



# we are born learning

FIRST 5 SAN DIEGO

ANNUAL REPORT

2019-2020



# Improving the lives of children ages 0 through 5



# *message from the executive director*

## **DEAR COMMUNITY MEMBERS,**

I am writing to you this year during a time where we have been called to make great adjustments to our home and work lives due to the COVID-19 global pandemic. It is important to acknowledge that this is a trying time for our communities, families and children we aim to reach, and it comes with great challenges as well. I am deeply grateful to our amazing First 5 network that has come together to ensure that our children, families and providers have been served in a timely manner and with dignity. It is through this ongoing activation of our network that has allowed us to understand the landscape of our region and prioritize the emerging needs and response through leveraging of multiple resources that have been made available during this time.

The COVID-19 pandemic has presented unprecedented challenges for our staff, our community partners and the families First 5 San Diego serves. Our 2019-2020 fiscal year was different from any previous year in our Commission's history. These last several months have been difficult and yet I have been inspired and encouraged by the way our community has rallied to support one another. When Governor Newsom issued stay at home orders in March, First 5 San Diego providers quickly pivoted to supporting families virtually. Maintaining these connections and helping families problem-solve through these most difficult times is critical for children's and caregivers' well-being.

This year also marks the culmination of our First 5 San Diego 2015-20 Strategic Plan. As we embark on our new FY 2020-25 Strategic Plan, we are embracing new strategic directions for our work:

**RESILIENT FAMILIES:** Provide families with the foundational support and knowledge to be their child's first and best caregiver and teacher;

**COORDINATED SYSTEMS OF CARE:** Connect or integrate systems of care to ensure that the youngest children and their families have timely and seamless access to supports and services that best meet their needs;

**INTEGRATED LEADERSHIP:** Build partnerships across sectors and systems that increase community commitment to supporting the first five years of life; and

**SUSTAINED FUNDING:** Identify and integrate existing and new funding sources from public, private and philanthropy sectors that establish innovations to the systems of care and expand services to the youngest children and their families.

In line with our renewed focus on systems of care, I am also pleased to announce a new initiative, Learn Well, which we are launching next in partnership with the San Diego County Office of Education. Learn Well builds on the success of our 8-year Quality Preschool Initiative (QPI), which concluded this year. Learn Well will focus on strengthening existing system structures and the skills of the adults working directly with children. While QPI focused on improving quality in preschool settings, Learn Well will expand this reach to include those providing services to infants and toddlers, private centers and family childcare homes.

Our Healthy Development Services (HDS) initiative celebrated its 15th year of identifying and treating children with mild to moderate developmental delays. Over these fifteen years, HDS has been primarily funded through our First 5 San Diego local dollars. It's our goal to identify additional funding to support these critical services in our community.



Despite the unprecedented challenges of the last year, I am proud of our collective accomplishments and the way we have worked together as a community to care for families with young children. This year, we invested over \$33.9 million in direct services for young children and their families and served more than 42,000 children, parents, caregivers and providers. In addition, First 5 San Diego partners leveraged \$7.2 million in cash and in-kind support from public and private entities.

Our FY 2019-20 First 5 San Diego Annual Report highlights these achievements in each of our strategic goal areas:

### HEALTH

- Screened 12,877 children and 1,960 pregnant women for oral health services and provided treatment for 11,019 children and 1,784 pregnant women
- Screened 14,795 children for developmental delays and treated 5,546 children with developmental concerns
- Screened 12,321 children for behavioral delays and provided treatment for 2,744 children with behavioral concerns

### FAMILY

- Served 555 pregnant women and caregivers and 493 children with intensive home visits
- Provided care coordination to 12,000 families
- Provided 3,711 parents and caregivers with parent education services

### LEARNING

- Provided high-quality early care and education for 12,327 children
- Provided professional development to 1,368 early childhood education staff
- Supported 23 teachers and administrators in earning college degrees

### COMMUNITY

- Sponsored or participated in community events that reached over 130,000 San Diegans
- Conducted a community awareness campaign that achieved more than 122 million gross impressions
- Provided 32,313 health and social service referrals for families

---

In this report, we celebrate our continued achievements of another productive year working to improve the lives of children ages zero through five and their families. Thank you to our Commissioners, First 5 San Diego staff and each of our community network partners who have made these achievements possible.

Sincerely,

A handwritten signature in black ink that reads "Alethea Arguilez". The signature is fluid and cursive, with the first name "Alethea" and last name "Arguilez" clearly distinguishable.

ALETHEA ARGUILEZ, M.A.

# FIRST 5 SAN DIEGO PROGRAMS FOR

## **2-1-1 INFORMATION AND REFERRAL**

2-1-1 San Diego is a free 24-hour phone service and online database that connects people with community resources. 2-1-1 also operates a First 5 San Diego Warm Line that assists parents of children ages zero through five with locating services and resources for their families.

## **CHILDHOOD INJURY PREVENTION PROGRAM**

The Childhood Injury Prevention Program educates parents, caregivers and early childhood education staff about childhood injury prevention strategies to make homes, automobiles and communities safer for children ages zero through five.

## **FIRST 5 FIRST STEPS**

First 5 First Steps (F5FS) provides countywide home visitation services to specific high-risk target populations including pregnant and parenting teens, military, refugee/immigrant and low-income families using the Healthy Families America (HFA) model and the Parents as Teachers (PAT) curriculum.

## **GOOD START FOR WOMEN + CHILDREN**

The Good Start for Women + Children Program is a partnership with the Jacobs & Cushman San Diego Food Bank to provide pregnant women and children ages five and under in high-need communities with a monthly food package and First 5 San Diego parent education materials.

## **HEALTHY DEVELOPMENT SERVICES**

Healthy Development Services (HDS) is an array of services for early identification and treatment of children with mild to moderate developmental delays. Services include assessment and treatment for behavioral and developmental concerns (including speech and language), parent education and Care Coordination to all families receiving HDS services.

## **IMPACT FAMILY CONNECTIONS**

IMPACT Family Connections is a partnership with the YMCA Childcare Resource Service (CRS) that assists Family Child Care Home providers to implement developmental screenings and clearly articulated referral pathways for services. The program also provides training and technical assistance to home visitors across San Diego County to enhance families' knowledge about quality early childhood education settings.

# EGO FY 2019-20

## **IMPACT BREASTFEEDING-FRIENDLY ENVIRONMENT PROGRAM FOR CHILDCARE FACILITIES**

Through IMPACT funding, the goal of this program is to increase access to environments that support the initiation and duration of breastfeeding. Specifically, services will work to increase the number of baby-friendly childcare facilities, helping them adopt and implement policies supportive of breastfeeding and lactation accommodation.

## **KIDSTART**

KidSTART is an integrated program within First 5 San Diego and HHSA Behavioral Health Services to support children with complex needs. The KidSTART Center performs triage, assessment, referrals and treatment for children with multiple, complex delays and disorders. The KidSTART Clinic provides comprehensive behavioral and social-emotional clinical treatment (First 5 San Diego funding supports the Center only).

## **KIT FOR NEW PARENTS**

The Kit for New Parents is a free, comprehensive resource from First 5 California for new and expectant parents emphasizing the importance of a child's early years. Kits are distributed countywide and are available in English, Spanish, Vietnamese, Cantonese and Korean.

## **MATERNITY SHELTER PROGRAM**

The Maternity Shelter Program (MSP) provides safe, secure and supportive housing with intensive case management services for pregnant and parenting young women between 18 and 24 years old, and their dependent children. MSP assists these young women who are homeless or at risk of becoming homeless develop the skills necessary to live independently while providing a safe and stable home for themselves and their children.

## **MI ESCUELITA THERAPEUTIC PRESCHOOL**

Mi Escuelita provides a therapeutic preschool experience for young children who have been exposed to domestic violence and abuse.

## **ORAL HEALTH INITIATIVE**

The Oral Health Initiative (OHI) provides oral health services, care coordination and preventative education to children ages zero through five and pregnant women with the goal of improving oral health, promoting positive oral health practices and increasing provider capacity. OHI also offers offsite dental services utilizing place-based portable dental services technology at targeted First 5 San Diego Quality Preschool Initiative (QPI) preschools.

## **QUALITY PRESCHOOL INITIATIVE**

The Quality Preschool Initiative (QPI) is a systemic approach to assess, improve and communicate the level of quality in early care and education programs.



# we are born learning

## { *contents* }

**01** INTRODUCTION

---

**07** HEALTH

---

**21** LEARNING

---

**35** FAMILY

---

**45** COMMUNITY

---

**53** REFERENCES





Through First 5 San Diego services my child and I have been able to heal together and form a deeper connection. My child now uses words instead of fists and these services have made a world of difference.

- Rita\*

\*Names of children and families have been changed to protect confidentiality.

Our vision is that all children ages zero through five are **healthy**, are **loved** and **nurtured**, and **enter school as active learners**

# INTRODUCTION

## WHO IS FIRST 5 SAN DIEGO?

The First 5 Commission of San Diego County (First 5 San Diego) promotes the health and well-being of young children during their most critical years of development, from the prenatal stage through five years of age. Our goal is that all children ages zero through five are healthy, are loved and nurtured, and enter school as active learners. First 5 San Diego is a key contributor to improving the system of care for our county's youngest children by providing them with developmental checkups and services, dental care, quality preschool, early education and literacy programs, home visiting services, obesity prevention services and other family support services, while building the community and organizational capacity to support families. First 5 San Diego programs and services are funded through San Diego County's portion of California's Proposition 10 tobacco tax revenues.

## WHY THE FIRST 5 YEARS?

The first five years of a child's life are critical to their development which will shape his or her success in school and into adulthood. High-quality early childhood programs have been associated with fewer developmental delays, higher educational attainment and higher income, in addition to being linked to lower rates of substance abuse and justice system involvement later in life.<sup>1,2</sup> Additionally, high-quality early childhood programs are critical for addressing the health, academic achievement and earning potential disparities that exist among low-income and vulnerable populations.<sup>3</sup> First 5 San Diego focuses its resources on providing young children the opportunities they need to reach their highest potential and enter school healthy and ready to succeed.

## FOUR PROGRAM AREAS

The overarching goal of the First 5 San Diego Strategic Plan 2015-20 is to strengthen the relationships essential for the healthy development of young children.

*These relationships are threaded across four key areas:*

### HEALTH

Promote each child's healthy physical, social and emotional development.

### FAMILY

Strengthen each family's ability to provide nurturing, safe and stable environments.

### LEARNING

Support each child's development of communication, problem-solving, physical, social-emotional and behavioral abilities, building on their natural readiness to learn.

### COMMUNITY

Build each community's capacity to sustain healthy social relationships and support families and children.

## VISION

The vision of First 5 San Diego's work is that all children ages zero through five are healthy, are loved and nurtured, and enter school as active learners.

## MISSION

First 5 San Diego leads the San Diego community in promoting the vital importance of the first five years of life to the well-being of children, families and society.



NUMBER OF SAN DIEGANS WHO  
RECEIVED FIRST 5 SAN DIEGO SERVICES

**29,895** children  
**10,786** parents  
or caregivers  
**1,365** providers

**42,046**  
TOTAL

FIGURE 1.1



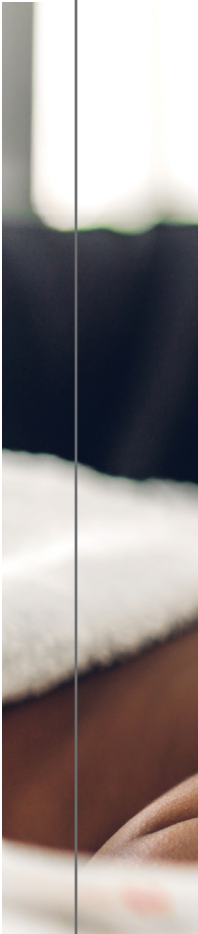
# THE REACH OF FIRST 5 SAN DIEGO

## WHO DID FIRST 5 SAN DIEGO SERVE?

During FY 2019-20, 42,046 San Diegans received direct services via First 5 San Diego programs, of which over 29,000 were under the age of five (Figure 1.1). These services included quality preschool, parenting classes, health and dental services and much more. Thousands of additional young children and their parents benefited from community-wide services such as the Kit for New Parents, a parent warm line, community health screenings and media messages. First 5 San Diego programs served more boys (54.4%) than girls (45.6%) (Figure 1.2), and more children between the ages of three and five (58.8%) relative to children under age three (41.2%) (Figure 1.3).

## WHAT WERE THE ETHNICITIES AND LANGUAGES SPOKEN OF CHILDREN AND PARENTS SERVED?

The majority of children (64.2%) and parents (57.2%) served by First 5 San Diego programs were Hispanic/Latino. First 5 San Diego served smaller percentages of children and adults in the White (non-Hispanic), Asian/Pacific Islander and African-American/Black categories (Figures 1.4 and 1.5). More than half of children (57.4%) and families (62.4%) spoke English as their primary language and the next largest proportion of children (37.3%) and parents (31.4%) spoke Spanish. Other languages spoken were Arabic, Cantonese, Chaldean, Korean, Mandarin, Somali, Tagalog and Vietnamese (all less than 2.5%).



