



# ANNUAL EVALUATION REPORT

## 2021-22

Report preparation provided by:



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# First 5 Mono Highlights 2021-22

Each year, First 5 Mono summarizes information on the progress of each investment and related indicators from our Strategic Plan (indicated by reference number “SP”).

## Profile of Programs and Families



- **Investment:** In 2021-22, First 5 Mono invested \$906,363 across nine programs and systems building efforts.
- **Reach:** First 5 Mono served 1,873 individuals (duplicated), including 1,037 children, 792 parents and caregivers, and 44 providers. Child safety and home visiting programs, followed by Childcare Quality System, reached nearly 25% of county children ages 0-5 years.
- **Ethnic representation:** In terms of ethnicity, 48% of children and parents were Hispanic, 3% were African American, and 49% were White. First 5 Mono programs reached more families of color than in the general population, underscoring equitable program accessibility.
- **Geographic representation:** Over 75% of participating children came from Mammoth Lakes and Crowley Lake, proportionate to the number of kindergarten students living in these geographic locales.

## Improved Family Functioning



- **Home Visiting (Welcome Baby and Healthy Families):**
  - 271 individuals served, including 129 children and 154 parents, representing 37% of the county’s babies (SP#2), and 23% of county’s 0-5-year-olds (SP#3) accessed evidence-based home visiting services.
  - 90 home visited children (92% of all enrolled and eligible) received a developmental ASQ screening (SP#4a). Across both home visiting programs and the Child Quality Care System, 212 children received ASQ screening, representing 37% of county children ages 0-5 years (SP#4b).
  - 129 parents whose children participated in home visiting programs (100% of those enrolled) received referrals and parent education on the topics of child development and parenting (SP#14a). In total, 190 (33%) of county parents of children under age five engaged in First 5 Mono programs to improve knowledge, understanding, and engagement in their children’s development and physical and mental health (SP#14b).
  - 66 newborns were reportedly being breastfed as of their first month check-up, representing 88% of all newborns seen at Sierra Park Pediatric Clinic (SP# 15)
  - 242 children, representing 75% of all 0-5 children seen at Sierra Park Pediatric Clinic, had a good BMI (weight, accounting for height and age; SP#16).

## Improved Child Development



- **Quality Childcare:**
  - 514 individuals served, including 324 children, 154 adults, and 36 caregivers.
  - 66 children (53% of the 0-5 county population enrolled in licensed or license-exempt care and participating in the Childcare Quality System) were cared for in a licensed Childcare Center or a Family Childcare Home ranked as moderate-to-high on the quality index (SP#5).
  - 27 childcare providers and ECE educators participated in Quality Improvement Initiatives (SP#6a) and eight (30%) moved up on the Child Development Permit Matrix (SP#6b).

- 
- 265 children of childcare age, representing 47% of the 0-5 county children, had a licensed Center or a Family Childcare space available to them (SP#7).
  - 83 children in licensed ECE settings (66% of all enrolled and eligible) were screened for developmental delays (SP#4).
  - **Family Behavioral Health — Peapod Playgroups:**
    - 121 individuals were served, including 63 adults and 61 children, representing 11% of the 0-5 county population (SP#19). Services shifted from virtual (Facebook Live and Zoom sessions) to in-person, following the updated COVID 19 guidance, limiting in-person sessions to 10 families.
    - 63 parents of 61 children attending Peapod Playgroups (100% of enrolled families) received child-development and parenting education (SP#14c).
    - Of the 14 families who responded to the Parent Survey, 100% were satisfied with Peapod Playgroups (SP#1), including sessions meeting expectations, having knowledgeable facilitators, learning of helpful resources, and finding the program to be helpful as a parenting forum. Between 62% and 100% of parents strongly agreed that the program helped destigmatize seeking mental health care and/or provided information on local resources.
  - **School Readiness: Raising the Reader, Kindergarten and TK Round Up**
    - 87 children, representing 31% of the county population ages 3-4 years had a preschool slot available to them (SP#12).
    - 61 children, representing 59% of all incoming kindergarteners, had a formal early learning experience, like a preschool, Pre-K, or a Head Start (SP#8).
    - 76 children accessed early literacy activities through Raising the Reader, representing 30% of all children ages 0-5 years engaged in early literacy activities through First 5 Mono programs (SP#11a).
    - 263 children accessed early literacy activities through First 5 Mono programs, representing 46% of the 0-5 county population (SP#11b).
    - 101 parents, representing 94% of all families of kindergarten students in Mono County, engaged in Transition to School Activities such as Kindergarten and TK Round Up (SP#10).
    - 102 children, representing 99% of all incoming kindergarten students in Mono County, were assessed for Early School readiness (SP#13); of these, 52% were ready on kindergarten academic skills, and 60% were ready on self-regulation and social-expression skills and abilities (SP#9).
- 

## Improved Child Health



- **Oral Health Screenings:**
    - 205 children received an annual dental screening, representing 89% of all children seen at the Sierra Park Dental Clinic (SP#17a), and 36% of the county population ages 1-6 years (SP#17b).
    - The current number or percent of Mono County children with untreated dental problems at kindergarten entry are not year available (SP#18).
  - **Child Safety**
    - 83 children, representing 15% of the 0-5 county population were provided with a bicycle helmet through Safe Kids California – Mono Partners (SP#20).
-

# First 5 Mono Dashboard 2021-22

The following presents a high-level overview of First 5 Mono’s key strategic plan (SP) indicators. Progress is gauged based on whether the change from the previous year shows: a decrease of more than 5% = ●, no change or change within 5 %= ●, improvement by more than 5% = ●, or a sustained positive trend at or above 90%= ●. A detailed overview of how each indicator is measured is found in Appendix 1 — First 5 Mono Data Tracker.

Investment Area and Program	SP #	Strategic Plan Indicator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Direction
<b>Improved Family Functioning</b>							
<b>Home Visiting</b> – Welcome Baby – Healthy Families	2	Percent of children prenatal to age one in Mono County whose parents access Home Visiting.	67%	38%	48%	37%	●
	3	Percent of children prenatal to age five in Mono County whose parents access home visiting.	22%	30%	25%	23%	●
	4a	Percent of Home Visiting participants’ children ages six months to five screened for developmental delays.	90%	89%	81%	92%	●
	4b	Percent of children ages six months to five in Mono County screened for developmental delays.	35%	33%	23%	37%	●
	14a	Number of home-visited children in households where parents and other family members are receiving child development and parenting education.	148	207	113	129	●
	14b	Percent of Mono County children whose parents received child development, parenting education through Home Visiting and Peapod Playgroups.	39%	44%	18%	33%	●
	15	Percent of infants in Mono County with whom breastfeeding is initiated and sustained ( <i>Sierra Park Pediatrics</i> ).	86%	89%	85%	88%	●
	16	Percent of children ages 0-5 years in Mono County in the expected range of weight for their height and age ( <i>BMI; Sierra Park Pediatrics</i> ).	81%	76%	76%	75%	●
<b>Improved Child Development</b>							
<b>Childcare Quality</b> – Childcare Quality System	7	Percent of licensed Center and Family Childcare spaces per 100 Mono County children.	47%	46%	42%	47%	●
	5	Percent of children served in home childcare settings and childcare centers that exhibit moderate-to high-quality, as measured by a quality index.	91%	64%	67%	53%	●
	6a	Number of licensed childcare providers in Mono County participating in Quality Systems.	—	32	34	27	●
	6b	Percent of licensed childcare providers in Mono County advancing on the Child Development Permit Matrix.	0%	0%	15%	30%	●
	4	Percent of children in licensed early learning settings who are screened for developmental delays.	—	—	—	66%	N/A
<b>Family Beh. Health</b> – Peapod Playgroups	19	Percent of children aged prenatal to age 5 in Mono County served through Peapod playgroups.	18%	14%	3%	11%	●
	14c	Number of children in households where parents and other family members in Peapod Playgroups received child development and parenting education.	123	97	19	61	●
	1	Percent of parents who reported that Peapod Playgroups met their expectations.	100%	100%	100%	100%	●

Investment Area and Program	SP #	Strategic Plan Indicator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Direction
<b>School Readiness</b> – Early Literacy – Transition to School	12	Percent of age-eligible children in Mono County for whom a preschool slot is available.	71%	43%	32%	31%	●
	8	Percent of kindergarten students in Mono County who have ever attended a preschool, Pre-K, or Head Start program.	76%	87%	—	59%	Unavailable
	11a	Number of children aged birth to five in Mono County who accessed funded Early Literacy activities through Raising a Reader	177	127	61	76	●
	11b	Percent of children ages birth to five in Mono County who accessed funded Early Literacy activities through First 5 Mono programs (HV, Peapod, Raising a Reader).	47%	48%	27%	46%	●
	10	Percent of children in Mono County whose parents attended Transition to School activities (Kindergarten and TK Round Up).	73%	82%	57%	94%	●
	13	Percent of children in Mono County assessed for school readiness at kindergarten entry.	98%	98%	—	99%	Unavailable
	9	Percent of children in Mono County “ready for school” upon entering kindergarten.	51%	65%	—	52%	Unavailable
<b>Improved Child Health</b>							
<b>Oral Health</b> – Screenings	17a	Percent of children ages one or older who receive annual dental screenings ( <i>Sierra Park Pediatrics</i> ).	91%	92%	98%	89%	●
	18	Percent of children in Mono County who enter kindergarten with untreated dental problems.	33%	10%	—	—	Unavailable
<b>Child Safety</b> – Bike Helmets	20	Percent of children birth to five provided a safety helmet through Safe Kids.	31%	25%	5%	15%	●

# Introduction



## FIRST 5 MONO 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 five. 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:

- Monitor the 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.



First 5 Mono’s vision for all children 0-5 and their families in the county is that *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.*

To promote that vision, First 5 Mono’s mission is that *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.* 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 Strategic Framework on the following page describes the efforts funded in order to promote the mission and vision.

In FY 2021-22, First 5 Mono received revenue from First 5 California in the amount of \$345,706, which included tobacco tax allocations and Small Population County Funding Augmentations (SPCFA). Partner agencies like First 5 California, California Department of Education, and Mono County contributed additional funding. The 2021-22 Evaluation Report meets state and local requirements, and evaluates funded programs for the purposes of guiding quality improvement and fund allocation. Organized around three investment areas, this report includes descriptions of each funded program, status on relevant Strategic Plan 2019-2024 indicators, and conclusions.



# FIRST 5 MONO STRATEGIC FRAMEWORK

INVESTMENT AREA	STRATEGIC PLAN INDICATORS (#)	DESIRED RESULTS	VISION
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## Family Functioning

**Home Visiting**

- Welcome Baby
- Healthy Families

- Families engage in home visiting (#2, #3).
- Children in home visiting programs are screened for developmental delays (#4).
- Children’s parents receive child development and parenting education (#14).
- Children are breastfed (#15).
- Children are at healthy weight and height (#16).

## Child Development

**Childcare Quality**

- Childcare Quality System

- Children in early learning settings are screened for developmental delays (#4).
- Providers increase their qualifications (#6).
- Children are in high-quality settings (#5).

**Family Behavioral Health**

- Peapod Playgroups

- Children and their parents engage in playgroups (#19).
- Children’s parents receive child development and parenting education (#14).
- Parents report that Peapod Playgroups met their expectations (#1).

**School Readiness**

- Early Literacy
- Transition to School

- Families engage in early literacy activities (#11).
- Children attend preschool before entering kindergarten (#8)
- Families help prepare for kindergarten by attending transitional activities (#10).
- Children are ready for kindergarten (#9).

## Child Health

**Oral Health**

- Dental Screenings

- Children receive dental screenings (#17).
- Children enter kindergarten with no untreated cavities (#18).

**Child Safety**

- Bike Helmets

- Children are provided with bike safety helmets (#20).

**RESULT 1**  
Mono County children 0-5 are educated to their greatest potential.

**RESULT 2**  
All Mono County children 0-5 are healthy.

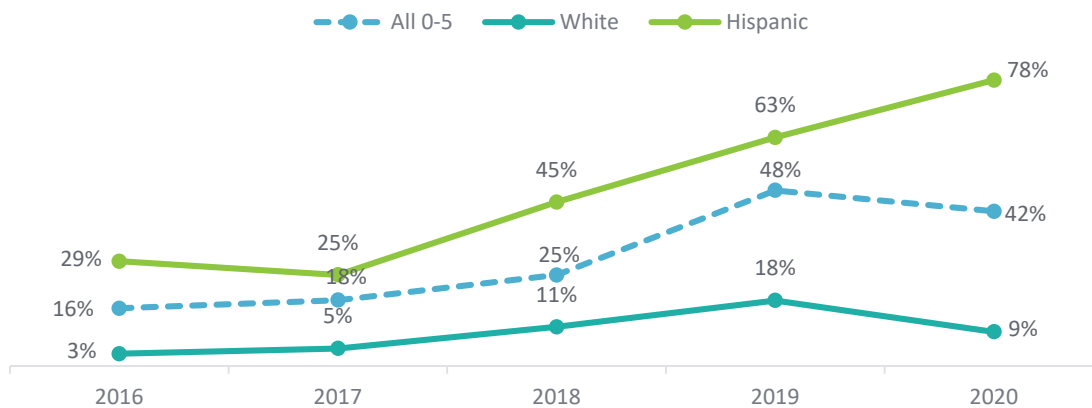
**VISION**  
All Mono County children will thrive in supportive, nurturing, and loving environments, enter school healthy and ready to learn, and be capable of reaching their full potential.

# Countywide Profile

A 2020 Race Matters report ranks Mono County as the third worst in the State on an equity index (see p. 52 of the State Report). This section seeks to illuminate the most potent issues of equity affecting the birth-to-five population in Mono County, as part of evaluation of First 5 Mono programs' efforts in addressing inequity in Mono County. The US Census Bureau estimates for Mono County show that the county population is fairly stable across the past five years. In 2021, the total population was 13,247, including 570 children between the ages of zero and five years.

**Childhood Poverty.** As of 2020, two in five Mono County children under the age of five years lived below the Federal Poverty level (FPL), which was \$27,479 for a family of two adults and two children (based on Census Data Poverty Thresholds, 2021). The level of childhood poverty in Mono County steadily increased between 2016 and 2019, reaching a high of 48% during the pandemic. However, by 2020 poverty rates dropped by more than 5%. Historically, the upward trend has been largely driven by the substantial increase in poverty of households with young Hispanic children. On average, Hispanic children were six times as likely to live below the FPL as their White peers. By 2020, the effects of the global pandemic further exacerbated financial well-being of Latino families, with a 15% increase in exposure to poverty recorded for this group. In comparison, the prevalence of poverty in White households with young children fell by half over the same time frame (see **Error! Reference source not found.**). All in all, Mono County childhood poverty rate of 42% for children 0-5 years of age is twice as high as the 17% CA prevalence rate.<sup>1</sup>

**Figure 1. Percent of County Children (0-5) Living in Poverty**

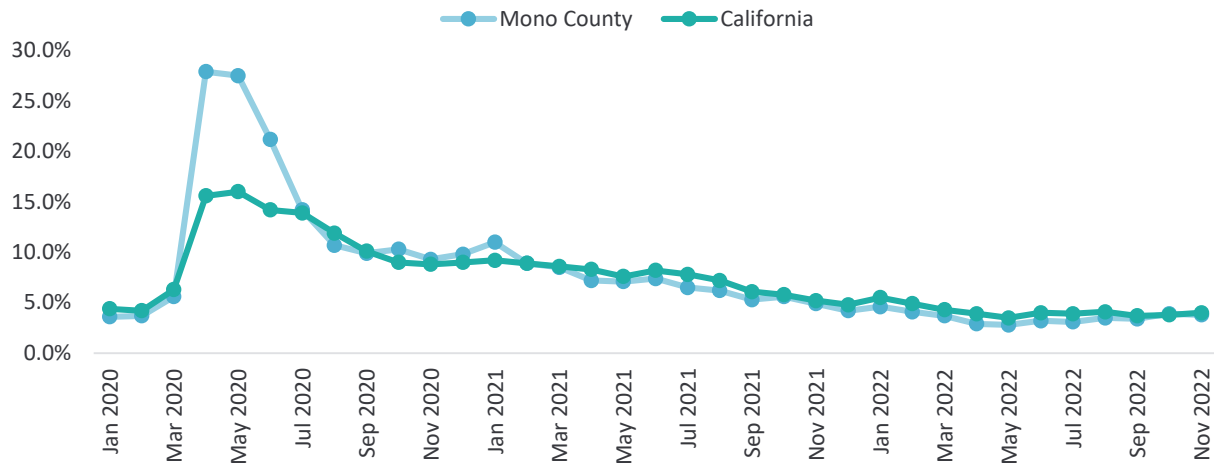


Source: US Census, American Community Survey, Tables B17020, B17020H, B17020I, five-year estimates.

