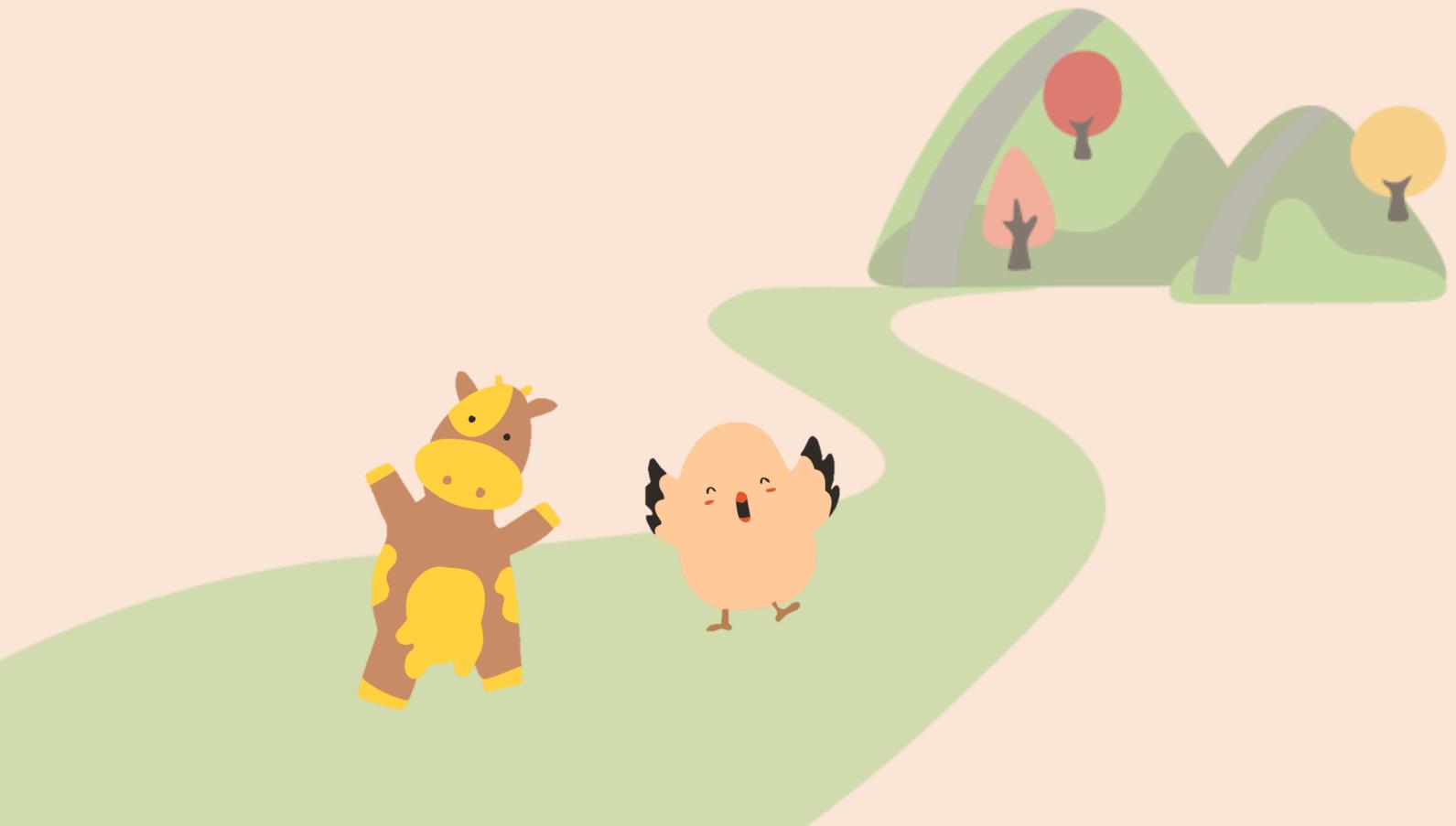




# Evaluation Report

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2019-2020



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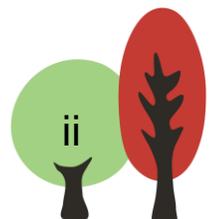
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## EXECUTIVE SUMMARY

EL DORADO COMMUNITY



The First 5 El Dorado Children and Families Commission has always taken a regional approach to planning and service delivery, recognizing that different areas in El Dorado County have unique resources and needs. Within this framework, the Commission has identified **Community Hubs** as a key strategy within its 2016-2021 strategic plan.

In partnership with county agencies and community-based partners, First 5 El Dorado has leveraged resources to support a variety of services through five Community Hubs, one within each of the County's supervisorial districts.

The First 5 El Dorado Commission has established an evaluation framework to measure the extent Community Hubs are impacting families within the four primary goal areas contained within its strategic plan.

## Strategic Result Areas

### Improved Family Functioning

Protective factors are present in families.

### Improved Child Development

Families establish habits that support their child's development.

Children are cared for in high-quality environments.

### Improved Child Health

Children are accessing health and dental care.

Children receive screening and intervention for developmental delays.

### Improved Systems of Care

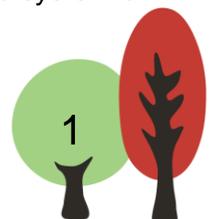
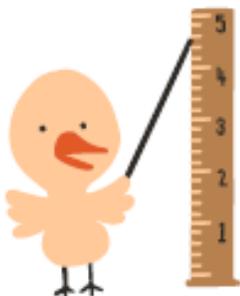
Community Hubs are being implemented in an aligned, coordinated and family-centered fashion.

For each of these goal areas, the Commission developed corresponding indicators designed to measure achievement. Please note that all indicators are directly tied to Community Hubs with the exception of "Children are cared for in high-quality environments," as this is associated with a separate investment in the High 5 for Quality program which is described and evaluated separately in the appendix of the report.

If successful, all goals will contribute to the Commission's vision that...

***All children will live in nurturing families and enter school ready to learn.***

This evaluation report describes the number of people served through Community Hubs and the impact that those services had on families. Additionally, it offers a snapshot of how Community Hubs are being implemented to improve the system of care available to children and families throughout El Dorado County.



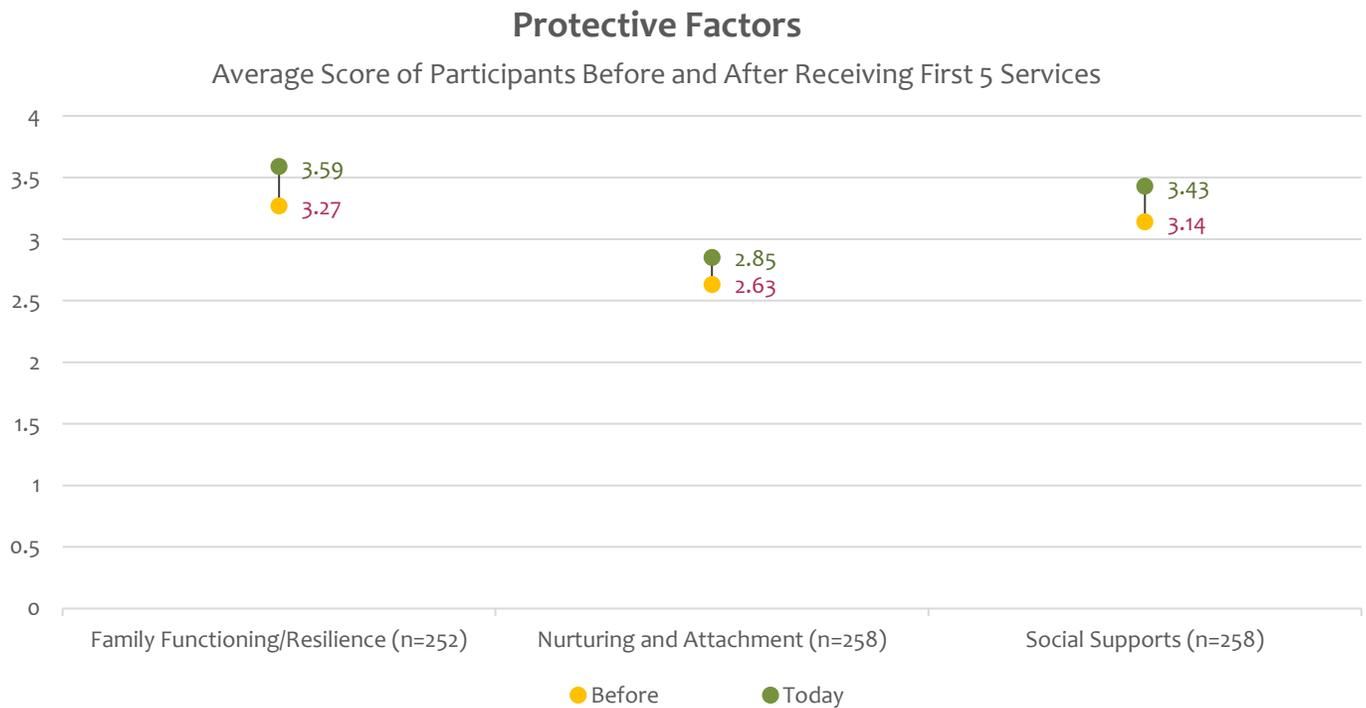
## COMMUNITY HUBS IMPACT ON FAMILIES SERVED

Based on the evaluation’s findings, First 5 El Dorado is making purposeful gains within most of its strategic plan result areas, supporting positive outcomes for children and families being served. A snapshot of countywide achievement is provided below.

### Improved Family Functioning

#### Are protective factors present in families served by Community Hubs?

**Protective factors are present in families** being served by Community Hubs. Families participating in First 5 services were relatively high functioning prior to service participation and experienced little to moderate levels of improvement in protective factors that lead to resilient families. The largest gain was associated with Family Functioning/Resilience. A higher score indicates a stronger presence of the protective factor.



#### Resilience

Having adaptive skills and strategies to persevere in times of crisis.

#### Nurturing and Attachment

Establishing an emotional tie along with a pattern of positive interaction between parent and child that develops over time.

#### Social Supports

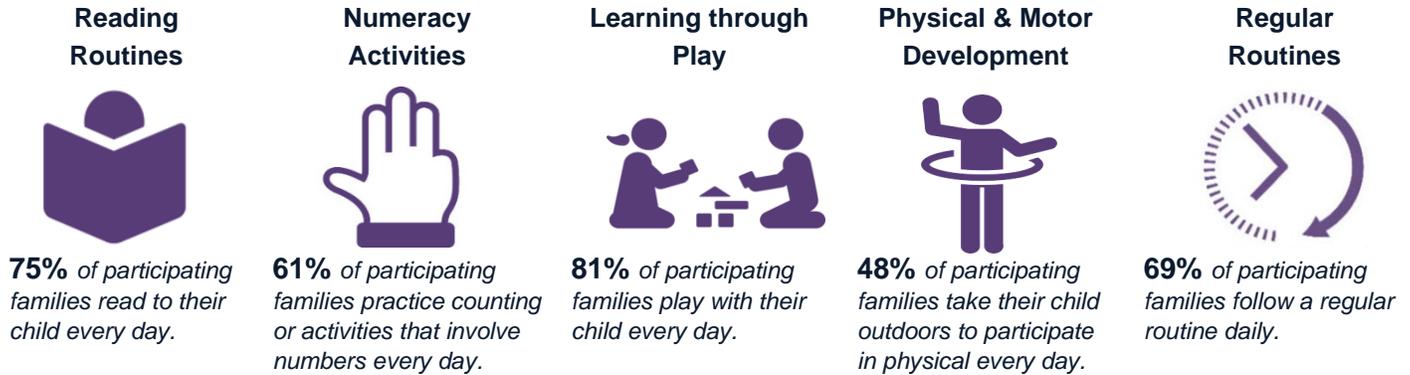
Having informal supports (friends, family, and neighbors) that provide for emotional needs or connection.



## Improved Child Development

### Are families developing routines that support a child's development?

Families are developing routines that support their child's development as evidenced by the high percentage of families accessing Community Hub services that report daily habits involving reading, numeracy activities, learning through play, physical and motor development, and regular routines.



## Improved Child Health

### Are children accessing preventive health and dental care?



**Children are receiving preventive health care** as evidenced by the high percentage of families reporting their children had accessed well-child care.

- **92%** of Community Hub families indicated that their children had received preventive medical care within the past year.



**Children are receiving preventive dental care** as evidenced by the high percentage of families reporting their children had accessed preventive dental care.

- **58%** of Community Hub families indicated that their children over age one had received preventive dental care within the past six months.



**Children are being screened for developmental delays** as evidenced by the high number of developmental screenings that were conducted.

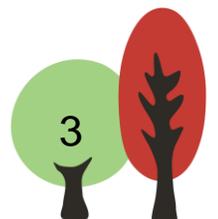
- **436 ASQs** and **339 ASQ: SEs** were completed in the community.

## Improved Systems of Care

### Are Community Hub services, aligned, coordinated and family-centered?



**Systems are aligned, coordinated, and family centered** as evidenced by the continuous development of Community Hubs throughout El Dorado County.



## CONCLUSION AND RECOMMENDATIONS

The First 5 El Dorado Commission has invested in **Community Hubs** as its primary strategy for achieving the goals it has set forth in its 2016-2021 strategic plan which include building protective factors in families, encouraging family habits that support their child's development, as well as ensuring children receive developmental screenings and that they are accessing preventive health and dental care. Evaluation results reveal:

- 
- Three magnifying glass icons are positioned to the left of the text boxes, with their handles pointing downwards and to the left. The first magnifying glass is white with an orange outline, the second is yellow with an orange outline, and the third is orange with an orange outline.
- Families participating in Hub services benefit from the presence of protective factors.
  - Families participating in Hub services have incorporated habits into their daily routines that support their child's development.
  - It is unclear whether Families participating in Hub services are benefiting from improved health and wellness.

Evaluation results indicate that while Community Hubs have made gains in each of the Commission's strategic goal areas, any additional growth would require structural adjustments and supplemental funding.

Recommendations offered for implementation of Community Hubs include:

- **Build upon the adjustments made during the pandemic.** Community Hubs mobilized during the pandemic to meet the needs of families. These efforts could be leveraged to transform the Hubs into a systems-level approach to supporting families.
- **Examine whether the current Hub service delivery approach is the best strategy to impact change according to the Commission's strategic plan goals and objectives.** If it is the intent of the Commission to improve (rather than supplement existing levels of) family functioning, child development and children's health, it may want to examine if it should focus efforts on vulnerable families who may benefit the most from Commission investments.
- **Grow existing and secure additional strategic partnerships to expand and sustain Hub operations.** In order for the Hub to fully realize its potential, it will need the increased engagement of existing partners as well as the added contribution of new stakeholders to address issues such as leadership, outreach, navigational supports, service expansion, and data deficiencies.
- **Establish a comprehensive and efficient data management process.** Recommendations for consideration include establishing a centralized database for all Hub data collection and aligning data collection to census categories to broaden analysis opportunities.

## INTRODUCTION

First 5 El Dorado Children and Families Commission has always taken a regional approach to planning and service delivery, recognizing that different areas in El Dorado County have unique resources and needs. Within this framework, the Commission has identified Community Hubs as the primary strategy within its 2016-2021 strategic plan.

This evaluation report describes the number of people served through Community Hubs and the impact that those services had on families.

### ABOUT FIRST 5 EL DORADO

The First 5 El Dorado Children and Families Commission was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added taxes on cigarettes and other tobacco products to fund programs promoting early childhood development for children birth through 5 and their families. First 5 El Dorado receives slightly less than \$1 million annually through revenues generated by Proposition 10.

First 5 El Dorado works closely with county agencies and community-based partners, leveraging local resources to increase the value of its investments. The Commission directs resources to build a comprehensive early childhood service system built on research and best practice models that make a difference in the lives of young children.

The Commission is guided by its strategic plan, as well as its vision and mission.

Because First 5 El Dorado funds are declining annually, it is important for the Commission to continually evaluate and align its strategic approach to best meet community needs using the resources available.

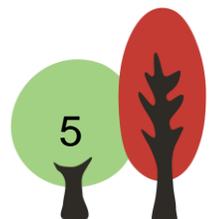


### Mission

First 5 El Dorado Children and Families Commission is committed to strengthening children birth through 5 and their families by promoting and enhancing comprehensive early childhood systems.

### Vision

All children will live in nurturing families and enter school ready to learn.

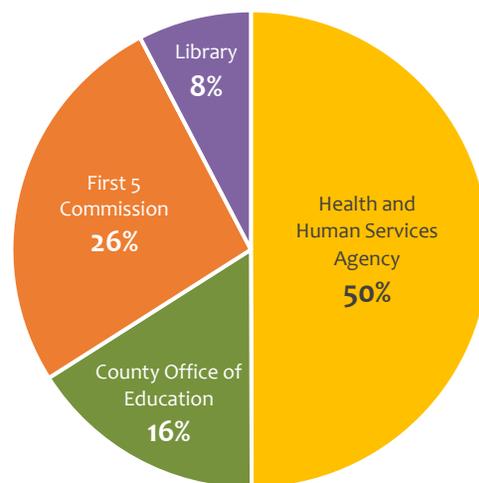


## SYSTEMS CHANGE INVESTMENTS: COMMUNITY HUBS

Community Hubs have been implemented in countries across the world. There is no single definition because Community Hubs are locally driven and vary in function and structure. However, most share common attributes that set them apart from other traditional models for service delivery and coordination. The attributes that most Community Hubs share include:

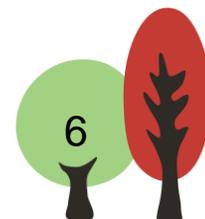
- **Collaborative:** Built into the concept of the Hub is community – people get together to work, learn, and grow through supportive relationships.
- **Relevantly Placed:** Examples of Community Hubs include schools, libraries, hospitals, and neighborhood centers. While less common, a Community Hub can also be virtual—lacking a physical space but providing an online network of people and resources.
- **Reflective of the Community Served:** Language, culture, and circumstances should be considered in all aspects of planning and may influence the makeup of leadership, staffing, programming, space design, communications, and service strategy.
- **Responsive to Local Needs:** Hubs are local and consider the unique assets and needs of those being served.
- **Person Centered:** People are at the heart of the Community Hub. Community Hubs differ from single services in that they foster more effective, accessible, and coordinated services and actively work to take down silos.
- **Adaptive:** Community Hubs must be able to continually address their own strengths and challenges.

Implementation of Community Hubs in El Dorado County occurs across systems and with multiple service partners to include El Dorado County Health and Human Services, the El Dorado County Library, and the El Dorado County Office of Education. As such, the approach is supported by multiple funding streams. The pie chart to the right demonstrates how each agency has committed to funding Community Hubs over a five-year period of time.



First 5 El Dorado’s role in Community Hub implementation is to serve as the backbone organization, forming partnerships and linking with other stakeholders to provide prevention services for families with children birth through 5. Together, the Commission and other stakeholders are:

- Investing in core early childhood services while committing to leverage additional resources.
- Implementing Community Hubs across the five Supervisorial Districts in collaboration with key stakeholders.
- Acting as good stewards of public funds, seeking to maximize resources and reduce duplication of efforts.
- Facilitating prevention services using a holistic, family-centered approach.



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## PROGRAMMING INVESTMENTS

The Commission has invested in a variety of programs within the Community Hubs model of service delivery. Each investment is summarized below.

**Ready to Read @ Your Library (RR@YL):** RR@YL provides early literacy programs with the goal of establishing positive early learning experiences for families with young children and encouraging home literacy practices among families. The primary audience for this service are expectant parents and families with children birth through 5 living in El Dorado County. The library programs reach providers that care for children out of the home through early care and education (ECE) programs, and with parents through library programs for families. Each early childhood literacy specialist models a best-practice curriculum, which supports, informs, and encourages family and caregiver participation to strengthen their role as their child's first teacher.

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**Together We Grow (TWG):** Together We Grow provides families with structured activities and developmental screenings, information about activities to support optimal development, and referrals for early intervention supports when a need is identified. TWG also helps to inform and train childcare providers on the value and use of developmental screenings. TWG serves families with children birth through 5 that live in El Dorado County. Families and caregivers, as well as providers, are also served as they are empowered to directly provide screenings using the ASQ & ASQ-SE.

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**Children's Health (CH):** Children's Health provides parents with information and resources in order to increase regular well-child exams and oral health exams. Through Community Health Advocates, the program collaborates with community partners to increase access to services and to get families connected to health care resources and community services. CH also assists families with children in obtaining or retaining health insurance, utilizing a medical home, and utilizing a dental home. The priority audience for CH is medically uninsured or underserved expectant parents and families with children birth through 5 that live in El Dorado County.

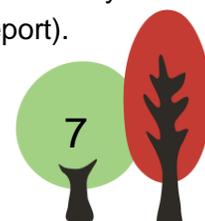
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In addition to the investments listed above, the Commission invests in a quality improvement effort for childcare providers through its **High 5 for Quality (H5Q)** Project. A description of that investment can be found in [Appendix B](#) of this report.

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## IMPACT OF COVID-19 ON THE 2019-2020 EVALUATION

The 2020 COVID-19 pandemic impacted both service delivery and data collection efforts within El Dorado County. Beginning in March 2020, most services ceased to be offered in person, and First 5 staff and grantee organizations adjusted to virtual service delivery whenever possible. Likewise, data collection efforts that previously relied on hard copy form completion were shifted to electronic surveys. This methodology change had a significant impact on the number of Family Surveys that were available for data analysis. A total of 282 Family Surveys were collected during the 2019-20 year, down from 456 in 2018-19. Caution should be taken when reviewing the data generated from the Family Survey tool given the small sample sizes, particularly when extrapolating these results to specific Hub service populations (as found in [Appendix A](#) of this report).



## PURPOSE AND OBJECTIVES

As a component of Prop 10 funding, First 5 El Dorado is required to demonstrate results. The results-based accountability model as adopted by the State First 5 Commission requires the collection and analysis of data, and the reporting of findings to evaluate the effectiveness of programs. This report is intended to help the Commission understand the number of people served through Community Hubs and the impact that those services had on families. The following data are also disaggregated by Hub within [Appendix A](#).

### Demographic and Socio-Economic Profile of Community Hub Participants

- Demographic information of service recipients to include age, race/ethnicity, and primary language.
- Socio-economic information of service recipients who completed the Family Survey to include family income, number/percent of families served who are living in poverty, and educational attainment.

### Description of Services Provided within Community Hubs

- Number of people served/number of literacy services provided.
- Number of people served/number of raising a reader services provided.
- Number of people served/number of play and learn services provided.
- Number of people connected to medical and dental providers, insurance, and community services.
- Number of people served/number of parenting classes provided.

### Impact of Services Provided for Families Served by Community Hubs

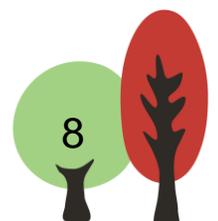
Impact of services fall within one of three categories: 1) improved family functioning, 2) improved child development, and 3) improved child health and well-being. Indicators for each area of exploration are described below.

#### IMPROVED FAMILY FUNCTIONING

The behaviors and beliefs of a child's parents or caregivers influence a child's success. Parental interactions with children, including their stated and unstated expectations for their children's success and the way in which they converse with and teach their children, can improve children's future achievement. First 5 El Dorado utilizes the research-based Strengthening Families Protective Factors framework as a theoretical approach to serving families as well as a system to measure outcomes.

The indicators used to measure impact in the area of improved family functioning include:

- Number/Percent of service recipients who completed the Family Survey with improved scores within three protective factors to include family functioning/resilience, nurturing and attachments, and social supports. In addition, information regarding concrete support in times of need is reported after receipt of service.



## Impact of Services Provided for Families Served by Community Hubs (Cont.)

### IMPROVED CHILD DEVELOPMENT

Over the last several decades, research in neuroscience, economics, education, and other fields has illustrated the importance of the early years to the whole lifespan. The brain develops rapidly during the first 5 years, with critical pathways established for language, literacy, problem solving, social and emotional learning, physical development, and much more. By the age of 5 years, 85% of a person's brain wiring has already been established. First 5 El Dorado provides a variety of services that support child development.

The indicators used to measure impact in the area of improved child development include:

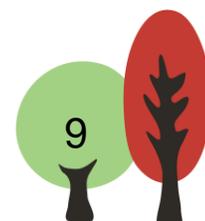
- Number/Percent of service recipients who completed the Family Survey that report **reading** to their children each day.
- Number/Percent of service recipients who completed the Family Survey that report **practicing counting or doing activities that involve numbers** with children each day.
- Number/Percent of service recipients who completed the Family Survey that report **playing** with their children each day.
- Number/Percent of service recipients who completed the Family Survey that report providing their children with opportunities for **physical activities** each day.
- Number/Percent of service recipients who completed the Family Survey that report following **regular routines** with their children each day.

### IMPROVED CHILD HEALTH AND WELL-BEING

Timely medical and dental care is an important component of a child's health and well-being. First 5 El Dorado provides supports which help to protect children against major illnesses and oral health decay by encouraging preventive medical and dental care, connecting children and families to a doctor/dentist, and sharing strategies for health promotion. In addition, First 5 El Dorado promotes developmental screenings in an effort to support parental knowledge of child development and to get kids connected to early intervention when needed.

The indicators used to measure impact in the area of improved child health and well-being include:

- Number/Percent of service recipients who completed the Family Survey reporting that their children received a **well-child exam** within the past 12 months.
- Number/Percent of service recipients who completed the Family Survey reporting that their children received a regular **dental exam** within the past 6 months (only children over one year of age included in this measure).
- Number/Percent of service recipients' ages 0-5 that received a **developmental screening** and the number/percent that scored low within each domain scored within such screening.



In addition to understanding the impact of Community Hubs on families, the Commission is interested in understanding how the Commission Hub model is working. This report provides a snapshot of how the Community Hubs model is implemented specifically within El Dorado County as well as whether the model supports a system that is aligned, coordinated and family centered. The areas of exploration to model implementation are:

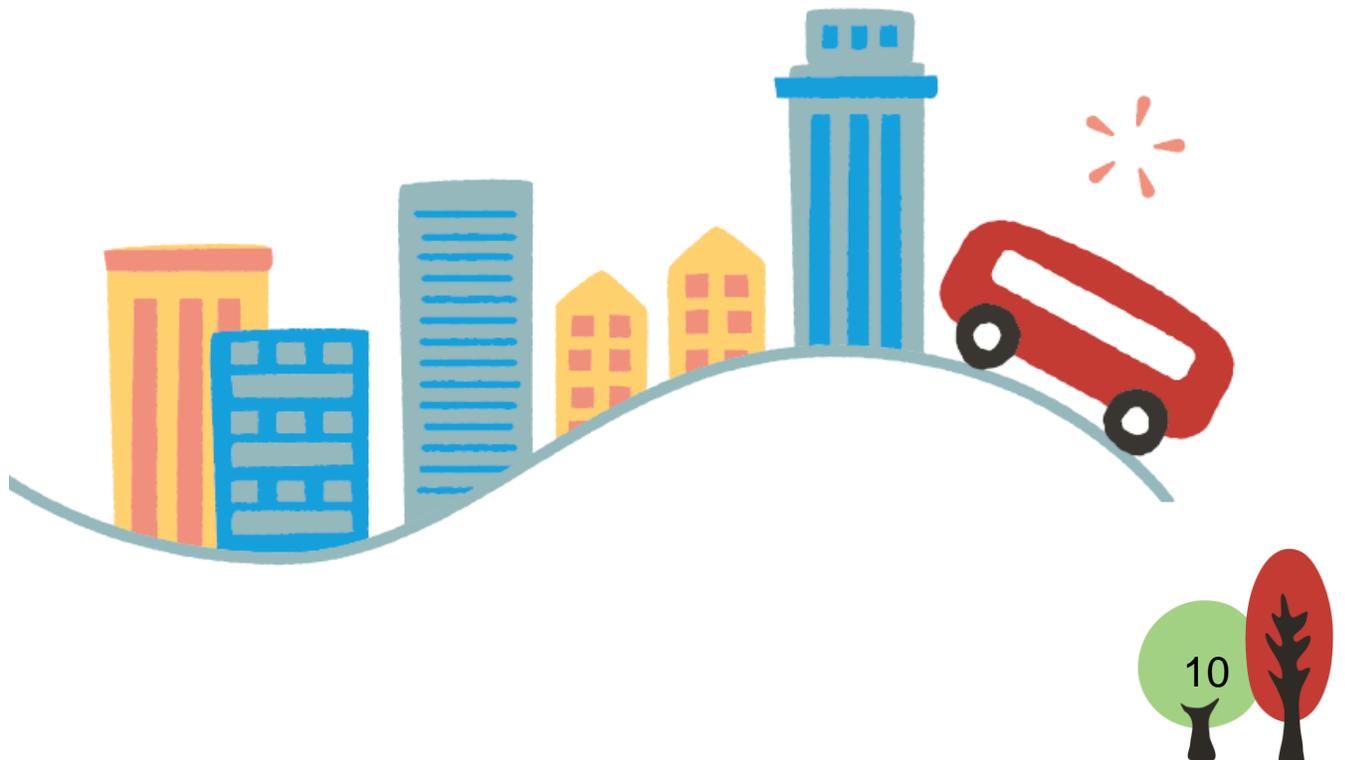
### Attributes of Community Hubs in El Dorado County

- Narrative description of how **collaborative** Community Hubs are in El Dorado County.
- Narrative description of how **relevantly placed** Community Hubs are in El Dorado County.
- Narrative description of how **reflective of the community served** Community Hubs are in El Dorado County.
- Narrative description of how **responsive to local needs** Community Hubs are in El Dorado County.
- Narrative description of how **person-centered** Community Hubs are in El Dorado County.
- Narrative description of how **adaptive** Community Hubs are in El Dorado County.

