



1135 Lincoln Street (P. O. Box 8580) Red Bluff, CA 96080

presents

2003 – 04 Annual State Report

Approved:

Vision

Tehama County children will be born healthy and thrive in safe, supportive, nurturing, and loving environments; and will enter school as healthy, active, socially appropriate learners.

COMMISSIONERS: Mildred Johnstone Chairperson • Jeannie Early Jacobs, Vice Chairperson • Christine Applegate
Paula Brown-Almond • William Clybourn • Bob Douglas • Valerie Lucero • Connie Massie • George Russell

County Commission Narrative

1. County Priorities.

- a. Describe the **major issues** and/or needs facing children and families in your county as identified in your strategic plan.
 - Access Barriers – lack of health insurance and services with specialty physicians and dentists, health care costs, inadequate transportation in rural areas, inconvenient and lack of child care facilities, particularly for special needs children, culture and language, and few parental support resources are all prohibitive factors that impact the health of the community.
 - Demographic Challenges – children living in poverty, lack of affordable housing, unemployment varies with seasonal and migrant workers, increasing undocumented immigrants, language/cultural differences and, vastness of rural area with few outlying programs impact the quality of life.
- b. Describe the **funding priorities** in your strategic plan that have been focused on in the past fiscal year (July 1, 2003-June 30, 2004).

The Commission targeted two State Commission Initiatives: School Readiness and Compensation and Retention; and the following strategies as funding priorities:

Improved Family Functioning: Strong Families

- Support and expand parent education

Improved Child Development: Children Learning and Ready for School

- Increase parents, providers, employers, and community knowledge of quality child care and the benefits; early childhood development; and healthy and safe home environments.
- Support the development of nontraditional hours of child care including early morning, evening, night and weekends.

Improved Child Health: Healthy Children

- Support the development of perinatal services and breast feeding education

Improved Systems for Families: Integrated Services

- Promote a community vision for standards and results-based accountability for services for children ages 0-5.

2. Primary Activities and Programs

a. School Readiness Initiative Activities/Programs

To what extent is your County Commission involved in the School Readiness Initiative?

- We are in the planning phase.
- We have a plan and are beginning to implement or pilot programs and activities.
- We have begun implementing at least half of the planned activities.
- We are fully operational (implementing all the proposed School Readiness Initiative activities).

Please describe local activities below.

School Readiness Initiative Activities and Programs:

First Steps Center and Gerber Family Center

Tehama's School Readiness Initiative targets two small, rural communities, Los Molinos and Gerber. Both areas have high poverty rates, Latino populations in excess of 50% (primarily from Mexico) that are monolingual (Spanish speaking), and some migrant workers. School is the hub for both and in-home services meet the needs of socially and geographically isolated participants. Services are designed to meet the needs of young children and their families. Services are scheduled so as not to conflict with picking seasons. Because grandparents take care of many of the children, the program is creating a grandparent support group. Other activities include registration round-up, parent support groups, parenting classes, school readiness workshops, KinderCamp transition program, and in-home weekly family literacy sessions with Even Start. Since many families do not own a vehicle and/or do not possess a driver's license, program provided transportation makes otherwise inaccessible health and social services accessible.

Through the community-driven centers, children are learning school readiness skills, parents are becoming familiar with the school, health and dental screenings occur, children meet with teachers at least once or twice and visit the classrooms prior to school, and Kindercamp helps build confidence and ultimately school success. Friday Family Fun night events for Kindercamp were enjoyed by both children and caregivers and allowed them to meet and get to know other families. Dinner was enjoyed by all as well as developmentally appropriate early education activities like making Play-Doh (which taught science and math skills).

b. Preschool for All Activities/Programs

To what extent is your County Commission involved in Preschool for All?
(Please check one.)

- We are not pursuing any activities in this area at this time.
- We are just beginning to discuss how to approach this issue.
- We have been holding planning and stakeholder meetings to develop local plans.
- We have a plan and are beginning to implement or pilot programs and activities.
- We have begun to implement Preschool for All activities in our county.

c. Health Access for All Children

To what extent is your County Commission involved in Health Access for All Children? (Please check one.)

