First 5 Imperial
Imperial County Children and Families First Commission

STRATEGIC PLAN 2022

Imperial County Children & Families First Commission

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Introduction

First 5 Imperial recognizes the value of investing in, implementing and realizing activities that are intended to have a meaningful impact on children 0-5 years of age and their families. The methods for determining how the Commission works to identify where services are needed requires considerable thought and planning, which is what essentially defines the First 5 Imperial Strategic Plan 2022, and typically the process for establishing this plan. This process is complex and continually requires assessment and modification in response to a changing environment and the evaluation of how these investments are being used to help improve child outcomes across a number of well-being indicators. The goals of the Strategic Plan are broad, population-based, and are defined as the subject of the three Result Areas where the Commission intends to realize, with support of local partners and the community, positive impacts on children 0-5 years of age and their families.

All county First 5 Commissions are required to have adopted a strategic plan before allocating fundings for projects that target benefits for children 0-5 years of age. The underlying decisions and changes for funding over time by the Commission will be based on the Result Area priorities that are the basis for this plan and support the approach for accessing this process. The First 5 Imperial Strategic Plan 2022 underscores current issues affecting children and emphasizes why it is important to address these issues and contribute to the health development of children at an early age. Measures to target meaningful outcomes for children 0-5 years of age have the ability to initiate lasting impacts on children that can carry well beyond the first years of life, which will benefit children, families and our community. The matters identified in this plan are wide-ranging and the ability to address even one of these issues is no easy task, though thoughtful, innovative and effective investments in children can achieve positive change, influence mental health and well-being, and bring about results that have a tremendous impact on socio-economic factors later on in life.

Therefore, First 5 Imperial intends for this plan to support the goals and objectives of programs sought out by community partners, and will be the reference point for decisions based on funding. This document is not necessarily the answer to everything children need in our community and is not a static nor unchanging diagram of what the current needs are for children 0-5 years of age, and the structure of this plan intended to evolve

over time as needs change through feedback from the community that is based on child outcome indicators in the three Result Areas. The principle to emphasize the positive development of the child is the only matter that is unchanging with respect to the focus of First 5 Imperial and the intention of the California Children and Families Act of 1998.

Background

On November 1998 California voters supported Proposition 10, a ballot initiative spearheaded by actor/director/child advocate Rob Reiner. As a result of the passage of Proposition 10, the State of California is now authorized to add a supplemental tax to tobacco products sold in the state, where 100% of these 'new' tax revenues would be used to support programs directly serving children prenatal to five years of age regardless of their residency status or income level. Subsequently the initiative was named the California Children and Families Act of 1998, and would further authorize the creation of the California Children and Families Commission (now known as First 5 California), and 58 independent County Children and Families Commissions.

The Imperial County Board of Supervisors, on December 15th, 1998 moved to approve County Ordinance #1213, which was the order establishing the Imperial County Children and Families First Commission, now commonly known as First 5 Imperial. In addition, this ordinance authorized the formation of a nine-member Commission to prioritize the California Children and Families Act of 1998 goals and objectives for Imperial County children and their families and oversee the general operation of the Commission. The purpose of the Commission is to identify priorities and work to enhance the development and well-being of children prenatal to 5 years of age and their families or caregivers. Areas of focus include the distribution of funding for child health, early care and education programs, and family strengthening services designed to meet local needs. Efforts include the requirement to develop a strategic plan. The purpose for the adoption and implementation of a strategic plan prior to the allocation of any Proposition 10 funding is to ensure the advancement of a process that works to identify local needs through the collection of data and input from the community, in addition to creating a plan that is subject to regular modification and input that reflects the conditions of Imperial County for children and families. This document is used to guide all funding allocations made by the Commission.

The first Strategic Plan was submitted to the Board of Supervisors for approval on October 12, 2000, and subsequent to this the plan may be

updated or rewritten periodically to address changing outcomes and pinpoint issues that can be supported through local efforts within the county and that is consistent with the vision and mission of First 5 Imperial.

Vision and Mission of First 5 Imperial

The Result Area priorities established by this strategic plan have to be consistent with the principles of First 5 Imperial and in-line with the California Children and Families Act of 1998. Therefore, these principles are based on the Vision and Mission adopted by First 5 Imperial.

Vision

All Imperial County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

Mission

Contemporary research on brain development clearly indicates that the emotional, physical and intellectual environment that a child is exposed to in the early years of life has a profound impact on how the brain is organized. Early experiences that a child has with parents and caregivers will significantly influence the school readiness of the child and play a meaningful role in the development and success of that child later in life.

The California Children and Families Act of 1998 is designed to provide, on a community-by-community basis, children prenatal through five (0-5) years of age with a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality childcare, family literacy, parent education and effective intervention programs for families at-risk, children, their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments. These attachments will lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society.

Result Areas and Priorities

Commission priorities will focus on three primary goals or 'Result Areas.' These Result Areas are considered critical to the optimal development of the child, from his/her prenatal years through the child's school entry age. The primary goals, and subsequent objectives identified under each goal, will inclusively focus on family functioning, early care and education, and child health, which are as follows:

Result Area 1: Strengthening Families

Result Area 2: Early Care and Education of the Child

Result Area 3: Improved Child Health Outcomes

Each of the three Result Areas fall within what are considered the broad goals of First 5 Imperial and represent an area of child well-being where a positive result would entail a progressive change that clearly benefits children and may be measured by an increase or decrease in indicators of well-being for identified priorities. Each of these Result Areas are further comprised of priorities of focus that may be interpreted as general objectives where targeted investments seek to effectuate positive changes for children and their families. These may include strategies for strengthening families, such as parent education or intensive parenting classes under Result Area 1. Strategies may include quality improvement measures in early care and education settings and therefore falling under Result Area 2, or special workshops promoting nutrition and fitness to support a decrease in children that are overweight as identified under Result Area 3. Each of the Result Areas with respective priorities are described in the three sections that follow; each section exclusively focusing on the priorities for each Result Area, in addition to the Result Area and Priorities Framework used to outline each of the sections.

Principles on Equity

First 5 Imperial recognizes the significance of targeting investments that support "high-need" families with children 0-5 years of age, and understands the value of promoting equity and inclusion. The Principles on Equity developed by the First 5 California will serve as a guide that

addresses equity and inclusion throughout the work of the local Commission. There are four major components to the principles: a) Inclusive Governance and Participation; b) Access to Services; c) Legislative and Regulatory Mandates; and, d) Results-based Accountability. As a result, First 5 Imperial adopted the Principles on Equity on February 6, 2003, and continues to work to ensure that these measures designed to promote inclusion, diversity and equity are addressed in order to continue to serve children 0-5 years of age and their families.

Inclusive Governance and Participation

The Commission recognizes that children develop within the context of their families and communities. Therefore, the Commission will strive to obtain meaningful participation and input from the families and other caregivers of children from diverse populations throughout program development and implementation phases.

Access to Services

As a critical means for achieving equity, children from diverse populations must have access to high quality and culturally competent early care and education/development opportunities.

Legislative and Regulatory Mandates

The Commission will ensure that Proposition 10 funded programs will adhere to all legislative, regulatory and accreditation mandates pertinent to the provision of services to children from diverse backgrounds and with diverse abilities. That funded programs will offer services to all children and their families regardless of immigration status.

Results-Based Accountability

To ensure that Proposition 10 funded programs will have meaningful outcomes that benefit children from diverse backgrounds and diverse abilities.

Result Area 1: Strengthening Families

Research studies have clearly identified that how well prepared the child is to enter the K-12 school system is significantly linked to the preparedness of the parents to ensure that their child is school-ready. The development of the child is highly dependent on the status of the family and how it functions. Multiple factors, both social and individual, relevant to the functioning of the family system, play a significant role in the well-being of the child. This is particularly true for a child that is in the early stages of life, namely because of their overall dependency on the family for their day-to-day care and needs. These interactions have lasting impacts on the child. Result Area 1: Strengthening Families specifically focuses on elements that have been demonstrated to support family functioning, which by definition are the diverse set of social, economic, physical and mental well-being, and educational factors that work to support the family so that the family unit is presented with opportunities that would help sustain its ability to ensure that their child has the ability to achieve and succeed in their surrounding environment; a strong family and healthy social environment are central to well-being and lasting human development. This result area is perhaps the most important in that the support, care and nurturing by the immediate family can strongly influence both how the child develops in an education setting and has shown to have a significant impact on health outcomes. The Urban Child Institute states that research strongly suggests that the home environment during the child's first 3 years of life can affect language acquisition, behavior, the school readiness of the child, aggression or anxiety, and cognitive development. And one finding in a study by Madeline Stevens suggests that "improved environments around the child and family can have long-term benefits in reducing antisocial and criminal behavior."

There exists a significant body of research that supports the need to invest in strategies that help strengthen families. The environment, in the large sense of the term, directly influencing the development of the child is one key variable that can contribute to either negative or positive outcomes in the development of the child. Environmental factors that play a significant role for families in Imperial County are socio-economic status, family composition, need for inclusion and diversity, the presence of disabilities, need for early care and education services outside of the house, housing, access to healthcare services, and education levels.

Areas where the Commission can invest to support and strengthen families so that their children can thrive and mature to become well-

adjusted individuals in their environments are: Parent Education, Intensive Parent Support Services, and Family Literacy.

Why are investments in Parent Education important?

A definition of parent education in this sense of the term is the support provided to parents of young children that is designed to help them acquire skills that complement their ability to support the well-being and success of the children. These skills, particularly depending on the individual circumstances and immediate needs assessed within the environment that the family lives in, may include general parental knowledge; specialized training focusing on explicit topics such as nutrition and fitness or locating resources that support basic needs; learning about access and importance of healthcare services; etc. Parent education is principally composed of services that can be offered through workshops, a one-on-one consultation, or through home visitation services. These services are generally not intensive and can be offered within one to two contacts. For instance, a parent education activity can be a workshop designed to help parents understand the California Early Start Program and what they would need to have their child assessed for eligibility for services. Another example of a parent education service can be a series of workshops promoting nutrition and physical activity.

Activities that support parent education must be evidence-based or demonstrate that they are a promising practice. The rationale for this is founded on the need to ensure that investments are ‘bench-tested’ and proven to increase outcomes that would support the development of the child or promising programs and strategies that have some scientific research that promotes positive gains.

As noted, the preparedness of the parent is tantamount to the early success of the child. In a number of cases the school readiness of the child can be highly supported through cultural and linguistically relevant activities that are inclusive, promote equity and work to prepare the parent. Given the challenges Imperial County families experience, some particularly more than others, without opportunities and encouragement to participate in activities designed to increase parent education many of these families would miss out on valuable resources that would benefit the child’s school readiness.

The Commission intends to invest in parent education and/or intensive parent education services, prioritizing those efforts to focus on targeting families identified as living in circumstances that may make their child vulnerable to not being school-ready. These populations are identified

as “high-need” and services should work to include those families that are a) low-socio economic status, b) single-parent households, c) part or have been part of the foster care system, d) English language learners, e) have a child with a special need, f) farmworker families, g) geographically isolated, or h) a child with an identifiable health condition that may have an impact on their ability to flourish and be successful. Services can be designed to specifically target special groups and should always focus on inclusion and diversity.

Parent education programs can effectively work to support families that are identified as low-socio economic status in Imperial County, of which an estimated 73% fall within this group based on income, education levels, occupation and housing status. In addition, and more often than not, single parent households and families in the foster care system are a subgroup of those families that are deemed as being low-socio economic status that are high-risk. Parent education programs in these areas should focus on supporting families to obtain special services or resources, like basic needs, enrollment in health insurance, or referrals to more intensive parent support programs.

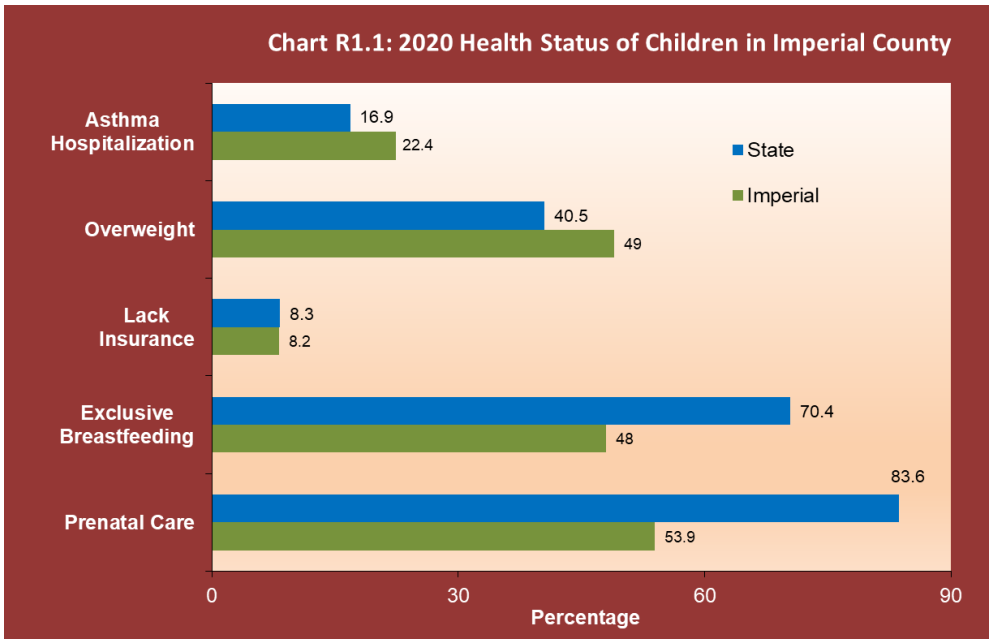
Another significant dynamic for parent education services is the ability to offer support to families in a manner that is culturally appropriate and ensures that issues presented are designed around equity and consideration for all groups involved. For instance, a high proportion of families in Imperial County speak a language other than English in the home. U.S. Census estimates suggest that as many as 76.5% of the population falls within this category. Also, the California Department of Education has identified that 39.7% children in the Imperial County schools were classified as English Language Learners in 2020. Therefore, parent education services targeting families that do not speak English or have English learners should be targeted through services that are appropriate and offered in the native language.

Data from the Employment Development Department indicates that up to 16.4% of the workforce in the county is based in the farm/agriculture sector, which suggest that there continue to be a significant proportion of farmworker families. Parent education workshops can be offered specifically to target farmworker or low-socio economic status families that are unskilled individuals.

Parent education activities may focus on general health and/or health conditions affecting the well-being of children 0-5 years of age. For instance, and as further elaborated under the *Child Health* section of the Strategic Plan, vulnerable populations in Imperial County may also be

identified through their health status. Health indicators for children in Imperial County show that prenatal care rates continue to be unacceptably low; the proportion of children that are breastfed is the lowest in the state; access to healthcare or health insurance is of high concern; the rate of children that are overweight/obese is staggering; and though there have been significant gains in asthma management and hospitalizations, asthma rates and hospitalizations due to asthma continue to be of concern.

Parent education strategies that work to address issues related to well-being and the school readiness of the child should be targeted and focus on specific issues identified in this Strategic Plan. They will need to target Imperial County families with children 0-5 years of age, or expectant parents, and prioritize working with families identified as being from 'vulnerable' populations. Interested partners will want to ensure that these strategies or activities are evidence-based or a promising practice, and that the design of these services is based on specific outcomes that can be measured and support the school readiness of the child 0-5 years of age. Charts R1.1 identifies specific indicators that can be used to identify parent education strategies or activities.



Why are Intensive Parent Support Services Important?

Targeted Intensive Parent Support Services are based on strategies or activities designed to provide intensive support services to families with children 0-5 years of age that are 'vulnerable' and which include multiple contacts through either classroom sessions/workshops, home visitations,

groups session or other support opportunities. Benefits from these services are generally related to positive gains in parenting skills and improved family functioning. These types of services are of higher intensity as family contacts or units of services consist in multiple (intensive) sessions or visitations, and generally are composed of multiple sessions offered over several weeks.

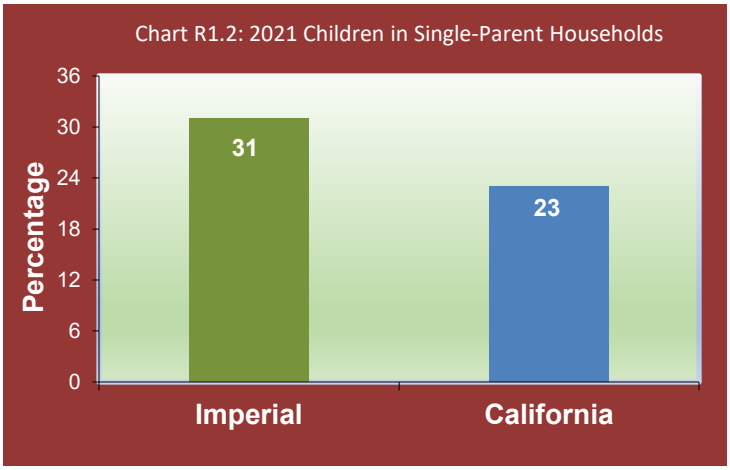
Parenting Classes and Home Visitation: Intensive parent education, parenting classes or home visitation services are components of these types of services which have been identified by the Commission as integral to strengthening families in Imperial County. Parenting classes or home visitation services offered should be founded on an evidence-based curriculum, such as the *Incredible Years* or *Home Instruction for Parents of Preschool Youngsters.* The curriculum should be designed to offer comprehensive support, offered as a direct service, and should focus on positively impacting the life of the child 0-5 years of age. These types of activities may include social learning theory, training and consultation, skills-based interventions that address trauma or other challenges, and curriculums that address the protective factors within families and their environments that can reduce the risk of abuse, increase the capacity of the family, and help build resilience through understanding and support. Through intensive parent education, families may gain valuable knowledge and resources that will support child development, increase parenting skills, nurturing a positive home environment, and general child/family well-being. The National Academies of Science, Engineering, and Medicine states that positive parenting practices have a significant impact on a child's social, emotional and intellectual development, particularly in the early years of development.