GENDER OF  
CHILDREN SERVED

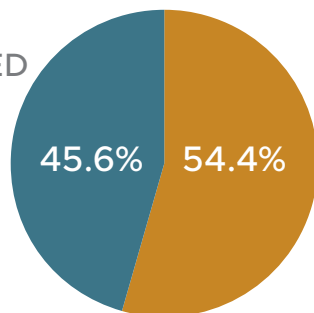


FIGURE 1.2

AGES OF  
CHILDREN SERVED

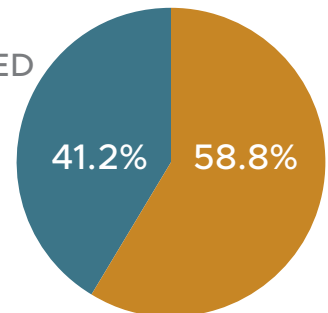
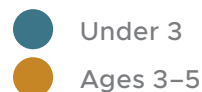


FIGURE 1.3





ETHNICITY OF CHILDREN SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY 5 AND UNDER POPULATION

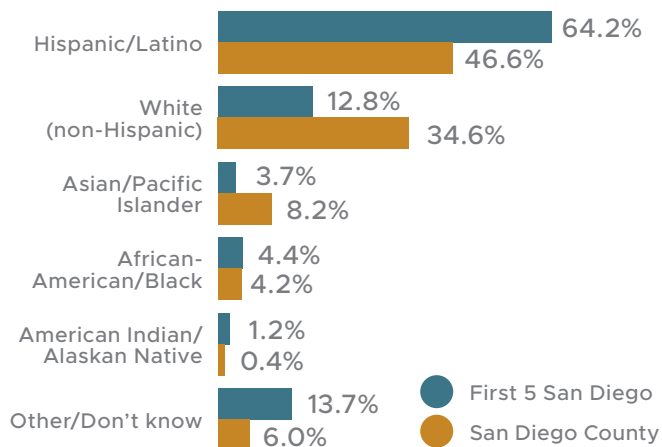


FIGURE 1.4

First 5 San Diego's Other/Don't Know category includes the following ethnicities: African (0.3%), White- Middle Eastern (0.7%), Other (2.6%), Multiracial (4.1%) and Don't Know/Declined (6.0%)

ETHNICITY OF PARENTS/CAREGIVERS SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY ADULT POPULATION

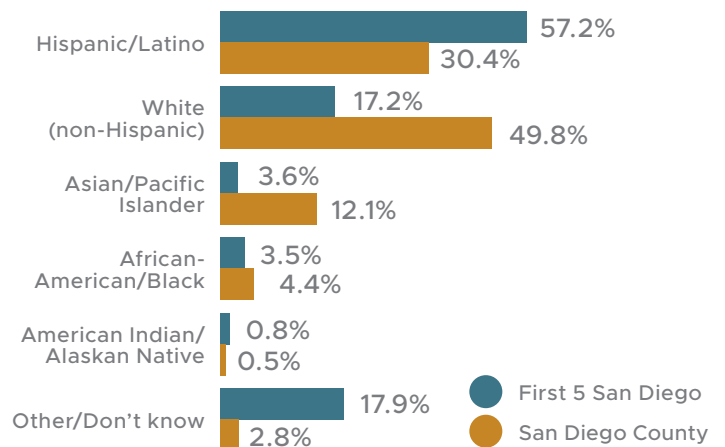


FIGURE 1.5

First 5 San Diego's Other/Don't Know category includes the following ethnicities: African (0.7%), White- Middle Eastern (2.1%), Other (3.3%), Multiracial (3.2%) and Don't Know/Declined (8.5%)

A child's experiences during their first 5 years lay the **foundation** for his or her future

# HEALTH

## WHY IS HEALTH IMPORTANT?

The human brain does not stop developing until early adulthood; however, ninety percent of brain development occurs during the first five years of life. As a result, a child's experiences and environment during those earliest years lay the foundation for his or her future.<sup>4</sup> Untreated developmental and social-emotional delays can negatively impact learning ability, language skills and social development. Conversely, effective early interventions can drastically improve a child's developmental pathway and lead to positive life-long results.<sup>5,6</sup>

## WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

First 5 San Diego programs support healthy child development by providing developmental, behavioral, home visiting and dental services to children ages zero through five and their families.

## WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego funds three key health initiatives: Healthy Development Services (HDS), KidSTART and the Oral Health Initiative (OHI). Each initiative offers a unique contribution to improving health outcomes for San Diego's youngest children. Other First 5 San Diego programs that play an important role in addressing health needs include: First 5 First Steps (F5FS), Maternity Shelter Program (MSP), Mi Escuelita Therapeutic Preschool (Mi Escuelita) and the Quality Preschool Initiative (QPI).

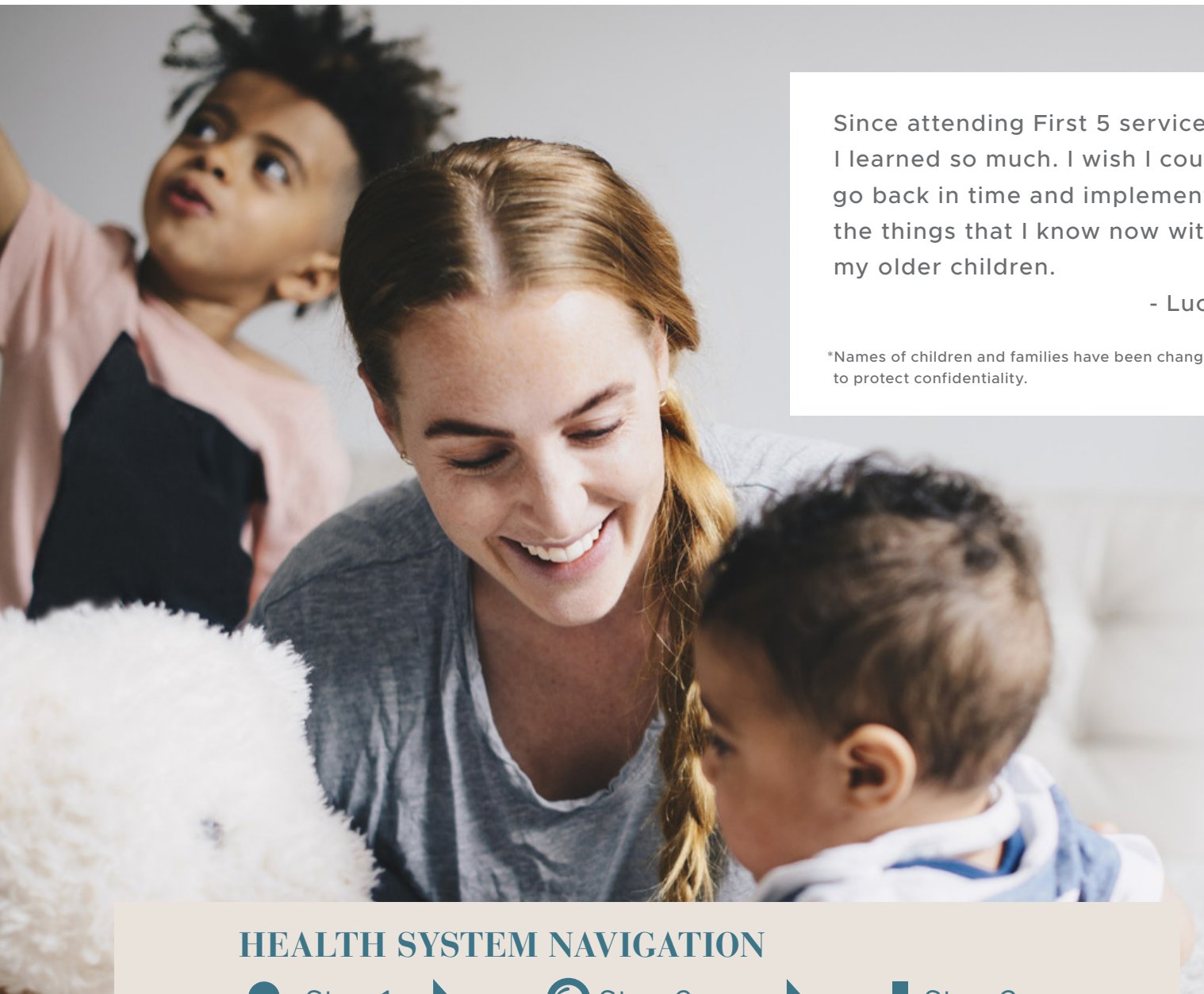
## HIGHLIGHTS

**99.4%** of high-risk children identified with dental disease received treatment

**97.0%** of children receiving treatment for a developmental concern showed gains

**99.2%** of high-risk pregnant women identified with dental disease received treatment

**85.9%** of children receiving treatment for a behavioral concern showed gains



Since attending First 5 services, I learned so much. I wish I could go back in time and implement the things that I know now with my older children.

- Lucía\*

\*Names of children and families have been changed to protect confidentiality.

HEALTH SYSTEM NAVIGATION

 Step 1  
*Screening*

FIGURE 2.1

 Step 2  
*Assessment*

 Step 3  
*Treatment*

FUNDING  
**\$14,622,113**

NUMBERS SERVED  
**35,152 children**  
**10,460 parents**





## HOW DO FAMILIES GET CONNECTED TO SERVICES?

First 5 San Diego's health initiatives provide multiple levels of support for children and families through a comprehensive system of care (Figure 2.1). Often, the initial service a child receives from a First 5 San Diego program is a developmental or behavioral "checkup" or screening (Step 1). These screenings provide parents with a snapshot of how their child is developing in key areas such as speech, cognition, fine and gross motor skills, and social-emotional development. When screening results indicate a concern, service providers follow up with families to conduct a more comprehensive assessment and determine the level of care needed (Step 2). Providers use assessment results to customize treatment or offer an appropriate service referral to address the child's specific needs (Step 3).

## WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

**Oral health services funded by First 5 San Diego include:**

- Dental screening, examination and treatment services for pregnant women and children ages zero through five;
- Care coordination services for pregnant women and children identified as high-risk for dental disease (risk factors include intermittent oral hygiene and care, frequent consumption of sweetened beverages and food, and a family history of dental disease);
- Oral health education for parents, primary caregivers and early childhood education providers at community-based organizations and in clinical settings;
- Training for prenatal care providers, general and pediatric dentists, primary care providers and ancillary staff; and
- Offsite Dental Services at four preschool sites in order to provide access to a dental home for children.

# ENSURING GOOD ORAL HEALTH

## WHY IS ORAL HEALTH IMPORTANT?

Tooth decay is one of the most common, yet preventable, chronic diseases among children in the United States.<sup>7</sup> Cavities in children can be prevented through regular screenings, fluoride varnishes, fluoridated water and use of fluoride toothpaste.<sup>8</sup> Ensuring good oral health in early childhood is critical to prevent the onset and progression of dental disease. If untreated, tooth decay can affect a child's health and well-being by interrupting sleep, impairing speech and language development, and inhibiting social interaction.<sup>9</sup> In addition, children with poor oral health are more likely to miss or perform poorly in school.<sup>10,11,12</sup> According to the National Health and Nutrition Examination Survey, 21.4% of children ages two through five had cavities in primary teeth.<sup>13</sup> Despite the fact that the American Academy of Pediatric Dentistry recommends that a child have his or her first visit to the dentist by age one, an estimated 28.3% of children between the ages of one and five in San Diego County have never visited a dentist.<sup>14,15</sup> Oral health care is also important for pregnant women as it affects the overall health of the mother and her unborn baby.<sup>16</sup> Dental disease during pregnancy is linked to increased risk of preterm delivery, low birth weight and the transfer of dental disease between mother and child.<sup>17</sup> The American Academy of Pediatric Dentistry recommends that even while pregnant, women take care of their oral health by seeing a dentist for oral care.<sup>18</sup>

## WHO DID FIRST 5 SAN DIEGO SERVE?

This year, OHI providers screened 12,877 children and 1,960 pregnant women for oral health needs and performed dental exams, which may include cleaning, scaling and x-rays, for 12,792 children and 1,582 pregnant women. A total of 11,019 children and 1,784 pregnant women received treatment for identified oral health needs, including those considered to be at high-risk for dental disease (Figures 2.2 and 2.3). Among those who were identified as high-risk for dental disease, 99.4% of children and 99.2% of pregnant women received treatment (Figure 2.4). Additionally, oral health education was provided in a clinic or community setting to a total of 4,726 pregnant women and parents of children ages zero through five.

The Offsite Dental Services (ODS) provides comprehensive dental services at QPI preschool sites. These services include screenings, oral health education for children and their parents, exams and treatment, and care coordination to schedule ODS appointments and establish a dental home. For the fifth year, OHI provided ODS to children at four preschool sites in one target zip code (92020) that has a high number of underserved children. ODS teams consist of a dentist, dental assistant and a care coordinator. During FY 2019-20, 86 children were screened, 30 children were given an exam and 38 were treated through ODS (Figure 2.5). Additionally, 105 parents and primary caregivers received oral health education.

## OHI COVID-19 RESPONSE

The dental setting is a high-risk environment for COVID-19 due to the required proximity between the clinical staff and patients as well as aerosol-producing procedures. Therefore, OHI operations were significantly impacted by COVID-19 and the state stay-at-home orders. In mid-March 2020, OHI subcontractors temporarily reduced their services to only emergency services based on state and California Dental Association (CDA) guidance. The subcontractors then spent most of the remainder of the 2019-20 fiscal year monitoring and navigating changes in clinical, operational and infection control guidelines. This included implementing tele-dentistry in which a video platform was used to assess and triage patients. Some subcontractors were able to resume limited routine dental services close to the end of the 2019-20 fiscal year. Other OHI operations that were also impacted by COVID-19 include the dental screenings and oral health education provided in the community setting due to school closures and social distancing guidelines.

## FOOD AND DENTAL SUPPLY DISTRIBUTION

In response to the COVID-19 pandemic and school closures, La Maestra Community Health Centers modified its Offsite Dental Services (ODS) to provide meals and dental supplies to families in the community. In total, the expanded program provided food to 5,460 families. Of those, approximately 1,794 have young children ages zero through five. Through 78 food drives, the expanded program distributed:

- 15,600 meals
- 1,152 toothbrushes
- 792 Oral B care kits that include floss, toothpaste and a child toothbrush





Number of Children who  
Received Oral Health  
Screenings and/or Services

12,877 screenings  
12,792 exams  
11,019 treatments

FIGURE 2.2

Number of Pregnant Women  
who Received Oral Health  
Screenings and/or Services

1,960 screenings  
1,582 exams  
1,784 treatments

FIGURE 2.3

Percentage of High-Risk  
Clients with Dental Disease  
who Received Treatment



99.4%  
children



99.2%  
pregnant women

FIGURE 2.4

Number of Children who  
Received Offsite Dental  
Screenings and/or Services

86 screenings  
30 exams  
38 treatments

FIGURE 2.5



# EARLY IDENTIFICATION AND INTERVENTION FOR DEVELOPMENTAL CONCERNS

## WHY IS EARLY INTERVENTION FOR DEVELOPMENTAL CONCERNS IMPORTANT?

Developmental delays are not uncommon in early childhood. In the United States, about 15% of children age five and under have moderate risk for developmental delays. However, only 2% of zero through two-year-olds and 5% of three through five-year-olds with delays receive treatment.<sup>19</sup> Moreover, low-income and racial and ethnic minority children are at higher risk of under-identification and under-treatment of developmental delays.<sup>20</sup> Timely remediation and response are imperative to promoting healthy growth, social and emotional development, and educational success.<sup>21</sup> Early identification and treatment of developmental concerns are essential for young children to be able to enter school ready to learn and prevent the need for more intensive services later in life. Many children with developmental concerns do not receive their first screening or treatment until after they enter school, when interventions tend to be less effective and more expensive.<sup>22</sup> Early intervention can change a child's developmental path and improve outcomes for children, families and communities.<sup>23</sup>

## WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

Several First 5 San Diego programs offer developmental screenings, assessments and treatment services (such as speech and language, occupational and physical therapies) to address the developmental needs of young children. Specialized classes and one-on-one coaching for parents or caregivers are also offered to teach families how to support their child's healthy development at home. It is First 5 San Diego's goal to expand screenings across multiple settings, such as pediatrician offices and preschools, to ensure that all children in San Diego County have regular developmental checkups before entering kindergarten. Collectively, HDS, KidSTART, F5FS, QPI, MSP and Mi Escuelita screened 14,795 children and identified 3,367 with developmental concerns. Developmental treatment was provided through HDS, QPI and KidSTART to 5,546 children, including those who were screened and referred to First 5 San Diego programs for treatment by other providers (Figure 2.6).