### Improved Systems of Care

- Narrative description of **progress made** in implementing Community Hubs in El Dorado County.

It is important to note that many of the areas in which the Commission makes investments benefit from blended funding streams. Because of that, it would not be possible to evaluate programs based on Commission investments alone. Outcomes achieved should be interpreted as joint efforts with other community partners.



## METHODS

### TARGET POPULATION

The evaluation focused on First 5 El Dorado program participants who were children under six years of age, as well as their parents and caregivers who benefited from services rendered between July 1, 2019, and June 30, 2020. In addition, population-level data was collected from incoming transitional kindergarten (TK) and kindergarten families for the 2019-20 school year (SY).

### TYPES OF DATA COLLECTED

A combination of qualitative and quantitative data methodologies were used in the evaluation process, each of which is described below.

#### **Administrative Data**

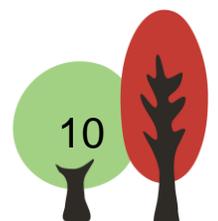
Three types of administrative data were collected for programmatic and evaluation purposes. First, populations-served reports submitted to First 5 by contractors provided data on the number and demographics of children and parents/caregivers receiving services. Second, contractors provided information regarding the number and type of services families received. Third, contractor progress reports were used to help inform issues impacting service delivery, and provided the family stories presented in [Appendix A](#) by Hub.

#### **Family Surveys (FS)**

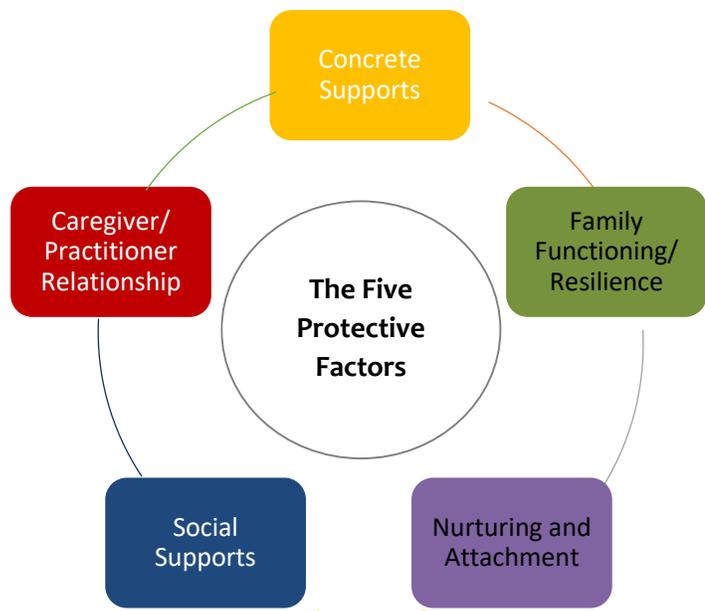
The Family Survey contains questions around demographic information, parent experiences, family habits, and the presence of protective factors within family units. Family Surveys were completed by families and collected by the Ready to Read at Your Local Library program, the Together We Grow program, and the Child Health program. Surveys were available in both English and Spanish and were completed in hard copy prior to March 2020 and via electronic surveys between April and June 2020. A total of 282 family surveys were collected during the 2019-2020 fiscal year. This represents approximately 14% of the families served through programs where surveys were collected. Family survey data relevant to the First 5 El Dorado evaluation plan is included in the county roll-up section that begins on page 14.

Beginning in FY19-20, survey respondents were asked which programs they participated in so that data could be included in all appropriate program-level analyses. Four respondents did not indicate their program participation and while those responses are included in the county roll-up, they are not included in any program-level analyses (i.e. Appendix B). This question also allowed for some deduplication across programs, which was not possible in prior years.

It should be noted that approximately 57% of family surveys were completed during the COVID-19 pandemic (i.e. after March 1, 2020), when families may have been facing challenges and life circumstances very different from what they experienced pre-pandemic. This has specific relevance to the Concrete Support question which asks families to indicate which items they were not able to pay for within the past month.



The protective factors survey questions measure participant perceptions of change after receiving services within three areas identified within the research-based Strengthening Families Protective Factors framework (family functioning/resilience, nurturing and attachment, and social support), and a fourth area (concrete supports) is explored only after service delivery. Prior to the 2019-2020 programmatic year, First 5 El Dorado utilized Version 1 of the Protective Factors Survey (PSF); beginning in 2019-2020, the second iteration of the survey (PFS-2) was used in the Family Survey. Due to changes in the scoring and analysis tools, careful attention should be paid when attempting year to year comparisons.



### Why We Chose the PFS-2 Tool

The Protective Factors Survey, 2<sup>nd</sup> edition (PFS-2) is a product of the FRIENDS Network in collaboration with the University of Kansas Institute for Educational Research and Public Service. The instrument was developed with the advice and assistance of researchers, administrators, workers, and experts specializing in family support, and maltreatment and psychological measurement.

The PFS-2 measures protective factors within the five areas demonstrated in the graphic to the left. For the purpose of this report, the Caregiver/Practitioner Relationship factor was not included in this analysis.

The following definitions of each protective factor is taken directly from the FRIENDS Network:<sup>1</sup>

- **Concrete Supports:** Families have access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
- **Family Functioning/Resilience:** Having adaptive skills and strategies to persevere in times of crisis. Resilience is the ability to effectively manage all types of challenges that come up in life.
- **Nurturing and Attachment:** The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
- **Social Supports:** Informal support (friends, family, and neighbors) that help provide for emotional needs or connection.
- **Caregiver/Practitioner Relationships:** The supportive, understanding relationship between caregivers and practitioners that positively affects parents' success in participating in services.

<sup>1</sup> Retrieved on September 22, 2020 from <https://friendsnrc.org/prevention/protective-factors/>

### **Pre-K Observation Forms**

First 5 El Dorado partners with the El Dorado County Office of Education to collect population level data using Pre-K observation forms. Parents and families of incoming TK and kindergartners were asked to voluntarily complete Pre-K Observation Forms at enrollment, sharing information about family and health practices, reading routines with children, and other circumstances and experiences associated with resilient families. All forms were completed manually and then submitted to First 5 El Dorado for entry into an electronic data management tool (Survey Monkey).

A total of 1,105 Pre-K observation forms were collected between January and December 2019, out of a total participating school population of 1,970. This represents 56% of the participating school T-K and kindergarten population. Not all schools in El Dorado County participated in the collection of Pre-K Observation forms.

It is important to note that while the Pre-K Observation data is used as a community level comparison, caution should be taken when directly comparing Pre-K with Family Survey data given the differences in scope. For example, Pre-K data pertains to families with children in the 4-5-year age range, while Family Survey data may come from families with younger children. Another limitation to this comparison is specific to the pandemic that began in March 2020. All Pre-K Observation Forms were completed prior to the onset of the COVID-19 pandemic, while many of the Family Surveys were completed during the pandemic. The terms community level data and T-K/kindergarten data are used interchangeably when referring to the Pre-K Observation data.

### **Developmental Screening Tools**

First 5 El Dorado programs utilize the Ages and Stages Questionnaire (ASQ). The ASQ is a general developmental screening tool which is used with and by parents to assess age-specific development in the following domains: communication, gross motor, fine motor, problem-solving, and personal adaptive skills. There is also a separate tool that is used to measure the social-emotional development of children called the ASQ: SE. Programs encourage parents to complete these screening tools online, and results are tabulated within the Brookes Database. An export of that database is used to present information contained in this report. A total of 775 screenings were completed.

### **Consumer Key Informant Interviews**

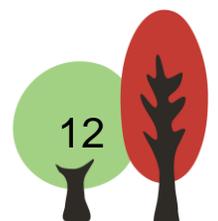
Semi-structured, key informant interviews were conducted by First 5 El Dorado staff with 25 individuals who received First 5 El Dorado services during the 2019-20 program year. Five interview participants were selected from each Hub using a combination of selection criteria. Some participants were identified through the completion of the electronic family survey, and others were identified by Hub staff as being representative of the Hub service population. Participant availability also contributed to the selection process.

### **Hub Staff Input**

Hub teams gathered to discuss the successes and challenges related to data collection, outreach, and other circumstances that may have influenced the data presented in this report. Discussions were documented for consideration in the development of this report.

### **Other Sources**

Publicly available data was used to explain status, trends, and other aspects of the community context.



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## STUDY LIMITATIONS AND CONSIDERATIONS

The findings in this report should be considered with the following methodological and data limitations in mind.

1. Voluntary participants within Community Hubs programming may by nature be inclined to value child enrichment activities, hence their decision to volunteer for a program that is consistent with this value. This is also referred to as self-selection bias. Self-selection bias helps explain why so many evaluation subjects already possessed high scores within the protective factor domains at program entry.
2. This evaluation uses parent self-report surveys. The self-report method is vulnerable to social desirability bias whereby respondents or assessment raters answer questions in ways that they believe are pleasing to the person asking questions or to the persons who provided them with the survey.
3. The First 5 participant evaluation sample relies on a pre-test/post-test design, which does not allow for causal attributions to be made because it does not include a control group. Positive changes may correspond to the timing of program exposure, but that does not guarantee that the changes were caused by First 5 direct service programs.
4. Beginning in FY19-20, the evaluation team had access to raw data that had not previously been available. This comprised participant information for the TWG developmental assessment and playgroup programs, and program participation information from the revised Family Survey cover sheet. The latter differs from past years, wherein family survey data was only included in program-level analyses for the program credited with collecting the survey. These newly available data also allowed for some deduplication across programs and should be considered when looking at data longitudinally. Children that participated in both TWG programs are included in the service counts for each but have been deduplicated for the purpose of the county-wide service count. Therefore, demographics presented in [Appendix B](#) may not sum to those presented in the county-wide section.
5. The data pertaining to protective factors excludes those who did not reach “program saturation,” meaning attendance in services for at least six hours of service delivery; therefore, the results pertaining to this data is not representative of all First 5 direct service program participants. Participants were included in protective factors analysis if they reached program saturation through any combination of services offered by Ready to Read at Your Local Library, Together We Grow, or Children’s Health. Only families who indicated they participated in a particular program are included in the protective factors analysis for that program; if a family indicated participating in multiple programs on their family survey during FY19-20, they are included in the analyses for each program they indicated.
6. Results and conclusions drawn from this study cannot be generalized to families with children who are not similar in demographic characteristics as the study participants.
7. It is important to note that a direct comparison between the First 5 Community Hub participating families and population-level data (families of incoming TK and kindergartners) achievement needs to be understood in context. Whereas First 5 participating families include children who are between the

ages of zero and five, the TK and kindergarten population-level data only includes children who are between the ages of three and five. Furthermore, the requirement that TK and kindergarten children have medical and dental clearance prior to school entry may result in a higher population achievement within these two areas of exploration.

8. Data gathered via the Family Survey and disaggregated by Hub (as found in [Appendix A](#) of this report) had margins of errors ranging from 10% to 17%. These rates are generally higher than is ideal for extrapolating sample results to a larger population. Caution should be taken when reviewing this data given the small sample sizes.
9. The methodology for disaggregating data by Hub differed by data source.
  - a. Family Survey responses were preferentially assigned to a Hub based on the library that was self-reported to be closest to the respondent's home. If the library field was not complete, Hub assignment was based on zip code (2) or First 5 El Dorado staff direction (1).
  - b. Pre-K observation data was assigned to a Hub based on a list provided by First 5 El Dorado and based on the geographic location of the school.
  - c. Developmental screening responses were preferentially assigned to a Hub based on the library that was self-reported to be closest to the respondent's home. If the library field was not complete, Hub assignment was based on zip code. When zip codes span supervisorial districts, responses were assigned to the Hub that comprised the larger population number. Responses with zip codes outside the First 5 El Dorado service area were removed from the analysis. If a library and zip code entry conflicted, the Hub was assigned based on the library field.

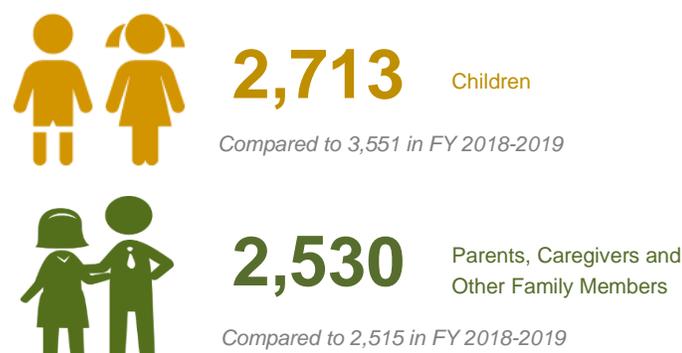


## RESULTS

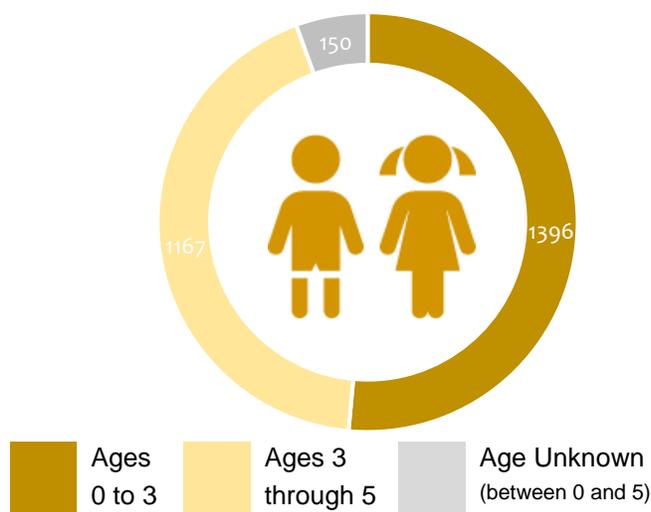
### NUMBER AND TYPE OF INDIVIDUALS SERVED

A total of **5,243** individuals were provided with First 5 funded services between July 1, 2019, and June 30, 2020. Program participants included expectant parents, children birth through 5, parents and caregivers of children birth through 5, and other family members. As the chart below demonstrates, the majority of service recipients (52%) were children aged zero through five. Of those children for which age was reported, participants were split between those less than three years old (1,396, 54%) and those three through five (1,167, 45% of children served for whom age was reported).<sup>2</sup>

#### HOW MANY PEOPLE WERE SERVED



#### AGES OF CHILDREN SERVED



### RACE/ETHNICITY OF THOSE SERVED

The majority of the population served was white (3,316 or 63%) followed by Hispanic/Latino (12%) and unknown (12%). The race and ethnicity of the population served is depicted in the table below.

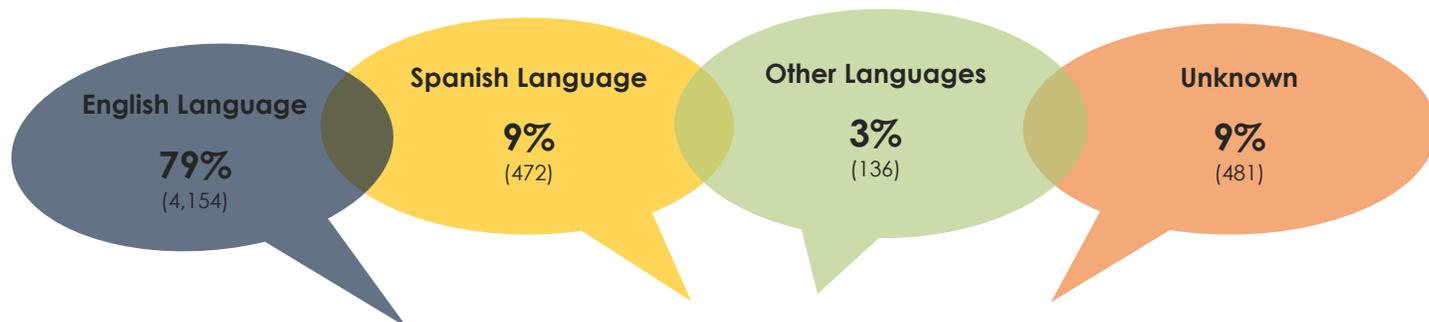
	White		Black		American Indian		Asian/ Pacific Islander		Multi-racial		Hispanic / Latino		Other		Unknown	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>Children (0-5)</b>	1,913	<b>63%</b>	12	<b>&lt;1%</b>	22	<b>2%</b>	88	<b>3%</b>	221	<b>6%</b>	252	<b>12%</b>	24	<b>1%</b>	181	<b>12%</b>
<b>Parents, Caregivers, &amp; Other Family Members</b>	1,403		11		79		90		69		402		16		460	

Because of the large number of individuals served in which race/ethnicity is unknown, it is not appropriate to compare the population served to the race/ethnic population in El Dorado County.

<sup>2</sup> These county-wide demographics will not match the rolled-up demographics of participants included in the program-specific appendices ([Appendix B](#)). Children that participated in both the TWG developmental assessment program and playgroups are reported in both program-level reports, but were deduplicated for this section.

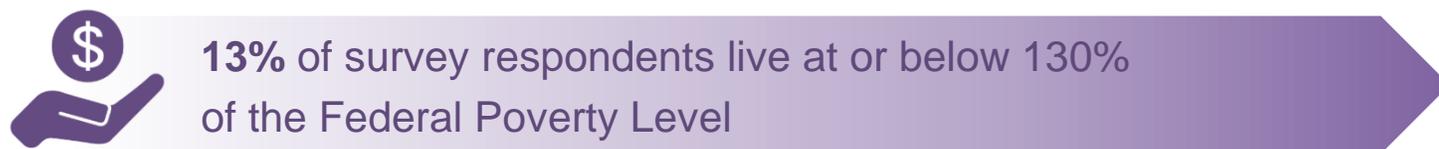
LANGUAGE OF INDIVIDUALS SERVED

The majority of participants served spoke English (4,154 or 79%), while 472 spoke Spanish (9%).



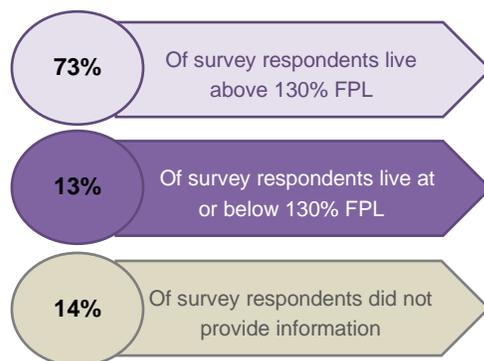
SOCIO-ECONOMIC CHARACTERISTICS OF FAMILIES SERVED

Characteristics help describe the families that are being served by Hubs. The socio-economic characteristics most important for which data are available include household income, the percentage of families being served that are living in poverty, and educational attainment.

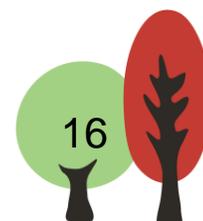
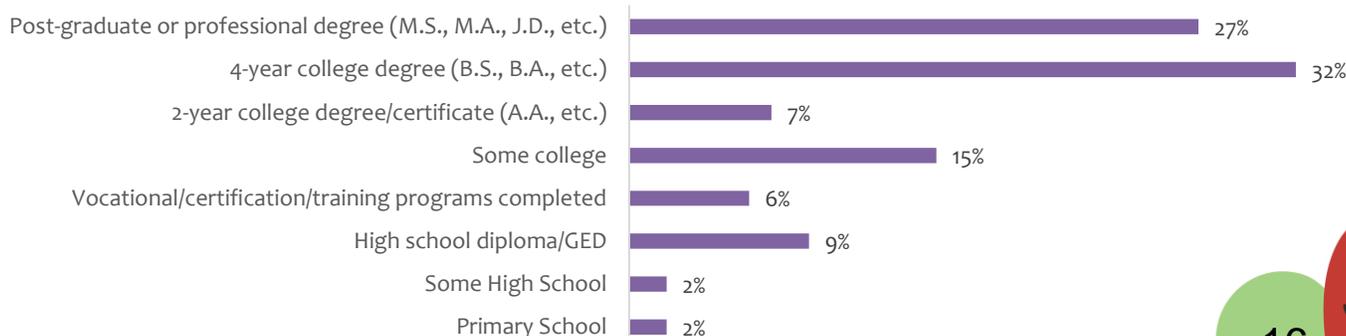


One useful gauge of socio-economic characteristics of a population is the percentage that live at or below 130% of the Federal Poverty Level (FPL). This is the standard used by the Head Start Program to qualify families for services based on income and household size.

Thirteen percent of families (37 of 282 families) who completed the Family Survey live at or below 130% of the Federal Poverty Level, based on household size and income level. Fourteen percent (or 39) of families who completed the survey did not provide enough information to determine their economic situation.



Most individuals who completed the Family Survey have attended or completed college (81%), as demonstrated in the following chart.



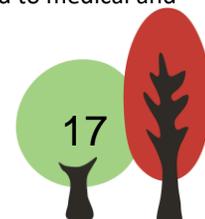
## NUMBER AND TYPE OF SERVICES PROVIDED

First 5 El Dorado provides a variety of services which are tailored to the local community and responsive to identified needs. Services provided between July 1, 2019 and June 30, 2020 are depicted below.

Type of Service Offered	Number of Families Served	Total Services (events) Provided
 <b>Early Literacy Activities</b>	<b>2,842</b> individuals <sup>3</sup>	<b>730</b> <i>Compared to 898 in FY18-19</i>
 <b>Raising Reader Activities</b>	<b>88</b>	<b>85</b> <i>Compared to 71 in FY18-19</i>
 <b>Play and Learn Activities</b>	<b>250</b>	<b>119</b> <i>Compared to 137 in FY18-19</i>
 <b>Connection to Medical and Dental Providers, Insurance, and Community Services</b>	<b>445</b>	<b>2,496</b> <i>Compared to 1,622 in FY18-19<sup>4</sup></i>
 <b>Parenting Classes</b>	<b>25</b>	<b>59</b> <i>Compared to 24 in FY18-19</i>

<sup>3</sup> Data for the Early Literacy Activity service was collected at the individual level.

<sup>4</sup> FY18-19 data presented in the 2020 Hubs Report for “Connect Families to Medical and Dental Providers” services was erroneously noted to include only services that connected clients to medical and dental providers. Both FY18-19 and FY19-20 data on total number of services for this category actually include connecting clients to health insurance, to medical and dental providers, and to community services. The number of individuals served in FY18-19 was accurately reported only for those connected to medical and dental providers; the number of individuals served in FY19-20 includes those served across all three categories.



## IMPACT ON FAMILIES SERVED

Impact indicators are driven by the First 5 El Dorado Strategic Plan and include an exploration of:

- **Improved Family Functioning** as measured by protective factors
- **Improved Child Development** as measured by family habits that promote child development
- **Improved Health and Well-Being** as measured by preventive care and developmental screenings

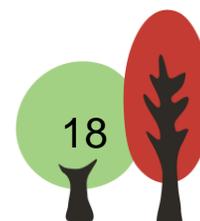
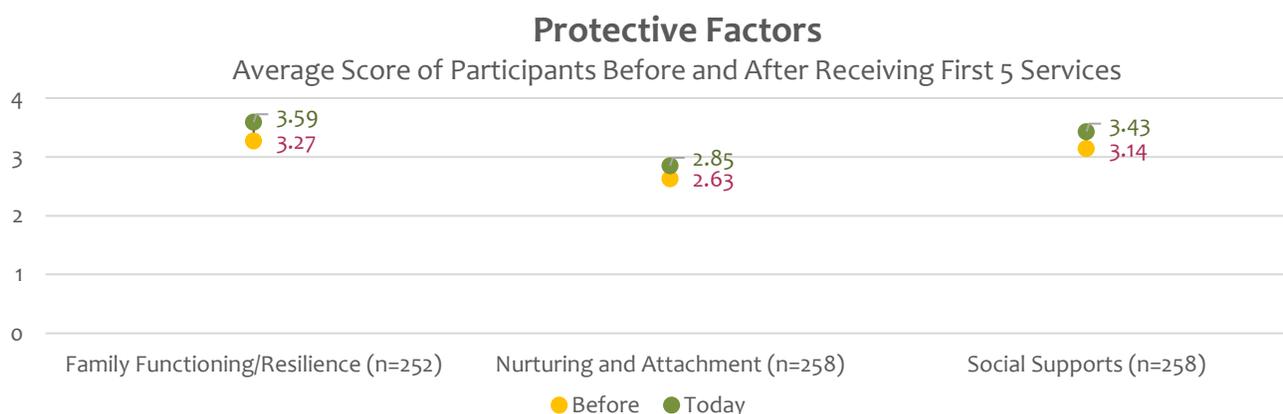
Data was collected from families participating in Hub services as well as from families with children entering TK or kindergarten. The intent was to understand how protective factors were present in the community (from families with children entering TK or kindergarten) to help inform programming decisions for the Hub. Data collected from Hub service recipients is used to help the Commission understand how services provided impacts families served. The margin of error using a 95% confidence level for both levels of impact data is provided in the chart below.

Type of Data	Number in Service Population	Surveys Collected	Margin of Error
Hub Participant Data (families)	2,143 <i>duplicated across programs</i>	282	5%
	1,931 <i>deduplicated (est.)</i>		5%
Community Level Data (children)	1,970	1,105	2%

## PROTECTIVE FACTORS OF FAMILIES SERVED

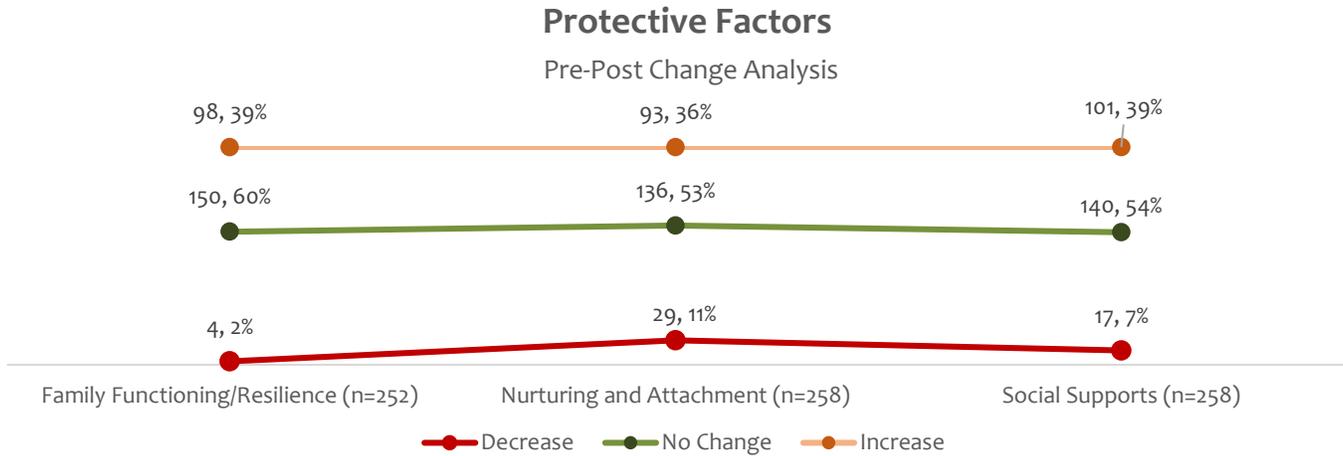
The Family Survey included questions that measure the presence of protective factors before and after participation in Hub services. The presence of protective factors was measured against program participants that accessed at least six hours of Hub service delivery.