**Unemployment.** As businesses reopened, the employment rebounded, with unemployment rates plummeting from a high of 28% in March of 2020 to below 4% in November of 2022 (see Figure 2). The current rate of unemployment in Mono county is comparable to statewide. As families returned to the workforce, their economic standing improved, particularly for White households. The Child Tax Credit further supported the economic recovery of families with young children in Mono County. However, families continued to struggle to find affordable housing and childcare and access to stable employment with a living wage.

<sup>1</sup> US Census Bureau. American Community Survey (ACS). Tables B17020. Poverty Status in the Past 12 Months by Age. 2020. 5-year estimates.

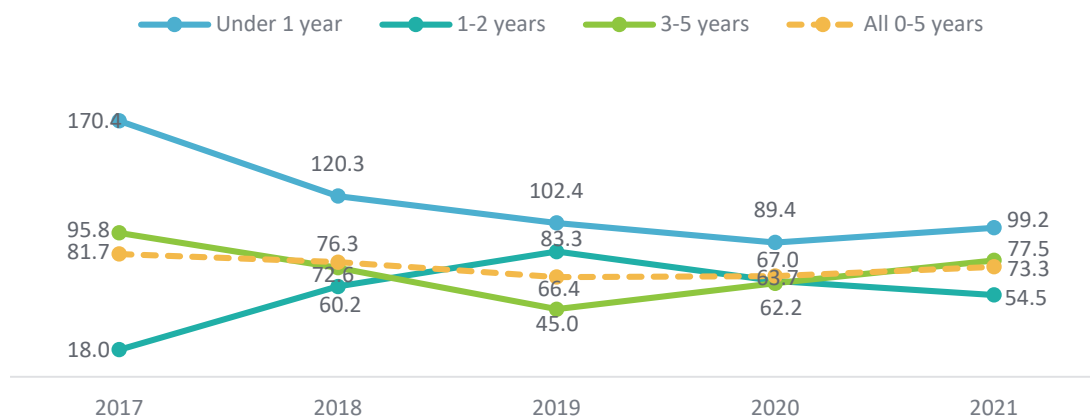
**Figure 2. Monthly Unemployment Rates, Since January 2020, County vs. California**



Source: Labor Market Information Resources and Data, California Employment Development Department. County Unemployment Rates, by Month. Years: 2020, 2021, 2022.

**Child Welfare.** Child abuse allegations generally followed a downward trend, decreasing from 82 children per 1,000 in 2017 to 67 per 1,000 in 2020. However, over the past year, child maltreatment allegations increased by nearly 10%, reaching 73 per 1,000 children in 2021. This prevalence rate is substantially higher than the current statewide rate of 46 per 1,000 children.<sup>2</sup> The past year’s increase in county prevalence rates is largely accounted for by the rise in allegations recorded for the 3-5-year-old group. This group saw a two-fold decrease in prevalence rates from 2017 to 2019, but that trend was reversed between 2019 to 2021, amounting to a loss of about half of the previous gains. The inverse of that trend was observed for the 1-2-year-old children, for whom the incidence rate of 18 per 1,000 children in 2017 climbed to a high of 83 per 1,000 in 2019, before falling to 55 per 1,000 in 2021. Children younger than one year had the highest incidence rate of 99 per 1,000 children, about half of the 2017 rate of 170 per 1,000 children.

**Figure 3. Incidence of Maltreatment Allegations per 1,000 County Children (0-5), by Age**

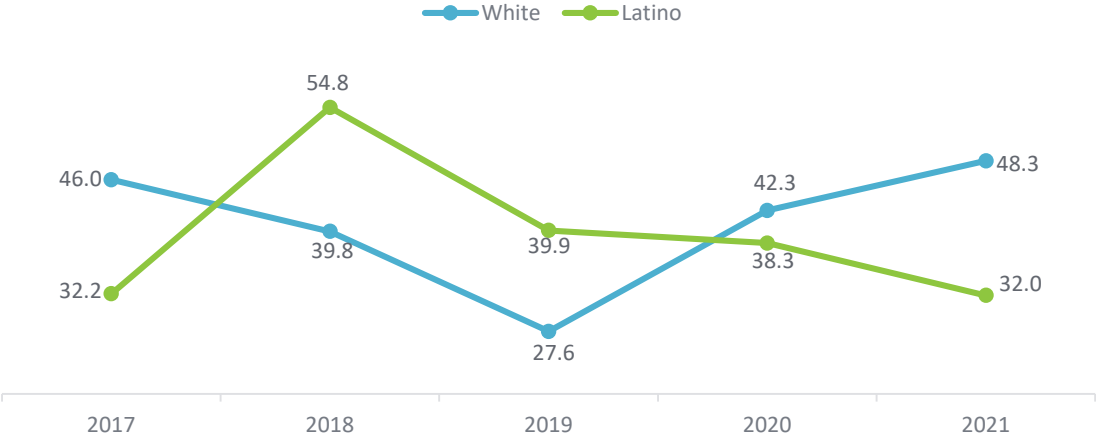


Source: California Child Welfare Indicators Project (CCWI). Child Maltreatment Allegation Rates by Age. Years: 2017-2021.

<sup>2</sup> California Child Welfare Indicators Project (CCWI). [Child Maltreatment Allegation Rates Dashboard](#). Years: 2017-2021.

In addition to child’s age, child maltreatment allegations rates vary by child ethnicity. Over the past five years, there was little stability in the prevalence of allegation rates between White and Latino children under the age of six years. In 2017, White children were about 10% more likely to have a record of child maltreatment allegations than Latino children. That trend reversed by 2018 and held through 2019, before reversing again in 2020-2021. Currently, the average prevalence of maltreatment allegations is 48 per 1,000 White children ages 0-5 years, exceeding the statewide rates of 46 per 1,000 children. In comparison, the allegations prevalence of 32 per 1,000 Latino children is below the current statewide rates.

**Figure 4. Incidence of Maltreatment Allegations per 1,000 County Children (0-5), by Ethnicity**



Source: California Child Welfare Indicators Project (CCWI). Child Maltreatment Allegation Rates By Ethnicity. Years: 2017-2021.

# Profile of First 5 Mono Programs and Clients

The Commission’s vision is that all county children reach their full potential. The efforts toward this vision require support and promotion of equitable access to services. To this end, 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. As part of the nationwide and local movements to build systemic equity, First 5 Mono staff took part in trainings with the focus shifting from individual to agency and community levels. To evaluate progress toward equitable accessibility of First 5 Mono programs, this report highlights demographic characteristics of First 5 Mono program participants.

## PROGRAM POPULATION SERVED AND EXPENDITURES

In FY 2021-22, First 5 Mono served 1,873 individuals (duplicated), including 1,037 children, 792 parents and caregivers, and 44 providers. The figure below presents a thumbnail of the number of children and adults served per First 5 Mono program, as well as the annual expenditures per program. Numbers for each program are unduplicated, but across programs numbers include duplicates unless otherwise noted. Note that the programs are categorized differently in the annual report to First 5 California than they are locally.

**Figure 5. Clients Served and Expenditures, by Program and Investment Area**

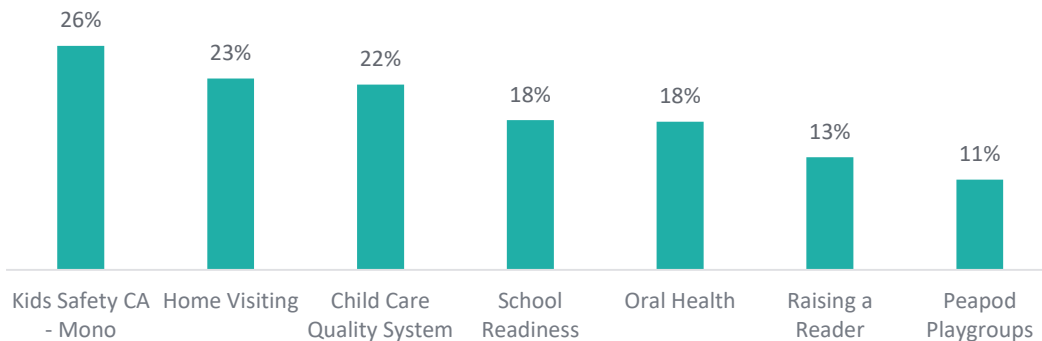
INVESTMENT AREA / PROGRAM	CHILDREN	CAREGIVERS	PROVIDERS	TOTAL	EXPENDITURE
<b>Family Functioning</b>	<b>137</b>	<b>215</b>	<b>7</b>	<b>359</b>	<b>\$97,784</b>
Home Visiting	117	154	—	271	\$436,801
Peapod Playgroups	61	63	—	124	\$44,037
Raising a Reader	76	152	7	235	\$53,747
<b>Child Development</b>	<b>532</b>	<b>267</b>	<b>37</b>	<b>836</b>	<b>\$327,236</b>
Impact/ Quality Counts California	324*	154	36	514	\$209,445
Preschool/ Childcare	5	7	1	13	\$106,084
School Readiness (transitional activities, kindergarten assessment)	101	106	—	207	\$10,687
Kindergarten readiness assessments	102	—	—	102	\$1,020
<b>Child Health</b>	<b>368</b>	<b>310</b>	<b>0</b>	<b>678</b>	<b>\$452,654</b>
Safety Education	151	156	0	307	\$5,987
Oral Health	100	—	—	100	\$9,866
<b>Strong Systems</b>					<b>\$28,689</b>
Systems Building (Early Identification and Intervention, Family Resiliency, Health Systems, Place-Based)	—	—	—	—	\$18,689
Direct Material Support	—	—	—	—	\$10,000
<b>TOTAL</b>	<b>1,037</b>	<b>792</b>	<b>44</b>	<b>1,873</b>	<b>\$906,363</b>

Source: First 5 Mono Annual Report to First 5 California (AR-1), FY 2021-2022. Note\*: Childcare Quality Systems counts include duplicated cases.

## PROGRAM REACH

Among the Commission-funded First 5 Mono programs, Safe Kids California reached over a quarter of Mono County families with children ages 0-5 years. Home visiting services served 23% of the population, and nearly as many (22%) were reached through Childcare Quality Systems, which included licensed Childcare Centers, Family Childcare Homes, and Family, Friend, and Neighbor providers. School readiness programs and oral health prevention and education programs engaged just under one in 5 Mono county families with children in this age group. Early literacy programs, such as Raising a Reader, supported 13% of county children under the age of 5 years. Finally, 11% of county children ages 0-5 years and their families engaged in developmental parent-child Peapod Playgroups.

**Figure 6. Percent of County Children (0-5) Reached by Each First 5 Mono Program**

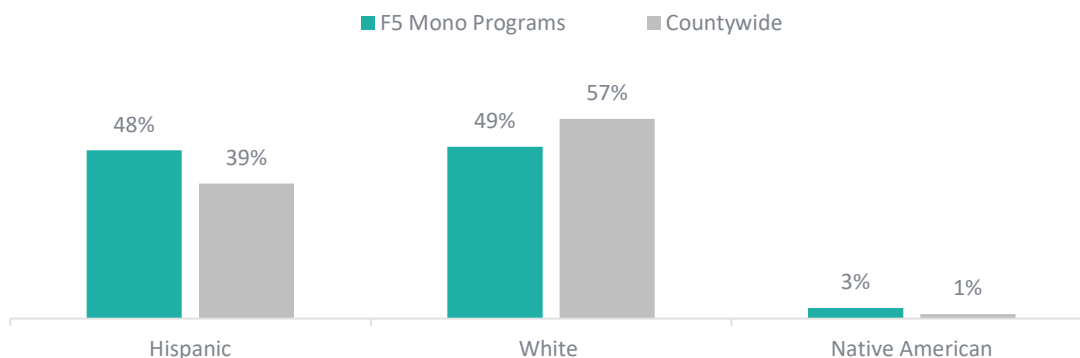


Sources: First 5 Mono programs participation records, FY 221-22. US Census Bureau Quickfacts: Population estimates for all residents (N= 13,247) and children 0-5 (N= 570 or 4.3%) in Mono County. Year: 2021.

## ETHNICITY AND LANGUAGE

In 2021-22, about half of First 5 Mono programs' child participants were Hispanic (48%), and another half (49%) were White, with only about 3% of Native American descent. In comparison to countywide racial-ethnic distribution of families with young children, First 5 Mono programs served about 10% more Hispanic families and nearly 10% fewer White families (2021-22 AR1 Report). However, compared to the same period in FY 2020-21, First 5 Mono served substantially more Hispanics (57%), compared to White (40%) families (2020-21 AR1 Report). In terms of language preferences, 78% spoke English and 22% spoke Spanish (2021-22 AR1 Report).

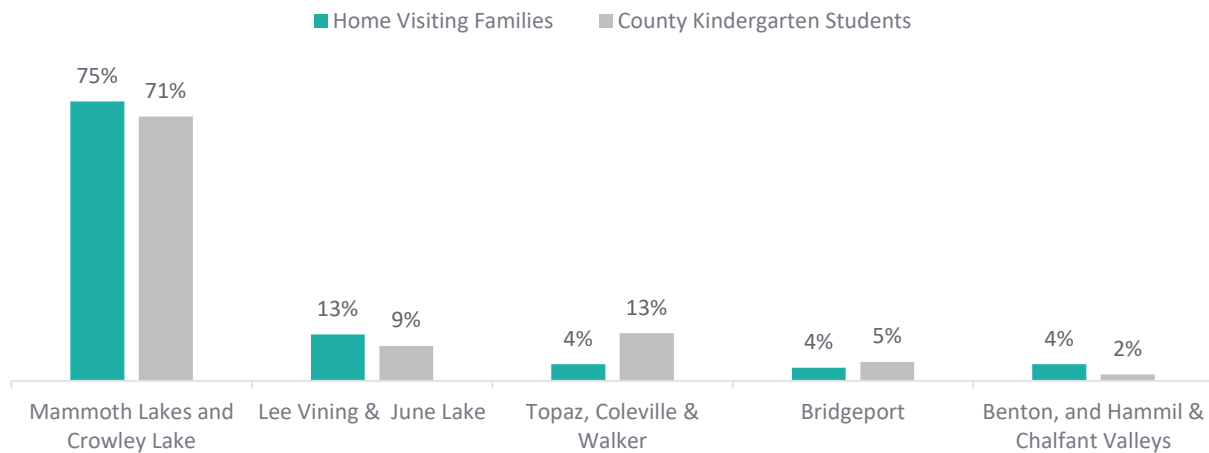
**Figure 7. Percent of County Children (0-5) Enrolled in First 5 Mono Programs, by Race and Ethnicity**



Sources: First 5 Mono Annual Report to First 5 California (AR-1), 2021-2022. N= 314 children; excludes clients with unknown race and ethnicity. County data for children 0-4: State of California, Department of Finance: Complete P-3 Race/Ethnicity and Sex by Age Projections for California and Counties, 2021-2022.

Moreover, to better understand if First 5 Mono programs are geographically equitable, the figure below compares the distribution of clients in home visiting services by location, compared to all kindergarten students. This comparison reveals that home visiting services reached a higher percentage of families in Mammoth Lakes and Crowley Lake, Lee Vining and June Lake, and, to some extent, in Benton, and the Hammil and Chalfant Valleys. In general, the distribution of services matches the distribution of kindergarten students across the county.

**Figure 8. Geographic Distribution of First 5 Mono Families Compared To County Kindergarten Population**



Sources: First 5 Mono home visiting programs participation records, FY 2021-2022. Kindergarten enrollment: School District records, FY 2021-2022.

