

ANNUAL REPORT

FIRST 5 TUOLUMNE

SERVING TUOLUMNE COUNTY FOR TWENTY YEARS

2020-2021

PREPARED BY: Sarah Garcia

DATE: November 2021



Raising the
Quality of
Early Care
and
Education

20
Years of
Proposition 10



S U M M A R Y



Mission

The First 5 Tuolumne County Commission promotes and supports the development of integrated resources that will:

- strengthen families and support safe home environments
- strengthen early care and education environments
- improve children's health



Vision

Tuolumne County is child friendly, values families and respects and honors the diversity of its residents. Citizens of Tuolumne County recognize that home and child care settings are critical contexts for children's development in the early years. All Tuolumne County children will thrive in supportive, nurturing and loving family and community environments, enter school healthy and ready to learn and become productive members of the community.

Values

Collaboration: We work cooperatively with established systems, service, and the community on common goals to maximize effectiveness for children and families.

Innovation: We apply what has been proven to work elsewhere to find fresh solutions to the specific needs of our community.

Excellence: We seek to attain the highest quality outcomes, measured against established best practices and the most credible current research.

Accountability: We are responsible and results-driven with the resources the public entrusts to us.

Respect: We embrace input and assistance from all facets of the community, so we can span all cultures and languages to support every child and family.

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Results – First 5 Tuolumne Highlights for FY 20-21

Desired Outcome 1:

Primary Caregivers will have the supports and resources they need to be their child's first and best teacher.

Progress was measured by primary caregivers in:

1. Education and skill building on early brain development & early literacy
2. Engagement in ASQ screening.
3. Education and skill building on positive parenting techniques

Funded programs: ATCAA Family Learning Center, ICES Raising Healthy Families, TCSOS Supporting Early Education and Development, Imagination Library

Desired Outcome 2:

Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction.

Progress was measured by primary caregivers in:

1. Progress on educational or employment goals
2. Expansion of supportive social connections
3. Linkages to community supports and resources
4. Engagement in support services following a child abuse report.

Funded programs: ATCAA Family Learning and Support Services and ICES Raising Healthy Families

Desired Outcome 3:

Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.

Progress was measured by young children as follows:

1. Enrollment in a high-quality early learning program.
2. Oral health education, screening and fluoride treatments and access to treatment.
3. Behavioral health referrals addressing significant social emotional developmental concerns.

Funded programs: ATCAA Family Learning and Support Services, ICES Raising Healthy Families, TCSOS Supporting Early Education and Development, and TCSOS Smile Keepers

Desired Outcome 4:

Early Childhood Educators will have the supports and resources they need to optimally engage children in quality early childhood learning, including children with difficult and challenging behaviors.

Progress was measured by:

1. Completion of eligible professional development activities under Quality Counts.
2. Coaching for teachers, including a focus on promoting early social-emotional competencies.
3. Training in recognition of social-emotional delays and skill building for discussing issues with parents.
4. Engagement of the local QRIS Consortium and enrollment of IMPACT/Quality Counts sites.

Funded programs: TCSOS Supporting Early Education and Development and Quality Counts Tuolumne

All First 5 Tuolumne Programs operated under 3 Best Practice frameworks:

1. Strengthening Families 5 Protective Factors

- a. Parental Resilience;*
- b. Social Connections;*
- c. Concrete Supports in Time of Need;*
- d. Knowledge of Parenting and Child Development; and*
- e. Social & Emotional Competence in Children*

2. Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (CSEFEL)

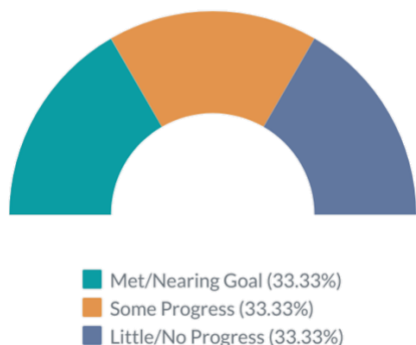
3. Health Services – Professional Standards of Practice

More detailed information on outcome highlights is presented in the following sections, organized under these framework elements.

Specific, detailed information on individual programs is provided in Appendix 2, which includes logic models and the annual evaluation report findings for each program.

Parental Resilience

37% of parents participating in ATCAA Family Learning Center and Infant Child Enrichment Services Raising Healthy Families met or made substantial progress on at least one of their annual goals. The most frequently met goals were linked to education, housing, financial literacy, and improved English language skills.



Family Functioning

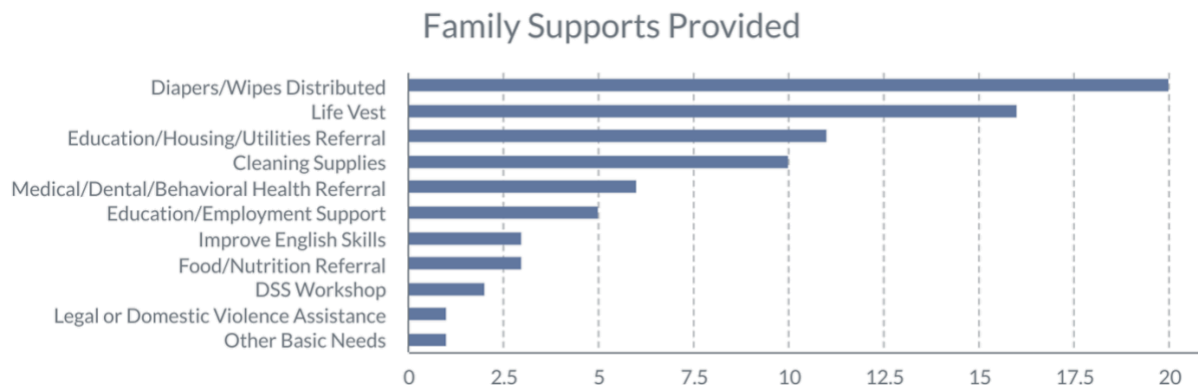
170 parents reached out for parenting support from the Family Learning Center and Raising Healthy Families

