

*After
School
Program
Integrating
Recreation &
Education*





What Is ASPIRE

What We're About

Youth Services Specialist

- **ASPIRE**, established in 2021, a prevention program, designed to provide services to children in underserved communities within Imperial County. The goal of **ASPIRE** is to keep youth from entering the juvenile justice system. Youth learn prosocial behaviors, life skills, and tools for a successful future.

What Is ASPIRE

What We're About

Youth Services Specialist

- Programming includes: tutoring, arts & crafts, reading & comprehension, discussions, STEM Projects, guest speakers, cultural enrichment, sports, strategy games, field trips/outings, and mentoring.

What Is ASPIRE

What We're About

Youth Services Specialist

- Staff that work directly with youth in **ASPIRE** are Youth Services Specialists (YSS).
- YSS work with the youth at three (3) program sites located exclusively in Westmorland, Heber, & Niland; in rural locations of the Imperial County
- In addition to these sites, YSS provide programming to the youth in Juvenile Hall (JH), and the local shelter home operated by the Department of Social Services.

Qualifications to become a YSS

Do YSS undergo any type of training

Youth Services Specialist I

- Bachelors in sociology, psychology, criminal justice, child development, library science, education, recreation or related field.
- Identifying community resources and services available to youth.
- General understanding of Child Development milestones.

Youth Services Specialist II

- In addition to completing a Bachelors Degree, one year experience at the level of Youth Services Specialist I.
- May serve as site lead, train and direct new staff.

Qualifications to become a YSS

Do YSS undergo any type of training

- ✓ Cardiopulmonary Resuscitation (CPR)
- ✓ Crisis Prevention Intervention (CPI)
- ✓ Suicide Prevention
- ✓ First Aid
- ✓ Food Handlers Certification
- ✓ Water Safety

How do we determine where to program

The Department researches where there would be a need to open a program.

- Target outlying areas in our county with limited resources
- Research need/interest in these areas
 - Discuss with school districts
 - Attend school and community events to determine parent/youth interest
- Identify and secure facility
- Work with county/city

ASPIRE Survey

After School Program Integrating Recreation & Education

1. Parent/Guardian Name: _____
2. Phone Number: _____
3. Youth name: _____
4. Age: _____
5. Is there a need in your community? YES NO
6. Do you believe this program will benefit your child? YES NO
7. Is transportation a problem for you? YES NO
8. Would your child participate in programming on a Saturday? YES NO
9. How many days a week would work well for your child?
 - 1
 - 2
 - 3
10. Would the following hours work well, 3:30-6:30? YES NO
11. Is your child involved in any extracurricular activities? YES NO
12. Check what would most interest your child?
 - Arts & Crafts
 - Sports
 - Tutoring
 - Field Trips
 - Guest Speakers
 - Mentoring
 - Table Top Games

How is the Program funded

- Primary source of funding comes from Youthful Offender Block Grant
- Program has applied for other supplemental grants
 - Awarded \$25,000 Imperial County Community Benefit Grant in 2023

How is the Program funded

Petty Cash

- Primary source of funding comes from Youthful Offender Block Grant
- Program has applied for other supplemental grants
 - Awarded \$25,000 Imperial County Community Benefit Grant in 2023
- Petty Cash account – revolving \$500 cash account for special occasions or necessities

Juvenile Hall Kitchen

Field Trips

Token Econ

- Provides meals daily to program sites
- Makes unique meals for special occasions (holidays, birthdays)
- Makes special meals for ASPIRE related Juvenile Hall events

Kitchen Staff



Juvenile Hall Kitchen

Field Trips

Token Econ

Out of County Field Trips:

- Once every quarter
 - SeaWorld
 - Universal Studios
 - Knott's Berry Farm
 - Major League Baseball
 - Palm Springs Aerial Tramway
- Once every quarter, approximately \$3000-\$4000. Additional, Charter Bus rental \$3,000.

In County Field Trips:

- Community events
 - Events within the cities of Westmorland, Heber & Niland.
 - Movies
 - Bowling
 - Aquatic Center

Juvenile Hall
Kitchen

Field Trips

Token Econ

Incentive Points System

Break down to how points are distributed

- Attendance: 50pts
- Participation: 50pts
- Positive behavior: 25pts
- Homework: 25pts

Allowed to buy premium snacks & trinkets ranging from 25-100 pts.

- Points may also be granted by winning certain activities and/or being extra helpful.

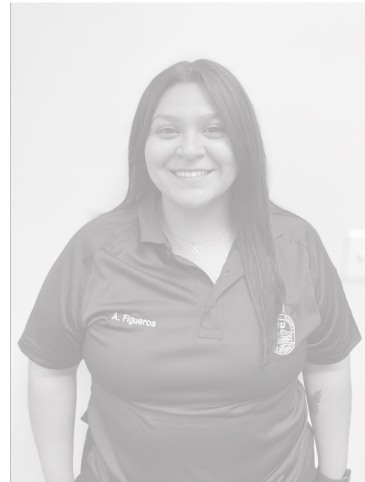
Behavior Expectations

- Physical altercations, threats, or possession of weapons/drugs are considered immediate grounds for termination from the program.

