner of the Administration on Children, Youth and Families.
4. **Day** - Calendar day.
5. **Delegate agency** - A public or private non-profit agency that a grantee has delegated the responsibility for operating all or part of its Head Start program.
6. **Disabilities coordinator** - Person on the Head Start staff designated to manage on a full or part-time basis the services for children with disabilities described in part 1308.
7. **Eligibility criteria** - Criteria for determining that a child enrolled in Head Start requires special education and related services because of a disability.
8. **Grantee** - A public or private non-profit agency that has been granted financial assistance by ACYF to administer a Head Start program.
9. **IFSP** - Individualized Family Service Plan for (ages 0-3) and **IEP** - **Individualized Education Program** for (ages 3-5) - A written statement for a child with disabilities, developed by the public agency responsible for providing free appropriate public education to a child, and contains the special education and related services to be provided to an individual child.
10. **Least Restrictive Environment** - An environment in which services to children with disabilities are provided:
 - To the maximum extent appropriate, with children who are not disabled and in which;
 - Special classes or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
11. **Performance Standards** - Head Start program functions, activities and facilities required and necessary to meet the objectives and goals of the Head Start program as they relate directly to children and their families.
12. **Related services** - Transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services, and parent counseling and training. It includes other developmental, corrective or

supportive services if they are required to assist a child with a disability to benefit from special education, including assistive technology services and devices.

- Assistive technology - Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.
- Assistive technology service - Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. The term includes: The evaluation of the needs of an individual with a disability; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices; coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; training or technical assistance for an individual with disabilities, or, where appropriate, the family of an individual with disabilities; and training or technical assistance to professionals who employ or provide services involved in the major life functions of individuals with disabilities.

13. Responsible HHS (Human Health Services) official - The official who is authorized to make the grant of assistance in question or his or her designee.

14. Special education - Specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a child with a disability. These services include classroom or home-based instruction, instruction in hospitals and institutions, and specially designed physical education if necessary.

C. List of Disabling Conditions

The classification of a child as “having a disabling condition” requires diagnosis by a qualified professional. Children with disabling conditions require special education and related services, due to one or more conditions including, but not limited to:

- Autism
- Emotional /Behavior Disorder
- Developmental Delay
- Health Impairment
- Hearing Impairment and Deafness
- Intellectual Disability as of Oct. 2010 instead of Mental Retardation
- Learning Disabilities
- Orthopedic Impairment
- Speech/Language Impairment
- Traumatic Brain Injury
- Visual Impairment and Blindness
- Other impairments

No child will be identified as having a disability because of speaking a language other than English, economic circumstances, ethnic or cultural factors, or normal developmental delays.

D. Responsibilities of CSB Full Inclusion Teacher

- Work collaboratively with the Site Supervisor, Comprehensive Services team and school district full inclusion staff.
- Share joint responsibility for all students in the class with regard to the implementation of indoor and outdoor activities with the School District full inclusion teacher (Special Education Teacher)
- Obtain appropriate documentation (copy of IEP or IFSP) that identifies the child as having a disability and be aware of other services provided to the child.
- Complete child observations in the classroom.
- Ensure each child's safety and assist identified children with self-help skills while they are receiving services.
- Assist school district full inclusion staff with bathroom procedures including diapering and toileting.
- Participate in family meetings and IEP/IFS meetings regarding children in the class.

E. Responsibilities of School District Special Day Classroom (SDC), Response to Intervention (RTI) and Full Inclusion Teachers

School District and CSB Staff work in collaboration to ensure the children and families receive needed services while ensuring the education and safety of the children under their supervision.

1. Full Inclusion Staff:

- Follow all Community Services Bureau policies and procedures.
- School District Inclusion Teacher (Special Education Teacher) and CSB inclusion teacher share joint responsibility for all students' supervision during small and large, indoor and outdoor activities. This includes assisting full inclusion children in bathroom procedures (including diapering and toileting).
- Provide special education services to identified children by ensuring the children's IEP goals are addressed, maintaining accurate records of evaluations documenting progress, and meeting with families.
- Follow CSB transition protocols
- Participate in team planning for classroom inclusion strategies, family meeting team meetings and IEP meetings.
- Participate in program collaboration meetings.
- Collaborates completing children's assessments

2. Special Day Class Staff:

- Ensure the safety of the children under their direct supervision (SDC).
- Collaborate directly with the Comprehensive Services Team to ensure the family and children comply with CSB mandates.
- While in the playground, SDC teaching staff and CSB Teacher share joint responsibility for supervision of all students during small and large outdoor activities.
- SDC teachers are responsible for providing special education to identified children, ensuring the

children's IEP goals are addressed, maintaining accurate records of evaluations, documenting progress, and meeting with families.

- Follow CSB transition protocols
- Participate in family meetings, SDC program collaboration meetings and children IEP meetings.
- Participate in program collaboration meetings.

F. Responsibilities of the Comprehensive Services Team

1. Comprehensive Services Clerks

- Complete CSB temp files at intake.
- Flag files using the red/yellow flag system to alert the staff and assistant manager as to the child's health, nutrition, social-emotional and developmental needs to also include parental concerns and/or family needs.
- Communicate to comprehensive services assistant manager if child's physical exam/baby well check or sensory/developmental screening results indicate concerns.
- Keep accurate records of child health, nutrition and families services information.

2. Comprehensive Services Assistant Managers

- Review all records relating to the child's health history, medical records and screening results to ensure children with suspected or identified concerns receive further evaluations and services.
- Carefully review and follow up on intake files flagged with the red/yellow system
- Facilitates family meetings as needed to provide early interventions to children with identified concerns based on health, nutrition, social-emotional and developmental screenings.
- Facilitates pre-enrollment family meeting for new children entering our program with identified health, nutritional, social-emotional and developmental needs.
- Maintain close communication with parents and staffs to ensure the delivery of services and resources/referrals are in place and in accordance with the individual needs of the child and the family.
- With parental consent participate in IEP/IFSP meetings and any other meetings related to the services the child/family are receiving.
- Reviews and discusses Parent's Rights and Responsibilities under the Individual with Disabilities Education Act IDEA
- Supports and provides Advocacy resources to parents.
- Maintain accurate and up-to-date documentation regarding current IEP/IFSP and other services provided to the child and family in the children's file and in CLOUDS.
- Coordinate, schedule and participate with the site supervisor in transition planning for children moving from Early Head Start to Head Start and from Head Start to kindergarten; especially for those children with IEP and IFSP.
- Coordinate and schedule transportation to facilitate the child/family participation in evaluations/assessments or the IEP/IFSP meeting. Assist families, as needed in finding public transportation so they are able to participate in meetings.

- Consult and maintain open communication with the disability services manager and other content area managers as needed.

3. Responsibilities of the Comprehensive Services Disabilities Manager

- Coordinate and Monitor the delivery of services provided by Community Services Bureau in collaboration with outside agencies to children with suspected and diagnosed disabilities and their families.
- Review, update and implement the Community Services Bureau Disability Services Plan.
- Review, update and train Community Services Bureau staff on following disability protocols to ensure that policies and procedures are implemented consistently.
- Create, review, and update interagency agreements with community agencies serving children with disabilities in an effort to:
 - Participate in the public agency's Child Find plan under Part B of IDEA
 - Participate in or lead joint trainings for staff and parents
 - Create procedures for mutual referrals and placements
 - Plan for transitions to provide support for children and families
 - Share resources
- Coordinate delivery of services and provision to children with a suspected or diagnosed disability.
 - Coordinate with other content area managers the timely completion of health/cognitive screenings.
 - Monitor site data reports to ensure that children received early intervention as a result of their screening and assessments results.
 - Participate in family meetings, and IEP/IFSP meetings as needed.
 - Assist teaching staff with trainings based on a specific disability or as requested.
 - Monitor the implementation of services provided to children with disabilities based on their IEP or IFSP goals and objectives.
 - Monitor the disability referrals tracking system to ensure child referrals are followed up accordingly.
 - Coordinate and monitor classrooms adaptations, accommodations and modification based on the individual needs of the child.
 - Assist identified parents with resources and advocacy information to prepare for meetings with the Regional Center or School District to develop an Individual Family Services Plan (IFSP) or an Individual Education Program (IEP).
 - Regularly visit classrooms to ensure that children with suspected and identified disabilities receive the individualization and accommodation they need based on their IEP and their individual needs. Monitor the delivery of services from both Community Services Bureau and the collaborative agencies.
 - Monitor delivery of services to children with disabilities and their families when transitioning from home to center based program, from infant/toddler program (EHS) to Preschool Program (HS) and from Preschool Program (HS) to Kindergarten. Participate in transition plans and meetings as needed.
- Provide disability content area assistance, and support to upper management, teaching staff including home based and comprehensive services team.
- Monitor disability reports for accuracy and timely completion of delivery of services to comply with PIR (Program Information Report) requirements.
- Review Program Self-Assessment reports and create follow up action plans when needed.

- Manage allocated funds to purchase or lease of special equipment and materials for use in the program and home to assist the child to move, communicate, improve functioning or address objectives listed in the child's IEP/IFSP.
- Track and provide a detailed report to the Assistant Directors of the number of children enrolled in HS and EHS with disabilities, including the types of disabilities.

G. Documentation of Disabilities Services

CSB must maintain a record of all services provided to children with disabilities and their families. Children's records are confidential and are maintained in locked files and password-protected in the CLOUDS data system. Data from these records are used to prepare the annual Program Information Report (PIR).

H. Postural Supports / Protective Devices

Children needing protective, postural or medical devices due to a disability must have a written request from a physician or an IEP/IFSP Team indicating such need. The Comprehensive Services Disabilities Manager works with educational and health staff to ensure that children with disabilities use approved medical devices including, postural or supportive restraints that are in accordance with state requirements and have CSB approval.

The use of any medical appliances, devices or supportive restraints must be secure and able to be released in a way that is in compliance with fire clearance and earthquake safety.

CSB Teachers and Site Supervisors directly working with the children should be trained in the use and care of such devices prior to the child starting the program. The training should be documented in the family meeting notes with attached signatures of the trainer and trainees.

I. Disabilities Resources

The Comprehensive Services Disabilities Manager works with the Special Education Local Plan Area (SELPA) and other collaborative agencies to utilize all available resources to ensure involvement of the child and family in the program. The Comprehensive Services Disabilities Manager is responsible for developing a coordinated plan with all agencies working with the child and family.

J. Additional Services

Community Services Bureau must ensure that services for children with disabilities will be planned and delivered as required by their IEP/IFSP, that the IFSPs and IEPs are being reviewed and revised as required by IDEA and that the children are working towards their goals.

- CSB plans and implements the transition services for children with IEP/IFSP to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition into a new setting.
- All components of the Community Services Bureau program are appropriately involved in the integration of children with disabilities and their parents.

The Community Services Bureau Disability Manager coordinates with other service managers the provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and ensures provisions for any modifications necessary to meet the special needs of the children with disabilities.

K. Disabilities Budget Coordination

The Comprehensive Services Disabilities Manager is the designated liaison for special education services. Disabilities services outlined in the budget follow the regular budget procedure of parent and staff input with final approval.

L. Special Education Budget Allocation

The CSB program works within its budget to assist in providing needed services to children with disabilities. The program accesses all available sources to insure that all needs identified in the IEP or IFSP are met. This includes the local and state LEAs, SSI funding, other agency support, and local educational institutions. Every effort is made to utilize community resources to meet the needs of each child with disabilities enrolled in the program.

M. Disabilities Screenings

Parents complete a comprehensive health screening while completing the child's health history at the intake process. There after all preschool and infants and toddlers children including children with IEP/IFSP are screened within 45 days by the teaching staff in the areas of social and emotional development using ASQ-SE and cognitive development using ASQ-3 within 45 days.

The Comprehensive Services Team screens preschool children in hearing, vision, and nutrition, within 45 days of initial enrollment and for infant and toddler follow the vision and hearing assessments based on the EPSDT schedule. Comprehensive services staff completes the screening results form within 75 days and communicates results to parents. The screening results are used for beginning the individualization process for each child.

The Site Supervisors are responsible for working with the Teachers and Comprehensive Services Team to ensure that the ASQ-3 and ASQ-SE screening are completed within 45 days of child's entry. Teachers will give each child time to adjust to the new environment before completing the screenings. Lead teachers review and initial all education screenings to ensure they are accurately completed and meet required timelines.

Designated site staff enters the screening data in CLOUDS. The Teacher places original documents for Ages and Stages Questionire-3 (ASQ-3) and Ages and Stages Social Emotional (ASQSE) behavioral screening in the Education section of the family file. Children with screenings that show concerns will be rescreened within thirty days to ensure the validity of the original screening.

If concerns arise after developmental and social-emotional re-screening, the teacher will communicate with the Site Supervisor and Comprehensive Services Assistant Manager to discuss options for referring the child for further evaluation/s. If concerns arise after sensory re-screenings the Comprehensive Services staff will follow the same process.

N. Evaluations

Children are recommended for further evaluation based on screening results, parent's concerns, based on staff observations and other professional recommendations. Referrals for further evaluations are discussed with the parent at a family meeting.

O. Accessibility of Facilities

All Community Services Bureau facilities are ADA (American Disabilities Act) compliant. Additionally, CSB in conjunction with other agencies provides special furniture, equipment and materials in order to meet the individual needs of children with disabilities.

P. Transitioning Children with Disabilities

1. IFSP Transition

- All infant toddler transition plans start when the child turns 30 months old. The Parent, Site Supervisor, Teacher and Comprehensive Service Assistant Manager meet together to plan the transition and complete the Infant Toddler Transition Plan Form (CSB 161). A plan is completed for all children transitioning out of EHS including children with a current IFSP.
- When a child with IFSP turns 30 months and no later than 90 days prior to their 3rd birthday the family and child will go through the IFSP Transition Process. This transition is initiated by the IFSP team and both parties the Early Intervention Program (Part C Services of IDEA) School District (Part B of IDEA) participate in this process. The IFSP transition meeting includes but is not limited to the Parent and any family member for support, the Early Intervention Provider, the School District Coordinator, the Special Education teacher, the Comprehensive Services Assistant Manager or Comprehensive Services Disabilities Manager, and the CSB Teacher or Home Educator. The team will create a transition plan; evaluate the child's strengths and areas of concerns, schedule further evaluation by the School District and a diagnosis meeting. Following the evaluations the child may or may not qualify for an IEP services under the School District and exit the Early Intervention Program (IFSP) the day before the child turns 3 yrs. old.

2. IEP Transition into a HS program

Another opportunity for transition begins when the child qualifies for an IEP and placement is available at a CSB site. When this occurs a family meeting conference is held to evaluate and plan how to best serve the child and how to support his/her learning based on the child's IEP goals. Evaluation of the classroom and outdoor environment will take place in an effort to identify needed accommodation including adaptive furniture or materials, modification of classroom schedules and routines to meet the individual needs of the child. This Transition Plan may include a gradual transition that involves both programs over a period of time. Any needed staff training will be provided as part of the plan.

3. IEP Transition out of HS program

For children transitioning out of the program into another program, the Teacher, Home Educator or Comprehensive Services Assistant Manager coordinates with parent and School District as to how to support the child's transition. The meeting is to explore possible placements for the child. Included in the meeting are the child's parent, School District Coordinator, Teacher or Home Educator, and other professionals providing services for the child and family. When the most appropriate placement for the child has been decided, the teacher and the family will initiate a meeting with the child's new Teacher. At that time, a plan for a gradual transition including visits to the new program and sharing information about the child and their individual plan takes place.

Q. Transition Policy for Early Head Start Children Receiving Mental Health or Special Education Services

- For EHS children receiving mental health services, CSB must consider the children's disabilities in transitioning from the EHS program to the HS program. If an EHS child who is receiving mental health or special education services turns 3, the child must not automatically be terminated from the program. Transition planning must consider the child's individual developmental and emotional needs as well as age.

The following steps will be followed to support the child's transition:

- If a child is receiving mental health services from Community Services Bureau's Mental Health unit, a transition-planning meeting will take place approximately 6 months before the child's 3rd birthday to address the child's individual circumstances. The family, teachers, site supervisor, comprehensive services assistant manager and mental health clinician will participate in a family meeting.
- If it is determined that the child is developmentally and/or emotionally not ready to move into the HS program, the child can remain in the EHS program until such time when it is determined that the child is ready to transition to the HS classroom (Site Supervisor to Check on Center Based License Regulation to see if this is feasible.)
- If there is a time gap between the child's 3rd birthday and the beginning of the HS program, so as to ensure continuity in educational and mental health services, the child may remain in the EHS program until he/she can transition into the a HS classroom. (Site Supervisor to Check on Center Based License Regulation to see if this is feasible.)

R. Special Education and Related Services

All infants/toddlers and preschool age children entering Community Services Bureau must have a well-child exam within 30 days of enrollment. Those preschool children who did not receive a hearing and vision screening as part of their well-child exam will be screened by in-house certified trainers within 45 days of enrollment.

Children identified with concerns are referred back to their physician for further evaluation or referred to a community agency for assessment. Children who qualify after assessment receive services from the

Special Education Local Plan Area (SELPA) or the Regional Center under an IEP or IFSP plan in accordance with our interagency agreement.

A mental health consultant is available to discuss behavioral/mental health concerns that the family, teacher or home visitor may have about a child. The consultant will share non-confidential information with the teacher/home educator and families, and work with them to develop a plan for the child.

When no other alternative is available, the comprehensive services team provides transportation for the guardians and child to obtain evaluations. When services are not provided on site, parents are assisted in finding public transportation to clinics or service providers.

Community Services Bureau works collaboratively with all other agencies involved with the child and the family to meet the objectives in the IEP or IFSP.

Community Services Bureau, subject to budgetary allowances, will purchase any assistive devices identified in the IEP or IFSP that cannot be funded through outside agencies.

Comprehensive Services staff forms collaborative partnerships with individual families to develop a Strength Building-Family Partnership Agreement (SB-FPA) twice a year. Comprehensive Services staff provides families with community resources such as, parent support groups, parent trainings, advocacy and child development among others to assist families to reach their SB-FPA goals.

S. Special Education Services with Other Agencies

CSB refers children to the Local Education Agency (LEA) for further evaluation/s when there is strong documentation that early intervention is necessary now and we cannot prolong waiting for screening results. Such documentation may be based on parents, teachers and other professional's observations and recommendations.

Following the preschool age child assessment administered by the LEA an IEP meeting is held that includes the child's family, teacher or home educator and comprehensive services assistant manager, and the LEA representative. At this time, appropriate placement is determined and a service plan is developed for the child. For children who do not qualify for placement with the LEA, Community Services Bureau addresses the child's individual needs within the classroom or during a home based visit and seek guidance from Mental Health, other professional, including outside services, to determine if concerns will affect child's development and school readiness.

An IEP meeting is held to develop a plan and establish goals for children with disabilities transitioning in or out of the program. CSB and the LEA share resources as appropriate at this time. This resource sharing includes use of the classroom for any individual, family or group work that is necessary for the child's success. The LEA staff member also shares ideas and materials with the CSB teaching staff as applicable to foster attainment of IEP goals.

Children enrolled with a diagnosed disability and have a current IEP or IFSP, receive individualized education based on their unique needs. For center based care, if a child's IEP or IFSP indicates a part-time schedule, he/she may share an enrollment slot with another child. Children with shared placement in Community Services Bureau and outside agencies receive careful monitoring to ensure that the

program developed for them in each placement is meeting the needs of the children. Frequent communication among the service providers is necessary to ensure this. The family also plays a key role in assessing the success of the shared placement.

T. Volunteers

CSB welcomes community volunteers and student interns from colleges. Whether paid or volunteer, all staff working with children with disabilities, are provided training that includes specific identified topics relating to the unique needs of each child. General training topics also include working with children in group situations and respecting child/family confidentiality (Health Insurance Portability and Accountability Act - HIPAA regulations).

U. Special Education Staff

Community Services Bureau ensures that the Disabilities Services Plan addresses program efforts to meet state standards for personnel when serving children with disabilities. Special education and related services are provided by or under the supervision of personnel meeting state qualifications. All staff working with children with disabilities meets required state special education standards for personnel serving children with disabilities. Training and supervision that meet special education standards are developed in collaboration with Local Education Agencies.

V. Interagency Agreements

CSB maintains an interagency agreement with the Contra Costa County Special Education Local Plan Area (SELPA) and the Regional Center of the East Bay (RCEB) to establish shared guidelines for providing services to identify children with disabilities within the CSB program.

CSB participates in the Local Education Area (LEA) Child Find plan (Child Find is a component of the IDEA) by providing information on application and enrollment guidelines to the LEA and supporting them with the enrollment of eligible children.

W. Recruitment and Enrollment

All personnel responsible for the recruitment and enrollment of children are knowledgeable of all laws (Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance and of the American with Disabilities Acts) and Head Start mandates regarding children with disabilities.

Interagency agreements between Community Services Bureau, Local Education Agencies and Regional Centers are developed, maintained and updated annually to aid in the recruitment, enrollment and mainstreaming of children with disabilities. Referral sources are maintained, utilized and updated to provide needed services for children with disabilities. Special efforts are made to recruit children with severe disabilities.

All staff involved with the recruitment and enrollment of children with disabilities receives training on children's records as they apply to each child file.

Obstacles (including staff apprehensions, inaccessibility of facilities, provision of additional resources necessary for child's specific needs, unfamiliarity with a disabling condition or special equipment, and the need for personalized special services) are addressed through needed program adaptations and trainings and do not affect a child's enrollment.

Enrollment placement takes into account the number of children receiving services under the disabilities area, including types of disabilities, severity of the disability, and services and resources provided by other agencies. Resources and placement options are utilized according to a child's IEP or IFSP. Children with disabilities enrolled in Community Services Bureau programs follow the same eligibility enrollment procedures stated in the Community Services Bureau Policies and Procedures and comply with all licensing regulations for center based programs. Children with a current certified IEP or IFSP may have an over income waiver to qualify them for the HS/EHS program.

Families with children who have a current certified IEP or IFSP may qualify for an over income waiver to enroll in a HS or EHS program. At the same time families enrolled in double funded programs (State/Federal) may have a fee, based on the state portion of the program.

Children with a current certified IEP or IFSP, sharing blended state-federal funding, must comply with state requirements and provide CSB with a copy of the child's IEP or IFSP and the Exceptional Needs Verification Form (CSB625) completed in full.

The Comprehensive Services Disabilities Manager monitors the recruitment and enrollment of children with suspected disabilities and certified IEPs or IFSPs.

X. American with Disabilities Act (ADA) Policy – Recruitment and Enrollment of Children with Disabilities

The Americans with Disabilities Act (ADA) is a federal law, enacted in 1990, that provides child care professionals with an exciting opportunity to serve children with special needs or disabilities. The law guarantees that children with disabilities cannot be excluded from "public accommodations" simply because of a disability. CSB takes steps to ensure full ADA compliance; to identify the unique needs of each child and family; to facilitate the individualization process in collaboration with the family; and to make needed modifications in policies, practices and/or procedures as deemed reasonable.

During intake, the individual needs of each child and family are reviewed. Based on information presented at this time a child may or may not have a suspected or diagnosed disability. However, if determined that the child has a diagnosed disability (IEP/IFSP), the parents are required to provide such documentation for review.

The site team, with the appropriate comprehensive services manager will review the intake file to include if available IEP/IFSP documentation. After reviewing all documentation and as applicable a family meeting will be scheduled with the family and other related professionals to:

- Further identify child/family strengths and needs
- Define needed accommodations/adaptations
- Identify staff training needs and support
- Identify any additional action that may be needed

Following the family meeting in collaboration with the comprehensive services manager the site team will:

- Initiate an individualized assessment of the child’s needs as applicable. The process for an individualized assessment will be determined on a case by case basis:
- The process for an individualized assessment will be defined on a case by case basis and may include:
 - Reviewing additional medical or special services, records/information.
 - Gathering the most current medical knowledge and/or best objective evidence regarding the disability.
 - Observation of the child in a natural environment or through parent/child site visitations.
 - Medical guidance obtained from Public Health Agencies, Center for Disease Control, National Institute of Health, including the National Institute of Mental Health, and other such agencies.

Based on the findings of the previous actions, a proposal of accommodations/modifications to allow for the child to participate in the program will be presented to a management team (Including the Assistant Director). The team will determine if identified modifications constitute reasonable accommodations or if CSB can demonstrate that making such modifications would:

- Create undue financial burden/hardship (all resources available for use in funding and program operation will be considered)
- Fundamentally alter the nature of the program (essential elements of program as well as essential elements necessary for participant will be considered)

The management team must also determine if the child’s presence would pose a direct threat to the health and safety of the individual child or others (factors to consider include: nature, duration, and severity of risk; probability of occurrence of injury; whether reasonable modifications of policies, practices, or procedures will mitigate or eliminate risk).

The team will:

- Recommend enrolling the child in appropriate placement
- Or provide a written statement of the reasons for reaching the conclusion not to enroll the child based on criteria stated above.

Y. Assessment Process of Children with Disabilities

The Comprehensive Services Disabilities Manager in collaboration with Health and Education Managers coordinate the completion of sensory and cognitive screening of all children within 45 days of enrollment.

The Comprehensive Services Assistant Managers evaluate the need for further specialized assessment after all standard screenings have been completed.

In a family meeting families are informed of screening results and are encouraged to sign a written consent for requesting further evaluations with an outside agency when appropriate.

The Comprehensive Services Assistant Managers refers children for further formal evaluations to the LEA (3 years to 5 years) or RECEB (new-born to 2.9 years) according to the established referral procedure. LEA agencies have 60 days to process referrals and develop an IEP upon receipt of the family intake file. RCEB has 45 days to process the referrals upon receipt of the family intake file.

The evaluation procedure is conducted with the following provisions:

- Parental consent prior to evaluations
- Parents informed of their rights and responsibilities under IDEA
- An evaluation conducted in a culturally sensitive manner by trained certified/licensed personnel that speak the child's home language.
- More than one criterion will be considered in determining an appropriate program placement.

A multi-disciplinary team including the child's teacher will conduct an evaluation utilizing assessment materials validated for the purpose.

Z. Eligibility Criteria: Health Impairment

Children will not be discriminated against if they present any health impairments such as, cancer, severe asthma, uncontrolled seizures, neurological disorders, rheumatic fever, heart conditions, lead poisoning, diabetes, blood disorders, cystic fibrosis, heart diseases, ADD, AIDS and other medically fragile conditions.

CSB must ensure all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and their implementing regulations.

Children who meet specific criteria including level of functioning, age, onset of indicators and documented reports may be classified as having Health Impairment.

Children with suspected health impairments are referred for further evaluation. With the parent's consent, CSB teaching staff will provide documentation of behavior observations relevant to the impairment, to the appropriate professional for assessment. Upon receipt of a physician evaluation, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child.

AA. Eligibility Criteria: Emotional / Behavioral Disorders

The identification of children with emotional/behavioral disorders involves specific characteristics, the use of multiple sources of data such as child's health history, behavior screening results, teachers/parents observation notes, and the child's Head Start physical exam.

Children suspected of having an emotional/behavioral disorder are referred for further evaluation to appropriate community agencies to determine whether IEP services are appropriate. Upon receipt of a diagnosis, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

BB. Eligibility Criteria: Speech or Language Impairments

All HS children are screened for speech and language delays, within 45 days of enrollment using ASQ-3. Infant/toddlers and preschool children with suspected speech/language delays are referred for further evaluation to RCEB or SELPA. If a determination is made for intervention or special education, an IEP or IFSP will be implemented through the outside agency (Regional Center or SELPAs). When referring children for assessments, careful consideration is given to cultural, ethnic and bilingual differences as well as temporary disorders and delays that fall within the normal range for the child's age. Upon receipt of evaluation and diagnosis, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

CC. Eligibility Criteria: Intellectual Disability

"Intellectual Disability" is the term in IDEA replacing Mental Retardation (Rosa's Law, 2010). After screening is completed children suspected of having any delays/deficits in adaptive behavior are referred for further evaluation to the LEA and/or physician and/or MH services. A family meeting will be scheduled upon receipt of the diagnosis to ensure proper placement and support is provided for the child.

DD. Eligibility Criteria: Hearing Impairment

All children are screened for hearing loss through the program or by their physician. Children needing further evaluation are referred back to their private physician and to the SELPA or to the Regional Center. Upon receipt of evaluation and diagnosis, a family meeting will take place to ensure the CSB can accommodate the individual needs of the child in the classroom.

EE. Eligibility Criteria: Orthopedic Impairment, Visual Impairment / Blindness

Children suspected of having an orthopedic impairment including but not limited to spinal bifida, cerebral palsy, loss of or deformed limbs, arthritis, or muscular dystrophy are referred to their pediatrician for further evaluation. Children requiring special services are referred to the SELPA or Regional Center and the California Children Services.

All children have vision screenings through the program or their physician. Children needing further evaluation are referred to their physician, an ophthalmologist and/or optometrist to determine whether the child is visually impaired.

Upon receipt of evaluation and diagnosis, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

FF. Eligibility Criteria: Learning Disabilities

All Head Start children are screened for possible learning disabilities. Children with suspected disabilities are referred to their physician and RCEB or SELPA as needed. Site Supervisors with the assistance of teaching staff provide classroom observations and child's work samples as needed to document the child's needs. Upon receipt of evaluation and diagnosis, a family meeting will take place to ensure that CSB can accommodate the individual needs of the child in the classroom.

GG. Eligibility Criteria: Autism, Traumatic Brain Injury, Other Impairments

Children that present behaviors such as autism, traumatic brain injuries or other developmental impairments may qualify for services under the Regional Center of East Bay or Local Education Agency (LEA). CSB supports the early identification and intervention of children and following parental consent children are referred for further evaluation to outside agencies. Upon receipt of evaluation/diagnosis, a family meeting takes place to review the IEP/IFSP diagnosis. Based on IEP/IFSP goals and objectives, the best placement will be offered to support the child's enrollment in the HS program.

CSB must ensure all enrolled children are screened for autism at the ages 18 months and 24 months by their physicians based on EPSDT.

HH. Disabilities/Health Services Coordination

The Comprehensive Services Disabilities Manager works closely with the Health Manager, CS Team and other staff in the screening, assessment process and follow-up to meet the needs of children with disabilities.

The Health and Disabilities Managers work together to ensure children's special needs are met and supervision of the administration of all prescriptions and over the counter medications occurs in accordance with state requirements. Children requiring medication must have the doctor's instructions and parental consent before the medication is administered. Individual records of all medications dispensed and a regular review with the child's parents occurs.

All medications are adequately labeled, locked and stored out of reach of children. Epi Pens labeled and accessible but out of children's reach. Individual medical plans are shared with the teaching staff and closely monitored for compliance. Any changes in a child's behavior related to a drug are shared with staff, parents and the physician. Pre-enrollment case management is encouraged to ensure CSB staff is aware of the individual needs of the child and accommodations can be made.

II. Developing Individualized Education Programs (IEPs)

The School Districts provide families with advance written notification of IEP meetings. Family's participation in the IEP meeting are documented. Opportunities are provided for reviewing assessment results of the meetings and to request parent's input. Efforts are made to assure that families are knowledgeable about their parent's rights and responsibilities under IDEA and understand the purpose and proceedings of the child's program.

Head Start evaluates all pertinent information when determining eligibility and placement options of children with current s IEPs such as:

- Child's strengths and present level of functioning in all areas of development, strengths.
- Identification of challenges and needs in areas requiring specific services.
- Short and long term goals and objectives.
- Specific related services necessary for the child to participate in Head Start including those services provided by other LEAs and professionals.
- Personnel responsible for services provided, projected dates for initiation/duration of services and location of services.
- Evaluation procedures to determine the achievement of goals including family

- goals and objectives.
- Transition Plans
- Transportation if applicable

JJ. Disability Referral Procedures

1. Description

The first five years of the children's life are times of rapid growth and learning. CSB provides rich learning and nurturing environment for them to grow and develop. Children develop at different rates and some may need extra support to reach their age appropriate milestones. The Community Services Bureau is committed to early identification of children at risk of developmental delays in order to provide the necessary early intervention that will lead to positive outcomes for the child.

2. Screening for suspected concerns

- i. Prior to enrollment and during the application period the child's file may be flagged using the Red and Yellow Flag System to alert the staff of known or suspected concerns based on the completed health history shared by the parent. The health history briefly screens children for possible health, nutrition, and socio-emotional and developmental risks.
- ii. Child's Physical Exams/Baby Well Checkups provide a great source of information and parents are responsible for submitting them to us within 30 days of enrollment thereafter as required by CHDP (Child Health and Disability Prevention.)
- iii. Sensory and developmental screenings and assessments are provided to all enrolled children within 45 days of enrollment.

Children determined to be in need of further evaluation/assessment based on screening results, staff observations, and/or parent observation are referred to the appropriate agency with parental consent.

3. Referral

The referral process is explained in detail to the parent during a family meeting. This meeting will take place in the parent's home language whenever possible. The CSAM will review agency referral protocols with the family including referral time lines, and requirements to complete the referral. CSAM will review with the family and provided copies of their Parent's Rights and Responsibilities under IDEA and advocacy resources.

Depending on the child's age Referrals could be sent to one of the agencies below:

- Regional Center/Early Intervention Agency (Children zero to two years "2.9 years")
The process takes approximately 45 days from the date of referral.
- Local Education Agencies/Family Home School District (Children 3 to 5 years)
The process takes approximately 60 days from the date of referral.

As part of a Family Meeting the parent is encouraged to sign the Child Referral and Parent Consent Form (CSB501); only after understanding the referral process and his/her parent rights under IDEA.

For Mental Health referrals, the medical provider information is completed on the referral form and a copy of the child's Medical card (if insured) is attached. When a child is on "Positive Guidance Policy Steps" and has a "Positive Guidance Plan", a copy of those documents (CSB521 & CSB134B), along with the child's Social-Emotional (ASQ-SE) and Developmental Screenings (ASQ-3) are included with the referral.

The Child Referral and Parent Consents Form (CSB 501), is reviewed to ensure the document is correctly filled out after acquiring parent signature. Additional signatures are obtained from the Site Supervisor and the Comprehensive Services Assistant Manager. A copy of this form (CSB501), is given to the parent, one to the assistant manager to process the referral and the original is placed in the file.

The Assistant Manager reviews the signed CSB501 form and processes it immediately. Once receipt of the referral is verified with the appropriate School District, Early Intervention Agency, or Mental Health Unit, the Assistant Manager completes the Response to Referral Form (CSB502).

The referral must be including:

- Child's Last and First name
- Child's birth date
- Gender
- Child's CLOUDS ID
- Child's center and Classroom #
- Current home address
- Family phone number#
- Parent's name
- Parent's language of preference
- Child's language of preference
- Medi-Cal or SSN # for Mental Health referral (No need of SSN or Medi-Cal for Disability referrals)
- Positive Guidance Plan and Positive Guidance Policy Step Letter if applicable
- Referral contact: CSAM's name and phone number
- Consents for exchange of information and assessment should be initialed by parent.
- Parent's signature
- Site Supervisor, CSAM or Home Based Teacher's signatures
- Parental check and initials for consent-referral and assessment
- Name/address of the agency referring to and providing consent for exchange of information
- If foster parent is requesting evaluations, CSAM must obtain the biological's parent consent. Or, request Social Worker consent signature

Agency to refer information:

- Determine Home School District for children 3 to 5 years old. Identify individual school referral requirements such as: Child's birth certificate, child's immunizations, copy of parent's ID, a copy of a utility bill and any other home addressed mail other than cell phone bill.
- Access RCEB or other intervention programs if the child is under 2 ½ years old.
- Fax signed form (CSB501) to outside agency and follow up with a confirmation phone call to ensure they have received the referral.

- Complete Response to Referral Form (CSB502)

The original Response to Referral form (CSB502) is placed in the child's file and a copy is given to the parent attached to any requested or additional relevant informational resources such as CARE Parent Network, IEP/IFSP program descriptions, advocacy resources, etc.

The CSAM enters the family meeting notes and intervention/referral information under the disability tab in CLOUDS (Intervention/Referral). A copy of the family meeting (CSB514) is placed in the child's file.

The CSAM will contact the family for a follow-up between 30 and 60 days after submitting the referral to ensure proper evaluation meetings are in place, proper support is given to the parent in preparation of the diagnosis meeting, and ensure participation in the IEP/IFSP meeting. Additional family meetings will follow as applicable.

KK. Nutrition Services for Children with Disabilities

The Comprehensive Services Disabilities Manager works with the Health Services Manager and the Nutritionist to ensure that provisions to meet the needs of each child are incorporated into the nutrition program.

Appropriate professionals are consulted to provide support for Head Start staff and families for children having severe disabilities and problems with eating.

Activities to help children with disabilities participate at mealtimes are implemented in the classroom after discussion in a family meeting.

Family meetings with CSB staff, other professionals and families are held to meet the nutritional needs of children with disabilities including the prevention of disabilities with a nutrition basis.

LL. Parent Involvement in Transition Services for Children with Disabilities

In an effort to support the transition of children with disabilities into CSB programs, or children transferring from one Community Services Bureau program to another, the parent will be asked to attend a family meeting (transition planning meeting) prior to enrollment or transfer. The focus of the meeting will be to:

- Review the IEP/IFSP goals and objectives as well as identify parent goals for child
- Determine the needs of the child
- Insure appropriate placement
- Plan program adaptations (if needed)
- Support family and foster team approach for service delivery
- Provide activities and information to the family to foster the child's development.
- Provide activities to the family to reinforce program activities at home.
- Provide family with resources such as Social Security (SSI), Early Periodic Screening Diagnosis and Treatment (EPSDT) programs and other community resources and assist them in accessing these resources.
- Provide family with information to prevent disabilities among younger siblings.

- Provide parent with information about their rights under the Individuals with Disabilities Act. (IDEA)
- Provide resources to family groups for children with similar disabilities who can provide peer and family support.

Comprehensive Services Team will support family through the children's transition from Early Head Start to Head Start or from Head Start to Kindergarten or to other agencies.

PART VII. Services to Pregnant Women Enrolled in the Program

Enrolled Pregnant Women

Staff addresses the needs for appropriate supports for emotional well-being, nurturing and responsive caregiving and father engagement during pregnancy and early childhood.

- 1. Health Care and Insurance** - Within 30 days of enrollment Comprehensive Services Staff determines the status of an ongoing source of continuous, accessible health care provided by a health professional that maintains ongoing health records and is not primarily a source of emergency or urgent care and health insurance for each enrolled pregnant woman. For those pregnant enrolled women, support is provided to gain access to health care and insurance as quickly as possible.
- 2. Family Partnership Services** - Comprehensive Services Staff engages enrolled pregnant women and other relevant family members such as fathers, in family partnership services focused on factors that influence prenatal and postpartum maternal and infant health. Staff provides support throughout the transition process with program options and transition to program enrollment, as appropriate.

Support Services Provided for Pregnant Women to Access Comprehensive Services through Referrals include:

- Assessment for nutritional status as well as nutrition counseling and food assistance, if necessary.
- Health/oral health promotion and treatment, including medical and dental exams, on a schedule deemed appropriate by attending health care providers as early in the pregnancy as possible.
- Mental health interventions and follow-up services
- Substance abuse prevention and treatment services as needed.
- Emergency shelter or transitional housing in cases of domestic violence.

Pre-natal and postpartum information, education and services are provided to pregnant women, fathers and other relevant family members on the following:

- fetal development
- the importance of nutrition
- risks of smoking, alcohol and drug use

- labor and delivery
- postpartum recovery
- parental depression
- infant care
- safe sleep practices
- the benefits of breastfeeding and accommodation of breastfeeding in the program

Newborn Home Visit

Newborn visits are scheduled with each mother and baby within two weeks after the infant's birth to offer support and identify family needs.

Comprehensive Services Staff is responsible for ensuring compliance with the requirement for a Newborn Home Visit within two weeks after the infant's birth as follows:

- At enrollment - Educating each pregnant woman on the importance of the Newborn Home Visit and explaining the importance of agreeing to this visit when it is offered at the hospital following the birth of her child or when the Public Health Nurse calls to schedule the home visit.
- Prior to delivery due date - Reminding the parent of the Newborn Home Visit requirement.
- After delivery – Following up with mother to provide support as needed with scheduling or obtaining documentation of the Newborn Home Visit or following up with Public Health Nursing to ensure Newborn Home Visit or obtain documentation.
- Entering documentation of the Newborn Home Visit in the file and in CLOUDS.

PART VIII. Program Human Resources Management (Personnel Policies & Procedures)

A. Statement of Purpose of Policies and Procedures

These personnel policies are produced for the purpose of:

- Promoting an effective, efficient, and economic operation of programs;
- Providing fair and equal opportunity to all qualified individuals to enter employment with Employment and Human Services Department, Community Services Bureau (CSB) and assuring that employees are promoted or advanced under impartial procedures;
- Maintaining a program of recruitment and advancement which will provide career development opportunities;
- Maintaining a uniform plan of evaluation, duties and wages based upon the relative duties and responsibilities of positions in CSB;
- Employing persons who can perform their duties with competence and integrity.

B. Governing Board

The ultimate authority to manage the Head Start and Early Head Start program is vested in the County

Board of Supervisors. According to Contra Costa County, Personnel Management Regulations, the Executive Director or Department has the authority to act on behalf of the County Board of Supervisors on certain personnel actions as stipulated throughout the regulations. All authority for day-to-day administration of CSB is delegated to the Community Services Director.

The Board of Supervisors, upon the recommendation of the Employment and Human Services Director, reserves the exclusive right to hire, evaluate, compensate or release the CSB Director (HS/EHS Director), Human Resources and Fiscal Officers. The Policy Council shall approve or disapprove in advance the hiring of the Community Services Director.

The Board of Supervisors delegates the authority of the Head Start and Early Head Start program to the Community Services Director or his/her designee, who is responsible for carrying out the policies, procedures, and intent of these policies to include power to employ, promote, assign duties and responsibilities, evaluate, train, reprimand, suspend, discharge, or reward employees within the guidelines of all applicable federal, state and local regulations.

CSB will observe standards of organization, management, and administration that will ensure, so far as reasonably possible, that all program activities are conducted in a manner consistent with the purpose of Head Start Performance Standards and the objective of providing assistance effectively, efficiently, and free of any taint of partisan political bias or person or family favoritism.

C. Organizational Structure

This section contains policies governing the activities of all CSB employees. It is not intended to supersede the Memorandum of Understanding between Contra Costa County and Public Employees Union, Local One (MOUs), the Personnel Management Regulations (PMRs) or any other policies adopted by the County Board of Supervisors. It establishes standard procedures which are applicable to all programs operated by CSB, irrespective of funding source. Unless otherwise noted, all provisions of the manual apply to each and every employee of CSB. If the requirements of MOUs, PMRs, funding sources, and etcetera are less stringent than the provisions of this section, then these provisions will apply. If personnel provisions imposed by the MOUs, PMRs, funding source, et cetera conflicts with the provisions of these policies, then such regulations shall apply.

The Community Services Director or designee has the authority to identify and interpret regulations which conflict with these policies. Employees may not take it upon themselves to interpret regulations which may permit them or require them to behave in a manner which is inconsistent with the provisions of this policy. If doubt arises, employees must request their supervisors to secure a ruling from the Community Services Director or designee.

In addition to these policies, the MOUs, PMRs, management bulletins, memos, side letters, et cetera regarding personnel policies issued by the County and funding sources shall be considered a part of CSB's personnel policies and procedures whenever applicable. All personnel policies and practices contained herein are established in accordance with current applicable rules and regulations of CSB funding sources and other mandates. All CSB staff members are required to become thoroughly familiar with these policies and adhere to their provisions.

The Community Services Director and senior management are charged with the responsibility for assuring that all provisions of these policies are administered fairly and impartially.

According to Contra Costa County, Personnel Management Regulations, the Executive Director or Department Head has the authority to act on behalf of the County Board of Supervisors on Certain personnel actions as stipulated throughout the regulations.

D. Additional Personnel Policies Relating to Employees of Program Services

1. Criminal Record Clearance (Background Check/Fingerprinting)

i. Live Scan (Fingerprinting) Process

- According to the Head Start Act, 45 CFR 1304.3(a)(18) and California DSS, 101170(f), all employees/adults must be fingerprinted. Failure to obtain clearance free of an exemption or with and exemption and/or to comply with fingerprinting regulations will result in refusal of employment.
- Applicable employees must be fingerprinted and cleared before their first day of employment. CSB will not employ anyone without an active clearance with or without an appropriate exemption.
- CSB Personnel works with the County's Central Human Resources to schedule a Livescan appointment and provides the applicant with a Livescan form to take to their appointment.
- All CSB employees must obtain Federal Bureau of Investigation (FBI), Child Abuse index and California State Department of Justice clearance or appropriate exemption
 - After the Live Scan is completed, the Department of Social Services notifies the County's Central Human Resources (HR) of the results of the Livescan via a Department of Justice Letter of Criminal Record Clearance. Human Resources forward the letter to the CSB Personnel.
 - After receiving the Department of Justice (DOJ) Letter, CSB Personnel contacts the Community Care Licensing Office to verify the clearance and obtain a clearance number for the prospective employee.
 - If the candidate receives full clearance, CSB Personnel proceeds with the hiring/on-boarding process
 - In the case that a candidate is required to apply for exemption, CSB Personnel works with the candidate to complete the required documentation to apply for exemption. Only after CSB Personnel receives written notification from the Department of Social Services that the candidate is granted exemption to work in a childcare facility, the candidate is further advanced through the County's hiring/on-boarding process.
- The DOJ letter or Exemption Notification is kept in the candidate confidential Personnel File.

ii. Re-checking Livescan Process

- According to the Head Start Performance Standards 1302.90 (5) the program must conduct the complete background check for each employee, consultant, or contractor at least every five years, unless the program can demonstrate that it has a more stringent system in place that will ensure child safety.
- California Department of Social Services, Community Care Licensing Division automatically re-checks live scans continuously and notifies the program and the employee.
- Should a conviction or other charge occur while the employee is employed, CSB receives an “Immediate Action Required (IAR)” letter from the Department of Social Services Caregiver Background Check Bureau. In this case:
 - The Community Services Bureau Director determines the appropriate action to be taken based on the Child Care and Development Fund (CCDF) disqualification factors described in 42. U.S.C. 9858f(c)(1)(D) and 42 U.S.C. 9858f(h)(1).
 - If a manager receives an IAR letter, he/she is to notify CSB Personnel Unit immediately. If CSB Personnel Unit receives an IAR letter, they will notify the Manager, Site Supervisor and immediately have the employee removed from the facility. Disciplinary actions may be taken up to and including termination.
 - It is the responsibility of the employee to obtain a waiver form from DSS and submit the waiver. Any employee who obtains a waiver may apply for reinstatement and applications will be considered by personnel. If no waiver is obtained as requested by the Personnel Unit, the employee may be terminated from employment with Contra Costa County.
 - Declaration-The State requires that all current/prospective employees must sign a declaration, Criminal Record Statement prior to employment, which reveals any background information that might be detrimental to their employment with CSB. The declaration or Criminal Record statement must list:
 - All pending and prior criminal arrests / charges related to child sexual abuse and their disposition
 - Convictions related to other forms of child abuse / neglect
 - All convictions
 - The grantee must review each application for employment individually in order to assess the relevancy of an arrest, a pending criminal charge, or a conviction.
 - The declaration may exclude listing of:
 - Any offense, other than the ones related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee’s 18th birthday which was adjudicated in a juvenile court or under a youth offender law
 - Any conviction the record of which has been expunged under Federal or State law
 - Any conviction set aside under the Federal Youth Corrections Act or similar State authority

iii. Requirements for Staff Providing Mental Health Services

In addition to the above, for staff providing mental health services, such as the Mental Health Clinical

Supervisors and Mental Health Interns, CSB is required by the Department of Health Care Services (CCR, title 42, section 1128 or section 1128A of the Social Security Act and CFR, Title 42, section 438.214) to verify that at time of hire the Mental Health Supervisors and the Mental Health Interns meet the following:

- Are eligible to claim for and receive state and federal funds
- Have the required licensure that is current and valid
- Are not on the following individual/entities excluded provider lists:
 - http://oig.hhs.gov/exclusions/exclusions_list.sp
 - <https://files.medi-cal.ca.gov/pubsdoco/SandLanding.asp>
- Thereafter, verification will be conducted on a monthly basis.

2. Emergency Procedures

i. Chemical Accident

In case of a shelter-in-place emergency, a manager will notify all affected sites. In this case, all employees are required to follow shelter-in-place protocols.

SHELTER—Go inside a building immediately to avoid exposure to airborne chemicals.

SHUT—Seal all doors and windows/turn off ventilation systems. (Locking doors and windows creates the best seal.) Parents must be informed during orientation that staff is not authorized to release children during a shelter-in-place accident.

LISTEN—Turn on the radio/listen for up-to-date information. Avoid using the telephone unless you have a life-threatening emergency. All sites must have a working radio available at all times.

ii. Earthquake Emergency

Duck and cover under a table or desk, crouching on knees with face down and hand covering the back of the head.

- Stay clear of outer walls, windows, glass, cabinets, files, or shelves
- Evacuate the building to Assembly Area after counting 100.
- Avoid re-entry into the building.
- Allow the Building Warden to re-enter the building (searching for missing persons, assessing the extent of damage, turning off utilities as needed, and checking for gas leaks).
- Keep clear of overhead wires, poles, buildings, trees, and falling objects if outside.
- Prepare for aftershocks.

iii. Fire Emergency

Notify the fire department immediately, giving required information:

- CSB building, room number, address, and other means of identifying location of the fire
- Description of size / type of fire
- Information regarding any injured people
- The name, telephone number, and extension of the employee reporting

- Evacuate all people from the fire area and close off the fire area using posted emergency routes.
- Report to Assembly Area (consult the Evacuation Plan)
- Use appropriate type of fire extinguisher. If smoke or heat endangers safety, evacuation of the area is required (to allow emergency personnel to handle the situation).

iv. Medical Emergency

- Provide appropriate first aid and/or cardiopulmonary resuscitation (CPR).
- Call the Fire Department if advanced first aid is required (911).
- Call an ambulance if appropriate (911).
- Send the injured to either the physical location of his or her choice or to the nearest medical emergency center or hospital. Notify the family of the injured.
- Report injuries to the appropriate supervisor and the designated CSB Personnel Analyst immediately. The supervisor is responsible for notifying Community Care Licensing via telephone within 24 hours and in writing within 7 days.
- If an injury results in death or hospitalization of an employee for over twenty-four hours, notify CSB Personnel and the Workers' Compensation/Safety Coordinator. She/he is responsible to inform the CCC Risk Management and the State Division of Occupational Safety and Health (CAL/OSHA).

3. Work-Related Injury and Illness

All County employees who are injured or become ill as a result of their job are covered under workers' Compensation.

Workers' Compensation is a no-fault insurance plan paid for by the County and supervised by the State. It is a plan where fault does not have to be proven to receive medical expenses and lost wages. If an employee is unable to work because of a work-related injury or illness, (s)he is eligible for benefits. All benefits are determined by the California State Legislature.

i. If an employee is injured or becomes ill as a result of her/his job, the following steps should be taken:

- The employee must immediately notify her/his supervisor. All work-related injuries/illnesses, including first-aid, need to be reported.
- The supervisor must notify CSB Personnel (the designated Workers' Compensation/Safety Coordinator)
- The supervisor and the employee are to complete the required workers' compensation forms: CCC Supervisor's Occupational Injury or Illness Report Procedures (AK 30 –Part A & B), and Workers' Compensation Claim Form (DWC – 1), as soon as possible
- The supervisor is to submit the completed forms to CSB Personnel (CSB Workers' Compensation Coordinator) by the end of the business day of the injury/illness or by the end of the day (s)he became aware of the injury or the illness; The Supervisor is to fax the first white page of the DWC-1 and parts A & B of the AK-30, Supervisors Report, to the CSB Worker's Compensation/Safety Coordinator at Personnel on the day of the injury and to send the original paperwork via the Interoffice Mail.

- The CSB Workers' Compensation Safety Coordinator will submit the required documentation to CCC Risk Management Office. County policy requires the documentation to be submitted to Risk Management within 24 hours of the injury/illness
- Injured/ill employees are encouraged to seek immediate medical attention. The CSB Workers' Compensation/Safety Coordinator will provide information on medical facilities that can be visited in case of a work-related injury/illness
- The injured/ill employee may only return to work with a doctor's note stating that employee is cleared to return to work on that date. If the employee is placed on "Off Work" or any modified work status, (s)he must notify her/his supervisor and the CSB Workers' Compensation/Safety Coordinator about her/his status and fax/deliver the appropriate doctor's note to both parties
- Modified work will be assigned only by the CSB Workers' Compensation/Safety Coordinator in coordination with the employee's supervisor if accommodations are viable
- If an employee is ordered for follow-up doctor visits or therapy as a result of a job-related injury or illness, (s)he is required to attend all prescribed visits and furnish Work Status Reports to her/his supervisor and the CSB Workers' Compensation/Safety Coordinator after each visit
- Employees leaving work for appointments connected to work-related injuries/illness are to claim the time off as workers' compensation time (WC) on their time cards
- Doctor bills and hospital expenses related to on the job injuries or illness will be paid directly by the County. If an employee receives a bill that is related to a job-connected injury or illness, (s)he should notify the CSB Workers' Compensation/Safety Coordinator and should not pay the bill.

ii. Return-To-Work Program

CSB participates in the Return-To-Work (RTW) Program. It is a plan utilized by Contra Costa County with the main objective to manage the employees' successful and timely return to work after a work related injury. The program facilitates the earliest possible return of an injured employee to meaningful, productive work within the parameters of her/his physical capabilities. If necessary, the program allows for temporary modifications to the employee's job description or position to accommodate the physical restrictions identified by the medical provider. Employees participating in the program are assigned transitional jobs. Two main transitional jobs are available for employees through the RTW program:

- Modified work within the employee's unit – this is usually for on-the-job injured employees who can perform their usual jobs full time or part time with significant accommodations
- Bridge Assignments – these are for employees who cannot perform their usual jobs, but can be assigned to other meaningful jobs. Usually, Bridge Assignments are much broader and employees assigned to them may be placed in any of the EHSD's Bureaus or even other County Departments.

Assigning employees to transitional jobs is facilitated by the CSB RTW Coordinator (Personnel) in collaboration with the employee's supervisor. While in the RTW program, each employee is required to furnish Personnel with Work Status reports after each visit with the Worker's Comp doctor.

Employees with work related injuries benefit from participating in the RTW Program by returning back to work quickly, by continuing to participate in meaningful jobs and maintaining their self-esteem, by the on-the-job hardening, and faster recovery.

4. Ergonomic Safety and Evaluation

All employees are expected to maintain their work environment and equipment safe and in good repair. Employees are to organize their work space considering basic ergonomic and safety practices such as, easy access/reach of desk equipment, appropriate lighting, use of appropriate equipment, avoidance of forceful lifting, pushing or pulling, prolonged repetitive motions. Employees performing mainly sitting jobs are encouraged to periodically change activities and positions, take small stretch breaks to reduce repeated stress to various parts of the body.

Employees who experience discomfort by using their work equipment or have doctor's recommendation for ergonomic evaluation are to notify their direct supervisor and request evaluation. The supervisor should contact CSB Personnel, the Workers' Compensation/Safety Coordinator and request ergonomic evaluation for the employee. The CSB Workers' Compensation/Safety Coordinator will review the request and arrange for the evaluation.

After the completion of the ergo evaluation, the employee and her/his supervisor will receive a copy of the evaluation report and an Ergonomic Equipment Acknowledgment Form. The employee is to review and keep the copy of the evaluation. Both the employee and the supervisor are to sign the Ergonomic Equipment Acknowledgment Form and return the original to the CSB Workers' Compensation/Safety Coordinator at the Personnel Unit for authorization of the recommended ergonomic equipment.

The CSB Workers' Compensation/Safety Coordinator will work with the CCC Ergo Lab to ensure the appropriate accommodations are made and that the employee is trained on ergonomic and safety practices. Ergonomic Equipment Acknowledgment forms sent by the employees directly to the CCC Ergo Lab without the authorization of the CSB Workers' Compensation/Safety Coordinator will not be accepted by the Ergo Lab and the requested equipment/accommodations will not be provided.

5. Employee Relations

As a part of a team providing services for the benefit of the public, each employee must cooperate with co-workers and supervisors and the public through professionalism and mutual respect in order to set a high standard of work performance. The entire staff of CSB must function as a team. Each employee is required to make a positive contribution in the interest of efficient public service.

Unwillingness or failure to cooperate will not be tolerated and will be cause for disciplinary action.

6. Smoke-Free Environment

CSB will create a smoke-free environment and eliminate exposure to tobacco smoke by children, staff, parents, and visitors in the Head Start program.

Under California labor code, it is unlawful for any individual to smoke tobacco products in an enclosed workplace.