- We are not pursuing any activities in this area at this time.
- We are just beginning to discuss how to approach this issue.
- We have been holding planning and stakeholder meetings to develop local plans.
- We have a plan and are beginning to implement or pilot programs and activities.
- We have begun to implement Health Insurance Access activities in our county.

d. Retention (and Training) Incentives for Early Learning Staff

Please describe local activities below.

Child Care Retention Incentive (CRI) Project

This pilot program aims to increase the retention of providers, decrease staff turnover and increase training and professional growth among providers. Specific result outcomes for Exempt providers are that they become licensed and that Center-based participants and family child care providers apply for their Child Development Permit by years 2 and 5, respectively, of participation. Target participants include licensed family child care providers, license-exempt and informal child care providers, State Preschool staff, Head Start staff, Center-based providers, and Spanish-speaking potential providers who would inevitably ensure quality services to children and families. Activities offered include workshops on how to qualify for the cash stipends, how to complete the CRI Application, and the continued requirements for 2nd Year Participation in CRI.

In its inaugural year 2003-04, the CRI program served 47 providers (2 Exempt, 19 Family Child Care, 12 Private/Non-Subsidized Center, and 14 Head Start/Federal). Providers who are eager to move up their stipend level and

work on their professional growth hours and Early Childhood Education (ECE) units have given positive feedback to the program. Many providers far exceed the 18-hour professional growth requirement in order to receive the stipend. The challenge is to get providers to take ECE units in order to meet this professional growth requirement as it is difficult for some to take classes. The county now offers ECE classes online so an increase is anticipated in next year's program.

e. Other Activities/Programs to Address Local Priorities

Please describe local activities below.

(1) Child Care Referral and Education (CCRE)– Informal Caregiver Home Visiting and Training Program

This program is designed for informal child caregivers (license exempt providers), and mainly targets those providers who receive child care subsidies and Spanish-speaking providers. The program focuses on improved child development and school readiness. Activities include orientations for new providers, home visits (each provider receives a resource bag of books, art supplies, first aid kit, resource binder and various other items), trainings and workshops on early childhood topics, including Nutrition, Social/Emotional Development, Health and Safety, and Developmentally Appropriate Activities, and technical assistance in the form of assistance with licensing and professional development. All programs are free and each provider who completes 10 hours of training gets a \$50 gift certificate to an early childhood catalog. Program staff also works with children ages 0-5 directly by providing monthly children's activities, "Morning Out," where providers can bring children for Play-Doh fun, arts and crafts, story time, and singing with other children. The program is research-based in early childhood best practices and principles, including First Years Last Forever information on brain development. Through the program, providers become connected to the local child care, referral, and education agency and are more likely to seek out other community resources. One grandmother has taken 80 hours of trainings and received \$450 worth of gift certificates. She has been very receptive to getting assistance with training, improved her level of care, and has pursued licensing.

(2) North Valley Services – Creative Learning Center

North Valley Services– Creative Learning Center (CLC) opened a private non-profit child care center with infant and toddler care, preschool and extended hours. The license capacity is 111, 28 infants 0-2 years & 83 preschoolers 2-5 year olds. The operating hours can be 6 am to 2 am. At this time the facility is closing at 7 pm due to the lack of interest in late night hours. The Center also has the option to open on weekends when there is a need (enough to justify the overhead of the facility).

Going into Creative Learning Center's second year of operation,

- ◆ They are at full capacity with a long waiting list for all ages of children.
- ◆ They are at the beginning stages of expanding within Tehama County and possibly in a neighboring county.
- ◆ They currently have 20 staff members all but 5 are full time.
- ◆ They currently have 36 children that are on some type of subsidized program. Other children are from families who don't quite qualify for help and are barely making ends meet.
- ◆ They have families with annual incomes ranging from \$1,000 (full-time student and single mother) to over \$100,000.00 (two parent families and incomes).
- ◆ They provide breakfast and two snacks each day.
- ◆ They offer an optional food program; parents can purchase a lunch ticket for a nutritional lunch. The administrative staff researched the Federal Food Program, but it was not financially feasible for their program to pursue it.
- ◆ They have invited community members to come in and provide parent and staff trainings.
- ◆ They have community members coming in and providing story times for children.

