



# ***2013-2016 Community Assessment***



# EXECUTIVE SUMMARY

Child Start Incorporated is the legal entity that oversees the Head Start and Early Head Start programs in Napa and Solano Counties. During the 2011/12 program year, 1,198 children were served in both center-based and home-based program options. Of the children eligible to receive services from Child Start, twenty-three percent enrolled in the programs during 2011/12; an increase of four percent since 2008/09. This Community Assessment report serves as a compilation of community information and profiles of both the community populations and the population receiving Child Start services.

Family demographics in Solano and Napa counties are changing. The zero-to-five population in the service area is declining as well as the size of the families. In 2011, the average family size in Solano County was 3.39 and in Napa 3.12. This compares to 3.42 and 3.39 in the respective counties in 2008. Both counties have predominately “White” populations with Napa County having 56% and Solano 41%. The “Hispanic” population represents the second most popular ethnic category within both counties; Napa County (32%) and Solano County (24%). These ethnic breakouts are not representative of the children served by the program; perhaps due to the eligibility requirements of program enrollment. During the 2012/13 program year, children served were primarily from the “Hispanic” population; 48% in Solano County and 83% in Napa County. A similar pattern exists surrounding languages spoken at home. The most common language spoken at home in Solano and Napa counties is English (68%) with the same being true for Solano County enrolled families (58%). For Napa County enrolled families the predominant language is Spanish (73%).

The majority of parents in the labor force had children over the age of 6. Solano County faces greater unemployment rates (8.3%) and higher percentages of families below the poverty level; in Napa County, the unemployment rate is 6.2%. Those families comprised of a “female householder only” made up the greatest portion of the population below the poverty level in both counties. These changing statistics greatly impact the number of families/children eligible to receive CSI services.

In Solano County in 2012, the majority of child care requests were for preschool aged children. In Napa County, most requests were for infants up to two years of age. The age group with the fewest requests (in both counties) for child care came from school age children. The most popular type of child care request was for a family child care homes and full time, year round care. Also, in Solano County there were many requests for part time Care (less than 35 hours a week) as well as temporary, emergency, weekend, or evening care and in Napa County most of the requests were for Year Round care. The most popular reason for seeking child care for both counties was related to employment (71%). Historically, the wait list numbers for Early Head Start and Head Start eligible

children have increased each year since 2009/10. Additionally, CSI receives approximately 10-15 applications per day. Thus, an increase in the number of children waiting to receive services/care is likely. Additional capacity will be needed to adequately meet the needs for the service area.

The availability of education, health, nutrition and social services impacts the community climate.

- The educational attainment of the families in the service area revealed 47% had either graduated from high school or attended some college. Enrolled CSI families exhibited a much higher educational attainment with 79% of the parents graduating from high school or having attended some college. The communities offer a number of adult focused schools to pursue educational goals.
- According to the California Health Interview Survey data the overall reported health of children in Solano and Napa counties is good; the health status of children 0-5 was rated “Excellent”, “Very Good”, or “Good” for 98% of the children. The greatest health barrier faced by both Solano/Napa county children and CSI-enrolled children is associated with weight issues. Approximately 8% of children in Napa County and 23% of children in Solano County, ages 0-12 are overweight or obese for their age. Fewer Latino children ages 0-12 fall within the healthy weight zone than any other ethnicity. Asthma continues to be the second greatest health challenge faced by both service area children and program participants.
- Fortunately, approximately 89% of service area residents (90% in Solano County and 87% in Napa County) are insured. Several public health insurance programs are available to county residents that meet the eligibility requirements.
- Having a dental home is of importance for all residents, especially children. Based on a recent survey of over 20,000 California children, it is estimated that 50 percent of kindergartners have dental decay. Poor oral health not only causes pain and infection, it is also one of the most common reasons children miss school. During the 2011/12 program year, 200 children served failed their dental exam and were referred for treatment. In 2007, approximately 89% of children ages 0-5 in Solano County and 60% of children ages 0-5 in Napa County utilize a public dental insurance plan.
- County level data from the *California Mental Health and Substance Use Needs Assessment* publication showed Napa County having a 7.27% serious emotional disturbance rate for their youth aged 0-17. Children in the age 0-5 had an even higher rate at 7.38%. Solano County youth had an overall serious emotional disturbance rate of 7.13% for their 0-17 year old population and their 0-5 population had an even higher rate of 7.24%. African-American youth in Napa County had the highest prevalence rate at 13.3% when examining results by ethnicity. In Solano County, the ethnic group for youth with the greatest prevalence rate was Native American at 7.6%. During the 2011/12 program year, 22 Head Start children in Solano

County and 9 children in Napa County were referred to mental health services.