# Improved Family Functioning

## HOME VISITING

### Program Overview

First 5 Mono funds home visiting services due to nationwide evidence, demonstrating the ability of home visiting programs to improve outcomes for children and families in areas of family functioning, prevention of child maltreatment, increased early literacy, and improved school readiness. The home visiting program funded by the Commission was **Welcome Baby! & Healthy Families**. This program followed *Parents as Teachers* curriculum, which provides an evidence-based model of service delivery. Through these services, families were offered between 12 and 24 visits per year, depending on families’ needs, or until their child was enrolled in preschool, transitional kindergarten, or kindergarten. Key curriculum activities targeting program goals were to:

- Provide culturally competent services in Spanish and English.
- Facilitate parents’ role as their child’s first and most important teacher.
- Conduct developmental screenings and refer families to early intervention programs.
- 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.
- Facilitate optimal family functioning.
- Decrease child abuse and neglect.

A Logic Model summarizing key activities, and expected outcomes is as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> <li>• Funding</li> <li>• Four part-time home visitors, one full time</li> <li>• Program funding and administration</li> <li>• Community participation</li> </ul>	<ul style="list-style-type: none"> <li>• Home visits with families and providers</li> <li>• Monthly staff meetings</li> <li>• Data collection and input</li> <li>• Recruiting and training</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percent of children 0-1 and 0-5 accessing home visiting services (SP#2 and 3)</li> <li>• Number and percent of home-visited and county children (six mo.-five years) screened for developmental delays (SP #4a, b)</li> <li>• Number and percent of home-visited and county children (0-5) in households where parents and other family members are receiving child -development and parenting education and information about appropriate community services (SP #14a, b)</li> <li>• Number and percent of children where breastfeeding is successfully initiated and sustained at one mo. well-child check-up (SP#15)</li> <li>• Number and percent of children with the expected BMI (SP#16a, b)</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access to early intervention services for families and children 0-5</li> <li>• Improved screening and intervention for developmental delays, disabilities, and other special needs in children 0-5</li> <li>• Improved parental knowledge, understanding, and engagement in promoting their children’s development and physical and mental health</li> <li>• Improved access to health care services and community resources for children 0-5 and their families</li> <li>• Increased infant breastfeeding rates</li> <li>• Improved physical health</li> <li>• Improved school readiness</li> </ul>



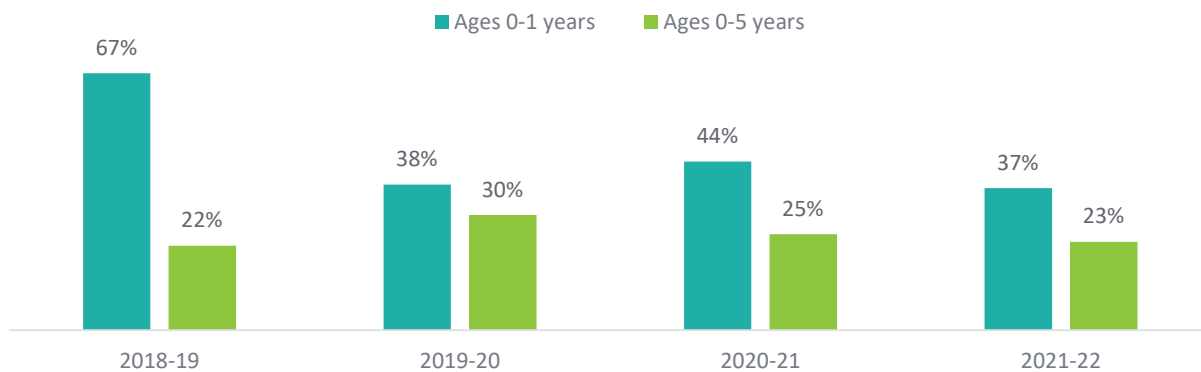
### Child and Family Access To Home Visiting Services (SP#2 and 3)

Mono County families are referred to the First 5 Mono home visiting program through a variety of sources, such as childcare providers, Mammoth Hospital’s Women’s Clinic, and Northern Inyo Hospital’s Labor and Delivery department. In 2020, First 5 Mono was awarded the Home Visiting Coordination Grant from First 5 California, which allowed to expand the existing community referral network. As a result, starting in FY 2020-21, referrals from the Women’s clinic increased the proportion of infants under 12 months of age who were referred to home visiting services, from 38% to 44%.

Status:  
**Decreasing (SP#2)**  
**No change (SP#3)**

**Status:** In FY 2021-22, 271 individuals, including 129 children and 154 parents accessed evidence-based home visiting services. In terms of program reach in FY 2021-22, the enrollment rates for infants referred through the Women’s Clinic dropped from 44% to 37% but continued to exceed the enrollment rates of children from birth to five years of age referred through other sources. To an extent, this drop in the numbers of participating families followed a downward trend in births rates over the past five years. Post-pandemic, there was a nearly 10% drop in infants who were less than one year old accessing home visiting services. In contrast, the proportion of all children ages 0-5 years did not fluctuate as much. There was a 5% drop in home visiting enrollment in this age group over the course of the COVID-19 pandemic, which leveled out at 23% by FY 2021-22. All in all, compared to last year, program reach did not change substantially.

**Figure 9. Percent of County Infants and Children (0-5) Enrolled in First 5 Mono Home Visiting Programs**



Sources: First 5 Mono home visiting programs participation records. Years: 2018-2022. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County. Years: 2018-2021.

### Children Screened for Developmental Delays (SP#4a and 4b)

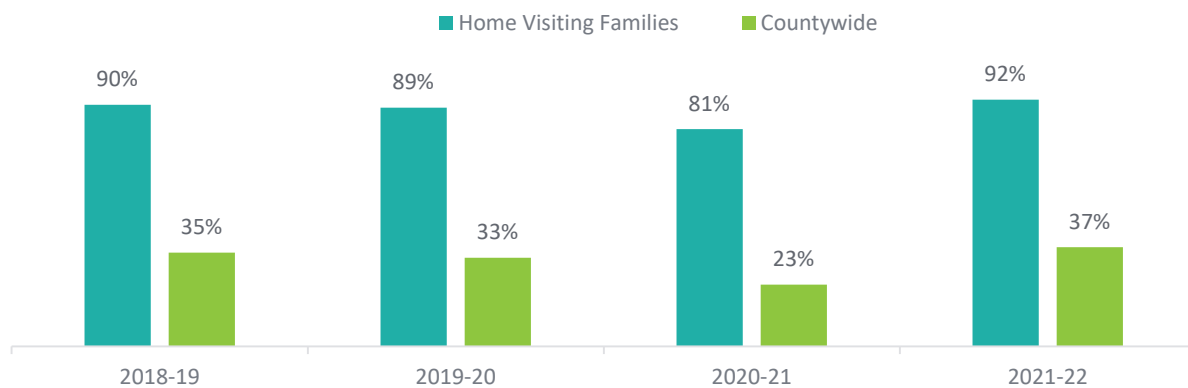
One of the goals of First 5 Mono programs is the promotion of universal developmental screening of young children, recommended by the American Academy of Pediatrics (AAP). Early screening is essential to prevention and early identification of potential developmental delays and disabilities, as well as linkage to early intervention services for young children, to improve long-term outcomes. Consequently, the Commission supported developmental ASQ (Ages and Stages) screening in First 5 Mono home visiting programs, as well as in licensed early learning settings. Participating children were screened if they were between six months and five years of age and were not already receiving special services.

Status:  
**Increasing (SP#4a and b)**

**Status:** In FY 2021-22, 90 home-visited children (92% of all enrolled) and 212 children countywide (37% of the 0-5 population) received ASQ screening. All in all, the proportion of children who received a developmental

screening as part of the home visiting services was relatively high. Prior to the pandemic, close to 90% of all children of the qualifying age and enrolled in home visiting services received ASQ screenings and were directed to local resources and services for the identified needs or concerns. During the FY 2020-21, there was a slight drop in screenings to just over 80% of all eligible children, which likely reflected the COVID-19 pandemic restrictions for in-person activities. However, by FY 2021-22, the screening rate increased and slightly surpassed the pre-pandemic rates, with 92% of eligible children in home-visiting programs being screened. First 5 Mono home visiting program’s efforts were also successful in promoting universal developmental screenings among Mono County children. The total proportion of county children ages 0-5 years who received an ASQ developmental screening has increased by 15%, reversing last year’s 10% drop in screening due to the global pandemic. All in all, in 2021-22, over one-third of all county children (37%) of the qualifying age received a developmental screening, which is more than a 5% increase compared to last year.

**Figure 10. Percent of Home-Visited and County Children (Six Months to Five Years) with ASQ Screens**



Sources: Data for children screened in home-visiting programs: First 5 Mono home visiting programs participation records. Years: 2018-2022. Data for children screened countywide: First 5 Mono home visiting program participation records and childcare quality system records. Years: 2018-2022. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County. Years: 2018-2021.

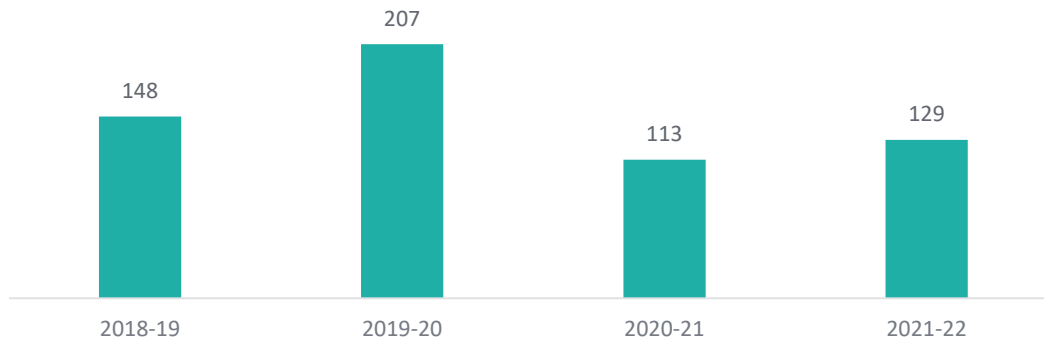
### Caregiver Access to Child Development and Parenting Education (SP#14a and 14b)

Among the Commission-funded First 5 Mono programs, two offer parenting education.

Status:  
**Increasing**  
**(SP#14a and b)**

**Status (SP#14a):** In FY 2021-22, all 129 parents enrolled in home visiting services for infants and children under the age of five years received child development and parenting education. Over the past five years, 150-200 parents, representing two-thirds of families (68%) participating in First 5 Mono programs accessed parenting education through home visiting services. Over the pandemic, enrollment in both First 5 Mono programs with a parent education component dropped considerably, with Peapod Playgroups participation falling by 80%, due to the pandemic-related restrictions, and engagement in home visiting services falling by half, as the program transitioned to virtual services. This uneven drop in enrollment translated to over 90% of First 5 Mono parents receiving education through home visiting services. In FY 2021-22, as pandemic restrictions on playgroups participation were rolled back to a large degree, the proportion of parents accessing child development and parenting education through home visiting services returned to the pre-pandemic levels of 68%. All in all, the reach of parenting education through home-visiting services represented a 12% increase, in excess of the 5% difference indicating improvement.

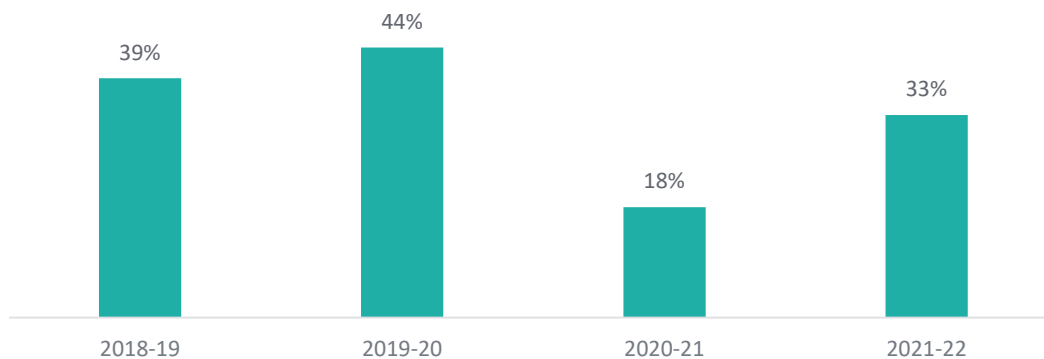
**Figure 11. Number of Home-Visited Children (0-5) Whose Parents Received Parent Education**



Source: First 5 Mono home visiting programs participation records. Years: 2018-2022.

**Status (SP#14b):** In FY 2021-22, a total of 129 parents enrolled in home visiting services and 63 parents of 61 children who attended Peapod developmental parent-child playgroups accessed parenting education, representing 33% of the county families with children ages 0-5 years. In terms of the countywide trends, between 250 and 300 children were enrolled in home visiting or Peapod Playgroups programs in recent years, with 100% of participating parents receiving education on the topics of child development and parenting. In 2018-2020, these families represented 39-44% of all Mono county households with children ages 0-5 years. During the pandemic, the number of parents whose children were enrolled in First 5 Mono programs with a parent education component dropped by nearly two-thirds, to 124 children, representing just 18% of all county population of children in this age group. However, over the past year the enrollment rates rebound to 178 children, or 33% of the county families, where parents received parenting education from one of the two corresponding First 5 Mono programs. This rate represents a greater than the 5% increase in parents accessing parenting education.

**Figure 12. Percent of County Children Whose Parents Received Parent Education through First 5 Mono**



Sources: First 5 Mono home visiting programs participation records and Peapod playgroup program participation data. Years: 2018-2022. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County. Years: 2018-2021.

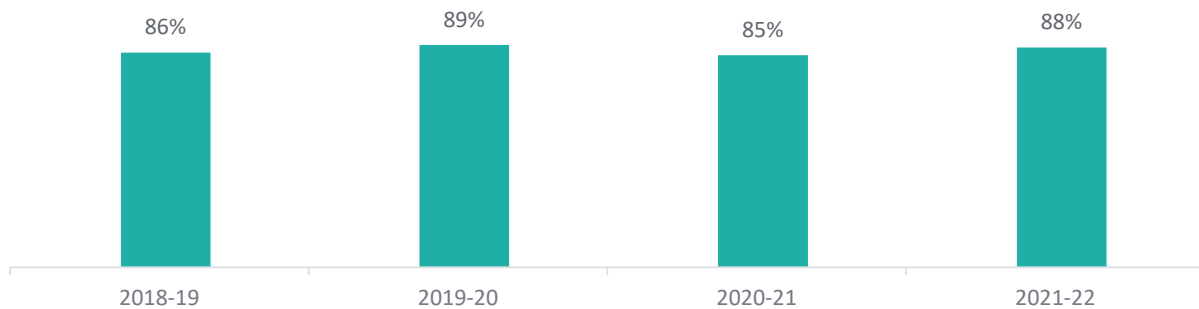
### Breastfeeding Status of Infants in Mono County at their first month's health check-up (SP#15)

The benefits of breastfeeding are widely known, ranging from boosting the infant's health to strengthening the caregiver-child bond. Therefore, encouraging breastfeeding was a steady goal of First 5 Mono programs over the past five years. The information on the initiation and continued breastfeeding was collected at Sierra Park Pediatrics during routine well-child check-ups when infants were around one month old.

Status:  
No change

**Status:** In FY 2021-22, 66 or 88% of all children seen at the clinic were breastfed. This is comparable to the generally high breastfeeding rates registered between 2018 and 2022, which ranged between 86% and 89% during the pre-pandemic years. In 2021-22, breastfeeding rates among Sierra Park Pediatric families were at a comparable level of 88%, following a brief dip to 85% over the pandemic. Compared to last year, the rate of increase in breastfeeding did not exceed 5%, yielding no change on this indicator. However, it's worth noting that the current prevalence of breastfeeding is already close to the maximum value of 100%, with little room for improvement.

**Figure 13. Percent of Infants at Sierra Park Pediatric Clinic Breastfed (First Month's Health Check-Up)**



Source: Sierra Park Clinic, Pediatric Records. 2018-2022.

