



FY 2020-21 Evaluation Report



Vision

All Mono County children will thrive in supportive, nurturing, and loving environments, enter school healthy and ready to learn, and be capable of reaching their full potential.

Mission

First 5 Mono County will be a leader in a community-oriented and family-centered support network for children prenatal to age five and their families, and is charged with improving outcomes in children's health, safety, and learning.

Goal

Enhance the network of support services for families with children ages 0 to 5

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Overview

The California Children and Families Act (also known as Proposition 10 or “First 5”) was enacted in 1998, which increased tobacco product taxes to fund services promoting early childhood development from prenatal to age 5. The Mono County Children and Families Commission, First 5 Mono, was created in 1999 as a County Commission by the Mono County Board of Supervisors to:

- Evaluate current and projected needs of children birth to five years old.
- Develop a strategic plan describing how to address community needs.
- Determine how to expend local First 5 resources.
- Evaluate the effectiveness of funded programs and activities.

In Fiscal Year 20-21, First 5 Mono received an annual baseline revenue from First 5 California of \$350,000 which includes tobacco tax allocations and Small Population County Funding Augmentations (SPCFA). Partner agencies like First 5 California, California Department of Education, and Mono County contribute additional funding. The 2019-2024 Strategic Plan guides Commission investments and helps meet statutory requirements by describing how Proposition 10 fund expenditures seek to promote a comprehensive and integrated system of early childhood development services.

The 2020-21 Evaluation Report helps fulfill the intended function of First 5 Mono, meets state and local requirements, and evaluates funded programs for the purposes of guiding quality improvement and fund allocation. The report includes data and analysis of the 20 indicators in the 2019-2024 Strategic Plan, logic models, findings, and conclusions. Guiding the format of the 2020-21 Evaluation Report are: Small Population County Funding Agreement requirements, example content from First 5 California, and First 5 California supported feedback from Child Trends on the 18-19 Evaluation Report.

Demographics

The US Census estimates for Mono County¹ are as follows:

	Population	0-5 Population
2018	14,250	691, 5%
2019	14,444	693, 5%

¹ <https://www.census.gov/quickfacts/monocountycalifornia> The Census Bureau will not release its standard 2020 ACS 1-year estimates because of the impacts of the COVID-19 pandemic on data collection. Experimental estimates, developed from 2020 ACS 1-year data, will be available on the [ACS Experimental Data webpage](#) no later than November 30th

Childhood poverty declined in Mono County between 2016 and 2018, as reported in the most recent Childcare Portfolio for Mono County from 2019: 7% of the 0-5 population was living in poverty, a decrease from 13% in 2016 (Appendix IX, Page 50). With the devastating economic impacts of COVID-19, the number of children living in poverty in Mono County shifted suddenly and dramatically after March 2019 due in large part to closures of hotels and restaurants in the primarily tourism-based local economy. As businesses reopened, employment rebounded and families' economic standing improved. The Child Tax Credit further supported the economic recovery of families with young children in Mono County. While the economy has largely rebounded since the COVID 19 pandemic began, children and families continued to struggle as evidenced by the downward trend for 45% of First 5 Mono Indicators.

Families' economic well being was dramatically impacted by the COVID 19 pandemic. After a decline in childhood poverty in Mono County's 0-5 population from 13% in 2016 to 7% in 2018 (Mono County Childcare Portfolio, 2019 appendix IX, page 50) COVID closures lead to job loss, unstable work schedules, and lack of care for children due to the closure of all licensed care and school in the County. The downward trend of 40% of First 5 Mono indicators begins to draw the picture of the struggles families faced. As businesses began to re-open the economy began to recover, but families continued to struggle to find affordable housing and childcare and access to stable employment with a living wage.

This Annual Evaluation report seeks to clearly illuminate issues of equity affecting the birth to 5 population in Mono County for the purposes of addressing racial and ethnic inequity in Mono County. A 2020 Race Matters report ranks Mono County 3rd worst in the State on an equity index (see pp.52), a data point future Commission efforts will seek to impact. Alongside nationwide and local movements to build systemic equity, First 5 Mono staff continued to participate in Racial Equity Diversity and Inclusion work through the First 5 Association and the Mono County Office of Education. Trainings moved beyond the individual to agency and community levels. This report demonstrates high levels of Hispanic families' participation in Home Visiting—First 5 Mono's largest investment. To continue Commission improvement in this area, an equity audit will be considered in the 2021-22 fiscal year.

INVESTMENT AREAS, PROGRAMS, & INDICATORS

Table 1 shows investment areas, programs, percent of the 0-5 population served, and associated outcomes for FY 2020-21. Numbers for each program are unduplicated, but across programs numbers include duplicates unless otherwise noted.

Table 1: Investment Areas, Programs, and Indicators

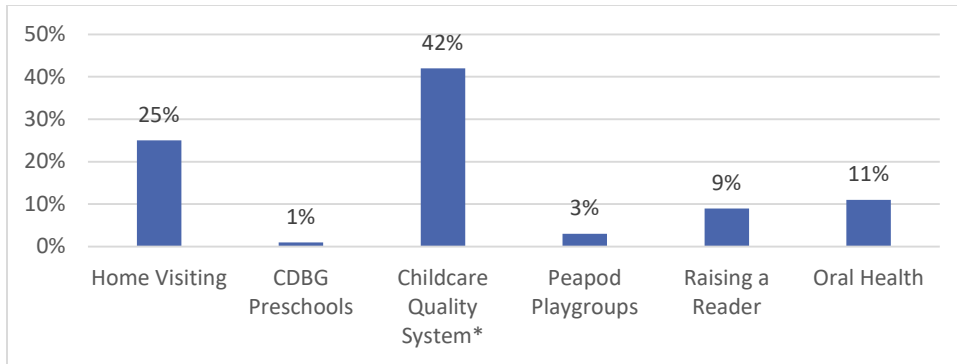
Investment Area	Program, % served	Indicators (number from pp 46-48)		
		Achieved, 20%	Static/ Unknown, 40%	Needs improvement, 40%
Improved Family Functioning	Home Visiting: Welcome Baby and Healthy Families, 25%	<ul style="list-style-type: none"> Higher participation rates children 0-1 (2) 	<ul style="list-style-type: none"> <i>School readiness rate (9)</i> Expected BMI (16*) Higher breastfeeding rates (15*) 	<ul style="list-style-type: none"> Higher participation rates children 0-5 (3) <i>Developmental Screening rates (4*)</i> <i>Parents get developmental and parenting education (14*)</i>
Improved Child Development	School Readiness: CDBG Preschool, 1%	<ul style="list-style-type: none"> Families attended Round Up (10) 	<ul style="list-style-type: none"> Preschool attendance by K entry (8*) <i>School readiness rate (9)</i> Kindergarteners assessed for readiness (13) 	<ul style="list-style-type: none"> Literacy programs accessed (11) Preschool slot availability (12)
	Raising a Reader, 9%, Transition to School: 81%			
	Family Behavioral Health: Peapod Playgroups, 2%	<ul style="list-style-type: none"> Parents satisfied (1) 	<ul style="list-style-type: none"> Parents participated in Peapod (19) 	<ul style="list-style-type: none"> <i>Parents get developmental and parenting education (14*)</i>
	Childcare Quality, 17% (omitting estimated 28% duplication)	<ul style="list-style-type: none"> Provider permit attainment rate (6) <i>Developmental screening rate (4*)</i> 		<ul style="list-style-type: none"> Childcare availability (7) Children in high quality care (5)
Child Health	Oral Health, 11%		<ul style="list-style-type: none"> Annual dental screening rate (17*) Low number of Children at K entry with untreated dental problems (18*) 	
	Child Safety, 5%			<ul style="list-style-type: none"> Children provided helmets through Safe Kids (20)

*Reporting rate below 60%

Italics are indicators listed in multiple investment areas.

Bold italics indicate items counted in overall percentage.

Table 2: Percent of the 0-5 Population Served by First 5 Funded Program

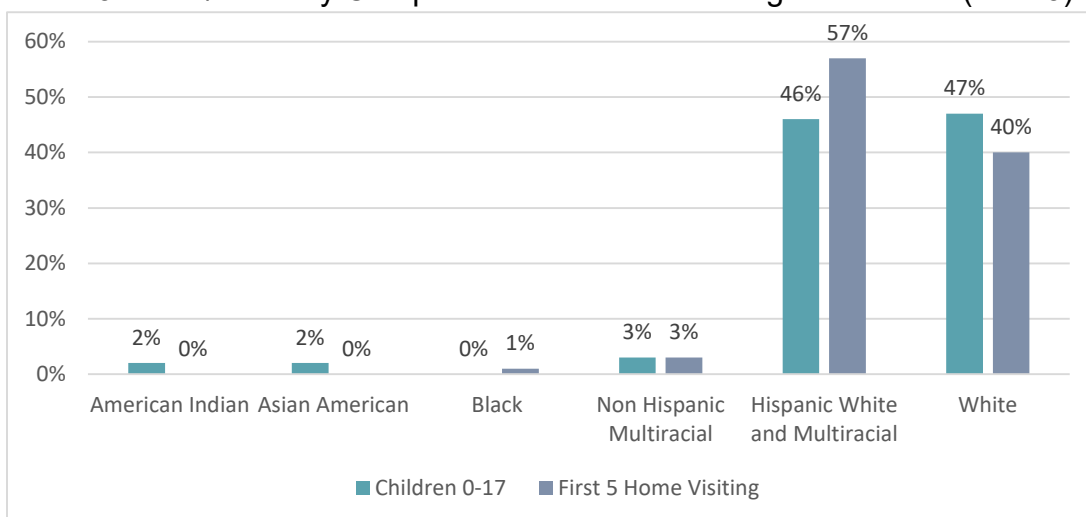


* Childcare Quality System includes children served through Home Visiting and Playgroups, 17% of children were served in participating licensed care sites.

Demographics

To better understand if First 5 Mono programs serve proportional numbers of children by race and ethnicity, Table 3 shows home visiting participation compared to the 0-17 population. Compared to the percentage of children in the County, in FY 19-20 home visiting served more Hispanic children, but less American Indian, Asian American, and White children. The same percent of Non-Hispanic Multiracial children were served.

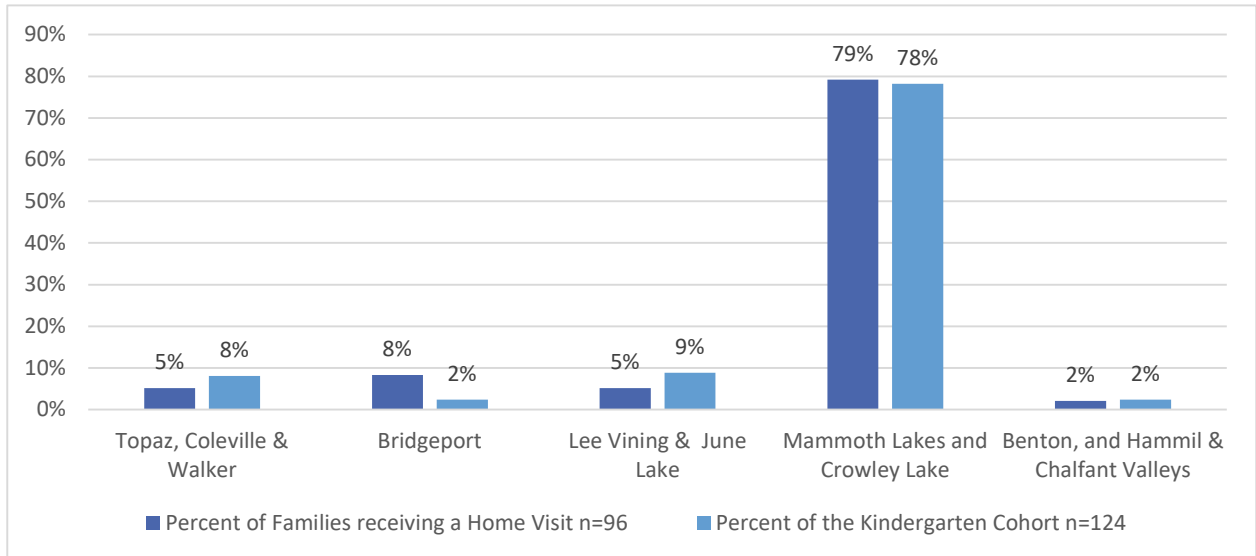
Table 3: Race/Ethnicity Comparison: children receiving home visits (n=113) and children 0-17



Source: kidsdata.org for children 0-17 race/ethnicity and home visiting data

Table 4 compares the rates of service for home visiting clients by community compared to kindergartners to understand better if First 5 Mono programs are geographically equitable. Compared to the distribution of kindergarten students across the County's communities, home visiting served a higher percentage of families in Mammoth Lakes and Bridgeport; an equal percentage in Benton, and the Hammil and Chalfant Valleys; and lower percentages in Benton, Lee Vining, and Coleville.

Table 4: Area of Residence Comparison: Families enrolled in home visiting compared to incoming kindergartners



KEY FINDINGS

- Home Visiting
 - 25% of the 0-5 population was enrolled in Home Visiting, 16% received at least 1 visit and their parents were supported in improving knowledge, understanding, and engagement in their children's development and physical and mental health.
 - 81% of qualifying children² received developmental screenings
 - A higher proportion of Hispanic families were served than the 0-17 population.
 - Services shifted from virtual to in-person following updated Mono County Health Department guidance for COVID precautions. Some families chose to continue receiving virtual home visits.
 - Participants received free diapers, wipes, books, and educational materials.