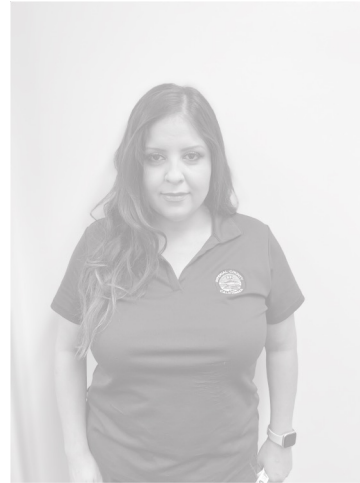
Meet The Team



Michelle



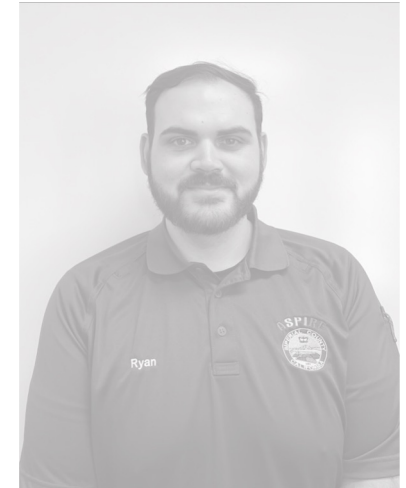
Aryanna



Prisma



Ethan



Ryan

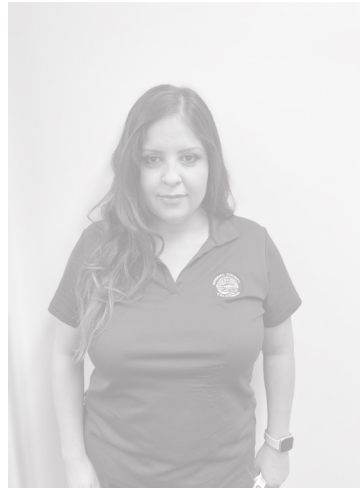
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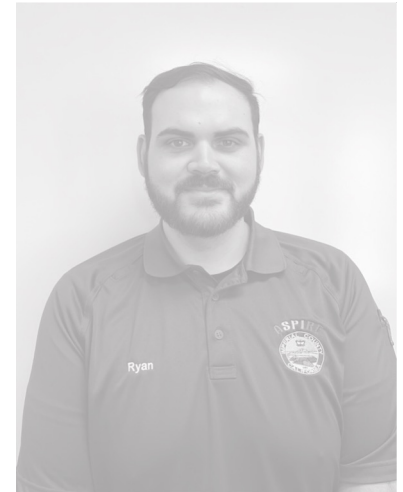
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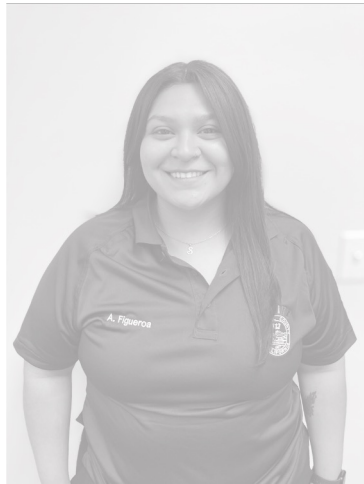


Ryan

Meet The Team



Michelle



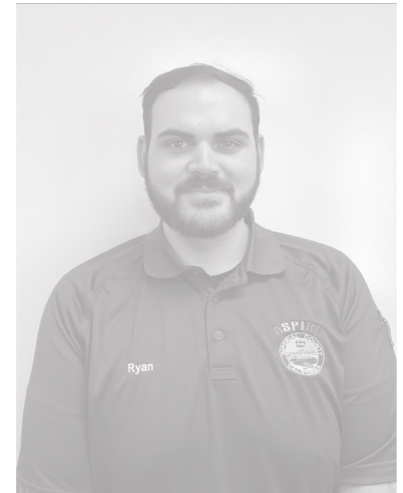
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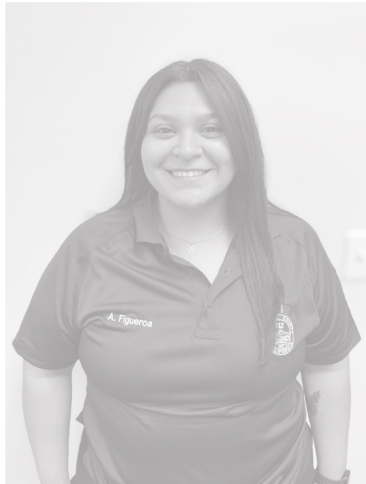


