



ANNUAL EVALUATION REPORT

2022-23



Table of Contents

- FIRST 5 MONO HIGHLIGHTS 2022-23 1**
- INTRODUCTION..... 5**
 - First 5 Mono Overview 5
 - First 5 Mono Strategic Framework 6
- COUNTYWIDE PROFILE.....7**
- PROFILE OF FIRST 5 MONO PROGRAMS AND CLIENTS9**
 - Program Population Served and Expenditures 9
 - Program Reach..... 10
 - Ethnicity and Language..... 10
- IMPROVED FAMILY FUNCTIONING..... 12**
 - Home Visiting 12
- IMPROVED CHILD DEVELOPMENT..... 17**
 - Childcare Quality System..... 17
 - Family Behavioral Health — Peapod Playgroups 21
 - School Readiness..... 26
- IMPROVED CHILD HEALTH 32**
 - Oral Health Screenings 32
 - Child Safety: Safe Kids California – Mono County Partners..... 35

Table of Figures

Figure 1.	Percent of Children Eligible for Free and Reduced Cost Lunch, 2018-2023	7
Figure 2.	Monthly Unemployment Rates, 2020-2023	7
Figure 3.	Incidence of Maltreatment Allegations per 1,000 County Children (0-5), by Age	8
Figure 4.	Incidence of Maltreatment Allegations per 1,000 Children (0-17) in Mono County, by Ethnicity	8
Figure 5.	Clients Served and Expenditures, by Result Area and Program	9
Figure 6.	Percent of County Children Under 5 Reached by Each First 5 Mono Program	10
Figure 7.	Percent of County Children Under 5 Enrolled in First 5 Mono Programs, by Race and Ethnicity	10
Figure 8.	Geographic Distribution of First 5 Mono Home Visited Families Compared To County Kindergarten Population	11
Figure 9.	Percent of Mono County Infants and Children Under 5 Enrolled in First 5 Mono Home Visiting Programs	13
Figure 10.	Percent of Home-Visited and Mono County Children (Six Months to Five Years) with ASQ Screens	14
Figure 11.	Percent of Mono County Children Under 5 Whose Parents Received Parent Education through First 5 Mono	14
Figure 12.	Percent of Infants at Sierra Park Pediatric Clinic Breastfed (First Month’s Health Check-Up)	15
Figure 13.	Percent of Children (0-5) at Sierra Park Pediatric Clinic with the BMI in the Expected Range	15
Figure 14.	Percent of Mono County Children Under 5 for Whom a Licensed Slot Is Available	18
Figure 15.	Percent of Children Enrolled in Centers and Family Child Care Homes which are Ranked from Moderate to High (Tier 3-5) on the Quality Index	19
Figure 16.	Number of Child Care Providers and ECE Educators Participating in Childcare Quality System and Advancing on the Child Development Permit Matrix	20
Figure 17.	Percent of Mono County Children Under 5 Served Through First 5 Mono Peapod Playgroups Program	23
Figure 18.	Number of Children Under 5 Whose Parents Received Parent Education through Peapod Playgroups	23
Figure 19.	Percent of Surveyed Parents Satisfied with First 5 Mono Peapod Playgroup Program	24
Figure 20.	Percent of Surveyed Parents Satisfied with Peapod Playgroup Facilitators	24
Figure 21.	Percent of Surveyed Parents Satisfied with Peapod Playgroups’ Efforts to Increase Awareness of Mental Health and Share Local Mental Health Care Resources	25
Figure 22.	Percent of Mono County Children (3-4 Years) for Whom a Licensed Preschool Slot was Available	27
Figure 23.	Percent of Kindergarten Students Who Accessed Formal Early Learning in Licensed Care Settings	27
Figure 24.	Number of First 5 Mono Participants Accessing Raising a Reader	28
Figure 25.	Percent of Mono County Children under 5 Accessing Early Literacy Activities Across All First 5 Mono Programs	29
Figure 26.	Percent of County TK and Kindergarten Students Whose Parents Attended Round Up Activities	30
Figure 27.	Percent of Mono County Kindergarten Students Assessed for Kindergarten Readiness and Identified as ‘Fully Ready’ on Academic Skills	31
Figure 28.	Percent of Children (1-6) Who Received an Annual Dental Screening at Sierra Park Dental Clinic	33
Figure 29.	Percent of County Kindergarten Students with Untreated Dental Problems	33
Figure 30.	Percent of Mono County Children Under Five Who Received a Bicycle Safety Helmet through Safe Kids Coalition	36

First 5 Mono Highlights 2022-23

Each year, First 5 Mono summarizes information on the progress of each investment and related indicators from our Strategic Plan (indicated by reference number “SP”). Highlights are included below.

Profile of Programs and Families



- **Investment:** In 2022-23, First 5 Mono invested 1,059,895, including \$996,121 across nine programs and systems building efforts. (*Source: F5CA Annual Report-1*).
- **Reach:** First 5 Mono served 1,611 individuals (duplicated), including 940 children, 625 parents and caregivers, and 46 providers. Child safety (n = 90), home visiting programs (n = 141) and Childcare Quality System (n = 92), reached 523 children, or 96% of the 545 children under five in the county.
- **Ethnic representation:** Amongst those children for whom ethnicity data were available (n = 337), 43% were White and 42% were Latino, about the same proportion as children countywide. (*Source: F5CA Annual Report-2, KidsData*).
- **Geographic representation:** Over 74% of participating children in the home visiting program came from Mammoth Lakes and Crowley Lake, proportionate to the number of kindergarten students living in these geographic locales.

Improved Family Functioning



- **Home Visiting:**
 - First 5 Mono supported an evidence-based home visiting program: Welcome Baby & Healthy Families. Across the program, 322 individuals were served, including 141 children and 211 parents, representing 33% of the county’s babies (SP#2), and 26% of county’s children under five (SP#3).
 - Almost all (90%) of the 75 home visited children ages six months to five years received a developmental ASQ screening (SP#4a). Across both home visiting programs and the Child Quality Care System Initiative, 210 children received ASQ screening, representing 39% of county children under five years (SP#4b).
 - In total, the parents of 167 unduplicated children engaged in First 5 Mono programs (Home Visiting and Peapod) to improve knowledge, understanding, and engagement in their children’s development and physical and mental health (SP#14b). This equates to 31% of the county’s children under five.
 - 58 newborns were reportedly being breastfed as of their first month check-up, representing 87% of all newborns seen at Sierra Park Pediatric Clinic (SP# 15).
 - 222 children, representing 78% of all 0-5 children seen at Sierra Park Pediatric Clinic, had good BMI (in expected range of weight, accounting for height and age; SP#16).

Improved Child Development



- **Quality Child Care:**
 - In terms of capacity, only 33% (177) of the county’s children had a licensed Center or a Family Child care space available to them (SP#7).
 - First 5 Mono’s Childcare Quality System Initiative served 39 providers (29 of whom are licensed), and 292 children enrolled in those sites (151 enrolled in licensed spaces).
 - Within the Initiative, 29 licensed providers participated in Quality Improvement Initiatives (SP#6a), and two (7%) moved up on the Child Development Permit Matrix (SP#6b).
 - Additionally, amongst the 151 children enrolled in licensed care, 85% (n = 128) were cared for in a licensed setting that was ranked as *moderate-to-high* on the quality index (SP#5).

-
- Amongst children in licensed settings participating in the Initiative, 135 (89%) children were screened for developmental delays (SP#4). Amongst children in *all* types of settings in the Initiative, 210 children (72%) were screened for developmental delays.

- **Family Behavioral Health — Peapod Playgroups:**

- The Peapod Playgroups served 134 individuals, including 65 adults and 69 children, representing 13% of the county’s children under five (SP#19). All of the children’s parents (100%) received child-development and parenting education (SP#14c).
- Of the 31 Peapod families who responded to the Parent Survey, 100% were satisfied with Peapod Playgroups (SP#1), including sessions meeting expectations, having knowledgeable facilitators, the presentation of helpful resources, and finding the program to be helpful as a parenting forum. Additionally, 90% would feel comfortable seeking mental health care if they felt like they needed it.

School Readiness: Raising a Reader, Kindergarten and TK Round Up

- Within priority zip codes, 117 children or 46% of the county population ages 3-4 years had a preschool slot available to them (SP#12).
- According to the fall 2022 Kindergarten Readiness Assessment, 53 children or 50% of all incoming kindergarteners had a formal early learning experience, including preschool or Pre-K (SP#8).
- In terms of early literacy programs, 248 children accessed early literacy activities through First 5 Mono programs, such as home visiting, Peapod, and Raising a Reader. This equates to 46% of the county population under five (SP#11b).
- Amongst the 248 children served, 68 children (27%) accessed early literacy activities through Raising a Reader (SP#11a).
- Almost all (89%) of transitional kindergarten (TK and kindergarten children’s parents engaged in Transition to School Activities such as Kindergarten and TK Round Up (SP#10).
- In fall 2022, 127 children (100%) of incoming kindergarten students in Mono County were assessed for kindergarten readiness (SP#13). Of these, 65% were ready on *Kindergarten Academics*, 41% were ready on *Self Regulation*, and 51% on *Social Expression* (SP#9)—30% were ready in all three domains.

**Improved
Child Health**



- **Oral Health Screenings:**

- With respect to dental screenings, 45 children received First 5 Mono’s direct support to get an annual dental screening. Overall, 198 children received a dental screening, representing 91% of all children seen at the Sierra Park Dental Clinic (SP#17a), and 36% of the county population (SP#17b).
- Based on the Kindergarten Oral Health Assessment, 37% of kindergarten students (n = 28 of 75) had untreated dental problems when they entered kindergarten (SP#18).

- **Child Safety**

- Bike helmets save lives. In partnership with Safe Kids California, First 5 Mono provided 90 children – 17% of the county population under five – with a bicycle helmet (SP#20).

First 5 Mono Dashboard 2022-23

The following presents a high-level overview of First 5 Mono’s progress on their key strategic plan (SP) indicators. Progress is gauged based on whether the change from the previous year shows: a worsening of 5% or more = ●, no substantive change (within 0-4%) = ●, improvement by 5% or more = ●, or a sustained positive trend at or above 90% = ●.

Program	SP #	Strategic Plan Indicator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	% Change	Status
Improved Family Functioning									
Home Visiting – Welcome Baby & Healthy Families	2	Percent of children prenatal to age one in Mono County whose parents accessed Home Visiting.	67%	38%	48%	37%	33%	-11%	●
	3	Percent of children prenatal to age five in Mono County whose parents accessed Home Visiting.	22%	30%	25%	23%	26%	+12%	●
	4a	Percent of Home Visiting participants’ children ages six months to five screened for developmental delays.	90%	89%	81%	92%	90%	-2%	●
	4b	Percent of children ages six months to five in Mono County screened for developmental delays.	35%	33%	23%	37%	39%	+4%	●
	14b	Percent of Mono County children whose parents received child development, parenting education through Home Visiting and Peapod Playgroups.	39%	44%	18%	33%	31%	-6%	●
	15	Percent of infants in Mono County with whom breastfeeding was initiated and sustained (<i>Sierra Park Pediatrics</i>).	86%	89%	85%	88%	88%	0%	●
	16b	Percent of children ages 0-5 years in Mono County in the expected range of weight for their height and age (<i>BMI; Sierra Park Pediatrics</i>).	81%	76%	76%	75%	78%	+4%	●
Improved Child Development									
Childcare Quality – Childcare Quality System	7	Percent of licensed Center and Family Child care spaces per 100 Mono County children.	47%	46%	42%	47%	32%	-31%	●
	5	Percent of children served in home child care settings and child care centers that exhibited moderate-to high- quality, as measured by a quality index.	91%	64%	67%	53%	85%	+60%	●
	6a	Number of licensed child care providers in Mono County participating in Quality Systems.	—	32	34	27	29	+7%	●
	6b	Percent of licensed child care providers in Mono County advancing on the Child Development Permit Matrix.	0%	0%	15%	30%	7%	-77%	●
	4	Percent of children in <i>licensed</i> early learning settings who were screened for developmental delays.	—	—	—	66%	89%	+35%	●
		Percent of children in <i>all</i> early learning settings who were screened for developmental delays.	—	—	—	48%	72%	+50%	●
Family Beh. Health	19	Percent of children ages prenatal to age five in Mono County served through Peapod playgroups.	18%	14%	3%	11%	13%	+15%	●

Program	SP #	Strategic Plan Indicator	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	% Change	Status	
– Peapod Playgroups	14c	Number of children in households where parents and other family members in Peapod Playgroups received child development and parenting education.	123	97	19	61	69	+13%	●	
	1	Percent of parents who reported that Peapod Playgroups met their expectations.	100%	100%	100%	100%	100%	No Change	●	
School Readiness	12	Percent of age-eligible children in Mono County for whom a preschool slot was available.	60%	50%	36%	41%	46%	+12%	●	
	– Early Literacy	8	Percent of kindergarten students in Mono County who have ever attended a preschool or Pre-K.	76%	87%	—	59%	50%	-14%	●
	– Transition to School	11a	Percent of children aged birth to five in Mono County who accessed funded Early Literacy activities through Raising a Reader ¹	36%	38%	33%	29%	27%	-5%	●
		11b	Percent of children ages birth to five in Mono County who accessed funded Early Literacy activities through First 5 Mono programs (HV, Peapod, Raising a Reader).	47%	48%	27%	46%	46%	No Change	●
		10	Percent of children in Mono County whose parents attended Transition to School activities (Kindergarten and TK Round Up).	73%	82%	57%	94%	89%	-5%	●
		13	Percent of children in Mono County assessed for school readiness at kindergarten entry.	98%	98%	—	99%	100%	+1%	●
		9	Percent of children in Mono County “ready for school” in <i>Kindergarten Academics</i> upon entering kindergarten.	51%	65%	—	52%	65%	+24%	●
Improved Child Health										
Oral Health	17a	Percent of children ages one or older who received annual dental screenings (<i>Sierra Park Dental Clinic</i>).	91%	92%	98%	89%	92%	+3%	●	
	– Screenings	18	Percent of children in Mono County who entered kindergarten with untreated dental problems.	33%	10%	—	—	37%	N/A	
Child Safety	20	Percent of children birth to five provided a safety helmet through Safe Kids.	31%	25%	5%	15%	17%	+10%	●	
– Bike Helmets										

¹ Denominator: Children in First 5 Mono early literacy programs.

