



2019-2020

ANNUAL REPORT



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For two decades, First 5 Tuolumne County

has partnered with community agencies to support efforts in providing quality services for families with children ages prenatal through five. We have also worked to increase early childhood funding and inspire policies and practices that help meet the needs of young children and their families.

Our 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



Our 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 childcare 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.

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Results – First 5 Tuolumne Highlights for FY 19/20

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 Center, 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. Appropriate and timely medical screenings, immunizations and medical treatment.
3. Oral health education, screening and fluoride treatments and access to treatment.
4. Behavioral health referrals addressing significant social emotional developmental concerns.

Funded programs: ATCAA Family Learning Center, ICES Raising Healthy Families, TCSOS Supporting Early Education and Development, 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 IMPACT/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 sites.

Funded programs: TCSOS Supporting Early Education and Development, IMPACT, 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

19% 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 goal was linked to parenting education..

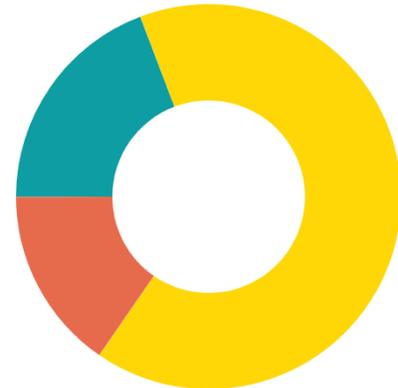


Family Functioning

261

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

Parents Made Progress on Personal Goals through Home Visiting



■ Met/Significant Progress (19.23%)
■ Gained Information (65.38%)
■ Incomplete/No Progress (15.38%)

Social Connections

- 51% of parents participated in Bilingual Story Time which is a partnership between the Family Learning Center and the County Library.
- 22% 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:

- 5% received food/nutrition services
- 5% received assistance in finding housing
- 5% Medical/Dental/Behavioral Health

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. After 6 months or more, the frequency of positive parenting behaviors rose to a higher level of observed frequency.

Parents completing parenting classes improved their skills and knowledge.

(ICES Raising Healthy Families program, Parenting Class evaluations)

144 parents participated in parenting classes
36 Parents came on their own
60 Parents were referred by the Court system
46 Parents were referred by Child Welfare
3 were teen parents
10 were grandparents
9 were foster parents

Social and Emotional Competence in Children & Pyramid Model

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

Beth's Coaching through Coaching Companion and classroom visits served to inform and come alongside me as a teacher as I learned more about the serving the emotional needs of my students. Through Beth's encouragement and resources, such as solution cards and bracelets, my class was able to understand the ins and outs of problem solving and finding solutions. I was able to support them emotionally, give them more responsibility and the tools to do so. Beth was always available to answer questions and support wherever needed, and my students LOVED her classroom visits. Through Coaching Companion, she added thoughtful videos and discussions that related to my work in order to get me thinking and aid in my education of emotional literacy in myself and my students.