Effective parenting classes can work to address issues related to the abuse and/or neglect of the child. The American Academy of Pediatrics states that the highest rate of child abuse is in babies less than one year of age, and 25% of victims are younger than age three, where the majority of cases reported to Child Protective Services involve neglect, followed by physical and sexual abuse. A community working together to address abuse and neglect through prevention is one that places the well-being of children first. Parents can benefit greatly through such support, as the major instances of child abuse and/or neglect are related to the parent's levels of frustration, stress, and feelings of isolation.

Home visiting activities may be used as strategies that aid expectant mothers and parents with young children, and may be designed to promote

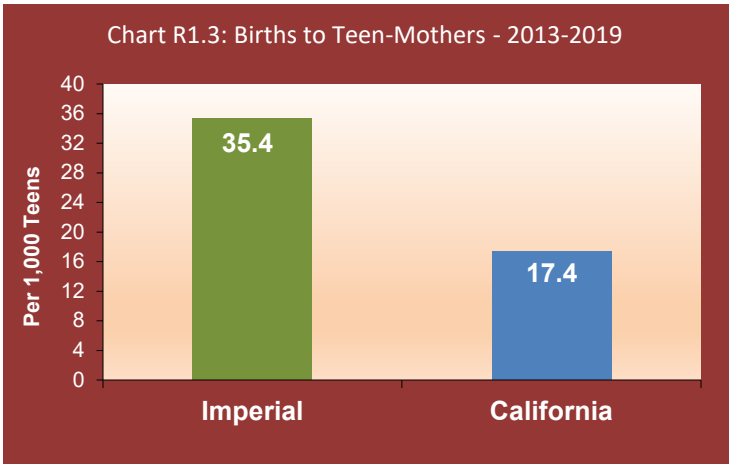
child development and school readiness, support positive child health outcomes, and help address adverse childhood experiences (ACES) related to abuse, neglect or other early childhood trauma.

One particular population that may be higher risk or 'vulnerable' to child abuse and/or neglect are children raised in a single parent household. Analysis from data collected in a 2011-2021 national survey on children's health conducted by the U.S. National Center for Health Statistics shows that children living in single parent households are "far more likely to have been exposed to domestic violence than children in married two-parent families." The particular factor was identified as a better predictor of family violence that the parent's education, family income, poverty status or race. The number of children in single-parent households in Imperial County continues to be high; U.S. Census data estimates the rate at 31% of all children, where the state average is 23% for 2021. Furthermore, many of these families share the common risk factor of families that live in poverty or are low socio-economic status. This factor represents up to 31% for households of parents living in poverty that have a child 0-5 years of age.



Another factor that influences the types of parenting classes or home visitation programs that are offered should include the cultural appropriateness of the program, namely due to the fact that culture significantly shapes the way the child experiences their environment and how parents work to raise their child. Current population data suggest that 88.4% of children are Hispanic, and 76.5% are living in households where English is not the primary language. In addition, information from Migrant Head Start suggests that as many as 1,446 children 0-5 years of age live with parents that are farmworkers, which account for 7.5% of the total population of children 0-5 years of age in the county. Programs targeting these families should consider curriculums that are culturally appropriate and/or that are offered in the parent's native language. This will help to reduce ambiguity in instruction, whether cultural or linguistic, and support a more effective intervention.

Another ‘vulnerable’ population that faces significant challenges, with respect to positive practices in early childhood rearing, is teen mothers. The 7-year average (2013-2019) birthrate for every 1,000 females between 15-19 years of age, teen mothers, in Imperial County was 35.4, and therefore representing 14% of all live births. Only one other county had a higher rate, and the rate for California for that period was 17.4 for every 1,000. Because of the age-group and the challenges experienced for an adolescent rearing a young child, parenting classes designed to specifically target teen mothers can have a meaningful impact.



Children In Out-of-Home Care: First 5 Imperial recognizes that one of the most ‘vulnerable’ groups of children from the county are children that, because of abuse, neglect and/or abandonment, have been removed from their homes and placed in out-of-home care or foster care namely for the immediate safety and well-being of the child. These children are particularly vulnerable as a result of the many challenges that they experience due to their circumstances and the myriad of adverse childhood experiences affecting their development. Though as a child they are no different from their developing peers in that they need support, are learning about life and enjoy playing with their friends, in addition to needing stability in their lives and a nurturing adult to care for them. The challenges they face are based on the trauma they experience as a result of abuse/neglect and therefore removed from their parents’ custody. Therefore, in all cases where it is justified separating the child from their parent or caregiver, without exception, a resolute attempt should be made to provide intervention services and advocacy for the child, parents and other family members involved.

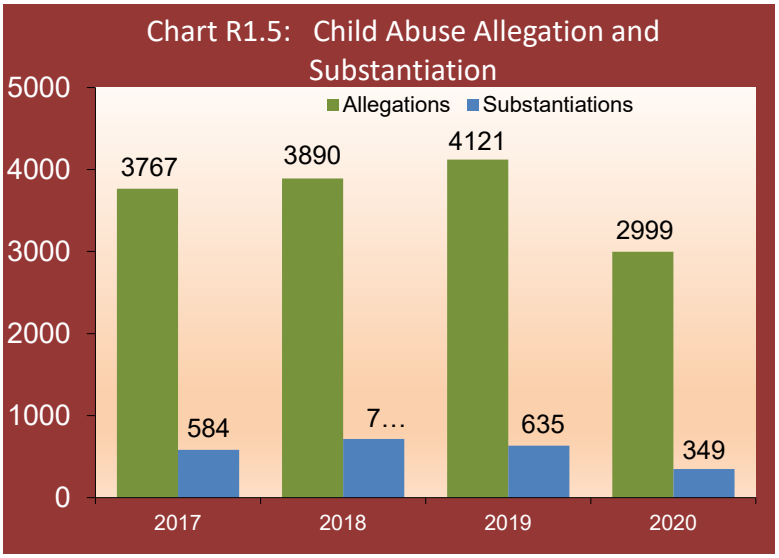
Data, provided by the California Department of Social Services, (Table R1.1) indicates that a total of 583 children under 20 years of age were residing in out-of-home care in the county for the 3-year interval of

July 2018 to June 2021. Children 0-5 years of age accounted for 255 cases of children in out-of-home care, which represents 47% of all cases in the Child Welfare Services system for that same period. Cases of child abuse or neglect begin with an allegation of child abuse, where if a report is generated with information that supports an incidence of child abuse then the case becomes an incidence of substantiated child abuse/neglect. This type of information can also be used by agencies planning to provide targeted intensive services to children in out-of-home care, as an analysis may provide insight into an agency's ability to project services in the short-term. For example, Chart R1.5 provides a snapshot comparison of allegations vs. substantiated cases of children abuse/neglect for children 0-5 years of age in the county for a four-year period beginning 2017-2020. During the four-year timeframe the number of allegations of abuse/neglect recorded were 14,777 (a yearly average of 3,694 referrals) with a gradual fluctuation in referrals over time. The number of substantiated cases of child maltreatment over the same 4-year period were 2,285 (a yearly average of 571 cases). The proportion of allegations for children 0-5 years of age represented from 31.3% during the time frame, though the proportion of child 0-5 cases that were substantiated represented 42.5% of all cases. Furthermore, a significantly higher proportion of substantiated

Table R1.1

Imperial County: Child Welfare Children in Out-of-Home Care by Age

Age Group	Interval		
	JUL2018-JUN2019	JUL2019-JUN2020	JUL2020-JUN2021
	n	n	n
<1 mo	30	23	24
1-11 mo	N/A	N/A	13
1-2 yr	37	13	19
3-5 yr	51	20	25
6-10 yr	86	30	39
11-15 yr	52	29	29
16-17 yr	18	N/A	N/A
18-20 yr	N/A	N/A	N/A
Total	**294**	**130**	**159**



cases were for children 0-5 years of age verses all children 0-17, yet the proportion of referrals were actually lower, which suggests that child maltreatment cases that are substantiated as a result of an allegation are significantly higher for children 0-5 years of age (up to 36% higher).

After the child is placed in out-of-home care, where the child ends up once their case has been closed, the experience and conditions of care are monumental to the development of that child. Research shows a child that is subject to maltreatment in many cases, as long as their safety is not at risk, will benefit by remaining with their birth family. Family reunification or stabilization is important, as removal from the home environment is traumatic and can have a lasting impact on the child. Federal legislation supports the idea that "children should be placed in the least restrictive, most family-like environment available." The following table represents the reasons for case closures for children in the Child Welfare System for children that were under the custody of the Juvenile Court. According to the California Child Welfare Indicators Project from UC Berkeley, of the 196 CWS cases closed during the period between July 2020-2021, as many as 18.9% were based on Reunification and 45.9% on Family Stabilization and another 16.8% were placed in Guardianship.

Table R1.2

Imperial County: Child Welfare - Children with Cases Closed

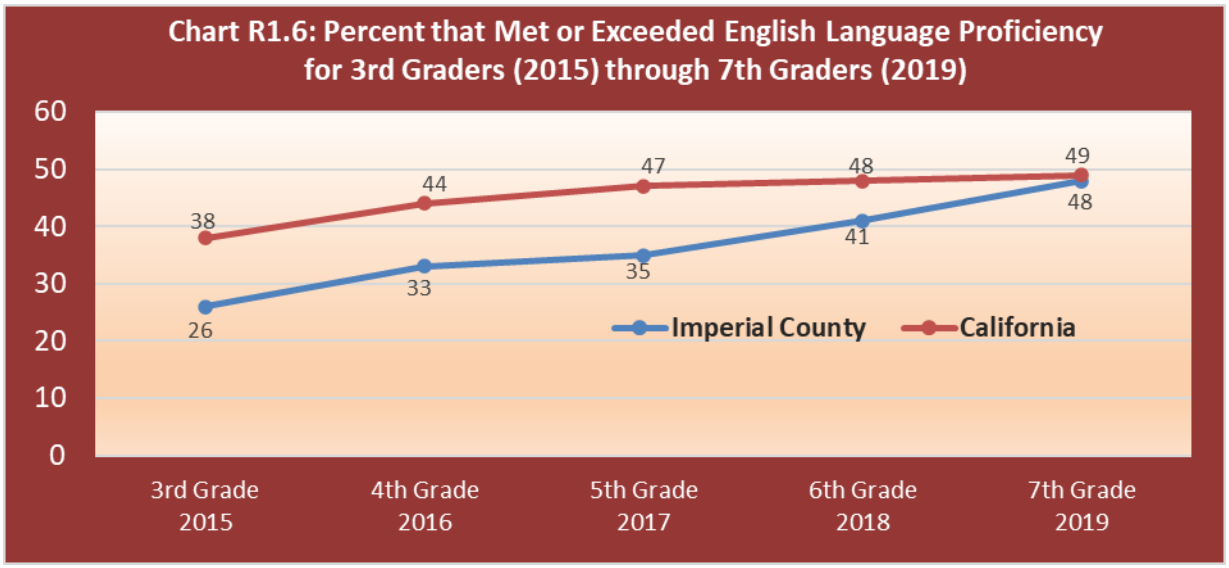
Case Closure Reason	Interval	
	JUL2020-JUN2021	JUL2020-JUN2021
	Number	Percent
Family Stabilized	90	45.9
Court Ordered Termination	N/A	N/A
Reunification	37	18.9
Adoption	18	9.2
Guardianship	33	16.8
Age/Emancipation	N/A	N/A
Refused Services	N/A	N/A
Exceeded Time Limits	0	0.0
NMD/NRLG Eligible for Reentry	N/A	N/A
Criminal Justice Involvement	N/A	N/A
Other	N/A	N/A
Missing	0	0.0
Total	**196**	**100.0**

Targeted intensive family support services for children in out-of-home care, or children that may be at risk of maltreatment continues to be a priority. Many of these children are critically affected by the inability of their family to function in ways that foster the healthy development of the child. Because of these conditions, many of these children are removed from their homes and often, because of gaps in services and the burden placed on systems designed to support these children, they miss out on valuable services that can contribute to better outcomes. Such services include child advocacy provided by trained individuals, efforts to enroll children in preschool or kindergarten, special child literacy services to promote

language development, targeted developmental screening services, review of immunization status, and general health screening. Many of these services should also focus on other child outcomes identified under this plan, or those that are research-based and have shown to be effective. Furthermore, these services must be offered under the backdrop of equity, where children and families are served in a culturally appropriate manner. Children in out-of-home care, or those identified as at "high-risk" of being separated from their parents will considerably benefit from intensive intervention services.

Why are investments in Family Literacy important?

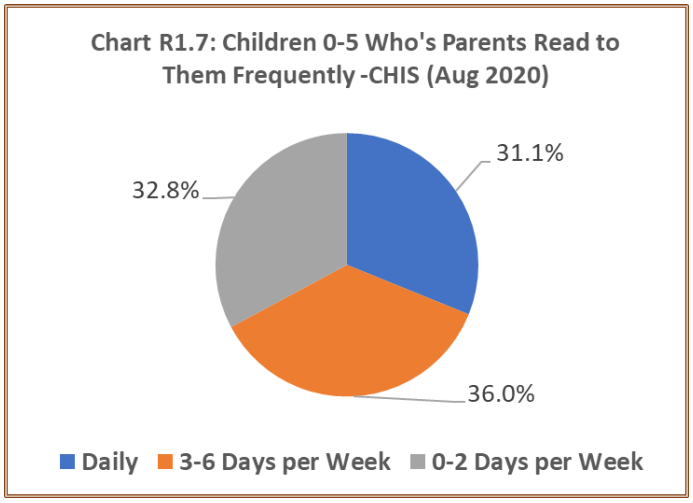
The foundation for the child's early learning and success measured throughout their journey in the K-12 school system and through adulthood is highly dependent on the support and experiences provided by the family. This inference is based on the notion that the most significant growth in cognitive development happens between birth through 5 years of age. One of the most important elements for success is based on how well an individual reads, writes and speaks, therefore a strong approach that supports parents with their ability to promote early literacy will meaningfully



benefit the development of the child, and have lasting impacts on their life experiences. For example, Reading Partners, a children's literacy nonprofit, notes that students who cannot read proficiently by 4th grade are four times more at risk of dropping out of high school. Chart R1.6 demonstrates the English proficiency for students that entered 4th Grade in the 2014-2015 school year and were in 8th Grade during the 2017-2018 school year. The

information suggests that there is a gap of up to 12 points lower in English proficiency for students from Imperial County compared to the student population in California, which is still considered low. Students' English proficiency results are consistent with the idea that higher proportion of children entering the K-12 system from preschool should be English proficient, which generally sets the benchmark for future results in the K-12 system.

The basis for language fluency is evident at the starting point of a child's development. There are a sufficient number of resources and studies that advocate for fostering a solid developmental foundation that begins as early as possible with proven family literacy programs. In *Meaningful Differences in the Everyday Experience of Young American Children* it is noted that "the average child from a professional family hears 215,000 words per week; a child from a working-class family hears 125,000 words per week; and a child from a family receiving welfare hears 62,000 words per week." Findings from the University of California Los Angeles Center for Health Policy Research further support the need to promote family literacy for families with young children in Imperial County so that their English language proficiency develops in a manner that is compatible with other children in California. In the 2020 California Health Interview Survey, they estimate that 31.1% of parents in Imperial County read to their children on a daily basis, which is less than half of the rate for California (65.2%), and those that may read 0-2 days per week was slightly higher. Investments in family literacy will highly impact a child's future achievement, establish a meaningful foundation for all learnings, and will help the child to communicate better and influence how that child relates to the world around her. Results from a study in the Journal of Early Childhood Literacy, in *Understanding the Importance of Parent Learning in a School-based Family Literacy Program,* suggest that family literacy programs help parents gain literacy knowledge and skills that they then incorporate in daily interactions with their children, which supports the idea that early learning should be incorporated as early as possible and



integrated in a manner that becomes a component of the child's life and culture.

Also, a child's early learning is directly influenced by their socio-economic status and well-being. The Economic Policy Institute, in *Inequality at the Starting Gate*, identified that inequalities facing children before they enter school are less publicized and inequalities influencing a child's cognitive ability are substantial right from the start. The disparities in equity affect a student's performance on test scores, are contingent to socio-economic status, and will have a detrimental impact on those children and families that do not receive support services. These conditions typically have a higher impact on family structure and educational expectations due to race, ethnicity, gender, special needs or disabilities, income levels, and children in foster care. Children that are reared in environments that lack equity, which are conditions that powerfully imply disadvantage, face the likelihood of attending K-12 schools that have less resources and systemically identified as being "lower-quality" schools if defined by student achievement. Furthermore, children subject to these environmental conditions lack access to books and literacy programs, particularly prior to school entry.

The need for family literacy models can be evaluated through data related to language proficiency, and approaches should be based on evidence-based models or promising practices. These types of approaches have been shown to be useful in addressing issues related to low-education levels, support for disadvantaged families and the general acquisition of reading and writing skills. Programs will want to address the components of family literacy programs, which are: adult education, the education of the child, parent and child together (PACT) time, and parent time. Furthermore, family literacy models can address literacy by including other members in the process, such as siblings or grandparents, particularly if they participate as an active caregiver in the child's life.

