

VIIC PL REPORT Make Learning Fund

The First 5 Years Make A Difference 2020-2021

Improving the lives of children ages 0 through 5





DEAR COMMUNITY MEMBERS,

I hope that this year finds you and your families safe and healthy. Fiscal Year (FY) 2020-21 has been another year of tremendous challenge and perseverance as we have all continued to navigate the COVID-19 global pandemic. As public servants, First 5 San Diego was called upon to step forward and work with our early care and education partners to provide families of children ages zero through five with supportive resources and services to ensure their safety and well-being during these uncertain times. I continue to be proud and inspired by the way our First 5 San Diego staff and our partners have worked together to care for and support families with young children in San Diego County during this global pandemic. They have shown nimbleness, creativity and a deep commitment to ensuring that all our county's children enter school ready to succeed. their services.

This year marks the first year of our new First 5 San Diego Strategic Plan 2020-25 which focuses on resilient families, coordinated systems of care, integrated leadership and sustained funding.

This year, we invested over \$27.8 million in direct services for young children and their families and served more than 37,000 children, parents, caregivers and providers. In addition, First 5 San Diego partners leveraged \$4.0 million in cash and in-kind support from public and private entities. For some of our partners, this was the first year of reduced funding.

As First 5 San Diego's revenues continue to decrease, we are counting on our contractors to leverage other funding sources to sustain

Our FY 2020-21 First 5 San Diego Annual Report highlights achievements in each of our strategic goal areas:

HEALTH

- Screened 12,197 children for developmental delays and treated 4,120 children with developmental concerns
- Screened 10,374 children for behavioral delays and provided treatment for 1,851 children with behavioral concerns
- Screened 7,254 children for oral health services and provided treatment for 8,447 children

FAMILY

- Served 557 pregnant women and caregivers and 497 children with intensive home visits
- Provided care coordination to 9,355 children, parents and caregivers
- Supported the distribution of 7,328 Kits for New Parents

In this report, we celebrate the 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 partners who have made these achievements possible.

Sincerely,

Alethea Arguilez, M.A.

LEARNING

- Supported 478 early learning and care sites in providing high-quality preschool

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- Provided high-quality early care and education for 11,675 children
- Provided professional development to 2,582 early childhood education staff

COMMUNITY

- campaign that achieved nearly 77 million gross impressions

• Conducted a community awareness

- Provided 22,169 health and social service referrals for families



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), Baby TALK and Mothers and Babies curriculums.

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, occupational and physical therapies), parent education and Care Coordination to all families receiving HDS services.

KidSTART

KidSTART is an integrated program within First 5 San Diego and Health and Human Services Agency's Behavioral Health Services to support children with complex developmental, socio-emotional/behavioral health, medical and family needs. The KidSTART Center performs screening, triage, assessment, referrals and treatment for children with multiple, complex delays and needs. The KidSTART Clinic, funded by Behavioral Health Services, 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 Mi Escuelita provides a therapeutic preschool resource from First 5 California for new and expectant experience for young children 3-5 years old who have parents emphasizing the importance of a child's early been traumatized by family violence. The goal of this years. Kits are distributed countywide and are available program is to help children enter kindergarten as in English, Spanish, Vietnamese, Chinese and Korean. active learners by working with the family emotionally, socially and developmentally.

Learn Well Initiative

The Learn Well Initiative supports sustainable development of quality early learning and care programs and aims to support providers in the form of technical assistance, instructional support, coaching and ongoing professional development.

Maternity Housing Program

The Maternity Housing Program (MHP) provides safe, secure and supportive housing with comprehensive home-based, family-focused supportive services and intensive case management services for pregnant and parenting young women between 18 and 24 years old and their dependent children. MHP 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 them and their children.



Mi Escuelita Therapeutic Preschool

Oral Health Initiative

The Oral Health Initiative (OHI) provides oral health services, care coordination and preventative education to children from birth to age five with the goal of improving oral health, promoting positive oral health practices and increasing provider capacity.



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Introduction

active learners

WHAT 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.

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

WHY THE FIRST 5 YEARS?

The first five years of a child's life are critical to their development which will shape their 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.^{1,2} 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.³ 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.

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FOUR PROGRAM AREAS

The overarching goal of the First 5 San Diego Strategic Plan 2020-25 is to strengthen the relationships essential for the healthy development of young children.

These relationships are threaded across four key areas:



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



Strengthen each family's ability to provide nurturing, safe and stable environments. Parents and primary caregivers are a child's first and best teachers.



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



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.



First 5 San Diego builds the early care and education systems and supports needed to ensure our County's youngest children are safe, healthy and ready to succeed in school and life.

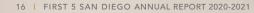
Our Reach

WHO DID FIRST 5 SAN DIEGO SERVE?

During FY 2020-21, 37,414 San Diegans received direct services via First 5 San Diego programs, of which about 25,000 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 (54.0%) than girls (46.0%) (Figure 1.2), and more children between the ages of three and five (56.9%) relative to children under age three (43.1%) (Figure 1.3).

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

The majority of children (61.7%) and parents (36.5%) 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).⁴ More than half of children (59.6%) and families (51.6%) spoke English as their primary language and the next largest proportion of children (34.3%) and parents (18.8%) spoke Spanish. Other languages spoken were Arabic, Cantonese, Chaldean, Korean, Mandarin, Somali, Tagalog and Vietnamese (all less than 2.5%).





NUMBER OF SAN DIEGANS

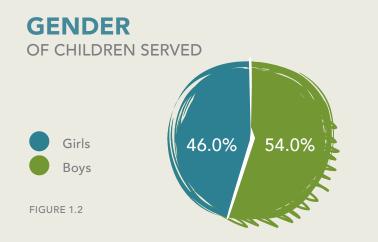
WHO RECEIVED FIRST 5 SAN DIEGO SERVICES

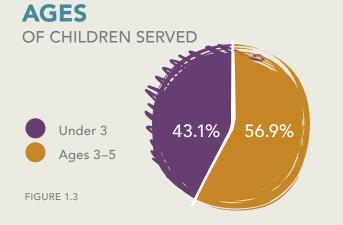


PÁRENTS OR CAREGIVERS

PROVIDERS

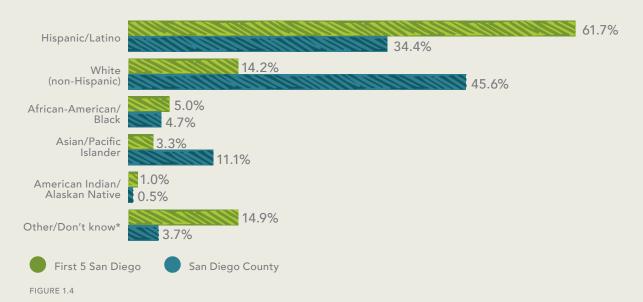
FIGURE 1.1





ETHNICITY OF CHILDREN

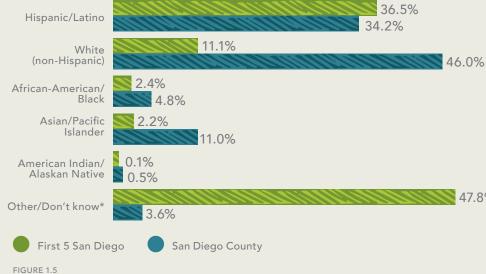
SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY 5 AND UNDER POPULATION



*First 5 San Diego Other/Don't Know category includes the following ethnicities: African (0.3%), White- Middle Eastern (1.0%), Other (1.7%), Multiracial (4.2%) and Don't Know/Declined (7.8%)

ETHNICITY OF PARENTS/ CAREGIVERS

SERVED BY FIRST 5 SAN DIEGO COMPARED TO SAN DIEGO COUNTY ADULT POPULATION



*First 5 San Diego Other/Don't Know category includes the following ethnicities: African (0.4%), White- Middle Eastern (2.2%), Other (2.1%), Multiracial (5.4%) and Don't Know/Declined (37.7%)





47.8%

Health



WHAT DOES FIRST 5 SAN DIEGO DO? WHAT DOES FIRST 5 SAN DIEGO

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 Housing Program (MHP), Mi Escuelita Therapeutic Preschool (Mi Escuelita) and the Learn Well Initiative.

WHY IS HEALTH IMPORTANT?

The first five years of life are the most important in terms of brain development; in fact, while the brain continues to develop into early adulthood, 90% of brain development occurs during the first five years of life. This time is critical for laying the foundation for a child's future, and it is highly influenced by their early experiences and environment.⁵ 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 outcomes.^{6,7}

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).