## ARE CHILDREN WITH DEVELOPMENTAL CONCERNS IMPROVING?

HDS and KidSTART provide developmental assessment and treatment services for children with mild, moderate and complex needs. Children identified with a developmental concern receive treatment to support and monitor their growth in cognitive, language, motor, social-emotional and self-help domains. Children served through HDS and KidSTART are assessed both at the beginning (pre) and end (post) of treatment. The average percent delays for children at both time points are presented for children with mild to moderate needs in Figure 2.7 and for children with complex needs in Figure 2.8. Overall, 97.0% of children with concerns who received developmental treatment through HDS or KidSTART demonstrated gains in at least one developmental domain.

## NUMBER OF CHILDREN WHO RECEIVED DEVELOPMENTAL SCREENINGS AND/OR SERVICES

14,795 Screened  
3,367 Identified with Developmental Concerns  
5,546 Received Developmental Treatment\*

\*Includes children referred by providers not funded by First 5 San Diego

FIGURE 2.6

### CHANGE IN AVERAGE PERCENT DELAY FOR CHILDREN WITH MILD OR MODERATE DEVELOPMENTAL CONCERNS\*

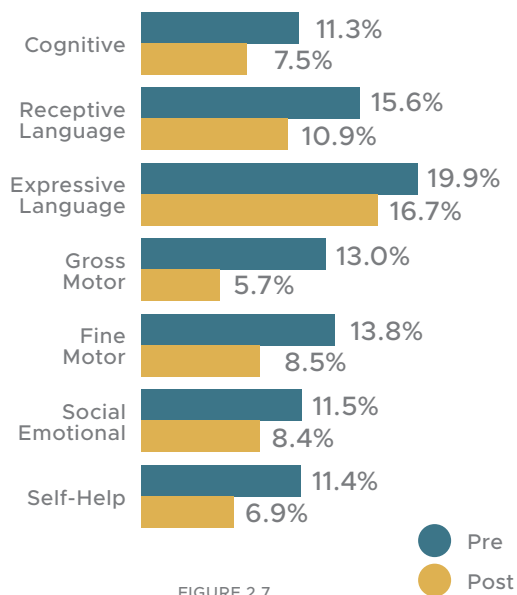


FIGURE 2.7

### CHANGE IN AVERAGE PERCENT DELAY FOR CHILDREN WITH COMPLEX DEVELOPMENTAL CONCERNS\*

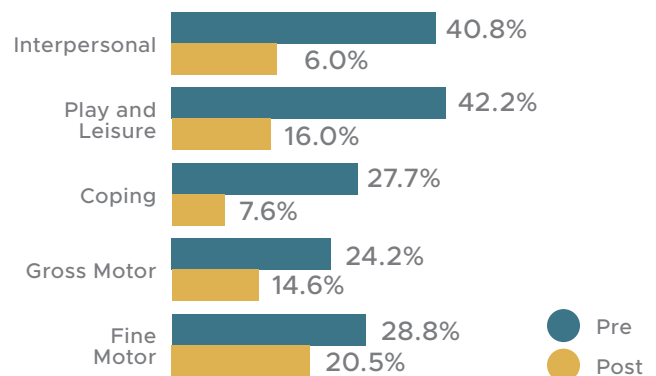


FIGURE 2.8

\*Statistically significant;  $p < .05$ .

A p-value, a measure of statistical significance, is provided in many of the figures presented in this report. When a p-value is less than .05, the finding is referred to as "statistically significant." Statistical significance means that the changes between the data points are likely not due to random chance. Therefore, a statistically significant finding means the change is a real difference.

## THE JOURNEY OF HEALTHY DEVELOPMENT SERVICES

In January 2020, Healthy Development Services (HDS) celebrated its 15th year of providing services in the San Diego community. This innovative system of care has served over 317,000 children with mild to moderate developmental and behavioral concerns and their families. The inception of HDS was based on First 5 San Diego's efforts to meet the greatest needs in the community. They knew that the identification and treatment of developmental and behavioral delays in the first five years of life increases the likelihood for a child to overcome delays more easily, in less time and at a lower cost than if it is treated later in life, positively impacting the trajectory of a child's development. However, only half of children with delays are identified before they enter school and federal and local resources only treat three percent of the children, leaving a 15-20% gap of children that need early intervention services who do not receive them.

First 5 San Diego responded to this overwhelming need for early intervention for children who could not access care because their delays were "not severe enough" by launching HDS. In January 2006, First 5 San Diego initiated funding to develop and implement the HDS system of care aimed at the identification and treatment of children with mild to moderate developmental and behavioral delays. Though similar services are available in many communities, there are no other systems of care across the entire country that have coordinated services like HDS.

HDS has had an incredible impact in the San Diego community. HDS has matured into an interdisciplinary system of care whose dedicated and highly skilled providers deliver family-centered, strengths-based services with a commitment to quality while respecting the unique needs of each child and family they serve. At least 9 out of 10 children receiving services from HDS make gains in their development and/or behavior, thereby preparing them to enter school ready to learn. It has brought state and national attention to the leading-edge work that is being done in service of children and families. However, First 5 San Diego's revenue will decrease over the years, and they will not be able to support HDS at the same funding level. New and sustained funding is crucial to sustaining the exceptional work of HDS so that more children and their families can continue to benefit from this groundbreaking system of care.

The American Academy of Pediatrics, California Chapter 3, as Countywide Coordinator, spearheads efforts to develop and support HDS. They promote the collaboration with other organizations involved in early childhood developmental and behavioral services. The four lead organizations in San Diego County responsible for the provision of services and integrating with existing early intervention providers are Family Health Centers of San Diego, Rady Children's Hospital, Palomar Health, and South Bay Community Services.





## HEALTHY DEVELOPMENT SERVICES' RESPONSE TO COVID-19

In March 2020, the Governor of California, Gavin Newsom, issued a statewide stay-at-home order in response to the COVID-19 pandemic. The directive meant a significant shift in HDS service delivery would be required to safely continue providing essential developmental and behavioral services for children and their families. To this end, agencies that provide First 5 HDS services quickly pivoted to offer telehealth services and adjusted the care plans for families to continue to provide excellent care to families while prioritizing the safety and health of the community. This shift was supported by the countywide coordinator, who developed outreach material, provided trainings and created opportunities to discuss and share best practices. Many families receiving group services shifted to individual services to accommodate schedules and new needs arising at home. Families report experiencing challenges related to the pandemic that create additional stressors, including distance learning, childcare, loss of income and, in many cases, struggles with meeting basic needs. Moreover, the HDS providers have experienced a decrease in referrals, likely associated with closure of childcare centers, preschools and schools, as well as a reduced number of child visits being conducted in physician offices. While challenges are present in implementing services via telehealth, service providers have worked diligently on identifying safe and efficient ways to continue engaging with families and children to provide virtual services.

# EARLY IDENTIFICATION AND INTERVENTION FOR BEHAVIORAL AND SOCIAL-EMOTIONAL CONCERNS

## WHY IS EARLY INTERVENTION FOR BEHAVIORAL AND SOCIAL-EMOTIONAL CONCERNS IMPORTANT?

An estimated 5% to 20% of children under five experience behavioral and social-emotional challenges.<sup>24</sup> These experiences can negatively impact a child's daily functioning, development and school readiness.<sup>25</sup> Delays in social-emotional development can have an impact on a child's ability to learn, communicate and interact with others. Likewise, children with social-emotional delays may have a hard time managing their emotions, focusing on tasks and controlling their behavior, which can lead to lifelong challenges.<sup>26</sup> Studies have shown that addressing behavioral concerns before the age of five can prevent the onset of mental health disorders, reduce future behavior concerns and increase a child's ability to regulate his or her emotions during daily activities.<sup>27, 28</sup>

## WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

First 5 San Diego funds community programs that provide screening, assessment and treatment services that are designed to meet the behavioral and social-emotional needs of children ages zero through five. First 5 San Diego providers offer clinical treatment and specialized classes that parents, or caregivers, and children participate in together, as well as one-on-one parent or caregiver coaching to promote a comprehensive approach to well-being. Providing coordinated services to parents or caregivers and children has been shown to be effective at preventing or reducing children's behavioral problems, while promoting social skills and academic performance.<sup>29</sup>

Through HDS, QPI, KidSTART and F5FS, First 5 San Diego providers screened 12,321 children, identified 1,319 children with behavioral concerns and provided behavioral treatment for 2,744 children, including those who were referred to First 5 San Diego programs for treatment by other providers (Figure 2.9).

### Number of Children who Received Behavioral Screenings and/or Services

12,321 Screened  
1,319 Identified with Behavioral Concerns  
2,744 Received Behavioral Treatment\*

\*Includes children referred by providers not funded by First 5 San Diego

FIGURE 2.9

### Percentage of Children who Made Behavioral Gains After Treatment

82.7% Internalizing Behaviors  
78.3% Externalizing Behaviors  
80.6% Total Behaviors

FIGURE 2.10

## ARE CHILDREN'S BEHAVIORS AND PROTECTIVE FACTORS IMPROVING?

The behavioral treatment services offered by First 5 San Diego are customized to meet each child's unique needs. This year, 2,744 children received treatment aimed at improving their internalizing behaviors (e.g., anxious or depressive symptoms) and/or externalizing behaviors (e.g., aggressive and hyperactive symptoms).

- Overall, 85.9% of children who were identified with behavioral concerns and received behavioral treatment showed improvement.
- Of those children receiving clinical treatment through HDS, 80.6% reduced their total behavioral concerns (Figure 2.10).

First 5 San Diego behavioral services also strengthen children's protective factors. Protective factors are strengths that positively influence a child's resilience, such as the ability to form relationships, get needs met, regulate strong emotions and explore surroundings with confidence. This year's results showed that children's protective factors significantly increased after receiving HDS behavioral treatment (Figure 2.11). Specifically, children improved in the following areas: initiative (using independent thought and action to meet needs), self-regulation (expressing feelings through socially appropriate words and actions) and attachment/relationships (mutual, strong, long-lasting relationships with significant adults).

- Overall, 80.6% of children who participated in group classes or whose parents or caregivers received one-on-one consultations through HDS demonstrated an increase in protective factors.

### CHANGE IN PROTECTIVE FACTOR MEAN SCORES FOR CHILDREN IN BEHAVIORAL SERVICES\*

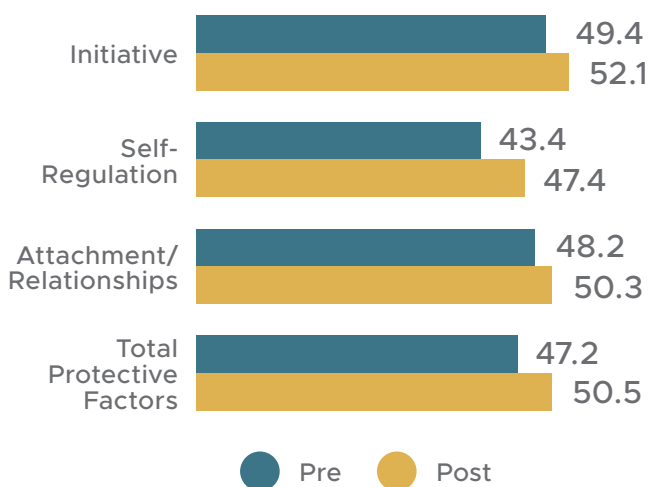


FIGURE 2.11

\*All domains are statistically significant;  $p < .05$ .

\*A p-value, a measure of statistical significance, is provided in many of the figures presented in this report. When a p-value is less than .05, the finding is referred to as "statistically significant." Statistical significance means that the changes between the data points are likely not due to random chance. Therefore, a statistically significant finding means the change is a real difference.

# FAMILY STORIES

The positive impact of First 5 San Diego services

## RESPECTING A CHILD'S CHARACTER AND STRENGTHENING RELATIONSHIPS

Two-year-old Karolina\* was referred to HDS services based on her foster parent's concern about her challenging behaviors, which often included fighting with foster siblings, hitting, biting and taking things away without asking. Karolina's behavior became a problem, as her foster parent, Michelle\*, had two other foster children under her care who were 5 and 8 months old. Michelle realized that both she and Karolina needed support from First 5 San Diego but knew that attending appointments would be difficult. Her HDS provider supported and praised her for attending appointments with Karolina, given everything else she was juggling. Through the sessions, both Michelle and Karolina received support and guidance to learn new strategies to talk about and acknowledge their feelings. They worked on building a trusting relationship and connecting. Frustrations were present at various sessions, but through consistent support and modeling, Michelle learned to calm down and help Karolina calm down by hugging her, connecting with her and bonding. When Michelle reflected about services, she said that HDS had helped her to learn how to respect Karolina's strong emotions and be mindful of her historical background. She also shared having learned how to acknowledge her emotions rather than ignore them or try to change Karolina's character. After successfully completing services, Michelle and Karolina have a stronger relationship and both have improved their emotion regulation skills.

## FINDING THE RIGHT PROVIDER

Emily\* came to OHI at 2 years of age with severe childhood cavities. All options were reviewed with Emily's guardian, Margaret\*, who was very motivated and committed to the child's oral and overall health. Emily returned for regular visits where the OHI team treated her with silver diamine fluoride and actively monitored her cavities. Over time, Emily was more comfortable coming to the dentist and by age 4, Emily was able to complete all her dental treatment without sedation. She has been coming for follow-up visits ever since, no longer has dental anxiety and is always excited when she comes to the clinic!

\*Names of children and families have been changed to protect confidentiality.





I'm surprised at Avery's\* ability to now express feelings. After participating in behavioral services with HDS, I experienced Avery expressing how he felt for the first time. I've learned how to support Avery's self-expression through play and how to support our relationship.

- Angela\*

\*Names of children and families have been changed to protect confidentiality.





I have found coaching to be very insightful. It has helped me develop my leadership skills in the most practical, useful and challenging way. As an instructional leader, my goal is to improve the quality of the Early Head Start and Head Start programs in which I serve. Therefore, providing professional development opportunities for quality early childhood educators is important.

- Mary\*, Site Supervisor

\*Names of children and families have been changed to protect confidentiality.



First 5 San Diego's goal is to ensure that all children in San Diego County enter kindergarten ready to learn

# LEARNING

## WHY ARE HIGH-QUALITY PRESCHOOL AND EARLY LEARNING IMPORTANT?

Research demonstrates that high quality experiences and interactions during the first five years of a child's life are critical to brain development and establish a foundation for future learning and a prosperous and sustainable society.<sup>30</sup> The brain is most flexible early in life, making preventative interventions like high quality preschool more efficient and effective than working to address issues once they have emerged. Involvement in high quality preschool programs has been shown to improve academic and behavioral outcomes for children at kindergarten entry, and can improve children's likelihood of attending college, entering the workforce and avoiding justice system involvement later in life.<sup>31, 32</sup> In addition, the benefits of high quality early education programs are shown to outweigh the costs for children of all ethnic and socioeconomic backgrounds and are more cost-effective than other types of educational interventions.<sup>33, 34, 35</sup>

## WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

First 5 San Diego's goal is to ensure that all children in San Diego County enter kindergarten ready to learn. To that end, First 5 San Diego invests in increasing children's access to high-quality early learning environments, enhancing the quality of preschool classrooms, supporting the professional development of early childhood education (ECE) staff, and strengthening parenting skills and knowledge of child development.