As indicated in the chart below, on average there was an increase in each of the three protective factors amongst families participating in First 5 services who completed the family survey. In prior years, changes in the Concrete Support factor were assessed before and after receiving First 5 services. Beginning in 2019-2020, the Concrete Support factor is considered only at the time of survey completion. The most substantial increase was seen in the Family Functioning/Resilience factor while the least substantial increase was seen in the Nurturing and Attachment factor.



### Protective Factors – Type and Amount of Growth Experienced by Families

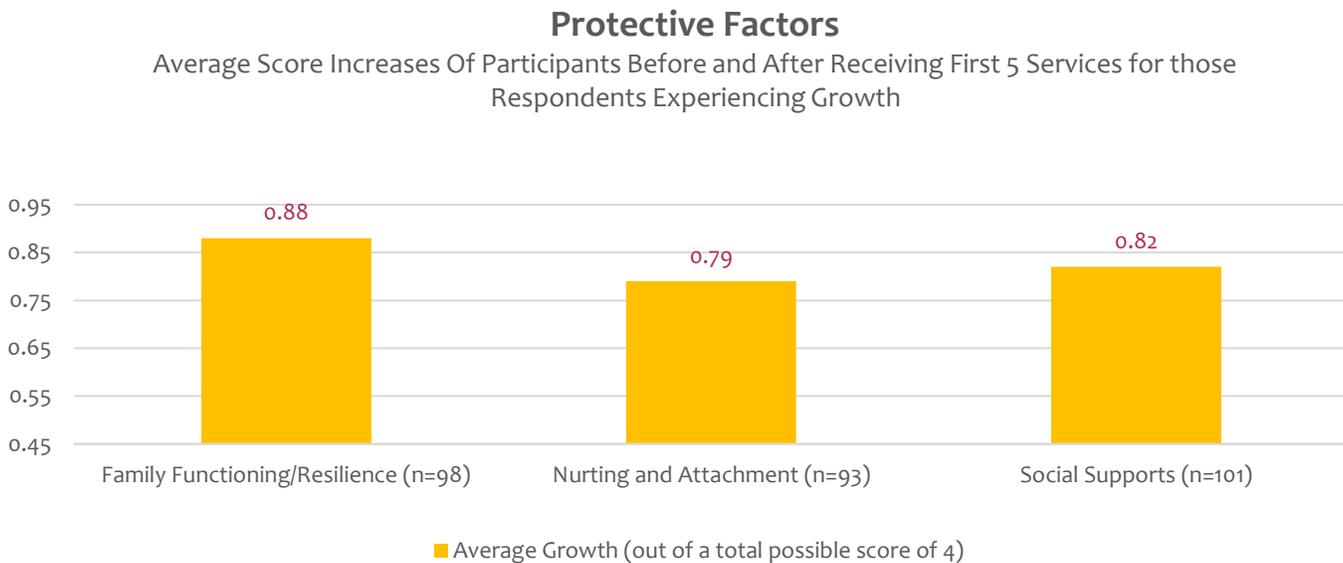
Beyond understanding where overall increased resiliency occurred, it is important to know what percentage of the population served experienced growth. The chart below illustrates the percentage of individuals that saw an increase, a decrease, or no change in their total score for each protective factor.



Between 36% and 39% of program respondents showed an increase in their protective factor scores after their participation in First 5 programming. The majority of families had the same level of resilience before and after receiving services, while a small percentage of families experienced a decrease.

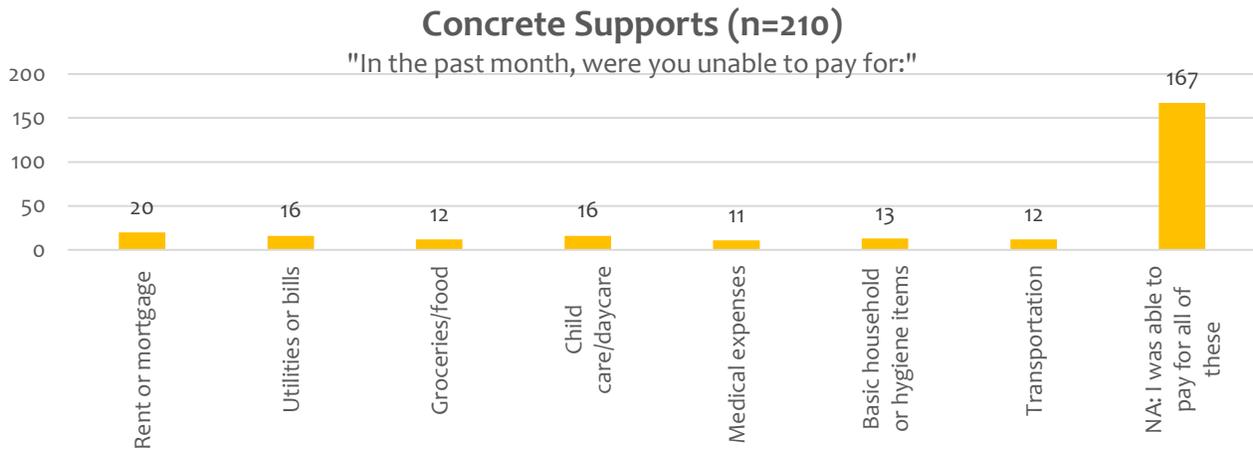
### Protective Factors – Range of Change for Those Families Experiencing Growth

Further analysis was conducted to determine the average growth experienced by families that showed an increase in their protective factor scores (those represented by the orange line in the figure above). The figure below illustrates that within the subset of families experiencing growth, the most substantial increases were seen in the Family Functioning/Resilience factor.

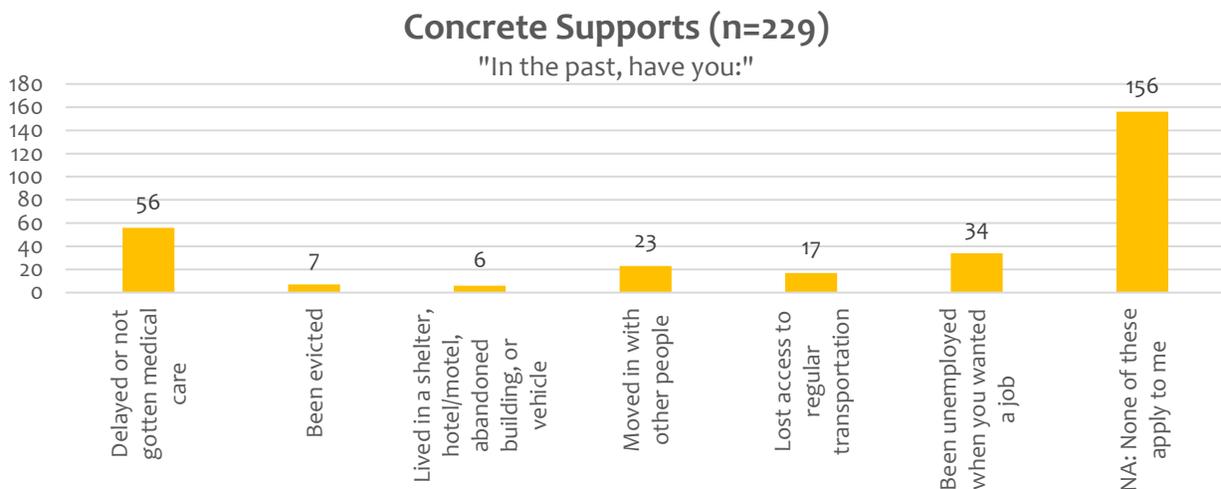


## Concrete Support Needs

The family survey additionally asks families to share information about their ability to support their basic needs.<sup>5</sup> The following table illustrates that the majority of respondents (167 or 80%) indicated that their families were able to pay for their basic needs and services in the month prior to survey completion. Rent or mortgage was the most common need that respondents indicated they had not been able to pay for in the prior month.



Survey participants were also asked if they had experienced a number of difficult living conditions.<sup>6</sup> The majority of respondents indicated they had not experienced any challenges such as housing instability, delayed medical care, unemployment or a loss of transportation (156 or 68%). The areas that some families struggled included delaying medical care or being unemployed when wanting a job.

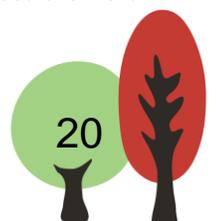


Additional measures of concrete supports indicate:

- 4% of respondents (11 of 253) indicated they often have trouble affording what they need each month
- 14% of respondents (35 of 252) indicated they never or rarely are able to afford the food they want to feed their family

<sup>5</sup> Respondents were able to select multiple answers, and totals in the following charts may exceed the total "n"s.

<sup>6</sup> Note that this question was intended to read as "In the past year, have you:" However, an error on the survey caused the word "year" to be omitted.



DEVELOPMENT ACTIVITIES OF FAMILIES SERVED

First 5 El Dorado offers early care education and supports, with the goal of encouraging families to develop habits that support child development.

READING ROUTINES OF FAMILIES SERVED



Children are Read to Every Day



As the chart above demonstrates, the percentage of families that completed the family survey for this question that read to their children every day totaled 75%, while 48% of families with children entering TK or kindergarten reported reading to their children every day.

NUMERACY ACTIVITIES OF FAMILIES SERVED



Numeracy Activities Conducted Every Day



As the chart above demonstrates, the percentage of families that completed the family survey for this question that practiced counting or did activities that involved numbers every day totaled 61%, while 45% of families with children entering TK or kindergarten reported doing similar activities with their children every day.

PLAY ROUTINES OF FAMILIES SERVED



Play Activities Conducted Every Day

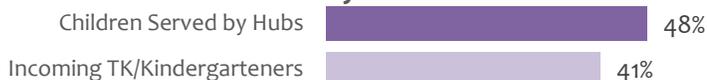


As the chart above demonstrates, the percentage of families that completed the family survey for this question that play with their children every day totaled 81%, while 65% of families with children entering TK or kindergarten reported playing with their children every day.

PHYSICAL ACTIVITIES OF FAMILIES SERVED



Physical Activities Conducted Every Day



As the chart above demonstrates, the percentage of families that completed the family survey for this question that provide their children with opportunities for outside physical activities every day totaled 48%, while 41% of families with children entering TK or kindergarten reported engaging in physical activities with their children every day.

REGULAR ROUTINES OF FAMILIES SERVED



Regular Routines Followed Daily



As the chart above demonstrates, the percentage of families that completed the family survey for this question follow regular routines with their children every day totaled 69%, while 63% of families with children entering TK or kindergarten reported following regular routines every day.

HEALTH AND WELL BEING EFFORTS OF FAMILIES SERVED

First 5 El Dorado offers health and dental care education and supports, as well as developmental screenings with the goal of supporting the health and well-being of children. It is important to note that comparison between First 5 participants and families of incoming TK and kindergartners should be considered in context. Whereas First 5 participating families include children who are between the ages of zero to five, the TK and kindergarten population-level data only includes children who are between the ages of three to five. Furthermore, the requirement that TK and kindergarten children have medical clearance prior to school entry may result in a higher achievement.

ACCESSING PREVENTIVE MEDICAL CARE



As the chart above demonstrates, the percentage of children participating in services (within families that completed the family survey for this question) that received well-child care within the last year totaled 92%, while 92% of families with children entering TK or kindergarten reported their child had received well-child care within the last year.

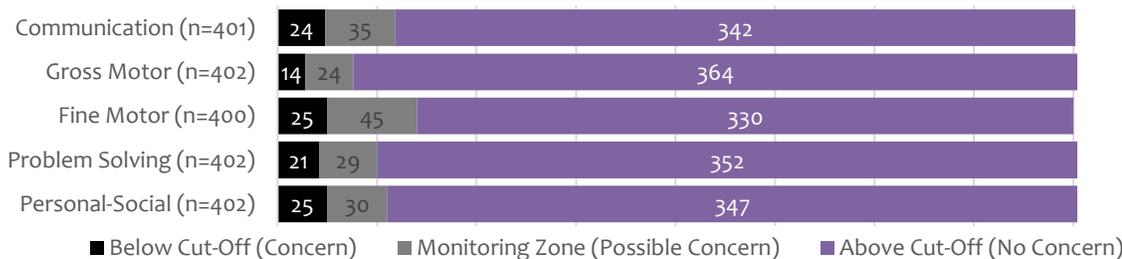
ACCESSING PREVENTIVE DENTAL CARE



As the chart above demonstrates, the percentage of children participating in services (that were age 1 year or older and within families that completed the family survey for this question) that received preventive dental care within the last six months totaled 58%, while 69% of families with children entering TK or kindergarten reported their child had preventive dental care within the last six months.

DEVELOPMENTAL SCREENINGS CONDUCTED WITH FAMILIES SERVED

A total of 402 children received ASQ developmental screenings. The most recent assessment for each child is provided in the chart below. The majority of children screened had development that was on schedule. Fine Motor skills had the highest proportion of children outside the “Above Cut-Off” zone.



ASQ:SE results are available in [Appendix B](#). Data was not collected from entering TK and kindergarten families regarding whether developmental screenings were obtained for their children.

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## COMMUNITY HUBS MODEL IMPLEMENTATION

First 5 El Dorado has embarked upon the development of Community Hubs as a mechanism to facilitate early childhood community services that align with the Strengthening Families Framework and five protective factors. County libraries currently exist in each of the five supervisorial districts in El Dorado County and serve as First 5 supported Community Hubs, playing host to a collection of program and service providers which include libraries, schools, early education providers, health care providers, human service organizations, and businesses working together.

The following section of the report provides a status update on how the model is being implemented specifically within El Dorado county as well as whether the model supports a system that is aligned, coordinated and family centered.

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### ATTRIBUTES OF COMMUNITY HUBS IN EL DORADO COUNTY

Community Hubs share common attributes that set them apart from other traditional service delivery models, each of which were described earlier in this report. Below is a description of how each of these attributes are present in the model implemented in El Dorado County.

#### Collaborative

Community Hubs in El Dorado County rely upon the shared leadership of core human service providers to direct and lead Community Hub Services. During FY 2019-2020, Community Hub Leadership included representatives from the El Dorado County Office of Education, the El Dorado County Health and Human Services Agency, Public Health Nursing and the El Dorado County Library Department.

Hub Leadership understands that at the core of the Hub's success is the relationships that are built between one another, with other service providers and ultimately with community participants. It is this core belief that drives all Hub programming and advocacy.

#### Relevantly Placed

Community Hubs in El Dorado County are implemented through local libraries and schools as a mechanism to facilitate early childhood community services that align with the Strengthening Families Framework and its three key "levers for change." While libraries and schools are central places where Hub activities occur, **any place** where Community Hub partners serve families within a community is considered a Hub.

#### Reflective of the Community Served

Community Hubs in El Dorado County understand that all environments, interactions, and collateral materials should be established within a culturally competent framework. Hub partners have conducted outreach to support connection and trust specifically within Spanish speaking communities. They have also been intentional in hiring bilingual staff and providing services in Spanish to support increased participation among this targeted population.

### Responsive to Local Needs

Through Community Health Needs Assessments, the Community Hubs Profile Report and the Annual Community Hubs Impact Reports, issues related to specific communities within El Dorado County are explored. Hub team meetings are used to brainstorm the needs of families and Hub responsiveness. Additionally, the Hubs were quick to respond to the pandemic, mobilizing to support the distribution of food, diapers, and school readiness materials.

### Person-Centered

Community Hubs in El Dorado County are intended to support access to a variety of services through a single access point. Through this person-centered approach to care where multiple needs are identified, teams are able to comprehensively serve families. In addition, all services are offered within a Strengthening Families framework.

### Adaptive

El Dorado Community Hub partners are guided by a charter, adopted in January 2017, which outlines team membership, process, and decision-making protocols which are implemented during monthly Hub Leadership meetings. It is within these meetings that Hubs are raising and discussing issues such as successes and failures, data collection issues and discoveries.

As mentioned before, all Hub services are offered within a Strengthening Families framework. This framework was chosen specifically for its universal application within various service delivery approaches, offering the flexibility needed to adjust to changing community conditions.

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### COMMUNITY HUBS AS A COORDINATED, ALIGNED AND FAMILY-CENTERED MODEL OF CARE

Beyond implementing service delivery within the framework of attributes described in the preceding section, Community Hubs are meant to promote integration, linkage, and coordination among programs, service providers, revenue resources, and professionals in an effort to better serve children and families. To evaluate whether this is occurring, the Commission monitors the progress of Community Hubs implementation. In FY 19-20, Community Hubs promoted an integrated and responsive system of care through the following efforts.

#### Strategic Implementation

The Commission has been and will continue to be thoughtful and strategic about its role in implementing Community Hubs with a long-term vision that the approach will become embedded into the fabric of the human service delivery system throughout El Dorado County.

#### Shared Leadership

Community Hubs rely upon the shared leadership of core human service providers to direct and lead Community Hub Services. During FY 2019-2020, Community Hub Leadership included representatives from:

- El Dorado County Office of Education
- El Dorado County Health and Human Services Agency, Public Health Nursing
- El Dorado County Library Department

In addition, Community Hub Leadership provides or receives input from other local partnerships to include:

- El Dorado County Board of Supervisors
- El Dorado County Mental Health Services Act
- First 5 CA Children and Families Commission
- El Dorado County Early Care and Education Planning Council
- El Dorado County Child Abuse Prevention Council
- El Dorado County Maternal, Child and Adolescent Health Advisory

### Partnerships & Shared Decision Making

Monthly Hub Leadership meetings resulted in the following efforts that promote shared problem solving and decision making:

- Establishment of a Centralized Phone Number: Hub leadership worked with First 5 to establish a centralized phone number that community partners can use to support increased referrals to Community Hubs. The Community Health Advocate receives calls and assesses a caller's needs prior to making referrals. A system has been developed to collect caller information and to route referrals to appropriate Hub partners and community resources.
- Hub Sustainability: Community of Practice facilitation was held to discuss the long-term sustainability of the Hub model throughout El Dorado County. The exercise was duplicated with the Commission to ensure alignment between the Commission and Hub Leadership.
- Hub Team Strengthening: Hub Leadership, in conjunction with First 5 staff, identified the need to support Hub teams. During contractor meetings, activities were conducted to build team morale and support knowledge of the Family Strengthening Framework.
- COVID-19 Response: Hub Leadership came together to brainstorm and respond to the changing needs of families due to the pandemic. Hub team members shared and leveraged successful strategies to reach families in a virtual setting. Additionally, Hub teams worked with local partners to support basic needs distribution to families and childcare providers.
- Scope of Work and Evaluation Discussions: First 5 and Hub Leadership worked closely to ensure that all Hub partners understood their individual and collective scope of work. There were also shared discussions around the evaluation framework and data collection efforts.



## CONCLUSIONS AND RECOMMENDATIONS

The First 5 El Dorado Commission has invested in **Community Hubs** as its primary strategy for achieving the goals it has set forth in its 2016-2021 strategic plan which include building protective factors in families, encouraging family habits that support their child's development, as well as ensuring children receive developmental screenings and that they are accessing preventive health and dental care. Evaluation results indicate that while Community Hubs have made gains in each of these areas, any additional growth would require structural adjustments and supplemental funding. This conclusion is drawn from year-over-year findings that reveal similar conditions.

### CONCLUSIONS

**Improved Family Functioning:** Families participating in Hub services benefit from the presence of protective factors.

Most families participating in Hub services were relatively high functioning prior to service participation and experienced little to moderate levels of improvement in protective factors that lead to resilient families. For those families that did experience growth (between 36-39% of survey respondents), the growth was substantial. Previous evaluation reports have revealed similar findings.

**Improved Child Development:** Families participating in Hub services have incorporated habits into their daily routines that support their child's development.

Most families participating in Hub services read, count, and play with their children daily. They also follow regular routines and take their kids outside for physical activities. All of these habits support a child's development. The evaluation used data that was collected from incoming TK and kindergarten families to compare the habits of the community to that of families participating in Hub services. Findings indicate that families participating in Hub services conduct these kinds of child development activities with their children more often than our comparison group. Previous evaluation reports have revealed similar findings.

**Improved Child Health:** It is unclear whether Families participating in Hub services are benefiting from improved health and wellness. Families participating in Hub services report that their child had accessed preventive well-childcare within the last year at the exact same rate as our comparison group (92%). In terms of dental care, only 59% of families responding to the family survey that participating in Hub services report that their child had accessed preventive dental care within the last six months. Access to dental care has always been a difficult area to impact change for families served.

The last area in which the Commission seeks to impact children's health has to do with the completion of developmental screenings. A total of 2,713 children were served by Hubs, while only 411 children were provided with developmental screenings. Furthermore, it is likely that most of the 411 children who received a developmental screening did so outside of the Hub structure.



## RECOMMENDATIONS

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Because this evaluation report used Community Hubs as the mechanism to evaluate how the Commission has achieved its strategic plan goals, the recommendations offered below take into consideration data from previous evaluation reports as well as Hub reports.

### **Build upon the adjustments made during the pandemic.**

The pandemic created increased hardships on families everywhere. Community Hubs mobilized to meet the needs of the communities they served. Having built relationships with other community service partners to provide food, diapers, and technology to support distance learning is an excellent example of how Hubs can quickly respond to changing community conditions. This model of established relationships between service providers and the community could, if leveraged, transform Hubs from a place where people get services to a system where people are supported.

### **Examine whether the current Hub service delivery approach is the best strategy to impact change according to the Commission's strategic plan goals and objectives.**

Hubs have traditionally served high functioning families as defined not only by strong protective factor scores at program entry, but also by the socio-demographic profile of families served (based on data obtained by Family Survey respondents). If it is the intent of the Commission to improve (rather than supplement existing levels of) family functioning, child development and children's health, it may want to examine if it should focus efforts on vulnerable families who may benefit the most from Commission investments.

Additionally, the evaluation framework does not collect data that clearly demonstrates that Hub services resulted in changes specifically to habits that support child development and accessing preventive medical and dental care for children in families served. The Commission may want to revisit its theory of change to ensure that investments are linked to the outcomes being sought and that data is collected in a manner that can create a more significant link between service and impact.

### **Grow existing and secure additional strategic partnerships to expand and sustain Hub operations.**

Hub services have reached saturation with existing resources. In order for the Hub to fully realize its potential it will need the increased engagement of existing partners as well the added contribution of new stakeholders to address issues such as leadership, outreach, navigational supports, service expansion, and data deficiencies. For more information on how each of these issues continues to impact the Hub model, refer to the 2020 Hubs Report.

### **Establish a comprehensive and efficient data management process.**

First 5 has consistently led efforts to adjust data collection tools and practices, and this year was no different. Enhancements included the addition of a Family Survey coversheet that allowed for the estimated deduplication across programs. Additionally, revisions have been made annually to the Family Survey to ensure that data collection efforts are respectful and appropriate. However, there are still areas that need to be addressed to ensure that data collected is comprehensive and clean for analysis. An ideal solution would be to have a centralized database that allows for the consistent collection of all service data. This would also allow the Commission an opportunity to see the depth of service integration at the Hub level. The Commission is

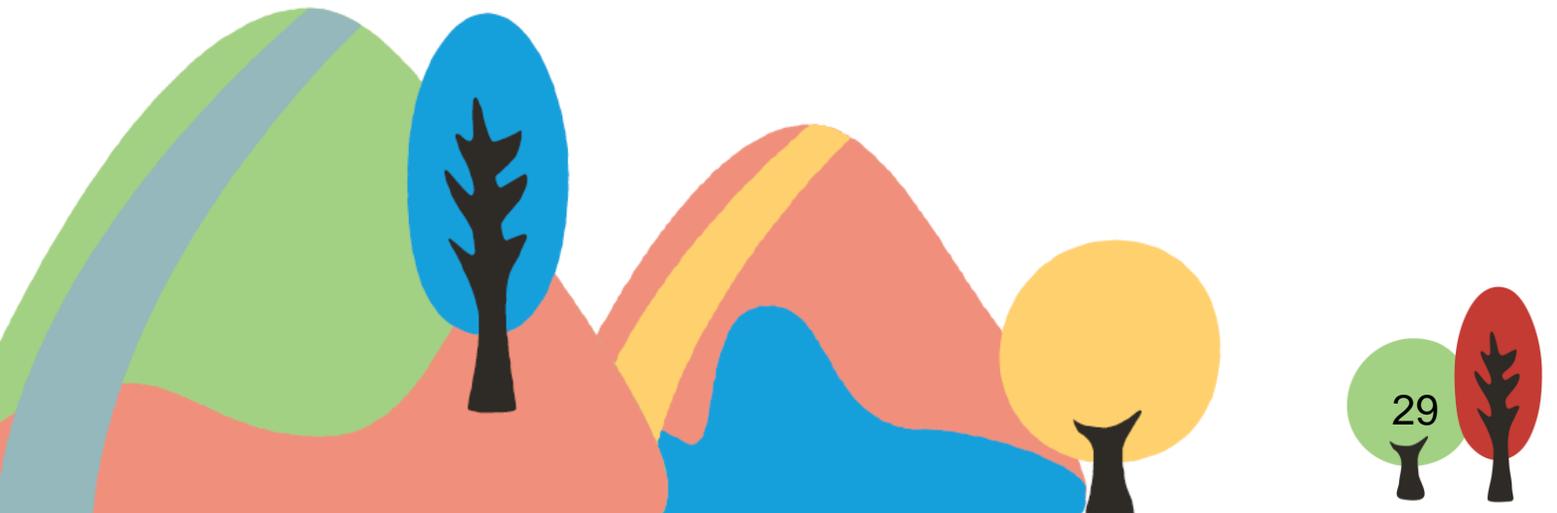
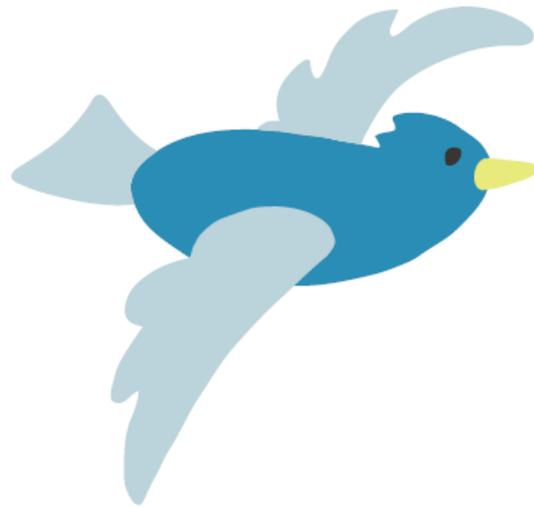
working towards this goal in its support for the Library STARS database, and while it will not collect all Hub partner data, it is a move in the right direction. Additional consideration should be given to shifting the collection of socio-demographic data such as family income and educational attainment to the registration process as opposed to use of the Family Survey. This may support a different kind of analysis in the future. Lastly, the Commission should consider aligning its data collection to census categories so that service population can be compared to the general population.

## APPENDICES

### APPENDIX A: HUB SNAPSHOTS

These snapshots are being provided as a general overview of Hub activities. To allow for year to year comparisons of Hub-level data, the total number of people served, and associated demographics includes Together We Grow Playgroup, Ready to Read @ Your Local Library, and Children's Health program participants. Children who received developmental screens by the TWG program are not included in Hub totals unless they also participated in playgroups.

Please note that when looking at the data in the tables provided for each Hub, percentages may not add up to 100% exactly due to rounding issues.