Introduction



FIRST 5 MONO OVERVIEW

The California Children and Families Act (also known as Proposition 10 or “First 5”) was enacted in 1998, which increased tobacco product taxes to fund services promoting early childhood development from prenatal to age five. The Mono County Children and Families Commission (“First 5 Mono”) was created in 1999 as a County Commission by the Mono County Board of Supervisors to:

- Monitor the current and projected needs of children birth to five years old
- Develop a strategic plan describing how to address community needs
- Determine how to expend local First 5 resources
- Evaluate the effectiveness of funded programs and activities

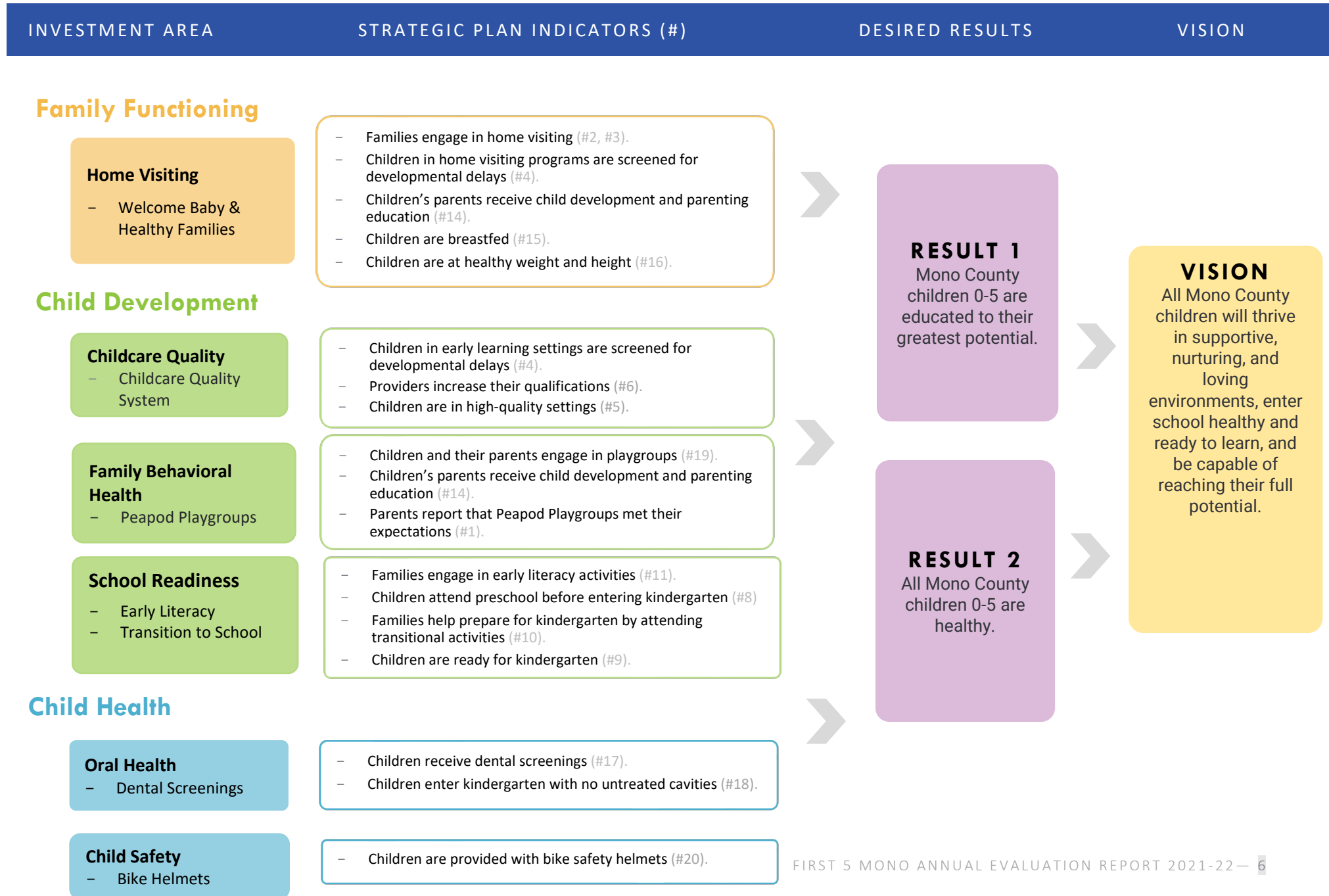


First 5 Mono’s vision for all children 0-5 and their families in the county is that *All Mono County children will thrive in supportive, nurturing, and loving environments; enter school healthy and ready to learn; and be capable of reaching their full potential.*

To promote that vision, First 5 Mono’s mission is that *First 5 Mono County will be a leader in a community-oriented and family-centered support network for children prenatal to age five and their families, and is charged with improving outcomes in children’s health, safety, and learning.* The 2019-2024 Strategic Plan guides Commission investments and helps meet statutory requirements by describing how Proposition 10-fund expenditures seek to promote a comprehensive and integrated system of early childhood development services. The Strategic Framework on the following page describes the efforts funded in order to promote the mission and vision.

In FY 2022-23, First 5 Mono received revenue from First 5 California in the amount of \$321,392, which included tobacco tax allocations and Small Population County Funding Augmentations (SPCFA). Partner agencies like First 5 California, California Department of Education, and Mono County contributed additional funding. The 2022-23 Evaluation Report meets state and local requirements, and evaluates funded programs for the purposes of guiding quality improvement and fund allocation. Organized around three investment areas, this report includes descriptions of each funded program, status on relevant Strategic Plan 2019-2024 indicators, and conclusions.

FIRST 5 MONO STRATEGIC FRAMEWORK

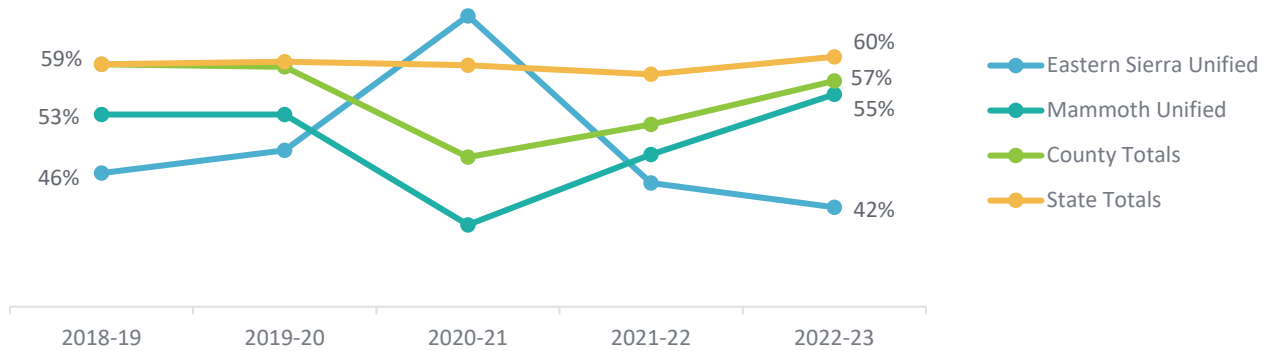


Countywide Profile

The US Census Bureau estimates for Mono County show that the county population of children under five was 545, down from 570 in 2021. First 5 Mono uses the population under five as its denominator rather than those under six because the vast majority of investments serve children under five.

Childhood Poverty. Data regarding childhood poverty is unstable for Mono County due to small sample size. Therefore, as a proxy, this report presents data on the percent of students who are eligible for free or reduced-price lunch.

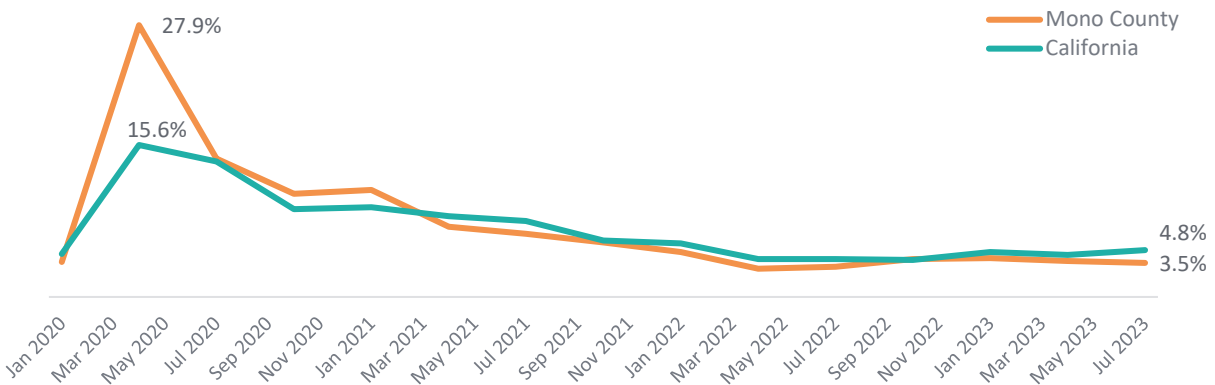
Figure 1. Percent of Children Eligible for Free and Reduced Cost Lunch, 2018-2023



Source: California Department of Education, DataQuest, 2024.

Unemployment. The rate of unemployment in Mono County was 3.5%, slightly lower than the 4.8% statewide. As families returned to the workforce, their economic standing improved, particularly for White households. The Child Tax Credit further supported the economic recovery of families with young children in Mono County. However, families continued to struggle to find affordable housing and child care and access to stable employment with a living wage.

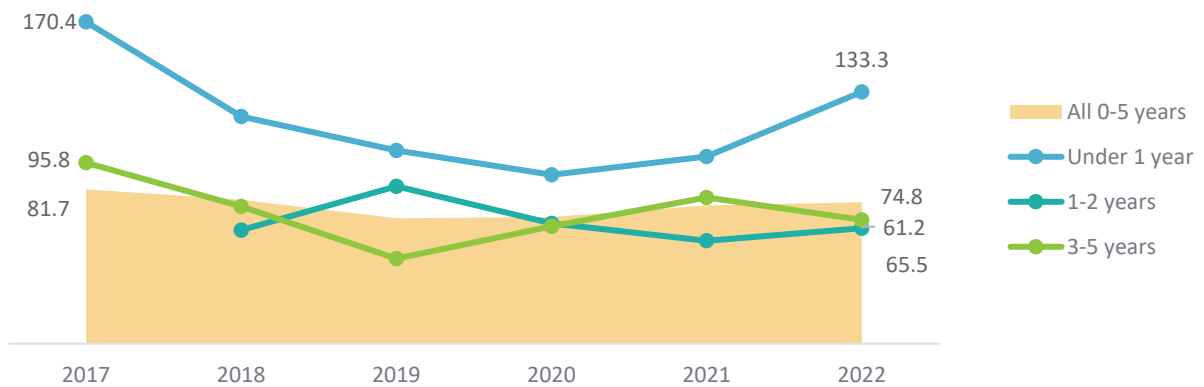
Figure 2. Monthly Unemployment Rates, 2020-2023



Source: Labor Market Information Resources and Data, California Employment Development Department. County Unemployment Rates, by Month, 2020, 2021, 2022, 2023.

Child Welfare. In 2022, there were 57 children ages 0-5 who were the subject of a child maltreatment allegation, similar to 57 the year before, and down slightly from 62 cases in 2017. However, the prevalence of maltreatment allegations is increasing amongst children 0-1, with 16 cases of alleged maltreatment in 2022 (rate of 133/1000 children), up from 12 cases in 2021 (99/1000 children).

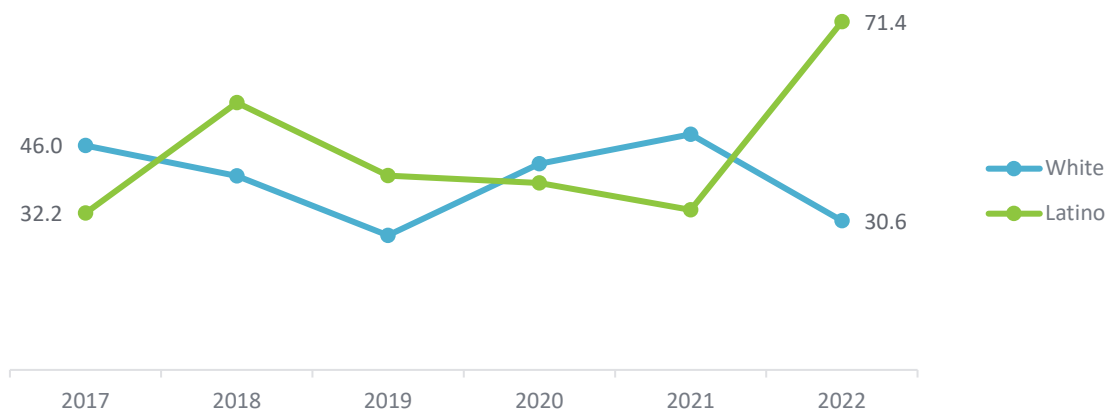
Figure 3. Incidence of Maltreatment Allegations per 1,000 County Children (0-5), by Age



Source: California Child Welfare Indicators Project (CCWIP). Child Maltreatment [Counts](#) and Allegation [Rates](#) by Age, 2017-2022. Data for children 0-1 in 2017 are unstable and are thus not shown. Population counts provided by CCWIP, from the Dept of Finance, and includes children 0-5 (under 6).