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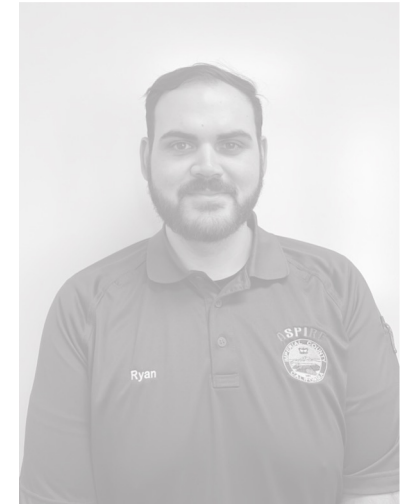
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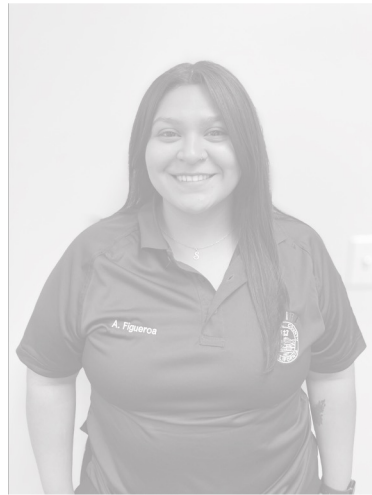


Ryan

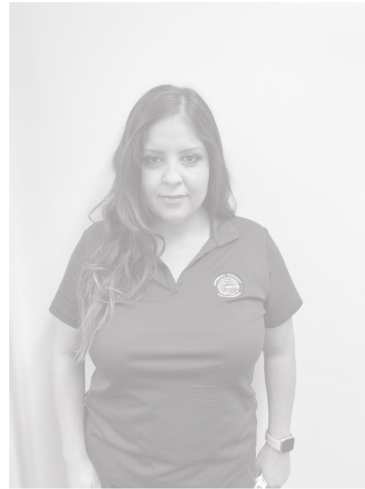
Meet The Team



Michelle



Aryanna



Prisma



Ethan



Ryan



Niland Population : 600

Estimated median household income is \$25,592

Westmorland Population : 2,000

Estimated median household income is \$34,000

Heber Population : 7,910

Estimated median household income is \$54,000

Current Program Sites

1

Westmorland: M, W, F(3:30-6:30pm), S (10am-2pm)

2

Heber: M,T,W (3:30-6:30pm), S (10am-2pm)

3

Niland: T, TH(3:15-6:15 pm, S (10am-2pm)

How We Promote ASPIRE



Enrollments
Ages 9-13



Sports



After School Program

Integrating Recreation & Education



Field Trips



- Outreach events
- Flyers/brochures
- Word of mouth
- Partnering with other agencies/Networking



ASPJRE Documents

Imperial County Probation ASPJRE Registration Form

Child's Name: _____
Sex: _____
Date of Birth: _____
Age: _____

Parent/Guardian Information:
Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____

Child's School Information:
School Name: _____
Grade Level: _____
Student ID #: _____
Teacher's Name: _____
Address: _____

Medical Information:
Does your child have any special assistance to participate? Yes No
Does your child have any allergies or allergic food reactions? Yes No
Does your child have any food intolerances that require food substitutions? Yes No

Referral Source:
 Please Check One:
 School (Please Specify) _____
 Probation (Please Specify) _____
 Other (Please Specify) _____

Program Information:
Program Name: _____
Program Dates: _____

Parent/Guardian Signature: _____
Date: _____

REGISTRATION ADDENDUM

Imperial County Probation Department ASPJRE

Parent/Guardian Signature: _____
Date: _____

Child's Name: _____
Address: _____
City: _____
State: _____
Zip: _____

Program Information:
Program Name: _____
Program Dates: _____

Imperial County Probation Department ASPJRE

Child's Name: _____
Address: _____
City: _____
State: _____
Zip: _____

Program Information:
Program Name: _____
Program Dates: _____

Parent/Guardian Signature: _____
Date: _____

Imperial County Probation Department ASPJRE

Child's Name: _____
Address: _____
City: _____
State: _____
Zip: _____

Program Information:
Program Name: _____
Program Dates: _____

Parent/Guardian Signature: _____
Date: _____

Imperial County Probation Department ASPJRE

Child's Name: _____
Address: _____
City: _____
State: _____
Zip: _____

Program Information:
Program Name: _____
Program Dates: _____

Parent/Guardian Signature: _____
Date: _____



Imperial County Probation ASPIRE Registration Form

| |
|---------------|
| Staff Name |
| |
| Date Enrolled |
| |
| Start Date |
| |

Program & Enrollment Information

| | | |
|-------------------|---------------|--------------|
| Community: Other: | Program Site: | Season/Year: |
| | | |

Youth's School Information

| | | |
|-----------------|--------------|---------------|
| School Name: | Grade Level: | Student ID #: |
| | | |
| Teacher's Name: | Classroom #: | |
| | | |