### FUNDING

**\$13,280,171**

### NUMBERS SERVED

**12,327 children  
1,368 teachers  
and staff**

## WHAT DOES FIRST 5 SAN DIEGO FUND?

Drawing on recommendations from early education research and emerging best practices, First 5 San Diego funds two early learning programs: Quality Preschool Initiative (QPI) and Mi Escuelita Therapeutic Preschool (Mi Escuelita). In total, 12,327 children in San Diego County received high-quality early education through these two programs in FY 2019-20 (Figure 3.1).

- QPI supports and enhances quality in early care and education programs across San Diego County. QPI provides intensive coaching and professional development for administrators and teachers to reach improvement goals in key areas of early learning, supports early care and education staff to identify and address developmental and social-emotional concerns, and enhances family engagement and parent education.
- Mi Escuelita is a therapeutic preschool program tailored to meet the special needs of children between the ages of three and five years old who have been exposed to domestic violence and abuse. The program offers therapeutic services, such as individual and group counseling, to both the child and the parents or caregivers. The goal of the program is to help vulnerable children make gains emotionally, socially and developmentally so that they can enter school as active learners.

## QUALITY COUNTS CALIFORNIA

Quality Counts California (QCC) is a statewide effort to strengthen the early care and education system in California and better support young children and their families in accessing high quality early care and education programs. QCC seeks to improve the quality of early learning, focusing on the areas of child development and readiness for school, teachers and teaching, and program and environment quality. Through various levels of support at the local, regional and state levels, QCC<sup>36</sup>:

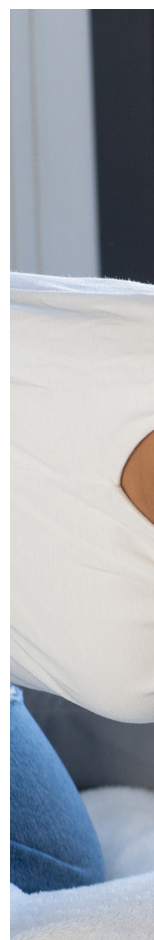
- Assesses program quality comparably across provider types (publicly and privately funded centers and family childcare homes) throughout the state;
- Aligns program standards with early learning and practitioner standards;
- Supports continuous quality improvement for participating programs and their staff; and
- Provides families with information about program quality to assist them in making informed choices about their child's care

### NUMBER OF CHILDREN WHO RECEIVED HIGH-QUALITY EARLY EDUCATION

**12,264** Quality  
Preschool Initiative  
**63** Mi Escuelita

**12,327**  
**TOTAL**

FIGURE 3.1



## CHILDCARE AND THE ECONOMY

Childcare businesses were among the hardest hit by COVID-19 related shutdowns, with a third of childcare workers nationwide laid off or furloughed. According to the University of Chicago's Becker Friedman Institute, approximately 17.5 million American workers, or 11% of the workforce, are caring for young children on their own, and are unlikely to return to work full-time until schools and daycares fully reopen. Additionally, approximately 258,000 workers in the childcare industry have lost their jobs. In total, it is estimated that nearly 10% of economic activity will be affected as long as schools and childcare centers remain closed.

A survey released by the National Association for the Education of Young Children in April 2020 estimated more than 100,000 childcare providers had closed, and those that were open were operating at 50% capacity or less to comply with social distancing and safety guidelines. The decrease in the number of childcare slots available will amplify the existing issues of high cost childcare, which already disproportionately impacts low-income and working-class women. Experts agree that economic recovery is not possible without childcare.

## HIGHLIGHTS

**99.1%**

The majority of QPI parents (99.1%) report being satisfied or very satisfied with the overall quality of the QPI program

**63.5%**

of QPI lead teachers have a bachelor's degree or higher



# BUILDING HIGH-QUALITY PRESCHOOLS

## HOW IS QUALITY MEASURED IN PRESCHOOL?

A high-quality preschool program is one that implements evidence-based practices for learning, including:

- Highly qualified teachers, instructional assistants and program directors;
- Ongoing professional development of staff;
- Low child-to-teacher ratios and small class sizes;
- Health screenings and referrals to appropriate services;
- Supportive learning environments;
- Positive teacher-child interactions; and
- Family engagement in their child's education<sup>38,39,40,41</sup>

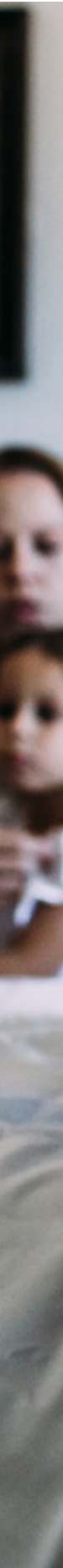
Elements of high-quality early care and education programs are assessed and rated as part of the San Diego County Quality Rating and Improvement System (QRIS). San Diego's QRIS was developed over 12 years of quality preschool program implementation. Every QPI site receives points using the San Diego QRIS matrix based on its performance in seven rated elements. Each site receives an overall rating from 1 (lowest) to 5 (highest) based on these points. Due to the COVID-19 pandemic and the resulting public health crisis, QPI sites were unable to be rated for FY 2019-20.

Two of the seven QRIS elements (Figure 3.2) focus on the qualifications of early care and education staff, with a greater number of points assigned for higher levels of teacher education. Research suggests that early care and education teachers with a college education in child development or early childhood education are more effective, nurturing and engaging, and provide richer language and cognitive experiences for children.<sup>42, 43, 44</sup> Overall, nearly two-thirds of QPI lead teachers (63.5%) have a bachelor's degree or higher.

### SAN DIEGO'S QRIS ELEMENTS:

- Child Observation
- Developmental and Health Screenings
- Minimum Qualifications for Lead Teacher
- Effective Teacher-Child Interactions: Using Classroom Assessment Scoring System (CLASS) Assessments
- Ratios and Group Size (Centers Only)
- Program Environment Rating Scale(s)
- Director Qualifications (Centers Only)

FIGURE 3.2







My son's speech and vocabulary have improved immensely! I cannot believe the conversations we have now as compared to the beginning of the year! His experience with this program has been amazing! He loves it so much and has developed socially, emotionally and academically!

- Christine\*

\*Names of children and families have been changed to protect confidentiality.

# PROFESSIONAL DEVELOPMENT FOR EARLY CHILDHOOD EDUCATION PROVIDERS

## WHY IS PROFESSIONAL DEVELOPMENT IMPORTANT?

Effective professional development enables early care and education teachers to strengthen and maintain the knowledge and skills required to provide high-quality instruction and promote student learning and achievement.<sup>45, 46, 47</sup> Sustained professional development helps teachers meet diverse student needs, improves teacher engagement with parents and allows teachers to develop an active agenda for their own professional growth, all of which has been linked to positive child outcomes. High-quality professional development can improve a teacher's ability to identify and support a child's learning needs, which is particularly important in early care and education when early intervention to address a child's developmental and behavioral concerns can significantly impact future academic success.

## WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

First 5 San Diego funds several professional development opportunities for QPI teachers and administrators. This year, over 1,300 teachers and site directors received support to develop customized professional development plans, accessed robust and systematic coaching aligned to their professional development plans from experienced coaches, and participated in professional development workshops and teaching communities to achieve their goals. First 5 San Diego also provides incentives to site directors and lead teachers to advance their level of education. This year, 23 teachers and administrators earned a college degree (Figure 3.3).

## WHAT IS THE IMPACT OF PROFESSIONAL DEVELOPMENT?

First 5 San Diego's investment in the professional development of early care and education staff enhances the effectiveness of QPI teachers and supports the success of preschoolers in San Diego County. QPI utilizes the Classroom Assessment Scoring System (CLASS) as one way to measure teacher effectiveness. The CLASS is a quality assessment tool administered by a reliable, independent observer who rates teacher-child interactions across three domains on a scale from 1 (lowest) to 7 (highest): instructional support (e.g., modeling language for students), classroom organization (e.g., behavior management) and emotional support (e.g., teacher sensitivity). This year, average QPI CLASS scores ranged from 3.7 to 6.6 across the three domains, indicating a high level of classroom quality and effective instruction (Figure 3.4).



## IMPACT FAMILY CONNECTIONS

IMPACT Family Connections was established in 2015 and is a partnership between First 5 San Diego and the YMCA Childcare Resource Service (CRS) that connects family childcare (FCC) providers to resources, trainings and other professionals in the field, and builds FCC providers’ capacity to implement developmental screenings. As part of the IMPACT Family Connections program, FCC providers received Ages and Stages Questionnaire, Third Edition (ASQ-3) trainings and technical assistance from CRS staff through coaching. The coaching focused on training and supporting FCC providers to work with parents to understand developmental screening results and identify activities parents could implement with their children. During early 2020, First 5 San Diego and YMCA CRS partnered with Harder+Company Community Research to understand providers’ experiences with IMPACT Family Connections. Providers shared that the support provided by IMPACT Family Connections coaches, on the implementation and use of ASQ-3 screenings, helped providers to be more attuned to children’s behavior. Providers reported that the knowledge they acquired through coaching resulted in them not dismissing things they maybe would have before starting to use the ASQ-3 tools. Providers also explained how the skills acquired through IMPACT Family Connections strengthened the way they interacted with caregivers to support a child’s development.

## FIRST 5 SAN DIEGO COVID-19 RESPONSE

As a result of the COVID-19 pandemic, early care and education agencies were inundated with sanitation and safety requirements to ensure the health and safety of their children and staff. Many of these requirements added to the costs of program operations. In response, First 5 San Diego provided agencies caring for children of essential workers during the pandemic with additional learning materials and sanitation supplies. These additional supplies sought to enhance the learning environment and keep spaces clean and sanitary so children and families could thrive during an extremely challenging time.

### NUMBER OF DEGREES EARNED BY QPI ADMINISTRATORS AND TEACHERS

8 Associates  
11 Bachelors  
4 Masters  
**23 Total**

FIGURE 3.3

### AVERAGE CLASS SCORES

**3.7** instructional  
support  
**6.1** classroom  
organization  
**6.6** emotional  
support

FIGURE 3.4

# PARENTING AND HIGH-QUALITY EARLY CARE AND EDUCATION

## HOW ARE PARENTS ENGAGED WITH THEIR CHILD'S LEARNING?

Parents who are aware of what is happening in their child's preschool classroom are better able to establish a connection between what is learned at school and what takes place in the home. Parental involvement in the preschool classroom helps extend teaching outside the classroom, creates a more positive experience for children and helps children perform better when they are in school. Nearly all QPI parents (99.1%) report being satisfied or very satisfied with the overall quality of the QPI program. Parents' involvement in their child's classroom is high, as three-quarters (76.0%) of QPI parents attended a special event at their child's preschool and 88.2% of parents attended a parent-teacher conference (Figure 3.5). More than half of QPI parents (51.9%) took steps to improve their parenting skills by participating in child development and parenting classes. The vast majority of parents that took a parenting class reported knowing how to help their child do well in school (97.2%) and reported successful efforts to help their child learn (96.6%) as a result of the class, indicating that parenting classes are useful to parents.

## IS HIGH-QUALITY PRESCHOOL HELPING TO SUPPORT CHILDREN WITH SPECIAL NEEDS?

QPI supports early screenings to identify strengths and concerns that may require focused interventions, referrals or further assessments for individual children. This year, 10,355 screenings were completed in collaboration with QPI parents. During the year, 195 children were identified as eligible for special education and related services under the Individuals with Disability Education Act (IDEA) and had an Individual Education Plan (IEP) developed to support their individual learning needs. In addition, 958 children with IEPs upon enrollment received continued, individualized learning support throughout the year.

### QPI PARENT ENGAGEMENT IN THE CLASSROOM

**88.2%** attended a parent-teacher conference

**76.0%** attended a special event at their child's preschool

**51.9%** participated in a child development and parenting class

FIGURE 3.5



## **FIRST 5 SAN DIEGO COVID-19 RESPONSE**

From May through June 2020, First 5 San Diego provided \$408,061 in emergency childcare vouchers to cover the cost of childcare for children, ages zero through five, as prioritized by State Management Bulletin 20-06. Under this document, vouchers covered the cost of childcare for families involved with the child welfare system, families experiencing homelessness and families in essential worker functions across income levels. Additionally, First 5 San Diego provided early learning and care providers an additional \$491,282 in personal stipends and more than \$260,000 for materials, cleaning supplies and personal protective equipment at centers that remained open. First 5 San Diego's total funding to support childcare during the COVID-19 pandemic was over \$1.1 million. Funds were administered in partnership with the San Diego County Office of Education, Jewish Family Services and San Diego for Every Child.