² older than 4 months, not already receiving special needs services, and with at least 3 visits in the program year

- Peapod Playgroups
 - Participating families received child-development and parenting education. Services shifted to from virtual to in-person with updated COVID 19 health department guidance limiting participation to 3, then 5, families. Facebook Live participation was higher than Zoom.
- Emergency Funds
 - In response to the COVID pandemic, the Commission created an Emergency Fund in 2020. Funds were used to support rental assistance through Mammoth Lakes Housing (\$10,000).

Due to the data, findings, and conclusions herein, First 5 Mono County will continue to fund existing programs in FY 2021-22 while implementing measures to improve quality. First 5 Mono will seek to leverage supports around investment areas by working with community partners to address the well-being of children birth to five and their families. This evaluation report examines program efficacy, participation, and partner agency activities for the purposes of allocating funding to the most impactful initiatives for Mono County.

Programs and Evaluation

Improved Family Functioning

Home Visiting

Home Visiting is included in the First 5 Mono Strategic Plan due to national recognition and strong data demonstrating Home Visiting's ability improve outcomes for children and families. Home Visiting is an effective tool to: improve family functioning, decrease child abuse, and improve school readiness and literacy³. In 2010-21 the Home Visiting investment increased to \$373,446 due to continued contribution from Mono County, the program continues to provide evidence-based home visits. **Welcome Baby and Healthy Families** uses the Parents as Teachers evidence-based model. Families are offered between 12 and 24 visits a year, depending on need, until their child is enrolled in preschool, Transitional Kindergarten, or Kindergarten.

First 5 Mono conducted the Home Visiting program with funding support from:

- Mono County: \$107,573
- First 5 California
 - Small Population County Funding Augmentation (SPCFA): \$190,336
 - Prop 10: \$2,092
 - Home Visiting Coordination: \$7,590
- Mono County Department of Social Services
 - Child Abuse Prevention, Intervention, and Treatment (CAPIT): \$60,150
 - CalWORKS Home Visiting Program (CWHVP): \$4,077
- Interest: \$1,626

Program objectives:

- Facilitate parents' role as their child's first and most important teacher

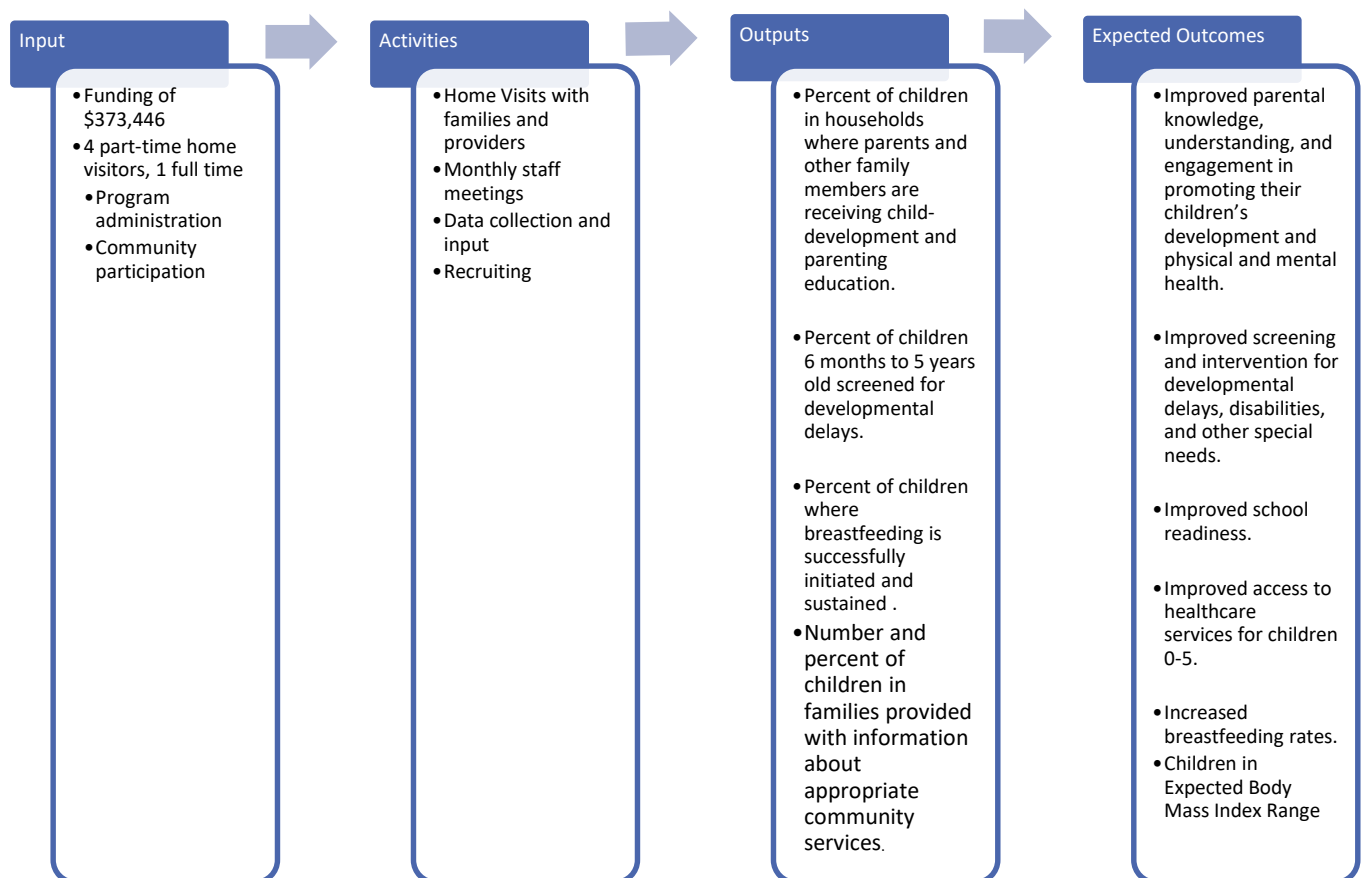
³ Promising Practice Local Model: Modified Parents as Teachers Evidence-based framework: Pfannenstiel, J. C., & Zigler, E. (2007). Prekindergarten experiences, school readiness and early elementary achievement. Unpublished report prepared for Parents as Teachers National Center.

Snow, C.E., Burns, M., and Griffin, P. (Eds.). (1998). Preventing reading difficulties in young children. Washington, DC: National Academy Press.

Parents as Teachers has a long history of independent research demonstrating effectiveness. For more details, refer to the Parents as Teachers evaluation brochure or Web site, www.parentsasteachers.org.

- Provide information on typical child development
- Stimulate child development by providing age-appropriate activities
- Increase and support breastfeeding and literacy activities
- Link families to community services and support access to services
- Conduct developmental screenings and refer families to early intervention programs
- Provide culturally competent services in Spanish and English
- Facilitate optimal family functioning
- Decrease child abuse and neglect

Logic Model



EVALUATION FINDINGS AND CONCLUSIONS

Home Visiting Quick look:

Indicator numbers refer to pages 45-47 and analysis below

Investment Area	Program, % served	Indicators (number from pp 46-48, *reporting rate below 60%)		
		Achieved, 33%	Static/ Unknown, 33%	Needs improvement, 33%
Improved Family Functioning	Home Visiting: Welcome Baby and Healthy Families, 25%	<ul style="list-style-type: none"> Higher participation rates children 0-1 (2) Higher breastfeeding rates (15*)—achieved for Home Visiting, but not the overall population 	<ul style="list-style-type: none"> Parents get developmental and parenting education (14*) Expected BMI (16*) 	<ul style="list-style-type: none"> Higher participation rates children 0-5 (3) School readiness rate (9) Developmental Screening rates (4)

*Under 60% reporting rate

2. & 3. Is the number of parents participating high or increasing for the following age ranges: prenatal to 1 and prenatal to 5? Yes (prenatal-1) and No (prenatal-5)

- Data Source: parents' participation in home visiting:
 - Prenatal -1 year old: 48%, 13 points more than last fiscal year
 - Prenatal - 5 years old: 25%, 5 points less than last fiscal year
- Finding: A higher percentage of infants were served this year than last. Conversely, a lower percentage of children prenatal-5 were served this year than last.
- Conclusion: In the last year a lower percent of children prenatal-5 were served and a higher percent of children 0-1 were served. Due to work through the Home Visiting Coordination Grant from First 5 California, the number of referrals from Women's' Clinic at Mammoth Hospital significantly increased, thereby raising the percentage for families with a child prenatal to age 1.

4. Does Home Visiting improve screening and intervention for developmental delays, disabilities, and other special needs? For children enrolled in Home Visiting, yes

- Data Source: Ages and Stages Questionnaire (ASQ) screening data

Table 1: Home Visiting Ages and Stages Questionnaire Developmental Screenings

	<i>Number of children</i>	<i>Percent of qualifying children* n=68</i>
<i>Screenings Completed</i>	55	81%
<i>With one or more identified concern(s)</i>	16	29% of those screened
<i>Who received Early Intervention Services as a result of a screening</i>	3	5% of those screened

*children without special needs services, who were over 4 months old at the end of the fiscal year, and had 3 or more visits, qualify for a screening.

- Finding: 81% of qualifying children (without an identified delay, older than 4 months at the end of the fiscal year, and with at least 3 visits) received a screening. Of those screened, 29% had a concern identified, and 5% of children screened received early intervention services because of a screening. The gap between the 29% of children with an identified concern and 5% of children with a screening who received services is attributed to the following:
 1. Concerns were addressed by providing activities to families that lead to growth to the extent that there was no longer a concern;
 2. The parents refused a referral;
 3. After assessment by early intervention specialists, the concern did not meet the threshold to qualify for early intervention services.
 4. The services do not exist in our area
 5. The child was put on a waitlist for services
- Conclusion: The program is achieving this outcome. Looking at population-based screening rates however, there was a decline from last year from 33% to 23%, but with only 23% reporting rate.

9. Does Home Visiting improve school readiness? Yes

- Data Source: Kindergartners Assessed as School Ready and Kindergarten School Readiness by Activity Participation (both below). Data from 2019 as school readiness assessments were not conducted in 2020 due to COVID workload at the schools making administration of the assessments too burdensome. Next year's results will be from a new assessment tool, the Kindergarten Observation Form, which the Commission to better measure the skills necessary to succeed in school—social expression and self-regulation in addition to academics-- and demonstrate skills valued in the varied cultures of families in Mono County.

Table 1: Kindergartners Assessed as School Ready by District 2017-2019

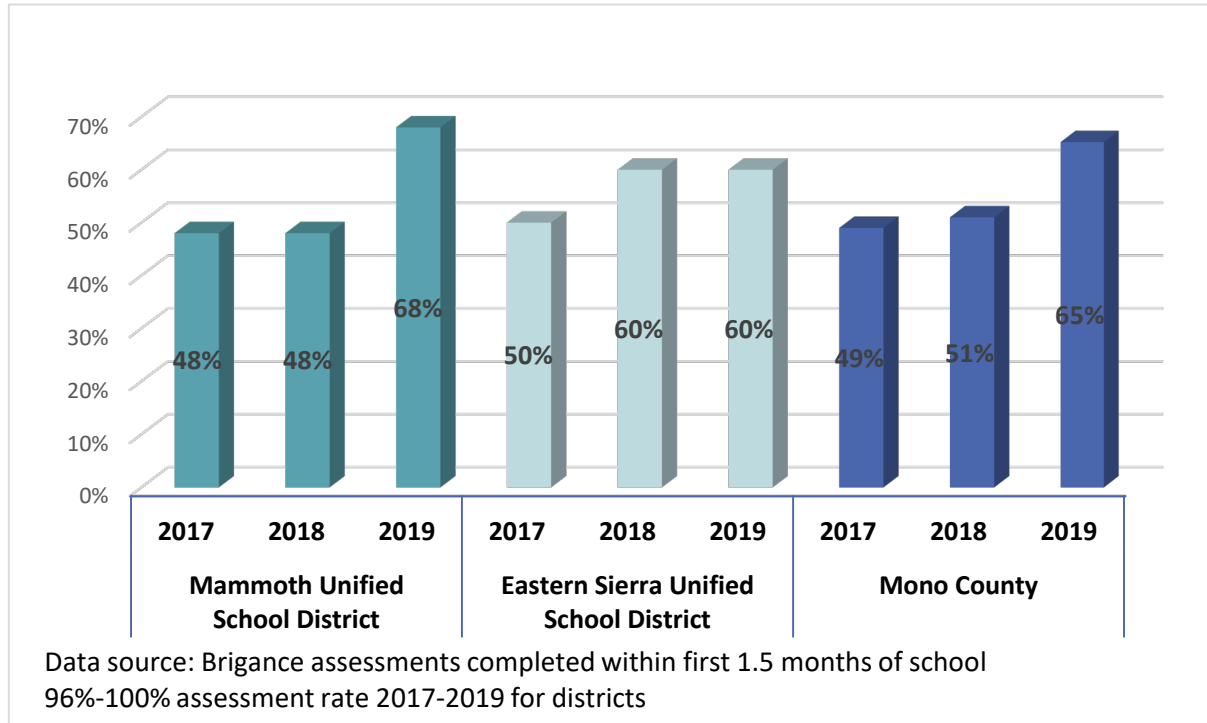
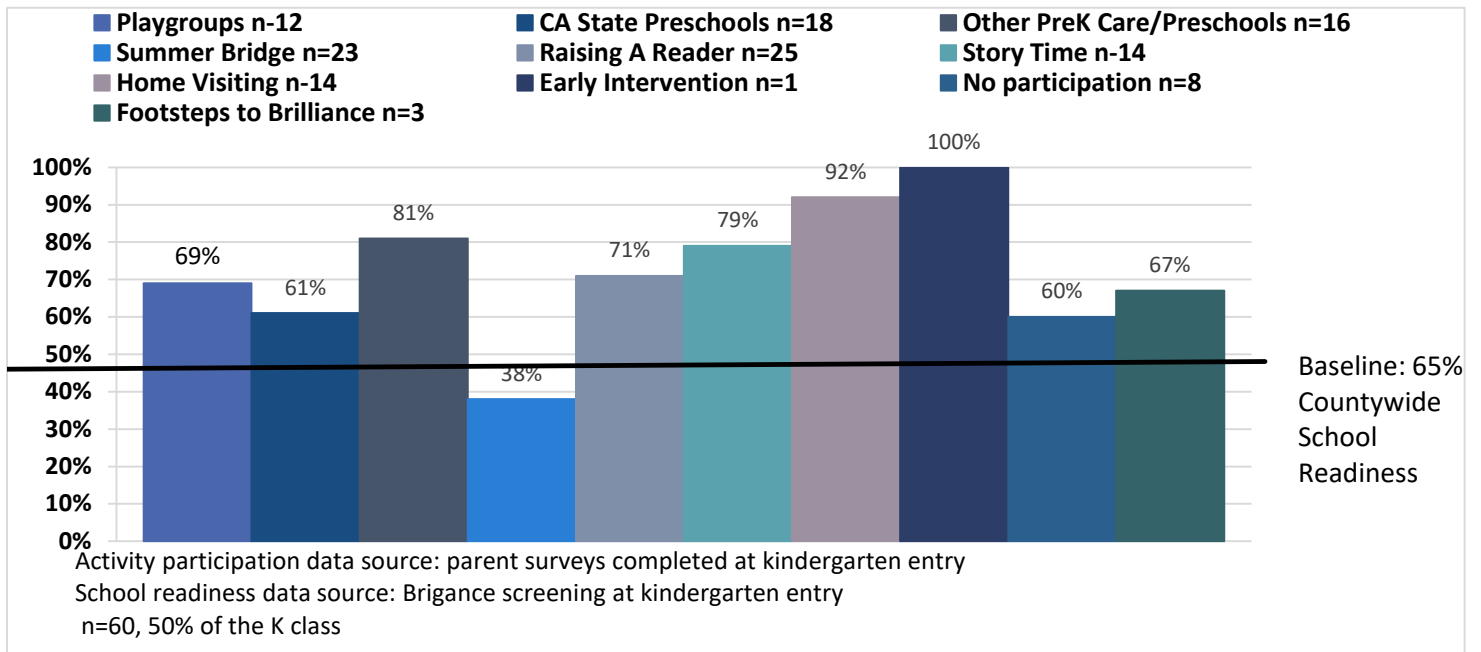