Social Connections

- 33% of parents at the Family Learning Center participated in Family Literacy.
- 40% of parents served with ICES home visiting expanded their positive support network.

Concrete Supports in Time of Need

Intensive parent support programs provided referrals and followed up on outcomes. Combined Data from the Family Learning Center and Raising Healthy Families shows that the following percentages of parents received services, as follows:



Contact with families was mostly limited to online/virtual. The diapers, wipes, and cleaning supplies were all donated by First 5 California, and distributed by ICES and ATCAA to ensure the basic needs of families during the pandemic.

Lif jackets were distributed to address the fact that all public pools were closed and children were more likely to be using our outdoor waterways, which pose safety hazards to children who have not yet learned to swim.

Knowledge of Parenting and Child Development

Parents receiving In-Home Support improved their parenting skills.

The highest-risk families receiving In-Home Parent Support increased their positive behaviors with their children. (ICES Raising Healthy Families program, Parent Observations).

Most parents were observed never, rarely, or seldom demonstrating positive parenting practices at entry to the program. Due to the pandemic, many families only had one visit.

Parents completing parenting classes improved their skills and knowledge.

(ICES Raising Healthy Families program, Parenting Class evaluations)

61 parents participated in parenting classes

6 Parents came on their own

14 Parents were referred by the Court system

41 Parents were referred by Child Welfare

The most attended classes focused on:

- Co-parenting and communication
- Trauma and resiliency
- Stress and emotions



Social and Emotional Competence in Children & Pyramid Model

Teachers received training and coaching on promoting early social-emotional competencies.

Positive, Descriptive Acknowledgement was the most referenced topic teachers learned from the SEED program.

Positive descriptive feedback is an evidence-based practice that is meant to be part of the teaching process. It encourages learning. We use the word “feedback” rather than praise or reinforcement because children need to understand what they have done and why we are acknowledging it. Statements like “good boy,” “excellent job,” and “well done” are examples of praise that provide non-descriptive feedback. The child may respond positively to this kind of praise but it does not help the child understand anything about his behavior or skills. Positive descriptive feedback provides information about the behavior and is a powerful strategy for teaching new skills. -[National Center for Pyramid Model Innovations](#)

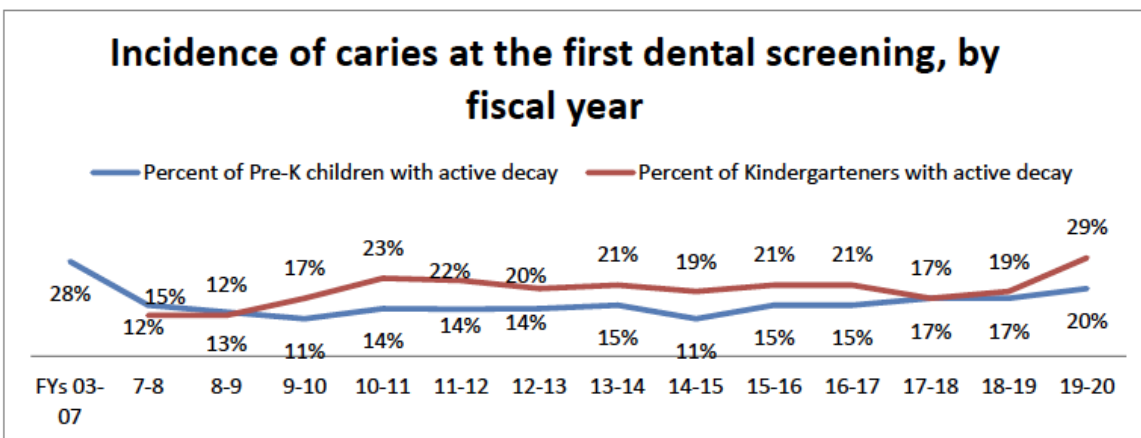
Children with significant social-emotional developmental concerns will stay stable in their ECE placement.

Due to the pandemic, there were zero children seen for individual assessments.

Health Services

First 5 support increased access to dental health preventative treatment and strengthened community capacity for an effective comprehensive prevention approach.

- *This year, zero children were seen due to COVID-19 safety protocols.*
- *In 2019/20 First 5 funds supported oral screening and fluoride varnish for at least 35% of the county's 3-4-year-old pre-K children.*
- *Data from Smile Keepers over 15 years suggests that the comprehensive prevention approach has sustained a reduction in the incidence of active caries (cavities) in the pre-K population.*



Children had greater access to developmental screening and parents engaged with these assessments. Children who were identified with disabilities and special needs received further referrals or services.