Youth's Wellness Information

Youth Participant Information

| | | | |
|--|---|---|-------------------|
| First and Last Name: | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other | |
| Date of Birth: | Age: | Ethnicity: | Primary Language: |
| | | | |
| Physical Description (hair color, eye color, build, etc.) | | Height: | Weight: |
| | | | |
| Address: | | City: | Zip Code: |
| | | | |
| Parent(s) Home Phone: | Parent(s) Cell Phone: | Other Telephone Number: | |
| | | | |
| E-Mail: | May We Send Text Messages to Communicate Program Updates? | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| |
|--|
| Does Your Child Require Any Special Assistance to Participate? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please Describe |
| |

| |
|--|
| Does Your Child Have Any Allergies or Allergic Food Reactions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please Describe |
| |

| |
|---|
| Does Your Child Have Any Food Intolerances That Require Food Substitutions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please Describe |
| |

| |
|--------|
| Notes: |
| |

| |
|--------------------------------|
| Additional Staff Alerts/Notes: |
| |

Referral Source:

How Did You Hear About Us?

School Flyer Newspaper Ad. Television Ad. Social Media Ad. Other

If "Other", Please Describe

Do Your Child Currently Participate In Other After-School/Weekend Programs?

Yes No *If "Yes", Please Describe*

Survey of Interest:

Which Activities Are You Interested In For Your Child?

Tutoring Mentoring Team Sports Board Games Swimming Field Trips

Computer/Video Games Arts & Crafts Music Lessons Writing Lessons

Minibikes Fishing Weekend Recreation Other:

If "Other", Please Describe

REGISTRATION ADDENDUM

Imperial County Probation Department

ASPIRE

Dan Prince
Chief Probation Officer

Elizabeth V. Sais
Assistant Chief Probation Officer



Consent Form to Use Photo Likeness

Youth's Full Name: _____

Release and Hold Harmless Agreement

I, _____, hereby consent to the use of my likeness and photograph, including digital media, by Imperial County Probation, its officers, employees, agents, affiliates, volunteers and successors, for the purpose of promoting the goals and objectives of the organization.

I fully understand that photographing and interviewing for use in informational material, advertising and media releases will reveal to the public my likeness, photograph and status as a recipient of services from or employee/volunteer of Imperial County Probation. I hereby waive any right of privacy, anonymity, and/or confidentiality conferred by state, federal, or other recognized laws.

I hereby release and forever discharge the Imperial County Probation, its officers, employees, agents, affiliates and successors for any liability from any injury or damage to or loss of anonymity and confidentiality arising out of or in connection with the reproduction, exhibition, or broadcast of my likeness.

I have carefully read this release and hold harmless agreement and fully understand its contents. I am aware that it is a full release of all liability and sign it of my own free will.

Dated: _____

Signature of Child

Date

Signature of Parent/Guardian

Date

Signature of Program Supervisor

Description of Information Acquired: Photograph(s)

Date

Imperial County Probation Department

ASPIRE

Dan Prince
Chief Probation Officer

Elizabeth V. Sais
Assistant Chief Probation Officer



Parental Accessibility and Transportation Agreement

Youth's Full Name: _____

Accessibility for Contact of Parent/Guardian

While the above said minor is participating in Project ASPIRE, it is imperative that a parent or guardian can be reached at any time for notification of any incident that would require a parent or guardian's immediate response such as a medical incident or an otherwise early dismissal.

Failure to have at least one parent/guardian accessible at any time by phone while said minor is participating in Project ASPIRE Program, may result in ineligibility and/or termination.

I, _____, can be reached at _____, or _____ (alternate number, i.e. work #, home phone #.)

I am the minor's Parent Legal Guardian Family Member Other

Emergency Notification and Release Authorized Contacts

Contact 1:

| Name | Relationship to Child | Address |
|--|-----------------------|-------------|
| | | |
| Home Phone: | Cell Phone: | Work Phone: |
| | | |
| Check All That Apply: | | |
| <input type="checkbox"/> May Contact In An Emergency <input type="checkbox"/> May Contact In Non-Emergencies (For Pick-Up) | | |
| <input type="checkbox"/> Authorized for Regular Pick-Up/Early Dismissals | | |

Contact 2:

| Name | Relationship to Child | Address |
|--|-----------------------|-------------|
| | | |
| Home Phone: | Cell Phone: | Work Phone: |
| | | |
| Check All That Apply: | | |
| <input type="checkbox"/> May Contact In An Emergency <input type="checkbox"/> May Contact In Non-Emergencies (For Pick-Up) | | |
| <input type="checkbox"/> Authorized for Regular Pick-Up/Early Dismissals | | |

Contact 3:

| | | |
|--|------------------------------|--------------------|
| <i>Name</i> | <i>Relationship to Child</i> | <i>Address</i> |
| <i>Home Phone:</i> | <i>Cell Phone:</i> | <i>Work Phone:</i> |
| Check All That Apply: | | |
| <input type="checkbox"/> May Contact In An Emergency <input type="checkbox"/> May Contact In Non-Emergencies (For Pick-Up) <input type="checkbox"/> Authorized for Regular Pick-Up/Early Dismissals | | |

Contact 4:

| | | |
|--|------------------------------|--------------------|
| <i>Name</i> | <i>Relationship to Child</i> | <i>Address</i> |
| <i>Home Phone:</i> | <i>Cell Phone:</i> | <i>Work Phone:</i> |
| Check All That Apply: | | |
| <input type="checkbox"/> May Contact In An Emergency <input type="checkbox"/> May Contact In Non-Emergencies (For Pick-Up) <input type="checkbox"/> Authorized for Regular Pick-Up/Early Dismissals | | |

By signing below, I will allow my child to walk home by themselves to and from the program.

