

First 5 California Annual Report Form

PART 1

FISCAL YEAR 2005-06

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, 2006**, 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.

County Commission Narrative Form

1. First 5 Yolo'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 third year of full funding. Two unique programs addressing a different area of the childcare challenges in the county were funded in FY05-06: 1) a countywide childcare collaborative focused on increasing childcare provider capacity and quality and 2) a 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 document 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 below 300% of the federal poverty level. As a result of these finding, in FY05-06, 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. The final \$150,000 from the AQHC Initiative was allocated for use in FY05-06 to fund quality improvement projects based on recommendations from the local CHI's Healthcare Quality subcommittee. The three primary areas identified were oral health, mental health, and childhood obesity.

Additionally, providing school readiness services in Woodland and West Sacramento continued as a priority in FY05-06 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 FY05-06 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 \$25,000 in community and child care mini-grants offered through this program.

2. **Primary Activities and Programs, by Funding Priorities.** (Please limit your response to this question to **five pages.**)

- 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 2005-06.
- School Readiness Initiative
 - Special Needs Project
 - Power of Preschool
 - Health Access for All Children
 - Comprehensive Approaches to Raising Educational Standards (CARES)

(a) Priority Area/Initiative: School Readiness

(1) Primary Activities and Accomplishments:

Our site based School Readiness program serves three schools in the Washington Unified School District (West Sacramento) and the largest elementary school in the Woodland Joint Unified School District. Over 1,275 participants received services in FY 05-06 through parent education, literacy sessions, home based education, and summer transition programs. Our PLAY Day program, targeting license exempt child care providers, held monthly sessions in both the Woodland and West Sac communities and reached 20 providers and 75 children in their care.

With the completion of Cycle 1 (FY 02-03 through 05-06), the School Readiness Program has evolved and changed to best serve the children and families in our targeted school catchment areas. Both our program sites have adjusted their staffing pattern to better execute the multiple interventions and have been able retain multilingual staff to access our emerging East Asian and Russian populations. With Cycle 2 funding, the programs will expand the literacy program and targeted services to children 0-3.

(2) Outcomes:

- Parenting Workshops- 23 parent education workshops were offered by the School Readiness program in three languages (English, Spanish, Russian,). The workshops at Prairie Elementary in Woodland and Evergreen, Elkhorn and Westfield Elementary in West Sacramento had over 400 parents and guardians attend. The topics were comprehensive and were based on requests and feedback from parents and educators. Among the subject matter addressed was: Family Nutrition and Healthy Lifestyles, Child Safety, Creative Play, School Readiness, Active Parenting, Literacy and Family Arts and Crafts. Child care was provided with specific curriculum based school readiness activities offered for children under five as well as activities and homework support for older children.
- Literacy – The literacy programs were revised to better meet the needs and requests of the families. Two new programs: *Family Stories* (Latino Literacy Project) and Home Literacy Parties (25 parent/child pairs) were piloted with great success. *Family Stories* (40 parent/child pairs) addressed both literacy as well as ESL for parents and children using children’s books and completing a family scrapbook in English. The Home Literacy Parties were coordinated by staff and a local ‘hostess’ who invited parents and children into her home to obtain information on early literacy and participate in group activities.
- Summer Transition Programs – 5 classes (3 English, 2 bilingual English/Spanish): *Kinder Camp Academy* (WJUSD) and *JumpStart* (WUSD) were provided at the

- qualifying schools for children with little or no preschool experience. 95 children registered and 85 children completed the four week program. Teachers met with parents to review children's progress and offer feedback on continuing activities in the home environment. Kindergarten teachers have provided anecdotal information suggesting that they have seen a noticeable difference among children who attended the summer transition programs as compared to those that did not.
- Home Visiting –This intervention using the *Parents as Teachers* (PAT) home visiting curriculum has proven to be successful and we will continue to utilize it through the Cycle 2 of the SRI. Program staff completed 170 home visits in FY 05/06 serving over 45 English, Spanish, Hindi/Punjabi speaking families with 1-2 visits per month.