NUMBERS SERVED 28,057 CHILDREN



HIGHLIGHTS

86.4% of children receiving treatment for a developmental concern showed gains

90.4% of children receiving treatment for a behavioral concern showed gains

99.5% of high-risk children identified with dental disease received treatment

HEALTH SYSTEM NAVIGATION







Figure 2.1



EARLY IDENTIFICATION AND INTERVENTION FOR DEVELOPMENTAL CONCERNS

WHY IS EARLY INTERVENTION FOR DEVELOPMENTAL CONCERNS **IMPORTANT?**

In the United States, approximately 15% of children under the age of five are at moderate risk for having a developmental delay.⁸ While developmental delays are not uncommon in early childhood, less than 5% of children with delays receive treatment. Additionally, throughout the past 18 months, due to COVID-19 restrictions, children were not exposed to the social and cognitive stimulation they normally would be exposed to, leading to higher rates of developmental delays.⁹ The COVID-19 pandemic has exacerbated the urgency of early childhood intervention, especially for low-income, racial and ethnic minority children, whose families have been disproportionately affected by the pandemic, and who are at higher risk of

under-identification and under-treatment of developmental delays.¹⁰ Timely remediation and response are imperative to promoting healthy growth, social and emotional development, and educational success.¹¹ 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.¹² Early intervention can change a child's developmental trajectory and improve outcomes for children, families and communities.¹³

WHAT DOES FIRST 5 SAN DIEGO DO?

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 virtually 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, MHP, Mi Escuelita and the Learn Well Initiative screened 12,197 children and identified 2,741 with developmental concerns. Developmental treatment was provided through HDS, KidSTART and the Learn Well Initiative to 4,120 children, including those who were screened and referred to First 5 San Diego programs for treatment by other providers (Figure 2.2).

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 2.3 and for children with complex needs in Figure 2.4. Overall, 86.4% 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**

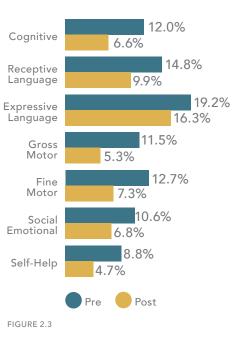
12,197 Children Screened

2,741 Children Identified with Developmental Concerns

4,120 Children who Received Developmental Treatment*

*Includes children referred by providers not funded by First 5 San Diego Figure 2.2

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



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

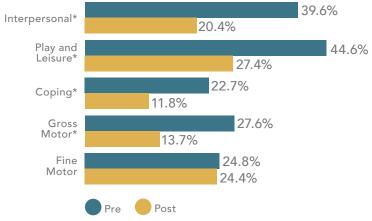


FIGURE 2.4

*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.

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

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

Behavioral and social-emotional problems are experienced by an estimated 5% to 20% of children under five.¹⁴ These experiences negatively impact a child's daily functioning, development and school readiness.¹⁵

Social-emotional and behavioral delays can have an impact on a child's ability to learn, communicate and interact with others. Likewise, children with socialemotional difficulties may have a hard time managing their emotions, focusing on tasks and controlling their behavior, which can lead to lifelong challenges.¹⁶ Studies have shown that treating 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.^{17,18}

WHAT DOES FIRST 5 SAN DIEGO DO?

First 5 San Diego funds community programs that provide screening, assessment and treatment services that are designed to meet the behavioral and socialemotional 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 oneon-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.¹⁹

Through HDS, the Learn Well Initiative, KidSTART and F5FS, First 5 San Diego providers screened 10,374 children, identified 1,209 children with behavioral concerns and provided behavioral treatment for 1,851 children, including those who were referred to First 5 San Diego programs for treatment by other providers (Figure 2.5).

NUMBER OF CHILDREN WHO **RECEIVED BEHAVIORAL SCREENINGS AND/OR SERVICES**

10,374 Children Screened

1,209 Children with Behavioral Concerns

1,851 Children who Received **Behavioral Treatment***

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

Figure 2.5

PERCENTAGE OF CHILDREN WHO MADE BEHAVIORAL **GAINS AFTER TREATMENT**

80.5% Internalizing Behaviors

75.5% **Externalizing Behaviors**

83.1% **Total Behaviors**

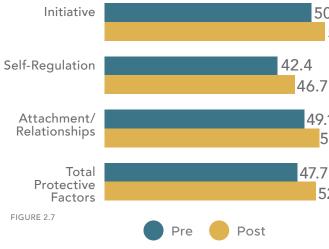
Figure 2.6

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

The behavioral treatment services offered by First 5 First 5 San Diego behavioral services also strengthen San Diego are customized to meet each child's unique children's protective factors. Protective factors needs. Children receiving behavioral treatment are strengths that positively influence a child's through HDS aimed to improve their internalizing resilience, such as the ability to form relationships, behaviors (e.g., anxious or depressive symptoms) get needs met, regulate strong emotions and explore and/or externalizing behaviors (e.g., aggressive and surroundings with confidence. This year's results hyperactive symptoms). showed that children's protective factors significantly increased after receiving HDS behavioral treatment (Figure 2.7). Specifically, children improved in the • Overall, 90.4% of children who were identified following areas: initiative (using independent thought with behavioral concerns and received behavioral and action to meet needs), self-regulation (expressing treatment showed improvement. feelings through socially appropriate words and actions) and attachment/relationships (mutual, strong, • Of those children receiving clinical treatment long-lasting relationships with significant adults).

- through HDS, 83.1% reduced their total behavioral concerns (Figure 2.6).

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



*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.

• Overall, 89.7% 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.

50.5 53.7

49.1 52.7

52.0

HEALTHY DEVELOPMENT SERVICES' RESPONSE TO COVID-19

22.41

As the COVID-19 pandemic continued to impact San Diego County families and service providers throughout FY 2020-21, HDS further refined their virtual service delivery to engage families and children in need of services. Agencies that provide First 5 HDS services continued to offer telehealth services and adjusted the care plans for families to provide excellent care while prioritizing the safety and health of the community. Countywide coordinators developed outreach materials, provided trainings and created opportunities to discuss and share best practices. Many providers added transition meetings to ease into their engagement with families, allowing time to build rapport and trust in the virtual setting. They also continued to offer individualized services to accommodate schedules and new needs arising at home. Families reported experiencing challenges related to the pandemic that created additional stressors, including distance learning, childcare, loss of income and in many cases, struggles with meeting basic living needs. Moreover, the HDS providers have experienced a decrease in referrals, likely associated with the 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 continue to work diligently on identifying safe and efficient ways to continue engaging with families and children to provide virtual services. 0

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.²² Cavities in children can be prevented through regular screenings, fluoride varnishes, fluoridated water and the use of fluoride toothpaste.²³ 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.²⁴ In addition, children with poor oral health are more likely to miss or perform poorly in school.^{25,26,27} According to the National Health and Nutrition Examination Survey, 21.4% of children ages two through five had cavities in primary teeth.²⁸ 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 24.0% of children between the ages of one and five in San Diego County have never visited a dentist.^{29,30}

WHO DID FIRST 5 SAN DIEGO SERVE?

This year, OHI providers screened 7,254 children for oral health needs and performed dental exams, which may include cleaning, scaling and X-rays, for 9,321 children. A total of 8,447 children received treatment for identified oral health needs, including those considered to be at high risk for dental disease (Figure 2.8). Among those who were identified as high-risk for dental disease, 99.5% of children received treatment (Figure 2.9). OHI also provided health education for 2,640 parents or primary caregivers of children ages zero through five and pregnant women in a community or virtual setting.

SUPPORTING CAREGIVER MENTAL HEALTH

The mental health of caregivers is an important factor in their ability to support children and has a significant effect on a child's own mental health. According to the Centers for Disease Control (CDC), one in four children has a caregiver with poor mental health.²⁰ Extreme stress, such as that caused by the COVID-19 pandemic, can further exacerbate the risk of a caregiver's mental health being affected. Children of caregivers who experience depression and anxiety are at an increased risk for developmental delays, as well as depression and other emotional disorders.²¹ First 5 San Diego's 2020-25 strategic plan identifies the impact of caregiver mental health on a child's healthy development and adds objectives tied to increasing caregiver's screenings and linkages to mental health care. HDS, F5FS, KidSTART and Mi Escuelita support caregiver mental health by screening caregivers for depression and/ or anxiety and referring to mental health services if screenings show signs of mild to moderate mental health needs. During this inaugural year of the new strategic plan, 1,480 caregivers of young children were screened for mental health concerns through First 5 San Diego.

WHAT DOES FIRST 5 SAN DIEGO DO?

Oral health services funded by First 5 San Diego include:

- Dental screening, examination and treatment services for children ages zero through five
- Care coordination services for 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)

NUMBER OF CHILDREN WHO **RECEIVED ORAL HEALTH SCREENINGS AND/OR SERVICES**

7,254 Screenings

9,321 Exams

8,447 Treatments Figure 2.8



"Thank you to my HDS provider for all the help. She helped me understand my child. Before I would give him anything he wanted if he pointed at it. Now I've learned to wait for him to say what he needs. At first, he would only say about three words but now he's able to say most words, sometimes with a little help. He's learned so much and so have L."