Signature of Parent/Guardian

Date

If for any reason I cannot pick up my child, I will notify program staff in advance and/or send a signed note stating to whom I will authorize my child to be released. This must be responsible adult who will be present with a photo identification.

I have read this application carefully and have answered all of the questions truthfully and correctly to the best of my knowledge.

Signature of Parent/Guardian

Date

Signature of Program Supervisor

Date

**Imperial County Probation Department
ASPIRE**

Dan Prince
Chief Probation Officer

Elizabeth V. Sais
Assistant Chief Probation Officer



Liability Release Form

Youth's Full Name: _____

Date of Birth: _____

Age: _____

In consideration of being accepted by Project ASPIRE, for participation in all activities sponsored by the Imperial County Probation Department, we (I), as the parent/guardian of do hereby release, forever discharge and agree to hold harmless the Imperial County Probation Department, its members and/or the County of Imperial of any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participants that occur while said child is participating in Project ASPIRE program activities.

Furthermore, authorization and permission is hereby given to said program to furnish any necessary transportation for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said program, its directors, employees and agents, for any liability sustained by said program as a result of the negligent, willful or intentional acts of said participants, including expenses incurred attendant thereto.

Signature of Parent/Guardian

Date

Signature of Program Supervisor

Date

Imperial County Probation Department

ASPIRE

Dan Prince
Chief Probation Officer

Elizabeth V. Sais
Assistant Chief Probation Officer



Acknowledgements and Permissions

Youth's Full Name: _____

1. **Covid-19** Parent/Guardian Initials: _____

I acknowledge that Imperial County Probation is making after-school/after-hours recreational opportunities available to me during the global Covid-19 outbreak. I understand that Imperial County Probation will take precautionary measures, including but not limited to sanitizing the spaces and supplies that will be utilized, and comply with all required directives from the Imperial County Public Health Department. Notwithstanding, I understand and agree that by placing my child in the facility, that my child may be exposed to individuals that have been exposed to Covid-19 and that my child is therefore at risk of exposure to the virus, irrespective of any precautionary measures taken by the department. I agree that if my child becomes ill or exhibits any symptoms of illness, including but not limited to, fever, cough, or shortness of breath, I will alert the program staff providing the services and will keep my child home until otherwise cleared to return by a licensed physician. I further agree that if my child becomes ill or exhibits symptoms of illness while under the care of Imperial County Probation staff, I will immediately pick up my child upon notification.

2. **Medical Information; Release** Parent/Guardian Initials: _____

I represent that all relevant medical information regarding my child has been provided to Imperial County Probation staff. I understand and agree that if my child requires any medications, that I will be responsible for administering such medications. Imperial County Probation staff will not administer any medications. I additionally give my consent for Imperial County Probation staff to contact an ambulance for my child in the case of a medical emergency. I understand that every effort will be made to contact me or my emergency contacts in the event of an emergency prior to such action. Treatment may take place at a medical facility. Any expense incurred will be borne by me.

3. **Topical Non-Prescription Product Application** Parent/Guardian Initials: _____

I understand there might be occasions when my child may need a topical non-prescription product – for his/her own health, safety and comfort – such as sunscreen, insect repellent, first aid ointment, etc. I grant permission for Imperial County Probation personnel to apply such products top my child when needed to prevent sunburn, bug bites, infection, etc.

4. **Field Trip/Transportation Acknowledgement** Parent/Guardian Initials: _____

I acknowledge that field trips are an important part of Project ASPIRE because they enhance my child's experience with the program. Field trips may include local schools, parks, museums, lake(s), and local city programs. Imperial County Probation will furnish transportation to these events. Project ASPIRE may additionally offer excursions within walking distance of the program site.

5. **Compliance with All Rules** Parent/Guardian Initials: _____

I understand and agree that my child will be under the supervision of Imperial County Probation personnel and must obey all rules and instructions provided by department staff while services and activities are ongoing.

6. **Disciplinary Actions** Parent/Guardian Initials: _____

I understand the rules and requirements of Project ASPIRE, which are intended to provide a safe, welcoming, and comfortable environment for participants and staff by requiring that everyone "treat others the way you want to be treated." I understand that any participant that violates the rules and agreements, depending on the severity of the violation, may be subject to disciplinary action, including but not limited to, a verbal warning, an early dismissal, and termination from an activity, event, of the program. I understand that if my child violates a program rule or jeopardizes their safety or the safety of others, I will be required to immediately pick up my child and, depending on the circumstances, may be prohibited from utilizing further services.