(b) 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. Five Tracks were developed for providers going through the CARES Program: Track 1- Family, Friends & Neighbors (FFN); Track 2- Entry; Track 3 Permit; Track 4- Degree, Track 5- Professional Advisor.

(2) Outcomes:

- 221 child care stipends were given in FY 05/06 for ECE and training: 8 in Track 1, 44 in Track 2, 131 in Track 3, 23 in Track 4, and 15 in Track 5.
- The final project total was \$221,064, with \$171,704 distributed at centers, \$44,050 at family child care homes, and \$2,980 for license exempt providers.
- 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 Universal Preschool begins in August 2006.

(c) Priority Area/Initiative: Access to Quality Health Care

(1) Primary Activities and Accomplishments:

As a result of the convening efforts of First 5 Yolo, a Children's Health Initiative (CHI) was formed in March 2005. Yolo County now has a fully operational CHI and a locally funded Healthy Kids insurance product for children 0-18. The CHI is a collaborative project of First 5 Yolo and the Yolo County Children's Alliance. First 5 Yolo processes Healthy Kids applications for children 0-5 and Partnership HealthPlan administers the insurance product. The CHI has been extremely successful in raising funds to cover children 6-18 from Yolo County. The California Endowment, Blue Shield Foundation, the Teichert Foundation, local businesses and individual donors have all provided funds for premiums. Kaiser Permanente agreed to provide unlimited access to children into the Kaiser Child Health Plan (in specific zip code areas served by Kaiser) so that families may have an option when it comes to their child's health insurance product. In addition, the CHI has a Steering Committee that meets on a quarterly basis,

and 5 subcommittees that convene regularly: Quality Assurance, Product Development, Fundraising, Health Insurance Coordinating Committee, and Policy Committee.

In addition to launching the new Healthy Kids insurance product in January 2006, First 5 Yolo has committed \$150,000 per year for quality improvement activities in pediatric health care in the County. The Quality Assurance subcommittee of the CHI worked to identify problem areas, prioritize identified problems, and is now working on developing program interventions and/or collaborating with others in the County in three areas: oral health, mental health, and childhood obesity. Some of these funds will be used to support trainings for primary care providers to improve screening skills for oral and mental health issues, applying fluoride varnish to young children, and for dentists on how to work with young children.

(2) Outcomes:

- 4 quarterly CHI steering Committee meetings held.
- Monthly subcommittee meetings held.
- 284 children 0-5 were enrolled in health insurance programs
- 81 children ages 0-5 enrolled in Yolo Healthy Kids.
- 203 children 6-18 enrolled in Healthy Kids.
- 112 children 0-5 retained their health insurance
- 140 children 0-5 utilized their health insurance benefits
- 25% increase in Healthy Families enrollment in Yolo County for January – May 2006 as compared to January – May 2005.
- Funds were raised for premium assistance to enroll children 6-18 in Healthy Kids.

(c) Priority Area/Initiative: Access to Child Care & Early Learning

(1) Primary Activities and Accomplishments:

First 5 Yolo funded 2 agencies to improve childcare quality and access in FY05-06. Both agencies targeted a unique geographic and/or quality issue. Through the Quality Enhancement Program (QEP), in FY05-06, childcare specialists worked with childcare centers and family homes (both licensed and license exempt) to conduct environmental assessments (ECRS/FDCRS) pre and post QEP 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. The second 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 including a) Mommy and Me classes for parents with children 0-1 years of age, b) Toddler Too classes for parents with children 2-3 years of age, c) Pre-Kinder Readiness classes for parents with children 3-5 years of age, and d) Mommy, Daddy & Me classes for the whole family to join in.

Childcare Collaborative (Quality Enhancement Program) Outcomes:

- 12 childcare centers participated in the Quality Enhancement Program in FY05-06
- As a result, 100% of the centers (n=12) increased the quality of their program/facility by scoring in the acceptable range (greater than 3) on the ECERS or FDCRS assessments
- A Childcare Directors Association continued meeting, with 24 center directors participating- this is more than 30% of the total directors in Yolo County.

