

First 5 California Annual Report Form

PART 1

FISCAL YEAR 2004-05

COUNTY COMMISSION NARRATIVE

First 5

**Children and Families Commission
of San Luis Obispo County**

Approved December 7, 2005

County Commission Narrative Form

1. **First 5 San Luis Obispo County Commission's Priorities in Strategic Plan.** (Please limit your response to this question to **one page**.)

a) Improved Child Health

- Comprehensive Health Care Coverage For Children.
 - 31% of parents with children 5 and under in the county report having no health insurance as opposed to 15.5% of the general population.
 - There are an estimated 3,000 uninsured children ages 0-18 in the county.
 - Of those, an estimated 715 children are ages 0-5.
- Perinatal Substance Abuse.
 - 42% of pregnant women screened in the county reported substance abuse during early pregnancy (n=548 of 1305).

b) Child Care and Early Education

- School Readiness.
 - Two elementary schools have been identified as high need, low resource areas. Oceano Elementary in Oceano is located in the remote southwest corner of the county bordered by the Pacific Ocean to the west and a predominantly agricultural area to the east and the south. Georgia Brown Elementary in Paso Robles is surrounded by remote rural and agricultural areas in the northern part of the county and is eligible for State Commission Matching Funds.
- Childcare Provider Retention and Professional Growth.
 - 30% of staff turnover at childcare facilities in the county.

c) Parent Education and Support

- Home Visitation Services.
 - One in five infants (20%) in this county is born to mothers who received late or no prenatal care during their pregnancies. This percentage is slightly higher than the State as a whole. For women who are poor (as defined by Medi-Cal eligibility) the rate more than doubled to 43%.
 - One fifth (20%) of infants born in this county are born to mothers who have less than a twelfth-grade education.

1.1 First 5 of San Luis Obispo County prioritized funding in the following areas in FY 2004-05:

- a. Administrative, infrastructure costs, and subsidies for the Children's Health Initiative of San Luis Obispo County.
- b. Systems Change activities related to identification and referral of women identified as having used substances (alcohol, tobacco or other drugs) in early pregnancy.
- c. School Readiness Plans in the School Readiness communities of Georgia Brown Elementary in Paso Robles and Oceano Elementary in Oceano.

- d. Ten Direct Service programs provided a range of services to support and augment School Readiness plans in two areas of the county.
- e. Child Care Retention and Professional Growth through participation in the CRI/CARES Initiative.

2. Primary Activities and Programs, by Funding Priorities.

- a. **Check the box(es)** below if your County Commission participated in any of the following statewide initiatives sponsored by First 5 California during fiscal year 2004-05.
 - School Readiness Initiative
 - Preschool for All
 - Health Access for All Children
 - Comprehensive Approaches to Raising Educational Standards (CARES)
 - Special Needs Project

(a) Children’s Health Initiative:

- (1) Primary Activities and Accomplishments:
 - a) Developed and implemented CHI Form 815 to implement a one-stop eligibility determination for Medi-Cal, Healthy Families or Healthy Kids.
 - b) Established non-profit status with the Internal Revenue Service and recruited a 14 member Board of Directors representing community leaders required to move the effort forward.
 - c) Hired an Executive Director and support staff for the Children’s Health Initiative of San Luis Obispo County.
 - d) Started fund-raising activities, (i.e. grant-writing and donations) to address long term sustainability.
 - e) Contracted with the Santa Barbara Regional Health Authority to file with the Department of Managed Health Care for local utilization of the Healthy Families product.
 - f) Submitted plan to California First 5 Commission for Health Access Matching Funds.
- (2) Outcomes:
 - a) Identification and enrollment of the estimated 470 uninsured children age 0-5 eligible for Medi-Cal and Healthy Families.
 - b) Identification and enrollment of the estimated 250 uninsured children age 0-5 not eligible for Medi-Cal and Healthy Families into First 5 funded health coverage (Healthy Kids).
 - c) Implementation of on-going fund raising activities to assure sustainability of coverage for all uninsured children.