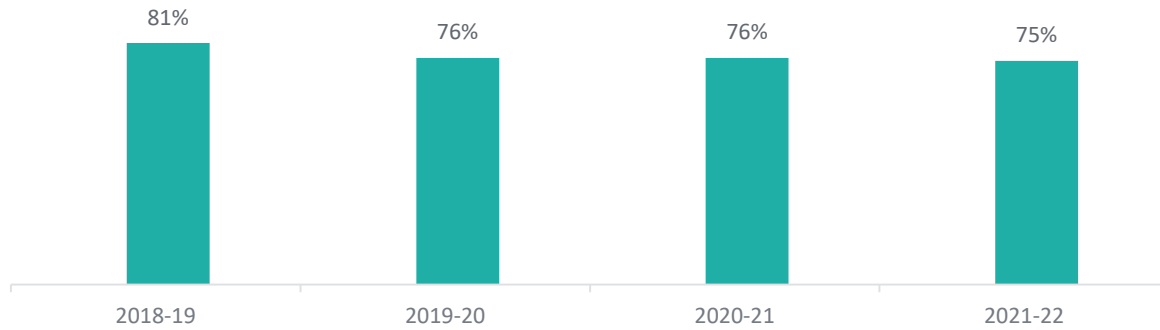
### Physical Health and Development of Children (SP#16)

Another indicator of child health is their Body Mass Index (BMI), which is an expression of the child's weight, accounting for their height and age. Sierra Park Pediatrics reported on children's BMI collected during their well-child check-ups.

Status:  
No Change

**Status:** In FY 2021-22, 242 or 75% of all children seen at the clinic had a BMI in the expected range. This is within the 5% range of the estimates across the past five years. However, the time trend is showing a slight decline over time, from 81% in FY 2018-19 to 76% in FY 2020-21. This fluctuation does not present an acute concern but suggests that monitoring should be continued. Stability in the 75-76% rates between the last and the current fiscal years suggest that there was no change in this indicator within the 5% range.

**Figure 14. Percent of Children (0-5) at Sierra Park Pediatric Clinic with the BMI in the Expected Range**



Source: Sierra Park Clinic, Pediatric Records. 2018-2022.

### Home Visiting Programs Progress Summary

In FY 221-22, home visiting programs' performance was on par or better than in the previous year. Specifically, at least as many children and families had access to early intervention services through home visiting programs as last year. Considerably more children (as many as 37% of all eligible county children) were screened and linked to services for developmental delays, disabilities, and special needs. More families gained access to parent education through home visiting and other First 5 Mono programs, reaching a third of all county households with children ages 0-5 years. Physical health indicators continued along the positive trajectory. Breastfeeding rates remained high, with 88% of all monitored infants reportedly breastfed, whereas concerns of children being overweight or obese stayed low, affecting less than 15% of all monitored children. Consequently, the Commission will continue to fund Welcome Baby and Healthy Families through fiscal year 2022-23, with the goal continued improvement in the quality and frequency of services, as prescribed under the evidence-based home visiting service model. These efforts are made possible with the generous funding support of First 5 Mono partners:

- The Mono County Board of Supervisors
- Department of Social Services
- First 5 California's Small Population County Augmentation grant
- The Mono County taxpayers

# Improved Child Development

## CHILDCARE QUALITY SYSTEM

Studies show that participation in early learning promotes physical activity, socialization and language skills, development of self-regulation, and early literacy in young children, which relate to greater school readiness and later, to higher academic achievement. Moreover, for children from disadvantaged backgrounds, early learning settings play a protective role, improving their ability to relate to others and scaffolding their social-emotional and early academic skills. However, these positive links between Childcare and early learning experiences, and later positive child outcomes, are predicated on the high quality of Childcare settings.

Therefore, access to quality Childcare and early childhood education remains a top priority for First 5 Mono. In particular, the Commission supports Quality Counts/Improve and Maximize Programs so All Children Thrive (IMPACT) initiative, funded through First 5 California and First 5 Mono. This initiative aims to provide training, coaching, stipend, professional development opportunities, and to support *childcare providers*:

- 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 childcare providers

Next, to support *state preschool sites* and *facilities serving infants and toddlers*, the Quality Rating and Improvement System (QRIS) and the Department of Education Child State Preschool Programs (CSPP) QRIS Block Grants were used:

- To fund site-specific professional development opportunities for childcare providers
- To support provider understanding of the importance, requirements, and strategies, to deliver quality Childcare and early childhood education (ECE)

Moreover, to improve reach and tracking of sites participating in quality childcare and early learning initiatives, First 5 Mono supported the *Training and Technical Assistance Hub*.

- To support regional (e.g., in Alpine, Inyo, and Mono Counties, defined under "Region 6") accessibility and engagement of childcare providers in Childcare Quality Improvement initiatives
- To provide a medium for communication and coordination of Hub activities by contracting Viva
- To support tracking capabilities for sites' participation in quality-improvement initiatives by contracting with iPinwheel database

Finally, to expand service capacity, the Federal Community Development Block Grant (CDBG) was used to fund childcare services provided by the Eastern Sierra Unified School District.

All in all, 36 providers, serving 324 children (duplicated counts) participated in the Childcare Quality System in FY 221-22. The section below offers an overview of the overall availability of childcare spaces to Mono County children of preschool and childcare age; proportion of children provided with moderate-to high-quality childcare; number of licensed childcare providers and ECE educators who participated in the Childcare Quality System, improved their rating, or obtained a Child Development Permit; and the proportion of county children who received an ASQ developmental screening at one of the licensed sites participating in the Childcare Quality System.

A detailed Logic Model summarizing key activities and expected outcomes presented in this section, as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> <li>Funding</li> <li>Staff time to plan and execute programs</li> <li>Program funding and administration</li> <li>Community participation</li> </ul>	<ul style="list-style-type: none"> <li>IMPACT/ Quality Counts to support childcare providers</li> <li>QRIS and CSPP QRIS Block Grants to support sites serving children ages 0-2 and 3-5</li> <li>Training and Technical Assistance Hub, to support Region 6 and Spanish-speaking sites, and data tracking</li> <li>CDBG grant to support expansion of childcare capacity</li> <li>Data collection</li> </ul>	<ul style="list-style-type: none"> <li>Number and percent of county children 0-5 for whom childcare space is available (SP#7)</li> <li>Number and percent of children accessing moderate-to high-quality childcare. (SP #5)</li> <li>Number of providers/ ECE educators participating in Childcare Quality System. (SP #6a)</li> <li>Number and percent of providers/ ECE educators moving up on the Child Development Permit Matrix (SP#6b)</li> <li>Number and percent of children in licensed Childcare Quality System settings receiving ASQ screening (SP#4)</li> </ul>	<ul style="list-style-type: none"> <li>Increase in licensed childcare availability to county children 0-5</li> <li>Improved access to quality childcare for children 0-5</li> <li>Increase in childcare providers participating in Quality Improvement Initiatives</li> <li>Improved screening and intervention for developmental delays, disabilities, and other special needs at early learning sites</li> </ul>

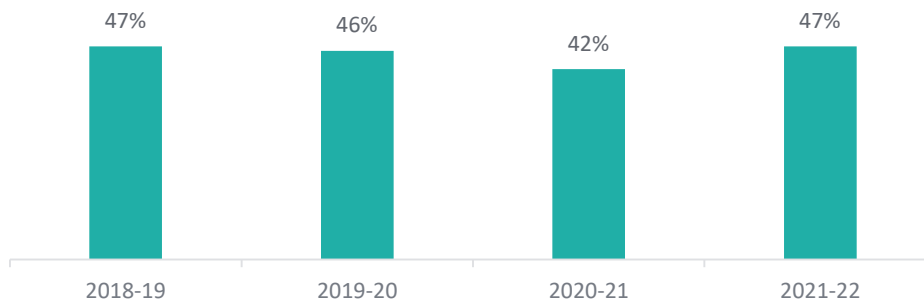
### Availability of licensed Center and Family Childcare spaces to County children (SP#7)

The childcare spaces reported in this section included slots intended as short-term care for non-residents through Mammoth Mountain and slots at Mountain Warfare Training Center Child Development Center for children whose parents are in the military.

**Status:**  
**Increasing**

**Status:** In 2021-22, 265 or 47% of all county children of ages 0-5 years had a space in a licensed Center or a Family Childcare Home, available to them. This figure is however misleading since over 100 slots are reserved for families in the Military and there are not that many children who qualify and locals are not able to use the short-term care through the Ski resort due to high cost. The five-year trend in childcare capacity showed stability, hovering at nearly 50%. FY 2020-21 presented an exception, as licensed childcare capacity was restricted to contain the spread of COVID-19, resulting in just 42% of children having a childcare space that year.

**Figure 15. Percent of County Children (0-5) for Whom a Licensed Slots Is Available**



Sources: Inyo Mono Advocates for Community Action (IMACA) Resource and Referral and Alternative Payment Programs and California Childcare Network. Childcare Portfolio Reports. Years: 2018-2022.

**Proportion of county children served through licensed and licence-exempt Childcare Centers and Family Childcare Homes ranked as moderate-to-high on the Quality Index (SP#5)**

**Status:**  
**Decreasing**

Given the high priority that First 5 Mono placed on supporting quality initiatives, childcare and ECE sites participating in the Childcare Quality System were monitored for quality improvement. Consequently, local licensed Childcare Centers and Family Childcare Homes were formally rated on the Quality Index, where a rating of 3 represented acceptable, 4 – moderate, and 5 – excellent quality of care. The quality was considered acceptable if a childcare facility received a rating between 3 and 5.

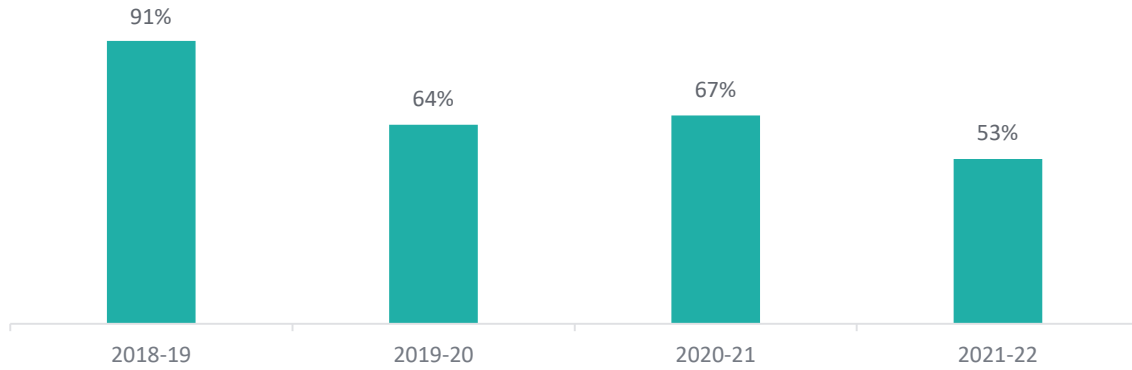
**Status:** In FY 2021-22, 66, or 53% of children were cared for in licensed childcare or early learning settings ranked as moderate-to-high on the quality index. This is the lowest prevalence since FY 2018-19, when over 90% of children were cared for in Tier 3, 4, or 5 childcare settings.

The downward trend was briefly reversed in FY 2020-21, but continued over the past year, with a 14% decline in children attending moderate-to-high-quality licensed childcare settings in Mono County. This reverse in the positive trend is likely linked to the state funding prioritization of quality improvement activities over quality rating, which translates to fewer providers choosing to be rated. In FY 2021-22, 67% of children were cared for by a provider ranked as moderate-to-high on the Quality Index, a drop of more than 5%, compared to last year, indicating a decrease, rather than an increase rate of 5% or more.

	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



**Figure 16. Percent of County Children (0-5) Enrolled in Centers and Family Childcare Homes Ranked from Moderate to High on the Quality Index**



Sources: Site ratings and Childcare Quality System participation records. Years: 2018-2022. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County. Years: 2018-2021.

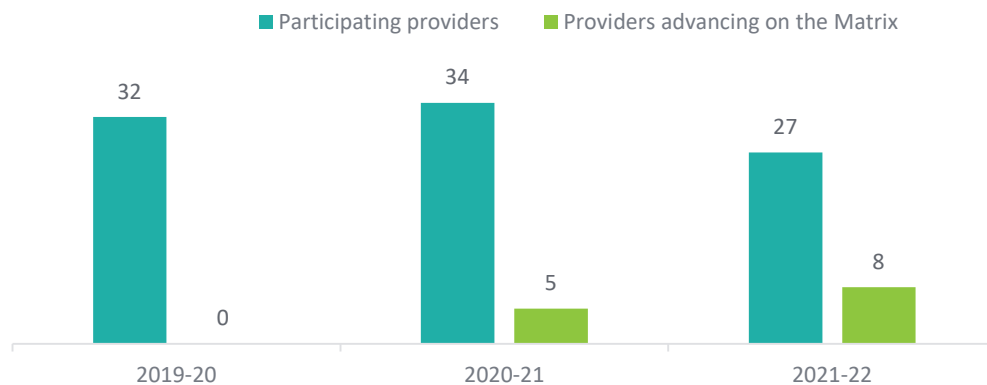
### Licensed childcare providers and ECE educators participating in Childcare Quality System and advancing on the Child Development Permit Matrix (SP#6a & 6b)

Providers participating in the Childcare Quality System and wishing to improve their Quality Index rating or to obtain a child development permit received support through the Workforce Development Grant, disbursed through the Mono County Office of Education.

Status:  
Decreasing (SP#6a)  
Increasing (SP#6b)

**Status:** In FY 2021-22, 27 providers and ECE educators participated in Childcare Quality System, and eight of them (30%) advanced on the Child Development Permit Matrix. In comparison, in 2019-20 there were 32 childcare providers participating in Quality Counts, and slightly more (34) in 2020-21. However, two of the sites closed doors during that year, bringing the current number of providers to 27. Nonetheless, considerable progress was made over the past year in terms of childcare providers and early learning educators’ advancement on the Child Development Permit Matrix. In FY 2020-21, a total of five providers and early childhood educators, representing 15% of providers who participated in Childcare Quality System, obtained a Child Development permit or a higher permit level. In comparison, this number grew to eight in the current fiscal year, which represents 30% of all providers participating in Quality Systems. The rate of increase over the past year added up to 15%, surpassing the increase rate of 5% on this indicator.

**Figure 17. Number of County Childcare Providers and ECE Educators Participating in Childcare Quality System and Advancing on the Child Development Permit Matrix**



Source: Childcare Quality System participation records. Years: 2019-2022.

### Children in ECE settings who are screened for developmental delays (SP#4)

In previous years, this indicator reported on children who received ASQ screening in licensed and alternative early-learning settings, including children cared for by friend, family, and neighbor and other non-licensed providers, as well as children served in First 5 Mono home visiting programs. This year, the indicator is limited to children served in licensed childcare and early-learning settings.

Status:  
N/A  
 (indicator changed)

**Status:** In FY 2021-22, 83, or 66% of all children in licensed childcare and ECE settings received ASQ screening for developmental delays. Comparison data from previous years are not available due to the indicator change. However, this year, 122 children were screened across all Childcare Quality System sites, including alternative settings, compared to 110 children last year. This brings the total number of county children screened for developmental delays to 212, or 37% of the 0-5 county population (see SP#4b).

## Child Quality System Progress Summary

In FY 2021-22, First 5 continued to actively participate in Childcare Quality Improvement Initiatives through sustained collaboration with the Mono County Childcare Council. As a result of First 5 Mono and partners' efforts to support initiatives seeking to increase the number of childcare slots in Mono County, advocate for county regions showing the greatest need, and facilitate application for CDBG funds, the number of licensed childcare slots available to children in Mono County have increased, compared to the previous year. To increase childcare quality, First 5 Mono staff continued to offer teacher-specific coaching based on classroom observations, conduct observations, and sites rating. Nevertheless, the proportion of children accessing high-quality care somewhat decreased, as providers are not sufficiently incentivized to get rated on the Quality Index. Despite fewer providers participating in the Childcare Quality System this year, a greater proportion of these providers increased their rating or obtained a Child Development Permit. Moreover, children in licensed childcare settings continued to receive developmental screenings and referrals for the identified needs and concerns.