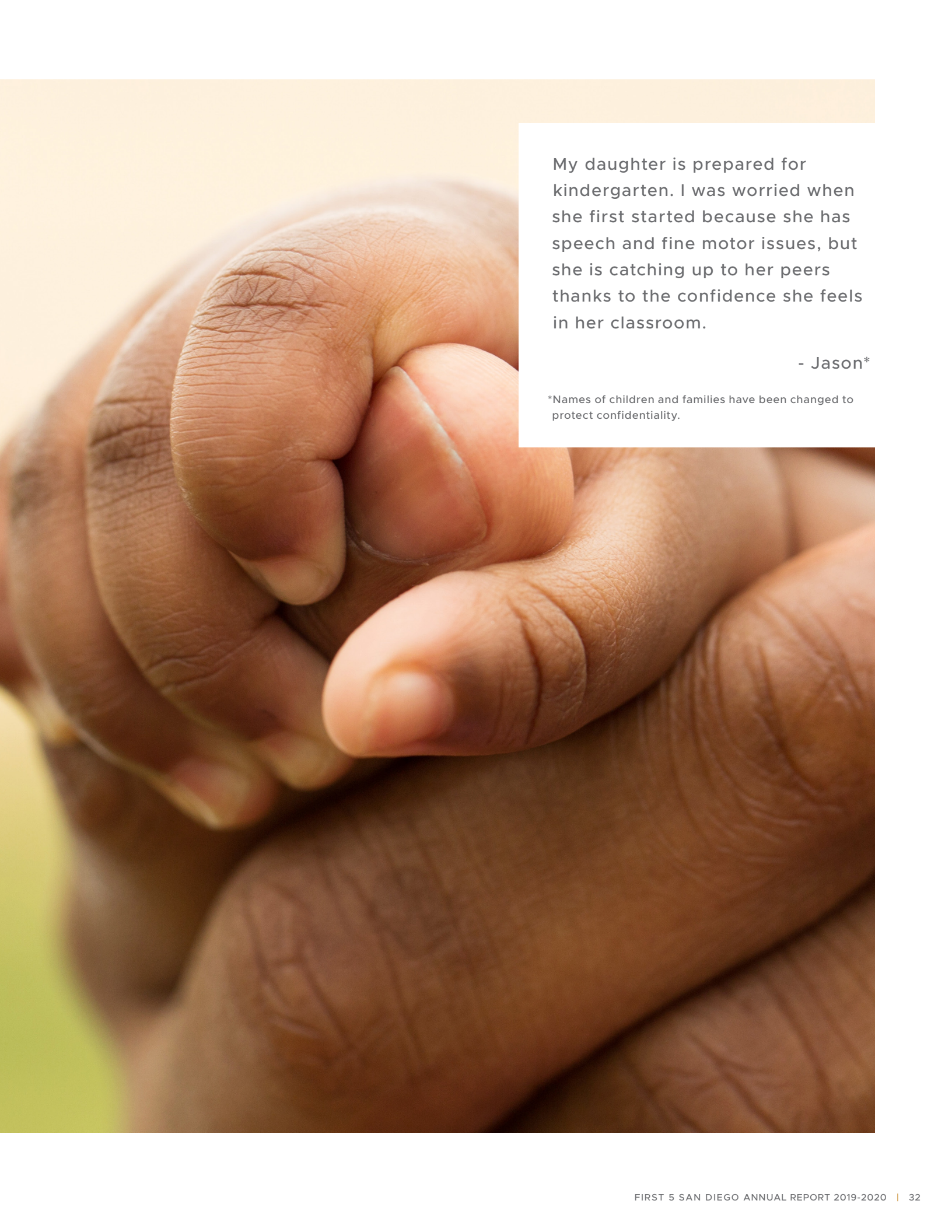


# *Reflecting on Eight Years of Quality Preschool Initiative*

The purpose of the Quality Preschool Initiative (QPI) was to positively impact the growth and development of preschool age children to ensure they have the foundation they need to transition to kindergarten, experience success in school and become life-long learners. Ensuring access to a quality preschool experience in high need communities throughout San Diego County was a major focus of QPI. Between July 1, 2012 and June 30, 2020, 105,299 children ages three through five were served through QPI at state and federally funded preschools.

QPI promoted uniformly high standards for preschool program services and learning environments, based on state and nationally recognized best practices and the elements of the San Diego Quality Rating and Improvement System (QRIS). Participation in the Race to the Top California initiative, aligned to the federal QRIS movement and the Child Signature Program with First 5 California, assured QPI's alignment with state and national best practices to increase options for families and caregivers to enroll their children in a quality preschool program.

This focus on high standards centered on supporting preschool staff in offering children a variety of quality learning experiences that promote school readiness. Developmental screening and referrals were centric during QPI. A total of 92,689 Ages and Stages Questionnaires, Third Edition (ASQ-3) developmental screenings were completed in QPI and 49,479 children also received a secondary screening for social emotional development using the ASQ-SE screening tool. These developmental screenings resulted in 18,914 children being identified as having areas of developmental concern and 1,806 as having social emotional development concerns. Interventions to address developmental concerns were provided based on 15,058 referrals made by providers to community partners, including Healthy Developmental Services (HDS). Additionally, all teachers engaged in training and implementation of the California Department of Education preschool observation tool: Desired Results Developmental Profile (DRDP). Based on the classroom results from the DRDP, teachers were coached in their development of learning opportunities and provision of high-quality environments within their classrooms that promoted learning and maximum development. During QPI, 11,200 staff from QPI participating sites attended professional development trainings and 71,437 hours of one-on-one coaching were provided to site administrators and teachers. Each staff member developed a quality improvement or professional development plan upon which their coaching and professional development workshop attendance was based.



My daughter is prepared for kindergarten. I was worried when she first started because she has speech and fine motor issues, but she is catching up to her peers thanks to the confidence she feels in her classroom.

- Jason\*

\*Names of children and families have been changed to protect confidentiality.



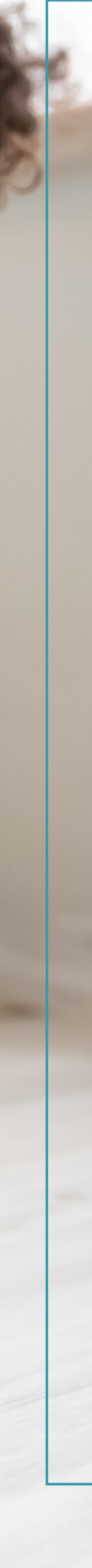


My son comes home and tells me stories of making new friends and the names of planets and dinosaurs. He can write his name in both capital and lowercase letters, count to 20, understands how a classroom works and how to interact and share with his peers. I believe he is well prepared to go to kindergarten.

- Maya\*

\*Names of children and families have been changed to protect confidentiality.





Over the past eight years, QPI created a global picture of quality early learning for San Diego County. Leaders from participating agencies describe it as “a roadmap that while providing flexibility for individual agency, site, session, staff and child needs, was an effort that made sure we continued the quality work to move forward.”

QPI accomplished many things in the early care and education space including, but not limited to:

- QPI lifted the early learning workforce and made staff more receptive to the information being shared.
- QPI parent education and family engagement activities enhanced provider’s ability to engage parents in a more meaningful manner.
- Quality coaching provided through QPI built staff’s capacity to deliver better learning experiences for children.
- Some QPI agencies adopted the Teaching Pyramid and, over the 8-year QPI period, were able to create a culture to support the social and emotional development of young children and reduce challenging behaviors, with a focus on the environment and the adults’ role and actions.
- QPI successfully managed to develop an internal protocol to match QRIS preschool records with the California Longitudinal Pupil Achievement Data System (CALPADS). This accomplishment permits the San Diego County Office of Education to find children who participated in the QPI preschool in the CALPADS system, after they enroll in kindergarten, with a match rate of over 90%.

The connections made across the county with peers at QPI participating agencies have been frequently highlighted by agency leaders and teachers reporting they will continue to provide this support to each other. The investment by First 5 San Diego in local partnerships, prior initiatives and then QPI as a sustainable multi-year initiative resulted in changes to the ways San Diego County’s lead early learning and care agencies rely on each other to support young children and their families. For San Diego County, this level of partnership and collaboration indicates a sustainable focus on every child having access to quality early learning experiences, particularly those young children who are at the highest risk for not achieving a successful school trajectory.



As a first-time mom, finding this program has been a blessing from the first day to the last. I have learned that there are resources for all needs and they have been able to guide me at all times so that my family can enjoy all the free resources in the community. That is something that I will be grateful for all my life.

- Cristina\*

\*Names of children and families have been changed to protect confidentiality.



**90%** of brain development occurs during the first five years of life

# FAMILY

## WHY IS FAMILY IMPORTANT?

Children and families benefit from having access to safe, stable, loving and stimulating environments where children are exposed to positive childhood experiences which allow them to reach their fullest potential.<sup>50, 51, 52</sup> Positive family relationships and interactions help create the building blocks for a secure attachment between parents and children which enables children to feel safe and comfortable to explore and interact with the world.<sup>53, 54</sup> Children develop within a network of relationships. A secure family structure and positive relationships with adults support a child's cognitive and social-emotional development, school readiness and overall academic success, buffers against social and behavioral problems, and increases a child's capacity to form successful relationships.<sup>55, 56, 57</sup> When caregivers engage in positive parenting behaviors such as routinely talking, reading, singing and telling stories to their children, they are actively supporting the development of social and language skills and preparing their child to succeed in school.<sup>58</sup>

## WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

First 5 San Diego supports families by providing parents and caregivers with intensive home visitation services, care coordination and parent education services, as well as parenting resources to promote children's optimal development and school readiness.

## WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego supports families through the following programs: First 5 First Steps (F5FS), Healthy Development Services (HDS), KidSTART, Maternity Shelter Program (MSP), Oral Health Initiative (OHI) and Quality Preschool Initiative (QPI). In addition, parenting information and resources are provided to the community through the Kit for New Parents (Kit) and the First 5 San Diego Good Start Newsletter.

### FUNDING

**\$4,686,816**

### NUMBERS SERVED

**12,624 children**  
**10,414 parents**

## WHY ARE SERVICES TO FAMILIES IMPORTANT?

Raising a young child is demanding and has its challenges. With the addition of stressors such as single parenthood, unemployment, housing instability or raising a child with special needs, having allies and resources to support and empower parents and caregivers is critical to the well-being of all family members.<sup>59, 60</sup> The need for programs and services that support families is even more essential during challenging times such as the COVID-19 pandemic where families face even more challenges.<sup>61</sup> Home visiting and other parent support programs help address the needs of young children by connecting families to needed services, resulting in better physical, cognitive and emotional development in children, increased parent-child bonding, and decreased rates of family violence, child abuse and neglect.<sup>62, 63, 64</sup> Parent support programs can also improve maternal and child health, reduce juvenile delinquency and improve family economic self-sufficiency.<sup>65</sup>

First 5 San Diego's programs support the whole family, recognizing that good parenting can be learned and positive parenting skills will benefit children throughout their lives.

## HIGHLIGHTS

98.3% of QPI, HDS and F5FS caregivers tell stories or sing songs to their child

98.9% of HDS parents know more about age appropriate child development

78.8% of QPI, HDS and F5FS parents regularly read to their child

More than 17,000 parent resource kits were distributed

### PERCENTAGES OF F5FS PRIMARY CAREGIVERS DEMONSTRATING PARENTING COMPETENCE

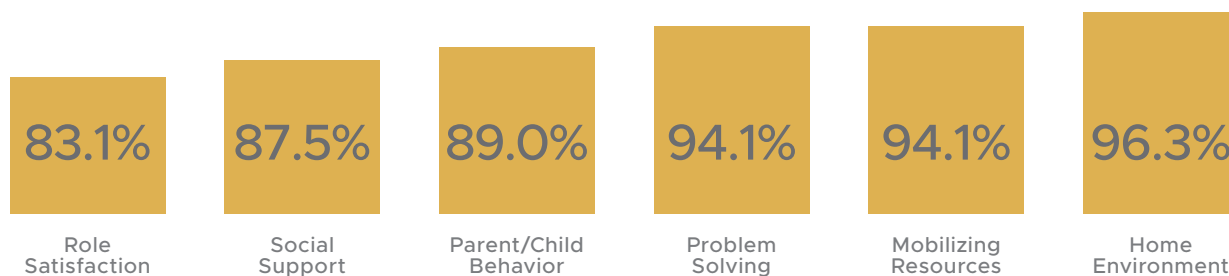


FIGURE 4.1

# SUPPORTING FAMILIES THROUGH HOME VISITATION

## WHAT SERVICES DOES FIRST 5 SAN DIEGO OFFER FOR FAMILIES?

F5FS provides intensive home visitation services for families in San Diego County and supports them by:

- Helping families to develop healthy attachment relationships;
- Promoting positive parenting practices such as reading to a child and advocating for a child's well-being in school and the doctor's office;
- Supporting healthy and safe living environments for families; and
- Connecting families to community resources, including medical and social service providers.

## WHO DID FIRST 5 SAN DIEGO SERVE?

F5FS serves high-risk families, including pregnant and parenting teens, military, immigrant, refugee and low-income families using an evidence-based home visiting model and curriculum. Evidence-based home visiting programs are particularly effective for reaching high-risk populations who need more social support.<sup>66, 67, 68</sup> This year, 555 pregnant women or caregivers and 493 children received F5FS services.

## WHAT IS THE IMPACT OF SERVICES FOR FAMILIES?

F5FS home visitors routinely assess parents and caregivers on their parenting skills development. High percentages of parents and caregivers who have participated in F5FS demonstrate competence in these skills, including in their development of social support networks, ability to problem-solve and mobilize resources, satisfaction with their role as parents or caregivers, interactions with their child(ren), and overall safety and developmental appropriateness of the home environment (Figure 4.1). Additionally, families who receive home visiting through F5FS demonstrate these important healthy behaviors:

- 91.0% of mothers and 92.0% of children were linked to a medical home within 30 days of enrollment.
- 74.0% of mothers reported breastfeeding when their babies were 6 months old, which is higher than the California average of 67.1%.<sup>69</sup>
- 91.0% of parents or caregivers reported their children were up-to-date with their Well Baby Checks at 12 months of age.
- 91.0% of parents or caregivers reported their children were up-to-date with their immunizations at 12 months of age.

# SUPPORTING FAMILIES THROUGH PARENT EDUCATION

## WHAT SERVICES DOES FIRST 5 SAN DIEGO OFFER FOR PARENTS AND CAREGIVERS?

Parent education programs allow parents and caregivers to learn the essential skills needed to help their child grow physically, intellectually, socially and emotionally. These programs can also reduce childhood injuries and maltreatment by helping parents and caregivers learn the essential skills necessary to build a healthy family. Teaching parents and caregivers about their child's development and how to utilize positive parenting practices promotes nurturing parent-child interactions and supports children's healthy development. First 5 San Diego offers a variety of parent education services in the form of workshops, classes and trainings through F5FS, HDS, KidSTART, OHI and QPI. These programs focus on providing parents and caregivers with skills and resources to be strong role models and advocates for their families by:

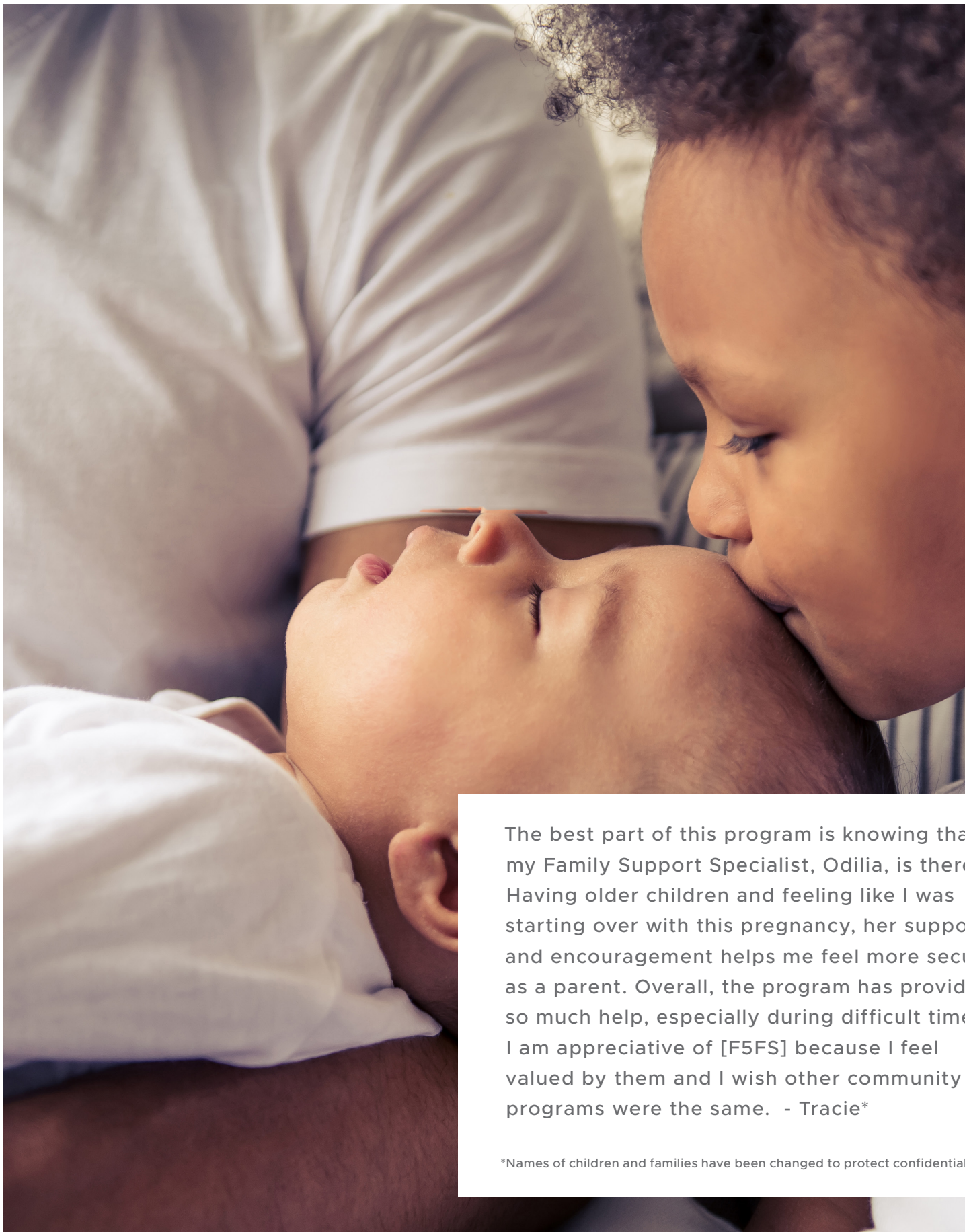
- Encouraging and supporting parents' and caregivers' involvement and engagement in their child's development;
- Empowering parents and caregivers to become active participants in their child's treatment;
- Supporting parents and caregivers in advocating for their child's needs; and
- Linking parents and caregivers to available tools and community resources, including medical and social services.

## WHO RECEIVED PARENT EDUCATION FROM FIRST 5 SAN DIEGO?

This year, 3,156 parents and caregivers received parent education services focused on supporting their child's health, the importance of play, healthy social-emotional development, and how to access important community resources through Healthy Development Services (HDS), Oral Health Initiative (OHI), Mi Escuelita, Maternal Shelter Program (MSP) and Quality Preschool Initiative (QPI). F5FS also provided education to 555 primary caregivers during home visits.

Additionally, First 5 San Diego supported the distribution of 17,650 Kits for New Parents (Kit) this year. The Kit, a free parenting resource available to all new and expectant parents, includes advice and useful tips to prepare parents for the joys and challenges of parenting. The Kit is available countywide in six languages (English, Spanish, Mandarin, Vietnamese, Cantonese and Korean).





The best part of this program is knowing that my Family Support Specialist, Odilia, is there. Having older children and feeling like I was starting over with this pregnancy, her support and encouragement helps me feel more secure as a parent. Overall, the program has provided so much help, especially during difficult times. I am appreciative of [F5FS] because I feel valued by them and I wish other community programs were the same. - Tracie\*

\*Names of children and families have been changed to protect confidentiality.

## WHAT IS THE IMPACT OF PARENT EDUCATION?

First 5 San Diego parents and caregivers who participated in parent education or home visitation services demonstrated the following positive outcomes:

- 98.5% of parents and caregivers who participated in HDS and KidSTART parenting classes reported knowing how to advocate for their child (Figure 4.2).
- 98.9% of parents and caregivers who participated in HDS parenting programs reported an increase in their knowledge of age appropriate child development.
- 78.8% of parents and caregivers who received F5FS home visitation services or parenting classes from HDS or QPI reported reading to their child three or more days per week.

F5FS parents and caregivers also demonstrated competency in four key parenting domains including: confidence, ability, action and knowledge of child development (Figure 4.3). These domains are important to foster connectivity, attachment and a secure relationship between caregiver and child.

## CARE COORDINATION

Children served by First 5 San Diego programs HDS, KidSTART and OHI are likely to have multiple appointments and more than one service provider working with their families to best meet the child's needs. Care Coordinators are critical partners for families in these situations, working hand-in-hand with them to make appointments, prioritize which services to start first, monitor progress and help families overcome barriers (e.g., arranging transportation) to completing a treatment plan. More than 12,000 children, parents and caregivers received care coordination services through First 5 San Diego programs during FY 2019-20, including:

- 209 families in KidSTART;
- 6,173 families in HDS; and
- 5,137 children and 858 pregnant women in OHI.

### PERCENTAGE OF PARENTS AND CAREGIVERS WITH IMPROVED KNOWLEDGE OF HOW TO SUPPORT THEIR CHILD (HDS AND KIDSTART)

**99.2%** help my child learn and develop  
**98.5%** know how to advocate for my child  
**98.8%** understand my child's needs  
**95.1%** know where to turn for resources

FIGURE 4.2

### AVERAGE PARENTING PRACTICE SCORES FOR CAREGIVERS WHO RECEIVED HOME VISITATION\*



\*Maximum score for each domain is 6  
FIGURE 4.3





## F5FS COVID-19 RESPONSE

In an effort to minimize the spread of COVID-19 through the community, F5FS transitioned to virtual family support services on March 16, 2020. Service providers quickly pivoted to virtual platforms, ensuring staff had the needed equipment and privacy protections in place to work from home, while providing uninterrupted support to enrolled families. In the first weeks of virtual services, staff oriented families to video platforms, supported families in creating email accounts to aid communication, and provided reliable information about COVID-19 health and safety practices.

Through regular and ongoing contact with families, F5FS sees the direct public health and economic impact on their lives. Now more than ever, our children and families need support, as they cope with the stress of social isolation and job and income loss. F5FS is supporting families with basic needs, social connections and interventions that support nurturing parent-child interactions. Basic needs support includes referrals to community agencies as well as no-contact supply delivery and drive-thru distribution events of food, diapers, wipes and educational activities for kids. Staff provide virtual parent support groups and program graduations to reduce feelings of loneliness and isolation. Virtual home visit sessions include child development activities and strength-based feedback to parents on their observed interactions with their children.



# FAMILY STORIES

THE POSITIVE IMPACT OF FIRST 5 SAN DIEGO SERVICES







## CONNECTING FAMILIES TO A SYSTEM OF CARE

Jessica\* completed an Ages and Stages Questionnaire, Third Edition (ASQ-3) assessment with her Family Support Specialist (FSS) when her baby James\* was around 14 months. The ASQ-3 showed some areas of concern which prompted a conversation between Jessica and her FSS. Jessica shared with her FSS that she has had hearing problems most of her life which she had never told anyone about; she was concerned that James may have the same issue. The FSS helped connect Jessica to multiple providers to understand what was happening with James's development. The FSS supported Jessica at her pediatrician's appointment and used the results from the ASQ-3 to show the doctor the concerns they had about James's development. The pediatrician then initiated referrals for James to be evaluated at Rady Children's Hospital and the San Diego Unified School District (SDUSD). Jessica was already receiving services at the Regional Center for other concerns that James had. The FSS was also able to support Jessica and help her advocate for James at the IEP meeting to discuss the different concerns with James' development. As a result of all the efforts in communication and sharing of information, the Regional Center, Rady Children's Hospital and SDUSD are all communicating and coordinating services for James and Jessica. Jessica is now active in biweekly parenting classes with James for kids with special needs. In addition, three different providers come to the home weekly to work with Jessica and James. This was a huge success story that shows how a FSS and a family can work together to ensure that a baby's needs are met and how much support F5FS can provide for families in navigating difficult systems and situations.

I entered the First 5 First Steps program when I was pregnant. I loved this program and I wish everyone would hear about it because it is the most wonderful program for moms and children. During this program, I learned many wonderful things. I learned how to pay attention to pregnancy and healthy methods of nutrition and how to take care, read and speak to my unborn baby to build a strong and healthy relationship between us. I also learned to be more aware of my child's brain, physical abilities and social skills. I learned how to choose activities that help to develop my child's cognitive, fine, gross motor, communication and problem-solving skills in order to meet the milestones. The monthly sessions such as Mother & Baby Group and Stroller Walk Group that I attended helped me a lot to think about myself and the importance of self-care. I learned how to build a healthy relationship with my child, to depend on myself and develop my abilities. During this program, I made many positive changes. I started going to college to improve my English first and will continue my education to find a job and provide for my family's needs. In short, my experience with the First 5 First Steps program is very beautiful, with many lovely and happy memories. Thank you very much for caring about children, which is the secret of happiness in this life.

- Anna\*

\*Names of children and families have been changed to protect confidentiality.





First 5 San Diego is committed to supporting **healthy, vibrant communities** for children and their families

# COMMUNITY

## WHY IS COMMUNITY OUTREACH IMPORTANT?

Thriving and healthy communities offer a foundation for children and their families to develop and prosper. Good living conditions including quality air, nutritious food options, and places to play and exercise are fundamental to promoting well-being and a healthy lifestyle among children and families who live in San Diego County.

## WHAT DOES FIRST 5 SAN DIEGO SUPPORT?

First 5 San Diego invests in countywide services to promote an efficient, family-centered network that prioritizes continuity of care and service quality. By building community and organizational capacities, First 5 San Diego integrates its efforts with *Live Well San Diego*, the County of San Diego's vision to achieve healthy, safe and thriving communities.

## WHAT DOES FIRST 5 SAN DIEGO FUND?

First 5 San Diego is committed to supporting healthy, vibrant communities for children and their families by funding projects that build knowledge, infrastructure and capacity. Through broad-reaching investments, such as 2-1-1 San Diego, Parent and Community Education and Summer Movies in the Park, First 5 San Diego strengthens the community's capacity to support the healthy development of children ages zero through five.

### FUNDING

**\$1,304,628**

### NUMBERS SERVED

**32,313 Children  
and Parents**



# BUILDING A HEALTHY & THRIVING COMMUNITY

## HOW IS FIRST 5 SAN DIEGO SUPPORTING COMMUNITY AWARENESS?

First 5 San Diego invests in public education campaigns to educate parents, caregivers and the San Diego community on the importance of the first five years of a child's life. The FY 2019-20 campaign promoted early childhood literacy and encouraged parents and caregivers to talk, read, sing and be active with their children. Messaging also promoted positive parenting practices that support healthy social emotional development of children ages zero through five. Campaign messaging was broadcasted via television, radio, digital media and outdoor advertisements. We are proud to report that two of the public service announcements that were part of the campaign earned Emmy nominations in two categories! The campaign achieved more than 122 million gross impressions and the use of First 5 San Diego's website averaged 7,900 page views per month and 2,700 new visitors each month.

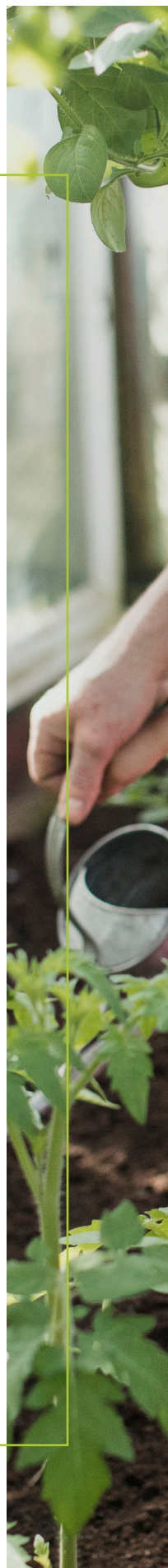
## HOW IS FIRST 5 SAN DIEGO CONNECTING FAMILIES TO SERVICES?

Children and families who receive services through one of First 5 San Diego's funded programs often receive referrals to other First 5 San Diego providers or community agencies to help ensure that all of their family's needs are addressed. This year, First 5 San Diego-funded programs made 8,750 of these health and social service referrals.

First 5 San Diego also supports referrals for the broader San Diego community through 2-1-1 San Diego and the First 5 San Diego Warm Line (1-888-5 FIRST 5). By dialing either of these numbers, any family in San Diego County can be connected to health and social services near them. This year, 2-1-1 San Diego made 23,563 referrals for families with children ages zero through five.

## HOW IS FIRST 5 SAN DIEGO IMPROVING COMMUNITIES?

First 5 San Diego is committed to building the community's capacity to promote health and learning in the first five years of life. Several First 5 San Diego initiatives focus on affecting system-level change that is crucial to supporting early childhood development in San Diego County. First 5 San Diego initiatives like Healthy Development Services (HDS), First 5 First Steps (F5FS), the Quality Preschool Initiative (QPI) and the Oral Health Initiative (OHI) play an important role in creating and improving countywide and regional networks that provide services for young children and their families.







## HIGHLIGHTS

**130,000**

San Diegans participated in local community events sponsored by First 5 San Diego

**8,750**

health and social service referrals by First 5 San Diego providers

**23,563**

referrals for families with children ages zero through five this year by 2-1-1 San Diego



## CO-SPONSORED COMMUNITY EVENTS

First 5 San Diego sponsored and participated in local community events that reached over 130,000 San Diegans

### SUMMER MOVIES IN THE PARK

Summer Movies in the Park, a series of free outdoor movie events in park facilities, is a collaboration between the County of San Diego Department of Parks and Recreation and local parks. The program brings families together to encourage quality time and offer a safe, free, age-appropriate event aligning with communities supporting families and giving access to services for parents and kids. As a partner, First 5 San Diego used the Summer Movies in the Park platform to screen public service announcements on the importance of healthy eating, physical activity and literacy. Summer Movies in the Park gives an opportunity to interact with thousands of San Diego families to educate and support them with these types of important messages. Many of the events are held in parks located within socio-economically challenged areas of the county. These events are sometimes the only option for safe recreation available to families struggling financially.

### JACOBS & CUSHMAN SAN DIEGO FOOD BANK HOLIDAY FOOD DRIVE 2019

First 5 San Diego partnered with the Jacobs & Cushman San Diego Food Bank for the 2019 Holiday Food Drive. This is the seventh year that First 5 San Diego participated in this collaboration to provide food for hundreds of thousands of the most vulnerable people in San Diego County, including chronically hungry children living in poverty.

### MARCH OF DIMES

First 5 San Diego was proud to support the March of Dimes Foundation at its 2020 Virtual March for Babies San Diego Step Up! A total of 418,562,434 steps were taken through the March of Dimes Step Up! App between April 25 - August 15, 2020. These participants shared in the March of Dimes' mission to improve the health of babies by preventing birth defects, premature birth and infant mortality through research, education, community service and advocacy.

