

# First 5 California Annual Report Form

## PART 1

FISCAL YEAR 2004-05

### COUNTY COMMISSION NARRATIVE

**Please complete the County Commission Narrative Form.**

Enter official name of County Commission:

First 5 Yolo

Enter name of County Commission that should be used in the  
County Commission's profile, if different from above:

#### **How to Submit Part 1 of the Annual Report Form**

- Please **e-mail** your completed Part 1 by **October 15, 2005**, to:  
**First5AR@sri.com**.
- Photo release forms can be faxed to SRI International at  
(650) 859-5258.
- You should receive a reply within 5 days confirming receipt of any sent  
file(s).
- SRI International will provide First 5 California with a copy of all parts  
of the annual report form.

## **1. County Commission's Priorities in Strategic Plan:**

Yolo County is located in California's central valley region; it lies between Sacramento and Solano counties. Its proximity to Sacramento International Airport as well as two major interstates places it within a major transportation hub of the state. The majority of the county's land area, about 80%, is reserved for farming. The total population of Yolo County is approximately 184,000 with nearly 90% of people residing in the four incorporated cities- Davis, West Sacramento, Winters, and Woodland. UC Davis is the leading employer in the county, followed by local government. Agriculture is Yolo County's primary industry. A recent MCAH needs assessment revealed that the percent of children living in poverty ranges greatly by city- from 7% in Davis to 32% in West Sacramento. The Yolo County Children's Portfolio, published with funds from First 5 Yolo, found that a full 67% of children in need of childcare do not have it. While the cost of childcare in Yolo County is lower than the state average, it represents a higher proportion of median income, resulting in less affordable childcare for residents. Without subsidies, residents making minimum wage would not be able to pay for both housing and child care, because child care costs would take up to 55% of their income. At this time, the current waiting list for a childcare subsidy in Yolo County is over 1,000 unduplicated children, not including Head Start and State Preschool programs. A community-level, grassroots needs assessment conducted by First 5 Yolo and incorporated into our current Strategic Plan revealed that, in addition to child care and early education needs, a second priority for children ages 0-5 is access to high quality health care services. Specific needs identified included consistent, local, low-cost medical services, health insurance (especially in the rural areas), basic mental health services and dental care.

First 5 Yolo's funding priorities closely followed the needs outlined in its Strategic Plan. Funding of \$500,000 per year for 5 years was committed to implement the Child Care and Early Education Initiative, now in its second year of full funding. Three unique programs each addressing a different area of the childcare challenges in the county were funded: 1) a countywide childcare collaborative focused on increasing childcare provider capacity and quality; 2) a two-year planning grant to begin a co-operative child care program in rural Knights Landing; and 3) a universal early learning (pre-kindergarten readiness) program targeting children ages 0-5 and their parents in isolated Esparto. Funding of \$625,000 per year for 5 years was also committed to plan and implement the Access to Quality Health Care Initiative (AQHC). During FY04-05, a comprehensive report on the current state of public and private health insurance programs was completed. This 60 page document was compiled from information taken from throughout the county and revealed the largest healthcare gaps were due to a lack of health insurance among our migrant/undocumented children and children of low wage earning working parents at 250-300% of the federal poverty level. As a result of these findings, First 5 Yolo was instrumental in spearheading a local Children's Health Initiative (CHI) to pull together public and private partners to fund a Healthy Kids insurance program for all children 0-18 years. Approximately \$350,000 per year of First 5 Yolo funds will be expended to cover premiums for children 0-5 years. An additional \$125,000 was dedicated to bolster health insurance outreach, enrollment, utilization and retention efforts. In FY04-05 a competitive RFP process led to funding a local Family Resource Center to conduct these vital services. The final \$150,000 from the AQHC Initiative will be used in FY05-06 to fund quality improvement projects based on recommendations from the local CHI's Healthcare Quality subcommittee.

Additionally, providing school readiness services in Woodland and West Sacramento continued as a priority in FY04-05, as did the Commission's support of its Community Engagement Program (CEP). The Commission continued its 1:1 match of funds totaling nearly \$500,000 in FY04-05 for the School Readiness Program. The Commission backed its commitment to community engagement by supporting CEP at \$89,500 in FY04-05, with an additional \$100,000 in community and child care mini-grants offered through this program.