The Creative Learning Center program has proven that there is an on-going need for quality infant, toddler and preschooler child care that has an inclusive educational component in Tehama County. They are staying informed and involved in the community's needs. Creative Learning Center is also trying to meet a variety of family issues and oddities, i.e. payment schedules, work schedules, and multiple children. At the same time, in order to continue helping families, they also need continued community support through funding, materials, and resources.

(3) St. Elizabeth Community Hospital (SECH) – Bilingual Perinatal Education Program

Prior to this program, there were no perinatal education classes in Spanish and only one childbirth class in English, taught by someone outside the community. The overall vision of training accepted member of the Latino community to provide education that was culturally appropriate has remained intact. What has changed are class topics and the audience. The program is now designed for prenatal parents and their support people; provides postpartum services, including infant massage classes and basic breastfeeding support; and referral services. Other perinatal classes are: childbirth, waterbirth, breast feeding, and baby basics. The support people, a population not previously targeted was one of their biggest educational impacts. Special classes have been designed for special interest groups such as Latinos, rural teens, and most recently those in juvenile hall. The program has also successfully trained staff as childbirth and lactation educators. Results-based outcomes include increased preparedness for childbirth with healthy birth outcomes, increased breastfeeding initiation rates, preventive health care for infants, and education and support for women.

(4) Local Child Care Planning Council (LCCPC) – Provider Recognition Event

More than 90 child care professionals attended Tehama County’s Fifth Annual Child Care Provider Information and Recognition Evening. Event activities included networking, child development education, and a keynote speaker. Leaders of the Tehama County child care community presented certificates of recognition and commemorative pins to all providers present. Recipients were also given copies of the book, “So This is Normal Too”, by Deborah Hewitt. The event was co-sponsored by the Board of Supervisors, Tehama County Department of Education, Local Child Care Planning Council, and Child Care Referral and Education.

3. Promoting Equitable Access and Outcomes.

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

Spanish speakers, teen parents, incarcerated parents, parents who work late shifts, families with children who have disabilities, geographically isolated families, and informal care providers are underserved populations.

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

Given this knowledge about Tehama County, First 5 Tehama’s Strategic Plan mandates each project funded must include the four critical principles of:

1. Serve ethnically, culturally and linguistically diverse children and families and special needs children and families;
2. Address the needs of geographically and socially isolated communities;
3. Target traditionally under-served/high-need populations;
4. Streamline access and removal of barriers to promote access.

- c. How have these strategies resulted in greater access to and quality of services for these communities or groups?

1. Geographically isolated families & informal care providers: Projects funded addressed this need directly providing funded services to specific rural areas or transporting families and children directly to the service. Vehicles have been leased for First Steps Center and Gerber Family Center to increase access. A home visitor provides direct services to informal care providers, and parent education programs offer satellite services, home based services and school based services. Because of this small bridge to services, parents and children have access to needed child care, parent education, and support services.
2. Spanish speakers: Because one of the principles for First 5 Tehama is to serve ethnically, culturally, and linguistically diverse children and families; the direct service projects addressed this need through the hiring and training of bilingual/bicultural staff and the outreach home visiting program to licensed

exempt providers uses a translator. One hundred percent (100%) of First 5 Tehama's activities reduced cultural and language barriers for families in Tehama County.

3. Teen parents: First Steps Center, Gerber Family Center, and the bilingual/bicultural perinatal education program offer services and resources targeting teen parents. Both programs bring services directly to teen parents.
4. Families with children who have disabilities: First Steps Center and Gerber Family Center offer services and resources targeting families with children who have disabilities. The employer based/community child care center and preschool also serves children with disabilities.
5. Parents who work shifts: First 5 Tehama helped support the development of an employer based/community child care center and preschool began offering services this year during regular and non-tradition hours of care to accommodate parents who work late shifts.

4. Systems Change Support Activities.

In Tehama County, a commitment to collaboration has provided added depth and richness to the school readiness project. The school readiness project involves two schools (Gerber Union and Los Molinos Elementary School) and their respective districts. There is a collaborative body which meets monthly to review progress in the school readiness project, review evaluation plans, discuss opportunities for additional service integration, and brainstorm new approaches to advance the school readiness of children in the two communities.