(b) Perinatal Substance Abuse (PSA) Initiative:

- (1) Primary Activities and Accomplishments:
 - a) Provided educational outreach to obstetricians related to Perinatal Substance Abuse (PSA) screening and referral using the 4 P’s Plus, a screening tool that evaluates women for PSA.
 - b) Coordinated multiple focus groups with Ira Chasnoff, M.D. from the Chicago Research Triangle and service providers throughout the county to communicate the need for PSA interventions in the county based on local data collection.

- c) Convened representatives from the Superior Court, Medical Society, County Board of Supervisors (2), County Administrative Officer, the local First 5 Commission, Regional Center, and seven county agencies to form the Leadership Team to develop and implement the PSA strategic plan.
- d) Began grant writing activities to address sustainability and support implementation of the PSA Initiative Strategic Plan which includes expansion of treatment services for substance abusing women and children exposed to perinatal substance abuse, (i.e., Children's Treatment Center).

(2) Outcomes:

- a) 86% of obstetricians in the county began screening pregnant women for PSA using the research based 4 P's plus screening tool (n=18 of 21). Preliminary results indicate:
 - 42% of women screened are using alcohol, tobacco and/or other drugs in the month before they knew they were pregnant (n=548 of 1305).
 - Of these, 18% reported smoking tobacco in the month before they knew they were pregnant (n=235 of 1305).
 - 62% of women who reported drinking alcohol in early pregnancy continued to drink after learning they were pregnant (n=284 of 457).
- b) Increased awareness of the extent of local perinatal substance abuse resulted in increased number of requests for educational focus groups and presentations from service providers.
- c) Received \$50,000 the California Endowment for long term planning.

(c) School Readiness Initiative:

(1) Primary Activities and Accomplishments:

- a) Opened a School Readiness Center at Oceano Elementary to accommodate two First 5 preschool classes and a child care program for parents in the Even Start Adult Literacy program.
- b) Provided an additional \$750,000 in local First 5 funding for the purchase of land adjacent to Georgia Brown Elementary School Readiness site. (The property initially will accommodate a First 5 preschool building and in the future a School Readiness Family Resource Center.
- c) Implemented Kindergarten Transition Programs at Oceano and Georgia Brown Elementary Schools.

(2) Outcomes:

- a) Created and filled approximately 44 new preschool slots and approximately 22 new child care slots on the campus of Oceano Elementary with the potential to serve an additional 22 children.
- b) 93 of 146 (65%) children entering kindergarten at two School Readiness sites and their parents participated in year one of the Kindergarten Transition Program.
- c) Land purchase driven by the lack of facilities in the Georgia Brown School Readiness area will provide a site for a First 5 Preschool in the upcoming school year and eventually a School Readiness Family Resource Center.

3. **Promoting Equitable Access and Outcomes.** Please answer (in no more than **one** page) the following questions:

a. Has your County Commission formally adopted the Principles on Equity?

Yes No

b. **What communities in your county have been historically underserved (e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families)?**

Traditionally underserved populations in San Luis Obispo County are those who are geographically isolated in the northern and southern areas of the county and the Latino population who often experience language and cultural barriers.

c. **What strategies has your County Commission used to reach each of the communities or groups mentioned above?**

In order to address these needs, the Commission requires funded programs to prioritize services to SR areas. Communities such as San Miguel and Shandon in the northern part of the county have greater access to newly coordinated services in Paso Robles such as:

- Breastfeeding support at the Paso Robles Health Clinic.
- Vision screening for children in preschools and childcare in Paso Robles (and county wide).
- Family Literacy opportunities in the Georgia Brown School Readiness community of Paso Robles and Paso Robles at large.
- Smoking Cessation classes and counseling services offered in Paso Robles (and county wide).
- Postpartum Depression Screening and Intervention offered county wide.
- Two Kindergarten Transition Programs at Head Start sites in Paso Robles.

To the south, families in Oceano, Grover Beach and Arroyo Grande also have improved access to services such as:

- Breastfeeding support at the Grover Beach Health Clinic,
- Expanded Day Care at two State Preschool sites in Grover Beach,
- Home visitation services by the Teen Academic Parenting Program, the First Time Mothers Program, and the Children’s Screening and Intervention Program for behavioral and developmental delays (county wide)
- Preschool/childcare services at the First 5 School Readiness Center in Oceano.
- Two Kindergarten Transition Programs at Head Start sites in Oceano.

d) **Have these strategies resulted in greater access to services and higher quality of services for these communities or groups? If so, describe how.**

Focusing service delivery in SR communities has resulted in greater access by reducing travel distances to services. New services in Paso Robles reduce travel distances to outlying communities in San Miguel and Shandon in the north and Oceano, Grover

Beach and Arroyo Grande in the south. In addition, approximately half of direct service programs funded by First 5 in this county have a home visitation component.