Across all programs, 12 children received an ASQ or ASQ-SE. This is significantly less than previous years due to staff not being allowed to see clients in person.

Children at risk were referred to services including, but not limited to, Child Find, Behavioral Health, medical services, and special educational resources.

Challenges

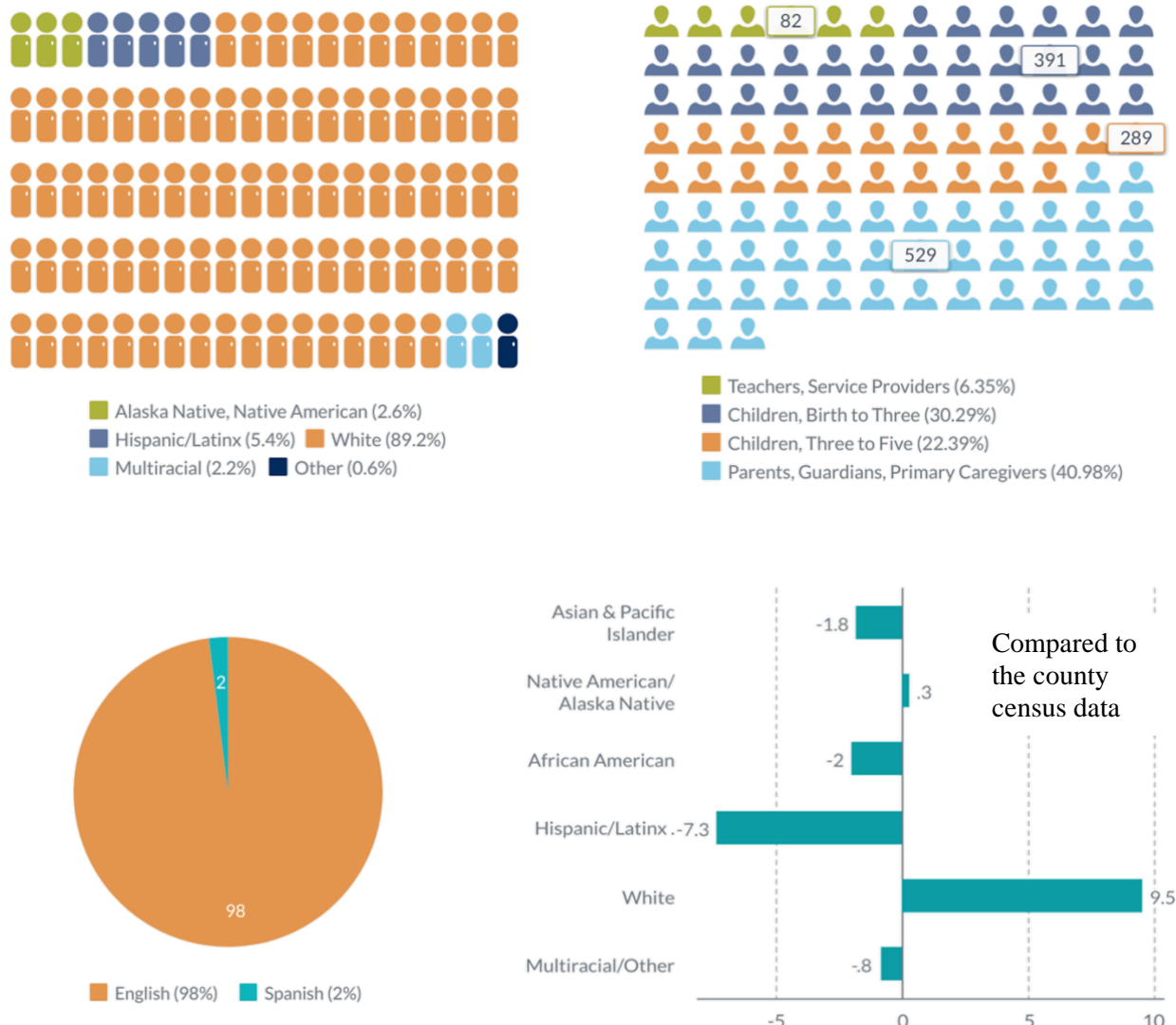
- COVID-19 pandemic.
- Staff were unable to see clients in person.
- The Smile Keepers program was not allowed to see children in person for the full 2020/2021 fiscal year.
- Technology was a strong barrier for many families to access the available virtual services.

Conclusion:

- Although the pandemic had most programs unable to see parents and children in person, most shifted to online meetings and virtual trainings. Staff adapted and met families where and when they could.
- The programs used strategies consistent with the required best practice service frameworks.
- The programs continue to refer families to each other, and to strive to coordinate services to maximize family outcomes.
- First 5 funding continues to be a critical factor for the continuation of these services in the community. All programs operate with some degree of leveraged funding, but First 5 funding remains a required component for continued operations.

