



Fiscal Year 2011-2012

First Five Yuba Evaluation Findings



Francesca Wright, MPA

davisconsultantnetwork

www.davisconsultants.net

Acknowledgements

First Five Yuba Commissioners

John Floe, Chair
Dr. Joseph Cassady
Supervisor Mary Jane Griego
Suzanne Nobles
Joginder Sekhon
Melinda Staples

First Five Yuba Staff

Cynthia Sodari, Executive Director (Starting October 2012)
Coreena Conley, Former Executive Director (January-July 2012)
Jenny Sharkey, Former Executive Director (through October 2011)
Karen Ewing
Claudia Contreras

Evaluator

Francesca Wright, MPA, Principal Investigator
Stephanie E. Yee, Editor
Davis Consultant Network
www.davisconsultants.net

The First Five Yuba Commission (FFY) contracted with the Davis Consultant Network (DCN) to develop evaluation plans for its grantees and work with FFY staff to monitor implementation of programs. This is the summary report of evaluation findings for program activities for the July 2011-June 2012 fiscal year (FY 11-12). It provides both highlights on how FFY investments have impacted the outcome areas in the First Five Yuba Commission 2009-2011 Strategic Plan and substantiates these findings with data collected by each program.

DCN met with FFY staff and representatives from all agencies receiving a major grant. Together they discussed the program's goals and objectives and reviewed available program performance data. A logic model and an evaluation plan were developed. Efforts were made to collect measures that both reflect the program process (what activities were done) and its outcomes (what is different in lives of children and families.) In many cases, tools were developed to ensure both types of information were gathered.

As a part of the FFY contract monitoring, all grantees are required to submit quarterly "Milestones". The milestones include reasonable negotiated measure of program outputs and outcomes. DCN and FFY staff review these program reports and provide grantees with feedback, suggestions, and in some cases, follow-up questions. The service providers have been responsive to all requests for clarifications and should be commended for the great care and effort they have demonstrated in documenting their program activities and impacts. This report would not have been possible without their cooperation.

Special thanks also go also to Karen Ewing for her ever responsive and helpful nature, and Claudia Contreras for entering survey data.

"We have to report and evaluate for many different funding agencies, and we are willing to do what is required for FFY. We are happy that FFY has such good feedback and suggestions for us."

Anonymous First Five Yuba grantee program administrator response to evaluation feedback survey question: "Please share suggestions for how the evaluation process and/or reporting could better meet your needs."

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First Five Yuba Commission

Evaluation Findings

Fiscal Year 2011-12

Executive Summary

The First Five Yuba Commission (FFY) contracted with the Davis Consultant Network to evaluate its major grant programs and progress on its 2009-2011 Strategic Plan. FFY invested \$380,383 in major grant programming in FY 2011-2012. This Executive Summary highlights findings from the full First Five Yuba Commission Evaluation Findings FY 2011-2012 report.

Population Served

Programs reported serving a total of 1268 children, 1209 parents or guardians, and 257 providers of services to young children or their families. These families resided in all areas of the county. Of the 594 children that were screened for health insurance, 62% were eligible and enrolled in Medi-Cal, a proxy indicator for very low family income.

Family Functioning Findings

- The AmeriCorps provided activities for Yuba families, increasing the numbers of clients served this past fiscal year in all program areas: community outreach; drop-in family resources; parent education and home-visiting. While enrollments were modest, parents who did attend workshops would recommend them to others and reported benefits in their role as parents.
- Baby Steps has trained 532 community leaders, service providers and families on the “40 Developmental Assets”. Workshop participants were very satisfied with the workshop quality and offered examples of how they would apply the assets in their family and professional roles. The message of the 40 developmental assets has been supported through conventional and social media.
- The Salvation Army Linked program expanded its mental health services and onsite child care. It improved access to dental care and offered transportation to medical appointments for families in their residential treatment program. Staff has been responsive to suggestions for upgrading the child care environment, and has assisted parents in assessing their child’s social and emotional development.

Child Development Findings

- FFY has supported a small quality school readiness program in the foothill community of Camptonville for three years. This program has provided school readiness experiences for 26 infants, toddlers and preschool children and has fostered community cohesion and leadership development.

- First Steps addressed and improved the child care quality provided for mothers in its day treatment program, most notably by providing additional staffing and improving hand-washing, furnishings, program structure, and activities.
- The Yuba County School Readiness program has become a resource for families with young children in the target elementary schools of Ella, Cedar Lane, and Linda. The program provided 2.9 million participant hours of literacy, nutrition, physical activity, and child development related parent education. Families enjoyed and repeatedly participated in these workshops.

Child Health Findings

- First Smiles provided training, coaching, and follow-up to 46 Yuba County service providers on how to conduct dental screening for young children and how to provide fluoride varnish.
- The Yuba County Office of Education Family Resource Center Gas Card program assisted 60 Yuba families with gasoline expenses to access specialty medical care not locally available for their child.
- Yuba County Public Works and its private sector partner provided 1335 residents with recreational experiences. They have laid the foundation for ongoing recreation opportunities for children of all ages and their families. Of particular public safety benefit is the establishment of an ongoing aquatics program.
- The NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) Program helps child care providers focus on very specific ways that they can promote good nutrition and physical activity. Participating providers improved their nutrition and physical activity environments - most notably in the adoption of physical activity policies – provision of nutrition education, and physical activity education. Workshop participants appreciated: learning specific activities they could use with their class; the helpful suggestions; and handouts for parents.

Systems of Care Findings

Each major grantee reported how it leveraged resources. Together, they reported more than doubling the FFY \$380,393 grant funds for a total community investment of nearly \$800,000 in services to young children and their families.

Population Served

All funded programs are asked to provide unduplicated counts of the children, families and service providers they served. Given the current FFY data management resources, it is not possible to provide unduplicated counts across programs. Programs reported serving a total of 1268 children, 1209 parents or guardians, and 257 providers of services to young children or their families from all areas of the county, with the greatest service units provided to children and families in Linda, Marysville and Olivehurst. (See Figure 1.)

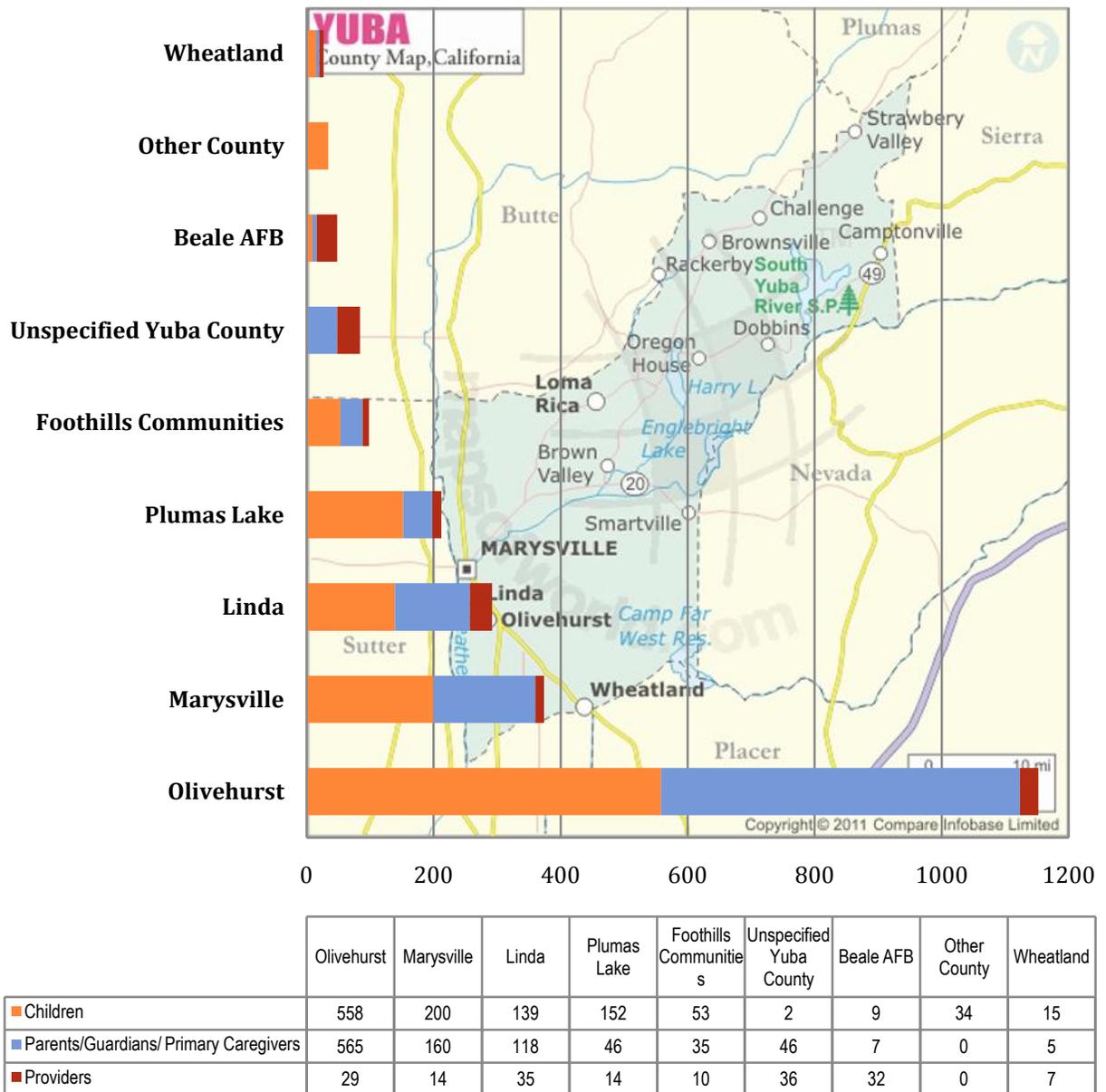


Figure 1: Geographic distribution of population served by FFY major grantees in FY 11-12. (Source: FFY tabulated participant counts.)

All programs are asked to report the status of health insurance for children they serve. The majority of children screened (62%) were enrolled in Medi-Cal, a public health insurance program for very low-income families. (See Figure .)

Child's Type of Health Insurance

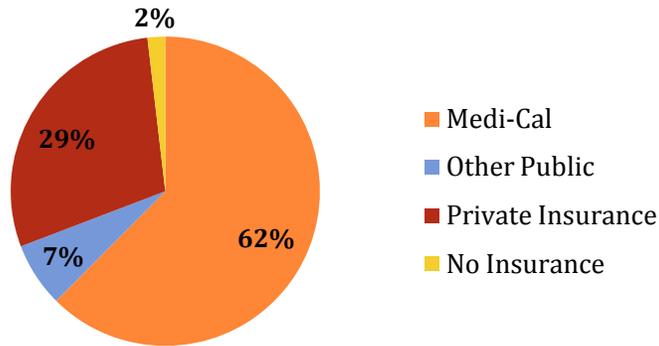


Figure 2: Health insurance type for children screened by FFY major grantee programs. n=594 (Source: FFY tabulated participant counts.)

Programs also reported children's primary home language. Forty-nine percent were English speakers, 37% Spanish speakers and 4% Hmong and 11% were unidentified or languages with less than 1%. (See Figure 3.)

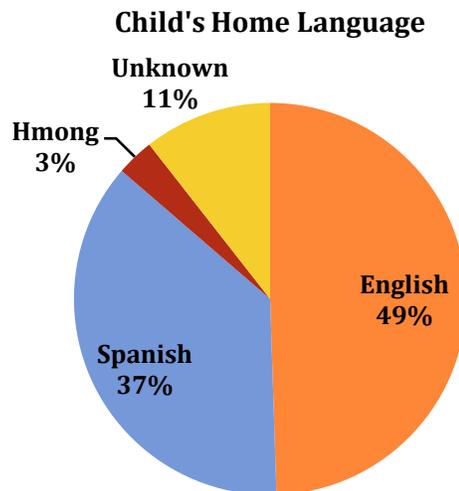


Figure 3: Home language of children served by FFY major grantees in FY 11-12. (Source: FFY tabulated participant counts.)

Program Findings

“1-2-3 Grow”/First Smiles

The Camptonville Community Partnership (CCP) was contracted to provide the “1-2-3 Grow” early childhood enrichment and kindergarten readiness program and the First Smiles oral health program for families of 16 children, ages 0-5 years from the rural foothill area of Camptonville. The program included: “1-2-3 Grow” Preschool Program, parent education, dental screening and oral health education for families. In FY 11-12, FFY invested \$34,781 for a total of \$113,617 over three years from July 2009 through June 2012.

Toddler and Preschool Programs

In FY 11-12, a drop-in morning program was provided three times per week for 115 days during the school year. The program has an infant/ toddler and a preschool program, each with its own teacher. The program utilizes the California State Preschool Standards. Over the course of the year, 26 children had been enrolled in the program, including two with special needs. Staff estimates an average daily attendance of three to four children.