- 180 new licensed spaces in rural areas were created through the access component of the Initiative.
- Additionally, 20 centers and 31 FCC homes 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, 26 parents of special needs children accessed special needs services through their childcare center and 577 spaces were better equipped to serve special needs children as a result of the program.
- Finally, 26 children with special needs served through QEP were successfully placed in a child care accommodation that met their needs.

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 19 children in the Pre-Kinder Readiness group showed significant measurable gains, with 12 children moving up one entire Performance Level on the DRDP assessment.
- 27 children were enrolled in Pre Kinder Readiness, with a total of 61 sessions held throughout the year.
- 139 uninsured children received outreach, education, enrollment, and referral services for health insurance programs including Healthy Families, MediCal, and Healthy Kids.
- Over 10,930 hours of co-oped child care hours were provided through the creation of a Parent Leadership Association.
- 25 “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.

(c) Priority Area/Initiative: Universal Preschool

(1) Primary Activities and Accomplishments:

In October 2005, First 5 Yolo was granted one of nine, First 5 California- Power of Preschool (POP) demonstration grants to serve the City of West Sacramento in Yolo County. First 5 Yolo has supported the implementation of the project from its inception through active participation from its Commissioners who approved \$500,000 over five years to assist in implementation of the project. First 5 Yolo will act as lead agency /administrator throughout the life of the project. In November 2005, a Universal Preschool Advisory Council was established to oversee the development and implementation of the project they named “UP 4 West Sac”. Further, In December, 2005, First 5 Yolo hired a full time Universal Preschool Director to lead the implementation of UP 4 West Sac.

Because Universal Preschool requires the establishment and coordination of many “moving parts” – families, teachers, school districts, government agencies, colleges, public preschools and private childcare businesses – the project demands broad and far-reaching partnerships. Early on, the City of West Sacramento committed \$500,000 over five years, while also establishing a special Developer’s Fee, expected to generate \$840,000 over the same period of time. Following West Sacramento’s example, numerous partners have come forward to offer over \$4,000,000 worth of cash and in-kind contributions over five years. During the same period of time, UP4 West Sac will work

with private foundations to generate an additional \$1,000,000 required to carry out the project.

UP 4 West Sac is a collaborative project between the City of West Sacramento, First 5 Yolo, Washington Unified School District, Yolo County Office of Education, City of Davis Child Care Services Resource & Referral, Los Rios Community College District, California State University, Sacramento and West Sacramento Preschool and Childcare Providers. Project oversight is provided by the UP4 West Sac Council, composed of seven voting members with expertise in early childhood education, program administration, financial planning, and workforce development, parents and practitioners.

(2) UP 4 WS Outcomes:

In fall 2006, 135 participating 4-year-olds will be served in diverse program options: State Preschool, Head Start, General Childcare, Private Centers and Private Family Childcare Homes. By 2011, 485 spaces will be available for West Sacramento children, and by 2016, 100% of 4-year-olds in West Sacramento will have access to free preschool. This expansion will require a corresponding growth in numbers of highly-qualified preschool teachers. In the coming year, UP4 West Sac will provide an array of college counseling, college courses and ECE training programs, leading to the completion of AA and BA degrees among West Sacramento preschool teachers. Program monitoring and evaluation systems have been integrated into the programs structure and systems.

(e) Priority Area/Initiative: Community Engagement

(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 worked 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) Outcomes

- 756 Kits for New Parents were distributed through the Community Engagement Program
- 1 Community Action Team (CAT) was established in West Sacramento and maintained throughout the fiscal year. After assessing community needs, CAT members prioritized violence prevention as a top issue and the CEP Coordinator sponsored a series of 4 workshops pertaining to child abuse prevention, gang prevention, neighborhood watch programs, DV awareness, and legal counseling services.
- The Dunnigan CAT continued into its 4 year with a special focus on health insurance enrollment. The CEP Coordinator linked CAT members to health insurance enrollers, which resulted in many Dunnigan children being signed up for Medi-Cal, Healthy Families and Healthy Kids.
- In total, 11 events, including workshops and CAT meetings were held in FY05-06, with a total of 364 people attending the events.
- 15 childcare minigrants were distributed to increase the quality of the childcare environment at family homes

- 1 community mini grant was distributed to provide books to infants to start their library.