Given the overall success in leveraging First 5 California and California Department of Education funds for promoting developmental screenings and collaborating with local providers to maintain and increase childcare quality, as well as the continued need for investment in increasing the number of sites rated on the quality index, the Commission will continue to invest in Childcare Quality System. These efforts are made possible with the generous funding and programmatic support of First 5 Mono partners:

- Mono County Office of Education's Local Planning Council (the Mono County Childcare Council)
- Mono County Office of Education's local Resource and Referral and Alternative Payment programs
- Cerro Coso's Child Development Department and partners in Alpine and Inyo Counties

## FAMILY BEHAVIORAL HEALTH — PEAPOD PLAYGROUPS

A critical goal of First 5 Mono is the support of the family's behavioral health, which is an umbrella term that incorporates mental health and emotional well-being. Behavioral health also translates to healthy family dynamics and close parent-child relationships, which are key components to a positive home environment, supporting healthy growth and development in young children.

This goal is addressed through the First 5 Mono Peapod Playgroups program, which provides parents with education on child development and positive parenting strategies and fosters parent-child closeness by engaging parent-child dyads in joint family activities during playgroups. Playgroups sessions were held once a week for the duration of 10 weeks in the following communities: Walker, Bridgeport, Mammoth Lakes, Crowley Lake, and Chalfant. The main objectives of the Peapod Playgroups were:

- To decrease isolation among rural families by providing parents and children an opportunity to socialize with other parents and children of similar ages
- To encourage parents in supporting early literacy and school readiness in their children
- To decrease stigmatization associated with seeking behavioral health services
- To link families to community services based on their needs and concerns

A detailed Logic Model summarizing key activities and expected outcomes presented in this section, is as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> <li>Funding</li> <li>Playgroup leaders' time to plan and execute the program</li> <li>Program funding and administration</li> <li>Community participation</li> </ul>	<ul style="list-style-type: none"> <li>Conduct playgroups sessions</li> <li>Provide parent education</li> <li>Provide referrals to community mental health services</li> <li>Data collection and input</li> <li>Recruitment and training</li> </ul>	<ul style="list-style-type: none"> <li>Number and percent of children served through Peapod Playgroups (SP#19).</li> <li>Number and percent of children in households where parents and other family members are receiving child-development and parenting education through Peapod Playgroups (SP #14c)</li> <li>Percent of parents satisfied with Peapod Playgroups' curriculum and delivery (SP #1)</li> </ul>	<ul style="list-style-type: none"> <li>Increased access to positive parent-child activities and parenting support.</li> <li>Improved parental knowledge, understanding, and engagement in promoting their children's development and physical and mental health.</li> <li>De-stigmatization of mental health and mental health care</li> <li>Improved access to mental health care for families of children 0-5.</li> </ul>

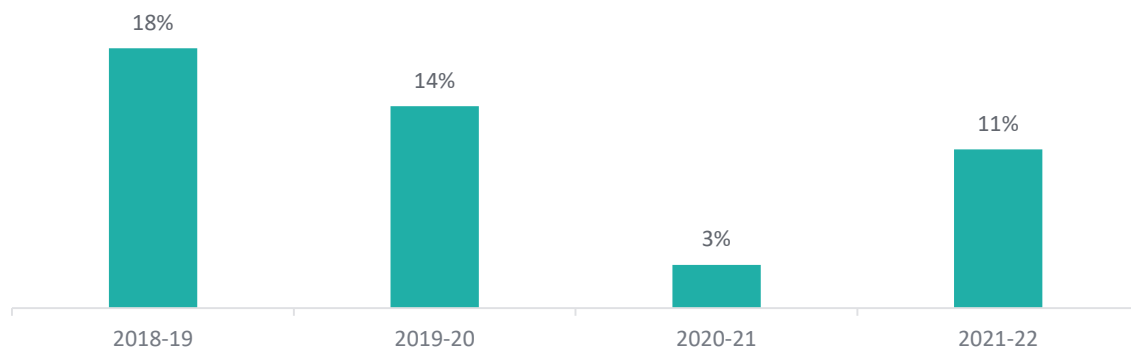
### Children (0-5) served through Peapod Playgroups (SP#19)

In FY 2020-21, following the Health Department guidance, Peapod Playgroups restricted family participation to three, and later, five families per session. At that time, the program largely transitioned to virtual Zoom and Facebook Live sessions. This year, Peapod Playgroups resumed in-person sessions, however, following the current Health Department guidance, participation is still limited to 10 families per session.

Status:  
**Increasing**

**Status:** All in all, Peapod Playgroups served 61 children and 63 adults over the 2021-22 fiscal year. Participation in Peapod playgroups somewhat declined over the past five years, from 18% in FY 2018-19 to 11% in FY 2021-22. The largest drop in participation occurred over the FY 2020-21, when, at the height of the global pandemic, the Health Department issued a guidance, limiting participation to three families per session. Program staff and coordinators made efforts to transition the program to virtual participation. Although interactive virtual playgroups were in demand, with 3,905 views of live program Facebook feed, this modality did not work for all families. Subsequently, participation in that year declined from 14% to just 3%, not counting children participating in live virtual sessions. In FY 2021-22, as restrictions on in-person activities were rolled back to 10 families per session, the enrollment rates grew to 11%, just below the program's pre-pandemic participation rates. Compared to last year, the increase in participation amounted to 8%, exceeding the 5% rate of increase for this indicator.

**Figure 18. Percent of County Children (0-5) Served Through First 5 Mono Peapod Playgroups Program**



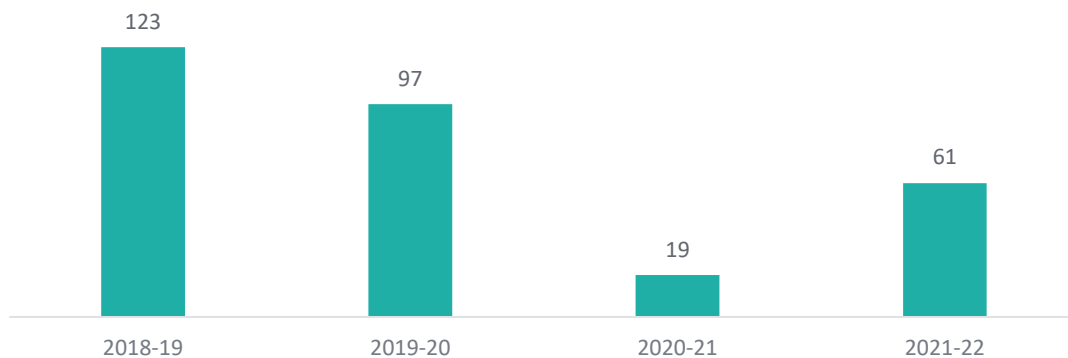
Sources: First 5 Mono Peapod playgroups program participation records. Years: 2018-2022. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County. Years: 2018-2021.

## Children in Households Where Parents Receive Child Development and Parenting Education (SP#14c)

**Status:** In FY 2021-22, all 63 participating parents of the 61 children enrolled in Developmental Peapod Playgroups received Child Development and Parenting Education. During the pandemic year (FY 2020-21), the number of children enrolled in this program dropped by about 75%, compared to the pre-pandemic rates, with just 19 families attending in-person playgroups sessions. However, during the current year, enrollment rates more than tripled, reaching 61 families. Compared to last year, program enrollment rates increased by 31%, exceeding the 5% rate of increase. Some families who received parenting education through Peapod playgroups were also enrolled and received parenting education in First 5 Mono’s home-visiting programs.

Status (participation):  
**Increasing**

**Figure 19. Number of Children (0-5) Whose Parents Received Parent Education through Peapod Playgroups**



Source: First 5 Mono Peapod playgroups program participation records. Years: 2018-2022. Note: For FY 2020-21, 11 of the 19 families enrolled in Peapod playgroups also received home visiting services.

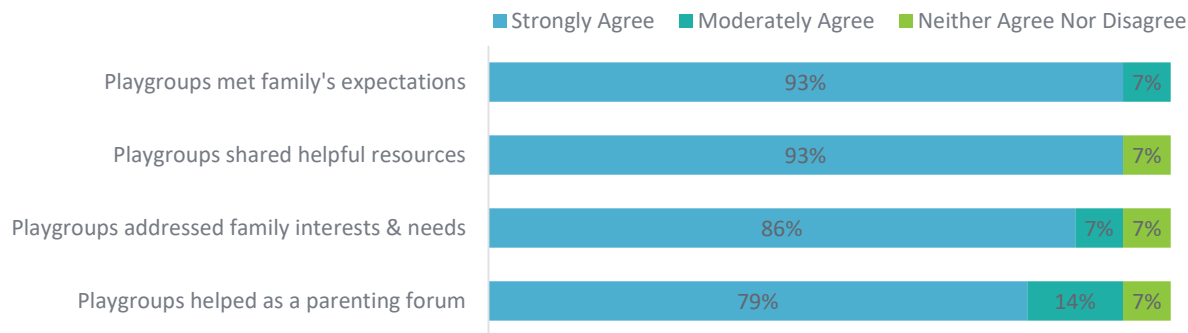
## Program Satisfaction Among Parents whose children attended Peapod Playgroups was high (SP#1)

Additionally, parents of children enrolled in Peapod Playgroups were asked to complete a Parent Satisfaction Survey. In FY 2021-22, 14 parents responded to the survey, which is comparable to the 13 families who completed the parent survey last year. Results pointed to a sustained positive trend. Based on the survey responses, the playgroup sessions were attended by children of various ages, including 3- and 4-year-olds (21% each), 2-year-olds (36%), 1-year-olds (15%), and some infants under the age of 1 year (7%).

Status:  
**Sustained**

**Status:** All in all, 100% of parents reported that Peapod Playgroups met their expectations (i.e., all parents chose “strongly agree” or “agree” when answering this question). Similarly, 93% of respondents strongly agreed with the statement that Peapod Playgroups shared resources they’ve found useful for themselves or their families. Over 85% of families strongly confirmed that the playgroups’ education topics and activities addressed their family’s interests and needs. Moreover, nearly 80% of families expressed a strong belief that playgroups offered a space for families to discuss the topics of child-rearing and parenting, and many parents found this parenting forum helpful to them.

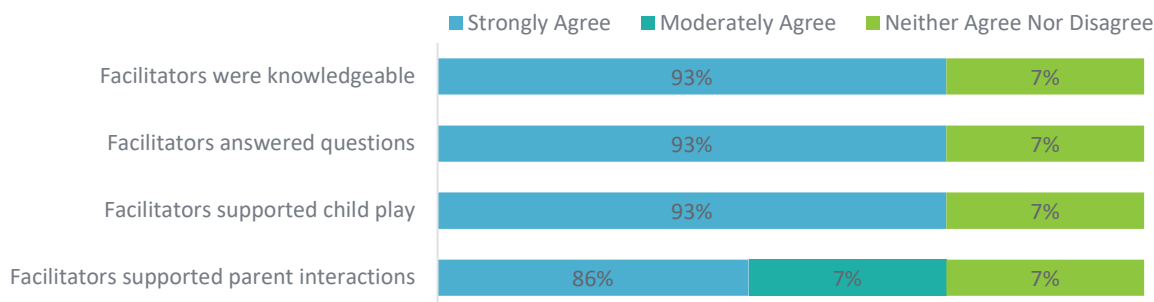
**Figure 20. Percent of Surveyed Parents Satisfied with First 5 Mono Peapod Playgroups Program**



Source: First 5 Mono Peapod Playgroups Program Participation Records, FY 2021-2022. N=14. Note: None of the parents chose “Disagree” or “Strongly Disagree” for any of the questions, therefore, these options were omitted from the chart.

Peapod Playgroups Parent Survey asked several questions about playgroups’ facilitators. As with program satisfaction, most parents were highly satisfied with how the playgroups’ sessions were structured and delivered. More specifically, 93% of parents strongly agreed that playgroups’ facilitators were knowledgeable and well-prepared, answered parents’ questions and suggested resources, and facilitated children’s play. Additionally, 86% of parents strongly agreed and 7% moderately agreed that playgroups’ leaders also helped facilitate interactions among the participating parents.

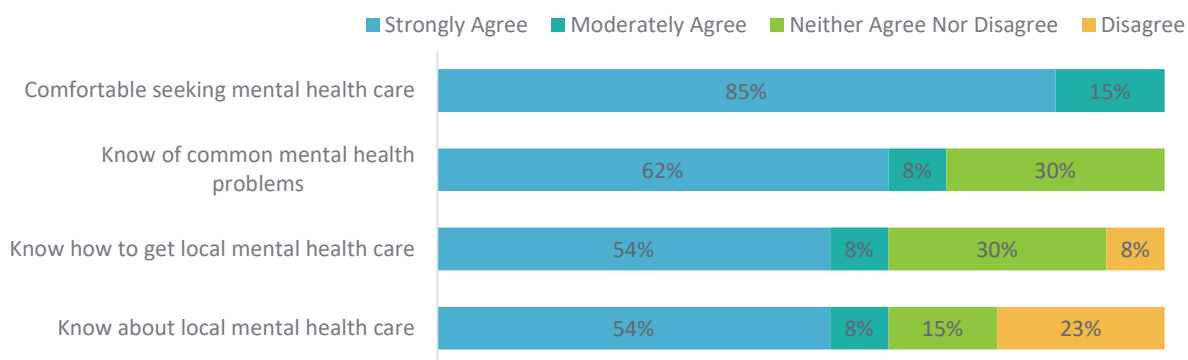
**Figure 21. Percent of Surveyed Parents Satisfied with Peapod Playgroups Facilitators**



Source: First 5 Mono Peapod playgroups program participation records, FY 2021-2022. N=14. Note: None of the parents chose “Disagree” or “Strongly Disagree” for any of the questions, therefore, these options were omitted from the chart.

The last set of parent survey questions aimed to assess how well Peapod Playgroups addressed set program objectives. The overall findings were positive. Close to 85% of parents strongly agreed and over 15% moderately agreed with the statement that they feel comfortable with seeking mental health care if they needed some help. Around 70% of caregivers strongly or moderately expressed their understanding of some mental health issues common to families with young children, and the remaining 30% did not agree or disagree with this statement. Just over 60% of respondents were strongly or moderately confident in knowing where to get mental health care in their community and knowing how to go about getting local mental health care services. Only 23% of parents said that they did not know about community mental health resources and 8% did not know how to access those services.

**Figure 22. Percent of Surveyed Parents Satisfied with Peapod Playgroups' Efforts to Increase Awareness of Mental Health and Share Local Mental Health Care Resources**



Source: First 5 Mono Peapod playgroups program participation records, FY 2021-2022. N=14. Note: None of the parents chose “Strongly Disagree” for any of the questions, therefore, these options were omitted from the chart.

### Family Behavioral Health Programs Progress Summary

In FY 2220-21, the Peapod Playgroups – a behavioral-health-oriented program for families and children suffered pandemic-related setbacks, including low in-person enrollment rates due to transitioning to virtual sessions. However, in the FY 2021-22 program reach largely returned to its’ pre-pandemic levels. This growth in program participation, which is still limited in the number of families who can participate in in-person sessions, as well as high program satisfaction, reported by families in the program point to the program’s success in meeting the community needs. Indeed, participation in Peapod Playgroups enabled more families with young children to receive information about parenting and child development, compared to last year. Parent participants noted that attending Peapod Playgroups allowed them to connect with other parents, to discuss common child-rearing issues and become more aware of mental health problems often faced by families with young children. Most of the families in the program also reported awareness of local mental health resources and confidence that they could access these resources and services if the need arose. Based on this year’s results, the Commission will continue to invest in and seek funding partnership for this initiative.

## SCHOOL READINESS

Early school readiness is a known predictor of later academic achievement in elementary school and beyond, as well as a number of other positive child outcomes associated with school engagement, such as connectedness and belonging and positive relationships with peers and teachers. In turn, academic achievement serves as a stepping stone for success later in life, from college graduation rates to income, health, and professional occupation. Consequently, First 5 Mono monitors accessibility of early learning settings to young children residing in Mono County. Additionally, the Commission supports a number of programs focused on improving early literacy, transition to school, and school readiness in, such as Kindergarten Round Up and Raising a Reader. School readiness programs engaged all Mono County elementary public schools, childcare and preschool centers, special needs programs, and the Mono County Library System.