**2. Primary Activities and Programs, by Funding Priorities. 5 pages maximum.**

- a. **Check the box(es)** below if your County Commission participated in any of the following statewide initiatives sponsored by First 5 California during fiscal year 2004-05.
- School Readiness Initiative
  - Preschool for All
  - Health Access for All Children
  - Comprehensive Approaches to Raising Educational Standards (CARES)
  - Special Needs Project

**(a) Priority Area/Initiative: Early Childcare and Education Initiative**

**(1) Primary Activities and Accomplishments:** First 5 Yolo funded 3 agencies to improve childcare quality and access. Each agency targeted a unique geographic and/or quality issue. Through the Quality Enhancement Program, in FY04-05 childcare specialists worked with childcare centers, family homes (both licensed and license exempt) to conduct environmental assessment pre and post intervention. The specialists provided education and resources, assisted childcare providers in selecting appropriate early education materials for their facilities, and trained providers on a variety of topics. A second program, Kids Are The Key, focused on building the infrastructure of a small, rural town so that a co-operative preschool could be opened. The Knights Landing Children's Center cooperative has created 18 spaces for children ages 2-5, with current enrollment at 8 children and increasing monthly. The mainly Latino parent-run Board of the Center began as a grassroots community engagement effort and resulted in the involvement of many parents who are running the co-operative. The third project, Universal Early Learning, worked with dozens of parents to increase pre-school and early learning opportunities in rural Capay Valley. Content-appropriate classes/groups were held for each age group (Mommy, Daddy, and Me for 0-1 year olds; Toddler Stimulation for 2-3 year olds; Pre-Kinder Readiness for 3-5 year olds).

**(2) Childcare Collaborative (Quality Enhancement Program) Outcomes:** 12 childcare centers participated in the Quality Enhancement Program in FY04-05. As a result, 95% of the centers (n=11) increased the quality of their program/facility by scoring in the acceptable range on the ECERS or FDCRS assessments. A Childcare Directors Association was created, with 31 center directors participating- this is more than 30% of the total directors in Yolo County. 194 new licensed spaces in rural areas were created through the access component of the Initiative. Additionally, 11 centers participated in special needs training, resources and support services, which increased the number of special needs services offered by the centers for their clients. During the fiscal year, 25 parents of special needs children accessed special needs services through their childcare center and 400 potential spaces were better equipped to serve special needs children as a result of the program. Finally, 19 of 21 children with special needs served through QEP were successfully placed in a child care accommodation that met their needs.

**Kids Are The Key Outcomes:** After completing a Childcare Co-operative plan in FY03-04, the Yolo Family Resource Center took their grant one step further and help to open the first childcare co-op in rural Knights Landing. The parents were instrumental in assisting the teaching staff, recruiting new families to the co-op, and serving on the board of directors. After opening in March 2005, the center currently has 8 children ages

2-5 enrolled and will continue to grow until it reaches the maximum number of 18 children. The co-op operated special hours and days to accommodate migrant families.

**Universal Early Learning Outcomes:**

- Children entering the Pre-kinder Readiness Program were assessed for basic academic knowledge/skills using the DRDP to determine baseline levels. Children were assessed again at the end of the year to determine growth and acquisition of new skills. All 16 children in the Pre-Kinder Readiness group showed significant measurable gains.
- 62% of all incoming kindergarteners in the Capay Valley participated in the Kinder Round-up Program, which takes place in the weeks preceding the start of school and provides children with basic skills for succeeding.
- Over 5,680 hours of co-oped child care hours were provided through the creation of a Parent Leadership Association.
- 43 “encircled children” (those who have special needs or are identified by staff as being at risk for a difficult transition from pre-kinder to kindergarten) received intensive ongoing managed services during FY04-05.

**(b) Priority Area/Initiative: Access to Quality Health Care (Children’s Health Initiative)**

**(1) Primary Activities and Accomplishments:** An in-depth report on the health access for children residing in Yolo County was completed during FY04-05. It revealed that nearly 3,605 (7%) children are currently uninsured; 985 between the ages of prenatal to five and 2,620 between the ages of 6-18. Approximately two thirds of all uninsured children meet income eligibility criteria for other public health programs but are not enrolled. In order to address this issue First 5 Yolo has committed \$125,000 a year for five years for outreach, enrollment, utilization and retention services to ensure that children who are eligible for existing public health insurance programs are enrolled.

First 5 Yolo has also allocated \$350,000 to fund a "Healthy Kids" insurance product for children who are ineligible for Medi-Cal and Healthy Families and whose family income is below 300% of the Federal Poverty Line. The Healthy Kids product is modeled after Healthy Families and provides comprehensive health insurance regardless of immigration status.