During the 2003/2004 program year the school readiness collaborative addressed the need for service integration, avoidance of duplication of services, increase access to services for the target population, and enhance access to the expertise and resources of partner agencies. Partners included the two school districts including State Preschools, teachers and administrative staff, Head Start, the Child Care Referral and Education Agency (CCRE), St. Elizabeth Community Hospital (birthing hospital in the county), Northern Valley Catholic Social Service, Even Start, Home Help for Hispanic Mothers, New Directions to Hope, and parents and caregivers. The collaborative accomplished the following three milestones:

- In order to tie into existing collaborative bodies and not create a new overlapping organization, the school readiness collaborative was incorporated as the Early Childhood Collaborative subcommittee of the larger Tehama County Health Partnership.
- In order to reach agreement on how to measure success and what data will be collected to assess impact of the project, an evaluation design for school readiness was developed by the Commission's evaluation consultant, reviewed

by the partners and adopted by the collaborative and the First 5 Tehama County Commission

- In order to better serve families, the collaborative is adopting the County's multi-agency referral form and agreed to develop and support a system of integrated services for young children and their families so that agencies working with the same family could share information. When families are working with multiple organizations, staff of partner agencies will meet as a multidisciplinary team and select a lead case manager.

These agreements will benefit children and families in the school readiness target area by providing a seamless, holistic approach to supporting the health and development of children. The goal of the collaborative is to extend the lessons learned in the school readiness target area across Tehama County.

5. Program Highlights.

- a. *What is the name of the program, and in which agency is it housed?*

Program: School Readiness

Projects: First Steps Center and Gerber Family Center.

First 5 Tehama's School Readiness Program is offered in two school districts, Los Molinos Unified School District (LMUSD) and Gerber Union School District (GUSD). LMUSD First Steps Center is housed on the Los Molinos Elementary School campus and GUSD Gerber Family Center is located on the Gerber Union Elementary School campus.

- b. *Is this a School Readiness Initiative program?* Yes, both the First Steps Center and Gerber Family Center are School Readiness Initiative programs.
- c. *What identified need or issue does the program address?* School Readiness—all aspects to ensure that children are ready for school and schools are ready for children. The identified needs or issues addressed by the programs are early care and education, parenting and family support, health and social services, and community and school capacity.
- d. *On which of the four result areas does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?* Our program focuses on all four result areas. The areas are interconnected and must all be met to ensure that a child is ready to learn

- e. *For who is the program designed? How does the program directly or indirectly support children ages 0 through 5?* The program is designed to serve and support pregnant women, young children, and their families in both the Los Molinos and Gerber areas. The program support children 0-5 by providing, supporting, and advocating for early care and child development programs and services, family support, provision of and/or referral to basic health care, counseling, nutrition services, oral health services, child abuse and prevention services, and building school capacity (outreach, kindergarten transition programs, and early assessment and intervention services).
- f. *If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflects the languages and ethnicities of groups being served, adapting materials in other ways)?* Both communities have a high Latino population—primarily from Mexico, many are monolingual Spanish speaking. Staff is bilingual/bicultural to reflect the population served. Trainings and materials are in both Spanish and English. Collaborative partnerships and contracts are formed with other community-based programs serving Latino families, like Home Health for Hispanic Mothers. Interpreters are provided at classes and meetings. Los Molinos and Gerber have a high rate of poverty and many families do not own a car. Transportation services are provided to families to ensure that they access to school, health, and social services.
- g. *What specific results-based outcomes does the program aim to achieve?* The specific results-based outcomes are tied to the programs' essential and coordinated elements. Outcomes include: children will enter kindergarten prepared academically and socially; families will have the support needed to effectively prepare their children for kindergarten entry; health care for children, 0-5, will be accessible, affordable, and preventative; children will reach and maintain their health potential; children with special needs and/or developmental delays will be identified, and will reach their full potential.
- h. *What activities or resources are offered through the program?* The programs offer activities and resources to meet the above outcomes. Activities and resources include parent support groups, parenting classes, school readiness workshops (2 hour semi-weekly), school readiness skills presented in a fun way with take-home activities to support training, KinderCamp (4 hours a day for 5 weeks) for a smooth transition (priority is given to those children who have not had a previous preschool school experience, ESL classes on-site, grandparents' support group starting, contract with Even Start for in-home 90 minute weekly family literacy services, many transition activities, regular communication (welcome letter, newsletters) to help bridge the gap between home and school.