-Katonya*

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

99.5% of high risk children with dental disease **received** treatment Figure 2.9

Family Stories

The positive impact of First 5 San Diego services

BUILDING A CHILD'S CONFIDENCE AND A FAMILY'S TRUST

Three-year-old Laya* came to HDS through her pediatrician based on concerns her parents expressed about her extreme shyness and tendency to shut down when around other children or people. When she began attending the Zoom development group class, the provider noticed she avoided eye contact, let her parents do most of the activities for her, and hid behind them when her name was called. Developmentally, she was unable to manipulate the scissors or crayons as expected for her age level and avoided textures such as shaving cream and liquid glue. The provider worked with her parents, refugees from the Middle East, to develop a home activity plan that allowed them to play a supportive role while encouraging Laya to first attempt the activity independently. The family persisted with the classes and by the 8th session, Laya was able to follow the class routine, participate and engage in activities, successfully use scissors and crayons, and tolerate play dough, shaving cream and liquid glue. The providers could see her confidence and self-esteem growing with each session and commended her parents' involvement in the classes. Both parents shared that they were hesitant to participate in Zoom classes but were very pleased with the class and even showed up on Zoom while guarantining after testing positive for COVID-19. Additionally, they were grateful to the HDS Care Coordinator for understanding the unique challenges of refugee families, including their hesitancy to trust systems of care due to their lived experiences prior to arriving in the United States. The Care Coordinator further supported the family by providing resources such as food bank locations, diapers and wipes and connected them to the Rental Assistance program. Laya's mother reported feeling more confident navigating outside agencies for her children and expressed hope for the future and gratitude that HDS is part of her support system in San Diego.

SUPPORTING FAMILIES WITH COMPLEX DENTAL NEEDS

The Jimenez* family came to an OHI clinic when their three children under age five were experiencing significant pain and discomfort due to severe oral infections. The clinic's dentist examined the children and prescribed antibiotics to treat the infections. Once the infections had subsided, clinic providers were able to provide comprehensive dental treatment onsite for all three kids. The parents were given oral health education and instructions on proper oral hygiene for their children. The parents were extremely grateful that OHI was able to assist their children with all their dental needs.

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



Leaning

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 learning and care staff, and strengthening parenting skills and knowledge of child development.

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: the Learn Well Initiative and Mi Escuelita Therapeutic Preschool (Mi Escuelita). In total, 11,675 children in San Diego County received high-quality early education through these two programs in FY 2020-21 (Figure 3.1).



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 establishes a foundation for future learning and a prosperous and sustainable society.³¹ 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.^{32,33} 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.^{34,35,36}

Beginning in the 2020-21 school year, First 5 San Diego transitioned from providing education and care through the Quality Preschool Initiative (QPI) to supporting early learning and care providers through the Learn Well Initiative. During implementation from 2012 through 2020, QPI supported and enhanced quality in early learning and care programs across San Diego County. QPI provided intensive coaching and professional development for administrators and teachers to reach improvement goals in key areas of early learning, supporting early learning and care staff in identifying and addressing developmental and social-emotional concerns, and enhancing family engagement and parent education. With the introduction of the Learn Well Initiative, the focus shifted from giving providers a prescribed set of supports, regardless of need, to the implementation of a tailored, more equitable model. This new model provides each site with the level and type of support needed to progress toward an expected level of quality in knowledge and skills, resulting in positive outcomes for providers and children. The Learn Well Initiative also prioritizes equitable distribution of funding and resources, including stipends, incentives, coaching and training opportunities. While continuing to engage prior QPI participants, the Learn Well Initiative expanded its reach to include those providing services to infants and toddlers, private centers and Family Child Care Homes (FCCs). The Learn Well Initiative focuses on leveraging and strengthening existing system structures and building the capacity of the adults working directly with children.

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, abuse or neglect, homelessness and exposure to substance abuse and mental illness. The program offers wraparound supportive and 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.









NUMBERS SERVED 11,675 CHILDREN

2,582 ELC PROVIDERS

HIGHLIGHTS

478 early learning and care sites participated in the Learn Well Initiative during the 2020-21 school year.

74.0% of Learn Well Initiative families reported their ability to help their child develop and learn improved over the last year.

95.4% of early learning and care providers indicated feeling more confident delivering developmentally appropriate learning opportunities because of the support provided through the Learn Well Initiative.

NUMBER OF CHILDREN WHO RECEIVED HIGH-QUALITY EARLY LEARNING AND CARE

LEARN WELL

INITIATIVE

TOTAL MI ESCUELITA

11,583 + 92 = 11,675

Figure 3.1



"The professional development trainings are very useful. They provide a variety of relevant resources for staff and leaders in the field to access to stay current with trends and new information."

-Brett*, Learn Well Initiative Provider

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

"I learned about this great First 5 San Diego childcare program through a relative who told me about the positive changes it had made in their child. My son has been attending now for four months. What a difference it has made; he loves it! It feels like a classroom setting, such high quality. I would recommend this program to everyone. Environment is everything."

-Roman*, Learn Well Initiative Parent

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

IMPACT OF COVID ON EARLY LEARNING AND CARE

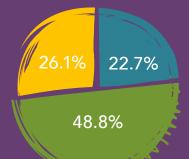
The early learning and care space changed across the globe during the 2020-21 school year. In the County of San Diego, though some providers continued to provide in-person care in a socially distanced setting (22.7%), most provided care completely virtually (48.8%) or provided a combination of both in-person and virtual care over the course of the school year (26.1%) (Figure 3.2). When asked how safe they felt supporting families during the pandemic, the majority of providers reported feeling safe or very safe (56.0%).

Early learning and care was adapted in several ways during the pandemic, but the primary shift centered around the use of technology to engage with children and their families. Providers connected with caregivers virtually using video calls, phone calls, text messages, email, etc. As a result, as opposed to having direct contact with children, providers spent more time with families discussing strategies they could implement at home to support their child's development and engage with their child. In the instances where in-person care was resumed, many cleaning and sanitization standards were put into place, classrooms were restructured to keep children a safe distance from one another, and the lessons were structured so children had limited physical interactions with one another.

FORMAT OF EARLY LEARNING AND CARE DURING THE 2020-21 SCHOOL YEAR

 In-Person Care
 Virtual Care
 Both In-Person and Virtual care

FIGURE 3.2



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.^{37,38,39,40}

Elements of high-quality early learning and care 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. Two of the six QRIS elements (Figure 3.3) 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 learning and care providers 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.^{41,42,43}

SAN DIEGO'S ORIS ELEMENTS:

- Child Observation
- Developmental and Health Screenings
- Minimum Qualifications for Lead Teacher
- Ratios and Group Size (Centers Only)
- Program Environment Rating Scale(s)
- Director Qualifications (Centers Only)

Figure 3.3

BUILDING CAPACITY OF EARLY CHILDHOOD EDUCATION PROVIDERS

WHY IS PROFESSIONAL DEVELOPMENT IMPORTANT?

Effective professional development enables early and allows providers to develop an active agenda learning and care providers to strengthen and for their own professional growth, all of which have been linked to positive child outcomes.⁴⁷ High-guality maintain the knowledge and skills required to provide high-quality instruction and promote student learning professional development can improve a provider's and achievement.^{44,45,46} Sustained professional ability to identify and support a child's learning development helps early learning and care providers needs, which is particularly important in early learning meet diverse student needs, improve engagement and care settings where early intervention to address with families, increase their ability to deliver a child's developmental and behavioral concerns can developmentally appropriate learning opportunities significantly impact future academic success.

WHAT DOES FIRST 5 SAN DIEGO DO?

Learn Well Initiative. Of those, 317 worked with First 5 San Diego supports a Multi-Tiered System experienced coaches to collaboratively develop siteof Support (MTSS) approach to the delivery of specific Quality Improvement Plans (QIP) outlining professional development for early learning and care short-term measurable goals that target the quality of providers. The MTSS approach represents a shift to an equitable support model where each early programming and enhance the outcome of services learning and care site receives the level of support provided to children. Key outcomes of the Learn Well Initiative include ensuring early learning and care they need to progress towards an expected level of staff feel competent in their position, a reduction quality in knowledge and skills. This shift increased flexibility for providers to choose their own goals and in staff stress levels, and an increase in staff who action steps, which increased buy-in and motivation demonstrate competence in planning for learning and delivering developmentally appropriate learning and also made the process less overwhelming for providers new to the Learn Well Initiative.⁴⁸ This year, opportunities to children. 478 early learning and care sites participated in the



WHAT IS THE IMPACT OF PROFESSIONAL **DEVELOPMENT ON PROVIDER WELL-BEING?**

Effective professional development has been shown to buffer the stress early learning and care providers experience that often leads to burnout.⁴⁹ Professional development is also a critical strategy for positively impacting provider efficacy in the areas of classroom management, instruction and student engagement.⁵⁰ Reflecting on their stress levels during the 2020-21 school year, a vast majority of early learning and care providers (89.0%) indicated working with children, families and fellow staff was not a large source of stress for them. However, close to half of providers (46.0%) indicated feeling drained at the end of the workday. As the 2020-21 school year coincided with the COVID-19 pandemic, it is likely the non-traditional circumstances brought on by the pandemic contributed to the stress levels experienced by providers.