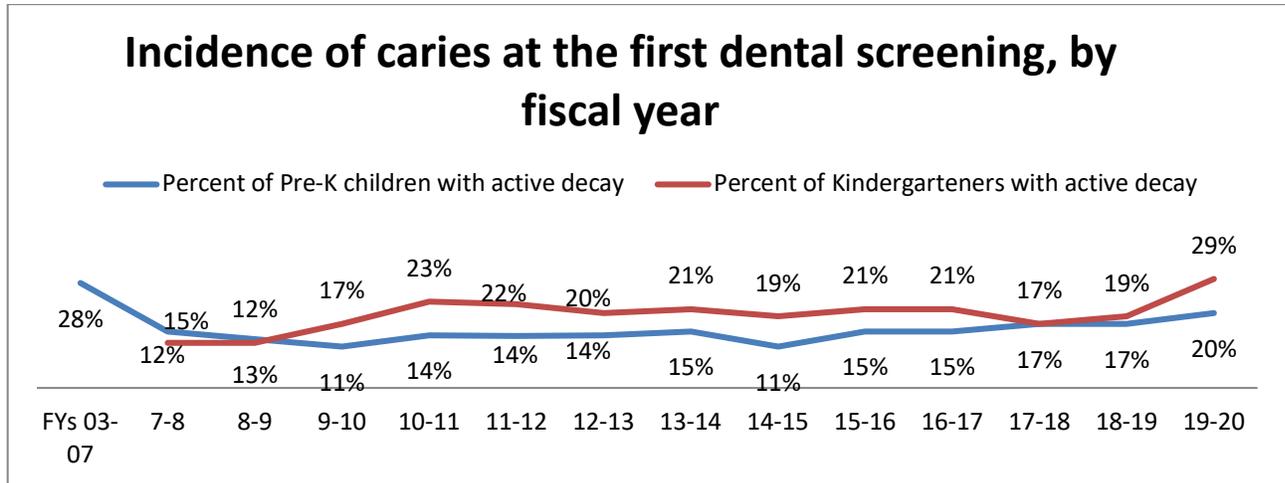
All around, Beth helped us to create a more inviting, peaceful and emotionally secure classroom.

Health Services

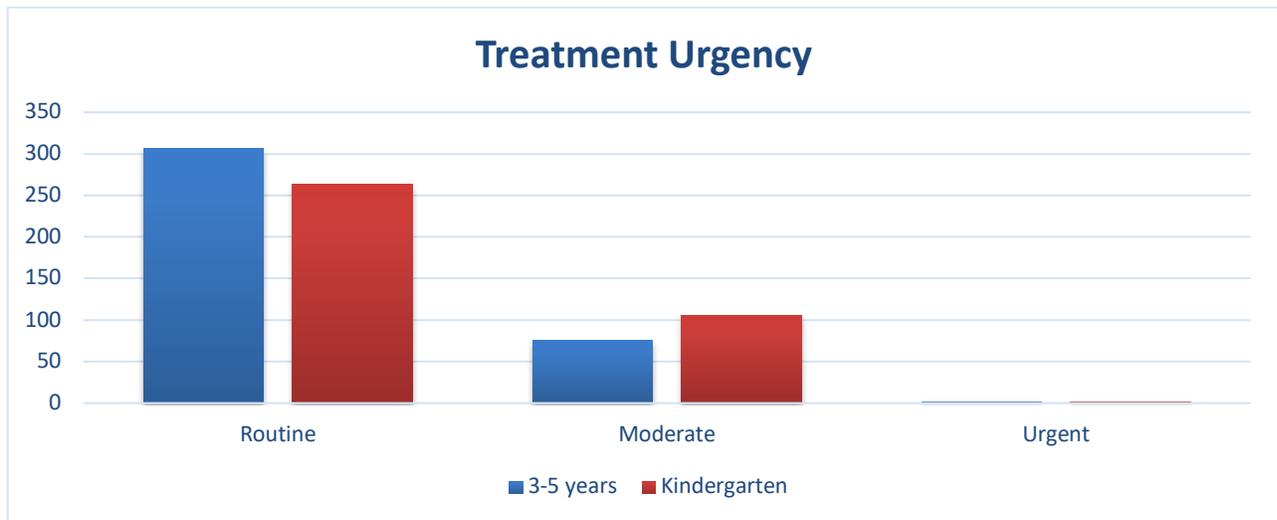
First 5 support increased access to dental health preventative treatment and strengthened community capacity for an effective comprehensive prevention approach.

- *First 5 funds supported oral screening and fluoride varnish for at least 16% of the county's 0-5-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.



The Smile Keepers program was unable to do the second screening, which is what provides data on improvements. This chart shows the status of oral health on a child’s first dental screening. On a typical year, most children who receive two visits/year sustain good oral health or improved their oral health status. We typically see an additional 200 children from pre-k and another 100 from Kindergarten. The reduced number of children who were able to be seen has skewed the data negatively.