Furthermore, in June 2014 the Contra Costa County Board of Supervisors adopted a Smoke-Free Contra Costa law which prohibits smoking, including use of medical marijuana and electronic smoking devices such as e-cigarettes. This law, which will be fully enforced on March 1, 2015, prohibits smoking as follows:

- In all buildings, vehicles, and other enclosed areas occupied by county employees, owned or leased by the county, or otherwise operated by the county.
- In all outdoor areas owned or leased by the county, including parking lots, the grounds of the county's hospital and health clinics, and the grounds of all other buildings owned or leased by the county.
- In personal vehicle, whether parked or in motion, if it is located on property owned by the county.

Employees leaving the County property to smoke or use electronic smoking devices, have to be mindful of their personal safety while off county property. Staff is encouraged to wear protective wear, such as a smoke or "smoking jacket" so that when they finish smoking, they can remove it so as to not carry the tobacco chemicals on their clothing into the classrooms or offices.

Adults are also prohibited from smoking during group socialization activities, such as field trips, neighborhood walks, and other outdoor activities. The only situation under which this does not apply is during a presentation or field trip related to American Indian cultural customs in which tobacco is utilized.

Educational and wellness activities, such as smoking cessation programs for adults and inclusion of developmentally appropriate activities in health education for children will be developed to assist in carrying out smoke-free policies. Staff and parents are encouraged to call the California Smokers Helpline at 1-800-NO-BUTTS (English speakers) or 1-800-No-Fume (Spanish speakers) or to visit <http://cchealth.org/tobacco/time-to-quit-smoking.php> for a list of local cessation resources. Additional information and resources are available by contacting the Comprehensive Services Unit's Health Services Manager.

7. Drug-Free Work Environment

In Compliance with the Federal Drug-Free Workplace Act 1988, the Contra Costa County Board of supervisors instituted a Drug-Free Workplace Policy (Resolution No. 90/674 from October 16, 1990). The Board is committed to a Drug-Free Workplace because of the inherent dangers to employees who abuse drugs and/or alcohol. According to the Drug-Free Workplace Policy:

- The County prohibits the unlawful manufacture, distribution, dispensing, possession, or use of controlled substance in the workplace, and/or during work hours.
- Any violation of this policy may result in disciplinary action, up to and including termination, or when needed, mandatory participation of the employee in a drug-abuse assistance or rehabilitation program.
- Any employee convicted of any State or Federal criminal drug statute for a violation occurring in the County workplace or on County time, shall report the conviction to their supervisor, department manager or personnel officer no later than five (5) days after such conviction.

CSB strives to maintain a workplace that is reflective of the County Smoke-Free and Drug-Free Workplace Environment Policy. CSB employees are expected to conduct themselves responsibly. Upon report that an employee appears to be under the influence of alcohol or illegal drugs, the employee's supervisor must notify the Assistant Director or the Division Manager, or the Personnel Administrator.

One of these CSB Senior Managers and the employee's supervisor will immediately meet with the employee and determine if she/he is under the influence of alcohol or illegal drugs. If they determine that the employee is under the influence, the employee shall be instructed to immediately leave the workplace. An employee under the influence of alcohol or illegal drugs is to report back to work sober and clean of drugs at least one day after the incident. The employee has the option to claim unpaid time or to use her/his own accruals.

8. Solicitation of Goods

Contra Costa County prohibits the solicitation of goods on any County property. Goods for sale will not be accepted, bought, or sold at any Grantee office or CSB center. This applies to commercial activities only. This does not apply to parent fundraising. Parent fundraising activities are reviewed and approved by the Policy Council and the Bureau Director.

9. CSB Telephone Usage Policy

There may be times when personal telephone calls must be made or received during working hours. Personal telephone calls must be kept to a minimum, and may not interfere with classroom or business activities. CSB expects employees to make these calls during break or lunch periods. No long distance calls can be made on CSB telephones. Personal cellular phone usage is prohibited in the classroom and business offices at all times.

10. Food in the Classroom

Food for individual staff consumption is not allowed in the classroom unless the staff member is eating a CSB provided meal or snack with the children. Any other food and drink must be consumed by the staff member during their break or lunchtime, away from the classroom and children.

E. Analysis of Staff Needs

The needs of individual staff members for assistance and training, as well as the training tools are analyzed regularly to ensure optimal performance and efficiency of services. The Community Services Director or designee assesses staff needs by considering levels of responsibility, experience, performance of assigned tasks, and other relevant factors. On the basis of such assessment, the Community Services Director or designee determines the delivery of needed assistance after considering funding limitations. Assessment of staff needs is performed annually or as needed.

Self-reflection is also a support strategy used to assess staff strengths and needs. Teachers will utilize the Early Childhood Teacher Self-Reflection Tool at least annually and throughout the year, as desired. Upon completion, teachers can continue to reflect on their own thoughts and teaching practices to support the classroom. In the fall, teachers will update and refresh their own self-reflection tool and

share their reflection tool with their supervisor so that s/he is able to support desired areas of growth and development.

CSB also recognizes that building positive employee morale leads to staff feeling motivated, encouraged, and appreciated. To maintain high morale, CSB will recognize and appreciate staff efforts through various wellness initiatives. Employee health and wellness is a CSB priority and recognition expenditures will directly relate to building a wellness culture that promotes staff well-being and personal effectiveness.

F. Recruitment and Selection

It is the policy of CSB to employ qualified, capable, and responsible personnel who are of good character and reputation. Consideration will be given to provide employment opportunities to current and former Head Start and Early Head Start parents. CSB will follow the guidelines for recruitment as required by the MOUs, PMRs, Management Bulletins and other provisions established by the County and funding sources. CSB shall make certain that its recruiting procedures afford adequate opportunity for the hiring and career advancement of its parents and staff. The attainment of a high level of education may be important to performance in certain positions; however, formal educational qualifications, unless required by state, local or federal law, where practical, shall be made discretionary rather than required for employment and advancement. Head Start staff will be required to meet the educational requirement as established in the Head Start Act and/or Head Start Performance Standards.

Parent Participation in Staff Recruitment/Screening:

CSB has a comprehensive approach with regard to parent participation in the recruitment and screening of HS/EHS program employees. (HSPS1301.4 (b)(3))

- Annually, CSB families complete a Parent Interest Survey (CSB300 Form), a question in the survey asks and identifies parent interest in being part of the screening/interviewing process for new hires. Results from the Parent Interest Survey are tallied and the PFCE clerk provides personnel with a list of interested parents. The Personnel unit is responsible for contacting parents to request their participation as recruitment and screening opportunities become available.
- To support recruitment:
 - During Policy Council Meetings, parents are informed of open positions within the program. Informational flyers are also made available to be shared at site Parent Committee Meeting and with the community.
 - At the site level, AD's inform staff of open positions during their monthly Cluster Meetings. Flyers with information about individual open positions are shared and posted on site Parent Boards with extra copies accessible for dissemination.
 - CSB Family Newsletters, a triannual publication, advertises CSB employment opportunities.
 - CSB Friday Flyers, a semi-monthly resource publication for families includes CSB employment opportunities.

G. Hiring of CSB Staff

A position will be following steps outlined below:

- Following the approved Contra Costa County Personnel Management Regulations, the Personnel Unit will work with the County Human Resources Department, as required, to publicly announce a position for employment.
- Upon receipt of applications, the Human Resources Department or designee will screen the applications to ensure that applicants meet the minimum requirements for filling the position.
- The Human Resources Department shall designate selection procedures that may be written tests, oral tests, physical agility tests, assessment centers, training and experience evaluations or other selection procedures, or any combination of these. Selection procedures shall be practical and job related, constructed to sample the knowledge, skills, abilities and/or personal attributes required for successful job performance.
- When, after public announcement, the number of accepted candidates is equal to or less than the number necessary for a full certification, after consulting with the Community Services Director, the Personnel Unit may waive competitive testing and certify the applicants without rank or score. Under these circumstances, the Community Services Director will appoint a Qualifications Appraisal Board within the Community Services Bureau to conduct oral interviews of the applicants.
- In examinations where an oral interview is to be conducted as part of the total examination, the Personnel Unit shall appoint two or more qualified staff, to conduct oral interviews.
- Whenever final interviews are conducted to fill key management positions such as Executive Director, Head Start or Early Head Start Director, Chief Fiscal Officer, Personnel Director or any other equivalent position within the Community Services Bureau, in addition to the appointed subject matter experts, the Policy Council Chair/Vice Chair will be included in the panel conducting the interview/s.
- After completion of the examination process, the Personnel Unit will certify to the Bureau Director in rank order, according to the overall scores in the examination process, the names, addresses and phone numbers of the persons entitled to certification.
- CSB Personnel will coordinate the Hiring Manager to identify an interviewing panel consisting of managers and supervisors with expertise in the content area of the position needed to be filled. The panel should include minimum of two managers or supervisors and a parent always when possible.
- The designated interview panel will interview the prospective employee to determine:
 - If the individual will be able to work with staff in a cooperative, team-like manner;
 - The individual's commitment to low income families and the community;
 - The experience the individual has working with or the understanding the individual has of culturally diverse groups;
 - Personal characteristics such as warmth, strength, flexibility, understanding, empathy, ability to respond quickly under stress;
 - The ability of the individual to work within systems;
 - The individual's respect for authority and ability to work under supervision; and
 - Any other special skills such as speaking, reading, or writing in other languages.

- A second interview may be conducted in some cases with the purpose of determining the candidate/s suitability to the agency and the particular job. The interview should be conducted by a panel of at least two interviews. No interviewer should be conducting an interview by him/herself. This interview, although set up with CSB Personnel assistance, can be informal without the usage of a structured interview questionnaire.
- After the interview, the Personnel Unit will conduct personal and employment reference checks on all potential new hires and will submit a reference report for review along with recommendations to the Hiring Manager and Community Services Director or designee for employment in the position being considered.
- The name and qualifications of the candidate/s will be considered for approval by the Hiring Manager and the Community Services Director. Only after the candidate has been approved for employment may the candidate be officially employed and report for work.
- In case of hiring a new Head Start Director, a Chief Fiscal Officer, or a Personnel Director, the candidate/s will be presented for approval by the Policy Council.
- Policy Council will be informed of all new hires during the monthly Policy Council meetings.
- All newly hired employees will serve a probationary period as outlined in Section 9 of the Personnel Management Regulations and the appropriate Section of the applicable Memorandum of Understanding between Contra Costa County and Public Employees Union, Local One.

H. Reject from Probation

When an employee is being separated from employment while on probation, the employee's supervisor and/or a CSB Personnel Analyst will notify the employee and at that time shall ask for any keys and/or employee badges they may have to the facility.

I. 9/80 Work Schedule

A 9/80 work schedule has been established for a period determined by the Community Services Bureau Director. The schedule is available for Senior Management and some management and middle management classifications. There may be some job functions or classifications that are not feasible for participation in the 9/80 schedule. Additionally, probationary employees are not eligible for a 9/80 schedule until successfully completing their probationary period. Furthermore, temporary employees are excluded from the 9/80 work schedule. The Director of Community Services Bureau has the authority to determine the exclusion or the participation of particular jobs or classifications in the 9/80 shift.

The 9/80 schedule is voluntary. An employee who participates in the 9/80 schedule is not obligated to maintain it except for a two-week cycle from the beginning of the 9/80 shift. If an employee opts out of the schedule, she/he may opt back in once in the following three-month period. Work expectations do not change as a result of an employee's participation in a 9/80 schedule. If her/his performance deteriorates due to participation in the 9/80 schedule, the employee may be returned to a regular schedule. This action requires the approval of the Community Services Director or designee.

Employees requesting participation in the 9/80 work schedule should complete a Participation Request form that can be obtained from CSB Personnel Unit. The employees are to submit the completed form to their supervisor. Approval is granted by the Community Services Director or designee with

consideration for adequate coverage of the Department and the individual units. A copy of the approved request should be submitted to the Fiscal unit and to CSB Personnel to be filed in the employee's personnel file.

Employees participating in a 9/80 schedule must take a day off during the two-week pay period. During the period, the employees work one 8-hour day and 9 hours each day thereafter. The total work hours for the pay period should equal 80. If a holiday falls on the employee's day off, the employee should take her/his 9/80 day within the pay period before or after the holiday. If a holiday falls on a work day, the employee must use 1 hour accruals to make the required 9-hour work day since a holiday is 8 hours.

9/80 Work Schedule for Employees Temporary Disabled Due to Industrial Injury

In accordance with the Memorandum of the Office of the County Administrator, dated November 23, 2009, and the Contra Costa County's Return to Work Policy for Industrial Injury or Illness, Section VI, A. Restrictive Duty, the 9/80 or flexible work schedule for every employee who has sustained industrial injuries, who has an accepted worker's compensation claim and is temporarily disabled from working full time will be temporarily revoked. Upon release to full time work by the treating physician and only if the employee is able to work more than 8 hours per day, the 9/80 or flexible schedule may be resumed.

J. Separation

Employees are dismissed, suspended, and demoted in accordance with Contra Costa County, Personnel Management Regulations Part 11, Separation and Memorandum of Understanding between Contra Costa County and the Labor Unions.

K. Resignation

A resignation letter from the employee shall be made in writing and submitted to the employee's immediate supervisor and/or Assistant Director. The original letter should be sent to Personnel Unit.

L. Nepotism

No immediate family member of a supervisor shall work directly under his/her supervision. Immediate family member shall be defined as person's parent/s, grandparent/s, siblings, spouse, in-laws, natural child, stepchild, foster child, child in employee's custody, legally adopted child, legal guardianship, foreign adoption, tribal adoption, disabled adult child, domestic partner, child of domestic partner, and children's spouses.

M. Enrolled Children of CSB Employees

To maintain an equitable educational environment at our child care centers, CSB requires that an enrolled child of a CSB employee or immediate family member be placed at facility that is different from the employee or immediate family member's worksite, with the exception of AD approval under extenuating circumstances. In NO case will an employee's child be placed in the employee's or immediate family members classroom. CSB employees' children may be enrolled in the program only if eligible.

N. Staff Qualifications – General

All site-based staff must meet the minimum qualifications of the State Department of Education matrix and the Early Head Start and Head Start staff qualification requirements as stated in Sections 645(A) and 648(A) & (B) of the 2007 Head Start Act and Section 1302.91 of the Head Start Performance Standards. This includes Assistant Directors, Site Supervisors, Infant/Toddler Master Teachers, Master Teachers, Infant/Toddler Teachers, Teachers, Infant/Toddler Associate Teachers, and Associate Teachers. It is the employee's responsibility to maintain and provide to Personnel and their Site Supervisor a current Permit or Temporary Certificate issued by the Office of Education and to meet the Head Start and Early Head Start staff qualification requirements by the established timelines.

Services for families enrolled in the home-based program option are provided by Early Childhood Educators. These employees must meet the education qualification requirements established in Section 1302.91(e)(6) of the Head Start Performance Standards, demonstrate competency to implement home visiting curriculum, promote the progress of all children, including dual language learners and children with disabilities, and build respectful, culturally responsive, and trusting relationship with families.

Family services staff work directly with families on the family partnership process. Staff hired after November 7, 2016 must, within 18 months of hire, obtain at a minimum a credential or certification in social work, human services, family services, counseling or a related field.

In addition, all staff must meet the minimum qualifications as stated in the Community Services Bureau Job Descriptions and as set forth by state and federal regulations. Should an employee fail to meet the minimum qualification of his or her job while employed with Contra Costa County, he or she will be dismissed as stipulated in the Personnel Management Regulations, Part 1108 and the Public Employees Union, Local One MOU, Section 24.2.

O. Qualification Requirements for Positions

Minimum qualification requirements reflecting the California Department of Education, the Head Start Act and Section 1302.91 of the Head Start Performance Standards qualification guidelines are set for all Contra Costa County Community Services Bureau positions.

The Personnel Director, in conjunction with the Assistant Directors and/or other subject matter experts, drafts minimum qualification requirements for certain positions. These are received by Division Managers for input and review.

Where minimum qualification requirements affect health, education, food service, or other component positions, the draft is received by the appropriate committee for input and review.

The draft is then submitted to the Community Services Director for review and approval. After Community Services Director's approval, the draft is sent to the CSB Personnel Unit for further processing.

Managers receive copies of job descriptions and qualifications adopted by Human Resources. Preference will be given to former and current parents who meet the qualifications as set forth in the job descriptions.

All staff must be able to perform the Essential Functions as set forth by the Bureau at all times (please refer to Essential Functions documentation). If staff is unable to perform the functions at any time during employment, the Bureau will try to accommodate needs; however, there are some instances where this may not be possible.

New Hires: Before a new employee / volunteer who will work directly with the families and children begin work, (s)he must have completed the following:

- Complete health screening by a physician including a tuberculosis test (prior to employment) or a written statement from a doctor stating a TB test is not required.
- Provide verification of required vaccinations for Measles and Pertussis or waiver of such vaccination/s as required by Community Services Bureau Vaccination policy as per SB 792(for staff working in child care centers).
- Fingerprint / criminal record clearance without any exemptions.

P. Classroom Staffing and Ratios and Comprehensive Services Staffing

1. Classroom Staffing and Ratios

Each classroom maintains the adult/child ratios required by Title V: For children ages 3-5, 1:8; for toddlers, 1:4; for infants 1:3. Children under three years of age may not be in groups with more than eight children. Each full-day pre-school classroom is staffed with a qualified Teacher and 2 Associate Teachers. If this is not possible, an Associate Teacher may be substituted for a Teacher and a Teacher Assistant Trainee for an Associate. Each part-day pre-school classroom is staffed with two Teachers and Teacher Assistant Trainees.

CSB center classrooms will have no more than 20 children enrolled at any time, except in State Preschool classrooms where there may be 24 children enrolled at one time and in Head Start classrooms with an approved 24-waiver from the Administration for Children and Families (ACF).

The Supervisor must ensure that adult/child ratios are maintained at all times. If a staff member is absent, the Site Supervisor must do the following:

- Assess the staffing needs of the classroom based on the number of children present and the staff/child ratios in other classrooms at the site.
- Request the services of a parent volunteer.
- If a substitute is needed, the Supervisor must contact the clerk who coordinates the substitutes. All staff inside the classroom and outside in the yard are responsible to ensure that all children are visible at all times and that they are being supervised at every moment.
- Whenever the classroom is outside on the yard or on a field trip, all members of the teaching team must be present to ensure the health and safety of children. No scheduled prep time or breaks are permitted during times scheduled outside of the classroom.

Teaching staff supervise infants and toddlers/twos by sight and sound at all times. When infants and toddlers/twos are sleeping, mirrors, video or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision. Sides of cribs are checked to ensure that they are up and locked.

Teaching staff and volunteers are aware of, and positioned so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

CSB management ensures that the staff reflects the cultures and languages of the children and families served in the program whenever possible. If this is not possible, the Supervisor must contact the main office to obtain the services of a translator in order to communicate with families.

2. Comprehensive Services

The program is supported at all times by the following personnel:

- A health services content area expert who is trained and experienced in public health, nursing, health education, maternal and child health, or health administration.
- An education and curriculum services content area expert who is trained and experienced in early childhood education and development, classroom observation and monitoring, and coaching/mentoring.
- A nutrition services content area expert who is a registered dietitian or nutritionist.
- A mental health services content area expert who is a licensed or certified mental health professional with experience and expertise in serving young children and their families.
- A family and community partnership or parent involvement content area expert who is trained and experienced in field(s) related to social, human, or family services and who is skilled in assisting parents of young children in advocating and decision-making for their families.
- A disabilities services content area expert who is trained and experienced in securing and individualizing needed services for children with disabilities.

When a health procedure must only be provided by a licensed or certified health professional, the agency will ensure that this requirement is met.

Q. Site Administration

Each site that receives State Department of Education funding must have a full time Site Supervisor housed in the building. For sites with more than nine classrooms, an additional Site Supervisor will be housed at the building. This Supervisor may be counted in the ratio if working directly with the children. Sites with infant/toddler care must have a Site Supervisor who, in addition to the regular qualifications, has completed 3 units of Infant and Toddler Care.

As an entity operating child care and development programs, providing direct services to children at two or more sites, CSB shall employ Assistant Directors that meet the minimum qualifications of a Program Director as outlined in the State Department of Education matrix.

R. Teacher Assistant Trainees (TATs)

CSB employs Teacher Assistant Trainees (TATs) who have no less than 12 Early Child Education units from an accredited college. The following applies for all teaching staff with less than 12 units in Early Childhood Education courses:

- The TAT must be at least 18 years of age
- If the TAT has enrolled in or completed at least 6 units in Early Childhood Education, (s)he may supervise children at nap time and escort children to the bathroom without the direct supervision of a Teacher/Associate.
- The TAT will support the classroom needs under the supervision of the Lead Teacher

In order to support the professional development and career advancement of TATs, CSB will provide a select number, based on funding and availability, of TATs the opportunity to participate in the ECE Work Study Program, as outlined in Section 2.VIII.EE.vii

S. Volunteers

CSB encourages volunteers from the community whenever possible. Each year, program staff recruits volunteers through flyers and other announcements. Before a volunteer begins in the program, (s)he must be approved by the CSB Manager responsible for volunteer coordination. This ensures that the volunteer has fulfilled the necessary requirements prior to being given an assignment. All potential volunteers must complete a Volunteer Application. If the volunteer works more than sixteen (16) hours at one facility s/he must obtain fingerprint clearance. All volunteers, regardless of the number of hours they are planning to work, must submit a statement of good health. The statement could be issued by a doctor, a medical professional or be a self-disclosure signed by the volunteer. Each volunteer must undergo a TB risk assessment and if at risk submit a negative TB test result, as well as provide verification of measles, pertussis and influenza immunizations as outlined in California Community Care Licensing and Health and Safety Code 1596.7995 at their own cost prior to volunteering. The statement of good health, the TB and immunization result should be provided to the manager overseeing volunteer coordination and kept on file by the Site Supervisor. As outlined in California DSS section 101170(b), certain volunteers may be exempt from the requirement to submit fingerprints and or immunization verification.

Once fingerprint, criminal background clearance, immunization verification/s and TB clearance is received, the volunteer coordinator will contact site supervisors to see if there is an appropriate volunteer opportunity at their site. The volunteer coordinator will forward all paperwork to the site supervisor for their Licensing and Health file. The Site Supervisor or designee will review the Volunteer Policy with the volunteer and have him/her sign the Standards of Conduct, Certification Statement and all other Licensing forms. Only then will CSB make the final volunteering assignment which includes: start date, end date, and number of days and hours per week. The volunteer enters hours worked daily on an in-kind form for the whole month. At the end of the month, the volunteer submits the completed in-kind reporting form to the assigned volunteer supervisor to have them sign their approval and to make a copy of form for the volunteer. The volunteer's supervisor or designee submits the in-kind records monthly to the cluster clerk for entry into the In-Kind Log in the shared drive.

T. Standards of Conduct

CSB ensures that all staff, consultants, and volunteers will observe the program's Standards of Conduct. All employees must sign the Standards of Conduct annually and the original will be maintained in their personnel file.

Every employee, consultant and volunteer involved in the Program, must subscribe to the following:

- Respect and promote the unique identity of each child/family.
- Refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, disability, Sexual orientation, or family composition.
- Follow program confidentiality policies concerning information about children, families, and other staff members.
- Never leave a child alone/unsupervised while under their care.
- Use positive methods of child guidance.
- Never engage in corporal punishment, emotional/physical abuse, rejection, extended ignoring, humiliation, intimidation, ridicule, coercion or threats.
- Never use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child and/or about his/her family.
- Never prohibit a child from attending religious services outside the agency.
- Never use methods of discipline that involve:
 - Isolation
 - Binding or tying a child to restrict movement or taping a child's mouth.
 - The use of physical activity or outdoor times as a punishment or reward
 - The use of food as punishment or reward
 - The denial of basic needs
- Provide a safe, healthy and accommodating environment that meets the children's needs.

Each employee, consultant, contractor, and volunteer must comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members.

Every employee engaged in the award/administration of contracts or other financial awards will sign a statement to the effect that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors. Additionally, employees will not engage in any form of picketing, protest, or other direct action that is in violation of law and must comply with Contra Costa County Administrative Bulletin 405.4.

If a staff member, consultant, contractor, or volunteer violates any of the above Standards of Conduct, the following disciplinary steps may be followed:

- Conference(s) with the individual's supervisor to discuss implications of their behavior, and corrective action plans.
- Further training for the individual may be provided.
- A letter of Coaching and Counseling may be sent to the individual, detailing the seriousness of their violation(s) of the Standards of Conduct.
- If the letter of Coaching and Counseling is ignored, the employee may receive further disciplinary action.

- If the behavior of the individual does not change, disciplinary measures may be applied, such as Letter of Reprimand, suspension, and/or termination of employment. In some cases, termination may be the first discipline.

U. Professional Behavior and Attire

1. CSB Standards of Professional Behavior

As representatives of County government, it is important that staff adhere to high standards of professional behavior at all times. Public and client perceptions of our staff and services can be significantly affected by a single negative interaction with any employee in our department.

As professionals, staff members need to refrain from excessively negative behavior in all interactions with their colleagues, in meetings and training sessions, with clients, or the public. Such behavior can over time create a hostile work environment, be experienced as harassment, interfere with client access to services, or violate client rights.

Examples of excessively negative behavior can include: rudeness, being overly brusque and impatient, showing contempt for others, being excessively critical and fault-finding, demeaning and sarcastic, disrespectful, slamming doors or files, raised voices, use of profanities, sexual and national origin harassment and discrimination, There may also be other behaviors that create a hostile or extremely unpleasant environment for staff or clients.

Staff who engages in such behaviors will receive counseling and coaching from their supervisors. Continued engagement in unprofessional behavior after counseling and coaching has been provided may result in disciplinary action.

To ensure the health and safety of enrolled children and to foster professionalism at our child care centers and offices, staff is expected to adhere to the following dress code.

Staff at child care centers, whether direct caregivers or support staff, must wear clean, neat, comfortable clothing and footwear suitable for the daily tasks of significant bending, walking, lifting, sitting and running. Central Kitchen staff must adhere to policies that specifically pertain to hygiene and attire.

2. CSB Standards for Appropriate Attire

- Shoes: heel height to a maximum of 1 inch, closed toe and heel required
- Shorts: must reach the knee, transparent fabric is unacceptable.
- Tops: prohibited are tops that expose the midriff, low cut necklines, backless, strapless, halter or tube tops, spaghetti straps, or any transparent material.
- Skirts/dresses: hem must be knee length or longer; fabric may not be transparent.
- Pants: hems of pants cannot drag on the floor, and waistband may hit no lower than the top of the hip. Transparent fabric is unacceptable.
- Jewelry: Earrings must be shorter than 1 inch from lobe, rings no higher than ¼ inch from shank. Any jewelry that may pose a hazard to children or staff may not be worn to work.
- Any articles of clothing with statements deemed by CSB to be political, offensive, or inappropriate are prohibited. The display of 'gang colors' is prohibited.

- Administrative staff shall dress in a manner that reflects a positive public image. In general, appropriate business attire will include well maintained clothing, as described above. 'Casual Friday' attire is acceptable, but must incorporate the above standards. Administrative staff may wear blue jeans on Casual Friday but may not be worn with sneakers, thong shoes, or T-shirts.

V. Non-Discrimination and Anti-Harassment Policies

It is the policy of Contra Costa County to maintain a work, service and program environment free of discrimination, harassment, or intimidation based on sex, gender, age, race, religion, national origin, ancestry marital status, sexual orientation, disability or medical condition. These policies are also mandated by state and federal law. It is the policy of the Community Services Bureau to comply with all applicable state and federal statutes and regulations prohibiting discrimination in employment, contracting, buildings, facilities, and provision of services. All employees should be familiar with all of the provisions in the County's "Notice of County Non-Discrimination and Anti-Harassment Policies" and the procedures for "Reporting Discrimination, Harassment, and Retaliation".

In addition to policies and regulations which prohibit harassment on the job on the basis of one's membership in one of the protected classes as well as all forms of sexual harassment, please note that the County policy also states that:

- "Employees are entitled to, and will be provided with, a workplace environment which is free from harassment...All employees are individually responsible for conducting themselves in ways that ensure others are able to work in an atmosphere free of discrimination, harassment or intimidation...Each employee has a duty to report incidents of unlawful discrimination and harassment. Retaliation for reporting discrimination or harassment or participating in an investigation of a discrimination claim is both unlawful and against County policy."
- Supervisors have an affirmative and legal duty and responsibility to report all allegations of sexual and other forms of harassment or discrimination to their managers or supervisors. The Employment and Human Services Department will fully comply with these policies and will not tolerate discrimination, harassment, or intimidation in any form. Reports of violations of these policies will be promptly investigated and appropriate disciplinary action taken if warranted. This policy also includes more subtle forms of harassment, such as threats, name-calling, and use of slurs, innuendo, or misrepresentation of actions or intent to damage an employee's reputation.

W. Whistleblowers are Protected

Community Services Bureau adheres to the California Whistleblower Protection Act (Government Code Sections 8547-8547.13) and EHS Policy against Retaliation. It is the public policy of the State of California to encourage employees to report or "blow the whistle" to an appropriate government or law enforcement agency when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a state or federal rule or regulation. These violations may include fraud, waste, abuse, unnecessary government spending, an unsafe or unhealthy employer practices.

A “whistleblower” is an employee afforded with the following protections:

- An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
- An employer may not retaliate against an employee who is a whistleblower.
- An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
- An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibilities should be reported by calling the California State Attorney General’s Whistleblower Hotline at 1-800-952-5225.

A copy of this Labor Code and how to report improper acts is posted at each CSB center.

X. Protocol for Tracking Staff Absences and Recognizing Excessive Absenteeism

Maintaining good attendance is a condition of employment and essential function of every employee's job. Further, consistent staff attendance is critical to the operation of quality child development centers. To maintain our daily staffing levels so that our work is completed effectively and efficiently it is necessary to keep accurate account of the use of these benefits.

Use of vacation and personal leave accruals is by mutual agreement between the employee and the supervisor. Request for use of this time must be made and approved in advance using the form provided by CSB.

For employees who do not have pre-approved absence from work, each Site Supervisor is required to maintain a daily employee call-in log to record employee absences that were not pre-approved. Employees calling off of their shift must do so by 6:00am on the day of the absence. For consecutive absences, employees must notify their supervisor by 3:00pm of the day prior. If no communication between the employee and supervisor takes place during the first day of absence it is expected that the employee will be present for their shift on the next business day. The employee is required to provide the following information when calling in: Name, date of the absence, job classification, shift, time of the call, reason for not reporting to work.

Supervisors are to track absences on the monthly Staff Absentee Tracking log that is provided in an Excel workbook. Assistant Directors are to review monthly Staff Absentee Tracking logs for analysis of staffing patterns, site needs for substitutes, etc. Additionally, through review of these logs, assistant directors, supervisors and managers can detect abuse of sick leave and excessive absenteeism and allow management and supervisory staff to proactively address absenteeism concerns in a timely manner.

- **Excessive Absenteeism:**

- Absenteeism (including use of sick leave) may be considered excessive where there are frequent and often unscheduled absences, including use of vacation, floating holiday and earned compensatory time accruals. Excessive absenteeism usually results in exhausted sick leave accruals and frequent use of other leave balances such as vacation, floating holidays or compensatory time for “sick leave” purposes, as well as other unscheduled absences (including tardiness). In general, repeated depletion of sick leave accruals as they are earned may be an indicator of excessive absenteeism as is the frequent placement in Absent With Out Pay (AWOP) status.
- Abuse of sick leave use occurs when it is used for absences that are not permissible under the definition of appropriate use of sick leave or for the purpose other than that for which it is claimed (as described in the MOUs and the Personnel Management Regulations).
- Use of large amount of sick leave accruals may be mitigated by extenuating circumstances as applicable in the MOUs (FMLA, disability status, etc.).

Supervisors and managers are encouraged to look for patterns of absenteeism such as unscheduled absenteeism at the beginning or the end of the work week, before and after holidays, before and after approved time off, etc. Such patterns may be indicators of excessive absenteeism.

- **Handling Excessive Absenteeism:**

When patterns of excessive absenteeism are detected, and there are no known mitigating circumstances, supervisors and managers are to discuss their findings with the Assistant Director or Unit Manager and decide on appropriate course of action. Actions taken may include but are not limited to the following:

- Counsel the employee verbally to improve their attendance
- Issue Counseling and Counseling Letter (if employee does not improve)
- Pursue disciplinary actions: Letter of Reprimand
- Reference the absenteeism issue in the employee’s annual performance review
- Develop Improvement Plan with the impute of the employee
- Consult with Personnel Analyst on other disciplinary actions if no improvement is noticed
- If appropriate, refer the employee to the County’s Employee Assistance Program (EAP). This action requires consult with and involvement of the CSB Personnel Analyst. Note: EAP is always available to an employee who may wish to make an appointment him/herself.

Supervisors and managers are encouraged to check with CSB Personnel Analyst if not sure if an employee has any known mitigation circumstances.

Y. Family Medical Leave Act (FMLA)

CSB provides coverage under the Family Medical Leave Act (FMLA). Eligible employees can receive up to 18 weeks unpaid, job-protected leave in rolling 12 months period. An “eligible” employee is an employee who had work for his/her employer for at least a year and had worked a minimum of 1,250 hours and meets any of the qualifying reasons listed below:

- The birth of a child or placement of a child with the employee for adoption or foster care
- The employee’s own serious health condition
- The employee’s need to care for her/his spouse, child, parent, due to his/her serious health condition
- The employee is the spouse, son/daughter, parent, next of kin of a service member with a serious injury or illness (in this case the FMLA may be up to 26 weeks in a single 12 month period)
- Qualifying emergency arising out of the fact that the employee’s spouse, son/daughter, parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves

Employees needing to take FMLA are required to notify their supervisor and Personnel, and submit a medical certification or appropriate document/s issued by a court, law/enforcement agency or a military service entity showing need for the employee to take time from work. Medical certification has to be provided on CCC Certification of Health Care Provider Form. This form can be obtained from the CSB Personnel Unit. The employee is required to submit the completed and signed by his/her doctor document within 15 calendar days of receiving the form from Personnel. The CSB Personnel Analyst/FMLA Coordinator will provide the employee with official letter approving/disapproving the FMLA and information on the employee’s benefits and rights while away of work.

If a supervisor is aware that an employee is off work due to a condition qualifying under the FMLA, she/he should notify CSB Personnel on behalf of the employee. Personnel will contact the employee and will provide information on his/her rights under the FMLA.

Employees who have been on FMLA or Approved Leave of Absence (LOA) due to their serious medical condition are required to submit to CSB Personnel a Physician’s Statement of Ability to Work clearing them to return to work, prior to reporting to their assigned work location. If the employee is cleared to return to modified work, CSB Personnel Analyst/Return-to-Work Coordinator will assign modified work, if any is available.

While on FMLA, an employee may be eligible for Temporary Disability Benefits or Paid Family Leave. The employee is to make personal decision if (s)he wants to take advantage of these benefits. Employees are encouraged to contact CCC Benefits Unit at (925) 335-1746 for specific information regarding their benefits during time off work. While on FMLA, employees may choose to use their accruals. In this case, they are to contact their payroll clerk and make specific arrangements for the use of their accruals.

In California, employees are also covered by the California Family Rights Act (CFRA) and the Pregnancy Disability Leave (PDL) Act, each of which provide family or medical leave that can run concurrently or consecutively with the FMLA, depending on the circumstances.

Paid Family Leave is also available to employees who contribute to State Disability Insurance (SDI). Paid Family Leave runs concurrently with FMLA, CFRA, and PDL.

Z. Confidentiality

As public employees, CSB is governed by numerous federal, state, and county regulations that are designed to ensure that public resources are being administered in an ethical manner and that the right of both employees and the public CSB serves are respected and honored. These include regulations that ensure that the rights of individual employees are respected to work in an environment that is free of discrimination, intimidation, hostility, or retaliation. CSB's mission to serve the most vulnerable members of the community also requires even higher standards of professional conduct to ensure that rights are respected and that there will be no cause of additional harm and suffering.

Knowing what these myriad regulations are and understanding their relationships to each other can be confusing. The purpose of this policy is to update and summarize the major policies that govern employee conduct. References will be made to other policy documents that contain the more detailed provisions.

These policies will be reviewed with all existing employees and will be presented to and discussed with all new employees and temporary staff at the time of their orientation. New employees will sign a statement that certifies that they have received and read these Standards of Conduct.

1. General Policies

Policies and procedures in this matter bind CSB employees who have access to confidential information. The policy is:

- No information about a child or family is to be released without written, parental informed consent if the material is personally identifiable.
- "Personally identifiable" information is defined as information about a child or family that would make it possible to identify the child or family with reasonable certainty. Such information includes:
 - The child's name, address, telephone number
 - Medical record
 - Social Security number
 - Any other data that can readily identify the child or family.

When the child's name is attached to any of the following, that information is considered confidential:

- Specific educational/medical screening
- Diagnostic data
- Disability
- Categorical diagnosis
- Child's functional assessment
- Family needs assessment
- Home visit reports
- Progress reports

2. Confidentiality Procedure

All records containing information pertaining to a child and/or family must be kept in a locked file. The locked file should be maintained at each center location, and the Site Supervisor shall designate a staff member to be responsible for the key.

A list of individuals authorized to review files must be available at every center. Any individual not on the list, but requesting access to files must be approved by the lead Teacher/Site Supervisor prior to release of files.

Please refer to Record Keeping and Reporting Section for protocols for file review.

An Individual Access Log must be kept in each file, and any individual working with/reviewing/monitoring the file must sign his/her name, date, and reason for accessing the file.

Files or papers containing confidential material regarding a family must not be left on desks, tables, or other areas where others may have access to them. After current business concerning a file is completed, the file must be returned to the file cabinet, and the cabinet locked.

Discussions of family problems or situations are to be held only with those staff members working directly with the family. Information should be shared only if it is relevant to that staff member in assisting the family. The normal mode of information sharing is the Case Conference/Family Meeting. The following must be followed:

- Problems of one family must not be discussed with another family.
- Family situations/problems must not be discussed in the presence of parents, children, or visitors at the centers or division office.
- Written information regarding families must not be shared with any community agency without express prior written authorization from the family.
- After a child's participation in the program has ended, no records of home visits, Case Conferences/Family Meeting, IEP's or other confidential reports are to be forwarded to any school without prior written authorization from the parent(s).
- Prior to using children's photographs outside the program or allowing children to participate in research, parents' written permission must be secured.

3. Parent Access to Family Records

The following protocols are followed with regards to family records:

- Parents have full review / access rights to information regarding their children and themselves.
- CSB has an obligation to explain to parents any information in the records that pertains to the child/family.
- Parents have the right, after reviewing their child's records, to have them amended or corrected. The request can be written or verbal; the Site Supervisor must approve it.
- If the parents cannot come to an agreement with the Comprehensive Services team/Site Supervisor, then all explanations and requests for change must be kept with, and become part of, the child's permanent record.
- Parents may obtain from the Site Supervisor, upon written request, a list of locations of

all personally identifiable information kept by CSB.

4. Photo Consent Policy

The Community Services Bureau provides families with the Parent Handbook upon enrollment. In the Parent Handbook, there is a section on Photo Consent where parents/guardians can choose to grant consent for photographs/videos taken of their children during the term of their child's enrollment. Note that **when children transition** from the EHS program to the HS program they will **need to re-enroll** and a new consent form needs to be signed.

- Community Services Bureau will use photographs to record children's progress and development during their time at preschool. These photographs may also be used in a variety of ways in the agency such as for publicity for a variety of events, Social Media, annual reports, and newsletters.
- Photo Consents must be signed by parents/guardians upon enrollment and re-enrollment. A record of the consent forms need to be filed and readily accessible at each site. The signed consent form is added in each child's file (parent communication section).
- Site Supervisors must be aware of where the photo consent forms are filed and must be able to identify the children with no consent.
 - In addition if the child has no consent, at the time of enrollment, Site Supervisors must checkmark the field in CLOUDS titled 'No Photo Consent' in the child's Data Sheet to indicate lack of photo consent.
 - Smart Reports can be created from CLOUDS to show the list of children with no consent so it is of utmost importance to checkmark the 'No Photo Consent' field upon enrollment.
- In the case of a change in guardianship, the signed consent form is sufficient for the pictures taken prior to the change of guardianship. If however, the new guardian approaches you and asks for the child's picture not to be used, you must stop using it going forward. Any time a student's guardianship changes, the new guardian must review and initial the policies and forms to stay informed.
- Under no circumstances are foster children to be given photo consent or to be photographed for display to the public. Site Supervisors must ensure that the field in CLOUDS titled 'No Photo Consent' in the child Data Sheet is check-marked.

AA. Probationary Period and Staff Performance Appraisals

1. Probationary Period

All employees appointed from officially promulgated employment list for original entrance and promotions are subject to a probationary period. For original entrance appointments the duration of the probationary period is determined by the Personnel Management Regulations and the appropriate MOUs. For all CSB employees represented by Public Employee Union Local 1, the entrance probationary period is 9 months. For most promotional appointments, the probationary period is six months.

Probationary Period Protocol:

The probationary period for new and promoted employees gives the supervisor the opportunity to evaluate an employee's performance and conduct on the job training, provide learning opportunities and, if necessary, remove or resign the employee. During this time a new or promoted employee receives extra supervision and coaching to help the employee meet the standards and expectations of the job. The period begins on the day of appointment to a permanent position.

- **Period length:** The length of the probationary period is negotiated between the county and the labor unions for different classifications and may vary.
 - For new non-management, project employees and Site Supervisors – (all represented by PEU, Local 1) 9 months;
 - Promotional positions, non-management project and Site Supervisors – 6 months;
 - Management classifications (represented by Local 21 and not represented) – 6 months
- **Tracking Date of Appointment / End of Probationary Period:** Supervisors of employees on probation must obtain and know the official date of appointment to a permanent position and the date that the probationary period ends. This information should be provided by Personnel, but if not, it is the supervisor's responsibility to obtain it.
 - The Supervisor shall mark the probationary period end date in her/his Outlook calendar to ensure it does not pass without the supervisor's knowledge.
 - Once the official date of appointment has been determined, Personnel is to send out a communication to the responsible supervisor that contains the start date, the end of probation period date, and a guide to onboarding a new employee which is to outline the steps and the roles of the supervisor in providing an exceptional onboarding experience.
- **Orientation:** All new and promoted employees will receive a full orientation to their new position, which includes CSB New Employee Orientation, EHSD New Employee Orientation and any classification and unit-related orientation checklists.
 - These activities shall be completed within the first two months after the appointment date.
 - It is the responsibility of the supervisor to arrange for the new employee to timely meet with the other key stakeholders to complete their onboarding check lists.

- Completed orientation checklists shall be signed and submitted to the CSB Personnel Analyst.
- Management and supervisory staff may be scheduled for additional orientation sessions provided by the Employment and human Services Staff Development Unit.

The Personnel unit will track receipt of checklists timely and provide reminders 4 weeks before the completion deadline, if not yet received.

- **Support and Coaching:** Within the first 45 days of appointment, all new teaching staff will receive an observation in his/ her classroom from the education manager and an opportunity to discuss the observation and receive feedback.
 - All supervisors will provide regular reflective supervision opportunities to the employee as a means to provide timely feedback and discuss any issues brought forth by the employee or supervisor.
 - If issues arise, the supervisor will provide resources and support as needed. This shall be documented.
 - For all new employees, a 3 and/or 6 month evaluation will be conducted to provide feedback and resources. If concerning issues are identified prior to 3 months, both 3 and 6 month evaluations with coaching, resources and remedial learning opportunities will be provided and documented.
 - Small group conferences may also be used in addition to formal evaluations but not in lieu of. If concerning issues arise, the second level supervisor will be notified immediately of any concerns and kept regularly and well-informed on progress or lack thereof.
 - A final probationary evaluation will be provided just prior to the conclusion of the probationary period.
 - For all promoted employees, a 3 month evaluation will be conducted to provide feedback and resources. A final probationary evaluation will be provided just prior to the conclusion of the 6 month probationary period.
- **Release during probationary period:** An employee may be released during their probationary period at any time; however, sufficient documentation which includes evidence of adequate support, coaching, and proof of resources and learning opportunities, must be present. The second-level supervisor and the Personnel Analyst must review all documentation to ensure it is complete and that adequate evidence is present to warrant release.

2. Staff Performance Appraisals

A Uniform Service Rating System includes provision for periodic rating of employees' performance for the purposes of:

- Promotion
- Transfer
- Demotion
- Termination

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- Salary adjustment
- Re-hiring
- Recommendation to future employers
- Performance improvement

A probationary employee must be evaluated at least once during their probationary period. In accordance with Contra Costa County probationary requirements, every employee on original entry appointment is evaluated at the end of the first six months of employment. A formal, written review of the employee is completed at that time and thereafter at least annually by the immediate supervisor.

In the process of formal evaluation of the employees, CSB utilizes also peer feedback evaluation and self-evaluation. The information collected through the feedback evaluation tool is analyzed and summarized by the supervisor and included in the employee's Performance Evaluation. The employee is given the opportunity to evaluate his/her Professional Goals and submit the self-evaluation form to his/her supervisor before the Performance Evaluation meeting. The employee's self-evaluation is included in the Performance Evaluation.

The probationary period is used as the final phase of the examination process. It is utilized by the appointing authority for effective adjustment of new employees, and for release of employees whose performance is unsatisfactory. Ongoing evaluation continues throughout employment. (For more information on the probationary period, see "Personnel Management Regulations, Part 9, Sections 901 and 902, pages 9-10.)

Performance Evaluation Schedules (due dates) are tracked monthly by the Personnel Unit and notifications are given directly to the immediate supervisors as well as the 2nd line supervisor and the Bureau Director. The immediate supervisor is also notified via the COPA/CLOUDS electronic system.

3. When Completing Employee Evaluations

The immediate supervisor rates an individual employee on work performance, efficiency, dependability, and adaptability. Step ratings are made in a formal report by the immediate supervisor (responsible for the work of the employee being rated).

In completing the Performance Evaluation for each employee the supervisor takes in consideration the feedback information received from the employee's peers, as well as, the self-evaluation completed by the employee. At least two weeks before completing the employee's evaluation, the supervisor will ask 2-3 employees working closely and familiar with the employee to complete the appropriate feedback tool. The supervisor will summarize and analyze the results and include them in the employee's review. Prior to the meeting with the employee, the supervisor will also ask the employee to evaluate his/her performance in the area of Professional Goals. The employee self-evaluation will be reviewed at the time of the Performance Evaluation meeting and included with the Performance Evaluation.

During the Performance Evaluation meeting both the supervisor and the employee will review and discuss his/her performance, as well as their goals. After the discussion, the employee must sign the Performance Evaluation form. Each employee shall receive a copy of his/her evaluation.

Signed original evaluations are submitted to the Personnel Unit.

Evaluations are filed in the employee's personnel records. The formal report becomes a part of the employee's permanent personnel record.

An employee who receives an unsatisfactory rating may be ineligible for a higher pay until a satisfactory rating has been received.

An employee may be reassigned, demoted, or discharged for receiving an unsatisfactory rating.

Each employee shall receive a copy of his/her rating.

The primary functions of supervisory personnel are: 1) guidance, and 2) improvement of the operation. Each supervisory visit shall be a positive approach to improvement, and add to the employee's contribution to the department.

In accordance with section 648(A)(f) of the Head Start Act, staff and supervisors will collaboratively complete a Professional Development Plan that connects the employee's professional goals to training and educational programs and/or resources that support attainment of such goals. Each plan will clearly outline high quality activities that will improve the knowledge and skills of staff as relevant to their roles and functions in a manner that will improve delivery of program services to enrolled children and families. Supervisors shall ensure that the plans are regularly evaluated for their impact on teacher and staff effectiveness. Professional Development Plans are part of the performance evaluation process and must be submitted with the completed evaluation tool.

4. Supervisor's Approval

Before evaluations are reviewed with employees, they must be approved by the second level supervisor. The supervisor's supervisor or designee reviews step ratings. That reviewing official must:

- Approve or disapprove the service rating
- Change the service rating, without formal appeal procedures, when in the interest of sound administration
- Discuss the rating with the employee
- Upon request of the employee, provide an impartial review of the service rating.

5. Appealing a Performance Evaluation

If the employee is dissatisfied with the review/decision, the employee may appeal in writing (within ten days) to the CSB Director for an impartial review of their service rating. The CSB Director shall render a written decision, sustaining or modifying the rating to the employee within ten days following a hearing. The Appeal Letter submitted by the employee will be attached to the Performance Review being disputed and will be kept in the employee's Personnel File.

BB. Chronological Supervision and Filing System

Chronological Supervision is a management and record-keeping system that organizes and facilitates the tasks of supervision, staff development, and progressive discipline. It is based on the concept that all employees are trained and supervised over a chronological period of time. Since this training and

supervision occurs over an indefinite time period, the documentation of these activities should be filed in the chronological order that they happened. Chronological supervision supports non-discriminatory documentation of employee professional growth and performance, increases management accountability, and contributes to personal and organizational development. Chronological Supervision files will contain all non-disciplinary correspondence and documents pertaining to the supervision of subordinate employees. Examples of mentoring and supervision include, but are not limited to recognition for excellent and/or consistent performance of assigned tasks; written instructions for improving job functioning with follow-up of monitoring activities; and documentation of meetings held with employees.

Each site will maintain a site Chronological and Supervision File. If a staff person's site assignment changes, Site Supervisors are responsible for transferring the employee's Chronological and Supervision File to the new assigned site.

CC. Staff and Volunteer Health

1. Volunteer Health

In accordance with California Care Licensing Regulations, all volunteers (regardless of the number of hours volunteering) must sign and date form CSB232-Volunteer Health Statement (See Forms CSB232), indicating that they are in good health and pose no threat to the health and safety of the staff and children of the program. All volunteers must provide proof of required immunizations for measles, pertussis and influenza (flu), as per the Health and Safety Code 1596.7995(a)(1) and a negative TB test or negative chest x-ray, certified by a health care professional. TB tests are not required for visiting experts.

The TB test must be administered and the results documented by an authorized medical provider. CSB will help in obtaining a TB test with our LVN. Also, provide all potential volunteers with information regarding the latest schedule for the immunization clinics throughout the county. Call 1-800-246-2494 for clinic times and locations. The cost is approximately \$10.00, but may be covered under some insurance policies.

A signed statement from a provider indicating the test date and result must be on file before the first day of volunteering at the site(s). For parent volunteers, place the documentation behind the volunteer health statement in the health section of the comprehensive file. For non-parent volunteers, place the documentation in file specific to that volunteer along with other required documentation such as fingerprints and volunteer applications. Keep all information confidential.

For frequency of testing and other details regarding TB test results, please refer to "Tuberculosis Screening Guidelines," below.

2. Staff Health

New employees must obtain and submit to CSB Personnel Unit a Physical and an Intradermal Mantoux 5TU PPD skin test (note: Tine or other multiple puncture tests are not acceptable.) prior to starting work. If an employee has had a positive PPD skin test in the past, a negative chest x-ray and physician's statement must be obtained. Initial Physicals and TB tests must be obtained within one year of the date of employment with CSB.

In compliance with California Community Care Licensing regulation 101216(g)(1), staff shall obtain a health screening performed by or under the supervision of a physician not more than one year prior to or upon employment. No further re-examination is required by the State of California.

In accordance with Health and Safety Code 1596.7995(a)(1), effective September 1, 2016 all employees working in child care facilities must provide proof of measles and pertussis immunizations or waiver of such immunizations per the regulation. Additionally, each employee must annually provide verification or waiver of influenza (flu) immunization. Influenza vaccination must be received between August 1st and December 1st of the same calendar year.

3. Tuberculosis Screening Guidelines for Staff and Volunteers

If staff or volunteers present a positive TB test (10mm or more of indurations), it must be followed by a chest x-ray and a statement from the examining physician indicating that the employee or volunteer is free from active disease.

Employees and volunteers with a negative initial TB test, who do not live in the Richmond or San Pablo area, must repeat the test every four years. Employees and volunteers with a negative initial TB test must complete a TB Risk Assessment every year (See Form CSB262) to determine whether annual TB testing is recommended.

An employee or volunteer who lives in the Richmond or San Pablo area must have a TB test done yearly. Employees and volunteers with a documented positive initial TB Test that was followed with an x-ray showing no active disease do not require any additional exam. These employees and volunteers must complete the TB Symptom Review (CSB260) every year to determine whether they require further medical evaluation.

4. Hand Hygiene Standards at Sites

To assist in the prevention of spreading infection and viruses, and for safety reasons, all staff at child care facilities, whether considered direct caregivers, clerical or management must adhere to the following standards of hand and fingernail hygiene.

Artificial or natural fingernails must be clean, and at a maximum, ¼ inch in length.

Large rings that extend above the ring base more than ¼ inch may not be worn while at work.

Hands must be washed, at a minimum, before and after diapering, before and after food preparation or handling, before and after morning health check-in, after contact with any bodily fluid (blood, mucus etc.), after personal use of the restroom, after playing with pets or other animals, after handling garbage, and after playground activities, including sandbox play.

If staff are found in violation of the hand hygiene policy, they may be required, at the Site Supervisor's or CSB management's discretion, to rectify the problem by washing their hands, removing rings or trimming or cleaning nails before returning to their position.

DD. Career Development Opportunities

The County encourages/supports employees' efforts to improve their skills, abilities, and knowledge to be more productive in their current assignments and to be prepared for career advancement (as opportunities arise). Staff may be required to attend trainings and/or educational advancement programs to meet licensing, state and/or federal regulations. As resources are available, CSB will support staff in attaining certain goals; however, it is the responsibility of CSB staff to meet the minimum qualifications and requirements of their position.

Service Requirements may be established for certain professional development programs to comply with federal, state, or local regulations. As mandated in the Improving Head Start for School Readiness Act of 2007, Section 648A (6), employees who receive financial assistance to pursue a degree shall:

- Teach or work in a Head Start program for a minimum of 3 years after receiving the degree; or
- Repay the total or a prorated amount of the financial assistance received based on the length of service completed after receiving the degree.

Contra Costa County Community Services Bureau agrees that:

- Career development activities are the joint responsibility of the individual and the County.
- All staff members should engage in continuing education, whether it takes the form of formal courses of study, participation in technical society activities, attendance at meetings, reading, or other forms of communication with the profession. CSB will make every effort possible to accommodate working schedules to permit occasional attendance at educational meetings.
- To encourage continuing education, the Board of Supervisors has established a career development education policy. Applications for assistance will be considered by the Bureau and, subject to funding limitations. The details of this policy are outlined in Administrative Bulletin 112.9. Funds may be provided for tuition, books, and other direct costs, providing that the following criteria are met:
 - The employee must start and complete course while associated with the County, within timelines.
 - The field of study must relate to assigned duties or prospective assignments.
 - Attendance at all meetings or classes is required, unless compelling reasons for missing sessions occur.
 - Passing grades must be maintained throughout the course.

Certain classified, exempt, and project management employees may be eligible for reimbursement for up to \$625 every two years for memberships in professional organizations, subscriptions to professional publications, professional engineering license fees required by the employee's classification, and attendance fees at job-related professional development activities. Individual professional development reimbursement requests are authorized by the department head.

Training sessions are held to provide opportunities for staff development and to help employees grow professionally. Such sessions help orient employees to their assignments, explain policies and procedures, teach new skills and methods, and help prepare for a particular program. Professional growth is accomplished through staff meetings and conferences, supervisory interviews, correspondence, extension courses, attendance at professional conferences, inspection tours, and directed readings.

If an employee is directed to undertake a course of study or to attend any meeting or lecture requiring travel and/or expenditure of funds, the County reimburses the authorized expenses. Time out of the office during normal working hours attending meetings will be counted as regular hours worked. The details of allowable training travel and reimbursable expenses are outlined in Administrative Bulletins 111.7 and 204.13 respectively.

The Bureau provides opportunities for employees to attend conferences which may benefit the employee and which would help to improve the department's operation or service. All employees must submit written reports to their supervisor within fourteen (14) days after attending a conference. The written report should include a summary of ideas or methods, which may benefit or improve the services or operation of the Bureau. Requests to attend conferences are made to the CSB Director.

Additionally, the County offers wide variety of free of charge on-line or in-class training and professional growth opportunities through its Risk Management Office (Target Solution) and the Employment and Human Services Department/Staff Development Office (SMART, Learning Management System). Teaching and technical staff members are encouraged to participate as active members of technical societies and professional organizations of their choice. With prior approval, time off to attend local meetings of particular interest and benefit may be arranged. The same pertains to national meetings dealing with subjects benefiting professional advancement.

Ongoing staff meetings are held for all employees. Individual employees may be called upon to present assigned topics to the group or be appointed to a committee to study special problems/lead discussions. All such meetings are held on department time and are designed to improve overall job performance/efficiency and services of the department.