During the 2020-21 school year, early learning and care providers also demonstrated an increase in efficacy in the areas of instructional self-efficacy, disciplinary selfefficacy and efficacy to enlist parental involvement. Sixty-two percent of early learning and care providers felt more capable modifying activities, or guiding families to modify activities, and motivating children who showed low interest in materials and activities. Almost two-thirds of providers (63.0%) indicated feeling more capable utilizing positive statements with children when they follow the rules or using problemsolving techniques. Lastly, compared to the beginning of the school year, more than half (58.0%) of providers felt more capable assisting families to become involved in their child's learning and development as compared to the beginning of the school year (Figure 3.4).

WHAT IS THE IMPACT OF PROFESSIONAL DEVELOPMENT ON PROVIDERS **ABILITY TO PLAN FOR LEARNING AND DELIVER DEVELOPMENTALLY APPROPRIATE LEARNING OPPORTUNITIES?**

Over the course of the 2020-21 school year, 95.4% confidence to carry out developmentally appropriate of early learning and care providers indicated learning opportunities with children. Subsequently, having a better understanding of developmentally as compared to the beginning of the school year, providers noticed improvements in children's initiative, appropriate learning opportunities and the same amount felt more confident delivering developmentally curiosity, creativity, persistence as learners, selfappropriate learning opportunities to the children in regulation, executive functioning, mathematical and their care as a result of the support provided through scientific reasoning, and conflict resolution skills. the Learn Well Initiative. Providers cited access to Overall, 95.1% of providers feel more confident in their professional development, high-quality tailored ability to support the children they care for and their families as a result of Learn Well Initiative supports. coaching, and various workshops or trainings as critical mechanisms for enhancing their knowledge and

"I have learned to give each child opportunities to share their thoughts and ideas with peers and adults. Also, to ask them open-ended questions and listen to them so they know and feel that they are important to us and to build trust with them."

-Sarah*, Learn Well Initiative Provider

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





CHANGES IN PROVIDER EFFICACY **DURING THE 2020-21 SCHOOL YEAR**



62% I feel more capable modifying activities, or guiding families to modify activities to motivate children who show low interest in materials and activities.



I feel more capable utilizing positive statements with children $\frac{70}{10}$ when they follow the rules or use problem-solving techniques.



58% I feel more capable assisting families to become involved in their child's learning and development.

Figure 3.4



PARENTING AND HIGH-QUALITY EARLY LEARNING AND CARE

HOW ARE FAMILIES INVOLVED WITH THEIR CHILD'S LEARNING?

Families who are aware of what is happening in their child's early learning and care setting are better able to establish a connection between what is learned in their care setting and what takes place in the home. Family involvement in the early learning and care setting helps extend teaching outside the care setting, creates a more positive experience for children and helps children perform better when they are in their care setting.⁵¹

The Learn Well Initiative focuses on increasing family engagement in their child's learning. To understand the nature and extent of families' involvement in their child's early learning and care, families reported on changes in their knowledge of their child's development, their perceived confidence in their ability to meet their child's needs and their ability to support their children over the course of the 2020-21 school year (Figure 3.5). In terms of knowledge, most families (66.6%) reported their knowledge of child development improved over the course of the school year. When asked whether their confidence in their

ability to meet their child's developmental needs over the course of the last year had changed, 66.9% reported their confidence had improved.

During the 2020-21 school year, nearly three guarters of families reported that their ability to help their child develop and learn improved (73.5%). Sixty eight percent of families reported improvements in their ability to support their child's social-emotional well-being, and 64.5% reported that their ability to support their child's behavior improved over the course of the school year.

The San Diego community offers many valuable resources to support children and families, and families' awareness of these resources is crucial to getting their family access to all needed supports. Most families reported that following the 2020-21 school year their knowledge of community services and resources improved (59.1%). Similarly, most families reported that their ability to ensure their child received the services and resources they need improved over the course of the last year (55.1%).

CHANGES IN FAMILIES' KNOWLEDGE AND CONFIDENCE IN CARING FOR THEIR CHILD



FIGURE 3.5

The Learn Well Initiative supports early screenings to identify strengths and concerns that may require focused interventions, referrals or further assessments for individual children. This year, 8,196 screenings were completed in collaboration with Learn Well Initiative families. During the year, 1,215 children received 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.

IMPACT OF COVID ON FAMILIES

On average, families felt safe sending their children to out-of-home care during the 2020-21 school year (reported level of safety averaged 4.3 out of 5). Though many families worried about themselves, a family member or a close friend becoming sick with COVID-19, families felt that their early learning and care site created a setting that was safe for their child. Most families that sent their child to out-of-home care did so because they felt in-person care would be better for their child's development compared to virtual learning, and would provide opportunities for their child to socialize with other children, while families continued to work.

However, when early learning and care sites were closed during the pandemic, families reported experiencing several challenges in their personal and professional lives. The most significant challenges families reported were around social isolation from friends, family and other supports for both themselves and their children. Many families shared concern that their children couldn't play outdoors at parks or playgrounds and reported that their children struggled significantly with the lack of social interaction during site closures. They also shared that their children had problems focusing on lessons when learning virtually, and many felt that distance learning set their child back in their education and development. Families of children with special needs felt that distance learning amplified their children's problems with peer-topeer socialization, learning capabilities and ability to maintain attention.

On a personal level, families reported struggling with the limited availability of childcare during shutdowns, worries about job loss, concerns about reductions in their family's income and safety concerns about working outside of their home.

The positive impact of First 5 San Diego services

tories

"My daughter has made connections with her peers and is always excited to tell me about her experiences at school, so thank you. She loves going to school every day, and I hope she continues receiving early learning and care through this program!"

-Sarah*, Learn Well Initiative Caregiver

Famil

"I'm very proud of how our school program quickly and safely got the school re-opened. The teachers and staff were so helpful and understanding of me and my family. They all went above and beyond to help me and my child. I am grateful and feel blessed. They have done a wonderful job and have been very helpful in providing all their services for the kids!" -John*, Learn Well Initiative Caregiver

> I'm so happy with all the teachers and specialists at my child's early learning and care site. They have been extremely supportive and patient with my son's needs. I really appreciate all the staff involved in our case!"

-Kiara*, Learn Well Initiative Caregiver

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

Family

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 Housing Program (MHP), Oral Health Initiative (OHI) and the Learn Well Initiative. 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.

WHY ARE SERVICES TO FAMILIES **IMPORTANT?**

Children's experiences are intertwined with the experiences of their families.⁶³ Therefore, building a strong, supportive and nurturing household is essential to the growth and well-being of a child. When families experience 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.^{64,65} The need for programs and services that support families is even more essential during difficult times such as the COVID-19 pandemic when families face even more challenges.⁶⁶ Home visiting and other parent and caregiver support programs connect 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.^{67,68,69} Parent support programs lead to improved maternal and child health, reduced juvenile delinguency and improved family economic self-sufficiency.⁷⁰ In addition, parent support programs often help families establish positive relationships and networks of other families and community members. These connections to the community and other families with similar experiences help parents create more nurturing and stimulating home environments, improve their communication with their kids and feel more confident in their role as parents.⁷¹

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.

WHY IS FAMILY IMPORTANT?

Children and families benefit from having access to safe, stable, loving and stimulating environments that promote positive childhood experiences. Family wellness is integral to engaging families and preparing children to reach their fullest potential.^{52,53,54,55} Positive parenting and family engagement are critical to ensuring a child's healthy development and 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.^{56,57,58} 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 positive relationships.^{59,60,61} 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.⁶²

"First of all, I would like to thank you for the great program. We are happy with the education and support that we get from you and the wonderful program. I will recommend you to all my friends. Second, I would like to thank [my] dear Family Support Specialist for everything she has done respectful and responsive to all my texts, guestions and inquiries. She is genuinely ready to help [and is] very honest, kind, patient and knowledgeable. During this precious time we spend with her, she not only provides great education (I'm learning so much about my children), but she also helps us to find reliable resources and offers lots of emotional support and care (wow, never had that before). I am truly grateful and cannot thank her enough. I just wish that she was our home visitor when our first baby was reluctant to breastfeed. I believe she would have helped us by In any case, she is helping me heal from that and move on to bond with my children in new and positive ways. Everything is so much better with this baby because of her. I'm just sad that our wonderful time with her and the program is getting close to the end. During our great time with

-Amira*

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

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FUNDING \$7,733,280

NUMBERS SERVED *9,582* Children



HIGHLIGHTS

68.9% of HDS and Learn Well Initiative parents increased the frequency of reading, talking or singing to their child

82.4% of HDS and Learn Well Initiative parents know more about age-appropriate child development

77.8% of F5FS caregivers read, sing or talk with their child three or more days per week

More than **7,000** Parent Resource Kits were distributed



"I was living my life as a flightless bird. I was wounded and flapping around the floor not knowing why I [had] survived this long and no one was really helping. Then you came along and your program has healed my wings and I can now fly. My life as an individual and as a parent has only just begun because of this program. My kids will now not have to suffer the same life I have lived and I can help them in ways I didn't know I could."