4. Program Highlights.

4.1

a) What is the name of the program, and in which agency is it housed?

Lion's Preschool Vision Screening Program

b) Is this a School Readiness Initiative program?

No.

c) What identified need or issue does the program address?

Visual delays and disorders in children under age 5.

d) Is the program research based? What was the rationale for the program's design?

The rationale for this program is to identify and treat visual delays and disorders prior to the standard public school first grade vision exam. Seventy-five percent of all learning takes place through the visual system. Children between the age of 0-5 who develop visual disorders or delays and are not treated, enter school with overwhelming barriers to learning. In some cases, early detection and treatment are crucial to prevent what may become irreversible conditions if not treated.

e) On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved Child Health.

f) For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

The program is designed for children in preschool throughout the county, with priority to children in School Readiness areas.

g) If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?

Bi-lingual services and materials are available in Spanish.

h) What specific results-based outcomes does the program aim to achieve?

Reduce the number of children entering public school with undiagnosed vision disorders.

i) What activities or resources are offered through the program?

Feedback to parents about results of child's exam; provision of Healthy Families Insurance forms if eligible, referral to Medi-Cal, or other forms of payment for treatment. No child has gone without treatment for inability to pay.

- j) Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

A team of three optometrists and a trained assistant.

- k) In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?**

On a regular basis, this program identifies visual disorders not diagnosed in pediatric check-ups. The first grade public school exam is often too late to prevent life long conditions. The program provides over 3000 vision screens to children at preschool and child care sites, covering even the most remote areas of the county such as California Valley to the east.

- l) What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)**

Since this program’s inception, every elementary school in the Paso Robles and Lucia Mar School Districts have reported a steady annual decline in the number of first grade vision referrals. Data for Nipomo Elementary in the Lucia Mar Joint Unified School District is shown below.

First Grade Vision Referrals – Nipomo Elementary Percentage and Number of Children Referred for Vision Services	
1999-2000 (Baseline)	22.1% (n=48)
2000-2001	11.6% (n=26)
2001-2002	6.5% (n=15)
2002-2003	9.0% (n=20)
2003-2004	3.5% (n=8)
2004-2005	6.5% (n=16)

“One four year old child was thought to have autism until it was determined he had a profound vision deficit at one of our screenings. Since getting his glasses, teachers report a complete turn-around in social skills and school performance.”

– Vision Screening Quarterly Report (March 2005).

- m) How were these impacts measured or documented?**

School nurses from the Paso Robles and Lucia Mar School Districts are asked to report the number of first grade vision referrals each year to First 5.

4.2

- a) What is the name of the program, and in which agency is it housed?**

Baby’s First Breath is part of the Tobacco Control Program within the Public Health Department.

- b) Is this a School Readiness Initiative program?**

No.

- c) **What identified need or issue does the program address?**
1. Pregnant women and parents of young children who smoke
2. Community awareness about the harmful effects of second-hand smoke.
- d) **Is the program research based? What was the rationale for the program's design?**
The cessation component of Baby's First Breath adopted the model endorsed by the U.S. Department of Health and Human Services which is research-based and also utilized By the Mayo Clinic Nicotine Dependence Center.
- e) **On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?**
Improved Child Health.
- f) **For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?**
The program is designed for pregnant women, parents of young children, child care providers and the community at large.
- g) **If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?**
Bi-lingual services and materials are offered in Spanish.
- h) **What specific results-based outcomes does the program aim to achieve?**
Reduce: 1) the number of women smoking while pregnant, 2) the number of parents of newborns and young children who smoke, 3) the number of children exposed to second-hand smoke in the county.
- i) **What activities or resources are offered through the program?**
Tobacco cessation services for pregnant mothers and parents of young children, community education on the hazards of second-hand smoke using media and educational outreach.
- j) **Who staffs the program?**
A Health Education Specialist with specific training in cessation counseling oversees the program and five part-time cessation trained counselors provide regional services throughout the county.
- k) **In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?**
Prior to First 5 generated data, the County Smoking Rate was estimated at approximately 15%. By contrast, 27% of participants attending educational presentations on the hazards of second-hand smoke at Head Start and California State Preschool sites reported at least 1 or more smokers in their household.