Appendix #1: Service Data Overview for FY 20/21

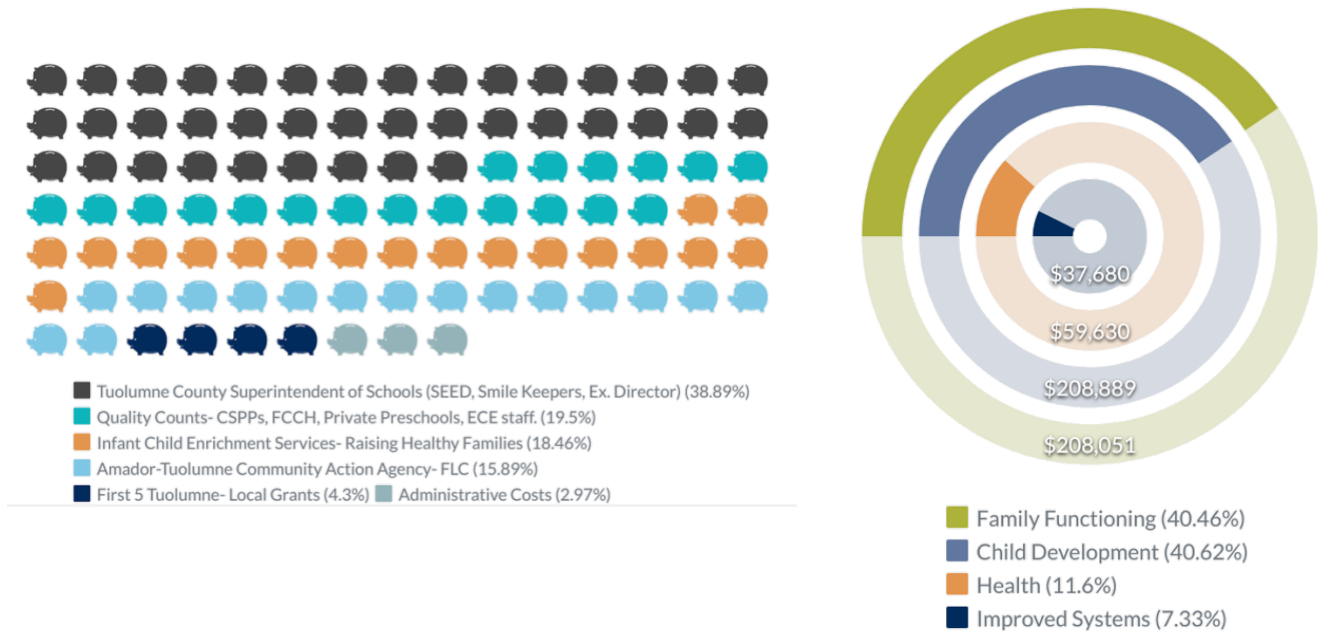
Much of the service data following is provided in the Annual Report to First 5 CA.
(Numbers are unduplicated to the extent possible within programs, not between programs.)



Less Hispanic (7%), African American(2%), and Asian (2%) children and families were served than would be predicted by their representation in the general county population. Alaskan, and Native American, families were seen at rates consistent with their representation in the county. White families were seen at a higher rate than would be predicted by the general population.

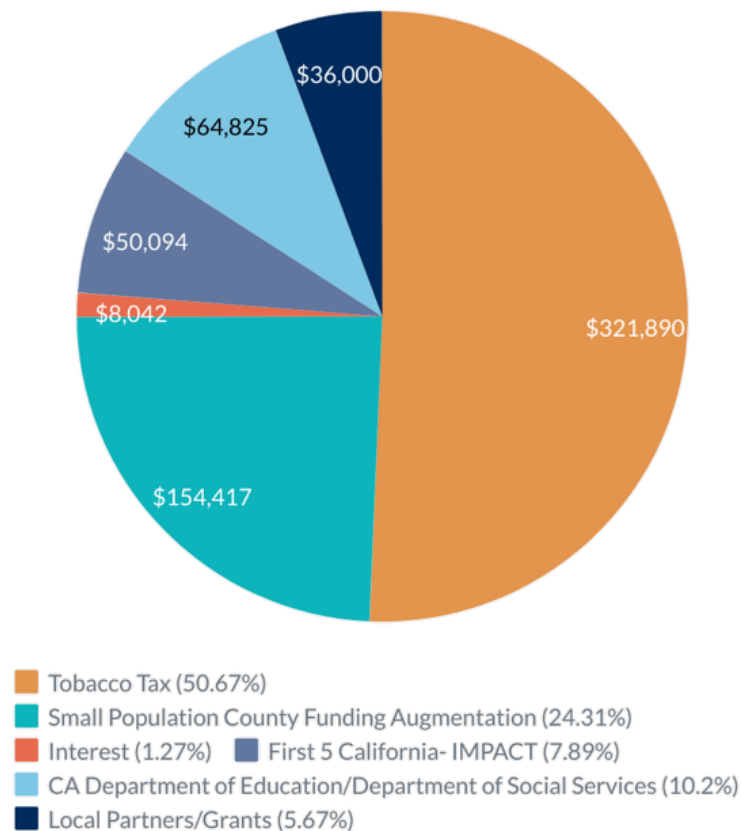
Where Did We Invest

First 5 provided funding for services through public, non-profit and private entities, with most funds going to community-based agencies.



Financial Overview for FY 2020/2021

First 5 receives funding from the sources cited below.



Appendix 2: Logic Models & Evaluation Detail for FY 2020/2021

All First 5 investments are considered as contributions toward outcomes rather than singular attributions. No research studies are being conducted.