-Elena*

confidentiality.

*Names of children, families and staff have been changed to protect



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 at 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. Evidencebased home visiting programs are particularly effective for reaching high-risk families who need more social support.^{72,73,74} This year, 557 pregnant women or caregivers and 497 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 their ability to problem-solve and mobilize resources (Figure 4.1). Additionally, families who receive home visiting through F5FS demonstrate these important healthy behaviors:

82.1% of mothers and **88.5%** of children were linked to a medical home within 30 days of enrollment

84.1% of parents or caregivers reported their children were up to date with their Well Baby Checks at 12 months of age

54.6% of mothers reported breastfeeding when their babies were six months old

85.3% of parents or caregivers reported their children were up to date with their immunizations at 12 months of age

PERCENTAGES OF F5FS PRIMARY CAREGIVERS DEMONSTRATING PARENTING COMPETENCE





SUPPORTING FAMILIES THROUGH PARENT EDUCATION

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

Teaching parents and caregivers about their child's development and how to utilize positive parenting practices promotes nurturing parentchild interactions and supports children's healthy development.^{75,76} First 5 San Diego provides parent education through coordinated services that involve both the parent and child. In HDS, 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. Through the Learn Well Initiative, early learning and care providers work with parents to discuss strategies parents can implement to engage with their child and support their child's development and behavior. F5FS provides parent education through regular home visits where parents learn skills to support their child's growth and development, build a strong parent-child bond and learn how to advocate for their child's need.

Parent education across all initiatives, including HDS, Learn Well Initiative, F5FS, KidSTART and MHP, provides 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.

First 5 San Diego supported the distribution of 7,328 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 five languages (English, Spanish, Vietnamese, Chinese and Korean).

F5FS parents and caregivers also demonstrated knowledge of child development (Figure 4.2).

AVERAGE KNOWLEDGE SCORES FOR CAREGIVERS WHO RECEIVED HOME VISITATION SERVICES



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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:

76.8% of parents and caregivers who received parent education through HDS, the Learn Well Initiative and KidSTART reported knowing how to advocate for their child (Figure 4.3)

82.4% of parents and caregivers who participated in HDS and the Learn Well Initiative reported an increase in their knowledge of age-appropriate child development

68.9% of HDS and Learn Well Initiative parents increased the frequency of reading, talking or singing to their child

77.8% of F5FS caregivers read, sing or talk with their child three or more days per week

PERCENTAGE OF PARENTS AND CAREGIVERS WITH **IMPROVED KNOWLEDGE OF HOW TO SUPPORT THEIR** CHILD (HDS, LEARN WELL INITIATIVE AND KIDSTART)

Help my child learn and develop



Understand my child's needs

Know how to advocate for my child



Know where to turn for resources



FIGURE 4.3



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-inhand 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 9,000 children, parents and caregivers received care coordination services through First 5 San Diego programs during FY 2020-21, including: **216** children and **270** parents and caregivers in KidSTART;

5,133 families in HDS; and

3,736 children in OHI.

"This program has helped me have someone to talk to who connects me with resources. I have learned new ways to be with my baby."

-Rubi*

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

Family Stories The positive impact of First 5 San Diego services

ACHIEVING FAMILY GOALS

Ximena* is an active-duty military mother in her early twenties with a 19-month-old son, Ezekiel. She has been enrolled in F5FS for over two years and F5FS has played an important role in Ximena and Ezekiel's lives. Through the program, Ximena has accomplished many of her goals, including furthering her education and becoming a Certified Nursing Assistant, moving into a new home and providing an educational environment for Ezekiel. Throughout her time in the program, Ximena has shown resiliency, compassion and growth. Ximena really appreciates the activities that her Family Support Specialist has done with her during home visits because they taught her how to have patience and compassion when doing activities with Ezekiel. Ximena is preparing to exit the program as she will be deployed soon. However, she plans to continue to achieve her goals using the tools she gained from being in the F5FS program.





WHY IS COMMUNITY 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 DO?

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 \$8/4,546

NUMBERS SERVED 22,169 CHILDREN AND PARENTS

HIGHLIGHTS

000

First 5 San Diego providers made **4,303** health and social service referrals

This year, 2-1-1 San Diego made **17,866** referrals for families with children ages zero through five

Conducted a community awareness campaign that achieved nearly **77 million** gross impressions



BUILDING A HEALTHY AND 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 2020-21 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. The "We Are Born Learning" campaign messaging was broadcasted via television, radio, digital media and outdoor advertisements. The campaign achieved nearly 77 million gross impressions and the use of First 5 San Diego's website averaged 7,379 page views per month and an average of 2,739 new visitors each month.

HOW IS FIRST 5 SAN DIEGO CONNECTING FAMILIES TO SERVICES?

Several First 5 San Diego programs offer children and families who receive services through a First 5 San Diego-funded program often receives 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 4,303 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 connect to health and social services near them. This year, 2-1-1 San Diego made 17,866 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 Learn Well Initiative 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.



CO-SPONSORED COMMUNITY EVENTS

First 5 San Diego sponsored and participated in local community events.

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 offers 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 2020

First 5 San Diego partnered with the Jacobs & Cushman San Diego Food Bank for the 2020 Holiday Food Drive. This is the eighth 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.

SPONSORSHIPS AND VIRTUAL EVENTS DURING COVID-19

SAN DIEGO ZOO SPONSORSHIP

First 5 San Diego partnered with the San Diego Zoo Wildlife Alliance (dba San Diego Zoo) to continue a sponsorship to encourage families to read more and to do more activities. This partnership included the following items:

- Sponsored the Children's Zoo Activity Page -"Presented by First 5 San Diego" (https://kids.sandiegozoo.org/activities)
- Sponsored "Breastfeeding" Signage in the Nursing Lounges at the San Diego Zoo and the San Diego Zoo Safari Park
- Sponsored "Karen's Heart" a story about an orangutan named Karen at the San Diego Zoo

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

First 5 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. (https://thinkplaycreate.org/explore/virtual-tours/).

SAN DIEGO COUNTY LIBRARY

In conjunction with "Talk Read Sing Day," First 5 San Diego partnered with the San Diego County Library to kick off their "Summer at your Library" campaign. This campaign allowed families to pick-up or download a book full of fun activities that encouraged children and their families to "read, learn and create" throughout the summer.



Proclamations

COUNTY OF SAN DIEGO DECLARES JUNE 8 FIRST 5 SAN DIEGO'S TALK, READ, SING DAY

SAN DIEGO, CA. (June 8, 2021) - The San Diego County Board of Supervisors has proclaimed today, June 8, as Talk, Read, Sing Day in support of First 5 San Diego, the County's organization that promotes the health and well-being of young children during their most critical years of development - birth through five years.

"Talk, Read, Sing has always been an important initiative for us because it offers parents and caregivers very simple actions that make a big difference in brain development and set children up with the building blocks for success," said Alethea Arguilez, Executive Director of First 5 San Diego. "Summer is a great time to reinforce talking, reading and singing as schools close but children need to continue learning. We are grateful the County of San Diego is recognizing a yearly day for this vital initiative that supports the children of our future."

Research has found that providing children zero through five with consistent, language-rich experiences—such as talking, reading and singing can have significant benefits that help them thrive and become successful as they grow and begin reading and writing. The First 5 San Diego programs and resources are designed to educate and support providers, parents and caregivers in their critical role during a child's first five years to help them receive the best possible start in life.

"Children deserve the best start in life possible. The First 5 Commission of San Diego's Talk, Read, Sing campaign gives underserved women and caregivers the resources and guidance needed to shape the lives of their kids early-on," said Nathan Fletcher, Chair of the San Diego County Board of Supervisors and the First 5 San Diego Commission. "This is a terrific program and I encourage all San Diegans with small children to give it a try to ensure their littles ones thrive for years-to-come."

This summer, parents, caregivers and kids can get involved in a variety of ways:

- Visit the First 5 San Diego Talk, Read, Sing website and take the Talk, Read, Sing Pledge to receive a free Kit for New Parents, a free parenting resource that includes advice and useful tips.
- Today, San Diego County Library launches the Summer Learning Challenge. Participate virtually at sdcl.org or by picking up a free activity book, available at all 33 branch locations to children, teens and adults until August 31. Participants will have access to activities focused on early literacy from contributors like First 5 San Diego, Comic-Con Museum, New Children's Museum and organizations from all over the County.
- Participate in First 5 Partner Jennifer Siebel Newsom's Summer Book Club - a new 10-week initiative to promote children's literacy that features books that teach kids important social and emotional learning tools and highlight key values like diversity, self-love and acceptance.

