




FIRST5
TUOLUMNE COUNTY

ANNUAL REPORT

2021-2022

www.First5Tuolumne.org



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 21-22

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. 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 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 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.

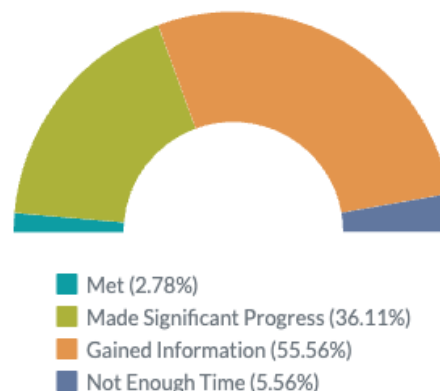
Parental Resilience

39% of parents participating in 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.



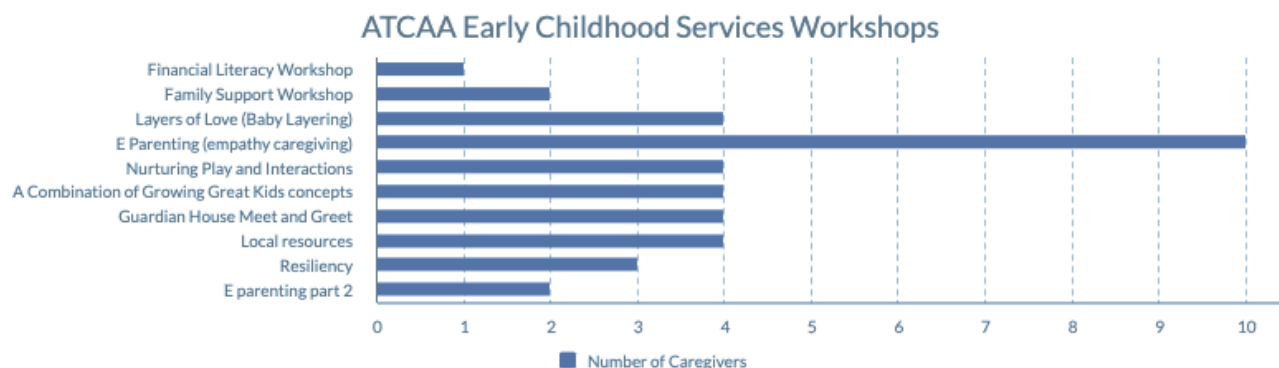
Family Functioning

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



Social Connections

- 38 parents at the Family Learning Center participated in Early Childhood workshops.

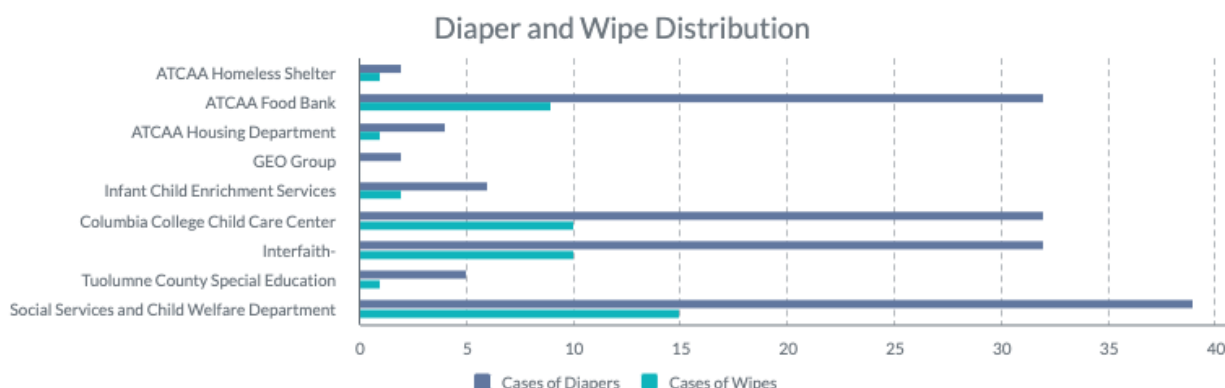


Concrete Supports in Time of Need

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

- 30% received food/nutrition services
- 13% received educational or job skill training services
- 26% received assistance in finding housing/utilities
- 9% special needs services
- 17% Medical/Dental/Behavioral Health
- 4% Early Childhood Education
- 9% received Legal/domestic violence assistance

Diapers and wipes were donated by First 5 California to assist families during the pandemic. The staff at the ATCAA Family Learning Center were instrumental in distributing these supplies to agencies who can get them to the families in need.