- i. *Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?* Small full-time staff of two—The project coordinator has Master Degrees in cultural anthropology and in social work. The family liaison is bilingual/bicultural and has an Associate Arts Degree in child development, is certified as a Parent as Teachers Instructor, and has a wealth of knowledge and experience in the field of early childhood education.
- j. *What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?* The programs are community-driven to best meet the needs of local families and their young children. For both communities the schools serve as the hub. In-home services meet the needs of the socially and geographically isolated participants. Services are developed and individualized to meet community needs, for example grandparent support groups, ESL classes, transportation services, and opportunities for socialization activities. Knowing that many of the county's programs and services are inaccessible because of limited transportation and distance, program staff is committed to bringing services to the communities as well as coordinating services to minimize duplication and to maximize resources.
- k. *What types of positive impacts has the program had on children and families? (If quantitative results data are not available, please describe any anecdotal findings about the program.)* Children are learning school readiness skills, parents are more familiar with school and are more involved, children are receiving check-ups and immunizations in a more timely manner, KinderCamp is helping to build confidence and ultimately school success. Friday Family Fun night events are providing caregivers with an opportunity to spend quality time with their children while getting to know other families in their community.
- l. *How were these impacts measured or documented?* Impacts are measured quantitatively and qualitatively. Different evaluation tools are used for different strategies, including but not limited to surveys, records, tests, data, and developmental assessments. The programs are also using Proposition 10 Evaluation Data System (PEDS).
- m. *Is the program research based? What was the rationale for the program's design?* The programs are research based. The programs' design is based on the science and research showing the importance of a child's first five years to his or her early childhood development and education.

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- a. *What is the name of the program, and in which agency is it housed?*
Project: Informal Caregiver Home Visiting and Training Program.
Agency: Child Care Referral and Education.

- b. *Is this a School Readiness Initiative program?* No, not directly.
- c. *What identified need or issue does the program address?* The project helps provide caregivers with support and education to improve the quality of care.
- d. *On which of the four result areas does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?* Improved child development.
- e. *For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?* The project is designed for informal child care givers, license exempt providers. We work mostly with the provider but sometimes directly with the children.
- f. *If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?* The project also focuses on our Latino providers. Some staff are bilingual/bicultural so we can make sure that trainings and outreach are culturally appropriate.
- g. *What specific results-based outcomes does the program aim to achieve?* Improved child development, improved quality of childcare, and children are ready to enter school.
- h. *What activities or resources are offered through the program?* Orientations for providers and home visits are offered. A resource bag of books; art supplies; health and safety, early childhood development, and discipline resources; and a resource binder are provided during home visits. The project also provides trainings and workshops on early childhood topics. All programs are free and there are incentives (each provider that completes 10 hours of trainings gets a \$50 gift certificate to an early childhood catalog). Children’s activities include monthly “Mornings Out” where care roviders can bring the children for Phy-Doh fun, arts & crafts, story time, and singing with other children.
- i. *Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?* We are a small staff of two—one is bilingual. Agency has a staff of seven. Project Coordinator has a BA in Liberal Studies– Pre-credential with emphasis in Early Childhood and continues to go to professional development trainings.
- j. *What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?* The project is very innovative in that they started from scratch (piloted the concept first) and developed a program around the target populations’ needs and desires, staff input and ideas, and lessons learned from the pilot project. Because of the nature of First 5 funding and First 5 Tehama’s project philosophy, they are able to be very flexible which fits with the nature of the target population.

- k. *What types of positive impacts has the program had on children and families? (If quantitative results data are not available, please describe any anecdotal findings about the program.)* Providers have become connected to the local child care, referral, and education agency; and are now able to access other community resources. They are more likely to use the agency's lending library and more comfortable to seek resources, ask questions, and attend workshops. By accessing the opportunities offered through this project, providers have developed a relationship of trust with the local child care, referral, and education agency.

One grandmother has taken 80 hours of trainings and has gotten \$450 worth of gift certificates. She has been very receptive to getting assistance with training and with improving her level of care. And she is now interested in obtaining her child care license. She is our success story of the year.