Result Area 1: Strengthening Families Priorities

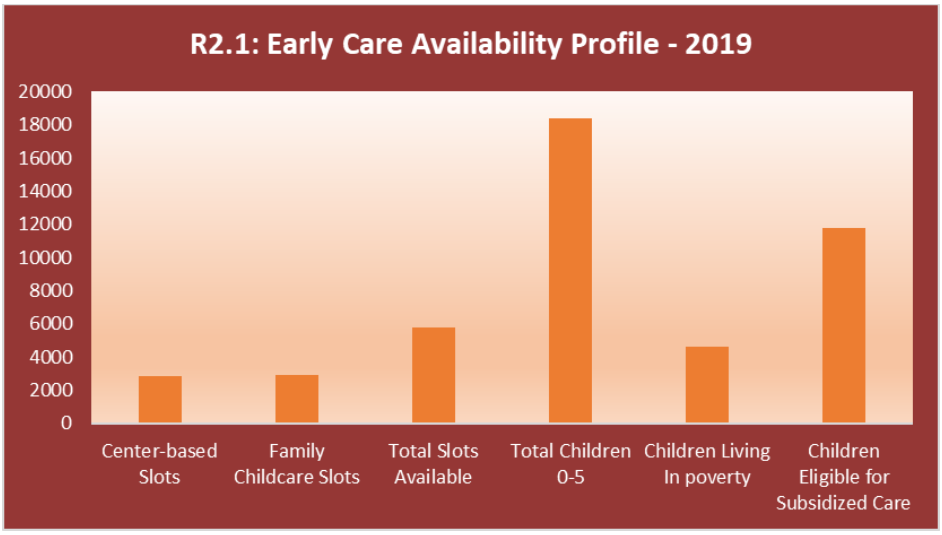
Result Area Priority	Result Area Activities or Strategies
Provide comprehensive parent education opportunities that focus on support for families with children 0-5 years of age.	a) Increase the number of parents involved in parent education activities designed to enhance the lives of children 0-5 years of age. b) Adopt parent education models that support early learning and development outcomes for children 0-5. c) Provide parent education activities specifically targeting children 0-3 years of age. *d)* Adopt new methods for measuring the impact of parent education activities. *(Systems Change)*
Provide targeted intensive support services for "high-need" families that have children 0-5 years of age.	a) Increase the number of "high-need" families with children 0-5 enrolled in targeted intensive parenting programs. b) Increase the number of children that have a case in the Child Welfare System for maltreatment that receive advocacy services. c) Increase the number of children from "high-need" families that receive a multidisciplinary array of services through case management services or child advocacy designed to address adverse childhood experiences (ACES). d) Increase the proportion of families that are Stabilized or Reunified with a child that has a case closing in Child Welfare System. *e)* Develop processes that are culturally and linguistically appropriate across programs to increase participation in targeted intensive parent support services, such as home visitation or parent programs. (Systems Change)
Offer evidence-based Family Literacy Programs for families with children 0-5 years of age.	a) Increase the number of parents or families participating in family literacy activities that have children 0-3 years of age. b) Increase activities that offer preliteracy and literacy skills for children 0-5 years of age that are directed by parents or other family members. c) Increase parent and child together (PACT) time. d) Increase the number of "high-need" families enrolled in family literacy programs that are culturally and linguistically appropriate. e) Increase the number of parents enrolling in Adult Education and/or English as a Second Language courses. f) Increase parent education that focuses on the Talk, Read, Sing Campaign. g) Increase parents enrolled in home visitation programs that focus on home instruction, cognitive development and child/family literacy.

Result Area 2: Early Care and Education of the Child

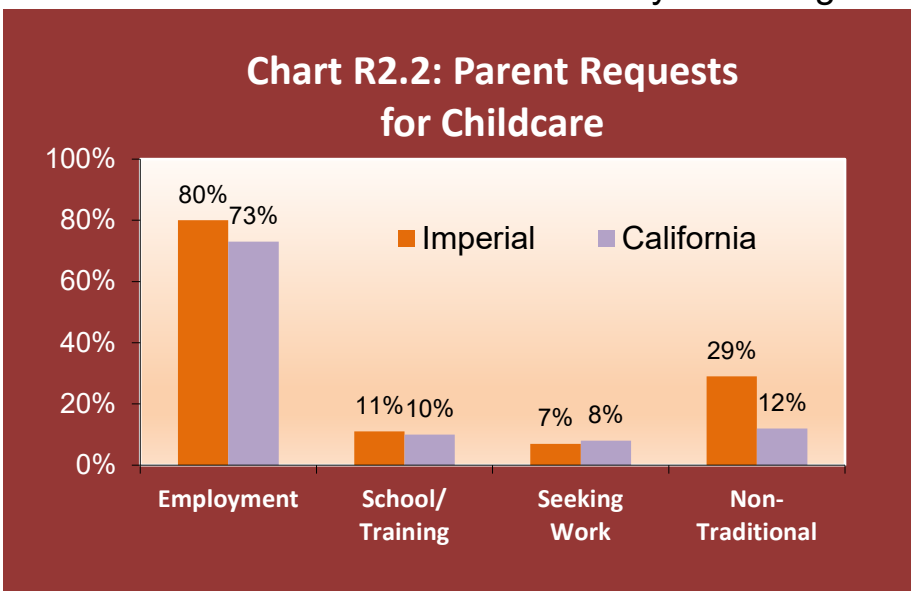
Many factors are important for the positive development and formation of the child. The "early care and education" of a child contributes significantly to this formation, and generally refers to the time period from when the child is born to school entry. The culmination of this period in the development of the child is often indicated as the "school readiness" of the child, that is, how well prepared the child is upon entry into Kindergarten and her ability to successfully thrive in the K-12 school system and beyond that. The pre-kindergarten phase, or 0-5 years, is a critical time in the child's life in that she not only learns cognitive and motor skills, but further learns to develop social relations with other children, creates a bond with their parents and care providers, as well as begins to develop interests and sense of self. The experiences and skills developed by the child, their school readiness, will lay the foundation for how she navigates through the rest of her education and life, and this is particularly so for the case of children from disadvantaged backgrounds or "high-need" families. The United Nations Educational, Scientific and Cultural Organization, in *the Global State of Early Childhood Care and Education*, declares that the "enrollment of children in school, retention and learning achievements are favorably influenced by participation in early childhood education programs. Investment in early childhood programs and facilities yields high returns…and the fact that the benefits far outweigh the cost have also been underscored." Investments in early care and education contribute to the development of human capital; these investments are associated with higher earnings, quality workforce, better health, access to better education opportunities, higher academic achievement, greater social attachment, and positioned for better quality of life. Research suggest that children in Imperial County will benefit immensely from targeted strategies that work to create opportunities or enhance services in early care and education settings. These types of investments, that will focus on strategies designed to advance the school readiness of children, include access to early care, continuous quality improvements, programs for children, and support for early care and education providers.

Why are investments in Access to Early Care important?

All children in Imperial County can benefit from meaningful early care and education opportunities, and this is particularly true for a significant

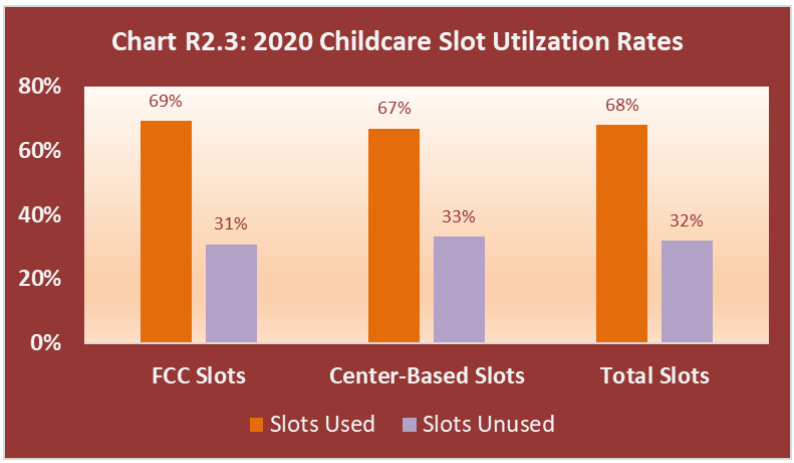


proportion of families in the county that face additional disadvantages due to socio-economic status, geographic conditions, demographic factors, special needs and limited English proficiency. Early care and education investments, along with family involvement (Result Area 1) are key to the academic, social and emotional well-being of a child and carries forward into adolescent and adult life. Children participating in early care and education programs tend to do significantly better upon kindergarten entry, throughout their K-12 experience, and later in life. Increasing access to early care and education is important, particularly for children that come from families that are identified as "high-need" or "at-risk". Primarily the availability and utilization of an early care and education system is important. The California Resource and Referral Network indicates that in 2019 there were a total of 5,800 early care and education slots available in Imperial County, of which 2,868 slots are for 58 center-based programs and 2,932 slots are reserved for 263 family childcare homes. The number of children 0-5 years of age was estimated at 18,393 by the U.S. Census Bureau for 2019, and that same year up to 4,610 children in the county were identified as living in poverty, though only 3,354 children 0-5 participated in subsidized care in either a family childcare home or



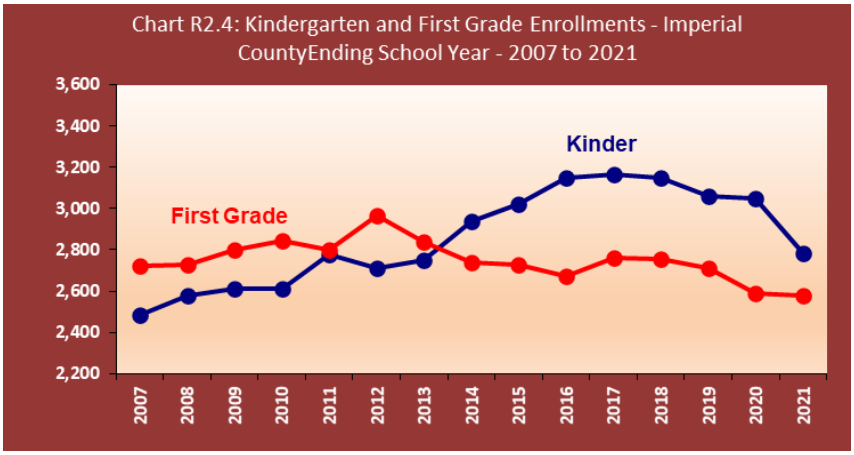
center-based program. First 5 Imperial further estimates that a minimum of 64% of children 0-5 are eligible for subsidized childcare due to family income. For example, for the 2019-2020 school year up to 77% of K-12 students were eligible for *Free & Reduced Price Meals* due to family income.

Access to care further implies the type of requests for early care that parents are making. In Imperial County a significant majority or requests for care made by parents were due to employment (80%) which is consistent with the rest of California, though the county was slightly higher on requests for non-traditional care (29%) than the state average (12%). Non-traditional care is based on childcare services that are provided in the evening, weekend or overnight and therefore goes above and beyond generally accepted hours established for care services. A significant proportion of children in Imperial County may qualify for subsidized care, and a strong case is made for increasing capacity for care, particularly in areas identified by the Local Childcare Planning Council as priority areas. Though one important barrier to providing access to care is maximizing the utilization rate for childcare slots available throughout the county. First 5 Imperial's 2020 Early Care and Education Workforce Study suggests that the aggregate utilization rate for slots available for both family childcare homes and center-based programs is 68%. This indicates that as many as 1,858 slots were available under the current model, and between eighty to eighty-nine percent of those slots are estimated as being for families eligible for subsidized care. One assumption may be that the COVID-19 pandemic affected the ability or need for families to place children in early care and education programs, resulting in an elevated rate of underutilization of available slots. Findings relevant to childcare slot utilization rates compared to First 5 Imperial's 2006 Early Care and Education Workforce Study are generally consistent with the current line of reasoning, that is in the 2006 study childcare utilization rates were at 76%. One implication that is drawn is that strategies for recruiting families eligible for early care and education services can have a



meaningful impact. The utilization of available care is fundamental to supporting families with young children.

Access to early care and education should also include enrollment of children entering Kindergarten Programs, particularly Transitional Kindergarten. Enrollment opportunities for many children will increase with the Governor's new Master Plan for Education in both the early care and education setting (center-based and family childcare) and the K-12 setting with a significant increase in Transitional Kindergarten. Transitional Kindergarten was implemented state-wide during the 2012-2013 school year. Chart R2.4 illustrates Kindergarten and First Grade enrollment in Imperial County from 2007-2021, where a significant shift in Kindergarten enrollment happens subsequent to the implementation of Transitional Kindergarten, where there are significantly higher numbers of children enrolled in Kindergarten versus First Grade enrollments in comparison. For instance, according to the California Department of Education, during the 2019-2020 school year there were 3,050 children enrolled in Kindergarten programs county-wide, and 2,590 enrolled in First Grade. Of all children enrolled in Kindergarten, 2,038 were 5 years of age or younger, and an estimated 15% of these children had participated in the Transitional Kindergarten program. Given the census data on Kindergarten enrollments, there is a significant potential to access to early care and education services for more children by increasing participation in Transitional Kindergarten programs for children 4 to 5 years of age in the county.



Why are investments in Early Learning and the School Readiness of Children important?

A cornerstone of early care and education is founded on the opportunities offered to children designed to increase cognitive, motor and social-emotional skills. These factors contribute to the overall condition of the young child and her ability to transfer successfully from one stage of development into another. Many of these early opportunities may be

causally linked to the success of the child once she transitions into the K-12 education system and through adulthood. The dynamics that influence early learning and afforded to a particular child may significantly contribute to the "school readiness" of the child, which involve three critical features: if the child is ready to transition into the kindergarten setting, if the family is ready to support the child's learning, and if the school is ready to receive the child.

These factors, that are designed to influence early learning, are particularly important in Imperial County, and our systems of care can significantly benefit by including investments in early learning that contribute to the positive development of the school readiness of all children that take into account specific areas where gaps in development are prevalent or opportunities for better development are lacking. Information related to educational achievement for Imperial County children that have transitioned into the K-12 education system unmistakably support these types of investments.

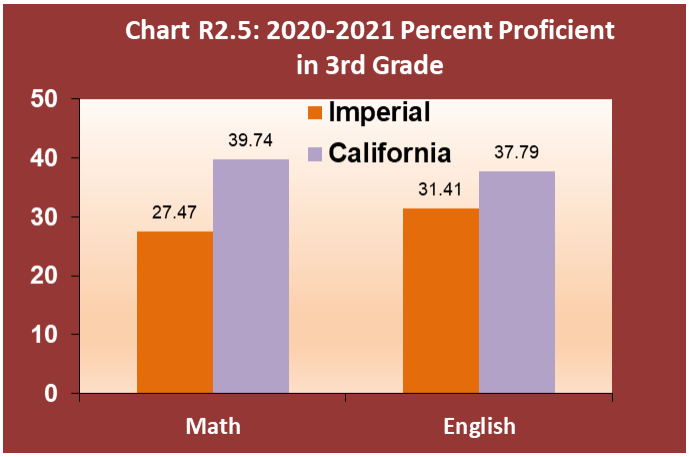
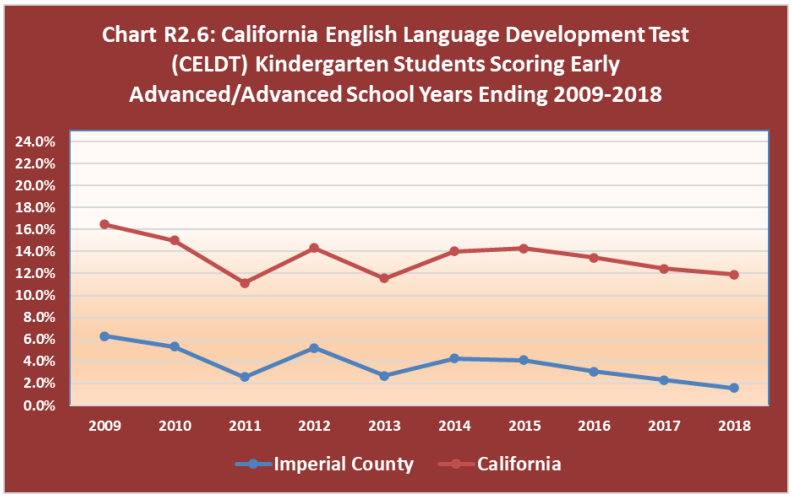


Chart R2.5 compares the percentile of 3rd Grade students in Imperial County and California meeting proficiency standards in Mathematics and English Language Development for the 2020-2021 school year, of which 3rd Grade is the first year of testing data is available by grade. The information illustrated in the chart suggests that children in Imperial County are less likely to meet or exceed English Language Arts and/or Mathematics compared to students testing throughout the state, where proficiency in English was up to 17 percentage points lower and up to 12 percent lower in Mathematics.