CSB has designated the Personnel Unit as the lead for professional development and training activities within the program.

EE. Staff Training and Development

1. Training and Technical Assistance Plan

The Training and Technical Assistance Plan is reviewed and updated annually and included as part of the continuation grant process to promote program improvement and enhancement. Senior managers, Content Area Experts, and other stakeholders are to submit projected trainings for each year that support the needs of their staff and meet program mandates, and are responsible for the delivery of such trainings. These trainings are included in the Training Calendar for each program year. Any training requested after the Training and Technical Assistance Plan is finalized will require approval by the Community Services Director or designee.

The designated Staff Development Coordinator should be informed of all scheduled CSB trainings in advance. Aside from their own recordkeeping, training leaders are responsible for submitting original sign-in sheets and copies of training agendas and materials to the Staff Development Coordinator.

The Training Calendar that has been developed is based, in part, on career development training needs.

2. Staff Training and Development System

Purpose/Philosophy: CSB delivery of high quality services depends on enhancing the skills, knowledge, and ability of the staff. The management staff and Training Committee carefully design training and

professional growth opportunities for staff, which serve as critical resources for maintaining and improving program quality.

i. Strategic Training Plan

This reflects the training and staff development needs identified through Community Assessment, Program Self-Assessment, Performance Indicator Report (PIR), Ongoing Monitoring, Federal and State Reviews and Regulations. The Strategic Training Plan is closely aligned to CSB short and long term goals and objectives.

ii. Annual Training Plan

The plan is developed based on: Staff Training and Professional Development Survey results from the program's self-assessment and the ongoing monitoring, staff's needs and goals identified in their performance evaluations, and federal, state and county regulations.

iii. Training Calendar

This identifies training topics and events for a 12-month period. It is updated quarterly and training opportunities and events are reflected on a monthly program calendar available to each CSB staff member. In addition, staff members are informed of ongoing community training events and opportunities.

iv. Training Budget

This is developed annually to support the implementation of the Training Plan. The budget also provides for additional training activities, as well as for training materials and equipment.

v. Training Delivery / Implementation-Required Staff/Management Training

- Orientation – All new staff are required to complete a bureau orientation covering all Department and County policies relating to employment. A site-based and program orientation is conducted within the first 2 weeks of employment. Additional orientation information is included in the New Employee Orientation section below.
- Ongoing Training – provided throughout the year in a timely and balanced fashion to ensure that staff possess the knowledge, skills, and expertise required to fulfill their job responsibilities and to operate a successful program.
- Head Start Required Training – provided to ensure that line and management staff develop skills and knowledge needed to operate a successful and effective Head Start program, one that fully meets the Head Start Performance Standards and the program objectives of the grantee.
- California Department of Education (CDE) Required Training – provided to meet the requirements of the Exemplary Program Standards and the State regulations.
- Community Care Licensing (CCL) Required Training – provided to ensure that line and management staff have knowledge and skills to provide services and operate a program in congruence with the Community Care Licensing requirements.
- Contra Costa County (CCC) Required Training – provided to all CSB staff to ensure that

the program creates a working environment that meets the County requirements and that staff members conduct themselves in a manner prescribed by the Code of Conduct.

- Domestic Violence Training- All Head Start and Early Head Start staff is trained on an annual basis regarding domestic violence. This training includes identifying the effects these situations may have on a child's behavior, how to talk with a parent who has made a disclosure of domestic violence, and community resources available to those in need. The role of staff is to listen to the parents' needs and provide specialized resources/assistance as requested and appropriate following the procedure for supporting families in crisis.

vi. Staff/Professional Development

Staff/Professional Development activities are the joint responsibility of the individual and CSB. All staff members are encouraged to improve their knowledge and skills to advance in their career and effectively serve enrolled children and families. Staff/Professional Development training supported/offered by CSB are as follows:

- Basic Professional Level – Staff members are encouraged and supported to engage in continuing education.
- Participation in activities leading to an associate or bachelor degree – Teaching staff working toward their associate or bachelor degree are supported by various continuing education programs offered by CSB. Additional information is included in the Continuing Education Programs section below.

All permanent County employees are eligible for financial assistance as specified by the policy for training (Administrative Bulletin 112.9) and reimbursement (Administrative Bulletin 204.13).

With the support of educational advancement grants for teaching staff awarded to CSB, staff is eligible for the benefits specified in such grant.

Whenever possible, appropriate accommodations are made to allow staff participation in the training opportunities leading toward an associate or bachelor degree.

CSB makes every effort to accommodate the work schedule to permit staff's attendance in formal training classes, conferences, and professional meetings.

Staff receive information about classes offered through the Community Colleges, Adult Schools, community based workshops, and conferences.

vii. ECE Work Study Program

Teacher Assistant Trainees (TATs) employed with CSB and in need of core classes to acquire the Associate Teacher Permit are encouraged to participate in the ECE Work Study Program:

- In partnership with the community colleges of Contra Costa, CSB offers its ECE Work Study
- Program designed for TATs endeavoring to advance in the ECE field

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- TATs work to obtain the four core classes, a total of 12 units; upon completing the program, they become eligible for the California Child Development Associate Teacher Permit
- Provides assistance with books, school supplies, tutoring, and paid tuition for required courses
- The only reimbursable travel expenses are: from work to class or from work to campus to fulfill college registration obligations are reimbursable
- The expectation is that participants in this program are working and studying

Program Participation Requirements:

- Must be a TAT with CSB and at least 18 years of age
- Must have worked at least 30 days in the classroom prior to applying for program
- Must have completed orientation and online trainings with sub coordinators and onsite orientation with initial Site Supervisor or designee
- Must work at least 24 hours on average per week in the classroom; 30+ preferred;
- Must maintain good attendance, job performance, and professional conduct by being professional, respectful, cooperative, punctual, prepared to learn, collaborative, communicative, and courteous
- Must be recommended for program by Site Supervisor and approved by Assistant Director
- Must complete and submit application both for CSB program and college
- Must register for classes (assistance provided during Enrollment Sessions)
- Must attend mandated tutoring when grade is below a “C”
 - If a participant in the program during the semester finds difficulty with coursework, they may utilize tutoring services even if their grade is “C” or above to ensure success in their classes; if tutoring is received during TAT’s work hours, they will be paid
 - TATs will also be paid to attend mandated tutoring during work hours
- Must study outside of class, utilize available resources, and complete all required assignments and tasks by college instructors to maximize success in the program
- Must communicate individual and academic needs, concerns, and/or challenges immediately to Program Coordinator to ensure they are addressed and resolved so that it does not become a barrier to TAT’s success in the program
- Must provide timely notification to the college instructor and the Program Coordinator of changes and/or circumstances that affect participation in the program (e.g. absences, medical reasons, change in phone number, etc.)
- Must obtain a grade of “C” or higher in all classes
 - If a grade below a “C” is received in any of the four core classes offered, participant is permitted to take the class again. If, after second attempt to take the class, the grade remains below a “C”, participation in the program must be discontinued.
- Upon completing the program:
 - Must transition into an Associate Teacher sub position
 - Must apply for the California Child Development Associate Teacher Permit
 - Must commit to at least two years of working with young children ages 0-5 at CSB
- If CSB has a permanent Associate Teacher position vacancy, the TAT must apply

- Must submit requested documents to the Program Coordinator
- Must keep all borrowed textbooks and laptops in the condition it was received; return all books at the end of the semester; return laptop upon completing the program

viii. On-the-Job Training Program (Metrix Learning)

Income-eligible Contra Costa Residents, including parents, are provided with employment, mentorship, on-the-job training and support in establishing and pursuing career advancement objectives and goals within the field of clerical support and administrative services. The program requires participation in on-line vocational learning. Participants who successfully complete the program receive a Certificate.

ix. Professional Growth Activities for renewal of existing or receiving of a new Child Development Permit

Staff are provided the opportunity to participate in a variety of training/ professional development activities offered by CSB or the educational community, leading to completion of the CDE required professional growth hours for Child Development Certification. It is the responsibility of the employee to ensure that all renewal or upgrade requirements are met to maintain a valid Child Development permit as required by their position.

- CSB managers and supervisors, who are certified Professional Growth Advisors, counsel program staff and provide them with effective guidance and assistance in accomplishing their professional goals.
- Participation in professional organizations and technical societies – staff are encouraged and supported to participate in technical societies and professional organizations.
- Staff are given time off to attend meetings/conferences, whenever possible.
- Staff's membership in the NHSA is paid by CSB. Participation in other professional organizations and technical societies is governed by the CCC Personnel Management Regulations (PMRs).

x. Parent training is conducted throughout the year in a variety of settings including

- Annual Parent Conferences
- Monthly Policy Council Meetings
- Monthly Parent Committee Meetings
- Policy Council training events
- Monthly Parent Trainings (in each part of the County)
- Annual Trainings

xi. Evaluation and Monitoring

Evaluation and monitoring of the training activities are effective ways to determine the extent to which the training achieved its objectives and to plan follow-up activities. They also ensure a

consistent sequence in the whole training process. The following tools are used to evaluate and monitor the Staff Training and Development process:

- Staff Performance Evaluations - provide information for effectiveness of training, follow-up activities, and individual training needs.
- Tracking System - provides data regarding individual staff training and the sequence for balance of training opportunities in general.
- Training Summary - provides information about effectiveness of the training, the follow-up activities and the need for technical assistance.
- Ongoing Monitoring and Self-Assessment findings - provide information for the update of the training plan. Monitoring and Self-Assessment are used to determine the training needs and professional development activities for the next school year and for the next three-year Strategic Plan. The Staff Training and Development System operate in a cycle. The results from the Evaluation and Monitoring are crucial elements for the beginning of the new planning cycle.

FF. New Employment Orientation

1. All new employees will receive a CSB orientation covering the goal and the underlying philosophy of the program, the department and county policies and programs and the ways they are implemented, and will sign a New Employee General Orientation Record form. The Personnel Unit is responsible for conducting New Employee Orientation Trainings, which include but are not limited to:

- EHSD and CSB Mission Statements and Organizational Structures
- Employee Rights and Responsibilities
- Standards of Conduct, Rules & Regulations, CSB's Buddy System
- Payroll and Expense Reimbursements
- Employee Benefits and Training
- IT Policies & Resources
- Injury & Illness Prevention Program Training

2. All newly employed teaching staff, including Site Supervisors, and other staff determined to benefit from, will receive an Education Orientation. The CSB Education Team is responsible for conducting the Education Orientation, which includes, but is not limited to:

- Performance Standards
- Job Descriptions
- Curriculum goals, objectives and effective implementation
- Screenings, assessment, individualization, and parent-teacher conferences
- Kindergarten transition
- Positive Guidance and Discipline
- Project Approach
- Lesson Planning
- Nutrition, Education, Health, Mental Health, Disabilities & Homelessness Programs
- Parent, Family, and Community Engagement

Further, newly hired teaching staff will receive on-the-job training to ensure their successful acclimation with the program.

3. All non-teaching staff will receive on-the job training as identified for the work unit and specific job.

Specially designed New Employee Orientation Check-Off Lists will be utilized for navigating each employee learning and on-boarding.

Additional initial and ongoing orientation trainings will be provided to new employees as required by County, State and Federal regulations.

All volunteers and temporary/substitute staff will review the CSB Substitute and Volunteer Handbook, and will sign the Handbook receipt which will be kept on file at the center and the personnel files. Both volunteers and substitute staff will also receive on-site orientation at the center/office. Substitute staff additionally will complete the Substitute Orientation Checklist with the Substitute Coordinator.

GG. Continuing Education Programs

CSB will make every effort to support staff pursuing a degree in higher education that is relevant to the public services provided by CSB.

CSB staff enrolled in programs leading to an associate or bachelor degree are encouraged to use the financial benefits available through the County as outlined in Administrative Bulletin 112.9.

CSB works with local colleges and universities, and community organizations to provide mentorship, tutorial, and other support services. A lending library is available to staff attending degree programs in the local community colleges.

In addition, CSB is committed to pursue grant opportunities providing financial support for staff working towards degrees or credentials in early childhood education, or related field, as specified in the Teacher Qualifications Section 648(A)(2) of the Improving Head Start for School Readiness Act of 2007 and the 2016 Head Start Performance Standards.

HH. Delegate Agency Policies

1. Appeal Procedures for Current & Prospective Delegate Agencies:

The 2007 Head Start Act requires all grantees to provide written procedures for evaluating and defunding a delegate agency and procedures for a delegate agency to appeal a defunding decision. Head Start Program Performance Standards in 45 CFR 1303.33 and 1304.6 provides for three (3) separate and distinct occasions a current or prospective delegate may have appeal rights to CSB or the responsible HHS official:

- Termination of a contract with a current delegate agency

- Rejection of a funding application from a prospective delegate agency
- Failure of the grantee to act on a funding application from a prospective delegate agency

The applicable procedures are described in the sections below. These appeal procedures do not apply in any of the following circumstances:

- CSB's decision not to fund a prospective delegate agency or a current delegate agency in the first year of any future competitive or non-competitive five-year grant award period from the Office of Head Start (OHS);
- Any CSB contract for services other than as a current HS or EHS delegate agency;
- Funding applications from current delegate agencies for cost-of-living allowances (COLA), program improvement funds (PIF), or quality improvement (QI) funds, or similar supplemental funding whether one-time or permanent increase in the funding amount to the current delegate agency;
- Reduction, by any amount or percentage, of a current delegate's recruitment area(s);
- Reduction, by any amount or percentage, of a current delegate's slots or funding level;
- Removal of one or more contracted programs funded by CSB except where the removal is a termination of the contract and all of the delegate agency's funded programs;
- Suspension of a current delegate's funding; or
- CSB-funded CSPP or CCTR programs.

2. Mandates and Implementation

i. Current Delegate Appeals

Termination of a Head Start, Early Head Start, or Early Head Start-Child Care Partnership contract with a current delegate. CSB may not terminate a current delegate's contract based on defects or deficiencies in the operation of the program without first:

- Notifying the delegate of the defects/deficiencies;
- Providing, or providing for, technical assistance to assist the delegate in correcting the defects and deficiencies; and
- Giving the delegate the opportunity to make corrections based on the grantee's approval of the delegate's Quality Improvement Plan (QIP) and the identified defects and deficiencies within ninety (90) days from the date of notification by the grantee to the delegate agency of those

defects and deficiencies. Extensions are at the discretion of CSB.

If after the above procedures have been followed, the delegate agency still fails or refuses to make the necessary corrections in its program operations, the CSB Bureau Director, shall notify the EHSD Department Director of his/her recommendation to terminate a delegate agency's contract and the need to identify a designated reviewer in the event there is an appeal of CSB's decision.

If the EHSD Director supports terminating a delegate agency's contract, the EHSD Director will provide the Board of Supervisors with a recommendation to terminate the contract. The Policy Council is not required to approve the decision to terminate a current delegate agency contract.

Once the Board of Supervisors and the EHSD Director have reached an agreement, the EHSD Director will:

- Notify the delegate agency within five (5) working days after the EHSD Director and Board of Supervisors have reached an agreement.
- Convene a meeting with the delegate agency's governing board and CSB representatives to outline the options available to the delegate agency.
- Allow the delegate agency five (5) working days following the joint meeting to voluntarily terminate the contract with CSB. This meeting must include a representative from the delegate agency's policy committee executive membership.
- Notify the delegate agency of the termination of the contract to provide HS and/or EHS services (including EHS-CCP) and the reasons for the decision when the delegate agency rejects voluntary termination. The notice will include a statement that the delegate agency has a right to appeal the decision within ten (10) working days of receiving the notice.
- Ensure that the appeal procedure is fair and timely and is not arbitrary or capricious.
- Select a EHSD designated reviewer in preparation for a possible appeal from the delegate agency.
- Submit a copy of the delegate agency's appeal together with CSB's response to the appeal to the designated reviewer within twenty (20) working days from the receipt of the appeal.
- Review the written appeal from the delegate agency and issue a decision within sixty (60) working days of receiving the appeal notice.
- Notify the responsible HHS official about the termination decision, the delegate agency's appeal timelines, and CSB's final decision.

The designated reviewer will review within ten (10) working days the delegate agency's appeal and CSB's response to the appeal. The designated reviewer will not accept and/or review from the delegate agency and/or CSB any additional information after the appeal is submitted. The designated reviewer will submit his/her recommendation to the EHSD Director or designee to sustain CSB's initial decision to terminate the delegate agency's contract or to support the delegate agency's appeal position.

The designated reviewer will review all submitted documentation by the delegate agency and determine the following:

- Whether, when, and how CSB advised the delegate agency of alleged defects and deficiencies in the agency's operations prior to sending the rejection notice.
- Whether CSB provided the delegate agency reasonable opportunity to correct the defects and deficiencies and the details of the opportunity that was given.
- Whether CSB provided or provided for technical advice, consultation, or assistance concerning the correction of the defects and deficiencies.
- The steps or measures undertaken by the delegate agency to correct the defects or deficiencies.
- When and how CSB notified the delegate agency of its decision, the reasons for its decision, and how the reasons were communicated to the agency.
- If the delegate agency believes CSB acted arbitrarily or capriciously, why the delegate agency believes this to be true.
- Any other facts supporting the delegate agency's appeal of CSB's decision.
- If the designated reviewer is in support of the EHSD Director's and Board of Supervisors' decision, the EHSD Director will notify the delegate agency within twenty (20) days and give instructions and timelines for completion of the close-out of the HS, EHS, and/or EHS-CCP program(s). A close-out contract will be issued to the delegate agency.
- If the designated reviewer disagrees with the EHSD Director's and Board of Supervisors' decision to terminate based on the appeal review, the designated reviewer will within ten (10) working days notify the EHSD Director in writing and provide specific reasons to support the decision.
 - The EHSD Director will review with the Board of Supervisors the recommendation of the designated reviewer, and the EHSD Director will make a subsequent recommendation to the Board.
 - The delegate agency will be notified within twenty (20) working days whether the Board of Supervisors and EHSD Director uphold the initial decision or will allow other actions to be taken with the delegate agency.

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- The EHSD Director will notify the responsible HHS official about the appeal decision and the next steps.

This decision is final and no further appeals are allowed from the delegate agency to CSB or to the responsible HHS official. Current delegates that meet the criteria for termination will be sent formal notice of the intent to terminate the contract with specific reasons included in the notice.

The notice will be sent to the following three contacts at the delegate:

- Governing Entity of the Organization: President of the Board of Directors
- Head Start/Early Head Start Executive Director
- Policy Committee Chair

This notice may be sent by certified mail, return receipt requested, or any manner that provides proof of the date of receipt by the delegate.

The notice will be sent to the delegate's official address as identified in the current contract unless the agency has provided a change of address notification. If the notice is returned by the delivery company or the United States Postal Service as "undeliverable," the notice will be sent to the delegate's last known address provided by the California Secretary of State.

The notice must include the EHSD contact and the address to file all appeals and supporting documentation.

Selection of the EHSD Designated Reviewer:

During the annual planning process, but no later than August 1, and in anticipation of a possible appeal, the CSB Director will prepare a list of prospective reviewers and work with Division Managers to review the EHSD staff roster for potential "designated reviewers." Qualifications and requirements for the reviewer(s) are listed below.

The designated reviewer must:

- Be knowledgeable about HS and EHS programs (including EHS-CCP), regulations, and legal contracts.

- Have no involvement with the original decision to terminate the contract.
- Have no personal interest or bias in the matter that may prevent an objective, impartial review of all information relevant to the case.
- Have not received funding directly or indirectly through CSB's HS or EHS budget.

The CSB Director, will identify a minimum of three (3) current or former EHSD employees or external consultants as designated reviewers. The list will be submitted to the EHSD Director no later than September 1 each year. The EHSD Director will review and approve the list. The designated reviewers must not be employees of CSB.

The approved list will be sent to the CSB Director, who will train new additions to the list as necessary. The training will include appeal procedures, federal regulations, Head Start law, and the current CSB delegate contract. The training will also provide the timetable for the refunding process, including the date(s) applications are due to CSB, the cutoff date for CSB's completed application review, and the deadline for delegate to submit appeals.

ii. Prospective Delegate Agencies

The EHSD Director chooses delegate agencies through a competitive solicitation process, assigns services areas, and enters into contract service agreements. The EHSD Director will share information on the process and outcome with the Board of Supervisors.

Unsolicited Request for Funding:

If CSB receives an unsolicited funding application from a prospective delegate agency or a current delegate agency when no CSB RFP/RFQ was announced, the executive director, Head Start-State Preschool Division, will notify the applicant that its funding application cannot be accepted and that it has no appeal rights to the responsible HHS official.

Solicitation through RFQ:

An RFQ is initiated to establish a list of qualified prospective delegate agencies. It is intended to determine the viability of a prospective delegate to effectively operate a CSB program through its existing organizational structure, policies and procedures, and fiscal solvency. The application requires programs to answer questions pertaining to the organization's current operations and fiscal management.

If a prospective delegate agency submits an application to CSB in response to an RFQ and that RFQ does not request a written program narrative and detailed operational budget, the prospective delegate agency has not submitted a “funding application” and, therefore, no appeal rights are available.

Solicitation through RFP:

An RFP is initiated when a service area identified by CSB becomes available with associated funding allocation. An RFP requires submission of a written program narrative and detailed operational budget detailing plans that will be undertaken should the prospective delegate agency be awarded a contract to directly serve children under CSB.

Appeals from prospective delegate agencies or RFP applicants will follow the appeal process as outlined in Board of Supervisors Policy 5148.4.

- If a prospective delegate agency’s funding application is rejected, CSB’s Business Services will notify the prospective delegate agency of CSB’s decision and the prospective delegate agency’s right to appeal directly to the responsible HHS official.
- If CSB denies, or fails to act on, a prospective delegate agency’s RFP funding application within the specified amount of time, the prospective delegate may appeal CSB’s decision or inaction.
- If after a prospective delegate agency submits an application to CSB under an RFP publication and CSB requests and the prospective delegate agency submits additional information (i.e., written program narrative and detailed operational budget), then a “funding application” has been submitted to CSB. Should CSB reject that funding application, the prospective delegate agency now has the right of appeal to the responsible HHS official.

Note: A current delegate agency submitting a funding application under a CSB RFQ/RFP is considered a “prospective delegate agency” and must follow the appeal process as specified herein for prospective delegate agencies.

To appeal, a prospective delegate agency must:

- Submit the appeal, including a copy of the funding application, to the responsible HHS official within 30 days after it receives CSB’s decision to reject a funding application, or within 30 days after CSB has had 120 days to review but has not notified the prospective delegate agency of CSB’s decision; and,

- Provide CSB with a copy of the appeal at the same time the appeal is filed with the responsible HHS official.

CSB must provide the responsible HHS official with a response to the prospective delegate agency's appeal within thirty (30) working days of receiving the materials submitted by the prospective delegate agency.

CSB's response must:

- Relate to the items specified by the agency in its appeal submitted to HHS.
- Specify why CSB acted appropriately.
- Identify why CSB's actions taken were not arbitrary or capricious.
- Explain any other mitigating factors that support CSB's position not to accept the application or why action was not taken on the prospective delegate agency's funding application.

If the responsible HHS official finds CSB acted arbitrarily, capriciously, or otherwise contrary to law, regulation, or other applicable requirements, CSB may be directed to reevaluate its decision.

The responsible HHS official's decision is final and not subject to further appeal.

II. Short-Term Contract Employees

Contract employees working over one year must have the approval of Contra Costa County. The need for contract labor is determined and funds must be available for contract labor.

Selection of persons to fill contract labor positions is determined by the appointing authority or designee.

Contra Costa County Managers and Directors give input into the development of the Service Plan.

Please see reference to contracts and grants under Record Keeping and Reporting.

JJ. Union Membership

Contra Costa County follows the State of California Legislature, adopting a set of codes pertaining to employer-employee relations for public agencies as follows:

- The Contra Costa County Board of Supervisors recognizes collective bargaining units to

represent certain classifications of County employees - to determine the wishes to be represented, and by which organizations.

- Representatives of the collective bargaining unit provide literature/information regarding the services of that unit, and conditions of employment (agreed to by the Board of Supervisors and that collective bargaining unit).

The Board of Supervisors approves processes by which representatives of the bargaining unit may use Contra Costa County time, facilities, and bulletin boards to communicate with members. The collective bargaining unit provides its members with information regarding these matters. Questions relating to policies guiding the collective bargaining process are directed to:

*Human Resources
Department Employee
Relations Division 651 Pine
Street, Second Floor
Martinez, CA 94553*

KK. Equal Opportunity/Affirmative Action Policy

CSB shall not illegally discriminate in their recruitment, selection, promotion, or implementation of personnel policies and procedures against any person without regard to race, religion, sex, sexual orientation, national origin, age, disability, or military status. All applicable state and federal laws will be followed including, but not limited to Title VI, and Title VII, of the Civil Rights Act of 1964, as amended; the Age Discrimination in Employment Act of 1967, as amended, Section 504 of the Rehabilitation Act Amendments of 1974; the Civil Rights Restoration Act of 1987; the Americans with Disabilities Act of 1990 and the Civil Rights Act of 1991. Employment Discrimination procedures are set forth in Contra Costa County Administrative Bulletin 429.3.

LL. Approval of New Personnel Policies and Revisions

All personnel policies must be approved by Community Services Bureau, Policy Council, the County Human Resources Department, and the Board of Supervisors. Personnel policies and procedures must be consistent with collective bargaining agreements, and approved by County Counsel and County Human Resources as appropriate. The process is as follows:

- A policy is drafted with input from managers and program staff, related committees, and appropriate department personnel.
- County Counsel and County HR review it as appropriate.
- The draft policy is submitted to appropriate Managers and Assistant Directors for review/input before it is submitted to the Community Services Director for review and approval.
- After the Community Services Director's approval of the draft policy, it is submitted to the Policy Council for review and approval.
- If the draft policy is health-related, the draft is reviewed by the Health Advisory Committee before submission to the Policy Council.
- The draft policy must be consistent with written policies of collective bargaining agreements.

- The draft policy is submitted to the Board of Supervisors for review and approval.
- If the content of a policy has changed since the Policy Council's original approval, the Policy Council must approve the final version.
- After personnel policies and procedures have been approved, they are made available to staff electronically and in hard copy if requested.
- Policies and procedures are translated as needed.
- Policies and procedures are being made available in Braille as needed.
- Community Services Director and Personnel Director are responsible for amending, revising, or otherwise modifying these policies and procedures.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 3-ALTERNATIVE PAYMENT PROGRAM

2019-21

Policy Council Approved: 05/17/16

Board of Supervisors Approved: 08/15/17

2019-21
Policies and Procedures
Section 3: Alternative Payment Program

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Part I. Program Overview

The purpose of this program is to provide subsidized child care for eligible children and families living in Contra Costa County and to provide a wide range of child care choices for participants. The CalWORKs Stage 2 child care program is limited to those participants who are in receipt of or have received CalWORKs cash assistance within the last twenty four (24) months. Our California Alternative Payment Program (CAPP) assists families referred by Children and Family Services and low-income families. Both of these programs support families in their child care decisions and make timely payments to their chosen child care providers.

CSB operates in accordance with all applicable state and federal laws governing human service agencies. Directed by the California Department of Education Title 5 regulations, CSB administers the child care subsidy program on a non-discriminatory basis, giving equal treatment and access to services without regard to race, color, creed religion, age, sex, national origin, sexual orientation, disabilities, or any other category that is prohibited by law.

For participants/families/providers that do not speak English, the Child Care Assistant Manager will provide, if available, translated materials, or upon request will provide an interpreter to explain the materials in the language the participants/family/provider prefers.

Children can be served from birth up until their 13th birthday, or up to age 21 if special needs are verified with appropriate documentation.

CSB CalWORKs Stage 2 & CAPP child care program administers subsidized child care through a vendor approach, providing full or partial payments for child care of eligible participants. These programs are designed to maximize parental choice in selecting child care. Participants may select child care services from licensed centers and preschools, licensed family child care homes, or licensed-exempt providers. Subsidized child care does NOT pay for private schooling.

A. How to Qualify for Services

There are various ways that families can qualify for our programs. There are two distinctly subsidized programs that CSB administers, CalWORKs Stage 2 and CAPP (California Alternative Payment Program).

1. CalWORKs Stage 2:

This program is the second out of three stages from the CalWORKs child care services. CalWORKs Stage 2 child care services begins when the county welfare department determines that a CalWORKs Stage 1 family is stable and transfers the family to our CalWORKs Stage 2 program for continuation of child care services.

Families that are not participating in CalWORKs Stage 1 child care services may be eligible in receiving CalWORKs Stage 2 if a family applies and is found eligible by meeting the following criteria:

- Family is and remains income eligible *and*

- Participant is responsible for the care of the child needing child care services *and*
- Participant is a CalWORKs cash aid recipient or a former case aid recipient who received cash aid within the last 24 months *or*
- Participant is determined eligible for diversion services by the county welfare department.
- *And* Participants must have a documented need(s) for child care

The twenty-four (24) month period begins when the participant leaves cash aid. For example, if a participant's last date of cash aid was January 31st, 2015, the participant is eligible in receiving CalWORKs Stage 2 until January 31st, 2017 (as long as family remains income eligible and maintains a need for child care). Upon approaching the twenty-four month period, families will be transferred to CalWORKs Stage 3 child care. It will be the responsibility of the Child Care Assistant Manager to work with the participant to determine the appropriate stage for child care services. The twenty-four (24) month period resets when the participant begins receiving CalWORKs cash aid.

Please Note: Families receiving CalWORKs cash aid for child aid only are not eligible for CalWORKs Stage 2. Families that are not eligible for CalWORKs Stage 2, will be placed on a waiting list for CAPP, if funding is not available.

2. CAPP (California Alternative Payment Program):

Families may be eligible for CAPP funding based on need and eligibility criteria (such as low income working families), with first priority for those children currently receiving child protective services, or those children who are considered at risk of abuse, neglect or exploitation by a legally qualified professional. Participants must maintain eligibility and need while enrolled in CAPP. Enrollment is based on available funding.

B. How Families are selected for the Programs

There are various ways that families may be selected to participate in one of our programs. Families are enrolled based on the following (*all enrollments are subject to availability of funding*):

- Families may be referred to CSB for enrollment from *Children and Family Services* (CFS), if child is receiving child protective services and it is stated on referral that child care is deemed a necessary part of the service plan.
- Families may be enrolled through an eligibility list maintained by CSB for families wanting to participate in subsidized child care. These lists rank families on their income and family size to ensure the most eligible family is being served at the time of enrollment. (All families with CPS, or at-risk referrals, will be enrolled as 1st priority.)
- Families may be transferred to Stage 2 child care services from the Stage 1 child care unit upon discontinuance of cash assistance or when families have been considered stable by their previous child care worker. Families may also be enrolled directly into Stage 2 child care if the family is deemed Stage 2 eligible and meet the eligibility and need criteria.

C. Enrollment Process

Based on the availability of funding, families will be notified by phone if they are selected to participate in our program. For those families referred by Children and Family Services or for those deemed At-Risk, our office will contact the referring individual to verify the child's need and begin communication regarding enrollment to better support the needs of the family.

Intake Packet for the CalWORKs Stage 2 & CAPP Child Care Program will be mailed to the participant applying for services. Participants may be scheduled for an appointment to review all documents being submitted. Participant must provide all requested information and documentation to determine initial and ongoing eligibility within the timeframe given.

Intake Packet may be completed electronically by the participant by the due date indicated by CSB staff. Digital signature by the participant is accepted, however, participant must comply with CSB's policies.

- At the time of appointment, participants will be required to bring documentation that may include, but is not limited to, the following:
 - Birth records for all children counted in the family size
 - One month current/consecutive paycheck stubs
 - Any other income received such as Cash Aid, Unemployment, Disability, etc.
 - Verification of need for child care such as employment, vocational training, or parental incapacity
 - Immunization records for non-school age children (if chosen provider is non-licensed)
 - If applicable, an active individual family service plan (IFSP) or individualized education program (IEP) for children with special needs that includes a statement signed by a legally qualified professional that the child requires the special attention of adults in a child care setting which also includes the name, address, license number and telephone number of the legally qualified professional who is rendering the opinion
 - Any other verification documentation as requested by the Child Care Assistant Manager to determine the families need and eligibility for services.
 - Provider Packet (see Provider Participation section)

Upon completion of the Child Care Application, the assigned Child Care Assistant Manager will review and verify the information provided by the participant.

Once services are reviewed, verified and approved, the Child Care Assistant Manager will issue a *Notice of Action* (NOA) to the participant and send a copy to the chosen provider indicating certification has been completed. Along with the Notice of Action, the participant will receive one *Child Care Agreement* per child.

- The Child Care Agreement(s) will outline the following:
 - The effective date of the Child Care Agreement

- The end date of the Child Care Agreement
- Name of the Participant
- Name of the Child
- Monthly Family Fee *if applicable* (See Family Fee section for more information)
- Authorized Days
- Authorized Hours
- Payment Rate
- Maximum Payment Amount CSB can reimburse
- Co-payment *if applicable* (See Co-Payment section for more information)
- Authorized Child Care Provider
- Type of Child Care Provider
- Registration Fee *if applicable* (Licensed Providers only)

Important: If child care starts before child care services or provider has been approved by the Child Care Assistant Manager, it will be the participant's responsibility to pay the provider directly for any child care services rendered before child care services has been approved.

For those families transferred from CalWORKs Stage 1 to our CalWORKs Stage 2 child care program, a *Welcome Packet* will be mailed to the participant explaining the transfer has occurred. The packet will contain a letter indicating the effective date of transfer and the contact information for the family's assigned Child Care Assistant Manager. The following documents in the Welcome Packet will include: Welcome Letter, Child Care Agreement(s), the Participation Handbook, attendance sheets, and any other documents pertaining to the case. A copy will be mailed to the child care provider(s) on file.

D. Eligibility and Need

1. Eligibility:

Is determined at the time of enrollment, recertification or upon an update on the participant's application because of a reported change. The participant is required to provide to the Child Care Assistant Manager the appropriate documentation to prove their eligibility and continued eligibility for child care. One or more of the following criteria determines their eligibility for child care services.

i. Income Eligibility:

If the income is equal to or less than 85 percent of the state median income released by California Department of Education Early Learning and Care Division. Participants will be required to provide supporting documentation for all total countable income. Listed below are the income guidelines by family size:

- The Child Care Assistant Managers will calculate the total gross monthly income of the family based on, but not limited to, the following:
 - Gross wages or salaries, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings

- Wages for migrant, agricultural, or seasonal work
- Public cash assistance (TANF/Cash Aid)
- Gross income from self-employment less business expenses with the exception of wage draws
- Portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies
- Disability or unemployment compensation
- Workers compensation
- Spousal and/or child support received from the former spouse or absent parent, or financial assistance for housing costs or car payments paid as part of or in addition to spousal or child support
- Foster care grants, payments or clothing allowance for children placed through child welfare services
- Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent

i. Homelessness:

If the basis of eligibility is homelessness, documentation is needed stating that the participant is homeless and a description of the family's situation from a local shelter, a legally qualified professional from a medical or social service agency, or a written parental declaration written by the participant.

ii. Child Protective Services:

If the basis of eligibility is Child Protective Services, a written referral by the county welfare department must be provided to our agency indicating that the child is currently receiving CPS services and child care is a necessary part of the service plan. The referrals must be dated within six (6) months prior to the date of application for services. The referral must also include:

- The probable duration of the CPS service plan
- The hours approved for child care services
- The name and signature of the child welfare services worker who is making the referral, their business address and telephone number

iii. At Risk of Abuse/Neglect:

If the basis of eligibility is that the child is deemed at-risk of abuse/neglect, a written referral by a legally qualified professional from a legal, medical, or social service agency must be provided to our agency indicating that child care is needed to reduce the risk. The referral must be dated within (6) months prior to the date of application for services. The referral must also include:

- The probable duration of the at risk situation
- The hours approved for child care services
- The name, signature and license number of the legally qualified professional who is making the referral, their business address and telephone number

iv. Transferring from CalWORKs Stage 1 to CalWORKs Stage 2 child care (Cash aid recipient or discontinuing from cash aid):

If the participant is transferring from Stage 1 to Stage 2, initial documentation (9 data elements) will be required at the time of transfer from Workforce Services Bureau. Upon receiving appropriate documentation, participant's eligibility for child care will be extended twenty-four (24 months) from the effective date of transfer. Participant will be asked to provide documents for recertification..

2. Family Size:

Upon completion of participant's initial application, recertification or upon an update in family size, participant will need to provide supporting documentation for all children listed in the family. The family members may be documented by the following:

- Birth records; or
- Court ordered child custody agreements; or
- Adoption records; or
- Foster care placement records; or
- School or medical records; or
- County welfare department records; or
- Any other reliable document indicating the relationship of the child to the parent

When only one (1) parent has signed the child care application and the documentation provided for family size determination indicates the child(ren) in the family has another parent whose name does not appear on the application, then parent may self-certify single parent status under penalty of perjury.

- If due to a recent departure of a parent from the family and when participant requests an update, the remaining applicant may submit a self- declaration under penalty of perjury explaining the recent departure of a parent from the family.
 - The Child Care Assistant Manager may require further documentation at any time to prove the absence of a parent from family and/or verify the family composition and family size.

3. Service Need:

Families who are income eligible to receive subsidized child care must also have, at minimum, one of the following service need to become enrolled or remain enrolled in our program. All participants/guardians listed in the family size must have a service need. Hours of care provided to the family will be determined by the family's need for services. Below are the service needs:

i. Child Protective Services (CPS):

If the need for childcare is based on CPS, a written referral by the county welfare department must be provided to our agency indicating that the child is currently receiving CPS services and childcare is a necessary part of the service plan. The referrals must be dated within six (6) months prior to the date of application for services. The referral must also include:

- The probable duration of the CPS service plan
- The hours approved for child care services
- The name and signature of the child welfare services worker who is making the referral, their business address and telephone number

ii. At-Risk:

If the need for child care is based on the child(ren) being at risk of abuse, neglect, or exploitation, a written referral by a legally qualified professional from a legal, medical, or social service agency must be provided to our agency indicating that child care is needed to reduce the risk. The referral must be dated within (6) months prior to the date of application for services. The referral must also include:

- The probable duration of the at risk situation
- The hours approved for child care services
- The name, signature and license number of the legally qualified professional who is making the referral, their business address and telephone number

iii. Parental Incapacity:

If the basis of need for child care is parental incapacity (temporary or permanent), documentation shall include a release signed by the incapacitated participant authorizing a legally qualified health professional to disclose information necessary indicating why the participant is incapable of providing care and supervision for the child(ren). The documentation must also include the following:

- The days and hours per week that services are recommended (Child care services cannot exceed 50 hours per week)
- If incapacitation is a physical condition, a statement from a legally qualified health professional indicating to the extent to which the participant is incapable of providing care and supervision for the children is required
- The name, business address, telephone number, professional license number and signature of the legally qualified health professional

iv. Employment:

If the basis of need for child care is employment, families may receive child care services during the time they are working and traveling to and from work. To qualify for child care services under this need, participants would need to submit the following documentation:

- An employment verification form – completed and signed by the participant consenting CSB staff to contact their employer to verify employment.
- One month’s worth of current and consecutive pay stubs (*if new employment, income will initially be assessed based on the employment verification form upon verifying employment with employer*)
- If participant is paid in cash by their employer, participant will provide a letter from the employer verifying the following:
 - An employment verification form – completed and signed by the participant’s consenting CSB staff to contact their employer to verify employment.
 - Statement declaring employee is paid in cash only
 - Self-certification of income from participant
- If the participant is self-employed, the participant will provide the following:
 - A declaration under penalty of perjury that includes a description of the nature of their employment and an estimated number of days and hours worked per week
 - Copies of appointment logs, client receipts and/or mileage logs to demonstrate the days and hours worked
 - As applicable, copy of their business license, or workspace rental agreement
 - As applicable, a list of clients with contact information
 - Provide documentation to establish income (*may include but not limited to, a list of clients and amounts paid, the most recently completed tax returns, other records of income to support the reported income, along with a self-certification of income*)

Please Note: Participants employed by child care centers, or assisting family care home providers may receive services, but those participants who are licensed providers registered with Community Care licensing are not eligible to receive child care services for their own child(ren).

v. Approved Welfare to Work Activity (*For Stage 2 Participants receiving Cash Assistance*):

The Welfare-to-Work (WTW) Program is a comprehensive Employment and Training Program designed to promote self-sufficiency. CalWORKs recipients are assessed to determine the best course of action, whether it is immediate placement into a job, placement into an education or training program, or both.

CalWORKs recipients must participate in the Welfare-to-Work Program or be employed in order to determine need for CalWORKs Stage 2. All Welfare-to-Work participants receive an orientation to the program and appraisal of their education and employment background, followed by the

development of a Welfare-to-Work plan designed to assist individuals with obtaining employment. Employment Specialist will forward a referral to the Child Care Assistant Manager in order for child care services to be approved. For any additional hours of child care, the participant must communicate with their Employment Specialist in order for activity to be approved by their worker as well as approval for child care services.

vi. Training Towards Vocational Goal:

If the basis of need for child care is training towards a vocational goal, families may be eligible for child care services if the participant(s) are enrolled in a program that will directly lead to a recognized trade or profession. There is a six (6) year limitation for services under this need and the participant must continue to make adequate progress towards their goal. Regardless of the length of time a participant needs to complete their training, child care services must not exceed the six (6) year time limit. To qualify for child care under this need, participants must submit the following documentation:

- Training Verification Form to be signed by registrar (or designee of program). This form includes such information as name and location of school/training institute, days and hours of class/training schedule, vocational goal of parent, etc. *If a printout of current class schedule is available, registrar does not need to sign.*
- A copy of the current class schedule if available in electronic print, if not this information may be indicated on the verification form listed above.
- The anticipated completion date of all required courses/trainings to meet the vocational goal of the parent.
- At recertification, participant will be required to submit their most recent grades to show they are meeting adequate progress towards their vocational goal.
- Participant may request hours for study time for any academic course(s) enrolled. Participant and Child Care Assistant Manager will discuss the hours of study time.

vii. Actively Seeking Employment:

If the basis of need for child care is seeking employment, each participant in the home may qualify for child care services during the time they are actively seeking employment. Services must not exceed more than five (5) days per week and for less than thirty (30) hours of child care per week. Participants seeking employment will be required to submit a self- declaration under penalty of perjury that they are currently looking for employment. This declaration will include their plan to secure, change or increase employment and a general description of the child care hours necessary during this time. The Child Care Assistant Manager may request verification of the job search and/or interviews at any time.

viii. Seeking Permanent Housing

If the basis of need for child care is seeking permanent housing, each participant in the home may qualify for child care services during the time they are actively seeking permanent housing. Services must not exceed more than five (5) days per week and for less than thirty (30) hours of child care per week. Participants seeking permanent housing will be required to submit a self-declaration under penalty of perjury that they are currently looking for employment. This declaration will include their plan to secure, change or increase employment and a general description of the child care hours necessary during this time. The Child Care Assistant Manager may request verification of the job search and/or interviews at any time.

E. Share of Costs

1. Family Fees:

Some families may be required to pay a portion of their child care costs, this is called the “family fee”. These fees are paid by the participant directly to their child care provider. Family fees are determined using the “*Family Fee Schedule*” provided by the California Department of Education (CDE). The following determines a participant’s family fee:

- Family’s gross monthly income
- Family Size
- Child’s Certified Need

Based on the above criteria, families will be assessed either a flat monthly full-time fee or a flat monthly part-time fee based on participant’s certified need. If certified need is 130 hours or more per month, the Full-Time Monthly Fee will be assessed to the participant. If the certified need is less than 130 hours per month, the Part-Time Monthly Fee will be assessed to the participant.

Example: If participant is approved on the 20th of the month and is certified for 8 hours per day, participant’s certified need for the month approved will be less than 130 hours. Therefore a flat Part-Time Monthly Fee will be assessed for the month participant was enrolled and a flat Full-Time Monthly Fee will be assessed on the following month and thereafter.

If there is more than one child enrolled in the program, the child who uses the most hours of child care will be assessed the monthly fee. Monthly fees cannot under any circumstances, be recalculated based on a child’s actual attendance. Family fees are only to be assessed at initial certification, recertification or when a participant voluntarily reports a change to reduce their family fees. The collected family fee is part of the provider’s reimbursement. The family fee is deducted from the provider’s reimbursement each month. The Child Care Assistant Manager will issue a notice of action anytime there is a decrease, an increase or a new family fee with the effective date of change along with the updated Child Care Agreement. An informational copy will be sent to the provider.

Example: If participant voluntarily reports a change in income requesting a decrease in family fee to the Child Care Assistant Manager, the Child Care Assistant Manager will reassess participant’s income. If at the time of updating participant’s income, it is determined that they will no longer have a family fee or a decrease in family fee, the Child Care Assistant Manager will issue a Notice of Action to the

participant. The family fee will be effective on the first day of the month that follows the issue date of the Notice of Action. For example, if a Notice of Action is issued on July 28, 2017, the effective date of the reduced fee would be August 1, 2017.

Monthly Fees are due at the beginning of each month. Provider will declare on the monthly attendance record that the monthly fee have been paid for the month of services rendered. The provider shall issue a receipt to the participant of the amount family fees were paid. The monthly fee assessed by the Child Care Assistant Manager will still be deducted from the provider's reimbursement each month.

- The following exceptions apply in paying family fees:
 - Families with children at risk of abuse, neglect or exploitation as determined by a legally qualified professional in a legal, medical, or social services agency or emergency shelter (limitation is up to three (3) months).
 - Child Protective Services (CPS) families may be exempt from paying a fee if child development services are determined to be necessary by the county welfare department (limitation is up to twelve [12] cumulative months)
 - Families receiving CalWORKs (limitation is as long as family is receiving cash aid)

2. Co-Payments

A participant may choose a child care provider regardless of the provider's rates. If the participant chooses a provider who charges more than the maximum subsidy amount CSB can reimburse, the participant will be responsible to pay the difference directly to the provider. This difference is referred to as a "co-payment". The maximum subsidy amount CSB can reimburse is determined by the California Department of Education (CDE) reimbursement ceiling guidelines. It will be the provider's responsibility to collect payment from the participant. If applicable, the provider will declare on the monthly attendance sheet that co-payments have been paid for the month of services rendered.

Example: *Participant's approved certified need for child care is 25 hours per week for their two (2) year old. Participant's child care provider who is a Licensed Family Day Care Home charges \$210 per week for Part-Time Care (less than 30 hours per week). Based on participant's certified need, CSB will only be able to reimburse the maximum subsidy amount of \$205.50 per week for Part-Time care. Therefore, participant will be responsible to pay their provider the difference of what CSB cannot cover which is \$4.50 per week.*

Please Note: Family Fees and Co-payments are two different shares of costs. If participant has a Family Fee and a Co-Payment, participant will be responsible in reimbursing both the Family Fee and Co- Payment directly to their provider. Failure to reimburse any shares of cost mentioned above to the child care provider may result in termination.

F. Maintaining Enrollment

1. Recertification

After initial approval, participants are required to recertify their child care services for not less than twenty-four (24) months.

CSB Staff will mail a *Recertification Packet* to be completed within a specified amount of time. Participants are responsible to ensure that all requested documents are submitted before the due date. If participant submits an incomplete recertification packet by the due date requested, their child care services may be denied. CSB staff will attempt to request the missing documentation before the participant's certification end date.

If a recertification packet is not submitted within the timeframe given, a Notice of Action will be issued to the participant terminating their child care services at the end of their contract period. If a recertification packet is submitted after the termination Notice of Action has been mailed out to the participant, the packet may be viewed as a reapplication of child care services. Application will be forwarded to the intake specialist to be reviewed and determine approval or denial of care. There may be a lapse in services if application packet is not completed before the participant's certification end date.

Recertification Packet may be completed electronically by the participant by the due date indicated by CSB staff. Digital signature by the participant is accepted, however, participant must comply with CSB's policies.

2. Reporting Changes

The participant may voluntarily report changes to their family size, income, if participant has been discontinued from cash aid, need for services, address, contact phone numbers, or any other information with regards to their need and eligibility. Examples of change in need for services may include but are not limited to: a change in employment, a change of hours in employment, starting or ending a training, loss of employment, child's school schedule change, leave of absence from employment due to incapacitation, etc. To better accommodate a participant's child care needs, participants are encouraged to report any significant changes to the Child Care Assistant Manager. Participant must call their Child Care Assistant Manager to report the change.

Upon notifying the Child Care Assistant Manager, the Child Care Assistant Manager will

Use information as applicable to reduce the family fee, increase the family's services, or extend the period of eligibility.

Request the documentation in writing to be submitted by the participant within ten (10) calendar days from the date letter was mailed. It is the participant's responsibility to submit the requested documents within the due date. Otherwise, reported change may not be updated accordingly.

Not later than ten (10) business days after receipt of applicable documentation, issue a Notice of Action. The Child Care Assistant Manager will not use any information received to make any other changes to the child care agreement unless it is an increase.

A family may at any time voluntarily request a reduction to their service level. Before a contractor may make any reductions to the service level, a parent shall:

Submit a written request that includes:

- Days and hours per day requested;
- Effective date of proposed reduction of service level; and
- Acknowledge in writing that they understand that they may retain their current service level.

Upon receipt of the parent's written request, the Child Care Assistant Manager shall:

Notify the family in writing of the parent's right to continue to bring their child pursuant to the original certified service level

Collect documentation to support the changes requested, and

Not later than ten (10) business days after receipt of applicable documentation, issue a Notice of Action.

The Child Care Assistant Manager will not use any information received to make any other changes to the child care agreement unless it is an increase.

When a participant is initially certified or recertified on the basis of income eligibility, the participant shall, within thirty (30) calendar days, report changes to ongoing income that causes their adjusted monthly income, adjusted for family size to exceed ongoing income eligibility. The Child Care Assistant Manager will:

At initial certification and recertification, notify the participant in writing of the following:

Of the adjusted monthly income amount, based on the family size, that would render the family ineligible for services, based on ongoing income eligibility requirements

Of the requirement to notify the Child Care Assistant Manager, within thirty (30) calendar days, of any change in ongoing income that causes the family's adjusted monthly income to exceed eighty-five (85%) percent of the State Medium Income.

3. Fee Payment/Repayment Plans

If the family does not meet another basis for eligibility, the Child Care Assistant Manager shall issue a Notice of Action to dis-enroll the family.

All family fees are to be collected by the child care provider. Due dates for these fees will at the beginning of each month, and payment will be acknowledged on the monthly attendance sheets. Fees are delinquent seven (7) calendar days from the due date. It is the provider's responsibility to collect all fees from the participant and notify the Child Care Assistant Manager if fees have not been paid. Upon receipt of notification that the participant has outstanding fees due to the provider, the Child Care Assistant Manager will issue a Notice of Action terminating child care services for Delinquent Family Fees. Participant will have nineteen (19) calendar days to pay the debt owed to the provider, or submit a written reasonable repayment plan signed off by both the participant and provider. If repayment plan is submitted within the nineteen (19) calendar days of the termination notice, child care services will be rescinded. The participant must comply with the repayment plan in order for child care to continue. However, if the provider notifies the Child Care Assistant Manager that the participant is failing to comply with the repayment plan, the family will be disenrolled from the program.

4. Alternative Payment Program Policies and Procedures

By abiding to the policies and procedures outlined in the Participation Handbook, participant may retain their child care services as long as they are eligible to participate. Any violation of the program regulations may result in termination from the program.

Part II. Alternative Payment Program Parent Policies and Procedures

A. Reimbursement Policy

1. General Description

Participants are responsible for the accurate completion of the CSB attendance sheets (CCARE5). Attendance Sheets are provider's form of reimbursement. CSB can only reimburse for childcare services, not private school tuition, educational fees, transportation, diapers, clothing items, or other expenses that are not part of the basic child care cost.

Below are criteria for accurate and reimbursable attendance sheets:

- Only original hard copy or electronic attendance sheets will be accepted (one attendance sheet per child and provider). Participant may request additional attendance sheets by calling the main office, emailing the unit or calling their Child Care Assistant Manager.
- Photocopies of an attendance sheets and faxed copies will not be accepted without prior approval from Comprehensive Services Manager.
- The full name of the child receiving services must be provided on the attendance sheets.
- The month/year must be reflected on the attendance sheet
- The specific dates services were provided must be entered on the attendance sheets.
- Attendance sheets must be filled out DAILY. This means each day the participant (or authorized adult) must record the ACTUAL TIME IN when dropping off the child, and again record the ACTUAL TIME OUT when picking up the child. Participant shall not round off the time; the actual time of pick up must be recorded. For school age child(ren) only or split schedule: The provider/authorized representative must sign school age children in and out from school on the attendance sheet using the exact drop off/pick up times.
- The participant must state the reason of child's absence from care (*see absence policy for further information*).
- Signatures and/or date of signatures of both the provider and the participant at the end of each month, attesting under penalty of perjury, that the information provided on the attendance sheet is accurate.
- Should participant make a mistake on the attendance sheet, they should simply cross out the error, initial it and write in the correct information. Correction tape shall not be used or information shall not be transferred to a new attendance sheet. The original attendance sheet must be submitted for reimbursement.

Complete and accurate attendance sheets are due by 5pm on the fifth (5th) day of each month following the month in which services were rendered. If the fifth (5th) day falls on a weekend, or holiday, attendance sheets will be due by 5pm on the next business day following the fifth (5th). Payments for correct and accurate attendance sheets received by the fifth (5th) of the month will be processed no later than the last day of the month. Any attendance sheet submitted after 5pm on the

fifth (5th) day of the month may be processed no later than the last day of the following month. For example, an attendance sheet submitted on August 7th may not be processed and mailed until September 30th.

2. Incomplete Attendance Sheet(s)

If an attendance sheet is incomplete or have missing documentation required for a reimbursement to be processed, a Provider Reimbursement Notice (PRN) will be issued to the participant and a copy to provider indicating that the reimbursement was not made because of the following reason:

- Missing Signature and/or date of signature from either the participant or the provider at the end of each month, attesting under penalty of perjury, that the information provided on the attendance sheet is accurate
- The full name of the child receiving services must be provided on the attendance sheets (if it occurs more than once, participant or provider must come into the office for completion)
- The month/year is not reflected on the attendance sheet (if it occurs more than once, participant or provider must come into the office for completion)

Important: If an attendance sheet is received on or before the fifth (5th) of the month, but is missing one or more of the items listed above, and depending upon the date of completion, the attendance sheet will be considered late and may be processed the following month.

3. Invalid Attendance Sheet(s)

The California Department of Education (CDE) code of regulations 10865(b)(1) requires that attendance sheets be filled out properly by the participant or other adult authorized by the participant. CDE has directed all child care contractors to develop a policy to ensure that attendance sheets are completed on a daily basis using actual times. This policy will be strictly enforced when attendance sheets are submitted that appears to have not been filled out on a daily basis with ACTUAL TIME IN and ACTUAL TIME OUT.

In an effort to support participants and providers and to comply with all regulations, the following three step policy shall be implemented when suspect attendance sheets are received:

Step 1: Participant will be contacted by the Child Care Assistant Manager to verbally warn them the problem with the attendance sheet and explain how to complete the form correctly. Participants will be advised the next time this occurs, they will receive an advisory letter.

Step 2: An Advisory Letter will be sent to the participant, and copied to the provider, that explains the exact problem with the attendance sheet and includes information on how to complete the form correctly. Participants will be advised the next time this occurs they will be asked to come in to the office to review attendance sheet procedures with their Child Care Assistant Manager.

Step 3: An appointment will be set up between the participant and Child Care Assistant Manager to review attendance sheet policies. The participant will be advised should the problem occur a fourth time, they will be disenrolled from the program for failure to comply with program policies. At this time the provider will be mailed a letter indicating the participant has been to our office or via telephone to review policies

and has been warned of possible termination.

Step 4: Participant will be disenrolled from the child care program. Participant and provider will receive appropriate documentation regarding termination.

At the beginning of each fiscal year (July 1st), any steps participant previously had will reset. Participant will start at Step 1.

4. Definition of Broadly Consistent

In an effort to ensure the full use of the certified child care, participant's hours of care on the attendance sheet must be broadly consistent with the child care agreement. Broadly consistent is defined as participant's utilization for child care being between eighty (80%) to one hundred twenty (120%) percent from the certified child care agreement.

Example: If the certified need for the month of February is a maximum of 180 hours per month, utilization for child care must be no less than 144 and no greater than 216 hours for February in order for CSB to reimburse without contacting participant.

- When the participant's utilization of the certified child care agreement falls below the 80% or over 120% threshold, the following shall occur:
 - The participant will be called to discuss the low or high use of child care based on the monthly attendance sheet submitted. The Child Care Assistant Manager will inform participant of their right to continue using child care based on their approved certified hours regardless of a change in participant's need or if services may need to be increased.
 - For participants with a variable schedule and/or unpredictable schedule, reimbursement will be based on the actual days and hours for which services were provided, but no more than the maximum certified need for services.