## HUB 1 DATA SNAPSHOT

Type of Data	Number in Service Population	Surveys Collected	Margin of Error
Hub 1 Participant Data (families)	548 duplicated 507 unduplicated (est.)	84	10%
Community Level Data – TK/K (children)	713	437	3%

Total Hub Target Population		39,658		Race		Total Population		Service Population	
		FY18-19	FY19-20			FY18-19	FY19-20		
<b>Total Individuals Served</b>		<b>1,756</b>	<b>1,288</b>	White		82%	62%	69%	
<b>Surveys collected</b>		<b>152</b>	<b>84</b>	Multiracial		5%	11%	8%	
<b>Age</b>		<b>FY18-19</b>	<b>FY19-20</b>	Black		2%	1%	<1%	
Individuals 6 and older		716 (41%)	579 (45%)	American Indian		<1%	1%	1%	
Children (under 6)		1,040 (59%)	709 (55%)	Asian/Pac Islander		10%	9%	9%	
Under 3		549 (53%)	377 (53%)	Hispanic		9%	4%	5%	
3 to 6		457 (44%)	319 (45%)	Other		-	<1%	1%	
Unknown		34 (3%)	13 (2%)	Unknown		-	13%	6%	
<b>Income</b>	<b>Total Population Mean Income</b>	<b>Service Population Living At or Below 130% FPL</b>		<b>Language</b>		<b>Total Population</b>		<b>Service Population</b>	
		FY18-19	FY19-20			FY18-19	FY19-20		
	\$154,631	2%	2%	Primary-English		-	82%	94%	
<b>Education</b>	<b>Total Population</b>	<b>Service Population</b>		Primary-Spanish		-	<1%	1%	
		FY18-19	FY19-20	Primary-other		-	<1%	3%	
HS Graduates	96%	97%	99%	Primary-unknown		-	17%	2%	
Bachelor's Degree	52%	76%	84%						

Services Provided										
	Early Literacy Activities		Raising Reader Activities		Play and Learn Activities		Connect Families to Medical and Dental Providers, Insurance, and Other Services		Parenting Classes	
	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20
Individuals or Families Served	1,146	957	11	13	93	92	6	10	6	4
Services/Events Provided	195	190	16	5	32	21	25	132	6	15

Family Functioning			
Presence of Protective Factors	% of Population that Experienced Positive Change	Population Served (average scores out of a possible total of 4)	
		Pre-Service Score	Post Service Score
Family Functioning/Resilience	29%	3.47	3.68
Nurturing and Attachment	37%	2.55	2.71
Social Supports	25%	3.33	3.44

Child Development Activities Reading <i>(remaining percentages comprise answers of "Never")</i>			
Reading Routines	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Every day	77%	82%	52%
5-6 Days	11%	9%	23%
3-4 Days	10%	5%	19%
1-2 Days	2%	4%	6%
Numeracy Activities	Population Served	Population Served	TK/K
Every day	68%	68%	45%
5-6 Days	14%	21%	28%
3-4 Days	11%	11%	20%
1-2 Days	6%	0%	7%
Play Routines	Population Served	Population Served	TK/K
Every day	81%	89%	65%
5-6 Days	9%	8%	24%
3-4 Days	8%	1%	8%
1-2 Days	1%	1%	3%
Physical Activities	Population Served	Population Served	TK/K
Every day	39%	61%	37%
5-6 Days	31%	24%	29%
3-4 Days	23%	9%	26%
1-2 Days	7%	6%	8%
Regular Routines	Population Served	Population Served	TK/K
Every day	69%	77%	65%
5-6 Days	22%	19%	27%
3-4 Days	7%	4%	7%
1-2 Days	1%	0%	1%
Health and Well-Being Efforts			
Well Child	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Within past year	97%	96%	95%
Between 1 and 2 years ago	1%	2%	5%
More than 2 years ago	1%	0%	0%
Never (only when child is sick)	1%	1%	<1%
Dental Care	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Less than 6 months ago	61%	55%	76%
>6 months to <1 year ago	9%	20%	11%
Between 1 and 2 years ago	3%	3%	6%
More than 2 years ago	1%	2%	1%
Never (only when child is in pain)	25%	20%	5%
Developmental Screenings	FY19-20		FY18-19
	Population Served		Population Served
ASQ	112 unduplicated (of 709 duplicated children served)		73 unduplicated (of 1,040 duplicated children served)
ASQ:SE	73 unduplicated		65 unduplicated



## Family Insights & Experiences

Select families were interviewed to gain an understanding about their Hub experience. Additionally, Hub service partners provide information in their quarterly reporting that help to demonstrate the impact that Hub services have on families.

### Knowledge of Hub Services

Based on interviews conducted with families, most people heard about Hub services from the library or a school site. Other ways people identified that Hub services may be advertised include:

- Newspaper
- Flyers posted in community spaces
- Facebook postings

Additionally, some families interviewed indicated either an unfamiliarity with or confusion regarding the concept of a Hub and others were not fully aware of the variety of services available.

### Hub Strengths & Opportunities

Families identified the following strengths of Hub services:

- High-quality child development services
- Staff responsiveness to meeting family needs
- Relationships that are built between staff and families

Families also identified areas where the Hub could stretch:

- Offering services during non-traditional times
- Proactive well-being check-ups with families
- Do outreach so that more families know about services
- Direct instruction on how parents can lead learning activities at home

### Hub Service Expansion

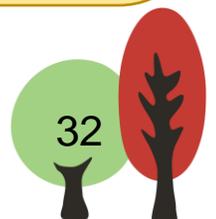
Families were asked what other kinds of services and supports Hubs could offer that could strengthen their family and improve their child's health and development. Opportunities identified included:

- Parent support groups
- Parent discussion forums on dental health, communication with children, health, and different learning abilities
- Big Brother Big Sister services
- Supports for parents with children who have special needs
- Transition to kindergarten supports
- Expanded exposure to healthy foods for children
- Expanded education on healthy dental practices

### One Family's Story

The Public Health Nurse (PHN) in Hub 1 connected with a single mother of a toddler who was experiencing a high-risk pregnancy, was new to the area, and had a lack of resources/support. The PHN helped to connect the client to services, establishing a pediatrician for her toddler, getting their immunizations up to date, and accessing medical care that resulted in the delivery of a healthy infant. The client was later referred by the Public Health Nurse to the Community Health Advocate (CHA) when it was determined she was at risk of homelessness. The CHA was able to help the client secure temporary housing at a motel, and provided her with diapers, books, and a grocery store gift card.

**At a time when this mother's support system needed a boost, the Community Hubs were able to step up and offer this client concrete support in a time of need.**





## Hub Adaptability to Pandemic

The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Issues such as poverty, lack of childcare and access to basic needs such as food and housing are increasing for families while children are at amplified risk for suffering due to mental health concerns and the unequal access to technology needed for distance learning. Community Hubs have adapted their approach to services and the supports they provide to be responsive to this unprecedented circumstance.

### Changing Needs of Families Since Pandemic

The changing needs of families since the pandemic was identified through family interviews as well as discussions held with Hub teams. Since the pandemic, families indicated needing more help with basic needs, unemployment navigation, financial resources, and childcare needs. In addition, families are experiencing stress, anxiety and isolation related to the pandemic. Families have indicated missing the socialization offered by Hubs for their children as well as the connection they had with other parents.



### Hub 1 Adaptations to Pandemic Circumstances

In mid-March 2020, Hub services ceased to be offered in person. Hub service partners shifted to virtual service delivery where possible, hosting Zoom playgroups and Storytime via Facebook live. Service providers reached out to families to connect and mobilized to meet basic needs requests. Hub providers partnered with other community service providers to host drive-by diaper giveaways, food distributions, and activity packet and book distribution to families.

*The [Hub staff] came by our house and dropped off a bag of art supplies and my kids just loved it. We did the diaper drive too, just to see the familiar face(s).*

Hub 1 Family Participant

### Opportunities to Strengthen Family Supports During Pandemic

*It's hard for us to do the remote learning thing because the kids are so young. They are not interested in Zoom because they think it is TV.*

Hub 1 Family Participant

Families indicated a desire to connect more with other families while the pandemic prevents in-person service delivery. Virtual parenting groups, discussion forums and other ways to stay connected were supports that were most often requested. In addition, families appreciated the books and art supplies that have been delivered to family homes so that children can still participate in new learning activities.

## HUB 2 DATA SNAPSHOT

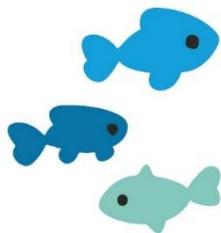
Type of Data	Number in Service Population	Surveys Collected	Margin of Error
Hub 2 Participant Data (families)	299 duplicated 284 unduplicated (est.)	35	15%
Community Level Data – TK/K (children)	129	86	6%

Total Hub Target Population		36,809		Race	Total Population	Service Population	
		FY18-19	FY19-20			FY18-19	FY19-20
<b>Total Individuals Served</b>	<b>873</b>	<b>707</b>		White	90%	74%	74%
<b>Surveys collected</b>	<b>65</b>	<b>35</b>		Multiracial	4%	8%	6%
<b>Age</b>	<b>FY18-19</b>	<b>FY19-20</b>		Black	1%	1%	<1%
Individuals 6 and older	341 (39%)	337 (48%)		American Indian	1%	1%	1%
Children	532 (61%)	370 (52%)		Asian/Pac Islander	3%	<1%	1%
Under 3	275 (52%)	171 (46%)		Hispanic	11%	5%	7%
3 to 6	218 (41%)	179 (48%)		Other	-	<1%	<1%
Unknown	39 (7%)	20 (5%)		Unknown	-	10%	8%
<b>Income</b>	<b>Total Population Mean Income</b>	<b>Service Population Living At or Below 130% FPL</b>		<b>Language</b>	<b>Total Population</b>	<b>Service Population</b>	
		FY18-19	FY19-20			FY18-19	FY19-20
	\$103,615	9%	9%	Primary-English	-	76%	89%
<b>Education</b>	<b>Total Population</b>	<b>Service Population</b>		Primary-Spanish	-	2%	4%
		FY18-19	FY19-20	Primary-other	-	0%	1%
HS Graduates	93%	95%	97%	Primary-unknown	-	22%	5%
Bachelor's Degree	31%	65%	66%				

Services Provided										
	Early Literacy Activities		Raising a Reader Activities		Play and Learn Activities		Connect Families to Medical and Dental Providers, Insurance, and Other Services		Parenting Classes	
	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20
Individuals or Families Served	540	496	23	15	35	21	2	36	2	4
Services/Events Provided	164	132	16	11	37	26	51	205	6	12

Family Functioning			
Presence of Protective Factors	% of Population that Experienced Positive Change	Population Served (average scores out of a possible total of 4)	
		Pre-Service Score	Post Service Score
Family Functioning/Resilience	39%	3.28	3.61
Nurturing and Attachment	27%	2.42	2.58
Social Supports	30%	3.32	3.57

Child Development Activities Reading (remaining percentages comprise answers of "Never")			
Reading Routines	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Every day	83%	74%	49%
5-6 Days	8%	14%	27%
3-4 Days	8%	9%	19%
1-2 Days	2%	3%	6%
Numeracy Activities	Population Served	Population Served	TK/K
Every day	62%	74%	53%
5-6 Days	20%	9%	24%
3-4 Days	17%	14%	15%
1-2 Days	2%	3%	7%
Play Routines	Population Served	Population Served	TK/K
Every day	83%	80%	76%
5-6 Days	9%	11%	12%
3-4 Days	6%	9%	12%
1-2 Days	2%	0%	1%
Physical Activities	Population Served	Population Served	TK/K
Every day	43%	51%	52%
5-6 Days	31%	29%	27%
3-4 Days	20%	17%	17%
1-2 Days	6%	3%	3%
Regular Routines	Population Served	Population Served	TK/K
Every day	74%	77%	67%
5-6 Days	20%	20%	21%
3-4 Days	5%	0%	9%
1-2 Days	2%	3%	2%
Health and Well-Being Efforts			
Well Child	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Within past year	95%	97%	95%
Between 1 and 2 years ago	3%	3%	2%
More than 2 years ago	0%	0%	0%
Never (only when child is sick)	2%	0%	2%
Dental Care	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
<6 months ago	59%	56%	65%
>6 months to <1 year ago	20%	8%	25%
Between 1 and 2 years ago	2%	4%	2%
More than 2 years ago	0%	0%	0%
Never (only when child is in pain)	20%	32%	8%
Developmental Screenings	FY19-20		FY18-19
	Population Served		Population Served
ASQ	57 unduplicated (of 370 duplicated children served)		79 unduplicated (of 532 duplicated children served)
ASQ:SE	45		75



## Family Insights & Experiences

Select families were interviewed to gain an understanding about their Hub experience. Additionally, Hub service partners provide information in their quarterly reporting that help to demonstrate the impact that Hub services have on families.

### Knowledge of Hub Services

Based on interviews conducted with families, most people hear about Hub services from the library, by word of mouth, or by a school site. Other ways people identified that Hub services may be advertised include:

- Health care professional
- Flyers posted in community spaces
- Social media postings

### Hub Strengths & Opportunities

Families identified the following strengths of Hub services:

- Opportunities for parents and children to socialize
- Staff responsiveness to meeting family needs
- Relationships that are built between staff and families
- Facilitating parent connections
- Connecting families to medical services

Families also identified areas where the Hub could stretch:

- Offering services during non-traditional times
- Proactive well-being check-ups with parents
- Proactive service offerings, info about community resources, and referrals
- Do outreach so that more families know about services

### Hub Service Expansion

Families were asked what other kinds of services and supports Hubs could offer that could strengthen their family and improve their child's health and development. Opportunities identified included:

- STEM classes
- Connecting families to childcare providers
- Parenting Book Clubs
- Playgroups for older children
- Parenting supports for older children
- Community gatherings where families who have met each other can connect outside of the library
- Father focused services
- Medical, dental and mental health workshops
- Nutrition screening and supports
- Provide a directory of community resources

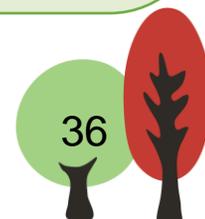
### One Family's Story

A parent who attended a Hub parent workshop in Spring 2019 began routinely attending the Cameron Park Library story time. As a result of their participation and several individual interactions with the Family Engagement Specialist, this parent learned strategies aimed at reducing undesirable behavior from their child.

Within the same month, the Community Health Advocate (CHA) from Hub 2 met this parent in the Cameron Park library setting and due to a consistent, supportive presence, gained her trust. The parent opened up about challenges the family was facing and the CHA shared information on local mental health resources and served as a "listening ear."

In the most recent interaction, the parent exhibited increased confidence and an ability to handle life's struggles as well as expressed thankfulness to the CHA for being a source of support. The parent even shared plans to go back to college to earn a degree!

**The interaction between one family and multiple Community Hub team members over time exemplifies how the team can work together to support families, increase parental resiliency, and achieve lasting, impactful results in our community through collaborative efforts to increase protective factors.**



## Hub Adaptability to Pandemic



The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Issues such as poverty, lack of childcare and access to basic needs such as food and housing are increasing for families while children are at amplified risk for suffering due to mental health concerns and the unequal access to technology needed for distance learning. Community Hubs have adapted their approach to services and the supports they provide to be responsive to this unprecedented circumstance.

### Changing Needs of Families Since Pandemic

The changing needs of families since the pandemic was identified through family interviews as well as discussions held with Hub teams. Since the pandemic, families indicated needing more help with basic needs, employment, childcare, and support with the use of technology. In addition, families are experiencing stress, anxiety and isolation related to the pandemic. Families have indicated the need to understand how to communicate about the pandemic and how to best support their child’s social emotional needs.



### Hub 2 Adaptations to Pandemic Circumstances

In mid-March 2020, Hub services ceased to be offered in person. Hub service partners shifted to virtual service delivery where possible, hosting Zoom playgroups and Storytime via Facebook live and through pre-recorded sessions. Service providers reached out to families to connect and mobilized to meet basic needs requests. Hub providers partnered with other community service providers to host drive-by diaper giveaways and food distributions. The library also conducted drive-by meet and greets and craft-packet drop-offs for families.

Together We Grow took initiative in going out to the community to serve families outside of the library structure, and partnering with a local school to provide Internet access and to offer iPads for check-out for families who needed that kind of support. They have also been providing TA to help families navigate zoom technology.

*The coolest thing, after meeting [Hub staff] was feeling like I wasn't alone.*  
Hub 1 Family Participant

### Opportunities to Strengthen Family Supports During Pandemic

Families have requested the option of modified in-person service delivery, offering the options of home visiting, outdoor activities, or in a socially distanced fashion. In addition, one family requested COVID-19 related stories/books that help communicate the challenges of the pandemic to children in a manner they can understand as well as activities that help support social emotional development and stress the importance of personal hygiene (wearing masks and washing hands).

One challenge noted by providers was the lack of access to Internet and technology that is necessary to engage in virtual service delivery. The Hub may want to explore how it can support expanded access to technical resources for all family members so that they can stay connected to educational and other necessary resources during the pandemic.

## HUB 3 DATA SNAPSHOT

Type of Data	Number in Service Population	Surveys Collected	Margin of Error
Hub 3 Participant Data (families)	494 duplicated 440 unduplicated (est.)	56	12%
Community Level Data – TK/K (children)	111	56	9%

Total Hub Target Population		30,597		Race		Total Population	Service Population	
		FY18-19	FY19-20				FY18-19	FY19-20
<b>Total Individuals Served</b>	<b>1,662</b>	<b>1,168</b>		White		90%	69%	59%
<b>Surveys collected</b>	<b>87</b>	<b>56</b>		Multiracial		3%	10%	3%
<b>Age</b>	<b>FY18-19</b>	<b>FY19-20</b>		Black		<1%	<1%	<1%
Individuals 6 and older	625 (38%)	563 (48%)		American Indian		2%	<1%	6%
Children	1,037 (62%)	605 (52%)		Asian/Pac Islander		1%	1%	<1%
Under 3	528 (51%)	267 (44%)		Hispanic		11%	10%	13%
3 to 6	460 (44%)	255 (42%)		Other		-	<1%	1%
Unknown	49 (5%)	83 (14%)		Unknown		-	9%	17%
<b>Income</b>	<b>Total Population Mean Income</b>	<b>Service Population Living At or Below 130% FPL</b>		<b>Language</b>		<b>Total Population</b>	<b>Service Population</b>	
		FY18-19	FY19-20				FY18-19	FY19-20
	\$92,248	11%	11%	Primary-English		-	78%	83%
<b>Education</b>	<b>Total Population</b>	<b>Service Population</b>		Primary-Spanish		-	6%	7%
		FY18-19	FY19-20	Primary-other		-	0%	5%
HS Graduates	91%	93%	85%	Primary-unknown		-	16%	5%
Bachelor's Degree	23%	54%	43%					

Services Provided										
	Early Literacy Activities		Raising a Reader Activities		Play and Learn Activities		Connect Families to Medical and Dental Providers, Insurance, and Other Services		Parenting Classes	
	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20
Individuals or Families Served	1,093	705	12	13	103	63	4	179	0	7
Services/Events Provided	225	203	15	15	40	29	129	365	0	14

Family Functioning			
Presence of Protective Factors	% of Population that Experienced Positive Change	Population Served (average scores out of a possible total of 4)	
		Pre-Service Score	Post Service Score
Family Functioning/Resilience	35%	3.36	3.56
Nurturing and Attachment	38%	2.72	2.87
Social Supports	36%	3.38	3.48

Child Development Activities Reading (remaining percentages comprise answers of "Never")			
Reading Routines	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Every day	75%	72%	56%
5-6 Days	10%	13%	18%
3-4 Days	8%	9%	11%
1-2 Days	7%	6%	15%
Numeracy Activities	Population Served	Population Served	TK/K
Every day	56%	55%	53%
5-6 Days	24%	27%	22%
3-4 Days	9%	14%	20%
1-2 Days	9%	4%	5%
Play Routines	Population Served	Population Served	TK/K
Every day	76%	80%	75%
5-6 Days	15%	13%	13%
3-4 Days	6%	7%	9%
1-2 Days	3%	0%	4%
Physical Activities	Population Served	Population Served	TK/K
Every day	37%	42%	55%
5-6 Days	30%	27%	22%
3-4 Days	22%	27%	22%
1-2 Days	11%	4%	2%
Regular Routines	Population Served	Population Served	TK/K
Every day	62%	64%	65%
5-6 Days	30%	25%	31%
3-4 Days	6%	4%	4%
1-2 Days	1%	5%	0%
Health and Well-Being Efforts			
Well Child	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Within past year	94%	85%	94%
Between 1 and 2 years ago	2%	5%	4%
More than 2 years ago	0%	0%	2%
Never (only when child is sick)	4%	9%	0%
Dental Care	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
<6 months ago	63%	60%	78%
>6 months to <1 year ago	20%	10%	4%
Between 1 and 2 years ago	0%	10%	9%
More than 2 years ago	0%	0%	0%
Never (only when child is in pain)	17%	21%	5%
Developmental Screenings	FY19-20		FY18-19
	Population Served		Population Served
ASQ	85 unduplicated (of 605 duplicated children served)		116 unduplicated (of 1,037 duplicated children served)
ASQ:SE	66		100



## Family Insights & Experiences

Select families were interviewed to gain an understanding about their Hub experience. Additionally, Hub service partners provide information in their quarterly reporting that help to demonstrate the impact that Hub services have on families.

### Knowledge of Hub Services

Based on interviews conducted with families, most people hear about Hub services from the library, medical providers, or by word of mouth. Other ways people identified that Hub services may be advertised include:

- TWG Door-to-Door Outreach
- Flyers posted in community spaces
- Social media postings

### Hub Strengths & Opportunities

Families identified the following strengths of Hub services:

- Child development information and activities
- Socialization opportunities for parents and children
- Staff responsiveness to meeting family needs
- Relationships that are built between staff and families
- Facilitating parent and community connections
- Connecting families to other community resources

Families also identified areas where the Hub could stretch:

- Proactive well-being check-ups with parents
- Provide at-home materials like books and crafts
- Offer Spanish and bilingual services
- Additional playgroups and different locations
- Promotion of dental van/dental services

### Hub Service Expansion

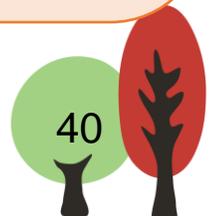
Families were asked what other kinds of services and supports Hubs could offer that could strengthen their family and improve their child's health and development. Opportunities identified included:

- Tutoring, homework, and college admission help
- Conduct activities outside of the library structure
- Drug prevention education directed to children
- Relationship counseling/support
- More parenting classes and parent focused activities
- Building parents ability to advocate for themselves
- Vaccination education
- Nutrition and Mental Health Workshops
- Provide additional information on community resources

### One Family's Story

The Public Health Nurse connected with a single mother of three children who was experiencing a mental health crisis. The PHN met with the client prior to her discharge from the psychiatric hospital to establish a plan of care, and ensure she had supports in place for the remainder of her pregnancy. The client met with the PHN at the library to cover a course used as a prevention tool for postpartum depression. While at the library, the mother signed up for a library card and grabbed a calendar of events which included Play and Learns hosted by the Family Engagement Specialist. The client reported improvement to her mental health and was able to avoid CPS involvement due to the coordination of care offered by the PHN. Following delivery, the mother experienced financial insecurity resulting from COVID-19 impacts. The PHN made a referral to the CHA. The CHA was able to assist her in applying for benefits through the CalWORKS program, preventing a financial emergency for her family.

**The multifaceted services offered through the Community Hubs increased the resiliency of this family by providing concrete support in a time of need—assisting with basic needs, addressing mental health concerns, and promoting early literacy and family engagement.**



## Hub Adaptability to Pandemic



The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Issues such as poverty, lack of childcare and access to basic needs such as food and housing are increasing for families while children are at amplified risk for suffering due to mental health concerns and the unequal access to technology needed for distance learning. Community Hubs have adapted their approach to services and the supports they provide to be responsive to this unprecedented circumstance.

### Changing Needs of Families Since Pandemic

The changing needs of families since the pandemic was identified through family interviews as well as discussions held with Hub teams. Since the pandemic, families indicated needing more help with basic needs, COVID-19 supplies and mental health supports. In addition, families are experiencing stress, anxiety and isolation related to the pandemic. Families have indicated the need to understand how to communicate with their children about the pandemic and how to best support their child’s social emotional needs.



### Hub 3 Adaptations to Pandemic Circumstances

In mid-March 2020, Hub services ceased to be offered in person. Hub service partners shifted to virtual service delivery where possible, hosting Zoom playgroups and Storytime. Service providers reached out to families to connect and mobilized to meet basic needs requests. Hub providers partnered with other community service providers to host drive-by diaper give-aways and food distributions. The library started to provide activity packets through the mail while TWG did some door drops and front-yard visits. Together We Grow worked with the school to bring a van into one Mobile home park to support internet access for families so that they could access online content and recruited some retired volunteers to help tutor kids during the summer.

*Zoom meetings have continued to create regulation for my child. My daughter enjoys the families faces.*

Hub 1 Family Participant

In addition, Hub partners began to proactively reach out to families to conduct well-being check-ins.

### Opportunities to Strengthen Family Supports During Pandemic

Families have requested more access to basic needs such as food, masks, cleaning supplies and hygiene products. In addition, one family requested the option of modified in-person service delivery, offering the options of outdoor activities, or socially distanced settings.

One challenge noted by providers was the lack of access to Internet and technology that is necessary to engage in virtual service delivery. The Hub may want to explore how it can support expanded access to technical resources for all family members so that they can stay connected to educational and other necessary resources during the pandemic.

HUB 4 DATA SNAPSHOT

Type of Data	Number in Service Population	Surveys Collected	Margin of Error
Hub 4 Participant Data (families)	242 duplicated 202 unduplicated (est.)	30	17%
Community Level Data – TK/K (children)	549	274	4%

Total Hub Target Population		40,718		Race		Total Population	Service Population	
		FY18-19	FY19-20				FY18-19	FY19-20
<b>Total Individuals Served</b>	<b>809</b>	<b>574</b>		White		93%	90%	74%
<b>Surveys collected</b>	<b>34</b>	<b>30</b>		Multiracial		4%	2%	1%
<b>Age</b>	FY18-19			Black		<1%	<1%	2%
Individuals 6 and older	377 (47%)	356 (62%)		American Indian		1%	<1%	1%
Children	432 (53%)	218 (38%)		Asian/Pac Islander		2%	1%	<1%
Under 3	114 (26%)	73 (33%)		Hispanic		8%	3%	2%
3 to 6	245 (57%)	111 (51%)		Other		-	0%	0%
Unknown	73 (17%)	34 (16%)		Unknown		-	4%	20%
<b>Income</b>	Total Population Mean Income	Service Population Living At or Below 130% FPL		Language		Total Population	Service Population	
		FY18-19	FY19-20				FY18-19	FY19-20
	\$103,010	12%	23%	Primary-English		-	80%	78%
<b>Education</b>	Total Population	Service Population		Primary-Spanish		-	<1%	1%
		FY18-19	FY19-20	Primary-other		-	0%	1%
HS Graduates	94%	84%	80%	Primary-unknown		-	20%	20%
Bachelor's Degree	29%	24%	33%					

Services Provided										
	Early Literacy Activities		Raising a Reader Activities		Play and Learn Activities		Connect Families to Medical and Dental Providers, Insurance, and Other Services		Parenting Classes	
	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20
Individuals or Families Served	195	198	24	5	13	5	63	154	1	6
Services/Events Provided	70	71	16	13	22	18	949	1,175	6	6

Family Functioning			
Presence of Protective Factors	% of Population that Experienced Positive Change	Population Served (average scores out of a possible total of 4)	
		Pre-Service Score	Post Service Score
Family Functioning/Resilience	77%	2.77	3.77
Nurturing and Attachment	53%	2.42	3.05
Social Supports	77%	2.22	3.42

Child Development Activities Reading (remaining percentages comprise answers of “Never”)			
Reading Routines	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Every day	79%	87%	46%
5-6 Days	18%	3%	20%
3-4 Days	3%	3%	21%
1-2 Days	0%	7%	11%
Numeracy Activities	Population Served	Population Served	TK/K
Every day	65%	63%	41%
5-6 Days	29%	30%	26%
3-4 Days	6%	3%	24%
1-2 Days	0%	3%	8%
Play Routines	Population Served	Population Served	TK/K
Every day	79%	87%	61%
5-6 Days	21%	10%	21%
3-4 Days	0%	3%	14%
1-2 Days	0%	0%	4%
Physical Activities	Population Served	Population Served	TK/K
Every day	44%	53%	42%
5-6 Days	38%	40%	30%
3-4 Days	15%	3%	23%
1-2 Days	3%	3%	5%
Regular Routines	Population Served	Population Served	TK/K
Every day	65%	67%	57%
5-6 Days	29%	33%	33%
3-4 Days	6%	0%	8%
1-2 Days	0%	0%	1%
Health and Well-Being Efforts			
Well Child	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Within past year	91%	83%	90%
Between 1 and 2 years ago	6%	13%	8%
More than 2 years ago	0%	0%	1%
Never (only when child is sick)	3%	3%	1%
Dental Care	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
<6 months ago	69%	42%	67%
>6 months to <1 year ago	15%	29%	15%
Between 1 and 2 years ago	0%	8%	5%
More than 2 years ago	4%	4%	1%
Never (only when child is in pain)	12%	17%	12%
Developmental Screenings	FY19-20		FY18-19
	Population Served		Population Served
ASQ	20 unduplicated (of 218 duplicated children served)		33 unduplicated (of 432 duplicated children served)
ASQ:SE	13		105



## Family Insights & Experiences

Select families were interviewed to gain an understanding about their Hub experience. Additionally, Hub service partners provide information in their quarterly reporting that help to demonstrate the impact that Hub services have on families.