First 5 Yolo has invited key community leaders with diversified professional specialties to participate in the building of the Yolo County Children’s Health Initiative. This group focuses on the broader goals of the CHI, which are to create the Healthy Kids product, to ensure coordinated outreach and enrollment, to develop healthcare quality improvement recommendations, and to raise funds for premiums for children 6-18 years.

**(2) Outcomes:**

- A forty member CHI Steering Committee was convened twice during FY04-05, which resulted in the creation of four subcommittees to accomplish the goals outlined above.
- A detailed fundraising plan was developed, with several applications for funding submitted to foundations (funding pending).
- An MOU with Partnership HealthPlan (PHC) to be the plan administrator was signed between First 5 Yolo, PHC, and the CHI.

### **(c) Priority Area/Initiative: School Readiness Program**

- (1) **Primary Activities and Accomplishments:** The School Readiness Programs in both Woodland and West Sacramento have accomplished the primary goals set for the program and in many instances, have greatly exceeded expectations. The programs have enjoyed a very positive perception in the communities surrounding the 4 qualifying schools and now have significant name recognition in Yolo County.

In September of 2004, the First 5 Yolo Commission illustrated the local commitment to ongoing support School Readiness programs by including the initiative in the ten year fiscal sustainability plan. This is an extremely important development as it has enabled staff to leverage financial support from one of the two school districts participating in the initiative. This initial financial contribution has opened the door to discussions with the Woodland Joint Unified School District on how they might blend some existing funding streams to expand school readiness and even create new programs at other school sites.

Utilizing School Readiness funding and the support of multiple collaborative partners, a number of important services were provided to the communities surrounding the qualifying schools including case organizing, resources and referrals to families, family literacy, health fairs, and Kinder Kamp.

#### **(2) School Readiness Outcomes:**

- Parenting Workshops- 24 separate, topic specific parenting workshops were offered throughout the year with excellent attendance and results. More than 261 parents attended one or more workshop and 100% of participants increased their knowledge on specific topics by 25% or more as measured by a pre/post survey. Some of the topics included; stress and family management, family nutrition, safety and child proofing your home, potty training without tears, cooking with the new food pyramid, child development, and music works wonders.
- Parent/Child Story Time – 5 sessions. Story time was offered in partnership with the Yolo County Library and was a very successful component of the program in West Sacramento. Over 120 children participated in one or more of the story time sessions. Each session had a theme that included a relevant arts/crafts activity. Additionally, each child received a copy of the selected story time book.
- Mobile Family Literacy Program – 4 sessions. The mobile literacy bus is a family literacy program offered in collaboration with the City of Woodland Library. Each course is eight weeks in length and requires that a parent or guardian attend with a child between the ages of 3 and 5. A themed curriculum was designed and utilized to encourage family literacy. The program offers an arts and crafts component, provides one new book per week and includes a school readiness backpack containing markers, crayons, paper, erasers, pencils, scissors, ruler and a glue stick. All four sessions began with full enrollment (10 parents/10 children per session) but only roughly half of participants completed the entire 8 week series. Program staff are looking at strategies for the future that would address how we might do a better job of retaining families or looking at what the primary reasons are behind non-completion so that we can adjust the program to avoid this outcome in the future.
- Kinder Camp – 4 classes. Kinder Camp was provided at the qualifying schools for children with little or no preschool experience. 90 children registered and 70 children completed the four week program. Kindergarten teachers have provided anecdotal information suggesting that they have seen a noticeable difference among children who attended Kinder Camp as compared to those that did not. Early analysis of

results indicates that participating children averaged a 63% improvement over the four week time period as measured by a pre/post assessment tool.

- Home Visiting – Home Visiting continues to be an important component of the School Readiness Program and has been warmly accepted and utilized by families. The Parents as Teachers (PAT) home visiting curriculum has proven to be successful and we will continue to utilize it through the remainder of the grant. Program staff completed 185 home visits in FY 04/05. Approximately 57% of all referrals made during the course of a home visit resulted in actual services likely attributable to the 252 follow-up contact made by staff.
- Heights and Weights Screenings – This component of the program was not as successful as in the previous fiscal year. Due to staff turnover in the West Sacramento program, the screenings began later in the year resulting in fewer overall screenings. 106 screenings of preschoolers were conducted in partnership with the Yolo County Health Department. School Readiness staff and Health Dept. personnel provided nutrition workshops, information and referrals to parents.