Table 2: 2019 Percent of Kindergartners Assessed as School Ready by Program Participation Compared to School Readiness Rate



- Findings: Since no 2020 data is available, 2019 data is re-used in this report. For the 2019 kindergarten cohort, compared to an overall increased school readiness rate of 65%, for children for whom a survey was completed (50% of the Kindergarten class) 92% of children who participated in Home Visiting were assessed as school ready. School readiness remained around 50% from 2014-2018. 2019 reported a significant increase to a rate of 65%. Based on the data in the previous figures, children participating in First 5 funded programs are more likely to be school ready at kindergarten entry.
- Conclusion: Children who participate in Home Visiting are:
 - 32% more likely to be school ready than those who did not participate in early learning programs
 - 27% more school ready than the cohort as a whole

First 5 Mono does not have data on the kindergarteners' demographic characteristics, e.g., families with low income, low educational attainment, or other stressors. If the proportion of children experiencing stressors served through Home Visiting (43%) was higher than those of the kindergarten cohort as a whole, it would point to even more significant readiness gains for children who were enrolled in Home Visiting.

14. Are parents participating in Home Visiting receiving child development and parenting education? Yes

- Data Source: Home Visiting resource referrals entered in database

Table 4: Resource Referrals

Community Resource	FY 2018-19		FY 2019-20		FY 2020-21	
	Referred	Accessed	Referred	Accessed	Referred	Accessed
<i>Adult Education</i>	5	1	2	0	5	2
<i>Early Intervention</i>	16	4	8	1	13	7
<i>Early Education Care and Education Setting</i>	16	5	19	3	26	10
<i>Financial Resources</i>	4	0	35	5	14	7
<i>Nutrition Resources (WIC, IMACA, DSS, Lactation)</i>	8	1	22	2	23	10
<i>Parenting or Social Support, Community Participation</i>	104	21	58	11	39	5
<i>Language/Literacy Activities</i>	8	1	6	0	27	12
<i>Medical Services</i>	14	7	14	0	21	11
<i>Mental Health Services</i>	12	5	10	0	8	2
<i>Housing and utilities</i>			14	1	17	8
<i>Other*</i>	16	2	20	2	21	5
Total	104	47	208	25	214	79
% Referrals Accessed	45%		12%		37%	

* injury prevention, crisis intervention, transportation, employment and legal resources

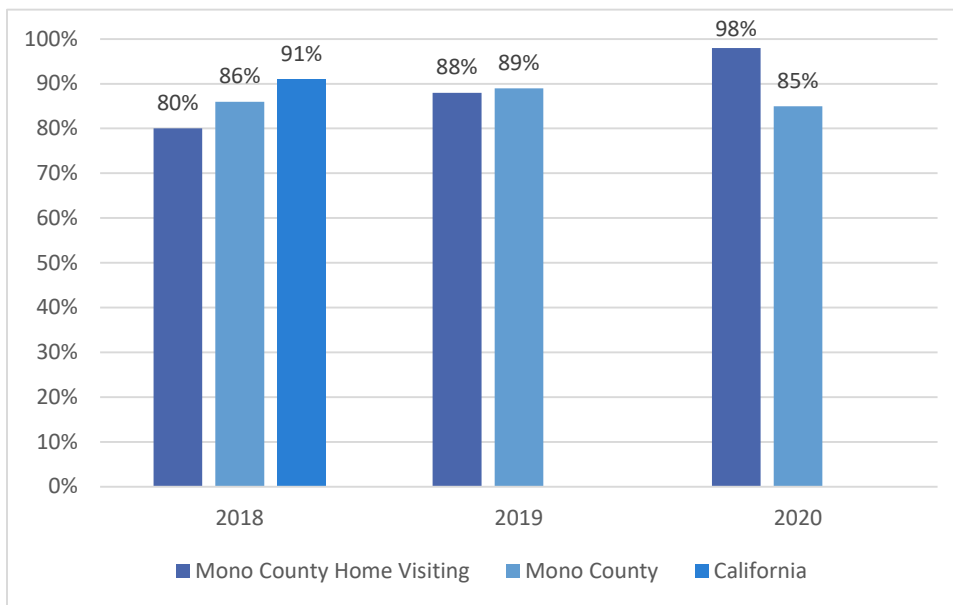
- Findings:
 - Screening data demonstrate developmental screenings are provided to families, increasing the rate of screenings in the community. (page 10)
 - Referral data demonstrates parent engagement in accessing resources related to health and development, early education, literacy activities and more with a 37% rate of accessing referrals made and over 200 referrals made.
- Conclusion: The program is achieving this outcome

15. Do children whose mothers participate in Home Visiting have increased breastfeeding rates? Yes, in the overall population this data point is static at 85%

The rate of breastfeeding for infants whose mothers were enrolled in home visiting is high, and has surpassed the most recent 2019 California rate in 2020.

- Data Source: 2018-2020 Home Visiting Records

Table 5: Children ever Breastfed: Infants enrolled in First 5 Mono Home Visiting Compared to Mono County infants, and California 2018 to 2020⁴



*Mono County reporting rate in 2019 was 50%, below the 60% threshold considered valid

- Finding: Mothers enrolled in Welcome Baby and Healthy Families who completed the health survey (100% of children served) increased the rate of ever breastfeeding between 2018 and 2020.
- Conclusion: The program is achieving this outcome.

⁴ California data: <https://www.cdc.gov/breastfeeding/data/reportcard.htm>

16. Is the percent of children 0-5 with the expected BMI high or increasing? No

Data from Mammoth Hospital; Finding: 76%, a decrease from 81%; Conclusion: Continue to educate parents on healthy nutrition and seek to expand community opportunities for parents to expand learning.

Conclusion

The Commission will continue to fund Welcome Baby and Healthy Families as program-specific evaluation results indicate achievement of the desired outcomes. Thanks to funding allocated by the Mono County Board of Supervisors and funded by the taxpayers of Mono County, as well as support through the Department of Social Services, and First 5 California's Small Population County Augmentation, in 2020-21 home visiting continued to improve the quality and frequency of services necessary to qualify as an evidence-based model.

Improved Child Development

School Readiness

A child's education begins very prenatally. Since school-based educational systems do not begin until 3-5 years of age, First 5 and community partners offer programs to help prepare children for school in the early years. School readiness programs are offered in partnership with include all Mono County public elementary schools, childcare and preschool centers, special needs programs, and the Mono County Library System. The FY 2020-21 investment in school readiness was \$37,758 with funding support from First 5 California SPCFA (\$37,758). For all incoming kindergartners planning to attend a public school, First 5 Mono funds transition to school support with Kindergarten Round Up events. Early literacy investments include: Raising A Reader and Story Time (conducted and partially funded by Mono County Libraries) and Readers' Theatre and First Book (conducted and funded by First 5 Mono).

The objectives and a brief description for the programs funded in this category are as follows:

Transition to School Programs

Kindergarten Round Up: informational meeting held at all public elementary schools in the County

Objectives:

- Introduce families and children to the school, teachers, the principal, and each other
- Provide information on entering school and kindergarten readiness
- Facilitate children and families' smooth transition into the education system
- Enroll children in kindergarten

Early Literacy Programs

Raising A Reader: book bags distributed by libraries and early learning programs

Objectives:

- Increase literacy for young children
- Encourage use of the library system
- Increase parental and care-provider literacy activities

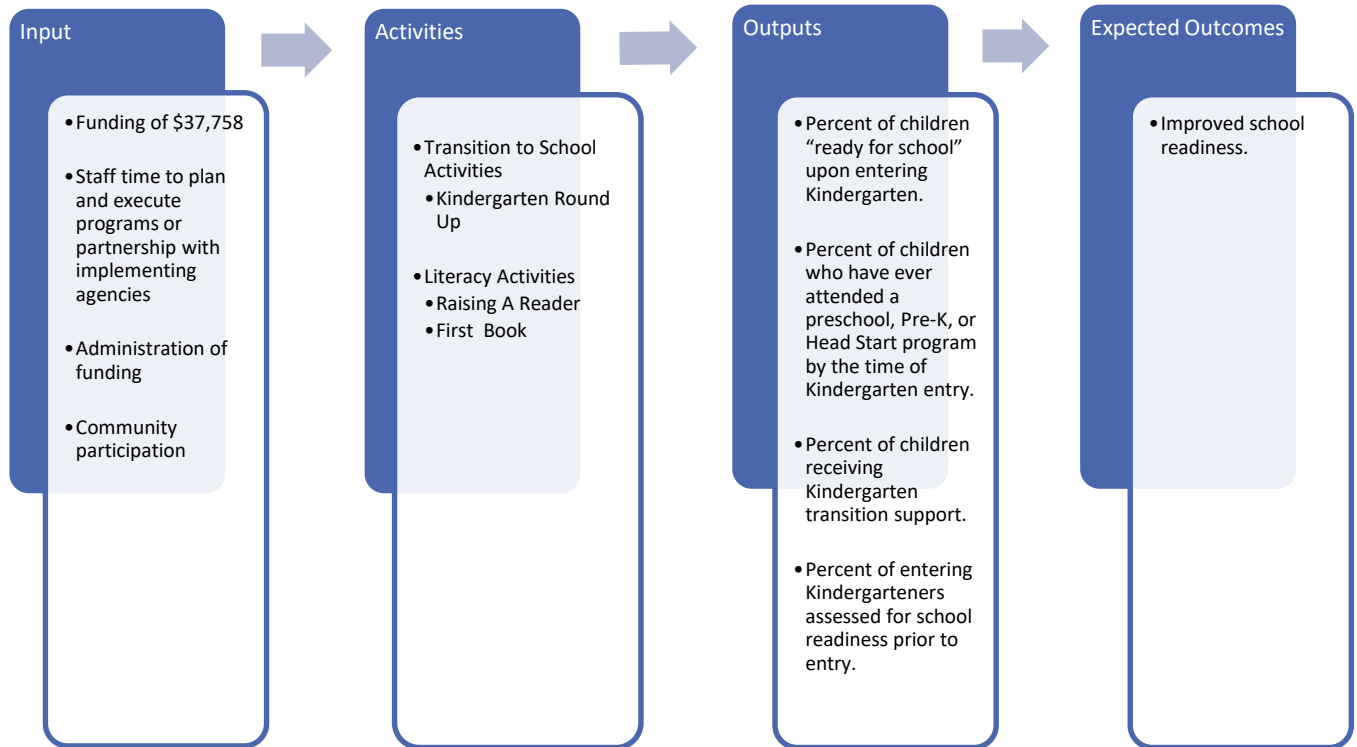
First Book: free children's books

Objectives:

- Increase parent-child literacy activities

- Facilitate positive parent-child interaction

LOGIC MODEL



EVALUATION FINDINGS AND CONCLUSIONS

School Readiness Quick look:

Indicator numbers refer to pages 45-47 and analysis below

Investment Area	Program, % served	Indicators (number from pp 46-48, *reporting rate below 60%)		
		Achieved, 17%	Static/ Unknown, 33%	Needs improvement, 50%
Improved Child Development	School Readiness: CDBG Preschool, 2% Raising a Reader, 18% Transition to School, 81%	<ul style="list-style-type: none"> Families attended Round Up (10) 	<ul style="list-style-type: none"> Preschool attendance by K entry (8*) School readiness rate (9) 	<ul style="list-style-type: none"> Preschool slot availability (12) Literacy programs accessed (11) Kindergarteners assessed for readiness (13)

* Under 60% reporting rate

8. Is the percent of children who have ever attended a preschool, Pre-K, or Head Start program by the time of Kindergarten entry increasing? Unknown

- Data Source: Incoming Kindergarten Parent Survey, not administered due to Schools' COVID workload
- Finding: unknown
- Conclusion from 2019-20: Efforts to maximize enrollment and increase the number of available slots coupled with the district-mandated Transitional Kindergarten program had a positive impact on the rate of preschool attendance.