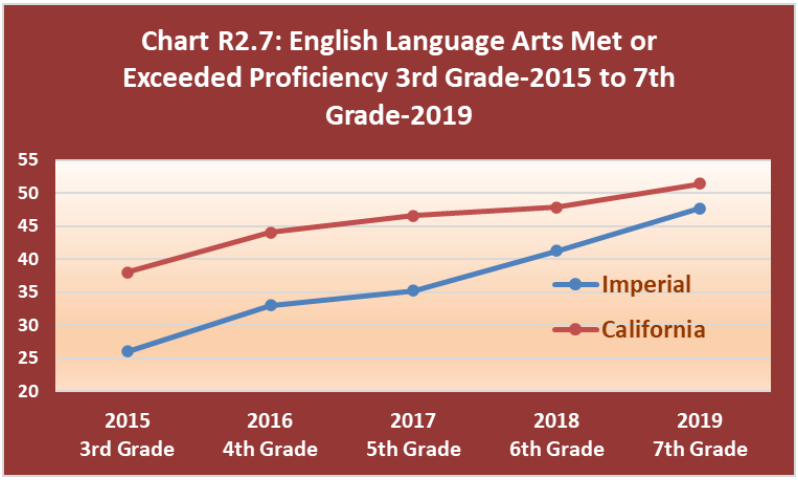
Children that are "high risk", namely due to the effects of socio-economic factors, may tend to score lower. For example, children identified as coming from Migrant Farmworker backgrounds only met or exceeded proficiency in English Language Arts by 7.55% and 12.24% in math; children from families that had a parent that did not graduate from high school only met or exceeded proficiency by 3.85% in English Language Arts; and respectively children identified as being special needs met or exceeded proficiency by 14.12% in English Language Arts for the same year. Furthermore, English Language proficiency rates for children

participating in Kindergarten programs reveal a similar pattern. The California English Language Development Test (CELDT) is a test administered between 2001 to 2018 used by the school system to assess proficiency of English language standards. CELDT scores for Kindergarten students that have acquired results that would place them in the Early Advance to Advance categories for students in Imperial County and California over a ten-year period, from school years ending 2009 to 2018, is represented in Chart R2.6. During this period, students in Imperial County recorded a 10-year average rate of kindergarten children placing at “Early Advanced” to “Advanced” was 3.8% for all children testing, whereas the 10-year average for all California kindergarten children was 9.7%. Children in Imperial County on average entered the K-12 education system 2.5 times less likely to be “Early Advanced” to “Advanced” in English language proficiency than the children in California in general during that time period. Furthermore, children placing in the “Beginning” sector of the test field was 64.6% for Imperial County Children over the ten-year period.



The transition into Kindergarten from preschool is critical, particularly the preparedness or school readiness of the child. Student data shows that children entering the K-12 system are generally less prepared for school entry in Imperial County, and therefore would significantly benefit from strategies to increase their school readiness. Strategies that may work to support English language acquisition can work to bolster their ability to do well upon school entry and throughout their K-12 academic and social experience and beyond. For example, preschool programs and other early care and education programs for children that focus on language acquisition and target more children can have an impact on language proficiency scores, with the objective to increase the proportion of children that meet or exceed proficiency in English Language Arts. Chart R2.7 compares testing cohorts English Language Arts for 3rd Grade students in Imperial County and California enrolled for the school year ending 2015 and progressively through their 7th Grade year for the school year ending in

2019. This graph demonstrates how the level of English language development upon school entry does have an impact on growth in proficiency, as the gap between the two groups (Imperial County and California students tested) is objectively consistent, where it is rational to conclude that if Imperial County students enter the K-12 system with higher rates of English language proficiency, then their growth in proficiency would continue to be consistent and therefore higher as well. Investments would further entail quality improvement measures that support learning in early care and education sites.



Why is it important to invest in Capacity Building for Early Care and Education Professionals?

Because the cognitive and social development of the child during the early years of life are crucial to their overall growth and progress, investments in the systems that offer early care and education are meaningful and can have very significant impacts on child well-being and school readiness. These investments should focus on early care and education professionals working with young children in a variety of settings. These individuals are a critical component of a healthy and stable society, and are tasked with the exceptional calling to care for the youngest members of a community. This workforce, particularly in Imperial County, has the weight of an enormous responsibility thrust upon it, and therefore a sound process for professional development and capacity building opportunities should be at the forefront of strategies to ensure that the quality of care in these settings is maximized in order to have the most positive impact on children.

Research clearly supports better outcomes associated with a robust early care and education system, particularly one that works to address social vulnerabilities in communities of high need. For example, in the research article *Adult outcomes of sustained high-quality early childcare and education,* published by the Society for Research in Child Development, concludes a sound investment in capacity building "demonstrates [that] sustained high-quality early care and education can

mitigate the consequences of poverty into adulthood." Also, the National Institute of Child Health and Human Development, reiterates this point is its *Study of Early Child Care and Youth Development,* stating that supports in early care and education are "associated with reduced disparities between low- and higher-income children's educational attainment and wages at age 26." This study further emphasizes the fact that increased opportunities for graduation from an institution of higher education was directly correlated to the more months low socio-economic status children spent in early care and education, and gains in income were connected to children attending high-quality early care and education programs. Characteristics of this workforce are important for identifying strategies that focus on enhancing capacity and increasing the quality or preparedness of these individuals for success over time. These characteristics include formal education levels, other opportunities for professional development, capacity for working with children that have special needs, ethnicity, language and the age of the workforce, in addition to identifying challenges associated with these characteristics.

First 5 Imperial has worked to develop a profile and identify needs of the early care and education workforce in Imperial County in the *2020 Imperial County Early Care and Education Workforce Study*. This study was a systemic review of the early care and education workforce that helped the Commission identify trends, support organizational planning for capacity building opportunities, assist in the development of strategies for continuous quality improvement, promote educational attainment, and provide incentives for higher education, in addition to shape approaches for personnel recruitment and retention that are critical to address the needs of the early care and education workforce. Efforts and sustained investments should target components of this study and work to address barriers relevant to the early care and education profession. The multitude of children participating in these settings, as research suggests, will be better off and reap the benefits of targeted investments.

In the workforce study, the review included an analysis of the site characteristics, educational attainment, and demographics of the workforce. This analysis included 171 Family Childcare Homes (FCC) and 49 Center-based programs with a combined workforce of 480 professionals that included FCC owners/operators, center directors, site supervisors, preschool teachers and assistants. An FCC is typically a home, in a residential area, that has been licensed for childcare services and may care for up to 14 children. Center-based programs are traditional childcare sites, private or public, that are licensed to care for a specified number of

children, and can include California State Preschool Programs, Federal Preschool Programs (such as Head Start), and private preschool programs. Both FCCs and Center-based programs generally care for children 0-5 years of age, though some offer care for children up to 13 years of age as well. The combined sites have the capacity to serve 4,410 children continuously, though FCCs can theoretically serve more which would depend on their schedules, such as providing care during non-traditional hours. Both FCC and Center-based professionals worked for sites that primarily cared for children 0-5 years of age, where FCCs generally cared for a higher proportion of 0-2 year-olds and Center-based programs generally offer care to a greater proportion of 3-5 year-olds. The majority of

TABLE R2.1

Characteristics of the Early Care and Education Sites

Workforce Element	Family Childcare Home	Center-based Program	Combined Workforce
Total Workforce	171	309	480
Licensed Capacity	2,034	2,376	4,410
Children Enrolled	1,407	1,590	2,997
Percent of Capacity	73.4%	66.9%	67.9%
Percent of Children 0-5	64.5%	97.0%	81.7%
Slots Unused	627	750	1,377
Offers Subsidized Care	81.8%	89.7%	83.6%
Sites/Slots Per 3 Major Cities	137/1,630	34/1,869	171/3,499

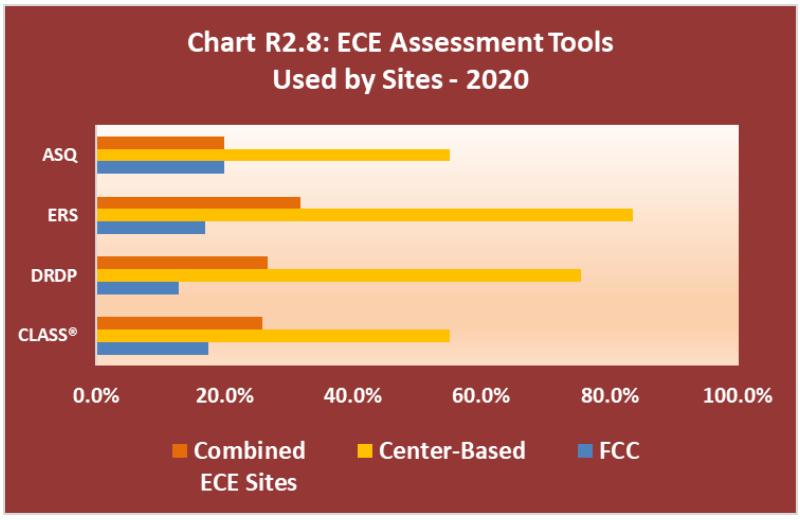
early care and education services were offered in the three major cities in Imperial County, which are Brawley, Calexico and El Centro; approximately 78% of all sites and 79% of capacity for care are available in these three cities, which is slightly higher than the 0-5 population in these areas (71%).

Assessment tools can be utilized in professional development and capacity building in early care and education sites to support increases in continuous quality improvement. These tools include the Classroom Assessment Scoring System® (CLASS), the Desired Results Developmental Profile© (DRDP), Environmental Rating Scales (ERS), and Ages and Stages Questionnaire (ASQ). These tools are and can be used in early care and education settings to address factors related to child development, such as the learning environment, teacher/child interactions, the cognitive and social development of the child, and assessment for delays in development. CLASS is used by early care and education providers to support increasing quality in settings through measures developed to assess and improve interactions between the teacher and

child. Research on CLASS shows that “preschoolers in classrooms with higher-quality interactions showed greater learning gains across school readiness domains. Including executive functioning and early literacy.” Data from the workforce study suggests that 25.9% of the workforce is using CLASS at some level, a significant majority of use is in the Center-based Program setting.

Learning for all children is influenced by the environment that is favorable to cognitive, motor, and social-emotional development. Studies suggest that ERS significantly support early care and education professionals to develop meaningful environments for early learning. These rating scales are an important resource to help determine if a childcare setting is meeting the needs of children in order to foster a healthy learning environment, which includes the safety of the child, access to learning opportunities and the promotion of positive relationships that influence healthy development. ERS include systems to rate environments in Infant/Toddler settings, preschool-age (3 to 5 year old) settings, and further available for FCCs and Center-based Programs. In the process for continuous quality improvement, ERS can be used to improve quality in the early learning program, identify areas where the workforce may benefit from training, help pinpoint materials or resources for learning that are needed, as well as identify areas where the early learning environment may be improved. The workforce study identifies that as many as 31.8% of early care and education sites are using an ERS, again, where the majority of sites were identified as Center-based Programs (83.6%).

Early care and education providers can build capacity related to how effectively they work to identify how children are doing with respect to conditions of well-being. Conditions of well-being generally encompass the personal and social competency of the child, if the child is an effective learner, physical and motor development of the child, and how the family supports the child’s learning and development. The tool most commonly used in California to effectively assess these conditions of well-being is the DRDP,



which is a system integrated into early learning settings by the California Department of Education as an approach to identify and support these conditions of well-being. The instrument is designed as an assessment for preschool teachers to observe, record and consider strategies for the continued improvement in the conditions of well-being for the child. Training and coaching on the integration and effective use of the DRDP in early learning settings in Imperial County is important. Currently 75.5% of Center-based Programs are using the DRDP and only 12.9% of FCCs.

Early care and education sites that promote developmental screening and surveillance continuously improve quality of services and work to enhance the development and well-being of the child. A meaningful developmental assessment tool used to support children, and their families, in an early care and education setting is the Ages and Stages Questionnaire® (ASQ), which is a parent centered developmental assessment tool designed to identify delays in development. Information from the workforce study suggests that 20% of all early care and education sites are using the ASQ, where the gap between FCCs (19.9%) and Center-based programs (20.1%) is not as pronounced. The questionnaire provides reliable and precise developmental and social-emotional screening for children birth through age 5. Through parent knowledge of the child's development this instrument identifies developmental milestones and is primarily intended to support and recognize potential delays in development. Results from this reliable instrument work to set up a method to support intervention, monitoring and to assess the need for further evaluation, and significantly benefit the process to increase the early identification of children with special needs.

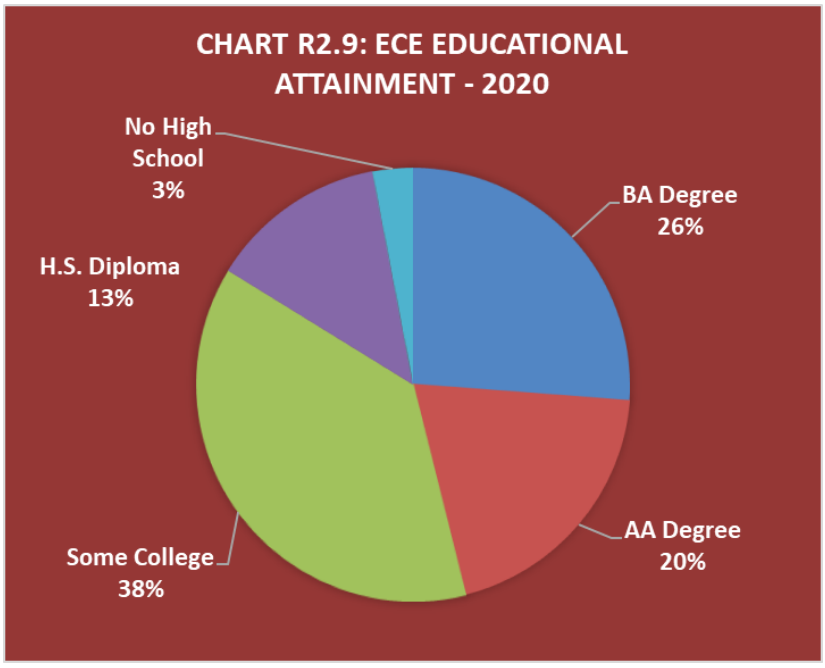
Support for educational attainment and special certifications for early care and education professionals are important factors associated with capacity building. Research from the National Institute of Child Health and Human Development on the effects of workforce preparation on early care and education suggests that one of the most important characteristics that influences positive child outcomes was education and formal training. Therefore, early care and education professionals that are well educated and that are consistently supported to pursue professional development and capacity building opportunities are essential to the development of the child. The *2020 Early Care and Education Workforce Study* examined educational attainment for 480 early care and education professionals working with children in FCCs and

TABLE R2.2

Comparison of Workforce Educational Characteristics

Workforce Element	Family Childcare Home	Center-Based Program	Combined Workforce
Child Development Permit	57.8%	71.1%	66.5%
BA Degree	17.3%	31.1%	26.2%
AA Degree	8.9%	25.9%	19.9%
Some College	37.5	37.9%	37.7%
Foreign Degree	10.7%	3.9%	6.3%
Top 3 Institutions of Higher Education Attended	UC, Riverside Imperial Valley College Union Institute	Imperial Valley College Union Institute Brandman University	Imperial Valley College UC, Riverside Union Institute
Specialized Training			
Special Needs Children	41.5%	43.6%	42.9%
ELL Children	10.5%	66.9%	46.9%

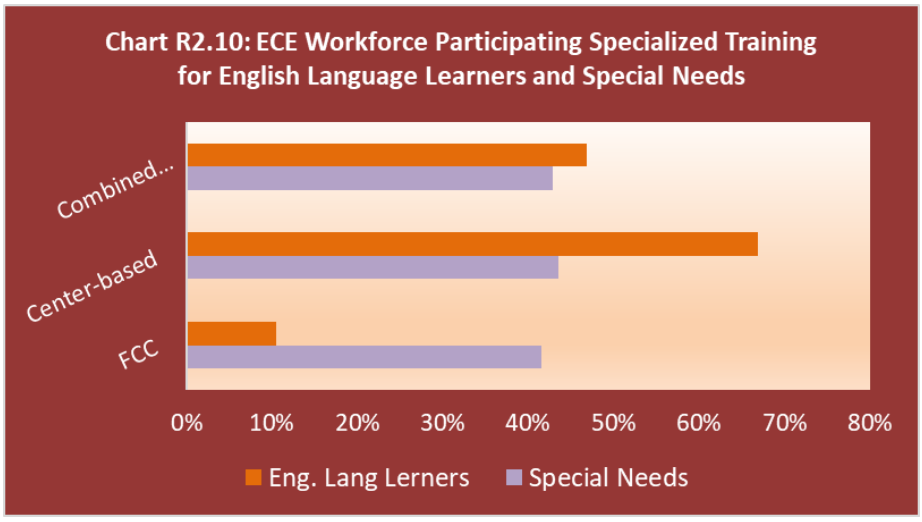
Center-based programs. As demonstrated in Table R2.2, results from this study suggest that as much as 46.1% of the combined workforce had obtained at least an Associate in Arts (AA) Degree or higher from an accredited institution of higher education, and 26.2% had obtained a Bachelor of Arts (BA) Degree. Furthermore, a significant proportion of early care and education professionals, given support and opportunities, are identified as having the potential to complete higher education objectives in early care and education, child development or a related field. For example, 37.5% of FCCs and 37.9% of Center-based staff had been identified as having obtained at least some college level work. These levels of education are also consistent with the proportion of the workforce that were identified as having a Child Development Permit for both FCCs and Center-based Programs. There is also a great potential to work toward recruiting childcare assistants in pursuing a degree or career in early care and education,



particularly those from center-based programs. Many of these individuals may already have unit-based coursework completed, and/or may have an interest in pursuing a career in early care and education. In addition, as many as 6.3% of the combined workforce had indicated that they had obtained a foreign degree. With incentives and opportunities, a proportion of these individuals can work toward completing either and AA or BA Degree from an accredited institution of higher education.

Other factors that are fundamental to continuous quality improvement are related to specialized trainings for early care and education providers, the implementation of health and safety measures, and early care and education sites meeting accreditation standards. The accreditation process is voluntary and offered nationally through the National Association for the Education of Young Children (NAEYC). This process is a well-accepted standard used to identify quality improvement measures adopted by early care and education sites and is considered the “gold standard” in quality early care and education. NAEYC accreditation does this by working to support early care and education professionals in developing programs that have a shared understanding and are committed to quality measures for the instruction of young children. The 2020 Early Care and Education Workforce Study found that only one Center-based program in Imperial County has received accreditation through the NAEYC and no FCCs currently are accredited. Therefore, programs that work to increase accreditation of early care and education sites in Imperial County could significantly contribute to developing quality early learning environments for young children.