Comprehensive Health and Development



Oral Health

517

children had dental screenings and most included fluoride varnish treatment

Developmental Screenings

0

Due to COVID-19 closures, we were unable to provide the Ages and Stages Questionnaire at Kinder registrations

37

Number of parents who participated in the Ages and Stages Questionnaire during a home visit.

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, 37 children received an ASQ or ASQ-SE. This is significantly less than last year. In 2019, many schools within Tuolumne County allowed First 5 staff to offer the ASQ-SE at kindergarten registration but all kindergarten registrations were cancelled in 2020 so we were unable to facilitate the screening.

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

Challenges

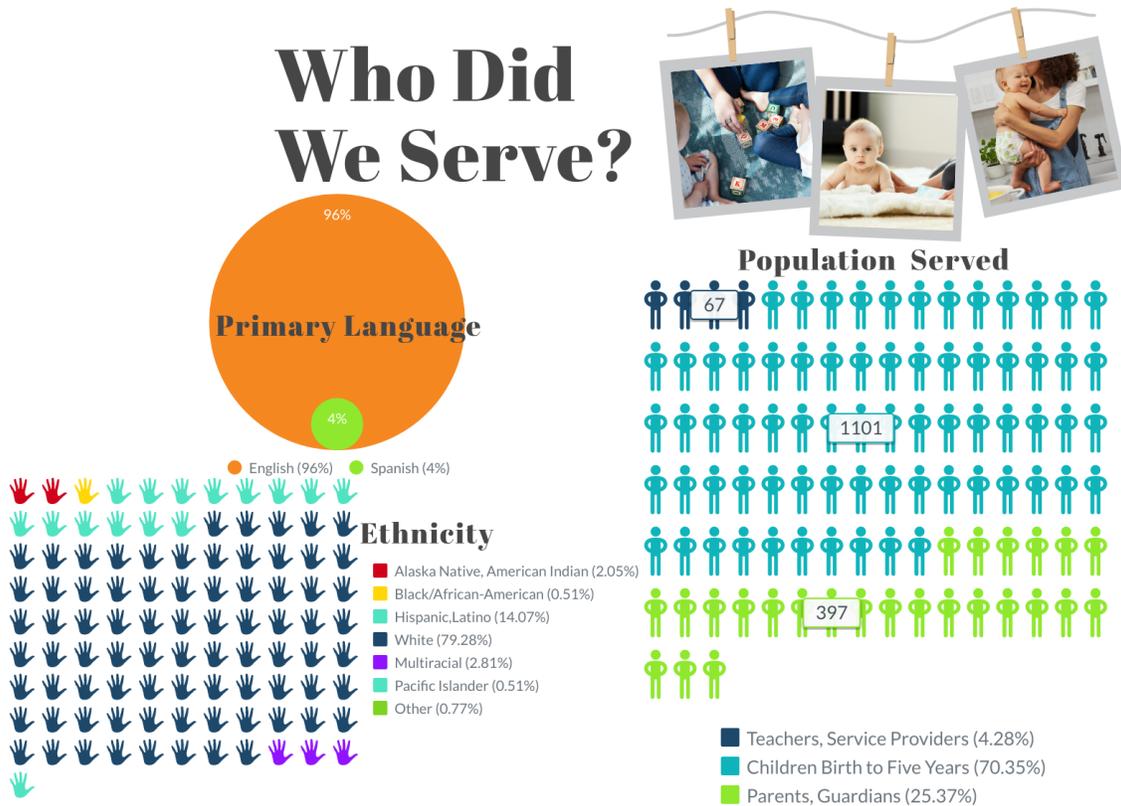
- The greatest challenge of the year was the government shutdown caused by the COVID-19 pandemic. With all in-person work ending in March 2020, nearly all contracts were unable to meet their goals and objectives. Families could not return to the Resource Center, could not participate in traditional home visiting, and children could not get dental screenings. This significantly impacted the data reported, but does not represent a typical year of service.