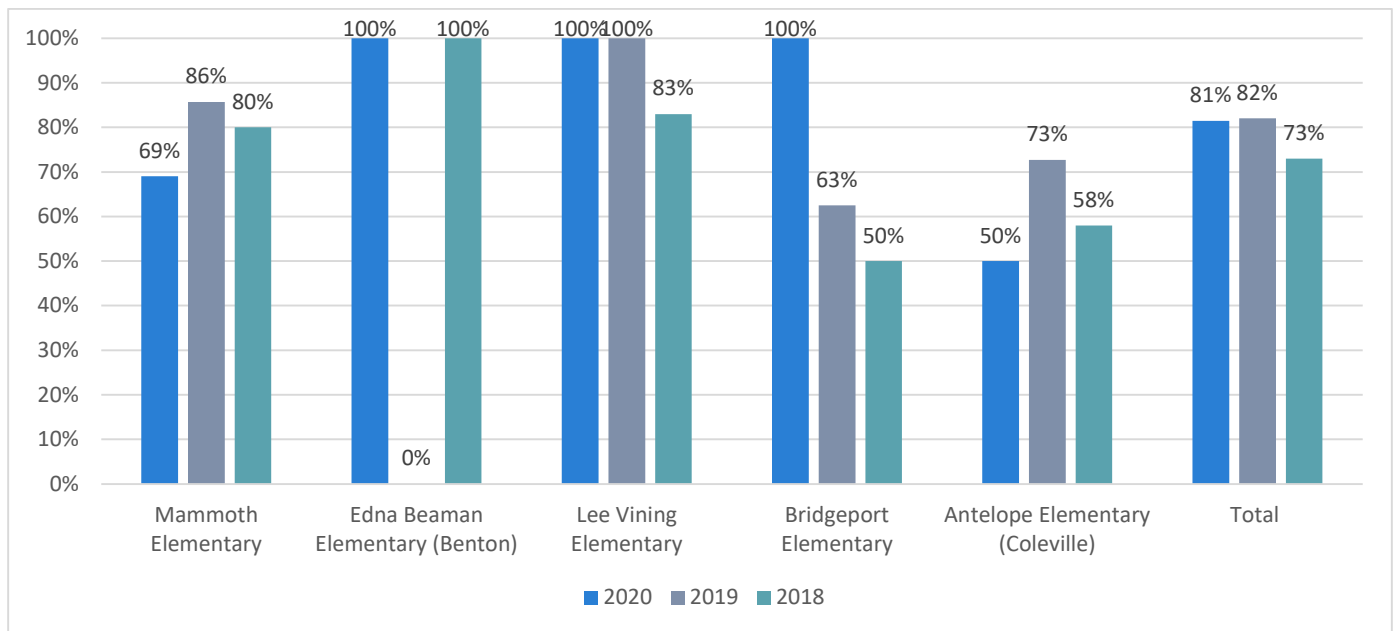
9. Is the percent of children “ready for school” upon entering kindergarten increasing? Unknown

- Data Source: Brigance Assessments (Figure 1, page 11), not administered due to Schools' COVID workload
- Finding: unknown
- Conclusion from 2019-20: While school readiness has been a major investment for 19 years, only in the last 3 years was a standardized universal assessment used to measure school readiness. The Percent of Kindergartners Assessed as School Ready by Program Participation (Figure 2, page 11) demonstrates that funded programs support school readiness across the county.

10. Is the percent of children whose parents attended Kindergarten and TK Round-Up increasing or remaining high? Yes

- Data Source: Participation in Round Up

• **Table 7: Kindergartners' Participation in Round Up Events**



- Finding: Kindergarten Round Up participation maintained high levels at 81% compared to 82% last year.
- Conclusion: The program is achieving its goal.

11. Is the percent of children birth to 5 accessing funded literacy activates high or increasing? No

- Data Source: Participation in Raising a Reader (61) and Home Visiting & Peapod (124) includes duplicates.
- Findings: 27%, down from 48% last year
- Conclusion: First 5 does not have access to the Raising a Reader participant names so cannot provide unduplicated numbers. The decrease for Raising a Reader is attributed to COVID 19's impact on parents visiting the library to participate in the book distribution as well as distribution through childcare providers being impacted by COVID 19. The decrease in Peapod participation is due to only online playgroup opportunities through the majority of the fiscal year.

12. Is there a high or increasing percent of preschool slots for age-eligible children? No

- Data Source: Number of slots licensed for a preschool age-specific classroom
- Finding: 32% down from 43% last year and 51% the year before.

- Conclusion: The decrease from 43% to 32% represents the closing of two sites in 2019-20—Benton and Lutheran Preschool in Mammoth Lakes. Although there are preschool slots for only 32% of age-eligible children, some slots still remain unfilled. Reasons for underutilization are:
 - Slots are located in towns without enough age qualifying children to fill them
 - Children's families fall above income requirements (e.g., State Preschool)
 - Lack of transportation
 - Lack of sufficient hours to be feasible for the family, many programs only offer 4 hours of care a day.
 - Federal employment requirements for parents (e.g., Mountain Warfare Training Facility Child Development Center).

13. Is the percent of entering Kindergartners assessed for school readiness at entry increasing or remaining high? No

- Data Source: Kindergarten readiness assessments (Figure 2, page 11)
- Findings: No, no children were screened in 2020 due to COVID related workload at the school sites
- Conclusion: After the COVID pandemic eases impacts on the school system, a return to previous screening rates is anticipated.

Since the majority of the program-specific evaluation results indicate achievement of the desired outcomes, and challenges achieving desired outcomes are due in many cases to the impacts of COVID 19, the Commission will continue to fund the same School Readiness activities in 2020-21 as in 2019-20. Data in the evaluation report will continue to inform improvement and future investments.

Family Behavioral Health

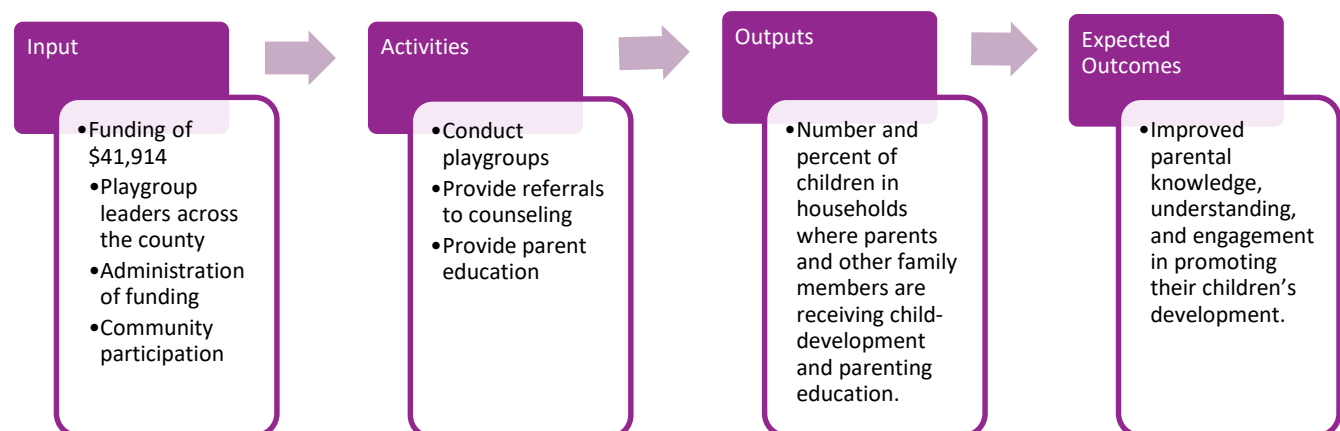
In such a rural and geographically isolated county, it is easy for families to feel alone. Opportunities for children and their parents are fewer than in more populated areas. To meet the social needs of parents and their children, a weekly playgroup program was developed. Mono County Behavioral Health is the primary funder with a \$40,000 investment as well as \$1,914 in prop 10 funding. Playgroups and parent education are conducted by First 5 Mono.

Peapod Playgroups: For parents, caregivers, and children birth to 5 years old. Playgroups meet for 10-week sessions. Sessions were held in Mammoth Lakes and Crowley Lake in addition to via Zoom and Facebook Live to continue offering services while COVID restrictions prohibited in-person events.

Objectives:

- Decrease isolation by providing parents and children an opportunity to socialize
- Destigmatize seeking behavioral health services
- Link families to community services
- Encourage school readiness and early literacy

LOGIC MODEL



EVALUATION FINDINGS AND CONCLUSIONS

Peapod Playgroups Quick Look:

Indicator numbers refer to pages 45-47 and analysis below

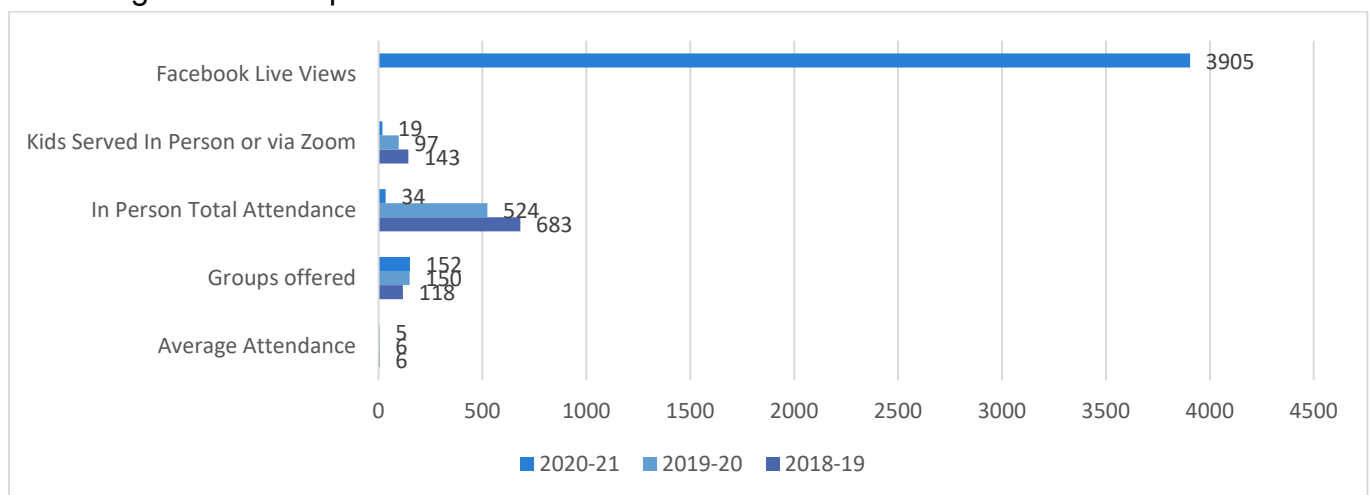
Investment Area	Program, % served	Indicators (number from pp 46-48, *reporting rate below 60%)		
		Achieved, 50%	Static/ Unknown	Needs improvement, 50%
	Family Behavioral Health: Peapod Playgroups, 14%	<ul style="list-style-type: none"> Parents satisfied (1) 		<ul style="list-style-type: none"> High participation rates (14)

1. Does Peapod survey data yield 100% satisfaction or an average of 4-5 on a scale of 1-5 that the playgroup met participant expectations. Yes

- Data Source: Peapod surveys
 - Figure 1: Participant Survey Results (appendix III Table 3, page 38)
- Finding: Yes
- Conclusion: Due to client satisfaction with the program, the program will continue to offer services as it has in the past.

14. Is the percent of children in households where parents and other family members are receiving child-development and parenting education high or increasing? No

- Data Source: Number of children participating in playgroups.
 - Figure 1: Participation 2018-19 to 2020-21



- Finding: For interactive playgroups (in person or on Zoom), participation was down to 3% from 14% of children birth to 5 in the County last year. Facebook live realized 3,905 views in the program year.

- Conclusion: Due to participation in Peapod, children lived in households receiving child-development and parenting education. Children participating on Facebook Live were not counted since there is no way to track the age or county watchers were from. COVID 19 had a significant negative impact on the number of children participating in playgroups since in-person groups were not allowed per Health Department guidance. For the majority of the year, groups were held first virtually on Zoom, then, as participation declined, on Facebook Live which received wider participation (albeit not interactive). Despite the pandemic, Peapod Playgroups still enjoy significant participation. Although there was a decrease in the percent of children who participated this year, the program is still achieving its intended outcome.

Families have more information about parenting and child development because of Peapod Playgroups, the First 5 Mono Family Behavioral Health investment. The Commission will continue to invest in and seek funding partnership for this initiative.

Childcare Quality

First 5 Mono's Strategic Plan includes Childcare Quality since many children spend a significant amount of their early years with their childcare provider. Financing for this initiative comes through First 5 California, the California Department of Education, and a Federal Community Development Block Grant through Mono County. Educating childcare providers on how to best meet the needs of children helps ensure children will spend their formative years in optimal learning environments.