**(d) Priority Area/Initiative: Community Engagement Program (CEP)**

**(1) Primary Activities and Accomplishments:** The primary focus areas of CEP are: Public Relations and Education, Community Partnerships, Advisory Group and Public Influence on First 5 Yolo and local decision making. Although not a program of the School Readiness (SR) Initiative, CEP worked closely with SR in identifying SR participants and encouraging their involvement in CEP related activities. CEP works to identify the hard to reach populations throughout Yolo County as a way to give voice to the underserved. CEP focuses on advocacy and the empowerment theory. A major activity of CEP is to establish Community Action Teams (CATs), which are groups developed by community members that serve as a place where members can share views and work on common priorities.

**(2) CEP Outcomes** are outstanding, from a community park being built, to a group of parents receiving training on how to get their children ready for school, to developing a resource guide in an Afghan language, and many other accomplishments all made possible by simply giving the community an avenue to express their needs. Results demonstrated that participants who had been involved with a CAT for a period of four months felt more confident about their involvement in community activities including making decisions about issues related to children 0-5. CAT participants were also very confident about taking part in community decisions related to young children, working with local leaders on issues related to young children, and being involved in a culturally diverse committee or group on a regular basis.

**(e) Priority Area/Initiative: Preschool For All**

**(1) Primary Activities and Accomplishments:** A dedicated PFA task force continued to meet monthly over the 2004/2005 fiscal year and in June 2005 completed a plan that will meet the needs of the community as well as meet the standards for quality preschool outlined by First 5 CA. The plan remains an evolving document but includes core principles and a solid framework for moving forward including; methodology used to gather data and complete analysis, planning and design elements of the program, funding strategies/fiscal projections, and a detailed implementation plan. Additionally, the task force took another significant step toward attaining Universal Preschool by submitting an application to First 5 CA for consideration as a PFA demonstration project.

First 5 Yolo has supported the task force from its inception through active participation from its Commissioners, staff support provided by the School Readiness Coordinator and local First 5 planning dollars in the amount of \$30,000. Additionally, the Commission approved the submission of an application to First 5 CA allowing the task force to leverage an additional \$50,000 in planning grant dollars. Further, First 5 Yolo has set aside \$500,000 over five years to assist in the implementation of PFA. In July of 2005 First 5 Yolo committed to act as lead agency/administrator during the start-up phase of implementation or until an alternative agency is identified. Given that the success of this program will rely on strong collaboration and coordination, the Commission will play an important role in ensuring success by providing leadership, technical assistance, program development expertise and the evaluation support necessary to create a solid foundation for future growth. PFA builds nicely on existing Commission funded programs which will foster collaboration among programs such as the Child Care Collaborative, CARES and School Readiness.

**(2) PFA Outcomes:**

- A PFA Plan for West Sacramento was approved by the Task Force and First 5 Yolo, leading the way for the PFA Task Force to submit an implementation application to First 5 CA for matching funds.
- In June of 2005, Task Force members hired a grant writer to assist the task force in the creation and implementation of a comprehensive fund development plan.
- In June of 2005, The Task Force and newly hired grant writer began work on the First 5 CA Preschool For All application for implementing PFA in the city of West Sacramento. The Task Force would eventually received notification (October 2005) that they had been awarded funds totaling nearly \$700,000 to carry out the PFA Plan for West Sacramento.

**(d) Priority Area/Initiative: CARES**

**(1) Primary Activities and Accomplishments:** The CARES Program Resource Specialist continued to outreach to providers in the county. To become eligible for stipends, participants were required to meet with a CARES advisor and complete a participation plan prior to attending workshops and trainings. The funds were administered through the local Childcare Resource and Referral Agency, who is also funded to conduct the Childcare Quality Enhancement Project, thereby ensuring access to the providers who would most benefit from the CARES program. The program was well advertised through the Childcare Quality Enhancement Project.

**(2) Outcomes:**

- 174 child care stipends were given in FY 04/05 for ECE and training: 124 in child care centers, 39 in family child care home settings and 11 for license exempt settings. The final project total was \$141,580.00.
- A Professional Development Activities Standards document was developed to clarify activities that meet the quality standards and emphasize First 5 priority areas.
- The CARES Program is gaining momentum as more providers in Yolo County are becoming aware and informed of the benefits associated with participation.
- The CARES Program participation by providers in West Sacramento is expected to increase once implementation of Universal Preschool begins in June 2006.

### 3. Promoting Equitable Access and Outcomes.

- a. Has your County Commission formally adopted the Principles on Equity?