"Talking, reading and singing to babies and young children makes a tremendous difference when it comes to their future learning," said Shana Hazan, First 5 California Commissioner. "These simple activities allow parents and caregivers to develop strong bonds with their little ones and build their social and emotional well-being."

Talk, Read, Sing Day will be celebrated on June 8th each year to emphasize the importance of communicating with your child by talking, reading and singing to them every day to encourage language and brain development. For more information visit, www.first5sandiego.org/ parent-portal/talk-read-sing.

LIVE WELL SAN DIEGO IN ACTION

Live Well San Diego empowers all members of the **DAY OF PLAY (SPECIAL NEEDS** San Diego community, from government and local FOUNDATION OF SAN DIEGO) businesses to schools, faith-based organizations **DRIVE THRU EVENT** and individual residents, to become agents of change in Building Better Health, Living Safely and First 5 San Diego partnered with the Special Thriving. Each one of the First 5 San Diego-funded Needs Foundation of San Diego to sponsor their programs embodies this Live Well San Diego vision 3rd annual "All-Inclusive Day of Play & Resource with the services they provide in support of our Fair." This free family event was designed to help region's young children and families. In addition families educate themselves and connect with the to our programs, we also partner with community community. At the resource fair, community groups organizations that demonstrate our commitment to provided awareness information, resources and building healthy, safe and thriving communities: support for all participants. The event had plenty of fun for the kids too with games, opportunity **DAY OF PLAY (OLIVEWOOD** drawings and performances.

GARDENS) - VIRTUAL EVENT

First 5 San Diego partnered with the Olivewood Gardens and Learning Center to sponsor the "Day First 5 San Diego partnered with Live Well San of Play" event. The Day of Play is a free educational Diego and sponsored the 7th Annual Live Well community event designed to teach the connections San Diego 5K. This is an annual event that brings between food, health and the environment. This thousands of San Diegans together for a run/walk and an interactive, family-friendly expo in support event engages families with interactive cooking, of a healthy, safe and thriving San Diego County. tasting, gardening, art and physical fitness activities San Diego County's Live Well San Diego 5K, in that allow them to learn together, grow together, have fun together and ultimately make healthy partnership with 2-1-1 San Diego, is an opportunity decisions together. First 5 San Diego provided for families to be physically active, enjoy quality free gardening tools, aprons and seed kits to time with their neighbors and community members, participants in the virtual event. and connect with dozens of participating partners sharing information and resources. Due to the continuing pandemic, the 2020 Live Well San Diego 5K was a virtual event.



LIVE WELL SAN DIEGO 5K





First 5 San Diegos EARLY CARE & EDUCATION COVID-19 RESPONSE EFFORTS

The COVID-19 pandemic reshaped our world and filled our lives with challenges we've never faced before. On March 11, 2020, when it was declared a global pandemic, the County of San Diego responded within 48 hours by activating its Emergency Operations Center (EOC). Through the collective impact strategy of the *Live Well San Diego* vision, the four partner "sectors" – Cities & Government, Business & Media, Community & Faith-based Organizations, Schools & Education – convened and quickly expanded to a total of nine sectors and 12 sub-sectors to provide timely and accurate information about the pandemic to residents and other community stakeholders in the region.

As public servants, First 5 San Diego was called upon to step forward and join the Schools & Education sector alongside other teams for K-12 and the Colleges & Universities. Under the leadership and guidance of the First 5 Executive Director, designated First 5 staff emerged as the Early Care & Education sub-sector committed to informing families and providers of children birth to five years of age with timely guidance, supportive resources and services to ensure their safety and well-being during such uncertain times.



In the true spirit of Live Well San Diego community collaboration, First 5 initiated regular communication with a local Early Childhood Education Coalition to assess the impact of the pandemic on the childcare sector. Participating in the coalition meetings and other related convenings allowed First 5 San Diego to be a strong thought partner and liaison between the county and community. Additionally, the First 5 Early Care team developed and maintained the Early Care sector support webpage to provide up-to-date information on the rapidly evolving public health situation with local, state and national guidance tailored to the childcare community. First 5 began engaging groups of 100-150 providers in telebriefings, all while following public health guidelines by maintaining social distancing and utilizing digital methods of communication. The YMCA Childcare Resource Services (YMCA CRS) supported COVID-19 response efforts by communicating ongoing sector updates and telebriefing information via the YMCA weekly email blast to 2,400 providers countywide. The collaborative efforts between First 5 and YMCA CRS led to the re-activation of the Child Care Disaster Council (CCDC) co-chaired by the First 5 Executive Director. The CCDC then developed the Child Care Emergency Response Plan that outlined key steps to follow in case of an emergency and created a mechanism to receive and distribute emergency supplies from the State of CA and the First 5 CA commission through regional hub distribution sites.

Notable accomplishments of the Early Care sector include:

- Hosted 36 telebriefings since March 2020 with the support of subject matter experts presenting on focused COVID-19 information, including updates on current COVID-19 statistics, testing, vaccination, physical and mental health, family and provider resources, and closing and re-opening guidance and regulations from local, state and national levels.
- Developed the COVID-19 Symptom Decision Tree for childcare as a reference tool when staff and children exhibiting symptoms need to quarantine, isolate or test.
- Distributed approximately 4,000 COVID-19 educational posters for display in educational facilities. Posters included information on face coverings, social distancing, symptom awareness and sanitation protocols.
- Collaborated with the San Diego County Epidemiology Branch to develop the Communication for Childcare Providers flowchart for reporting COVID-19 positive cases and general consultation with Epidemiology.

Activated the childcare workforce for vaccination by educating providers about vaccines, eligibility, scheduling appointments, and vaccination locations. Through promotion via telebriefings, First 5 supported YMCA CRS and the Child Development Associates with prioritizing vaccine distributions in regions highly impacted by the pandemic. First 5 also collaborated with the San Diego County Office of Education (SDCOE) to promote vaccinations for preschool providers and teachers through a partnership between the school districts and the Voluntary Employees' Beneficiary Association (VEBA).

With a commitment to Live Well San Diego's model of community engagement, recognized partners and other community stakeholders worked across sectors for rapid dissemination of information and updates about the COVID-19 pandemic in San Diego County while also ensuring the public had a venue for asking questions and getting clarification on what turned out to be a very complex and ever-changing emergency response. As a part of this response, new stakeholders from every sector developed a connection to the County of San Diego and the Live Well San Diego vision. First 5 San Diego is proud to support the County efforts to keep San Diegans safe and healthy through the pandemic, and strengthen the community by uniting in goals, action and purpose.

FINANCIAL INFORMATION: INVESTMENTS AND LEVERAGED RESOURCES

FIRST 5 SAN DIEGO COMMUNITY INVESTMENTS

During FY 2020-21, First 5 San Diego invested a total of \$27,771,134 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 2020-2025- 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.

FUNDS AND RESOURCES LEVERAGED

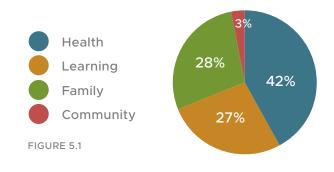
As a direct result of the Commission's financial investments, contractors leveraged an additional \$4,016,140 in cash and in-kind support. Many of the leveraged funding streams (Figure 5.2) have match requirements that were only accessible due to the availability of First 5 San Diego dollars. These leveraged 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.

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

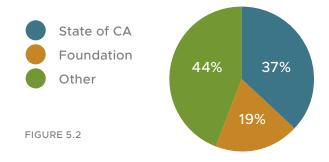
REVENUES

| TOTAL REVENUES | \$33,000,364 |
|--|--------------|
| Interest Revenue | \$413,747 |
| CDE QRIS Certification Grant | \$34,396 |
| General Fund Expansion Program | \$164,941 |
| CA Home Visiting Program State | |
| Cal-Learn Educational Support Services | \$717,980 |
| CalWork's Home Visiting Program services | \$2,453,747 |
| F5CA Home Visiting Coordination | \$35,153 |
| F5CA IMPACT Hub | \$544,079 |
| Prop 10 Tobacco Tax | \$28,636,321 |
| | |

FIRST 5 SAN DIEGO INVESTMENTS **BY PROGRAM AREA**



LEVERAGED FUNDING



Thank you to our Funded Partners

2-1-1 San Diego

American Academy of Pediatrics, California Chapt Byron Chow, M.D. Cothrine's Training Services/Michael Cothrine Delibrainy, LLC **Episcopal Community Services** Fallbrook Family Health Center Family Health Centers of San Diego First 5 California Kim Flowers, LCSW Harder+Company Community Research Health and Human Services Agency - Public Heal Services Health and Human Services Agency - Eligibility O Health Quality Partners of Southern California Home Start, Inc. Hope and Healing Child and Family Therapy, Inc. Horn of Africa Huron Consulting Service LLC Imperial Beach Health Center Indian Health Council La Maestra Family Community Health Centers Los Angeles Universal Preschool dba Child360 MIG, Inc Motiva Associates