Of 1305 pregnant women screened by local OB providers, 18% reported smoking cigarettes in the month before they knew they were pregnant.

The Baby’s First Breath program has tailored its outreach and cessation services to pregnant women and parents of newborns.

l) What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)

Description	3 months	6 months	12 months
Percentage and number of pregnant women and parents of newborns reporting having quit (and number contacted during follow-up) in 2004-05 after Baby’s First Breath Cessation Services	36% (n=47)	36% (n=62)	26% (n=54)
Percentage and number of parents of children age 0-5 reporting having quit (and number contacted during follow-up) in 2004-05 after Baby’s First Breath Cessation Services	43% (n=42)	42% (n=45)	31% (n=55)

m) How were these impacts measured or documented?

Follow-up phone calls are made by cessation counselors at 3, 6 and 12 month intervals.

4.3

a) What is the name of the program, and in which agency is it housed?

Pre-K Summer Camp. The Georgia Brown Pre-K Summer Camp is implemented by Paso Robles Joint Unified School District and the Oceano Pre-K Summer Camp is implemented by the Lucia Mar Joint Unified School District.

b) Is this a School Readiness Initiative program?

Yes.

c) What identified need or issue does the program address?

Children who participate in these Pre-K camps become acquainted with their kindergarten teachers and their school environment prior to the start of the school year. The camp runs two weeks and is structured to transition children toward the kindergarten experience. The camps provide teachers an opportunity to build rapport with the children while assessing children’s abilities prior to the school year. A parent component of the camp provides parents with a “warm welcome” from the District Superintendent, the Principal and teaching staff, in addition to valuable information on accessing school

systems and home activities through which parents can contribute and support their child's School Readiness.

d) Is the program research based? What was the rationale for the program's design?

Transition programs are researched based. Findings include but are not limited to: an increased sense of confidence in children resulting in ability to adapt to new situations and academic demands; increased openness to new experiences and relationships with peers and adults; and increased trust in their families and teachers who have helped them with their new roles.

Transition activities also may result in earlier identification of children's unique needs, which benefit the child and teacher.

e) On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved Child Development

f) For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

The program is intended for all children entering kindergarten at two elementary schools identified as School Readiness sites.

g) If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?

Bi-lingual staff and materials in Spanish are provided.

h) What specific results-based outcomes does the program aim to achieve?

Short-term Outcomes: The camps endeavor to increase children's readiness for school on a social-emotional and academic level.

Long-term Outcomes: Higher attendance rates are anticipated due to parent familiarity with school staff and school protocols.

i) What activities or resources are offered through the program?

Activities include field trips, early literacy and numeration activities, exposure to computers, toys and play time with new playmates. Parents receive daily information ranging from health and nutrition to school systems to child development and home-based school readiness activities.

j) Who staffs the program?

Kindergarten staff and School Readiness Site Coordinators

k) In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?

Pre-K children attend the transition program at the elementary school site where they will attend kindergarten. Transition programs are provided by kindergarten staff. By the time these children begin the school year, they have a comfortable familiarity with teachers, staff and the other children in their class. Parents also receive vital information that contributes both to the success of their child in school and to their understanding of the school system.

l) What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)

Between 95-98% of participating parents reported the transition camps were very beneficial to themselves and their children.

“What I liked best was learning about benefits we did not know about and how to bring nutrition and education to our kids.”

“What I liked best was the confidence I was given to help more.”

“I liked everything, especially what I learned about getting my child ready for kindergarten.”

m) How were these impacts measured or documented?

Post camp surveys of participating parents.

5. (Optional) Systems Change Support Activities.