Conclusion:

- Even with ongoing challenges, First 5 funded programs in FY 19/20 were able to measure progress toward the Commission’s desired outcomes even with significantly decreased service capacity. Children ages birth to five and their caregivers clearly benefitted from these funded programs while they were open.
- 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.

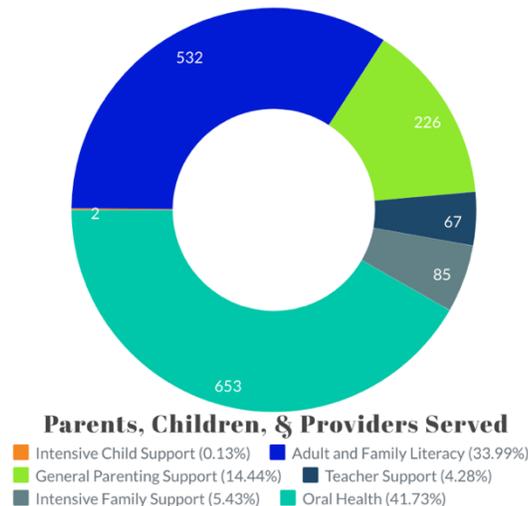
Appendix #1: Service Data Overview for FY 19/20

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.)



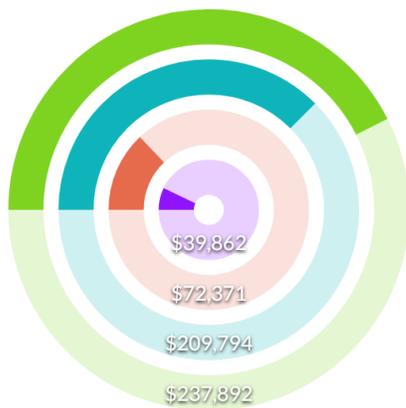
More Hispanic (14%) and multiracial (3%) children and families were served than would be predicted by their representation in the general county population. American Indian families were seen at rates consistent with their representation in the county. African American and Asian families were underserved in relation to the general population.

Who Did We Serve?



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

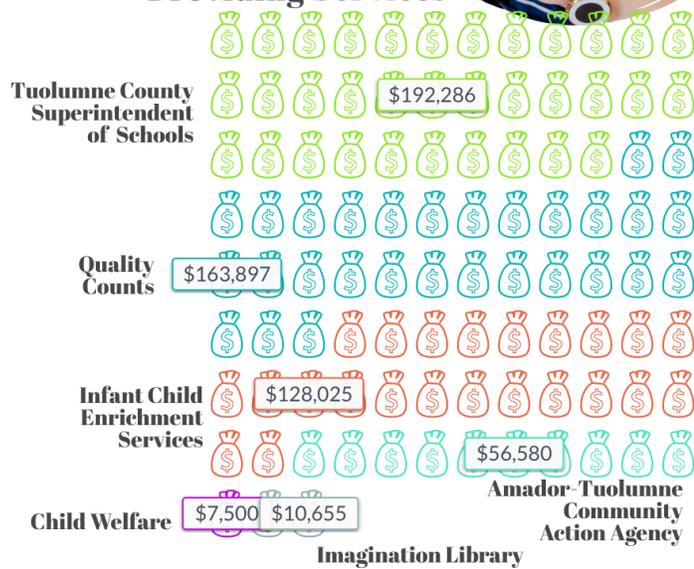
Where did we invest?



Funds Expended by Result Area

- Child Development (42.49%)
- Family Functioning (37.47%)
- Health (12.93%)
- Improved Systems of Care (7.12%)

Organizations Providing Services



Many of the programs funded by First 5 provided services to children with special needs, either to children who have been formally identified or diagnosed (with a Special Education Individual Education Plan or a Mental Health diagnosis) or to children who needed extra services who had not been formally identified or diagnosed. Some of the First 5 services to these children often lead to identification or diagnoses.