EXPENDITURES \$2,015,727 Labor and Benefits \$574,392 Services and Supplies \$880,360 Evaluation Contributions to Community Projects \$27,771,134 TOTAL EXPENDITURES \$31,241,613

| Net change in fund balance | \$1,758,751 |
|--|--------------|
| Fund balance, beginning of fiscal year | \$40,539,483 |
| Prior period adjustments | \$(74,443) |
| | |

FUND BALANCE, END OF FISCAL YEAR** \$42,223,791 ** Fund Balance includes the Commission's Operating and Sustainability funds.

| | Neighborhood Healthcare |
|-------|--|
| ter 3 | Newton Center for Affect Regulation |
| | Palomar Health Development Inc. |
| | Persimmony International, Inc. |
| | Rady Children's Hospital – San Diego |
| | San Diego American Indian Health Center |
| | San Diego County Office of Education |
| | San Ysidro Health Center |
| | SAY San Diego, Inc. |
| | SBCS Corporation |
| th | SDSU Research Foundation - Healthy Early Years Clinic |
| | SDSU Research Foundation |
| ffice | Southern Indian Health Council, Inc. |
| | Anne McLevie Spooner, MFT |
| | SubVertical, LLC |
| | Susan Hedges Consulting |
| | The Children's Initiative |
| | The Regents of the University of California-Berkeley |
| | The Regents of the University of California-San Diego |
| | UCSD Department of Pediatrics |
| | Vista Community Clinic |
| | Wilkinson, Hadley, King and Co. LLP |
| | WestEd |
| | YMCA Childcare Resource Service |



[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.

[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. (2020). San Diego Association of Governments (SANDAG). Retrieved from: 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] Ibid

[7] Vaivada, T., Gaffey, M. F., & Bhutta, Z. A. (2017). Promoting Early Child Development With Interventions in Health and Nutrition: A Systematic Review. Pediatrics, e20164308.

[8] Choo, Y. Y., Agarwal, P., How, C. H., & Yeleswarapu, S. P. (2019). Developmental delay: identification and management at primary care level. Singapore medical journal, 60(3), 119–123. https://doi. org/10.11622/smedj.2019025

[9] Araújo, L. A., Veloso, C. F., Souza, M. C., Azevedo, J., & Tarro, G. (2021). The potential impact of the COVID-19 pandemic on child growth and development: a systematic review. Jornal de pediatria, 97(4), 369–377. https://doi.org/10.1016/j.jped.2020.08.008

[10] 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

[11] HealthyChildren.Org. Give your Baby the Best Possible Start. Retrieved from: https://www.healthychildren.org/English/agesstages/prenatal/Pages/Protect-Tiny-Teeth.aspx on August 21, 2020.

[12] Ibid

[13] 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%20 Prenatal%20to%20Three_Developing%20a%20Public%20 Response%20to%20Improving%20Developmental%20 Trajectories%20and%20Preventing%20Inequities.pdf [14] 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

[15] Ibid

[16] 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.

[17] 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/

[18] 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.

[19] 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

[20] Centers for Disease Control and Prevention (2021). Mental health of children and parents – a strong connections. Retrieved from https://www.cdc.gov/childrensmentalhealth/features/mentalhealth-children-and-parents.html

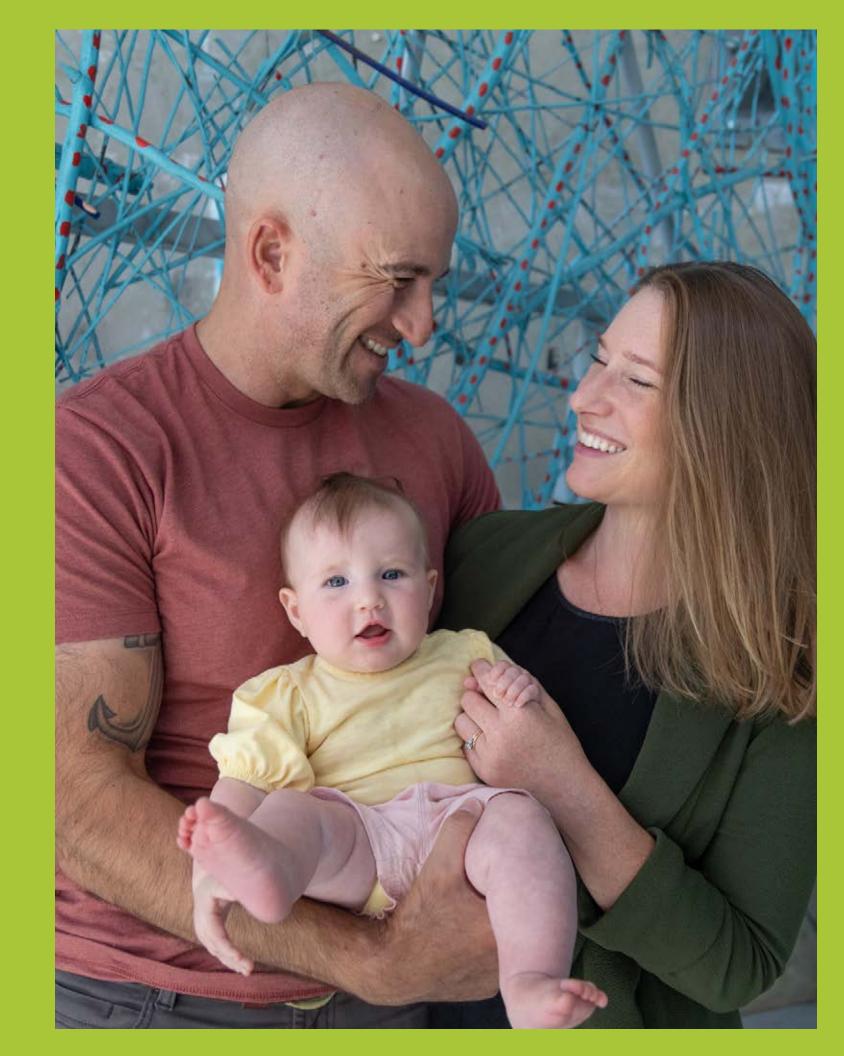
[21] Center on the Developing Child at Harvard University. (2009). Maternal depression can undermine the development of young children. Working paper No. 8. Retrieved from http://www. developingchild.harvard.edu.

[22] Children's Oral Health. (2014). Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/oralhealth/ children_ adults/child.htm

[23] 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

[24] 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.

[25] 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.



[26] 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.

[27] 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.

[28] 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.

[29] 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

[30] California Health Interview Survey [Data file]. (2019). UCLA Center for Health Policy Research. Retrieved from: www.askchis. ucla.edu

[31] Harvard University Center on the Developing Child, "InBrief: The Science of Early Childhood Development" (2007), available at https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wpcontent/uploads/2007/03/InBrief-The-Science-of-Early-Childhood-Development2.pdf

[32] 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

[33] 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

[34] 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

[35] Zigler, E., Gilliam, W. S., & Jones, S. M. (2006). A vision for universal preschool education. Cambridge University Press.

[36] 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.

[37] 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 evelopment. Retrieved from http://fcd-us. org/resources/evidence-base-preschool

[38] 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.

[39] Barnett, W. S. (2008). Preschool education and its lasting effects: Research and policy implications. Great Lakes Center for Education Research & Practice.

[40] 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.

[41] 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

[42] 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.

[43] 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.

[44] Mizell, H. (2010). Why professional development matters. Learning Forward. Retrieved from: http://learningforward.org/ docs/pdf/why_pd_matters_ web.pdf?sfvrsn=0