In addition to child’s age, the prevalence of child maltreatment allegations vary by child ethnicity. In 2017, White children ages 0-17 were about 10% more likely to experience child maltreatment allegations than Latino children. That trend reversed by 2018 and held through 2019, before reversing again in 2020-2021. Currently, the allegations prevalence of 71.4 per 1,000 Latino children is more than twice the rate for White children.

Figure 4. Incidence of Maltreatment Allegations per 1,000 Children (0-17) in Mono County, by Ethnicity



Source: California Child Welfare Indicators Project (CCWI). Child Maltreatment [Allegation](#) Rates by Ethnicity, 2017-2021.

Profile of First 5 Mono Programs and Clients

The Commission’s vision is that all county children reach their full potential. The efforts toward this vision require support and promotion of equitable access to services. To this end, First 5 Mono staff continued to participate in Racial Equity, Diversity, and Inclusion work through the First 5 Association and the Mono County Office of Education. As part of the nationwide and local movements to build systemic equity, First 5 Mono staff took part in trainings with the focus shifting from individual to agency and community levels. To evaluate progress toward equitable accessibility of First 5 Mono programs, this report highlights demographic characteristics of First 5 Mono program participants.

PROGRAM POPULATION SERVED AND EXPENDITURES

In FY 2022-23, First 5 Mono served 1611 individuals (duplicated), including 940 children, 625 parents and caregivers, and 46 providers. The figure below presents a thumbnail of the number of children and adults served per First 5 Mono program, as well as the annual expenditures per program. Numbers for each program are unduplicated, but across programs numbers include duplicates unless otherwise noted. Note that the programs are categorized differently in the annual report to First 5 California than they are locally.

Figure 5. Clients Served and Expenditures, by Result Area and Program

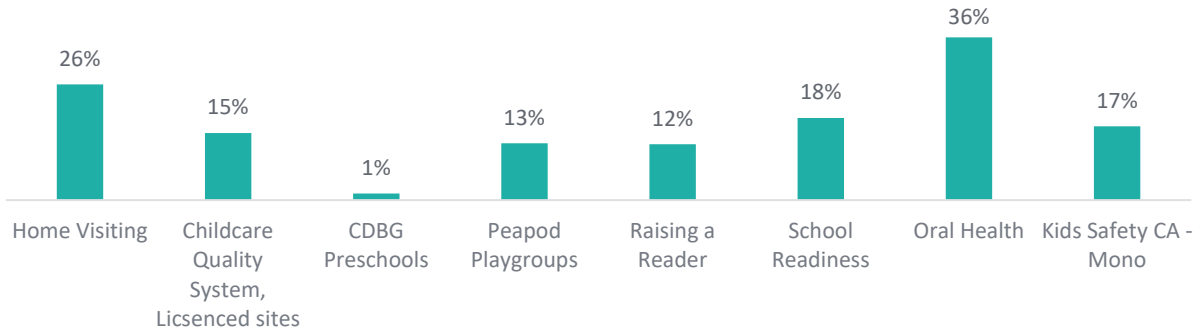
F5 MONO RESULT AREA / PROGRAM	CHILDREN	CAREGIVER	PROVIDER	TOTAL	INVESTMENT
Family Functioning	141	211		352	\$409,085
Home Visiting (Welcome Baby and Healthy Families)	141	211	—		\$409,085
Child Development	664	324	46	1034	\$533,288
Impact/ Quality Counts California	292	0	39	331	\$358,495
Preschool/Child Care - Bridgeport	8	23	1	32	\$83,495
Peapod Playgroups	69	65	—	134	\$28,081
School Readiness: Raising a Reader	68	136	6	210	\$38,000
School Readiness: Transitional activities (Kinder Round up)	100	100 **	—	200	\$25,217
School Readiness: Kindergarten Assessment	127				
Child Health	135	90	—	225	\$8,179
Safety Education (Bike Helmets)	90	90	—	180	\$7,350
Oral Health	45	—	—	45	\$829
Strong Systems					\$45,569
Systems Building (Early Identification and Intervention, Family Resiliency, Health Systems, Place-Based)	—	—	—	—	\$35,569
Direct Material Support	—	—	—	—	\$10,000
TOTAL	940	625	46		\$996,121

Source: First 5 Mono Annual Report to First 5 California (AR-1), FY 2022-23. Note that this table includes new data and may not match the state AR-1 report. Notes: *29 of the 39 providers are licensed; ** Assumes 1 parent per child in kinder round up.

PROGRAM REACH

Among the Commission-funded First 5 Mono programs 54% were reached through Childcare Quality Systems. Included in that 54% are: 15% licensed Child care Centers, Family Child care Homes, and Family, Friend, and Neighbor providers; 26% evidence-based home visiting services, and 13% Peapod Playgroups. School readiness programs engaged one in five Mono County families with children in this age group. Early literacy programs such as Raising a Reader, supported 12% of county children under the age of five years. In the area of health, Safe Kids California reached 17% of Mono County families with children under five with bicycle helmets, and 36% of children ages 1-5 received dental screenings through Sierra Park Dental.

Figure 6. Percent of County Children Under 5 Reached by Each First 5 Mono Program



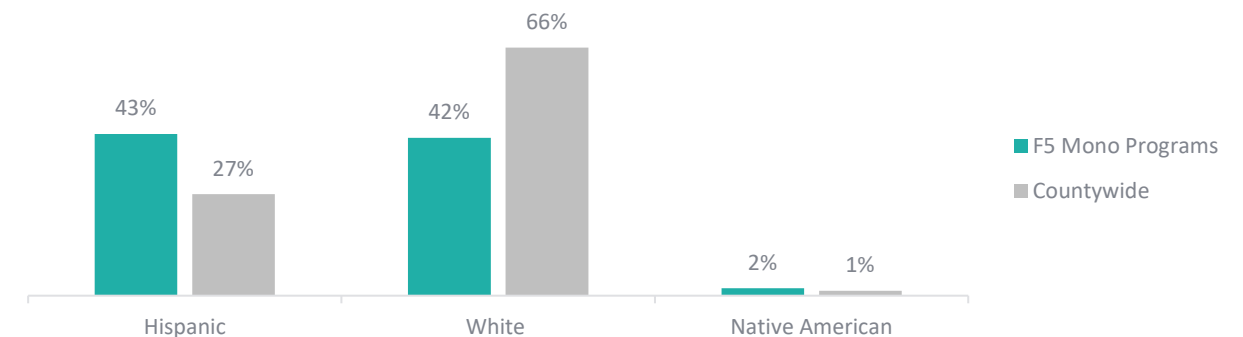
Sources: First 5 Mono programs participation records, FY 2022-23.

US Census Bureau Quickfacts: Population estimates for all residents (N = 12,978) and children under 5 (N = 545 or 4.2%) in Mono County, 2022.

ETHNICITY AND LANGUAGE

In 2022-23, amongst children for whom ethnicity data were available, about half of children served by First 5 Mono were Hispanic (43%), and another half (42%) were White, with only about 2% of Native American descent and 12% of two or more races. In comparison to countywide racial-ethnic distribution of families with young children, First 5 Mono clients were more likely to be Hispanic and less likely to be White. In terms of language preferences, 67% spoke English and 33% spoke Spanish (2022-23 AR2 Report, excludes unknown language preferences).

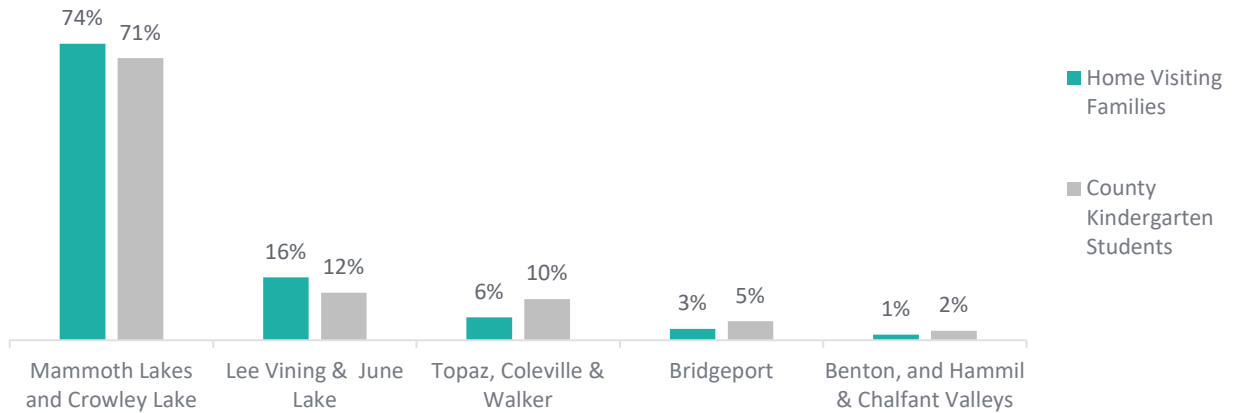
Figure 7. Percent of County Children Under 5 Enrolled in First 5 Mono Programs, by Race and Ethnicity



Sources: First 5 Mono Annual Report to First 5 California (AR-1), 2022-23. N = 337 children; excludes clients with unknown race and ethnicity. County data for children 0-4: California Department of Finance: Complete P-3 Race/Ethnicity and Sex by Age Projections for California and Counties State, 2022-23.

To better understand whether First 5 Mono programs are geographically equitable, the figure below compares the distribution of clients in home visiting services by location, compared to all kindergarten students. This comparison reveals that home visiting services reached a higher percentage of families in Mammoth Lakes and Crowley Lake, Lee Vining and June Lake, and a slightly lower percentage in all other areas. In general, the distribution of services matches the distribution of kindergarten students across the county.

Figure 8. Geographic Distribution of First 5 Mono Home Visited Families Compared To County Kindergarten Population



Sources: First 5 Mono home visiting programs participation records, FY 2022-23. Kindergarten enrollment: School District records, FY 2022-23.



Improved Family Functioning

HOME VISITING

Program Overview

First 5 Mono funds home visiting services due to nationwide evidence, demonstrating the ability of home visiting programs to improve outcomes for children and families in areas of family functioning, prevention of child maltreatment, increased early literacy, and improved school readiness. The home visiting program funded by the Commission was **Welcome Baby! & Healthy Families**. This program follows *Parents as Teachers* curriculum, which provides an evidence-based model of service delivery. Through these services, families were offered between 12 and 24 visits per year, depending on families’ needs, or until their child was enrolled in preschool, transitional kindergarten, or kindergarten. Key curriculum activities targeting program goals were to:

- Provide culturally competent services in Spanish and English
- Facilitate parents’ role as their child’s first and most important teacher
- Conduct developmental screenings and refer families to early intervention programs
- Provide information on typical child development
- Stimulate child development by providing age-appropriate activities
- Increase and support breastfeeding and literacy activities
- Link families to community services and support access to services
- Facilitate optimal family functioning
- Decrease child abuse and neglect

A Logic Model summarizing key activities, and expected outcomes is as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> • Funding • Four part-time home visitors, one full time • Program funding and administration • Community participation 	<ul style="list-style-type: none"> • Home visits with families and providers • Monthly staff meetings • Data collection and input • Recruiting and training 	<ul style="list-style-type: none"> • Number and percent of children 0-1 and 0-5 accessing home visiting services (SP#2 and 3) • Number and percent of home-visited and county children (six mo.-five years) screened for developmental delays (SP #4a, b) • Number and percent of home-visited and county children (0-5) in households where parents and other family members are receiving child development and parenting education and information about appropriate community services (SP #14a, b) • Number and percent of children where breastfeeding is successfully initiated and sustained at one mo. well-child check-up (SP#15) • Number and percent of children with the expected BMI (SP#16a, b) 	<ul style="list-style-type: none"> • Improved access to early intervention services for families and children 0-5 • Improved screening and intervention for developmental delays, disabilities, and other special needs in children 0-5 • Improved parental knowledge, understanding, and engagement in promoting their children’s development and physical and mental health • Improved access to health care services and community resources for children 0-5 and their families • Increased infant breastfeeding rates • Improved physical health • Improved school readiness

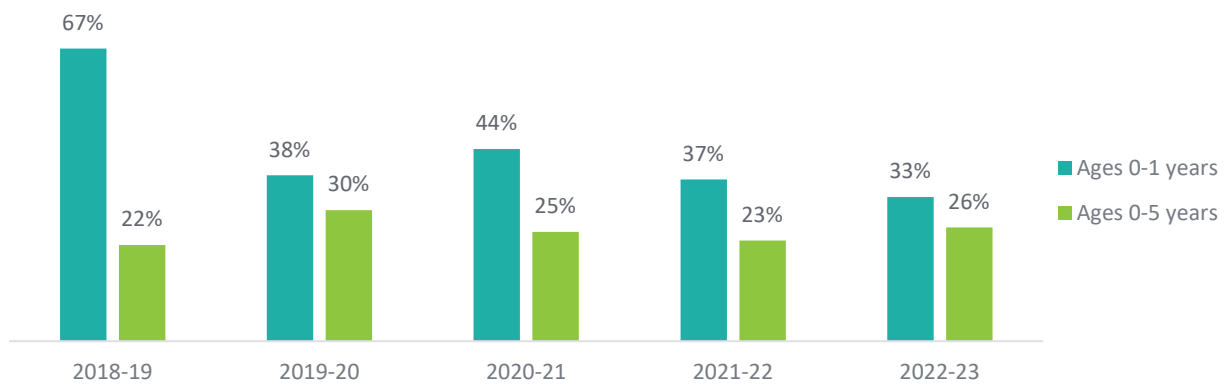
Child and Family Access To Home Visiting Services (SP#2 and 3)

Mono County families are referred to the First 5 Mono home visiting program through a variety of sources, such as child care providers, Mammoth Hospital’s Women’s Clinic, and Northern Inyo Hospital’s Labor and Delivery department. In 2020, First 5 Mono was awarded the Home Visiting Coordination Grant from First 5 California, which allowed to expand the existing community referral network.