### Knowledge of Hub Services

All of the families interviewed heard about the Hub through the library. Other ways people identified that Hub services may be advertised include:

- Word of mouth
- Social media postings

One of the families interviewed was not familiar with the concept of the Hub, but recognized Hub services.

### Hub Strengths & Opportunities

Families identified the following strengths of Hub services:

- Child development information and activities
- Staff responsiveness to meeting family needs
- Respect for confidentiality of families being served
- Relationships that are built between staff and families
- Connecting families to other community resources
- Facilitating parent and community connections

Families also identified areas where the Hub could stretch:

- Offer Spanish and bilingual services
- Clearer advertisements with simple text
- Offer services at different locations
- Offer services at non-traditional times
- Additional staffing so appointments are not so far out
- Recommended reading lists by age of child
- Offer healthy snacks

### Hub Service Expansion

Families were asked what other kinds of services and supports Hubs could offer that could strengthen their family and improve their child's health and development. Opportunities identified included:

- Services for school-aged children
- Recovery supports and Mental Health services
- Transportation
- Activities outside of the library setting
- Forum where parents can connect with one another
- Social supports for older community members
- Nutrition, health, and dental focused activities for kids
- Physical fitness activities (yoga was a suggestion)

### One Family's Story

The Community Health Advocate has been building a relationship and working on health linkages with a family for almost three years and recently had an interaction that demonstrated how much the family has grown. When first introduced, this family was struggling with a variety of issues including medical, dental, financial, and food support; transportation; and behavior concerns with their children. Over the course of their work together, the family engaged with all Hub partners to participate in early literacy Storytime, library activities, parenting workshops, a Super Hub event, and even short-term case management with our Public Health Nurse. In addition, the family worked with the CHA to access Medi-Cal, medical providers, dental providers, Head Start, Cal Works, immunization services and other supports to help this family thrive. This family has grown accustomed to asking for guidance and assistance when roadblocks get in their way from all Hub staff depending on their needs and has enthusiastically referred friends and family to support and programming.

**With Hub support and encouragement, this family is now covered by insurance, seeing providers regularly for both medical and dental, and actively excelling in school, allowing both parents to be gainfully employed.**

## Hub Adaptability to Pandemic



The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Issues such as poverty, lack of childcare and access to basic needs such as food and housing are increasing for families while children are at amplified risk for suffering due to mental health concerns and the unequal access to technology needed for distance learning. Community Hubs have adapted their approach to services and the supports they provide to be responsive to this unprecedented circumstance.

### Changing Needs of Families Since Pandemic

The changing needs of families since the pandemic was identified through family interviews as well as discussions held with Hub teams. Since the pandemic, families indicated needing more help with basic needs, employment, childcare, support with the use of technology and mental health supports.



### Hub 4 Adaptations to Pandemic Circumstances

In mid-March 2020, Hub services ceased to be offered in person. Hub service partners shifted to virtual service delivery where possible, hosting Zoom playgroups and Storytime via Facebook. Service providers deepened their coordination and collaboratively mobilized to adjust their service delivery tactics in the following ways:

**Ready to Read at Your Local Library:** Created custom kits that could be picked up and sent care packages with books and early literacy topics via the mail to Storytime families.

**Together We Grow:** Reached out to families and supported them with emerging needs based on COVID-19 circumstances.

**Children’s Health:** Conducted more home visits, offered increased assistance over the phone to clients, and worked with community providers to share information on Hub resources and identify those in need.

*[Hub staff] helped me with my unemployment. I applied in March, but it never came through. [Hub staff] sat with me for 2.5 hours and we refiled. I got my unemployment the following month and that was huge for me. If it wasn't for [Hub staff], I wouldn't have gotten it. It has been a major help during this time that I don't have a job.*

Hub 4 Family Participant

### Opportunities to Strengthen Family Supports During Pandemic

Families have requested the option of modified in-person service delivery, offering the options of outdoor activities, or services in a socially distanced fashion. In addition, families appreciated the books and art supplies that have been made available so that children can still participate in new learning activities at home.

One challenge noted by multiple families as well as providers was the lack of access to Internet and technology that is necessary to engage in virtual service delivery. The Hub may want to explore how it can support expanded access to technical resources for all family members so that they can stay connected to educational and other necessary resources during the pandemic.

## HUB 5 DATA SNAPSHOT

Type of Data	Number in Service Population	Surveys Collected	Margin of Error
Hub 5 Participant Data (families)	548 duplicated 507 unduplicated (est.)	77	10%
Community Level Data – TK/K (children)	468	252	4%

Total Hub Target Population		34,311		Race	Total Population	Service Population	
		FY18-19	FY19-20			FY18-19	FY19-20
Total Individuals Served	1,360	1,140		White	80%	50%	47%
Surveys collected	118	77		Multiracial	3%	6%	6%
Age				Black	1%	<1%	<1%
Individuals 6 and older	467 (34%)	695 (61%)		American Indian	<1%	<1%	<1%
Children	893 (66%)	445 (39%)		Asian/Pac Islander	5%	3%	3%
Under 3	463 (52%)	264 (59%)		Hispanic	24%	32%	31%
3 to 6	396 (44%)	181 (41%)		Other	-	1%	<1%
Unknown	34 (4%)	0 (0%)		Unknown	-	7%	13%
Income	Total Population Mean Income	Service Population Living At or Below 130% FPL		Language	Total Population	Service Population	
		FY18-19	FY19-20			FY18-19	FY19-20
	\$72,670	19%	25%	Primary-English	-	48%	58%
Education	Total Population	Service Population		Primary-Spanish	-	18%	28%
		FY18-19	FY19-20	Primary-other	-	<1%	2%
HS Graduates	88%	76%	87%	Primary-unknown	-	33%	11%
Bachelor's Degree	25%	56%	55%				

Services Provided										
	Early Literacy Activities		Raising a Reader Activities		Play and Learn Activities		Connect Families to Medical and Dental Providers, Insurance, and Other Services		Parenting Classes	
	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20	FY18-19	FY19-20
Individuals or Families Served	627	486	19	42	22	69	38	66	2	4
Services/Events Provided	235	134	8	41	6	25	468	619	6	12

Family Functioning			
Presence of Protective Factors	% of Population that Experienced Positive Change	Population Served (average scores out of a possible total of 4)	
		Pre-Service Score	Post Service Score
Family Functioning/Resilience	34%	3.21	3.44
Nurturing and Attachment	31%	2.88	3.05
Social Supports	44%	3.05	3.33

Child Development Activities Reading (remaining percentages comprise answers of "Never")			
Reading Routines	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Every day	63%	65%	42%
5-6 Days	17%	14%	19%
3-4 Days	9%	9%	22%
1-2 Days	11%	12%	15%
Numeracy Activities	Population Served	Population Served	TK/K
Every day	54%	51%	44%
5-6 Days	20%	17%	21%
3-4 Days	13%	13%	23%
1-2 Days	11%	19%	10%
Play Routines	Population Served	Population Served	TK/K
Every day	67%	71%	62%
5-6 Days	15%	9%	16%
3-4 Days	12%	12%	16%
1-2 Days	6%	5%	6%
Physical Activities	Population Served	Population Served	TK/K
Every day	34%	34%	41%
5-6 Days	22%	18%	28%
3-4 Days	32%	25%	22%
1-2 Days	12%	22%	8%
Regular Routines	Population Served	Population Served	TK/K
Every day	58%	61%	63%
5-6 Days	29%	27%	25%
3-4 Days	12%	6%	8%
1-2 Days	1%	5%	2%
Health and Well-Being Efforts			
Well Child	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
Within past year	96%	92%	90%
Between 1 and 2 years ago	3%	2%	8%
More than 2 years ago	0%	2%	1%
Never (only when child is sick)	2%	2%	1%
Dental Care	FY18-19	FY19-20	Children entering TK/K in AY19-20
	Population Served	Population Served	TK/K
<6 months ago	60%	67%	60%
>6 months to <1 year ago	15%	8%	21%
Between 1 and 2 years ago	1%	3%	7%
More than 2 years ago	0%	0%	2%
Never (only when child is in pain)	24%	21%	10%
Developmental Screenings	FY19-20		FY18-19
	Population Served		Population Served
ASQ	130 unduplicated (of 445 duplicated children served)		201 unduplicated (of 893 duplicated children served)
ASQ:SE	126		190



## Family Insights & Experiences

Select families were interviewed to gain an understanding about their Hub experience. Additionally, Hub service partners provide information in their quarterly reporting that help to demonstrate the impact that Hub services have on families.

### Knowledge of Hub Services

Based on interviews conducted with families, most people hear about Hub services from the library, community partners, or by word of mouth. Other ways people identified that Hub services may be advertised include:

- School
- Health professionals
- Social media postings

Through interviews, it was clear that not all families understood the full scope of services offered through the Hub.

### Hub Strengths & Opportunities

Families identified the following strengths of Hub services:

- Staff responsiveness to meeting family needs
- Connecting families to other community resources
- ASQ's, Child development information and activities
- Relationships that are built between staff and families
- Facilitating parent and community connections

Families also identified areas where the Hub could stretch:

- Promote services so that more families participate
- Offer Spanish and bilingual services
- Outdoor activities and opportunities to meet outside library
- More opportunities for parents to connect with one another
- Children's activities concurrent to parenting classes

### Hub Service Expansion

Families were asked what other kinds of services and supports Hubs could offer that could strengthen their family and improve their child's health and development. Opportunities identified included:

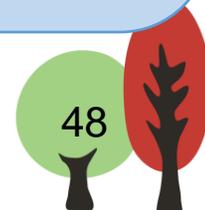
- Home visits
- Basic needs (housing/food), and financial education
- At-home books and activities/lesson plans
- School-readiness assessments, homeschooling support
- Support for parents of children with special needs
- Recreational spaces for babies
- Nutrition, health, and dental focused activities for kids
- Family relationship counseling/support

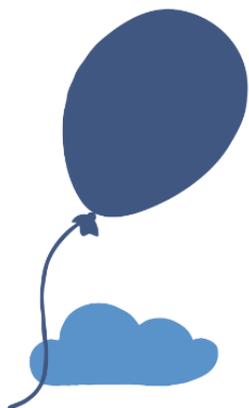
### One Family's Story

The Community Health Advocate and Public Health Nurse recently worked together to assist a Spanish-speaking family with four children.

The client was feeling isolated related to a history of verbal abuse, a recent divorce, and was struggling with daily tasks, trust, and relationships. After actively listening, the Hub health team built a plan in conjunction with the client. First, the client was encouraged and coached on how to obtain services from the family resource center and local Community Health Center. Once appointments were made, assistance was offered on filling out applications for both places. The CHA also explained more about the Hub program and its components, mission, and vision, and invited them to participate in the different hub activities offered. The CHA assisted with language and trust barriers and by using motivational interviewing techniques, the health team encouraged the client to seek appropriate professional help, and offered guidance and support in a time of need.

**By educating the client on services offered within the local community, the parent was better able to obtain services and provide for basic needs for their children.**





## Hub Adaptability to Pandemic

The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Issues such as poverty, lack of childcare and access to basic needs such as food and housing are increasing for families while children are at amplified risk for suffering due to mental health concerns and the unequal access to technology needed for distance learning. Community Hubs have adapted their approach to services and the supports they provide to be responsive to this unprecedented circumstance.

### Changing Needs of Families Since Pandemic

The changing needs of families since the pandemic was identified through family interviews as well as discussions held with Hub teams. Since the pandemic, families indicated needing more help with basic needs, unemployment navigation, COVID-19 information, and financial resources. In addition, families are experiencing stress and anxiety related to the pandemic as well as working from home. Families have indicated missing the socialization offered by Hubs for their children as well as the connection they had with other parents.



### Hub 5 Adaptations to Pandemic Circumstances

In mid-March 2020, Hub services ceased to be offered in person. Hub service partners shifted to virtual service delivery where possible, hosting Zoom playgroups and Storytime via Facebook live. Service providers reached out to families to connect and mobilized to meet basic needs requests. Hub providers partnered with other community service providers to host drive-through distribution of diapers, toothbrushes, and food.

Additional service delivery adaptations included:

- Proactive wellness check-ins with families as well as home visits in partnership with the school district
- Shifting to completing ASQs over the phone
- Collecting and checking out custom reading lists for families
- Services focused on social emotional development

### Opportunities to Strengthen Family Supports During Pandemic

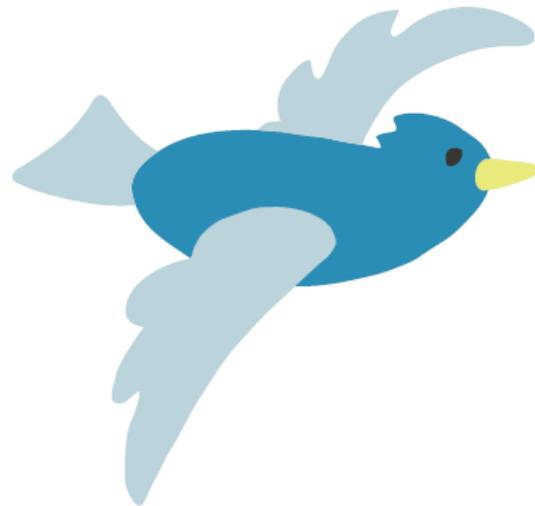
Families have requested the option of modified in-person service delivery, offering the options of outdoor activities, or services in a socially distanced fashion. They also requested pre-recorded services as well as activities that promote COVID-19 related healthy habits for children (wearing masks, and social distancing). In addition, families identified the need for instruction, books, and material supports that would help them promote child development activities at home. Lastly, there was a request from at least two families for additional basic needs supports such as diaper giveaways and food distributions.

One challenge noted by both staff and at least one family was the burnout or lack of interest that families have in participating in virtual classes. The Hub may want to consider how collecting additional information from families about how they could offer virtual service delivery in a manner that is more attractive to families.

## APPENDIX B: PROGRAM INVESTMENT RESULTS

Programs funded by First 5 El Dorado include:

- Ready to Read at Your Library (RR@YL)
- Together We Grow (TWG)
- Children's Health (CH)
- High 5 for Quality (H5Q)



**READY TO READ @ YOUR LIBRARY (RR@YL)**

RR@YL provides early literacy programs with the goal of establishing positive early learning experiences for families with young children and encouraging home literacy practices among families. The library programs reach providers that care for children out of the home through early care and education (ECE) programs, and with parents through library programs for families. Each early childhood literacy specialist models a best-practice curriculum, which supports, informs, and encourages family and caregiver participation to strengthen their role as their child's first teacher.

**NUMBER/TYPE OF FAMILIES SERVED**

**HOW MANY PEOPLE WERE SERVED?**

RR@YL provided early literacy services to 1,629 children birth through 5 and 1,213 parents and primary caregivers.



**1,629**

Children

*Compared to 2,093 in FY 2018-2019*

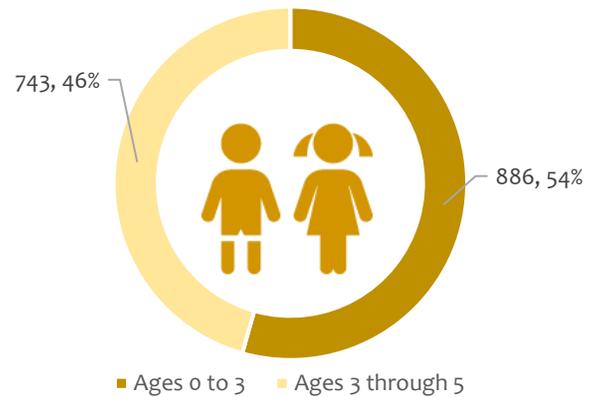


**1,213**

Parents, Caregivers and Other Family Members

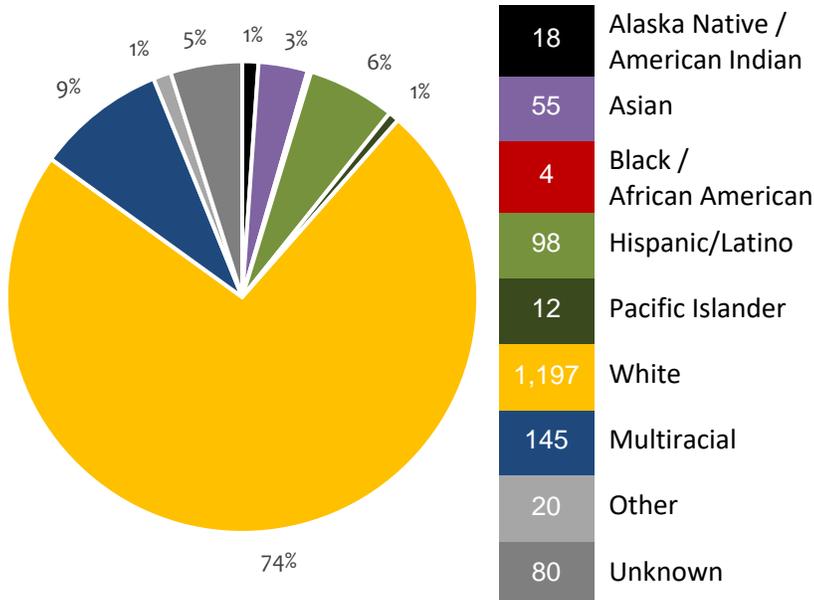
*Compared to 1,506 in FY 2018-2019*

**AGES OF CHILDREN SERVED**

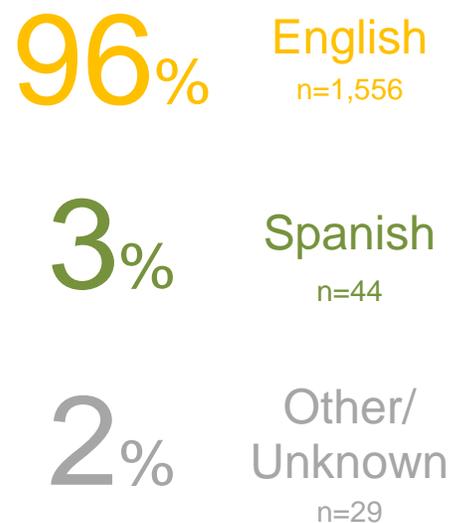


The majority of children served were less than three years old (886 or 54%) while children ages three through five totaled 743 or 46% of the total service population.

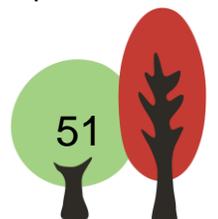
**RACE/ETHNICITY OF CHILDREN SERVED**



**LANGUAGE OF CHILDREN SERVED**

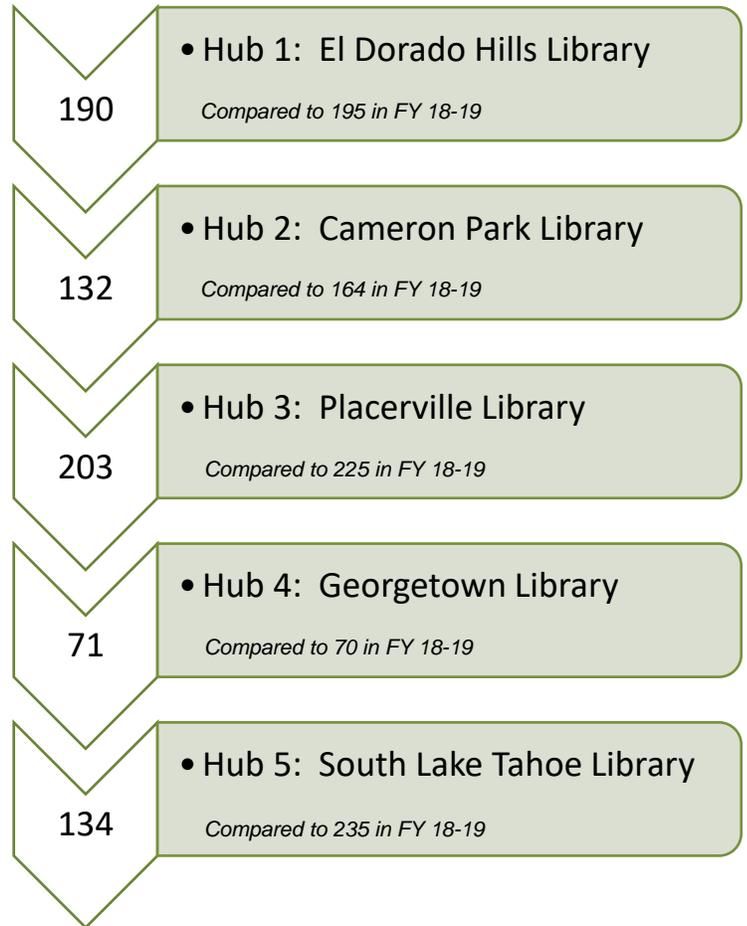
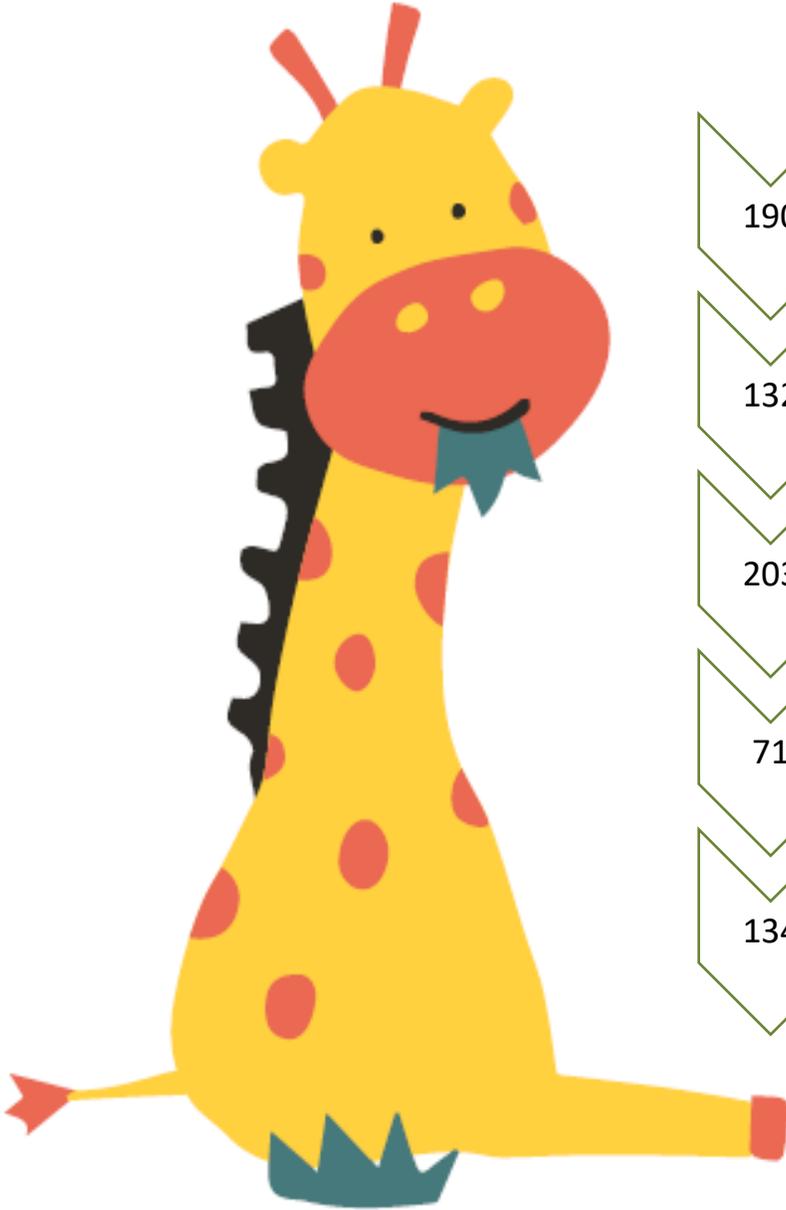


The majority of the children served were White (1,197 or 74%), and the most common language spoken was English (1,556 or 96%).



NUMBER/TYPE OF SERVICES PROVIDED

In FY 19-20, RR@YL provided a total of 730 early literacy activities. The number of activities separated by Community Hub is provided below.



In FY 19-20, approximately 15% of the population of children birth through age five in El Dorado County were reached through the library programs. This calculation is based on the 2017 ACS 5-year estimates, which estimates a total of 11,186 children birth through age five.

**IMPACT ON FAMILIES SERVED**

Surveys were collected from 255 families that indicated they participated in at least one hour of services provided by RR@YLL. Note that only families indicating they received a minimum of six hours of service across all First 5 El Dorado programs (Children’s Health, RR@YLL, and TWG) are included in the Protective Factors analysis.

The results below should be interpreted with attention paid to the “n” number as it represents the number of respondents who provided a response to the question used to demonstrate results.

**PROTECTIVE FACTORS OF FAMILIES SERVED**

RR@YL offers early coaching, mentoring and support, with the goal of establishing protective factors amongst families being served.

**Protective Factors – Before and after Receiving RR@YLL Services**

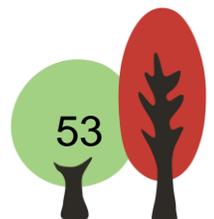
The presence of protective factors was measured against program participants that accessed at least six hours of Hub service delivery. A higher score indicates more strength within that factor; four is the highest score possible within each factor.