Financial Overview for FY 19/20

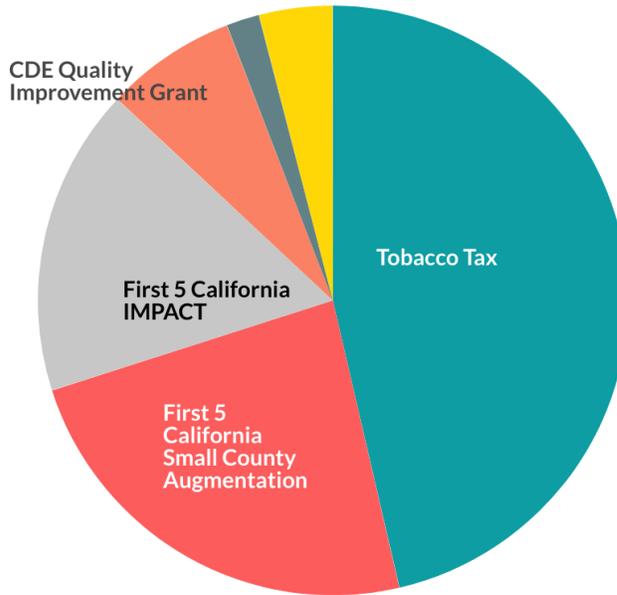
Funding Sources



Outside Funding

13%

Funding that is not tied to Proposition 10 Tobacco Tax



- Tobacco Tax (46.4%)
- Small County Augmentation (23.68%)
- First 5 California- IMPACT (16.88%)
- CA Dept. of Education (7.19%)
- Interest (1.81%)
- Local partners (4.04%)

Appendix 2: Logic Models & Evaluation Detail for FY 19/20

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>Welfare to Work funds.</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 19/20

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
<p>82 caregivers were served, with 93 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><u>Progress on Goals:</u> 88% of parents who stayed enrolled met or made significant progress on one or more of their annual goals.</p> <p>3 parents earned their GED</p> <p><u>Community Services:</u> Families received community services as a result of referrals. 18% - Education/Employment</p> <p><u>Drop-In Classes</u> 2 parents participated in Financial Literacy 8 parents participated in a DSS Workshop 2 Parents Participated in 20 Ways to Shine</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"> • 20% of the children received an ASQ or high-quality developmental screening if they were old enough, either at the center or at another program. • 19 children who participate in our programs received a developmental screening at another program. • 7% of families participated in Parent Education Classes • 5% participated in Family Camp • 51% of parents participated in Bilingual Story Time
	<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>81% (18/22) of the children were enrolled in EHS, HS/SPS or other licensed care. Of the 4 children not in care, 2 were not in a program and 2 are on a waiting list to get into a program. 2 of the children attending were in kindergarten.</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 19/20

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
<p>35 caregivers and 50 children birth to five participated in home visiting. 6 women were pregnant. 13 children had special needs. 6 children are in foster care.</p> <p>146 parents participated in parenting classes; these parents had 171 children ages birth to five. Most were self-referred, although some were referred from the courts, CWS, ATCAA or other providers.</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 <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"> • 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? • 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"> • 33% of parents receiving home visits started out with a low frequency of positive parenting behaviors. • Most home visiting was delayed and complicated with COVID-19 restrictions. • 37 children (74%) received a developmental screening; 17 were screened with ASQ – SE. 27 parents engaged in a discussion of developmental milestones, and 23 were observed engaging their child in helping their child identify their feelings. • 40% of the children had been involved in foster care. • 12% of children are in foster care <p>68% of the families receiving home visits were served, at one time, by a CWS case manager. Additional collaborative case management occurred with housing services, behavioral health, and domestic violence advocates.</p>

Supporting Early Education and Development (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>8 teachers participated in “Coaching Companion” and had a combined total of 106 hours of coaching, with a focus on strategies from the Center for Social Emotional Foundations for early learning (CSEFEL).</p> <p>Individual child consultation for children with significant social – emotional delays</p> <p>Consultation, classes and education provided in the community.</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 mentoring can be effective only if the teacher feels that the input is helpful and non-judgmental. Even with on-site consultation, there are very limited opportunities for in-depth discussion.