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).

43% of parents were never observed helping their child identify their feelings. This has shown the staff that there is a large need to help parents with empathy and understanding of developmental milestones. If parents have unrealistic expectations, they get frustrated easier.

Parents completing parenting classes improved their skills and knowledge.

(ICES Raising Healthy Families program, Parenting Class evaluations)

78 caregivers participated in parenting classes

23 Parents came on their own

27 Parents were referred by the Court system

29 Parents were referred by Child Welfare

The most highly attended classes were about:

- Effective discipline
- Trauma and resilience
- Stress and anger management

Social and Emotional Competence in Children & Pyramid Model

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

Teachers who received Teaching Pyramid module training or coaching report that they are implementing more Positive Descriptive Acknowledgments, using Reframing for behavior, and use visuals in their indirect and direct teaching.

Teachers received 197.5 hours of coaching supports including observations, Quality Improvement Plan meetings, and material preparation and delivery.

Parents received coaching services during the County Library Story Time.

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

0 children received individual consultations.

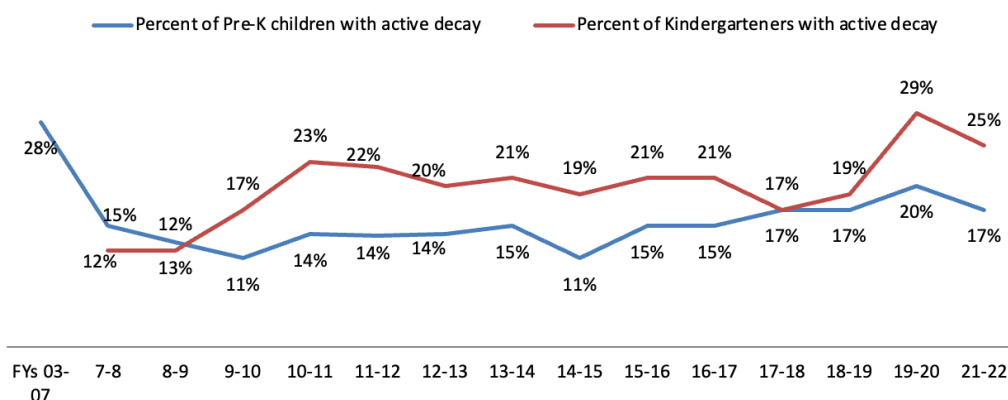
112 children were administered the Ages and Stages Questionnaire for Social-Emotional Development. Of those children, 4 were referred to Special Education for further assessments.

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 19% of the county's 3-5-year-old pre-K children. (1,332 estimated total number of children 3-5 in Tuolumne County)
- 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.

Incidence of caries at the first dental screening, by fiscal year



Most children who received two visits/year sustained good oral health or improved their oral health status.

This goal was not met this year because there was no time to do a second 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, 150 children received an ASQ or ASQ-SE. This is significantly more than previous years. Many schools within Tuolumne County allowed First 5 staff to offer the ASQ-SE at kindergarten registration.

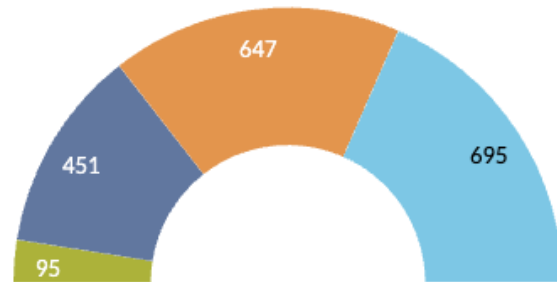
Children at risk were referred to services including, but not limited to, Child Find, Behavioral Health, medical services, and special educational resources.

Appendix #1: Service Data Overview for FY 21/22

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.)