ATCAA Family Learning Center

Objective: Strengthen Families and Protect Children

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
<p>First 5 Funding to Support Staffing and Operations</p> <p>Multiple community resources on and off site.</p> <p>Even Start Family Literacy model.</p> <p>Strengthening Families 5 Protective Factors Framework.</p>	<p>At Bluebell Center:</p> <ul style="list-style-type: none"> • GED preparation classes • Adult Basic Education • English Language Instruction • Life Skills • Job Skills • Parenting Classes • Case Management • Information and Referral • Health Education • Access to medical, dental and behavioral health services • Transportation 	<p>Pregnant women or parents with young children who wish to work toward goals in education, employment, family literacy and parenting.</p> <p>Primary target is parents who wish to earn a high school diploma or learn to speak/write English.</p> <p>Welfare-to-Work funds support a broader target audience.</p>	<p>Parents and children will show gains in the Strengthening Families 5 protective factors.</p> <ol style="list-style-type: none"> 1. Parental Resilience 2. Social Connections 3. Concrete Supports in Time of Need. 4. Knowledge of Parenting and Child Development. 5. Social and Emotional Competence in Children 	<p>Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction.</p> <p>Primary Caregivers will have the supports and resources they need to be their child's first and best teacher.</p> <p>Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.</p>

Assumptions

Leveraging funding sources and community resources maximizes quality services to families.

External Factors

Children and families have many stressful factors that impact their daily lives, including poverty, unemployment, trauma, and other factors that can impact learning.

ATCAA Family Learning Center Evaluation Details FY 2020/2021

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
<p>46 caregivers were served, with 39 children age birth-five.</p> <p>Data was collected on types of services received.</p>	<p>Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction. Progress will be measured by:</p> <ol style="list-style-type: none"> 1. Improvements in financial stability / parent resilience 2. Expansion of supportive social connections 3. Linkages to community supports and resources 	<ul style="list-style-type: none"> • Number of parents that met or made significant progress on their educational and/or employment goals. • Number of parents that attended support groups. • Tracking of utilization of community services. 	<p>Progress on Goals: 14% of parents who stayed enrolled met or made significant progress on one or more of their annual goals.</p> <p><u>Available Services:</u> Due to restrictions and the center being closed most of the year, staff provided services to families at various locations. The most common services offered were: Delivery of diapers, wipes, cleaning supplies and life vests for children.</p> <p><u>Drop In Services</u> 12 parents attended in-person meetings with staff.</p>
	<p>Primary Caregivers will have the supports and resources they need to be their child's first and best teacher. Progress will be measured by:</p> <ol style="list-style-type: none"> 1. Knowledge of early brain development & early literacy 2. Engagement in ASQ screening. 	<ul style="list-style-type: none"> • Number of caregivers that participate in parent-child activities. • Number of caregivers that report learning new information and applying it. • Number of children receiving ASQ, ASQ-SE. • Number of parents engaged in a discussion of developmental milestones. 	<ul style="list-style-type: none"> • none of the children served received an ASQ or high quality developmental screening if they were old enough. • 4 children who participate in our programs received a developmental screening at another program.
	<p>Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn. Progress will be measured by:</p> <ol style="list-style-type: none"> 1. Children are enrolled in a high quality early learning program. 	<ul style="list-style-type: none"> • Number of children from participating families enrolled in Early Head Start, Head Start, or another licensed, quality ECE setting. 	<p>53% (61/115) of the children were enrolled in EHS, HS/SPS or other licensed care. Many children were not enrolled in preschool because a parent was home with older siblings due to COVID school closures.</p>

ICES Raising Healthy Families

Objective: Strengthen Families and Protect Children.

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
<p>First 5 funding supports staffing and operations.</p> <p>Other funding supports staffing and operations for services for families with children 6 and older. (County and State funds).</p> <p>Strengthening Families 5 Protective Factors & Nurturing Parenting curriculum are primary service frameworks.</p> <p>Referrals, collaboration, cross-training and co-located services with other family support programs in the county.</p>	<p>Provide in-home parenting support to pregnant women and families with children birth to age five.</p> <p>Provide a menu of classes and workshops throughout the year at a variety of locations and times.</p>	<p><u>Home visiting</u>: Parents of children birth to 5; primarily those at high risk or with a higher level of parenting challenges.</p> <p><u>Parenting classes</u>: Parents of children birth to five, general audience.</p> <p>One set of classes offered regularly at the ATCAA Family Learning Center at Bluebell.</p>	<p>Parents and children will show gains in the Strengthening Families 5 protective factors.</p> <ol style="list-style-type: none"> 1. Parental Resilience 2. Social Connections 3. Concrete Supports in Time of Need. 4. Knowledge of Parenting and Child Development. 5. Social and Emotional Competence in Children 	<p>Primary Caregivers will have the supports and resources they need to be their child's first and best teacher.</p> <p>Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction.</p>

Assumptions

Home Visits: Trauma and resultant behavioral patterns are multi-generational. It must be recognized that behavior change takes time, is difficult, and incremental.

Parenting Classes: Parents will attend classes if they are high quality, relevant, geographically accessible, useful, and in their first language. Some parents will attend classes due to a court order, but will become engaged if the classes are relevant and useful and the facilitator is respectful.