3. **Promoting Equitable Access and Outcomes.** Please answer (in no more than **one** page) the following questions:

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

Yes No

b. What communities in your county have been historically underserved (e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families)?

Yolo County is a primarily rural county, with 4 incorporated cities and 11 unincorporated communities. Many of the individuals living in the unincorporated areas 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?

FY05-06 marked the Community Engagement Program's (CEP) fifth year of implementation. CEP is committed to engaging and advocating for the county's underserved population. This year, the Commission's full-time Community Engagement Coordinator partnered with local CBOs in an effort to reach the underserved. By attending local collaborative meetings established by CBOs, the CEP Coordinator had the opportunity to highlight the Commission's programs, resulting in other CBO partners referring individuals to the Commission's programs. Other ways of reaching the underserved has been by going into the communities to convene meetings and bring resources, both financial and "people". 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? If so, describe how.

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 4 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. **Healthy Kids Program:** Approximately one third of the uninsured children in Yolo County are not eligible for public health insurance, such as Medi-Cal or Healthy Families. The Healthy Kids product of the Yolo Children's Health Initiative was designed to cover those children, and provide affordable access to comprehensive health services. The plan administrator, Partnership HealthPlan, works with the Healthy Kids product to offer medical, hospital, pharmacy, dental, vision and mental health services for families who have an annual income which is below 300% of the Federal Poverty Level (\$58,050 for a family of four).

Uninsured children are 70% less likely to receive medical care for common conditions, and are therefore more likely to rely upon emergency rooms for treatment. Emergency room treatment is expensive and puts financial strain on the community. When injured, uninsured children are less likely to receive medical services, and a quarter of these children have vision problems that go untreated. Children with access to health insurance do better in school, and their parents are less likely to miss work.

Healthy Kids hopes to reach 100% of eligible children in Yolo County, including undocumented children. All materials are offered in both English and Spanish. Healthy Kids provides Certified Application Assistors (CAAs) to help families through the enrollment process. Because many of the parents of eligible children speak English as a second language, most of the CAAs are fluent in Spanish.

Depending on a family's income, the Healthy Kids monthly premium is \$4 to \$12 per child per month, and co-payments for visits and prescription drugs are \$5. Regular visits to a primary physician ensure that a child receives appropriate preventative care and timely immunizations. A doctor who is familiar with a child is more likely to be able to catch emerging health problems and treat them early on. With the help of Healthy Kids, families are able to be proactive about their children's care, and keep them healthy for years to come.

- b. **Moveable Market Program:** The Movable Market of the Yolo County Food Bank is designed to bring an array of fresh, locally grown produce to families throughout the county. Frequently families who reside in the rural areas of Yolo County do not have access to vehicles, and are unable to make regular trips to the grocery store. This restricts their access to fresh fruits and vegetables, and leaves them reliant on non-perishable food items. The Movable Market visits 15 different rural sites each month to reduce food insecurity and make produce readily accessible to these families.

At each market visit, one of the many seasonally available fruits and vegetables is featured. The Movable Market prepares the item, and offers it to families to sample. This helps familiarize families with items they may be unaccustomed to, and demonstrates healthy preparation. The Market may also demonstrate how to combine

produce with other food items, such as apples and peanut butter, to create healthy snacks. Each month, over 2,000 pounds of produce is distributed, 50% of which is donated by local groups.

The Movable Market focuses on getting parents to cook with healthful produce, so that the nutrition of their children is maintained through a well-rounded diet. Their monthly newsletter features many kid-friendly recipes, and is available in both English and Spanish. They also provide families with information on physical education and children's nutrition. The coordinator of the Movable Market holds a degree in nutrition, and is often accompanied to market sites by volunteers from the community. One such volunteer does Food Stamp outreach on market days, and provides families valuable information about the Food Stamp program.