Please Note: Absences due to illness or emergency will be considered prior to Child Care Assistant Manager contacting the participant. On a case by case, Child Care Assistant Manager may contact the participant if child has excessive absences on a monthly basis.

5. Reduction in Reimbursement

It is the intent of CSB to reimburse child care providers for the care provided. However, there are limitations in which CSB cannot reimburse child care providers. The following are possible examples that reimbursement will be reduced by CSB:

- Participant started child care services prior to approval from the Child Care Assistant Manager
- Provider was NOT available to provide child care (includes when the provider is sick, days not listed on the Provider Self Declaration, etc.)
- Any child care used by the participant when the hours and/or days of child care fall outside of the

Child Care Agreement

The provider must notify CSB if a participant withdraws from care without advance notice, has been absent for five (5) or more days without knowledge.

The provider may charge the participant and obtain payment directly from the participant for these absences. It is the participant's responsibility to pay any charges for unauthorized care to the provider.

A Provider Reimbursement Notice (PRN) will be issued to the participant and a copy to provider regarding a reduction for the above reasons.

6. Denial of Reimbursement

Attendance sheets may not be reimbursed and may be denied by CSB for any, but not limited to, the following reasons:

- They are received sixty (60) days after the month of which services were rendered (*i.e. an April attendance sheet received in July will not be reimbursed*).
- If after sixty (60) days after the month of which services were rendered, parent or provider fails to complete the full name of the child receiving services on the attendance sheet.
- If after sixty (60) days after the month of which services were rendered, parent or provider fails to complete the month/year on the attendance sheet.
- If after sixty (60) days after the month of which services were rendered, parent and/or provider fails to sign or date under penalty of perjury, that the information provided on the attendance sheet is accurate.
- Provider was not approved at the time child care services were provided, no exceptions.
- Participant or child were not approved at the time child care services were provided, no exceptions.

A Provider Reimbursement Notice (PRN) will be issued to the participant and a copy to provider regarding a non-reimbursement for the above reasons. Exceptions may apply to some of the above reasons, however, must be approved by a supervisor prior to reimbursement.

B. Temporary Suspension of Services

A family may request a leave of absence from the program if the family temporarily does not have a need for subsidized child care. They may contact their Child Care Assistant Manager to request the leave over the phone or submit a written request for a temporary leave from services. CSB may grant the family a limited term service leave for no more than twelve (12) consecutive weeks per fiscal year, except when the participant is on a maternity or medical related leave of absence from his/her employment or vocational training.

Maternity leave, or medical limited term service leave, shall not exceed sixteen (16) consecutive weeks in duration. During this time no child care services shall be provided nor be claimed for reimbursement. Participants may be required to provide documentation from their physician prior to going on leave and

again when released.

At the time of authorized reinstatement, when the service leave ends, CSB cannot pay another registration or other new provider charges.

Please Note: It is important to remember that providers do not have to hold child care spaces throughout the leave and participants may need to seek a new child care provider(s) upon their return from leave.

C. Confidentiality

The use or disclosure of information about the child and his/her family is limited to purposes directly connected with administering the program. When helping participants/families move to another subsidized program, information about the participant/family may be exchanged and the other program or provider is then bound by these same confidentiality guidelines. Participant or their authorized representatives may review the case file upon request and at the time and place considered reasonable by CSB. Participant may only review the forms or other documentation/information that they have provided CSB and are in their own case file.

When a Contra Costa County employee or a client to whom an employee has a relationship with as defined above is applying or receiving child care services, the case will be considered Confidential. Employees will not process any action involving their own case, or the cases of family members or those with whom they have a relationship like a family member or close friend. Employees who are not sure if there is a conflict of interest should check in advance through their supervisor to ensure that this policy is not violated. Files considered confidential will be locked in a designated location of which only the authorized employees and supervisors will have access.

D. Release of Information

CSB is authorized to discuss information regarding the family's child care services and eligibility with other agencies as appropriate. Examples may include but not limited to other Social Services Programs, CFS, employers, schools, child care providers, licensed physicians. Prior written consent from the participant may be asked by CSB. The participant's eligibility may be reviewed by representatives of the State of California, the Federal Government, independent auditors, or others as necessary for the administration of the program.

E. Fraud Policy

Fraud is the knowing misrepresentation of facts made with the intent to obtain something to which one is not entitled. Fraud exists when an individual:

- Makes a false statement or representation to obtain benefits, or continuation of benefits that they are not eligible to receive
- Fails to disclose information, which if disclosed would result in denial, reduction, discontinuance of child care benefits
- Accepts benefits knowing she/he is not entitled to them

The California Department of Education (CDE) requires that CSB create a Fraud Policy, which applies to program participants and providers receiving reimbursements through CSB. If fraud is suspected, CSB will initiate investigation, pursue collection of payments and may seek legal assistance made through fraudulent participant and/or provider action.

Any participant or provider whose participation is disenrolled under the Fraud Policy will not be eligible to participate in the CSB CalWORKs Stage 2 & CAPP Child Care Program for a minimum of twelve (12) months. Any past debts or expenses must be paid in full prior to return.

F. Grievance Policy

It is the policy of CSB to resolve any participant or provider grievances. What is a grievance? A grievance is a complaint over a situation or an action to be deemed wrong or unfair. There will be no retaliation, formal or informal, against the participant and/or provider who file a grievance. All participants and/or providers are encouraged to first speak with the Child Care Assistant Managers to attempt to resolve any issues that may arise. If the issue is not resolved to the participant and/or provider's satisfaction, the participant and/or provider may file a written request within ten (10) calendar days from the date of complaint. The written request should be submitted to the Program Supervisor.

Upon receiving participant and/or provider's written request, the Program Supervisor will review the complaint and meet with the participant and/or provider by phone, or by appointment, to discuss the issue within ten (10) calendar days of receiving the complaint. If the participant and/or provider still feels dissatisfied, they may submit a written request for the issue to be elevated to a staff at least one level higher than the Program Supervisor who made the contested decision. The participant and/or provider will be contacted within ten (10) calendar days of receiving the complaint and given an opportunity to present their concerns. The decision at this level will be final.

G. Uniform Complaint Policy

It is the intent of the Community Services Bureau to fully comply with all applicable state and federal laws and regulations.

Individuals, agencies, organizations, students and interested third parties have the right to file a complaint regarding Community Services alleged violations of federal and/or state laws. This includes allegations of unlawful discrimination (ED Code Sections 200 and 220 and Government Code Section 11135) in any program or activity funded directly by the State or receiving federal or state financial assistance. Complaints must be signed and filed in writing with:

The California State Department of Education Early Education
and Support Division Complaint Coordinator
1430 N Street, Suite 3410
Sacramento, CA, 95814

If the complaint is not satisfied with the final written decision of the California Department of Education, remedies may be available in federal or state court. The complainant should seek the advice of an attorney of his/her choosing in this event.

A complainant filing a written complaint alleging violations of prohibited discrimination may also pursue civil law remedies, including, but not limited to, injunctions, restraining order, or other remedies or orders.

H. Sexual Harassment

It is the policy of Contra Costa County to maintain a work, service and program environment free of discrimination, harassment, or intimidation based on sex, gender, age, race, religion, national origin, ancestry, marital status, sexual orientation, disability or medical condition. These policies are also mandated by state and federal law. It is the policy of the Community Services Bureau to comply with all applicable state and federal statutes and regulations prohibiting discrimination in employment, contracting, buildings, facilities, and provision of services. Reports of violations of these policies will be promptly investigated and appropriate disciplinary action taken if warranted.

I. Zero Tolerance

CSB prohibits inappropriate behavior towards staff, or in the presence of families, children or providers on the program. Such use of abusive/foul language, intimidating actions (including belligerent emails and voicemails), physical harassment, destruction of property, threats to staff, etc., will be documented and may lead to termination from the program.

J. Disenrollment Policies

Child Care services may be disenrolled for any, but not limited to, the following reasons:

- Failure to maintain required ongoing need and/or eligibility at recertification
- Failure to recertify in a timely manner
- Failure to pay family fee or co-payment
- Failure to make payments to licensed exempt in-home providers in a timely manner
- Failure to use services for sixty (60) consecutive days, or two (2) consecutive months
- Violation of the Zero Tolerance policy towards staff
- Failure to comply with the State mandates requirements of the program
- Families income exceeds the state income ceiling
- Children are no longer age appropriate for the program with which they are enrolled, and family cannot provide required documentation to maintain services past that age (i.e. IEP)
- Failure to maintain a 2.0 GPA if services are based on a vocational training need
- Failure to abide by attendance policies and reimbursement guidelines
- Contract funding has been exhausted

K. Notice of Action and Appeal Process

Whenever CSB approves, denies, terminates or updates a change regarding participant's child care, CSB will issue the participant a Notice of Action and send an informational copy to the provider(s). The Notice of Action will notify the participant of the following:

- Tell participant what action is being taken (approval, denial, recertification, change or

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termination)

- The reason for the action
- The effective date of the action
- The date participant has to appeal CSB's action

If a participant disagrees with an action taken by CSB, the participant may file an appeal request for a hearing with Employment and Human Services Department Appeals Unit. To request a hearing, participant must complete the back page of the Notice of Action no later than the appeal's date on the first page of the notice and mail or deliver the notice to the following address:

*Office of Appeals Coordinator
400 Ellinwood Way
Pleasant Hill, CA 94523
(925) 677-2900*

At the local hearing, the Appeals Officer will explain the reason for the hearing and will ask both CSB representative and participant to swear under oath. The hearing will be recorded by the Appeals Officer. CSB will state the reason for the Notice of Action and provide any supporting documentation that supports their action. The participant or authorized representative will be able to explain the reason why they think the action on the Notice of Action is wrong. The participant may bring any documentation that supports their reason why the action was wrong.

The Appeals Officer will make a decision based on the information provided at the hearing. Within ten (10) calendar days after the local hearing, the Appeals Officer will mail their written decision.

If the participant disagrees with the written decision of the local hearing, the participant may request a review of the local decision by the California Department of Education. The request must include the following information:

- A copy of both sides of the original Notice of Action with which participant disagrees
- A copy of the written decision letter from the local hearing; and
- A statement explaining why participant disagrees with the local Appeals Officer's decision.

Participant may mail, fax or deliver their request within fourteen (14) calendar days from the date of local agency's decision letter to the following address:

California Department of Education Early Education and Support
Division ATTN: Appeals Coordinator
1430 N Street, Suite 3410
Sacramento, CA 95814
Phone: (916) 322-6233
Fax: (916) 323-6853

CDE will review the information provided and may contact the participant or CSB if necessary. CDE will have thirty (30) calendar days to make a decision and mail a final decision letter to the participant and CSB. CDE's decision is the final administrative decision and CSB will follow CDE's decision.

Part III. Provider Participation

A. General Requirements - Parental Choice

CSB policies provide for parental choice in selecting a child care provider. Participants are responsible for selecting the child care provider and the type of care, which they feel best, meets the needs of the family and meets enrollment requirements. However, CSB may reserve the right to deny or terminate a provider for the health and safety of the child/ren. Participants also have the right to change providers (up to two [2] changes per fiscal year) while they are participating in the child care program (unless the participant can provide reasonable concerns for more changes). Participants may choose the following types of care while enrolled in one of our programs:

1. Licensed Child Care Centers, Licensed Exempt Centers & Licensed Family Child Care Homes

Child care centers and family child care homes are all licensed by the California Department of Social Services Community Care Licensing division, which ensures all standards of health and safety criteria are being met. These programs will be required to submit and comply with the following:

- A complete Child Care Provider & Parent Statement by both the participant and provider
- A complete Agreement For Direct Payments To Child Care Providers by both the participant and provider
- A complete Provider Self Declaration listing a maximum of ten (10) non-operational days charged to families
- A copy of their current license
- A copy of their current policies, rules and rates
- A complete W-9 Form (request for Taxpayer Identification Number and Certification)
- Provide services to all eligible children on a non-discriminatory basis, giving equal treatment and access to services without regard to race, color, creed, religion, sex, national origin, or any other category that is prohibited by law
- Providers must report observed and/or suspected child abuse to the local police departments and/or Children and Family Services and refrain from all forms of punishment, cruelty, and/or physical/corporal punishment
- Providers must maintain confidential child and family records and other information with the exception of authorized disclosures to CSB staff or other authorized State or Federal agency staff in accordance with the law
- Allow CSB to visit licensed facilities if requested
- Provide care for children only during the period authorized
- Enter into Child Care Provider Agreement with CSB as an independent contractor and in no way be considered an employee of CSB or any of its funding sources
- Hold CSB harmless for any damages to person(s), or property, which arise out of the delivery of services under agreement with CSB

- A statement signed by the provider that the child care and development services being provided do not include religious instruction or worship. An exception may be for those participants enrolled in the Alternative Payment Program (CAPP).
- Sign the CalWORKs Stage 2 & CAPP Child Care Participation Program Handbook Acknowledgement of Receipt understanding and following CSB's policies

2. Licensed-Exempt Providers

Licensed-exempt providers are not licensed by the State of California. Participants are responsible for hiring, terminating services, and setting up the days and hours when care will be used. Licensed-exempt child care providers must be on the Trustline Registry or be exempt from Trustline in order to participate as an approved child care provider. The following are types of License-Exempt Providers:

- License Exempt Providers Exempt from Trustline
Who is exempt from Trustline? Providers who are the child/ren's grandparent, aunt or uncle by blood, marriage or court decree are exempt from the Trustline registration. Participant and provider must complete the Trustline Exemption Form as well as provide proof of relationship between the child and the provider.

Example: If the chosen provider is the child's grandparent, the participant may submit their birth certificate to demonstrate that provider is their parent and therefore the child/ren's grandparent.

If no documentation can be provided, the grandparent, aunt or uncle must complete the Trustline Registration Process and be cleared and placed on the Trustline Registry before services can be approved by the Child Care Assistant Manager.

- License Exempt Providers not exempt from Trustline
License exempt providers not exempt from Trustline, must go through the Trustline Registration Process to get fingerprinted through the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). The provider must be cleared and placed on the Trustline Registry prior to child care services being approved. Participants must contact their Child Care Assistant Manager to request a Trustline Application.
- Provisional License Exempt Providers (not exempt from Trustline)
In cases where the participant has an immediate need for child care services, the participant is allowed to select a provisional child care provider. However, the Provisional child care provider must go through the Trustline Application Process to get fingerprinted through the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). The provider MUST be cleared and placed on the Trustline Registry within thirty (30) days in order to be eligible for reimbursement. If the provider is not cleared within the thirty (30) days, no reimbursement can be given for any child care services provided. Services will be approved on the day provider was cleared and placed on the Trustline Registry.

Participants must also submit the following documentation regarding their chosen license exempt provider:

- A complete Child Care Provider & Parent Statement by both the participant and provider (indicating the hours and rate of pay for child care)
- A complete Agreement For Direct Payments To Child Care Providers by both the participant and provider
- Health and Safety Self-Certification Form indicating the following:
 - The provider's name, date of birth, address, phone number and social security number
 - A description of the provider's qualifications and experience
 - A health statement, including Tuberculosis clearance
 - A statement from the parent that he/she has interviewed and approve of the provider
 - Names and ages of all other adults residing in the home where the child care is provided
 - All forms signed by both the parent and provider, as appropriate
 - The location where the care is to be provided
- Health & Safety Facility Checklist (a supplement to the Health & Safety Self Certification form)
- A complete W-9 Form (request for Taxpayer Identification Number and Certification)
- A copy of provider's California driver's license or a valid California ID verifying the provider to be at least eighteen (18) years of age
- A copy of provider's Social Security Card
- Provide care for one (1) family at a time and only during the period authorized
- Enter into Child Care Provider Agreement with CSB as an independent contractor and in no way be considered an employee of CSB or any of its funding sources
- Hold CSB harmless for any damages to person(s), or property, which arise out of the delivery of services under agreement with CSB
- Sign the CalWORKs Stage 2 & CAPP Child Care Participation Program Handbook Acknowledgement of Receipt understanding and following CSB's policies
- In-Home Child Care Provider (*for In Home Licensed Exempt Providers only*)

License-exempt providers must only provide care for only ONE family at one time other than their own. If it is found that a license-exempt provider is providing care for two (2) or more families at one time, they may be terminated as a provider and the families will need to find an alternate provider.

In Home Licensed Exempt Providers – Since child care providers are independent contractors and therefore not employees of CSB, CSB is not held responsible for federal and state tax obligations. If it is determined that the child care provider performs child care in the home where the child resides, the participant may be considered to be the employer of the child care provider (domestic worker) and will be responsible to ensure

the child care provider receives minimum wage, social security taxes, state worker's compensation and unemployment requirements. In order to ensure that minimum wage is being met, the participant must have at a combination of at least three to four (3-4) children depending on child's age, receiving child care services. In-home licensed exempt child care may be subject to Federal and California laws pertaining to household employees.

Please Note: Families transferring directly from CalWORKs Stage 1 to CalWORKs Stage 2 that have an In Home Licensed Exempt Provider will be given a timeframe to find alternate child care.

1099 Hotline - Contact (877) 375-0312, during tax season if 1099 is not received.

B. Oliver's Law

Participants have the right to receive information regarding any substantiated or inconclusive complaint about any licensed child care provider. That information is public and can be acquired by calling Contra Costa County's local licensing office at (510) 622-2602.

C. Rate Sheets

Licensed Providers shall submit a statement of their current rates to CSB. Rates must be the same for both subsidized and private paying families. If the provider charges more than the current Regional Market Rate allows CSB to pay, the participant will be responsible to pay the difference directly to the provider. If a provider offers any discount for siblings, the subsidized family will offered the same discount.

Providers must submit a written thirty (30) calendar day advanced notice addressed to the Program Supervisor of any changes to their rates; all rate increases are subject to availability of funds. New rate increases will take in effect thirty (30) calendar days after receipt of notice. CSB will only accept one (1) rate change from providers per fiscal year (July 1st – June 30th).

D. Child Care Agreement

Upon approval or update of child care services, the Child Care Assistant Manager will issue a Notice of Action indicating initial approval for services or change in services and will be accompanied by a *Child Care Agreement* that will outline the schedule approved for services as well as indicate if the child has a Family Fee and/or Co-payment. It is the participant's responsibility to review the approved child care agreement and notify the Child Care Assistant Manager of any questions.

Important: If provider starts providing services before the agreement has been approved, the participant will be responsible to reimburse for any services rendered before the certificate start date on the *Child Care Agreement*.

E. References to Written Information

All providers are subject to the general policies described in the CalWORKs Stage 2 & CAPP Child Care Participation Program Handbook. Providers are encouraged to become familiar with the parental

requirements, as well as those identified for child care providers.

F. Limitations on Child Care Reimbursement

1. Regional Market Rate (RMR)

Beginning January 1st, 2018, California Department of Education required all agencies to implement ceilings at the 75th percentile of the 2016 Regional Market Rate Survey. Licensed exempt child care is reimbursed up to 70% of the Family Child Care Home rates. This is referred to as the Regional Market Rate (RMR). *This rate is subject to change, if directed from the California Department of Education (CDE).*

Children attending less than thirty (30) hours of child care per week will be reimbursed at the part-time benefit ceiling and children attending thirty (30) hours or more will be reimbursed at the full time benefit ceiling. Those families that have variable schedules will be assessed by the Child Care Assistant Manager and assigned the most appropriate ceiling for their needs.

Should the participant choose a provider with a rate exceeding that exceeds the maximum subsidy amount, the participant will be responsible in paying the difference. This is referred to as a co-payment. This is paid by the participant to the provider directly and not accounted for by CSB (see example on Share of Cost-Co-Payments).

If the provider has a registration fee (*licensed providers only*) the rate for reimbursement will be determined by State guidelines and may be paid no more than once a fiscal year if the provider meets eligibility requirements.

2. Provider Days of Non-Operation

CSB will only reimburse for up to ten (10) days of non-operation (per fiscal year) to a licensed provider when the center, or family child care home, is closed if they fall on a contracted day. The provider **MUST** list the days of non-operation on the *Provider Self Declaration* form to be eligible to receive payment. If more than ten (10) days are listed, Child Care Assistant Managers will review the non-operational days with provider to determine which of the ten (10) would be reimbursed. Days of non-operation may include, but are not limited to the following:

- Holiday (i.e. New Year's Day, Christmas, Labor Day)
- Provider Vacation Days
- Staff Training/Development Days

This does not apply to child care in which the provider charges an hourly rate or has a drop-in rate.

3. Instructional Minutes for School Age Children

Providers will **NOT** be reimbursed for child care provided for a school age child/ren care during instructional minutes, whether they are attending public or private schools.

4. Reduction or Denial of Reimbursement

See Reimbursement Policy.

G. Multiple/Alternate Providers

CSB can only reimburse one provider per child for child care services. However, there are some exceptions:

1. If a family's need exceeds the hours of operation of the first provider, the participant may add an alternate provider to cover the hours the primary provider is closed. Child Care Assistant Manager must approve the alternate child care provider prior to the use of care. CSB will contract separately with the alternate provider for child care services. If participant begins the use of alternate provider before approval from Child Care Assistant Manager, participant must reimburse alternate provider for any unauthorized care.
2. If a child's usual child care provider is closed, or if the child is sick and cannot attend the usual care, the participant may request to seek an alternate child care provider. Child Care Assistant Manager must approve the alternate child care provider prior to the use of care. CSB will contract separately with the alternate provider for child care services. Upon approval of the alternate provider, reimbursement for alternate provider when primary provider is closed is limited to 10 days per fiscal year. Reimbursement for alternate provider when child is sick and cannot attend primary provider is also limited up to 10 days per fiscal year. CSB may make an exception based on the illness and if participant provides written documentation from physician.

H. Participant's Rights to Change Providers & Rights to Terminate Services

Participants have the right to change their providers, up to two (2) per fiscal year, unless they can provide the Child Care Assistant Manager with reasonable concerns for more changes. CSB asks all participant to provide a written (preferable), or verbal, two (2) week notice to their licensed provider regarding the termination of care. The Child Care Assistant Manager will follow up with any notifications necessary.

Should the participant not give a two (2) week notice to the licensed provider, CSB will work with the licensed provider and offer any reimbursement as required by the licensed provider's established policies and procedures submitted with the initial approval of care (not to exceed two [2] weeks). Participants may be disenrolled from the program due to abandonment of care.

IMPORTANT: The attendance sheet must meet the minimum requirements in order to honor the two week notice when the participant does not give a two week notice to their child care provider. See *Reimbursement Policy*.

I. Provider's Rights to Terminate Services

A licensed provider may terminate services with cause in adherence to his/her established policies and procedures and with a two (2) week advance notification to the participant and the Child Care Assistant Manager. Should a licensed provider terminate a family without notification, CSB will not reimburse any days past the child's last day of care.

J. CSB's Rights to Terminate a Provider

CSB reserves the right to terminate a provider from participation with or without a two weeks' notice. Reasons for termination may include but are not limited to the following:

- Child/ren's health and safety is at risk (*all providers*)
- Closure or denial of Trustline Registry (*licensed-exempt providers*)
- Child care license revoked (*licensed providers only*)
- Falsifying attendance sheets in any manner (*all providers*)
- Charging subsidized families more than non-subsidized families (*licensed providers only*)
- Providing care for more than one family other than their own at one time (*licensed-exempt providers*)
- Using abusive language and behavior to staff, children or participants (*all providers*)

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Part IV Staff Roles and Responsibilities

A. Stage 2/CAPP Unit Clerks

- Administrative Support to Unit Managers
 - Program Calendars
 - Form Revisions
 - Mass Mailings
 - Other clerical tasks as assigned by Assistant Managers
 - Complete Reports (such as 801 A Report)
- Reimbursement Calculations
 - Collect, review and distribute incoming CCAREs to appropriate staff
 - Perform initial reimbursement calculations for Assistant Managers
- Incoming Phone Calls
 - Check and empty Stage 2/CAPP Unit General Voicemail
 - Return all calls within 24 hours of retrieving the message
 - Answer and forward calls to appropriate staff member
- Mail Process
 - Log all incoming mail in database
 - Forward mail to appropriate staff member
- Scanning Process/Document Record Keeping
 - Scan and Index all documents into Northwoods Compass database
- Stage 1 Transfers
 - Prepare and send Welcome Packets
 - Prepare Family Files
 - Coordinate with Unit Manager on case assignments
- Intake Applications
 - Prepare and mail intake packets
 - Collect and verify all documentation
 - Forward packet to appropriate Assistant Manager upon completion
- Family Recertification's

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- Prepare and mail recertification packets
- Collect and verify all documentation
- Forward packet to appropriate Assistant Manager upon completion

- Suite Support
 - Monitor office supplies
 - Monitor Postage Meter
 - Monitor office equipment

B. Stage 2/CAPP Unit Child Care Assistant Managers (CCAM)

- Case Management
 - Initial intake for new/transferred families
 - Verify documents
 - Coordinate with referring agencies about prior case information
 - Review selection of provider(s)
 - Monitor families need and eligibility
 - Family/Provider Correspondence as needed
 - Recertify families need/eligibility for services at minimum once annually
 - Termination procedures where appropriate

- Process Reimbursements
 - Review calculations
 - Process payments into CalWIN system for fiscal review/release

- Attend Appeals hearing if needed

- Monitoring/Audits/Reviews
 - Quarterly monitoring of selected family files
 - Assist Unit Manager with fiscal and/or state audits and reviews of program
 - Prepare family files as needed for reviews

C. Stage 2/CAPP Unit Manager – (CSM)

- Reports
 - Monthly Report to Program Director
 - Monthly liaison to fiscal
 - Fiscal Audits/State Reviews as scheduled

- Personnel
 - Supervise Student Worker Assignments

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- Supervise Field Intern Assignments
- Supervise Clerks
- Supervise Child Care Assistant Managers

- Program Handbook
 - Revisions per CDE regulations
 - Annual Update if applicable

- CDE Regulations
 - Monitor Management Bulletin Releases
 - Participate in CDE conference calls regarding program regulations as needed
 - Review Title 5 and Education Codes as they pertain to program implementation.

- Client/Provider Correspondence
- Stage 1 Transfer Process
 - Monitor incoming Stage 1 transfer process
 - Assign cases to CCAMs
 - Review potential cases to be transferred out to Child Care Council

- Monitoring
 - Review monthly reimbursements
 - Monitor CCAM Caseloads
 - Review terminations
 - Monitor Unit calendar

- Miscellaneous
 - Order office supplies for Suite
 - Approves requests for equipment/work orders

D. Stage 2/CAPP Fiscal Support (Accountant III)

- Review and release payments to providers in CalWIN in the absence of Program staff
- Monitor program budgets
- Release payments for Maintenance of Effort contracts
- Submit to State CDE/ELCD monthly Fiscal and Caseload reports
- Submit to CDE projection request for additional funding in excess of MRA
- Submit year-end financial reports and schedules to External Auditors
- Correspond with Unit Manager/Program Manager

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E. Stage 2/CAPP Program Manager (ASA III)

- Program Support for CDE/ELCD Programs
- State Correspondence/Management Bulletins
- Liaison with CDE/ELCD
- Quarterly Monitoring
- CDE/ELCD Contract initiation/renewal
- Reports/Program Self-Assessments to CDE/ELCD
- Supervise Unit Manager (CSM)
- Liaison with Stage 1/WFS, Child Care Council and CalWIN
- State Audit/APMU/Independent Audit
- Review MOE Payments
- Agency's CWDA Child Care Representative

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 4-LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

2019-21

Policy Council Approved: 05/17/17

Board of Supervisors Approved: 08/15/17

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Policies and Procedures
Section 4: Low-Income Home Energy Assistance Program

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A. Introduction

1. Program Overview

The Low-Income Home Energy Assistance Program (LIHEAP) is a federally-funded program that assists low-income households with their utility bill. Eligibility is based on the household's total monthly income that is provided by Department of Community Services and Development on a yearly basis. This assistance is targeted to households with low income and high energy costs, taking into consideration households with elderly, disabled persons, and children under six. The amount of assistance is based on the number of household members, total gross household income, the cost of energy within Contra Costa County and funding availability.

In addition to helping with a household's utility bill, LIHEAP offers free weatherization. Weatherization is the process of making a household more air tight and energy efficient. Weatherizing a home can help lower a household's energy usage and utility costs.

2. Types of Assistance Available

i. Utility Assistance

HEAP: Pay the amount eligible of an applicant's utility bill.

Fast Track: LIHEAP funds are available in case of a crisis/emergency situation. Staff is required to resolve an energy crisis situation within forty-eight (48) hours and a life threatening energy situation within eighteen (18) hours.

ii. Weatherization Assistance

Weatherization: The weatherization program provides services designed to reduce heating and cooling costs to improve the energy efficiency of a home, while safeguarding the health and safety of the household. Weatherization is supported through the partnership with Department of Conservation and Development (DCD).

ECIP EHCS: LIHEAP funds are available to low-income families in case of a crisis/emergency situation. DCD staff is required to resolve an energy crisis situation within forty-eight (48) hours and a life threatening energy situation within eighteen (18) hours.

3. Service Center Locations

- i. LIHEAP Utility Assistance: 1470 Civic Ct. Suite 200, Concord, CA 94520, Phone: 925-681-6380, Fax: 925-229-6784
- ii. Weatherization Assistance: 30 Muir Rd, Martinez, CA 94553, Phone: 925-674-7214, Fax: 925-646-9339

B. LIHEAP Eligibility Guidelines

1. General Guidelines

Applications are received via mail, email, fax, or drop-in. Applicants for all utility assistance and/or weatherization programs must meet the following for eligibility:

- Must be 18 years of age or older
- Be a resident of Contra Costa County
- Meet the definition of a household
- Housing unit must meet the definition of a dwelling
- Provide proof of citizenship or alien status
- Meet the income guidelines and provide proof of income from all sources for all members of the household.
- Be responsible for energy costs and provide copies of utility bills
- Receive energy/budget counseling
- Meet agency's priority plan
- Submit all applicable documentation to complete application process. Other eligibility requirements for Fast Track Assistance/ECIP EHCS/SWEATS must be submitted.

2. Household Composition

An eligible household is defined as an individual or group of individuals, related or unrelated, who share residential energy and have an energy cost.

Ineligible households for utility assistance consist of the following:

- Subsidized households that do not pay any out of pocket energy costs.
- Persons living in licensed facilities (nursing homes, assisted living, etc.).
- Temporary shelters or group homes with residents who have no energy expense or who pay a nominal fee to live there.
- Single room dwelling, within a larger dwelling and the single room dwelling is not considered a separate household.
- Persons who have no physical address.
- Individuals who previously received Utility Assistance (UA) in another LIHEAP household during the same program year are considered ineligible household members to receive services. However, his/her income is counted in the household's total income.
- Applicants under the age of 18 who are not legally emancipated and do not have a parent or legal guardian to apply on their behalf.

Ineligible households for weatherization consist of the following:

- Persons living in licensed facilities (nursing homes, assisted living, etc.).
- Persons who reside in only one room within a larger dwelling and is not considered a separate household.

- Persons who have no physical address.
- Applicants under the age of 18 who are not legally emancipated and do not have a parent or legal guardian to apply on their behalf.

The following exceptions on ineligible household members apply to both Utility Assistance and Weatherization:

- Live-in Attendants - Individuals who reside within a household to provide necessary medical services and whose services are paid for in part or in full by a third party.
- Persons living in multi-unit buildings - If a building contains more than one housing unit, but has only one meter or tank that is shared by all the units, each unit may contain a separate household if each one functions as a separate economic unit (also known as submetered).
- A person out of the home for reasons of employment, education, hospitalization, etc., who continues to support or be supported by the unit and who intends to return to the unit, will remain a member of the household.
- A dependent child who is a student living away from his/her primary residence to attend an educational facility is considered to be a member of the primary residence.

3. Housing Unit Must Meet the Definition of a Dwelling

Housing unit must meet the definition of a dwelling in order to be eligible for assistance. Below are examples of a housing unit that are considered an eligible dwelling:

- A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant is intended for occupancy) as separate living quarters.
- All dwellings must be a permanent building and located in Contra Costa County. Applicants can have a mailing address in another county/state, but the location where they receive utility services must be in Contra Costa County.
- Applicant must complete the Intake Form CSD 43

The following housing units are considered ineligible dwellings:

- Applicants renting a room in someone else's home (Exception: applicant provides proof that his/her living arrangement adheres to the definition of "separate living quarters")
- Applicants living in transitory, tent or temporary encampments
- Applicants living in board-and-care facilities, nursing or convalescent homes, or in jail or prison
- Applicants that are homeless

There are exceptions on dwelling eligibility and staff may need to review the list below to determine if a housing unit is eligible for assistance. Below is a list of the exceptions:

- Applicants living on boats, in a marina with a dock number and utility hook-up, are eligible for Utility Assistance.
- Applicants living in mobile homes or RVs are ineligible for energy and weatherization services unless they meet the following criteria:

- I. The dwelling must not be mobile (i.e., wheels have been removed, attached porch, etc.).
- II. The dwelling must have resided in the same location for a reasonable length of time.

4. Citizenship and Alien Status

Applicant must be a permanent and legal United States resident and complete a Statement of Citizenship or Non-Citizen Status for Public Benefits Form (CSD 600). Federal law requires that all public agencies verify that an applicant is a United States (U.S.) citizen, national, or an alien in a qualified immigration status. A copy of the documentation to verify their qualified status must be retained in the applicant file. An individual is a U.S. citizen if:

- Born in the U.S. regardless of the citizenship of his/her parents
- Born outside of the U.S. to U.S. citizen parents
- Born outside of the U.S. of alien parents and has been naturalized as a U.S. citizen. A child born outside of the U.S. of alien parents automatically becomes a citizen after birth if his/her parents are naturalized before he/she becomes age 16
- U.S. territories that include: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the Virgin Islands.

Applicants must submit acceptable verification of their citizenship and/or alien status. The following is a list of acceptable verification:

- U.S. birth certificate
- U.S. passport
- Naturalization certificate, N-550 or N-570. Certificate cannot be copied, but agency should review, verify and document in the file that the “naturalized certificate was “verified and valid”
- Report of birth abroad of a U.S. Citizen FS-240
- U.S. Citizen Identification Card, I-197
- Certificate of Citizenship, N-560 or N-561
- Statement provided by the U.S. consular officer certifying the individual is a U.S. citizen
- American Indian card with a classification code KIC
- Documentation of direct receipt of SSI or SSA benefits
- DD 214 – Military Separation – This document must show a U.S. place of birth.
- REAL ID Card

Applicants who are ineligible to participate in the utility assistance and/or weatherization programs with public agencies are:

- Individuals who hold an INS I-94 who are admitted as temporary entrants (such as students, visitors, tourists, diplomats, etc.).
- Aliens who have no other INS document.
- Individuals possessing an Individual Taxpayer Identification Number (ITIN). An ITIN does not create an inference regarding the person’s immigration status. An ITIN is issued by the U.S. Internal Revenue Service to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain, a Social Security Number issued by the Social Security Administration.
- Individuals possessing an ID card issued by a foreign consulate

- California Driver's licenses and identification cards with "Federal Limits Apply" issued prior to January 22,2018.

5. Income Guidelines

Applicants must meet the income guidelines provided by Department of Community Services and Development each program year. Staff must obtain income documentation supporting the total gross monthly income earnings stated on the Energy Intake Form (CSD 43). Income documentation for all household members must be within 6 weeks of the application intake date, and must comply with the stated acceptable forms of income documentation referenced below.

Countable Income includes:

| Income Type | Definition |
|--|---|
| Annuities, Pensions, Retirement | Includes Rail Road retirement |
| Assistance payments | Retirement Survivor Disability Insurance, Supplemental Security Insurance (SSI), General Assistance, Cal Works |
| Business income | Income from business, less business operational expenses |
| Capital gains or losses | For self-employment only |
| Cash gifts (regular basis) | Must provide regular support for an individual or for the family |
| Child support | Include child support for the household receiving it |
| Declaration of personal income | Irregular income resulting from occasional sources such as yard work, childcare, collecting cans/bottles, donating blood/plasma |
| Dividends, Interest & Royalties | If withdrawn |
| Foster care payments | Include foster care payments received for foster children or foster adults living alone. |
| Government Employee Pensions | |
| Insurance or annuity payments | Military family allotments, Military retirement |
| Jury duty pay | |
| Military pay | |
| Payment from government sponsored programs | Such as agricultural programs |
| Payment on behalf of the household | Must provide regular support for the family |
| Railroad Retirement | |
| Social Security Benefits | Net amount of the check, excluding the amount deducted for Medicare |
| Spousal support | |
| Strike benefits | |
| Training allowances | From Federal and State Employment programs, only the portion that pays or reimburses for living expenses |
| Tribal payments from casinos | Per capita payments |
| Trust disbursements | Regular |
| Unemployment insurance | |
| Veteran's Benefits | |

| | |
|---|---|
| Wages, salaries, commissions, bonuses, profit sharing, tips, vacation pay, severance pay, sick leave, royalties and honoraria which result from the applicant's work or service | Count all gross income received for the period used to determine income eligibility |
| Worker's compensation | |

Applicants claiming no income must reveal their source(s) of support. If there is zero income reported; Certification of Income And Expenses Form (CSD43B) must be completed by the applicant and included in the file. If applicant is reporting zero income for a consecutive year, a Certification of Income And Expenses form will need to be completed by the applicant PLUS include documentation of monthly expenses (a letter from the person/agency that supports the applicant's rental, food and/or utility expenses). An example of documentation can be a print out of applicant's food stamps, a letter from housing authority, a declaration from the person that supports the applicant's rental expenses. Staff must obtain written or verbal verification of regular support from others reported on the form. Eligibility will be based on documentation submitted with the form or verified during the follow-up.

For DOE only: All applicants applying for Department of Energy (DOE) services with zero income may complete a self-certification after all avenues of documenting income eligibility are exhausted. Evidence of the various attempts at proving eligibility must be contained in the applicant file, including a notarized statement signed by the applicant that they have no other proof of income. If 120 days pass and the applicant's income eligibility for DOE needs to be re-established, they will follow the same "Zero Income Notarization" rules that apply to an applicant entering through the DOE program. On an exceptional basis, if Weatherization staff cannot obtain a notarized self-certification statement, Weatherization will follow their policies and procedures for next steps.

6. Utility Bill

Applicants must be responsible for energy costs and provide copies of utility bills. Utility bill(s) must contain a billing period of at least 22 days and be current and within 6 weeks of the application intake date. Documentation such as a photo identification and the completion of Account Holder Authorization and Consent Form (CSD 081) is required if name on the account is different from the name on the Energy Intake Form (CSD 43). The person on the utility account must be at least 18 years of age or older. The utility bill must provide the amount of the household's current energy costs and the following:

- Service address - In rural areas, the service address can be descriptive (Example: 3rd house on the left, past the gas station, etc.)
- Account number
- Name of the utility company
- Customer's name
- The dollar amount of a full month's energy costs (at least 22 days), some exceptions may apply.
- Fast Track applications: The documentation must include the total amount due on the bill (current and past due and all other charges). Applicants must include in addition to current monthly utility bill, a past due, 15 day, 48 hour, or shut off notices.

The following are considered unacceptable utility bill verification:

- Closing bills
- Altered bills
- Service address on the utility bill does not match the applicant's service address
- Outdated utility bill
- Deposit accounts or accounts in collections
- Business / Commercial Accounts
- Bill Less than 22 days

When the applicant is attempting to establish service at a new address and changes from the old account are transferred to the new account, CSB will make an exception and accept utility bill. This will also apply when applicants are trying to re-establish services on a closed account (due to non-payment) at the same address, which has no current charges. The issue date of the bill is to be used to determine if it is current. Since the service period will not be current, the current energy charges for that utility will be set to zero on the application. When re-establishing service on a closed account, staff must correspond with the utility company to verify the applicant is re-establishing service. LIHEAP assistance can only be provided when the service is re-connected. LIHEAP cannot be used to pay for an outstanding balance on a closed account if a new account is not established.

To qualify for services when utilities are included in the rent, the applicant must submit documentation that must include the following:

- Date
- Tenant/Customer's Name
- Service Address
- The amount of rental charges covering energy expenses
- Landlord's signature
- Photocopied and faxed letters of utility cost verification

Staff must keep a dated copy with a wet signature on file for each multi-family dwelling. Letter must contain service address, date, and the location of the original signature.

This document may be photocopied for insertion into the applicant's file of other tenants in that building. A newly signed landlord letter must be obtained each program year.

Acceptable Documentation must be current to six weeks from intake date and may include one of the listed documents below:

- Original or faxed letter signed by landlord/manager
- Rental receipt that indicates utilities included in rent
- HUD statement showing zero utility allowance

7. Energy/Budget Counseling

Applicants must complete Client Education Confirmation of Receipt Form (CSD 321) verifying of energy conservation education and/or budget counseling were provided by staff.

8. Priority Plan

Applicants must meet CSB's priority plan (for Utility Assistance Only) or meet DCD's priority plan (for Weatherization, LIWP and DOE). CSB will make every attempt to assist the vulnerable population with the lowest income and highest energy cost.

Vulnerable population consists of:

- families in the household who have children 5 years or younger
- elderly members (60 years or older)
- have a permanent and/or temporary disability

Documentation of vulnerable population must be in applicant's file.

Please note: Staff is not required to obtain written documentation to verify disability for any disabled household members, however, it will be to the discretion of staff to request it from the applicant, should it be reasonable.

9. File Documentation

All applications must have the following documents in their file:

- Energy Intake Form (CSD43)
- Statement of Citizenship or Non-Citizenship Status for Public Benefits (CSD 600)
- Provide a copy of a current monthly utility bill plus any past due notices if applicable
- Copies of the total gross monthly income for ALL household members 18 years and older
- If applicable, Certification of Income and Expenses (CSD 43B)
- Client Education Confirmation of Receipt (CSD321)
- If Applicable: Birth Certificates or documentation verifying any children ages 0-5 in the household and ID required for any household members 60 years or older.
- If Applicable: Account Holder Authorization and Consent Form (CSD 081)

10. Utility Bill Balances for Utility Assistance

Applicants with a credit balance on their account that is more than double the monthly gas and electric charges must re-apply when the credit balance has been exhausted. A denial notice will be mailed to the applicant.

HEAP or Fast Track payment must bring applicants to zero balance. If payment doesn't bring the balance to zero, the applicant must first make a co-payment to their utility company before a pledge can be made. Proof of payment must be verified by our staff to the utility company prior to pledge being made. On a case by case basis for Fast Track, if the utility bill is higher than the eligible amount, but the eligible amount is sufficient to avoid services being shut off; the application will be processed. If there was an agreement made to avoid services in being shut off between the applicant and their utility company, staff must document the agreement in the applicant's file. All Fast Track applications will be pledged by staff to the utility company. A pledge is defined as a promise to pay from LIHEAP to utility company.

11. Incomplete Applications

Once the application is received via fax, mail, walk-ins or email, an acknowledgement letter has to be sent within 15-days of the intake date. Review the application and if there are any missing items to complete the application process, identify the document(s) that are still missing. Staff will complete the following:

- i. Complete the Missing Documentation Letter. The letter indicates that our agency will give the applicant ten (10) working days to submit the requested missing documentation requested in order to process application. The form will have HEAP's fax number if they choose to fax it to our office. If applicant does not submit the requested documentation within the timeframe given, their application will be denied. Missing Documentation Letter will have:
 - Applicant's full name
 - Appropriate box(es) checked of the missing documents
- ii. Staff will print two (2) copies of the Missing Documentation Letter (one to be mailed to the applicant and the other to retain with the file).
- iii. Incomplete file will be placed in the file cabinet labeled Pending Files drawer.

12. Incomplete Fast Track Applications

If there are any missing items to complete the application process, identify the document(s) that are still missing. Staff will do a courtesy call to applicant to discuss and request missing documentation. Staff will follow up with completing the Missing Documentation letter giving the applicant ten working days to submit the missing documentation requested in order to process application (please see steps 1-3 above).

Upon receiving missing documentation, the application will still be processed as Fast Track. If applicant makes a payment arrangement with PG&E to avoid disconnection after submitting an application, staff will honor the application as a Fast Track.

When an applicant does not submit the requested documents within the timeframe given, staff will mail a denial letter for Incomplete Applications (see procedures for Denial Letters For Incomplete Applications).

13. Ineligible and Denied Applications

If an application is ineligible for HEAP or Fast Track services, notification of ineligibility will be mailed in writing. Reasons for ineligibility may include, but are not limited to:

- Agency is out of funds
- Facts concerning applicant's eligibility/income calculation are in dispute
- Household does not meet the agency's priority plan (and no disputed facts concerning applicant's eligibility could impact plan determination)

Reasons for denial may include, but are not limited to:

- Exceeds maximum income guidelines
- Missing or insufficient information
- Household already served

All “DENIED” applications shall receive written notification explaining the reason for the denial and advising the applicant of their rights to appeal. Provide the applicant 10 working days if needed and the opportunity to submit additional information needed to prove eligibility.

A letter describing the reason for their ineligibility/denial will be mailed to the applicant and one placed in their file. Denial letters will include an appeal notice (LIHEAP APPEAL FORM).

C. Appeal Procedure

1. General Description

Contra Costa County residents are entitled to apply for assistance from the Low Income Home Energy Assistance Program (LIHEAP) with their energy cost. The LIHEAP program is funded by the state and federal government, and is administered by the State Community Services and Development Department in Sacramento.

Our goal at Contra Costa County Community Services Bureau is to serve the applicant, the best we can. If the applicant has provided all the necessary documentation and meets the income and program guidelines for service they will be approved for assistance.

In the event the application has been denied for assistance; the applicant has the right to appeal that decision. The applicant may complete and submit the LIHEAP APPEAL FORM that is mailed along with the denial letter. The applicant has within ten (10) working days from the date of the denial letter to complete and submit it to the office. They may provide any additional proof to determine eligibility.

Upon receiving the LIHEAP APPEAL FORM, it will then be forwarded to a staff where he/she will review the LIHEAP APPEAL FORM along with any additional proof submitted by the applicant to determine eligibility. After reviewing the information submitted, the staff will either overturn the denial and process the application or agree with the denial. If the application was approved, the applicant is notified by letter within five (5) working days of the approval of the application. However, if denial stands, the staff will forward the LIHEAP APPEAL FORM along with his/her notes of the review to the next designated staff.

The next designated staff will review the information and either overrule the staff’s decision or agree with the current decision. Applicant is notified by letter with the LIHEAP APPEAL FORM within five (5) working days of the decision. The next designated staff will scan the decision letter along with the supporting documents into the HEAPAPPs Folder under PY Appeals Folder.

If applicant does not agree with the decision made by the designated staff, the applicant may complete another LIHEAP APPEAL FORM. The LIHEAP APPEAL FORM will then be forwarded to the Program Manager where he/she will review the information and either overrule the designated staff’s decision or agree with the current decision. Then applicant is notified by letter within five (5) working days of the Program Manager’s decision after his/her review.

If satisfaction is not reached, the applicant still has the option to appeal at the State level by contacting the Department of Community Services and Development in Sacramento, CA by writing to:

California Department of Community Services and Development
2389 Gateway Oaks Drive, Suite 100
Sacramento, CA 94833
(866) 675-6623

D. LIHEAP/Fast Track Complaint Procedure

- Any complaints are to be handled immediately by staff who receives the complaint.
- Any complaints that cannot be resolved by the first contact staff in a reasonable amount of time are to be passed to the next designated staff.
- If the complaint cannot be resolved at this level; it will be forwarded to the Assistant Manager or designee

Upon resolving the complaint, a written dated account is to be made and filed in the complaint log.

E. Weatherization Referrals

1. General Description

After the interview process is complete and the applicant is eligible for Utility Assistance, staff will ask and offer weatherization for the applicant's homes. Staff will ask if they are renters or homeowners. Staff will explain that weatherization will improve their home to make it more energy efficient. This could include windows, doors, caulking, weather stripping, heaters, water heaters, stoves, refrigerators and more. All work conducted by weatherization is done at NO COST to landlords with eligible tenants, or eligible property owners.

2. Weatherization for Rental Units

If the applicant is renting, they must first ask their landlord to fill out and sign the Energy Service Agreement for Rental Units and Post Weatherization Lead Forms. This is giving the weatherization program permission to go in the home and perform an assessment of the measures needed and perform the weatherization work. The Post Weatherization Lead Form is the only item not paid by the program and the cost is between \$200 and \$400. If the landlord does not wish to pay this they can select wish not to pay and sign the form.

3. Weatherization for Home Owners

If the applicant owns the home and is eligible for services the applicant can fill out and sign the Energy Service Agreement for Owner and Post Weatherization Lead forms. This is giving the weatherization program authorization to inspect and perform an assessment of the measures needed and perform the weatherization work. The Post Weatherization Lead Form is the only item not paid by the program and the cost is between \$200 and \$400. If the owner does not wish to pay this they can select 'wish not to pay and sign the form.

Staff will provide to applicant the Weatherization Forms upon applicant's interest, which includes the following:

i. For Rental Units:

- Weatherization Program Checklist for HEAP clients
- Energy Service Agreement for Rental Units
- Energy Service Agreement for Rental Units – Mechanical Ventilation
- Energy Service Agreement for Rental Units – Wall Insulation
- Post Weatherization Lead Presence Test
- CSD Form 081 Client/Customer Consent Form and Authorization

ii. For Owner Occupied Units

- Weatherization Program Checklist for HEAP clients
- Energy Service Agreement for Owner Occupied Units
- Energy Service Agreement for Owner Occupied Units – Mechanical Ventilation
- Energy Service Agreement for Owner Occupied Units – Wall Insulation
- Post Weatherization Lead Presence Test
- CSD Form 081 Client/Customer Consent Form and Authorization

After the forms are completed and signed by the applicant, the applicant must send all documents to the Weatherization office by email at Weatheri@dcd.cccounty.us, mail to 30 Muir Rd., Martinez, CA 94553, visit the weatherization website (<http://www.contracosta.ca.gov/4336/Weatherization>) or fax at (925) 646-9339. As soon as the Weatherization Program receives the forms, the Weatherization office will contact HEAP to request the applicant's LIHEAP application. At that time, staff will fax the documents to the Weatherization Program. As soon as the Weatherization Program has a completed application; it will then be reviewed and all eligible applicants will be contacted to start the weatherization home improvements. This will ensure the applicant's home is more energy efficient and will save money on their utility bill.

F. LIHEAP and DOE Deferrals

1. Purpose

Employees of the Contra Costa County LIHEAP Programs and Department of Energy (DOE) Weatherization Program have the right and responsibility to provide services in a safe and effective manner without undue hazard to intake and assessment staff, installation crews, inspectors, and the households we serve.

2. Scope

Employees of the Contra Costa County LIHEAP Programs and DOE Weatherization Program are to adhere to the California Department and Development of Community Services' (CSD) Deferral Policy when determining eligibility for LIHEAP Programs or DOE Weatherization services up to and including denial of any and all services.

3. Description

The Contra Costa County LIHEAP Programs and DOE Weatherization Program staff will consult with the Program Manager when any of the following potential deferral conditions are created:

- Any act that that is physical or verbal abuse; or
- Any threatening behavior or action which is interpreted to carry the potential to:
 - Harm or endanger the safety of others;
 - Result in an act of aggression; or
 - Destroy or damage property.

Items to report may include, but not limited to:

- Verbal abuse/Foul Language;
- Falsification of Information;
- Harassment;
- Feeling unsafe or uneasy while working with an applicant;
- Threatening Violence
- Detection of Substance Abuse; or
- Discrimination

What should staff do if this occurs at the LIHEAP front desk or no Manager is available?

- If this situation occurs in the front desk and the applicant is not cooperating, contact the manager to calm the situation.
- If the applicant's behavior is threatening to staff or manager, LIHEAP has the right to refuse service and ask them to leave the office and close the main door for safety.
- Applicant's application will not be accepted for eligibility.
- A panic button is available under the front desk counter; it can be pressed if staff is feeling unsafe while working with an applicant. Once the button is pressed, an alert will be sent to the Sheriff Department in which they will show in approximately 15 minutes.

In addition, the Contra Costa County Weatherization Program complies with the California Department and Development of Community Services' (CSD) Deferral Policy requirements that:

- Weatherization agencies are required to take all responsible precautions against performing work on homes that could subject workers or applicants to health and safety (H&S) risks.
- Applicants must be informed about identified problems and safety concerns, and the reason why weatherization services must be deferred.
- The decision to defer work in a dwelling, or in extreme cases, to provide no weatherization services, is difficult but necessary in some cases.
- Decision to defer must take place upon discovery, or as soon as practicable. This does not mean that assistance will never be available, but that work must be postponed until the problem(s) can be resolved. Deferrals do not have an "expiration date".

The Contra Costa County Weatherization Program staff will consult with the Program Manager when any of the following potential deferral conditions are found:

- Applicant has a health condition that would be made worse by weatherization.
- Home's mechanical, electrical, or plumbing system is in such despair that failure is imminent/not correctable within the program.
- Home is condemned, under rehabilitation, or applicant's "hoarding" and/or structural issues make full assessment and/or diagnostic tests not feasible.
- Moisture issues are so severe that they cannot be fixed under Minor Envelope Repair.
- Combustion appliance safety or Indoor Air Quality fail exists that cannot be reasonably corrected within program parameters.
- Lead-based paint present that would create hazard if disturbed.
- Applicant is uncooperative, abusive, or threatening to weatherization team members.
- Illegal activities are taking place in the home.

The Contra Costa County LIHEAP Programs and DOE Weatherization Program has a Zero Tolerance policy that prohibits illegal activity and/or inappropriate behavior towards staff or subcontractors. Such use of abuse/foul language, intimidating actions (including belligerent emails and voicemails), physical harassment, destruction of property, threats to staff, etc., will be documented and will lead to termination from the program and future Deferral from services.

G. Quality Assurance:

1. General Description

To ensure quality control is being met, staff will conduct random file review of a minimum of 20 files per month.

2. Procedures

Staff will use the Utility Assistance Quality Control File Review form to conduct the file reviews. Any errors found in the file, will be corrected in RED and documented on the file review form. The Utility Assistance Quality Control File Review form will be collected from staff and used as a tool for the Program Manager or designee to identify any trends or errors for training purposes.

Program Manager or designee shall update the Utility Assistance QA File Review Results. The Utility Assistance QA File Review Results shall be saved by month to monitor the progress or trends.

3. File Review between Community Services Bureau and Department of Conservation and Development

To ensure quality control is being met between agencies, CSB and DCD will monitor each other's application files at least on a quarterly basis.

H. Confidentiality

1. General Description

When a Contra Costa County employee or an applicant to whom an employee has a relationship with is applying for the LIHEAP program, the application is considered Confidential.

2. Procedures

Applications considered Confidential will be handled by the assigned staff or designee. Assigned staff or designee will review and determine eligibility. Program Manager or designee must review and sign off on the application before application is processed by assigned staff. All confidential applications will be kept locked in a filing cabinet of which only designated staff will have access to.

I. FRAUD

1. General Description

Staff who have a good reason, supported by documentary evidence or firsthand knowledge, to suspect that an applicant, utility company employee, another agency, etc, is knowingly, by means of misrepresentation, obtaining, attempting to, or assisting someone else to obtain benefits for which the applicant is ineligible, should report such concerns to an appropriate supervisor.

2. Procedures

Fraud is defined as a crime involving a material representation relating to a past or an existing fact which is: false; made with knowledge of its falsity; or in reckless disregard of the truth made in order to obtain a benefit or something of value. Factors to be considered may include, but not limited to:

- Whether the incorrect or unreported information affects eligibility
- Whether the correct information was, in fact, known to the applicant
- Whether the applicant fully understood the eligibility requirements and their responsibility for reporting information
- Whether material facts were deliberately/intentionally altered or withheld

Staff can evaluate the information provided by applicants and request additional information when reasonably necessary to verify income and their eligibility factors. The agency may deny services if the information appears to be insufficient or contradictory, and give the applicant an opportunity to appeal. If the applicant has a fraud case with PG&E for any illegal activity, the application will be denied. They can reapply once their PG&E account is in good standing.

CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES
DEPARTMENT COMMUNITY SERVICES BUREAU

POLICIES AND PROCEDURES

SECTION 5-Financial &
Administrative Requirements
2019-21

Policy Council Approved:05/17/17
Board of Supervisors Approved:08/15/17

2019-21
Policies and Procedures
Section 5: Financial and Administrative Requirements

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Part I. Financial Requirements

A. Advance Amount for Travel

Advance amounts for travel are not allowed for County employees.

B. Travel Reimbursement-County Employees

County employees are allowed compensation for mileage, meals and miscellaneous other travel expenses. Eligible individuals are entitled to claim reimbursement for actual, reasonable, and necessary expenses arising from the discharge of their official duties, subject to limitations established by law and policy.