External Factors

Home Visits: Parents have many stressful factors that impact their daily lives, including poverty, unemployment, trauma, and other factors that can impact learning and behavior change.

Parenting Classes: Life is busy for parents and exhausting days can get in the way of good intentions of attending an evening class.

ICES Home Visits and Parenting Class Evaluation Details FY 2020/2021

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
<p>20 caregivers and 27 children birth to five participated in home visiting. 3 women were pregnant. 12 children have been involved in foster care and 6 children are currently in foster care.</p> <p>61 parents participated in parenting classes; Most were referred from the courts, CWS, ATCAA or other providers. Of the 61, 6 were self referred.</p>	<p>Primary Caregivers will have the supports and resources they need to be their child's first and best teacher. Progress will be measured by:</p> <ol style="list-style-type: none"> 1. Education and skill building on positive parenting techniques 2. Engagement in ASQ screening. 3. Knowledge of early brain development & early literacy 	<ul style="list-style-type: none"> • Observed improvements in parenting behaviors and child engagement. • Number of children receiving ASQ, ASQ-SE. • Number of parents engaged in a discussion of developmental milestones. • Have you observed parents helping their child to identify feelings? 	<ul style="list-style-type: none"> • 89% parents receiving home visits started never or sometimes being able to help their child identify their feelings. • 12 children (44%) received a developmental screening; 5 were screened with ASQ – SE. 15 parents engaged in a discussion of developmental milestones, and 6 were observed engaging their child in an early learning activity.
	<p>Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction. Progress will be measured by:</p> <ol style="list-style-type: none"> 1. Expansion of Supportive Social Connections 2. Support Services offered as early as possible following a child abuse report. 	<ul style="list-style-type: none"> • Number of parents that participate in social networking or expand their supportive social connections. • Services offered and services engaged in following a child abuse report. 	<ul style="list-style-type: none"> • 40% of parents participated in positive social engagements; • Families received community services as a result of referrals. <ul style="list-style-type: none"> 30% - Medical/Dental/Behavioral Health 15% - Food/Nutrition 15% - Housing/Utilities 10% - Education/Employment 5% - Legal or Domestic Violence assistance 5% - Other basic needs <p>44% of the children with parents receiving home visits, were served, at one time, by a CWS case manager. 22% of the children were currently in foster care.</p> <p>Additional collaborative case management occurred with housing services, behavioral health, domestic violence advocates, Head Start family advocates, public health and the SEED program.</p>

Supporting Early Education and Development (SEED) (Tuolumne County Superintendent of Schools)

Objective: Support social-emotional development in young children.

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
<p>First 5 funding to support staff and operations costs.</p> <p>Mental Health Services Act funding of \$20,000.</p> <p>Coordination and collaboration with Early Care and Education Providers.</p>	<p>55 early educators participated in coaching with a focus on strategies from the Center for Social Emotional Foundations for early learning (CSEFEL) Pyramid Model.</p> <p>Individual child consultation for children with significant social – emotional delays</p> <p>Consultation, classes and education provided in the community.</p> <p>Educators will learn to use the Ages and Stages Questionnaire (ASQ) as a developmental screening tool.</p>	<p>Licensed early care classrooms and sites who wish to participate.</p> <p>Families who agree to child-specific services.</p> <p>ECE teachers, students, and community partners.</p>	<p>Elements of the CSEFEL Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children will be imbedded:</p> <ul style="list-style-type: none"> • Nurturing and Responsive Teacher-Child Relationships • Targeted Supports to Children • Intensive intervention for children, where needed <p>CSEFEL strategies are used on a consistent basis.</p> <p>Early care providers effectively communicate with parents about strategies to support children's behavior.</p> <p>Children will stay stable in their ECE placement.</p>	<p>Early Childhood Educators will have the supports and resources they need to optimally engage children in quality early childhood learning, including children with difficult and challenging behaviors.</p> <p>Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.</p> <p>Primary caregivers will have the supports and resources they need to be their child's first and best teacher.</p>

Assumptions

Research shows that children must feel safe and secure in order to be able to learn. Social-emotional skills are foundational. Teachers who learn new skills to support the social-emotional needs of children will be better able to support success in other learning domains.

External Factors

Teachers have busy days and do not have a lot of free time to train on new topics. On-site and virtual mentoring can be effective only if the teacher feels that the input is helpful and non-judgmental.