**Protective Factors**

Average Score of Participants Before and After Receiving First 5 Services

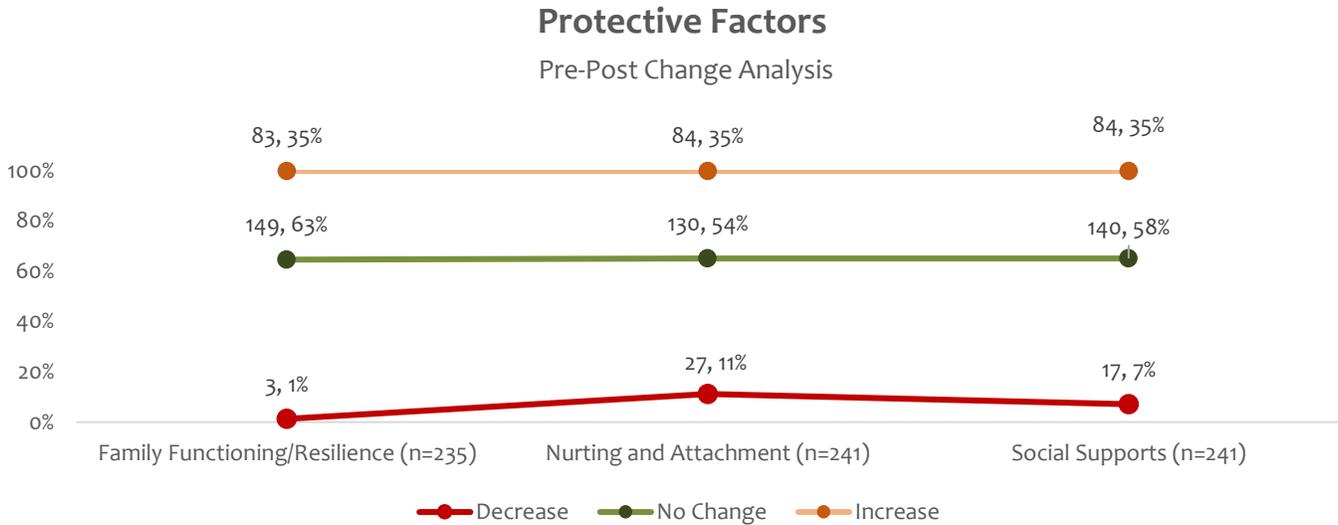


As the chart above demonstrates, there was an increase in each of the three protective factors measured amongst families participating in program services. The most substantial increase was seen in the Family Functioning/Resilience factor.



### Protective Factors – Type and Amount of Growth Experienced by Families

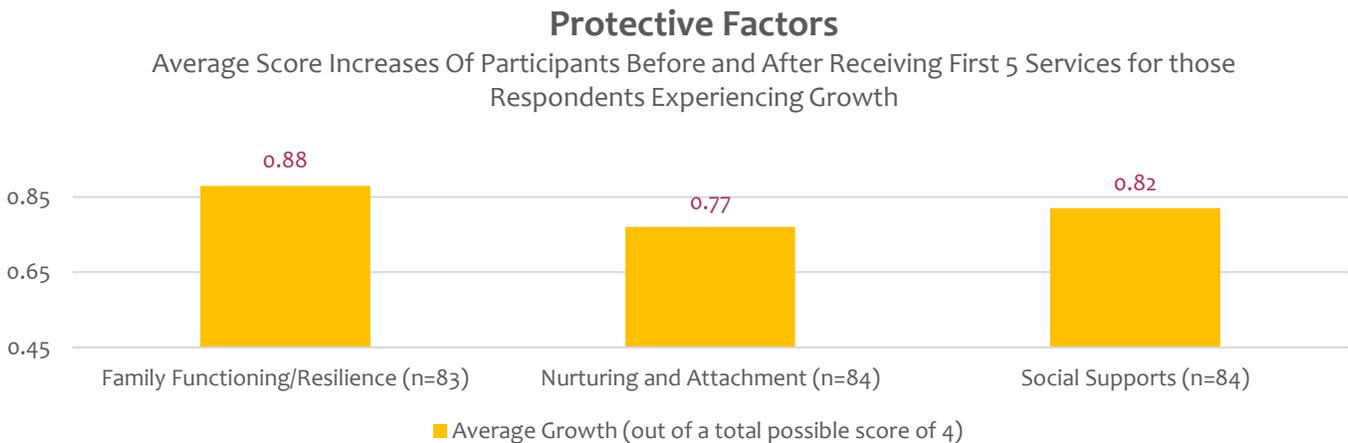
Beyond understanding where overall increased resiliency occurred, it is important to know what percentage of the population served experienced growth. The chart below illustrates the percentage of individuals that saw an increase, a decrease, or no change in their total score for each protective factor.



Approximately 35% of program respondents showed an increase in their protective factor scores after their participation in RR@YLL programming. The majority of families had the same level of resilience before and after receiving services, while a small percentage of families experienced a decrease.

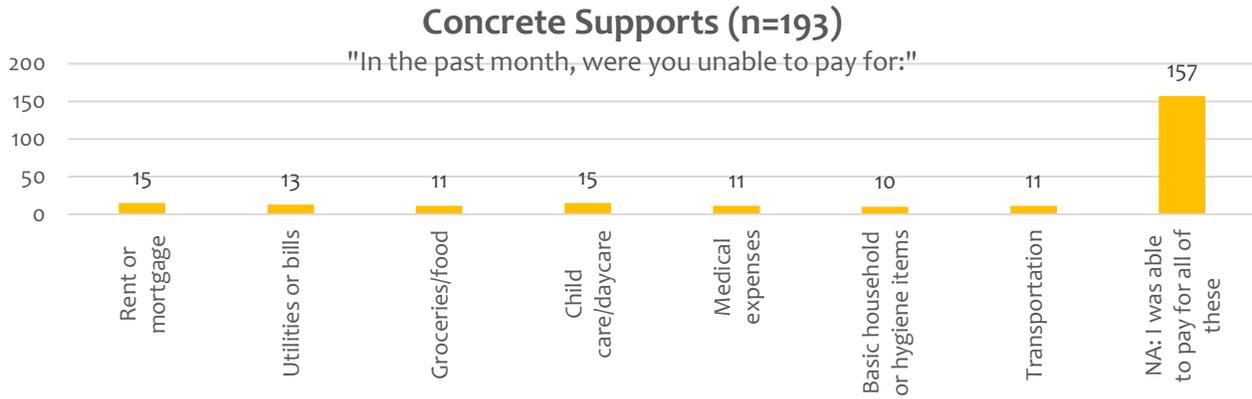
### Protective Factors – Range of Change for Those Families Experiencing Growth

Further analysis was conducted to determine the average growth experienced by families that showed an increase in their protective factor scores (those represented by the top orange line in the figure above). The figure below illustrates that within the subset of families experiencing growth, the most substantial increases were seen in the Family Functioning/Resilience factor.

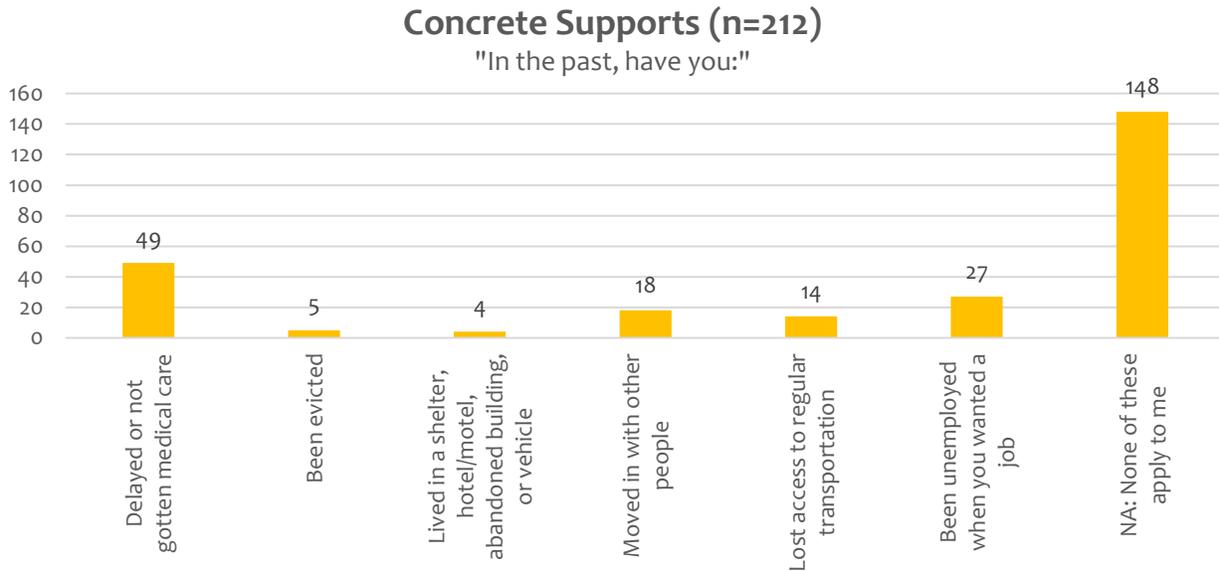


### Concrete Support Needs

The family survey also asks families to share information about their ability to support their basic needs.<sup>7</sup> The following table illustrates that the majority of respondents (157 or 81%) indicated that their families were able to pay for their basic needs and services in the month prior to survey completion. Rent or mortgage was the most common need that respondents indicated they had not been able to pay for in the prior month.



Survey participants were also asked if they had experienced a number of difficult living conditions.<sup>8</sup> The majority of respondents indicated they had not experienced any challenges such as housing instability, delayed medical care, unemployment or a loss of transportation (148 or 70%). The areas that some families struggled included delaying medical care or being unemployed when wanting a job.



Additional measures of concrete supports indicate:

- 3% of respondents (8 of 238) indicated they often have trouble affording what they need each month
- 13% of respondents (31 of 236) indicated they never or rarely are able to afford the food they want to feed their family

<sup>7</sup> Respondents were able to select multiple answers, and totals in the following charts may exceed the total "n"s.

<sup>8</sup> Note that this question was intended to read as "In the past year, have you:" However, an error on the survey caused the word "year" to be omitted.

**DEVELOPMENT ACTIVITIES OF FAMILIES SERVED**

RR@YLL offers early care education and supports, with the goal of encouraging families to develop habits that support child development.

**Reading Routines of Families Served**



**Children are Read to Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported reading to their children every day totaled 80%, compared to 76% in FY18-19.

**Numeracy Activities of Families Served**



**Numeracy Activities Conducted Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported practicing counting or doing activities that involved numbers every day totaled 64%. Comparable data was not available for FY18-19.

**Play Routines of Families Served**



**Play Activities Conducted Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported playing with their children every day totaled 85%. Comparable data was not available for FY18-19.

**Physical Activities of Families Served**



**Physical Activities Conducted Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported providing their children with opportunities for outside physical activities every day totaled 50%. Comparable data was not available for FY18-19.

**Regular Routines of Families Served**



**Regular Routines Followed Daily**



As the chart above demonstrates, the percentage of program participant families that completed the family survey reported following regular routines with their children every day totaled 70%. Comparable data was not available for FY18-19.

HEALTH AND WELL BEING EFFORTS OF FAMILIES SERVED

RR@YL offers health and dental care education and supports with the goal of supporting the health and well-being of children.

Accessing Preventive Medical Care



Well-Child Exams Received within the Last Year



As the chart above demonstrates, the percentage of children participating in services (within families that completed the family survey for this question) that received well-child care within the last year totaled 93%, compared to 95% in FY18-19.

Accessing Preventive Dental Care



Children Have Semi-Annual Dental Visits



As the chart above demonstrates, the percentage of children participating in services (that were age one year or older and within families that completed the family survey for this question) that received preventive dental care within the last six months totaled 59%, compared to 56% in FY 18-19.

PROGRAM ADAPTATIONS DUE TO COVID-19

In mid-March 2020, the library was directed to close its doors and stop providing services in-person due to the COVID-19 pandemic. There was an initial belief that the closure would be temporary (two to three weeks), and then services would resume. When it became evident that the closure would be indefinite, the library shifted to virtual service delivery in a variety of ways based on each branches understanding of what was allowable, staffing levels, and staffing comfort levels with offering services on a virtual platform.

Some of the ways the library adapted to the pandemic included:

- **Virtual Storytime Services:** The Ready to Read at Your Local Library program provided Facebook Live Storytime as well as pre-recording and posting online Storytime.
- **Personal Booklist Check-outs:** Library staff used personalized book lists to “shop” for books and prepare a package for check-out on behalf of families participating in Storytime services.
- **Child Development Material Distribution:** Libraries mailed and dropped off child development materials for participating families to encourage and support at-home learning.
- **Partnered to Support Basic Needs:** Library staff worked with community partners to provide basic need supports to families such as food, diapers, and pandemic-related supplies.

The library has made efforts to be nimble and responsive to changing conditions related to the pandemic. They continue to work on how to best serve all families (including those without internet/technology needed for virtual service delivery) and how to best collect data that reflects their efforts.

**TOGETHER WE GROW (TWG) – PLAYGROUPS AND OTHER FAMILY ENGAGEMENT SERVICES**

Together We Grow provides Playgroups to families with structured activities and developmental screenings, information about activities to support optimal development, and referrals for early intervention supports when a need is identified. TWG serves families with children birth through age five that live in El Dorado County. Family support specialists are available to coach, guide, and support families as their child’s first teacher.

**NUMBER/TYPE OF FAMILIES SERVED**

**HOW MANY PEOPLE WERE SERVED?**

TWG provided family engagement services to 428 children birth through age five and 418 parents/caregivers and other family members.



**428**

Children

*Compared to 592 in FY 2018-2019*

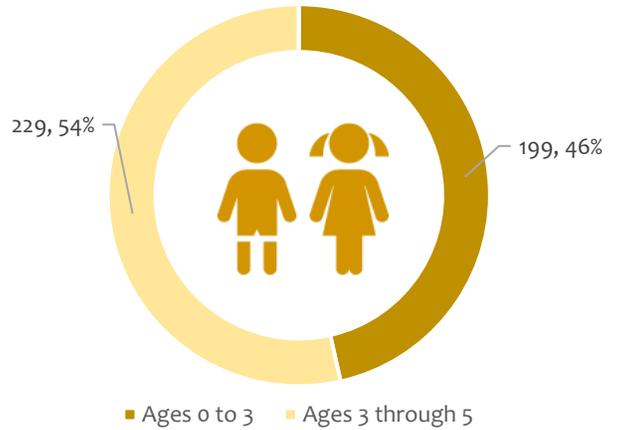


**418**

Parents, Caregivers and Other Family Members

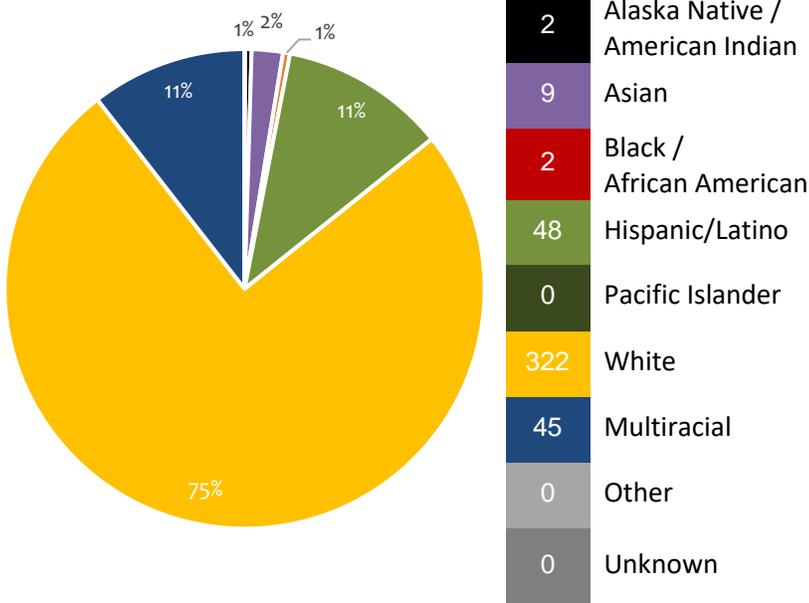
*Compared to 527 in FY 2018-2019*

**AGES OF CHILDREN SERVED**

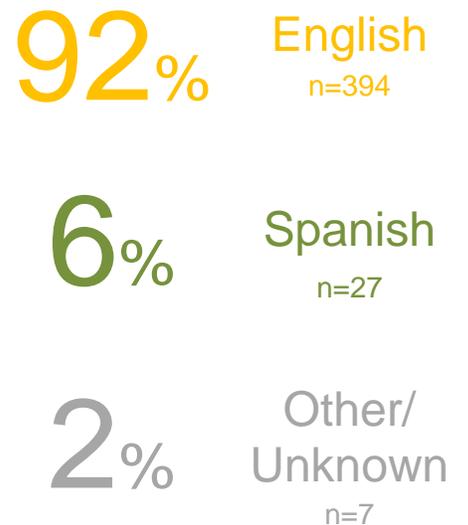


The majority of children served were aged three to six years old (229 or 54%) while children less than three years old totaled 199 or 46% of the total service population.

**RACE/ETHNICITY OF CHILDREN SERVED**



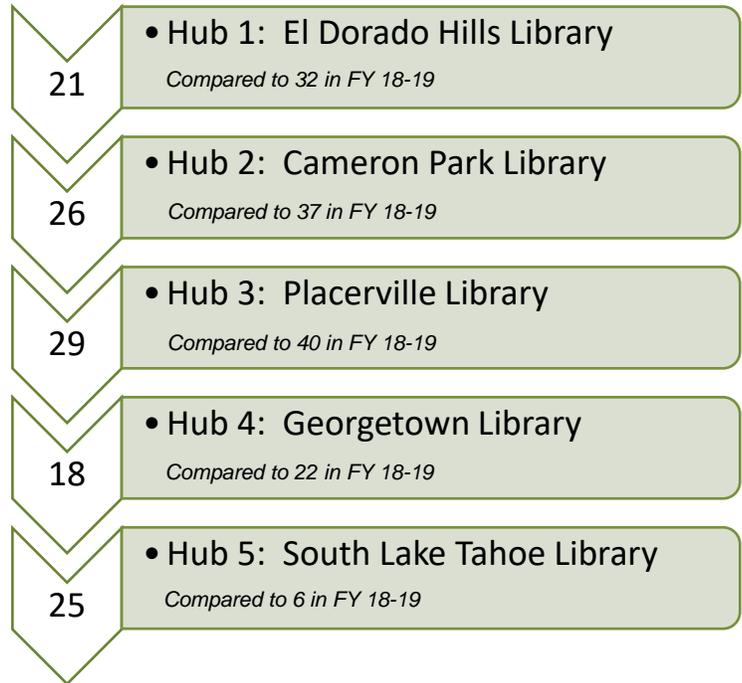
**LANGUAGE OF CHILDREN SERVED**



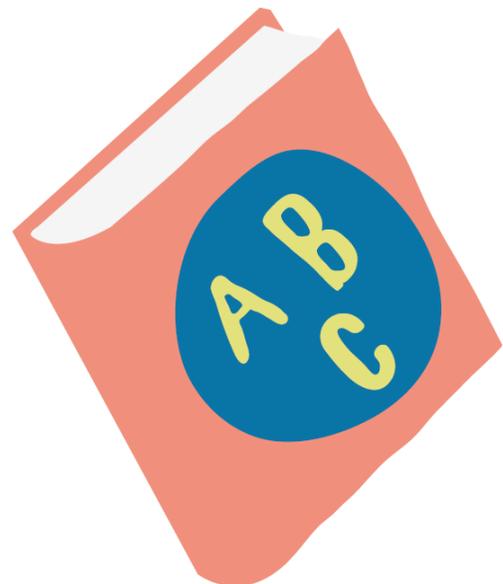
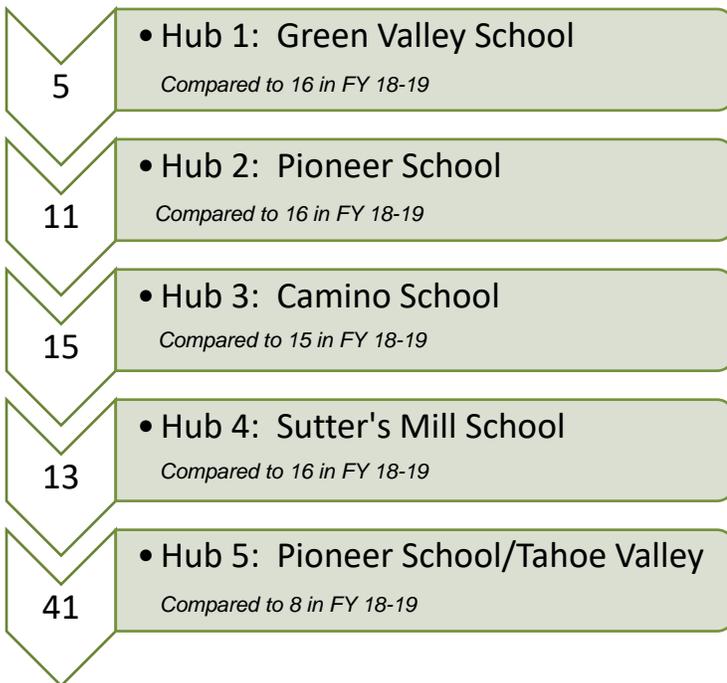
The majority of the children served were White (322 or 75%) and English speakers (394 or 92%).

NUMBER/TYPE OF SERVICES PROVIDED

In FY 19-20, TWG provided a total of 119 early learning activities through parent and child playgroups. The number of activities separated by Community Hub is provided below.



In addition, TWG connected families to Raising Reader Services. The total amount of activities within each Hub area is provided below. Note that in past years, these services were offered at school sites only. In FY19-20 programing was expanded to include remote sites as well.



**IMPACT ON FAMILIES SERVED**

Surveys were collected from 139 families that indicated they participated in at least one hour of services provided by TWG. Note that only families indicating they received a minimum of six hours of service across all First 5 El Dorado programs (Children’s Health, RR@YL, and TWG) are included in the Protective Factors analysis.

The results below should be interpreted with attention paid to the “n” number as it represents the number of respondents who provided a response to the question used to demonstrate results.

**PROTECTIVE FACTORS OF FAMILIES SERVED**

TWG offers early coaching, mentoring and support, with the goal of establishing protective factors amongst families being served.

**Protective Factors – Before and after Receiving TWG Services**

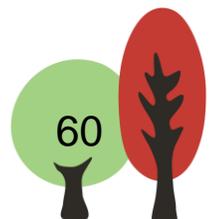
The presence of protective factors was measured against program participants that accessed at least six hours of Hub service delivery. A higher score indicates more strength within that factor; four is the highest score possible within each factor.

**Protective Factors**

Average Score of Participants Before and After Receiving First 5 Services

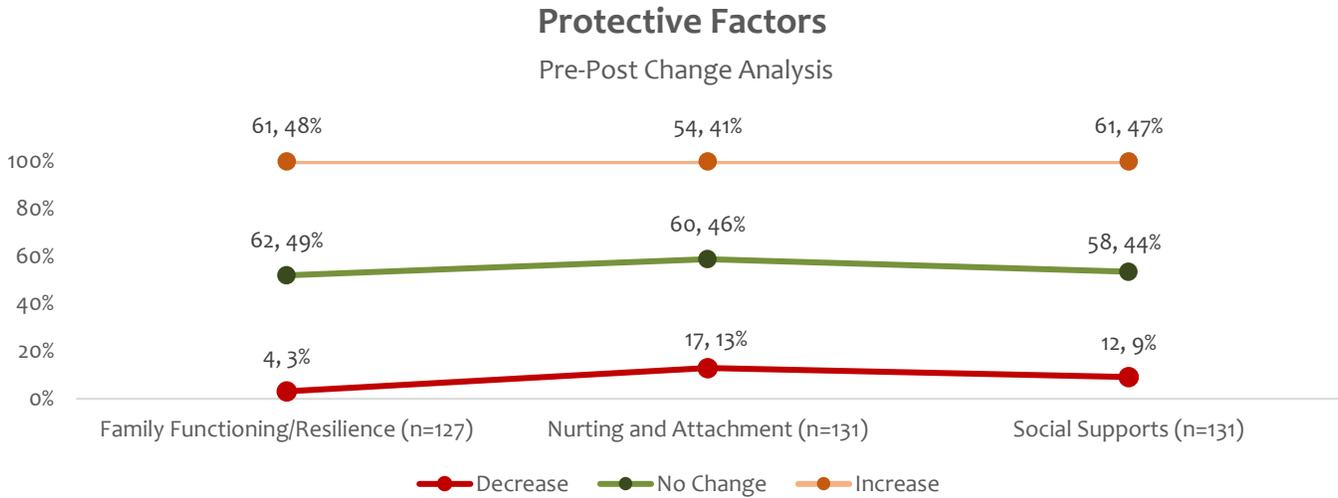


As the chart above demonstrates, there was an increase in each of the three protective factors measured amongst families participating in program services. The most substantial increase was seen in nurturing and attachment factor.



**Protective Factors – Type and Amount of Growth Experienced by Families**

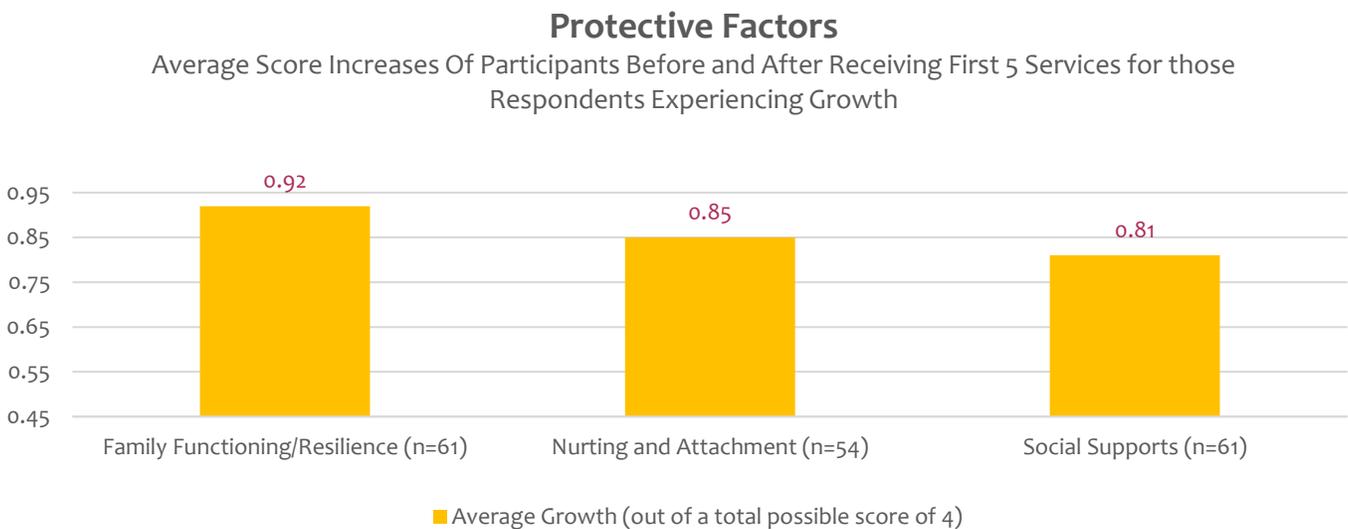
Beyond understanding where overall increased resiliency occurred, it is important to know what percentage of the population served experienced growth. The chart below illustrates the percentage of individuals that saw an increase, a decrease, or no change in their total score for each protective factor.



Between 41% and 48% of program respondents showed an increase in their protective factor scores after their participation in TWG programming. The majority of remaining families had the same level of resilience before and after receiving services, while a small percentage of families experienced a decrease.

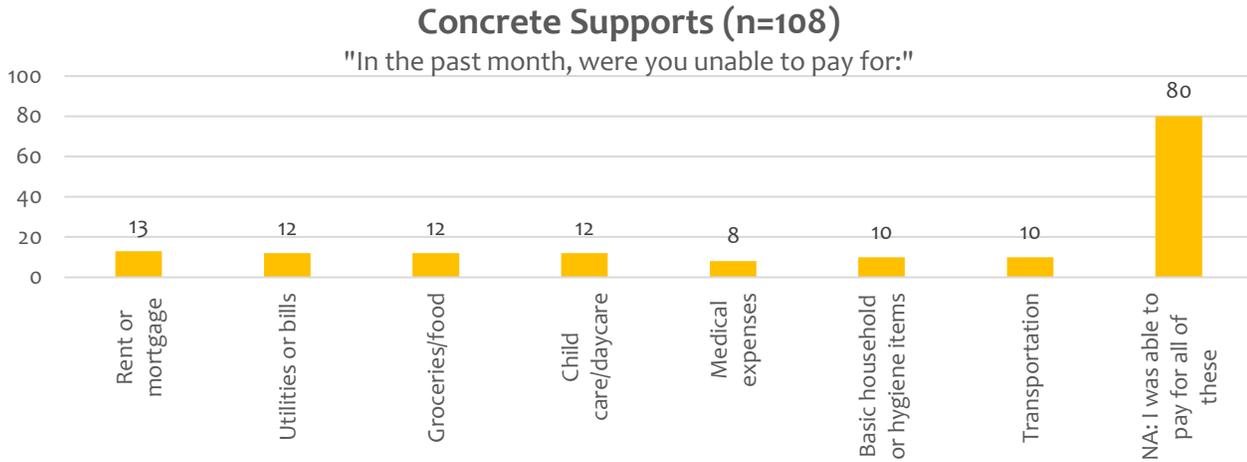
**Protective Factors – Range of Change for Those Families Experiencing Growth**

Further analysis was conducted to determine the average growth experienced by families that showed an increase in their protective factor scores (those represented by the top orange line in the figure above). The figure below illustrates that within the subset of families experiencing growth, the most substantial increases were seen in the Family Functioning/Resilience factor.