Home Visitation Roundtables:

Up to 25 San Luis Obispo County providers of home visitation services met during a series of five “roundtables” to assess and discuss gaps, duplication and opportunities for collaboration of service delivery. There are approximately 2500 births each year in the county and approximately half of those to first time mothers. Most of the current home visitation services in the county have eligibility requirements that contribute to some duplication of service; while approximately 1200-1500 new mothers each year do not have home visitation services available to them. Results from the roundtables included 1) increased awareness of home visitation services by the providers due to detailed discussion and information sharing of each program, 2) increased awareness of possible funding opportunities related to home visitation, 3) development of a detailed listing and resource directory of home visitation services in the county and 4) a commitment to meet during the next fiscal year. There are plans to convene participants in the home visitation roundtables with providers of Postpartum Depression support services and Perinatal Substance Abuse Identification, Referral and Treatment services; thus supporting and encouraging systems change and integration.

Head Start Kindergarten Transition Program:

In general, information on behavioral/emotional concerns or diagnosis obtained on a child during preschool does precede the child into the public school system. This poses a concern for families of children transitioning to Kindergarten. During the Head Start Kindergarten Transition Program in San Luis Obispo County, the Education/Behavior Specialists and Disabilities Specialist were able to obtain Release of Information forms for children with behavior plans and share that information with kindergarten teachers prior to the child beginning school. This is a new link between Head Start pre-schools and the public school system making the move from pre-school to Kindergarten much smoother.

Postpartum Depression Support Services:

The program provides 24 hour emergency assessment, support, referral and intervention to women and providers reporting symptoms of Postpartum Depression. The program also provides outreach activities such as quarterly roundtables with local health care providers. The roundtables have raised community awareness of Postpartum Depression and resulted in increased coordination of existing services. In addition to a steady increase in the number of phone calls to the Support Line, the acuity of the calls received has increased as well. Outreach materials in English and Spanish have generated referrals from other counties in California and nationwide.

During the 2004-05 fiscal year, the “Welcome Every Baby” home visitation program in Santa Barbara County began collaborating with Postpartum Depression Support Services in San Luis Obispo County. Outreach materials are now be available in Santa Barbara County. Phone calls, both from San Luis Obispo County and Santa Barbara County, will be referred to a specially trained, licensed therapist available through the 24 hour Support Line located in San Luis Obispo County.

6. (Optional) Child/Family/Provider Vignettes.

Vision Screening:

“On one particular day, I happened upon a 3 year old girl with Down’s Syndrome. The mother was quite sure I would not be able to gather any beneficial data from the child because of her limited ability to communicate. Immediately, I noted a significant problem with her right eye. The right eye was “lazy” and undoubtedly the source of some of her difficulties. The mom diligently took her daughter to see an eye doctor. Patching of the good eye was prescribed as well as glasses. After one month of treatment, the mom reported tremendous gains, both in confidence and performance of her daughter. I received a card from the mother two weeks ago thanking us for the difference we had made in the quality of her daughter’s life.”

–Vision Screening Quarterly Report.

First Time Mothers Program (Home Visitation) #1:

Ruby was my first client enrolled in the First Time Mother's Program (FTMP) and was now graduating. She reported being glad to have a nurse who taught her what to expect such as distinguishing problems from "normal" infant behaviors. She also appreciated getting her daughter needed services from California Children's Services, as well receiving emotional support. The FTMP helped motivate Ruby to go back to school and earn enough credits to complete her Teacher's Assistant Credential. She now teaches at Head Start. The FTMP also taught Ruby about budgeting. She and her husband are now in the process of saving money to buy a new home. They anticipate being able to afford the down payment on a new home in Bakersfield in a few months.

First Time Mothers Program (Home Visitation) #2:

Y. S. is a monolingual Spanish-speaking client who gave birth to her son 3 months ago. During the initial home visit, she breast-fed her baby without talking to the infant. The infant consequently did not initiate communication with his mother during feedings. During subsequent visits, Public Health Nurse interventions guided the mother to discuss the feeding with her son as well as generate conversation regarding things unrelated to the feeding. The mother began to show more affection by stroking the child's body and making eye contact. The infant responded with eye contact, smiles and touching of the mother during feeding.

Dental T.E.N. (Treatment and Education Now):

We received a call from a preschool where we had provided outreach materials and dental products. There was a 3-year old who was not eating and had not been feeling well for days. The instructor looked into this child's mouth and was horrified at what she saw. The child was in a great deal of pain so the Dental T.E.N. program arranged for the child to be seen at the Clinica de Tolosa immediately. This child had so much infection; the dental clinic could not provide treatment until antibiotics were administered to clear up the infection. He was immediately scheduled to see an oral surgeon because the work the child needed was so extensive. In the short-term, this child would not be able to focus in school or eat many foods without these interventions. Long-term, the child's health could have been seriously compromised due to the infection and inability to chew without pain.