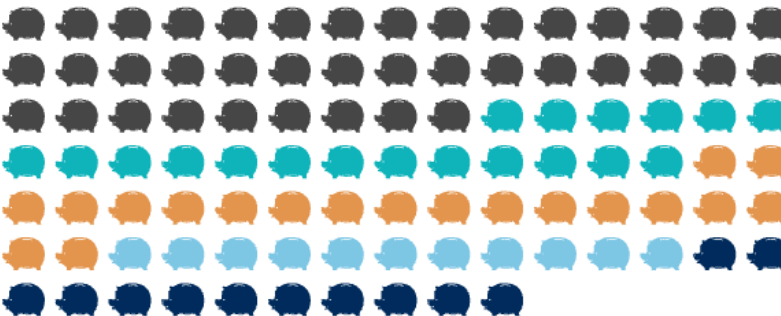


■ Alaska Native, Native American (1.6%)
■ Black/African-American (0.13%)
■ Hispanic/Latinx (8.98%) ■ White (88.76%)
■ Multiracial (0.27%) ■ Pacific Islander (0.27%)



■ Teachers, Service Providers (5.03%)
■ Children, Birth to Three (23.89%)
■ Children, Three to Five (34.27%)
■ Parents, Guardians, Primary Caregivers (36.81%)

First 5 provided funding for services through public, non-profit and private entities, with most funds supporting Quality Improvement through investments directly to our Early Childhood partners and providers.

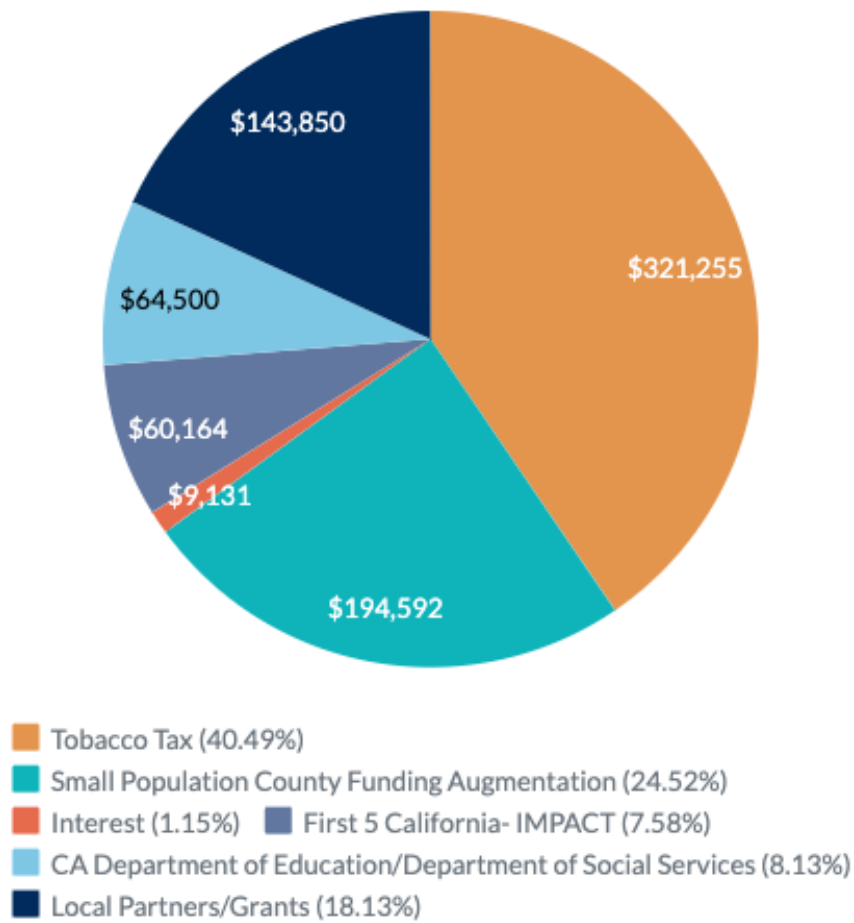


■ Tuolumne County Superintendent of Schools (SEED, Smile Keepers, Ex. Director) (39.29%)
■ Quality Counts- CSPPs, FCCH, Private Preschools, ECE staff. (19.07%)
■ Infant Child Enrichment Services- Raising Healthy Families (18.81%)
■ Amador-Tuolumne Community Action Agency- FLC (10.71%)
■ First 5 Tuolumne- Local Programs (Imagination Library and Help Me Grow) (12.12%)



■ Child Development (39.22%)
■ Family Functioning (26.98%)
■ Health (18.07%)
■ Improved Systems (15.73%)