Yes  No

- b. What communities in your county have been historically underserved?

Yolo County is a primarily rural county, with 4 incorporated cities and 11 unincorporated communities. Many of the individuals living in these communities have traditionally been underserved due to the fact that Yolo County is made up of many isolated farming communities. Transportation continues to be a major challenge in our county; this makes it difficult for residents to receive much needed services, many of which are located in the 4 larger cities. Additionally, immigrants are attracted to work in Yolo County; creating linguistically and ethnically diverse communities. These groups include Hmong, Russian, Afghan, and other Middle Eastern ethnicities, as well as many Spanish speaking families.

- c. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

First 5 Yolo's Community Engagement Program is now in its fifth year of implementation and is committed to engage and advocate for the county's underserved population. Most recently the Commission's full-time Community Engagement Coordinator has partnered with local CBOs in an effort to reach the underserved. By attending local collaborative meetings established by CBOs, the CEP Coordinator has the opportunity to highlight the Commission's programs, thus resulting from other workers referring individuals to the Commission's programs. Other ways of reaching the underserved has been by going into the underserved communities and bringing meetings and resources. The focus of the meetings are the needs of children ages 0 to 5 years old in those communities. These meetings result in long term planning and the groups becoming Community Action Teams.

- d. Have these strategies resulted in greater access to services and higher quality of services for these communities or groups?

The communities that have benefited most from the strategies implemented through CEP have been Clarksburg, Dunnigan, and West Sacramento. The population in Clarksburg is mostly Latino farm workers. Many of the parents work in the fields and leave their children home alone early in the morning or leave them with neighbors and/or older siblings. Members requested child care programs in their community. The result was that Child Care Services now offers playgroups in Clarksburg. At least 9 children participate in these events. The residents of Dunnigan, a Community Action Team active for 2 ½ years, have recently become involved in their local Community Service District as they engage in the planning for growth in Dunnigan. In addition, they have shown interest in receiving Parent Leadership Trainings, concentrating on community-school partnerships. The newest CAT to have developed is in West Sacramento, this group's focus is access to medical services, access to bathrooms in their neighborhood parks, preschools, and how to care for children with special needs. Recently they met with the Parks Dept. manager to discuss the possibility of placing bathrooms in the most frequently used park facilities.

#### 4. **Program Highlights.**

**a. Early Care and Education:** The Yolo County Child Care Collaborative is a partnership of Yolo County Child Care Services Resource and Referral Agency and six partnering agencies. The Collaborative's goal is to enhance the quality of child care, preschool and early learning programs in Yolo County.

The Collaborative was developed as a result of extensive community surveying that identified some specific needs related to child care in the county, including: the need for well trained child care staff; the need to retain child care staff; the need for more licensed providers in rural parts of the county; the need to develop of resources for parents; the need to understand how best to serve children with special needs; and others. Coupling these survey results with the First 5 Yolo's goal of improving quality child care, a workgroup was established with local experts in child development to identify some specific action steps to address these needs. As a result, the Child Care Collaborative was established.

The Collaborative serves a diverse group of providers, including licensed and license exempt providers. In addition, bilingual staff support is available to assist Spanish and Russian speakers utilizing the program. All of the Collaborative's four staff members have child development backgrounds.

Collaborative services include:

- Child development training
- A mobile van that delivers a lending library of resources and toys directly to licensed child care providers
- Technical assistance on site for teachers and child care providers
- Cash incentives for trainings
- Technical assistance related to serving children with special needs in a child care setting
- Assistance and support for families with children with special needs who are in need of child care
- School Readiness Program for child care providers
- Other services and support

The School Readiness PLAY Days offer training and support for licensed and license exempt providers to introduce children to a preschool classroom setting and developmentally appropriate activities. PLAY Days are facilitated eight times each month at several school and community locations throughout the county.

The Quality Enhancement Programs offer on-site technical assistance provided by child development specialists. Providers are offered 12 site visits over 12-months, and evaluative tools like the Early Childhood Environment Rating Scale (ECERS) are utilized to help providers use standard measures to identify areas for growth and development. In addition, the program's mobile van, the PLAY van, makes regular visits to sites to provide toys and resources for the providers. The PLAY van's resources were recently enhanced by a large donation of toys valued at \$10,000, a great example of leveraging First 5 resources.