Baby's First Breath (Tobacco Cessation to Pregnant Women and Parents of Young Children) #1:

Every quarter there are women who enter counseling and are soon lost to follow-up. In the second quarter, there were two such women. In this the fourth quarter, the two women returned to the program. Their return was due in large part to Public Health Nurses who were able to make contact with them and continued to stress the importance of quitting smoking. One woman was in the last few weeks of her pregnancy and the other had delivered her baby. Both have quit smoking.

Baby's First Breath (Tobacco Cessation to Pregnant Women and Parents of Young Children) #2:

In the course of conducting follow-up, a new mother was contacted three weeks after giving birth. During the conversation, the tobacco cessation counselor sensed "something wasn't quite right despite the client's assurance that all was going fine." The cessation counselor shared her concerns with the Public Health Nurse who was providing Early Support Program home visits

and who had made the referral to the Baby's First Breath program. The nurse immediately made a home visit and found the woman was depressed and not feeding the newborn appropriately. The baby had lost 3.5 ounces. Initial concerns by the nurse were so great it was feared this mother would lose custody of her newborn. The nurse put the mother and baby on a nutritional program and alerted the mother's physician of developments. Recent follow-up disclosed this mother has kept custody of her child who is now healthy and thriving.

7. **(Optional) Photograph for County Commission Profile.**



*Play time is learning time,
First 5 Preschool, Oceano, CA*



Tomorrow's engineer, First 5 Preschool, Oceano, CA.

8. County Commission Profile. Please indicate below whether you would like SRI International to prepare your County Commission profile or your County Commission is preparing its own draft profile. If your County Commission wants to prepare its own profile, please follow directions provided in the County Commission Profile Guidelines.

My County Commission is preparing and attaching a draft of its own profile, using the **County Commission Profile Guidelines**.

SRI International should prepare a draft of my County Commission's profile.

9. **County Commission Funding Priority Outcomes and Indicators.** Please indicate on the following chart the outcomes that were local funding priorities in fiscal year 2004-05.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all the outcomes listed below that were local funding priorities in fiscal year 2004-05. The associated population-based and core participant indicators do not need to be marked.

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> • Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	<ul style="list-style-type: none"> • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	
<input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended number of well-baby and child checkups by age 2 • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age
<input checked="" type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> • Number and rate of nonfatal injuries to children ages 0 to 5 requiring medical advice or treatment 		

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> • Number and percentage of children whose parents rate them to be in very good or excellent health • Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age 	<ul style="list-style-type: none"> • Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more 	<ul style="list-style-type: none"> • Number and percentage of children whose parents rate them to be in very good or excellent health • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age
<input checked="" type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> • Number and percentage of children age 3 or older who receive annual dental exams • Number and percentage of children who have dental insurance 	<ul style="list-style-type: none"> • Number and percentage of children age 3 or older who receive annual dental exams 	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 years who have dental insurance

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are free of smoking-related illnesses.		<ul style="list-style-type: none"> • Number and percentage of children who live in households where no adults smoke • Number and percentage of women who did not smoke during pregnancy 	
<input checked="" type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> • Number of licensed center child care spaces per 100 children • Number of licensed family child care slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center child care spaces for children with special needs 		
<input checked="" type="checkbox"/> Children participate in early childhood education programs.	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry <p>Percentage of children with special needs who participate in early childhood care and education programs</p>	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry • Percentage of children with special needs who participate in early childhood care and education programs 	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of kindergarten entry 	<ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of kindergarten entry 	<ul style="list-style-type: none"> Number and percentage of children under age 3 who receive a developmental screening from their primary care provider Number and percentage of children identified with disabilities who receive developmental services by the time of kindergarten entry
<input checked="" type="checkbox"/> Children enter kindergarten “ready for school.”	Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development		<ul style="list-style-type: none"> Number and percentage of children who participate in school-linked transitional practices
<input checked="" type="checkbox"/> Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> • Number and percentage of children with substantiated or confirmed (open) cases of child abuse • Number and percentage of child maltreatment in which there is a recurrence within a 6-month period 		
<input checked="" type="checkbox"/> Fewer teens have babies, and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> • Number and rate of births to young teenage mothers 		<ul style="list-style-type: none"> • Number and rate of births to young teenage mothers
<input type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> • Number and percentage of children living in poverty 		<ul style="list-style-type: none"> • Number and percentage of children living in poverty • Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) • Number and percentage of children who move more than once in a year • Number and percentage of mothers who completed high school or its equivalent
<input checked="" type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<ul style="list-style-type: none"> • Number and percentage of mothers screened for depression