Specialized trainings for early care and education professionals in areas that focus on special needs and English language learners would also benefit services, particularly for families of children that fall under these high-need populations. An assessment of early care and education professionals that have participated in training



designed to support individuals working with children that have special needs shows that only 42.9% of the workforce has had access to such trainings, with a fairly even split between Center-based Programs and FCCs. These types of trainings, for example, can focus on developing inclusion for children with special needs in the classroom, or specific strategies for working with children that have special needs, such as capacity building in working generally with special needs, specialized training for working with children diagnosed with autism, or training for working with children with speech or language impairment. Again, slightly less that half of the early care and education workforce has been identified as having some type of training for working with children that have special needs, though a more thorough assessment may further identify the specific training and implementation of these concepts in quality care programs. Furthermore, as noted above, a significant percentage of children in Imperial County are identified as English Language Learners, and therefore specialized training designed to offer strategies for working with these children would be benefit care and education professionals, particularly FCCs. Information, Chart R2.10, suggest that as many as 46.9% of the early care and education workforce has received training for working with children that are English Language Learners, where as many as 66.9% of staff from Center-based Programs and only 10.5% of FCCs. For early care and education sites, working to increase quality of care and instruction, specialized training to work with English Language Learners is important, particularly in Imperial County where the proportion of school-age children identified as English Language Learners in 2020 was 39.7% compared to the rate for the same year for California, which was 18.6%.

Lastly, other factors that are important for, and help to establish, high-quality early care and education programs are the development and adoption of standards for indoor and outdoor activities, developing safety or emergency plans for sites, and standards related to health and safety. These factors are meaningful for quality instruction, child well-being and safety, particularly in light of the issues that have emerged as a result of the COVID-19 pandemic and efforts to ensure that preschool and other childcare sites remain open.

Result Area 2: The Early Care and Education of the Child

Result Area Priority	Result Area Activities or Strategies
Provide increased opportunities for access to early care in nurturing environments that are safe, culturally appropriate and/or adopt quality improvement measures.	a) Increase the utilization rate for available childcare slots at preschool/childcare centers and family childcare homes to 90%. b) Increase number of children enrolled in preschool and kindergarten programs, including recognized preschool home instruction programs and Transitional Kindergarten. c) Increase the percent of children in foster care or out-of-home care enrolled in preschool programs. d) Increase early care and education sites that are equipped to work with children with special needs. *e) Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten staff (Systems Change Effort).*
Offer or enhance early care and education programs designed to increase the school readiness of children and prepare them for kindergarten entry.	a) Increase the proportion of children that are identified as developmentally ready to enter kindergarten. b) The increased use of culturally and/or linguistically appropriate preschool/kindergarten educational materials available. c) The increased number of language appropriate, preschool/kindergarten educational materials available. d) Increase the number of children enrolled in early care and education sites participating in developmental screening services. *e) Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten staff (Systems Change Effort).* *f) Increase the number of childcare centers and family childcare homes effectively using Environmental Rating Scales (Systems Change Effort).*
Offer capacity building activities for early care and education professionals that support quality improvement and equity in childcare settings.	a) Increase the number of early care and education providers obtaining units/credits from an accredited institution of higher education. b) Increase the number of early care and education teachers achieving objectives related to higher education (e.g., AA degrees, BA Degrees, MA Degrees). c) Increase the number of early care and education programs that are accredited. d) Increase the number of early care and education trained to use and implement quality improvement tools. e) Increase the number of early care and education providers involved in race, equity, diversity and inclusion trainings. f) The proportional increase of early care and education care teachers entering the profession. g) The increased number of teachers that are up-to-date on meeting needs of children with special needs and/or “high-risk” children. h) Increase in the number of safety plans adopted and incorporated for childcare centers and family childcare homes.

	i) The increased number of children enrolled in facilities that have adapted indoor and outdoor facilities to meet safety standard compliances. j) *Assess quality improvement measures in early care and education sites (Systems Change).*

Result Area 3: Improved Child Health Outcomes

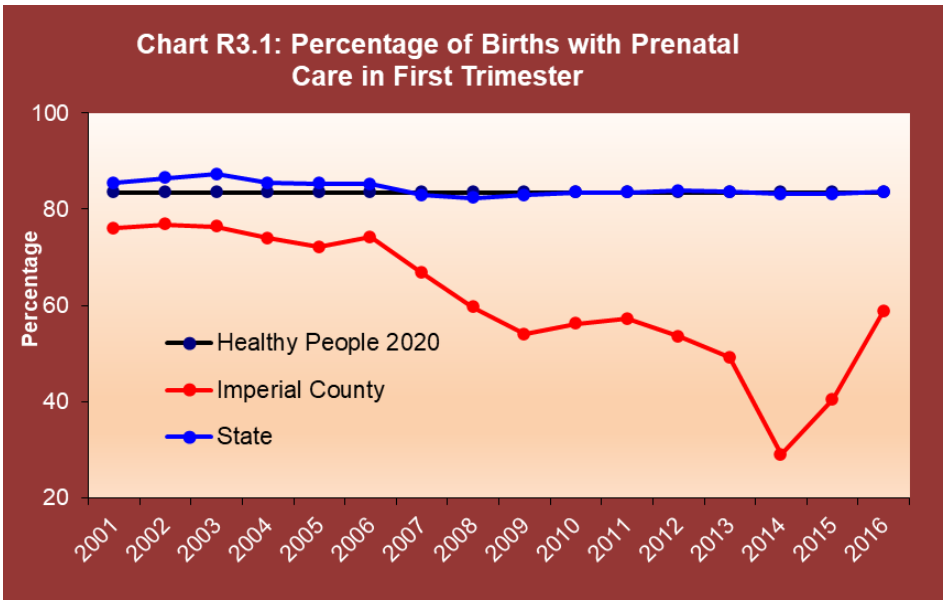
The general health and development of a child is the foundation of well-being. This is important because children are the future of the county, and their health is substantially influenced by general health conditions; conditions that can be addressed given the appropriate resources and will require thoughtful analysis, the structuring of meaningful strategies and service delivery models that address many factors, from targeting special populations to geographic factors, or from addressing cultural and linguistic barriers to short and long-term planning, or from offering direct services or looking at transforming current systems. Young children in Imperial County, particularly children 0-5 years of age, could benefit from programs that address health outcomes that are fundamental to development and that can further sustain both short and long-term objectives focusing on health and well-being. Perhaps some of the most crucial factors for which strategic planning and positive responses that are key to improving child health are: increased early and adequate prenatal care, breastfeeding initiation and duration, early childhood nutrition, increased physical activity, asthma management, and early detection though developmental screening, in addition to tobacco cessation and education programs.

These areas can be targeted through standards of care, evidence-based models for programs that are available, and by using data that supports the desire to improve health outcomes. The measures in this section (Result Area 3) offer only a general sketch of the health status of children 0-5 years of age in Imperial County. This is the case due to the complexity of issues related to child health and environmental circumstances, like the COVID-19 pandemic, that affect the backdrop where children live and thrive. The services that intend to address these health outcomes are only part of this picture even through a single focus or multi-pronged approach to answering the general health and well-being of children in Imperial County would not be conclusive due to the dynamics of what it means “to be healthy” and the disparities that may not seem health related that affect the lives of many children, particularly for those individuals that are marginalized, isolated or that are affected by socio-economic conditions and lack of opportunities for education and better health. Therefore, the snapshot that is drawn here is not meant to be conclusive, but more so offer areas which relate to better health that may be addressed given that the conditions for ‘good’ health are complex and will need to be considered under the factors that make up the social

determinants of health. Programs will want to place an emphasis on these conditions for better health, though without losing sight of the fact that many children need these services now and can benefit from well designed programs that view the child as a positive and influential member of the community.

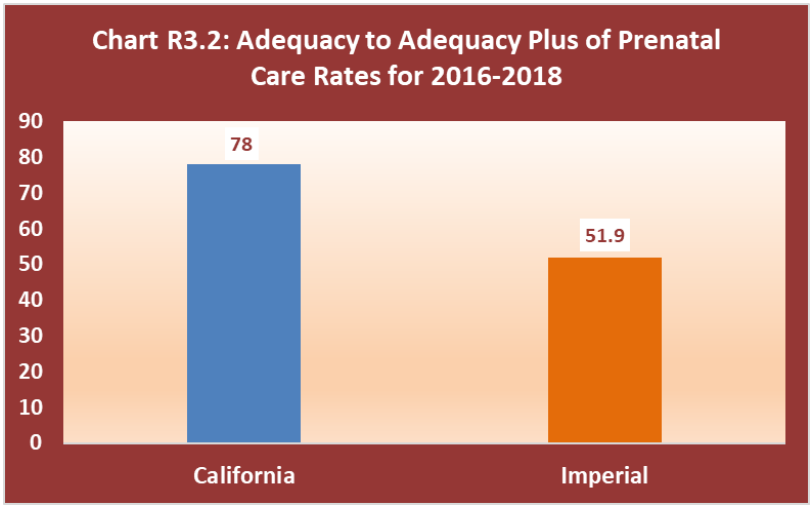
Why are investments in Prenatal Care important?

There is no doubt that the healthy development of the child is synonymous with general well-being, and that healthy development does not begin at birth, but during the time of conception, that is during the full term of the mother's pregnancy or the prenatal phase of life. Investments in the healthy development of a child should target the stage prior to childbirth, therefore both access to prenatal care and the adequacy of that care are factors that absolutely contribute to child well-being as well as supporting maternal health. For example, the National Institute of Child Health and Human Development states that prenatal care "can reduce the risk of pregnancy complications for the mother, reduce the fetus's and infant's risk of complications" as well. Healthy People is an intervention and prevention initiative established by the U.S. Department of Health and Human Services, designed, in part, to support maternal and child health. This initiative, which is data-driven, works to pinpoint health outcomes and issues related to health nationally through a number of objectives that focus on measurable health metrics. Healthy People 2020 established a benchmark for access to prenatal care during the first trimester of pregnancy nationally at 84.8% for all expectant women by 2020. Chart R3.1 provides the most current data form the California Department of Public Health for the percentage of prenatal care rates for women receiving care during the first trimester of pregnancy for the State of



California and Imperial County, in addition to the Healthy People 2020 objective. The graph illustrates the rational for investing in greater access to care for expectant women in Imperial County, which over the 16-year period, the rates were not only lower compared to those for other women in the state, though significantly demonstrated a decrease from 2007 on, with a low of only 29% of women that received care during the first trimester during 2014. For the 16-year average, Imperial County had a rate that was 27% lower than the State average (83.5) that was relatively consistent with the Healthy People objective, and the County continues to rank 57th out of 57 counties in the State for which prenatal care data was provided.

The second factor relevant to supporting healthy births is what is termed the adequacy of prenatal care received by the expectant mother. The designation for adequacy of prenatal care is determined when the mother initiates prenatal care services by the first trimester of pregnancy and that at least 80% of the number of scheduled visits recommended by the American College of Obstetricians and Gynecologists are met. For a 'normal' full-term pregnancy, with no complications, this would involve attending scheduled visits every four weeks for the first twenty-eight weeks of the term, and a visit every two to three weeks up to the thirty-sixth week of the term, and once a week until the point of birth. This generally would entail up to fourteen scheduled prenatal care visits. The objective established by Healthy People 2030 for adequate prenatal care is 80.5% for all expectant women nationally. The California Department of Public Health, in the *County Health Status Profiles 2020*, affirms that the three-year average (2016-2018) for adequate to adequate plus prenatal care for Imperial County was 51.9%, whereas the State average for the same period was 78%.

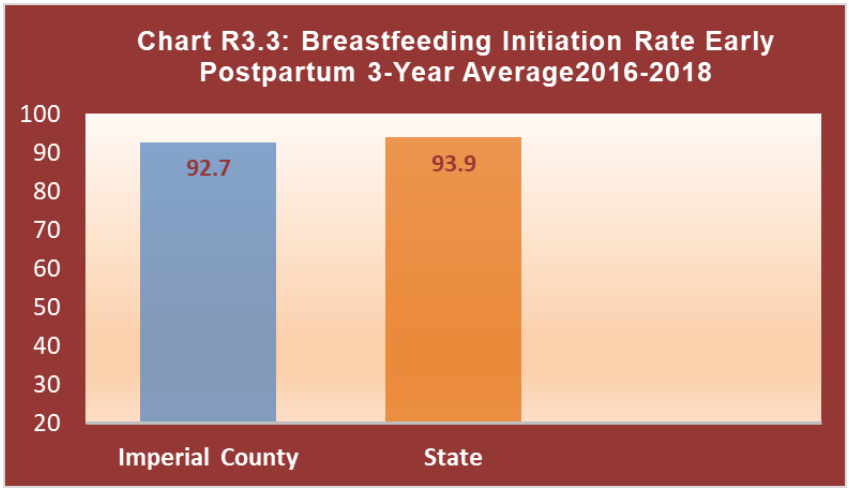


The rationale for increasing the proportion of women that receive prenatal care is based on increased well-being for both the mother and child. The medical provider can detect potential problems with the mother's health, like gestational diabetes, and support prevention and intervention

through prenatal health services and education. For example, this may include prescribing necessary vitamins, recommendations on nutrition and exercise plans. In addition, participation in prenatal care services supports a reduction in maternal or child deaths, miscarriages, in addition to detecting birth defects, a reduction in birth related complications by ensuring the mother has a safe and healthy diet and avoids exposure to potentially harmful substances that can lead to other problems. In many respects prenatal care is one of the most routine types of care, education and support for expectant mothers and their families. Though in order to effectuate an increase in prenatal care the barriers to care that remain should be addressed, particularly for young mothers, mothers of color and those mothers that are low socio-economic status or that are linguistically or geographically isolated. For instance, one important factor in working to ensure that more Imperial County mothers participate in prenatal care services should include the identification of women that receive those services in Mexico though reside and give birth to their child in Imperial County. It is likely that many expectant mothers receive prenatal care services through medical providers not in the County, with a significant proportion of those going to Mexico due to affordability and/or the culturally appropriateness of care.

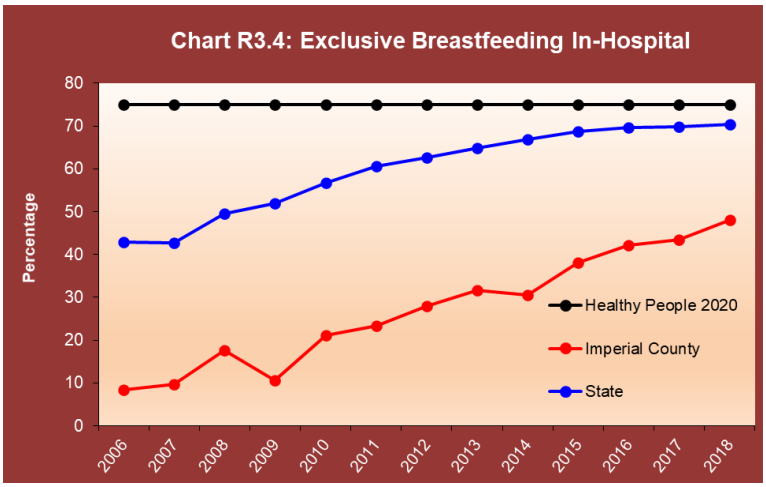
Why are Investments in Breastfeeding Education and Assistance Important?

Aside from the profound nurturing and love that is provided to a newborn by her family, one of the most critical benefits for quality child outcomes is the source of nutrition that child receives. Sound breastfeeding education and assistance in breastfeeding practices are one of the greatest services that can be offered to promote child and maternal well-being and health. Some of the advantages of breastfeeding a newborn right at birth and for a prolonged duration of at least 6 months include an exceptionally well balanced bio-engineered diet exclusively created for that child, the process helps significantly to



bolster the child's immune system, the time spent bonding with the child contributes to sound emotional well-being, it also supports maternal health and emotional well-being, and is cost effective in that it is less expensive than formula and generally contributes to a healthier child.

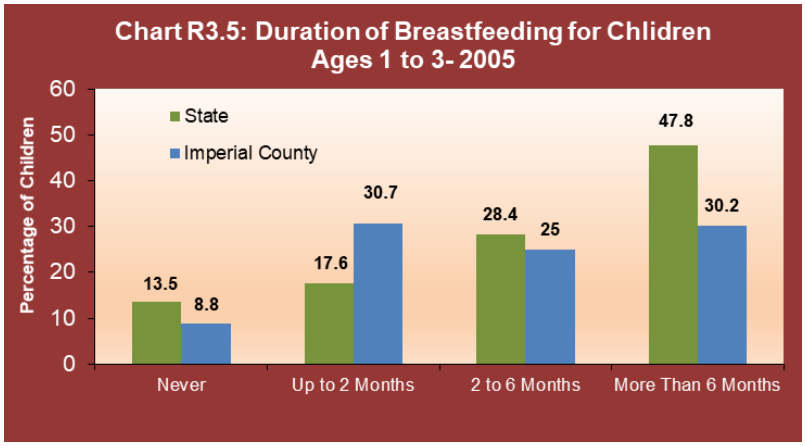
Two dynamics related to the process for successfully breastfeeding a child are related to breastfeeding initiation during the early postpartum stage and the duration spent breastfeeding the child. The first of these two underlying forces, breastfeeding initiation during the early postpartum stage is based on infants that are exposed to their mother's milk at birth and during their hospital stay, which may include children that are either exclusively breastfeed or those who may be combination feeding both breastmilk and infant formula. Breastfeeding initiation is recorded during the time of hospital discharge, and rates are captured for the aggregate of children born in the County. Breastfeeding initiation for Imperial County has significantly increased in recent years. The California Department of Public Health states that the County now has a three-year average of mothers initiating breastfeeding during the early postpartum period that is 92.7% for all mothers, which is reasonably consistent with the rest of California (93.9%), and significantly above the Healthy People 2020 objective for a breastfeeding initiation rate of 81.9% for all mothers giving birth. In addition, Imperial County is currently ranked 44th out of 58 counties in this health outcome.