A detailed Logic Model summarizing key activities and expected outcomes presented in this section, as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> <li>Funding</li> <li>Staff time to plan and execute programs</li> <li>Program funding and administration</li> <li>Community participation</li> </ul>	<ul style="list-style-type: none"> <li>Monitor accessibility of early learning spaces</li> <li>Monitor attendance of early learning settings</li> <li>Literacy Activities via Raising a Reader &amp; other First 5 Mono programs</li> <li>Transition to School Activities: Kindergarten and TK Round Up Program</li> <li>Data collection and input</li> <li>Recruiting and training</li> </ul>	<ul style="list-style-type: none"> <li>Percent of county children 3-4 years for whom preschool spaces are available (SP#12)</li> <li>Percent of kindergarten students who have ever attended a licensed/ state preschool program. (SP #8)</li> <li>Percent of county children 0-5 who accessed early literacy activities. (SP #11a, b)</li> <li>Percent of kindergarten children whose parents attended Transition to School activities (SP#10)</li> <li>Percent kindergarten students assessed for school readiness and ready for school (SP#13, SP#9)</li> </ul>	<ul style="list-style-type: none"> <li>Improved accessibility of early learning settings to county children</li> <li>Increased utilization of formal early learning programs by county children</li> <li>Increased accessibility of early literacy programs</li> <li>Improved school readiness</li> </ul>

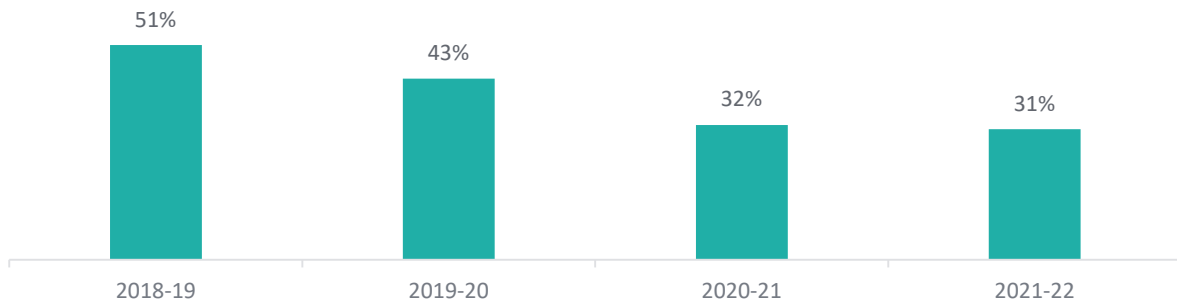
**Percent of age-eligible children in Mono County for whom a preschool slot is available (SP#12).**

Access to quality early learning settings is a strong predictor of future academic performance, among other positive child outcomes.

Status:  
**No Change**

**Status:** In FY 2021-22, 87, or 31% of county children of the qualifying age had a preschool slot available to them. Over the past five years, the proportion of Mono County 3-to-4-year-old-children for whom a preschool slot was available continued to decrease. Indeed, in 2018-19, over half of all preschool-age-children (51%) had access to an early learning setting, but over the following year that capacity dropped to 43%. In 2019-20, two preschool sites closed their doors. As a result, preschool slot availability dropped by more than 10% in 2020-21 and remained at 31-32% over FY 2021-22.

**Figure 23. Percent of County Children (3-4 Years) for Whom a Licensed Preschool Slot was Available**



Sources: Department of Education data on licensed capacity of center-based care serving preschool-age children. Years: 2019-2022 and **Mono County Resource & Referral Network, Year 2018-19**. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County. Years: 2018-2021.



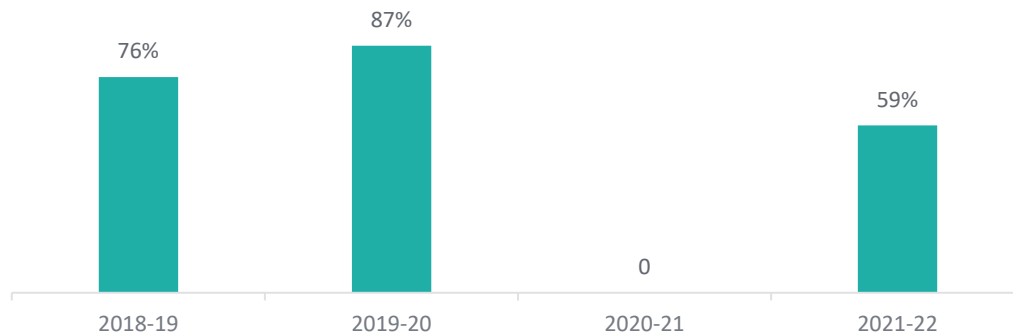
### Percent of kindergarten students in Mono County who have ever attended a preschool, Pre-K, or Head Start program (SP#8).

To capture accessibility of the benefits of quality early learning to Mono County children, First 5 Mono monitors the number of children who had formal early learning experiences. Given that licensed and state-funded programs must abide by the early learning standards set forth by the state of California, attendance of a licensed preschool, Pre-K, or a Head Start program was considered indicative of a child’s formal early learning experience.

Status:  
Estimate  
Unavailable

**Status:** The aftereffects of the pandemic-related restrictions on licensed preschool capacity was also observed in other childcare and early learning settings, including Pre-Kindergarten and Head Start programs. Among the cohort of Mono County children starting kindergarten in FY 2018-19, 76-87% had some kind of a formal early learning experience in a preschool or a licensed equivalent program. In comparison, only 61 of the children, representing 59% of the incoming cohort of the FY 2021-22 kindergarten students, had an early learning experience. Given the unavailability of data for FY 2020-21, the estimate of change for this indicator cannot be provided.

**Figure 24. Percent of County Children (0-5) Who Accessed Formal Early Learning in Licensed Care Settings**



Sources: Incoming Kindergarten Parent Survey, Years: 2018-2020 and Kindergarten Observation Form (KOF) records, FY 2021-2022. Note: In FY 2020-2021 data collection was suspended due to the restrictions associated with COVID-19.

### Percent of children birth to 5 in Mono County who accessed early literacy activities, such as Raising a Reader (SP#11a and 11b)

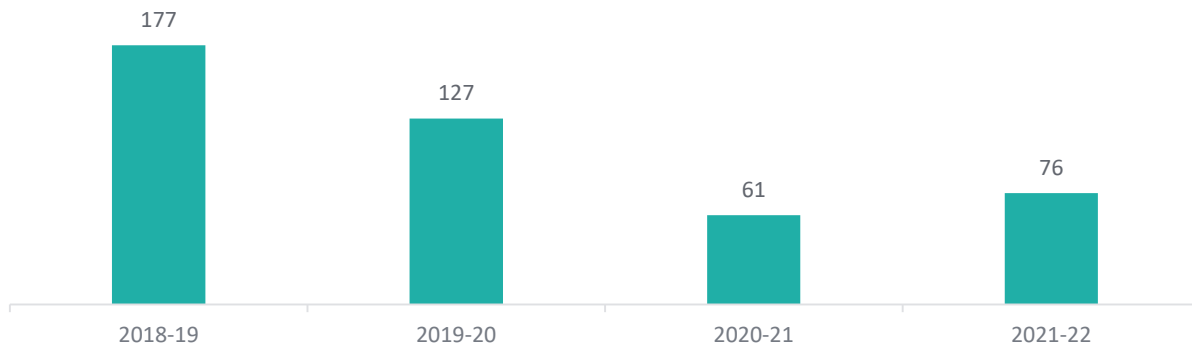
To promote early literacy and school readiness, local families with children ages 0-5 years were invited to participate in the First 5 Mono program, Raising a Reader. This program was conducted and partially funded by the Mono County Libraries, distributing bags of books to participating children through libraries and early learning programs. Moreover, home visiting and Peapod playgroup programs also had an early literacy component. The early literacy programs aimed to:

Status:  
Increasing  
(SP#11a and b)

- Increase early literacy in young children residing in Mono County
- Encourage families’ use of the library system
- Increase facilitation of literacy activities among parents and childcare/ ECE providers and educators
- Facilitate positive parent-child interactions through family literacy activities

**Status (SP#11a):** In FY 2021-22, 76 children ages 0-5 years participated in the First 5 Mono Raising a Reader program. The number of children accessing early literacy activities through this program showed a downward trend, declining from 177 children in 2018-19 to 61 in 2020-21. It is worth noting, however, that to some degree the drop in attendance for that year could be attributable to the Health Department’s restrictions on in-person activities due to the COVID-19 pandemic. Indeed, current year records showed a trend toward enrollment rates’ recovery, with 76 children enrolled in the program by the end of the 2021-22 fiscal year. Compared to last year, this growth in participation reached 20%, indicating an increase in enrollment of over 5%. Relative to other First 5 Mono programs with the early literacy component, the proportion of children accessing literacy activities through Raising a Reader has declined from 54% in 2018-2019 to just under 30% in 2021-22.

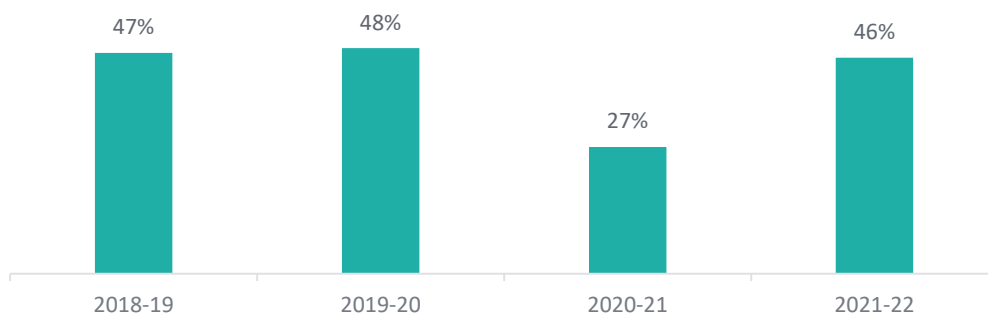
**Figure 25. Number of Children (0-5) Accessing Early Literacy Activities Through First 5 Mono - Raising a Reader**



Source: First 5 Mono Raising a Reader program participation records. Years: 2018-2022.

**Status (SP#11b):** In FY 2021-22, a total of 263 children (46% countywide) accessed early literacy activities across all First 5 Mono programs with an early literacy component. The overall participation in First 5 Mono programs featuring an early literacy component largely followed a similar trend to enrollment rates of other First 5 Mono programs. Pre-pandemic, early literacy programs reached nearly 50% of eligible Mono County children. During the pandemic, however, program reach fell to below 30%. Post-pandemic, this downward trend reversed, gaining about half of the enrollment lost over the previous year. In 2021-22, about 46% of Mono County children participated in First 5 Mono early literacy programs. Compared to last year, the increase in the proportion of county children accessing programs with an early literacy component was close to 20%, exceeding the rate of increase of 5% or higher.

**Figure 26. Percent of County Children (0-5) Accessing Early Literacy Activities Across All First 5 Mono Programs**



Sources: First 5 Mono home visiting, Raising a Reader, and Peapod playgroups programs participation records. Years: 2018-2022. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County. Years: 2018-2021.

## Percent of children in Mono County whose parents attended Transition to School activities (Kindergarten and TK Round Up) (SP#10).

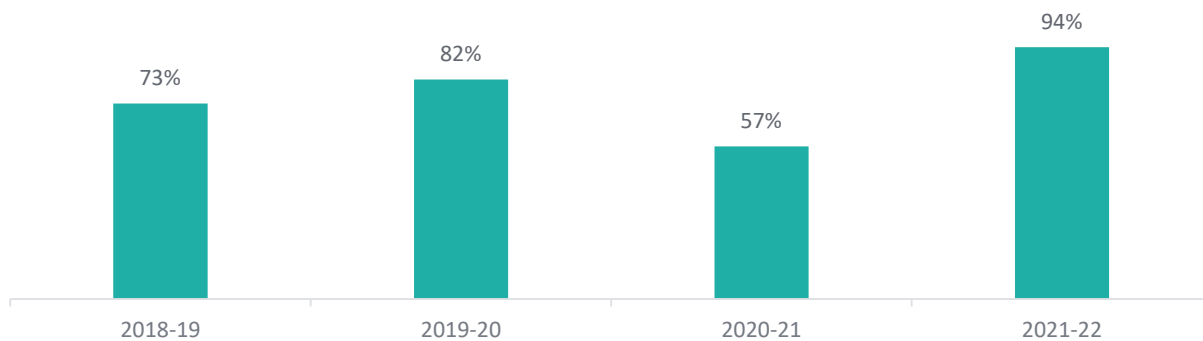
Status:  
**Increasing**

To ease children into entering a public school system and to provide instruction to parents on how they can best support their children through this transition, First 5 Mono offered families Transition to School activities. Specifically, kindergarten and transitional kindergarten Round Up programs were implemented by First 5 Mono in partnership with local schools. Program activities included an information meeting held at all public schools in Mono County. Additionally, all incoming kindergarten students were assessed for school readiness. Assessments were conducted by teachers in the first month of school. School readiness programs pursued the following objectives:

- Introduce families and children to the school, teachers, principals, and each other
- Provide families with the information on entering school and kindergarten readiness
- Facilitate children and families' smooth transition into the public education system
- Enroll eligible children in kindergarten classrooms
- Assess academic/ school readiness of incoming kindergarten students
- Identify existing skills/strengths and developmental needs of incoming kindergarten students, enabling linkage to targeted academic supports available within the school system on a case-by-case basis.

**Status:** In FY 2021-22, parents of 101, or 94% of all incoming kindergarten or transitional kindergarten students participated in Transition to School Round Up activities. Traditionally, between 70% and 80% of parents of incoming kindergarten students participated in such activities. During the pandemic, this number fell to just below 60%, likely linked to school closures and restrictions on in-person activities. Over the FY 2020-21, older children transitioned to virtual learning, while many of the younger children missed out on the formal early learning experiences altogether. As a result, many of the children entering kindergarten in 2021-22 missed a year or more of socialization and early learning practice. To offset these losses, this year a record number of parents (94%) took advantage of the Transition to School activities, offered by First 5 Mono partners.

**Figure 27. Percent of County TK and Kindergarten Students Whose Parents Attended Round Up Activities**



Sources: First 5 Mono Round Up program participation records. Years: 2018-2022. Kindergarten enrollment: School District records. Years: 2018-2022.

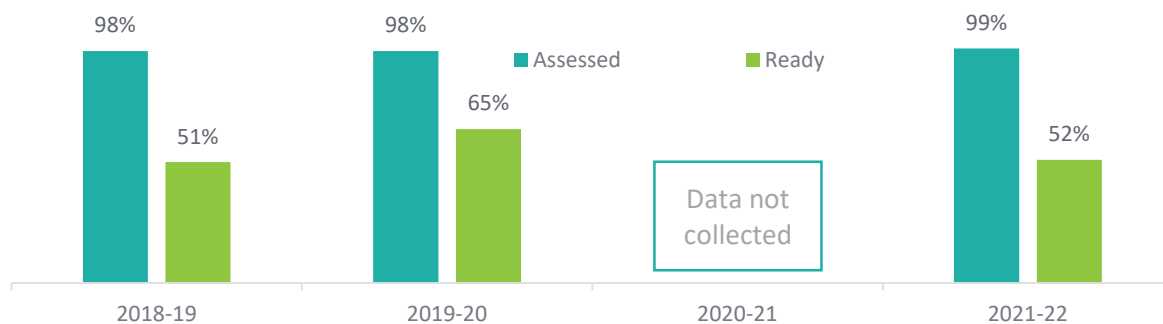
**Percent of children in Mono County assessed for school readiness vs those “ready for school” at kindergarten entry (SP#13 and 9).**

Prior to this year, kindergarten students in Mono County were assessed for school readiness, using the BRIGANCE form. The BRIGANCE Inventory measures progress in areas of perambulatory, gross motor skills, fine motor skills, pre-speech, speech and language, general knowledge, readiness, basic reading, manuscript writing, and basic math skills<sup>3</sup>. Earlier assessments using the Brigance showed that over half of the students were considered “school ready” in Fall 2018 and 65% were school ready in Fall 2019. Assessments were suspended over the FY 2020-21, due to the global pandemic. When assessments resumed in 2021-22, teachers used the Kindergarten Observation Form (KOF), which was developed to capture developmental progress in areas beyond the skills directly related to academic readiness. For instance, KOF evaluates students’ capacity for self-regulation and social expression. Studies show that social-emotional and regulatory abilities, including verbalization of needs, attention and focus, following direction, and understanding rules and expectations contribute to positive relationships with peers and teachers, school engagement, and academic achievement.