When the year began with low attendance, CCP increased its marketing efforts through: a weekly recruitment table at the local community market; personal invitations; articles in monthly newsletters of local organizations; and flyers. Program staff noted in the CCP quarterly milestones report, “We do believe that the reason this drop has occurred is tied to the decreased elementary enrollment and the decline in population in our rural community as people leave in search of work.”

Parent Programs and Engagement

Eleven parent education programs were offered with an average attendance of four parents. Topics included preschool orientation, dental care, collecting data for program improvement, and one session on parenting skills.

The program structure requires that parents or the child care provider to remain on the Camptonville Elementary School Campus during program hours. This provides a context for parents to participate in the Family Resource Center, school garden, and other campus activities. Former and current program parents have grown into community leaders. Many are active with the Camptonville Elementary School’s Parent Club, which organized community events such as “Octoberganza”, teacher retirement celebration, visits with Santa, and various fundraisers. Two “1-2-3 Grow” parents serve on the Camptonville School Board and another serves on the Board of the Camptonville Community Service District.

Seven parents attended the midyear parent meeting to address how the program can best meet the needs of families in the community. This led to planning for more field trips and designating Thursdays for pre-math and pre-reading activities to accommodate parents who could only participate one day per week. The health policy was reviewed and reaffirmed.

A year-end parent survey was conducted by program staff and returned by 11 parents. There was strong support for a continued school readiness program on the elementary campus. Several parents suggested that the program adopt a licensed child care or state preschool model. The CCP Board and Executive Director Collective did not believe there was sufficient

demand for these models and felt the local family daycare home, which is not always fully enrolled, was meeting the existing demand. Despite economic and enrollment challenges, the Camptonville Community Partnership plans to offer a one-day volunteer-staffed program in the 12-13 school year.

Health Screenings

All children enrolled in “1-2-3 Grow” are screened for health insurance, dental health, and current immunizations. Eighty-four percent had health insurance, 68% were screened quarterly for dental health, and 43% were fully immunized. Four families submitted immunization waivers. Twenty-eight percent of the dental screens resulted in referrals for professional dental care. Camptonville Community Partnership staff reported that some families are resistant to providing health records. A gift-card incentive program did not generate additional records.

“1-2-3 Grow” Conclusions

FFY has supported a small quality school readiness program in the foothill community of Camptonville for three years. In FY 11-12, this program provided school readiness experiences for 26 infants, toddlers, and preschool children, and it has fostered community cohesion and leadership development.

AmeriCorps

Program Description

GraceSource (GS) was contracted to train and supervise four AmeriCorps members as a part of the Prevent Child Abuse California Initiative. The AmeriCorps provide five core services:



1. **Outreach, information and recruitment** of families for First Five Yuba (FFY) programs (county-wide);
2. **Family Resource Center (FRC)** drop-in family support information, referral, health insurance application assistance and basic needs (food, diapers, clothing, housing assistance);
3. **Community events** for families that combine fun and education;
4. **Parent education programs;**
5. **Case management and home visiting** to support family-identified goals (family functioning, parenting and child development.) Duration varies based on family's choice. Visitors do initial screening to discover participant objectives. They also bring resources and information to families in their homes drawing from *Healthy Families America*.

In FY 11-12, FFY invested \$52,260, with a total investment of \$168,546 over the past three fiscal years.

Outreach

AmeriCorps reported support for 93 community events including: scrapbooking and other craft workshops; movie nights; family reading nights; preschool reading at the library and preschools; and staffing the farmers market play area with nutrition and physical activities. While unduplicated counts of families served is not possible, they report 2034 “units of participants”, averaging 22 families participating per event. This represents a doubling in outreach activities and an increase in participation rates over prior years.

Drop-In Family Support

The GraceSource Family Resource Center at Ella and Cedar Lane Elementary Schools are open daily for drop-in resource, referral, and emergency food and diapers. In FY 11-12, the number of drop-ins increased 137% from 168 to 399, with a peak of 53 individuals in November of 2012. Activity was low in September when new AmeriCorps members were being trained. (See Figure 4.) The majority of drop-in clients were Caucasian (56%), followed by 25% Hispanic, 10% Asian, and 6% African American. (See Figure 5.) Seventy-six percent of their clients had English as their primary language. (See Figure 6.)

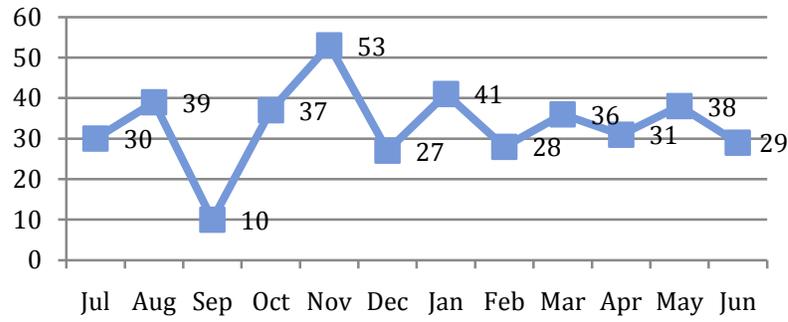


Figure 4: Number of AmeriCorps Drop-In Clients for FY 11-12 by month.

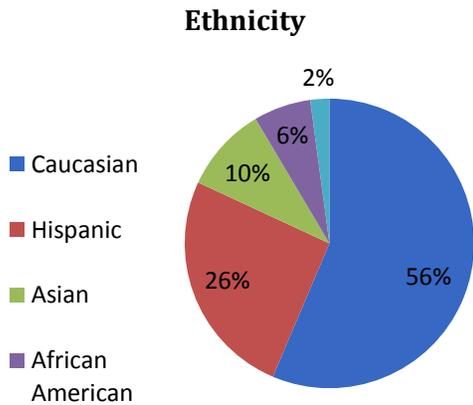


Figure 5: Ethnicity distribution of GraceSource FRC Drop-In Clients in FY 11-12

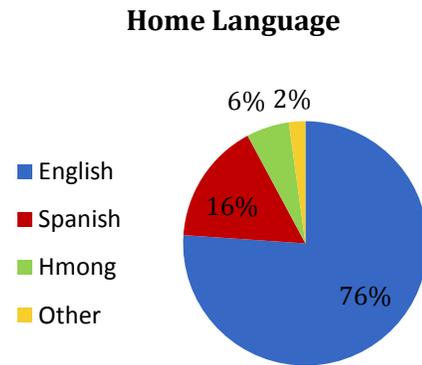


Figure 6: Home Language distribution of GraceSource FRC Drop-In Clients in FY 11-12

95% of the 202 walk-in clients with children ages 0-5 reported that their children had health insurance and 72% reported a dental home. Application assistance was not provided but referrals to dental services were made for those with interest.

Eligible families received First Five Welcome Baby kits (15), diapers (101), emergency food (119), and clothing assistance (50). The most frequent assistance was referral to the CAN (Christian Assistance Network) program (138). (See Figure 7.)

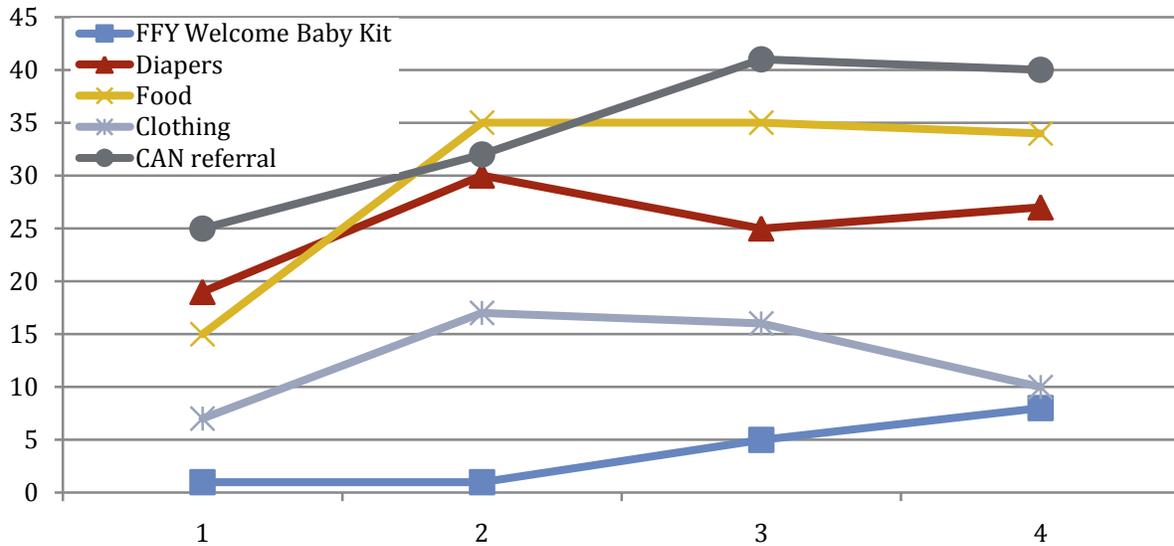


Figure 7: Drop-in Assistance by Type and by Quarter in FY 11-12 (Source: FRC Drop-In Log)

Parent Education

AmeriCorps offered 121 hours (86 sessions) of parent education in FY 11-12, a 95% increase over FY 10-11. New class offerings this past year included anger management, Spanish and English classes, a men’s and a moms’ group, and *Zumba* exercise classes. Average parental attendance per session was three. Greatest average attendance was for the Nurtured Heart¹ program and the Kinship/Foster Care Education programs. (See Table 1.)

Class Title	# Sessions	Hours per Session	Total Parent Attendance Units	Average Attendance
Anger Management	2	1.5	4	2.0
ESL	27	1.5	62	2.3
ESL/SSL Combined	12	1.5	34	2.8
Kinship Care Education	1	2	5	5.0
Men's Skill Group	7	1	21	3.0
Mom's Group	4	1	13	3.3
Nurtured Heart Parenting	8	1.5	39	4.9
Spanish	19	1.5	57	3.0
Zumba	6	1	17	2.8
Total	86	121 hours	252	2.9

Table 1: AmeriCorps FY 11-12 Parent Education programs, sessions, duration, and attendance. Source: AmeriCorps Milestones.

¹ The Nurtured Heart workshops curriculum was developed to help adults work with children with challenging behaviors.

All FFY funded workshop series are asked to collect feedback forms at the final class of each series. The AmeriCorps program returned 42 forms from 7 of the 9 workshops. (See Table 2.) Based on returned surveys, the low workshop enrollments were not a reflection on workshop quality. All respondents would recommend the series to others, found the handouts helpful, and the workshop hours to be convenient. (See Figure 8.)

Returned Surveys	#	Comments
Computer Literacy	4	<i>I enjoy learning about the computers. Maritza was a great instructor.</i>
Life Skills	3	<i>Appreciated learning importance of body language, how to fill out a job application, and active listening skills.</i>
Nurtured Heart	20	<i>What was most informative? To be consistent; how to set limits; how to use time-outs; slides and packets; "I feel the Kodak moments will help me and my child connect on a better level."</i>
English	6	<i>This class will help me find a job. I can make now make Dr. appointments. I've learned more English. "I have been very happy knowing that you all worry about us so that we can learn English."</i>
Men's Skill Building	3	<i>No comments</i>
Spanish	3	<i>"This is good. It helps me to teach my kids some words in Spanish." "I think it's important for communication with other children in their classes."</i>
Zumba	3	<i>"Relieved stress." "It helped me to be more energetic during the day."</i>
Total	42	

Table 2: Number of AmeriCorps FY 11-12 Workshop Feedback Forms Returned by Program with selected participant comments. (Source: FFY Workshop Feedback Forms entered by FFY and analyzed by DCN.)

Participant Agreement with Indicators of Workshop Quality

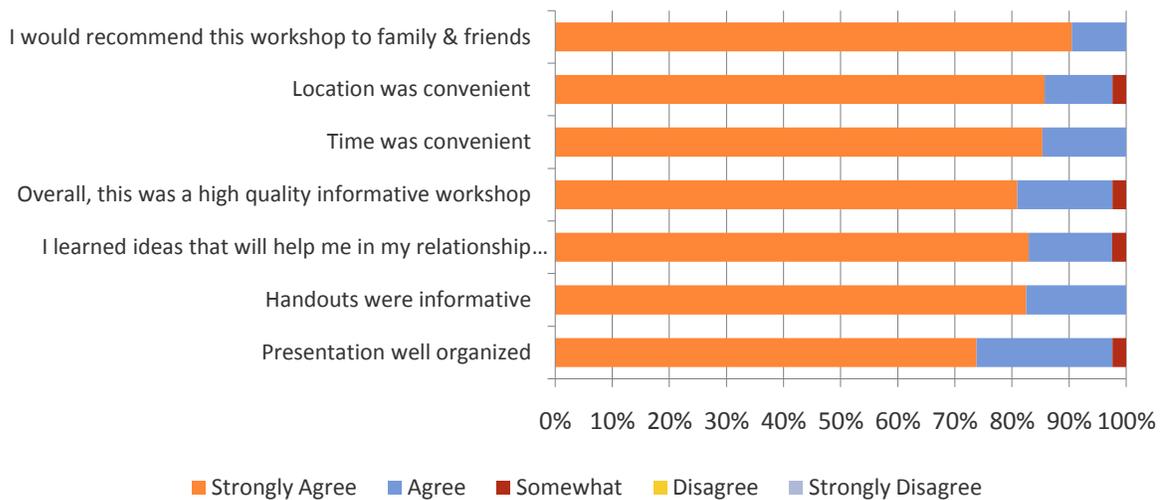


Figure 8: AmeriCorps FY 11-12 Workshop Feedback on indicators of program quality. (Source: FFY Workshop Feedback Forms entered by FFY and analyzed by DCN.)