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> • Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year • Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home 		

First 5 California Annual Report Form
Part 2
County Commission Revenues and Expenditures Summary
for the period July 1, 2004 - June 30, 2005

Please type only in the yellow cells. The Word document titled "Part 2 Instructions" provides line-by-line information and instructions for filling out this spreadsheet. If you are viewing the spreadsheet on a computer, this information is also contained in "comment boxes," which are designated by a red triangle in the upper-right corner of each relevant cell. Simply position your mouse on the cell, and a yellow text box will appear to the right. If all comments are showing, go to View > Toolbars and check "Reviewing," then click the icon labeled "Hide all comments." To print this spreadsheet without the comments, go to File > Page Setup > Sheet and select "none" next to the "Comments" field, to hid the comments.

Table 1. FY 2004-2005 Revenue Detail (Please contact the State Commission if these numbers do not match the County Commission's records.)		
1.1	State School Readiness Initiative Funds	\$60,106
1.1.1	School Readiness Initiative - Program Funds	\$60,106
1.1.2	School Readiness Initiative - Implementation Funds	\$0
1.2	All Other First 5 Funds	\$2,303,273
1.2.1	Monthly Disbursements	\$2,123,733
1.2.2	Augmentation Funds: Administrative	\$0
1.2.3	Augmentation Funds: Travel	\$0
1.2.4	Augmentation Funds (Minimum \$200,000)	\$0
1.2.5	Child Care Retention Incentives	\$134,168
1.2.6	SMIF Funds	\$45,372
1.2.7	Other First 5 Funds	\$0
1.3	FY 2004-2005 Non-First 5 Funds (Revenues from Sources Other Than First 5 California)	\$152,920
1.3.1	Grants	
1.3.2	Donations	
1.3.3	Revenues from Interest Earned	\$135,254
1.3.4	Other	\$17,666
1.0	FY 2004-2005 Total Revenues	\$2,516,299

Table 2. Funds Available for FY 2004-2005		
1.0	FY 2004-2005 Total Revenues	\$2,516,299
2.1	FY 2003-2004 Year-End Fund Balance (uncommitted funds, including adjustment)	\$216,727
2.1.1	FY 2003-2004 Year-End Fund Balance (uncommitted funds only) as reported in the 2003-2004 Annual Report	\$216,727
2.1.2	Adjustment to FY 2003-2004 Year-End Fund Balance (uncommitted funds only) as reported in the 2003-2004 Annual Report	\$0
	Please type an explanation for adjustment here.	
2.2	Net Committed Funds Brought Forward from Prior Years	\$6,932,881
2.2.1	FY 2003-2004 Total Committed Funds as reported in the 2003-2004 Annual Report	\$6,932,881
2.2.2	Adjustment to FY 2003-2004 Total Committed Funds as reported in the 2003-2004 Annual Report	\$0
	Please type an explanation for adjustment here.	
2.2.3	FY 2004-2005 Reversal of Committed Funds from Prior Year	
2.3	FY 2004-2005 Funds Reversed from Committed to Uncommitted (reported in Line 2.2.3)	\$0
2.0	Funds Available for FY 2004-2005	\$9,665,907

Table 3. FY 2004-2005 Committed Funds

	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
3.1 FY 2004-2005 Total Committed Funds	\$1,807,573	\$3,471,489	\$0
3.1.1 FY 2004-2005 Encumbrances	\$1,807,573	\$3,471,489	
3.1.2 FY 2004-2005 Approved Contracts Not Yet Executed (Obligations)			
3.1.3 FY 2004-2005 Restricted Funds Not Yet Obligated			
3.1.4 Funds Invested in Capital Assets			
3.1.5 Funds Reserved for First 5 California Initiatives			
3.1.6 Funds Reserved for Local Initiatives and Program Sustainability			