Status:
SP #2: Decreasing
SP #3: Increasing

Status: In FY 2022-23, 352 individuals, including 141 children and 211 parents accessed evidence-based home visiting services. In terms of program reach in FY 2022-23, the enrollment rates for infants referred to home visiting dropped from 37% to 33%.

Figure 9. Percent of Mono County Infants and Children Under 5 Enrolled in First 5 Mono Home Visiting Programs



Sources: First 5 Mono home visiting programs participation records, 2018-2023. Countywide population: US Census Bureau Quickfacts: Population estimates for children under 5 in Mono County, 2018-2023.

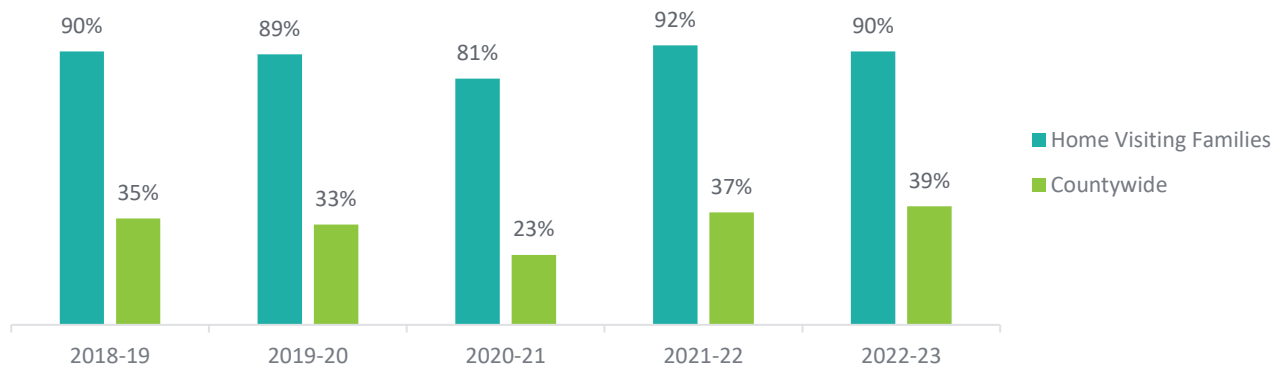
Children Screened for Developmental Delays (SP#4a and 4b)

One of the goals of First 5 Mono programs is the promotion of universal developmental screening of young children, recommended by the American Academy of Pediatrics (AAP). Early screening is essential to prevention and early identification of potential developmental delays and disabilities, as well as linkage to early intervention services for young children, to improve long-term outcomes. Consequently, the Commission supported developmental ASQ (Ages and Stages) screening in First 5 Mono home visiting programs, as well as in licensed early learning settings. Participating children were screened if they were between six months and five years of age and were not already receiving special services. First 5 also conducted training for staff at social services and the libraries to expand community capacity to support developmental screening.

Status:
SP #4a: Stable
SP #4b: Stable

Status: In FY 2022-23, 75 home-visited children (90% of all enrolled) received ASQ screening. All in all, the proportion of children who received a developmental screening as part of the home visiting services was relatively high. First 5 Mono was also successful in promoting universal developmental screenings among children in its other programs, such as its Childcare Quality Initiative. In 2022-23, 39% (n = 210) of all county children ages 0-5 years received a developmental screening from F5 Mono, which is a 4% increase compared to last year.

Figure 10. Percent of Home-Visited and Mono County Children (Six Months to Five Years) with ASQ Screens



Sources: Data for children screened in home-visiting programs: First 5 Mono home visiting programs participation records, 2018-2023. Data for children screened countywide: First 5 Mono home visiting program participation records and Childcare Quality System records, 2018-2023. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County, 2018-2023.

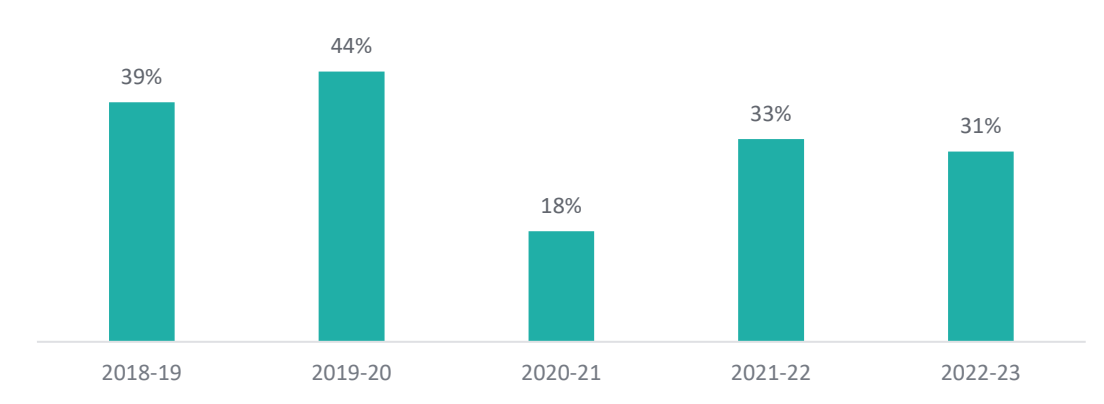
Caregiver Access to Child Development and Parenting Education (SP# 14b)

Among the Commission-funded First 5 Mono programs, two offer parenting education: Home visiting and Peapod Playgroup.

Status:
Decreasing Slightly

Status (SP#14b): In terms of the countywide trends, between 250 and 300 children were enrolled in home visiting or Peapod Playgroups programs in recent years, with 100% of participating parents receiving education on the topics of child development and parenting. In FY 2022-23, the parents of 141 children enrolled in home visiting services and 69 in Peapod developmental parent-child playgroups accessed parenting education; accounting for duplication, the 167 children represented translates to 31% of the county population 0-5 years.

Figure 11. Percent of Mono County Children Under 5 Whose Parents Received Parent Education through First 5 Mono



Sources: First 5 Mono home visiting programs participation records and Peapod playgroup program participation data, 2018-2023. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County, 2018-2023.

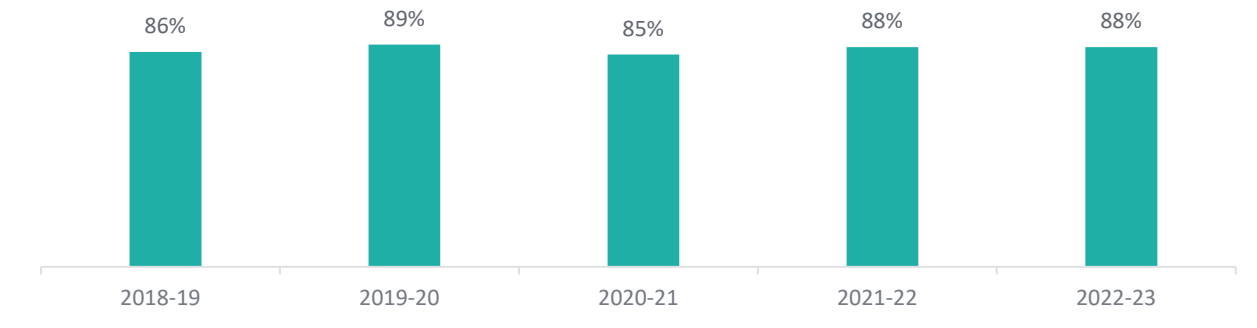
Breastfeeding Status of Infants in Mono County at One Month Post Delivery (SP#15)

The benefits of breastfeeding are widely known, ranging from boosting the infant’s health to strengthening the caregiver-child bond. Therefore, encouraging breastfeeding was a steady goal of First 5 Mono programs over the past five years. The information on the initiation and continuation of breastfeeding was collected at Sierra Park Pediatrics during routine well-child check-ups when infants were around one month old.

Status:
Stable

Status: In FY 2022-23, 58 or 88% of all children seen at the clinic for their one-month check-up were breastfed. This is comparable to the generally high breastfeeding rates registered between 2018 and 2022, which ranged between 85% and 89%. Compared to last year, the rate of breastfeeding stayed the same. However, it’s worth noting that the current prevalence of breastfeeding is already close to the maximum value of 100%, with little room for improvement.

Figure 12. Percent of Infants at Sierra Park Pediatric Clinic Breastfed (First Month’s Health Check-Up)



Source: Sierra Park Clinic, Pediatric Records, 2018-2023.

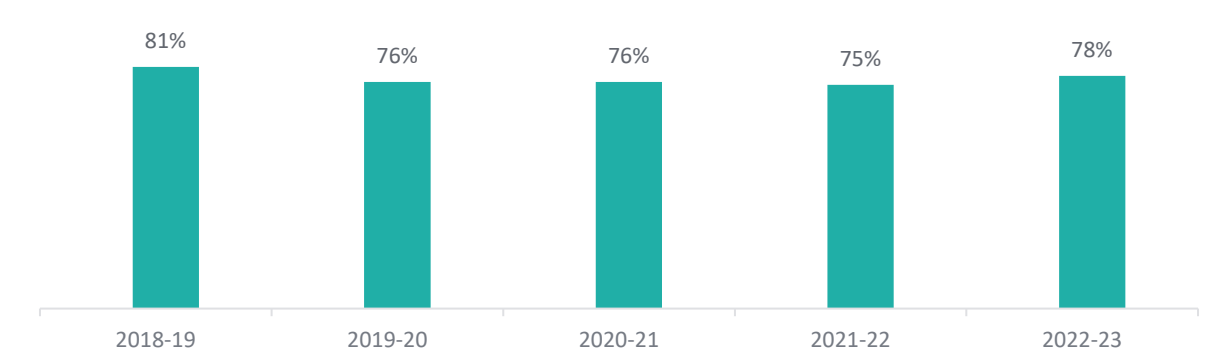
Physical Health and Development of Children (SP#16b)

Another indicator of child health is their Body Mass Index (BMI), which is an expression of the child’s weight, accounting for their height and age. Sierra Park Pediatrics reported on children’s BMI collected during their well-child check-ups.

Status:
Stable

Status: In FY 2022-23, 222 or 78% of all children seen at the clinic had a BMI in the expected range. This is similar to estimates across the past five years.

Figure 13. Percent of Children (0-5) at Sierra Park Pediatric Clinic with the BMI in the Expected Range



Source: Sierra Park Clinic, Pediatric Records, 2018-2023.

Home Visiting Programs Progress Summary

In FY 2022-23, home visiting programs' performance was on par or better than in the previous year.

- The percent of children whose parents accessed home visiting increased from 23% (2021-22) to 26% in 2022-23.
- There was a slight increase in developmental screening for children aged six months to five years (from 37% up to 39%).
- Breastfeeding rates at one month post-delivery continued to be very high (88%).
- The percent of children with a healthy BMI increased from 75% to 78%.

Consequently, the Commission will continue to fund Welcome Baby! and Healthy Families through fiscal year 2023-24, with the goal continued improvement in the quality and frequency of services, as prescribed under the evidence-based home visiting service model. These efforts are made possible with the generous funding support of First 5 Mono partners:

- The Mono County Board of Supervisors
- Department of Social Services
- First 5 California's Small Population County Augmentation grant
- The Mono County taxpayers



Improved Child Development

CHILDCARE QUALITY SYSTEM

Studies show that participation in early learning promotes physical activity, socialization and language skills, development of self-regulation, and early literacy in young children, which relate to greater school readiness and later, to higher academic achievement. Moreover, for children from disadvantaged backgrounds, early learning settings play a protective role, improving their ability to relate to others and scaffolding their social-emotional and early academic skills. However, these positive links between child care and early learning experiences, and later positive child outcomes, are predicated on the high quality of child care settings.

Therefore, access to quality child care and early childhood education remains a top priority for First 5 Mono. In particular, the Commission supports Quality Counts/Improve and Maximize Programs so All Children Thrive (IMPACT) initiative, funded through First 5 California and First 5 Mono. This initiative aims to provide training, coaching, stipends, professional development opportunities, and to support *child care providers*:

- Provide site-specific professional development to child care providers
- Support providers' implementation of developmental screenings and parent engagement activities
- Build public awareness and support for quality early care
- Build a Childcare Quality System that leverages funding and maximizes support for child care providers

Next, to support *state preschool sites* and *facilities serving infants and toddlers*, the Quality Rating and Improvement System (QRIS) and the Department of Education Child State Preschool Programs (CSPP) QRIS Block Grants were used:

- To fund site-specific professional development opportunities for child care providers
- To support provider understanding of the importance, requirements, and strategies, to deliver quality child care and early childhood education (ECE)

Moreover, to improve reach and tracking of sites participating in quality child care and early learning initiatives, First 5 Mono supported the *Training and Technical Assistance Hub*:

To support regional (e.g., in Alpine, Inyo, and Mono Counties, defined under "Region 6") accessibility and engagement of child care providers in Childcare Quality Improvement initiatives

- To provide a medium for communication and coordination of Hub activities by contracting Viva
- To support tracking capabilities for sites' participation in quality-improvement initiatives by contracting with iPinwheel database

Finally, to expand service capacity, the Federal Community Development Block Grant (CDBG) was used to fund child care services provided by the Eastern Sierra Unified School District.