1. Mileage

As authorized by the department head or designee, use of private automobiles may be reimbursed for mileage between an individual's normal work location and other designated work locations. The reimbursement rate is set by the County, adjusted periodically to conform to IRS approved rates. Please see note in item #4 below for the time frame of submitting mileage reimbursements.

2. Meals

Actual expenses, including tax and gratuity, for individual meals will be reimbursed. However, such reimbursement shall not exceed the following individual maximums:

- Breakfast: \$10.00
- Lunch: \$20.00
- Dinner: \$35.00

When away from the normal work area for an entire day, individuals eligible for meal reimbursement may claim reimbursement for the actual cost of each individual meal, notwithstanding the maximum per meal amounts specified above. However, the total amount claimed for the day shall not exceed \$65.00.

3. Other Travel Expenses

- Bridge tolls, parking; Telephone and facsimile charges required in connection with County business; BART or bus fares; and Tips, parking, and checking fees in accordance with local custom.

See County Admin Bulletin #204.13 (02-20-08) regarding expense reimbursement and #111.8 (07-13-10) regarding travel.

C. Travel Reimbursement-Parent Reimbursement for Policy Council Activities

Per HSPS 1304.50(f), Policy Council, Policy Committee, and Parent Committee reimbursement- Grantee and delegate agencies must enable low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members (i.e. childcare and transportation).

Parents requesting reimbursement should complete and submit Form CSB 325 to the Clerk of the Policy Council who will verify the request and determine the amount of reimbursement. After approval is received from the authorized CSB Manager or Supervisor responsible for Policy Council, a check will be issued, no later than 30 days after the request.

Reimbursements are given for approved Policy Council activities only (i.e. monthly PC meetings or committee meetings). Exceptions must be preapproved before reimbursements are issued. Mileage is calculated using distance from home to meeting location. Childcare hours include reasonable travel time to and from meetings and is based on reasonable arrival time to the approved activity.

Representatives from the Policy Council attending conferences and out-of-area meetings will be given a per diem allotment for meals and ground transportation, and reimbursed for childcare expenses. Representatives from community partners attending conferences and out-of-area meetings will be reimbursed for meals and ground transportation. Travel requests must be submitted a minimum of 30 days prior to the travel date to allow ample time for approval and advance processing. Upon return from the trip, Liquidation of Cash Advances requires that all receipts must be submitted to the appropriate PC staff person no more than 7 days after return from travel.

If receipts are not received within the 7 day timeframe, a verbal reminder will be given by the authorized CSB Manager or Supervisor responsible for Policy Council.

If receipts are still not received after a reasonable amount of time, a certified letter will be sent to the representative and a copy will be maintained in the CSB PC travel files.

Failure to return receipts within the allotted time will prevent the opportunity to attend future conferences and can prevent reimbursement for other PC activities.

**Note-Approved travel reimbursement rates are provided to parents at the beginning of each program year and prior to travel.*

D. Using Employee's Own Funds for County Expenditures

Only in an emergency should an employee use his/her own funds or personal credit cards to purchase materials/services for a County purpose. An "emergency" is when:

- An event occurs which requires material or service to correct a safety hazard, or to prevent damage to facilities or equipment.
- A significant program need occurs which will have a significant impact on the goals of the program.
- Note: Lack of planning is not considered an emergency.

- While it is not encouraged, employees may purchase minor items that would not meet the criteria of an emergency as stated above. The purchase of minor items that are required to meet program needs must:
 - Be approved by the Assistant Director (AD) in writing if under \$100.00.
 - Anything over \$100.00 must be approved by the Director, Division Manager or designee.

E. Reimbursement for Expenses – Employees

Employees will be reimbursed for approved, necessary eligible expenses, provided that reimbursement requests are made on the appropriate forms, in a timely manner and with receipts. When employees incur expenses for an approved purpose, one of the following procedures occurs for getting reimbursed:

1. Petty Cash

Most of the emergencies involving minor purchases can be met by use of the department's petty cash fund maintained in each Division Administrative Office. Normally, this fund is to be used for general office needs and for minor emergency requirements. A supervisor or employee may present a request for petty cash approved by an Assistant Director, to the Petty Cash Fund Custodian for payment.

2. Demand (Form D15*)

In the event you are unable to get payment from the petty cash fund, you may use the Demand (Form D-15) to get reimbursed. This form is to be used to reimburse employees for non-travel related purchases. This form should be used for items of small value, as defined above, not related to travel or entitlements.

*See EHSD Intranet> Community Services> CSB Forms > Fiscal > Demand D15)

3. Employee Travel Demands*

This form is designed for reporting an employee's expenses relating to travel, mileage, or for other employee benefits or entitlements such as training costs. It will normally not be used for any other purpose. The purpose for each expense must be shown; for example, mileage should show the destination, and the reason for the trip (See Employee Handbook).

Note: County regulations allow you to include expenses for only one month on a single Travel Demand. For example, if you have expenses for May and June, you may not combine expenses on one form, but must submit two separate forms - one for May and one for June. Demands are to be submitted to your immediate supervisor for approval. Claims should be submitted within one month of completion of travel. The Bureau has no obligation to pay travel expense reimbursement submitted more than three months following completion of the travel. If an employee has over three months of mileage reimbursement to claim, the employee must submit a request letter, stating the reason for submitting a late claim, to Bureau Director or designee for approval.

*See EHSD Intranet> Community Services> CSB Forms > Fiscal > Travel Demand (Form M8154 Rev. 11/09)

F. Use of Procurement Cards

County Procurement Cards are assigned to an employee at the discretion of the EHSD Director and CSB Director. Card holders must abide by all policies as stated in the Procurement Card Manual, County Administrative Bulletin 111.8, and County Administrative Bulletin 204.13.

CSB card holders must obtain written approval from a Senior Administrative Manager prior to making a purchase to ensure that all expenditures are known about at the time the Approving Official is reviewing and approving the monthly Statement of Account.

- The Procurement Card is to be used for official County business purposes only and may not be used for any personal transactions.
- Card holders are responsible for adherence to all County Policies and Procedures regardless of whether a transaction is allowed at the point of sale.
- The Procurement Card is not intended to avoid or bypass appropriate purchasing procedures.
- Each card has a preset transaction, 24 hour, and billing cycle spending limit which varies by card. Employees are not authorized to exceed their spending limits.
- Disputes to charges must be made as quickly as possible per County Procurement Card manual.
- Authorized Purchases include:
 - Small Tools/ Computer supplies
 - Safety/ First Aid
 - Books/Subscriptions
 - Office Supplies (If not available through our office supply contractor)
 - Conference Registration/ Travel (an approved travel request is still required)
- Unauthorized Purchases include:
 - Repetitive purchases better served under a blanket purchase order
 - Meals/ Alcohol /Entertainment
 - Local/ Long distance telephone charges/Internet connection costs
 - Parking/Fuel
 - Committee membership/Professional Membership Dues
 - Services of any kind
 - Items to be reimbursed through a travel demand
 - Items available under a County Contract
 - Cash/ Gift Card/ Gift Certificate/ Money Order, etc.
 - Fines/Donations
 - Any expense prohibited under County Administrative Bulletins.
- A log must be kept of all purchases which includes:

- Charges split between the appropriate org codes
- Original sales receipt/ credit or return receipts/packing slips

G. Other Compensation

Refer to Contra Costa County Personnel Policies and Procedures.

H. Salary

Employee salaries are set according to procedures established by the County Board of Supervisors and the Memorandum of Understanding as agreed to by the Board and collective bargaining units.

The Salary schedule and range of steps for Community Services Bureau classifications is available in each work location.

New employees generally are appointed at the minimum step of the salary range established for the particular class of positions to which the appointment is made. The appointing authority, however, may fill a particular position at a step above the minimum of the range.

Upon satisfactory completion of the probationary period, employees receive a salary increase to the next step.

The performance of each employee, except those employees already at the maximum salary step of the appropriate salary range, is reviewed on the employee's anniversary date to determine whether the salary of the employee is to be advanced to the next higher step in the salary range. Advancement is granted on the affirmative recommendation of the appointing authority, based on satisfactory performance by the employee. The appointing authority may recommend denial of the increment or denial subject to one additional review at some specified date before the next anniversary, with the date set at the time the original report is returned. This decision may be appealed through the Grievance Procedure.

Except as provided by County procedures, increments within range shall not be granted more frequently than once per year, nor shall more than one step within range increment be granted at one time, except as otherwise provided in deep class resolutions. Nothing may be construed to make the granting of increments mandatory on the County.

If an operating department verifies in writing that an administrative or clerical error was made in failing to submit the documents needed to advance an employee to the next salary step on the first of the month when eligible, the advancement will be made retroactive to the first of the month when eligible.

A part-time employee is paid a monthly salary (in the same ratio to the full-time monthly rate to which the employee would be entitled as a full-time employee) as the number of hours per week in the employee's part-time work schedule bears to the number of hours in the full-time work schedule of the department.

Any employee who is appointed to a position of a class allocated to a higher salary range than the class previously occupied - except as provided by County procedures - receives the salary in the new salary

range, which is next higher than the rate received before promotion. If this increase is less than five percent, the employee's salary is adjusted (to the step in the new range which is at least five percent greater than the next higher step), provided that the next step does not exceed the maximum salary for the higher class.

Any employee who is demoted (except as provided under Contra Costa County procedures) will have the salary reduced to the monthly salary step in the range for the class of positions to which he or she has been demoted next lower than the salary received before demotion. If this decrease is less than five percent, the employee's salary will be adjusted to the step in the new range which is five percent less than the next lower step provided that the next step is not less than the minimum salary for the lower class.

Whenever a demotion is the result of layoff, cancellation of position, or displacement by another employee with greater seniority rights, the salary of the demoted employee will be the step on the salary range which would have been achieved if the employee had been continuously in the position to which he/she has been demoted, all within range increments being granted.

Whenever any employee voluntarily demotes to a position in a class having a salary range lower than that of the class from which he/she demotes, the salary remains the same if the steps in the new demoted salary range permit. If not, the new salary is set at the step next below the former salary.

I. Bilingual Pay Differential

A salary differential of one hundred dollars (\$100) per month is paid to incumbents of positions requiring bilingual proficiency as designated by the appointing authority and the Bureau Director of Human Resources.

The bilingual salary differential is prorated for employees working less than full-time and/or who are on an unpaid leave of absence for a portion of any given month. (Refer to Contra Costa County Management Handbook.)

J. Accounting Certificate Differential

Incumbents of Management professional accounting, auditing or fiscal officer positions who are duly qualified as a CPA, CIA, CMA or CGFM shall receive a positive differential of five percent (5%) of base monthly salary. (Refer to Contra Costa County Management Handbook.)

K. Management Longevity Pay

Employees who have completed ten (10) years of appointed service for the County shall receive a two and one-half percent (2.5%) longevity differential.

Employees who have completed fifteen (15) years of appointed service for the County shall receive an additional two and one-half percent (2.5%) longevity differential. (Refer to Contra Costa County Management Handbook.)

L. Management Paid Personal Leave (Admin Leave)

Un-represented management employees (exempt from payment of overtime) receive paid administrative leave (94 hours per year) annually.

All management employees exempt from payment of overtime are authorized paid administrative leave credit for each year, in accordance with current Contra Costa County policies.

Use of administrative leave credits may be requested whenever desired by the employee; however, approval of requests is subject to the same department process as used for vacation requests.

All unused paid administrative leave will be canceled on December 31 of each year.

For further information on management paid administrative leave, see Contra Costa County Admin Bulletin #423.3 (06-23-98).

M. Unemployment Compensation

Employees of Contra Costa County may be eligible for unemployment compensation. The cost of unemployment compensation is borne by the County. To qualify for unemployment compensation, an employee must:

- Be unemployed and registered with the State Employment Development Department for work
- Have separated for good cause
- Have received minimum base-period wages as currently established by State law or regulation
- Comply with regulations in regard to filing claims
- Be available to immediately accept suitable work
- Be actively seeking work
- Be physically able to work

On all voluntary resignations, a Notice of Voluntary Termination of Employment (AK-219) must accompany the Notice of Separation (AK-16), and must be immediately forwarded to the

Personnel Office, Records Division.

On non-voluntary separations, complete details must be attached to the separation notice (with the exception of rejection of probation separation). Refer to County Admin Bulletin #420.1 (01-19-81) for further information.

N. Vehicle Use

The County establishes policies on the use and operation of vehicles, both County-owned and privately owned, on County business.

Please see County Admin Bulletins #507.8 (02-20-08), County Vehicle Operation, and #535 (05-20-10), Use of Private Vehicles, for further information.

NOTE: For Contra Costa County's Policies and Procedures, please refer to the Contra Costa County's Administrative Bulletins and Management Handbook.

O. In-Kind (Non-Federal Share)

1. Background

The Head Start Act stipulates that the Federal share of the total costs of the Head Start program will not exceed 80 percent of the total grantee budget unless a waiver has been granted (Head Start Act Section 640(b)). If the grantee agency fails to obtain and document the required 20 percent, or other approved match, a disallowance of Federal funds may be taken. Non-Federal share must meet the same criteria for allowability as other costs incurred and paid with Federal funds.

2. Definitions

- Allowable Cost: Third party in-kind contributions shall count toward satisfying a cost-sharing or matching requirement only where, if the party receiving the contribution were to pay for them, they would be an allowable cost. Allowable costs are determined by the tests of reasonableness, necessity and allocability as defined in Office of Management and Budget (OMB) Circulars A-21, A-87 and A-122.
- In-Kind: Property or services that benefit a grant supported project or program and are contributed by non-Federal third parties without charge to the grantee. In-kind contributions may consist of the value of real property and equipment and the value of goods and services directly benefiting the grant program and specifically identifiable to it. In-kind match is counted for the period when the services are provided or when the donated goods are received and used.
- Volunteer: An individual providing a service that is necessary to the operation of the Head Start program at no cost to a grantee agency.
- CSB Categories for third party in-kind contributions:
 - Classroom Help (CH): In-Kind to assist in the classroom.
 - Field Trip Help (FT): In-Kind to assist supervising children and their activities during a field trip.
 - Home Visits (HV): Volunteer at Home visits where parent is involved in child-directed activities.
 - Parent Meetings/Family Events (PM): Volunteer at Parent Meetings: Participating in site based events.
 - Policy Council Meetings/Subcommittees (PC): Volunteer at Policy Council and approved related events.
 - Home Activities (HA): Volunteer working on educational goals with child at home.
 - Donated Goods (DG): Materials donated directly to HS including land, buildings, or space that offset normal operating expenses.
 - Donated Services (DS): Time provided by professionals within the community on a professional level; i.e. Fire person, fence builder, mechanic, library aide, doctor, dentist, counselor and other professions.

3. Values of third party in-kind contributions will be determined and computed by CSB Fiscal Unit for the following contributions:

- Classroom Help
- Field Trip Help
- Home Visit Volunteer
- Site Meeting/Family Events Volunteer
- Policy Council Meetings/Subcommittee Volunteer
- Home Activities Volunteer

4. Donated Goods and Services (professional) will be determined by the community member or professional delivering the contribution within the standards of reason for the value and goods of the service.

5-CSB Staff will adhere to the following procedures for collection, documentation, calculation and record keeping of Third Party In-Kind contributions:

- Head/Lead Teachers: Daily/Monthly
 - Prepares CSB320 (CSB-320), in-kind form for classroom
 - Ensures proper completion of in-kind form-Full Name, Type of in-kind contribution, Service Time, signature of volunteer
 - Submit the CSB320 to Site Supervisor by 1st of each month with the 9400 sign-in sheets

- Site Supervisor Monthly
 - Ensures collection of in-kind forms from every classroom by the 1st of each month
 - Reviews and monitors forms for completion and accuracy
 - Sign form indicating review and approval
 - Follows up with any classrooms submitting zero or low in-kind
 - Submits the in-kind form to the Cluster Clerk by the 5th of each month with the 9400s

- Assistant Director Monthly
 - Reviews in-kind sheets and signs off
 - Follows-up with any sites submitting zero or low in-kind
 - Submits to Cluster Clerk for data entry

- Cluster Clerk Monthly
 - Calculates the total number of in-kind hours per activity for each site
 - Calculate EHS and, HS separately as directed by CSB fiscal unit
 - Inputs data into COPA/CLOUDS by the 20th of each month
 - If a cluster clerk receives in-kind forms after the 15th, hold for next month tracking
 - Maintains original documents

- Fiscal Annually
 - Determines the in-kind rate calculation for volunteer contributions (Non-professional)

- Monitor volunteer in-kind hours once a month Monthly
- Ensure proper value of in-kind rates and calculations

- CSM in charge of Parent Involvement / PC Clerk: Monthly
 - Reviews monthly in-kind data entered by Cluster Clerks
 - Reports in-kind hours by site as reported to CSM in charge of Parent Involvement
 - Reports in-kind hours by cluster as reported to Assistant Directors
 - Provides training and support, as needed, to teachers and/or Site Supervisors
 - Provides total in-kind contributions as needed or requested

P. Reduced Days of Attendance Due to Emergency Conditions

1. Background

California Department of Education (CDE) Management Bulletin 10-09 which reminds Agencies that Education Code (EC) 8271 provides against loss of funds due to the circumstances that are beyond the control of the contractor.

It states that in the event that operating agencies are unable to operate due to incomplete renovations authorized by administering state agencies, or due to circumstances beyond the control of the operating agency, including earthquakes, floods, or fires, such programs shall not be penalized for incurred program expenses nor in subsequent annual budget allocations.

Circumstances beyond the control of operating contractors include, but are not necessarily limited to:

- Earthquakes
- Floods
- Fires
- Epidemics
- Impassable roads
- The imminence of a major health or safety hazard, as determined by the local health department or law enforcement agency
- A strike affecting transportation services for children provided by a non-agency entity
- Incomplete facility renovations authorized by the California Department of Education, pursuant to California *Education Code* sections 8277.1 and 8277.2
- State of California budget impasse

2. Policy

Whenever a contractor's days of operation are reduced for any of the above reasons, and the reduction in days of operation did not require the contractor to reduce staff through layoffs or unpaid furloughs, the contractor's governing board, or the executive office for contractors not having a governing board, must adopt a resolution that clearly and fully describes the nature of the emergency condition as well as the specific effect on program operations. The resolution should include:

- Dates program operation was necessarily suspended or substantially reduced
- Daily attendance for both certified and non-certified children for the week prior to the date operation was suspended or reduce

Whenever the contractor's days of operation are reduced because of a state budget impasse and this reduction requires the contractor to reduce staff through layoffs or unpaid furloughs, the contractor may request reimbursement for ongoing administrative and operational expenses that occurred during the emergency closure. The contractor's governing board, or the executive office for contractors not having a governing board, must adopt a resolution that clearly and fully describes the nature of the emergency condition as well as the specific effect on program operation. The resolution should include:

- Dates program operation was suspended
- A detailed list of actual program expenses incurred during the period of closure

3. Application Submission Requirements

- Whenever an emergency closure happens at any of the CSB or Partner sites that meets the definition of Management Bulletin 10-09 as mentioned above, the Assistant Director (AD) with the responsibility for that site/ASA III (Partner Sites) will:
 - Inform their Division Manager, Child Development Accountant and State Liaison ASA III of such occurrence as soon as possible.
 - Obtain a copy of the verification for the emergency closure. This could be in the form of a utility notice, damage assessment report, unusual Incident/injury report etc.
 - Mark "Non Class Day" for all children affect by the emergency closure for all closure days on CLOUDS via the classroom wall pads or CLOUDS Manual Attendance module.
 - Obtain the daily attendance for both certified and non-certified children of the impacted classroom/site for the whole week prior to date of emergency closure. The attendance sheet should indicate site, classroom, number of children in that classroom, contract type(s) and date. Please use CLOUDS Manual Attendance Module to print the Attendance for the entire week.
 - Submit the closure verification and the attendance to the State liaison ASA III.
 - The State Liaison ASA III will use the above data, verify the attendance and contract types on CLOUDS/CDFS 8501, and submit a request for a board resolution to the Contracts Unit.
 - Once the board resolution is obtained, the State Liaison ASA III will submit the application to our Early Learning and Care Division (ELCD) consultant for approval in accordance with the Management Bulletin 10-09.
 - The ELCD and the Child Development Fiscal Services (CDFS) will jointly review

- and determine the actual program expenses incurred during the period of closure/reduced operations.
- The approval will be submitted to CSB Business System Unit and Fiscal Unit for processing of CDE's in CLOUDS System and reporting to CA Department of Education respectively.
 - Business Systems Unit will mark all children's Attendance as "Excused" for those closure days which were approved by CDE.
 - Business Systems Unit will update the affected 9400s
 - Business Systems Unit will provide a new CD 9500/8501 report to Fiscal Unit for processing.

Part II. Administrative Requirements

Subpart I. Monitoring

A. Purpose

CSB Ongoing Monitoring is a key management system for ensuring program quality and compliance with Head Start/Early Head Start Performance Standards, California Child Development Title V Regulations, California Desired Results and Environment Rating Scales, NAEYC Standards and Title XXII Child Care General Licensing requirements. Ongoing Monitoring ensures that the program is moving toward achieving its goals and objectives while providing high quality, comprehensive services to the ever-changing needs of the children and families served. CSB is committed to the continuous improvement of our programs through regular and ongoing monitoring of all aspects of our operations.

B. Methodology

The ongoing monitoring process is comprehensive in scope. The system provides a method to examine service delivery including the tracking of child and family outcomes on an ongoing basis and incorporates a process to connect the results to management systems. Staff at all operational levels participate in the ongoing monitoring process and any identified concerns are communicated in writing to the appropriate staff responsible. Corrections are validated according to specific timelines.

Ongoing monitoring occurs on a regular and routine basis to assess systems and program operations for evaluation and continuous improvement of our programs. It includes the review and evaluation of services and systems, documentation of results, tracking and analyzing areas of concern and correction, and validation that correction has been completed. Results of monitoring and completion of corrective actions for findings are shared by the Bureau Director or designee with: EHSD Director, Board of Supervisors, Policy Council, Assistant Directors, Site Supervisors and their staff. Results are used to conduct root cause analysis and develop plans for improvement and program planning.

C. Multi-Level Monitoring

1. Center-Level Monitoring is conducted by Site Supervisors, Comprehensive Services Assistant Managers, Clerks, and Teachers for the purpose of monitoring day-to-day center operations, delivery of services, and overall health and safety of internal and external environments of children at the center for which they are assigned. Assistant Directors receive monthly reports from Site Supervisors that provide an overview of each of the centers they are assigned to track any concerns as well as highlight strengths and special activities occurring each month.

For partner centers, the CSB Partners Unit visits subcontracted centers weekly to monitor the delivery of services and health and safety to ensure ongoing communication. The delegate agency provides monthly communication reports to the Analyst responsible for partners and the delegate agency.

2. Cluster and Content Area Monitoring is conducted by Site Supervisors, Comprehensive Services Managers and Analysts responsible for a specific content or service area to ensure that staff are trained and comply with funding requirements and regulations around a specific content or service. CSMs and Analysts review trends across centers and services and identify risks or concerns and provide ongoing training as well as targeted training when needed.

For partner agencies, the designated Analyst reviews monthly reports and monitoring performed by the agencies and provides support and training as needs are identified. The delegate agency completes its own internal ongoing monitoring. Monthly reports on these activities, including corrective actions, will be submitted to the Analyst overseeing the Partner Unit.

3. Agency-level monitoring is conducted by the CSB Quality Management Unit (QMU). This unit is responsible for conducting compliance and quality monitoring of directly operated, partner and delegate agency centers in six key areas: center monitoring, comprehensive services compliance, need and eligibility, education file monitoring, curriculum fidelity, and Classroom Assessment Scoring System (CLASS™) observations. Corrections for non-compliances are completed by the responsible person at the center and are validated by QMU Comprehensive Services Assistant Manager(s) or designee. The members of QMU or designee will select a random sample of 50% of the non-compliant files and conduct a final review of correction and validation.

4. File Monitoring: Each directly operated; partner and delegate agency center is monitored once per year (July-June). A random sample of 30% of files is reviewed in the areas of need and eligibility, education and comprehensive services compliance. Areas of strengths and non-compliances are documented on CLOUDS. For centers that do not utilize CLOUDS, information will be extracted to communicate the findings on a Microsoft document version of the tool and feedback form. The site has seven business day to review non-compliances and send questions, concerns, and items that may be considered false non-compliances to the QMU. The monitors will be responsible for reviewing, investigating, and correcting any false non-compliance items on the tools as mentioned by the site, revise and communicate changes to tools if applicable. Four weeks after the 7 business day period, QMU staff will revisit the center to validate 50 percent of the files that had been flagged with items of concerns to ensure that they have been corrected, if applicable. Once validation is completed, QMU staff will send center the Quality Management Unit Feedback Form (CSB 791) to inform whether validation passed or failed. If the files do not pass the 50 percent validation review, a corrective action plan is required. Within eight weeks from validation results, a designee will complete the Quality Management Unit Feedback

Form (CSB 791) addressing a corrective action plan. A CSM or designee will validate the corrective action plan and verify that all corrections have been made. The Quality Management Unit Feedback Form whether center passed or failed validation, must be submitted to CSB-Monitoring@ehsd.cccounty.us within eight weeks from the date QMU staff sent validation results.

- i. Center Monitoring: Thirty percent sample of classrooms in the center receives a center monitoring. Areas of strengths and non-compliances are documented on CLOUDS forms. For centers that do not utilize CLOUDS, information will be extracted to communicate the findings on a Microsoft document version of the tool and feedback form. The site has seven days to send questions, concerns, and items that are considered false non-compliances to the QMU. The monitors will be responsible for reviewing, investigating, and correcting any false non-compliance items on the tools as mentioned by the site, revise and communicate changes to tools if applicable. Center based staff will correct non-compliances and document it on CLOUDS forms or Microsoft documents. QMU clerk will monitor to ensure that all corrections are documented within 5 weeks, or notify the Assistant Director or designee to follow-up, as applicable.

- ii. Curriculum Fidelity Monitoring: All directly operated, partner, and delegate agency classrooms are monitored for curriculum fidelity. QMU monitors the classroom using the Creative Curriculum Fidelity Checklist. Classroom must receive a score in fidelity of medium or better to be compliant. Non-compliant items are marked on the tools and the findings are documented on the feedback forms. After completing the observation period, the monitor will meet with the lead teacher and share observations and ask any questions as needed. Within three days, QMU staff will send the reports to the responsible persons. It is the expectation that all monitoring reports, regardless of type of findings, are shared with the team whose work was reviewed. The site has seven days to send questions, concerns, and items that are considered false non-compliances to the QMU. The monitors will be responsible for reviewing, investigating, and correcting any false non-compliance items on the tools as mentioned by the site, revise and communicate changes to tools if applicable.
If there are no non-compliances, the feedback form is signed by the Assistant Director or designee and submitted to CSB-Monitoring@ehsd.cccounty.us within five weeks of monitoring.
If there are non-compliances, with five weeks from the monitoring, the Site Supervisors will complete and sign a corrective action plan and submit it to the Cluster's Comprehensive Services Education Manager for approval. The Site Supervisor or designee will submit the signed Corrective Action Plan to CSB-Monitoring@ehsd.cccounty.us. An additional five weeks to have the Comprehensive Services Education Manager validate that the corrective action plan has been implemented and submits it to CSB-Monitoring@ehsd.cccounty.us.

- iii. CLASS Monitoring: CLASS™ Observations are conducted by a trained CLASS™ reliable observer working with the QMU. Fifty percent of the eligible preschool classrooms will be selected. Selected classrooms receive CLASS™ observations twice in the year. The following year, CLASS™ will be completed for the remaining classrooms that did not receive observations. Ratings below cut-off scores require a corrective action. CSB's CLASS™ cut-off scores for corrective action may vary from year-to-year as they are established after the National Designation Renewal System trigger scores have been made available. Teachers must receive a score of 6 or better in the domains of Emotional Support and Classroom Organization and a score of 3 or better in the Instructional Support domain. Classrooms review

two twenty-minute observations, twice per year. Within three days, QMU staff will send the reports to the responsible persons. It is the expectation that all monitoring reports, regardless of type of findings, are shared with the team whose work was reviewed. The site has seven days to send questions, concerns, and items that are considered false non-compliances to the QMU. The monitors will be responsible for reviewing, investigating, and correcting any false non-compliance items on the tools as mentioned by the site, revise and communicate changes to tools if applicable.

If there are no non-compliances, the feedback form is signed by the Assistant Director or designee and submitted to CSB-Monitoring@ehsd.cccounty.us within five weeks of monitoring.

If there are non-compliances, with five weeks from the monitoring, the Site Supervisors will complete and sign a corrective action plan and submit it to the Cluster's Comprehensive Services Education Manager for approval. The Site Supervisor or designee will submit the signed Corrective Action Plan to CSB-Monitoring@ehsd.cccounty.us. An additional five weeks to have the Comprehensive Services Education Manager validate that the corrective action plan has been implemented and submits it to CSB-Monitoring@ehsd.cccounty.us.

Data collected from monitoring is compiled into agency reports for review by staff, managers, the Policy Council and Board of Supervisors to inform of agency trends, strengths and areas in need of improvement. All reports and findings are shared with the partner and delegate agencies.

The Analyst overseeing the QMU compiles results and findings and distributes reports to senior management, Comprehensive Services Managers, Site Supervisors, center staff, Board of Supervisors, and the Policy Council twice per year. These reports are a high-level representation of the agency's compliance and non-compliance concerns in the five areas monitored by QMU. Comprehensive Services Managers and senior managers responsible for a content or service area review these bi-annual reports to identify trends and develop staff training.

The Bureau Director or her designees will monitor all administrative internal team members with responsibility over service areas. This may include periodic walk-through activities or unannounced visits to sites.

Additional information on multi-level monitoring is available in the Appendix of the Policies and Procedures.

D. Fiscal Monitoring of the Delegate Agency by the Grantee

The Grantee certifies that the Delegate Agency is complying with regulations and generally accepted accounting principles. Monitoring is conducted using the following format:

- Monthly Reports: Delegate Agency shall submit monthly financial reports that record cumulative and accrued expenditures and obligations through the end of the contract year. Monthly reports are due on the 20th of each month for the preceding month. Reports shall be submitted on Form M2092 (Monthly Financial Report) and shall include, at a minimum:
- Separate reports for Program Accounts 20 and 22

- Reimbursement reports for the Child Food Program
- Line item documentation of administrative expenditures
- Copies of contractor's monthly financial statement and payroll reports
- A separate monthly report summarizing the local share reported in the financial report.

E. Fiscal Officer or his/her Designee Reviews the Financial Information for Content and Consistency Before Reimbursing Monthly Expenditures

Annual On-Site Monitoring: After the annual audit by a Certified Independent Accountant, the Grantee performs an on-site review of the Delegate Agency records using the OHS Monitoring Protocol. This procedure is performed no later than May of each year for the prior award year.

The following is monitored:

- **Accounting Records:** Records are reviewed to assure that they adequately identify the source and application of funds for contract-supported activities, and that they are maintained. Records are reviewed to make sure that they contain information pertaining to contract awards, authorizations, obligations, unobligated balances, assets, outlays, income, and liabilities.
- **Internal Controls:** Controls are reviewed for effectiveness, and that accountability is maintained for all contract cash, real and personal property, and all other assets. Contractor is reviewed for adequately safeguarding all such property and that property is used solely for contract purposes.
- **Budgetary Controls:** The actual and budgeted amounts for each contract allocation are compared. The grantee will conduct regular and routine monitoring including delegate agency annual management and fiscal systems review.

F. Center Visit Documentation

The CSB Director, Assistant Directors, or other Administrative Managers may conduct unscheduled/unannounced monitoring visits at directly operated or partner agency sites. These visits are documented on the Center Visit Documentation form. Any issue requiring a corrective action is documented and validation of correction is assigned and verified upon completion.

G. Client Concern Tracking

CSB maintains a log to record and track customer concerns/complaints.

1. Site Supervisor and Comprehensive Services Manager Responsibility:

- Site Supervisors and CSMs will document all customer complaints on the monthly log and submit to their AD or ASAIII monthly.
- A new sheet or document will be used each month. Do not combine months when submitting to AD/ASAIII. At this time this log is not yet posted on CSB Forms or Intranet and

so each SS/CSM should keep a blank template of this log on hand to start a new one each month.

- Complaints to be documented include all complaints from the public, enrolled families or families attempting to be enrolled.
- The completed monthly log shall be maintained by the SS/CSM.

2. Assistant Director/ASA III Responsibility:

Upon receipt of the monthly client concern tracking log, AD or ASAIII will combine all reports onto the Quarterly Complaint Log and submit to their supervisor quarterly.

- 3. Division Manager/Business Systems Manager Responsibility:** The DM or BSM will provide the report quarterly to the Director.

H. Procedures for Review, Analysis and Reporting

The monitoring analyst will ensure that the data is entered into the Monitoring database and that reports are distributed to all stakeholders, including the Bureau Director, Assistant Director, and Comprehensive Services Managers and site staff. A monitoring results report is also prepared for the Delegate Agency. All monitoring results will be formally submitted to the delegate agency. Issues or corrections cited will be communicated with corrective action requirements as part of the notification.

1. Monitoring Database

- The program uses databases designed in-house to track monitoring findings and areas of strength to inform the reporting process and ensure the system is working effectively and efficiently. The analyst responsible for the ongoing monitoring system uses the database to track completion of corrective actions to ensure that closure is established for any item found to be non-compliant.
- The databases allow program managers to view trends and isolated incidences and assist them in conducting root cause analysis and plans for improvement as appropriate in a timely fashion.
- Non-compliances will be utilized by all staff to: to identify program weaknesses; to correct identified non-compliance issues; and to seek continuous improvement.

2. Monitoring Reports

- Monitoring analyst compiles results and findings such as: program strengths, areas of improvement, site performance reports and other reports as needed.
- Reports are disseminated to: senior management, comprehensive services unit, site supervisors, and site staff, Board of Supervisors, and Policy Council.
- Monitoring Analyst will complete a semi-annual Root Cause Analysis report and provide roll up summaries within 4 weeks of completion of Period 1 (July-December) and Period 2 (January-June).

3. Root Cause Analysis

Content Area Managers will review semi-annual monitoring reports for trends across their service area and complete a Root Cause Analysis and provide an Ongoing Monitoring Corrective Action Plan in response to areas identified as needing improvement within 4 weeks of report distribution.

- Review the monitoring reports for areas needing improvement to address and identify root causes for non-compliances (tangible, materials items failed, something was done incorrectly, system or process to do work requires revision).
- Define the problem, collect data, identify possible causal factors surrounding the problem, and identify the root cause.
- Submit an action plan to the Assistant Director to recommend and implement solutions, identify responsible persons.
- Effectiveness of action plan will be reviewed at the release of the following semi-annual monitoring report.

I. The Ongoing Monitoring Plan

For more detailed description of the ongoing monitoring system, refer to the Ongoing Monitoring Plan located in the CSB Intranet.

Subpart II. Self-Assessment

A. Self-Assessment Team

The Grantee and the Delegate Agency conduct a joint Self-Assessment each year. The role of the Bureau Director and Delegate Director and/or their designees in the self-assessment process are as “advisor” to team. The analyst responsible for the Self-Assessment is the Team Leader and may be supported by a consultant. Small teams are comprised of grantee and delegate agency management and non-management staff, parents, community partners, and representatives of the Board of Supervisors. A cross-section of staff is represented on each team. Teams are formed beginning in November of each year and finalized in January.

B. Methodology

1. Components of the self-assessment monitoring may differ year to year. The team leader and consultant, if applicable, identify sites and classrooms for the self-assessment. The following factors are considered in site selection:

- Monitoring results, including recent Federal Review, licensing visits, and assessment Findings
- History of site inclusion in last three years of self-assessment
- Program options and funding models to ensure all variations are assessed
- Representation of Supervisory Districts

- Site based special initiatives and projects
- Operational days

2. The current Office of Head Start (OHS) Program Monitoring Instrument and the Classroom Assessment Scoring System (CLASS™) are the tools used for the self-assessment each year. Slight modifications may be made to the tool by the team leader to streamline it for ease of use by community partners, parents, and board representatives. Other tools may be introduced as needed.

3. A timeline is established which includes ample time for site visits and report writing, scheduled team check-in sessions, and ongoing training and technical assistance.

4. Training is provided to all team members in January of each year and addresses the following items:

- Purpose and Approach
- Self-assessment process
- Methods of collecting applicable data
- Timelines
- Confidentiality
- Reporting procedure used in the “non-compliant” portion of each review team’s report
- Report writing format and techniques

C. Parent Involvement

The Policy Council has a Self-Assessment sub-committee, which forms in November of each year after being provided with a description of the work of the committee. The Policy Council is oriented to the self-assessment process and timeline in November, at which time additional members of the sub-committee are recruited. These parents are trained fully with the rest of the team in January and are paired with an experienced manager to mentor them through the process, if necessary. The varying availability of parents is accommodated to maximize the involvement of all parents who express an interest in participating. Non-English speaking parents are encouraged to get involved and are paired with a staff person who speaks their language.

D. Process of Self-Assessment of Agency’s Program Services

The Self-Assessment is conducted in February of each year. Each team is assigned specific service areas and several sites to assess and determine compliance. Examples of tasks of the various teams include:

- Interviewing appropriate staff, community partners, and parents
- Observing the classroom environment
- Reviewing documents such as policies, procedures, and service plans
- Observing procedures as they are implemented in the field
- Completing checklists for health and safety and eligibility

Teams check in regularly to report progress, problem solve questionable compliance areas, and plan their next day. At the conclusion of the data-collecting process, individual teams meet and review their findings, and determine the following:

- Program strengths and compliances
- Non-compliances
- Recommendation of a plan of action to meet compliance
- Evaluate the process using a plus/delta approach which is used to inform the process for the next year.

E. Self-Assessment Results

Individual results of the self-assessment teams are submitted to the Analyst, who consults with the Bureau Director and Delegate Agency Director, and then compiles a complete report of the self-assessment.

The written report is sent out to staff, and if non-compliances are found, content area experts are assigned to develop a corrective action plan. Once the corrections are validated (immediately for health and safety items and within 30 days for all other items), the self-assessment report and plan of action are submitted to the Policy Council and Board of Supervisors in March. An approval is obtained for any corrective action plan involved. The final report, inclusive of the validation of submission and/or approval by the Policy Council and Board of Supervisors, is then submitted to the Administration for Children and families (ACF).

The results of the self-assessment are to be used in the planning process, in developing and improving program services, and in formulating the program approach, service plans, and goals and objectives for the program.

F. Monitoring the Plan of Action Resulting from Self-Assessment

Throughout the year, management staff responsible for any areas of non-compliance identified in the self-assessment process shall continue to monitor the status of the corrective action, using the results of ongoing monitoring efforts, to ensure the issue is resolved and continues to remain compliant.

Part III. Record Keeping and Reporting

A. General Description

Record-Keeping and Reporting Systems

The effective and efficient reporting system used in CSB meets federal guidelines as spelled out in the Performance Standards Record-Keeping Instruction and the state guidelines as required by state contract and licensing requirements.

The system provides for accurate and timely information regarding children, families and staff and

meets the Confidentiality Policy of the bureau.

Each area of program services maintains the appropriate record-keeping and reporting systems according to the above mentioned federal and state guidelines to include: child and family records, site safety records, child records, child health records, family records, and personnel records. Systems for maintaining the records, specific to a program service area, are described in each section of these policies and procedures.

A file and records system is established/maintained by the Contra Costa County Community Services Bureau personnel office. In addition, copies of certain personnel records pertaining to all permanent staff, including Teacher Assistant Trainees job qualifications are kept at each child care center as required by state licensing.

Confidential files and records system shall be maintained in a locked cabinet to include official documents for each staff member.

- Procedure for File Transfers: When staff transfers to another site, it is the responsibility of the Site Supervisor at the new site to assure all required personnel files are sent to the new site by communicating with the Site Supervisor of the site from which the employee is transferring.
- The following procedures are in place to protect confidentiality of all sensitive material:
If files are faxed by CSB Personnel to the employee's new location, CSB Personnel will contact the site supervisor and request the site supervisor to oversee the fax machine to verify all confidential information is transmitted to the site supervisor only, protecting the employee's HIPAA rights to privacy.
- After the Personnel Staff receives a confirmation from the fax machine, the Personnel Staff will call or e-mail the Site Supervisor to ensure that all the documents sent to that site have been received.
- The site supervisor at the employee's previous location will shred all documents pertaining to the transferred employee, and will send email verification to CSB Personnel when shredding is complete.
- Employees have the option of personally transporting their files to their new site. The employee must sign for the file material, and immediately transfer the file contents to their new site supervisor. The site supervisor must send verification to CSB Personnel when proper filing procedures have been completed.
- Under no circumstances may files be transmitted by interoffice or pony mail.

B. Personnel Files

All personnel files are stored in the Personnel Unit in a locked cabinet and in a locked office. The access to the personnel files is granted only to the authorized personnel. An employee's union representative must have a written authorization from the employee to obtain access to his/her personnel file. When reviewing a personnel file, a member from the personnel staff must accompany the authorized personnel at all times in the closed door office. The authorized personnel must sign, date and write the reasons on the "Access to File" card located in front of each personnel file.

C. Family Files

1. Center Based

The Site Supervisor, comprehensive service staff or the head teacher at each site is responsible for maintaining the family's basic data file at each site. All children's files must be kept in a locked file cabinet. Access to files is permitted only by authorized personnel. When authorized personnel must access a child's file, the protocol must be adhered to. Two types of access and removal of a file from the cabinet can take place.

- The file is taken off site for audit or review:
Authorized staff must record the removal of the file off the site premises on the "Record Keeping Log" located at the site; He/she must log: "check in/out status" by completing the required information on the template.
- The file is accessed on site:
Authorized staff needing to work on a file on site must pull the file and in its place insert the file check-out card indicating: date, name and signature of staff pulling file. Upon return of the file, staff must sign in verifying the return of the file, and the check-out Card is removed.

In both of the above situations, an "Access to File" form must also be completed by the authorized person accessing the file. This is located on the right hand side of the first section of the child's file. One must indicate date, name, and purpose for accessing the file.

Files are kept on site for the current enrollment year until after the annual audit is complete. After the audit, files are prepared to be archived, and sent to a warehouse for storage. Children's files are kept for five years after our services to the family ends. Files are then shredded.

Effective January 1st 2014, any document or record may be maintained on electronic format if it was originally created in an electronic format and kept in its original unconverted electronic format. Documents or records created in paper form cannot be scanned and stored electronically alone. These records must be stored in their original paper format. Independently of being hard copy or electronic format, all records must be kept for at least five years

2. Alternate Payment Program:

All family files must be kept in a locked file cabinet. Access to files is permitted only by authorized personnel.

Any document or record may be maintained on electronic format if it was originally created in an electronic format and kept in its original unconverted electronic format. Documents or records created in paper form cannot be scanned and stored electronically alone. These records must be stored in their original paper format. Independently of being hard copy or electronic format, all records must be kept for at least five years. After this period, hard copy files will be shredded.

D. Client Files for Low Income Home Energy Assistance Program

All Client records and documents must be scanned in a secure folder. All scanned and hard copy client records are retained for three years from the contract close out. After three years from the contract close out date, the hard copies are then shredded.

E. Contract Files

Contract files are stored in designated cabinets in the Contract & Grants Administration office. Contract staff is required to maintain current and accurate records of contract activity. This includes contracts, board orders, insurance verifications, required clearances and Internal Revenue Service (IRS) documentation. The documents are kept in individual contract files, labeled by contractor name and contract number. Board orders are kept with each corresponding contract and in a general board order file, organized by month and year. EHSD Contracts and Grants Unit will maintain a record of all contractors' files and will include all licensing and program mandated forms. The following documents are maintained by the Contracts & Grants Unit:

- Independent Contractor contract files
- County Administrator Office Questionnaire for determining Independent Contractor status
- Corporation (non-profit and for-profit) Contractor contract files
- Contract files for contracts with other legal status, such as general partnership
- Contra Costa County Small Business Enterprise award forms (where applicable)
- Board of Supervisors board orders
- IRS W-9s and IRS W-4s (where applicable)
- Certificate of Liability Insurance
- Fingerprint clearance form (where applicable)
- Current Health Screening Form or proof of current physical exam and TB clearance (where applicable)
- Contra Costa County Auditor-Controller Insurance clearance
- CSB Contract Request forms, with authorizing signatures

F. Public Access to County Records

In accordance with the California Public Records Act and the Better Government Ordinance, any person is entitled to inspect and to receive copies of the public records of the County, including records of individual departments. Upon a request for a copy of public records, county staff is to make the requested records available to any person upon payment of applicable fees. Disclosable county records may be inspected anytime during regular business hours. Every attempt should be made to allow prompt inspection of the requested disclosable records. If copies are requested, they should be provided no later than the next business day if possible to do so.

i. Disclosable Records:

Any existing writings containing information relating to the conduct of the public's business prepared, owned, used or retained by the County regardless of physical form or characteristics are considered public records and should be disclosed by request. These include, but are not limited to, papers, books, maps, charts, photographs, audio tapes, and video tapes, information stored in non-paper form on a computer or other electronic media and other material. Additionally, writings that are not, in whole or in part, exempt from disclosure under the Public Records Act and the Better Government Ordinance.

ii. Exempt from Disclosure Records:

Personnel, medical or similar records which cover intimate and personal information such as: employee performance evaluations, employee home address, home telephone number and all personal information are exempt from disclosure. Certain other public employee information may be released: (1) amount of an employee's gross salary and benefits, job classification, and job duties; (2) Merit board and arbitration disciplinary proceedings and writings submitted in such proceedings; (3) information in case of emergency or need when such disclosure appears reasonable to protect any person's health or welfare; (4) information for authorized criminal law enforcement purposes; (5) information required by subpoena, testimony or other legal process; (6) information authorized to be released to third parties by the written consent of the effected employee; and (7) any other information, when reviewed and approved by CC County Counsel prior to release.

- Investigatory records compiled for correctional or law enforcement purposes such as: records of complaints, preliminary inquiries if a crime or violation has been committed, full investigations, and memoranda "closing" an investigation.
- Examination data such as questions, scoring keys, examination data used to administer a licensing, employment or academic examination.
- Confidential legal writings such as writings to or from the CC County Counsel to an attorney who represents the County or writings especially prepared for or by the County Counsel providing legal advice, analysis of proposed legislative actions or positions, terms of settlement of litigation, post-negotiation reports.
- Health Services contracts between the County and the State and writings related to those contracts.
- Particular statutory exemptions related to specific situations such as information about health facilities, assessment records, agricultural information, etc.
- Real estate appraisals or engineering studies relating to the acquisition of properties or to prospective construction contracts.
- Preliminary drafts, notes, memoranda and "deliberative process".

CSB employees are encouraged to contact Personnel when approached with requests for disclosure of documents by the public. Personnel staff will provide advice or contact County Counsel for additional clarification. In such cases, the employees are expected to provide the requestor/s with timelines in which the requested information will be provided to them.

Part IV. Business Systems

A. Overview

The Business Systems Unit supports the operation of CSB programs by ensuring that CSB has:

- Safe, secure facilities.
- Technology and related services to effectively manage work.
- Safe transportation for travel as necessary and available.
- Grant writing leadership and support.

- Ongoing monitoring, planning, and communication systems.
- Equipment and supplies necessary to operate a quality program; and
- Forums for sharing ideas and implementing continuous improvement.

B. Facilities

1. Physical Environment and Facilities

- Both CSB and their designated contractors shall endeavor to operate offices and childcare centers that are free of exposure from toxins such as cigarette smoke, pesticides, herbicides, lead, and other air pollutants as well as contaminants from the soil and the water.
- Smoking is not permitted under any circumstances on the premises of the centers and is posted as such. Anyone found bringing in a lit cigarette, electronic cigarette, or cigar shall be directed to immediately leave the office/center until the item has been safely extinguished outside of the building.
- No center or office shall be sprayed with herbicides or pesticides when children or staff is present.
- Each center has a thermostat that must maintain a minimum of 68 degrees F. and a maximum of 85 degrees F.
- All plumbing fixtures must be sanitary, safe and in working condition at all times, including hot and cold water availability (a minimum of 105 degrees F. and not to exceed 120 degrees F) and may not serve more than 15 children.

i. Children's Centers-Outdoor Environment

The outdoor space must be safe and free from hazards at all times. Each morning, before the children go outside, the Site Supervisor or designee must assess the entire outside area including the sandbox, climbing area, playground surfacing, fences and any other area in use by the children to ensure compliance with state and federal health and safety requirements. This is done by using the "Outdoor Health and Safety Checklist".

If there are hazards on the playground, the Site Supervisor must:

- Assess what needs to be done immediately to fix the hazard. If he/she is unable to fix the situation immediately, he/she must make alternate space for the children until the situation is fixed.
- Report the hazard to his/her immediate supervisor.
- Complete a Facility Work Request after receiving approval from the Site Supervisor.

- In centers with infants, toddlers and preschoolers, the age groups must be kept separated at all times.

ii. Children Centers-Indoor Environment

The indoor space must meet applicable state and federal regulations at all times. Each morning, the opening staff member(s) must conduct an indoor health and safety check to ensure the facility is ready for children.

iii. Infants Environment

The indoor and outdoor spaces for infants must be separate from areas for children of differing ages. Inside it can be a separate room or separated by moveable walls or partitions that have correct square footage in each area. The moveable walls or partitions must be at least four feet high, made of sound absorbing material and designed to minimize injury to infants.

The calculation of the indoor space does not include the space used by cribs. The sleeping area must be physically separate from the activity area. This can be accomplished by having a separate room or with the partitions described above.

2. Building Security/Alarms and Maintenance

i. Building Closure

Procedures are established at each site based on whether they have an Electronic Access System and/or Building Security Alarm. Each site and the administrative office is responsible for developing and enforcing a building opening and closing procedure. The Site Supervisor or senior staff member is responsible to see that all appropriate staff are informed and trained on the procedure of locking the building and arming the alarm (if applicable). Information on how to contact the alarm company and who to contact for after hour emergencies is posted on the alarm panel.

ii. Building Security Alarms

Building security alarms are turned on by assigned staff when leaving the site at the end of the day and turned off at the beginning of the day. Assigned staff may not share individually assigned alarm codes unless it's an emergency situation. If there are problems with arming or disarming the system, staff must call the alarm monitoring company at the phone number shown at the arming station. If assistance cannot be provided over the phone, an alarm technician will be sent to the site. If error codes are present but the system is functioning, staff should submit an electronic work order to Facilities stating the error code.

The Security system performs a self-test and displays a trouble code for any required maintenance on a daily basis. An emergency contact list is provided to the alarm monitoring company of staff to contact in case of an alarm being triggered after hours.

iii. Fire and carbon monoxide monitoring systems

Fire and carbon monoxide monitoring systems are tested annually by the Public Works staff and inspection reports are kept on site. Any identified deficiencies must be repaired and pass re-inspection. Repair work orders are submitted electronically to Facilities by the Site Supervisor along with a copy of the Fire Inspection Report on the day of the inspection.

Trouble codes are sent from the alarm system to the monitoring company which alerts the fire department. When the alarm sounds, staff must evacuate the building to the designated evacuation area and wait for emergency personnel.

iv. Exterior door alarms

Exterior door alarms are located at the top of the door(s) and are to remain active in the “On” position at all times. Alarms can be over-ridden by the use of a key that turns the alarm to the “Off” position and allows access to and from a classroom.

The Site Supervisor will submit a work order to Facilities the same day as problems occur, for example the alarm not sounding when the door is opened without turning the key to the “Off” position. The exterior doors alarms are battery operated and beep when a battery becomes weak. Facilities Building Services Workers will replace batteries within 24-hours of receiving a work order request notifying them of a low battery alert.

The Safety Officer performs a test of exterior door alarms as part of the monthly health and safety checklist and all problems are reported to Facilities immediately through submission of an electronic work order request.

v. Alarmed Push Bars on Half-doors

Alarmed push bars on half-doors are located in building entrances and must be armed at all times. The Safety Officer tests all half-doors in the facility as part of the monthly health and safety checklist and all problems are reported to Facilities immediately through submission of an electronic work order request. The Site Supervisor will submit a work order the same day as problems occur, for example when the alarm doesn’t make a sound when opening the door and pressing on the bar, or if the alarm does not reset after the door is closed. A half door that is armed will show a red light on the alarm panel. No light or a green light indicates the alarm is not set.

To activate the alarm: the key is turned to the off/green light position, staff waits 30 seconds, and then turns to the on/red light position. Keys to the doors are to be kept out of the reach of children at all times and in a discrete location from visitors. Staff is to demonstrate proficiency in arming the system. Facilities staff will review and provide training on arming the doors upon request.

Centers with alarmed push bars on playground gates are to include the testing of the gates in the monthly Health and Safety checklist. Playground gates do not have alarm panels with lights and are armed at all times.

vi. Electronic Access Card Systems

Electronic access card systems on exterior entry doors maintain the security of the facilities by

limiting access. Staff is issued electronic access cards to sites that work like electronic keys. Exterior doors remain locked from the outside while allowing staff access with their electronic card. The cards are also printed with staff names and photos to be used as identification cards. If an electronic access card is lost or stolen it will be promptly deactivated to maintain the security of the facility. Repairs to access card systems are rarely needed and are made when issues are reported by the Site Supervisor to the Facilities unit through an electronic work order request.

vii. Keys

Keys for entry to the Community Services Bureau buildings will be furnished by Business Systems per the request of the Site Supervisor or employee's supervisor.

At the time of the issuance of keys, the employee will be requested to sign the Portable Media/Access Policy and key sign out sheet.

Upon receiving access to any of the site keys, the staff member is responsible for safe keeping the key and its use as well as to ensure that all building doors are secured prior to leaving the building. Keys are not to be loaned or made available to others and any lost or stolen keys should be reported to Business Systems immediately. For more information, refer to the Portable Media/Access Device Policy.

viii. AiPhone (Video/intercom) Systems

AiPhone systems are used at some sites to allow staff to easily allow access to families while keeping the facility secure. Visitors to a center press the buzzer outside the entrance and are greeted over the intercom, when they are visually identified the door is unlocked.

ix. Video Surveillance Systems

Video surveillance systems operate 24 hours a day 7 days a week. The Site Supervisor monitors the surveillance cameras daily and confirms cameras are directed to show a clear unobstructed view of the classrooms, entrances and playgrounds. Any obstructions to the view or misdirected cameras are reported to Facilities through an electronic work order request by the site supervisor the same day as they occur. The Facilities staff will check the video feed from their location and report the problem immediately to Public Works. The facilities unit will work with Public Works to make any necessary repairs within 24 hours of the reported problem.

Requests for video footage are made to Facilities by the Site Supervisor or senior management staff through an electronic work order request. Requests must be made as soon as possible as the system only retains footage for up to a week.

3. Acquiring Space

The Policy Council must be consulted on the location of space acquired for the program's use. The space acquired must meet all applicable local ordinances for both classroom and office use. Additionally, all space acquired for classroom use must meet all the state and federal regulations. Negotiation of leases is delegated to Contra Costa County Lease Management and lease costs must be within budgeted amounts designated for such expenditures. Lease Management prepares/finalizes all leases for the Assistant Director's signature. In addition, the Business Systems

Manager or Division Manager must approve/sign all the leases negotiated for CSB.

4. Use of County Facilities

The use of county facilities is covered by the following regulations:

- County Property shall be used only for official business. No employee of the Department shall use any County Property for his or her own personal benefit.
- Use of County building space by private organizations is regulated by inter-agency agreement.
- Departmental officials may make arrangements for posting official announcements on County bulletin boards through the General Services Department. Use of County bulletin boards by private organizations for advertising, except as provided by ordinance for employee organizations, is prohibited.
- CSB program managers are responsible for County facilities and property used by employees under their jurisdiction. While controlling and administering use of space/facilities, managers must see that employees do not introduce material which others would find objectionable / offensive for reasons such as different social, political, religious, or moral beliefs.
- Solicitation of contributions and sale of merchandise within County buildings except for purposes authorized by the Board of Supervisors is prohibited.
- Restrooms and lounge facilities are provided for employee use.
- CSB classrooms and offices are not to be used as lunch or coffee rooms.
- All facilities serving children must meet applicable state and federal regulations pertaining to health, safety, and developmentally appropriate practice.

5. Document Posting

Before classes begin each program year, the Site Supervisor obtains and assures the proper posting or filing of the following documents at each facility and/or classroom:

- Evacuation Plan
- Fire / Earthquake Drill Schedule
- Emergency Guidelines for Illness and Accident First Aid Manual
- Emergency phone numbers for fire, police, paramedics, nearest emergency hospital, poison control center, physician, and administrative office
- Parents' Rights Form
- Children's Rights Form
- No Smoking signs
- Employee Safety Policy Statement
- Current license
- Any other document mandated by the state or federal government.

Note: Children's contact numbers are never to be posted.