The Childcare Quality investment for FY 2020-21 was \$322,051 that came from the following funding streams:

- Improve and Maximize Programs so All Children Thrive (IMPACT), conducted by First 5 Mono for Mono and Alpine Counties funded by First 5 Mono & First 5 California: \$88,937
- Region 6 Training and Technical Assistance Hub, funded by First 5 California: \$95,404
- California Department of Education (CDE) California State Preschool Program Block Grant (CSPP BG): \$22,379
- Quality Rating and Improvement System (QRIS) Block Grant: \$27,244
- Childcare services provided by Eastern Sierra Unified School District funded by the Community Development Block Grant (CDBG) through Mono County: \$88,087

The objectives and a brief description for the programs funded in this category are as follows:

IMPACT: Training, coaching, rating, stipends, and support for childcare providers for the provision of high-quality care for children and their families.

Objectives:

- Provide site-specific professional development to childcare providers
- Support providers' implementation of developmental screenings and parent engagement activities
- Build public awareness and support for quality early care
- Build a Childcare Quality System that leverages funding and maximizes support for care providers

QRIS and CSPP QRIS Block Grants: Support for state preschool sites and sites serving infants and toddlers.

Objectives:

- Provide site-specific professional development to child care providers

- Support provider understanding of quality care and education

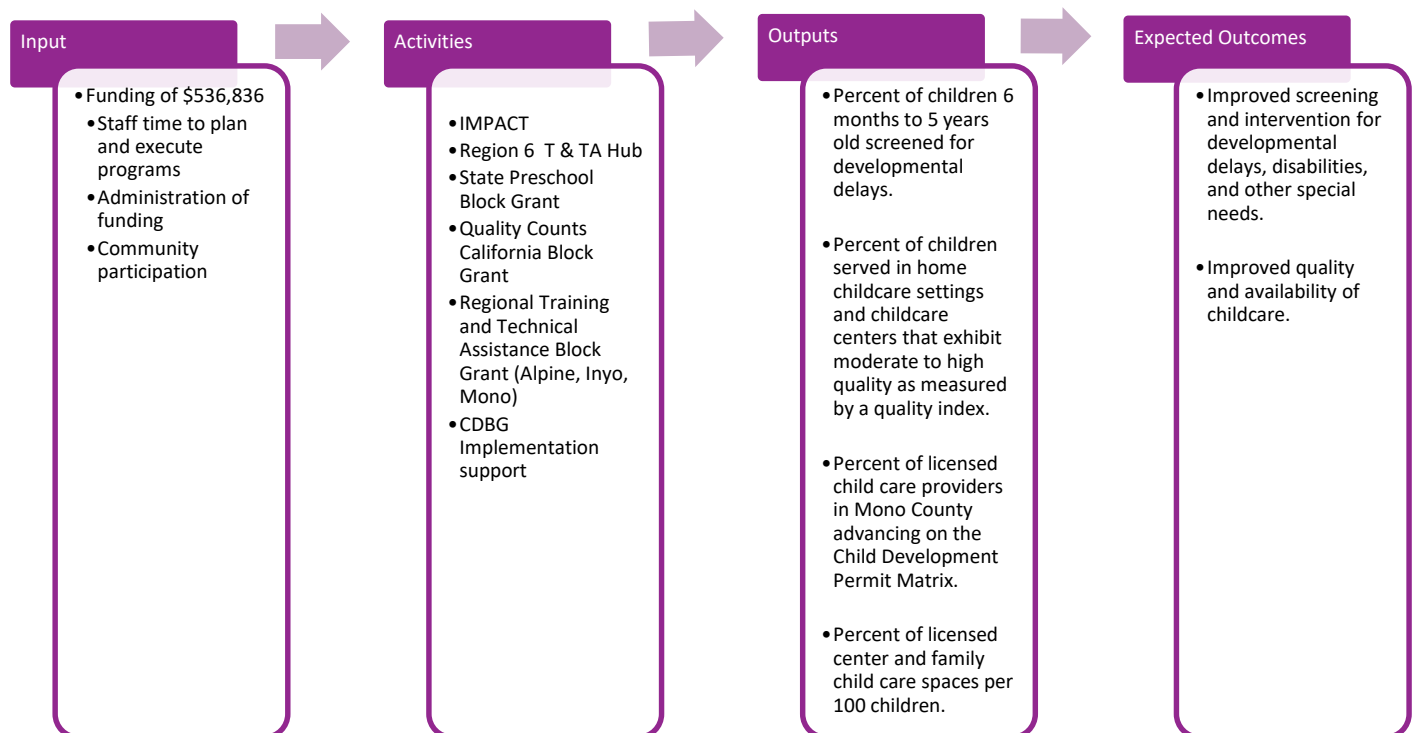
Training and Technical Assistance Hub: Support regional (in Alpine, Inyo, & Mono Counties) efficiencies in Childcare Quality work

Objectives:

- Provide assessors for Spanish speaking sites
- Contract with Viva for coordination for the Hub
- Contract with i-Pinwheel database to track sites' participation

CDBG Childcare: Provide high-quality care to preschool age children in Bridgeport.

Logic Model



EVALUATION FINDINGS AND CONCLUSIONS

Childcare Quality Quick Look:

Indicator numbers refer to pages 46-49 and analysis below

Investment Area	Program, % served	Indicators (number from pp 46-48)		
		Achieved, 50%	Static/ Unknown	Needs improvement, 50%
	Childcare Quality, 17% (omitting estimated 28% duplication)	<ul style="list-style-type: none"> Provider permit attainment rate (6) Developmental screening rate (4*) 		<ul style="list-style-type: none"> Childcare availability (7) Children in high quality care (5)

4. Is the percent of children 6 months to 5 years old screened for developmental delays increasing? Yes for the Childcare Quality System

- Data Source: Childcare Quality System Completed ASQs
 - Table 1: Developmental Screening, ASQ, from Childcare Quality System Sites

<i>Fiscal Year</i>	<i>Number of Screenings</i>	<i>Percent of enrolled children screened</i>	<i>Number of children screened with an identified concern</i>	<i>Percent of children screened with an identified concern</i>
2018-19	180	85%	33	18%
2019-20 n=197	173	88%	5	3%
2020-21 n=110	107	97%	11	10%

- Finding: Yes, at participating sites, 97% of children enrolled and not already receiving special needs services (8), were screened for a developmental delay, up from 88% the previous year.
- Conclusion: More children were screened for developmental delays through their childcare provider this year.

5. Is the percent of children served in home childcare and childcare centers that exhibit moderate to high quality as measured by a quality index increasing? 6. No, but still a significant increase over the last several years.

- Data Sources: Site ratings and Childcare Quality System participation data
- Finding: 75 children in Mono County attended a site with a high quality rating, 64% of children enrolled in programs participating in the Childcare Quality System and 11% of all children in the County. The decrease was due to two family childcare sites choosing to let their rating lapse.
- Conclusion: Rated sites achieved the highest ratings, 4 & 5 out of 5. Lee Vining Preschool was rated at a 5--highest quality, the first site in Mono County to achieve the highest rating! 7 sites were rated as 4—exceeding quality. All rated sites were rated as high quality and the number of sites rated as high quality has significantly increased over the last several years from 8% in 2016-17 to 54% in 2020-21.

6. Is the percent of licensed childcare providers in Mono County advancing on the Child Development Permit Matrix high or increasing? Yes

- Data Source: Childcare Quality System participation
- Finding: 5, up from 0 from the previous two years
- Conclusion: Due to support through the Workforce Development Grant administered by the Mono County Office of Education to providers seeking to attain a child development permit or attain a higher level, 5 providers were able to advance this year—a significant increase from 0 for the past two years.

7. Is the percent of licensed center and family childcare spaces per 100 children high or increasing? Decrease

- Data Source: IMACA Resource and Referral slot numbers and the Childcare Portfolio
- Findings: In September of 2020 there were slots for 42% of children birth to 5 in the County
- Conclusion: The number of slots available to children in Mono County decreased dramatically from 56% in 2008, then rose again, but has again declined over the last three years from 47% to 42%. First 5 Mono was granted permission to apply for a Community Development Block Grant for Childcare Planning in 2020 through the Town of Mammoth Lakes after much advocacy at public hearings. After completion of the application, the Town of Mammoth Lakes chose not to submit it due to concerns (as stated in a letter from the Town of Mammoth Lakes to the First 5 Commission) that: 1. \$250,000 was not enough money for the project, 2. a desire for a childcare needs assessment in which the Town is involved, and 3. a desire to work with the Mono County Childcare Council rather than First 5. First 5 continues to actively participate

in the Mono County Child Care Council to support initiatives seeking to increase the number of childcare slots in Mono County, advocate for the Town of Mammoth Lakes to apply for CDBG funds as they see fit, and apply for CDBG funds through Mono County to help fund the Bridgeport Elementary Preschool.

The Commission will continue to invest in Childcare Quality because of successes in leveraging First 5 California and California Department of Education funds, rating sites, supporting developmental screenings, and collaborating with local providers to maintain and increase quality. Over the last several years, First 5 Mono staff offered provide teacher-specific coaching based on classroom observations, conduct observations, and rate sites. Childcare Quality System work is supported by the Mono County Office of Education's Local Planning Council (the Mono County Child Care Council) and Inyo Mono Advocates for Community Action's local Resource and Referral and Alternative Payment programs, as well as collaboration with Cerro Coso's Child Development Department and partners in Alpine and Inyo Counties.

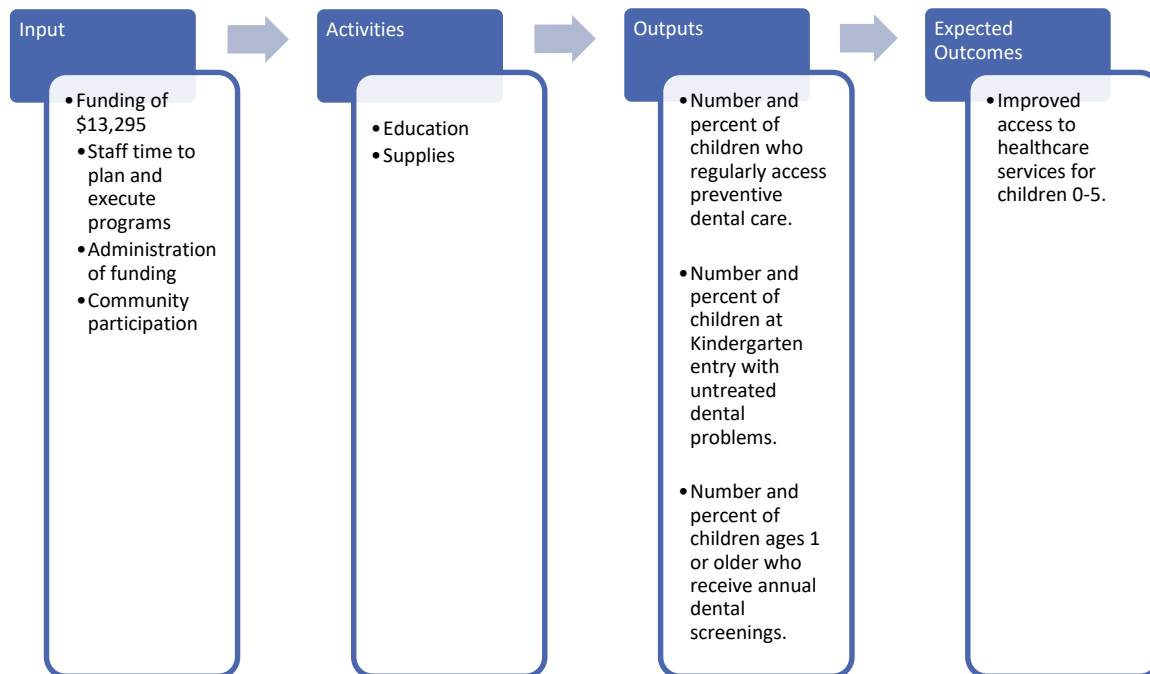
Improved Child Health

Oral Health

Pediatricians in the County continue to report needs for sustained efforts in oral health due to high numbers of children with poor oral health. The Oral Health investment consists of education, supplies (some provided by the Health Department), oral health checks, and topical fluoride varnish application for children in childcare settings across the County. Supplies include free toothbrushes, toothpaste, and floss. In fiscal year 2020-21, only supplies were provided due to COVID 19 protocols in childcares. The program was funded and operated by First 5 Mono at a cost of \$13,295 for FY 2020-21.

Objective: Provide application of topical fluoride varnish twice a year to all Mono County children age 1-5 not already receiving services from a dentist, and educate children and parents about oral health.

LOGIC MODEL



EVALUATION FINDINGS AND CONCLUSIONS

Oral Health Quick Look:

Indicator numbers refer to pages 45-47 and analysis below

Investment Area	Program, % served	Indicators (number from pp 46-48)		
		Achieved,	Static/ Unknown, 100%	Needs improvement
Child Health	Oral Health, 11%		<ul style="list-style-type: none"> Annual dental screening rate (17*) Low number of Children at K entry with untreated dental problems (18*) 	

*Lower than 60% reporting rate

17. Is the percent of children ages 1 or older who receive annual dental screenings high or increasing? Unknown

- Data Source: Sierra Park Dental Data, 7/1/2020-6/30/2021
- Finding: 38% of children age 1-5 years old had an annual exam at Mammoth Hospital—, a drop from 42% the previous year. There was a corresponding drop in the reporting rate due to a decline in the of number of 0-5 patients at Sierra Park Dental. This indicator is categorized as unknown due to the low reporting rate of 38%
- Conclusion: First 5 will continue oral health education efforts to support higher percentages of children receiving an annual screening. A data challenge is that only one dental provider is included—Sierra park Dental. For future Strategic Planning, a recommended shift of this indicator to a data point from the Children Now Scorecard is advised: *Children from low-income households aged birth-5 who visited a dentist in the last year—58% in 2018, the 3rd best ranked county in the State.*

18. Is there a low percent of children at Kindergarten entry with untreated dental problems? Unknown

- Data Source: Kindergarten Oral Health Checks
- Finding: No data was entered by the schools in 2020 and is therefore categorized as unknown. Data from 2019: 10% of the oral health checks turned in at kindergarten enrollment indicated the

child had untreated caries (cavities), a significant decrease from the last 5 years which were around 30%. Note the low reporting rate though, 42%.