Some of the Collaborative's successes in FY 04-05 include:

- 81 family child care providers, 129 center staff, and 9 license exempt providers completed Early Care and Education (ECE) class work, nearly four times the number who completed these classes in the prior year.
- There was **no** attrition of new child care providers in the first 6 months of being licensed. In FY 01-02, there was a 52% attrition rate for new providers.
- 50 providers and 181 children participated in PLAY Day sessions.
- More than 400 child care slots were available for children with special needs as a result of providers receiving additional training to support children with special needs.
- 194 licensed child care slots were available and maintained in rural parts of the county.

**b. Access to Quality Health Care:** The Yolo Family Resource Center's (YFRC) Health Insurance Project promotes access to and utilization of health insurance by: 1) providing assistance to families to complete appropriate applications for health insurance, and 2) supporting families after they are insured in utilizing insurance. The Health Insurance Project (HIP) supports children and families throughout Yolo County.

Fifty percent of the support that the program provides to families is related to application assistance, and the other half is around utilization. The insurance products available are Healthy Families, AIM, Medi-Cal, Kaiser Children's Health Insurance, and other private programs. While getting families insured is the first step, HIP has identified education and support around utilization as key factors in families actually using their insurance.

Health Insurance Specialists case manage the families they work with to support both the application process and utilization of insurance. All of the Health Insurance Specialists are bilingual (Spanish, Hmong, and Russian), and many are also bicultural. The training for the Health Insurance Specialists consists of a) detailing the process of completing the various applications, b) curriculum on educating families about insurance, c) collecting qualitative and quantitative data, and d) cultural diversity training. In addition, although the staff focuses on case management related to insurance, the Health Insurance Specialists are also trained on making referrals through the Family Resource Center's internal referral system for those families who need additional services and support.

Some of the highlights from the Health Insurance Project for FY 04-05 are:

- Case managed approximately 600 families a year on health insurance.
- From February to June 2005, enrolled 96 children 0-5 in a health insurance program.
- Assisted parents of 215 unduplicated children 0-5 with enrollment and utilization services from February to June 2005.
- Encouraged utilization and retention of health insurance by working with the families every three months within the first year of enrollment.
- Contacted 50 families each month for health insurance utilization and retention education.
- Increased the number of health insurance enrollment locations (3) and HIP Specialists by collaborating with local community organizations, county agencies, clinics, and schools.
- Partnered with local businesses to provide health insurance information with employee paychecks.

**c. School Readiness:** The vision of the Woodland Joint Unified School District's Parents as Teachers (PAT) Program is that all children will learn, grow and develop to realize their full potential. PAT came into being to ensure that all children are able to start school with the same chance of successful learning, and hence successful living. PAT provides the information, support and encouragement parents need to help their children develop optionally during the crucial years of life, building on the concept that parents are in the best position to influence their child's readiness to learn. By providing specific, timely information about child development in the family's home or other comfortable setting, it was felt that parents' natural abilities and connectedness to their children could be enhanced to make a difference in their school success.

The program's universal access model focuses on families with children from before birth to kindergarten entry, and presently includes these four components:

- Personal/home visits by certified parent educators
- Parent group meetings about early childhood development and parenting
- Developmental and health screenings for young children
- Linkages and referrals to community networks and resources

The work of the PAT program is grounded in these basic beliefs:

- Parents are their children's first and most influential teachers.
- The early years of a child's life are critical for optimal development and provide the foundation for success in school and life.
- All young children and their families deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations.
- An understanding and appreciation of the history and traditions of diverse cultures is essential in serving families.

During FY 04-05 Woodland's First-5 Program made over 155 home visits, serving 33 families. Home visits occur 1-3 times each month for each family, and on average, families receive 8-10 visits per year. AmeriCorps volunteers have been utilized as home visitors, and the program has recently created and been funded for a staff home visitor position.

Most of the families served by the program are Spanish-speaking, and the program is responsive to the different cultural backgrounds traditions of the families served. The program has been very successful at retaining families in the program and attributes part of their success to having a well-trained staff. In addition, the school district has also supported the home visitation model and is now providing funding for a portion of the staff home visitor position.

**d. Community Engagement:** CEP has been a program of First 5 Yolo for the past five years. The primary focus areas of this program are: Public Relations and Education, Community Partnerships, Advisory Group and Public Influence on First 5 Yolo and Local Decision Making. Although not a program of the School Readiness Initiative, CEP has worked closely with SR in identifying SR participants and encouraging their involvement in CEP related activities. Initially CEP was funded as a pilot program through The Civic Engagement Project for Children and Families. After the four years of funding ended, First 5 Yolo continued to allocate funds in order to continue its civic engagement work.