Home Visitation

Thirty-four families participated in the Home Visitation/Case Management program. The program reported a total of 347 visits, an 83% increase over the number of completed home visits (190) in the prior fiscal year. No requested family feedback surveys were submitted by the program.

AmeriCorps Conclusions

The AmeriCorps staff contributed to many activities for Yuba families. Last year, AmeriCorps saw an increase in clients served in all program areas (community outreach, drop-in FRC, parent education and home-visiting) over prior years. They expanded their parent workshop offerings to include: physical activity; English as a second language; Spanish as a second language; a fathers group; a mothers group; and how to work with challenging children. While enrollments were modest, parents who did attend workshops would recommend them to others and reported benefits in their role as parents. No evidence of home visitation impacts or satisfaction was provided by the program.

Baby Steps

Program Description

Yuba County Office of Education (YCOE) had a two-year contract to develop and deliver what they called the “Baby Steps” program. The program promoted the adoption of “The 40 Developmental Assets” identified by the Search Institute. This was to be done through training leaders in community agencies to train families, public messaging, and working with community agencies to formally adopt the 40 Developmental Assets. The first year of the program included a local survey and multimedia campaign. In FY 11-12, FFY invested \$23,020 for a total investment of \$85,142 in this program.



Workshops

In FY 10-11, 24 community leaders from 16 agencies were trained by the Search Institute on the essentials of assets. In exchange for being trained, each person was asked to provide at least two *Essentials of Assets* workshops over the following two years. In the past two years, a total of 40 additional workshops were offered in English, Spanish, and Hmong. They were attended by 170 service providers and 338 parents, reaching 89% of its goal of training 600 residents.

Sixteen trainers provided 281 workshop feedback forms over the 2-year period. Respondents were both parents and providers. Sixty-five percent of the respondents indicated that they were interested in building skills to help them with children ages 0-5. Most of those attending learned of the workshop from word of mouth with 85% from a child professional (child care provider, teacher or medical professional) and 10.5% from a friend or family member.

93% - 100% of the participants agreed with each of the eight indicators of workshop quality. (See Figure 9.)

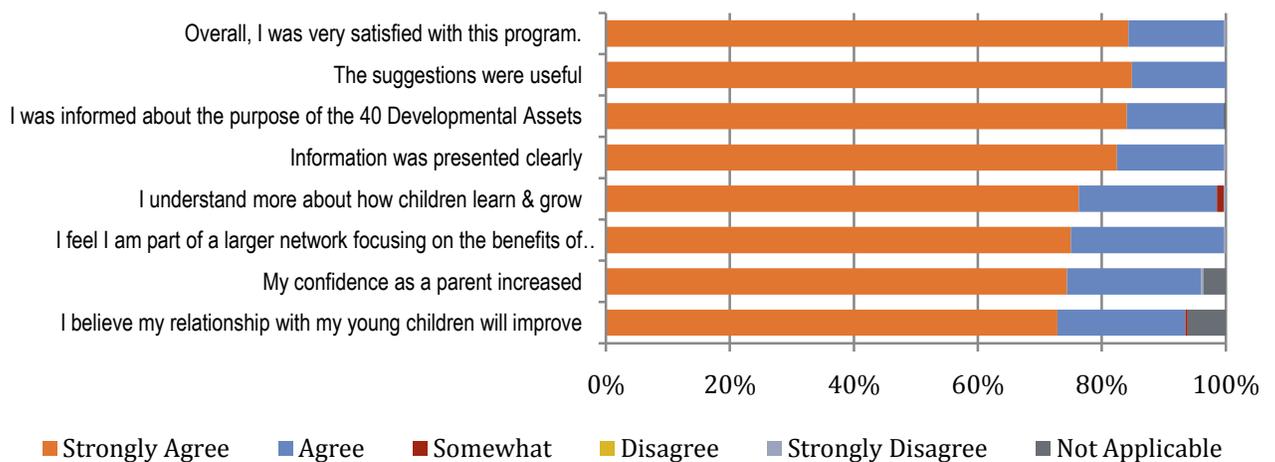


Figure 9: Levels of Agreement by parents and providers who participated in Assets Workshops to eight indicators of program quality. (Source: FFY Workshop Feedback Form. n=28)

40 Developmental Assets for Early Childhood

The Search Institute has identified the following building blocks of healthy development—known as Developmental Assets—that help young children grow up healthy, caring, and responsible. This particular list is intended for children in early childhood (age 3-5).

SUPPORT

1. **Family Support** | Parents and/or primary caregivers provide the child with high levels of consistent and predictable love, physical care, and positive attention in ways that are responsive to the child's individuality.
2. **Positive Family Communication** | Parents and/or primary caregivers express themselves positively and respectfully, engaging young children in conversations that invite their input.
3. **Other Adult Relationships** | With the family's support, the child experiences consistent, caring relationships with adults outside the family.
4. **Caring Neighborhood** | The child's network of relationships includes neighbors who provide emotional support and a sense of belonging.
5. **Caring Climate in Child Care and Educational Settings** | Caregivers and teachers create environments that are nurturing, accepting, encouraging, and secure
6. **Parent Involvement in Child Care and Education** | Parents, caregivers, and teachers together create a consistent and supportive approach to fostering the child's successful growth.

EMPOWERMENT

7. **Community Cherishes and Values Young Children** | Children are welcomed and included throughout community life.
8. **Children Seen as Resources** | The community demonstrates that children are valuable resources by investing in a child-rearing system of family support and high-quality activities and resources to meet children's physical, social, and emotional needs.
9. **Service to Others** | The child has opportunities to perform simple but meaningful and caring actions for others.
10. **Safety** | Parents, caregivers, teachers, neighbors, and the community take action to ensure children's health and safety.

BOUNDARIES & EXPECTATIONS

11. **Family Boundaries** | The family provides consistent supervision for the child and maintains reasonable guidelines for behavior that the child can understand and achieve.
12. **Boundaries in Child Care and Educational Settings** | Caregivers and educators use positive approaches to discipline and natural consequences to encourage self-regulation and acceptable behaviors.
13. **Neighborhood Boundaries** | Neighbors encourage the child in positive, acceptable behavior, as well as intervene in negative behavior, in a supportive, nonthreatening way.
14. **Adult Role Models** | Parents and other adults model self-control, social skills, engagement in learning, and healthy lifestyles.
15. **Positive Peer Relationships** | Parents and caregivers seek to provide opportunities for the child to interact positively with other children.
16. **Positive Expectations** | Parent(s), caregivers, and teachers encourage and support the child in behaving appropriately, undertaking challenging tasks, and performing activities to the best of her or his abilities.

CONSTRUCTIVE USE OF TIME

17. **Play and Creative Activities** | The child has daily opportunities to play in ways that allow self-expression, physical activity, and interaction with others.
18. **Out-of-Home and Community Programs** | The child experiences well-designed programs led by competent, caring adults in well-maintained settings.
19. **Religious Community** | The child participates in age-appropriate religious activities and caring relationships that nurture her or his spiritual development.

20. **Time at Home** | The child spends most of her or his time at home participating in family activities and playing constructively, with parents guiding TV and electronic game use.



COMMITMENT TO LEARNING

21. **Motivation to Mastery** | The child responds to new experiences with curiosity and energy, resulting in the pleasure of mastering new learning and skills.
22. **Engagement in Learning Experiences** | The child fully participates in a variety of activities that offer opportunities for learning.
23. **Home-program Connection** | The child experiences security, consistency, and connections between home and out-of-home care programs and learning activities.
24. **Bonding to Programs** | The child forms meaningful connections with out-of-home care and educational programs.
25. **Early Literacy** | The child enjoys a variety of pre-reading activities, including adults reading to him or her daily, looking at and handling books, playing with a variety of media, and showing interest in pictures, letters, and numbers.



POSITIVE VALUES

26. **Caring** | The child begins to show empathy, understanding, and awareness of others' feelings.
27. **Equality and Social Justice** | The child begins to show concern for people who are excluded from play and other activities or are not treated fairly because they are different.
28. **Integrity** | The child begins to express her or his views appropriately and to stand up for a growing sense of what is fair and right.
29. **Honesty** | The child begins to understand the difference between truth and lies and is truthful to the extent of her or his understanding.
30. **Responsibility** | The child begins to follow through on simple tasks to take care of her- or himself and to help others.
31. **Self-regulation** | The child can increasingly identify, regulate, and control her or his behaviors in healthy ways and use adult support constructively in particularly stressful situations.



SOCIAL COMPETENCIES

32. **Planning and Decision Making** | The child begins to plan for the immediate future, choosing from among several options and trying to solve problems.
33. **Interpersonal Skills** | The child cooperates, shares, plays harmoniously, and comforts others in distress.
34. **Cultural Awareness and Sensitivity** | The child begins to learn about her or his own cultural identity and to show acceptance of people who are racially, physically, culturally, or ethnically different from him or her.
35. **Resistance Skills** | The child begins to sense danger accurately, to seek help from trusted adults, and to resist pressure from peers to participate in unacceptable or risky behavior.
36. **Peaceful Conflict Resolution** | The child begins to compromise and resolve conflicts without using physical aggression or hurtful language.



POSITIVE IDENTITY

37. **Personal Power** | The child can make choices that give a sense of having some influence over things that happen in her or his life.
38. **Self-Esteem** | The child likes her- or himself and has a growing sense of being valued by others.
39. **Sense of Purpose** | The child anticipates new opportunities, experiences, and milestones in growing up.
40. **Positive View of Personal Future** | The child finds the world interesting and enjoyable, and feels that he or she has a positive place in it.

When asked “*What changes would you like to see in this workshop?*” most comments were supportive of its existing design. Half said “to keep as is”, while one quarter offered no suggestions. Nine percent would have liked to have seen more time allocated to the workshop, and 8% asked for more workshops like this one. Four percent would have liked more activities included in the teaching approach. Some other suggestions related to handouts in Spanish, use of audio-visuals, and to greater participant recruitment so more parents could benefit from the program. (See Figure 10.) All participants identified specific assets that they committed to actively support in their family or work environment within the week following the workshops.

What changes would you like to see in this workshop?



Figure 10: Coded responses to open-ended question “What changes would you like to see in this workshop?”. Source: Baby Steps Workshop Feedback Form. n=281.

Public Awareness and Messaging

The program included public and personal messaging campaigns. Public messages were seen in four newspapers, one movie theater, and in the outfield of the Gold Sox ball park. Private messages with tips for applying the developmental assets were sent to 12 families via text, 36 via email, and 70 via Facebook.

Media Outlet	Circulation	Notes
Appeal Democrat	17,000 newsprint daily	Paid ad 9/17/11, featured on 10/15/11 and 11/19/11.
CineMedia	22,000 clips monthly	15-second voice advertisement for 26 weeks July 1,2011-December 29, 2011
Gold Sox	Approx. 1440	Outfield sign this season
Rabbit Creek Journal	1,500 newsprint weekly	Featured monthly on ¼ of a page
Territorial Dispatch	10,000 newsprint weekly, 25,000 website hits on Wednesdays.	Monthly ad
Wheatland Citizen	3,500 newsprint monthly, 23 website visits/day.	Top banner across the website.

Table 3: Baby Steps public awareness campaign viewership FY 11-12.

Bill of Rights for Children and Youth

Based on the goal to enrich the lives of Yuba County Children; through the 40 Developmental Assets, we proclaim all children and youth have a right to be safe, healthy, successful in learning and successful in life regardless of their language, culture, race, gender or gender identity, sexual orientation, religion or developmental abilities. Yuba County is enriched by the diversity of its children and youth. In order to benefit from this diversity, we must ensure all children and youth have the same rights. Therefore we resolve to support Yuba County children and youth so that:

- They have a healthy mind, body and spirit that enable them to maximize their potential.
- They develop a healthy attachment to a parent, guardian, or caregiver and an ongoing relationship with a caring adult.
- Their essential needs are met- nutritious food, shelter, clothing, health care and accessible transportation.
- They have a safe and healthy environment, including homes, schools, neighborhoods and communities.
- They have access to a 21st century education that promotes success in life, in future careers and a love of life-long learning.
- They have training in life skills that will prepare them to live independently, be self-sufficient and contribute to their community.
- They are free from mistreatment, abuse and neglect.
- They have a voice in matters that affect them.
- They have a sense of hope for their future.