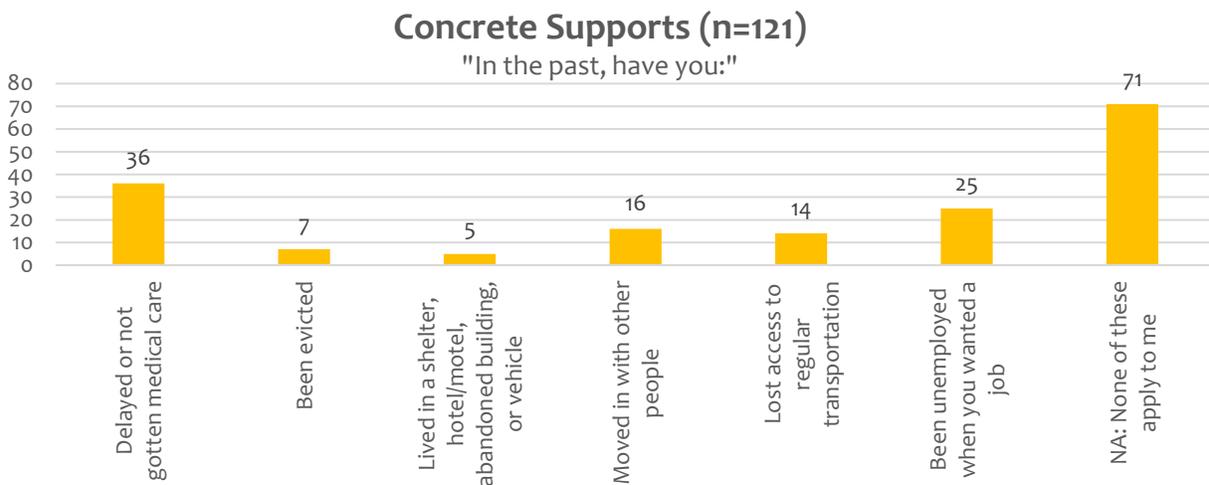


**Concrete Support Needs**

The family survey additionally asks families to share information about their ability to support their basic needs.<sup>9</sup> The following table illustrates that the majority of respondents (80 or 74%) indicated that their families were able to pay for their basic needs and services in the month prior to survey completion. Rent or mortgage was the most common need that respondents indicated they had not been able to pay for in the prior month.



Survey participants were also asked if they had experienced a number of difficult living conditions.<sup>10</sup> The majority of respondents indicated they had not experienced any challenges such as housing instability, delayed medical care, unemployment or a loss of transportation (71 or 59%). The areas that some families struggled included delaying medical care or being unemployed when wanting a job.



Additional measures of concrete supports indicate:

- 5% of respondents (6 of 132) indicated they often have trouble affording what they need each month
- 11% of respondents (14 of 130) indicated they never or rarely are able to afford the food they want to feed their family

<sup>9</sup> Respondents were able to select multiple answers, and totals in the following charts may exceed the total “n”s.

<sup>10</sup> Note that this question was intended to read as “In the past year, have you:” However, an error on the survey caused the word “year” to be omitted.

**DEVELOPMENT ACTIVITIES OF FAMILIES SERVED**

TWG offers early care education and supports, with the goal of encouraging families to develop habits that support child development.

**Reading Routines of Families Served**



**Children are Read to Every Day**

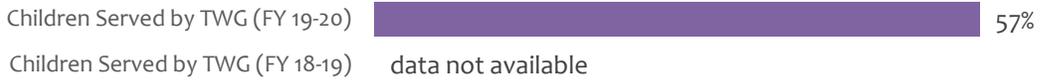


As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported reading to their children every day totaled 73%, compared to 78% in FY18-19.

**Numeracy Activities of Families Served**



**Numeracy Activities Conducted Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported practicing counting or doing activities that involved numbers every day totaled 57%. Comparable data was not available for FY18-19.

**Play Routines of Families Served**



**Play Activities Conducted Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported playing with their children every day totaled 83%. Comparable data was not available for FY18-19.

**Physical Activities of Families Served**



**Physical Activities Conducted Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported providing their children with opportunities for outside physical activities every day totaled 48%. Comparable data was not available for FY18-19.

**Regular Routines of Families Served**



**Regular Routines Followed Daily**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question reported following regular routines with their children every day totaled 65%. Comparable data was not available for FY18-19.

HEALTH AND WELL BEING EFFORTS OF FAMILIES SERVED

TWG offers education and supports with the goal of supporting the health and well-being of children.

Accessing Preventive Medical Care



Well-Child Exams Received within the Last Year



As the chart above demonstrates, the percentage of children participating in services (within families that completed the family survey for this question) that received well-child care within the last year totaled 95%, compared to 96% in FY18-19.

Accessing Preventive Dental Care



Children Have Semi-Annual Dental Visits



As the chart above demonstrates, the percentage of children participating in services (that were age one year or older and within families that completed the family survey) that received preventive dental care within the last six months totaled 61%, compared to 66% in FY18-19.

Development Assessments for Playgroup Participants



Children Receive Developmental Assessments



As the chart above demonstrates, 11% (or 45) TWG Playgroup participants received a developmental screening (either an ASQ or ASQ:SE).

PROGRAM ADAPTATIONS DUE TO COVID-19

Together We Grow mobilized quickly to adapt to the changing needs of families due to the COVID-19 pandemic. When it became apparent that the pandemic would mean that in-person services would be suspended indefinitely, the Family Engagement Specialists proactively reached out to families to check on their well-being and to inquire about any needs they may have. They also began to shift the way they provided services. Program adaptations included:

- **Virtual Playgroup Services:** Playgroups were hosted on Zoom and focused on the social-emotional needs of both children and parents. Zoom meetings were left open to allow parents the time to connect with one another.
- **Partnered to Support Basic Needs:** TWG staff worked with community partners to provide basic need supports to families such as food, diapers, and pandemic-related supplies. They also worked with school sites to promote Wi-Fi hotspots and technology check-outs for families that didn't have access.
- **Outreached to Vulnerable Population:** TWG connected with families that participated in basic needs distribution and began to provide services to families that hadn't yet engaged in Playgroups or Hubs.

TWG continues to look for opportunities to serve families during the pandemic. They also established data collection efforts that could be leveraged by other Hub partners.

Program Investment Results | TWG Playgroups



**TOGETHER WE GROW (TWG) – DEVELOPMENTAL SCREENINGS**

Together We Grow provides families with developmental screenings, and referrals for early intervention supports when a need is identified. Developmental screening occurs in Community Hub settings as well as through childcare providers. Through playgroups, TWG works with parents to complete the ASQ and ASQ:SE developmental screening tool and offers support and guidance on how to support their child’s optimal development. TWG also helps to inform and train childcare providers on the value and use of developmental screenings. As such, childcare providers are empowered to directly provide screenings. The results in this section of the report combines the result of screening conducted in both settings.

**NUMBER/TYPE OF FAMILIES SERVED**

**HOW MANY PEOPLE WERE SERVED?**

TWG provided developmental screenings for 411 children birth through age five. Note that some children received both ASQs and ASQ: SEs, and this total will not match the total number of children screened for each on the following page.

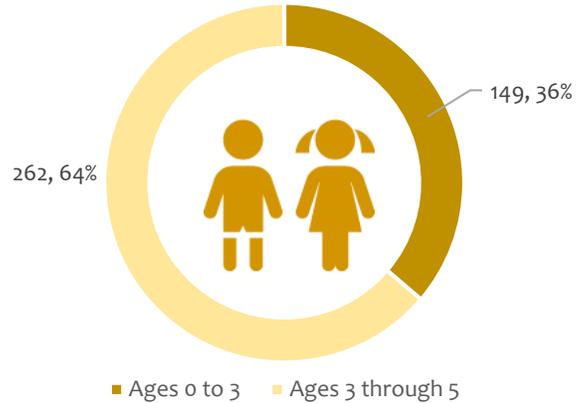


**411**

Children Birth through 5 years old

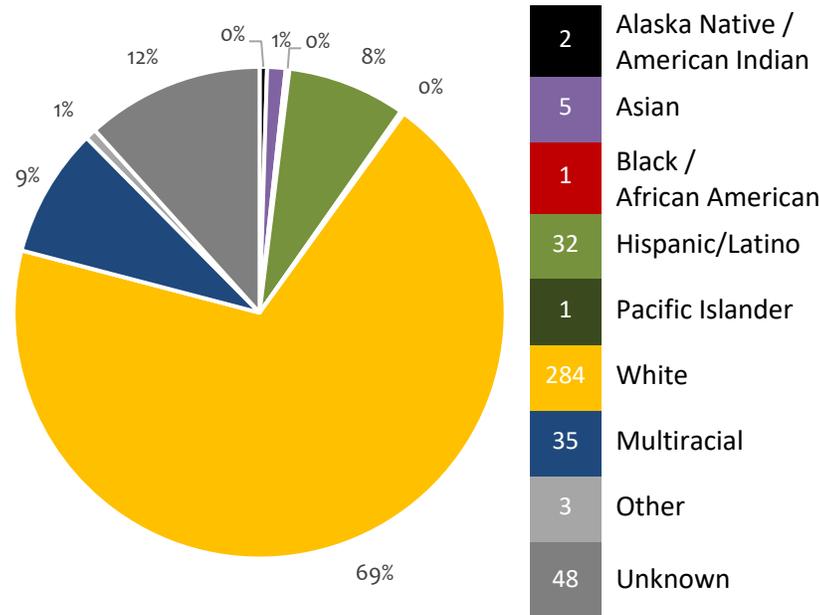
*Compared to 654 in FY 2018-2019*

**AGES OF CHILDREN SERVED**

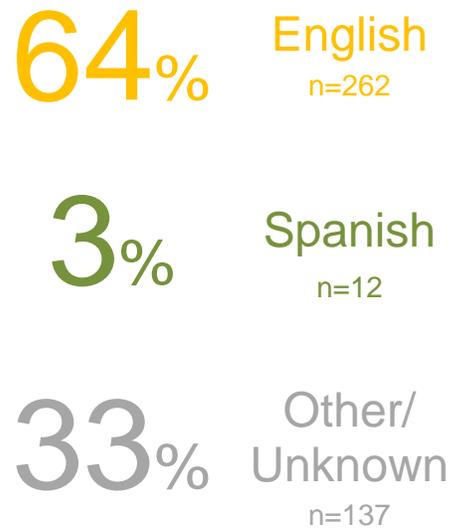


The majority of children served were ages three through five (262 or 64%) while children ages 0 to three totaled 149 or 36% of the total service population.

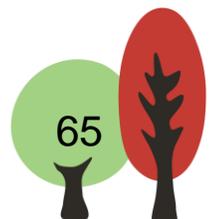
**RACE/ETHNICITY OF CHILDREN SERVED**



**LANGUAGE OF CHILDREN SERVED**



The majority of the children served were White (284 or 69%), and the most common language spoken by individuals for which this information was available was English (262 or 64%).



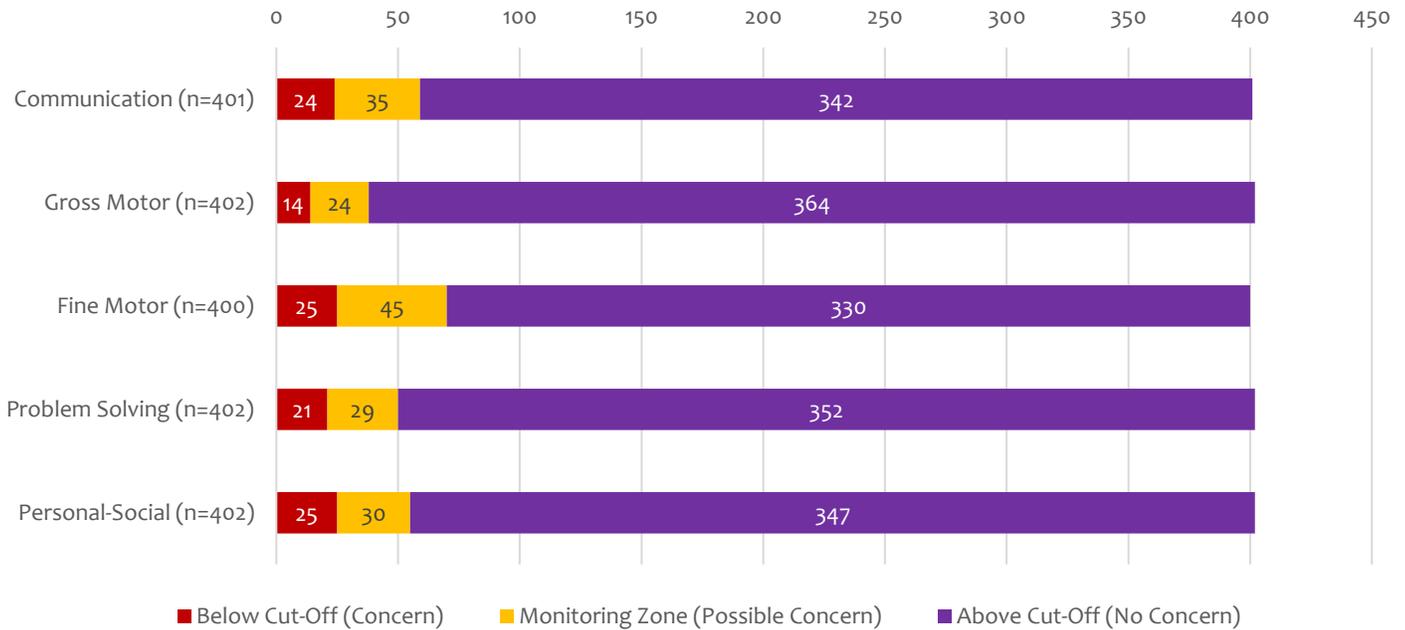
NUMBER/TYPE OF SERVICES PROVIDED

In FY 19-20, TWG provided the following components of service delivery:

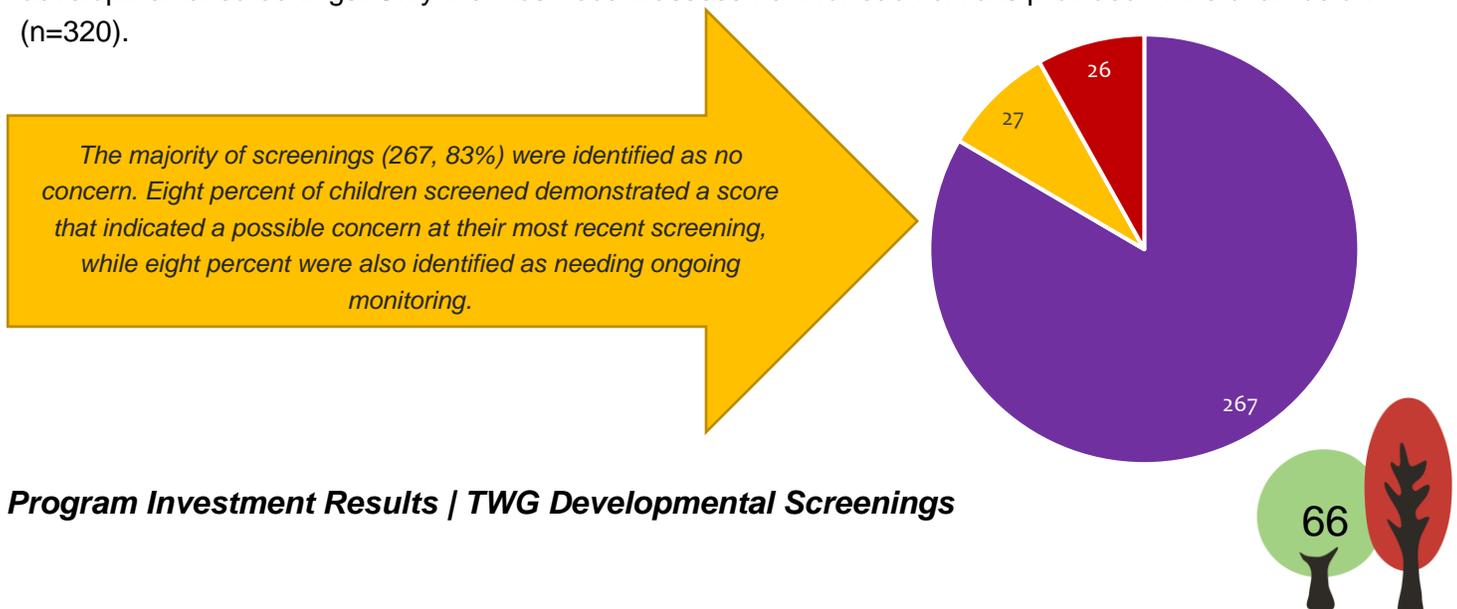
- 436 ASQ screenings were completed
- 339 ASQ:SE screenings were completed
- 21 referrals were provided to families based on ASQ/ASQ:SE results

IMPACT ON FAMILIES SERVED

In FY 19-20, a total of **402** unduplicated children received a total of 436 ASQ developmental screenings (as some children received more than one screening). Only the most recent assessment for each child is provided in the chart below. The majority of children screened had development that was on schedule. The area where children need the most monitoring and support was in fine motor skills.



In FY 19-20, a total of **320** unduplicated children received a total of 339 ASQ:SE social emotional developmental screenings. Only the most recent assessment for each child is provided in the chart below (n=320).



## CHILDREN'S HEALTH (CH)

Children's Health provides parents with information and resources to increase regular well-child exams and oral health exams. Through Community Health Advocates, the program collaborates with community partners to increase access to services and to get families connected to health care resources and community services. CH also assists families with children in obtaining or retaining health insurance, utilizing a medical home, and utilizing a dental home. The priority audience for CH is medically uninsured or underserved expectant parents and families with children birth through age five that live in El Dorado County.

### NUMBER/TYPE OF FAMILIES SERVED

#### HOW MANY PEOPLE WERE SERVED?

Children's Health (CH) provided health services to 290 children birth through age five and 899 parents/caregivers and other family members.



**290**

Children

Compared to 212 in FY 2018-2019

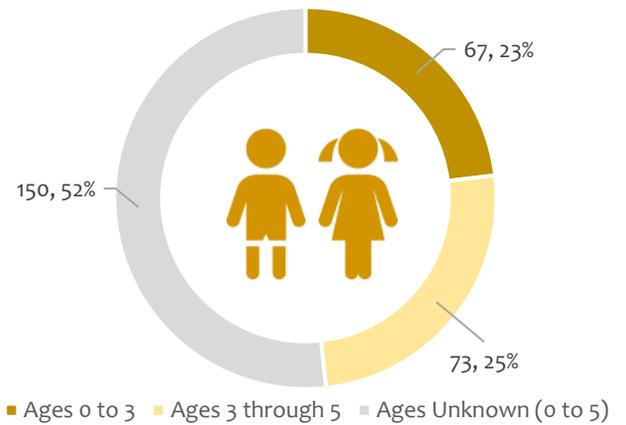


**899**

Parents, Caregivers and Other Family Members

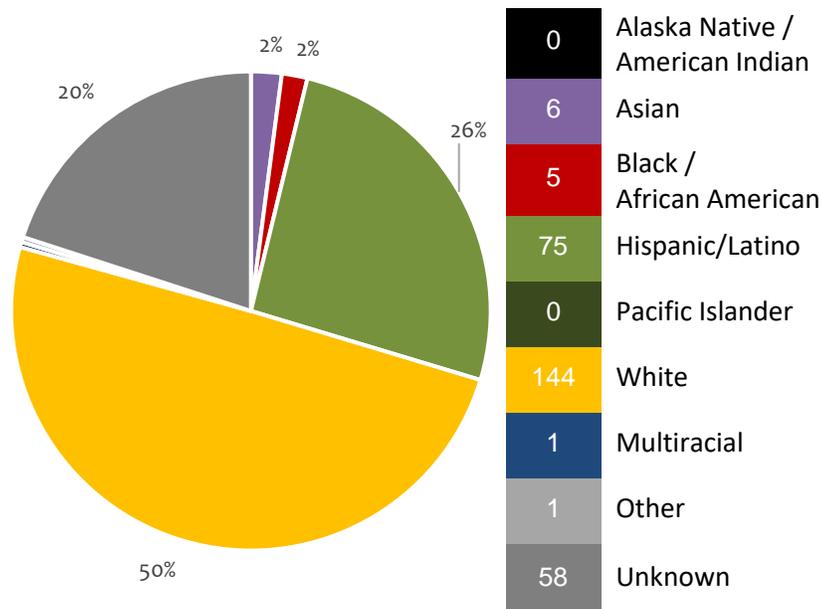
Compared to 482 in FY 2018-2019

#### AGES OF CHILDREN SERVED

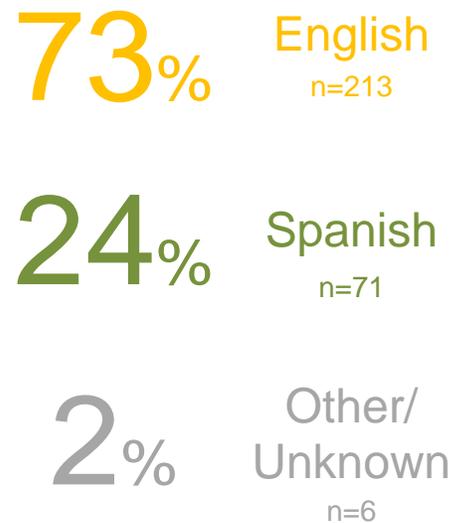


The majority of children zero to five that were served were age unknown (150 or 52%), while children ages three through five totaled 73 or 25%, and children ages zero to three totaled 67 or 23%.

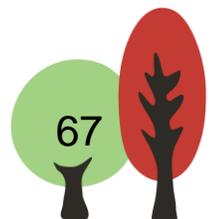
#### RACE/ETHNICITY OF CHILDREN SERVED



#### LANGUAGE OF CHILDREN SERVED



The majority of the children served were White (144 or 50%) and English speakers (213 or 73%).



IMPACT ON FAMILIES SERVED

Surveys were collected from 96 families that indicated they participated in at least one hour of services provided by Children’s Health. Note that only families indicating they received a minimum of six hours of service across all First 5 El Dorado programs (Children’s Health, RR@YL, and TWG) are included in the Protective Factors analysis.

The results below should be interpreted with attention paid to the “n” number as it represents the number of respondents who provided a response to the question used to demonstrate results.

PROTECTIVE FACTORS OF FAMILIES SERVED

Children’s Health offers early coaching, mentoring and support, with the goal of establishing protective factors amongst families being served.

**Protective Factors – Before and after Receiving CH Services**

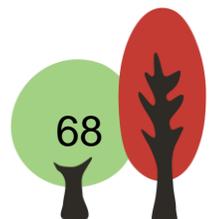
The presence of protective factors was measured against program participants that accessed at least six hours of Hub service delivery. A higher score indicates more strength within that factor; four is the highest score possible within each factor.

**Protective Factors**

Average Score of Participants Before and After Receiving First 5 Services

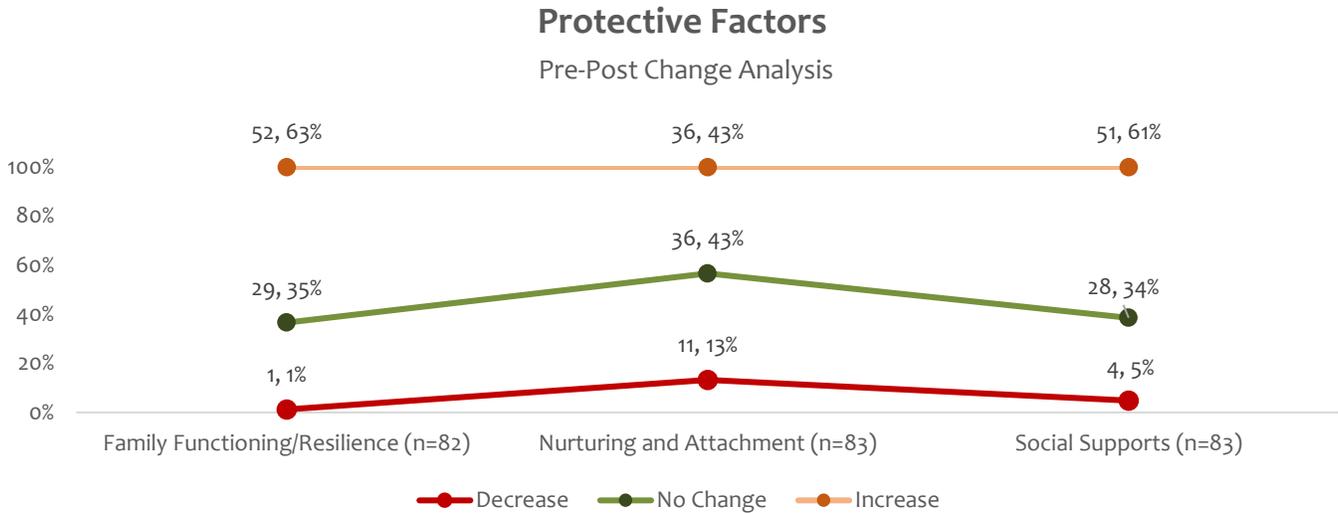


As the chart above demonstrates, there was an increase in each of the three protective factors measured amongst families participating in program services. Substantial increases were experienced in family functioning and resilience as well as in social supports.



**Protective Factors – Type and Amount of Growth Experienced by Families**

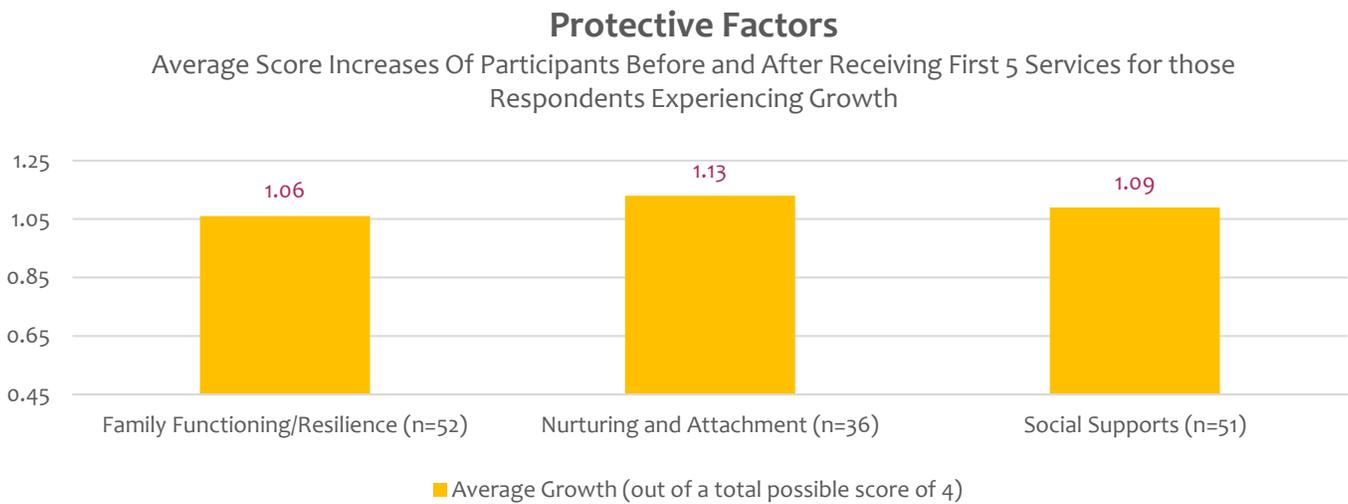
Beyond understanding where overall increased resiliency occurred, it is important to know what percentage of the population served experienced growth. The chart below illustrates the percentage of individuals that saw an increase, a decrease, or no change in their total score for each protective factor.