Financial Overview for FY 21/22



Appendix 2: Logic Models & Evaluation Detail for FY 21/22

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 referrals • 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 21/22

| 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><u>Progress on Goals:</u> zero parents stayed enrolled at the family learning center.</p> <ul style="list-style-type: none"> • 38 Parents participated in Early Childhood workshops during the County Library Story Time. |
| | <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"> • Family Camp was cancelled due to lack of interest. • Zero children received ASQ screenings. |
| | <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>77% (10/13) of the children were enrolled in EHS, HS/SPS or other licensed care. 1 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 21/22

| Process Measures | Outcome Measures | Data Sources / Analysis Methods | Findings/Conclusions |
|--|---|--|---|
| <p>23 caregivers and 27 children birth to five participated in home visiting. 7 woman were pregnant. 2 children had special needs. 8 children are in foster care.</p> <p>79 parents participated in parenting classes; these parents had 89 children ages birth to five. Most referred from the courts or CWS, although nearly 1/3 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"> • Most parents receiving home visits started out with a low frequency of positive parenting behaviors. Only three families had more than one home visit. Of the three, two made significant progress on their behaviors. • 20 children (74%) received a developmental screening; 18 were screened with ASQ – SE. 23 parents engaged in a discussion of developmental milestones, and 23 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"> • 100% of parents participated in positive social engagements • Families received community services as a result of referrals. <ul style="list-style-type: none"> 17% - Medical/Dental/Behavioral Health 30% - Food/Nutrition 26% - Housing/Utilities 13% - Education/Employment 9% - Legal or Domestic Violence assistance 9% - Special Needs Services 4% - Early Childhood Education <p>65% of the families receiving home visits were served, at one time, by a CWS case manager. 52% were involved in differential drug dependency court. Additional collaborative case management occurred with housing services, behavioral health, and domestic violence advocates.</p> |

Supporting Early Education and Development (SEED) (Tuolumne Co. 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 teachers participated in Coaching and had a combined total of 197 hours of coaching supports 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 21/22

| Process Measures | Outcome Measures | Data Sources / Analysis Methods | Findings/Conclusions |
|--|--|---|---|
| <p>55 teachers were served with on-site coaching.</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. 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. 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>112 children were administered the Ages and Stages Questionnaire for Social-Emotional Development. Of those children, 4 were referred to Special Education for further assessments</p> <p>First 5's investments in other ECE system strengthening efforts strengthen the whole effort. Teachers feel supported in addressing the social-emotional development needs of their students as a foundation for early learning.</p> |

Smile Keepers (Tuolumne Co. 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 21/22

| Process Measures | Outcome Measures | Data Sources / Analysis Methods | Findings/Conclusions |
|--|---|---|--|
| <p>252 unduplicated children seen in preschool settings and 311 kindergarteners were seen.</p> <p>353 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>Children at 11 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. Due to COVID-19 restrictions, the Smile Keepers program did not have time to do a follow up visit.</p> <p>20 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 were notified when children were identified with moderate or urgent dental needs, and were provided with resources to access care. The Dental Help fund served zero children with crisis dental care this year. It is typically facilitated 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>16 parents received presentations during online childbirth education classes and 337 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.

| 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>California State Preschool Program Quality Counts California QRIS Workforce Pathways Professional Development Grant-Renewal</p> <p>QRIS in-kind resources, Head Start in-kind resources; Childcare Resource and Referral in-kind resources; CA Mentor Teacher resources.</p> | <p>Support, (through IMPACT, CSPP, QCC, WFD, PDG-R), quality improvement activities at IMPACT sites (including coaching and training).</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 21/22

| Process Measures | Outcome Measures | Data Sources / Analysis Methods | Findings/Conclusions |
|--|---|---|---|
| Data is collected on enrollment, ratings and progress on site Quality Improvement Plans. Reports are completed for First 5 CA as per requirements. | <ul style="list-style-type: none"> By 2022, the majority of licensed sites in Tuolumne County will be engaged with QRIS at some level. By 2022, the majority of Head Start, Early Head Start and CSPP sites will achieve a QRIS rating of Tier 4 or above. By 2022, 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"> This year, the desired outcome was met. At the end of 21/22, the percentage of licensed/exempt sites serving 0-5 that were engaged with QRIS was at 52%, a majority. 31/37 (83%) 19/23 Licensed Family Childcare providers are engaged in QCC. (82%) 6/6 Licensed childcare centers are participating. (100%) Every Head Start, Early Head Start, and CSPP site participated. 8 of the 9 rated sites achieved a QRIS rating of Tier 4. (89%) First 5 Tuolumne and the Tuolumne Co. Superintendent of Schools have received CSPP Block Grant, QCC, PDG-R, Workforce Pathways, and IMPACT grants. |