Agency Adoption

One goal of the program was for Yuba agencies to formally adopt “The 40 Developmental Assets” so that this approach could become a norm across the county. A review of the list of assets (see pages 18-19) demonstrates that they are not written for agency adoption, but rather, are a list of elements known to benefit healthy human development. The list was developed by the Search Institute to provide a structure for community assessments and training. However, it is too long and multi-dimensional to be reviewed, absorbed, and adopted within most governing board meeting schedules.

Baby Steps staff addressed this challenge in two ways.

1. They drafted the Yuba Children’s Bill of Rights to address the principles underlying the 40 developmental assets. (See text box above.) The Children’s Bill of Rights was formally adopted by the Yuba County Office of Education. Additionally, it was signed by ten community leaders with affiliations with public agencies, but without governing body review and formal adoption (retired and current Chief of Probation, Chief of Police in Wheatland, County Sheriff, School Readiness Coordinator for Marysville Joint Unified School District, Ampla Health WIC, Plumas Lake Child Development Center, Sutter/Yuba Mental Health, Victim Services, and Chair First Five Yuba Commission.)
2. Findings and recommendations from the Search Institute survey of 267 Yuba County residents have been incorporated into the *Yuba County Children’s Council Children’s Report Card 2011*.

Baby Steps Conclusions

As a two-year grant, the program has trained 532 community leaders, service providers, and families on “the 40 Developmental Assets.” Workshop participants were very satisfied with the workshop quality and offered examples of how they would apply the assets in their family and professional roles. The program provided a broad array of public awareness messaging in traditional (newspaper, public transportation signage), creative (movie ads, ballpark ads), and “frontier” technologies (text messaging and social media). The goal of formal adoption of “the 40 Developmental Assets” by agencies was attained within the Yuba County Office of Education and recommendations from the FY 10-11 Search Institute study in Yuba County have been incorporated into the *Yuba County Children’s Council Children’s Report Card 2011*.



Source: <http://www.amandacaldwell.com/2010/05/wordless-wednesday-grandma.html>

First Smiles County-Wide

Program Description

Camptonville Community Partnership (CCP) received a two-year contract to train individuals who already serve children ages 0-5 on how to implement the First Smiles dental screening program. In turn, these dental health outreach workers (DHOWs) would provide health insurance screening; caries risk assessments; fluoride varnish treatments; and coach families in ways to reduce risk. The goal was to reach at least 600 families over the two-year term of the grant. FFY invested \$9,552 in FY 10-11 for a two-year investment of \$19,847.

In FY 11-12, First Smiles trained an additional 35 DHOWs from 12 community agencies on how to conduct caries risk assessments and apply fluoride varnish for young children, bringing the total number of DHOWs trained to 46. By the fourth quarter, nine DHOWs were actively providing caries screenings. Altogether, 41 assessments were completed and 49 fluoride varnish treatments were applied. Despite training and supplemental on-site coaching by First Smiles staff, these service counts fell far short of the two-year grant goals of reaching 600 families and represented a reduction of 40% from the prior year's service counts.

DHOWs in the Marysville Joint Unified School District reported a preference to refer clients to the dental van for varnish treatments. DHOWs from public health reported a need to prioritize messaging and record keeping for their home visits, and focus on routine dental care rather than varnish applications. CCP reported that in FY 10-11 the Baby Steps Home Visit Program, formerly provided by Harmony Health, was a strong partner in the completion of screens.

Partner agencies were helpful in the distribution of 400 free dental care kits.

While not included in its contract, the First Smiles staff provided dental care workshops for parents at Cedar Lane and the Salvation Army Depot to support the work of those DHOWs.

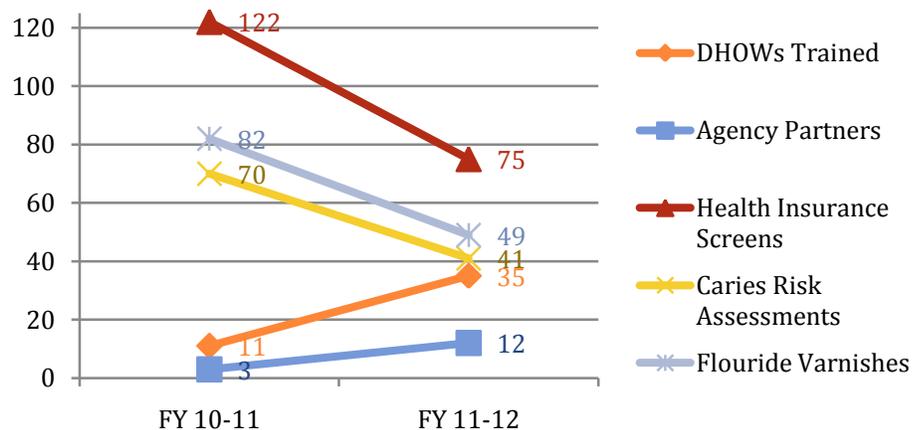


Figure 11: First Smiles County Wide service units for number of Dental Health Outreach Workers trained, number of agencies the DHOWs represent, number of health insurance screens completed, number of caries risk assessments completed and number fluoride varnishes applied. (Source: Milestones FY 10-11 and 11-12)

Prior to the Fall 2011 DHOW training, the caries risk assessment was updated so more uniform procedures could be submitted by all DHOWs. Salvation Army, GraceSource, and School Readiness programs provided copies of 13 completed family assessments (32% of the CCP reported 41 assessments). Of these, 7 (54%) were found to be high risk. No follow-up assessments were reported.

First Smiles Conclusions

CCP has provided training, coaching, and follow-up to Yuba County service providers on how to conduct dental screening for young children and how to provide fluoride varnish. Despite limited options in the county for accessing low-cost dental services, the program goal of servicing 300 families per year through Dental Health Outreach Workers has fallen short. CCP was not successful collecting and submitting risk assessments, even from their own staff. This model did not provide sufficient incentives, accountability, and experience to DHOWs for the delivery of fluoride varnish treatments and client follow-up.



Source: <http://mohealthysmiles.typepad.com/page/5/>

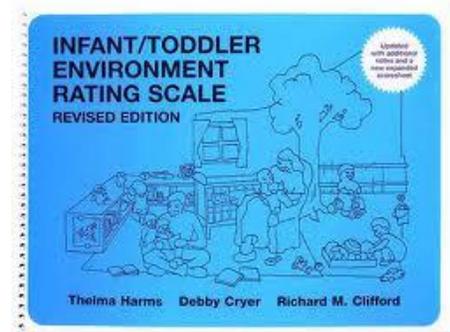
First Steps

Program Description

Sutter-Yuba Mental Health Drug & Alcohol Program (MHDAP) received a 2-year FFY grant to provide child care to the children of clients in its out-patient treatment program. FFY invested \$8,262 in FY 11-12 for a two-year investment of \$11,452.

Last year the grant helped fund 190 4-hour days of child care for 26 mothers and their 46 children.

In order to address child care quality, the evaluator provided the site with an early childhood consultant who, after observing the program, provided specific feedback based upon the Infant and Toddler Environmental Rating Scale, Revised Edition (ITERS-R). ITERS-R is a diagnostic tool to measure program quality. The tool is based upon: research evidence (from health, child development, and education); professional views of best practice; and the practical constraints assessment of real life in child care settings. A descriptive rubric defines a scale from 1 (inadequate) to 7 (excellent).



The October 2010 observation showed particular strengths in: “interaction” with a perfect score of 7 (supervision of play and learning, peer interactions, staff-child interactions, and discipline); “listening and talking” with a high score of 5.67 (helping children understand and use language and books), and “parents and staff” with a high score of 5.57 (provisions for parents, provisions for personal and professional needs of staff).

When a post ITERS was done, gains were seen in “parents and staff”; “program structure”; “activities”; “personal care routines”; and “space and furnishings.” Interaction maintained the highest possible score and listening and talking maintained its 5.67 score. Only “activities” remained less than 4, with suggestions for more music, an art area, blocks, and more outdoor time. (See Figure 12.)

Most notable was the staff’s creative solution to purchase a freestanding hand-wash station despite the lack of plumbing in the child care room. This station is replenished regularly with a 5-gallon jug of water.

Staffing remains a challenge that the program continues to address. The first assistant was placed by the Sutter County Employment Services Work Experience Placement program. She left in the second quarter when she was offered a full time position elsewhere. The second assistant stepped into the role of head teacher when the mentor-teacher went out on medical leave. Counselors and office staff have stepped in to assist. The program is happy to report that it has secured support to retain its acting head teacher for next year through Sutter County mental health.

In the past year, First Steps has provided the conditions for six mothers to reunify with their nine children as they continue to recover from addictions.

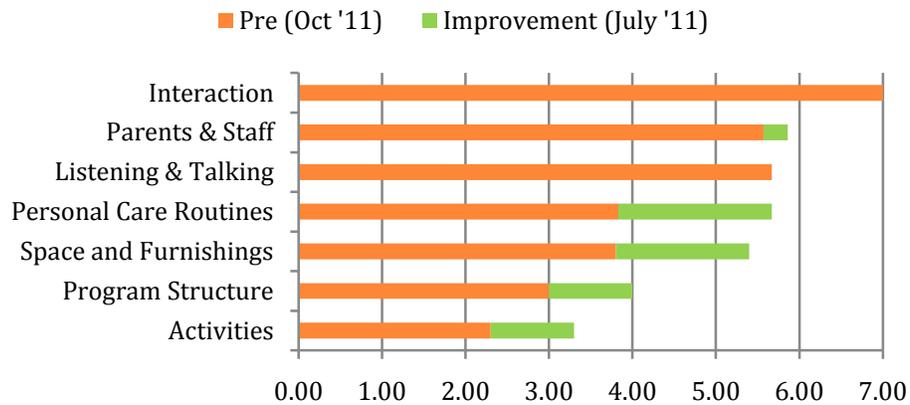


Figure 12: First Steps ITERS-R pre and post scores by subscales.

First Steps Conclusions

With a minimal investment, this program earnestly addressed and improved its child care quality, most notably by providing additional staffing and improving hand-washing, furnishings, program structure, and activities.



Source: <http://willowcreekpediatrics.blogspot.com/2012/09/best-prevention-hand-washing.html>

Gas Cards

Program Description

The Yuba County Office of Education (YCOE) has a three-year grant to provide gas cards or vouchers to families who have to drive out of county to receive specialty medical care for their special needs child. FY 11-12 was the second year of funding in which FFY invested \$5,000. All funds go directly to gas vouchers, with all administrative costs covered by YCOE.

The program distributed 229 vouchers and gas cards for 60 children, all of whom were screened and had health insurance. Families are eligible for a maximum of \$12.50 per out-of-county medical appointment. A sample of 30 satisfaction surveys was collected. Every respondent strongly agreed that they felt welcomed and respected and that the program helped them get their child needed health care.

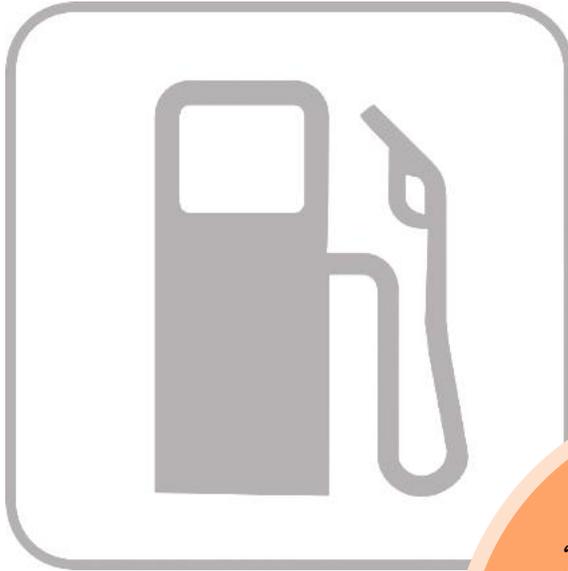
The survey asked: “Do you have any suggestions or comments you would like to share with the First 5 Commission who funds this program?” Sixteen (53%) wrote in comments, all expressing gratitude.

- *Great for people who are like myself and don't have help.*
- *No just what a blessing this program is.*
- *Just huge thanks!*
- *I am truly grateful to have gas vouchers available to me especially because I recently found out I am having identical twins and am having to see a specialist in Sacramento every two weeks from here on out. Although not ungrateful, I do wish they could be more, but I do understand every little bit helps. I am currently unemployed so gas is always an issue for me. But again thank you so very much for the vouchers and the availability of them.*
- *This is a fantastic program. Thank you. However gas prices are rising. It would be appreciated that this was consideration or changes in the budget.*
- *A great program when families need help.*
- *THANK YOU!*
- *The gas really helps people be able to get their kids to needed appointments.*
- *Thank you very much!*
- *My family and I greatly appreciate the opportunity to be involved in services.*
- *I'm just glad that there is a program that can help us people in these rough situations and thanks for the funds.*
- *Thank you so very much!*
- *I would like to say that Alicia Hrico is an amazing help with so many things, not just gas cards. She truly cares about the well being of my daughter and me.*
- *Thank you for helping me fulfill my daughter's doctor appointment.*
- *It is a helpful and excellent program.*

YCOE contributes office space and all the staffing costs of running the program, estimated to be over \$1200(per year?). The program coordinator has recruited volunteer Spanish translation services.