A detailed Logic Model summarizing key activities and expected outcomes presented in this section, as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> Funding Staff time to plan and execute programs Program funding and administration Community participation 	<ul style="list-style-type: none"> IMPACT/ Quality Counts to support child care providers QRIS and CSPP QRIS Block Grants to support sites serving children ages 0-2 and 3-5 Training and Technical Assistance Hub, to support Region 6 and Spanish-speaking sites, and data tracking CDBG grant to support expansion of child care capacity Data collection 	<ul style="list-style-type: none"> Number and percent of county children 0-5 for whom child care space is available (SP#7) Number and percent of children accessing moderate-to high-quality child care. (SP #5) Number of providers/ ECE educators participating in Childcare Quality System. (SP #6a) Number and percent of providers/ ECE educators moving up on the Child Development Permit Matrix (SP#6b) Number and percent of children in licensed Childcare Quality System settings receiving ASQ screening (SP#4) 	<ul style="list-style-type: none"> Increase in licensed child care availability to county children 0-5 Improved access to quality child care for children 0-5 Increase in child care providers participating in Quality Improvement Initiatives Improved screening and intervention for developmental delays, disabilities, and other special needs at early learning sites

All in all, 39 providers, serving 292 children (duplicated counts) participated in the Childcare Quality System in FY 2022-23. The section below offers an overview of the overall availability of child care spaces to Mono County children of preschool and child care age; number of licensed child care providers and ECE educators who participated in the Childcare Quality System, improved their rating, or obtained a Child Development Permit; and the proportion of county children who received an ASQ developmental screening at one of the licensed sites participating in the Childcare Quality System.

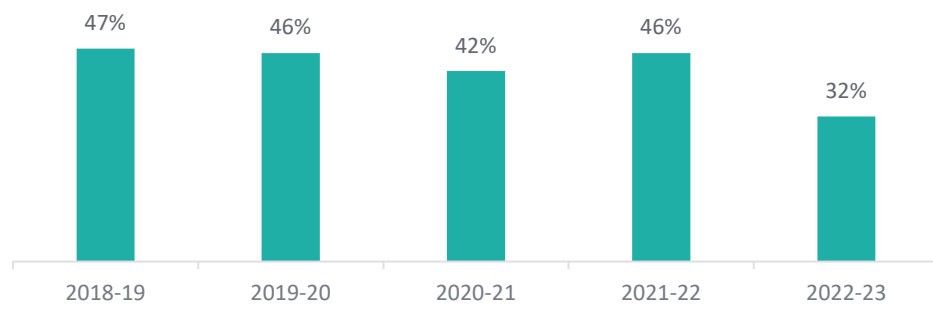
Availability of Licensed Center and Family Child Care Spaces to County Children (SP#7)

The child care spaces reported in this section are in priority zip code areas and do not include spaces at the Mountain Warfare Training Center Child Development Center (MWTC-CDC) since the slots are only available to families in the military.

Status:
Decreasing

Status: In 2022-23, there were enough licensed Center or a Family Child Care Home spaces to serve 177 or 33% of all county children under the age of five. This represents a 31% drop in spaces available compared to 2021-22, mostly likely due to the change in how capacity is counted (now excludes MWTC-CDC).

Figure 14. Percent of Mono County Children Under 5 for Whom a Licensed Slot Is Available



Sources: Inyo Mono Advocates for Community Action (IMACA) Resource and Referral and Alternative Payment Programs and California Child Care Network. Child Care Portfolio Reports, 2018-2023.

Proportion of Children Served Through Licensed and Child Care Centers and Family Child Care Homes Ranked as Moderate-To-High on the Quality Index (SP#5)

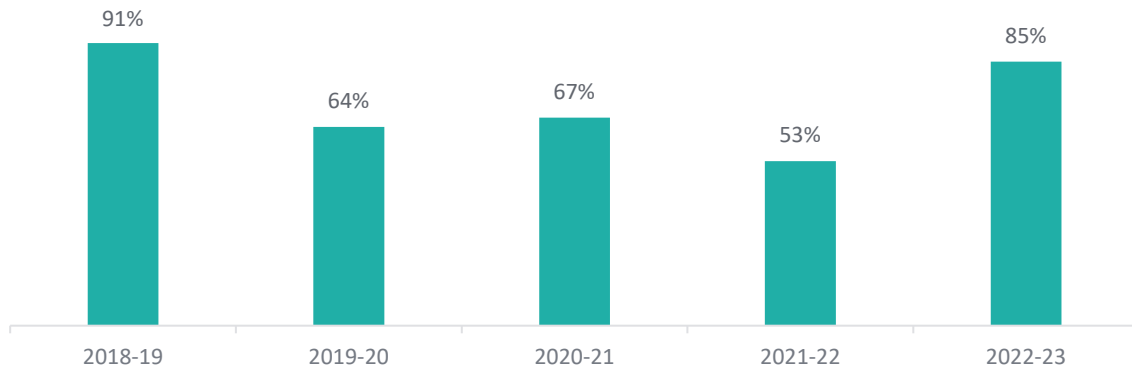
Status:
Increasing

Given the high priority that First 5 Mono placed on supporting quality initiatives, child care and ECE sites participating in the Childcare Quality System were monitored for quality improvement. Consequently, local licensed child care centers and family child care homes were formally rated on the Quality Rating Index, where a rating at Tier 3 is considered **acceptable** (“achieving quality”), Tier 4 – **moderate** (“exceeding quality”), and Tier 5 – **excellent** quality of care (“highest quality”). The quality was considered acceptable if a child care facility received a rating between Tiers 3 and 5.

	COMMITTED TO QUALITY – participating in quality improvement efforts
	RAISING QUALITY – meeting some quality standards
	ACHIEVING QUALITY – meeting multiple quality standards
	EXCEEDING QUALITY – meeting quality standards in all areas
	HIGHEST QUALITY – exceeding quality standards in all areas

Status: In FY 2022-23, amongst the 151 children in licensed child care or early learning settings, 128 of them (85%) were in sites that were ranked between Tiers 3, 4, and 5 on the quality index. This is a 60% increase over last year. This is also the highest proportion since FY 2018-19, when over 90% of children were cared for in Tier 3, 4, or 5 child care settings.

Figure 15. Percent of Children Enrolled in Centers and Family Child Care Homes which are Ranked from Moderate to High (Tier 3-5) on the Quality Index



Sources: Site ratings and Childcare Quality System participation records, 2018-2023.
Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County, 2018-2023.

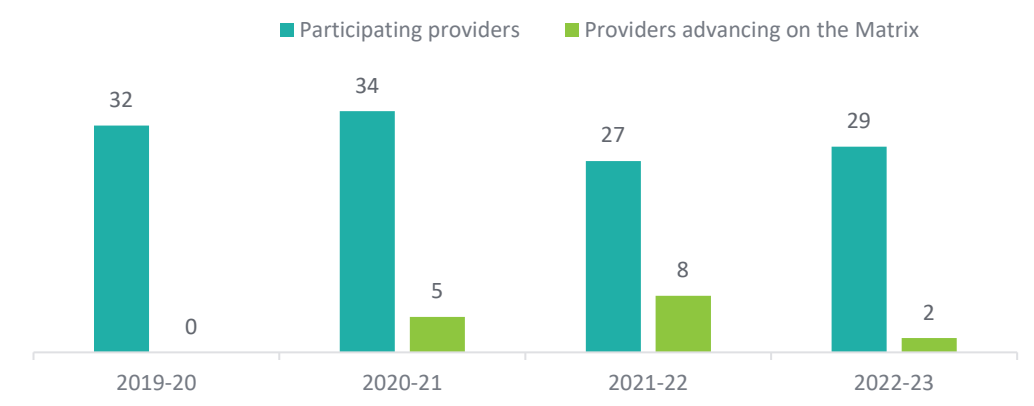
Licensed Child Care Providers And ECE Educators Participating in Childcare Quality System and Advancing On The Child Development Permit Matrix (SP#6a & 6b)

Providers participating in the Childcare Quality System and wishing to improve their Quality Index rating or to obtain a child development permit received support through the Workforce Development Grant, disbursed through the Mono County Office of Education.

Status:
Decreasing

Status: In FY 2022-23, 29 licensed providers and ECE educators participated in Childcare Quality System, and two of them (7%) advanced on the Child Development Permit Matrix.

Figure 16. Number of Child Care Providers and ECE Educators Participating in Childcare Quality System and Advancing on the Child Development Permit Matrix



Source: Childcare Quality System participation records, 2019-2023.

Children in ECE settings who are screened for developmental delays (SP#4)

In previous years, this indicator reported on children who received ASQ screening in licensed and alternative early-learning settings, including children cared for by friend, family, and neighbor and other non-licensed providers, as well as children served in First 5 Mono home visiting programs. This year, the indicator is limited to children served in licensed child care and early-learning settings.

Status:
Increasing

Status: In FY 2022-23, 135, or 89% of all children in licensed child care and ECE settings received ASQ screening for developmental delays. However, this year, 210 children were screened across all Childcare Quality System sites, including alternative settings, compared to 122 children last year. This brings the total number of county children screened for developmental delays to 210, or 39% of the 545 children ages 0-5 in the county (see SP#4b).

Childcare Quality System Progress Summary

In FY 2022-23, First 5 continued to actively participate in Childcare Quality Improvement Initiatives through sustained collaboration with the Mono County Childcare Council. This year revealed some challenges as well as successes:

- The number of licensed child care slots available to children in Mono County decreased compared to the previous year, mostly likely due to a change in how capacity is calculated (SP #7).
- To increase child care quality, First 5 Mono staff continued to offer teacher-specific coaching based on classroom observations and quality ratings. The percent of children who are in sites rated a Quality Tier

3, 4, or 5 increased substantially (SP #5), but the percent of providers who advanced on the permit matrix dropped markedly (SP #6b).

- The percent of children in early learning setting receiving a developmental screening has increased sharply (SP #4).

Given the overall success in leveraging First 5 California and California Department of Education funds for promoting developmental screenings and collaborating with local providers to maintain and increase child care quality, as well as the continued need for investment in increasing the number of sites rated on the quality index, the Commission will continue to invest in the Childcare Quality System. These efforts are made possible with the generous funding and programmatic support of First 5 Mono partners:

- Mono County Office of Education’s Local Planning Council (the Mono County Childcare Council)
- Mono County Office of Education’s local Resource and Referral and Alternative Payment programs
- Cerro Coso’s Child Development Department and partners in Alpine and Inyo Counties



FAMILY BEHAVIORAL HEALTH — PEAPOD PLAYGROUPS

A critical goal of First 5 Mono is the support of families’ behavioral health, which is an umbrella term that incorporates mental health and emotional well-being. Behavioral health also translates to healthy family dynamics and close parent-child relationships, which are key components to a positive home environment, and supporting healthy growth and development in young children.

This goal is addressed through the First 5 Mono Peapod Playgroups program, which provides parents with education on child development and positive parenting strategies and fosters parent-child closeness by engaging parent or grandparent-child dyads or sibling groups in joint family activities during playgroups. Playgroup sessions were held once a week for the duration of 10 weeks in the following communities: Walker, Bridgeport, Mammoth Lakes, Crowley Lake, and Chalfant. However, if there was not participation for 4 weeks in a row, the remainder of the groups in the session were cancelled. The main objectives of the Peapod Playgroups were:

- To decrease isolation among rural families by providing parents and children an opportunity to socialize with other parents and children of similar ages
- To encourage parents in supporting early literacy and school readiness in their children
- To decrease stigmatization associated with seeking behavioral health services
- To link families to community services based on their needs and concerns

A detailed Logic Model summarizing key activities and expected outcomes is as follows:

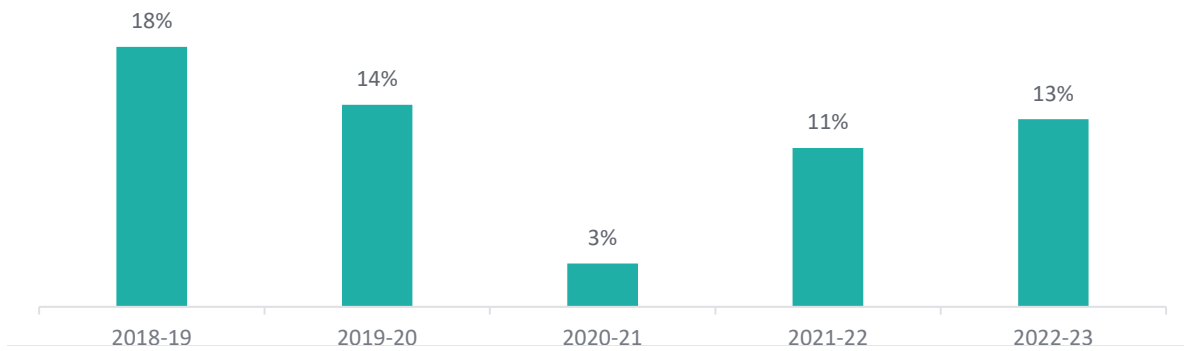
Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> • Funding • Playgroup leaders’ time to plan and execute the program • Program funding and administration • Community participation 	<ul style="list-style-type: none"> • Conduct playgroups sessions • Provide parent education • Provide referrals to community mental health services • Data collection and input • Recruitment and training 	<ul style="list-style-type: none"> • Number and percent of children served through Peapod Playgroups (SP#19). • Number and percent of children in households where parents and other family members are receiving child-development and parenting education through Peapod Playgroups (SP #14c) • Percent of parents satisfied with Peapod Playgroups’ curriculum and delivery (SP #1) 	<ul style="list-style-type: none"> • Increased access to positive parent-child activities and parenting support • Improved parental knowledge, understanding, and engagement in promoting their children’s development and physical and mental health • De-stigmatization of mental health and mental health care • Improved access to mental health care for families of children 0-5

Children (0-5) served through Peapod Playgroups (SP#19)

Status: The Peapod Playgroups served 69 children and 65 adults over the 2022-23 fiscal year. After a significant decline due to the pandemic in 2020-21 (3% participation rate), the program has rebounded to 13% participation. This is a 15% increase over the rate in 2021-22.

