***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **August 5, 2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Dr. Sarah Collard, HHSA** | **Phone:** | **841-2761** |
| **Address:** | **818 South Main Street Yreka, CA 96097** |
| **Person Appearing/Title:** | **Dr. Collard, HHSA Agency Director** |
| **Subject/Summary of Issue:** |
| Siskiyou County Health and Human Services Agency (SCHHSA) has contracted with Siskiyou Child Care Council (SCCC) since 1998 to provide STAGE I child care services for currently aided CalWORKs families. SCCC provides child care services to all CalWORKs customers referred, issues the child care payment to the child care provider, and tracks these payments for reimbursement by SCHHSA. Child care services are required under the Federal Temporary Assistance for Needy Families (TANF) program which in California is called CalWORKs. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $0.01 |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 723000 |  | Description: | Prof Services |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: | Sole Source |
|       |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the Chair sign the Contract for Services between Siskiyou County Health and Human Services Agency and Siskiyou Child Care Council which is effective July 1, 2025 through June 30, 2026. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* |       |
| CAO |       |  |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021