6. Safety Officer

For each building which houses CSB personnel, a safety officer has been designated. General responsibilities of safety officers are to:

- Complete a monthly health and safety checklist.
- Instruct co-workers in emergency procedures.
- Assist the Supervisor/Manager in charge during an emergency.
- Keep track of persons assigned to each building.
- Know the conditions under which a building should be evacuated.
- Know what procedures/equipment is available for the evacuation of handicapped persons.
- Know the location of all primary and alternate building exits and know direct routes to each exit.
- After evacuating a building, search to make certain all individuals have left.
- When emergency responders arrive, report to them any injured person requiring special attention.
- Call roll at the evacuation assembly area and report missing persons to emergency responders.
- Know the location of all fire alarms and fire extinguishers.
- Know how to operate fire extinguishers.
- Know the location of all the first aid and emergency kits.
- Know first aid and CPR.

C. Use of Technology

CSB utilizes a variety of technology throughout the bureau and is supported by the Contra Costa County Department of Information Technology.

1. Child Location Observation Utilization Data System (CLOUDS)

CSB uses CLOUDS as its management information system. Staff are required to keep the system up-to-date in accordance with their respective roles in the organization. These roles are detailed in these policies and procedures in each service area. In addition, teachers are responsible for ensuring that parents sign their child in and out electronically. Manual systems are in place for back-up purposes.

i. User Support

CLOUDS user manuals are posted on the CSB intranet and in the Shared Drive (x:\CLOUDS) that details how to use the system. In addition, training is provided in an ongoing fashion via user groups. New staff is assigned a mentor user to orient them to the system.

ii. Ongoing System Enhancements

All system enhancements must be requested via the content area expert for the respective portion of the system. Content area experts formally request the enhancement to be placed in the project queue via the CSB Help-Desk System (Track-It). Enhancement requests must include attachments with screen shots and indicate the level of priority with a justification for the priority level. The Business Systems Manager will evaluate all requests and notify requestor of the final decision regarding placement in the project queue. As enhancements are developed, content area experts are required to test them and then to inform staff regarding proper usage of enhancement. User manuals will be updated with finalized enhancements by the vendor.

D. Equipment and Supplies

County property, equipment and supplies shall be used for official business purposes only. No employee of the Department shall use any county property for his or her own personal benefit.

1. Procedures for Ordering Materials - Employees and Supervisors

i. General Description

An employee or supervisor has alternatives for obtaining non-emergency material or services:

- Office Supplies - Approved ordering staff at each location prepare an on-line order form. CSB has an approved shopping list of discounted items that should be utilized whenever possible. Items can be added from the general catalog if they are not on the approved list. The completed order is sent electronically to the Assistant Director/Program Manager for approval and submission to the office supply company. Ordering staff can track their order progress online.
- Classroom Supplies – Requests for classroom supplies are sent from the Site Supervisor to their Assistant Director for approval. The designated Assistant Director orders classroom supplies for all sites.
- Health / Janitorial Supplies – All health and janitorial supplies may be ordered on an online Supply Order Form. Supply orders should be completed on a monthly basis by the Site Supervisor and are approved by the Assistant Director. The order is then sent electronically to the Purchasing Unit for processing.
- Open Purchase Order - The County has established a number of Open Purchase Orders (POs) with vendors in the area authorizing certain persons to pick up material and charge it to the CSB account.
 - If you wish to order materials from these vendors, submit a purchase requisition to your supervisor for approval of the Assistant Director. If approved, it will be forwarded to a person authorized to purchase material under the Open PO by credit card or other arrangement. If an order is over \$5,000 it must be signed by the Division Manager.
 - After the purchase is made, the requisition and the vendor's receipt will be forwarded to the CSB Accounts Payable Unit. When the bill is received, the Accounts Payable Clerk will match it to the approved requisition and receipt prior to payment. CSB has established Open Purchase Orders with many vendors. A current list can be obtained from Fiscal. If you are making a large number of purchases from a vendor that does not have an Open PO you may request that one be established by contacting the purchasing clerk.

CSB Requisition: If there is no Open PO available for the material required, you must submit an approved CSB purchase requisition to your division's purchasing clerk. After a purchase is made, the requisition and packing receipt must be forwarded as soon as possible to CSB Accounts Payable Unit. When the bill is received the Accounts Payable Clerk will match it to the approved requisition and receipt for payment.

ii. Purchasing Procedures - Purchasing Clerks

Purchasing clerks are located in the CSB Administrative Office and are responsible for processing

all department requisitions. Once the purchasing clerk receives a CSB requisition he/she has several options of procurement methods depending on the situation. Below is a description of the methods available to the purchasing clerk.

- Warrant Request - CSB can normally use a Warrant Request to purchase items with a total cost under \$500. This form needs to be signed by the requester and an authorized manager. This procedure is faster than a purchase order as it does not need to be processed by County Purchasing.
- CSB cannot use a Warrant Request to purchase any item that can be purchased using an open purchase agreement. In addition, the following items cannot be purchased using a warrant request:
 - Furniture
 - Printing Services
 - Appliances
 - Professional Services
 - Cellular Telephones
 - Building Related Charges
- County Requisition (Form REQ) - For vendors not having an Open PO, or not qualifying for a Warrant Request, items are purchased using an approved Purchase Order. The purchasing clerk completes a County Requisition form based on the submitted requisition form and forwards it to the General Services Purchasing Division for preparation of a Purchase Order.

There is no dollar limit for a Purchase Order however it can be an extensive process as it may have to go through the County's procurement process and involve soliciting competitive bids and awarding of the contract to the lowest qualified bidder depending on the dollar amount of the proposed contract. It should be noted that, when time is critical, CSB might ask the Purchasing Division for a PO number. If they agree, CSB is allowed to make the purchase without the normal process.

- Equipment Definition: purchase of equipment must adhere to both Grantee policies and guidelines outline in the Contra Costa County Head Start Administrative Manual. (For local purposes, "equipment" is defined as any purchase costing \$5,000 or more.) Any equipment/equipment purchase not identified in the annual grant (or subsequent applications) must receive Policy Council, Regional, and Executive Director's approval. Such requests must be made prior to the end of the Head Start fiscal year (by December 31st of each year). Equipment funded in part or wholly through CA Department of Education must have prior approval on any single item of \$5,000.
- Supplies: Supplies purchased for CSB programs must be deemed necessary and appropriate by the Bureau Director. (The process for expenditures of funds for supplies is outlined in the procurement procedure on file in the fiscal office. It must be followed.) All expenditures of funds must be approved by the Program Director.

2. CSB Equipment, Toys, Materials, and Furniture

i. General Description

CSB sites must provide clean sheets and blankets for children's use at naptime and they are to be washed each week or as needed. If there are not sufficient sheets and blankets, the Site Supervisor must notify the Assistant Director immediately.

All play structures and equipment used by the children must meet the following requirements:

- Age and developmentally appropriate.
- Maintained in good condition.
- In sufficient quantity to allow full participation.
- Free of health and safety hazards.
- Free of toxic substances.
- If any material in the environment does not meet the above standards, it must be removed immediately or deemed off limits to the children until it can be safely removed.

ii. Infant Furniture

- The infant equipment and furniture, inside and outside, must be developmentally appropriate and includes cribs, cots or mats, changing tables and other necessary equipment. The type, height, and size of all furniture and equipment must be age appropriate. There must be a variety of age appropriate washable toys and equipment.
- CSB does not use swings, playpens, walkers or high chairs. Walkers may not be kept on the premises. Equipment that is assembled when purchased must not be modified, and if assembly is needed, it must be assembled according to the manufacturer's instructions.
- Supplies containing toxic materials or substances shall not be purchased and used on the centers.
- All equipment and furniture must be maintained in good repair, safe condition and disinfected after each use. Equipment must be safe and must not have sharp points or edges or splinters, or be made of small parts that can be swallowed.
- Toilets and hand washing sinks must be in close proximity to the activity areas.

Infant changing tables must:

- Have a padded surface no less than one-inch thick and be covered with washable vinyl or plastic
- Have raised sides at least three inches high
- Be maintained in good repair and safe condition
- While in use, be placed within arm's reach of a sink
- Not be located in the kitchen/food-preparation area

Toy storage containers must meet the following requirements:

- Lids and the hardware used to hinge lids on boxes or chests must be removed
- All edges and corners must be rounded and padded

- The container must be well ventilated
- The container must be lockable
- The container must be maintained in good repair and safe condition
- Metal and wood boxes must not have sharp or splintery surfaces

Pacifiers must have a shield or guard large enough that the child cannot choke. Rattles must be large enough that they cannot become lodged in the infant's throat and constructed so that they will not separate into small pieces.

It is recommended that all infant sites comply with the US Consumer Product Safety Commission advice for the selection and safe use of children's toys. Avoid toys with small parts. Look for the age recommendation on labels. Toys should be suited to the skills, abilities and interests of children.

iii. Infant Napping Equipment

Each crib, mat or cot must be occupied by no more than one infant at a time.

For each infant who is unable to climb out of a crib, a standard size crib meeting the following requirements is provided:

- Slats must be no more than 2 and 3/8 inches apart.
- Tiered cribs are not allowed.
- Cribs must not limit the ability of the staff to see the infant.
- Cribs must not limit the infant's ability to stand upright.
- The mattress must be at its lowest position.
- Cribs will have stationary sides.

Crib mattresses must be:

- Covered with vinyl or similar moisture resistant material.
 - Wiped with disinfectant daily when soiled or wet.
 - Maintained in a safe condition with no exposed foam, batting or coils.
 - Bumper pads must not be used at CSB facilities.
-
- Each infant must have his/her own bedding used solely for him/her. It must be replaced when wet or soiled or when it is to be occupied by another infant.
 - Bedding must be changed daily or more often if required, and placed in a container that is inaccessible to children.
 - Floor mats or cots must be provided for all infants who have the ability to climb out of a crib.

- Cribs, mats or cots must be arranged so that the staff can reach each infant without having to step over or reach over any other infant. Placement must not hinder going in and out of the nap area.

3. Use of County Communication Services

i. General Description

Communication services are provided for the use of County employees for work-related communications. For example:

- The telephone system is provided for the use of Contra Costa County employees in the conduct of their assigned duties. (See EHSD & CSB Internet/Email/IT Standard Usage Policies)
- Contra Costa County provides a message service (to forward written material and small packages among various County facilities on a regular route and time schedule). Each work site served posts the time of pickup and delivery; this service is to be used where available (Supervisors have further information regarding this program).
- The Contra Costa County Public Works Department provides a centralized United States Postal Service operation. All mail must be processed through this Center (except for emergency situations). Materials to be mailed may be submitted through Messenger Service.
- The department pays for all postage charges, but receives reduced costs for bulk and ZIP code mailings. Contra Costa County's Postal Service is provided for office use of County staff. It is not to be used for personal benefit of employees or the public (Supervisors may be contacted for rules and Regulations regarding United States Postal Services).
- Fax machines are available for Contra Costa County use. Telephone numbers for fax machines are listed in the Inter-Office Telephone Directory. CSB implemented the use of E-fax, faxes received and sent by email, and paperless faxing through copiers to switch to paperless faxing.

ii. Portable Communication Devices

Smart phones, two-way radios, tablets, laptops and wireless modems (collectively referred to as portable communication devices) are utilized by CSB to allow management personnel to stay in communication when away from their primary office, when traveling on business, and in emergency situations. Portable communication devices are county property and are covered under the same requirements as other county property.

Employees are responsible for the security of communication devices and are to report lost, damaged or malfunctioning devices to their supervisor as soon as possible after discovery.

- Employees are responsible to ensure the confidentiality and security of information contained on or obtained through communication devices.
- All communication on the device is considered county business and as such is not considered personal or private.
- Voice messages, text messages, e-mails, photos and other methods of communication or storage of information can be reviewed at any time by appropriate county personnel. This includes call, data and text logs.
- Communication devices are to be used for county business only. Inappropriate use of county property, including the personal use of communication devices that cause excess use charges to be incurred whether reimbursed or not, can result in loss of privileges to use county property.
- Communication devices are to be used only by the county employee they are assigned to. If devices are to be used by more than one authorized employee they will be assigned to specified employees for a defined time period before reassignment to other employees. (Sites make assignments on the Equipment Check-out Log).
- Use of a device for texting while driving, whether in a county vehicle or personal vehicle on county business, is prohibited by state law. Phone calls made or received while driving are strongly discouraged, but are allowed only if possible with the safe use of hands-free devices.
- CSB is required to submit reports on the use of the devices to DoIT and the CAO. The reports will contain information specific to each device, including any use of a device that caused additional charges to be incurred, and confirmation of reimbursement of those charges.
- As with all county property, each communication device (including accessories) is to be returned upon change of position or separation of employment.

Two-Way Radio: In the event of an emergency such as natural disasters, storms and other emergency situations where normal methods of communication are disconnected and all else fails, the use of the two-way portable radios as a primary communication option is a must. Two-way radios have played a vital role as the most reliable form of communication, which is why it is primarily used by the military, law enforcement and other emergency personnel.

In the event of an emergency, a transmission will be relayed county wide to all centers from the Administrative office at Civic Court. A "roll call" will be conducted along with center status checks. In some cases, there could be an emergency/event only affecting one particular area of the county. If this is the case, certain centers may be directed to switch to a secondary channel to transmit (our radios have a primary and secondary channel).

Please refer to the "Two-Way Radio Guideline" on the CSB Intranet Resource Center under the "Facility Guidelines" folder for information on how to utilize the radios.

E. Vehicle Usage Policy

1. General Procedures

CSB maintains vehicles for use by authorized personnel in order to conduct official County business. Policies on the use and operation of vehicles on County business also apply to driving personal vehicles while on County business. Vehicles are reserved through designated clerical staff or vehicle reservation calendars. In an effort to ensure that CSB vehicles are kept in top condition, the following procedures must be followed.

- County vehicles can only be used by authorized employees while conducting county official business.
- Authorized drivers must have a valid California Driver's license.
- Authorized drivers are to immediately notify their supervisor of any change in the status of their California Driver's license.
- County vehicles are to be used only for authorized county business.
- Drivers are responsible for safe driving, including parking in a well-lit area, and locking the vehicle at all times.
- Drivers are to be courteous and practice defensive driving and fuel conserving practices.
- Authorized drivers are to observe all traffic rules and regulations.
- Carpooling in county vehicles is strongly encouraged when multiple employees are attending the same business function.
- Employees are prohibited from carrying unauthorized riders while on county business.
- Moving, parking and toll violations are the personal responsibility of the driver.
- No smoking is allowed in county vehicles.
- While the vehicle is in operation no eating or drinking is allowed.
- Cell phones and other hand held devices are not to be used while operating a vehicle, unless:
 - The device is secured in a mounting system to the dashboard (including air vents) or windshield (placed in one of two positions on the windshield - in the lower left or right hand corner).
 - Can be operated by tapping or swiping the screen with one finger.
- All persons driving or riding in a vehicle are to be properly secured with the use of seat belts or other approved restraint systems.
- Vehicles are to be returned free of trash or other debris.
- Car seats and other cargo should be secured in the cargo area of the vehicle so that they will not become projectiles in case of a sudden stop or accident.
- Drivers are to wear appropriate footwear, no backless or loose sandals.
- Vehicles are to be returned with a minimum of a half tank of fuel.
- County vehicles are to be fueled regularly at the County Fleet station or other approved facilities.
- The County credit card is to be used exclusively for purchasing gasoline at authorized fueling centers. (See list of centers and addresses in the vehicle binder fuel tab.)
- If the credit card is lost it must be reported immediately to avoid fraudulent use.
- County vehicles will be serviced at the Fleet Service Center on Waterbird Way, except in after-hour emergencies.
- CSB does not use Fleet loaner vehicles. Contact the Facilities clerk for possible temporary use of another CSB vehicle if necessary.
- County vehicles are not to be taken to a personal residence without Sr. Management approval.

- Vehicle binders and keys are to be returned punctually after vehicle use.

It is CSB policy to use a county vehicle when one is available in lieu of using a personal vehicle. If a county vehicle is available it must be utilized unless a supervisor determines that the use of a personal vehicle is justified. Justification for the use of a personal vehicle is documented by the supervisor's signature on the request for reimbursement of travel expenses.

2. Accident and Maintenance/Repair Reporting

Drivers are to report any accident or service need the same day as the occurrence. All accidents must be reported and the proper paperwork to be completed and submitted to Risk Management within 24 hours of the accident. Any unusual sound, odor, low fuel, maintenance light or other indication that the vehicle is malfunctioning or may need service is to be reported to the clerk when returning the vehicle binder.

3. Child Passenger Safety Procedures

A child will be transported in county vehicles only if the child is fastened in an approved developmentally appropriate safety seat, seat belt, or harness appropriate to the child's weight, and the restraint is installed and used in accordance with the manufacturers' instructions for the car seat and the motor vehicle. Each child must have an individual seat belt and be positioned in the vehicle in accordance with the requirements for the safe use of air bags.

Age and size appropriate vehicle child restraint systems shall be used for children under 8 years of age, less than 80 pounds or under 4'9" tall. Vehicle restraint systems should be secured in the back seats only. Children shall ride facing the back of the car until they have reached two years of age or weigh over 40 pounds or are 40 or more inches tall. A booster child safety seat shall be used when the child has outgrown the convertible child safety seat. A vehicle seat belt can only be used when the child is 8 years of age or older, 80 pounds or 4'9" in height. The seat belt only fits properly when the lap belt lies low and tight across the child's hips (not the abdomen), touching the upper thighs and the shoulder belt lies flat across the shoulder, snugly across the mid chest, away from the neck and face. Never tuck the shoulder belt under the child's arm or behind the child's back. The child's knees should bend easily over the edge of the vehicle seat.

Staff transporting children must be aware of the following:

- The rear of the vehicle is the only place for a child to ride.
- Staff should use the diagram of the seating plan when placing children in a vehicle.
- Lap-belt only positions can only use the 5-point harness car seats.
- Shoulder and lap belt positions close to the sliding door should be last position to seat a child.
- The car seat and seat belts should be checked before each use to make sure they are installed correctly and that the belt straps are not twisted.
- Empty car or booster seats should be strapped in with the seat belt system or stowed in the cargo area away from the passengers.
- No loose items should be on the floor.

The following are child passenger safety basics for each type of car seat:

- Rear-Facing
 - Must ride rear facing until at least 2 years of age, weighs 40 pounds or is 40" tall
 - Do not bundle or swaddle; no heavy clothing
 - Harnesses at or below shoulder level
 - Harnesses snug and flat across infant
 - Retainer clip at armpit level
 - Must ride at a 45 degree angle
 - Seat secured tightly to vehicle with less than 1 inch of movement side-to-side and forward

- Forward-Facing
 - Children 2 years of age and 40 pounds but weighing less than 80 pounds or under 4'9" tall, ride either in a convertible or forward facing seat in the forward facing position
 - No heavy clothing
 - Harnesses above shoulder level and in reinforced slots
 - Harnesses snug and flat across infant
 - Retainer clip at armpit level
 - Generally ride fully upright
 - Seat secured tightly to vehicle with less than 1" of movement side-to-side and forward
 - Top tether in use when available and appropriate

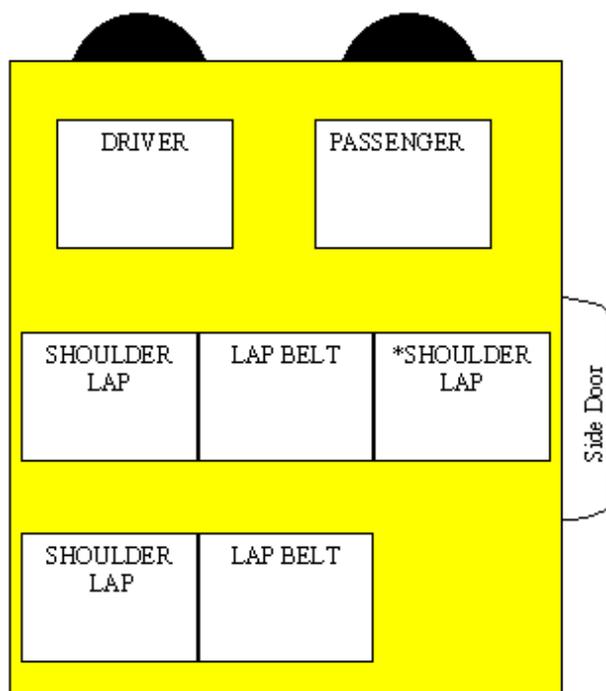
- Belt Positioning Boosters
 - For children who have outgrown the car seat but do not yet fit the adult lap/shoulder belt
 - Lap belt crosses pelvis or top of thighs
 - Shoulder belt crosses chest
 - Middle of child's head is below the top of the vehicle seat or booster

F. Transportation

While CSB does not provide direct transportation services to and from the centers each day, the Site Supervisor or Comprehensive Services team member must assess the needs of each family upon enrollment and attempt to make reasonable effort to assist if the family is in need of transportation services to the center.

Transportation services are offered for the following:

- To / from socialization activities
- To / from Policy Council Meetings
- To / from field trip locations



- Lap Belts – use only 5-point Harness Seats. No Boosters
- Shoulder Lap with Star (*) is the last Shoulder Harness to fill
- No loose items in the vehicle
- Unused car or booster seats are strapped in or removed from the passenger area of the vehicle.

G. Emergency Procedures

1. Gas Leak/Power Outage

i. If you detect an odor of natural gas:

- Determine where the odor of gas is emanating from.
- Contact PG&E at (800)743-5000.
- Contact the local Fire Department.
- Evacuate the building (if you feel there is an immediate threat to children and staff).
- If the gas odor emanates from outside the building, close all windows and doors and remain inside.
- Contact your Supervisor and Facilities.

ii. Power Outage:

- Have your flashlight ready to move through darkened areas.
- Contact PG&E at (800)743-5001.
- Contact your Supervisor and Facilities.

2. Shelter in Place

In the event of a chemical release, safety sirens in Contra Costa County's industrial corridor will sound to alert the public. If you hear the sirens, or are told to Shelter-in-Place, emergency officials recommend that you Shelter, Shut and Listen:

- Stay inside.
- Close all windows and secure doors (locking provides a tighter seal).
- Close the center.
- Post the Shelter-In-Place notification sign on the front of the building or Suite doors.
- Children, staff and any visitors are to remain inside the building*.
- Turn off all ventilation systems such as heating or air conditioning.
- If there are gaps in windows or doors, seal with tape or damp towels.
- Have an AM radio for emergencies and tune to KCBS, 740 AM for more information.

*No one (with the exception of First Responders) will be allowed to enter or exit the building until the Shelter-in-Place is lifted

3. Earthquake

You cannot tell from the initial shaking if an earthquake will suddenly become intense, so always Drop, Cover and Hold On immediately (Center staff must assist children first)!

- DROP to the ground (before the earthquake drops you!).
- COVER your head and neck with your arms and seek shelter by getting under a sturdy desk or table, if nearby.
- HOLD ON to your shelter and be prepared to move with it until the shaking stops.

- Indoors:** Drop Cover and Hold On. Avoid exterior walls, windows, hanging objects, mirrors, tall furniture, large appliances, and kitchen cabinets with heavy objects or glass. However, do not try to move more than 5-7 feet before getting on the ground. Do not go outside during shaking! The area near the exterior walls of a building is the most dangerous place to be. Windows, facades, and architectural details are often the first parts of the building to break away.
 - If you are unable to Drop, Cover, and Hold on: If you have difficulty getting safely to the floor on your own, get as low as possible, protect your head and neck, and move away from windows or other items that can fall on you.
 - In a wheelchair: Lock your wheels and remain seated until the shaking stops. Always protect your head and neck with your arms, a pillow, a book, or whatever is available.
- Outdoors:** Move to a clear area if you can safely do so; avoid power lines, trees, signs, buildings, vehicles, and other hazards.

4. Fire

- If a fire occurs, GET OUT, STAY OUT, and CALL FOR HELP:**

- Remain calm.
- If you smell smoke, activate a fire alarm.
- Follow exit route and evacuation procedures for your center/office. Make sure to feel the door before opening it. If it is hot, do not open it, look for an alternate exit. If there is none, remain in the room and call for help. Close the door on your way out to help isolate the fire.
- Center staff must sweep the area and ensure all children are evacuated.
- Assist all children and those who are unable to exit the building on their own if it will not put yourself at additional risk.
- Do not use elevators.
- If the area you are in fills with smoke, drop to the floor and crawl to the nearest exit or smoke-free area.
- If your clothes catch on fire, immediately STOP, DROP, and ROLL.
- Once you are in a safe area, call for help

i. You should only attempt to fight a fire if the following conditions exist:

- If the fire is small and contained.
- You are safe from toxic smoke.
- You have a means of escape.
- Your instincts tell you it is safe.

ii. You should flee a fire if:

- If the fire is spreading rapidly or is a large fire.
- You are unsure of how to operate the extinguisher.
- The extinguisher runs out of agent.
- The fire could block your escape route.

5. Severe Weather

i. Heat Wave Safety Tip:

Elderly persons, small children, chronic invalids, those on certain medications or drugs (especially tranquilizers and anticholinergics) and persons with weight and alcohol problems are particularly susceptible to heat reactions, especially during heat waves in areas where a moderate climate usually prevails. The following safety tips are recommended:

- Slow Down, strenuous activities should be reduced, eliminated, or rescheduled to the coolest time of the day.
- Individuals at risk should stay in the coolest available place, not necessarily indoors.
- Limit sun exposure between 10am and 4pm. Play in the shade, if at all possible. Keep babies under six (6) months of age out of direct sunlight.
- Dress for summer. Lightweight light colored clothing reflects heat and sunlight, and helps your body maintain normal temperatures.

- Drink plenty of water or other non-alcohol fluids. Your body needs water to keep cool. Drink plenty of fluids even if you don't feel thirsty. Persons who (1) have epilepsy, or heart, kidney, or liver disease, (2) are on fluid restrictive diets or (3) have a problem with fluid retention, should consult a physician before increasing their consumption of fluids.
- Spend more time in air-conditioned places. Air conditioning in a home and other buildings significantly reduces danger from the heat.
- Don't get too much sun. Sunburn makes the job of heat dissipation that much more difficult. Wear sunscreen and reapply per the manufacturer's directions.

ii. Lightning Storms:

- When thunder roars, go indoors!
- Stay away from windows and doors.
- Avoid water, high ground, trees, open spaces, metal objects and find shelter in a building.
- Avoid electronic equipment of all types; lightning can travel through electrical systems.
- Avoid corded phones, however, cordless or cellular phones are safe to use during a storm.
- Avoid concrete floors and walls.
- Wait at least 30 minutes after hearing the last clap of thunder before leaving your shelter.
- Call 9-11 if a person has been struck by lightning.

iii. Flood:

- Do not walk through moving water. Six inches of moving water can make you fall.
- Never try to walk, swim, drive or play in flood water. You may not be able to see how fast the flood water is moving, see holes or submerged debris.
- Beware of low spots, such as underpasses, underground parking garages, and basements as they can become death traps.
- Beware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
- Beware of streams, drainage channels, canyons, and other areas known to suddenly flood

6. Active Shooter:

i. Administration Office:

- Be aware of your environment and any possible dangers.
- Take note of the two nearest exits in any facility you visit.
- If you are in an office, stay there and secure the door.
- If you are in a hallway, get into a room and secure the door.
- As a last resort, attempt to take the active shooter down.
- CALL 9+911 or 911 WHEN IT IS SAFE TO DO SO!
- Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

- RUN/ESCAPE: If there is an accessible escape path, attempt to evacuate the premises.
- HIDE OUT: If evacuation is not possible, find a hiding place.
- TAKE ACTION/FIGHT: As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.

ii. Childcare Centers:

Initiate a lockdown: The purpose of a lock down is to keep children and staff inside the building, by securing them inside a classroom or other secure safe are, due to an immediate threat in or around the center.

- Remain in the classroom, locking all entry doors if you have the ability to do so
- Tie down the door handle(s), if possible, using belts, purse straps, shoe laces, etc.
- Turn off all lights
- Cover the windows if possible
- Create a barricade at the main entry door with anything available (desks, chairs, rolling cabinets, etc.)
- Stay clear of any doorways and windows
- Try and keep as many barriers between you and any doors and windows
- Move children to the safest location in the room
- Drop and Cover (Lay as flat as you can, while covering your head)
- Silence or place your cell phones on vibrate
- No one is allowed to enter or exit any safe areas, until the “all clear” is issued by the Site Supervisor or law enforcement

7. Acts of Violence

If you witness an employee or customer threatening violence or becoming overly agitated because of a problem, alert a supervisor immediately. If the person becomes physically menacing, call 9+911/911 or signal for a coworker to make the call.

- Remain calm
- If someone threatens you with a weapon, remember that the person hasn't decided to use it yet. They are probably as scared as you are. Remain clam. You might look like the person that is in control. If you panic it might aggravate the situation.
- Be courteous and patient
- Listen attentively and follow the instructions of the person with the weapon.
- Plan an escape route
- Try to stay as far away from the person as possible. Pay close attention to your surroundings. Plan an escape route in case the situation becomes more serious.

8. Serious Injury & Illness at work

All serious injuries* and illnesses incurred by a County employee or a contractor while on a County site or work assignment, must be reported to Cal/OSHA. (*This includes illnesses that may not be work-related)

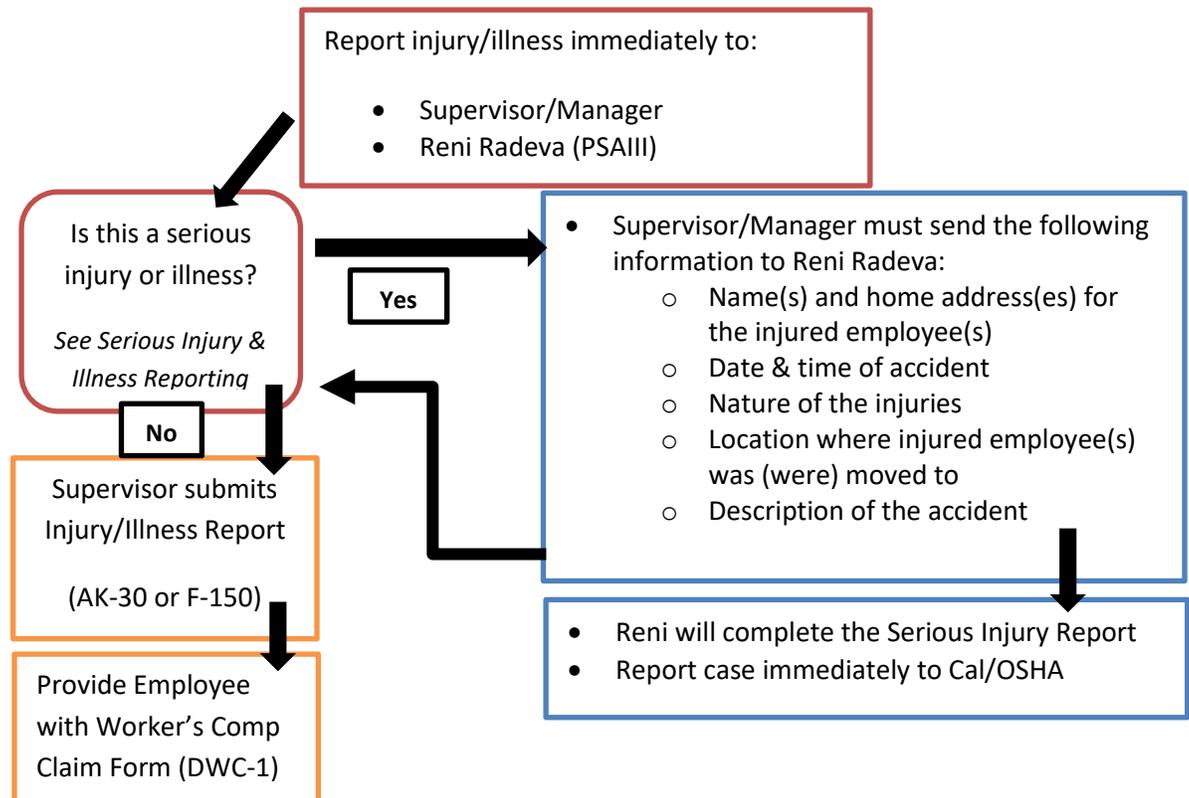
Follow the Injury and Illness Reporting Procedure below. Notify your Supervisor and Reni Radeva, PSA III. Immediately means as soon as practically possible, but no longer than eight (8) hours after the employer learns of the incident.

Serious Injury or Illness includes:

- Fatality, the loss of any member of the body, or any serious degree of physical disfigurement.
- Any injury or illness which requires inpatient hospitalization for a period in excess of twenty-four (24) hours for treatment other than medical observation.
- Any minor injury or illness which becomes a serious injury.

Note: If an employee goes to the hospital directly from work or an AMBULANCE responds to the site, closely monitor the situation and use the Serious Injury Decision Tree to see if a Cal/OSHA report is needed.

Injury and Illness Reporting Procedure



9. Dental Emergency:

- In the event of an accident to the tongue, lips, cheek or teeth:
 - Attempt to calm the child.

- All incidents should be handled quietly and calmly; a panicky child may cause further trauma.
- Check for bleeding. If the child is bleeding:
 - Stop bleeding by applying pressure to area;
 - Wash affected area with clean water;
 - Apply ice for swelling.

If tooth is knocked out, fractured, chipped, broken or loose:

- Staff should calm the child;
- If injured area is dirty, clean gently;
- Place cold compresses on the face in the injured area to limit swelling;
- Take the child to a dentist immediately for treatment.

If a tooth or teeth are loosened in an accident:

- Rinse out child's mouth;
- Do not attempt to move teeth or jaw;
- Take the child to the dentist immediately.

If tooth is knocked into gums (intruded):

- Do not attempt to free or pull on the tooth;
- Rinse out the child's mouth;
- Take the child to the dentist immediately.

If injury to tongue, cheek, or lips occurs:

- Rinse affected area;
- Apply ice to control swelling;
- Place cold compresses on the face in the injured area to limit swelling;
- Take the child to a dentist or physician if bleeding continues or wound is large.

ii. Miscellaneous: In the event of any other soft tissue injury, as in the case where the tongue or lips become stuck to an object and the tissue tears:

- Stop the bleeding;
- Cover the area with sterile petroleum jelly;
- Take the child to a dentist or physician.

10. Adult or Child Choking

i. Mild Obstruction

- With a mild airway obstruction, the person is able to cough forcefully or even speak. Do not interfere. If the person can speak, he/she can breathe.
- Treatment:
 - Ask the person, "Are you choking?"
 - If the person can cough forcefully or speak, do not interfere.
 - Encourage coughing until the obstruction is relieved.
 - Monitor for progression to a severe obstruction.

ii. Severe Obstruction

- A person with a severe obstruction cannot breathe, cough effectively, or speak. He/she may make a high-pitched sound when inhaling or turn blue around the lips and face. Act quickly to remove the obstruction, or the person will soon become unresponsive and die.
- Ask the person, “Are you choking?”
- If he nods “yes” or is unable to speak, tell him you are going to help. Do not leave the person.
- Stand behind him and reach under his arms.
- Make a fist with one hand and place it just above the navel, thumb side in. Grasp the fist with your other hand.
- Perform quick, forceful inward and upward abdominal thrusts until the object is expelled or he becomes unresponsive.

iii. Unresponsive Choking Person

When a choking person becomes unresponsive, carefully lower the person to the ground. Use CPR to relieve the obstruction.

- Send a bystander to call 9-1-1.
- If alone with an adult victim, go call 9-1-1 yourself, then return to perform CPR.
- If alone with a child victim, call 9-1-1 after 2 minutes of CPR.
- Perform CPR with the added step of looking in the mouth after each set of compressions. If you see the obstruction, remove it and continue CPR.
- Continue CPR until the person begins to breathe normally.

Chest Thrusts:

- Chest Thrusts – Large or Pregnant Person
- If a rescuer cannot reach around the waist of a large person, or the victim is obviously pregnant, use chest thrusts to relieve the obstruction.
- Place one fist in the middle of the chest on the lower half of the breastbone, with your thumb against the chest.
- Grasp the fist with your other hand.
- Pull straight back on the chest quickly and forcefully.
- Continue until the object is expelled or the victim becomes unresponsive.



Contra
Costa
County

To: Board of Supervisors
From: John Kopchik, Director, Conservation & Development Department
Date: July 30, 2019

Subject: Multifamily Housing Revenue Bonds - Marina Heights, Pittsburg

RECOMMENDATION(S):

ADOPT Resolution No. 2019/509 authorizing the issuance of Multifamily Housing Revenue Bonds in an amount not to exceed \$42,430,000 to finance the acquisition and rehabilitation of Marina Heights Apartments, a 200-unit residential rental housing development located at 2 Marina Boulevard (APN 085-064-015-2 0) in Pittsburg, California (the "Development"), including:

- 1) finding and declaring that the recitals contained in the proposed Resolution are true and correct;
- 2) for purposes of Section 147(f) of the Internal Revenue Code of 1986, authorizing the issuance of Multifamily Housing Revenue Bonds (the "Bonds") to finance the costs of the acquisition and rehabilitation of the Development subject to Board of Supervisors approval of all documents related to the Bonds to which the County is a party;
- 3) adoption of this resolution does not relieve or exempt the borrower from obtaining required permits or approvals, nor obligate the County to incur any obligation or provide financial assistance with respect to the Bonds or the Development; and
- 4) authorizing and directing any authorized officer of the County to do any and all things, take any and all actions, and execute and deliver any and all certificates, agreements, and other documents, which the officer may deem necessary or advisable in order to effectuate the intent of the Resolution.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stephanie Mello, Deputy

Contact: Kristen Lackey (925)
674-7888

cc:

FISCAL IMPACT:

No impact to the General Fund. In the event that the bonds are issued, the County is reimbursed for costs incurred in the issuance process. Annual expenses for monitoring of Regulatory Agreement provisions are provided for in the bond issue. The bonds will be secured solely by revenues (e.g. rents, reserves, etc.) pledged under the bond documents. No County funds are pledged to secure the bonds.

BACKGROUND:

Contra Costa County, through the Conservation and Development Department, operates a multifamily housing revenue bond financing program. The purpose of the program is to increase or preserve the supply of affordable rental housing available to lower income households and very low income households. The County program may be undertaken within the unincorporated County and within the cities.

The recommended action is the adoption of a Tax Equity and Fiscal Responsibility Act (TEFRA) Resolution by the Board, as the legislative body of the County, authorizing the issuance of Multifamily Housing Revenue Bonds, which will be used to finance the acquisition and rehabilitation of Marina Heights Apartments, a 200-unit residential rental housing development located at 2 Marina Boulevard (APN 085-064-015-2 0) in Pittsburg, California.

Marina Heights Apartments, LP is a limited partnership with Foundation for Affordable Housing (FFAH) as the managing general partner and Spira Equity Partners as the tax credit equity investor. The partnership proposes the use of housing revenue bonds to refinance and rehabilitate the project, and extend the affordability to 2075. Twenty units will be reserved for families at or below 50% of the area median income and 178 units will be reserved for families at or below 60% of the area median income.

The proposed financing would implement City of Pittsburg and County policies to increase the supply of affordable housing. At its July 9, 2019 meeting, the Board of Supervisors approved an Inducement Resolution for Marina Heights. The Inducement Resolution conditionally provided for the issuance of housing revenue bonds.

The main purpose of the proposed Resolution is to acknowledge that a public hearing was held by the Affordable Housing Program Manager on July 15, 2019, with no public comment, and to meet other bond issuance requirements, which are specified in Section 147(f) of the Internal Revenue Code. The proposed bonds cannot be issued until a separate, future resolution is adopted by the Board of Supervisors specifically authorizing the sale of the bonds. Such separate resolution to authorize the sale of bonds would come before the Board after receipt of an allocation from the State of California for Private Activity Bond Authority. An application for Private Activity Bond Authority will be submitted to the California Debt Limit Allocation Committee on August 16, 2019. The expected timing for a Bond Sale Resolution would be January, 2020.

The proposed resolution would not relieve the Borrower from obtaining other required permits or approvals required by law, nor obligate the County to incur any obligation or provide financial assistance with respect to the Bonds or the Project. Annual expenses of the County related to the monitoring of the Regulatory Agreement are provided for in the bond issue.

CONSEQUENCE OF NEGATIVE ACTION:

Negative action would prevent the County from meeting the public approval requirement of the Internal Revenue Code for issuing Multifamily Housing Revenue Bonds, and prior actions of officers and agents of the County would not be confirmed and ratified. As a result the Multifamily Housing Revenue Bonds could not be issued by the County.

CHILDREN'S IMPACT STATEMENT:

The recommendation supports one or more of the following children's outcomes:

- (1) Children Ready for and Succeeding in School;
- (2) Children and Youth Healthy and Preparing for Productive Adulthood;
- (3) Families that are Economically Self Sufficient;
- (4) Families that are Safe, Stable and Nurturing; and
- (5) Communities that are Safe and Provide a High Quality of Life for Children and Families.

AGENDA ATTACHMENTS

Resolution 2019/509

Marina Heights Proof of Publication

Marina Heights Transcript

MINUTES ATTACHMENTS

Signed Resolution No. 2019/509

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

| | |
|-----------------|--|
| | John Gioia |
| | Candace Andersen |
| AYE: | <input type="text" value="5"/> Diane Burgis |
| | Karen Mitchoff |
| | Federal D. Glover |
| NO: | <input type="text"/> |
| ABSENT: | <input type="text"/> |
| ABSTAIN: | <input type="text"/> |
| RECUSE: | <input type="text"/> |



Resolution No. 2019/509

Resolution Authorizing the Issuance of Multifamily Housing Revenue Bonds in an Aggregate Principal Amount not to Exceed Forty-Two Million Four Hundred Thirty Thousand Dollars (\$42,430,000) for the Purpose of Providing Financing for Certain Multifamily Rental Housing Facilities in Pittsburg.

WHEREAS, the County of Contra Costa (the "County") is authorized to issue multifamily housing revenue bonds pursuant to Section 52075 and following of the California Health and Safety Code; and

WHEREAS, the County desires to participate in financing costs of the acquisition and rehabilitation of 200 units of residential rental housing currently identified as Marina Heights Apartments located at 2 Marina Boulevard (APN No. 085-064-015-2 0) in Pittsburg (the "Development"), which will be initially owned at the time of the financing by Marina Heights Apartments, LP, a California limited partnership (the "Borrower"); and

WHEREAS, to assist in financing the Development, the County intends to sell and issue not to exceed \$42,430,000 principal amount of its multifamily housing revenue bonds (the "Bonds") and to loan the proceeds of the Bonds to the Borrower, thereby assisting in providing housing for low income persons; and

WHEREAS, pursuant to Section 147(f) of the Internal Revenue Code of 1986, as amended (the "Code"), the issuance of the Bonds by the County must be approved by an applicable elected representative body with respect to the Development following the conduct of a public hearing on the proposed financing; and

WHEREAS, the Board of Supervisors of the County of Contra Costa (the "Board"), is the elected legislative body of the County and is one of the applicable elected representatives authorized to approve the issuance of the Bonds under Section 147(f) of the Code; and

WHEREAS, pursuant to Section 147(f) of the Code, the Affordable Housing Program Manager of the Department of Conservation and Development of the County has, following notice duly given, held a public hearing regarding the financing of the Development and the issuance of the Bonds, and a summary of any oral or written testimony received at the public hearing has been presented to the Board of Supervisors for its consideration; and

WHEREAS, the Board now desires to approve the issuance of the Bonds.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Supervisors of the County of Contra Costa, as follows:

Section 1. The Board hereby finds and declares that the foregoing recitals are true and correct.

Section 2. For purposes of Section 147(f) of the Code, the Board hereby authorizes the issuance of Bonds by the County to provide financing for costs of the Development. The sale and delivery of the Bonds shall be subject to the approval by the Board of all documents related to the Bonds to which the County is a party.

Section 3. The adoption of this Resolution does not (a) relieve or exempt the Borrower from obtaining any permits or approvals that are required by, or determined to be necessary from, the County in connection with the Development, nor (b) obligate the County to incur any obligation or provide financial assistance with respect to the Bonds or the Development.

Section 4. All actions heretofore taken by the officers and agents of the County with respect to the financing of the Development and the sale and issuance of Bonds are hereby approved, ratified and confirmed, and any authorized officer of the County is hereby authorized and directed, for and in the name and on behalf of the County, to do any and all things and take any and all actions and execute and deliver any and all certificates, agreements and other documents, which any such officer may deem necessary or advisable in order to effectuate the purposes of this Resolution.

Section 5. This Resolution shall take effect upon its adoption.

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

Contact: Kristen Lackey (925) 674-7888

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stephanie Mello, Deputy

cc:

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 07/30/2019 by the following vote:

| | | |
|-----------------|--------------------------------|--------------------------|
| | | John Gioia |
| | | Candace Andersen |
| AYE: | <input type="text" value="5"/> | Diane Burgis |
| | | Karen Mitchoff |
| | | Federal D. Glover |
| NO: | <input type="text" value="/"/> | |
| ABSENT: | <input type="text" value="/"/> | |
| ABSTAIN: | <input type="text" value="/"/> | |
| RECUSE: | <input type="text" value="/"/> | |



Resolution No. 2019/509

Resolution Authorizing the Issuance of Multifamily Housing Revenue Bonds in an Aggregate Principal Amount not to Exceed Forty-Two Million Four Hundred Thirty Thousand Dollars (\$42,430,000) for the Purpose of Providing Financing for Certain Multifamily Rental Housing Facilities in Pittsburg.

WHEREAS, the County of Contra Costa (the "County") is authorized to issue multifamily housing revenue bonds pursuant to Section 52075 and following of the California Health and Safety Code; and

WHEREAS, the County desires to participate in financing costs of the acquisition and rehabilitation of 200 units of residential rental housing currently identified as Marina Heights Apartments located at 2 Marina Boulevard (APN No. 085-064-015-2 0) in Pittsburg (the "Development"), which will be initially owned at the time of the financing by Marina Heights Apartments, LP, a California limited partnership (the "Borrower"); and

WHEREAS, to assist in financing the Development, the County intends to sell and issue not to exceed \$42,430,000 principal amount of its multifamily housing revenue bonds (the "Bonds") and to loan the proceeds of the Bonds to the Borrower, thereby assisting in providing housing for low income persons; and

WHEREAS, pursuant to Section 147(f) of the Internal Revenue Code of 1986, as amended (the "Code"), the issuance of the Bonds by the County must be approved by an applicable elected representative body with respect to the Development following the conduct of a public hearing on the proposed financing; and

WHEREAS, the Board of Supervisors of the County of Contra Costa (the "Board"), is the elected legislative body of the County and is one of the applicable elected representatives authorized to approve the issuance of the Bonds under Section 147(f) of the Code; and

WHEREAS, pursuant to Section 147(f) of the Code, the Affordable Housing Program Manager of the Department of Conservation and Development of the County has, following notice duly given, held a public hearing regarding the financing of the Development and the issuance of the Bonds, and a summary of any oral or written testimony received at the public hearing has been presented to the Board of Supervisors for its consideration; and

WHEREAS, the Board now desires to approve the issuance of the Bonds.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Supervisors of the County of Contra Costa, as follows:

Section 1. The Board hereby finds and declares that the foregoing recitals are true and correct.

Section 2. For purposes of Section 147(f) of the Code, the Board hereby authorizes the issuance of Bonds by the County to provide financing for costs of the Development. The sale and delivery of the Bonds shall be subject to the approval by the Board of all documents related to the Bonds to which the County is a party.

Section 3. The adoption of this Resolution does not (a) relieve or exempt the Borrower from obtaining any permits or approvals that are required by, or determined to be necessary from, the County in connection with the Development, nor (b) obligate the County to incur any obligation or provide financial assistance with respect to the Bonds or the Development.

Section 4. All actions heretofore taken by the officers and agents of the County with respect to the financing of the Development and the sale and issuance of Bonds are hereby approved, ratified and confirmed, and any authorized officer of the County is hereby authorized and directed, for and in the name and on behalf of the County, to do any and all things and take any and all actions and execute and deliver any and all certificates, agreements and other documents, which any such officer may deem necessary or advisable in order to effectuate the purposes of this Resolution.

Section 5. This Resolution shall take effect upon its adoption.

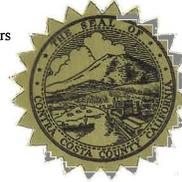
I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

Contact: Kristen Lackey (925) 674-7888

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Stephanie Mello
By: Stephanie Mello, Deputy



cc:

East County Times

3260 Lone Tree Way, Suite 100
Antioch, CA 94509
925-779-7115

3697629

QUINT & THIMMIG LLP
900 LARKSPUR LANDING, SUITE 270
LARKSPUR, CA 94939

PROOF OF PUBLICATION

In the matter of

East County Times

I am a citizen of the United States. I am over the age of eighteen years and I am not a party to or interested in the above entitled matter. I am the Legal Advertising Clerk of the printer and publisher of the East County Times, a newspaper published in the English language in the City of Antioch, County of Contra Costa, State of California.

I declare that the East County Times is a newspaper of general circulation as defined by the laws of the State of California as determined by court decree dated January 6, 1919, Case Number 8268 and modified January 19, 2006, Case Number N05-1494. Said decree states that the East County Times is adjudged to be a newspaper of general circulation for the City of Antioch, County of Contra Costa and State of California. Said order has not been revoked.

I declare that the notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

07/01/2019

I certify (or declare) under the penalty of perjury that the foregoing is true and correct.

Executed at Walnut Creek, California.
On this 8th day of July, 2019.



Signature

Legal No.

0006362965

NOTICE OF PUBLIC HEARING

Notice is hereby given that the Affordable Housing Program Manager of the Contra Costa County Department of Conservation and Development on Monday, July 15, 2019 at the hour of 9:00 a.m., or as soon thereafter as the matter may be heard, in the offices of the Contra Costa County Department of Conservation and Development, 30 Muir Road, Martinez, California, will hold a public hearing in accordance with Section 147(f) of the Internal Revenue Code of 1986 with respect to the proposed issuance by the County of Contra Costa (the "County") of multifamily housing revenue bonds in an aggregate principal amount not to exceed \$42,430,000, in order to finance costs of the acquisition and rehabilitation by Marina Heights Apartments, LP, a California limited partnership, of 200 units of multifamily rental housing currently identified as Marina Heights Apartments located at 2 Marina Boulevard (APN No. 085-064-015-2-0) in Pittsburg, California (the "Development"). All or a portion of the units in the Development will be rented to persons and families of very low or low income.

Notice is further given that at said hearing, all proponents and opponents of the Development will have an opportunity to be heard on the question as to whether or not such multifamily housing revenue bonds should be issued by the County and all interested parties will be given the opportunity to be heard. Written comments may also be submitted at or before the hearing to Kristen Lackey, Affordable Housing Program Manager of the Contra Costa County Department of Conservation and Development, 30 Muir Road, Martinez, California 94553.
ECT# 6362965 July 1, 2019

TRANSCRIPT FOR THE TEFRA HEARING

July 15, 2019 9:00 a.m.

This noticed public hearing is required by Section 147(f) of the Internal Revenue Code of 1986, as amended. The hearing is on the proposed issuance by the County of Contra Costa of multifamily housing revenue bonds in an amount not to exceed Forty-Two Million Four Hundred Thirty Thousand Dollars (\$42,430,000). Proceeds from the sale of the proposed bonds will be used to provide financing for costs of the acquisition and rehabilitation of 200 units of multifamily residential rental housing by Marina Heights Apartments, LP, a California limited partnership. The housing units, currently identified as Marina Heights Apartments, are located at 2 Marina Boulevard in Pittsburg, California (APN No. 085-064-015-2 0).

The Board of Supervisors may consider adoption of a resolution approving the issuance of the bonds on July 30, 2019. Any comments provided at this hearing will be made available to the Board of Supervisors prior to their taking action on July 30, 2019 or on such later date as the matter may be considered by the Board of Supervisors.

If there are parties present who wish to voice their opinion and provide comments on the proposed financing of the development or the issuance of the bonds, I would ask that they be recognized now by raising their hand. I will then let each person provide any written or oral testimony that they may wish to provide on this matter.

Opened hearing: 9:00 am
Speakers present: Ø
Closed hearing: 9:14 am

By: Kristen Lackey
Kristen Lackey,
Affordable Housing Program Manager,
Contra Costa County Department of
Conservation and Development

Date: July 15, 2019



**Contra
Costa
County**

To: Board of Supervisors
From: PUBLIC PROTECTION COMMITTEE
Date: July 30, 2019

Subject: AB 109 Annual Report for FY 2017-18

RECOMMENDATION(S):

ACCEPT the FY 2017-18 AB 109 Annual Report, which was prepared by the Office of Reentry and Justice and recommended for acceptance by the Public Protection Committee and the Community Corrections Partnership.

FISCAL IMPACT:

This is for information only, and there is no fiscal impact for this item.

BACKGROUND:

The County Administrator's Office has commissioned the preparation of a "Public Safety Realignment in Contra Costa County, AB 109 Annual Report" since FY 2014-15. The FY 2017-18 AB 109 Annual Report has been prepared by staff of the Office of Reentry & Justice in collaboration with all AB 109-funded County departments/agencies/divisions, the Superior Court, and the contracted community-based organizations engaged in reentry service provision. The report draws from a template prepared by Resource Development Associates (RDA), with oversight from the County's Community Corrections Partnership (CCP).

The Community Corrections Partnership received the FY 2017/18 AB 109 Annual Report at its meeting on June 7, 2019 and recommended its acceptance by the Public Protection Committee (PPC). The Public Protection Committee received the FY 2017/18 AB 109 Annual Report at its meeting on July 1, 2019 and recommended its acceptance by the Board of Supervisors.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stephanie Mello, Deputy

Contact: Lara DeLaney, (925)
335-1097

cc:

The AB 109 Annual Report provides an overview of AB 109-related activities undertaken in Contra Costa County during the fiscal year 2017/18, with a focus on understanding the impact of AB 109-funded County departments, divisions, programs, and contracted service providers. Toward this end, this report describes the volume and type of services provided by all of the County's AB 109 partners over the course of the year. The FY 2017-18 Annual Report is included as Attachment A.

Contra Costa County has responded to AB 109 Public Safety Realignment in a manner that has allowed the County to provide supervision and services to the AB 109 population, while building a collaborative reentry infrastructure to support the reentry population's successful reintegration into the community. The County has followed best practice models in establishing access to services through the West County Reentry Success Center's "one-stop" model and the Central & East County Reentry Network's "no wrong door" approach.

BACKGROUND: (CONT'D)

During the 2017/18 Fiscal Year, a number of key initiatives and investments further refined and enhanced the County's approach to AB 109 Public Safety Realignment, as well as reentry more generally. These included:

- Undertaking a comprehensive planning process to update the County's 5-year Reentry Strategic Plan (2018-2023);
- Development in the Behavioral Health Division the County's Law Enforcement Assisted Diversion Plus ("CoCo LEAD+") project to divert individuals with behavioral health needs and multiple recent low-level arrests from the justice system into a supportive array of programs including cognitive based teaching, restorative programs, employment and housing assistance;
- Launch of the *Stand Together Contra Costa* pilot project by the Public Defender's Office to provide no-cost rapid-response support, civil deportation defense legal services and clinics, immigrant rights education and training, and direct-service support for immigrant individuals and families in the County;
- Completion of the Final Report from the Board of Supervisors' 17-member Racial Justice Task Force (RJTF) identifying racial disparities in the local justice system and providing the BOS with a set of recommendations on how these disparities might be addressed and reduced;
- Development by the Workforce Development Board of a state funded "Sustainable Occupational Advancement and Reentry Success" (CoCo SOARS) program to provide employment training for individuals on formal probation and to host three Fair Chance Employer Summits;
- Launch of the *Smart Reentry Pilot* aiming to serve 100 moderate to high risk transition aged youth (TAY) who are returning to East County after a period of incarceration;
- Launch of the *Innovation Fund* and the establishment of the FAST START automotive training program to provide distance learning opportunities for individuals incarcerated in the County's local jails and to provide post-release hands-on training at Fast Eddie's automotive repair shop;
- Launch of the Richmond Workforce Development Board's 60-hour "Accelerating Careers through Essential Skills" (ACES) Academy to improve participants' ability to attain and retain gainful employment through vocational training courses; and
- Launch of the *Central-East Ceasefire* program seeking to reduce firearm violence through a focused deterrence model that uses law enforcement data to direct program resources to individuals at the highest risk of being perpetrators or victims of gun violence.

These initiatives have all been supported or leveraged by AB 109 funding.

CONSEQUENCE OF NEGATIVE ACTION:

The FY 2017-18 AB 109 Annual Report will not be accepted as the official report of AB 109 activities for the year.