Gas Card Conclusions

The gas card program has played an important role in assisting 60 Yuba families to access specialty medical care not locally available for their child.



"I'm just glad that there is a program that can help us people in these rough situations and thanks for the funds."

Linked

Program Description

Salvation Army Depot Family Crisis Center received a two-year grant to extend its mental health, child care, and health access services for families that are pregnant or have children ages 0-5. The Depot serves families experiencing and recovering from homelessness and addiction. FFY invested \$17,550 in FY 11-12 for a total investment of \$31,218.

Mental Health Service

The program provided 127 hours of 88 hours of supplemental individual mental health counseling a 44% increase over the first year of the grant.

In the first year of the grant, the Linked child care teacher was trained in the use of the Ages and Stages Social Emotional assessment tool. She worked with parents to screen 31 children this past year. Staff report that this has been useful for parents to identify and focus on skills to support their child's development.

Child Care Services

A second observation of the child care program was done in June 2012 by Tammy Upton using the revised Family Child Care Environmental Rating Scale (FCCERS-R). The program demonstrated strengths in its indoor space, art displays, how children and families are greeted, how children are assisted with language, interactions between provider and children, and provisions for parents and provider professional needs. The program was provided with specific opportunities for growth. Ms. Upton was able to assist the Linked child care provider to enroll in a 20-hour early childhood mentoring program through Yuba Community College.

Health Care Access

All 27 children ages 0-5 served by Linked had health insurance and 93% had up-to-date immunizations. Sixty percent (16) of the children ages 0-5 served were seen by a dentist. Transportation for medical and dental appointments was provided 44 times through direct provision, bus passes, and gas vouchers.

Parental Perspective

Over the past two years, thirty-five parents of young children completed the program and submitted a FFY Intensively Served Family Survey. Families were asked to identify their goals. (See Table 4.) Ninety-one percent of families reported that they had mostly or fully achieved their goals. (See Figure 13.)

Think back to when you decided to work with this program. Remember your hopes.

What was your goal for what would change as a result of working with the Linked Program?

1. I would learn how to interact better with kids.
2. Me staying clean for my family and being a better father.
3. My children and myself would have more quality time together.
4. Better Communication with my kids.
5. Be able to get into a college.
6. Well it's the same since I still love my child.
7. Mostly that I would keep D and provide him with a foundation.
8. We would be able to have more family time together doing fun things together.
9. Get out of my homeless mess, get a new start, and get sober.
10. A structured schedule.
11. That I would obtain custody of my child and be a good effective father.
12. Get out of the deep rut my life was in. Get a strong tool bag for a lasting recovery.
13. Learning point system.
14. To get 90 days with helping out as much as I can.
15. To get my kids back
16. To be a better parent and to get to know my child better.
17. Structure and balance
18. To get our children back and keep them.
19. To be a better father, husband, and to become a productive member of society
20. Getting better parenting skills.
21. I am hoping that I get more parenting skills.
22. To use this program as a stepping stone between the program graduated from and "the outs". I wanted to gain as much knowledge and tools from this program as long as I was here.
23. I have goals of being sober, Christian family, getting a job, talking care of myself and family
24. They would learn to socialize with other children.
25. Getting my kids back
26. To learn to become a better father for my children through my personal recovery.
27. Mine and my wife's goal was to learn tools to be better parents and how to stay sober.
28. To get out on my own with my family in our own house.
29. My goal was to regain my family back and I have because of the program.
30. To live a better life.
31. Stop Biting
32. Get a house, job and a car.
33. Better attitude towards positive change

Table 4: Parents handwritten identified goals they had for themselves when entering the Linked programs.

(Source: Intensively Served Family Survey FY 10-11 and 11-12.)

How well was your goal acheived?

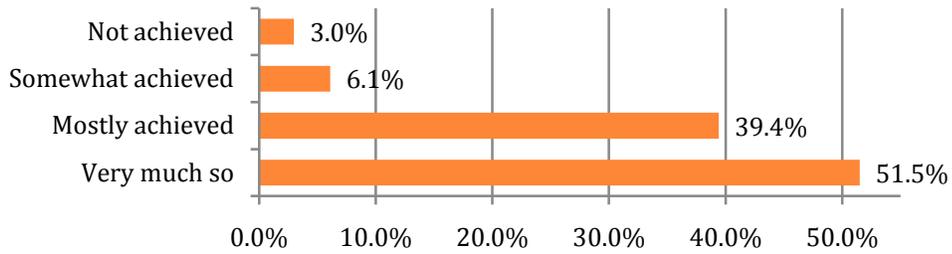


Figure 13: 91% of Linked families report their goals have been mostly or fully achieved. (Source: FY 10-11 and 11-12 Intensively Served Family Surveys. n=35)

All parents reported that their confidence as a parent increased, they were satisfied with the program, and they had learned more about how young children learn and grow, and that since participating in the program, their family situation was more stable. Ninety-seven percent agreed that their relationship with their young child/ren improved, that they were clearly informed of the program’s purpose, and that they received clear information and useful suggestions. Two participants felt they only somewhat agreed that they had learned how to access community resources. (See Figure 14.)

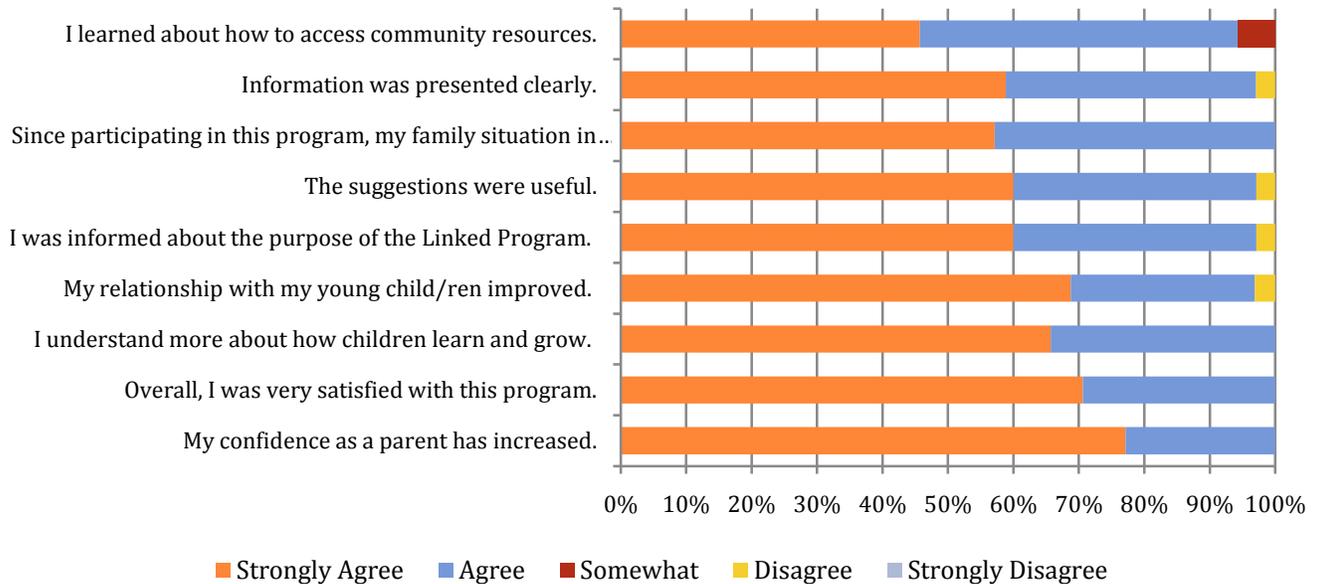


Figure 14: Salvation Army Depot Linked Program Family Survey Responses. n=35

When asked an open-ended question regarding what changes they noticed within themselves, 44 % observed that they were more patient and 16% said they were calmer. (See Figure 15.)

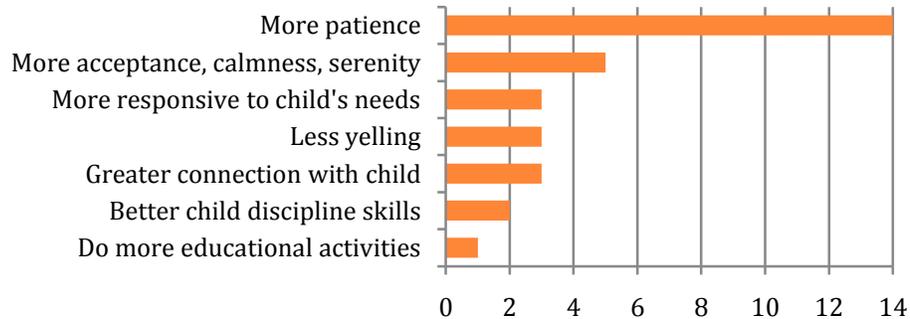


Figure 15: Most cited changes reported to open ended question “What changes have you experienced in your behavior since your child began the program?” (Source: FY 10-11 and 11-12 Intensively Served Family Survey collected from Linked Program. n=31.)

When asked the open-ended question “What changes would you like to see to the program”, 50% said no changes, that the program was fine. Another quarter of the parents had suggestions for the child care program such as more educational activities, greater age segregation, better child care facilities, and more recreational activities and help for older children. Several parents requested more parenting classes.

Linked Conclusions

Like all residential treatment programs, Linked is working with families facing multiple challenges. FFY funding has enabled the program to provide: additional mental health services; onsite child care; and transportation to medical appointments. Staff has been open to suggestions for upgrading the child care environment, and has learned to help parents assess their child’s social and emotional development.



Source <http://parentables.howstuffworks.com/family-matters/patient-parent.html>

NAP SACC

Program Description

The Twin Cities Association for the Education of Young Children (TCAEYC) received a 3-year grant to train Yuba County child care providers in the use of the evidence-based Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program. The program trains child care providers in use of the tool and helps staff to develop action plans. Additionally, the program provides community workshops open to any interested provider or family. Over three years they hope to improve nutrition and physical activity policies and practices in these and other centers, indirectly reaching 400 parents and 440 children. FFY invested \$28,100 in FY 11-12.

Participating Providers

Ten providers entered the program, of which four were licensed family care providers and two were centers new to the program, and four were child care classroom teachers working in centers that had participated in the prior year. A total of 165 children were enrolled in participating programs.

The NAP SACC assessment asks each center to report program practices on 54 measures. Pre- and post-assessments were collected from eight sites. In order to analyze changes, each narrative response was assigned a numeric value from 0-3, with three being the most desirable practice. Initially, the overall lowest aggregate scores were in physical activity policies, menus and variety of food offered, and physical activity education. Greatest gains between pre- and post-assessments were seen in physical activity and nutrition policies and physical activity education for students, families, and teachers. (See Figure 16.)

When looking at the four participating Family Child Care programs, greatest gains were seen in establishing policies, and providing nutrition and physical activity education. The FCCs outperformed centers in offering fruits and vegetables and using individualized feeding practices, such as determining if a child is full before removing a plate, helping a child determine if s/he is still hungry before providing seconds, and encouraging children to try new foods. (See Figure 17.)



Thanks for all the fun ideas!

We do a lot of physical stuff already but did not realize that the health importance was so great! Thank You.