### WE DIDN'T WAIT: A DECADE OF PROGRESS, A FUTURE OF HOPE

First 5 San Diego was proud to sponsor the 10th Annual We Didn't Wait Early Childhood Mental Health Conference. This conference aims to educate, encourage and support the development of knowledge and skills for working with children with developmental and social emotional difficulties and their caregivers. The conference's intent was to amplify the early identification of difficulties, provide early intervention and support caregivers through this process.

## SPONSORSHIPS AND VIRTUAL EVENTS DURING COVID-19

---

### SAN DIEGO ZOO SPONSORSHIP

San Diego Zoo Global and First 5 San Diego have agreed to participate in a promotional partnership featuring San Diego Zoo Global's Hope & Inspiration Series and to spread awareness around First 5 San Diego's mission. First 5 San Diego is also hosting Nursing Lounge signage at the San Diego Zoo and Safari Park. Lastly, First 5 San Diego sponsored the Children's Zoo Activity Page, which is an online platform that provides a variety of arts and crafts for children.

### NEW CHILDREN'S MUSEUM VIRTUAL ART EXPERIENCES: "ALL ABOUT ART"

First 5 San Diego sponsored a video series of virtual art experiences featured on the New Children's Museum website. The videos allow families to engage with the Museum's interactive art installations. New videos are added every other week.







## LIVE WELL SAN DIEGO IN ACTION

*Live Well San Diego* empowers all members of the San Diego community, from government and local businesses to schools, faith-based organizations and individual residents, to become agents of change in Building Better Health, Living Safely and Thriving. Each one of the First 5 San Diego funded programs embodies this *Live Well San Diego* vision with the services provided in support of the region's young children and families. First 5 San Diego also partners with community organizations that shares its commitment to building healthy, safe and thriving communities:

### IT'S HOW WE LIVE (LAKESIDE)

First 5 San Diego partnered with the County of San Diego Department of Parks and Recreation to help families recreate and promote health and wellness. This event encourages families to visit parks and recreation facilities for year-round use throughout San Diego County. It also provides a free community gathering that features tips on healthy living, fitness, crafts, bounce houses, an opportunity drawing and so much more.

### DAY OF PLAY (OLIVEWOOD GARDENS)

First 5 San Diego partnered with the Olivewood Gardens and Learning Center to sponsor the "Day of Play" event. The Day of Play is a free educational community event designed to teach the connections between food, health and the environment. This event engages families with interactive cooking, tasting, gardening, art and physical fitness activities that allow them to learn together, grow together, have fun together and ultimately make healthy decisions together. Each year, Olivewood Gardens welcome's roughly 500 children and adults to the gardens for this event! First 5 San Diego provided free gardening tools and basil seed kits to participants.

### DAY OF PLAY (SPECIAL NEEDS FOUNDATION OF SAN DIEGO)

First 5 San Diego partnered with the Special Needs Foundation of San Diego to sponsor the "Day of Play and All Abilities Resource Fair." This free family event was designed to help families educate themselves and connect with the community. At the resource fair, community groups provided awareness information, resources and support for all participants. The event had plenty of fun for the kids too with games, opportunity drawings and performances.

### LIVE WELL SAN DIEGO 5K

First 5 San Diego partnered with *Live Well San Diego* and sponsored the 6th Annual *Live Well San Diego* 5K and Kid's 1-Mile Fun Run. In 2019, First 5 San Diego also hosted the First 5 Family Fun Zone which included a March of Dimes "Lullaby Lounge" for families to feed or change their babies in a safe, comfortable and secure location. This is an annual event that brings thousands of San Diegans together for a run/walk and an interactive, family-friendly expo in support of a healthy, safe and thriving San Diego County. San Diego County's *Live Well San Diego* 5K, in partnership with 2-1-1 San Diego, is an opportunity for families to be physically active, enjoy quality time with their neighbors and community members, and connect with dozens of participating partners sharing information and resources. The event itself offers children the ability to develop learning skills as well as social and emotional abilities by participating in the various activities in the First 5 Family Fun Zone, Safety Zone, Health Zone and Thriving Zone.

### LIVE WELL ADVANCE

On October 28, First 5 San Diego partnered with the County of San Diego Health & Human Services Agency to sponsor the 4th Annual *Live Well* Advance: Uniting for Impact. The advance brought together nearly 1,300 partners and stakeholders to network, learn about new tools and best practices and participate in breakout sessions. Leaders from every sector participated in efforts to advance the county's shared vision of a healthy, safe and thriving region. This year First 5 San Diego hosted an exhibit to promote their community networking map. This survey program is part of building a new kind of tool (KUMU), a network map, that will help organizations find collaborators, identify people working in similar spaces and strengthen the work we are all doing.



### **TAKING FAMILIES BY THE HAND: A FAMILY CHILDCARE PROVIDER'S STORY**

Miren Algorri is a Family Childcare (FCC) provider who got involved with First 5 through a program that teaches childcare providers how to use developmental screenings with children in their care, called Improve and Maximize Programs so All Children Thrive (IMPACT). Through that program, she learned how to use the Ages and Stages Questionnaire, Third Edition (ASQ-3) to screen her students for developmental concerns, how to work with students who have concerns and where to refer them for further services. For Miren, getting involved with First 5 “has been truly - and I’m not exaggerating - life changing.” Miren shared the story of Serena\*, who enrolled with her just shy of her second birthday and within a week of attending, demonstrated both developmental and behavioral concerns. Serena had very limited vocabulary, would not make eye contact with others and frequently had meltdowns. Thanks to her IMPACT experience, Miren knew how to implement the ASQ-3 screening which showed a concern and her IMPACT coach connected her to the HDS lead organization in her area, South Bay Community Services (SBCS). SBCS started working with Serena and her family, providing speech and behavior services and also connected Serena to San Diego Regional Center. After receiving services, Serena started to speak, started learning American Sign Language and increased

her communication. The meltdowns decreased and Serena started enjoying herself more. Miren noticed that Serena’s mother was also in better spirits and learning along with her child. One day she texted Miren to thank her because at two years old, her daughter had called her “mom” for the first time ever. Additionally, the HDS Program Director from SBCS came to Miren’s center to meet the other children and attended their Fall Fest event to meet the parents and provide resources and information about other supportive services, including food banks, rental assistance and parenting classes. Miren later learned that a year earlier, at Serena’s last FCC, the provider, parents and pediatrician noticed Serena’s concerns and tried to connect her to services but were not able to. They did not know about First 5 so a crucial year had gone by before Miren connected them to HDS. According to Miren, “First 5 should get unlimited funding because they really change the lives of children touched by their services. They have helped me tremendously in the quality of services I provide for my families. When I hear parents say, ‘thank you for making sure my child has the tools to thrive and succeed,’ I extend gratitude to my IMPACT coaches. I wish every provider across the state had access to [HDS services] so all of our children would be ready for kindergarten and parents would be reassured their children are developing and reaching their milestones at the ideal time.”





# financials & references



# FINANCIAL INFORMATION: INVESTMENTS AND LEVERAGED RESOURCES

## FIRST 5 SAN DIEGO COMMUNITY INVESTMENTS

During FY 2019-20, First 5 San Diego invested a total of \$33,893,728 to provide comprehensive health, education and family strengthening services for young children and their families. These funds were distributed among the four key goal areas identified in the First 5 San Diego Strategic Plan 2015-20: Health, Learning, Family and Community (Figure 5.1). Investments included countywide initiatives and a capital project that supported the physical infrastructure of programs that serve children zero through five. In FY2019-20 First 5 San Diego received the GFOA Certificate of Achievement for Excellence in Financial Reporting award for the seventh consecutive year.

## STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE (STATEMENT OF NET POSITION)

### REVENUES

Prop 10 Tobacco Tax	\$27,663,745
IMPACT	\$2,173,833
IMPACT Hub	\$541,277
QRIS Certification Grant	\$181,918
Interest Revenue	\$955,100
Net Increase in Fair Market Value	

**TOTAL REVENUES \$31,515,923**

### EXPENDITURES

Labor and Benefits	\$2,074,074
Services and Supplies	\$723,356
Evaluation	\$864,294
Contributions to Community Projects	\$33,893,728

**TOTAL EXPENDITURES \$37,555,452**

Net change in fund balance	\$(6,039,529)
Fund balance, beginning of fiscal year	\$46,579,012

**FUND BALANCE,  
END OF FISCAL YEAR\*\* \$40,539,483**

\*\* Fund Balance includes the Commission's Operating and Sustainability funds.

## FUNDS AND RESOURCES LEVERAGED

As a direct result of the Commission's financial investments, contractors leveraged an additional \$7,153,882 in cash and in-kind support. Many of the leveraged funding streams (Figure 5.2) have match requirements that were only accessible due to the availability of First 5 dollars. These leveraged funds and resources are critical to building capacity within and across programs and agencies in San Diego County. First 5 San Diego dollars are expected to decrease over time, but it is hoped that the capacity built through leveraging will allow agencies to continue improving the lives of children and families for years to come.

## FIRST 5 SAN DIEGO INVESTMENTS BY PROGRAM AREA

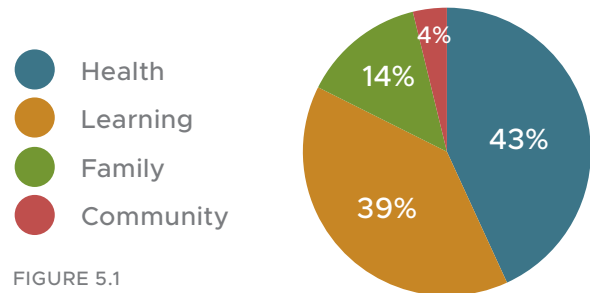


FIGURE 5.1

## LEVERAGED FUNDING

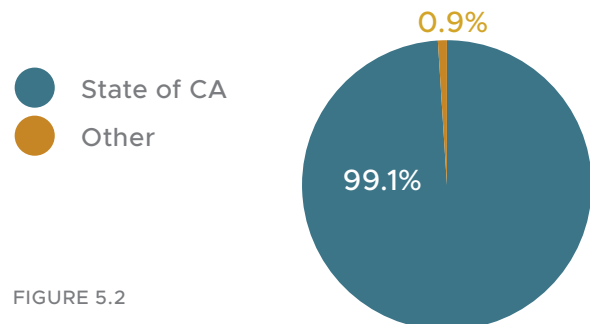


FIGURE 5.2

## THANK YOU TO OUR FUNDED PARTNERS

2-1-1 San Diego	Mexican American Opportunity Foundation
All Kids Academy	Mira Costa Community College District
American Academy of Pediatrics, California Chapter 3	Motiva Associates
Borrego Springs Unified School District	Mountain Empire Unified School District
Cajon Valley Union School District	Mountain Health & Community Services
Child Development Associates	National School District
Children of the Rainbow	Neighborhood Healthcare
Children's Paradise, Inc.	Neighborhood House Association
Community Action Partnership of San Luis Obispo County, Inc.	Newton Center for Affect Regulation
Coronado Unified School District	North County Health Services
Creative Learning Center	Oceanside Unified School District
Delibrainy, LLC	Palomar Health Development Inc.
Easter Seals Southern California	Poway Unified School District
Educational Enrichment Systems	Rady Children's Hospital - San Diego
El Cajon Valley Union School District	San Diego American Indian Health Center
Episcopal Community Service Head Start	San Diego County Office of Education
Episcopal Community Services	San Ysidro Health Center
Escondido Community Child Development Center	San Ysidro School District
Escondido Union School District	SAY San Diego, Inc.
Fallbrook Family Health Center	Scripps Mercy Hospital Chula Vista
Family Health Centers of San Diego	South Bay Community Services
Health and Human Services Agency - Public Health Services	South Bay Union School District
Health Quality Partners of Southern California	Southern Indian Health Council, Inc.
Healthy Connections Counseling Center	The Children's Initiative
Home Start, Inc.	The Regents of the University of California
Horn of Africa	Vista Community Clinic
Imperial Beach Health Center	Warner Unified School District State Preschool
Indian Health Council	YMCA Childcare Resource Service
Jacobs & Cushman San Diego Food Bank	YMCA - Magdalena Ecke
Jewish Family Service	YMCA of San Diego County Copley
La Maestra Family Community Health Centers	YMCA of San Diego County Peninsula
La Mesa-Spring Valley School District	YMCA of San Diego County South Bay
Little Angels Child Development Center	YMCA of San Diego County Toby Wells
Metropolitan Area Advisory Committee on Anti-Poverty of San Diego County, Inc.	