Status:
Increasing

Figure 17. Percent of Mono County Children Under 5 Served Through First 5 Mono Peapod Playgroups Program



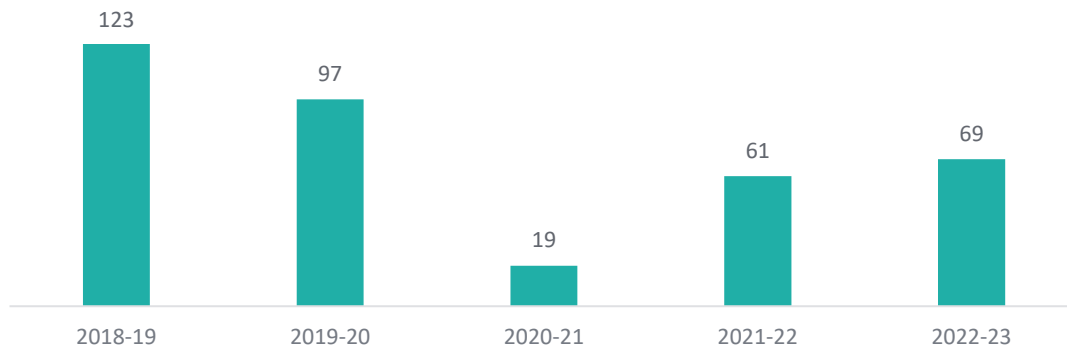
Sources: First 5 Mono Peapod playgroups program participation records, 2018-2023.
 Countywide population: US Census Bureau Quickfacts: Population estimates for children under 5 in Mono County, 2018-2023.

Children in Households Where Parents Receive Child Development and Parenting Education (SP#14c)

Status: In FY 2022-23, 65 parents of the 69 children enrolled in Peapod Playgroups received Child Development and Parenting Education. Some families who received parenting education through Peapod playgroups were also enrolled and received parenting education in First 5 Mono’s home-visiting programs.

Status:
Stable

Figure 18. Number of Children Under 5 Whose Parents Received Parent Education through Peapod Playgroups



Source: First 5 Mono Peapod playgroups program participation records, 2018-2023.

Program Satisfaction Among Parents whose children attended Peapod Playgroups was high (SP#1)

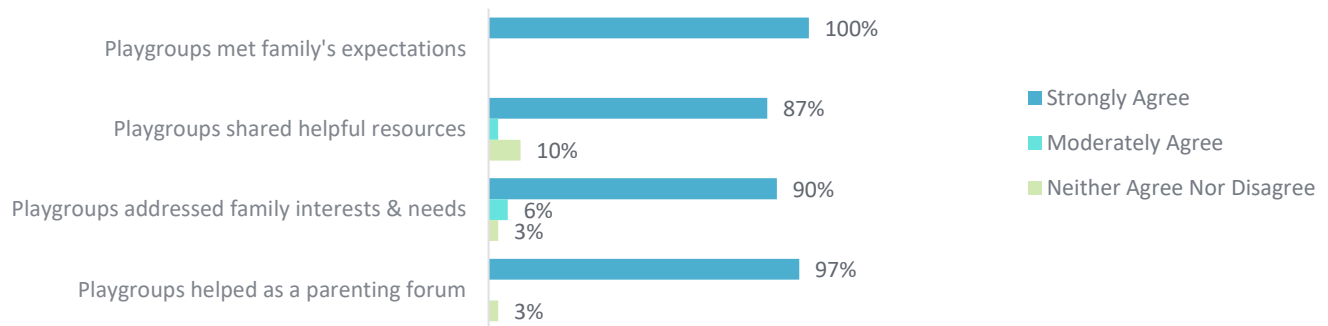
Additionally, parents of children enrolled in Peapod Playgroups were asked to complete a Parent Satisfaction Survey. In FY 2022-23, 31 surveys were completed, which is comparable double the number from last year. Based on the survey responses, the playgroup sessions were attended by children of various ages, including 5- and 4-year-olds (10% each), 3-year-olds (28%), 2-year-olds (38%), 1-year-olds (17%), and some infants under the age of one year (7%). About 7% of respondents did not answer this question.

Status:
Stable

Status: All in all, 100% of parents reported that Peapod Playgroups *Met family expectations* (i.e., all parents chose “strongly agree” or “agree” when answering this question). Similarly, 87% of respondents answered “strongly agree” with the statement that Peapod Playgroups *Shared helpful resources* they’ve found useful for

themselves or their families. Over 90% of families “strongly agreed” that the playgroups’ education topics and activities *Addressed their family’s interests and needs*. Moreover, nearly 97% of families expressed a strong belief that playgroups *Helped as a parenting forum* to discuss the topics of child-rearing and parenting.

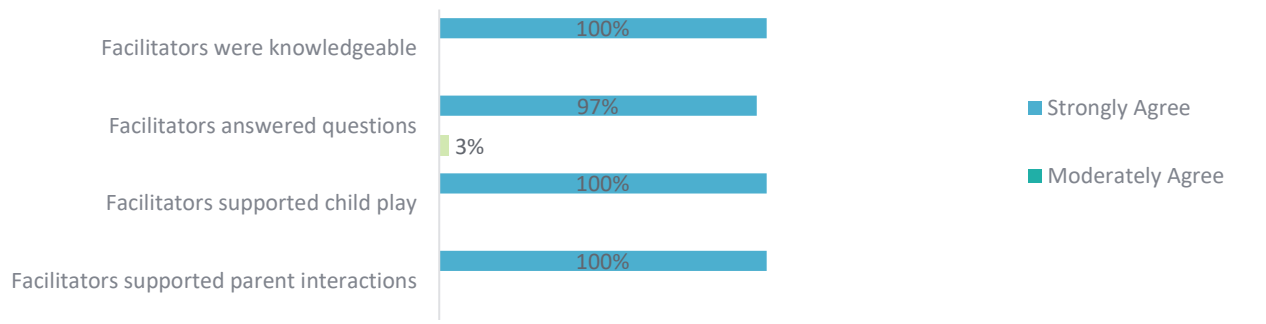
Figure 19. Percent of Surveyed Parents Satisfied with First 5 Mono Peapod Playgroup Program



Source: First 5 Mono Peapod Playgroups Program Participation Records, FY 2022-23. N = 31. Note: None of the parents chose “Disagree” or “Strongly Disagree” for any of the questions, therefore, these options were omitted from the chart.

Peapod Playgroups Parent Survey asked several questions about playgroups’ facilitators. As with program satisfaction, most parents were highly satisfied with how the playgroups’ sessions were structured and delivered. More specifically, 100% of parents “strongly agreed” that playgroups’ facilitators *Were knowledgeable* and well-prepared, 97% said that *Facilitators answered questions* and suggested resources, and 100% said that facilitators *Supported child play*. Additionally, 100% of parents “strongly agreed” that playgroup leaders also helped *Facilitate interactions among the participating parents*.

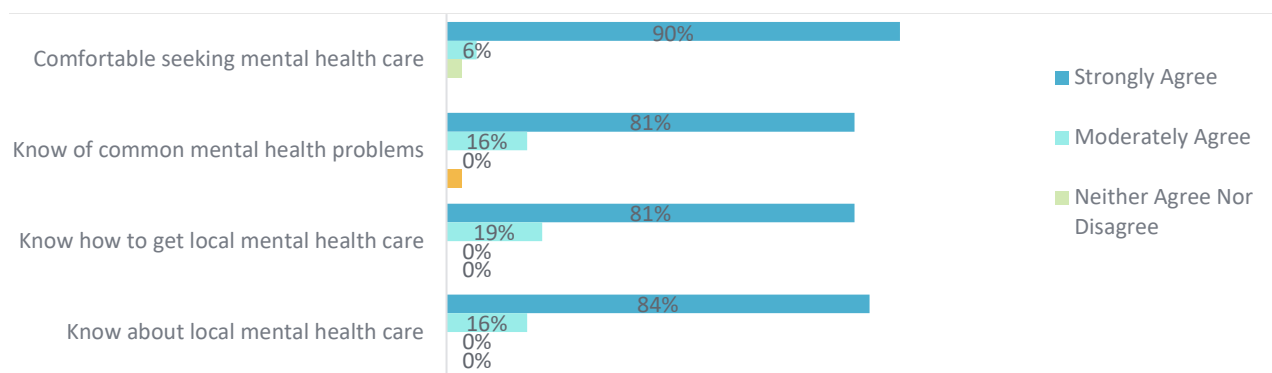
Figure 20. Percent of Surveyed Parents Satisfied with Peapod Playgroup Facilitators



Source: First 5 Mono Peapod playgroups program participation records, FY 2022-2023. N = 31. Note: None of the parents chose “Disagree” or “Strongly Disagree” for any of the questions, therefore, these options were omitted from the chart.

The last set of parent survey questions aimed to assess how well Peapod Playgroups addressed program objectives related to parental mental health and well-being. The overall findings were positive. Around 81% of caregivers strongly agreed they understood common mental health issues for families with young children (up from 70% last year). About 84% of respondents said they “strongly agreed” they know *where to get mental health care* in their community (up from 60% last year). Almost all (90%) of parents “strongly agreed” they felt *Comfortable seeking mental health care* if they needed some help (up from 85% last year).

Figure 21. Percent of Surveyed Parents Satisfied with Peapod Playgroups’ Efforts to Increase Awareness of Mental Health and Share Local Mental Health Care Resources



Source: First 5 Mono Peapod playgroups program participation records, FY 2022-2023. N = 31. Note: None of the parents chose “Strongly Disagree” for any of the questions, therefore, these options were omitted from the chart.

Family Behavioral Health Programs Progress Summary

In FY 2020-21, the Peapod Playgroups suffered pandemic-related setbacks, including low in-person enrollment rates due to transitioning to virtual sessions; enrollment plummeted from 97 children in 2019-20 to just 19 in 2020-21. However, the program is making a comeback:

- By the FY 2022-23, program reach largely returned to its pre-pandemic participation levels, with 69 children enrolled.
- An increasing proportion of satisfaction surveys (n = 31).
- The results of the survey were highly favorable, with 100% of parents noting that the Peapod Playgroups met their expectations, provided a forum to connect with other parents about common child-rearing issues (100%), and provided facilitated playtime for their children (100%).
- Most (81%) of parents said they had a better understanding of mental health, felt comfortable seeking help (90%), knew where to get help through local resources (81%).

The favorable survey results, as well as the rebound in program participation, point to the program’s critical role in meeting the parents’ needs. Based on this year’s results, the Commission will continue to invest in and seek funding partnership for this initiative.

SCHOOL READINESS

Early school readiness is a known predictor of later academic achievement in elementary school and beyond, as well as a number of other positive child outcomes associated with school engagement, such as connectedness and belonging and positive relationships with peers and teachers. In turn, academic achievement serves as a stepping stone for success later in life, from college graduation rates to income, health, and professional occupation. Consequently, First 5 Mono monitors accessibility of early learning settings to young children residing in Mono County. Additionally, the Commission supports a number of programs focused on improving early literacy, transition to school, and school readiness in, such as Kindergarten Round Up and Raising a Reader. School Readiness programs engaged all Mono County elementary public schools, child care and preschool centers, special needs programs, and the Mono County Library System.

A detailed Logic Model summarizing key activities and expected outcomes presented in this section, as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> Funding Staff time to plan and execute programs Program funding and administration Community participation 	<ul style="list-style-type: none"> Monitor accessibility of early learning spaces Monitor attendance of early learning settings Literacy Activities via Raising a Reader and other First 5 Mono programs Transition to School Activities: Kindergarten and TK Round Up Program Data collection and input Recruiting and training 	<ul style="list-style-type: none"> Percent of county children 3-4 years for whom preschool spaces were available (SP#12) Percent of kindergarten students who have ever attended a licensed/state preschool program. (SP #8) Percent of county children under 5 who accessed early literacy activities. (SP #11a, b) Percent of kindergarten children whose parents attended Transition to School activities (SP#10) Percent kindergarten students assessed for school readiness and ready for school (SP#13, SP#9) 	<ul style="list-style-type: none"> Improved accessibility of early learning settings to county children Increased utilization of formal early learning programs by county children Increased accessibility of early literacy programs Improved school readiness

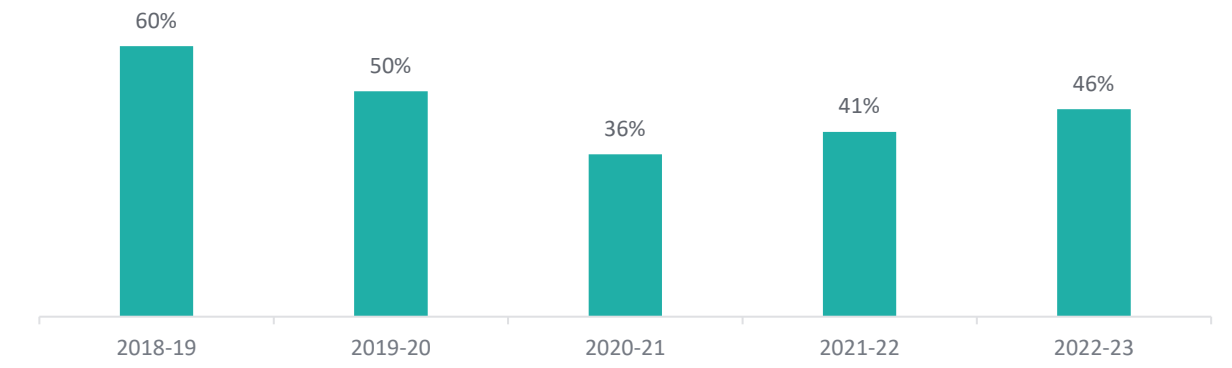
Percent of age-eligible children in Mono County for whom a preschool slot is available (SP#12).

Access to quality early learning settings is a strong predictor of future academic performance, among other positive child outcomes.

Status: In FY 2022-23, 117 (46%) of the county’s children ages 3-4 had a preschool slot available to them. The number of slots decreased during the pandemic, but rose sharply in 2022-23, leading to a 12% increase in the percent of preschool-age children who could be accommodated in the local child care / early learning system.