Most of the families served by the Movable Market have participated in a baseline survey. It confidentially asks families questions on topics including food consumption, whether the family owns a car, and how far they live from the nearest store. They hope to conduct post-surveys quarterly to measure the impact the Moveable Market has on the families they serve. Currently, the Moveable Market serves 250 families and 300 children. Recently, the Moveable Market was asked to expand to another site to serve an additional 250 families in Yolo County.

- c. Universal Early Learning Program: The RISE Universal Early Learning Program is a free child development program serving Capay Valley, Esparto, and Madison. This program has been adjusted to meet the specific needs of these rural agricultural communities, and has served as a model for other rural child development programs in California. RISE understands that programs in rural communities need fluidity should be relationship based, and must have a rural consciousness in delivery.

The few subsidized childcare centers and preschools in the area that RISE serves require that both parents be working to be eligible, excluding low-income families with only one working parent. RISE's programs and services are available to families in the community, regardless of their income status. Frequently families who come to RISE are monolingual. Children of these families would typically have no preschool before entering kindergarten, and may have had no experience in an English-speaking environment. Roughly half of the staff members at RISE are bilingual, which allows Spanish-speaking families to communicate, but also practice English skills. All informational materials are available in both English and Spanish.

RISE has four distinct early education and learning programs. "Mommy and Me" is a program for new mothers with children ages birth to 1. Meetings focus on topics such as nutrition, relaxation, and appropriate stimulation for infants. "Toddlers Too" encourages parent participation, provides age-appropriate activities, and promotes the development of fine and gross motor skills. The "Pre-Kinder Ready Group" meets three days a week for children ages 3 ½ - 5. It focuses on kindergarten readiness activities to build motor skills, knowledge of letters and numbers, and aid in social development. Rotating learning stations help children in the Pre-Kinder Ready Group become accustomed to transitions during the day and further prepare them for their kindergarten experience. On Friday evenings, "Mom, Dad, and Me" brings fathers in to participate and engages them in their child's early learning.

Parents of children who come to RISE stay at the program during their children's activities. They may have the option of participating, or visiting with other program parents. In collaboration with other local service agencies, RISE provides parent presentations to cover topics such as immunization schedules, child nutrition, and baby massage. RISE also hosts a support group for parents, exercise class that includes tips on how to exercise with children, and is a site for the bi-monthly visits of the Yolo County Food Bank's Mobile Market.

Many of the children at RISE would not have had an opportunity to participate in preschool activities were it not for the availability of RISE programs. Children of monolingual families have the benefit of having experienced a bilingual environment before entering Kindergarten. Teachers report that children who attended RISE have a much easier time transitioning to school, have accelerated literacy, and are not as traumatized when entering an English-speaking classroom. Additionally, parents are encouraged to engage in their children's early childhood development, and are given the tools to continue that education in the home.

- d. School Readiness Program: The parent education classes of the Woodland School Readiness Program (a Woodland Joint Unified School District program) uses research based curricula to build parenting skills. Through parent education classes, families are provided with the tools to develop and maintain effective parenting strategies.

The "Active Parenting" class is based on the curriculum of Dr. Michael H. Popkin, and is a six-week course. The sessions focus on setting clear behavioral goals for children and using age appropriate discipline as an alternative to spanking. Parents are encouraged to set consistent limits on their child's behavior and follow through with consequences. The development of a child's courage, confidence, self-esteem, and ability to cooperate are essential parts of this curriculum.

Another research based class offered is "Loving Solutions", a program uniquely designed to address the needs of families with children who are strong-willed and high-energy. It also features strategies for families with children who have been diagnosed with ADD or ADHD, and provides information about how to find additional help. The "Loving Solutions" class provides parents with guidelines to help them manage their child's behavior. It helps parents decide when it is time to make a rule about a particular issue, and when negotiating with a child is the best solution. Everyday issues that families face, such as dealing with chores and siblings, and improving performance in school are discussed. The class setting provides an environment where parents can ask questions and share experiences with each other.

The Woodland School Readiness Program also offers other class topics throughout the year including family communication and child health education, aimed at addressing the whole child, one class at a time. The program reports that it has learned through surveys and feedback regarding these parent education classes that the strategies offered in these courses have considerably reduced the use of spanking as discipline.