## REFERENCES

- [1] Shonkoff, J. P. (2014). Changing the narrative for early childhood investment. *JAMA pediatrics*, 168(2), 105-106.
- [2] Cannon, Jill S., M. Rebecca Kilburn, Lynn A. Karoly, Teryn Mattox, Ashley N. Muchow, and Maya Buenaventura, Investing Early: Taking Stock of Outcomes and Economic Returns from Early Childhood Programs. Santa Monica, CA: RAND Corporation, 2017. [https://www.rand.org/pubs/research\\_reports/RR1993.html](https://www.rand.org/pubs/research_reports/RR1993.html).
- [3] Black, Maureen & Walker, Susan & Fernald, Lia & Andersen, Christopher & DiGirolamo, Ann & Lu, Chunling & McCoy, Dana & Fink, Günther & Shawar, Yusra & Shiffman, Jeremy & Devercelli, Amanda & Wodon, Quentin & Vargas-Baron, Emily & Grantham-Mcgregor, Sally. (2016). Early childhood development coming of age: Science through the life course. *The Lancet*. 389. 10.1016/S0140-6736(16)31389-7.
- [4] Demographic and Socio Economic Estimates: San Diego Region. (2018). San Diego Association of Governments (SANDAG). Retrieved from: [www.sandag.org](http://www.sandag.org)
- [5] Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. National Academies Press.
- [6] Vaivada, T., Gaffey, M. F., & Bhutta, Z. A. (2017). Promoting Early Child Development With Interventions in Health and Nutrition: A Systematic Review. *Pediatrics*, e20164308.
- [7] Children's Oral Health. (2014). Centers for Disease Control and Prevention. Retrieved from: [http://www.cdc.gov/oralhealth/children\\_adults/child.htm](http://www.cdc.gov/oralhealth/children_adults/child.htm)
- [8] The Tooth Decay Process: How to Reverse It and Avoid a Cavity. (n.d.). Retrieved on August 21, 2020, from <https://www.nidcr.nih.gov/health-info/tooth-decay/more-info/tooth-decay-process>
- [9] Holt K, Barzel R. 2013. Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn (3rd ed.) Washington, DC: National Maternal and Child Oral Health Resource Center.
- [10] Jackson, S.L. et al. (2011). Impact of Poor Oral Health on Children's School Attendance and Performance. *American Journal of Public Health*, 101(10), 1900-1906.
- [11] Detty, A.M.R and Oza-Frank, R. (2014). Oral health status and academic performance among Ohio third-graders, 2009-2010. *Journal of Public Health Dentistry*, ISSN 0022-4006, 336-342.
- [12] Seirawan, H, Faust, S., Mulligan, R. (2012). The Impact of Oral health in the Academic Performance of Disadvantaged Children. *American Journal of Public Health*, 102(9), 1729-1734.
- [13] Fleming, E. and Afful, J. Prevalence of Total and Untreated Dental Caries Among Youth: United States, 2015-2016. NCHS Data Brief No. 307 (April 2018) Retrieved from: <https://www.cdc.gov/nchs/data/databriefs/db307.pdf> on August 21, 2020.
- [14] American Academy of Pediatric Dentistry. (Updated 2018). Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents. [PDF document]. Retrieved from [http://www.aapd.org/media/policies\\_guidelines/g\\_periodicity.pdf](http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf)
- [15] California Health Interview Survey [Data file]. (2018). UCLA Center for Health Policy Research. Retrieved from: [www.askchis.ucla.edu](http://www.askchis.ucla.edu)
- [16] Kang, S.Y. (2014). Prenatal oral health care: An issue brief from the center for oral health [PDF document]. Retrieved from: [http://www.centerfororalhealth.org/images/lib\\_PDF/prenatal\\_oral\\_health\\_issue\\_brief\\_2014-8-5.pdf](http://www.centerfororalhealth.org/images/lib_PDF/prenatal_oral_health_issue_brief_2014-8-5.pdf)
- [17] HealthyChildren.Org. Give your Baby the Best Possible Start. Retrieved from: <https://www.healthychildren.org/English/ages-stages/prenatal/Pages/Protect-Tiny-Teeth.aspx> on August 21, 2020.
- [18] American Academy of Pediatrics (2015) How to Prevent Tooth Decay in Your Baby. Retrieved from <https://www.healthychildren.org/English/ages-stages/baby/teething-tooth-care/Pages/How-to-Prevent-Tooth-Decay-in-Your-Baby.aspx>
- [19] Child Trends (2013) Screening and Risk for Developmental Delay. Retrieved from [https://www.childtrends.org/wp-content/uploads/2015/10/111\\_Developmental-Risk-and-Screening.pdf](https://www.childtrends.org/wp-content/uploads/2015/10/111_Developmental-Risk-and-Screening.pdf)
- [20] The rise in chronic conditions among infants, children, and youth can be met with continued health system innovations. Perrin JM, Anderson LE, Van Cleave J *Health Aff (Millwood)*. 2014 Dec; 33(12):2099-105. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/25489027/>
- [21] Bruner and Johnson (2018) Federal Spending on Prenatal to Three: Developing a Public Response to Improving Developmental Trajectories and Preventing Inequities. Center for the Study of Social Policy. Retrieved from [https://www.thencit.org/sites/default/files/2018-12/Federal%20Spending%20on%20Prenatal%20to%20Three\\_Developing%20a%20Public%20Response%20to%20Improving%20Developmental%20Trajectories%20and%20Preventing%20Inequities.pdf](https://www.thencit.org/sites/default/files/2018-12/Federal%20Spending%20on%20Prenatal%20to%20Three_Developing%20a%20Public%20Response%20to%20Improving%20Developmental%20Trajectories%20and%20Preventing%20Inequities.pdf)
- [22] National Early Childhood Technical Assistance Center (2011). The importance of early intervention for infants and toddlers with disabilities and their families. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>
- [23] The Importance of Early Intervention for Infants and Toddlers with Disabilities and Their Families Retrieved from <https://ectacenter.org/~pdfs/pubs/importanceofearlyintervention.pdf> Accessed August 20, 2020
- [24] Risk factors for delayed social emotional development and behavior problems at age two: Results from the All Our Babies/ Families (AOB/F) cohort Sheila W. McDonald , Heather L. Kehler , Suzanne C. Tough First published: 28 August 2018. Retrieved from: <https://doi.org/10.1002/hsr2.82>



- [25] Basten, M., Tiemeier, H., Althoff, R. R., van de Schoot, R., Jaddoe, V. W., Hofman, A., ... & van der Ende, J. (2016). The stability of problem behavior across the preschool years: An empirical approach in the general population. *Journal of Abnormal Child Psychology*, 44(2), 393-404.
- [26] McDonald, S. W., Kehler, H. L., & Tough, S. C. (2018). Risk factors for delayed social-emotional development and behavior problems at age two: Results from the All Our Babies/Families (AOB/F) cohort. *Health science reports*, 1(10), e82. doi:10.1002/hsr2.82. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6266514/>
- [27] Fuchs, S., Klein, A. M., Otto, Y., & von Klitzing, K. (2013). Prevalence of emotional and behavioral symptoms and their impact on daily life activities in a community sample of 3 to 5-year-old children. *Child Psychiatry & Human Development*, 44(4), 493-503.
- [28] Wakschlag, L. S., Briggs-Gowan, M. J., Choi, S. W., Nichols, S. R., Kestler, J., Burns, J. L., ... & Henry, D. (2014). Advancing a multidimensional, developmental spectrum approach to preschool disruptive behavior. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 82-96.
- [29] Van Ryzin, M. J., Kumpfer, K. L., Fosco, G. M., & Greenberg, M. T. (Eds.). (2015). *Family-based prevention programs for children and adolescents: Theory, research, and large-scale dissemination*. Psychology Press.
- [30] Harvard University Center on the Developing Child, "InBrief: The Science of Early Childhood Development" (2007), available at <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2007/03/InBrief-The-Science-of-Early-Childhood-Development2.pdf>
- [31] Takanashi, R. (2004). *Reconsidering when education begins. What happens before kindergarten matters*. New York: Foundation for Child Development. Retrieved at: <http://fcd-us.org/sites/default/files/ReconsideringWhenEducationBegins.pdf>
- [32] Campbell, F., Ramey, C. T., Pungello, E., Miller-Johnson, S., & Sparling, J. J. (2002). Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied developmental Science*, 6(1), 42-57. DOI:10.1207/S1532480XADS0601\_05
- [33] U.S. Department of Health and Human Services. U.S. Department of Education. (2014). *Preschool development grants executive summary* [PDF document]. Retrieved from: <http://www2.ed.gov/programs/preschooldevelopmentgrants/executivesummary-419a.pdf>
- [34] Zigler, E., Gilliam, W. S., & Jones, S. M. (2006). *A vision for universal preschool education*. Cambridge University Press.
- [35] Howes, C., Phillipsen, L. C., & Peisner-Feinberg, E. (2000). The consistency of perceived teacher- child relationships between preschool and kindergarten. *Journal of School Psychology*, 38(2), 113-132.
- [36] California Department of Education. *Quality Counts California*. <https://www.cde.ca.gov/sp/cd/rt/californiaqris.asp>
- [37] <https://www.latimes.com/politics/story/2020-06-08/lack-of-childcare-options-missing-ingredient-fast-economic-recovery>
- [38] Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M. R., Espinosa, L. M., Gormley, W. T., ... & Zaslow, M. J. (2013). *Investing in our future: The evidence base on preschool education*. Society for Research in Child Development. Retrieved from <http://fcd-us.org/resources/evidence-base-preschool>
- [39] Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., & Yavitz, A. (2010). The rate of return to the HighScope Perry Preschool Program. *Journal of Public Economics*, 94(1), 114-128.
- [40] Barnett, W. S. (2008). *Preschool education and its lasting effects: Research and policy implications*. Great Lakes Center for Education Research & Practice.
- [41] McEntire, N. (2011). The Impact of Teacher Education on Outcomes in Center-Based Early Childhood Education Programs: A Meta-Analysis. *Childhood Education*, 87(5), 374-375.
- [42] Barnett, W. S. (2003). *Better teachers, better preschools: Student achievement linked to teacher qualifications* [PDF document]. NIEER Preschool Policy Matters, (2). Retrieved from: <http://nieer.org/resources/policybriefs/2.pdf>
- [43] Early, D. M., Bryant, D. M., Pianta, R. C., Clifford, R. M., Burchinal, M. R., Ritchie, S., ... & Barbarin, O. (2006). Are teachers' education, major, and credentials related to classroom quality and children's academic gains in prekindergarten?. *Early Childhood Research Quarterly*, 21(2), 174-195.
- [44] Zeanah, P. D., Stafford, B. S., Nagle, G. A., & Rice, T. (2005). *Addressing social-emotional development and infant mental health in early childhood systems. Building state early childhood comprehensive systems series, number 12*. UCLA Center for Healthier Children, Families and Communities.
- [45] Mizell, H. (2010). *Why professional development matters. Learning Forward*. Retrieved from: [http://learningforward.org/docs/pdf/why\\_pd\\_matters\\_web.pdf?sfvrsn=0](http://learningforward.org/docs/pdf/why_pd_matters_web.pdf?sfvrsn=0)
- [46] Minervino, J., & Pianta, R. (2013). *Early learning: The new fact base and cost sustainability. Lessons from research and the classroom*. Bill & Melinda Gates Foundation. Retrieved from: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.729.1288&rep=rep1&type=pdf>
- [47] Centers for Disease Control and Prevention. (2014). *Essentials for childhood: steps to create safe, stable, nurturing relationships and environments*. National Center for Injury Prevention and Control. Retrieved from: [https://www.cdc.gov/violenceprevention/pdf/essentials\\_for\\_childhood\\_framework.pdf](https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf)
- [48] *Continued Professional Development Framework for Early Childhood Educators*: [https://www.childcarelink.gov.sg/ccls/uploads/CPD\\_Guide\\_5\\_FA.pdf](https://www.childcarelink.gov.sg/ccls/uploads/CPD_Guide_5_FA.pdf)
- [49] Marcon, R. A. (1999). Positive Relationships Between Parent School Involvement and Public School Inner-City Preschool Development and Academic Performance. *School Psychology Review* (28)3, 395-412.

## REFERENCES

- [50] Centers for Disease Control and Prevention. (2014). Essentials for childhood: steps to create safe, stable, nurturing relationships and environments. National Center for Injury Prevention and Control. Retrieved from: [https://www.cdc.gov/violenceprevention/pdf/essentials\\_for\\_childhood\\_framework.pdf](https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf)
- [51] Should we invest in Parenting Education? [PDF document]. Oregon State University, Excerpt from Enhancing Skills of Parents Program II Summary: 2006-2009; June 2010. Retrieved from: [http://www.oregoncf.org/Templates/media/files/grants/Early%20Childhood/should\\_we\\_invest\\_ped.pdf](http://www.oregoncf.org/Templates/media/files/grants/Early%20Childhood/should_we_invest_ped.pdf)
- [52] Centers for Disease Control and Prevention. Creating Positive Childhood Experiences Retrieved from: [https://www.cdc.gov/injury/features/prevent-child-abuse/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fhealthychildren%2Findex.html](https://www.cdc.gov/injury/features/prevent-child-abuse/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fhealthychildren%2Findex.html) on August 21, 2020.
- [53] Healthy Families America Impact. Retrieved from: <https://www.healthyfamiliesamerica.org/impact-briefs> on August 21, 2019.
- [54] American Psychological Association. Parents and Caregivers Are Essential to Children's Health Development. Retrieved from: <https://www.apa.org/pi/families/resources/parents-caregivers> on August 21, 2019.
- [55] The Top 5 Benefits of Home Visiting Programs. Child and Family Research Partnership. Retrieved from: <https://childandfamilyresearch.utexas.edu/top-5-benefits-home-visiting-programs> on August 21, 2020.
- [56] Kershaw, P., Forer, B., Irwin, L. G., Hertzman, C., & Lapointe, V. (2007). Toward a social care program of research: A population-level study of neighborhood effects on child development. *Early Education and Development*, 18(3), 535-560.
- [57] Center on the Developing Child at Harvard University (2016). From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu).
- [58] Kingston, S., Huang, K. Y., Calzada, E., Dawson McClure, S., & Brotman, L. (2013). Parent involvement in education as a moderator of family and neighborhood socioeconomic context on school readiness among young children. *Journal of Community Psychology*, 41(3), 265-276.
- [59] Bunting, L. (2004). Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), 327-343.
- [60] DiLauro, E. ZERO TO THREE Policy Network. (2012). Reaching Families Where They Live: Supporting Parents and Child Development Through Home Visiting. Retrieved from: <https://www.zerotothree.org/resources/997-reaching-families-where-they-live-supporting-parents-and-child-development-through-home-visiting>
- [61] The Crucial Role of Home Visiting During COVID-19: Supporting Young Children and Families. Center for Health Care Strategies, Inc. Retrieved from: <https://www.chcs.org/the-crucial-role-of-home-visiting-during-covid-19-supporting-young-children-and-families/> on August 21, 2020
- [62] Samuelson, A. (2010). Best practices for parent education and support programs. *What Works, Wisconsin-Research to Practice Series*, 10, 1-8.
- [63] Parent education to strengthen families and reduce the risk of maltreatment [PDF document]. (2013). Child Welfare Information Gateway. Retrieved from: <https://www.childwelfare.gov/pubPDFs/parented.pdf>
- [64] American Academy of Pediatrics. Council on Community Pediatrics. The Role of Preschool Home-Visiting Programs in Improving Children's Developmental and Health Outcomes.
- [65] Healthy Families America- Evidence of Effectiveness. Retrieved from <https://www.healthyfamiliesamerica.org/our-impact/evidence-of-effectiveness/> on August 21, 2020.
- [66] Nievar, M. A., Jacobson, A., & Dier, S. (2008). Home visiting for at-risk preschoolers: A successful model for Latino families. Online Submission.
- [67] Nievar, M. A., Van Egeren, L. A., & Pollard, S. (2010). A meta-analysis of home visiting programs: Moderators of improvements in maternal behavior. *Infant Mental Health Journal*, 31(5), 499-520.
- [68] Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of home visiting programs on child outcomes: A systematic review. *BMC Public Health*, 13(1), 1.
- [69] Centers for Disease Control and Prevention. Breastfeeding Report Card, 2020. Retrieved from: <https://www.cdc.gov/breastfeeding/data/reportcard.htm> on August 21, 2020.
- [70] Child Development Institute. Child Development. Retrieved from: <https://childdevelopmentinfo.com/child-development/#gs.djib13> on August 21, 2020.
- [71] Bunting, L. (2004). Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), 327-343.
- [72] Healthy Families America: Rigorous evidence [PDF document]. (2016). Prevent Child Abuse America. Retrieved from: <http://preventchildabuse.org/wp-content/uploads/2016/02/HFA-Rigorous-Evidence-final.pdf>
- [73] National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. doi: 10.17226/21868.
- [74] Centers for Disease Control and Prevention. Child Development Basics. Retrieved from: <https://www.cdc.gov/ncbddd/childdevelopment/facts.html> on August 21, 2020.

# Improving the lives of children ages 0 through 5







FIRST5SANDIEGO.ORG