**Status:  
Estimates  
Unavailable**

**Status:** In FY 2021-22, 104 or 99% of all incoming kindergarten students were screened for early school readiness and 50 of the 96 assessed (52%) were deemed to be “school ready” on kindergarten academics skills. FY 2021-22, the KOF was administered to 99% of incoming kindergarten students. As may be expected with a cohort of children who likely lacked formal early learning experiences due to COVID-19-related restrictions, these students showed a somewhat lower readiness on kindergarten academic skills, such as ability to recognize shapes or letters. Based on these skills, 52% of students may be considered “school ready.” At the same time, nearly 60% of students were “ready for school entry” in terms of their self-regulation and social expression abilities. Given that assessments were not administered during the previous fiscal year, the rate of change compared to the current fiscal year is not reported.

**Figure 28. Percent of County Kindergarten Students Assessed for School Readiness and Identified as ‘Ready’ on Academic Skills**



Sources: Brigance Inventory records: Years: 2018-2020, and Kindergarten Observation Form (KOF), Kindergarten Academics domain records, FY 2021-2022. Kindergarten enrollment: School District records, FY 2021-2022. Note: In FY 2020-2021 school readiness assessments were suspended due to the restrictions associated with the COVID-19 pandemic.

<sup>3</sup> [Kindergarten Data Sheet for the BRIGANCE P/K/1 Screen.](#)

## School Readiness Programs Progress Summary

In FY 2020-21, evaluation of the First 5 Mono programs and partnership initiatives largely showed positive outcomes. While only a third of all preschool-age children in Mono County had access to a licensed preschool slot, nearly two-thirds of children had some formal early learning experience, which helped prepare them for public school entry. Moreover, compared to last year, more children were reached by First 5 Mono early literacy programs, such as Raising the Reader, with nearly half of all county children participating in early literacy activities through one of First 5 Mono programs. Likewise, a record 94% of parents of children entering public school system attended Transition to School activities and were given information on how they can best support their children, as they adjust to kindergarten. Despite the pandemic-related limitations that prevented childcare and school systems from engaging children in early learning at full capacity, over half of all incoming kindergarten students were considered school-ready on academic skills, and 60% of students were deemed ready on social-emotional and self-regulation skills. Taking these positive outcomes into consideration, the Commission will continue to fund the same School Readiness activities in 2022-2023.

# Improved Child Health

## ORAL HEALTH SCREENINGS

Preventive health care, such as annual dental screenings, is another indicator of the overall wellbeing of young children in Mono County, as well as accessibility of health care services to families with young children. The 2009 First 5 Mono Strategic Plan identified a significant community need in the area of oral health. Pediatricians testified to a considerable proportion of county children affected by visible tooth decay, which spurred development of a topical fluoride varnish application program. In the past five years, Mono County pediatricians continue to report high numbers of children with poor oral health, underscoring ongoing community need for sustained efforts in the promotion of oral health. The current Oral Health Program supported by First 5 Mono consists of education, oral health checks and annual dental exams, as well as the topical fluoride varnish application for children in childcare settings across Mono County. In addition, the program provides free toothbrushes, toothpaste, and floss to families, in an effort to help maintain child oral health. The ongoing objectives of the Oral Health program include:

- A twice a year application of topical fluoride varnish to all Mono County children who are between the ages of one and five years and do not receive dental services
- Educating children and their parents on the topics of oral health maintenance

A detailed Logic Model summarizing key activities and expected outcomes presented in this section, as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> <li>• Funding</li> <li>• Staff time to plan and execute programs</li> <li>• Program funding and administration</li> <li>• Community participation</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination of education and data tracking with partners</li> <li>• Provision of necessary supplies</li> <li>• Data collection and input</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percent of children 1-6 who regularly access preventive dental care, such as an annual dental screening (SP#17a)</li> <li>• Number and percent of children with untreated dental problems at kindergarten entry (SP#18)</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access to oral health services for children 0-5</li> <li>• Improved oral health among children 0-5</li> </ul>

### Percent of children ages 1 or older in Mono County who regularly access preventive dental care and receive annual dental screenings (SP#17a).

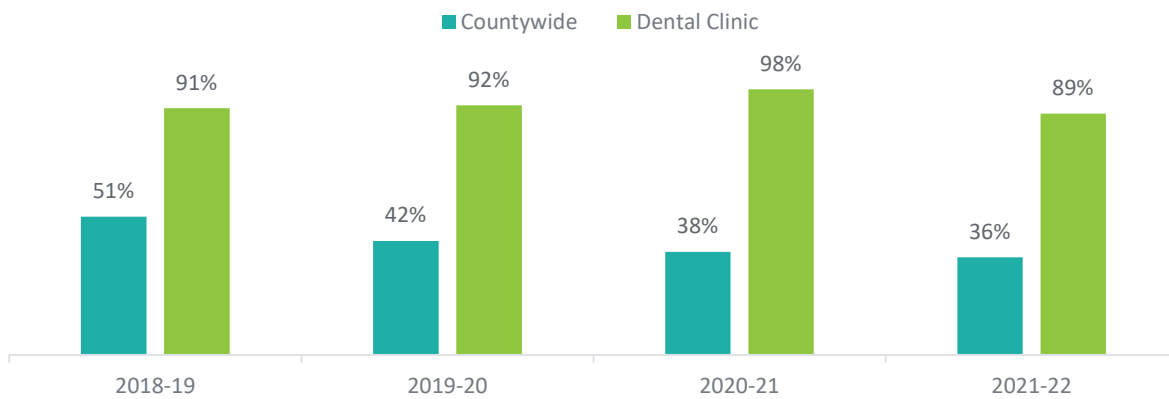
The data on the annual dental exam of children between the ages of one and six years came from the Mammoth Hospital, Sierra Park Dental Clinic, which sees between 200 and 350 Mono county children a year.

**Status:**  
**Decreasing**

**Status:** In FY 2021-22, the clinic saw 230 children between the ages of 1 and 6 years, of which 205 (89%) received an annual dental screening. An average of 90% of children ages 1-6 years seen at the Sierra Park Dental Clinic had an annual dental exam in the past five years. However, compared to the previous year, there was a nearly 10% decrease (from 98% last year to 89% this year) in the proportion of pediatric clinic population who had an annual dental exam in this age group. Likewise, countywide, the proportion of children who had had their annual dental exam had gradually declined from over 50% in 2018-19 to 36% in 2021-22. This drop in the use of preventive oral health services is due to decrease in the number of children seen at Sierra Park Dental

Clinic, from 391 in FY 2018-19 to 230 in FY 2021-22. This percentage change in the decrease was more than 5%, and thus noted as a decrease.

**Figure 29. Percent of County Children (1-6) Who Received an Annual Dental Screening at Sierra Park Dental Clinic**



Sources: Sierra Park pediatric clinic dental records, 2018-2022. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County. Years: 2018-2021.

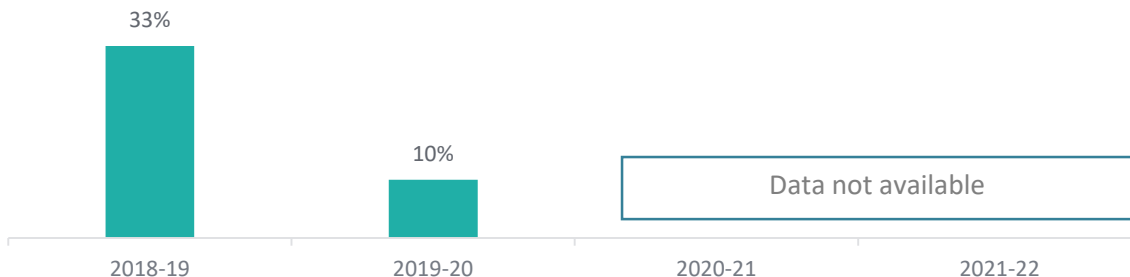
**Percent of children in Mono County who enter kindergarten with untreated dental problems (SP#18).**

Information on kindergarten students with untreated dental problems came from the kindergarten oral health checks, turned in at kindergarten enrollment. Kindergarten oral health assessments (KOHA) were paused in 2020-21, due to the global pandemic.

**Status:**  
**Estimate**  
**Unavailable**

**Status:** In 2018-19, over a third of all county children had an untreated dental problem at kindergarten entry. This proportion declined to just 10% over the following year. This decrease may be linked to the First 5 Mono and partner agency oral health investments but may also be attributable to the low reporting rate. In FY 2021-22, dental assessments at kindergarten entry resumed, however, the data for FY 2021-22 are not yet available. Given the lack of data for the past two years, the rate of change in the prevalence of untreated dental issues by the end of this fiscal year is not reported.

**Figure 30. Percent of County Kindergarten Students with Untreated Dental Problems**



Sources: California Department of Public Health, Office of Oral Health: [Kindergarten Oral Health Assessments](#) (KOHA). Years: 2018-2022. Kindergarten enrollment: School District records, 2018-2022. Note: Kindergarten Oral Health Assessments were not conducted by districts during FY 2020-2021 due to the COVID-19 pandemic restrictions. Assessments resumed in FY 2021-2022; however, current assessment data are not yet publicly available.

## Oral Health and Preventive Dental Care Initiatives Progress Summary

In FY 2021-22, First 5 Mono continued oral health education efforts to promote greater use of preventive dental services. One of the challenges encountered this year was that nearly 15% fewer children were being seen at the Mammoth Hospital Dental Clinic. Additionally, with the Sierra Park Dental Clinic being the only provider supplying information on the use of preventive dental services in children 1-6 years, it is difficult to estimate true prevalence of preventive oral health services use. Similarly, it is not currently known how many kindergarten children an untreated dental problem as the current data are not yet publicly available. Nonetheless, among the children seen at the clinic, nearly 90% received an annual dental screening, representing at least one-third of the county population in this age group.

Therefore, the Commission will continue to allocate discretionary funds for the oral health initiative, leveraging supplies from the Mono County Health Department, and the pediatric office's application of topical fluoride varnish. Continuous investment in the oral health initiative, with the goal of sustaining and further improving oral health of county children 0-5 years, will include:

- Provision of topical fluoride varnish and oral health checks in children 1-6 years served through the Childcare Quality System
- Promotion of oral health through home visiting, playgroups, and school readiness programs.
- Continue to collaborate with partners in order to collect and analyze data on preventive dental health services utilization, to identify multi-year trends, particularly on indicators for which assessment and reporting was suspended.

## CHILD SAFETY: SAFE KIDS CALIFORNIA – MONO COUNTY PARTNERS

Prior to the launch of Safe Kids California, Mono County Partners, no agency in the County was dedicated to promoting child safety. While some agencies conducted safety activities, their services were not coordinated. At the initiative of the Mammoth Hospital, multiple community agencies began collaboration, which led to the initiation of the Safe Kids Coalition. Following the review of higher-than-average injury data for Mono and Inyo Counties, as well as the documented benefits of inter-agency collaboration on childhood safety, the Commission decided to fund the coordination of Safe Kids California, Mono Partners. This decision was critical to the success of the program, as none of the participating agencies had the necessary funding to conduct coordinating activities, outside First 5 Mono. Currently, Safe Kids California, Mono Partners are coordinated through the combined funding from First 5 California Small Population County Funding Augmentation (SPCFA) grant and the Mono County Office of Education. The program's objectives include:

- Prevention of childhood injury through safety education, resources, and services
- Hosting community education events, such as Car Seat Safety Checks, and Health and Safety Fairs
- Distributing safety gear to families with young children, such as bicycle helmets and gun safety locks

A detailed Logic Model summarizing key activities and expected outcomes presented in this section, as follows:



Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> <li>Funding</li> <li>Staff time to plan and execute programs</li> <li>Program funding and administration</li> <li>Community participation</li> </ul>	<ul style="list-style-type: none"> <li>Coordination of County educational activities on child safety for children and families, including Car Seat Safety Checks, Health and Safety Fairs, and Gun Safety Locks</li> <li>Partner distribution of child safety equipment to county children 0-5</li> <li>Coordination of data tracking</li> <li>Data collection and input</li> </ul>	<ul style="list-style-type: none"> <li>Families countywide are informed about safety issues pertaining to young children</li> <li>Percent of children who access safety equipment to prevent child injuries (SP#20)</li> </ul>	<ul style="list-style-type: none"> <li>Help families and communities keep kids 0-5 safe from injuries</li> <li>Improve community access to safety equipment</li> </ul>

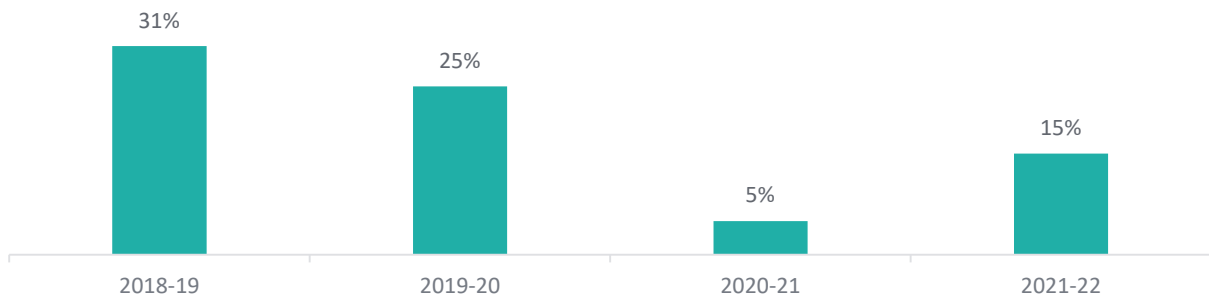
**Percent of children birth to 5 provided a bicycle safety helmet through Safe Kids Coalition (SP#20).**

First 5 Mono partnered with Safe Kids California – Mono Partners to promote safety of children ages 0-5 years in local communities. This year, the Safe Kids Coalition reached a total of 307 county residents with safety education, activities, and resources, including 151 children and 156 caregivers. As part of this outreach, children from birth to age five were provided with bicycle helmets. The annual distribution data was reported by program coordinator.

Status:  
**Increasing**

**Status:** In FY 2021-22, bicycle safety helmets were distributed to 83 children, representing 15% of all county children ages 0-5 years. Over the past five years, the reach of this community safety program has somewhat declined, from 31% in 2018-19 to just 5% in 2020-21. However, the low distribution of helmets over the course of the pandemic was largely due to the stay-at-home orders, as is evidenced by the increase in helmets distribution in FY 2021-22. Compared to last year, 15% more children received a safety helmet through Mono County children through Safe Kids Coalition, exceeding an increase rate of 5% or more.

**Figure 31. Percent of County Children (0-5) Who Received a Bicycle Safety Helmet through Safe Kids Coalition**



Sources: Safe Kids California – Mono Partners coordinator report. Years: 2018-2022. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County. Years: 2018-2021.

**Child Safety Initiatives Progress Summary**

In FY 2021-22, the Safe Kids California – Mono Partners initiative enabled more families to access information on how to prevent injury in young children through community safety events, such as Car Seat Checks and Health & Safety Fairs. Moreover, more children and families received safety equipment, such as bicycle helmets and gun safety locks. In the upcoming year, the Commission will continue to invest in this community initiative. As part of the continuous quality improvement of the Safe Kids Coalition work, outreach efforts will continue to ensure as many families as possible participate in future Health & Safety Fair.

# Appendix 1 — First 5 Mono Data Tracker

This Data Tracker creates a framework for consistent measurement of indicators over time. It organizes First 5 Mono’s Strategic Plan indicators by investment area, and each indicator includes numerator and denominator data, data sources as well as any accompanying notes.