SEED Program Evaluation Details FY 19/20

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
<p>19 teachers were served with on-site coaching in 7 classrooms.</p> <p>4 Family Child Care providers were served at their homes.</p> <p>1 child was served with an individual consultation.</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"> 1. Identification of 3 new strategies implemented; 2. Narrative example of classroom improvement; and 3. 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>All of the lead teachers reported that they had learned and successfully implemented at least 3 new strategies. Twelve strategies were identified, the two identified by all the teachers were: (1) Developing friendship skills; and (2) teaching problem solving skills. All 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</p> <p>The online format allows the coach to communicate with the teachers and not distract them from their time with their students</p> <p>Coaches in our region are now sharing coaching cycles on a special web site which will save time and increase resources</p> <p>1 Individual child was observed. 0 were referred to Special Education for further assessments. 0 were referred to Special Education psychologists. The 1 observed was doing very well and didn’t require any follow up.</p> <p>There has been a significant decrease in the number of teachers requesting individual assessments. After years of support, teachers are feeling capable of addressing the social-emotional development needs of their students on their own. This has made an impact on the entire preschool and early care system in our community.</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 19/20

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
<p>517 unduplicated preschool and kindergarteners were seen.</p> <p>136 primary caregivers provided with education.</p> <p>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>Children at 15 preschool or early care sites learned 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.</p> <p>The services are child-friendly and encourage “watchers” and “helpers” to reduce anxiety. The approach is “tell, show, do.”</p> <p>First 5 funds supported screening for 517 children and 889 fluoride varnish applications.</p> <p>18 years of data demonstrates that Smile Keepers services has 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 were notified when children were identified with moderate or urgent dental needs, and were provided with resources to access care. The Dental Help fund did not have to serve any children with crisis dental care, this year due to interventions 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>136 parents received presentations at childbirth education classes and due to COVID-19 zero received instruction at kindergarten registrations.</p> <p>To continue to offer education to families and children, the staff created a local television show that can be viewed here. Tooth Fairy Tidbits</p>

Early Childhood Education Quality Support Programs: (IMPACT, QRIS, QCC Tuolumne)

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

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
<p>First 5 CA IMPACT funding support for quality improvement activities for ECE sites and family support sites.</p> <p>QRIS in-kind resources, Head Start in-kind resources; Childcare Resource and Referral in-kind resources; AB212 funds; CA Mentor Teacher resources.</p>	<p>Support, (through IMPACT and leveraged AB212 funding), quality improvement activities at IMPACT sites (including coaching, training, and buy-out time).</p> <p>Provide stipends to early childhood educators that complete college units consistent with their professional development plan.</p> <p>Regularly convene a QRIS consortium to plan for county-wide integration of quality improvement resources for ECE sites and family support workers.</p>	<p>Licensed early childhood education sites and family engagement sites in Tuolumne County meeting eligibility requirements for IMPACT.</p> <p>Required QRIS consortium members</p>	<p>Local early childhood educators and home visitors will improve professional skills.</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>Early Childhood Educators and Family Support professionals will have the supports and resources they need to more effectively engage with parents to support their children’s learning.</p>

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 19/20

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 2020, the majority of licensed sites in Tuolumne County will be engaged with QRIS at some level. • By 2020, the majority of Head Start, Early Head Start and CSPP sites will achieve a QRIS rating of Tier 4 or above. • By 2020, 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, including State of CA QRIS Block Grants. 	<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"> • We had about 40% of all licensed Family Child Care providers participating in QCC. • 100% Head Start, Early Head Start, CSPP and CTTR site participated at Step 4. All of the 6 rated sites achieved a QRIS rating of Tier 4. • Due to the challenges of COVID-19 and many closures, the data on child care providers was not collected. We will collect this data in 2020/2021. • First 5 Tuolumne and the Tuolumne Co. Supt. of Schools have received CA QRIS Block Grant and QRIS Infant/Toddler funds.