An important factor, with respect to the relationship between breastfeeding initiation during the early postpartum period and what may be considered long-term duration of breastfeeding the infant, is that exclusive breastfeeding rates at the time of hospital discharge are a better gage for effective breastfeeding practices and contribute to better child health outcomes. Research has demonstrated, according to the World Health Organization, that exclusive breastfeeding for a sustained period of time protects against common childhood illnesses and may have long-term health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence. These declarations are supported by the research of Dr. Caroline Chantry

from the University of California Davis Medical Center. Chart R3.4 illustrates exclusive breastfeeding rates reported at the time of hospital discharge by mothers in Imperial County, the State of California, in addition to the Healthy People 2020 objective. Though Imperial County exclusive breastfeeding rates are significantly lower than the State of California, data over a 13-year period suggests that meaningful gains have been made in this health outcome, and with additional investments and forethought can be easily increased.

The second dynamic, which is based on the duration of time the mother chooses to breastfeed her child, is even more critical for positive child outcomes related to this area. The recommendation by the World Health Organization and American Academy of Pediatrics is that infants should be exclusively breastfeed for the first six months of life to meet nutritional requirements and evolving needs, infants should continue breastfeeding to at least one year and should receive complementary safe and healthy foods. Healthy People 2030 has set a benchmark of 42.4% of women that exclusively breastfeed to 46.5% and those that continue to breastfeed their infants in combination for one year to 54.1%. The most current data on breastfeeding duration for children ages 1 to 3 years of age is represented in Chart R3.5, and is from the 2005 California Health Interview Survey. Information from mothers surveyed during this period that had a child between 1 to 3 years of age in Imperial County indicated that as many as 30.2% breastfed their child for at least 6 months, whereas the six-month breastfeeding duration rate for mothers in California at that same period was 47.8%. In addition, for mothers interviewed that indicated that they had never breastfed their child, data suggest that Imperial County mothers were 35% more likely to not breastfeed compared to mothers interviewed throughout the State, which is still considered a high proportion. Reasons for supporting breastfeeding duration rates are issued by the World Health Organization, the National Institute of Health and Well Being, the American Academy of Pediatrics and the Center for Disease Control and Prevention. These reasons are undoubtedly supported by many research studies. For example, Michael S.



Kramer and Ritsuko Kakum, in their article titled *Optimal duration of exclusive breastfeeding*, have concluded that through a review of over 23 independent studies findings show that infants that are exclusively breastfed for six months (or more) experience lower morbidity from gastrointestinal infection, and demonstrated no deficits in growth and development. In addition, an article published by the National Library of Medicine, *Breastfeeding duration and academic achievement at 10 years*, maintains in its conclusions that "predominant breastfeeding for 6 months or longer was positively associated with academic achievement in children at 10 years of age." There exists a substantial collection of studies that support the benefits of breastfeeding initiation and duration, which support the need for investments in increased rates of breastfeeding initiation, particularly exclusive breastfeeding and the need for breastfeeding duration for at least up to 6 months after birth or longer for mothers in Imperial County, with the recommendation that infants receive only breastmilk for the first 6 months. The need for strategies that would support this are evident in the data demonstrating the rate for exclusive breastfeeding in Imperial County and comparing that rate with duration rates through 6 months of breastfeeding.

Why are Investments in Nutrition and Fitness Important?

Nutrition and physical fitness are two components of child health that may affect the short and long-term health of the child, in addition to playing an important role not only the physical, but also the cognitive and social-emotional condition of the child. The International Food Policy Research Institute conducted a longitudinal analysis on the effect of nutrition and academic achievement in preschool-age children, *Early Childhood Nutrition and Academic Achievement*. In this study the authors clearly establish a link between nutrition and academic achievement. The study states that certain factors "cannot fully explain why malnourished children perform relatively poorly in school…results thus support a causal link between nutrition and academic success." Findings also conclude that children with poor diets were more prone to delays in enrollment due to their lack of school readiness.

In addition, many studies affirm the connection between the preparedness of the child to perform in school or to be school ready with how physically fit the child was during that time. For example, correlations have been attributed to physical activity, self-regulation and school readiness. A study was conducted to examine whether associations exist between physical activity and academic achievement in young children,

titled *The Relationship between Physical Activity, Self-Regulation and Cognitive School Readiness in Preschool Children.* Findings from the authors state that “physical activity is positively associated with self-regulation and cognitive school readiness in preschool children.” This clearly highlights the significance of promoting physical activity in preschool settings, not only for health reasons, which are evident, but to further support the school readiness of the child. Therefore, adequate physical activity and nutritional intake are an important factor related to well-being and the overall development of the child, not just the physical development. Furthermore, reasons for maintaining “good” nutritional intake have a positive effect on the individual’s ability to confront illness, other health related issues and even the capacity to prevent premature death. Guidelines for maintaining “good” overall health are published by the U.S. Department of Agriculture and are grounded on robust science. In the most current publication of these guidelines, *Dietary Guidelines for Americans 2020-2025*, the U.S. Department of Agriculture provides recommendations on how to structure nutritional choice that understand that individual needs and preferences may differ. These recommendations include: 1) the importance of following a healthy dietary pattern at every stage of life, from infancy, toddlerhood, childhood, adolescence, adulthood, pregnancy, lactation and older adulthood; 2) the individual should customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions and budgetary considerations; 3) a focus should be placed on meeting food groups with nutrient-dense foods and beverages, and stay within calorie limits; and 4) limit foods and beverages higher in added sugars, saturated fat, and sodium. In working to form nutrition policy and practices these guidelines provide important information and guidance founded on the most current research related to maintaining health, in addition to sections specifically addressing recommendations related to nutrition for infants and toddlers. The information relevant to key advice for developing nutritional practices for young children addresses topics such as: the use of human milk and duration of breastfeeding, the use of vitamin supplements, when to introduce nutrient-dense foods to infants, the introduction of potentially allergenic foods and complementary foods, foods that help meet energy and nutritional needs, establishing a healthy beverage and food pattern, foods for the toddler’s second year of life, supporting healthy eating, and foods for children (3-5 and older) and adolescents. Furthermore, a chapter is dedicated to women who are expectant or lactating, which address supplements and food choices to support pregnancy and breastfeeding.

The idea of 'good' nutrition is an important consideration for parents, other family members, and the caregivers of young children. These considerations range from breastfeeding initiation for newborns to working on adopting sound dietary choices that support health and will contribute to overall growth and development. One of the acute issues affecting the goal to introduce sound nutritional patterns for young children is associated with the accessibility of overly processed for and/or 'junk' food, particularly when the availability of these products are used in excess and contribute to poor nutritional choices. The over consumption of these types of foods or other food choices that impact poor nutritional intake can negatively influence healthy development and lead to long-term impacts that may affect the child later in life. For instance, immediate effects can contribute to malnutrition or childhood obesity, and long-term effects on health can include the prevalence of diabetes (particularly type 2), hypertension, heart disease, and other comorbidity factors.

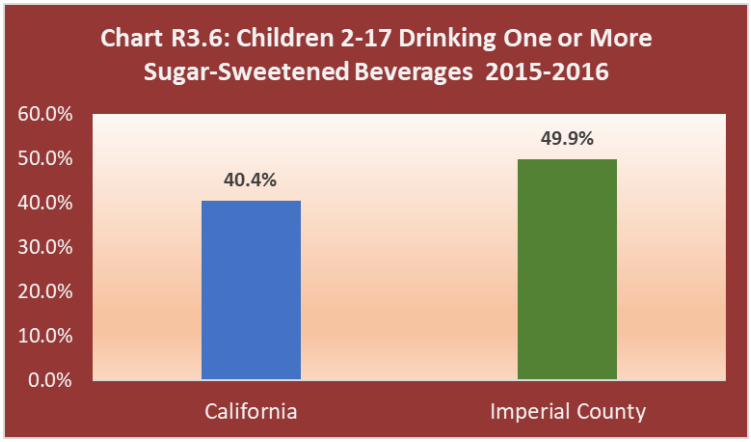
Children in Imperial County could considerably benefit from programs that promote healthy nutritional choices and encourage participation in physical activities, whether in preschool sites, in the home, or special programs designed to support the needs of young children. Results from children not having access to these types of resources may contribute to the prevalence of children that are overweight and/or that do not maintain a healthy weight in the county, and may affect children on average more so than other children in California. This point is illustrated in Table R3.1, where the information provided is data on the percent of students who were identified as being overweight or obese by grade level in both Imperial County and California over a five-year period. For example, fifth grade students were 7.1 to 8.9 percentage points higher in these categories, indicating that they were 18 to 22 percent more likely to be overweight or obese over the five-year period. According to the California Health Interview Survey, data for children 2-5 years of age that were overweight for their age is consistent

TABLE R3.1

Students Who Are Overweight or Obese By Grande Level: 2014-2018					
Percent - California					
Grade Level	**2014**	**2015**	**2016**	**2017**	**2018**
Grade 5	40.5%	40.3%	40.4%	40.7%	40.5%
Grade 7	38.5%	38.5%	38.1%	38.7%	39.0%
Grade 9	35.8%	36.0%	36.2%	37.2%	37.3%
Percent - Imperial County					
Grade Level	**2014**	**2015**	**2016**	**2017**	**2018**
Grade 5	49.2%	49.2%	47.5%	49.0%	49.0%
Grade 7	47.4%	45.7%	45.9%	46.6%	48.4%
Grade 9	40.1%	40.9%	42.6%	42.5%	43.4%

with the those of children overweight for 5th through 7th grade in Imperial County. Children 2-5 years of age that were considered overweight was 49.5% in 2016 where the State average was 33.2% for the same period. Furthermore, the Healthy People 2030 objective for reducing the prevalence of childhood obesity has set a national target of 15.5% for children 2 to 19 years of age, which is less than one-third of the current condition affecting Imperial County children.

Other factors related to the intention to increase positive nutritional outcomes for children in Imperial County are related to data available on nutritional choices by children and their families, especially for children 2-5 years of age. For example, nutritional guidelines suggest limiting and/or eliminating sugar-sweetened beverages as a measure for increasing positive nutritional outcomes. Estimates on the percentage of children 2-17 years of age who drank a least one or more sugar-sweetened beverage or soda per day, according to the University of California, Los Angeles's Center for Health Policy Research was 49.9% in Imperial County, comparted to 40.4% for the State of California. Even though the State average is notably high, children in Imperial County were almost 25% more likely to consume sugar-sweetened beverages on a daily basis than the rest of California. Furthermore, the rate for children 2 to 17 years of age is more than four times higher than the Healthy People 2030 objective to reduce consumption of added sugars to a target of 11.5%. This trend is consistent with other measures used to confirm the types of nutritional preferences and habits for children 2-17 years of age. For instance, guidelines further promote an increase in the consumption of servings of fruits and vegetables on a daily basis for children. The standard is five or more servings. For children 2-17 years of age for the same year, 2015-2016, only 21.7% were estimated to eat at five or more servings of fruits and vegetables on a daily basis, which is 38.7% lower than the rate for California children 2-17.



The nutritional profile for children in Imperial County further has to address the fact that many children are growing up in households that are deemed as being food insecure. Having programs that attempt to address

childhood overweight, malnutrition and under nutrition need to consider this factor as it significantly impacts the family's ability to make food choices that many may take for granted. Research shows that a greater proportion of children that are the beneficiaries of Women, Infants and Children (WIC) Program services are overweight and/or malnourished, though with support and resources WIC Programs can provide the necessary information and support for families to increase their ability to provide more nutrient-dense whole foods for their children and families. Child food insecurity data at the county level is provided by Feeding America, where their estimates are that 33% of children in Imperial County were living in food insecure households in 2014, compared to 22.9% for children in California as a whole.

Notwithstanding the case that has been made for increasing positive nutritional choices for young children in Imperial County, the role that physical activity plays in the overall development of the children is fundamental, and contributes significantly to well-being and school readiness, as noted above and in a number of studies. For instance, the California Department of Education collects physical fitness data on six separate standards for students in 5th, 7th and 9th grades. Table R3.2 illustrates, the percent of students in 5th, 7th and 9th grade that meet all fitness standards for both Imperial County and California for the five-year period between 2014-2018.Through the overall fitness level of California 5th, 7th and 9th grade students at the time is slightly above 31% and ostensibly low, where only 3 of 10 met the standards, students in Imperial County were less likely to meet the standards, where only 2 in 10 students achieved the measure. Though these factors affect children from all sectors of the community, those that are children from high-needs families are more vulnerable and could benefit significantly from programs that promote nutrition and physical activities targeting children 0-5 years of age. The inference is that these types of services, those which target children at an early age, have

TABLE R3.2

Students Meeting All Fitness Standards By Grade Level: 2014-2018					
Percent - California					
Grade Level	**2014**	**2015**	**2016**	**2017**	**2018**
Grade 5	26.6%	26.4%	25.9%	24.9%	24.3%
Grade 7	33.0%	32.5%	32.1%	31.4%	30.1%
Grade 9	38.1%	37.6%	36.7%	34.8%	34.4%
Percent - Imperial County					
Grade Level	**2014**	**2015**	**2016**	**2017**	**2018**
Grade 5	12.0%	13.9%	13.8%	14.2%	13.1%
Grade 7	23.7%	23.6%	21.2%	22.4%	20.5%
Grade 9	28.2%	30.3%	30.9%	26.6%	26.9%

lasting affects and will promote health and well-being well beyond the age of 5.

Why are Investments in Child Asthma Management Important?

Asthma is a chronic condition affecting a large proportion of residents in Imperial County, in addition to young children, where often it can be complicated for a medical provider to diagnose a child with asthma at a relatively young age, even though they may show evidence of asthma-like symptoms. Rates of asthma prevalence for both adults and children residing in Imperial County are amongst the highest. This health condition, as evidenced through data for Imperial County children, has a profound effect on low socio-economic status families and individuals from diverse ethnic backgrounds. The cause of the condition is generally unknown with a number of distinct factors or "triggers" that can provoke an attack. Though research suggests that these factors can be controlled or managed, and may be caused by environmental, nutritional, chemical, and/or psychological factors. According to the UCLA Center for Health Policy Research, the estimated proportion of children in Imperial County that had ever been diagnosed with asthma in 2015-2016 was comprised of one out of every four, which has slightly decreased. California Breathing states that, compared to adults, children 0-17 are more likely to have severe asthma, up to twice as likely to experience an emergency room visit and three times likelier to have a hospital stay. For example, current asthma data suggests that Imperial County was the 3rd highest county for child asthma hospitalizations in California. Chart 3.6 shows asthma hospitalizations for children 0-4 years of age for both Imperial County and California. Rates for hospitalizations in Imperial County have declined significantly from 2012 to 2016, where children are identified as half as likely to be hospitalized for severe asthma or asthma like symptoms,

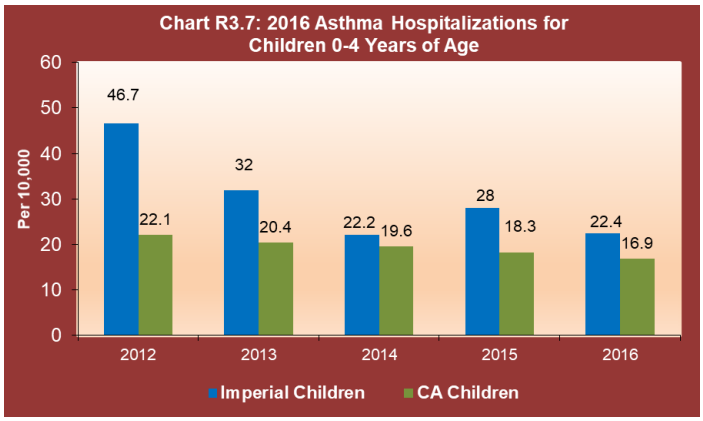
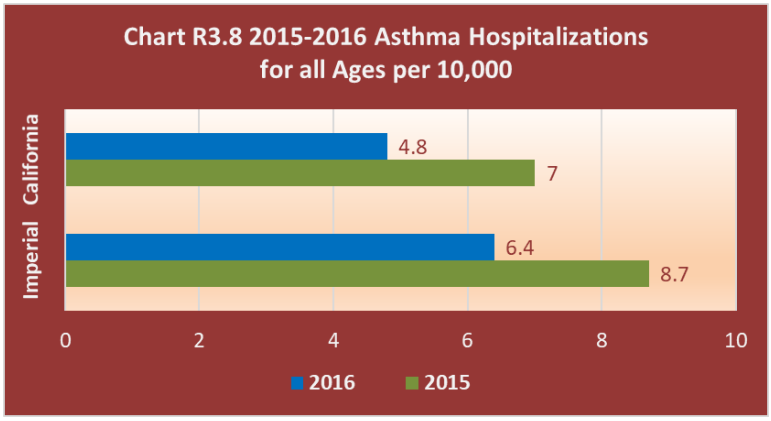


TABLE R3.2

2016 Asthma Emergency Room Visits Children 0-17 per 10,000			
	2015	**2016**	**2017**
California	80.6	75.3	74.5
Imperial	140	133	126.8
Imperial Ranks	3rd Highest	3rd Highest	3rd Highest

a net change of 24.2 less hospitalization per 10,000 children. This is significant, though hospitalization rates are lower, California Breathing continues to suggest that this rate is still high, and that families seeking asthma treatment through hospital emergency room visits continues to be high. An estimated 133 out of every 10,000 children 0-17 years of age were treated for asthma during a hospital emergency room visit during 2016. Because of socio-economic disparities and the fact that a significant proportion of the 0-17 population are Hispanic children, the asthma severity rates are higher. Socio-economic status, classism and discrimination in policies that affect disadvantaged residents may be the rationale for elevated asthma rates, severity, and hospital visits according to the Environmental Health and Investigations Branch of the California Department of Education. Disparities include, as noted above and referenced throughout this Strategic Plan, quality food choices, healthy environments that mitigate the effects of pollution or airborne factors that contribute to respiratory issues, quality health care and health education in schools, including preschools. Gains in asthma management have been realized in recent years, and this is primarily due to a long-term commitment by a number of agencies in the County and the State of California to support asthma management and increased efforts to mitigate the effects of environmental factors that often increase asthma severity. Chart 3.7 reveals the number of hospitalizations for all ages in Imperial County and the State of California. The two-year average for the county, from 2015-2016 is slightly over 7 hospitalizations for every 10,000 residents, which is only one more hospitalization for every 10,000 residents as compared to the hospitalization rate for asthma for all of California. This represents a 27% reduction from the hospitalization rate for all ages for 2010. In addition, in that same year (2010) hospitalizations for children 0-4 were reaching an all-time high of 53.2 hospitalizations for every 10,000 children. This represents a 58% decrease in the six-year timeframe. The current indicators suggest that Imperial County is well within the benchmarks set by Healthy People 2030 as these are developmental at the time, though the Healthy People



2030 objective for decreased emergency room visits targets 44 visits per 10,000 individuals. Therefore, sound asthma care and management practices, including outreach, medical plans, following guidelines and community outreach can have a meaningful impact on children 0-5 years of age and their families. These impacts can further have lasting affects and support positive child outcomes.