Table 4. FY 2004-2005 Expenditures

	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
4.1 FY 2004-2005 Program Expenditures	\$103,965	\$2,730,311	\$58,399
4.1.1 FY 2004-2005 Funds Disbursed to Externally Run Programs (Sum from Table 6)	\$96,427	\$2,706,545	\$58,399
4.1.2 FY 2004-2005 Funds Spent on Commission-Run Programs (Sum from Table 7)	\$7,538	\$23,766	\$0
4.2 FY 2004-2005 Administrative Expenditures		\$367,090	\$0
4.3 FY 2004-2005 Expenditures on County Commission Capital Investments	\$0	\$0	\$0
4.0 FY 2004-2005 Total Program, Administrative, and Capital Expenditures	\$103,965	\$3,097,401	\$58,399

Table 5. End of FY 2004-2005 Fund Balance

2.0 Funds Available for FY 2004-2005	\$9,665,907
3.1 FY 2004-2005 Total Committed Funds	\$5,279,062
4.0 FY 2004-2005 Total Program, Administrative, and Capital Expenditures	\$3,259,765
5.0 FY 2004-2005 Total Uncommitted Funds	\$1,127,079

Table 6. FY 2004-2005 Program Expenditures Detail: Externally Run Programs

Externally Run Program: An activity or set of activities funded by First 5 dollars that is administered by an agency other than a First 5 Commission (i.e., the agency receives a contract or grant to provide services). To add a program to the table, please contact your technical assistance coach or send an email to first5ar@sri.com. Please report mini-grants in Table 7.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
140001	BABES		\$246,576	
140003	Baby's First Breath		\$129,554	
140004	Children's Screening and Intervention Program		\$125,446	
	140021 EOC In-Home Parenting Education			
	140022 Developmental Screening/Intervention			
	140023 PHP Family Resource Centers			
140005	Dental T.E.N. (Treatment and Education Now)		\$87,725	
140006	First Time Mothers Program		\$93,950	
140007	Head Start		\$95,331	
140008	RS Productions		\$12,812	
140015	Expanded Day-State Preschools		\$152,221	
140016	Teen Academic Parenting Program		\$36,623	
140017	Vision Screening		\$23,680	
140018	REWARD II		\$195,081	
140027	Pregnancy and Postpartum Depression Support Services		\$8,000	
140028	Perinatal Substance Abuse		\$60,375	
140042	School Readiness Paso Robles	\$96,427		\$11,789
	140034 Individual Milestones - Site Coordinator (Georgia Brown)			
	140041 Family Advocate - Paso Robles SR			
	140031 First 5 Preschool - Paso Robles			
	140029 Child Care - Parent Volunteers			
	140037 Kindergarten Transition Program (Paso Robles)			
	140030 Cultural Field Trips - Paso SR			
	140038 Oak Park Soccer League			
	140039 Mommy and Me			
140043	School Readiness Oceano		\$292,790	\$134
	140035 Individual Milestones - Site Coordinator (Oceano)			
	140036 Kindergarten Transition Program (Oceano)			
	140032 Family Advocate - Oceano SR			
	140033 First 5 Preschool - Oceano			
	140026 Oceano State Preschool			

140044	School Readiness Implementation		\$39,576	
140045	School Readiness Land Purchase		\$1,000,000	
140047	Morro Bay Pediatric Clinic		\$8,020	
240001	Kit Distribution		\$4,231	
240003	Children's Health Initiative		\$94,554	\$46,476

Table 7. FY 2004-2005 Program Expenditures Detail: Commission-Run Programs

Commission-Run Program: An activity or set of activities funded by First 5 dollars and administered directly by County Commission staff (i.e., not by an outside agency). For example, a County Commission may disburse provider stipends or incentives, or hold community events. To add a program to the table, please contact your technical assistance coach or send an email to first5ar@sri.com. Please report mini-grants here.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
240004	Mini-grants		\$16,903	
240005	Evaluation	\$7,538	\$6,863	

Additional Fiscal Information

Please use this space to document any issues with the information provided on this spreadsheet. Thank you!