7. **Acknowledgement of Revocation or Invocation of the Above and Aforementioned Permissions or Releases** Parent/Guardian Initials: _____

I understand that I may revoke or invoke any of the abovementioned or aforementioned permissions or releases in writing at any time. If I chose to revoke or invoke a permission or release, it is my responsibility to provide written notification to Imperial County Probation Project ASPIRE personnel, requesting the revocation or invocation. *If I choose to revoke the Liability Waiver (Hold Harmless Release), I understand my child will no longer be permitted to participate in Project ASPIRE.*

Signature of Parent/Guardian

Date

Imperial County Probation Department

ASPIRE

Dan Prince
Chief Probation Officer

Elizabeth V. Sais
Assistant Chief Probation Officer



Code of Conduct

Youth's Full Name:

Project ASPIRE is a youth-serving program dedicated to providing pro-social after school programming for youth. Participation in the after school program is subject to the observance of certain rules and procedures. Please observe at all times the following:

- **Drugs/Alcohol.** The possession or use of alcoholic beverages or illegal drugs during the program is prohibited.
- **Hazardous Items.** Bringing onto the program any dangerous or unauthorized materials such as explosives, firearms, knives, archery equipment, and other similar items is prohibited.
- **Vehicle Conduct.** The operation of motor vehicles by program staff will occur on an ongoing basis. All youth participants are required to wear their seatbelts and remain in their seats while the vehicle is operating.
- **Coming and Going.** Youth participants are not to leave the program until they have verbal permission from program staff. All program staff are expected to document the time of arrival and time of dismissal in the attendance roster for all youth enrolled in the program.
- **Behavior.** Bullying, horseplay, gambling, pranks, practical jokes with malicious intent, violating the right of others, rudeness/ridicule of others (including, but not limited to, program staff members, site county/city staff, housekeeping staff, vendors and other participants, etc.), is prohibited.
- **Violence/Harassment.** There is zero tolerance for violence, physical abuse, or harassment and may lead to immediate termination from the program. The following acts are strictly prohibited:
 - Physical, written or verbal abuse of any person, including self, or any action that threatens or endangers the emotional well-being, health or safety of any person.
 - Abusive language towards a staff member, volunteer or another participant.
 - Discourtesy or rudeness to a fellow participant, staff member or volunteer.

- Verbal, physical or visual harassment of another participant, staff member or volunteer.
 - Actual or threatened violence toward any individual or group.
 - Conduct endangering the life, safety, health or well-being of others.
 - Bullying including verbal, physical, and cyber bullying.
- **Property.** Misuse, tampering, vandalism, theft, damage or unauthorized access of program property or the property of others is prohibited. Charges may be assessed against those participants who are responsible for damaging or misusing property belonging to County of Imperial.
 - **Technology.** The inappropriate or harmful use of smart devices, computers, internet, cell phones, cameras, imaging, and digital devices is prohibited including use of such devices in restrooms, or other areas where participants expect privacy.
 - **Violations.** Failure to follow any agency policy or procedure and failure to cooperate with an adult supervisor/leader/mentor/youth specialist may result in termination from the program.

I have read and I understand Project ASPIRE Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

Youth's Signature: Date:

Parent's Signature: Date:

Witness' Signature: Date:

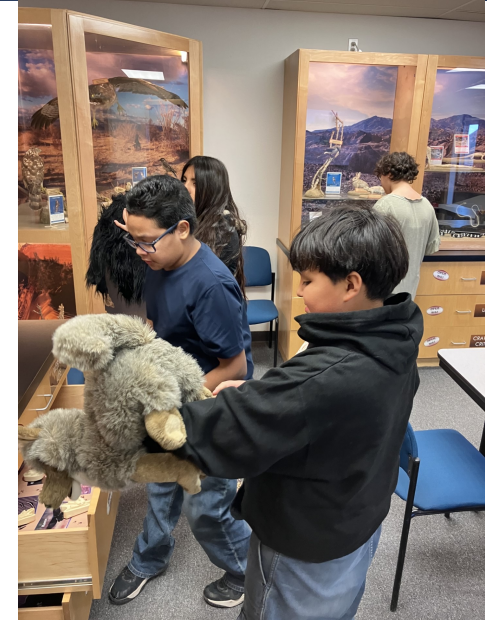
Partnerships

Imperial County Probation Department



Partnerships

California State Parks and Recreation



Partnerships

U.S. Customs and Border Protection



Partnerships

Imperial Valley Desert Museum



Partnerships

Master Gardener



Partnerships

Imperial County Public Health



Partnerships

Imperial County Behavioral Health



IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY



Partnerships

Imperial County Fire Department



Partnerships

Imperial County Fire Department



Outings/ Field Trips

Outings/ Field Trips

YMCA Summer Camp



Outings/ Field Trips

YMCA Summer Camp



Outings/ Field Trips

Seaworld



Outings/ Field Trips

Universal Studios



Outings/ Field Trips

Universal Studios



Outings/ Field Trips

Petco Park



Outings/ Field Trips