Why are Investments in Early Childhood Developmental Screening Important?

The health and well-being of a child is complex and dynamic. There are many factors that contribute to a child's health and wellness, and more than ever, society places a larger emphasis on the practice of systemically identifying and monitoring signs that a child may have a delay in their development. Early childhood developmental screening services are important in that they offer opportunities to identify potential delays early so that professionals and families can work to address these issues. A child, from the point of birth, begins a long process of development into an adult. During this process learning and development happens at an accelerated rate early on, where a significant proportion of brain development happens by age three. This development can be monitored through behavior, empirical observations, and an assessment of the child's age-appropriate motor and cognitive abilities, in addition to how they learn language and socialize with others. Though complex, this development is part of the child's natural state and relevant to health and well-being. As the child progresses from birth through the first years of life, it is important to monitor the milestones in the child's development. Through the monitoring process, and use of early developmental screening tools, identifying delays as early as possible is important because children, and their families, can begin to participate in prevention and intervention services as soon as possible. Developmental screening services are generally completed through the use of standardized assessment tools, such as the *Ages and Stages Questionnaire*, a parent centered screening tool that is uncomplicated to use, reliable and effective in identifying potential delays in learning. Standardized developmental screening tools are used to identify and assess a documented risk. Generally, these tools are used best in a series of recommended intervals, which may be administered during specific points during the child's early life. Early childhood developmental screening and surveillance is the process for early identification that is to the point and its strength is the ability to identify a child that may require more rigorous and focused evaluation, which may result in special needs

services. If used appropriately early childhood developmental screening and surveillance services can have a positive impact on a child, particularly if a developmental delay is noted as early as possible in a child's development, where if not addressed may eventually lead to other issues resulting in complications that may not be readily identified in young children. The American Academy of Pediatrics, in *Identifying Infants and Young Children With Developmental Disorders in the Medical Home*, recommends the need for developmental surveillance at all preventive visits throughout childhood, and that providers ensure that such surveillance include eliciting and attending to parental concerns, and that a standardized developmental screening tool for children who appear to be at low risk of developmental disorder be administered at 9, 18, and/or 30 months. In addition, children that demonstrate developmental concerns should be referred out to early intervention programs, and that organizations work to ensure appropriate payment is issued for developmental screening and surveillance, and that child health professionals should be trained to conduct developmental screening and surveillance as an integral responsibility of the medical home.

The benefits of early childhood developmental screening and surveillance are meaningful services that focus on appropriate child development and the ability to address developmental concerns. In many cases parents are assured of the child's progress through developmental milestones and a better understanding of child development. Though more importantly, the process is used to identify those children with delays in development that need additional interventions, and those that are identified as having a special need in their development and therefore qualify for services under the *Americans with Disabilities Act of 1990.* While the identification of a delay in development or special need is beneficial, often the diagnosis is difficult for the parent. Though with the proper support, the primary care provider can work to offer an assuring line of communication for the parent, especially when the delay is identified early in the child's life. At this point it is the task of the primary care provider and specialized service agency/individual, school or preschool, along with the child's family, to work together so that the child can reach her full potential.

The Center for Disease Control and Prevention notes that developmental disabilities are prevalent in all racial, ethnic and socio-economic groups, and estimates that one-in-six children (17%) age 3 to 17 have one or more developmental disabilities, such as ADHD, autism spectrum disorder, cerebral palsy, hearing loss, an intellectual disability, learning disability, vision impairment, as well as other delays. In many

cases, children are not diagnosed with a developmental disability until they are in elementary school, where it is estimated that less than 50% are identified before they enter elementary school. In 2011 the California Department of Education reported that as many as 3,292 children 0-22 were enrolled in special education programs, and in 2018 a total of 4,392 children 0-22 were enrolled in special education programs. Table 3.4 illustrates data from the California Department of Education for a cohort of children from Imperial County that were born in 2005 and were receiving special education services from 2005 through 2011, up through they are six years old or Kindergarten-age, in addition to a data for a cohort of Imperial County children born in 2012 up through 2018 when they are six years old. Between 2011 and 2018 there was a growth of 33.4% in total enrollment for children in special education services, though the percent of children 6

TABLE R3.3

Enrollment in Special Education for Children Born in 2005														
	2005		2006		2007		2008		2009		2010		2011	
	Age 0	%	Age 1	%	Age 2	%	Age3	%	Age 4	%	Age 5	%	Age 6	%
Total	17	100	14	100	23	100	54	100	82	100	133	100	163	100
Latino/Hisp	14	82.4	9	64.3	17	73.9	44	81.5	62	75.6	104	78.2	139	85.3
White	3	17.6	5	35.7	5	21.7	9	16.7	12	14.6	14	10.5	13	8.0
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pacific Is.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
African Am.	0	0.0	0	0.0	1	4.3	1	3.4	0	0.0	2	1.5	1	0.6
Native Am.	0	0.0	0	0.0	0	0.0	0	0.0	7	8.5	10	7.5	7	4.3
Other	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2	3	2.3	3	1.8

Enrollment in Special Education for Children Born in 2012														
	2012		2013		2014		2015		2016		2017		2018	
	Age 0	%	Age 1	%	Age 2	%	Age3	%	Age 4	%	Age 5	%	Age 6	%
Total	0	0.0	13	100	21	100	89	100	142	100	179	100	238	100
Latino/Hisp	0	0.0	13	100	21	100	89	100	142	100	168	93.9	221	92.9
White	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	11	6.1	17	7.1
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pacific Is.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
African Am.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Native Am.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

years of age in 2018 had grown by 46%, which is substantially higher than the overall growth. Furthermore, the total number of children 0 to 6 years of

age that were identified in 2011 was 450, whereas the total number identified for the same age group for 2018 was 761. This represents a

significant shift in children identified, and increase of 69%. During the same time periods, total enrollment for 2010-2011 for Imperial County K-12 schools was 36,427 and total enrollment for the 2017-2018 school year was 37,703, which represented a growth of 3.5% for the total student body. This suggests that medical providers, specialized agencies or individuals, along with parents, are working to increase early identification. Furthermore, the
total Kindergarten population was 2,778 during the 2017-2018 school year, whereas 238 children 6 years of age had been identified as having a special need. This represents 8.6% of the total Kindergarten enrollment for that year, though this does not necessarily suggest that all children identified as special needs were attending Kindergarten classrooms. Though in accordance with national estimates from the Center for Disease Control and Prevention, the number of 6-year-olds with special needs would be estimated at around 472. The data suggests that even though there has been an increase in children identified with a special need or disability by the age of six, more early childhood developmental screening is necessary.

Result Area 3: Improved Child Health Outcomes

Result Area Priority	Result Area Activities or Strategies
Increase the proportion of expectant mothers who receive early and adequate prenatal care during their pregnancy.	a) Increase the proportion of expectant mothers receiving early prenatal care services in the first trimester of pregnancy. b) Increase the proportion of expectant mothers receiving adequate prenatal care through the term of their pregnancy. c) Increase the proportion of expectant mothers from high-risk populations early and adequate prenatal care. *d) Increase medical providers offering prenatal care services that adopt standards of care.* *e) Develop standards of care to identify delivering mothers that may have received prenatal care in another country. (Systems Change)*
Increase initiation and duration rates for mothers breastfeeding their infants.	a) Increase the proportion of mothers who initiate breastfeeding their newborn. b) Increase exclusive breastfeeding rates for mothers breastfeeding their newborn at the time of discharge. c) Increase the proportion of mothers breastfeeding their infant up to 6 months of age. d) Increase the availability of information promoting the benefits of breastfeeding in English/Spanish. e) Increase capacity building opportunities that focus on breastfeeding education and support for healthcare professionals.

	f) Increase the adoption of standards of care that promote breastfeeding practices. (Systems Change)
Reduce the proportion of children that are overweight.	a) Increase family participation in early childhood nutrition and/or physical fitness/activity programs. b) Increase the proportion of children 2 to 5 years of age consuming the recommended servings of fruits and vegetables. c) Decrease the proportion of children 2-5 years of age consuming sugar-sweetened beverages. d) Increase the proportion of families identified as being high-need that participate in early childhood nutrition and physical activity education programs. e) Increase the proportion of children meeting statewide fitness standards. f) *Increase the number of early care and education sites adopting nutrition standards and increasing access to outdoor play. (Systems Change)*
Increase the proportion of children with asthma participating in management and prevention programs.	a) Decrease the proportion of children hospitalized or treated in emergency rooms for asthma. b) The number of children 2 to 5 years of age with asthma or symptoms related to asthma monitored through asthma management and prevention services. *c) Increase the number of medical providers adopting nationally recognized standards of care for asthma treatment. (Systems Change)*
Increase proportion of children participating in early childhood developmental screening and surveillance services.	a) Increase the proportion of children receiving early childhood developmental screening using a screening tool that is recognized for reliability. b) Increase early identification of developmental delays and intervention services for children 0-5 years of age. c) Increase the proportion of children 0-5 years of age identified with a delay in development that are referred to specialist or special program for comprehensive screening. d) Increase the proportion of children receiving early intervention or special education services prior to kindergarten entry. e) Increase the number of providers equipped to offer developmental screening and surveillance services to families.

Outcomes-Based Accountability Framework

The previous section of the First 5 Imperial Strategic Plan 2022 developed proposed needs and structures to support children from birth through age five and their families. The following sections will describe specific priorities by Result Area and programmatic strategies that identify the course of action and allocation of resources for addressing these needs – the Outcomes-Based Accountability Framework for the three Result Areas adopted by the First 5 Imperial for the purpose of targeting positive gains in child outcomes. This framework includes the following information:

- Result Areas (Strengthening Families, Early Care and Education of the Child, and Improved Child Health Outcomes)
- Child and family priorities targeted for intervention and prevention as specified per Result Area;
- Child and family strategies;
- Short-term indicators proposed to achieve those outcomes;
- Outcome indicators pertaining to the quality of the strategy.

In the pursuit of appropriate family and children's service delivery models, the accountability framework provides three major disciplines. First of all, it identifies specific conditions of well-being for children and families through the development of each Result Area, the respective priorities, and outcomes. Secondly, it offers a precise measure by which data is available to quantify the proposed achievement, and by which programs can plan related outcomes for services targeting children 0-5 years of age and/or their families. Thirdly, it provides the measure of effectiveness or means for evaluating the program service delivery.

Outcomes-based accountability puts in place a system for assessment, adjustment and measurement of change. Effective indicators are strategic, measurable, culturally ap-propriate, reliable and timely. The intention of First 5 Imperial is to provide successful outcomes-based planning to assist Imperial County in monitoring program development and system changes by stimulating interim planning adjustments.

The plan serves as the up-to-date measure for assessing strategic changes upon which to implement services through this accountability framework,

such as special initiatives or programs offered to the community by the Commission, and changes in the strategies themselves over time. The collective outcomes summarized from the accountability framework strategies work to support programs that ensure that Imperial County families will have access programs or services that will have a positive impact on the development of the child, such as: family support, quality child care, parent education, appropriate home visits from multidisciplinary teams for health prevention and intervention purposes and the same opportunities to encourage healthy outcomes and school readiness for all children 0 through 5. These proposed strategies encompass traditionally underrepresented individuals or groups, including ethnic/cultural minorities, immigrants and limited English–speaking communities. This framework is illustrated under the pages below.

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
RESULT AREA 1: Strengthening Families	♦ Provide comprehensive parent education opportunities that focus on support for families with children 0-5 years of age.	a) Increase the number of parents involved in parent education activities designed to enhance the lives of children 0-5 years of age. b) Adopt parent education models that support early learning and development outcomes for children 0-5. c) Provide parent education activities specifically targeting children 0-3 years of age. d) Adopt new methods for measuring the impact of parent education activities. *(Systems Change)*	The number of parent education programs that are offered and are evidence-based or a best practice targeting families with children 0-5 years of age. The number of educational/ language appropriate workshops educating parents on issues identified in the Strategic Plan, such as: asthma, nutrition, health insurance, breastfeeding, prenatal care, literacy, special needs and early care. The number of parent education activities specifically targeting families with children 0-3 years of age. The number of language appropriate parent workshops/educational materials being offered. The number of 'high-need' families with children 0-5 participating in parent education workshops.	➢ The percentage increase in the number of individuals with children 0-5 participating in parenting programs being provided. ➢ The increase in language appropriate workshops/ educational materials available to Imperial County parents. ➢ The increase in the proportion of parents demonstrating knowledge of understanding of key issues related to child development and well-being. ➢ The increase in parents receiving referrals and accessing new services. ➢ The increase in utilization of parent educational programs through Family Resource Centers and linkages to other community resources.	♦ (None) Develop-mental measure	2 new programs by 2025
	♦ Provide Targeted Intensive Support Services for "high-need" families that have children 0-5 years of age.	a) Increase the number of "high-need" families with children 0-5 enrolled in targeted intensive parenting programs. b) Increase the number of children that have a case	The number of families with children 0-5 years of age participating in intensive parenting classes utilizing an evidence-based model that is age appropriate, meets linguistic needs and promotes diversity.	➢ Documented changes in behaviors as noted on evaluation assessments or parent questionnaires for individuals participating in parenting classes.	♦ 266 parents involved in parenting classes for FY 18-19: 43.4% with children 0-5	Increase of 150 children 0-5 years of age

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 1: Strengthening Families		in the Child Welfare System for maltreatment that receive advocacy services. c) Increase the number of children from "high-need" families that receive a multidisciplinary array of services through case management services or child advocacy designed to address adverse childhood experiences (ACES). d) Increase the proportion of families that are Stabilized or Reunified with a child that has a case closing in Child Welfare System. e) Develop processes that are culturally and linguistically appropriate across programs to increase participation in targeted intensive parent support services, such as home visitation or parent programs. (Systems Change	The number of parenting classes designed specifically for families with infants or toddlers. Number of "high" need families participating in case management of home visitation program. The number of children identified as participating in behavioral health and/or therapeutic services. Number of children and families in the Child Welfare System receiving advocacy and special services. The number of children that have been separated from their families that are reunified with their biological parents. The number of targeted intensive service programs that are adopting measures to meet the cultural and linguistic needs of families and promote inclusion and diversity. Number of families with young children moving into self-sufficiency. The number of new measures used to help streamline services and support referrals for families across programs.	➢ The increase in the number of families with children 0-5 years of age receiving services for basic needs. ➢ The increase in "high-needs" families participating in case management services and receiving/following up on appropriate referral services. ➢ The increase in support and advocacy for children housed in shelters and/or that are identified as being under the custody of the Child Welfare System. ➢ Increase in children in out-of-home care reunified with their biological parents or placed in a permanent home. ➢ The increase in the number of programs that assist families in need of behavioral health services.	♦ 42.5% average for all CWS substantiated cases were children 0-5 from 2017 to 2020. ♦ 81 Children 0-5 in out of home care – 2021 (3-year average 85) ♦ 65 children 0-5 in CWS received advocacy services FY 2020-2021 ♦ 18.9% of children in CWS were reunified with at least one parent in FY 2020-2021	95% of children 0-5 in out-of-home care receive advocacy services 35% of children in CWS reunification rate