Investment Area and Program	Strat Plan #	Strategic Plan Indicator, Numerator and Denominator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Definition and Data Sources	F5 Mono Result Area
<b>Improved Family Functioning</b>								
<b>Home Visiting</b> – Welcome Baby – Healthy Families	2	Number and percent of children aged prenatal to 1 in Mono County whose parents access home visiting	67%	38%	44%	37%	Number of children served by the home visiting programs, divided by number of children born in the county	R1 - Education
		<i>Number of participating children prenatal to age 1</i>	89	48	48	37	<i>Program participation records; Report, p.35, Table 3</i>	
		<i>Number of births in the county</i>	132	128	99	101	<i>Department of Finance 2020 Birth Projection from March 2021; Report, p.35, Table 3</i>	
	3	Number and percent of children aged prenatal to five in Mono County whose parents access home visiting	22%	30%	25%	23%	Number of children served by the home visiting programs, divided by number of children in the county ages 0-5	R1 - Education
		<i>Number of participating children prenatal to age five</i>	148	207	113	129	<i>Program participation records; reports, p.40</i>	
		<i>Number of children 0-5 in the county</i>	691	693	693	570	<i>US Census population estimate children 0 up to age 5 in Mono County; reports, p.40</i>	
	4a	Number and percent of Home Visiting participants’ children aged six months to five who are screened for developmental delays	90%	89%	81%	92%	Number of children in the home visiting programs screened, divided by number served	R1 - Education
		<i>Number of children screened in HV programs</i>	72	59	55	90	<i>HV Program participation records; note that 2020-21 report listed 54.</i>	
		<i>Number of children ages six6 months to five served in HV programs (also omitting children enrolled in special needs program)</i>	80	66	68	<i>98 (129-23 under 6 mo – 8 in Spec. Services)</i>	<i>HV Program participation records use 0-5 minus children ages 0-6 months. For 2019,2020 applied same %</i>	

Investment Area and Program	Strat Plan #	Strategic Plan Indicator, Numerator and Denominator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Definition and Data Sources	F5 Mono Result Area
	4b	Number and percent of children aged 6 months to 5 in Mono County who are screened for developmental delays	35%	33%	23%	37%	Number of children across all programs screened, divided by number of children 0-5 in the county	R1 - Education
		<i>Number of children screened: HV, Early Learning</i>	252	232	161	212	<i>Reports by year, p.40. 2022: (98 HV+122 EL)</i>	
		<i>Number of children 0-5 in the county</i>	691	693	693	570	<i>US Census population estimate children 0 up to age 5 in Mono County; reports, p.40</i>	
	14a	Number and percent of children whose parents received child-development, parenting education from Home Visiting services	55%	68%	91%	68%		R1 - Education
		<i>Number of children whose parents receive home visiting services</i>	148	207	113	129	<i>HV Program participation records</i>	
		<i>Number of children served in all commission-funded programs with parent education component</i>	271	304	124	190	<i>HV and Peapod Playgroup Program participation records</i>	
	14b	Number and percent of Home Visited and Peapod children whose parents received child development, parenting education	39%	44%	18%	33%	% children in HV and Peapods vs total pop. 0-5	R1 - Education
		<i>Number of children whose parents receive services/referrals through commission-funded programs with a parent education component</i>	271	304	124	190	<i>HV and Peapods Program participation records</i>	
		<i>Number of children 0-5 in the county</i>	691	693	693	570	<i>US Census population estimate children zero up to age five in Mono County; reports, p.40</i>	
	15a	Number and percent of infants in the Home Visiting program with whom where breastfeeding is initiated and sustained	Data not available	Data not available	Data not available	Data not available	Number of infants served seen at reportedly breastfeeding at one month of age.	R2 - Health
		<i>Number of infants who are reportedly still breastfed at one-month check-up</i>					<i>HV Program participation records</i>	
		<i>Number of infant served</i>					<i>HV Program participation records</i>	
	15	Number and percent of infants in Mono County with whom where breastfeeding is initiated and sustained (Sierra Park Pediatrics)	86% 13%	89% 11%	85% 10%	88% 12%	% of infants seen at Sierra Park Pediatrics still reportedly breastfeeding at one month of age. – Proportion of total population is not reported	R2 - Health
		<i>Number of infants who are reportedly still breastfed at one-month check-up</i>	88	78	66	66	<i>Sierra Park Pediatrics</i>	
		<i>Number of infants seen for one-month check-up</i>	102	90	78	75	<i>Sierra Park Pediatrics</i>	

Investment Area and Program	Strat Plan #	Strategic Plan Indicator, Numerator and Denominator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Definition and Data Sources	F5 Mono Result Area
		<i>Number of children 0-5 in Mono County</i>	691	693	693	570	<i>US Census population estimate children 0 up to age 5</i>	
	16a	<del>Number and percent of children aged 0 to 5 years in the Home Visiting program who are in the expected range of weight for their height and age (BMI).</del>				Data not available	<del>Percent of children in the program who are at healthy weight and height</del>	<del>R2—Health</del>
		<i>Number of children within the expected range of weight and height</i>					<i>HV Program participation records</i>	
		<i>Number of children served</i>	148	207	113	196	<i>HV Program participation records</i>	
	16b	Number and percent of children aged 0 to 5 years of age seen at Sierra Park Pediatrics who are in the expected range of weight for their height and age (BMI).	81%	76%	76%	75%	Number of Mono County 2–5-year-olds seen within the expected range of weight and height Update in SP for next year to 2-5	R2 - Health
		<i>Number of Mono County 2-5-year-olds seen at Sierra Park Pediatrics within the expected range of weight and height</i>	280	277	263	242	<i>Sierra Park Pediatrics</i>	
		<i>Number of Mono County 2-5-year-olds seen at Sierra Park Pediatrics</i>	346	366	346	322	<i>Sierra Park Pediatrics</i>	
<b>Improved Child Development</b>								
<b>Childcare Quality</b> – Childcare Quality System	7	Number and percent of licensed Center and Family Childcare spaces per 100 children.	47%	46%	42%	47%	Update wording or merge with 12 in next SP (#7and #12)	R1 - Education
		<i>Number of licensed spaces in the county</i>	326	322	293	265	<i>2022 Childcare Needs Assessment (includes slots intended as short-term care for non-residents through Mammoth Mountain and slots at Mountain Warfare Training Center Child Development Center for children whose parents are in the military)</i>	
		<i>Number of children 0-5 in Mono County</i>	691	693	693	570	<i>US Census population estimate children 0-5 in Mono County</i>	
	4	Number and percent of children in licensed early learning settings participating in the Childcare Quality System who are screened for developmental delays	Indicator changed in 2021			66% (licensed) 98% (all)	Multiple-year comparisons not available	R1 - Education
		<i>Number of children in early learning settings who receive a screening</i>	<i>Comparisons by year not available (In prior reports included licensed and alternative settings (e.g., for 2020 N</i>			83 (licensed) 122 (all)	<i>Common data file. Excludes alternative sites: home visiting and playgroups</i>	

Investment Area and Program	Strat Plan #	Strategic Plan Indicator, Numerator and Denominator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Definition and Data Sources	F5 Mono Result Area
		<i>Number of children enrolled in early learning settings</i>	<i>screened in licensed settings was 107, N enrolled was 118, but that count was duplicated and therefore, cannot be used to calculate a comparable % for 2020). In 2021 indicator is focused on licensed settings only)</i>			125	<i>Common data file. (Here are all #s from previous years: 2022: 83/122; 2021: 107/110; 2020: 173/197; 2019: 180/212)</i>	
	6a	<b>Number and percent of licensed childcare providers in Mono County participating in Quality Systems</b>	--	--	--	--	% not reported	
		<i>Number of licensed childcare providers in Mono County participating in Quality Systems</i>	--	32	34	27*	<i>*Does not account for alternative settings</i>	
		<i>Number of all Mono County childcare providers</i>	--	--	--	--	<i>Does not need to be reported because % not reported</i>	
	6b	<b>Number and percent of licensed childcare providers in Mono County advancing on the Child Development Permit Matrix.</b>	0	0	15%	30%	<b>Percent of participating providers advancing on the Child Development Permit matrix</b>	R1 - Education
		<i>Number of providers advancing on the matrix</i>	0	0	5	8	<i>Childcare Quality System data</i>	
		<i>Number of providers at sites participating in the Childcare Quality System</i>	--	32	34	27	<i>Childcare Quality System data</i>	
	5	<b>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.</b>	91%	64%	67%	53%	<b>Percentage of children enrolled in early education who are at a high-quality program</b>	R1 - Education
		<i>Number of children served in home childcare settings and Childcare Centers that exhibit moderate-to high-quality as measured by a quality index.</i>	192	127	78	66	<i>Children served at sites with a rating of 3 or higher</i>	
		<i>Number of children served in home childcare settings and Childcare Centers</i>	211	197	117	125	<b>Common data file: excludes alternative sites: FFN, home visiting and playgroups. See <a href="#">report</a>, p. 27, item 5.</b>	
<b>Family Behavioral Health</b> – Peapod Playgroups	19	<b>Number and percent of children aged prenatal to 5 in Mono County served through Peapod.</b>	18%	14%	3%	11%	<b>Number of children served, as a percentage of the county population</b>	R2 - Health
		<i>Number of children served in Peapod Playgroup</i>	123	97	19 (11 undup)	61	<i>Program data</i>	
		<i>Number of children 0-5 in Mono County</i>	691	693	693	570	<i>US Census population estimate children 0-5 in Mono County</i>	
	14c	<b>Number of children in households where parents and other family members in Peapod Playgroups</b>	100%	100%	100%	100%	<b>Percent of children in Peapod whose parents engage in education</b>	

Investment Area and Program	Strat Plan #	Strategic Plan Indicator, Numerator and Denominator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Definition and Data Sources	F5 Mono Result Area
		received child-development and parenting education.						
		<i>Number of children whose parents engage in education</i>	123	97	19 (11 undup)	61	Peapod Playgroups participation records	
		<i>Number of children in Peapod Playgroups program</i>	123	97	19 (11 undup)	61	Peapod Playgroups participation records	
	1	Number of parents who reported that Peapod Playgroup met their expectations	100%	100%	100%	100%	Peapod Parent Surveys. % reporting a 4 or 5 on 1-5 scale	R1 - Education
		<i>Number of parents who reported a score of 4 or 5 on a 1-5 scale</i>	55	13	6	14	Peapod parent surveys	
		<i>Number of parents surveyed</i>	55	13	6	14	Peapod parent surveys	
School Readiness - Transition to School - Early Literacy	12	Number and percentage of age-eligible children in Mono County for whom a licensed preschool slot is available.	51%	43%	32%	31%		R1 - Education
		<i>Number of preschool age slots</i>	143	119	89	87	<a href="#">Childcare Data Tool; center-based only</a>	
		<i>Number of preschool age children in the county</i>	280	280	280	280	Five-year Kinder and TK average (2014-2018) multiplied by 2 to get a projected number of 3- & 4-year-olds.	
	8	Number and percent of kindergarten students in Mono County who have ever attended a preschool, or Pre-K,	76%	87%	N/A due to COVID	59%	Number/ Percent of entering kindergarten student with prior preschool experience	R1 - Education
		<i>Number of children who have ever attended a preschool, or Pre-K, program by the time of kindergarten entry.</i>	71 (of 94)	52 (of 60)	0	61	Kindergarten Observation Form and Kindergarten Parent Surveys	
		<i>Number of children who have a KOF or for 18-19 &amp; 19-20 were enrolled in Kindergarten</i>	120	120	0	104	Kindergarten Observation Form and Kindergarten Enrollment	
	11a	Number and percent of children aged birth to 5 in Mono County who accessed funded Early Literacy activities through Raising a Reader	54%	38%	33%	29%	Number of children served divided by number of children in the county	R1 - Education
		<i>Number children served through Raising a Reader, unduplicated</i>	177	127	61	76	Number of children enrolled in Raising a Reader	
		<i>Number of children served across all Early Literacy programs, unduplicated</i>	325	334	185	263	Number of children receiving a Home Visit = 129, Peapod= 62, Raising a Reader=76 =267 minus 4 dupes = 263	
	11b	Percent of children aged birth to 5 in Mono County who accessed funded Early Literacy activities	47%	48%	27%	46%	Number of children served divided by number of children in the county	R1 - Education

Investment Area and Program	Strat Plan #	Strategic Plan Indicator, Numerator and Denominator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Definition and Data Sources	F5 Mono Result Area
		through First 5 Mono programs (HV, Peapod, Raising a Reader)						
		<i>Number children served across programs, unduplicated</i>	325* <i>Includes duplicates</i>	334* <i>Includes duplicates</i>	185	263	<i>Number of children receiving a Home Visit = 129, Peapod= 62, Raising a Reader=76 =267 minus 4 dupes = 263</i>	
		<i>Number of children 0-5 in the county</i>	691	693	693	570	<i>US Census population estimate children 0-5 in Mono County.</i>	
	10	Number and percent of children in Mono County whose parents attended Transition to School activities (Kindergarten and TK Round Up)	73%	82%	57%	94%		R1 - Education
		<i>Number of children whose parents attended Kinder and TK roundup</i>	87	87	70	101	<i>Kindergarten Round up data</i>	
		<i>Number of kindergarten students enrolled</i>	120	120	124	107	<i>School District data</i>	
	13	Number and percent of children in Mono County assessed for school readiness at kindergarten entry.	98%	98%	N/A	99%	Number of entering kindergartners screened, as a percent of enrollment	R1 - Education
		<i>Number of kindergarten students screened</i>	118	117	0	104	<i>2018-21: Brigance screens. 2021-22: KOF screens</i>	
		<i>Number of kindergarten students enrolled</i>	120	120	124	107	<i>School district data</i>	
	9	Number and percent of children in Mono County “ready for school” upon entering Kindergarten.	51%	65%	N/A	52%		R1 - Education
		<i>Number of kindergarten students deemed “ready for kindergarten”</i>	60 (of 118)	77 (of 117)	N/A	50 (of 96)	<i>2018-21: Brigance screens. 2021-22: Kindergarten Observation Form</i>	
		<i>Number of kindergarten students enrolled</i>	120	120	124	107	<i>School district data</i>	
<b>Improved Child Health</b>								
<b>Oral Health Screenings</b> – Dental screenings	17a	Number and percent of children aged 1 or older in Mono County who receive annual dental screenings.	91%	92%	98%	89%	Percent of children seen at Mammoth with an annual dental screening; may later include other clinics – Proportion of the total children seen at Mammoth Hospital Dental Clinic	R2 - Health
		<i>Number of children 1 year to 5.99 years old seen annually for a screening</i>	355	294	264	205	<i>Mammoth Hospital Dental Clinic</i>	
		<i>Number of children 1 year to 5.99 years old seen annually at Mammoth Hospital Dental Clinic</i>	391	318	269	230	<i>Mammoth Hospital Dental Clinic</i>	

Investment Area and Program	Strat Plan #	Strategic Plan Indicator, Numerator and Denominator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Definition and Data Sources	F5 Mono Result Area
	17b	Number and percent of children aged 1 or older in Mono County who receive annual dental screenings.	51%	42%	38%	36%	Percent of children seen at Mammoth with an annual dental screening; may later include other clinics Proportion of the total population is not reported	
		<i>Number of children 1 year to 5.99 years old seen annually for a screening</i>	355	294	264	205	<i>Mammoth Hospital Dental Clinic</i>	
		<i>Number of children 0-5 in Mono County</i>	691	693	693	570	<i>US Census population estimate children 0-5 in Mono County</i>	
	18	Number and percent of children at kindergarten entry with untreated dental problems.	33%	10%	N/A	--*		R2 - Health
		<i>Number of children at kindergarten entry with untreated dental problems.</i>	26 (of 79)	9 (of 108)	N/A	<i>*No data for 2021-22 yet</i>	<i>SCOHR school reporting system oral health assessments (KOHA)</i>	
		<i>Number of kindergarten students enrolled</i>	120	120	124	107	<i>School district data; *Note: Report, p. 48 (2021) or p. 40 (2020) says N=124, but elsewhere (p. 47 (2021) or p. 39 (2020) says N=120 enrolled K students</i>	
<b>Child Safety</b> – Bike Helmets	20	Number and percent of children aged birth to 5 provided a safety helmet through Safe Kids.	31%	25%	5%	15%		R2 - Health
		<i>Number of children receiving a helmet</i>	214	173	36	83	<i>2020 Calendar Year Safe Kids California, Mono Partners report</i>	
		<i>Number of children 0-5 in Mono County</i>	691	693	693	570	<i>US Census population estimate children 0-5 in Mono County</i>	