SEED Program Evaluation Details FY 20/21

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
<p>55 teachers were served with on-site coaching in 10 sites.</p> <p>0 children were served with individual consultations.</p>	<p>Early Childhood Educators will have the supports and resources they need to optimally engage children in quality early childhood learning, including children with difficult and challenging behaviors</p> <ul style="list-style-type: none"> Teachers receive training and coaching on promoting early social-emotional competencies. Teachers learn to recognize social-emotional delays and learn how to discuss shared approaches with parents. <p>Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.</p> <ul style="list-style-type: none"> Children with significant social emotional developmental concerns receive behavioral health services. <p>Primary caregivers will have the supports and resources they need to be their child's first and best teacher.</p> <ul style="list-style-type: none"> Caregivers engage with children's therapists, do supportive activities at home. 	<p>Year-end questionnaire completed by teachers:</p> <ol style="list-style-type: none"> Identification of 3 new strategies implemented; Narrative example of classroom improvement; and Skills learned regarding communication with parents. <p>The consultant records observations of teachers using CSEFEL strategies at year end to capture consistent implementation.</p> <p>Reporting on frequency of facilitated connections with ECE professionals and parents or caregivers.</p> <p>Children's social emotional skills are assessed by their classroom teacher using a pre- and post-social skills checklist. Information is collected on additional assessments and referrals.</p> <p>Enrollment stability status is reported at year end.</p> <p>Reports on parent/caregiver engagement, and whether they are trying strategies at home.</p>	<p>All of the lead teachers reported that they had learned and successfully implemented at least 3 new strategies. Six strategies were identified, the two identified by nearly all the teachers were: (1) Positive, Description Acknowledgement; and (2) visual schedules. 88% of those who responded to the final survey stated that they intended to continue using the CSEFEL practices.</p> <p>Teachers that participate are reporting that they benefit from the customized coaching cycles. The online format allows the coach to communicate with the teachers and not distract them from their time with their students. Coaches in our region are now sharing coaching cycles on a special web site which will save time and increase resources.</p> <p>0 Individual children were observed.</p> <p>As teachers feel more confident in addressing challenging behaviors, the individual consultations will likely continue to be low, which is a great sign the program is working.</p>

Smile Keepers (Tuolumne County Superintendent of Schools) and Dental Help Fund

Objective: Provide oral health preventative care to children to reduce caries.

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
<p>First 5 funding to support Registered Dental Hygienist and Registered Dental Assistant to provide prevention services and for limited treatment services.</p> <p>Early care and education sites provide access to children and families.</p> <p>Local dentists provide reduced rate or negotiate payment plans for crisis care for children.</p> <p>Local partners provide access for parent education.</p> <p>Sites pay a small fee per child to help subsidize costs.</p> <p>Other funding supports screening, fluoride and parent education at kindergarten registrations and in kindergarten classes.</p>	<p>Oral screening and fluoride varnish for children at local early care and education sites.</p> <p>Parent education on promoting good oral health in children, with follow-up reminder system for newborns.</p> <p>Ongoing coordination with local dentists for treatment.</p>	<p>14 early care and education sites in Tuolumne County.</p> <p>Parents at childbirth classes and kindergarten registration.</p>	<p>Children receiving preventative oral health care have fewer caries.</p> <p>Children with critical oral health needs receive treatment.</p> <p>Children with critical treatment needs whose parents have financial barriers to treatment receive crisis care.</p>	<p>Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.</p>

Assumptions

Research shows that early oral screening and fluoride varnish reduce the incidence of caries. Early childhood experiences with preventative dental care in a fun, safe atmosphere reduces dental care anxiety. Treatment for early caries has a positive impact on the health of permanent teeth.

External Factors

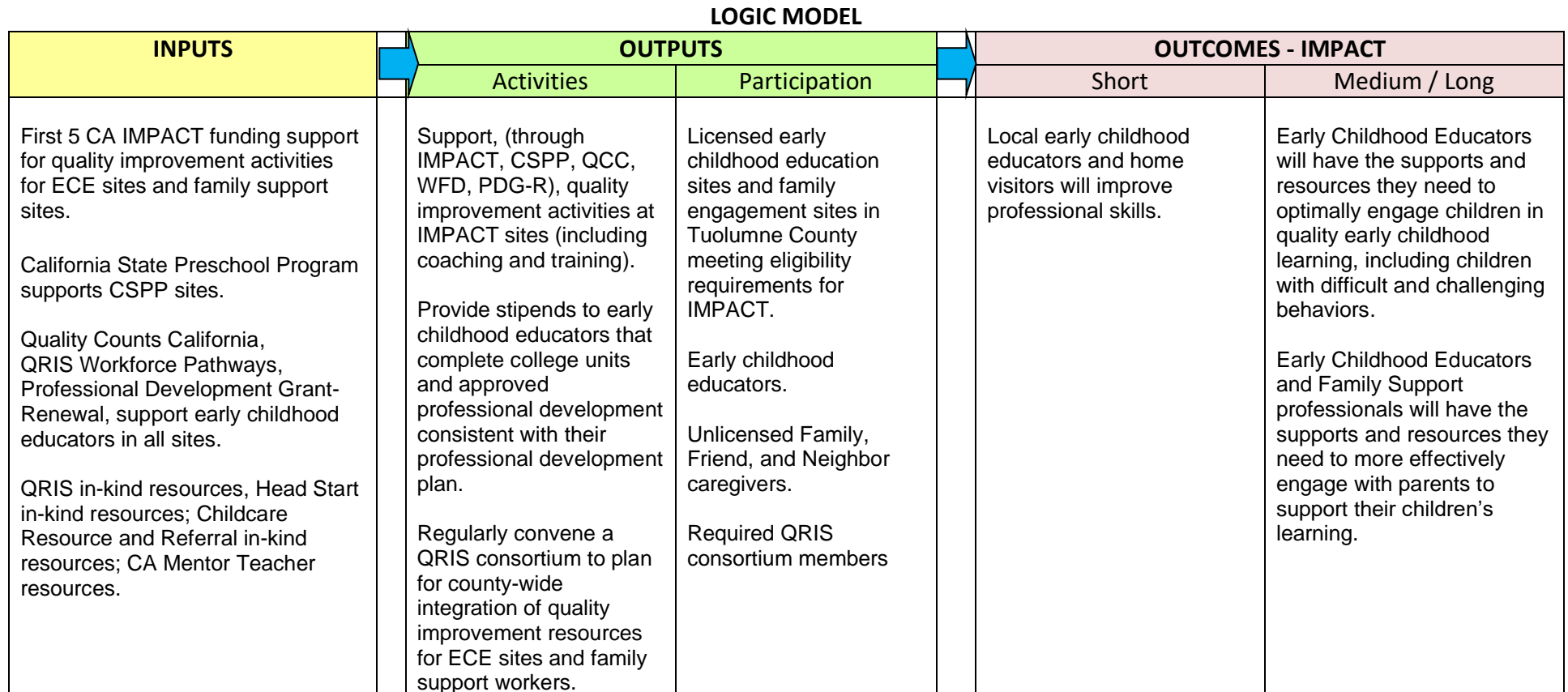
Without ongoing support from parents to promote good hygiene, fluoride varnish alone is not enough to prevent caries from developing. MediCal dental services are limited in Tuolumne County. There are children who do not receive oral health screening until they arrive at kindergarten. Some parents have significant dental disease and do not want to pursue the Medi-Cal option of extraction.