ATTACHMENTS



Public Safety Realignment in Contra Costa County

AB 109 Annual Report for Fiscal Year 2017/18
Prepared by the Office of Reentry & Justice





2019 Community Corrections Partnership (CCP) of Contra Costa County

| | |
|--|--|
| Todd Billeci, Chief Probation Officer, Chair | Donna Van Wert, Workforce Development Board Executive Director |
| David Livingston, Sheriff of Contra Costa County | Patrice Guillory, Community Based Programs Representative |
| Guy Swanger, Concord Chief of Police | Kathy Gallagher, Employment and Human Services Director |
| Diana Becton, District Attorney | Matthew White, Behavioral Health Services Director |
| Jim Paulsen, Superior Court designee | Timothy Ewell, Chief Assistant County Administrator |
| Robin Lipetzky, Public Defender | Fatima Matal Sol, Alcohol and Other Drugs Director |
| Vacant, Victim's Representative | Lynn Mackey, County Superintendent of Schools |

Staff Assigned to CCP

Paul Reyes, Senior Deputy County Administrator

Lara DeLaney, Office of Reentry & Justice, Acting Director

Donte Blue, Office of Reentry & Justice, Deputy Director

This AB 109 Public Safety Realignment Annual Report for Fiscal Year 2017/18 was prepared by Denise Zabkiewicz, Research and Evaluation Manager, and Monica Carlisle, Management Analyst, in the Office of Reentry & Justice. For questions regarding this report, please contact Denise Zabkiewicz or Monica Carlisle via email at: Denise.Zabkiewicz@cao.cccounty.us or Monica.Carlisle@cao.cccounty.us.



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Contra Costa County
Public Safety Realignment Annual Report: FY 2017/18

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Glossary of Terms

| | |
|-------------|---|
| AB 109: | Assembly Bill 109 |
| ACER: | Arrestment Court Early Representation |
| ACES: | Accelerating Careers through Essential Skills |
| AODS: | Alcohol and Other Drugs Services |
| BALA: | Bay Area Legal Aid |
| BHS: | Behavioral Health Services |
| BJA: | Bureau of Justice Assistance |
| BOS: | Board of Supervisors |
| CAIS: | Correctional Assessment and Intervention System |
| CBO: | Community-based Organization |
| CCEB: | Catholic Charities of the East Bay |
| CCP: | Community Corrections Partnership |
| CDCR: | California Department of Corrections and Rehabilitation |
| CFRP: | Community and Family Reunification Program |
| CHD: | Center for Human Development |
| CoCo Lead+: | Contra Costa Law Enforcement Assisted Diversion Plus |
| DA: | District Attorney |
| DHS: | Detention Health Services |
| DPO: | Deputy Probation Officer |
| EBP: | Evidence Based Practice |
| FAST: | Foundations in Automotive Services Training (FAST) |
| FTA: | Failure to Appear |
| FY: | Fiscal Year |
| GA: | General Assistance |



Contra Costa County

Public Safety Realignment Annual Report: FY 2017/18

| | |
|-----------|--|
| Goodwill: | Goodwill Industries of the Greater East Bay |
| HRS: | Housing Resource Specialist |
| JAG: | Justice Assistance Grant |
| MDF: | Martinez Detention Facility |
| MCDF: | Marsh Creek Detention Facility |
| MWP: | Men and Women of Purpose |
| OR: | Own recognizance |
| ORJ: | Office of Reentry & Justice |
| PD: | Public Defender |
| PRCS: | Post-Release Community Supervision |
| PSR: | Public Safety Realignment |
| PTS: | Pre-trial Services |
| RDA: | Resource Development Associates |
| REACH: | Reach Fellowship International |
| RFP: | Request for Proposals |
| RJTF: | Racial Justice Task Force |
| SLE: | Sober Living Environment |
| SOARS: | Sustainable Occupational Advancement and Reentry Success |
| SSDI/SSI: | Social Security Disability Income/Supplemental Security Income |
| START: | Service Technician and Auto Repair Training |
| TAY: | Transition aged youth |
| TIC: | Trauma-informed care |
| WCDF: | West County Detention Facility |
| WDB: | Workforce Development Board |
| YJI: | Youth Justice Initiative |



Executive Summary

This report provides an overview of AB 109-funded services provided in Contra Costa County during the fiscal year 2017/18 (“FY 17/18”) and concludes with priorities for FY 18/19.

As the County implemented AB 109 Public Safety Realignment (“PSR”) in 2011, the need for an inclusive reentry system that individuals could access regardless of their AB 109 status became apparent. Consequently, in 2015 the County expanded access for AB 109-funded services to any local returning resident released from incarceration in the past three years. This important step ensured all individuals who leave custody have access to the services they may need to avoid recidivism and reintegrate successfully back into their families and communities.

In terms of reentry system development during the FY 17/18, the County undertook a comprehensive planning process to update its *Reentry Strategic Plan*¹. This 5-year Strategic Plan (2018-2023) serves as the County’s guiding document for reentry programs and services as a whole, including but not limited to, AB 109-funded services. The County will use the Plan to engage stakeholders to define priority areas, goals, and strategies that can help address gaps and needs of the local reentry system.

The Workforce Development Board (“WDB”) contributed significantly to the development of the County’s reentry system by using a state funded grant to implement its “CoCo SOARS” (“Sustainable Occupational Advancement and Reentry Success”). A collaborative County effort of the WDB and Probation, this project sought to not only provide employment training for individuals on formal probation but also led to three Fair Chance Employer Summits in the County that were aimed at improving the job prospects of the reentry population by increasing the willingness of employers to recruit and hire from this population.

Other important reentry initiatives in FY 17/18 included the launch of the *Smart Reentry* program, developed to address the particular needs of transition aged youth (“TAY”). Drawing on a Bureau of Justice Assistance funded grant, the collaborative project aims to serve 100 moderate to high risk TAY in East County who are returning home after a period of incarceration. Providing services to TAY who are homeless, or at high risk of homelessness, are a priority for this project.

The County’s Local Innovation Fund, a required set-aside comprised of a portion of the revenue from several local accounts related to PSR, was used to pilot two new innovative local reentry programs during FY 17/18: the FAST START automotive training program and the ACES skill building academy. The FAST START program is operated by Fast Eddie’s from its automotive repair shop in Oakley, and includes a 60-hour distance learning course for individuals incarcerated in the County’s local jails using the program’s *Foundations in Automotive Services Training* (“FAST”) curriculum. Upon a person’s release, those who have completed the foundations course are eligible to participate in the *Service Technician and Auto*

¹ Available at: <http://www.contracosta.ca.gov/6867/Strategic-Planning-Project>.



Repair Training (“START”), a four-week hands-on training. The second innovative program is run by the Richmond Workforce Board and consists of the Board’s 60-hour *Accelerating Careers through Essential Skills* (“ACES”) Academy to improve participants’ ability to attain and retain gainful employment once they complete a subsequent vocational training course matched to their interests and strengths.

Central-East Ceasefire, an AB 109 funded program also launched in FY 17/18, builds on a Ceasefire program in Richmond. The program seeks to reduce firearm violence through a deterrence model that uses law enforcement data to direct resources to individuals at the highest risk of being perpetrators or victims of gun violence. The program aims to raise community awareness and support through the use of community led evening marches in impacted neighborhoods (“night walks”), and “call-ins” where law enforcement lead conversations with at-risk individuals to thwart the use of firearms in local communities.

Launched in FY 17/18, the County’s Law Enforcement Assisted Diversion Plus (“CoCo LEAD+”) project is led by the Health Services Department and funded through a Prop. 47 grant to the County’s Health Services Department. In collaboration with HealthRIGHT 360 and the Antioch Police Department, the program’s objective is to divert individuals with behavioral health needs and multiple recent low-level arrests from the justice system into an array of supportive programs. These programs include cognitive based teaching, restorative programs, employment and housing assistance.

On January 1, 2018, Stand Together Contra Costa was launched as a pilot project managed by the Office of the Public Defender in partnership with nonprofit organizations and community members. Unanimously approved by the Board of Supervisors (“BOS”), Stand Together provides no-cost rapid-response support, civil deportation defense legal services and clinics, immigrant rights education and training, and direct-service support for immigrant individuals and families in Contra Costa County. The backbone of Stand Together Contra Costa is a Rapid Response Hotline, which is staffed 24 hours a day, seven days a week to provide a single point of contact for people who witness or are targeted by federal Immigration and Customs Enforcement (ICE) actions undertaken in the County.

Finally, in FY 17/18 the BOS’ 17-member *Racial Justice Task Force* (“RJTF”) completed its 18-month inquiry into the local juvenile and criminal justice systems. The Task Force was commissioned with identifying racial disparities in the local justice system and providing the Board of Supervisors with a set of recommendations on how these disparities might be addressed and reduced. The Task Force completed its Final Report in June 2018 and submitted it to the Board of Supervisors for adoption the following month. Implementation of the adopted recommendations is expected to begin in FY 18-19 through the Board’s newly created Racial Justice Oversight Body.

For FY 18/19, the Requests for Proposals (“RFP”) process to identify vendors to provide reentry services to residents returning to local communities is a focus of work for the Office of Reentry and Justice (“ORJ”). The process will result in new or continuing contracts with community-based organizations (“CBOs”) for a 3-year term during the period of July 1, 2019 through June 30, 2022. Further, in an effort to develop additional resources for the reentry system, the ORJ supports the County’s efforts to compete for various state and federal grants, as well as continued advancement of the County’s efforts in “Stepping Up,” a national initiative to reduce the number of people with mental illnesses in jail.



Introduction

This report provides an overview of AB 109-related activities and services provided in Contra Costa County during FY 17/18. As context, the report begins with a historical overview and the legislative impact of AB 109 on California counties, followed by a discussion of Contra Costa County's response to Public Safety Realignment. Then an in-depth look at the AB 109-related supervision and services provided by each of the County's AB 109-funded departments, as well as the cross-departmental Pre-trial Services program, is presented.

The County departments, divisions, and programs included in this report, listed in alphabetical order, are:

- Behavioral Health Services (BHS)
- Detention Health Services
- District Attorney's Office
- Office of the Public Defender
- Pre-trial Services
- Probation Department
- Office of the Sheriff
- Workforce Development Board (WDB)

After summarizing the implementation and impact of AB 109 across County departments, the report describes services each of the AB 109-contracted community based organizations provides, highlighting the referrals they received from Probation and other CBOs, as well as the total number of enrollments and successful completions of program services over the course of the year. Finally, the report concludes with an overview of AB 109 population outcomes and a discussion of the County's reentry priorities for FY 18/19.

A Note on Data

The Office of Reentry & Justice worked with each County department, as well as nine community-based organizations contracted to provide AB 109 services, in order to obtain the data necessary for this report. As data were collected across a variety of departments and organizations with different tracking systems, we caution against making direct comparisons from figures across the sections of this report. Moreover, some measures such as the percentage of the AB 109 population under supervision with new criminal charges and/or convictions during FY 2017/18 could not be calculated, as tracking individuals across departments was unfeasible. Worth noting is that the ORJ is currently working with all participating agencies and community-based organizations to improve the reporting process and better ensure data validity.



Realignment & Reentry in Contra Costa County

Historical Overview of AB 109 & Legislative Impacts

Largely a response to prison overcrowding in California, the Public Safety Realignment Act (Assembly Bill 109 ["AB 109"]) was signed into law in 2011 and took effect on October 1, 2011. AB 109 transferred the responsibility of supervising individuals convicted of specific lower-level felonies, and detention for parole violations, from the state's California Department of Corrections and Rehabilitation ("CDCR") to counties, realigning three major areas of the criminal justice system. Specifically, AB 109:

- ❖ Transferred the location of incarceration for those convicted of lower-level felonies (specified non-violent, non-serious, non-sex offenders) from state prison to local county jails and provided for an expanded role for post-release supervision for this population;
- ❖ Transferred the responsibility for post-release supervision of individuals released from prison after serving a sentence for a specified non-violent, non-serious, and non-sex offense from the state to the county by creating a new category of supervision called Post-Release Community Supervision ("PRCS");
- ❖ Shifted the responsibility for processing certain parole revocations from the state Parole Board to the Superior Court;
- ❖ Shifted the responsibility for housing revoked supervisees affected by the above changes from CDCR to county detention facilities.

The County is now responsible for the housing and/or supervision of three new populations, all classified under AB 109. These populations include:

- ❖ **Post-Release Community Supervisees:** Individuals discharging from prison whose commitment offense was non-sexual, non-violent and non-serious.
- ❖ **Parole Violators:** Excluding those serving life terms – individuals who violate the terms of their parole will serve any detention sanction in the local jail rather than state prison. In addition, effective July 1, 2013 local courts are responsible for parole revocation hearings for parolees who violate the terms of their parole, rather than the state Parole Board.
- ❖ **1170(h) Sentenced defendants:** Individuals convicted of non-violent or non-serious felonies serve their sentence under the jurisdiction of the county instead of state prison. Sentences are served



either in county jail, on a term of “Mandatory Supervision” by the probation department or on a split sentence (where part of the term is served in jail and part under supervision by the county probation department).

In addition to transferring the responsibility of housing and supervision to the County, AB 109 also enables the County to use AB 109 funding towards the development of partnerships with local health and social service agencies and community based organizations. The intention of these partnerships is to provide supportive services that facilitate the successful reentry and reintegration of individuals into the community and reduce their likelihood of recidivism.

Public Safety Realignment in Contra Costa County

After the enactment of AB 109, the Executive Committee of Contra Costa County’s Community Corrections Partnership (“CCP”) developed an AB 109 Public Safety Realignment Implementation Plan approved by the County’s Board of Supervisors. During the first two years of PSR, the County examined the impacts of AB 109 across departments and drew on the resulting data to inform decision-making surrounding how to best prepare for housing and supervision of the AB 109 population. During this time, the County also created an AB 109 Operational Plan and worked towards developing a coordinated reentry infrastructure, emphasizing the use of evidence-based practices (“EBPs”) for serving the AB 109 reentry population.

The overarching approach to AB 109 implementation has largely centered on the development of formalized partnerships between different law enforcement agencies, as well as partnerships between law enforcement agencies and health or social service agencies, such as Behavioral Health Services (“BHS”) and AB 109-contracted community-based organizations. For instance, the Sheriff’s Department and Probation have increased coordination with each other so that Deputy Probation Officers (“DPOs”) have greater access to County jails than they did prior to AB 109. In addition, Probation has increased communication and collaboration with BHS and AB 109-contracted CBOs. This cooperative effort has resulted in a greater number of referrals to supportive reentry services established to facilitate a person’s successful reintegration into the community.

In recent years, the following service programs have been developed:

- ❖ In FY 13/14, the Pre-trial Services Program was developed as an evidence based collaborative between the Office of the Public Defender, Probation, the Sheriff’s Department, and the District Attorney’s Office to reduce the use of money bail and the number of individuals held in jail prior to trial.
- ❖ During the FY 14/15, the West County Reentry Success Center, a one-stop center where the reentry population can connect with a diverse array of reentry support providers, was opened.
- ❖ In addition, the Network Reentry System was launched in FY 15/16. The Network uses mobile Coordinators to connect the reentry population, especially those in East and Central County, with County services and AB 109-contracted service providers.
- ❖ In FY 16/17, a Pre-release Planning Pilot Program was developed to improve the transition of individuals from incarceration to services and programs that aid in their successful reentry into



the community once they are released from custody. This is accomplished by screening for and assessing a person's needs, developing an individualized transition plan related to the identified needs, and providing the person with support as they implement their plan.

Other Reentry Initiatives

In addition, during the FY 17/18, the Smart Reentry Pilot was developed to address the particular needs of transition aged youth (TAY). Drawing on a Bureau of Justice Assistance ("BJA") funded grant, the collaborative pilot seeks to serve 100 moderate to high risk TAY who will reside in East County after a period of incarceration. TAY who are or at high risk of homelessness are a priority for this project.

Stand Together Contra Costa was launched as a pilot project on January 1, 2018 and is managed by the Office of the Public Defender in partnership with nonprofit organizations and community members. Unanimously approved by the BOS, Stand Together provides no-cost rapid-response support, civil deportation defense legal services and clinics, immigrant rights education and training, and direct-service support for immigrant individuals and families in Contra Costa County. The mission of the project is to ensure that all people in Contra Costa County, regardless of citizenship or immigration status, are afforded the rights established by the United States Constitution and are protected from actions or policies that result in disparate, discriminatory, or unlawful treatment. The backbone of Stand Together Contra Costa is a Rapid Response Hotline, which is staffed 24 hours a day, seven days a week to provide a single point of contact for people who witness or are targeted by federal Immigration and Customs Enforcement (ICE) actions undertaken in the County. The pilot phase of the initiative is scheduled through June 30, 2020.

Finally, during FY 17/18, the County undertook a comprehensive planning process to update its Reentry Strategic Plan to better guide the County's development of its local reentry system, including but not limited to AB 109-funded services. The five-year strategic plan began with a needs assessment to identify key strengths and needs in the reentry system. This needs assessment built on recommendations from AB 109 evaluations conducted over previous years and was drawn on to further engage stakeholders in defining priority areas, goals, and strategies to address gaps and needs in the reentry system. The Reentry Strategic Plan serves as the guiding document for the County's reentry programs and services for 2018-2023.



County Department Impacts

Public Safety Realignment required that the County use AB 109 funding towards building partnerships between County departments to provide coordinated and evidence-based supervision of, and services for, the AB 109 reentry population. In Contra Costa County, through partnerships with local health and social service agencies, individuals supervised by the Probation Department as part of PSR are provided with access to supportive services that help facilitate their reentry and reintegration into the community when released from custody. Organized in the order a typical defendant's case would move through the justice system, the sections below summarize how AB 109 has impacted County Departments by highlighting the volume and types of supervision and services provided to the AB 109 population across the included County agencies.

District Attorney's Office

Table 1: Budget Allocation for the DA

| DA Program Expenditure | FY 2017-18 |
|---|---------------------|
| Salaries & Benefits: Victim Witness Program | \$ 109,231 |
| Salaries & Benefits: Arraignment Program | \$ 649,491 |
| Salaries & Benefits: Reentry/DV Program | \$ 693,512 |
| Salaries & Benefits: ACER Clerk | \$ 64,094 |
| Salaries & Benefits: Gen'l Clerk | \$ 63,536 |
| Operating Costs | \$ 86,109 |
| Total | \$ 1,665,973 |

The District Attorney's Office ("DA") functions to protect the community by prosecuting crimes and recommending sentences intended to increase public safety. The program expenditures above reflect an approximate 2 percent increase over the previous fiscal year.

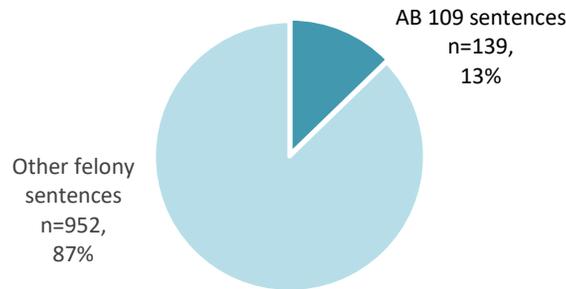
Certain felony charges, if convicted, result in AB 109 sentences. As shown in both Figure 1 and Figure 2 below, on average, 13 percent of all convicted felonies in the County in FY 2017/18 resulted in AB 109 sentences.



Figure 1: Number of AB 109 sentences as a percentage of all felony sentences, by quarter

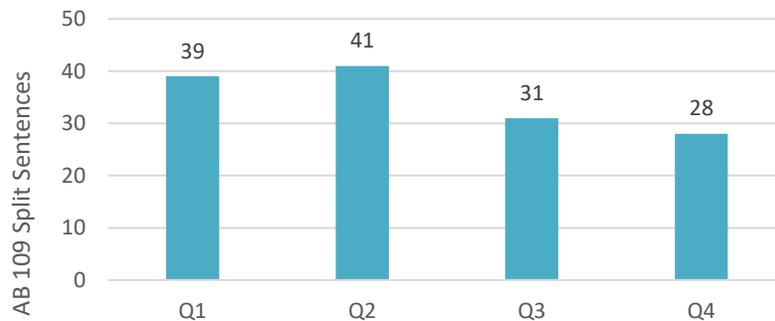


Figure 2: Number of AB 109 sentences as a percentage of all felony sentences



The Court may sentence a convicted AB 109 individual to either local custody or a split sentence, which entails local incarceration followed by Probation supervision. Increasing evidence shows that split sentences lead to better outcomes, and the County’s District Attorney has been a statewide leading advocate for split sentences. In FY 17-18, 100% of AB 109 sentences in the County were a combination of custody and supervision. Figure 3 presents the number of AB 109 split sentences by quarter. Overall, 139 individuals received a split sentence with an average of 35 per quarter.

Figure 3: Number of AB 109 Split Sentences by Quarter²

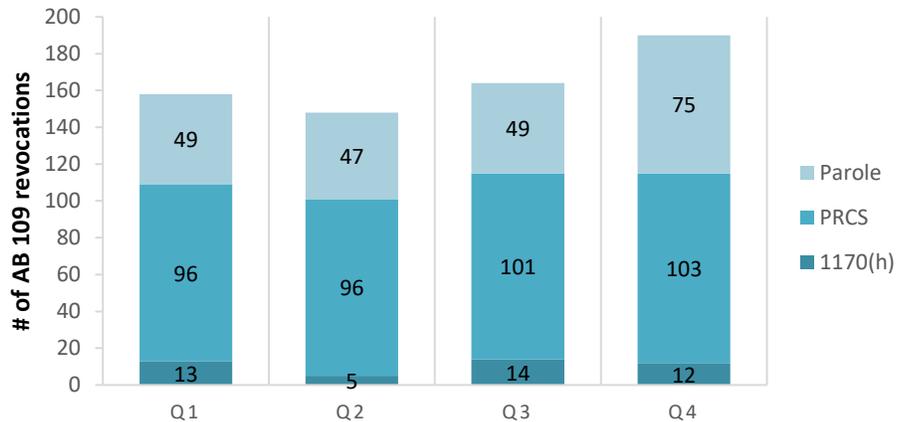


² Only includes new 1170(h) sentences



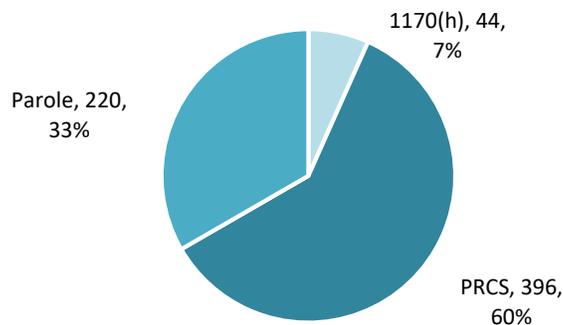
Additionally, the DA can initiate supervision revocations for probation and parole violations. Figure 4 presents the number of AB 109 supervision revocations by AB 109 classification and quarter. Over the course of FY 17/18 there were a total of 660 revocations. While there is some variation by quarter, the number of revocations by AB 109 classification are somewhat consistent over time with the highest number of parolee and PRCS revocations occurring in the 4th quarter.

Figure 4: Types of AB 109 supervision revocations



As presented below, the majority of revocations (n=396, 60%) were among the PRCS population with one-third (n=220, 33%) among parolees. The small remainder of revocations (n=44, 7%) occurred among the 1170(h) population.

Figure 5: Types of supervision revocations as a percentage of all AB 109 revocations





Office of the Public Defender

Table 2: Budget Allocation for the PD

| PD Program Expenditure | FY 2017-18 |
|--|---------------------|
| Salaries & Benefits: Clean Slate/Client Support | \$ 397,269 |
| Salaries & Benefits: ACER Program | \$ 872,787 |
| Salaries & Benefits: Reentry Coordinator | \$ 267,971 |
| Salaries & Benefits: Failure to Appear (FTA) Program | \$ 172,575 |
| Total | \$ 1,710,602 |

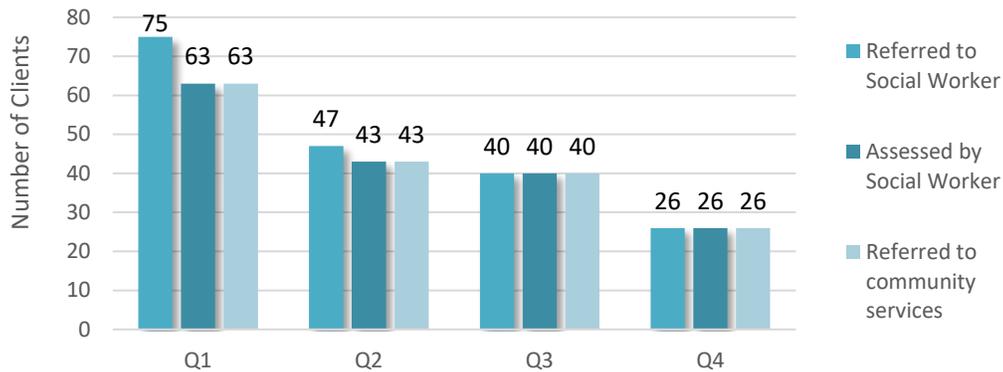
The main role of the Public Defender (“PD”) within AB 109 implementation is to provide legal representation, assistance, and services for indigent persons accused of crimes in the County. Before the adjudication process begins, the County’s AB 109 funds enable the Office of the Public Defender to provide legal assistant and attorney staffing for the Arraignment Court Early Representation (“ACER”) and legal assistant staffing for the Pre-trial Services (“PTS”) programs. Both the ACER and PTS programs are designed to reduce the County’s custodial populations; by ensuring the presence of attorneys at defendants’ initial court appearances, ACER is intended to increase the likelihood that appropriate defendants will be released on their own recognizance (“OR”) for the duration of the court process and allow for the expedited resolution of cases. PTS supports reduced Pre-trial detention by providing judges with greater information with which to make bail and Pre-trial release decisions, and by providing Pre-trial monitoring of individuals who are deemed appropriate for release.

The Office also provides a suite of post-conviction Clean Slate services including a Clean Slate attorney and advocates who will file petitions requesting various forms of record clearance relief including expungement, reduction of felonies to misdemeanors, certificates of rehabilitation, motion for early termination from supervision, and arrest record sealing. The program expenditures above reflect a 20 percent increase over the FY 16/17 budget.

In addition, the County AB 109 funds support a social worker in the Office of the Public Defender who provides social service assessments and referrals for clients needing additional supports and prepares social history reports for court consideration in sentencing and case negotiations. As presented in Figure 6, during FY 2017/18, while not all individuals referred to a social worker were assessed, all defendants who were assessed for social service needs (n=172) were referred to community-based services intended to help address identified needs.



Figure 6: Number of individuals served by Public Defender Social Worker



The ACER collaboration between the Office of the Public Defender and the District Attorney’s Office has resulted in thousands of defendants receiving representation at arraignment and does appear to facilitate both pre-trial releases and early case resolution. As Figure 7 shows, more than 5,000 defendants were represented at arraignment through the ACER program. Over the course of the year, the percentage of defendants who were released on their own recognizance at arraignment increased from 23% to 34%. This represents an increase of almost 50% over the course of the fiscal year.

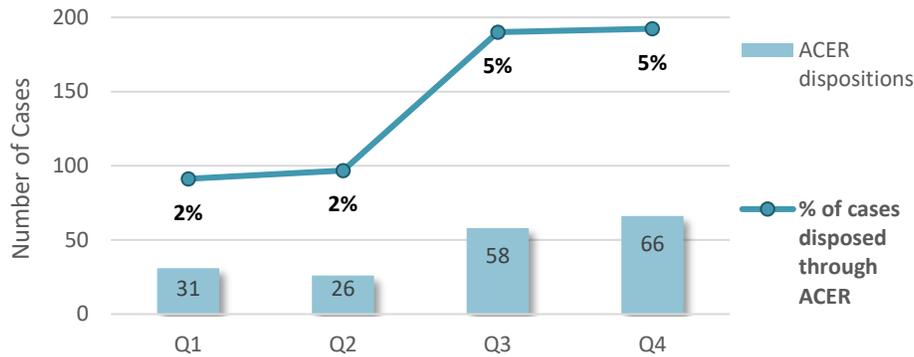
Figure 7: Number and percentage of clients released on OR



A smaller but still sizeable percentage of criminal cases were also disposed of through ACER, shown in Figure 8. Across the year, 181 cases resolved at arraignment, comprising between 2% and 5% of all cases handled by an ACER attorney.

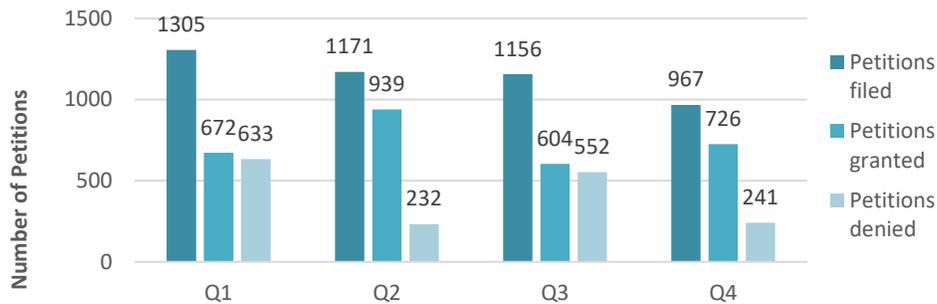


Figure 8: Number and percentage of ACER dispositions



In addition to these services, the Office of the Public Defender dedicated significant effort to Clean State services. As Figure 9 shows, the Office of the Public Defender filed 4,599 Clean Slate petitions throughout the year. During this time, 2,941 Clean Slate petitions were granted. This represents a granted rate of 64% overall and quarterly rates of 51%, 80%, 52%, and 75%, respectively. The overall denial rate was 36% (n=1658) with quarterly denial rates of 49%, 20%, 48%, and 25%, respectively.

Figure 9: Clean Slate petitions filed, granted, or denied



Stand Together Contra Costa

Table 3: Budget Allocation for Stand Together

| Stand Together Program Expenditure | FY 2017-18 |
|--------------------------------------|-------------------|
| Salaries & Benefits: CCEB | \$ 491,843 |
| Salaries & Benefits: Public Defender | \$ 82,300 |
| Total | \$ 574,143 |

A public-private initiative managed by the Office of the Public Defender in partnership with nonprofit organizations and community members, Stand Together Contra Costa's pilot phase began in January 1, 2018 and runs through June 30, 2020. The mission of Stand Together Contra Costa is to ensure that all people in Contra Costa County, regardless of citizenship or immigration status, are afforded the rights established by the United States Constitution and are protected from actions or policies that result in disparate, discriminatory, or unlawful treatment. The project provides no-cost rapid-response support,



civil deportation defense legal services and clinics, immigrant rights education and training, and direct-service support for immigrant individuals and families in Contra Costa County. Catholic Charities of the East Bay (“CCEB”) serves as the project’s primary community-based partner and as lead of a coalition of seven nonprofit agencies including: CCEB, Bay Area Community Resources, Centro Legal, International Institute of the Bay Area, Jewish Family & Community Services, Oakland Community Organizations, and Monument Impact.

Pre-trial Services

Table 4: Budget Allocation for PTS

| PTS Program Expenditure | FY 2017-18 |
|--------------------------------------|---------------------|
| Salaries & Benefits: Probation | \$ 748,632 |
| Salaries & Benefits: Public Defender | \$ 190,401 |
| Operating Costs | \$ 77,762 |
| Total | \$ 1,016,795 |

PTS is a collaboration between the Office of the Public Defender, the District Attorney, Probation, and the Court aimed at reducing the Pre-trial custodial population through the use of evidence based alternatives to money bail. The program budget above reflects an approximate 8 percent increase over FY 16/17.

All eligible individuals scheduled for arraignment are screened by paralegals. Qualifying clients are then assessed for risk utilizing a validated assessment tool. In general, there are five categories of risk: low, below average, average, above average, and high.

The numbers of PTS clients assessed for risk and their resulting risk level by quarter are shown in Figure 10 below. Over the course of the year, the number of clients assessed increased 69% from 144 in Q1 to 243 in Q4. In addition, the percentage of PTS clients assessed at high risk doubled from 7% in Q1 to 14% in Q4. While the percentage increase in those assessed at above average risk was not as large as shown among those assessed at high risk, the number of those assessed at above average risk almost doubled over the course of the year, from 47 to 92, reflecting an increase of 5%, from 33% in Q1 to 35% in Q4. These increasing rates of high risk clients are mirrored with decreasing rates of lower risk clients. The percentage of clients assessed at below average risk reduced from 25% in Q1 to 15% by Q4.



Figure 10: PTS clients assessed for Pre-trial risk

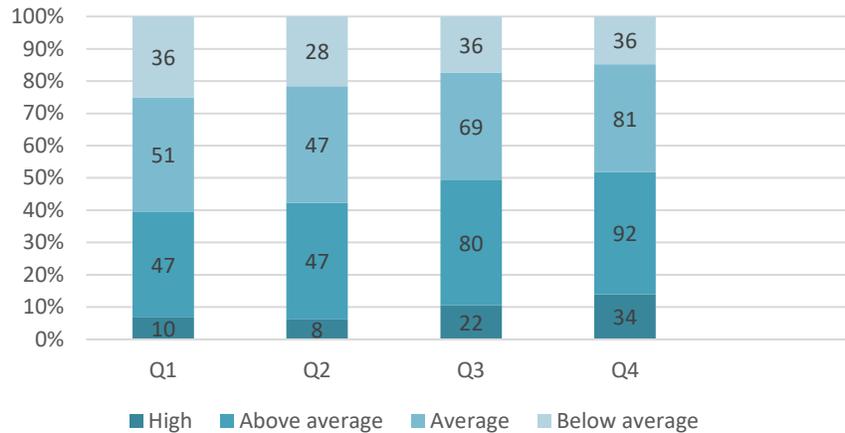


Figure 11 below displays the count of individuals under pre-trial monitoring by quarter along with the count of successful completions. As shown, the number of clients being monitored and completing PTS has grown substantially over the course of the fiscal year. Here, a 65% increase in the number of PTS clients monitored from Q1 to Q4 can be seen with a 39% increase in the number of successful completions. These differential rates in the growth in clients being monitored compared to successful completions suggests a substantial growth in the program and caseloads.

Figure 11: PTS clients being monitored and completed

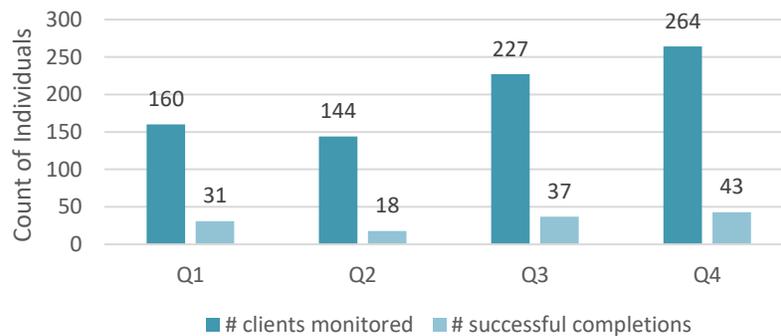


Figure 12 displays the distribution of assessed risk levels in FY 2017/18. As shown, the majority of clients (66%) scored above average or high risk during the year. Here, 674 clients were assessed at above average or high risk compared to the 341 clients who were assessed at average or below risk. As expected, clients who were assessed to be above average or high risk were much less likely to be released onto Pre-trial monitoring (32% and 18%, respectively) compared to clients who were average risk and below (49%, 41% and 44%, respectively).



Figure 12: Assessed Pre-trial risk levels

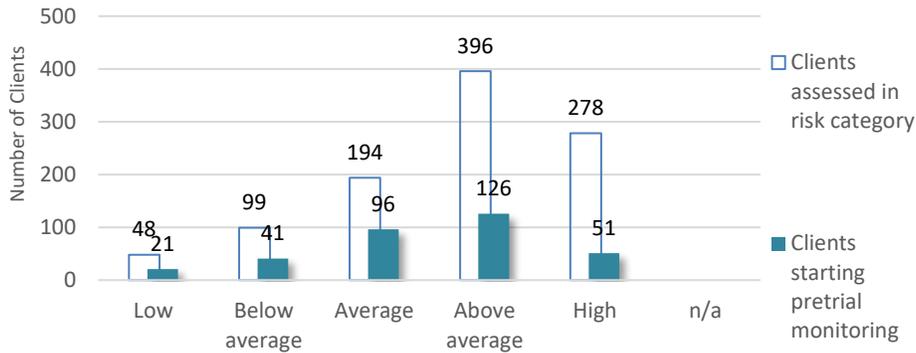
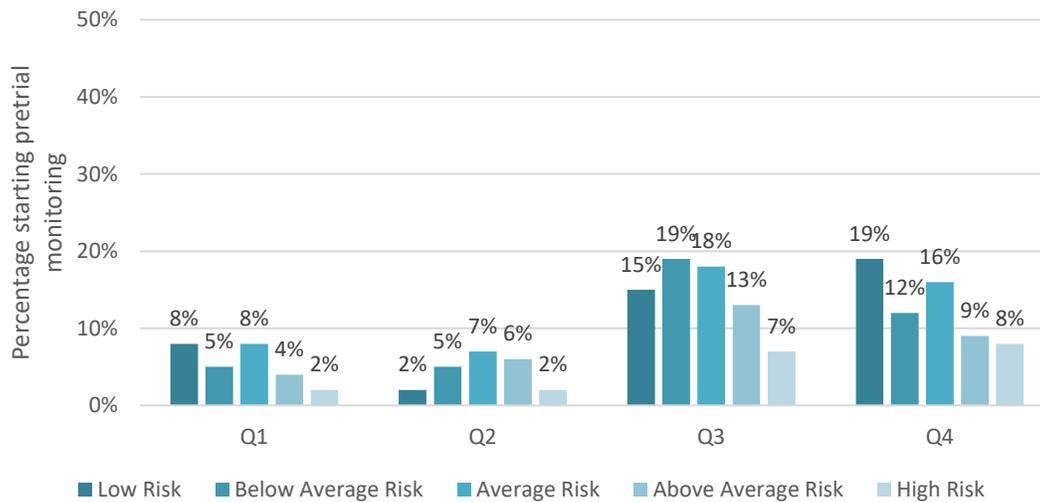


Figure 13 demonstrates that over the course of the year and for each risk group, the Court released a growing proportion of clients to PTS. The percentage of clients assessed at low risk who started pre-trial supervision increased 11% over the year, from 8% in Q1 to 19% in Q4. Across the other risk groups, the percentage of clients who started pre-trial supervision increased from 5% to 8% from Q1 to Q4. For example, among those assessed as average risk, the percentage of clients who started PTS increased from 8% in Q1 and 7% in Q2 to 18% and 16% in Q's 3 and 4. Notably, in January 2018, at the start of Q3, the Humphrey decision was released and clarified the requirement for bail to be affordable and not fashioned to ensure detention. This decision likely accounts for a high proportion of the growth in individuals who started PTS between Q2 and Q3.

Figure 13: Percentage of assessed clients starting Pre-trial monitoring, by risk level

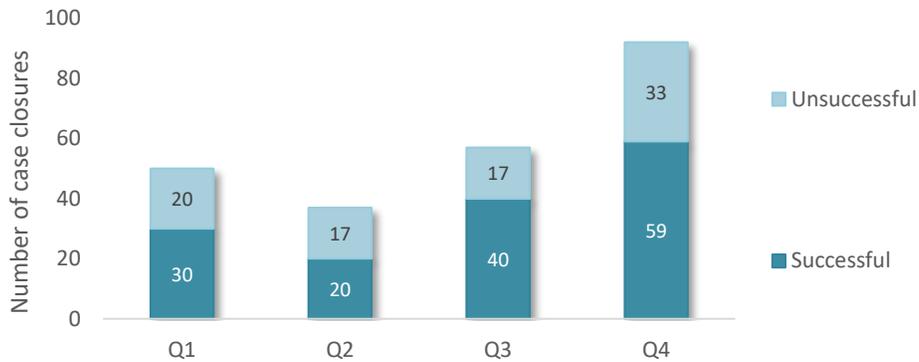


As Figure 14 shows, among all individuals under pre-trial monitoring whose case closed during FY 2017/18, on average, the majority (63%) successfully closed their cases. Here, a successful case closure indicates that clients appeared at their court dates and were not charged with any new offense while going through the court process. The percentage of successful case closures by quarter were 60%, 54%, 70% and 65%,



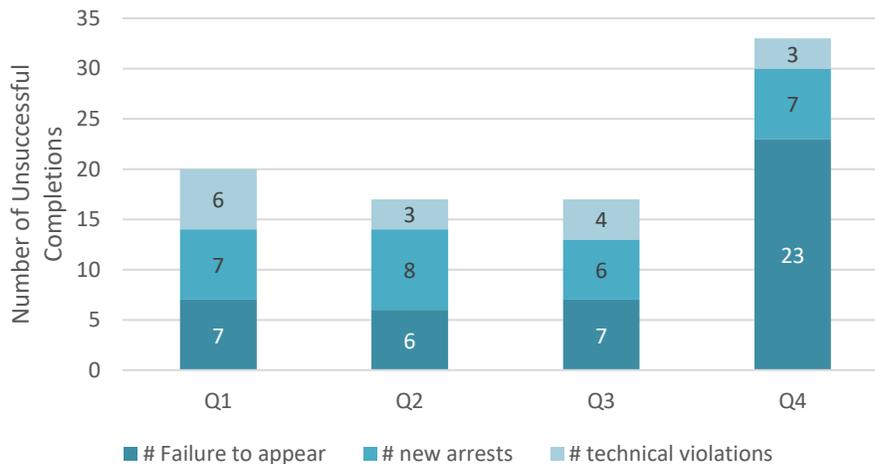
respectively with the largest number of case closures occurring in Q4. Notably, this increase may be accounted for by the Humphrey decision that we released in Q3.

Figure 14: Pre-trial monitoring case closures



Despite overall success of PTS clients, a sizeable minority of clients (36%) do not successfully complete the program. As Figure 15 shows, this is usually due to a client’s failure to appear at his/her court date. On average, 49% (n=43) of unsuccessful pre-trial case closures were due to a failure to appear at court. Further, rates of failure to appear by quarter were fairly consistent early in the fiscal year with a large percentage increase in quarter 4 (35%, 35%, 41%, 70%). In addition, on average, 32% of unsuccessful case closures were accounted for by new arrests and 18% by technical violations.

Figure 15: Unsuccessful Pre-trial monitoring case closures, by type





Office of the Sheriff

Table 5: Budget Allocation for the Office of the Sheriff

| Sheriff Program Expenditure | FY 2017-18 |
|---|---------------------|
| Salaries & Benefits | \$ 6,649,947 |
| Inmate Food, Clothing, Household Expenses | \$ 456,250 |
| Monitoring Costs | \$ 55,000 |
| IT Support | \$ 40,000 |
| Behavioral Health Operating Costs | \$ 80,500 |
| “Jail to Community” Program | \$ 208,000 |
| Inmate Program Services | \$ 755,000 |
| Total | \$ 8,244,697 |

The primary role in AB 109 implementation of the Office of the Sheriff is to provide safe and secure housing for all incarcerated individuals, including AB 109 individuals. The Office of the Sheriff operates the County’s three detention facilities – Marsh Creek Detention Facility (“MCDF”), West County Detention Facility (“WCDF”), and Martinez Detention Facility (“MDF”), plus the Custody Alternative Facility (“CAF”) which offers electronic home detention. The budget expenditures above reflect a 9.25 percent increase over FY 16/17.

The MCDF is generally considered a minimum security facility and houses incarcerated individuals who have been convicted of lesser crime classifications and have already been sentenced. The facility houses an average incarcerated population of 70, with a maximum of 188. Frequently referred to as “the farm” because of its rural location, the MCDF encompasses approximately 32 acres of a land located at the base of Mt. Diablo. The WCDF, located in Richmond, is a direct supervision jail designed to operate as a co-educational, program-oriented facility. The facility houses up to 1,096 inmates within the confines of five separate housing units; four for males and one for females. The MDF is a maximum security facility and houses a diverse population of both pre-sentenced and sentenced inmates who do not qualify for less restrictive environments. Over the course of FY 2017/18, there were 1,018 AB 109-related bookings or commitments into the County’s detention facilities.

All AB 109 bookings take place at the Martinez Detention Facility, and Figure 16 shows the number of AB 109 bookings during each quarter of the year, with a breakdown by AB 109 classification. As this figure demonstrates, on average over the year, 3056 parole holds (64%) and 3056 commitments (19%) make up the vast majority of AB 109 bookings. Further, the percentage of parole holds and commitments has increased dramatically by quarter with Penal Code (PC) § 3056 parole holds increasing 26% between Q1 and Q4 and 3056 commitments increasing 94% between Q1 and Q4. While the percentage of PC § 1170(h) commitments increased over the fiscal year by 33%, flash incarcerations decreased over the same period of time.



Figure 16: AB 109 bookings, by type

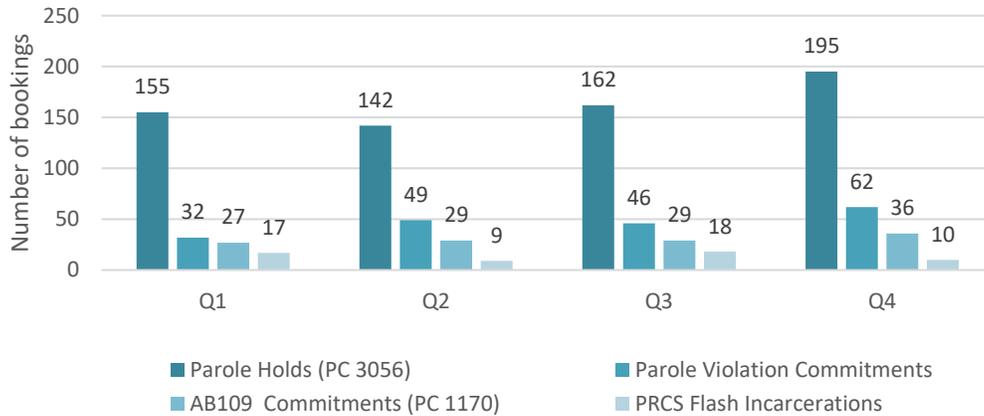


Figure 17 presents the distribution of the average daily jail population across all three detention facilities for the fiscal year. Here, a small proportion of the average daily jail population is classified as AB 109 (7.1%) while the vast majority is accounted for by individuals who are not AB 109 (92.9%).

Figure 17: Average daily jail population

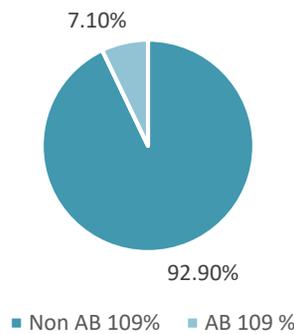


Figure 18 through Figure 20 show the average percentage of AB 109 individuals in each of the County’s detention facilities, as well as the number of AB 109 individuals in custody who are serving new 1170(h) sentences versus parole holds or commitments.

On average, the MDF has an average daily AB 109 population that is 7% of the total population. Overall, parole holds and commitments are greater than 1170(h) commitments with an average of 64% parole holds and commitments compared to 36% for 1170(h) commitments throughout the fiscal year.



Figure 18: Average daily AB 109 population – Martinez Detention Facility



As presented in Figure 19, the WCDF, on average, houses an average daily AB 109 population that is 5% of the total population. In contrast to the MDF, 1170(h) commitments are more common compared to parole holds and commitments. Here, 56% of the average daily AB 109 population is accounted for by 1170(h) commitments compared to the 44% accounted for by parole holds and commitments.

Figure 19: Average daily AB 109 population – West County Detention Facility

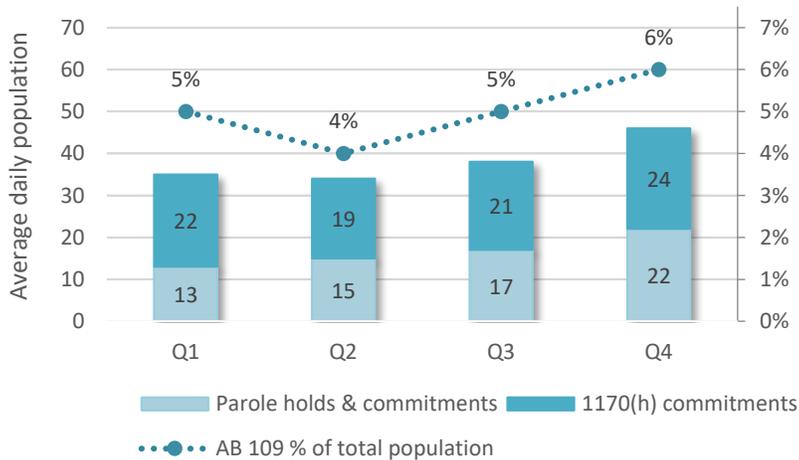
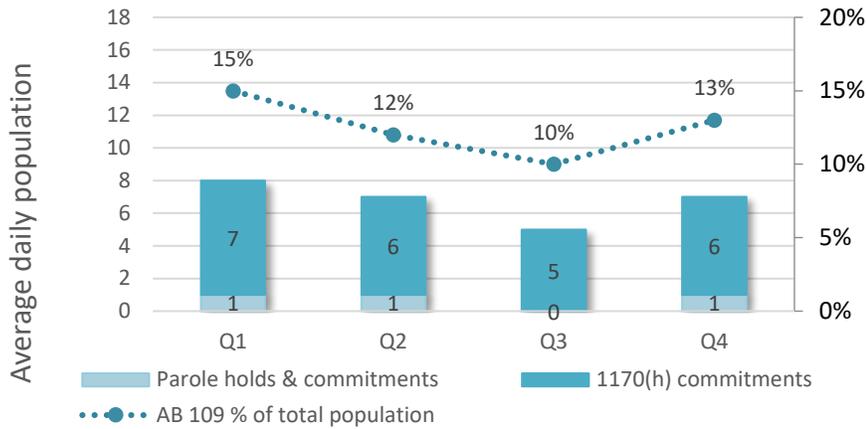


Figure 20, below, presents a more varied average daily AB 109 population in the MCDF compared to the MDF or WCDF. Here, the MCDF houses an average daily AB 109 population that is 12.5%, over the course of the fiscal year. Further, there a few parole holds and commitments at the MCDF with the vast majority of the population accounted for by 1170(h) commitments.

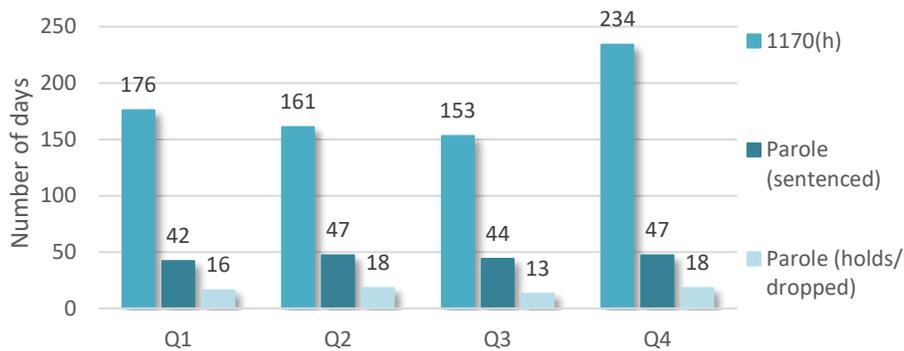


Figure 20: Average daily AB 109 population – Marsh Creek Detention Facility



While parolees make up a larger percentage of the AB 109 incarcerated population overall, on average, 1170(h) individuals spend much more time in custody than the parole population (who can be committed to County jail for up to six months for a parole violation). This point is illustrated in Figure 21. Notably, despite the fact that AB 109 allows for much longer sentences in local custody than was previously possible, AB 109 individuals serve, on average, much less than a year in jail, as presented below. Here, over the course of the year, 1170(h) individuals served an average of 181 custodial days or just under 6 months while parolees (committed), parolees (holds/dropped) and others served an average of 45 and 16 custodial days, respectively.

Figure 21: Average custodial days served by AB 109 clients, by classification³



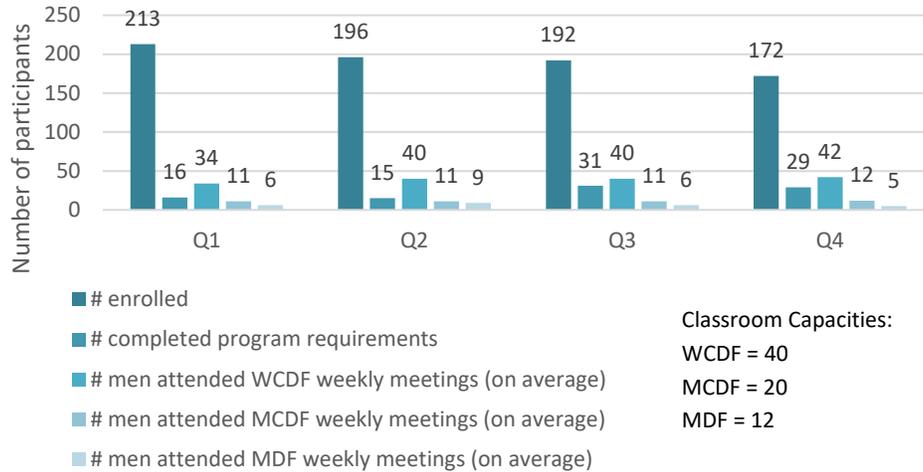
The Jail to Community Program operates out of all three of the detention facilities. Figure 22 below reflects the number of individuals, on average, who participated in weekly mentoring and support

³ Quarterly averages are based on first day of custodial sentence. In 2017/18 Q3 two of 22 individuals served are serving sentences over 1,000 days, inflating that quarter’s average. Additionally, several individuals on 3056 holds have other charges preventing parole or the courts from dropping their hold. This makes each quarter’s average time served for 3056 holds/dropped appear larger than is typical.



meetings at each of the detention facilities by quarter. It is worth noting that the number of participants who attended weekly meetings is limited by the size of the meeting room in each facility.

Figure 22: Jail to Community Program



Probation Department

Table 6: Budget Allocation for Probation

| Probation Program Expenditure | FY 2017-18 |
|-------------------------------|---------------------|
| Salaries & Benefits | \$ 2,591,428 |
| Operating Costs | \$ 169,098 |
| Total | \$ 2,760,526 |

The Probation Department’s primary role in AB 109 is to supervise and support the reentry of AB 109 clients, including PRCS and 1170(h) individuals with mandatory supervision as part of their sentences, upon their return from custody to the community. As part of this process, AB 109 DPOs assess their clients for both criminogenic risk factors and for general reentry needs, and then refer interested clients to a range of supportive services. The Probation Department budget above reflects a decrease of approximately 1 percent over the FY 16/17 budget.

A total of 445 individuals were released onto AB 109 Supervision during FY 2017/18. Between these new supervision clients and continuing supervision clients, 1,120 AB 109 clients were supervised by the County Probation Department during the same time period.

As Figure 23 and 24 show, PRCS clients represent a higher proportion of both new supervisees and the overall AB 109 probation supervision population, in contrast to early State projections that estimated a reduction in new PRCS clients overtime. As per the Governor’s proposed budget for the FY 18-19, this increase has been attributed to court ordered measures and Proposition 57. Figure 23 below presents the number of AB 109 clients that were newly released onto AB 109 supervision during the fiscal year by quarter. On average, PRCS supervisees represent 62% of the new supervisees while 1170(h) clients



represent 38% of the total. Here, the proportion of new supervisees under PRCS per quarter is 65%, 57%, 69% and 61%, respectively, while the proportion of new supervisees under 1170(h) per quarter is 35%, 43%, 31% and 39%, respectively.

Figure 23: Newly processed AB 109 supervisees, by classification

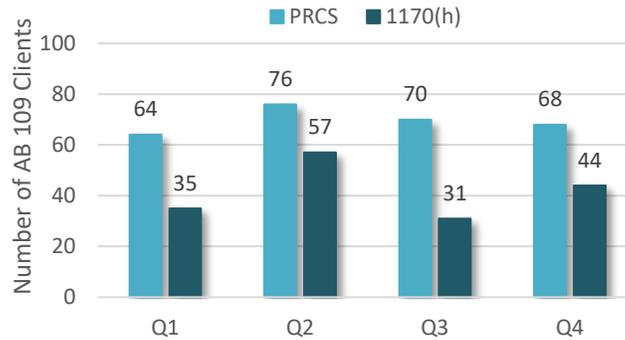
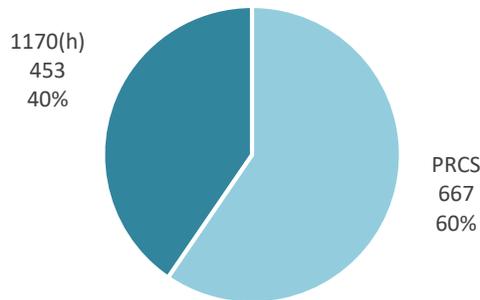


Figure 24 below graphically presents the percentage of the total AB 109 population by classification. Here we see that 40% of the total population is under 1170(h) supervision while 60% is under PRCS supervision.