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 1: Strengthening Families	♦ Offer evidence-based Family Literacy Programs for families with children 0-5 years of age.	a) Increase the number of parents or families participating in family literacy activities that have children 0-5 years of age. b) Increase activities that offer preliteracy and literacy skills for children 0-5 years of age that are directed by parents or other family members. c) Increase parent and child together (PACT) time. d) Increase the number of "high-need" families enrolled in family literacy programs that are culturally and linguistically appropriate. e) Increase the number of parents enrolling in Adult Education and/or English as a Second Language courses. f) Increase parent education that focuses on the Talk, Read, Sing Campaign. g) Increase parents enrolled in home visitation programs that focus on home instruction,	Number of new family literacy programs that are evidence-based targeting parents with young children. The number of family literacy programs adopting the four components of family literacy. The number of "high-needs" families with children 0-5 participating in family literacy programs. The number of family literacy programs that offer materials and information that are culturally and linguistically appropriate and promote diversity and inclusion. The number of programs incorporating the Talk, Read, Sing Campaign. The number of parents in home visitation programs that have a focus on literacy through parent home instruction.	➢ The number of family literacy programs implementing four components of integrated family literacy models, and/or other research-based family literacy practices. ➢ The number of parents with children 0-5 years of age enrolled in adult literacy programs and ESL coursework. ➢ An increase in preliteracy and literacy skills for preschool age children and children transitioning into kindergarten. ➢ The number of "high-need" parents with children 0-5 years of age, especially those living in underserved areas, involved in family literacy programs. ➢ Percent of parents that spend more time reading, and engaging in preliteracy activities with their children. ➢ Percent of families that have library cards and/or regularly visit their local library. ➢ Percent of children entering Kindergarten that are school ready.	♦ 31.4% of 3rd Grade Students met English Language Proficiency 2021-2022 ♦ 3.8 % Kindergarten Children scored Advanced or Early Advanced in English Language Proficiency	45% English Language Proficiency 20% of Kindergarten Children score Advanced or Early Advanced in English Language Proficiency

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
		cognitive development and child/family literacy.				
RESULT AREA 2: Early Care and Education of the Child	♦ Provide increased opportunities for access to early care in nurturing environments that are safe, culturally appropriate. and/or adopt quality improvement measures.	a) Increase the utilization rate for available childcare slots at preschool/childcare centers and family childcare homes to 90%. b) Increase number of children enrolled in preschool and kindergarten programs, including recognized preschool home instruction programs and Transitional Kindergarten. c) Increase the percent of children in foster care or out-of-home care enrolled in preschool programs d) Increase early care and education sites that are equipped to work with children with special needs. *e) Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten*	The number of children enrolled in early care and education programs. The number of programs identifying and recruiting families with children 0-5 for participation in early care and education programs (preschool or transitional kindergarten). The number of "high-need" children participating in early care and education programs. The number of children with special needs enrolled in early care and education. The number of early care and education sites equipped to work with children with special needs. The number of early care and education sites and elementary schools participating in articulation meetings. The number of childcare providers and elementary school teachers/administrators involved in articulation meetings.	➢ Increase percentage of children enrolled in early care and education and kindergarten programs, including recognized home instruction programs. ➢ Increase the proportion of the slot utilization rate for center-based program and family childcare homes. ➢ An increase in the proportion of children from "high-need" families enrolled in early care and education programs. ➢ The increase in foster care or children in out-of-home care enrolled in early care and education programs. ➢ The increase in children with special needs enrolled in early care and education programs. ➢ Reported agreements or gains in preschool -to-kindergarten articulation meetings. ➢ The number of childcare providers reporting positive results from articulation meetings.	♦ Enrolled in Kinder-garten: 3,050 in 2019-2020 15% Transitional Kindergarten ♦ Preschool enrollment: 38% 3-5 years olds ♦ Children in need of care Subsid: 64% ♦ Childcare slots: 5,880 ♦ Center utilization rate: 67% ♦ FCC utilization rate: 69%	25% increase in TK Enrollment 45% Preschool enrollment 90% Center utilization rate 80% FCC utilization rate

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 2: Early Care and Education of the Child	♦ Offer or enhance early care and education programs designed to increase the school readiness of children and prepare them for kindergarten entry.	*staff (Systems Change Effort).* a) Increase the proportion of children that are identified as developmentally ready to enter kindergarten. b) The increased use of culturally and/or linguistically appropriate preschool/kindergarten educational materials available. c) The increased number of language appropriate, preschool/kindergarten educational materials available. d) Increase the number of children enrolled in early care and education sites participating in developmental screening services. *e) Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten staff (Systems Change Effort).*	The number of children participating in preschool programs that have enhanced curriculums or activities that support school readiness. The number of children transitioning into kindergarten programs that are identified as being school ready. The number of materials offered to preschool and kindergarten programs that work to enhance school readiness. Number of programs benefiting from school readiness enhancements offering materials that are linguistically appropriate. The number of early care and education sites utilizing developmental screening assessments. Number of articulations meeting between early care and education sites and elementary schools. The number of childcare sites using environmental rating scales in their early learning program.	➢ Increase the percentage of children that are identified as being school ready at kindergarten entry. ➢ The increased number of language appropriate, preschool/kindergarten educational materials available. ➢ Results from early care and education child assessment tools, such as the DRDP. ➢ An increase in the number of early care and education sites using developmental screening instruments on a regular basis. ➢ Increase in articulation meeting between preschool program and elementary schools ➢ The increase in the proportion of early care and education sites using ERS.	♦ 31.4% of 3rd Grade Students met English Language Proficiency 2021-2022 ♦ 3.8 % Kindergarten Children scored Advanced or Early Advanced in English Language Proficiency ♦ No articulation meeting during 2020-2021 school year ♦ Early care and education sites using CLASS 26% DRDP 27% ERS 32% ASQ 20%	45% English Language Proficiency 20% of Kindergarten Children score Advanced or Early Advanced in English Language Proficiency 5 elementary schools hosting articulation meeting with preschool sites Sites using CLASS 40% DRDP 40% ERS 55% ASQ 35%

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 2: Early Care and Education of the Child		*f) Increase the number of childcare centers and family childcare homes effectively using Environmental Rating Scales (Systems Change).*				
	♦ Offer capacity building activities for early care and education professionals that support quality improvement and equity in childcare settings.	a) Increase the number of early care and education providers obtaining units/credits from an accredited institution of higher education. b) Increase the number of early care and education teachers achieving objectives related to higher education (e.g., AA degrees, BA Degrees, MA Degrees). c) Increase the number of early care and education programs that are accredited. d) Increase the number of early care and education trained to use and implement quality improvement tools. e) Increase the number of early care and education providers involved in	The number of early care and education providers enrolling in unit-based programs through and institution of higher education. The number of new early care and education providers obtaining an AA or BA Degree from an institution of higher education. The number of professional growth and educational attainment stipend or scholarships awarded to early care and education providers. The number of assistants in early care and education programs enrolled in an institution of higher education or completing unit-based coursework. The number of early care and education programs participating in an accreditation process.	➢ The increase in the number of early care and education providers obtaining units/credits from an institution of higher education. ➢ The increase in the number of early care and education providers obtaining their child development permit. ➢ The increase in the proportion of early care and education providers obtaining an AA or BA degree. ➢ Increase the number of center-based and family childcare programs that are accredited. ➢ The increase in early care and education sites using CLASS, ERS, DRDP and/or ASQs) ➢ Increase in early care and education providers participating in race, equity, diversity and inclusion training.	♦ Workforce Educational Attainment: 26.2% BA 19.9% AA 37.7% Some college ♦ Accredited Programs: 1-Center No FCC ♦ Special Needs Training 42.9% ♦ Early care and education sites using g CLASS 26% DRDP 27% ERS 32% ASQ 20%	35% ECE with AA Degrees 30% BA Degrees Accredited Programs: 2-Centers 10 FCC Special Need Training: 50% all ECE Sites using CLASS 40% DRDP 40% ERS 55% ASQ 35% 30% of early care and

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 2: Early Care and Education of the Child		race, equity, diversity and inclusion trainings. f) The proportional increase of early care and education care teachers entering the profession. g) The increased number of teachers that are up-to-date on meeting needs of children with special needs and/or "high-risk" children. h) Increase in the number of safety plans adopted and incorporated for childcare centers and family childcare homes. i) The increased number of children enrolled in facilities that have adapted indoor and outdoor facilities to meet safety standard compliances. j) *Assess quality improvement measures in early care and education sites (Systems Change)*.	The number of early care and education providers participating in trainings designed to enhance quality improvement measures (CLASS, ERS, DRDP, ASQ and/or REDI) The number of new early care and education teachers working in preschools. The number of new professionals recruited into the early care and education workforce. The number of Transitional Kindergarten teachers with a background in early care and education. The number of early care and education providers participating in special trainings. The number of early care and education sites incorporating safety and quality standards. The number of sites implementing safety measures for equipment provided for indoor and outdoor facilities for safety compliance purposes. The number of early care and education sites participating in continuous quality improvement programs.	➢ The increased number of teachers that are up to date on meeting needs of children with special needs. ➢ The increase of new individuals entering the early care and education profession. ➢ Increase in the number of safety plans adopted by early care and education sites. ➢ A decrease in the number of health and safety incidences reported at childcare center and family childcare homes. ➢ The proportional increase in safety measures/equipment being utilized in indoor and outdoor facilities for compliance with safety issues.	♦ ECE Workforce approx. 620	education sites receive race, equity, diversity and inclusion training. ECE Workforce Increase: 5yr – 740 10 yr – 960

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
RESULT AREA 3: Improved Child Health Outcomes	♦ Increase the proportion of expectant mothers who receive early and adequate prenatal care during their pregnancy.	a) Increase the proportion of expectant mothers receiving early prenatal care services in the first trimester of pregnancy. b) Increase the proportion of expectant mothers receiving adequate prenatal care through the term of their pregnancy. c) Increase the proportion of expectant mothers from high-risk populations early and adequate prenatal care. *d) Increase medical providers offering prenatal care services that adopt standards of care. (Systems Change)* *e) Develop standards of care to identify delivering mothers that may have received prenatal care in another country. (Systems Change)*	The number of women enrolling in prenatal care programs during their first trimester of pregnancy. The number of women receiving adequate prenatal care. The number of families that are "high-need" being targeted by programs for enrollment in prenatal care services. The number of child births in the area that reflect positive birth outcomes. The number of medical providers offering standardized prenatal care services. The number of women that received some type of prenatal care outside of the area.	➢ Increase the proportion of women enrolled in prenatal care classes in the first trimester of pregnancy. ➢ Increase the proportion of women receiving adequate prenatal care ➢ Increase the number of women identified as being within populations that are marginalized or underserved that receive prenatal care in the first trimester of pregnancy.	♦ 56.5% prenatal care in first trimester 16-year average for 2001-2016 ♦ 51.8% adequate prenatal care between 2016-2018 ♦ 63.3% between 2005-2007	68% prenatal care rate in first trimester 65% adequate prenatal care rate
	♦ Increase initiation and duration rates for mothers breastfeeding their infants.	a) Increase the proportion of mothers who initiate breastfeeding their newborn. b) Increase exclusive breastfeeding rates for	Number of women initiating breastfeeding. Number of women prepared to breastfeed prior to hospital entry.	➢ The increase in in-hospital breastfeeding initiation rates. ➢ The increase in exclusive breastfeeding rates.	♦ Breastfeed-ing initiation rate: 92.7% all mothers. ♦ Exclusive breastfeeding	Exclusive Breastfeeding Rate: Year 1 – 55% Year 2 – 60% Year 3 – 65%

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) RESULT AREA 3: Improved Child Health Outcomes		mothers breastfeeding their newborn at the time of discharge. c) Increase the proportion of mothers breastfeeding their infant up to 6 months of age. d) Increase the availability of information promoting the benefits of breastfeeding in English/Spanish. e) Increase capacity building opportunities that focus on breastfeeding education and support for healthcare professionals. f) *Increase the adoption of standards of care that promote breastfeeding practices. (Systems Change*	The number of women exclusively breastfeeding, combination feeding, and not breastfeeding their newborn at hospital discharge. The number of women breastfeeding up to 6 months and up to 1 year. The number of women exclusively breastfeeding for up to 6 months. The number of individual publications or materials available in English/Spanish. The number of healthcare professionals participating in lactation education professional development opportunities. The number of new lactation educators, specialists and certified consultants employed by medical providers working with expectant mothers. The number of medical providers adopting standards of care that support lactation education and encourage breastfeeding.	The increase in breastfeeding duration for 6 months to 1 year. ➢ Increase the number of healthcare professionals participating in lactation support services and trainings. ➢ Increase the number of medical providers effectively promoting lactation for new mothers. ➢ Increase in the availability of breastfeeding literacy and materials in English/Spanish. ➢ An increase in systems of care adopting standards that promote increasing breastfeeding initiation and duration rates, such as *The 10 Steps to Successful Breastfeeding*.	rate: 42.5 2016-2018 ♦ 6 month Breast-feeding duration: 2003 -32.7% 2005 – 30.2%	45% 6-month Breastfeeding duration
	♦ Reduce the proportion of children that are overweight.	*a)* Increase family participation in early childhood nutrition and/or	The number of families with children 0-5 years of age enrolled in workshops/programs on nutrition and physical activity.	➢ Increase the proportion of children that engage in moderate physical activity, and exercise regularly.	♦ 29 of 100 individuals identified as being obese	

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) RESULT AREA 3: Improved Child Health Outcomes		physical fitness/activity programs. b) Increase the proportion of children 2 to 5 years of age consuming the recommended servings of fruits and vegetables. c) Decrease the proportion of children 2-5 years of age consuming sugar-sweetened beverages. d) Increase the proportion of families identified as being high-need that participate in early childhood nutrition and physical activity education programs. e) Increase the proportion of children meeting statewide fitness standards. f) *Increase the number of early care and education sites adopting nutrition standards and increasing access to outdoor play. (Systems Change)*	The number of children consuming the recommended fruits and vegetables. The number of children consuming sugar sweetened beverages. The number of children that decrease consumption of fast foods. The number of "high-need" families with children 0-5 years of age enrolled in nutrition and/or physical activity programs or workshops. The number of children engaged in physical fitness activities. The number of physical fitness programs implemented in preschools, homes, or through community-based organizations using evidence-based standards. The number of early care and education sites promoting and increasing outdoor play activities.	➢ Increase the proportion of children meeting statewide fitness standards. ➢ The percent of children at less than 85 percentile in Body Mass Index for their age and height. ➢ Increase the number of children 2 to 5 years of age consuming at least the daily recommended quantity of fruits and vegetables. ➢ Increase the proportion of families eligible for subsidized nutrition programs. ➢ Reduce the proportion of families reporting that their children had consumed fast food the prior day. ➢ The increase in the number of parents and caregivers involved in child nutrition and physical fitness education.	♦ 49.5% of children 2-5 years are overweight or obese in 2016 ♦ 21.7% of children ate rec. servings of fruits or vegetables. ♦ 49.4% of children drank sugar sweetened beverages 2015-2016 ♦ 21.7% of children met Statewide fitness standards	30% of 2- to 5-year-olds overweight or obese 40% of children eat rec. servings of fruits of vegetables. 35% of children drink sugar sweetened beverages 40% of children meet Statewide fitness standards
	♦ Increase the proportion of children with asthma participating in	a) Decrease the proportion of children hospitalized or treated in emergency rooms for asthma.	The number of children hospitalized due to asthma.	➢ The decrease in proportion of children admitted for emergency care for treatment of asthma or asthma related symptoms.	♦ Asthma rates children 0-17 in 2016: 16.4%	

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) RESULT AREA 3: Improved Child Health Outcomes	management and prevention programs.	b) The number of children 2 to 5 years of age with asthma or symptoms related to asthma monitored through asthma management and prevention services. c) *Increase the number of medical providers adopting nationally recognized standards of care for asthma treatment. (Systems Change)*	The number of emergency room visits for children due to asthma or asthma related condition. The number of children 2 to 5 years of age identified with asthma or asthma-like symptoms enrolled in special asthma programs. The number of families and children enrolled in education support services. The number of providers adopting standards of care for asthma management and care. The number of providers meeting objectives related to the use of standards of care for asthma patients.	➢ The number of children with asthma or asthma related symptoms being monitored through asthma management plans. ➢ An increase in the number of medical providers treating children with asthma or asthma related symptoms that adopt nationally accepted standards of care. ➢ The number of families that feel confident in managing their child's asthma.	Hospitalization rates in 2016: Children 16.9 per 10,000 children Adults 8.7 per 10,000 Emergency Room Visits for children 0-17 in 2016 per 10,000 was 133	Hospitalization rate: 10 per 10,000 Emergency Room visits 75 per 10,000
	♦ Increase proportion of children participating in early childhood developmental screening and surveillance services.	a) Increase the proportion of children receiving early childhood developmental screening using a screening tool that is recognized for reliability. b) Increase early identification of developmental delays and intervention services for children 0-5 years of age.	The number of children receiving early childhood developmental screening and surveillance services. The number of children identified with developmental delays. The number of children identified as not being at their age-appropriate developmental level.	➢ Increase the number of children participating in developmental screening services. ➢ Increase in early identification of children with delay in development. ➢ The proportional increase in children receiving well-baby and well-child checkups. ➢ The proportion of children identified as having developmental delays that are	♦ Early Develop-mental screening – 23% children 0-5 ♦ Children Enrolled in Special Education Programs in 2018 – 4,392 761 were children 0-5;	40% of children 0-5 receive early developmental screening. Increase early identification to 6% of 0-5 population

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) RESULT AREA 3: Improved Child Health Outcomes		c) Increase the proportion of children 0-5 years of age identified with a delay in development that are referred to specialist or special program for comprehensive screening. d) Increase the proportion of children receiving early intervention or special education services prior to kindergarten entry. e) Increase the number of providers equipped to offer developmental screening and surveillance services to families.	The number of children referred for further screenings with a specialist or special program. The number of children identified for services through special education programs. The number of children screened through well-baby or well-child check-up or assessment services. The number of children referred for additional assessment or comprehensive screening services for developmental delay to a specialist or special program.	referred to a specialist or special program for comprehensive screening. ➢ An increase in the number of providers offering families developmental screening services. ➢ An increase in the number of children receiving special education services prior to kindergarten entry.	represents 4.1% of 0-5 age group Percent of children enrolled in Special Education Programs (7-yr average) 8.7% (10.8% for Calif)	