FY 11-12 Initial Scores & Improvements

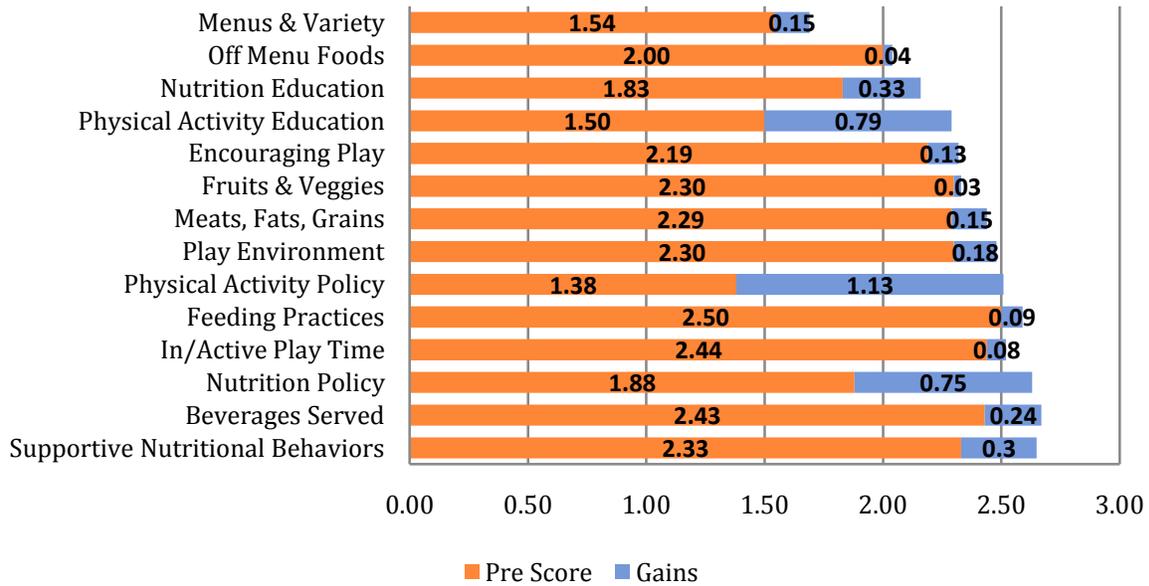


Figure 16: NAP SACC assessment average scores sorted by lowest to highest achieving post scores for all participating programs with pre- and post-assessments for FY 11/12 (n=8)

FCC Initial Scores and Improvements

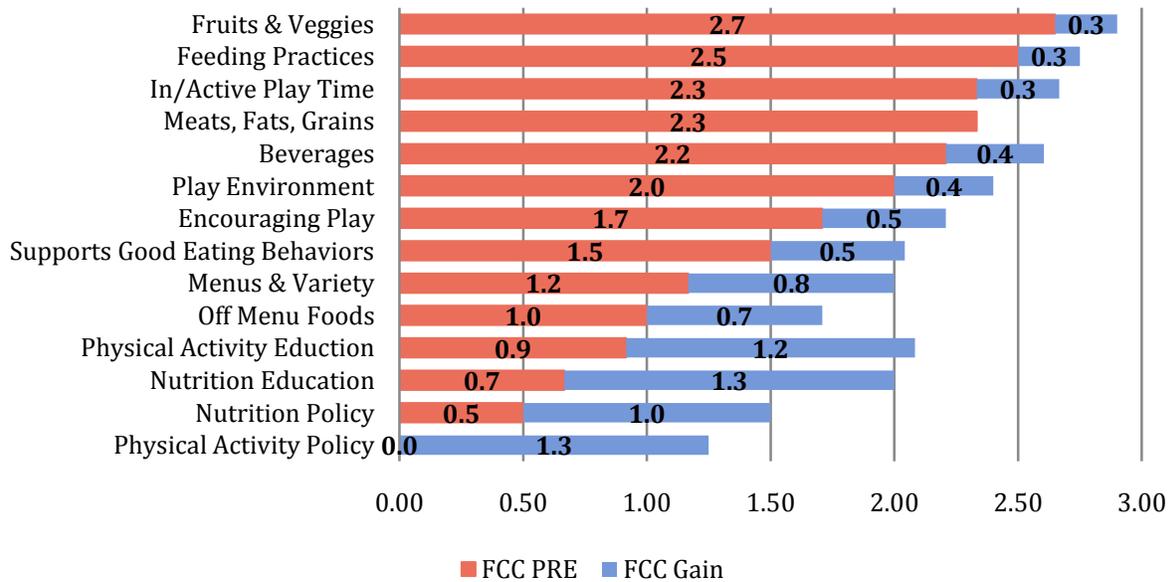


Figure 17: NAP SACC Family Child Care Pre-score and gains sorted by highest to lowest pre-scores. (n=4)

Community Workshops

NAP SACC provided five community workshops, attended by 39 child care providers and one parent. From these, 41 feedback forms were returned from three of the workshops. At least 94% of the respondents agreed or strongly agreed with indicators of program quality. (See Figure 18.)

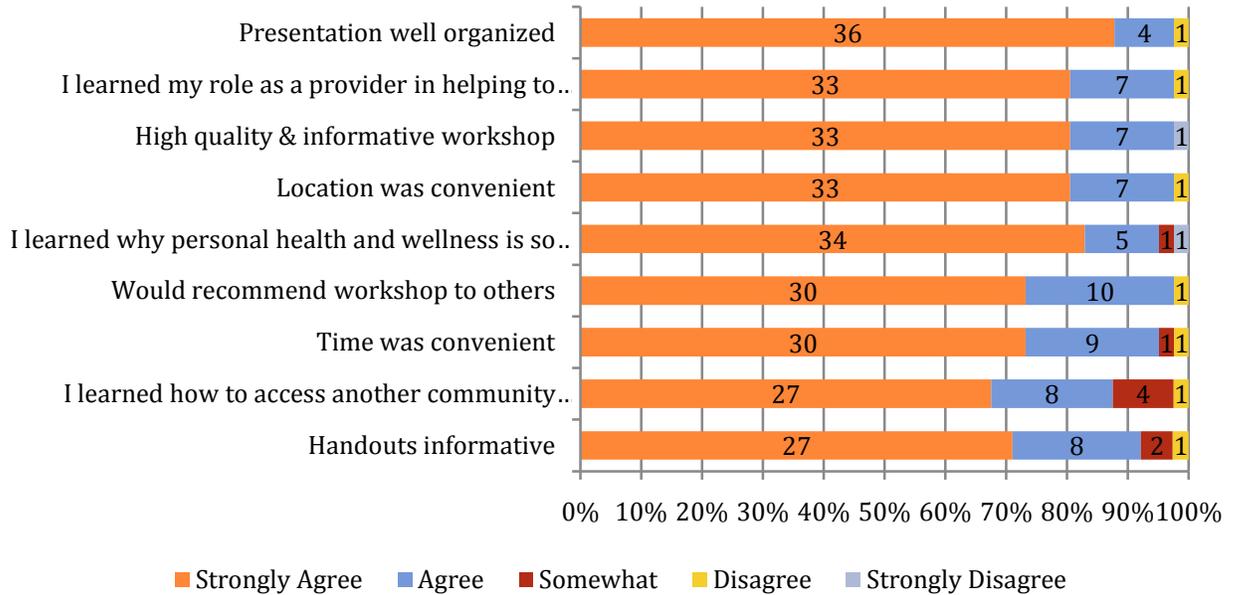


Figure 18: NAP-SACC Workshop Feedback on indicators of quality for 3 workshops “Moving Children to Good Health”, “Stepping toward a Health Lifestyle”, and “Together with Families” offered in FY 11-12. n=41

When asked “What did you find most informative?” respondents mentioned:

- *Fun activities to do with kids*
- *Handouts/suggestions for parents*
- *General information on nutrition*
- *Celebrating healthy!*
- *“Portion distortion”*
- *Sharing ideas with others*
- *Planning grocery purchases*
- *Data on benefits of family meal time*
- *Recipes*
- *Incremental changes*
- *Knowing we're on the right track*
- *How to structure physical activity lessons*
- *New and different ideas for my classroom.*

Recreation Coordinator

Program Description

Yuba County Public Works (PW) has received 2 FFY contracts since 2008 to develop and to provide recreation programming for children ages 0-5 and their families. FFY invested \$71,470 in FY 11-12 making a total investment of \$336,858 since 2008.

Marketing

PW collaborated with a private fitness club, the Training Zone, to develop, promote, and manage the recreation program. This past year, marketing was expanded from primarily flyers to include use of free community advertisements, Craigslist, the Appeal Democrat website, and email promotions. Flyer distribution was expanded through collaboration with the Children's Home Society to reach all licensed preschools and child care facilities in Yuba County.

Programs Offered

Last year, 23 course titles were offered to children ages 0-5 and their families. Most of these were weekly classes from 30 minutes to one hour each. Sixty children age three or under and another 213 four to five years of age participated in last year's recreation programs.

The aquatics program attracted the greatest number of participants in all age categories (829) including children ages 0-5 (258). (See Figure 15.) The summer 2012 program was held at the Olivehurst Public Utility District (OPUD) pool in Olivehurst.

Participant Satisfaction

Participant families were asked to respond to a survey at the last session of each workshop series of which 195 surveys were returned.

Two-thirds (130) were collected from the summer aquatics program; 13 % (26) from gymnastics; 10% (20) from ballet/jazz combo; 8% (16) from *Kid Fit*; and 1.5% (3) from Tae Kwon Do. (See Figure 19.) Ninety-two percent

Yuba Recreation Programs	For ages 0-3	For ages 4-5	For family members
Aquatics Program			
Parent & Me	✓		✓
Pre Level One		✓	
Level One		✓	
Level Two		✓	
Level Three		✓	✓
Levels Four - Six			✓
Dance			
Pre Ballet (3-5)	✓	✓	
Ballet/Jazz Combo (3-7)	✓	✓	
Ballet/Jazz Combo (8-11)			✓
Beginner Ballet (5-7)		✓	
Tiny Tots (2)	✓		
Turn & Learn Combo (3-5)	✓	✓	
Tap/Jazz Combo (4-6)		✓	
Tap/Jazz Combo (7-9)			✓
Fencing (13-Adult)			✓
Gymnastics			
3-5 year olds	✓	✓	
6-10 year olds			✓
Advanced - 6+ years old			✓
Kid-Fit			
Parent and Me (2-3)	✓		✓
4-5 year olds		✓	
Indoor Soccer		✓	
Other Classes			
Art Lessons	✓	✓	✓
Baby Boot Camp (<i>stroller</i>)	✓		✓
Jiu Jitsu (6-12)			✓
Tae Kwon Do (5-12)		✓	✓
Tae Kwon Do (13+)			✓
Yoga (Adult)			✓
www.co.yuba.ca.us/recreation			

were from Yuba County residents. Seventy percent were responding for a child age 0-5 years. (See Figure 20.)

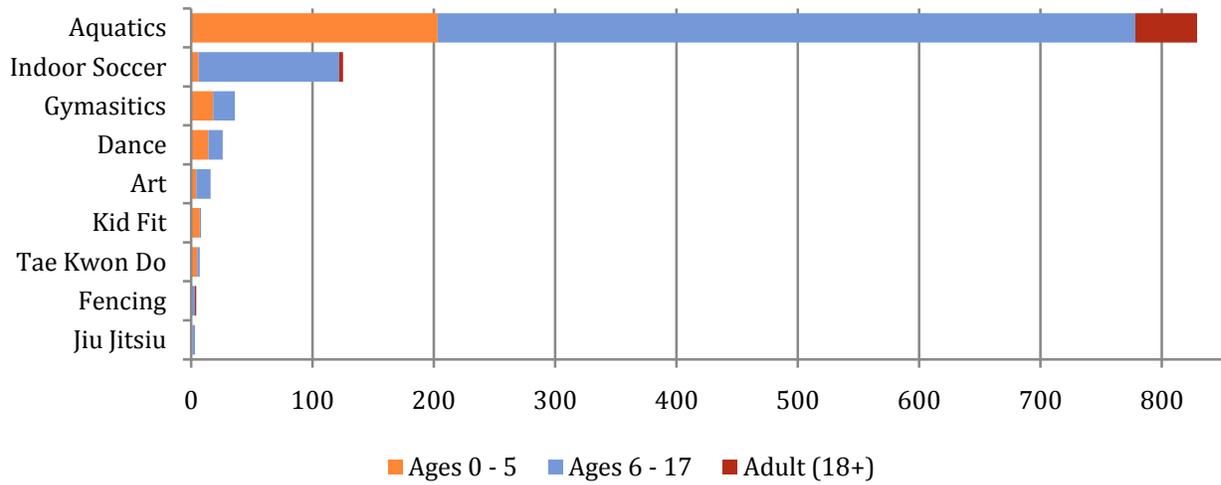


Figure 19: Unduplicated participant counts for nine recreation programs in FY 11-12 by age bracket. (Source: Ryan McNally, Yuba County Public Works.)

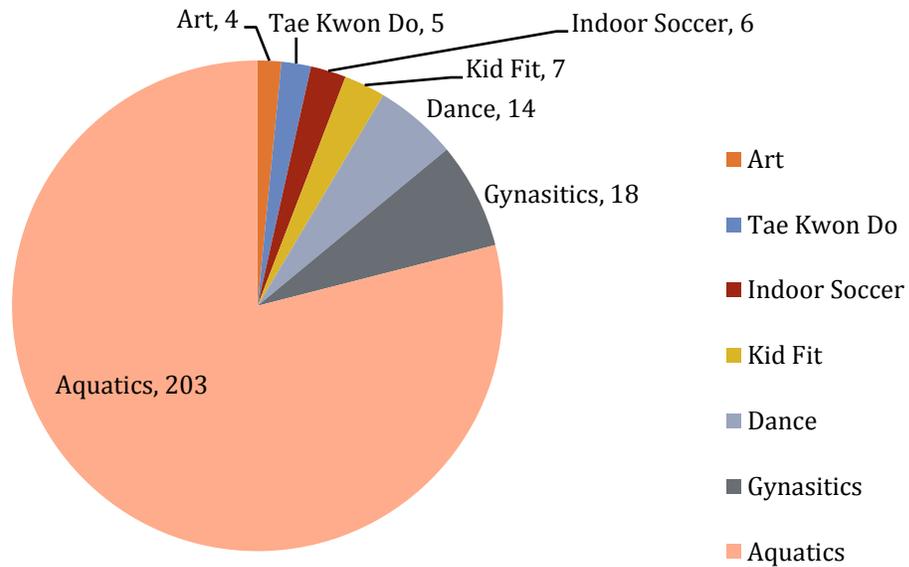


Figure 20: Recreation program enrollments of children ages 0-5 for FY 11-12. (Source: Program Log submitted with Milestones by PW to FFY)

For the second year, 98% agreed or strongly agreed that their child enjoyed the program, that the instructor was well organized, and that they'd recommend it to others. (See Figure 21.) The 7 who did not find the time or location convenient were enrolled in the swimming program, which was offered in Olivehurst.