Smile Keepers Program Evaluation Details FY 20/21

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
<p>Zero unduplicated children seen in preschool settings and zero kindergarteners were seen.</p> <p>386 primary caregivers provided with education.</p> <p>Typically, information is collected on type of service provided, the current dental status and history, insurance, etc.</p>	<p>Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.</p> <ul style="list-style-type: none"> Children receive oral health screenings and fluoride treatments as early as possible, practice good hygiene, and get treatment as needed. Caregivers learn about and have access to preventative oral care and dental treatment for children 0-5. 	<p><u>For children:</u></p> <ul style="list-style-type: none"> Comprehensive data, reported quarterly, on oral health education, screenings and fluoride treatments. Annual description of service elements that provide children with a positive early dental care experience and help children learn and practice prevention techniques. Ongoing communication regarding Dental Help Fund referrals, facilitation, and child treatment. <p><u>For adults:</u></p> <ul style="list-style-type: none"> Quarterly report on the number of parents who participate in oral health prevention education. Parents report new information and skills that they learned as a result of participation. Annual description of service elements that assist parents in accessing dental care for their children when tooth decay is present. 	<p>Typically, children at 14 preschool or early care sites would learn about tooth brushing and other preventative topics. Many schools keep toothbrushes on site and do follow-up work with the children after a Smile Keepers visit. Due to COVID-19 restrictions, the Smile Keepers program was not allowed to be on campuses with children.</p> <p>19 years of data demonstrates that Smile Keepers services have reduced the incidence of caries at the first dental screening by half, and sustained that level. The ongoing 5-10% increase in caries frequency seen at Kindergarten screenings can be primarily attributed to children who had not received Smile Keepers services the prior year.</p> <p>Parents are notified when children are identified with moderate or urgent dental needs, and are provided with resources to access care. The Dental Help fund served two children with crisis dental care, with assistance by the Smile Keepers Coordinator. Each year we have 1-2 cases to pay for, but with Denti-Cal, more families have dental insurance to pay for needed services.</p> <p>50 parents received presentations during online childbirth education classes and 336 received brief instruction at kindergarten registrations.</p>

Early Childhood Education Quality Support Programs: (IMPACT and Quality Counts)

Objective: Strengthen and enhance resources for early childhood educators to promote quality education.



Assumptions

Teachers and family support workers benefit from quality training which, in turn, improves classroom environments and interactions with families.

External Factors

Licensed early childhood educators face challenges of finding the time and energy to participate in and complete professional development events and classes. Translating training into effective change in classrooms and with families takes extra time, effort, and dedication.

Early Childhood Education Support Evaluation Details FY 20-21

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
<p>Data is collected on enrollment, ratings and progress on site Quality Improvement Plans. Reports are completed for First 5 CA as per requirements.</p>	<ul style="list-style-type: none"> • By 2021, the majority of licensed sites in Tuolumne County will be engaged with QRIS at some level. • By 2021, the majority of Head Start, Early Head Start and CSPP sites will achieve a QRIS rating of Tier 4 or above. • By 2021, the majority of educators in private child care homes or centers who have participated in quality improvement efforts under the QRIS umbrella for at least two years will report sustained practice of at least 2 quality areas improvements. • The QRIS consortium will continue ongoing efforts to access new resources. 	<p>IMPACT enrollment.</p> <p>QRIS ratings.</p> <p>Participant surveys.</p> <p>Tracking of new QRIS resources.</p>	<ul style="list-style-type: none"> • This year, the desired outcome was met. At the end of 20/21, the percentage of licensed/exempt sites serving 0-5 that were engaged with QRIS was at 52%, a majority. • Every Head Start, Early Head Start, and CSPP site participated in QCC. 7 at Step 4 and 1 at Step 3. • At the end of 20/21, providers had not been surveyed. We will collect this data in 21/22. • First 5 Tuolumne has received IMPACT, QCC, PDG-R and Workforce Pathways grants. The Tuolumne County Superintendent of Schools have received CA California State Preschool Program (CSPP) Block Grant.