- Conclusion: The percent of untreated caries at kindergarten significantly decreased to 10% in 2019. Data entry issues from the schools is an area First 5 will seek to address in 2021.

Fewer children are being seen at Mammoth Hospital Dental Clinic--45%. The actual rate of annual screening reported herein of 42% is certainly higher as some children access care through a private provider and data is only from Mammoth Hospital. The Commission will continue to invest in this initiative and seek to sustain the 19-20 improvements in oral health for children 0-5. First 5 will continue to provide topical fluoride varnish and oral health checks for children between one and 5-years-old served in Childcare sites participating in the Childcare Quality System as well as promote oral health through home visiting, playgroups, and school readiness.

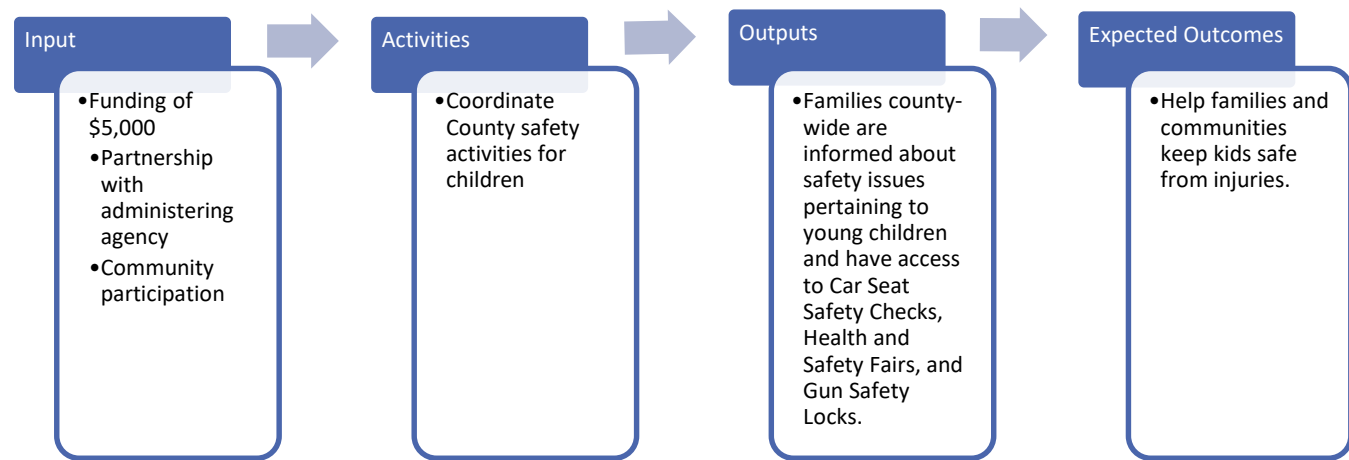
Based on the rate of 10% untreated carries at kindergarten entry the 0-5 population's oral health needs decreased in 19-20, which is used as a proxy for 2020-21 due to a lack of current year's data. The decrease may be linked to First 5 and partner agency oral health investments, but may also be attributable to the low reporting rate. Analysis in future years will help identify if the decrease from the multi-year average of 32% to 10% is indeed a trend. Once funded by First 5 California, First 5 Mono continues to allocate discretionary funds for the oral health initiative. Leveraging the First 5 Mono investments are supplies from the Mono County Health Department, and the pediatric office's application of topical fluoride varnish.

Child Safety

Prior to the formation of *Safe Kids California, Mono Partners*, no agency in the County specifically focused on child safety. While some agencies conducted safety activities, services were not coordinated. Initially spearheaded by Mammoth Hospital, multiple community agencies met to pursue the formation of a Safe Kids Coalition. Based on higher than average injury data for Mono & Inyo Counties, and after learning the benefits of such collaborations, the Commission decided to fund the coordination of *Safe Kids California, Mono Partners* as no other participating agencies had the necessary funding to conduct coordinating activities. With combined funding from SPCFA (\$5,000) and the Mono County Office of Education, the Mono County Office of Education coordinates Safe Kids California, Mono Partners.

Objective: Bring safety services & resources to families

LOGIC MODEL



EVALUATION FINDINGS AND CONCLUSIONS

Child Safety Quick Look:

Investment Area	Program, % served	Indicators (number from pp 46-48)		
		Achieved	Static/ Unknown,	Needs improvement, 100%
	Child Safety, 5%			<ul style="list-style-type: none"> • Children provided helmets through Safe Kids (20)

20. Are children receiving a safety helmet through Safe Kids?

- Data Source: 2020 Safe Kids Coordinator report
- Finding: services were greatly reduced due to COVID 19, 5% of children birth to 5 received a helmet through Safe Kids in 2020, down from 25% the previous year.
- Conclusion: As a result of investments, car seat checks, safety material distribution, and bike helmet distribution continued throughout at Mammoth Lakes Police Department, State Farm, and through First 5 Home Visiting although at a much reduced rate due to COVID 19 precautions.

Because of the Safe Kids investment, families had access to child safety equipment and car seat checks, thus the Commission will continue to invest in this initiative. As part of the continuous quality improvement of the Safe Kids California, Mono Partners work, outreach efforts will continue to ensure as many families as possible participate in future Health & Safety Fair.

Appendices

APPENDIX I, HOME VISITING

Table 1: Referral Source

	Number	Percent
Mammoth Hospital Labor & Delivery	12	19%
Self	3	5%
Doctor, Pediatrician, Women's' Clinic	9	15%
Other, Family/Friends	3	5%
Social Services & Child Protective Services	5	8%
First 5 Home Visitors	12	19%
Early Start	1	29%
Peapod	1	
Behavioral Health	1	
Childbirth Education Class	1	
Not recorded/ other	14	
20-21 Total	62	
19-20 Total	77	
18-19 Total	104	

Table 2: Visits Provided

<i>Visit Type</i>	<i>FY 18-19</i>	<i>FY 19-20</i>	<i>FY 20-21</i>
<i>Prenatal Home Visits</i>	65	32	26
<i>Birth-5 Home Visits</i>	527	584	588
<i>Total Visits</i>	592	616	614

Table 3: Families Served

	<i>FY</i> <i>18-19</i>	<i>FY</i> <i>19-20</i>	<i>FY</i> <i>20-21</i>
<i>New Babies Enrolled</i>	89	48	44
<i>Births to Mono County Residents*</i>	132	128	99
<i>Percent of Mono County Babies Enrolled</i>	67%	38%	44%
<i>Total Families Served</i>	136	207	152

*Source: California Department of Finance March 2021 projections. Previous years' data updated

FY calculations use the calendar year projections of the year the FY begins (e.g., 2018 for FY 2018-19)

Table 4: Child's Race & Ethnicity, N=121 children newly enrolled in the program year for whom data is available.

Child Ethnicity/ Race (n=121)		
Non-Hispanic	57, 47%	American Indian
		White
		Prefer not to report
		Multi-race
Hispanic	64, 53%	Multi-race
		American Indian
		Prefer not to report
		White

Table 5: Stressors

Families with multiple stressors: 37, 39% (of 96 families who received a visit in the program year)

Families with multiple stressors, previously called families with high needs, are determined using the national home visiting standard. If a family has *more than one of the following* stressors, they are considered as having multiple stressors and can access home visits twice a month, rather than monthly.

low income or education	foster parents	death in the immediate family
child or parent with a disability	incarcerated parent	child abuse or neglect
homeless or unstable housing	very low birth weight	active military family
young parent	domestic violence	
substance abuse	recent immigrant	

Stressors	Number of families
<i>Low income</i>	50
<i>High School Diploma or Equivalency not attained</i>	18
<i>Child with a Disability</i>	6
<i>Parent with a Disability</i>	7
<i>Young Parent (parenting under age of 21)</i>	4
<i>Parent with mental health issues(s)</i>	5
<i>Housing Instability</i>	6
<i>Recent immigrant or refugee</i>	3
<i>Parent incarcerated during child's lifetime</i>	4
<i>Very low birthweight and preterm birth</i>	3
<i>Intimate Partner Violence</i>	2

Figure 1: Home Visiting Families' Town of Residence Compared to the Kindergarten Cohort

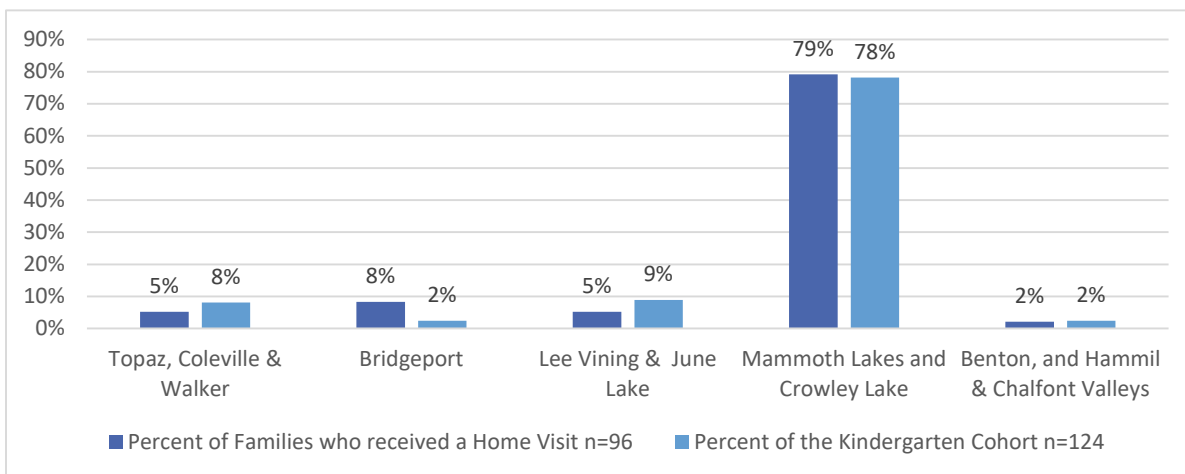


Table 6: Parenting Reflection exit survey scale of 1-5 (strongly disagree to strongly agree), n=2

	After program participation average
<i>I know how to meet my child's social and emotional needs</i>	4
<i>I understand my child's development and how it influences my parenting responses.</i>	4
<i>I regularly support my child's development through play, reading, and shared time together.</i>	5
<i>I establish routines and set reasonable limits and rules for my child.</i>	4
<i>I use positive discipline with my child.</i>	5
<i>I make my home safe for my child.</i>	4.5
<i>I am able to set and achieve goals.</i>	4.5
<i>I am able to deal with the stresses of parenting and like in general.</i>	3.5
<i>I feel supported as a parent.</i>	3

Table 7: Satisfaction exit survey

	Strongly Agree FY 19-20 N=10	Strongly Agree FY 20-21 N=3
<i>My parent educator gives me handouts that help me continue learning about parenting and child development.</i>	95%	67%
<i>I would recommend this program to a friend.</i>	98%	100%
<i>My parent educator gives me handouts that help me continue learning about parenting and child development.</i>	98%	100%
<i>My parent educator is genuinely interested in me and my child.</i>	95%	67%
<i>My parent educator and I partner to set goals for my child, myself, and my family.</i>	95%	67%
<i>My parent educator encourages me to read books to my child.</i>	95%	100%
<i>This program increases my understanding of child's development.</i>	95%	67%
<i>My parent educator gives me handouts that help me continue learning about parenting and child development.</i>	New item	100%
<i>My parent educator helps me find useful resources in my community.</i>	100%	67%
<i>This program motivates me to try new parenting strategies</i>	New item	67%
<i>This program helps me build relationships with other families.</i>	New item	67%
<i>I would recommend this program to a friend.</i>	New Item	100%
<i>I feel less stressed because of this program.</i>	95%	67%
<i>I am very satisfied with this program.</i>	New item	67%

What about the program has been most helpful to you and your family?

- The consistency, the parent educator knowledge, the network it opened up, the reassurance
- Annalisa shared many wonderful solutions with us for problems we were having

What could be improved about the program?

- More groups like cafe mom, but not focused on breastfeeding, just a time and place where new parents can come together and chat. Pea pod is a little overwhelming for the younger babies and parents who maybe just want to talk to each other more that the socialization for the kids.
- It was great. I would have liked more visits because I found them so helpful

Additional Comment:

- Thank you so much for making all of First 5 resources available!