[45] 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

[46] 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

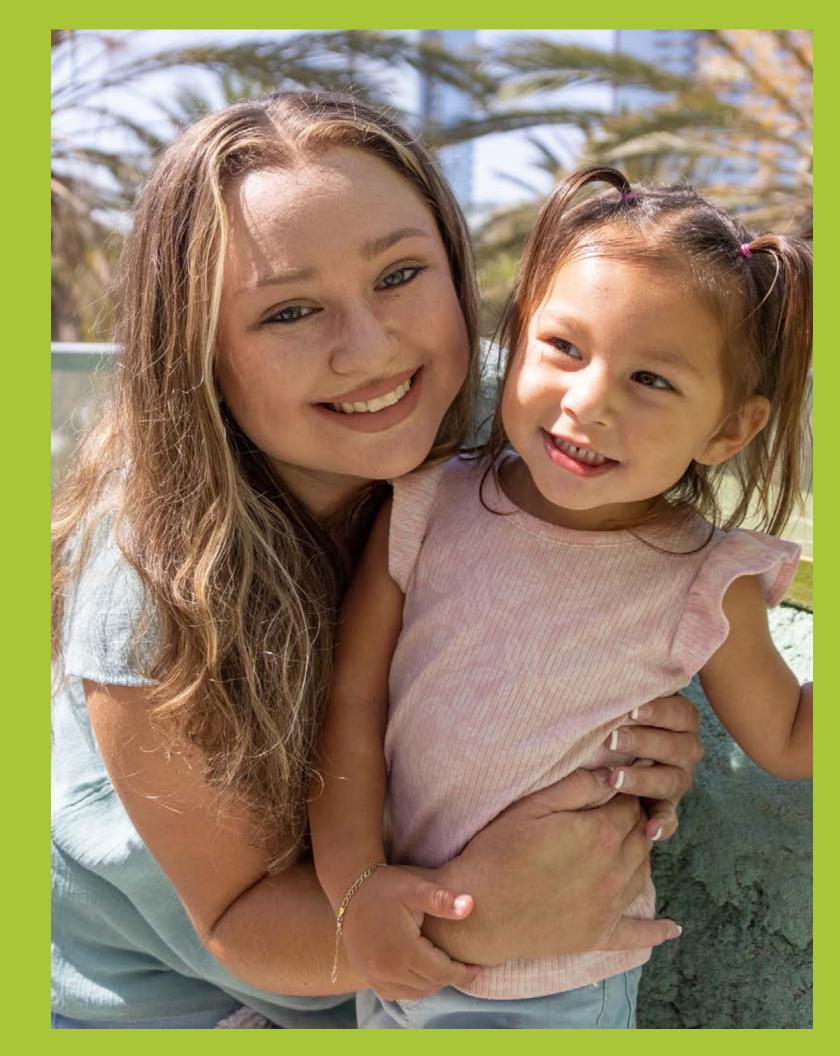
[47] Continued Professional Development Framework for Early Childhood Educators: https://www.childcarelink.gov.sg/ccls/ uploads/CPD_Guide_5_FA.pdf

[48] Marcella-Burdett, J., Savelkouls, S., & Zur, O. (2021). San Diego Quality Preschool Initiative: Year 1 evaluation report. San Diego County Office of Education.

[49] Sandilos, L. E., Goble, P., Rimm-Kaufman, S. E., & Pianta, R.
C. (2018). Does professional development reduce the influence of teacher stress on teacher-child interactions in pre-kindergarten classrooms?. Early Childhood Research Quarterly, 42, 280-290.

[50] Liu, Y., & Liao, W. (2019). Professional development and teacher efficacy: Evidence from the 2013 TALIS. School Effectiveness and School Improvement, 30(4), 487-509.

[51] 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.



[52] Centers for Disease Control and Prevention. (2014). Essentials for childhood: Creating Safe, Stable, Nurturing Relationships and Environments for All Children. National Center for Injury Prevention and Control. Retrieved from: https://www.cdc.gov/ violenceprevention/pdf/essentials-for-childhood-framework508.pdf.

[53] 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: https://oregoncf.org/Templates/media/files/grants/Early%20 Childhood/should_we_invest_ped.pdf

[54] 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 on August 21, 2021.

[55] U.S. Department of Health and Human Services. U.S. Department of Education. (May 5, 2016). Policy Statement on Family Engagement From the Early Years to the Early Grades. Retrieved from: https://www2.ed.gov/about/inits/ed/ earlylearning/files/policy-statement-on-family-engagement.pdf on August 23, 2021.

[56] Healthy Families America Impact. Retrieved from: https:// www.healthyfamiliesamerica.org/our-impact/ August 19, 2021.

[57] 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 19,2021.

[58] Office of Early Childhood Development: Family Engagement. Retrieved from https://www.acf.hhs.gov/ecd/family-engagement on August 23, 2021.

[59] The Top 5 Benefits of Home Visiting Programs. Child and Family Research Partnership. Retrieved from: https:// childandfamilyresearch.utexas.edu/top-5-benefits-home-visitingprograms on August 19,2021.

 [60] Kershaw, P., Forer, B., Irwin, L. G., Hertzman, C., & Lapointe,
 V. (2007). Toward a social care program of research: A populationlevel study of neighborhood effects on child development. Early Education and Development,18(3), 535-560.

[61] 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.

[62] 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.

[63] U.S. Department of Health and Human Services. U.S. Department of Education. (May 5, 2016). Policy Statement on Family Engagement From the Early Years to the Early Grades. Retrieved from: https://www2.ed.gov/about/inits/ed/earlylearning/files/ policy-statement-on-family-engagement.pdf on August 23, 2021. [64] Bunting, L. (2004). Parenting programmes: The best available evidence. Child Care in Practice, 10(4), 327-343.

[65] 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-wherethey-live-supporting-parents-and-child-development-throughhome-visiting on August 19, 2021

[66] 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-crucialrole-of-home-visiting-during-covid-19-supporting-young-childrenand-families/ on August 19, 2021

[67] Samuelson, A. (2010). Best practices for parent education and support programs. What Works, Wisconsin-Research to Practice Series, 10, 1-8.

[68] 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

[69] American Academy of Pediatrics. Council on Community Pediatrics. The Role of Preschool Home-Visiting Programs in Improving Children's Developmental and Health Outcomes.

[70] Healthy Families America- Evidence of Effectiveness. Retrieved from https://www.healthyfamiliesamerica.org/ourimpact/evidence-of-effectiveness/ on August 19, 2021.

[71] Understanding Family Engagement Outcomes: Family Connections to Peers and Community. (2014). National Center for Parent, Family and Community Engagement. Retrieved from https://eclkc.ohs.acf.hhs.gov/family-engagement/article/ understanding-family-engagement-outcomes-research-practiceseries on August 23, 2021.

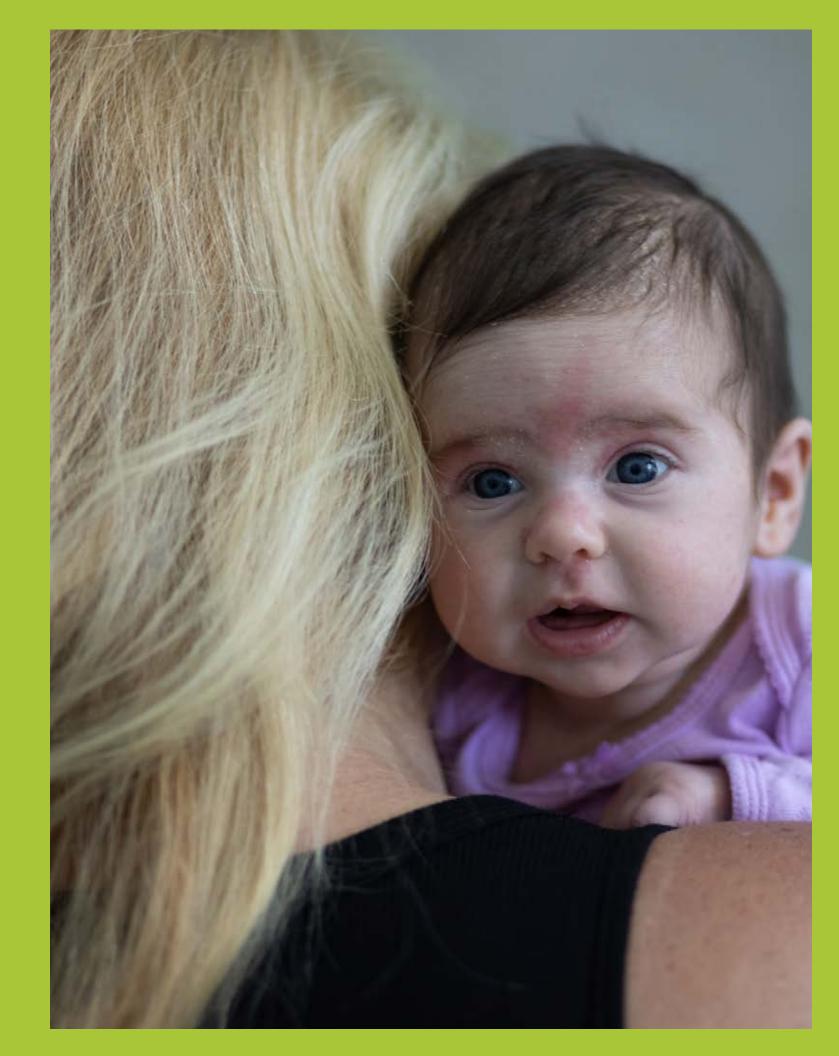
[72] Nievar, M. A., Jacobson, A., & Dier, S. (2008). Home visiting for at-risk preschoolers: A successful model for Latino families. Online Submission.

[73] Nievar, M. A., Van Egeren, L. A., & Pollard, S. (2010). A metaanalysis of home visiting programs: Moderators of improvements in maternal behavior. Infant Mental Health Journal, 31(5), 499-520.

[74] 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.

[75] National Academies of Sciences, Engineering, and Medicine.(2016). Parenting Matters: Supporting Parents of ChildrenAges 0-8. Washington, DC: The National Academies Press. doi:10.17226/21868.

[76] Centers for Disease Control and Prevention. Child Development Basics. Retrieved from: https://www.cdc.gov/ ncbddd/childdevelopment/facts.html on August 19, 2021.





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