CEP works to identify the hard to reach populations throughout Yolo County as a way to give voice to the underserved. By addressing this need in our community, CEP also meets the mission of First 5 Yolo, which is “to assist our community to raise children who are healthy and ready to learn. We will assure that our resources are effectively used and all community voices are heard.” One approach to meeting the need to reaching isolated communities is by holding meetings in the rural areas of Yolo County, community members are encourage to participate in a discussion around the issues and needs of children ages 0-5 in that particular community. The outcomes are outstanding, from a community park being built, to a group of parents receiving training on how to get their children ready for school, to developing a resource guide in an Afghan language, and many other accomplishments all made possible by simply giving the community an avenue to express their needs. . Anita Tatum, a community member involved in the Dunnigan CAT for the past two years recently joined her community’s Community Advisory Council. She serves as a member and is part of the decision making process for her town. Additionally, the skills that Anita has learned by taking part in CEP related activities have provided her and other participants with tools which can improve their family functioning.

5. *(Optional)* **Systems Change Support Activities.** N/A

6. **Child/Family/Provider Vignettes:**

**a. Early Care and Education-** A licensed family home provider enrolled in the Collaborative’s Quality Enhancement Program to receive additional support. Within the first week of being licensed, the provider wanted to quit. The provider was not a native English speaker and communication was often challenging for her. As the Quality Enhancement Program staff began to work with this provider, the staff focused initially on supporting her with developing marketing materials and an outreach plan. In addition, the staff helped design her child care space. The provider has stayed connected to the program over the past two years, and currently is serving 14 children at her center. This story is representative of the importance of this kind of support for providers to keep them in the field and ensure that they have the necessary resources and training to provide high quality care for the children they serve.

**b. Access to Quality Health Care-** Part of my outreach responsibilities as a HIP Specialist working with schools is to review the student emergency cards. Parents report on the cards their child’s health insurance information. Of the children who do not have a health insurance plan, it is then my responsibility to call that family and schedule an enrollment appointment for the various programs. In one case, I made contact with a single-mother who was very reluctant to schedule an appointment as she had been denied by Medi-Cal multiple times. I assured her over the phone that I work with her to get her child health insurance. The mother came in a week later for her appointment with the expectation that she would not qualify. I completed her application and could predetermine that the child was more than likely eligible for Healthy Families. I could not guarantee that Healthy Families would make the same determination, however I reassured her that I would work with her to find the most appropriate health insurance program. The mother expressed her gratitude with tears and hugs; she was thankful that someone was able to help her family. Her son had been sick and she has not been able to pay for the medical visit. Healthy Families would be able to provide her son with the care he needed.

**c. School Readiness “Parents as Teachers”-** Celia “Garcia” is a dedicated mother of four young children. Her youngest daughter Gladys enjoys a family visit by a PAT Family Educator. The Family Educator planned her visit carefully; she included a book, La Piñata, and materials to build one during her visit. The focus of her activity is early literacy, language and fine motor skills. The Family Educator guided the mother through the book, reading and encouraging both Mrs. Garcia and Gladys to share information about the story. “What did you like about the story?” “What color was the piñata?” “La piñata tiene muchos colores”, Gladys responded and identified all primary colors. Mrs. Garcia also shared with Gladys how piñatas are an important part of a celebration in her family. After the story was read, the parent activity was to make a piñata with recyclable materials. At this point, mother and child were fully involved in making the piñata from the story. The Family Educator shared with the mother how important it is to pay attention to the process rather than the product. Mrs. Garcia shared that her daughter has develop a better self-esteem and loves to pretend to read. “I enjoy the family visitations and I’ve learn so much about the needs of a developing child. I now know more about the importance of being an active parent.”

Mrs. Garcia is currently enrolled with the Woodland Joint Unified PAT Program, has attended nutrition workshops and participated in the early literacy program as well. Through the support of the First 5 School Readiness Program, Mrs. Garcia was able to learn how to use public transportation to get around town with her children. Mrs. Garcia would proudly let anyone know that she has taken the bus over eight times to take her children to the public library.

7. **Photograph for County Commission Profile:** Please see attached photos and releases.

8. **County Commission Profile.** Please indicate below whether you would like SRI International to prepare your County Commission profile or your County Commission is preparing its own draft profile. If your County Commission wants to prepare its own profile, please follow directions provided in the **County Commission Profile Guidelines**.

My County Commission is preparing and attaching a draft of its own profile, using the **County Commission Profile Guidelines**.