Status:
Increasing

Figure 22. Percent of Mono County Children (3-4 Years) for Whom a Licensed Preschool Slot was Available



Sources: Department of Education data on licensed capacity of center-based care serving preschool-age children, 2019-2022 and Mono County Resource & Referral Network, Year 2018-19. Countywide population: DataQuest Enrollment Multi-Year Summary by Grade, 2018-2023

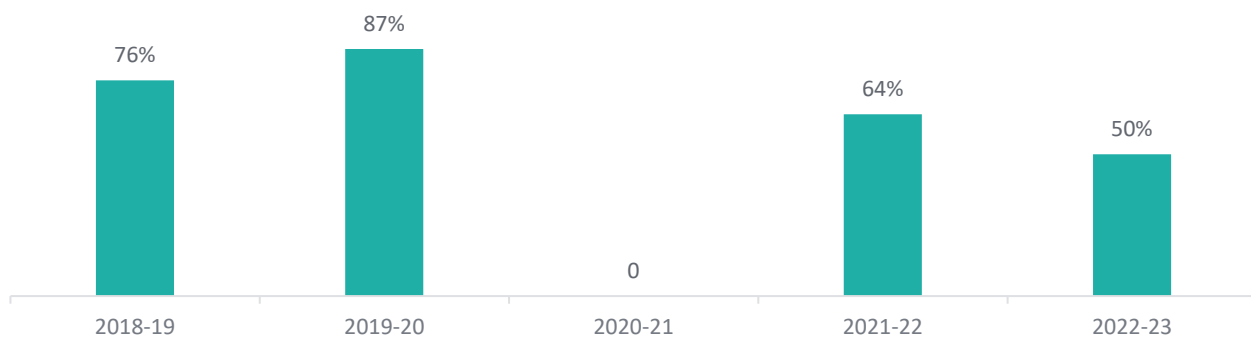
Percent of kindergarten students in Mono County who have ever attended a preschool, Pre-K, or Head Start program (SP#8).

To capture accessibility of the benefits of quality early learning to Mono County children, First 5 Mono monitors the number of children who had formal early learning experiences. Given that licensed and state-funded programs must abide by the early learning standards set forth by the state of California, attendance of a licensed preschool or Pre-K program was considered indicative of a child’s formal early learning experience.

Status:
Decreasing

Status: The aftereffects of the pandemic-related restrictions on licensed preschool capacity was also observed in other child care and early learning settings. Among the cohort of Mono County children starting kindergarten in FY 2018-19, 76-87% had some kind of a formal early learning experience in a preschool or a licensed equivalent program in the year prior to kindergarten. For kindergarten students starting school after the pandemic, preschool exposure appears to have been impacted. In 2021-22, 64% of entering kindergarten students had prior preschool, and in 2022-23, that percentage dropped to 50%. This is a 14% decrease compared to FY 2021-22.

Figure 23. Percent of Kindergarten Students Who Accessed Formal Early Learning in Licensed Care Settings



Percent of children birth to five in Mono County who accessed early literacy activities, such as Raising a Reader (SP#11a and 11b)

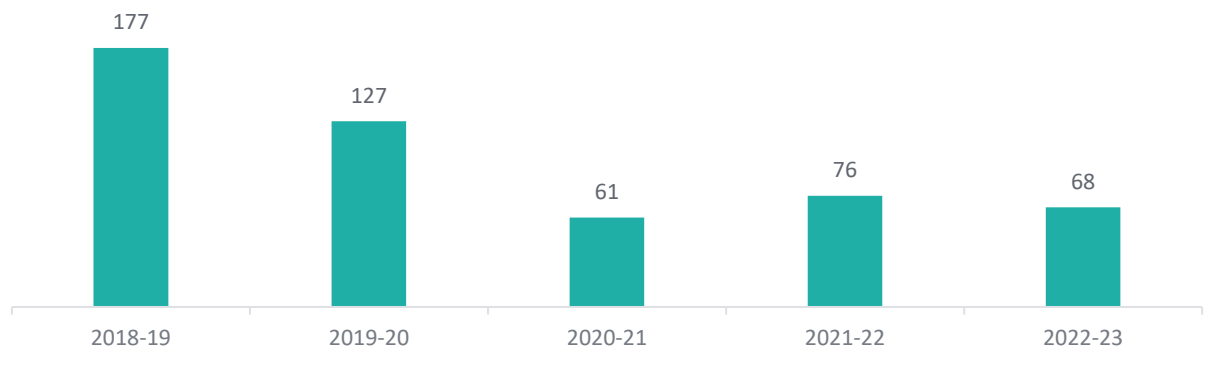
To promote early literacy and school readiness, local families with children ages 0-5 years were invited to participate in the First 5 Mono program, Raising a Reader. This program was conducted and partially funded by the Mono County Libraries, and distributed bags of books to participating children through libraries and early learning programs. Moreover, home visiting and Peapod Playgroup programs also had an early literacy component. The early literacy programs aimed to:

Status:
SP #11a: Decreasing
SP#11b: Stable

- Increase early literacy in young children residing in Mono County
- Encourage families' use of the library system
- Increase facilitation of literacy activities among parents and child care/ECE providers and educators
- Facilitate positive parent-child interactions through family literacy activities

Status (SP#11a): In FY 2022-23, 68 children ages 0-5 years participated in the First 5 Mono Raising a Reader program. The number of children accessing early literacy activities through this program showed a downward trend, declining from 177 children in 2018-19 to 68 this year. The proportion of children in First 5 Mono programs with the early literacy component who engaged with Raising a Reader specifically dropped just slightly, from 29% in 2021-22 to 27% in 2022-23 (5% decrease).

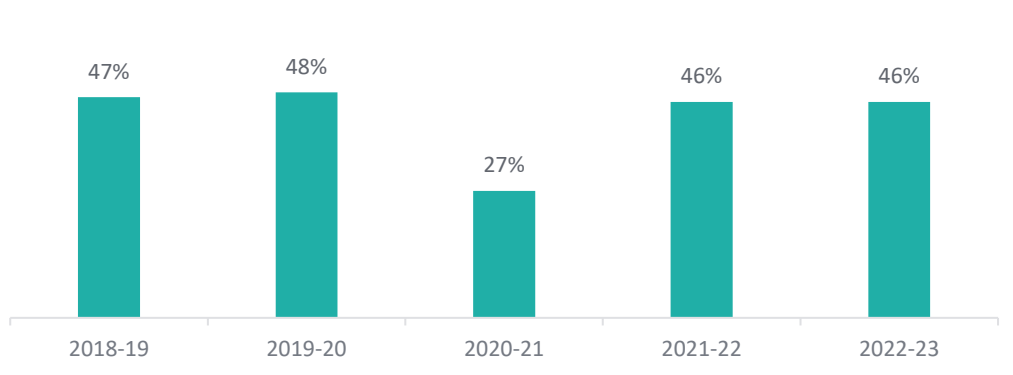
Figure 24. Number of First 5 Mono Participants Accessing Raising a Reader



Source: First 5 Mono Raising a Reader program participation records, 2018-2023.

Status (SP#11b): In FY 2022-23, a total of 248 children accessed early literacy activities across all First 5 Mono programs. The overall participation in First 5 Mono programs featuring an early literacy component followed a similar trend to enrollment rates of other First 5 Mono programs; pre-pandemic, early literacy programs reached nearly 50% of Mono County children under five, but during the pandemic, program reach fell below 30%. Post-pandemic, this downward trend has reversed, now reaching 46% of children under five in 2022-23.

Figure 25. Percent of Mono County Children under 5 Accessing Early Literacy Activities Across All First 5 Mono Programs



Sources: First 5 Mono home visiting, Raising a Reader, and Peapod playgroups programs participation records, 2018-2023. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County, 2018-2023.

Percent of Children in Mono County whose Parents Attended Transition-to-School Activities (Kindergarten and TK Round Up) (SP#10).

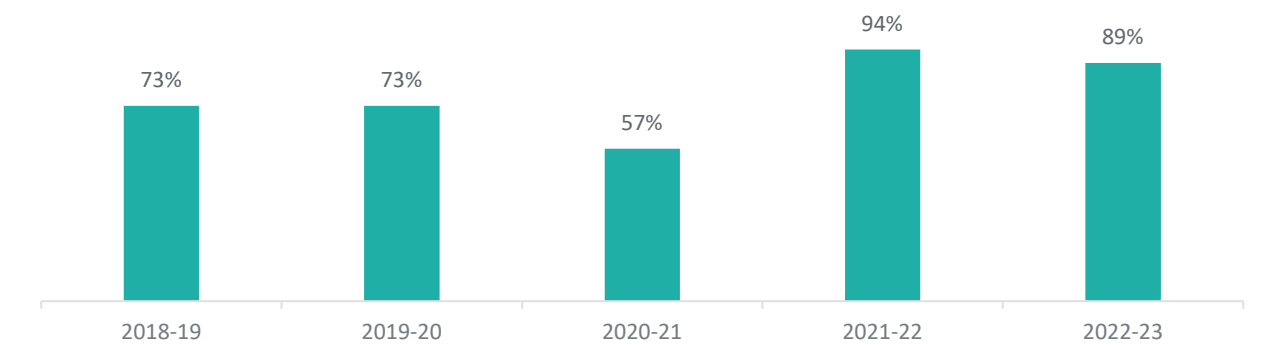
To ease children’s transition into public school systems and to provide instruction to parents on how they can best support their children through this transition, First 5 Mono offered families Transition to School activities. Specifically, kindergarten and transitional kindergarten Round Up programs were implemented by First 5 Mono in partnership with local schools. Program activities included an informational meeting held at all public schools in Mono County. Additionally, all incoming kindergarten students were assessed for school readiness. Assessments were conducted by teachers in the first month of school. School readiness programs pursued the following objectives:

Status:
Decreasing Slightly

- Introduce families and children to the school, teachers, principals, and each other
- Provide families with information on entering school and kindergarten readiness
- Facilitate children and families’ smooth transition into the public education system
- Enroll eligible children in kindergarten classrooms
- Assess academic/school readiness of incoming kindergarten students
- Identify existing skills/strengths and developmental needs of incoming kindergarten students, enabling linkage to targeted academic supports available within the school system on a case-by-case basis.

Status: In FY 2022-23, parents of 100 incoming kindergarten or transitional kindergarten students participated in Transition to School Round Up activities. Traditionally, between 70% and 80% of parents of incoming kindergarten students participated in such activities. During the pandemic, this number fell to just below 60%, likely linked to school closures and restrictions on in-person activities. This year, 89% of children’s parents took advantage of the Transition to School activities offered by First 5 Mono partners. This is a slight decrease (5%) compared to last year’s record high of 94% participation.

Figure 26. Percent of County TK and Kindergarten Students Whose Parents Attended Round Up Activities



Sources: First 5 Mono Round Up program participation records, 2018-2023. Kindergarten enrollment: School District records, 2018-2023.

Percent of Children In Mono County Assessed For School Readiness; Percent of Children “Ready For School” At Kindergarten Entry (SP#13 And 9).

During FY 2018-21, kindergarten students in Mono County were assessed for school readiness using the BRIGANCE. The BRIGANCE Inventory measures progress in areas of gross motor skills, fine motor skills, pre-speech, speech and language, general knowledge, readiness, basic reading, manuscript writing, and basic math skills.¹

Status:

SP #13: Stable

SP #9: Increasing

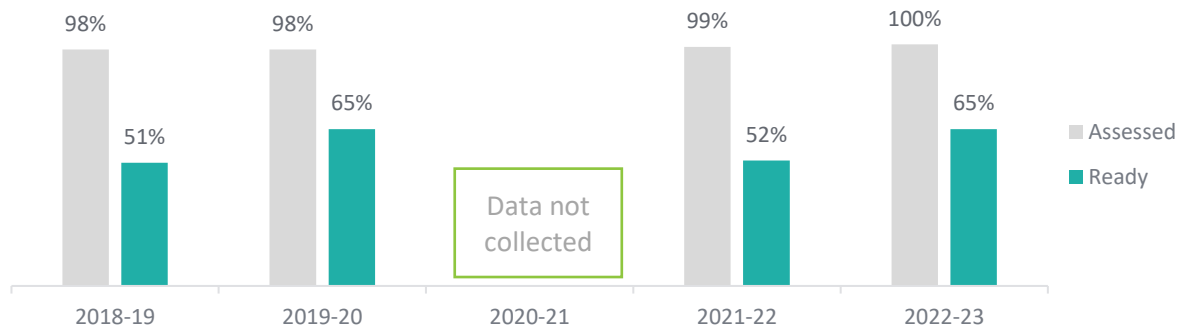
Earlier assessments using the Brigance showed that over half of the students were considered “school ready” in fall 2018 and 66% were school ready in fall 2019. Assessments were suspended over the FY 2020-21 due to the global pandemic.

When assessments resumed in 2021-22, teachers used the Kindergarten Observation Form (KOF). This form was developed by Applied Survey Research in 2001 to capture kindergarten readiness in three building blocks: *Self-Regulation, Social Expression, and Kindergarten Academics*. Studies show that social-emotional and regulatory abilities, including verbalization of needs, attention and focus, following direction, and understanding rules and expectations contribute to positive relationships with peers and teachers, school engagement, and academic achievement. The KOF has been found in multiple longitudinal studies to predict students’ academic achievement in third and fourth grade.

Status: In FY 2022-23, 127 or 100% of all incoming kindergarten students were screened for kindergarten readiness (SP #13) and 82 (65%) were found to be “fully ready” on kindergarten academics skills, meaning that their scores were above the cutoff found to be predictive of third grade reading achievement (SP #9).

¹ [Kindergarten Data Sheet for the BRIGANCE P/K/1 Screen.](#)

Figure 27. Percent of Mono County Kindergarten Students Assessed for Kindergarten Readiness and Identified as ‘Fully Ready’ on Academic Skills



Sources: Brigance Inventory, 2018-2020, and Kindergarten Observation Form (KOF), Kindergarten Academics domain, FY 2021-23. Kindergarten enrollment: School District records, FY 2021-23. Note: In FY 2020-21 school readiness assessments were suspended due to the restrictions associated with the COVID-19 pandemic.