5. *(Optional) Systems Change Support Activities.*

a) What were you trying to change and why? Before the Power of Preschool (POP), West Sacramento had preschool spaces to serve less than half of the 4 –yr-olds residing West Sacramento. Parents who choose or could find room to send their children to

preschool spent 10-15% of their monthly income per child. West Sacramento, population 38,000, is home to a diverse mix of residents. The city is comprised of significant populations of Latino, Russian and East Asian immigrants, with 38% of households speaking a language other than English. Five out of eight West Sacramento elementary schools are listed by the State as “low performing,” based on low levels of student proficiency. At those same five schools, 76% of students qualify as low-income or in poverty. Prior to POP, no public or private preschool provider in West Sacramento meet the quality standards required by POP. In the face of these challenges, UP 4 West Sac took steps to successfully establish a new way of doing business for preschool providers and preschool families. In it’s first implementation year, UP 4 WS has enrolled 135 preschool children in 2 State Preschool, 2 Head Start, 1 Private Centers, and 3 Family Childcare classrooms.

b) Who was involved Because Universal Preschool requires the establishment and coordination of many stakeholders – families, teachers, school districts, government agencies, colleges, public preschools and private childcare businesses – the project demands broad and far-reaching partnerships. UP 4 West Sac is a collaborative universal preschool project between the City of West Sacramento, First 5 Yolo, Washington Unified School District, Yolo County Office of Education, City of Davis Child Care Services Resource & Referral, Los Rios Community College District, California State University, Sacramento and West Sacramento Preschool and Childcare Providers. First 5 Yolo serves as the administrative home for the program. Project oversight is provided by the UP4 West Sac Council, composed of seven voting members with expertise in early childhood education, program administration, financial planning, and workforce development.

c) What agreements, changes, or products resulted from this work? d) How, ultimately, are children and families better served because of these activities?
Improvement of Preschool Quality: Preschool providers across West Sacramento will meet a new level of quality for their programs, including the condition of their facilities, the quality of lessons, teacher to child ratios, level of teacher education and ability to serve diversity of student needs. Workforce Development: Preschool teachers and childcare providers are completing further training and education. A part time ECE case workers support teachers in the completion of ECE credentials, AA degrees and BA degrees. Inter-Program Alignment & Collaboration: As increasing numbers of State Preschool, Head Start, private center and home-based providers become a part of UP 4 West Sac, a growing network of providers are enrolling into the program. Preschool directors participate in meetings and conversations regarding quality improvement in their centers; teachers come together for classes and trainings. As a result, individual centers have moved out of isolation and have begun a rich and ongoing dialogue about new strategies and increased commitment to quality care. Improvement in Students’ Lives: Our preschoolers will gain the benefits of academic success, including heightened self-esteem, good health, academic mastery and social proficiency. Down the road this will translate into heightened success in high school and increased likelihood for post-high school education. Parent Involvement in the Educational Process: A key component of Universal Preschool is parent involvement in the Preschool classroom. This involvement includes volunteering during class time and participation in planning meetings and parenting classes. Through this process, parents recognize their role as providers of learning in their own homes and advocates for their children’s quality experience in public schools.

6. *(Optional) Child/Family/Provider Vignettes.*

a. Family Connections Program:

Like many new parents, John and Karen were chronically sleep deprived when they came to the Family Connections Program one year ago. They were having problems with the sleep schedule of their seven month-old son, Sam, and were frustrated that neither they, nor their child, could get a good night's sleep. Fortunately, one of the Program's upcoming informative sessions was with sleep specialist Ryan Honomichl. Weekly sessions at the Family Connections Program usually begin with a brief talk by a child development expert on a topic such as play or toileting. Parents or caregivers listen and ask questions as their child plays beside them. Each session includes child-led free play in a warm environment filled with a rotation of stimulating toys and objects. Sessions close with circle time; an opportunity for song and instrument play.