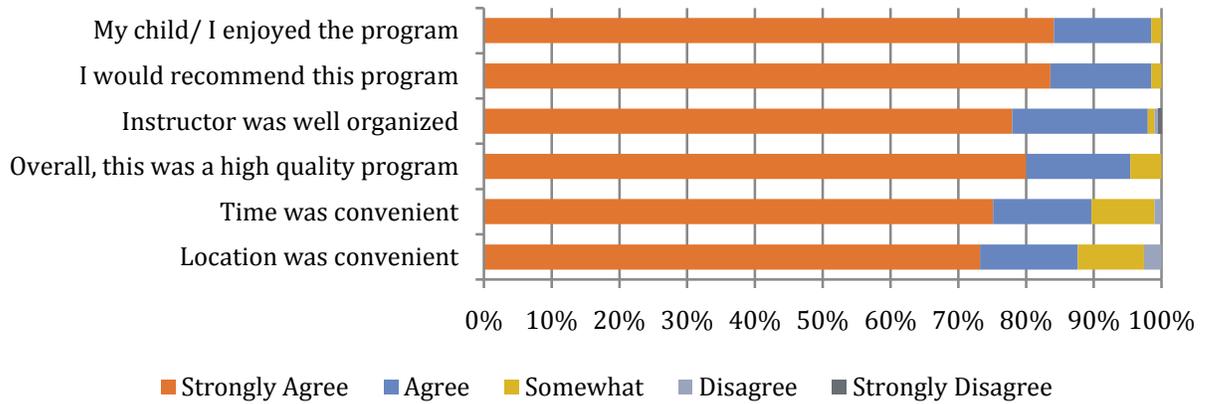


Figure 21: Level of agreement on statements of recreation program quality and accessibility. Source: FFY Workshop Feedback Form. n=195

Scholarships and Free Events

While fees are charged for most classes, the program offered free activities at the following events: the Marysville Farmers Market; the United Way community fair; the Marysville Scarysville Halloween event; Yuba City’s Christmas stroll. Additionally, 67 children ages 0-5 were awarded \$7,205 in scholarships. (See Figures 22 and 23.)

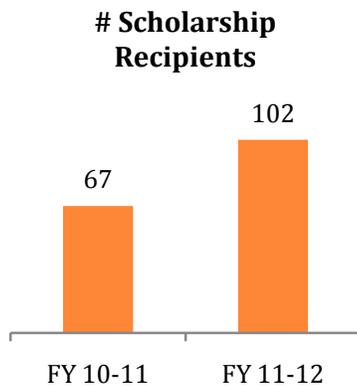


Figure 22: Comparison of number of recreation program scholarships awarded over past two years.

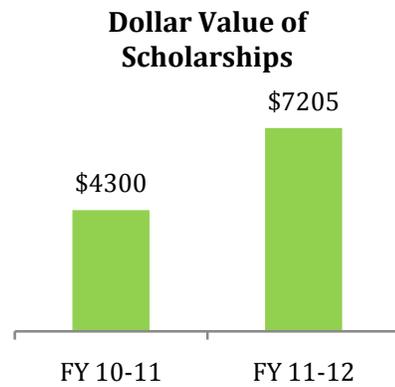


Figure 23: Comparison of dollar value of recreation program scholarships awarded over past two years.

Sustainability

One goal of the Recreation Coordinator grant was to lay the foundation for an ongoing recreation program in Yuba County. The program staff reports

“The majority of the final quarter of 2012 was spent assisting our existing programs in finding new ‘homes’ after the expiration of the First 5 Yuba grant, as well as developing an Aquatics program that is being run entirely in-house. All but one of our programs has been able to either function independently or with assistance from other locations in the community after 6/30/12, and we are able to continue supporting them through flyer distribution and a new scholarship program.”

The FFY investment in increased recreational programming in Yuba County has taken root through partnerships between public works and private providers and contractors. The model includes both fee for services and scholarships funded by FFY.

The contribution of an established in-county aquatics program is particularly significant for Yuba County which has drowning rates 26% higher than the state average².

Recreation Coordinator Conclusions

With FFY support, Yuba County Public Works and their private sector partner provided 1335 residents with recreational experiences. Most significantly, the grant laid the foundation to establish ongoing recreation opportunities for children of all ages and their families. Of particular public safety benefit is the establishment of an ongoing aquatics program.



Source:

http://www.recreation.slco.org/dimpledell/aquatics/Private_Swim_Lessons.html

² Source: Suzanne Nobles Memo to Board of Supervisors, January 18, 2005

Unintentional Drowning

Every day, about ten people die from unintentional drowning. Drowning ranks fifth among the leading causes of unintentional injury death in the United States.

- From 2005-2009, there were an average of 3,533 fatal unintentional drownings (non-boating related) annually in the United States — about ten deaths per day. An additional 347 people died each year from drowning in boating-related incidents.
- About one in five people who die from drowning are children 14 and younger. For every child who dies from drowning, another five receive emergency department care for nonfatal submersion injuries.
- 19 people drowned in Yuba County from 2000-2009.

Who is most at risk?

- **Males:** Nearly 80% of people who die from drowning are male.²
- **Children:** Children ages 1 to 4 have the highest drowning rates. In 2009, among children 1 to 4 years old who died from an unintentional injury, more than 30% died from drowning.^{1,2} Drowning is responsible for more deaths among children 1-4 than any other cause except congenital anomalies (birth defects).

What factors influence drowning risk?

The main factors that affect drowning risk are **lack of swimming ability**, lack of barriers to prevent unsupervised water access, lack of close supervision while swimming, location, and failure to wear life jackets, alcohol use, and seizure disorders.

Source: Center for Disease Control, <http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html>

School Readiness Initiative

Program Description

Marysville Joint Unified School District (MJUSD) and FFY jointly administer and fund the School Readiness Initiative (SR) which provides services to young children and their families residing in three elementary school catchment areas: Cedar Lane, Ella, and Linda Elementary Schools. The SR staff includes a full-time health specialist, three full-time Outreach Specialists (OS), and six 4-week summer preschool and kindergarten teachers. MJUSD provides in-kind fiscal and program oversight, custodial services, facilities, and nutrition services. The commission provides a .25 SR Coordinator.

The theory of change is that: a) by providing health screening, access to health services, and health education; b) by offering an array of activities that help parents become active in their child's education through learning at home; c) by offering take-home books to all state preschool and home-visited families; d) by helping parents build social connections with other parents and elementary school staff; and e) by ensuring that at least a 4-week preschool experience is available for all incoming kindergarten students; then a school culture supportive of early learning will be formed, and students at the target schools will have greater academic achievement.

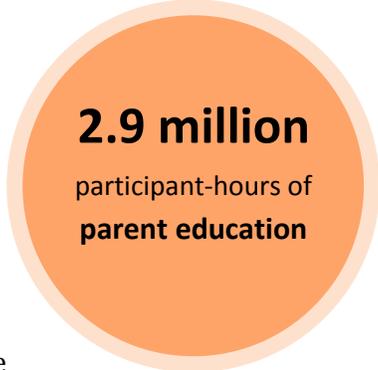
Activities include:

- Parent workshops
- Raising a Reader Program
- Parents as Teachers Home Visiting
- Health Screening
- 4-Week Summer Pre-K Academy

The FY 11-12 FFY invested \$102,155 with additional \$25,000 in-kind staffing support. MJUSD invested \$117,067 (Quality Education Investment Act funds, Medical Administrative Activities funds, categorical summer school funds) and \$98,415 in-kind (custodial, facilities, nutritional services, fiscal and program oversight).

Parent Workshops

This past fiscal year, the School Readiness program directly provided 278 sessions of parent workshops and hosted community partners to provide an additional 144 workshops for a total of 422 community events in 566 hours of programming. These workshops were available for any family living in the catchment area of the three target schools that cared for a child age 0-5 years. Most programs were multilingual (74%) with the remainder mono-lingual Spanish. Average attendance was from 12-13 parents per session. This totaled 2.94 million participant hours of parent education. (See Table 6.)



2.9 million
participant-hours of
parent education

School Readiness Workshops	
# SR Workshops	422
# Hours of workshops	566
# Total participant hours	2,942,634
Average # participants/session	12.3
# Workshops offered in English	303
#Workshops offered in Spanish	418
#Workshops offered in Hmong	14

Table 5: School Readiness Workshops offered in FY 11-12, by number offered, total workshop hours, total participant hours, and language. Source: School Readiness Milestones reports.

The programs offered included: reading and early literacy, physical activity, nutrition, health education, crafts, and information on school and community systems. (See Figure 24.)

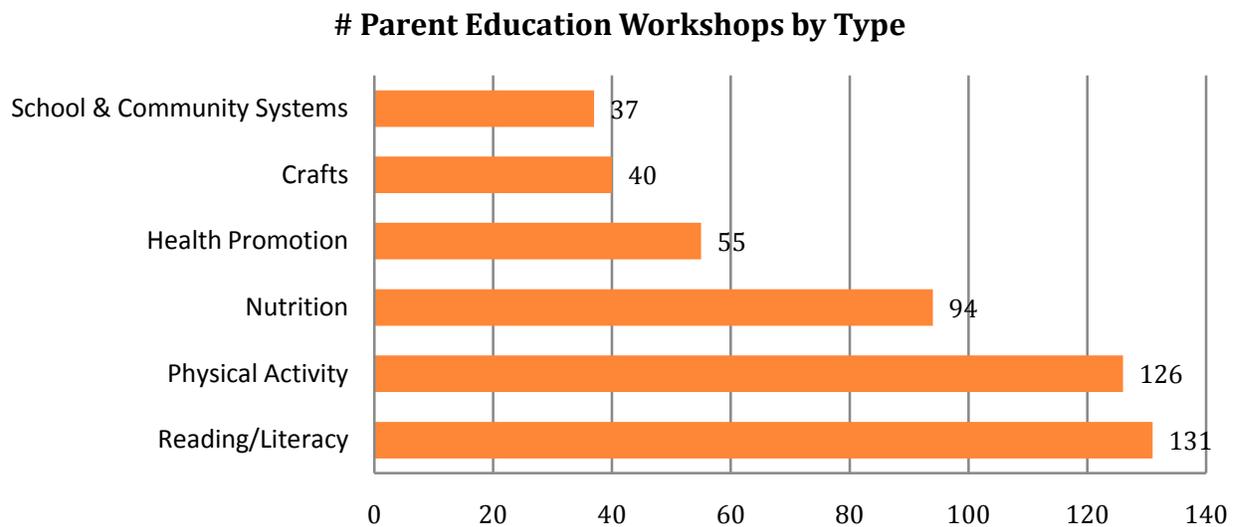


Figure 24: Number of School Readiness parent workshop provided by type in FY 11-12 (Source: Workshop Logs as reported in quarterly milestones.)

Parents as Teachers Home Visitation

Each Outreach Specialist (OS) worked with ten families using the evidence-based Parents as Teachers (PAT) curriculum. The OS meets with the parent and her or his child at the family home or at the school site. The OS provides developmentally appropriate activities and children’s literature. Over the course of the school year 30 families were served with a total of 357 sessions.

At completion, all families were asked to provide feedback using the Intensively Served Family Survey. The program has collected 61 surveys over the past two fiscal years from 100% of home-visited families of which 38% were in English and 62% in Spanish. Some key survey results include:

PAT Participants Read at Home - When asked how often they share books with their child, 58% reported reading daily, 35% reported frequent reading of 3-5 times per week, and only 7% (4) reported infrequent or no regular reading time.

Parenting Goals Were Achieved - When asked about their personal goal for enrolling, most responses were related to parenting (e.g., “to understand and educate myself on the growth of my baby”; “to learn things that will help me with my family”) and some were related to their child’s development (e.g., “for my child to be more social with other children, “how to learn better and understand the rules.”) All reported that their goal was achieved either fully (59%), mostly (33%), or partially (7%).

Clear, Useful, Consistent Presentation- 100% of home-visited families returned their surveys and 100% agreed with all statements of program quality. (See Figure 25.)

“Maria has helped us a lot, has informed us on many things, has referred us to other programs in the community.

I hope that this program stays for many more years and never goes away.”

“I really like this program because it has taught me how to read, to play, and to have patience with my children and understand them.”

“I learned how to teach and treat my child, depending on the age group and how to eat healthy.”

Who is eligible for PAT Home Visiting?