School Readiness Programs Progress Summary

In FY 2022-23, evaluation of the First 5 Mono programs and partnership initiatives largely showed positive outcomes:

- There was enough licensed capacity to accommodate 46% of preschool-age children in the county’s licensed early learning spaces (SP #12).
- 50% of entering kindergarten students had prior licensed early learning experience (SP #8).
- 46% of county children under five accessed First 5 Mono’s early literacy offerings (SP #11b).
- 89% of kindergarten students’ parents attended Transition to School activities (SP #10).
- 100% of kindergarten students were assessed (SP #13).
- 65% of kindergarten students were found to be “fully ready” on kindergarten academics skills, meaning that their scores were above the cutoff found to be predictive of third grade reading achievement (SP #9).

Taking these positive outcomes into consideration, the Commission will continue to fund the same School Readiness activities in 2023-24.

Improved Child Health

ORAL HEALTH SCREENINGS

Preventive health care, such as annual dental screenings, is another indicator of the overall well-being of young children in Mono County, as well as accessibility of health care services to families with young children. The 2009 First 5 Mono Strategic Plan identified a significant community need in the area of oral health. Pediatricians testified to a considerable proportion of county children affected by visible tooth decay, which spurred development of a topical fluoride varnish application program. In the past five years, Mono County pediatricians continued to report high numbers of children with poor oral health, underscoring ongoing community need for sustained efforts in the promotion of oral health. The current Oral Health Program supported by First 5 Mono consists of education, oral health checks and data collection of annual dental exams, as well as the topical fluoride varnish application for children in child care settings across Mono County. In addition, the program provides free toothbrushes, toothpaste, and floss to families, in an effort to help maintain child oral health. The ongoing objectives of the Oral Health program include:

- A twice a year application of topical fluoride varnish to all Mono County children who are between the ages of one and five years and do not receive dental services
- Educating children and their parents on the topics of oral health maintenance

A detailed Logic Model summarizing key activities and expected outcomes presented in this section, as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> • Funding • Staff time to plan and execute programs • Program funding and administration • Community participation 	<ul style="list-style-type: none"> • Coordination of education and data tracking with partners • Provision of necessary supplies • Data collection and input 	<ul style="list-style-type: none"> • Number and percent of children 1-6 who regularly access preventive dental care, such as an annual dental screening (SP#17a) • Number and percent of children with untreated dental problems at kindergarten entry (SP#18) 	<ul style="list-style-type: none"> • Improved access to oral health services for children 0-5 • Improved oral health among children 0-5

Percent of children ages one - six in Mono County who regularly access preventive dental care and receive annual dental screenings (SP#17a).

The data on the annual dental exam of children between the ages of one and six years came from the Sierra Park Dental Clinic, which sees between 200 and 350 Mono County children a year. Sierra Park Dental Clinic is the only provider supplying information on the use of preventive dental services in children ages one to six years.

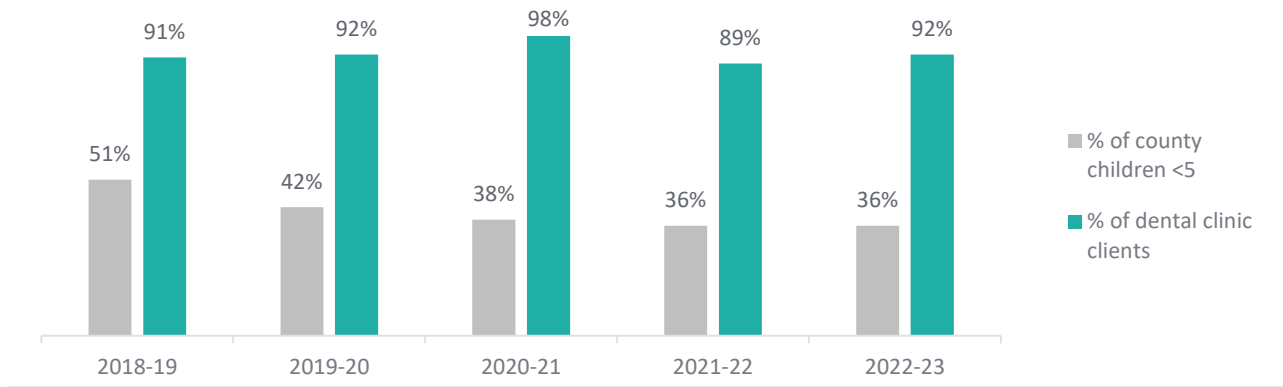
Status:
Stable

Status: In FY 2022-23, F5 Mono provided direct oral health services to 45 children. In addition, the Sierra Park Dental Clinic saw 216 children between the ages of one and six years, of which 198 (91%) received an annual dental screening. Over the last five years, at least 90% of children ages 1-6 years seen at the Sierra Park Dental Clinic have had their annual dental exam, and there was a slight increase in the last year up to 92%.

When looking at the proportion of children under five across the county who had dental screens at Sierra Park, the percentage has gradually declined, from over 50% in 2018-19 to 36% in 2022-23. This drop in saturation

rates is likely due to decreases in the numerator; the number of children seen at Sierra Park Dental Clinic dropped from 391 in FY 2018-19 to 216 in FY 2022-23.

Figure 28. Percent of Children (1-6) Who Received an Annual Dental Screening at Sierra Park Dental Clinic



Sources: Sierra Park pediatric clinic dental records, 2018-2023. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County, 2018-2023.

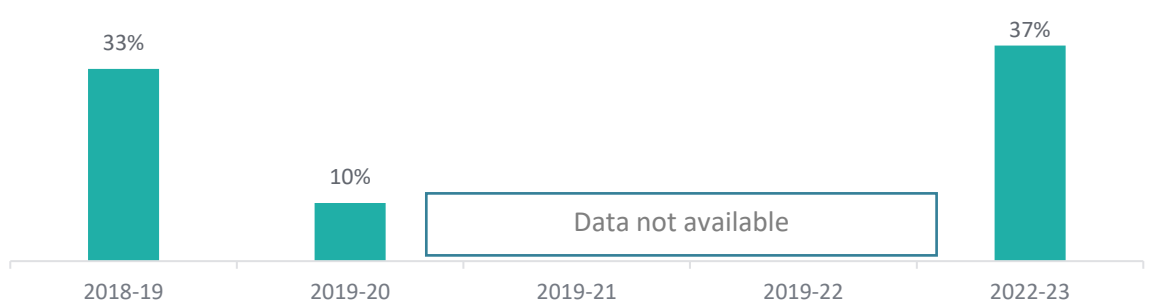
Percent of Children In Mono County Who Enter Kindergarten With Untreated Dental Problems (SP#18).

Information on kindergarten students with untreated dental problems comes from the Kindergarten Oral Health Assessments (KOHA) turned in at kindergarten enrollment. These forms are completed by an oral health practitioner (dentist, hygienist, or registered dental assistant).

Status:
Estimate
Unavailable

Status: In 2018-19, over a third of all county children had an untreated dental problem at kindergarten entry. This proportion declined to under 10% over the following year. This decrease may be linked to the First 5 Mono and partner agency oral health investments but may also be attributable to the low reporting rate. In FY 2022-23, dental assessments at kindergarten entry resumed. During 2022-23, 75 Kindergarten Oral Health Assessments were completed, and of these, 28 (37%) kindergarten students were found to have untreated dental problems. Given the lack of data for the previous two years, the rate of change in the prevalence of untreated dental issues by the end of this fiscal year is not reported.

Figure 29. Percent of County Kindergarten Students with Untreated Dental Problems



Sources: California Department of Public Health, Office of Oral Health: [Kindergarten Oral Health Assessments \(KOHA\)](#), 2018-2023. Kindergarten enrollment: School District records, 2018-2023. Note: Kindergarten Oral Health Assessments were not conducted by districts during FY 2020-21 due to the COVID-19 pandemic restrictions. Assessments resumed in FY 2021-22; however, current assessment data are not yet publicly available.

Oral Health and Preventive Dental Care Initiatives Progress Summary

In FY 2022-23, First 5 Mono continued oral health education efforts to promote greater use of preventive dental services, but need still persists:

- 91% of age-eligible children at Sierra Park Health Clinic has had an annual dental screening (SP #17a).
- The number of children screened translates to 36% of the county's population (SP #17b).
- 37% of entering kindergarten students had untreated dental needs.

Therefore, the Commission will continue to allocate discretionary funds for the oral health initiative, leveraging supplies from the Mono County Health Department, and the pediatric office's application of topical fluoride varnish. Continuous investment in the oral health initiative, with the goal of sustaining and further improving oral health of county children 0-5 years, will include:

- Provision of topical fluoride varnish and oral health checks in children 1-6 years served through the Childcare Quality System
- Promotion of oral health through home visiting, playgroups, and school readiness programs
- Continued collaboration with partners in order to collect and analyze data on preventive dental health services utilization, to identify multi-year trends, particularly on indicators for which assessment and reporting was suspended.



CHILD SAFETY: SAFE KIDS CALIFORNIA – MONO COUNTY PARTNERS

Prior to the launch of Safe Kids California, Mono County Partners, no agency in the County was dedicated to promoting child safety. While some agencies conducted safety activities, their services were not coordinated. At the initiative of the Mammoth Hospital, multiple community agencies began collaboration, which led to the initiation of the Safe Kids Coalition. Following the review of higher-than-average injury data for Mono and Inyo Counties, as well as the documented benefits of inter-agency collaboration on childhood safety, the Commission decided to fund the coordination of Safe Kids California, Mono Partners. This decision was critical to the success of the program, as none of the participating agencies had the necessary funding to conduct coordinating activities, outside First 5 Mono. Currently, Safe Kids California, Mono Partners are coordinated through the combined funding from First 5 California Small Population County Funding Augmentation (SPCFA) grant and the Mono County Office of Education. The program’s objectives include:

- Prevention of childhood injury through safety education, resources, and services
- Hosting community education events, such as Car Seat Safety Checks, and Health and Safety Fairs
- Distributing safety gear to families with young children, such as bicycle helmets and gun safety locks

A detailed Logic Model summarizing key activities and expected outcomes presented in this section, as follows:

Inputs	Activities	Outputs	Expected Outcomes
<ul style="list-style-type: none"> • Funding • Staff time to plan and execute programs • Program funding and administration • Community participation 	<ul style="list-style-type: none"> • Coordination of County educational activities on child safety for children and families, including Car Seat Safety Checks, Health and Safety Fairs, and Gun Safety Locks • Partner distribution of child safety equipment to county children 0-5 • Coordination of data tracking • Data collection and input 	<ul style="list-style-type: none"> • Families countywide are informed about safety issues pertaining to young children • Percent of children who access safety equipment to prevent child injuries (SP#20) 	<ul style="list-style-type: none"> • Help families and communities keep kids 0-5 safe from injuries • Improve community access to safety equipment

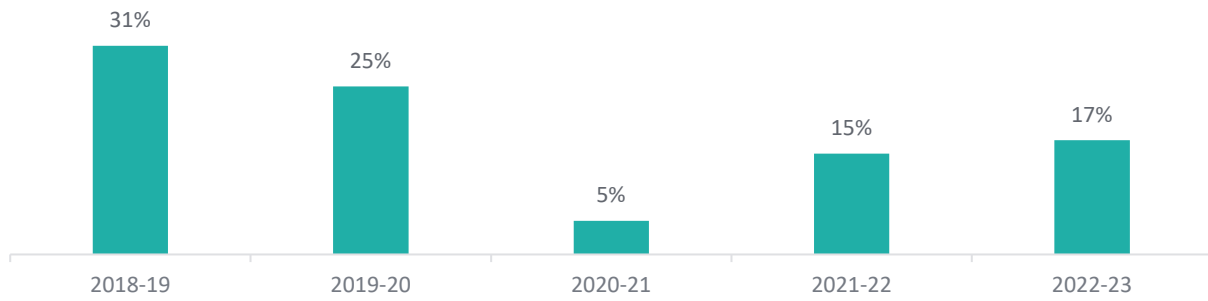
Percent of children birth to five provided a bicycle safety helmet through Safe Kids Coalition (SP#20).

First 5 Mono partnered with Safe Kids California – Mono Partners to promote safety of children ages 0-5 years in local communities. The Safe Kids Coalition provides safety education, activities, and resources. As part of this outreach, children from birth to age five were provided with bicycle helmets. This year bike helmets, car seats, outlet covers, cupboard locks, and gun locks began to be distributed through all County Libraries. The annual distribution data was reported by program coordinator.

Status:
Increasing

Status: In FY 2022-23, bicycle safety helmets were distributed to 90 children, representing 17% of all county children under age five. Over the past five years, the reach of this community safety program has somewhat declined, from 31% in 2018-19 to just 5% in 2020-21 during the pandemic, but has since been rebounding. There was a 5% increase in saturation this year (17%) compared to last year (15%).

Figure 30. Percent of Mono County Children Under Five Who Received a Bicycle Safety Helmet through Safe Kids Coalition



Source: Safe Kids California – Mono Partners coordinator report, 2018-2023. Countywide population: US Census Bureau Quickfacts: Population estimates for children 0-5 in Mono County, 2018-2023.

Child Safety Initiatives Progress Summary

In FY 2022-23, the Safe Kids California – Mono Partners initiative enabled more families to access information on how to prevent injury in young children through community safety events, such as Car Seat Checks and Health & Safety Fairs. Moreover, more children and families received safety equipment, such as bicycle helmets and gun safety locks. In the upcoming year, the Commission will continue to invest in this community initiative. As part of the continuous quality improvement of the Safe Kids Coalition work, outreach efforts will continue to ensure as many families as possible participate in future Health & Safety Fair.