Petco Park



Outings/ Field Trips

ASPIRE Parties



Outings/ Field Trips

ASPIRE Parties



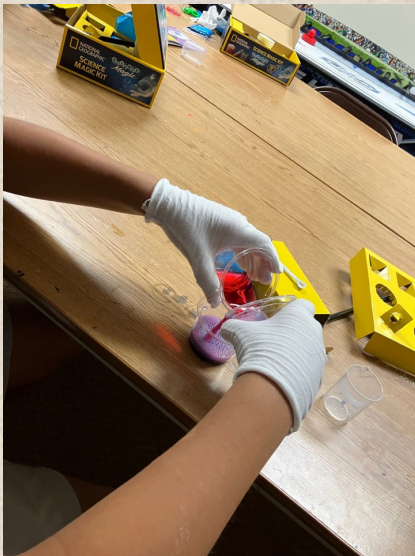
Daily Activities



Daily Activities



Daily Activities

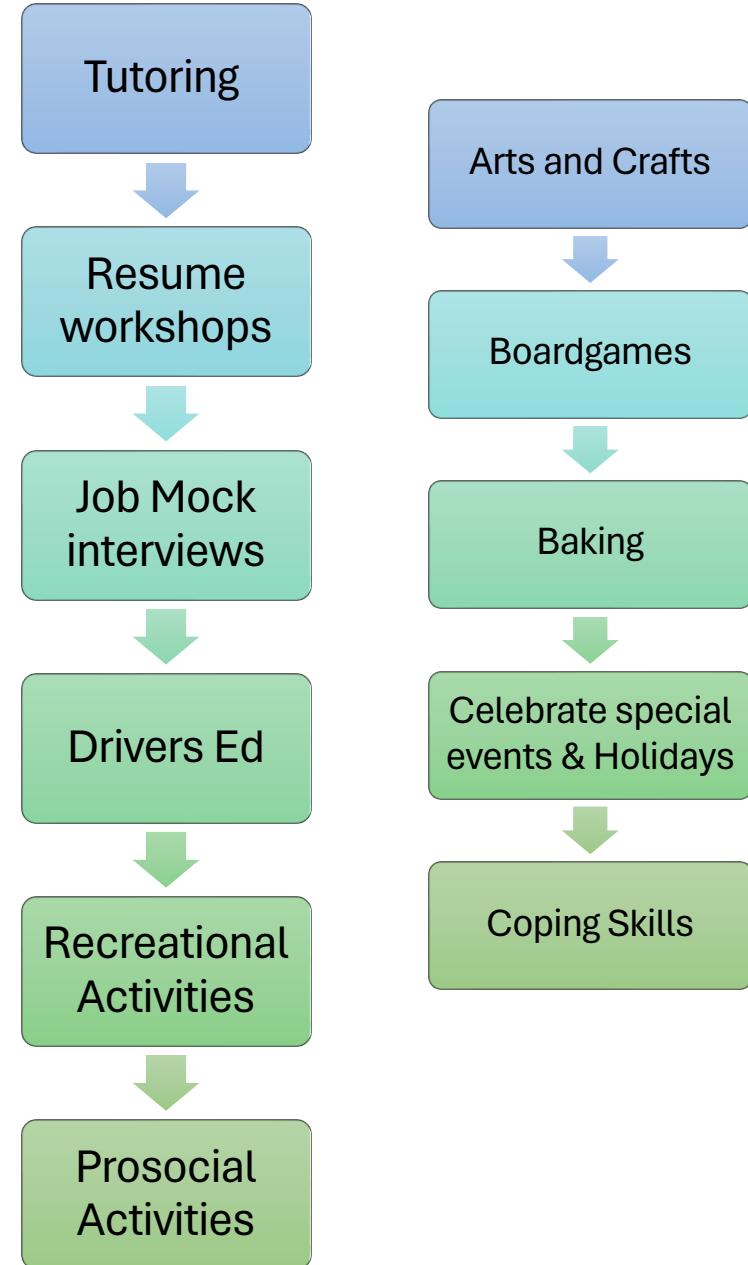


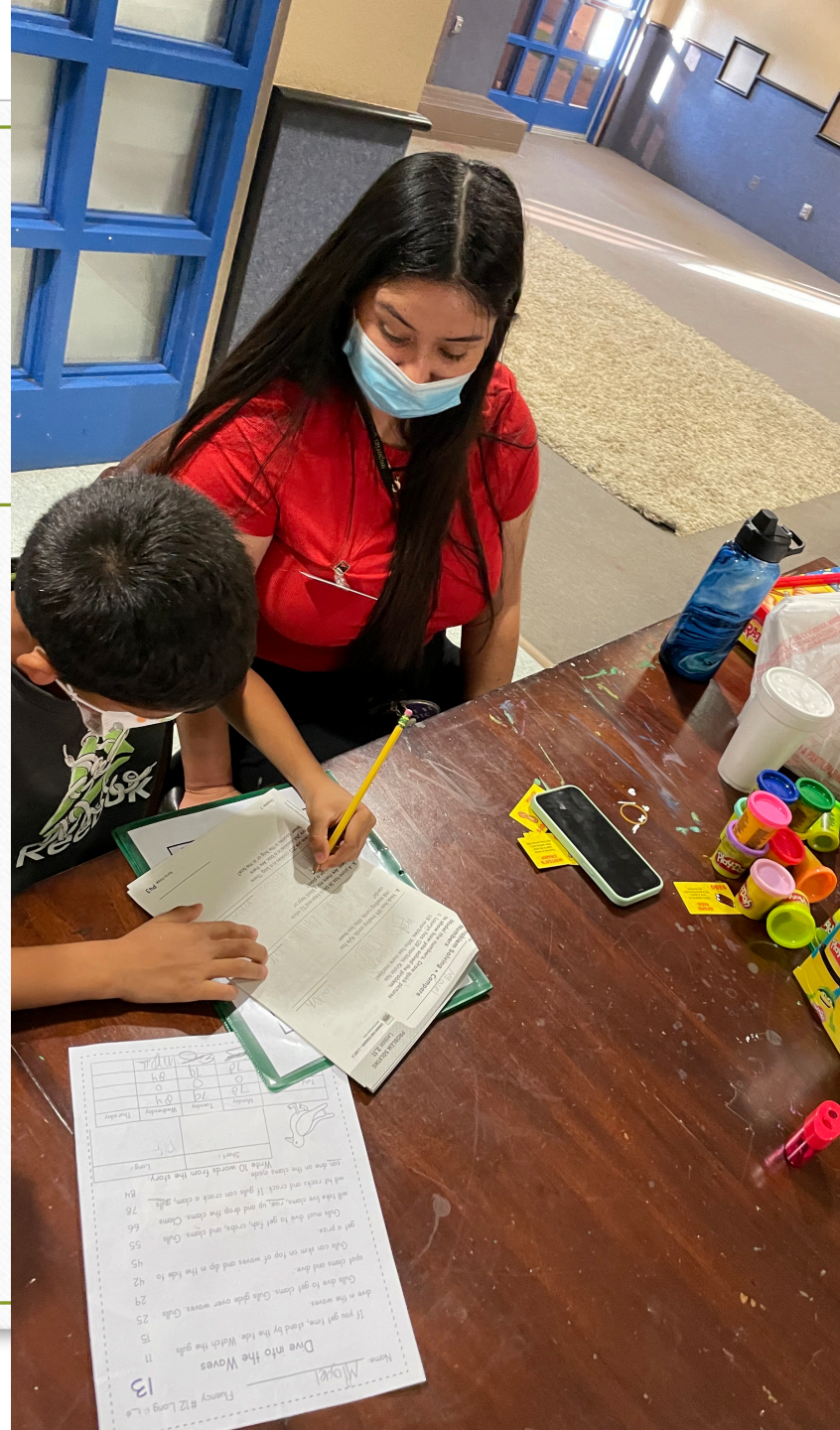
Juvenile Hall / Shelter Home

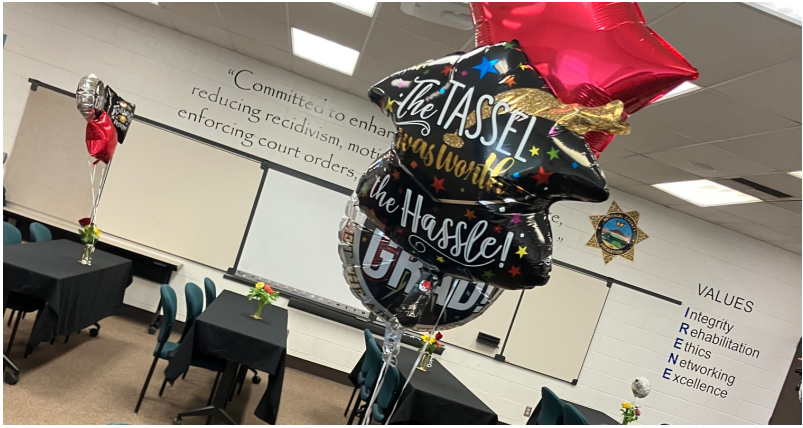
ASPIRE also offers counseling, support, and life skills workshops to Juvenile Hall and children temporary placed at Imperial County's Shelter Home.

- ❖ Learning different outlets that will prevent them from returning to the detention setting
- ❖ Encourage positive coping skills
- ❖ Learn how to make a resume
- ❖ How to apply for a driver's license

Programming includes:







Events we've done at JH



Recreational Activity

Questions? Comments. Feedback!