- Ella, Cedar Lane or Linda Elementary School neighborhood
- Parent has children ages 0-5
- Parent wants to learn more about parenting and will spend 2—5 hours per month with a child specialist
- Parent has had childhood or current traumas (Like violence, substance abuse, homelessness, foster care, etc.)
- Very low income

100% Participants agree with all Nine Indicators of Program Quality

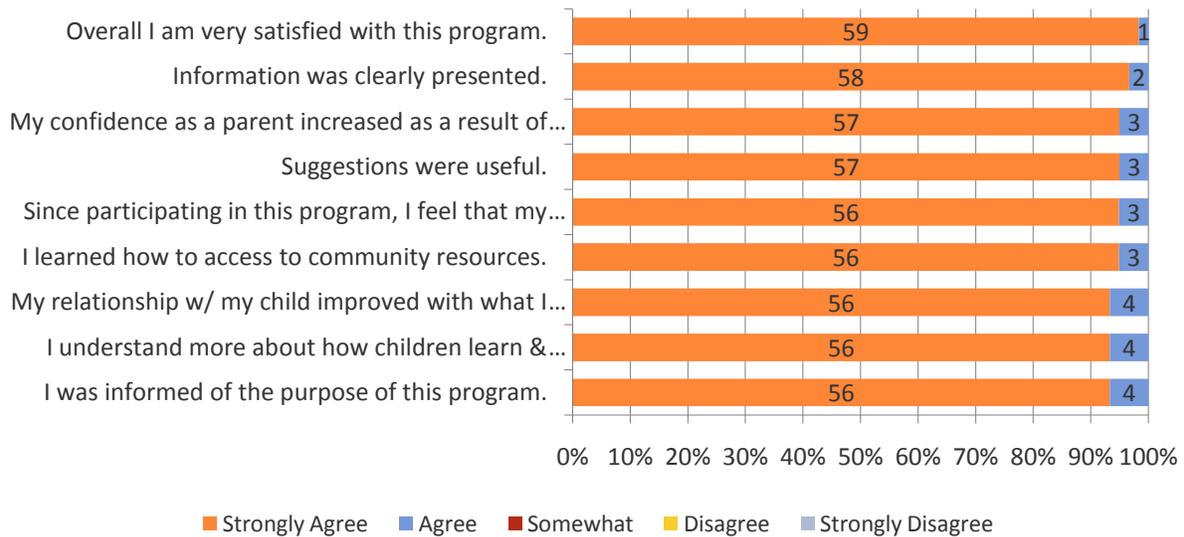


Figure 25: All home visited families were asked to provide feedback on the program. 100% responded with 100% agreement with all statements of program quality across two years and all three sites. (Source: Intensively Served Family Survey, FY 10-11 and FY 11-12)

Parents Learned and Observed their Child’s Development – Ninety-four percent of parents offered examples of how their child changed since starting the program. A few comments are listed below:

- *My son has learned socialization and knows that there are rules in class.*
- *She is more active, she plays more and gets her books and wants to read.*
- *He interacts more with other children, he likes to read, and he is learning how to lower the tone in his voice.*

Parents Behavior Changed – Seventy-seven percent of parents offered examples of how their behavior had changes as result of the program.

- *I learned how to be more tolerant and understanding of my children.*
- *I learned to be more self dependent and to communicate.*
- *To read more and know about what my children have learned.*
- *I have changed my thinking, I have learned to be more patient towards my children and control the situations that arise.*

“Even though I am mother, I was not much of an expert as I am now thanks to the workshops. Now I have a lot of friends, almost like sisters.”

Most Helpful – When asked what aspects of the program were most helpful, the most cited aspect was the information presented, including hand-outs, guest presenters, and the kind and knowledgeable support from their outreach specialist.

Raising a Reader

Raising a Reader (RAR) is an evidence-based literacy program, which provides take-home books at the target school state preschools and for the families participating in the PAT home visitation program. It includes workshops to train parents in read-aloud strategies.



Books loaned to families became the most used source for children’s literatures in the participants’ homes. (See Figure 26.) The families who identified multiple sources of children’s literature were more likely to borrow books from the school and public library, in addition to reporting use of the RAR books.

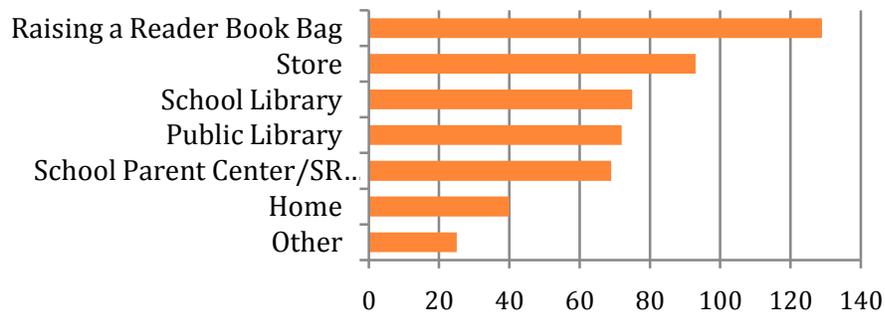


Figure 26: Responses to “WHERE do you find books to read with your child?” (Please check all that apply.)
 (Source: Raising a Reader Parent Survey n=284)

By having a rotating selection of books coming home from school each week, more families reported more frequent at-home reading time with their child. (See Figure 27.) By the end of the program 96% of families agreed that frequent reading is very important for their child.

Gains in family reading frequency

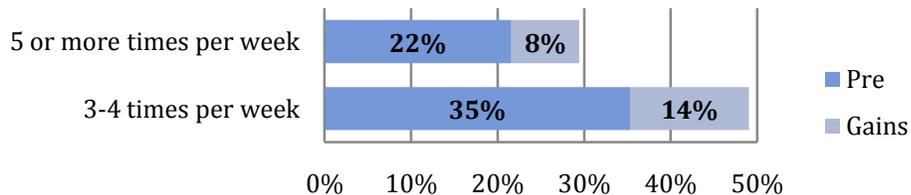


Figure 27: Comparing matched pre and post survey responses to question “Last week, how many times did your child look at books with you or other people in your household?”, it was found that, 8% of Raising a Reader families moved to daily reading and 14% moved to reading 3-4 times per week.

Health Specialist

The Health Specialist (HS) screens PAT home visited families, state preschool students, and all KinderCamp and incoming kindergarten children for complete immunizations, vision, amblyopic (lazy eye), hearing, body mass index, oral health, and TB. Families are assisted as needed in enrolling in health insurance programs. She also provides workshops on health topics. In cases of individual child health needs, the HS works with the family to secure appropriate accommodations and to overcome barriers to accessing services (such as transportation).

The children of all PAT program participants had: health insurance; a medical home; and a dental home and had seen a dentist within a 1-year period. Of the 149 state preschool children screened, 14% (21) did not have health insurance, all of whom received enrollment assistance.

In the spring, health screenings are offered to all preschool and PAT families. Peach Tree clinic and OS staff assist in this event. Over half the children screened were referred to the Dental Van for dental care, with the consistently highest referral rates over the past two years at Linda School (70%) and lowest referral rates at Cedar Lane (22%). By ethnicity, the highest referral rates were for Asian children (62%), then Latino (49%) and Caucasian (26%). (See Table 7.)

	# Screened	Referred for Follow-up Care
Vision	131	3 / 2%
Hearing	130	1
Dental	130	66 / 51%
TB	98	1

Table 6: Number of children screened and percent identified for further treatment by school readiness program in FY 11-12

Kindergarten Registration Survey Findings

A family survey of school readiness indicators has been conducted over the past two years of all incoming MJUSD kindergarten students (n=1,187) from 15 elementary schools. Children who participated in the school readiness program were more likely to have seen a dentist, have health insurance, and read daily at home than other incoming kindergarten students. (See Table 8.).

Indicator	SR	Non-SR	Difference
Have dental home	81.0%	75.0%	6.0%
Used dental van	30.3%	20.9%	9.4%
Never seen a dentist	12.8%	15.7%	-2.9%
Read daily at home	33.0%	28.0%	5.0%
Have health Insurance	97.3%	94.5%	2.8%

Table 7: Percentage comparison of school readiness participants with non-school readiness participants on health and literacy indicators. (DCN/MJUSD K registration Survey 2011, n=1187)

Children who participated in the school readiness program were **more likely to have seen a dentist, have health insurance, and read daily at home** than other incoming MJUSD kindergarten

KinderCamp

KinderCamp is a high quality half-day (4.5 hour) preschool program offered daily for four weeks at each of the SR sites. MJUSD recruited and hired certified teachers who were either kindergarten teachers or had prior SR KinderCamp teaching experience. The 2011 summer program reached 137 children of which 38% had no prior preschool experience and 58% for whom English was not their primary language. The program allows children and their families to acclimate to kindergarten expectations and allows teachers time to formally assess each child's readiness and provide feedback to parents to help their child adjust well to kindergarten.



Establishing Routines and Expectations for Kindergarten

SR Conclusions

The Yuba SR program has become a resource for families with young children in the target schools. Families enjoy and repeatedly participate in numerous workshops related to early literacy, nutrition and physical activity, child development and community systems. Children who participated in the school readiness program were more likely to have seen a dentist, have health insurance, and read daily at home than other incoming MJUSD kindergarten students.

Systems Findings

Leveraged Funds

Each major grantee reported how it leveraged resources. Together, these 11 programs reported more than more than doubling the FFY 380,393 grant dollars for a total community investment of nearly \$800,000. (See Figure 28 and Table 8.)

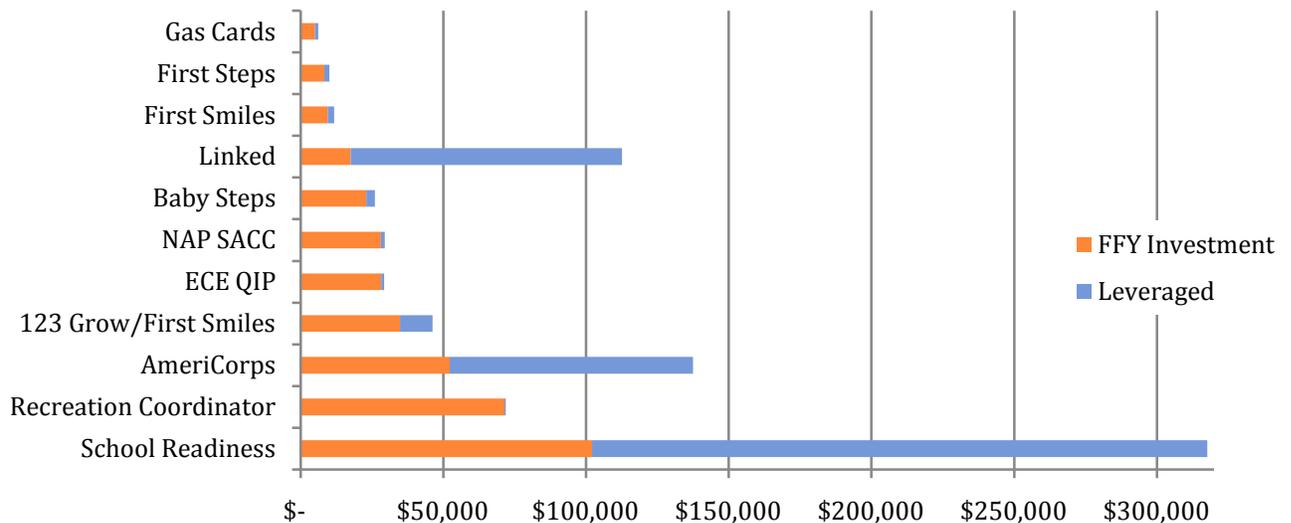


Figure 28: Major grantee FFY Investments and reported additional leveraged resources for FY 11-12.

	FFY Dollar Investment	Leveraged Resources <i>(reported cash & in-kind)</i>	Total Community Investment	% Leveraged
School Readiness	\$ 102,155	\$ 215,482	\$ 317,637	211%
Recreation Coordinator	\$ 71,470	\$ 400	\$ 71,870	1%
AmeriCorps	\$ 52,260	\$ 85,265	\$ 137,525	163%
123 Grow/First Smiles	\$ 34,781	\$ 11,399	\$ 46,180	33%
ECE QIP	\$ 28,244	\$ 1,035	\$ 29,279	4%
NAP SACC	\$ 28,100	\$ 1,400	\$ 29,500	5%
Baby Steps	\$ 23,020	\$ 3,030	\$ 26,050	13%
Linked	\$ 17,550	\$ 95,000	\$ 112,550	541%
First Smiles	\$ 9,552	\$ 2,217	\$ 11,769	23%
First Steps	\$ 8,262	\$ 1,847	\$ 10,109	22%
Gas Cards	\$ 5,000	\$ 1,204	\$ 6,204	24%
TOTAL	\$ 380,393	\$ 418,279.54	\$ 798,672.19	110%

Table 8: Major grantee FFY Investments and reported additional leveraged resources for FY 11-12.

Dental Van

The “Happy Tooth Mobile” dental van which was purchased by FFY for Marysville Joint Unified School District in FY 07-08, reported serving 962 children ages 0-5 in this past fiscal year. This strategic FFY investment has made dental care accessible in the MJUSD service area and is sustained by ongoing Medi-Cal and other health insurance billing.