- l. *How were these impacts measured or documented?* A logic model using Results Based Accountability was designed for this project which includes immediate, intermediate, and long term results. Multiple evaluation measures were used to document the impacts of these services and activities, including provider satisfaction surveys, training and workshop time sheets, training and workshop evaluation forms, training and workshop rosters, training binders, Technical Assistance support documentation.
- m. *Is the program research based? What was the rationale for the program's design?* This project is researched based in early childhood principles and best practices utilizing First Years Last Forever information on brain development.

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- a. *What is the name of the program, and in which agency is it housed?*
Project: Bilingual Perinatal Education Program.
Organization: St. Elizabeth Community Hospital
- b. *Is this a School Readiness Initiative program?* No.
- c. *What identified need or issue does the program address?* Prior to this project, there were no prenatal education classes in Spanish and only one childbirth class in English taught by someone outside of our community. We are meeting the unmet need of parent education to help support and to foster good health and nutrition choices that affect the whole family, including 0-5 year olds getting ready for school.
- d. *On which of the four result areas does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?* Improved child health
- e. *For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?* It is designed for parents during the prenatal period and postpartum period. The project offers five classes/series including childbirth, waterbirth/waterlabor, breastfeeding, baby basics, and infant

massage. They also do follow up postpartum phone calls which include referrals and offer basic breastfeeding support. Classes are tailored to meet the needs of various special interest groups, such as Latino culture and language, rural teens, and even those in juvenile hall.

- f. *If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?* All of the above. This project does what it needs to do in order to meet the needs of their target population whether it be geographic or social or cultural needs.
- g. *What specific results-based outcomes does the program aim to achieve?* This project aims to achieve increased preparedness for childbirth with good birth outcomes, increased breastfeeding initiation rates, and infants receive regular preventive health care. Support people get the same education as the pregnant moms so they can truly support these women.
- h. *What activities or resources are offered through the program?* Classes: childbirth, breastfeeding, waterbirth/waterlabor, baby basics, infant massage, and postpartum phone follow-up calls for referrals.
- i. *Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?* Yes, staff is trained as childbirth educators and lactation educators. They also culturally and linguistically reflect the populations they serve. This project has three part-time staff; the two health educators are young enough to relate to all and are well received by class participants. One health educator is Latina and the other is married to a Latino. We went directly to schools because the teen mom population were not coming to classes and showing up in delivery rooms without any prenatal care and/or prenatal and breastfeeding education. Because of the current needs at the juvenile hall, this project is starting classes there in order to serve that population.
- j. *What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?* See question "i". The key to the innovation of this project is that it was purposefully designed to hire staff from the Latino community and train them to educate their peers. Also, this project is very flexible and fluid. They try ideas and modify them if it needs to be modified.
- k. *What types of positive impacts has the program had on children and families? (If quantitative results data are not available, please describe any anecdotal findings about the program.)* This project found they were educating the support people as well as the pregnant mothers which was a population they hadn't thought about when they began the project. They also found other pockets of pregnant, breastfeeding moms that were not being educated, like our latest niche with juvenile hall kids.

- l. *How were these impacts measured or documented?* We have been keeping statistics which we send to First 5 Tehama and our numbers are good. But what we see more than the numbers are the positive stories we hear from moms when we talk to them postpartum either in the community (at the store) or as part of the follow-up phone calls. They thank the staff for what they learned.
- m. *Is the program research based? What was the rationale for the program's design?* The project did research when it was being designed and originally implemented set and continues to evolve over the course of the funding based on lessons learned. They are constantly reevaluating the needs and altering the project to meet those needs. Project services and activities currently do not look like it's original design, however, the core idea of training peers to teach has worked very well.