Between 43% and 63% of program respondents showed an increase in their protective factor scores after their participation in TWG programming. The majority of remaining families had the same level of resilience before and after receiving services, while a small percentage of families experienced a decrease.

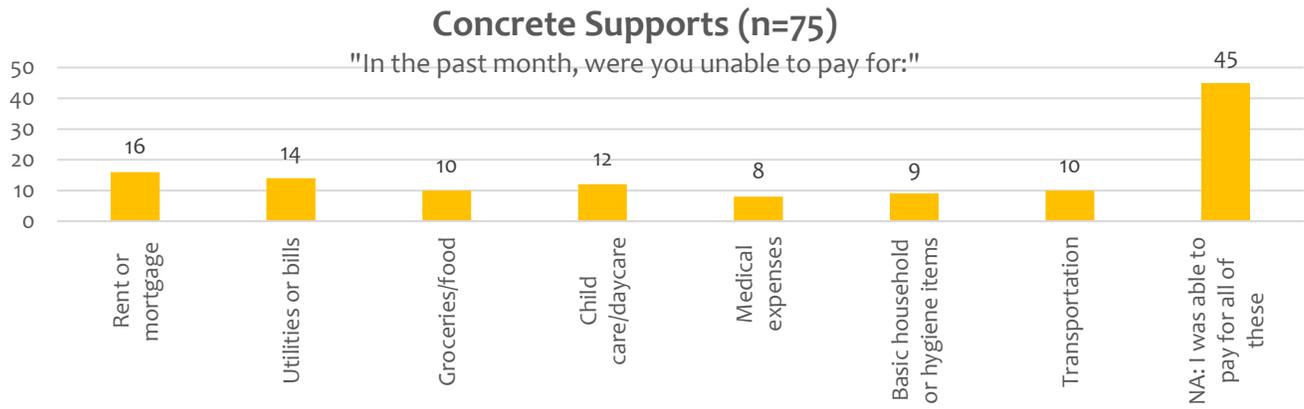
**Protective Factors – Range of Change for Those Families Experiencing Growth**

Further analysis was conducted to determine the average growth experienced by families that showed an increase in their protective factor scores (those represented by the top orange line in the figure above). The figure below illustrates that within the subset of families experiencing growth, the most substantial increases were seen in the Nurturing and Attachment factor.

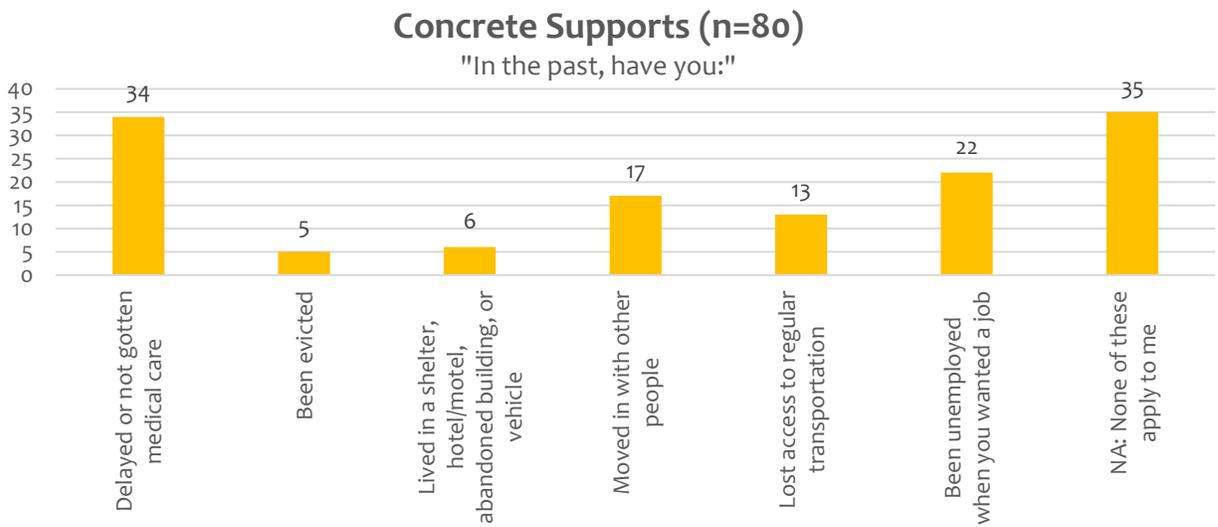


### Concrete Support Needs

The family survey additionally asks families to share information about their ability to support their basic needs.<sup>11</sup> The following table illustrates that the majority of respondents (45 or 60%) indicated that their families were able to pay for their basic needs and services in the month prior to survey completion. Rent or mortgage was the most common need that respondents indicated they had not been able to pay for in the prior month.



Survey participants were also asked if they had experienced a number of difficult living conditions.<sup>12</sup> The majority of respondents indicated they had not experienced any challenges such as housing instability, delayed medical care, unemployment or a loss of transportation (35 or 44%). Many families delayed getting medical care and were unemployed when they wanted a job. A good portion also struggled with housing stability and lost access to transportation.



Additional measures of concrete supports indicate:

- 10% of respondents (8 of 84) indicated they often have trouble affording what they need each month
- 18% of respondents (15 of 84) indicated they never or rarely are able to afford the food they want to feed their family

<sup>11</sup> Respondents were able to select multiple answers, and totals in the following charts may exceed the total “n”s.

<sup>12</sup> Note that this question was intended to read as “In the past year, have you:” However, an error on the survey caused the word “year” to be omitted.

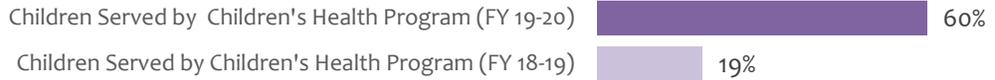
**DEVELOPMENT ACTIVITIES OF FAMILIES SERVED**

Children’s Health offers early care education and supports, with the goal of encouraging families to develop habits that support child development.

**Reading Routines of Families Served**



**Children are Read to Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported reading to their children every day totaled 60%, compared to 19% in FY18-19.

**Numeracy Activities of Families Served**



**Numeracy Activities Conducted Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported practicing counting or doing activities that involved numbers every day totaled 56%. Comparable data was not available for FY18-19.

**Play Routines of Families Served**



**Play Activities Conducted Every Day**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported playing with their children every day totaled 74%. Comparable data was not available for FY18-19.

**Physical Activities of Families Served**



**Physical Activities Conducted Every Day**

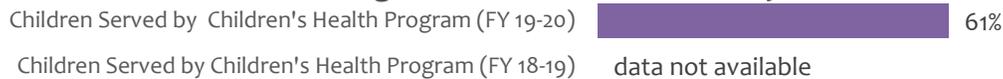


As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question that reported providing their children with opportunities for outside physical activities every day totaled 37%. Comparable data was not available for FY18-19.

**Regular Routines of Families Served**



**Regular Routines Followed Daily**



As the chart above demonstrates, the percentage of program participant families that completed the family survey for this question reported following regular routines with their children every day totaled 61%. Comparable data was not available for FY18-19.

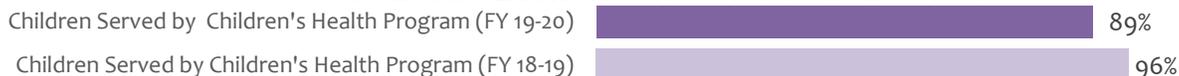
**HEALTH AND WELL BEING EFFORTS OF FAMILIES SERVED**

Children’s Health offers health and dental care education and supports with the goal of supporting the health and well-being of children.

**Accessing Preventive Medical Care**



**Well-Child Exams Received within the Last Year**

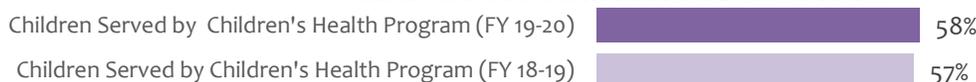


As the chart above demonstrates, the percentage of children participating in services (within families that completed the family survey for this question) that received well-child care within the last year totaled 89%, compared to 96% in FY18-19.

**Accessing Preventive Dental Care**



**Children Have Semi-Annual Dental Visits**



As the chart above demonstrates, the percentage of children participating in services (that were age one year or older and within families that completed the family survey) that received preventive dental care within the last six months totaled 58%, compared to 57% in FY18-19.

**PROGRAM ADAPTATIONS DUE TO COVID-19**

The public health department’s priorities have shifted to pandemic response, leaving their programming at Hubs a responsive exercise to clients who reach out for support. When services were provided, it was largely conducted over the phone, although at least one Hub reported home visits taking place. The program has partnered to support food distributions in some communities.

Beyond the disrupted access of in-person services due to library closures, the pandemic also impacted the program’s ability to outreach at events such as dental van services and back-to-school immunization events. This has likely reduced the number of people that could have been served by the Children’s Health program.

The program has conducted outreach to medical offices, churches, and other community partners to promote services and is planning to start offering services via Zoom to support service delivery during the pandemic.



## HIGH 5 FOR QUALITY (H5Q)

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**High 5 for Quality (H5Q):** Building on more than a decade of successful quality investments, First 5 El Dorado has implemented a quality rating and improvement system, “High 5 for Quality” based upon the California Quality Rating Improvement Scale (QRIS) Matrix. All licensed, legally licensed exempt, and alternative setting early care and education providers serving children birth through age five in the county are eligible to apply for program services focused on continuous quality improvement activities. This process includes the use of reliable assessments (environmental rating scales (ERS), CLASS, and training in child developmental screenings (ASQ and ASQ-SE). Coaches and mentors work with program participants to review self-assessments and develop a Site Improvement Plan (SIP). The SIP assesses where a provider might fall on the QRIS Matrix and are used to prioritize quality improvement activities for the year. The program then provides guidance on implementation efforts. Alternative and family, friend and neighbor (FFN) sites are supported utilizing best practices in parenting and family engagement curriculum.

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### PROGRAM ADAPTATIONS DUE TO COVID-19

The COVID-19 pandemic has severely impacted childcare centers, and consequently how the High 5 for Quality program provided supports during FY 2019-20. In mid-March, centers began closing, some of which have yet to reopen. Additionally, the pandemic caused significant staff turn-over. The impact on H5Q programming included:

- **Suspension of Site Monitoring and QRIS Rankings:** Site monitoring and QRIS rankings typically occur between March and May of each program year. Because of site closures and social distancing protocols, monitoring and rankings could not take place.
- **Virtual Coaching and Training:** Coaching and training that typically took place in-person shifted to online access. This shift has been embraced by providers and offered a mechanism for peer support. Additionally, the virtual modality eliminated the need to provide incentives to encourage participation.
- **Focus on Technology Supports:** The H5Q program quickly recognized and responded to childcare providers in their need to use technology for distance learning services.
- **Enhanced and Early Distribution of Cash Stipends:** The program increased the amount of cash incentives it typically distributed to providers so that they had the resources necessary to sustain operations. They also released these payments early so that programs could sustain themselves during the pandemic which was financially crippling to many.
- **Offered Pandemic Related Educational Supports:** H5Q developed and distributed social stories (short stories that are meant to demonstrate desirable behavior or to communicate complex ideas) related to the pandemic. The stories focused on what a virus was as well as the importance of wearing a mask and washing hands.

Despite the challenging conditions, the H5Q program has maintained a vast majority of the sites that they have served through the program. They continue to seek ways to support the field during this unpredictable time.

Because of the conditions brought on by the pandemic, data collection efforts were limited to include the profile of childcare providers served in FY 2019-20. As mentioned earlier, site monitoring and QRIS ranking was not completed and therefore is not being presented for consideration as it has been in previous reports.

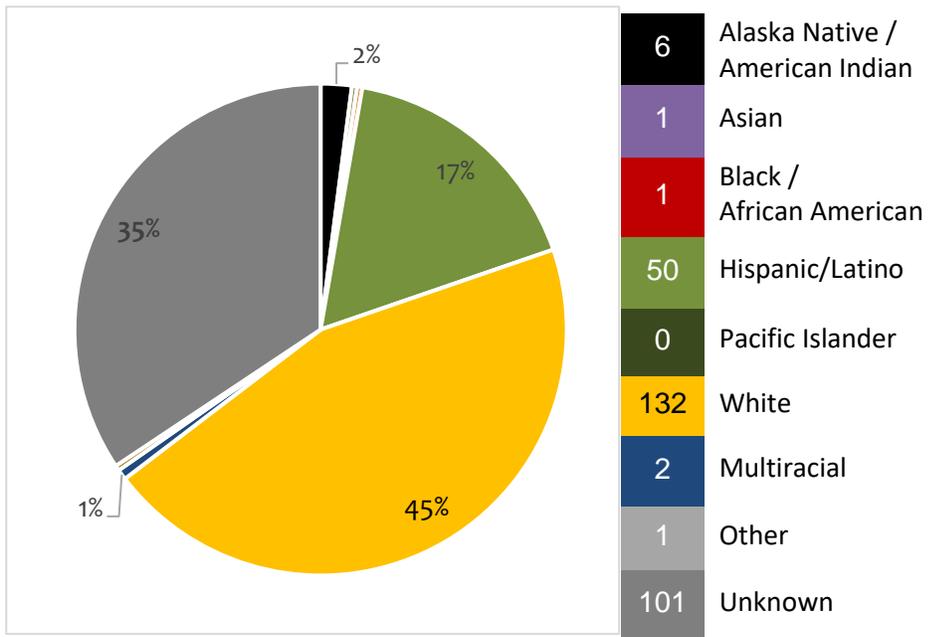
NUMBER/TYPE OF PROVIDERS SERVED

HOW MANY INDIVIDUALS WERE SERVED?



**294** Early Childhood Educators  
 Compared to 368 in FY 2018-2019

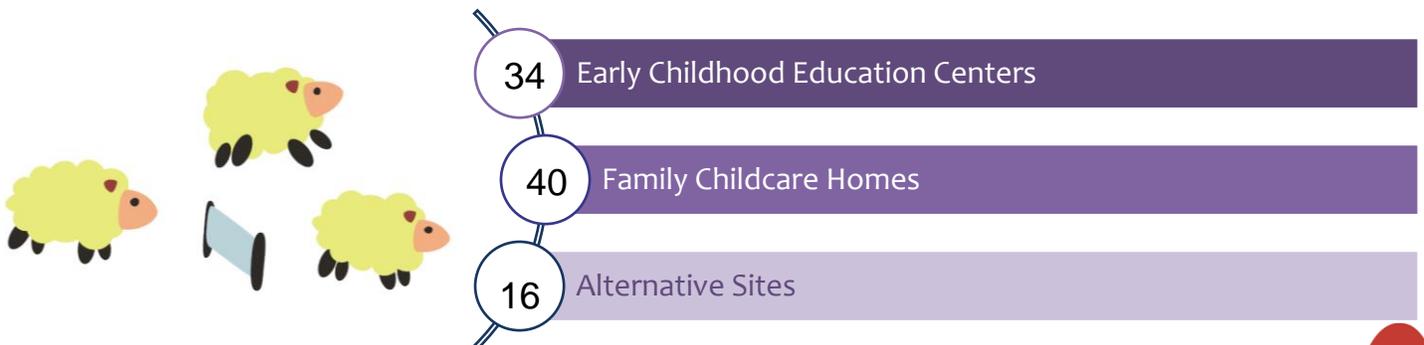
RACE/ETHNICITY OF INDIVIDUALS SERVED



The majority of the providers (for which we have demographic data) served were White (132 or 45%).

TYPE OF PROVIDER SITES SERVED

In FY 19-20, the H5Q program served a total of 74 licensed early childcare and education sites. This includes small and large family childcare homes, childcare centers, and programs that are both privately and publicly funded (a total of 72). The program also served 16 alternative sites that were parent-provider groups provided in the community and facilitated by Family Engagement staff.

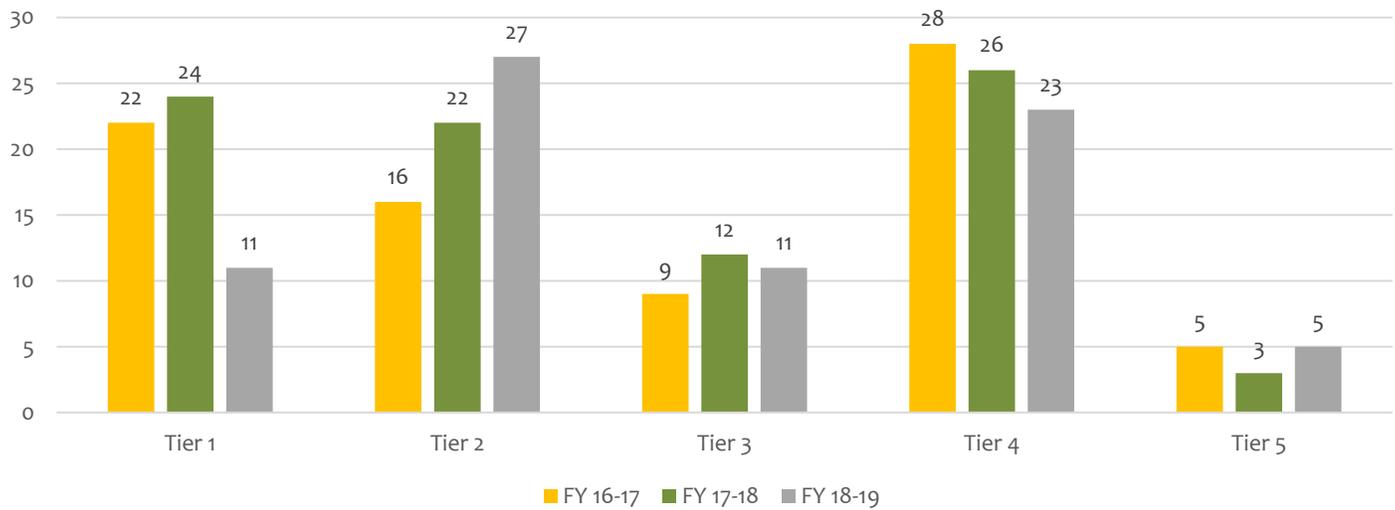


Longitudinal data from past years was retained in this report, but no conclusions or recommendations are generated from these data.

RESULTS ACHIEVED EXCEPTING 2019-20 PROGRAM YEAR

The Commission measures the number of licensed early care and education providers that are ranked as Tier 3 or above on the California Quality Rating and Improvement System (QRIS) matrix. This tool is administered on all licensed early care and education providers who voluntarily choose to participate in First 5 quality improvement activities. Programs are visited by First 5 partners and their tier ranking is established (higher tier designations indicate more components of best practice and high-quality learning environments).

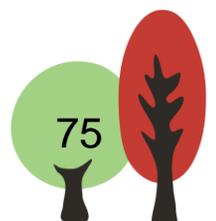
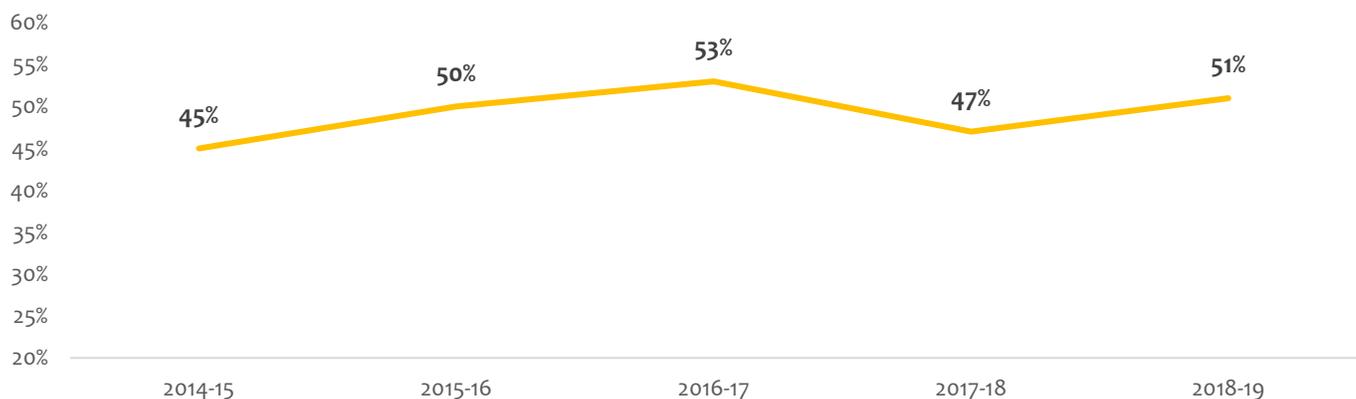
**H5Q Participating Sites QRIS Rankings**  
FY 2016-2017 through FY 2018-2019



TREND DATA EXCEPTING 2019-20 PROGRAM YEAR

The following trend line compares Commission goal achievement over time.

**Percentage of Licensed H5Q Providers Ranking Tier 3 or Above Over Time**



## APPENDIX C: PRE-K OBSERVATIONS SNAPSHOT

 PRE-K OBSERVATION FORM DATA COLLECTION<sup>13</sup>
**Hub 1**

Entering School Year 2019-2020				
Elementary School Site	Total Number of TK & Kinder Students (n=713)	Number of Pre-K Observation Forms Completed (n=437)	Percentage of TK and Kinder Population for which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Green Valley School	87	69	79%	72%
Jackson School	78	38	49%	97%
Lake Forest School	88	66	75%	92%
Lakeview Elementary	116	83	72%	94%
Oak Meadow School	97	38	39%	97%
Silva Valley School	76	27	36%	96%
Valley View Charter	96	63	66%	89%
William Brooks School	75	53	71%	94%

**Hub 2**

Entering School Year 2019-2020				
Elementary School Site	Total Number of TK & Kinder Students (n=129)	Number of Pre-K Observation Forms Completed (n=86)	Percentage of TK and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Blue Oak School	81	52	64%	88%
Latrobe	20	14	70%	86%
Pioneer School	24	18	71%	50%
Walt Tyler	4	2	50%	0%

**Hub 3**

Entering School Year 2019-2020				
Elementary School Site	Total Number of TK & Kinder Students (n=111)	Number of Pre-K Observation Forms Completed (n=56)	Percentage of TK and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Camino Union School	51	22	43%	91%
Gold Oak School	60	34	34%	62%

<sup>13</sup> Enrollment data was gathered from schools in December 2019 and are not meant to represent final enrollment information, which will be made publicly available after the publication of this report at:

<https://data1.cde.ca.gov/dataquest/page2.asp?level=County&subject=Enrollment&submit1=Submit>

**Hub 4**

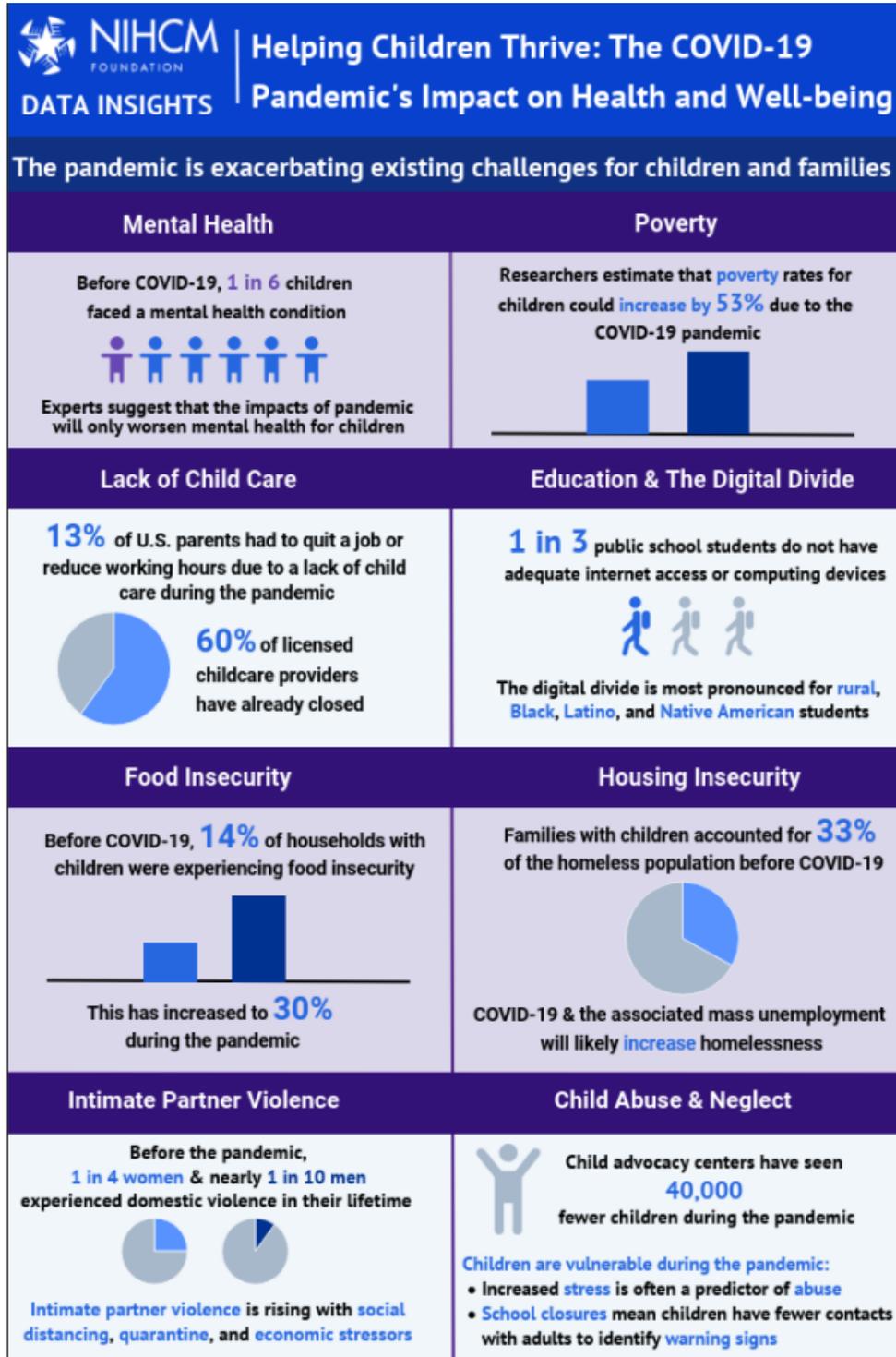
Entering School Year 2019-2020				
Elementary School Site	Total Number of TK & Kinder Students (n=549)	Number of Pre-K Observation Forms Completed (n=273) <i>14</i>	Percentage of TK and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
American River Charter	26	11	42%	45%
Buckeye School	84	1	1%	100%
Georgetown Elementary	49	37	76%	70%
Indian Creek School	144	118	82%	75%
Northside School	64	35	55%	71%
Rescue School	89	28	42%	89%
Sutter's Mill School	93	43	1%	95%

**Hub 5**

Entering School Year 2019-2020				
Elementary School Site	Total Number of TK & Kinder Students (n=468)	Number of Pre-K Observation Forms Completed (n=252)	Percentage of TK and Kinder Population in which a Pre-K Observation Form was Completed	Percentage of families that completed Pre-K Observation Form who indicated their child went to preschool
Bijou School	70	46	66%	85%
Lake Tahoe Environment Science	68	38	56%	87%
Pinewood School	81	30	37%	80%
Sierra House	81	32	40%	84%
Tahoe Valley School	168	106	66%	71%

<sup>14</sup> One survey could be attributed to Hub 4, but not to a specific school within the Hub. This accounts for the difference in totals presented in the Hub 4 narrative (274) and the total presented by schools in this table (273).

APPENDIX D: HELPING CHILDREN THRIVE: THE COVID-19 PANDEMIC'S IMPACT ON HEALTH AND WELL-BEING



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<https://www.nihcm.org/categories/helping-children-thrive-the-covid-19-pandemic-s-impact-on-health-and-well-being>