During his talk on sleep, Honomichl discussed sleep practices of families throughout the world, and shared what he's learned through extensive research. Topics such as co-sleeping and extinguishing were discussed, emphasizing that the needs of each child are different. There is no one right way, and parents are encouraged to try out different methods to see what works for their family. Due to the discussion on co-sleeping, John and Karen realized that it might be a method that could ease their family's sleep troubles. After trying it out, and establishing a consistent bedtime routine, they were able to report good news back to the Family Connections Program. By using these tips from the sleep session, they felt more rested and were getting along better. Their son, Sam, was sleeping better too, and they felt they had more patience with him and each other. This support from Family Connections allowed John and Karen to be better prepared parents and enjoy their son to the fullest.

b. Families in Self Help (FISH)

Families In Self Help (FISH) was founded to provide support to low-income families in or around West Sacramento. The families FISH serve are often immigrant or refugee, frequently from Latin America, Southeast Asia, the former Soviet Union, and the Middle East. The services FISH provides are uniquely tailored to suit the community, and to help families to become self reliant through their existing talents. Language and vocational training are essential components of empowering FISH families, which are provided through a variety of programs, including ESL classes, clerical training, community gardening, and sewing classes.

A comprehensive survey of area households, conducted in 2005, helped FISH identify the health needs of their community. In response to survey outcomes and with the help Yolo First 5, FISH began to hold weekly Saturday morning health classes for parents and children ages 0-5. Topics such as diabetes, high blood pressure, and nutrition were covered and participants received CPR and First Aid training.

The survey reported that 23% of all surveyed households had received a diagnosis of depression and/or post traumatic stress disorder. Having anticipated that families who have left their home countries might have a high incidence of depression, FISH began a weekly "Speaking Circle" lead by a Marriage and Family Therapist. Families from countries with a recent history of war frequently suffer from PTSD, and the "Speaking Circle" is intended to be a place where they can share their experiences and receive support from each other. At a meeting of the Circle, one woman was able to tell her story for the very first time, and shared how she had lost all of her siblings due to conflict

in her home country. As a mother now in the United States, her ability to process past traumatic experiences has been a great help, and exemplifies how FISH is works to meet the specific need if its local community.

7. *(Optional)* **Photograph for County Commission Profile.** Not submitted this year.

8. **County Commission Profile.**

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 2005-06.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all the outcomes listed below that were local funding priorities in fiscal year 2005-06. 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"> • Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care | <ul style="list-style-type: none"> • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care | |
| <input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care. | <ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance | <ul style="list-style-type: none"> • Number and percentage of children who receive the recommended number of well-baby and child checkups by age 2 • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance | <ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age |
| <input type="checkbox"/> Children are in healthy and safe environments. | <ul style="list-style-type: none"> • Number and rate of nonfatal injuries to children ages 0 to 5 requiring medical advice or treatment | | |

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

| 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"> • Number and percentage of children who live in households where no adults smoke • Number and percentage of women who did not smoke during pregnancy | |
| <input checked="" type="checkbox"/> Children have access to high-quality early care and education. | <ul style="list-style-type: none"> • Number of licensed center child care spaces per 100 children • Number of licensed family child care slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center child care spaces for children with special needs | | |
| <input checked="" type="checkbox"/> Children participate in early childhood education programs. | <ul style="list-style-type: none"> • 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 • Percentage of children with special needs who participate in early childhood care and education programs | <ul style="list-style-type: none"> • 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 • Percentage of children with special needs who participate in early childhood care and education programs | |

| Funding Priority Outcome | Population-Based Data | Core Participants | |
|---|---|--|---|
| | | Key Indicators | Elective Indicators |
| <input type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs. | <ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of kindergarten entry | <ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of kindergarten entry | <ul style="list-style-type: none"> Number and percentage of children under age 3 who receive a developmental screening from their primary care provider Number and percentage of children identified with disabilities who receive developmental services by the time of kindergarten entry |
| <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"> Number and percentage of children who participate in school-linked transitional practices |
| <input type="checkbox"/> Children live in home environments supportive of optimal cognitive development. | <ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age | <ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age | |

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

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