APPENDIX II EARLY LITERACY

Figure 1: Raising A Reader, Participation by Age 2017-18 to 2019-20

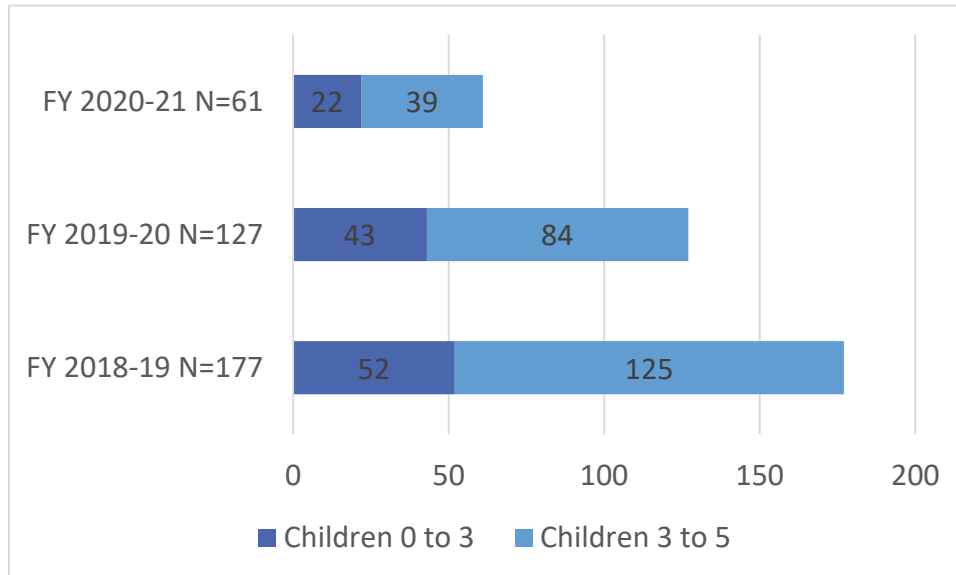


Table 1: First Book Distribution

<i>Program</i>	<i>Number of Books</i>
<i>Home Visiting & Peapod</i>	629
<i>Health & Safety Fairs</i>	84
<i>Total</i>	713

APPENDIX III PEAPOD PLAYGROUPS

Table 1: Families Served by Location 2018-19 to 2019-20, includes duplicates between locations

<i>Playgroup Location</i>	<i>FY 18-19</i>	<i>FY 19-20</i>	<i>FY 20-21</i>
<i>Benton/Chalfant</i>	3	4	0
<i>Bridgeport</i>	21	12	0
<i>Crowley Lake</i>	38	10	2
<i>Lee Vining/ June Lake</i>	3	0	0
<i>Mammoth Bilingual</i>	38	42	17
<i>Walker</i>	15	8	0
<i>Online Views: English/Spanish</i>			1,433/ 2,472
<i>Total (online)</i>	118	76	19 (3,905)

Table 2: Surveys, n=6

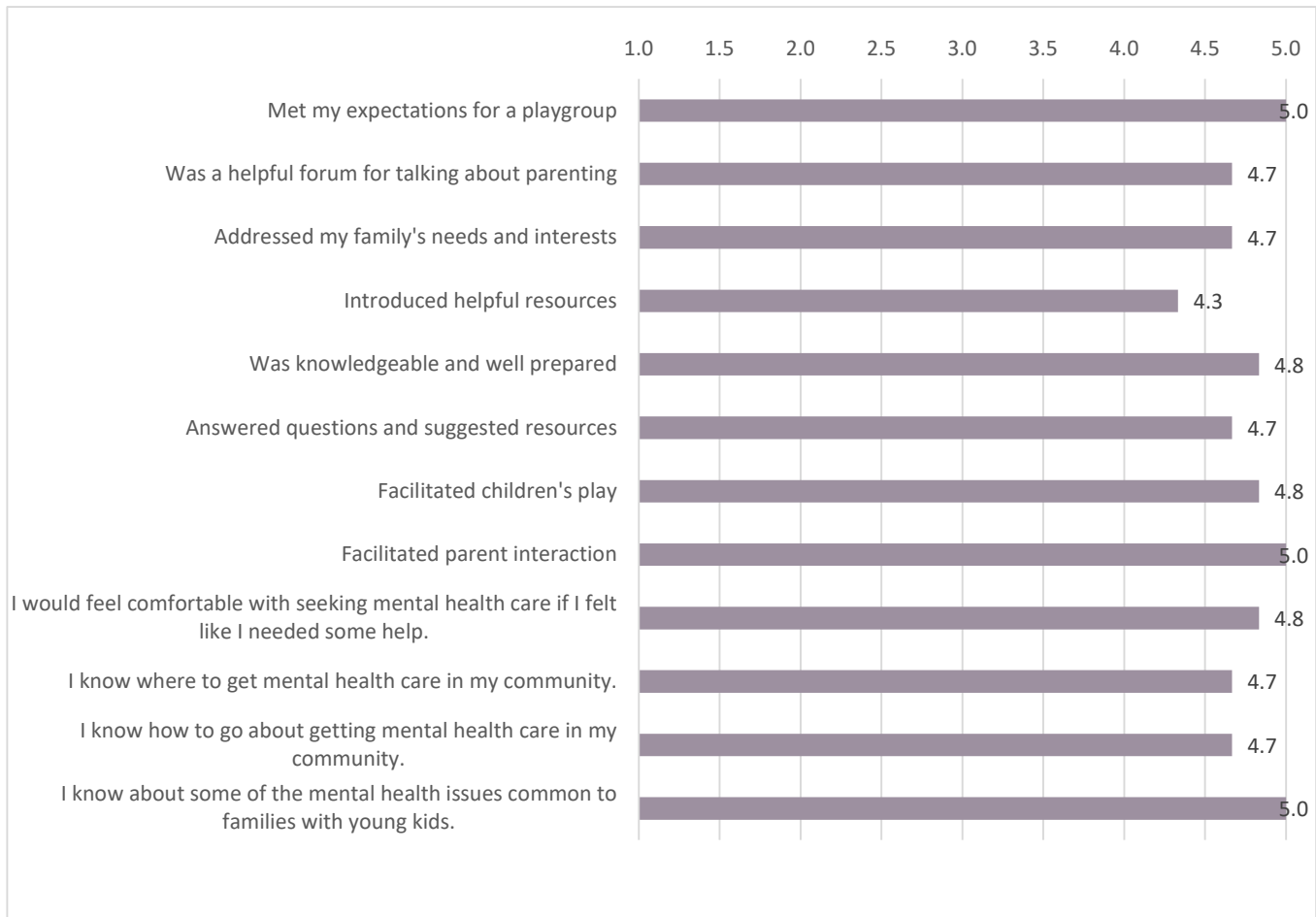


Table 3: Survey Demographics (numbers differ between categories as not all surveys answered all questions) n=5:

Race/ethnicity	White: 5 Hispanic: 0
Language	English: 5 Spanish: 0
Age	16-25: 0 26-40: 5 41-59: 0 60+: 0
Sex	Female: 5 Male: 0

Parent Survey Comments:

What were the strong parts of the playgroups?

- Interactions with other babies
- Building relationships with other moms, sharing tips, sharing experiences.
- Interacting with other babies & moms!
- interactive play and meeting other kids and families

What suggestions do you have for future playgroups?

- less pandemic and more peapod!

APPENDIX IV, CHILDCARE QUALITY

Table 1: Participating Childcare Sites in Mono County

Site Type	Number of Sites Served	Percent of Qualifying Sites Served
Center	5	83%
Family Childcare	6	86%
Family Friend and Neighbor Caregivers	1	unknown
Total*	11	85%

*omits Family Friend and Neighbor count due to an unknown number of providers

Table 2: Children Served at Participating Childcare Sites in Mono County

Year	Number of Children birth-5 Served	Percent of County birth-5 population Served
2020-21	118	17%
2019-20	197	28%
2018-19	211	31%

Table 3: Alternative Sites Served Mono County

Site Type	Number of Children birth-5 served	Percent of County birth-5 population served
Home Visiting 0-3 and 3-5	113	17%
Peapod North and South County	19	3%

Table 4: Participating Sites in Alpine County

Site Type	Number Served	Percent Served
Center	1	50%

Table 5: Ratings



Ratings are based on the following set of California State standards known to promote high-quality early learning for kids.

- Interactions between teachers and children
- The health and safety of the classroom
- How teachers meet and support the developmental needs of children
- Staff qualifications and training
- Group size, number of children per teacher

	COMMITTED TO QUALITY – participating in quality improvement efforts
	RAISING QUALITY – meeting some quality standards
	ACHIEVING QUALITY – meeting multiple quality standards
	EXCEEDING QUALITY – meeting quality standards in all areas
	HIGHEST QUALITY – exceeding quality standards in all areas

2020-21 Mono Alpine Rated Childcare & Education Sites

participating sites opting to be rated

<p>Highest Quality</p> 	<ul style="list-style-type: none"> • Lee Vining IMACA State Preschool
<p>Exceeding Quality</p> 	<ul style="list-style-type: none"> • Coleville IMACA State Preschool • Kindred Spirits • Mammoth IMACA State Preschool • Mammoth Kids Corner • Mountain Warfare Training Center Child Development Center • Alpine Early Learning Center (Alpine County)

APPENDIX V CHILD HEALTH

Table 1: Oral Health Services Provided

	<i>Oral Health Education</i>	<i>Fluoride Varnish</i>
<i>FY 2020-21 Total</i>	76	NA due to COVID restrictions
<i>FY 2019-20 Total</i>	12	9
<i>FY 2018-19 Total</i>	114	114

Table 2: Safe Kids Activities

<i>Item distributed or information shared</i>	<i>Number</i>
<i>Bike helmets</i>	36
<i>car seats installed</i>	10
<i>car seat checks</i>	2
<i>parents educated on: TV Tip overs, car seat safety, keeping kids safe during pandemic, water safety, Mono County Safe Kids resource guide, hand sanitizer, heat stroke, safe sleep, and other safety resources</i>	400

APPENDIX VI RESULTS AND INDICATORS

Result I: *Mono County children 0-5 are educated to their greatest potential.*

Indicator	Investment area	2018-19	2019-20	2020-21
1. Peapod survey data yields 100% satisfaction or an average of 4-5 on a scale of 1-5 that the playgroup met participant expectations	Family Behavioral Health	Yes	Yes	Yes
2. Number and percent of children prenatal to age 1 whose parents accessed Home Visiting	Home Visiting	66%	35%	48, 48%
3. Number and percent of children prenatal to age 5 whose parents accessed Home Visiting.		22%	30%	174, 25%
4. Number and percent of children 6 months to 5 years old screened for developmental delays.	Home Visiting & Childcare Quality	35%	33%	161, 23%
5. Number and percent of children served in home childcare settings and childcare centers that exhibit moderate to high quality as measured by a quality index.	Childcare Quality	28%	25%	75, 11%
6. Number and percent of licensed child care providers in Mono County advancing on the Child Development Permit Matrix.		0	0	5, 15%
7. Number and percent of licensed center and family child care spaces per 100 children.		47%	46%	42%

Results are color-coded: **needs improvement**, **achieved**, **new or static (within 1% of the previous year)**, reporting rate too low to determine (less than 60%)

Sources:

1. Peapod Program Parent Surveys
2. Home Visiting Participation 48/ 99 Department of Finance 2020 Birth projection from March 2021
3. Home Visiting Participation 174/ 693 US Census population estimate children 0-5 in Mono County
4. Children in commission-run programs who received a developmental screening—Home Visiting (54) & Childcare Quality System (107) 161/ 693 US Census population estimate children 0-5 in Mono County (42% reporting rate as 292 of the 693 birth-5 population is enrolled in home visiting or with a provider who participates in the Childcare Quality System, includes duplication). Screened is defined as a completed evidence and research-based formal screening tool like the Ages and Stages Questionnaire.
5. Children served at sites with a rating of 3 or higher 78/ 693 US Census population estimate children 0-5 in Mono County (100% reporting rate)
6. Childcare Quality System data 5 of 34 participating providers (85% reporting rate, the percent of sites participating in the Childcare Quality System)
7. Number of licensed child care spaces available to Mono County children birth-5 on the IMACA Resource and Referral list (includes licensed care slots for visitors through Mammoth Mountain and number of children served at Mountain Warfare Training Center Child Development Center only available to children whose parents are in the military), 293 /693 US Census population estimate children 0-5 in Mono County (100% reporting rate)

Result I continued: *Mono County children 0-5 are educated to their greatest potential.*

Indicator	Investment area	2018-19	2019-20	2020-21
8. Number and percent of children who have ever attended a preschool, Pre-K, or Head Start program by the time of Kindergarten entry.	School Readiness	76%	87%	Not available
9. Number and percent of children “ready for school” upon entering Kindergarten.		51%	65%	Not available
10. Number and percent of children whose parents attended Kindergarten and TK Round Up.		73%	82%	101, 81%
11. Number and percent of children birth to 5 accessing funded literacy activities.		47%	48%	185, 27%
12. Number and percentage of age-eligible children for whom a preschool slot is available.		51%	43%	89, 32%
13. Number and percent of entering Kindergartners assessed for school readiness at entry.		98%	98%	0
14. Number and percent of children in households where parents and other family members are receiving child-development and parenting education.	Home Visiting & Family Behavioral Health	40%	44%	124, 18%

Results are color-coded: **needs improvement**, **achieved**, **new or static (within 1% of the previous year)**, reporting rate too low to determine (less than 60%)

Sources:

8. Incoming Kindergarten Parent Surveys not distributed due to COVID 0 /124 kindergarten students.
9. In-kindergarten Brigance screens not conducted due to COVID 0 /124 kindergarten students. Previous year's reporting rates: 2018, 98%, 2019, 98%.
10. Children participating in Kindergarten and TK Round Up, 101/124 number of children on the first day of kindergarten, school district data.
11. Number of children receiving a Home Visit 113, Peapod 19-8 who participated in both=124 plus participants in Raising a Reader 61=185/ 693 US Census population estimate children 0-5 in Mono County.
12. The number of available preschool slots in the County based on the number of slots licensed to age-specific 3-4 year old classrooms 89/ 280-- Five-year Kinder and TK average (2014-2018) multiplied by 2 to get a projected number of 3 & 4 year olds. Decreases represent the closures of Benton and Mammoth Lutheran classrooms.
13. Number of Brigance screens completed by the school district 0/124 kindergarten students.
14. Children in commission-run programs with child-development education components (Home Visiting 113 and Peapod 19-8 who participated in both) 124/ 693 US Census population estimate children 0-5 in Mono County. 18% reporting rate, as data is limited to commission-run programs to ensure an unduplicated count.