6. Child/Family/Provider Vignettes.

(1) FIRST STEPS CENTER AND GERBER FAMILY CENTER

- a. *What type(s) of participant(s) are you describing (e.g., child, family, child care provider)?* Families and children ages 0- kindergarten.
- b. *What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age, primary language, disabilities and other special needs)?* Father: male, Hispanic works 14-hour days so staff has never met. Mother: female, Hispanic, 26, Spanish, homemaker. Nine-year-old: female, bilingual (Spanish/English). Five-year-old: female, Spanish. Four-year-old: male, Spanish. Eighteen-month-old: female, Spanish. Parents are married and born in Mexico. All their children are born in USA.
- c. *Describe the factors that contributed to the child's or family's participation in your program. What needs were addressed?* This mother received flyers about program from 9-year-old daughter. She is strong and driven to help her children obtain a better life than she has had. They have a closely connected family.
- d. *Which services or activities did the participant(s) receive?* Five-year-old went to KinderCamp, family has gone to Friday Family Fun night, school readiness workshops, and biweekly Positive Parenting class. Mom has taken two English as a Second Language (ESL) classes, taken part in a school readiness class for her two youngest children, enrolled 4-year-old in preschool and is planning to enroll her youngest child when eligible. Family has also received transportation services, interpretation services, and childcare. Mom has volunteered to be part of the Parent advisory board.
- e. *What positive outcomes resulted because of participation?* Smooth transition to kindergarten and active participation with services were all positive results because of participation. Family was very disappointed when Friday Family Fun nights ended and states that their 4-year-old would not have gone to preschool without this program and how appreciative they are of the services that are being provided.
- f. *How did the services/activities received by the child/family promote school readiness or the supporting conditions for school readiness? Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools' capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation.* KinderCamp helped with the transition to kindergarten and taught school readiness skills (social, emotional, and academic). Friday Family Fun events reinforced school readiness skills learned and in turn the parents got more involved in their child's school and other families with school-aged kids. English as a Second Language classes helped mom who in turn could better help her

children. Positive Parenting classes included discipline, early development, and transportation to school.

- g. *How representative of the experiences of other individuals/families in your county is the vignette?* Family very typical except that many parents are not married and often children have different fathers.

GREAT QUOTE: (Five-year-old on first day of school commented) "I've waited my whole life to go to kindergarten!"

(2) INFORMAL CHILD CAREGIVER HOME VISITING AND TRAINING PROGRAM

- a. *What type(s) of participant(s) are you describing (e.g., child, family, child care provider)? Please give the ages of the children involved.* Childcare provider, children ages 0-5.
- b. *What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age, primary language, disabilities and other special needs)?* Childcare provider: female, Hispanic, 40s, Spanish/English, no special needs; child: male, Caucasian, 3 years old (has two siblings, 8- & 9-years-old), English, no special needs.
- c. *Describe the factors that contributed to the child's or family's participation in your program. What needs were addressed?* Families received flyers about project through Alternate Payment Subsidy program. They also received additional support for childcare.
- d. *Which services or activities did the participant(s) receive?* Participants received home visits. They also received food program reimbursement until the paperwork became too much of a burden.
- e. *What positive outcomes resulted because of participation?* Child(ren) will be better prepared for school and care provider has the resources needed to positively impact health and safety, school readiness, and child development in a nurturing atmosphere. Staff quote: "Parents now understand how important it is for the child to have a good relationship with their childcare provider".
- f. *How did the services/activities received by the child/family promote school readiness or the supporting conditions for school readiness?* Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools' capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation. The services and activities taught child development and age-appropriate activities during home visits. The home visitor also brought books to encourage reading, singing, and learning through play to help prepare children for school. Services

and activities also validated providers during home visits as providers engaged with children, the home visitor would use coaching to further interaction and involvement.

- g. *How representative of the experiences of other individuals/families in your county is the vignette?* Involvement with providers varies—some have lots and some have very little. This one may be a little more involved than normal but not exceptionally so.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all the outcomes listed below that were local funding priorities in FY 2003-2004. The associated population-based and core participant indicators do not need to be marked.

Funding Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" 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 vaccines for their age • 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 	

Funding Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<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 		
<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 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

Priority Outcomes	Population-Based	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 childcare spaces per 100 children • Number of licensed family childcare slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center childcare 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, prekindergarten, 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 	

Priority Outcomes	Population-Based	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"> 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.”	<ul style="list-style-type: none"> 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 Number and percentage of students retained a second year in kindergarten State standardized test scores for reading and math in second grade 		<ul style="list-style-type: none"> Number and percentage of children who participate in school-linked transitional practices

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" 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 	
<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

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> • Number and percentage of children living in poverty • Number and percentage of kindergarten children participating in free/reduced-price breakfast and lunch programs 		<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
<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 		