SRI International should prepare a draft of my County Commission’s profile.

9. **County Commission Funding Priority Outcomes and Indicators.** Please indicate on the following chart the outcomes that were local funding priorities in fiscal year 2004-05.

### County Commission Funding Priority Outcomes and Indicators

**Directions:** Please check all the outcomes listed below that were local funding priorities in fiscal year 2004-05. The associated population-based and core participant indicators do not need to be marked.

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> <li>• Infant survival rate</li> <li>• Number and percentage of births at low birth weight</li> <li>• Number and percentage of births at very low birth weight</li> <li>• Number and percentage of live births in which mothers received late or no prenatal care</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percentage of births at low birth weight</li> <li>• Number and percentage of births at very low birth weight</li> <li>• Number and percentage of live births in which mothers received late or no prenatal care</li> </ul>	
<input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> <li>• Number and percentage of children who receive the recommended vaccines for their age</li> <li>• Number and percentage of children with a regular medical home</li> <li>• Number and percentage of children who have health insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percentage of children who receive the recommended number of well-baby and child checkups by age 2</li> <li>• Number and percentage of children with a regular medical home</li> <li>• Number and percentage of children who have health insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percentage of children who receive the recommended vaccines for their age</li> </ul>
<input type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> <li>• Number and rate of nonfatal injuries to children ages 0 to 5 requiring medical advice or treatment</li> </ul>		

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> <li>• Number and percentage of children whose parents rate them to be in very good or excellent health</li> <li>• Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more</li> <li>• Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percentage of children whose parents rate them to be in very good or excellent health</li> <li>• Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age</li> </ul>
<input checked="" type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> <li>• Number and percentage of children age 3 or older who receive annual dental exams</li> <li>• Number and percentage of children who have dental insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percentage of children age 3 or older who receive annual dental exams</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percentage of children ages 0 to 5 years who have dental insurance</li> </ul>

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are free of smoking-related illnesses.		<ul style="list-style-type: none"> <li>• Number and percentage of children who live in households where no adults smoke</li> <li>• Number and percentage of women who did not smoke during pregnancy</li> </ul>	
<input checked="" type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> <li>• Number of licensed center child care spaces per 100 children</li> <li>• Number of licensed family child care slots per 100 children</li> <li>• Number of Head Start slots per 100 low-income children</li> <li>• Number and percentage of licensed center child care spaces for children with special needs</li> </ul>		
<input checked="" type="checkbox"/> Children participate in early childhood education programs.	<ul style="list-style-type: none"> <li>• Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry</li> <li>• Percentage of children with special needs who participate in early childhood care and education programs</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry</li> <li>• Percentage of children with special needs who participate in early childhood care and education programs</li> </ul>	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> <li>Number and percentage of children identified as having special needs by the time of kindergarten entry</li> </ul>	<ul style="list-style-type: none"> <li>Number and percentage of children identified as having special needs by the time of kindergarten entry</li> </ul>	<ul style="list-style-type: none"> <li>Number and percentage of children under age 3 who receive a developmental screening from their primary care provider</li> <li>Number and percentage of children identified with disabilities who receive developmental services by the time of kindergarten entry</li> </ul>
<input checked="" type="checkbox"/> Children enter kindergarten “ready for school.”	<p>Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development</p>		<ul style="list-style-type: none"> <li>Number and percentage of children who participate in school-linked transitional practices</li> </ul>
<input checked="" type="checkbox"/> Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> <li>Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age</li> </ul>	<ul style="list-style-type: none"> <li>Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age</li> </ul>	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> <li>• Number and percentage of children with substantiated or confirmed (open) cases of child abuse</li> <li>• Number and percentage of child maltreatment in which there is a recurrence within a 6-month period</li> </ul>		
<input type="checkbox"/> Fewer teens have babies, and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> <li>• Number and rate of births to young teenage mothers</li> </ul>		<ul style="list-style-type: none"> <li>• Number and rate of births to young teenage mothers</li> </ul>
<input type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> <li>• Number and percentage of children living in poverty</li> </ul>		<ul style="list-style-type: none"> <li>• Number and percentage of children living in poverty</li> <li>• Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger)</li> <li>• Number and percentage of children who move more than once in a year</li> <li>• Number and percentage of mothers who completed high school or its equivalent</li> </ul>
<input checked="" type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<ul style="list-style-type: none"> <li>• Number and percentage of mothers screened for depression</li> </ul>

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> <li>• Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year</li> <li>• Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home</li> </ul>		