Result II: All Mono County children 0-5 are healthy.				
Indicator	Investment Area	2018-19	2019-20	2020-21
15. Number and percent of children where breastfeeding is successfully initiated and sustained.		86%	89%	66, 85%
16. Number and percent of children 0 to 5 years of age who are in the expected range of weight for their height and age, or BMI.	Home Visiting	81%	76%	263, 76%
17. Number and percent of children ages 1 or older who receive annual dental screenings.	Oral Health	51%	42%	264, 38%
18. Number and percent of children at Kindergarten entry with untreated dental problems.		33%	9, 10%	Not available
19. Number and percent of children prenatal to age 5 in Mono County served through Peapod.	Family Behavioral Health	28%	14%	19, 3%
20. Number and percent of children birth to 5 provided a safety helmet through Safe Kids.	Child Safety	31%	25%	36, 5%

Results are color-coded: **needs improvement**, **achieved**, **new**, **newly achieved over 60% reporting rate**, or **static (within 1% of the previous year)**, reporting rate too low to determine (less than 60%)

Sources:

15. Sierra Park Pediatrics number of Mono County children still breastfed at visits to pediatrics up to 1 month of age. Children seen up to 1 month 66/ 78 patients. 79% reporting rate 78/ 99 Department of Finance 2020 Birth projection from March 2021
16. Sierra Park Pediatrics number of Mono County 2-5 year olds seen in FY 20-21 within the expected range of weight and height 263/ 346 patients. 50% reporting rate, 346 patients/693 US Census population estimate children 0-5 in Mono County. 2017-18 data not able to be collected due to a change in record keeping at the hospital.
17. Number of children 1 year to 5.99 years old seen annually for a screening in the Mammoth Hospital Dental Clinic 264/693 US Census population estimate children 0-5 in Mono County. 39% reporting rate, clients seen at Mammoth Hospital Dental Clinic 269/ 693 Census estimated children 0-5. Note: the number of patients in the age range declined by 134 clients (from 452 to 318) between FY 2017-18 and FY 2019-20 and the indicator shows the percent of kids being served through Mammoth Hospital Dental Clinic than an overall decline in dental access which could be better captured by the suggested indicator below.
Suggested replacement for next Strategic Plan from Children Now Scorecard: children from families with low income ages birth -5 who visited a dentist in the last year—58% in 2018, 3rd best ranked County in the State.
18. Oral Health Assessments turned into the school indicating untreated dental problems 9/108 completed oral health assessments. 87% reporting rate from the SCOH school reporting system oral health assessments 108/124.
19. Number of children served in Peapod Playgroups 19/ 693, US Census population estimate children 0-5 in Mono County
20. For 2020 Calendar Year Safe Kids California, Mono Partners report

APPENDIX VII FISCAL OVERVIEW

Revenue		Amount		
Prop. 10 Tax Revenue		\$70,948		
Small County Augmentation, prop. 56 & SMIF		\$279,052		
Federal Grants (CDBG)		\$87,156		
Other State Grants		\$237,540		
Local Grants		\$239,604		
Other Local		\$3,889		
Interest on Mono County First 5 Trust Fund		\$7,233		
Total Revenue		\$925,422		
Expense	Amount	% of Expenditures	% of Discretionary Funds	5-year Strategic Plan % of Discretionary Funds
Home Visiting	\$373,446	41%	50%	33%
Childcare Quality System	\$322,051	35%	1%	3%
Emergency Fund	\$10,000	1%	3%	-
Operations/Support/Evaluation	\$77,657	9%	22%	39%
Oral Health	\$13,295	1%	4%	1%
Peapod	\$41,914	5%	1%	0
Safe Kids Coalition	\$5,000	1%	1%	2%
School Readiness	\$37,758	4%	11%	22%
Systems Building	\$28,978	3%	8%	-
Total Expenses	\$910,099			
Total Revenue	\$925,422			
Net Revenue	\$15,323			
Fund Balance	Amount			
Fund Balance Beginning	\$591,686			
Fund Balance End	\$607,009			
Net Change in Fund Balance	\$15,323			

Mono County

The 2019 California Child Care Portfolio, the 12th edition of a biennial report, presents a unique portrait of child care supply, demand, and cost statewide and county by county, as well as data regarding employment, poverty, and family budgets. The child care data in this report was gathered with the assistance of local child care resource and referral programs (R&Rs). R&Rs work daily to help parents find child care that best suits their family and economic needs. They also work to build and support the delivery of high-quality child care services in diverse settings throughout the state. To access the full report summary and county pages, go to our website at www.rnnetwork.org.

PEOPLE ¹	COUNTY			STATE		
	2016	2018	CHANGE	2016	2018	CHANGE
Total number of residents	13,785	13,887	1%	39,354,432	39,864,538	1%
Number of children 0-12	2,069	2,001	-3%	6,631,621	6,578,476	-1%
Under 2 years	287	274	-5%	982,688	941,215	-4%
2 years	149	133	-11%	498,782	489,567	-2%
3 years	126	152	21%	503,064	503,509	0.1%
4 years	138	150	9%	503,461	503,657	0.04%
5 years	144	133	-8%	518,282	506,494	-2%
6-10 years	861	807	-6%	2,596,934	2,576,958	-1%
11-12 years	364	352	-3%	1,028,410	1,057,076	3%

LABOR FORCE ^{2*}	COUNTY			STATE		
	2016	2018	CHANGE	2016	2018	CHANGE
Two-parent families, both parents in labor force	474	430	-9%	1,667,628	1,673,759	0.4%
Single-parent families, parent in labor force	280	176	-37%	966,506	957,871	-1%

*Due to the availability of data in the U.S. Census Bureau's ACS, these numbers do not include unmarried two-parent families or families with same-sex parents

POVERTY ²	COUNTY			STATE		
	2016	2018	CHANGE	2016	2018	CHANGE
Number of people living in poverty	684	1,378	101%	5,525,524	4,969,326	-10%
Children 0-5 living in poverty	95	114	20%	608,247	499,726	-18%
Children in subsidized care ³	112	121	8%	315,100	337,264	7%

FAMILIES IN POVERTY IN 2018²

COUNTY	STATE
7%	14%

CHILD CARE AND FAMILY BUDGETS^{4, 8}

Income Eligible Family Without Subsidy ⁵	Income Eligible Family With Subsidy ⁵	Median Family Income ²
<p>\$54,027 Annual Income</p> <p>29% 18% 22% 31%</p> <p>Housing Infant/toddler All other family needs</p> <p>Preschooler</p>	<p>\$54,027 Annual Income</p> <p>29% 10% 61%</p> <p>Housing Family Fee All other family needs</p>	<p>\$90,347 Annual Income</p> <p>17% 11% 13% 58%</p> <p>Housing Infant/toddler All other family needs</p> <p>Preschooler</p>

Mono County

Child Care Data

AGE/TYPE

CHILD CARE SUPPLY ⁶	LICENSED CHILD CARE CENTERS			LICENSED FAMILY CHILD CARE HOMES			CHILD CARE REQUESTS ⁷	
	2017	2019	CHANGE	2017	2019	CHANGE		
Total number of spaces	234	234	0%	114	100	-12%	Under 2 years	27%
Under 2 years	36	36	0%				2-5 years	50%
2-5 years	198	198	0%				6 years and older	23%
6 years and older	0	0	0%					
Total number of sites	9	9	0%	12	11	-8%		

25%

Child care programs participating in the Child Care Food Program

56%

Child care centers with one or more federal/state/local contracts

SCHEDULE AND COST

CHILD CARE SUPPLY	LICENSED CHILD CARE CENTERS	LICENSED FAMILY CHILD CARE HOMES	CHILD CARE REQUESTS	
Full-time and part-time spaces	100%	92%	AGES	FULL-TIME
Only full-time slots	0%	8%	Under 2 years	100%
Only part-time slots	0%	0%	2 years	0%
Sites offering evening, weekend or overnight care	22%	55%	3 years	100%
Annual full-time infant care ⁸	\$13,231	\$12,028	4 years	100%
Annual full-time preschool care ⁸	\$9,733	\$11,138	5 years	0%
MAJOR REASONS FAMILIES SEEK CHILD CARE ⁹			REQUESTS FOR CARE DURING NONTRADITIONAL HOURS	
95% Employment	9% Parent seeking employment	5% Parent in school or training	Evening / weekend / overnight care	8%

LANGUAGE

CENTERS WITH AT LEAST ONE STAFF SPEAKING THE FOLLOWING LANGUAGES ⁹	LANGUAGE SPOKEN AT HOME	
English 100%, Spanish 33%	English only	75%
FAMILY CHILD CARE PROVIDERS SPEAKING THE FOLLOWING LANGUAGES ⁹	Spanish	22%
Spanish 64%, English 55%	Asian/Pacific Island language	2%
	Another language	2%

1. CA Department of Finance Population Projections 2018
2. American Community Survey 2018 1-year estimates. Poverty is defined using the federal poverty guidelines.
3. CA Department of Education CDD 801-A October 2018, CA Department of Social Services CW115, October 2018
4. U.S. Housing and Urban Development rent for 2-bedroom 50th percentile
5. 70% of 2018 State Median Income for a family of three
6. Resource and referral (R&R) databases 2019
7. R&R child care referrals April/May/June 2019
8. 2018 Regional Market Rate Survey, Network estimate
9. Percentages may exceed 100% when multiple options are chosen

For more information about child care in MONO COUNTY:

IMACA Community Connections for Children
800-317-4700
www.imaca.net

RACE COUNTS

County Rankings

RACE COUNTS measures the overall performance, amount of racial disparity, and impact by population size of counties and cities in California. We found that the past still very much drives who has access to the promise of the Golden State. To push California forward, we need effective ways to measure and address long-standing racial disparities. We have ranked all 58 counties in California using our comprehensive measurement across 44 indicators and seven key issues areas.

Learn more at RACECOUNTS.org.

PERFORMANCE

Rank 1 = Highest Performance

How well people are doing? How high are graduation, health insurance, and home ownership rates?

DISPARITY

Rank 1 = Highest Disparity

How well are different racial groups doing compared to one another? Are graduation, health insurance, and home ownership rates similar across races or very different?

*RACE COUNTS County Types

	RACIAL DISPARITY	PERFORMANCE
GAINS AT RISK	LOW	HIGH
STRUGGLING TO PROSPER	LOW	LOW
PROSPERITY FOR THE FEW	HIGH	HIGH
STUCK AND UNEQUAL	HIGH	LOW

COUNTY*	DISPARITY	PERFORMANCE	POPULATION
Alameda	4	17	1,559,308
Alpine	N/A	4	1,202
Amador	56	24	37,159
Butte	23	40	221,578
Calaveras	55	21	44,921
Colusa	12	29	21,424
Contra Costa	30	12	1,081,232
Del Norte	15	51	28,066
El Dorado	16	5	181,465
Fresno	6	53	948,844
Glenn	34	42	28,019
Humboldt	13	33	134,876
Imperial	2	50	177,026
Inyo	17	16	18,439
Kern	33	55	857,730
Kings	8	56	151,390
Lake	19	47	64,209
Lassen	27	41	33,356
Los Angeles	28	44	9,974,203
Madera	11	45	152,452
Marin	1	1	256,802
Mariposa	39	27	17,946
Mendocino	22	32	87,612
Merced	44	58	261,609
Modoc	20	37	9,335
Mono	3	15	14,193
Monterey	18	39	424,927
Napa	42	7	139,253
Nevada	24	13	98,606

RACE COUNTS

County Rankings

PERFORMANCE**Rank 1 = Highest Performance**

How well people are doing? How high are graduation, health insurance, and home ownership rates?

DISPARITY**Rank 1 = Highest Disparity**

How well are different racial groups doing compared to one another? Are graduation, health insurance, and home ownership rates similar across races or very different?

***RACE COUNTS County Types**

	RACIAL DISPARITY	PERFORMANCE
GAINS AT RISK	LOW	HIGH
STRUGGLING TO PROSPER	LOW	LOW
PROSPERITY FOR THE FEW	HIGH	HIGH
STUCK AND UNEQUAL	HIGH	LOW

Note: Overall performance and disparity rankings calculate data from 44 indicators identified by community organizers and literature reviews. Insufficient data to calculate disparity rankings for Alpine and Sierra Counties.

COUNTY*	DISPARITY	PERFORMANCE	POPULATION
Orange	29	19	3,086,331
Placer	37	2	361,518
Plumas	38	22	19,286
Riverside	40	46	2,266,899
Sacramento	50	31	1,450,277
San Benito	53	23	56,888
San Bernardino	31	54	2,078,586
San Diego	36	25	3,183,143
San Francisco	5	11	829,072
San Joaquin	35	52	701,050
San Luis Obispo	47	14	274,184
San Mateo	9	3	739,837
Santa Barbara	41	20	431,555
Santa Clara	32	8	1,841,569
Santa Cruz	26	10	267,203
Shasta	49	35	178,520
Sierra	N/A	6	3,019
Siskiyou	14	30	44,261
Solano	46	36	421,624
Sonoma	48	9	491,790
Stanislaus	21	48	522,794
Sutter	25	38	95,067
Tehama	51	43	63,284
Trinity	45	34	13,515
Tulare	43	49	451,108
Tuolumne	54	28	54,347
Ventura	10	18	835,790
Yolo	7	26	204,162
Yuba	52	57	73,059