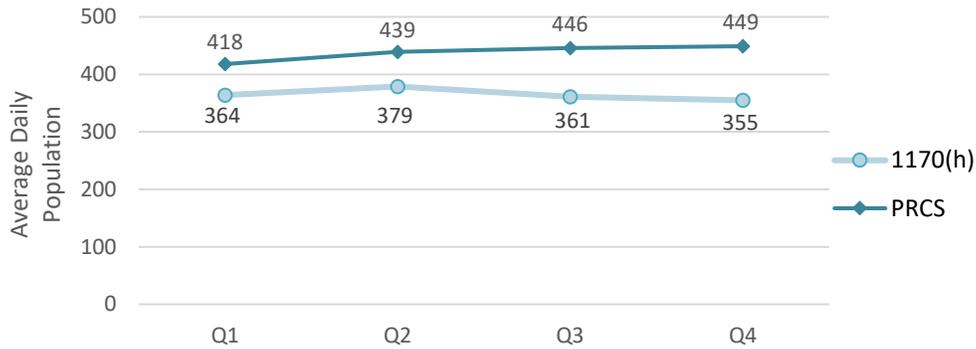
Figure 24: Total AB 109 individuals under supervision



Historically, PRCS clients have made up a higher proportion of the average daily number of AB 109 clients under County supervision. As presented in Figure 25 below, this fiscal year is consistent with the historical pattern where the average daily number of AB 109 PRCS clients is greater than the average daily number of 1170(h) clients. However, it is worth noting that compared to FY 16/17, the average daily PRCS population has decreased from 429 to 388 while the average daily 1170(h) population has increased from 357 to 414. Thus, this pattern is attenuating over time.

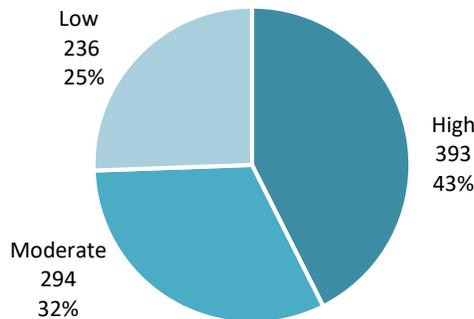


Figure 25: Average AB 109 population under County supervision, by classification



To determine each AB 109 client’s appropriate level of supervision intensity upon entering County supervision, a DPO conducts an interview drawing on the Correctional Assessment and Intervention System (“CAIS”) risk assessment tool, an evidence-based risk assessment tool, to determine each client’s risk for recidivism and associated risk factors. Figure 26 indicates the distribution of recidivism risk for all AB 109 clients given an initial CAIS risk assessment during FY 2017/18. Here, among the 923 AB 109 clients that received an initial assessment, 43% were assessed as high risk while 32% and 25% received assessments of moderate and low risk, respectively.

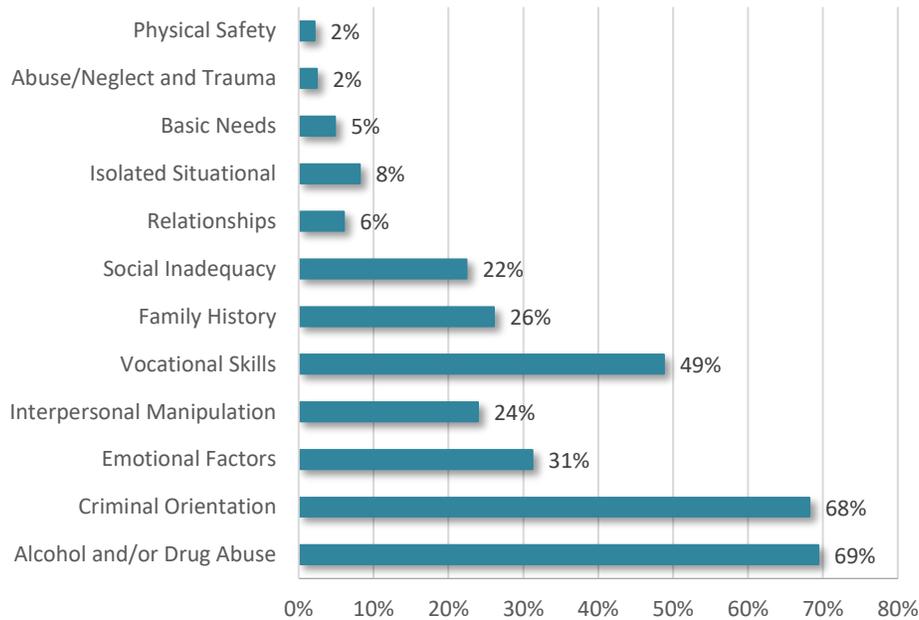
Figure 26: Initial CAIS risk levels



The majority of AB 109 Probation clients were assessed to have a variety of overlapping needs that are associated with a risk for future involvement in criminal activities. As shown in Figure 27, the most common risk factor among AB 109 Probation clients is alcohol and/or drug use at 69%, followed closely by criminal orientation at 68%. Almost half, or 49%, of the AB 109 supervision population had needs to improve their vocational skills and almost one-third (31%) have emotional risk factors. Social inadequacy, family history and interpersonal manipulation were assessed as risk factors in 22-26% of the population.



Figure 27: AB 109 supervision population CAIS-assessed needs



Detention Health Services

Table 7: Budget Allocation for DHS

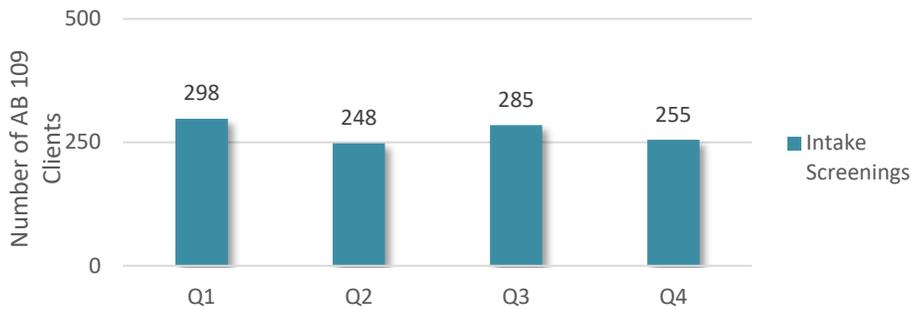
| DHS Program Expenditure | | FY 2017-18 |
|---|--|---------------------|
| Salaries & Benefits, Fam Nurse, WCD/MCD | | \$ 187,537 |
| Salaries & Benefits, LVN, WCD | | \$ 294,711 |
| Salaries & Benefits: RN, MCD | | \$ 494,004 |
| Salaries & Benefits: MHCS, WCD/MCD | | \$ 121,532 |
| Total | | \$ 1,097,784 |

Detention Health Services Department (“DHS”) provides health care to all incarcerated individuals – including AB 109 individuals – housed within the County. DHS provides in-custody access to nurses, doctors, dentists, mental health clinicians, and psychiatrists who provide medical and mental health care for all AB 109 individuals in custody. Further, basic health screenings to all new individuals in custody, including AB 109 individuals, are also provided. The DHS program expenditure above reflects a 4% increase over the FY 16/17 budget.

Figure 28 displays the number of AB 109 individuals who were provided with health screenings at intake across each quarter of FY 17/18. A total of 1,086 individuals received intake screenings throughout the fiscal year.



Figure 28: DHS intake screenings for AB 109 inmates



In addition to these screenings, DHS provides an array of health-related services to all individuals incarcerated in the County’s detention facilities, including physical, behavioral, and dental care. Unfortunately, at this time, disaggregated data that speaks to the proportion of AB 109 inmates with physical or dental care conditions is not available.

Figure 29, below, shows that on average 25% of the incarcerated population has been identified with a mental health condition. These findings are consistent with other estimates of mental health conditions in incarcerated populations.

Figure 29: Percentage of In-Custody Population with a Mental Health Condition

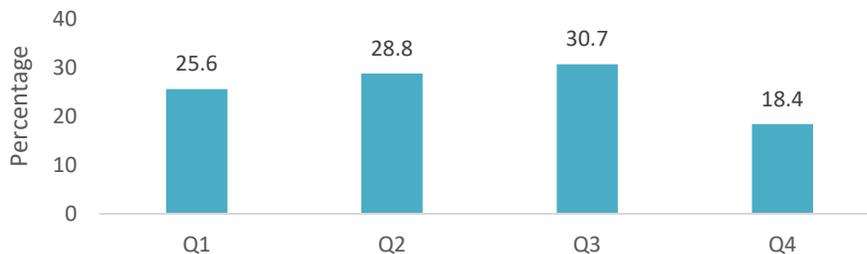
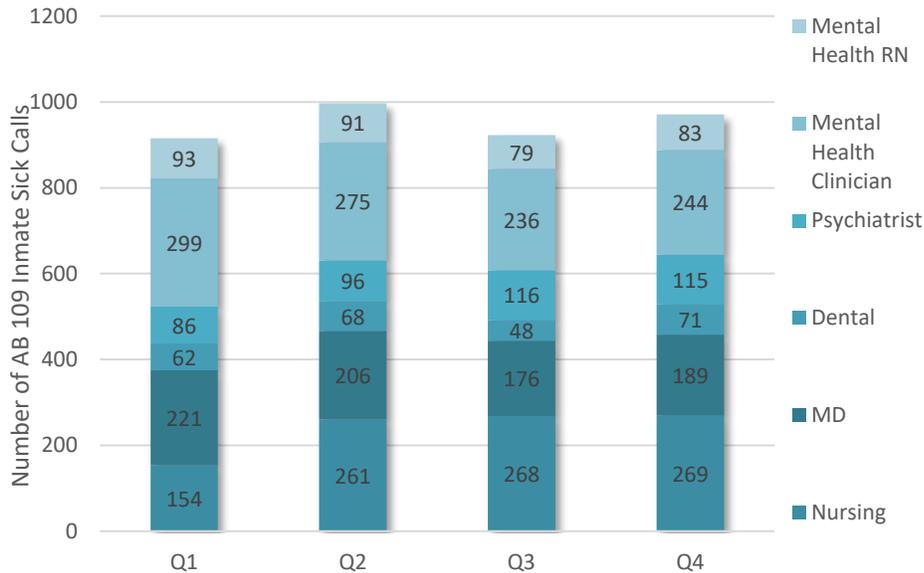


Figure 30 presents the distribution of sick calls (e.g., in-person appointments) provided for AB 109 individuals in FY 2017/18. Given the rates of mental health conditions in the in-custody population, as shown in Figure 30, it is not surprising that psychiatrist, mental health clinician and nursing calls are so common. Over the course of the year, of 3806 HS sick calls, 48% were specifically for a mental health provider while 7%, 21% and 25% were for dental, physician, and nursing providers, respectively.



Figure 30: Types of DHS sick calls for AB 109 inmates



Behavioral Health Services

Table 8: Funding Allocation for BHS

| BHS Program Expenditure | FY 2017-18 |
|-------------------------|---------------------|
| Salaries & Benefits | \$ 996,180 |
| Operating Costs | \$ 68,952 |
| Contracts | \$ 1,292,088 |
| Vehicle & Maintenance | \$ 22,448 |
| Total | \$ 2,379,668 |

The BHS Division combines Alcohol and Other Drugs Services (“AODS”), the Homeless Program, Forensic Mental Health Services, and Public Benefits into an integrated system of care. BHS works with clients, families, and community-based organizations to provide services to the AB 109 population. While BHS provided services for the reentry population prior to the start of AB 109, PSR resulted in an increased focus on and funding for services to this population. The BHS program expenditure above reflects a 6% increase over the FY 16/17 budget.

The sections below present the number of AB 109 individuals receiving services from each BHS service program over the course of the FY 17/18.

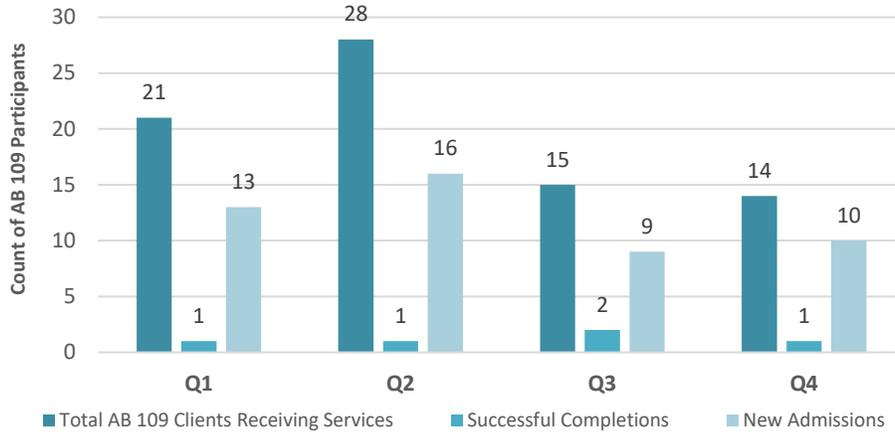
Alcohol and Other Drugs

The AODS program of BHS operates a community-based continuum of substance abuse treatment services to meet the level of care needs for each AB 109 client referred. During FY 17/18, over 400 AB 109 referrals were made for AODS treatment services. As shown in Figure 31, a total of 78 individuals received outpatient AODS services throughout the fiscal year. Of those, on average, 12 new outpatient admissions



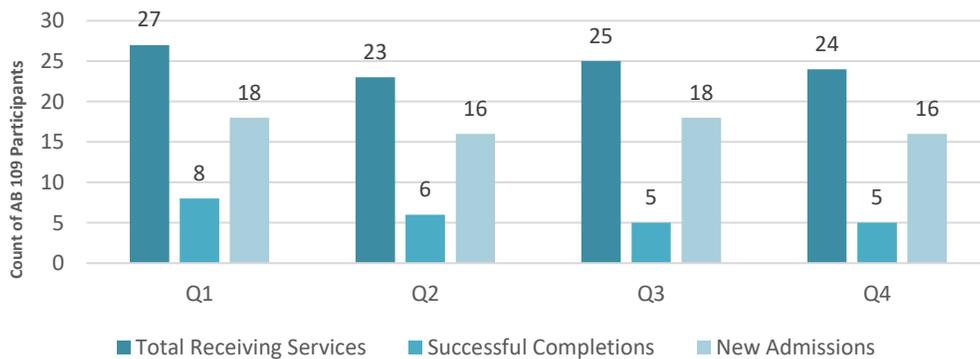
were enrolled each quarter and approximately 1 client per quarter successfully completed the AODS outpatient treatment.

Figure 31: Outpatient AODS Treatment Services



AODS also provides residential substance abuse treatment to clients on AB 109 supervision. As shown in Figure 32, AODS provided residential treatment services to 99 AB 109 clients. New admissions to residential treatment account for 68% of those receiving services while 24 clients successfully completed residential services over the course of the year, for an average of 24% per quarter.

Figure 32: Residential AODS Treatment Services

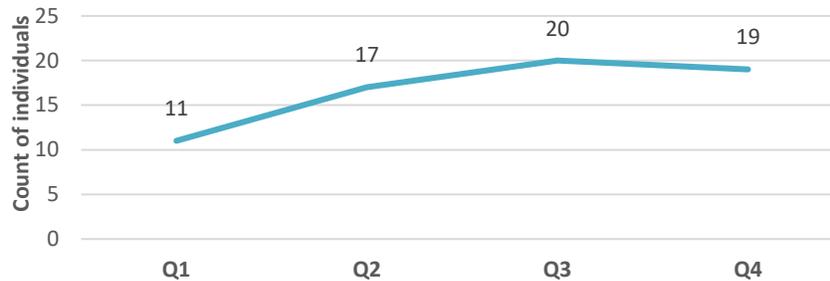


Homeless Program

In FY 2017/18, the County’s Homeless Program, provided by the Health, Housing and Homeless Division, served 11 AB 109 individuals in the first quarter, 17 in the second, 20 in the third, and 19 in the fourth, as shown in Figure 33, for a total of 67 individuals receiving homeless services.

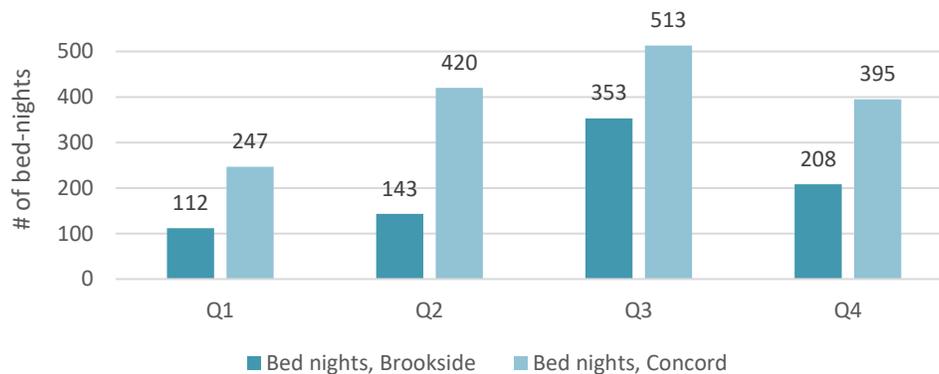


Figure 33: Count of Individuals provided Homeless Services



The total number of emergency shelter bed-nights utilized by the AB 109 population are shown below in Figure 34. Both the Brookside and Concord shelters provide shelter and case management services to assist residents with ending their homelessness. Further, both facilities operate 24 hour a day and have the capacity to serve over 160 men and women. Services include meals, laundry facilities, mail, and telephones. If involved in case management, residents may stay for up to 120 days. Overall, 2,391 bed-nights were utilized throughout the county during the fiscal year, with 66% of bed nights provided by the Concord shelter and 34% at the Brookside shelter.

Figure 34: Total bed-nights utilized by AB 109 population

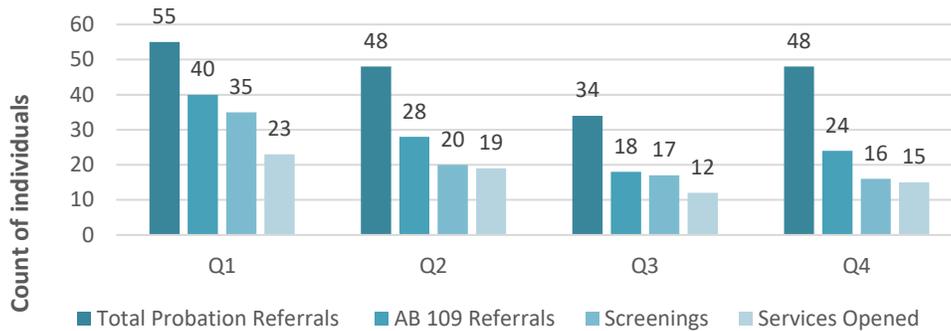


Mental Health Division

Forensic Mental Health collaborates with Probation to support successful community reintegration of individuals with co-occurring mental health and substance related disorders. Services include assessment, groups and community case management. As indicated in Figure 35, Probation referred 185 clients to Forensic Mental Health services, of whom 110 or 59% were AB 109 referrals. Of the clients referred to the Mental Health Division, 88 received mental health screenings from which 69 or 78% accepted outpatient services. Among the AB 109 referrals, 63% accepted services.



Figure 35: Clients referred to, screened for, and received Forensic Mental Health services

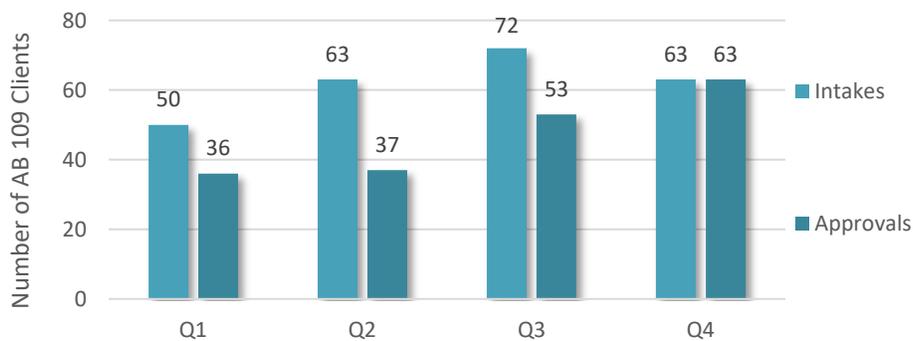


Public Benefits

BHS also assists AB 109 clients with applying for public benefits, including Medi-Cal, General Assistance, CalFresh, and Social Security Disability Income/Supplemental Security Income (“SSDI/SSI”). Medi-Cal provides medical, dental, and vision insurance to low-income individuals and their families while General Assistance (GA) provides temporary, short-term, employment focused cash grants to unemployed persons with no other means of support. GA also provides continued aid for disabled or unemployable persons while they apply for and secure SSI. The CalFresh program, formerly known as Food Stamps and federally known as Supplemental Nutrition Assistance Program (“SNAP”), provides electronic funds for low-income individuals and families that can be used to buy most foods. Finally, SSDI/SSI are federal programs that provide cash assistance to persons with disabilities. SSDI is based on an individual’s work history and earnings record while SSI is based on financial need. Any of these public benefit programs may assist AB 109 clients returning to the community.

Figure 36 displays the number of AB 109 clients assisted with applications for Medi-Cal in FY 17/18, and the number of applications approved by the State. Over the course of the year, 248 Medi-Cal intakes were completed and 189 approvals were received. This amounts to, on average, an approval rate of 76%.

Figure 36: Medi-Cal intakes and approvals





In contrast, other than Medi-Cal applications, almost no AB 109 clients are enrolled in other benefits, such as General Assistance, CalFresh, and SSDI/SSI. Table 8 displays the number of AB 109 client intakes and approvals for public benefits. While 35 intakes for SSDI/SSI were completed, no approvals were received.

Table 9: AB 109 client GA, CalFresh, and SSDI/SSI intakes and approvals

| | Q1 | | Q2 | | Q3 | | Q4 | |
|-----------------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|
| | Intakes | Approvals | Intakes | Approvals | Intakes | Approvals | Intakes | Approvals |
| GA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CalFresh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SSDI/SSI | 13 | 0 | 17 | 0 | 4 | 0 | 1 | 0 |

Workforce Development Board

Table 10: Budget Allocation for the WDB

| WDB Program Expenditure | FY 2017-18 |
|-------------------------|-------------------|
| Salaries & Benefits | \$ 204,000 |
| Travel | \$ 4,000 |
| Total | \$ 208,000 |

The role of the Workforce Development Board (“WDB”) is to strengthen local workforce development efforts by bringing together leaders from public, private, and non-profit sectors to align a variety of resources and organizations to help meet the needs of businesses and job seekers. The budget allocation above reflects a 4 percent increase over the FY 16/17 budget.

To date, the WDB’s primary role in AB 109 implementation has been to broker opportunities for the AB 109 reentry population and to coordinate with AB 109 partners to ensure they are aware of and are able to effectively access services and resources available for the AB 109 reentry population. To that end, the WDB has hosted several Fair Chance Hiring Summits throughout the County and identified 300 employer partnerships that are appropriate for the AB 109 population; they have also conducted a number of on-site recruitments and career fairs that the AB 109 reentry clients, as well as other reentry individuals, can attend. Unfortunately, the WDB does not currently track the number of clients who have utilized their services.

The WDB was successful in leveraging their AB109 allocation for a \$400,000 AB2060 Supervised Population grant and served 51 reentrants over a 2-year period with this funding (2016-2018). The WDB will also be receiving approximately \$460,000 over the next 2 years (2019-2021) in Prison to Employment State funds and will be leveraging this to support their work with the AB109 community.



Community Based Service Providers

Shared values/approach (EBPs, TIC approach, etc.)

Contra Costa County's reentry approach is centered on developing an integrated and supportive service network comprised of AB 109-contracted community-based organizations, public agencies and the broader community for the AB 109 reentry population to utilize. The network works together to help create a pathway for the successful reentry and reintegration of formerly incarcerated individuals back into the community. AB 109-contracted CBOs play a large role in the reentry infrastructure, providing a range of services from housing assistance and employment services to mentorship and family reunification. When working successfully, the County's reentry services are part of a continuum that begins at the point an individual enters the justice system and continues through their successful reintegration.

Drawing on the County's 2018-2023 Reentry System Strategic Plan, County and community stakeholders agreed to the following set of guiding principles:

- ❖ **Culturally Respectful and Responsive:** Diverse perspectives that reflect the wide array of cultures, beliefs, and attitudes within our community should be reflected in the design and implementation of reentry system approaches.
- ❖ **Evidence-Based:** Better reentry outcomes require a commitment to employing evidence-based practices and continuous quality improvement, while also leaving room for innovative approaches that will produce promising results.
- ❖ **Fairness and Equity:** Procedural justice is important and must respect the dignity and experience of all justice-involved people, as well as demonstrate concern for communities experiencing criminal justice disparities that have been persistent and historical.
- ❖ **Holistic:** Community reintegration is most easily achieved by continuous, appropriate delivery of quality services that are tailored to the holistic needs of individuals and families most impacted by incarceration.
- ❖ **Inclusive:** Effective reentry strategies are best created through an inclusive approach that utilizes input from justice system professionals at all levels of government and in community and faith-based organizations, those with histories of justice system involvement, and other interested stakeholders to develop appropriate interventions that encourage community reintegration and recidivism reduction.
- ❖ **Justice Reinvestment:** Reinvesting in the communities most impacted by the criminal justice system supports public safety by addressing the root causes of crime and empowering communities.



- ❖ **Partnership:** Collaboration, coordination, information and resource sharing, and communication are essential elements of productive partnerships and critical components of a high-functioning reentry system.
- ❖ **Public Safety:** Effective implementation of reentry solutions will reduce recidivism, ensure victims’ rights are protected, and ultimately result in an environment where all members of the community feel safe and secure.
- ❖ **Rehabilitation, Restoration, and Healing:** To create a safe and healthy community, rehabilitation, restoration, and healing must inform the decisions, policies, and practices of all stakeholders in a reentry system that is client-centered, trauma-informed, and culturally sensitive.

While these principles have not been explicitly tied to AB 109, they are nonetheless founding principles upon which much of the County’s AB 109 work has been built.

Countywide

Across the county, AB 109 contracted community-based organizations served 1,374 justice involved individuals during FY 17-18. As presented in Figures 37 and 38, individuals, primarily men, were served across all regions of the county with the greatest service utilization in West and East County.

Figure 37: Individuals Served by Region across the County

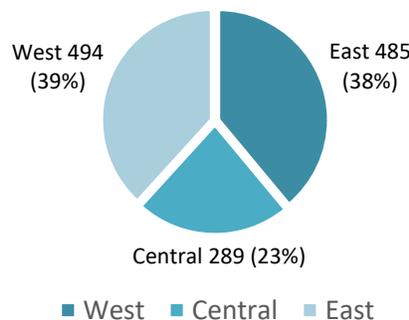
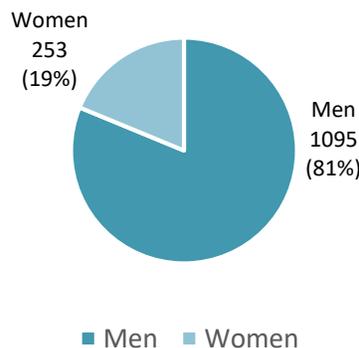


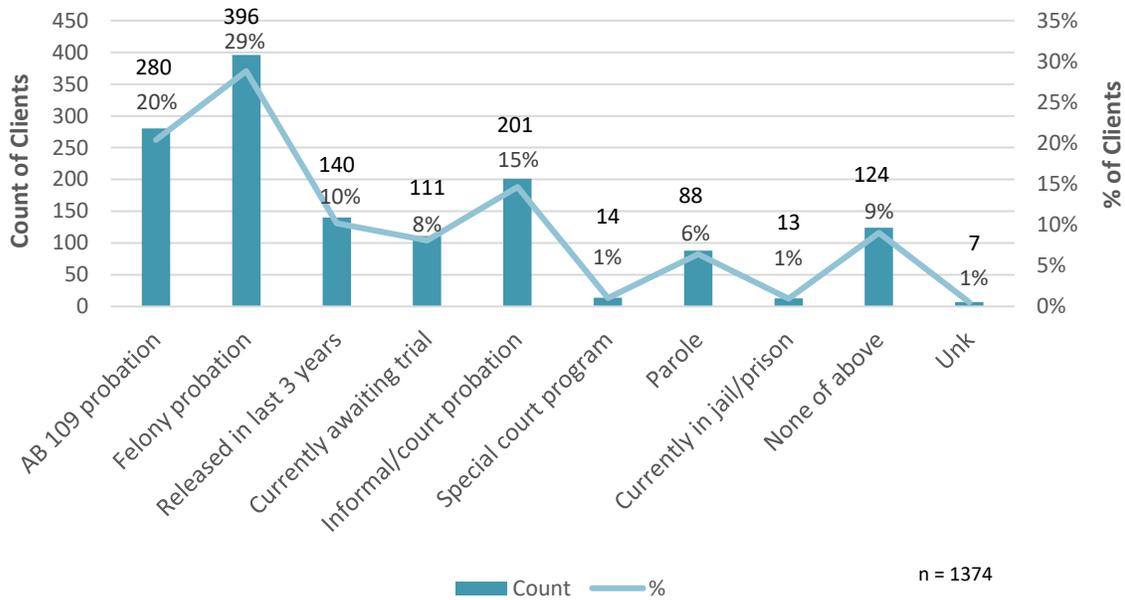
Figure 38: Distribution of Men and Women Served





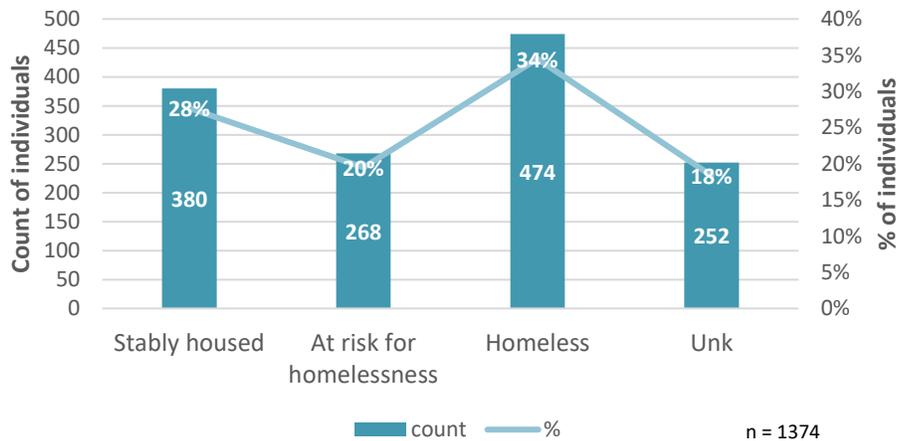
Almost half of the 1,374 justice involved individuals served were on AB 109 probation or felony probation. As shown in Figure 39 below, twenty percent of the population (n=280) were on AB 109 probation with the majority of individuals on felony probation (n=396, 29%). A smaller proportion of individuals (n=201, 15%) were on informal court probation; 6 percent (n=88) were on parole and 8 percent (n=111) were awaiting trial. It is unclear how 10 percent of those served (n=131) were involved in the criminal justice system.

Figure 39: Criminal Justice Involvement



The unmet need for housing, presented in Figure 40, continues to be a barrier for community reentrants with just over one quarter of individuals reporting stable housing at service intake. One-third of individuals identified as being outright homeless with an additional 20 percent at risk for homelessness.

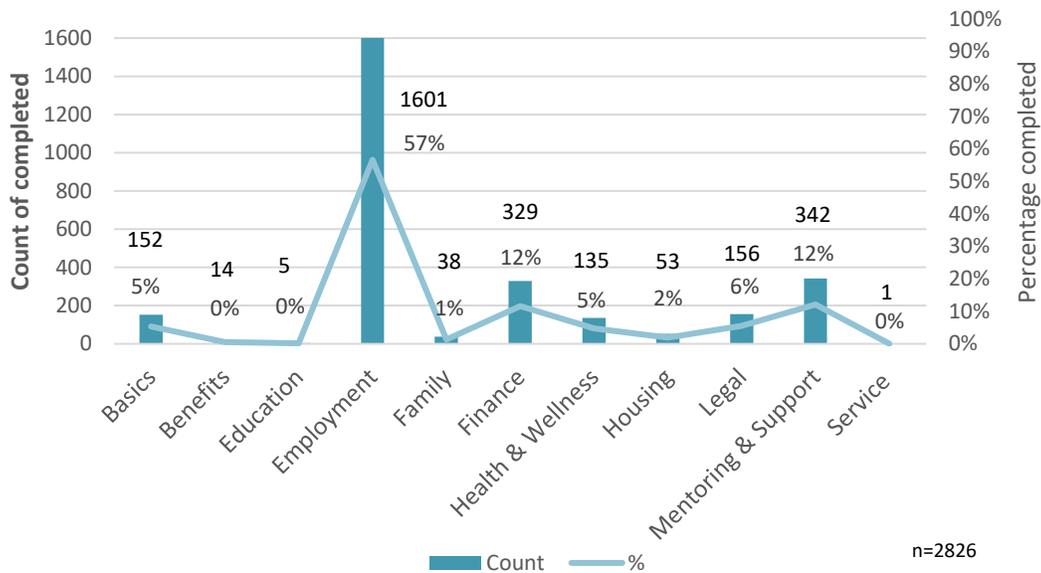
Figure 40: Housing Status at Service Intake with Community Based Organizations





Among those served, on average, individuals completed two goals each during the fiscal year. As expected, employment was the most common goal followed by mentoring and support, and finance. Notably, as shown in Figure 41, the count and percentage of completed housing related goals is very low.

Figure 41: Completed Goals by Domain



Overview of AB 109 Community Partnerships

During FY 15/16, Contra Costa County launched the Reentry Network, currently staffed and managed by HealthRIGHT 360, in East and Central County to coordinate support and access to services through “No Wrong Door” sites that are collectively aimed at helping returning residents reintegrate back into the community after periods of incarceration. In addition, the County established the Reentry Success Center in FY 14/15, presently staffed and managed in Richmond by Rubicon Programs, to serve as a collective impact backbone agency that provides individuals with a “one-stop” center and access to a variety of free, integrated, and effective County and community-based reentry services. Further, through the pre-release planning pilot, developed to improve the transition of individuals from custody to community services, the County’s Office of Education makes referrals to post-release AB 109 contracted service providers including the Reentry Network, the Reentry Success Center and the diverse array of providers listed in Table 10 below among others. These programs provide a gateway to community based service provision for individuals returning to their community.

Table 11 describes the number of referrals each AB 109-contracted CBO received during FY 2017/18, as well as the total number of enrollments and successful service completions. It is worth noting that prior to FY 14/15, CBOs were contracted to provide services to AB 109 clients only. This changed in FY 15/16, and AB 109-funded CBOs now provide services to any reentry clients in need of those services.



Table 11: Community-based service referrals, enrollments, and completions

| Organization | Total Referrals | | Total Enrollments | | Total Completions | |
|-------------------------------------|-----------------------|------------|-------------------|------------|-------------------|-----------|
| | AB 109 | Other | AB 109 | Other | AB 109 | Other |
| Bay Area Legal Aid | 77 | -- | 77 | -- | 62 | -- |
| Center for Human Development | 32 | 33 | 9 | 13 | 2 | 3 |
| Fast Eddie’s Auto Service | 69 | -- | 32 | -- | 26 | -- |
| Goodwill Industries | 67 | 138 | 67 | 138 | 30 | 48 |
| Men and Women of Purpose | 48 | 87 | 39 | 41 | 24 | 26 |
| Mz. Shirliz | 4 | 30 | | 8 | | 5 |
| Reach Fellowship | 42⁴ | -- | 37 | -- | 7 | -- |
| Rubicon⁵ | 527 | -- | 238 | -- | 19 | -- |
| SHELTER Inc. | 317 | 65 | 100 | 30 | 25 | 6 |

Below are brief descriptions of the services that each of the AB 109-contracted CBO service providers offer the County’s population.

Bay Area Legal Aid

Budget Allocation for Bay Area Legal Aid **\$ 150,000**

Bay Area Legal Aid (“BayLegal”) provides legal services for reentry clients and educates them about their rights and responsibilities. The legal services BayLegal provides include: obtaining or retaining housing, public benefits, health care, financial and debt assistance, family law, and obtaining driver’s licenses. The program provides post-release legal check-ups for each client to identify legal barriers that can be remediated, educates clients about early termination of probation, and assists with fines. Attorneys are also able to meet individually with clients in both jail and prison prior to their release.

Center for Human Development

Budget Allocation for the Center for Human Development **\$ 90,000**

The Center for Human Development (“CHD”) operates the Community and Family Reunification Program (“CFRP”) for Contra Costa County’s AB 109 Community Programs’ Mentoring Program, providing reunification services to returning citizens, their families, and friends, in addition to providing community support throughout Contra Costa County. Services include large and small group pre-release presentations and workshops at West County Detention Facility and Marsh Creek Detention Facility. CHD

⁴ The number here is a rough estimate due to insufficient quarterly reporting data.

⁵ Please see the section on Rubicon for an explanation of their enrollments and completions.



also provides post-release large and small group presentations and workshops to returning citizens at partner agencies and other locations throughout the County.

Fast Eddie's Auto Services

Budget Allocation for Fast Eddie's Auto Services **\$ 75,000**

Fast Eddie's provides workforce development skills and automotive technical training for AB 109 individuals referred to the program. They have contracted with the County to provide employment support and employment placement opportunities for AB 109 clients.

Goodwill Industries

Budget Allocation for Goodwill Industries **\$ 900,000**

The Bridges to Work program of Goodwill Industries of the Greater East Bay ("Goodwill") facilitates the County's Employment Support and Placement Services to provide employment support and placement services in Central County. Participants can engage in up to 90 days of transitional, paid employment at local Goodwill stores or other partner agencies, in addition to receiving job search assistance for competitive employment opportunities. Goodwill also serves as a service hub for other providers.

Men and Women of Purpose

Budget Allocation for Men and Women of Purpose **\$ 110,000**

Men and Women of Purpose ("MWP") provides employment and education liaison services for the County jail facilities, for which the program facilitates employment and education workshops every month at the County's jails and works with Mentor/Navigators to assist the workshop participants with the documentation required to apply for employment, education, and other post-release activities. MWP also provides pre- and post-release mentoring services for West County using the organization's evidence-based program Jail to Community model. The program provides one-on-one mentoring, as well as weekly mentoring groups that focus on employment and recovery.

Mz. Shirliz

Budget Allocation for Mz. Shirliz **\$ 150,000**

Mz. Shirliz Transitional provides sober living environment housing services and housing placement services to residents returning to the community from custody. A sober living environment means safe, clean, residential environments that promote individual recovery through positive peer group interactions among house residents and staff. Sober living housing is alcohol and drug-free and allows residents to continue to develop their individual recovery plans and to become self-supporting. The residential environment must co-exist in a respectful, lawful, and non-threatening manner with residential communities in the County.



Reach Fellowship

Budget Allocation for Reach Fellowship International

\$ 50,000

Centering their program services on women, Reach Fellowship International (“Reach”) provides weekly workshops in West County Detention Facility (“WCDF”), in addition to pre- and post-release one-on-one case management. Reach provides employment and education liaison services to female returning citizens in fulfillment of the County’s Reentry into the Community Program and also acts as a lead information specialist for County jail facilities for the AB 109 program. Finally, Reach also conducts workshops to introduce employment and educational opportunities to participants, to work with Mentor/Navigators to assist incarcerated and returning citizens with obtaining the paperwork required for those opportunities, and to screen participants for employment and educational preparedness.

Rubicon

Budget Allocation for Rubicon

\$ 1,100,000

Rubicon provides employment support and placement services, integrated with other supports, to AB 109 participants in East County and West County. Rubicon’s program includes pre-release engagement, job readiness workshops, educational and vocational training, transitional employment, individualized career coaching, legal services, financial stability services, and domestic violence prevention and anger management. In order to provide a continuum of services, Rubicon partners with a number of other organizations through formal subcontracts, including vocational training partners, AB 109 providers, and other community-based organizations.

Given the breadth of Rubicon’s program, the counts of total referrals, enrollments and completions presented in Table 11 is not comparable to the other CBO programs. Here, the count of Rubicon referrals speaks to all individuals referred to Rubicon including those who are seeking not only specific employment services but also other services such as educational services or vocational training. As the primary objective of their program is employment, the Total Enrollments count found in Table 11 speaks to the number of individuals enrolled in their employment specific program, called Foundations Workshop, and thus excludes other program participants. Further, the Total Completions refers to the number of individuals who have been engaged and followed by Rubicon for a period of 3 years. As most of the CBO programs are not this lengthy, the numbers reported by Rubicon would appear to be low when compared to other organizations. For this reason, completions should not be compared across organizations.

As it relates to successful employment outcomes, it is worth noting that during the FY, there was a 91% completion rate for the Foundations Workshop. Further, of those who completed Foundations, 80% secured unsubsidized employment. In addition, among those who obtained employment following completion of Foundations, an 89% retention rate was found after 30 days of employment. Consistent with other reentry populations, the employment retention rate dropped to 57% after 90 days. Unfortunately, no information is available on the average hourly rate. However, we plan to report this data in future annual reports.



SHELTER Inc.

Budget Allocation for SHELTER, Inc.

\$ 980,000

SHELTER, Inc. operates the County's AB 109 Short and Long-term Housing Access Program. This program assists incarcerated and formerly incarcerated persons who are referred to them under the AB 109 Community Programs to secure and maintain stabilized residential accommodations. SHELTER, Inc. provides a two-phased approach to clients seeking housing assistance. The first phase in the process is an option to move into a transitional housing that is provided through a Sober Living Environment (SLE). While placed in the SLE, they will receive intensive case management to assist them work through their barriers to housing. The second phase in the process is to work with a Housing Resource Specialist (HRS) that will provide tenant education and housing leads. Participants receive financial assistance to help them in the process of obtaining permanent housing. They will continue to receive case management to complete the 12 months provided as part of the program.



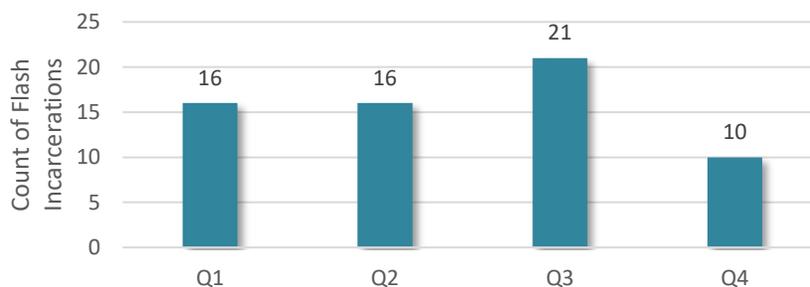
AB 109 Population Outcomes

Over the course of FY 2017/18 there were a total of 1,120 AB 109 clients under supervision at some point in time. Of these AB 109 clients, 161 individuals successfully completed the terms of their Probation during the fiscal year. The following sections demonstrate the number of AB 109 clients who violated the terms of their supervision and served flash incarcerations or had their probation revoked, as well as the number of clients with new criminal charges filed against them or new criminal convictions during the fiscal year.

Violations

Probation officers use graduated sanctions with AB 109 clients. For instance, when clients have dirty drug tests, they are typically referred to inpatient or outpatient treatment rather than having their supervision term revoked and returned to custody. This allows them to receive treatment without further justice involvement. AB 109 Probation Officers may also use flash incarcerations of up to ten days in county jail for PRCS clients. This serves as an intermediate sanction where individuals must serve a short period of time in county jail, but do not have further criminal charges filed against them. Figure 42 shows that the number of flash incarcerations imposed on PRCS clients ranged from 10 to 21 per quarter.

Figure 42: PRCS flash incarcerations



Revocations of supervision were more common among PRCS clients compared to 1170(h) clients. As shown in Figures 43 and 44, 22% (193) of PRCS clients had their probation revoked over the course of FY 2017/18 while 14% (71) of the 1170(h) population experienced a revocation.

Figure 43: Percentage and number of 1170(h) clients revoked

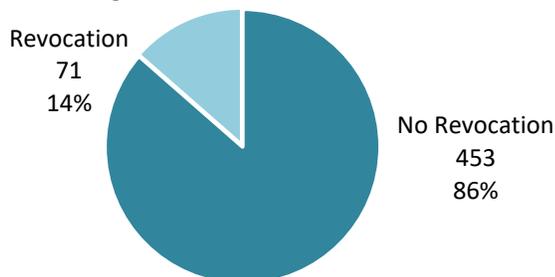
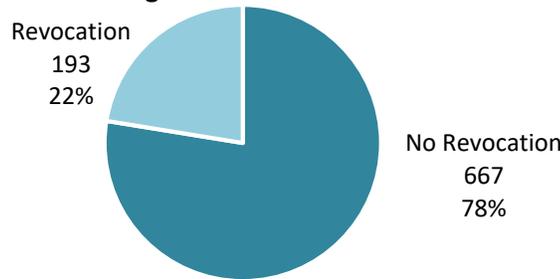




Figure 44: Percentage and number of PRCS clients revoked

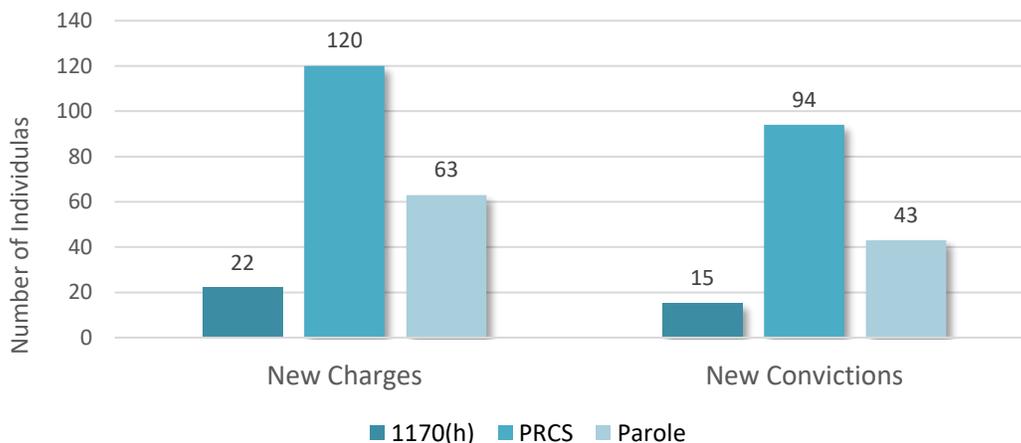


New Charges and Convictions

Figure 45 below shows the number of AB 109 individuals with new charges filed against them during FY 2017/18, as well as the number of AB 109 individuals who were convicted of a new criminal offense during FY 2017/18. Because the court does not have a record of individuals currently under AB 109 supervision, Figure 45 includes all individuals who have ever been supervised or sentenced under AB 109, including those not currently under County supervision, who had new charges filed or new criminal convictions during FY 2017/18.

The percentage of the AB 109 population with new charges or criminal convictions during FY 2017/18 is not calculated because the court does not have a record of all individuals under AB 109 supervision. As a result, there is no way to calculate this percentage without tracking individuals across data systems. Overall, there were 205 new charges filed with more than half (58%) filed among PRCS clients. Thirty-one percent of new charges were filed among parolees with 11% filed among 1170(h)s. As similar pattern can be seen among new convictions with the highest rate of new convictions in the PRCS population and the lowest among the 1170(h) population.

Figure 45: New charges or new criminal convictions, by AB 109 classification type





Looking Ahead to Fiscal Year 2018/19

Contra Costa County has responded to Public Safety Realignment in a manner that has allowed the County to provide supervision and services to the AB 109 population, while building a collaborative reentry infrastructure to support the reentry population's successful reintegration into the community. The County has followed best practice models in establishing access to services through the West County Reentry Success Center's "one-stop" model and the Central & East Network Reentry System's "no wrong door" approach. The launch of the Office of Reentry and Justice ("ORJ") in January 2017 is evidence that the County sees its Public Safety Realignment, reentry, and justice work as a high priority.

The *Reentry Strategic Plan* identified a number of reentry system-wide strengths and accomplishments as well as areas for continued improvement. One priority need area of particular importance identified by the Local Planning Group surrounds the effective use and coordination of data for on-going program evaluation and continuous quality improvement. Data collection, sharing, and review are at the foundation of a data-informed reentry system. Further, data allow providers and system leaders to make decisions about improving programs and processes to best promote the reduction of recidivism. While the County has made important progress in instituting data collection and sharing tools since the implementation of AB 109, there is still more work to be done. More specifically, issues of confidentiality have inhibited data sharing and access. In an effort to bridge this gap and enhance the use and coordination of data to inform decision-making, the ORJ will hire a Research and Evaluation Manager and Probation will hire a research analyst during the up-coming fiscal year. With research staff housed at both ORJ and Probation, the County will be better situated to develop and implement a monitoring and evaluation plan to drive decisions about the reentry system while also protecting the confidentiality of individual data.

The Youth Justice Initiative ("YJI"), a multi-year pilot study funded by a Justice Assistance Grant ("JAG") Byrne Grant will be completed in FY 18/19. This pilot seeks to improve outcomes for youth at risk for, or already involved in, the juvenile justice system by bringing together a multidisciplinary team of criminal justice agencies, community partners, and advocates to address juvenile justice in Contra Costa County. The pilot provides integrated prevention and intervention activities at key points along the spectrum from school to detention and reentry and applies innovative practices with an aim to shift culture and staff interaction with youth. Anticipated outcomes include improved school engagement, increased intrinsic resiliency, prevention of juvenile justice involvement, and reductions in recidivism.

The Requests for Proposals (RFP) process from responders to provide housing assistance, employment, mentoring and family reunification services to residents returning to communities in the County after a term of incarceration will begin in Winter/Spring 18/19. This effort will be led by the ORJ and will result in new or continuing contracts with CBOs to provide services for a three-year term during the period of July 1, 2019 through June 30, 2022.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Terminate Contract #74-108-15(5) with Arman Danielyan, M.D., Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to issue a 30-day advance written notice to Arman Danielyan, M.D., Inc., a professional corporation, to terminate Contract #74-108-15(4) for the provision of inpatient Medi-Cal specialty mental health services, effective at the close of business on August 31, 2019.

FISCAL IMPACT:

This Contract was funded by 50% Federal Medi-Cal and 50% State Mental Health Realignment Funds.

BACKGROUND:

On June 12, 2018, the Board of Supervisors approved Contract #74-108-15(4) with Arman Danielyan, M.D., Inc., for the provision of inpatient Medi-Cal specialty mental health services, for the period from July 1, 2018 through June 30, 2020.

Approval by the Board of Supervisors will allow the Health Services Department to issue a thirty-day advance written notice to the Contractor, in accordance with General Conditions, Paragraph 5. (Termination) that the Contract is terminated effective at the close of business on August 31, 2019. This Doctor will now be working directly under John Muir Behavioral Health. They will bill and be paid via a

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Suzanne Tavano, PHN.,
PHD., 925-957-5212

By: Stephanie Mello, Deputy

cc: Marcy Wilhelm, Noel Garcia

BACKGROUND: (CONT'D)

different contract, so cancelling this individual contract will not change the level of mental health services being provided to clients.

CONSEQUENCE OF NEGATIVE ACTION:

If this termination is not approved, County will not properly terminate the contract, in accordance with the contract terms.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Authorization to participate in Phase II of the No Place Like Home Program/Competitive

RECOMMENDATION(S):

APPROVE and AUTHORIZE a feasibility study for: 1) demolish and remove the existing vacant residential facility at the county owned property of 1034 Oak Grove Road in Concord, 2) construct 20 affordable permanent supportive housing units with mental health treatment on site for homeless transition age youth experiencing serious mental illness, and 3) bring the existing administration building up to code to house mental health treatment staff.

FISCAL IMPACT:

Planning funds for the Oak Grove site to serve transition age youth was previously authorized by the Board on June 11, 2019 in the Mental Health Services Act (MHSA) Program and Expenditure Plan Update for FY 2019-20. These authorized planning Mental Health Services Act funds would now be used to pursue this new, change in scope for the same property location.

BACKGROUND:

In July 2016 the California State Legislature enacted Assembly Bill 1618 to establish the NPLH Program to leverage up to \$2 billion in funding to build or refurbish permanent supportive housing for homeless

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Suzanne Tavano PhN., PhD.,
925-957-5212

By: Stephanie Mello, Deputy

cc: Warren Hayes, Marcy Wilhelm

BACKGROUND: (CONT'D)

individuals with a serious mental illness. Annual Notices of Funding Availability (NOFAs) were to be issued by the California Department of Housing and Community Development (HCD) over a five year period.

In September 2018 the Board approved an advocacy position for the NPLH program that authorized the issuance of bonds to fund permanent supportive housing for individuals with mental illness. In November 2018 HCD published the first of five annual NOFAs.

In January 2019 the Board authorized the County to competitively apply for and upon award accept NPLH funds in partnership with Satellite Affordable Housing Associates (“Development Sponsor”) for a 30-unit new construction development project located at 901 Los Medanos Street in Pittsburg, and to execute documents necessary to accept the funds. In June 2019 the County was notified that this application was successful and that the project would be funded.

Concurrent with this time period HSD, in partnership with the Department of Public Works, conducted a Board approved feasibility study of the Oak Grove site and secured Capital Project services from an architectural firm to develop renovation plans for the two existing buildings at the County owned Oak Grove site. The original premise was to determine the feasibility of 1) converting the vacant residential treatment building into a 16 bed short term residential treatment program (STRTP) for youth experiencing high acuity serious emotional disorders who were being sent out of county to privately owned treatment facilities, and 2) co-locating a multi-disciplinary treatment team to provide mental health services and supports. While the administrative building was deemed financially feasible for the treatment team, the cost of rehabilitating and re-purposing the residential building was deemed to be far in excess of the anticipated benefits. Therefore, planning will continue to try to locate a more appropriate and financially feasible site for the potential STRTP.

Leadership from HSD Divisions, Public Works and the Department of Conservation and Development convened, and with stakeholder support developed an alternate strategy for the Oak Grove site. This alternate strategy is to potentially seek NPLH funding to construct 20 supportive housing units for transition age youth experiencing homelessness and serious mental illness.

HSD is seeking Board approval to move forward with adjusting previously authorized county level MHSA planning funds for the Oak Grove site. This adjustment would be to determine the feasibility of seeking state level MHSA funds for permanent supportive housing for young adults at the Oak Grove site through the NPLH Program. The Department would come back to the Board with more project details and cost projections before pursuing the funding from NPLH.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, the County’s ability to secure permanent supportive housing for persons with a serious mental illness who are homeless, chronically homeless or at risk of chronic homelessness may be diminished.

CHILDREN'S IMPACT STATEMENT:

Permanent supportive housing supports all five of Contra Costa County’s children’s outcomes: (1) Children ready for and succeeding in school; (2) Children and youth healthy and preparing for productive adulthood; 3) Families that are economically self-sufficient; 4) Families that are safe, stable and nurturing; and, 5) Communities that are safe and provide a high quality of life for children and families.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 30, 2019

Subject: Terminate Contract #74-271-86(10) with Alex Smirnoff, M.D.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to issue a 30-day advance written notice to Alex Smirnoff, M.D., an individual, to terminate Contract #74-271-86(9) for the provision of Medi-Cal specialty mental health services, effective at the close of business on August 31, 2019.

FISCAL IMPACT:

This Contract is funded by 50% Federal Medi-Cal and 50% State Mental Health Realignment Funds.

BACKGROUND:

On July 24, 2018, the Board of Supervisors approved Contract #74-271-86(9) with Alex Smirnoff, M.D., for the provision of Medi-Cal specialty mental health services, for the period from July 1, 2018 through June 30, 2020.

Approval by the Board of Supervisors will allow the Health Services Department to issue a thirty-day advance written notice to the Contractor, in accordance with General Conditions, Paragraph 5. (Termination) that the Contract is terminated effective at the close of business on August 31, 2019. This Doctor will now be working directly under John Muir Behavioral Health. They will bill and

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **07/30/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: July 30, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Suzanne Tavano, PHN.,
PHD., 925-957-5212

By: Stephanie Mello, Deputy

cc: Marcy Wilhelm, Noel Garcia

BACKGROUND: (CONT'D)

be paid via a different contract, so cancelling this individual contract will not change the level of mental health services being provided to clients.

CONSEQUENCE OF NEGATIVE ACTION:

If this termination is not approved, County will not properly terminate the contract, in accordance with the contract terms.