- During 2011/12, there were 6,746 suspected cases of child abuse in the service area (5,357 in Solano County and 1,389 in Napa County). Children who are at risk of abuse or neglect may be in need of child care to reduce this risk and receive priority for subsidized child care. During the 2011/12 program year, 54 families in the service area received services or information relating to child abuse (53 in Solano County and 1 in Napa County).
- The total numbers of children entering the foster care system in 2011 more than tripled from 2008, the previous reporting year. A total of 333 children from the service area entered the foster care system in 2011 compared to 106. Solano County records show 239 children and 94 in Napa County in foster care. During the 2011/12 program year, there were 11 children in foster care served from Solano County and four children in foster care served from Napa County.
- Nutrition is crucial to healthy childhood development. Poor nutrition can lead to anemia, short stature, and unhealthy weight (underweight or overweight) in children. Anemia is more prevalent in Napa County (4%) than in Solano County (2%). The prevalence rates for overweight and obesity are higher in Solano. The greatest nutritional challenge faced by the children enrolled in EHS/HS is overweight/obesity, the same issue faced by children in the service area. Poverty is a major barrier hindering the provision of nutritious foods. However, several programs exist in Napa and Solano Counties to assist low-income families in providing healthy food for their families

This year a Partner Survey was created and forwarded for completion to CSI Program Partners. The intent of the survey was to gather information to identify children's services being offered or missing in the communities we serve. The survey was developed utilizing an online web-based program. Ultimately, the response rate was low (24%) and therefore, not representative of the group, yet the responses did provide some programmatic information to consider. The results revealed Child Care was the resource most requested by partners' clients. All the respondents indicated it was a frequently requested resource receiving a "need rating" of 3.9 on a 4.0 scale. Child Development Information and Medical Insurance for Adults, represent the second and third most commonly requested resource by partners' clients. These results were compared and contrasted with results from a Family Survey administered to CSI program families. Examining only common statements to both surveys, the request for Child Behavior/Discipline Information was the most commonly requested service.

Results from the parent surveys administered at the end of program year 2011/12 revealed a great deal of satisfaction with the CSI programs. Very high ratings were received for all categories of the program: child, teacher/staff, classroom, school activities/events and overall program satisfaction. The general consensus

is the program is functioning at a high level and both the children and their families are benefiting from the program.

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# I. OVERVIEW OF CHILD START

## Purpose

Child Start Incorporated (CSI) was initially established to be the legal entity to oversee the Head Start programs in Napa and Solano Counties. Incorporated as a 501(c)(3) in March of 2000, CSI received tremendous support for their vision of establishing a direct service agency, focused solely on early learning initiatives for young children and their families. CSI operates as a single purpose child and family services agency committed to comprehensive family and children's services in the two county region comprised of Napa and Solano.

CSI works in partnership with other local agencies to provide new and expanded services in the areas of nutrition, health, child care and development, literacy, education, family support, disabilities, mental health, parent education and teacher training. These partnerships are a major factor in the continuing success of all CSI programs.

The Early Head Start and Head Start programs provide comprehensive services to over 1,000 children and their families through a variety of program options: center based child development centers, part day/ part year and full day/ full year, and home based, which includes home visits and socialization opportunities.

# Background

CSI received funding in November of 2009 to expand Early Head Start services to an additional 112 families in Napa and Solano Counties. These services will be provided through full day, year round center based services and the home based model.

CSI is also the local affiliate designated to operate the critically acclaimed children's literacy project, Raising A Reader in Napa and Solano Counties. Raising A Reader (RAR) is an early literacy and parent engagement program which has demonstrably improved the reading readiness skills of young children birth to age five. The mission of RAR is to build read-aloud routines in the homes of at-risk children, thereby fostering parent-child bonding, early literacy skills, and kindergarten readiness. The RAR program design is evidenced based, emphasizing the importance of reading to children and parent engagement as it relates to a child's success in school.

# Child Start's Development History

<b>September 1995-2000</b>	Awarded 6 competitive expansion grants, opened one new HS center each year
<b>September 1995</b>	Awarded \$3 million grant to operate Solano Head Start Program
<b>January 1996</b>	Opened operations in 14 new Solano sites, filled 111 staff positions
<b>May 1998</b>	Initiated Interest-Based Negotiations to become single purpose agency
<b>December 1999</b>	Incorporated as Child Start Incorporated
<b>March 2000</b>	Established CSI as 501 (c) 3
<b>October 2000</b>	Opened consolidated Administrative Offices at 439 Devlin Rd, Napa
<b>October 2000</b>	Awarded grants to Early Childhood Education Career Development
<b>June 2001</b>	Awarded grant to operate Head Start for Napa and Solano Counties
<b>October 2002</b>	Awarded \$800,000 competitive grant to operate Early Head Start for Napa and Solano Counties
<b>January 2002</b>	Awarded grants to operate Raising A Reader in Napa and Solano Counties
<b>March 2003</b>	First PRISM evaluation by ACE, awarded exemplary status
<b>January 2005</b>	Fully implemented EHS with Therapeutic Child Care Center, Black Infant Health, Child Haven, and Healthy Moms and Babies
<b>August 2006</b>	Jackie Dollar Harrison, Exec. Director, retires and Grayland L. Hilt, Exec. Director, is hired
<b>November 2009</b>	Awarded competitive Early Head Start grant to expand 0-3 services by 112 slots in Napa and Solano Counties
<b>September 2011</b>	Debbie Peralez is promoted as Executive Director

# Mission

**To support the educational, social and emotional development of children, ages 0-5, by providing high quality, comprehensive and family-focused early childhood services in partnership with the community.**

## Vision

- The organization is proactive in responding to family needs
- The organization serves as a model for best practices
- The CSI decision makers are innovative, creative and forward thinking
- Build on individual strengths of employees

## Values

- Diversity
- Respect for all
- High standards of integrity, quality, and accountability
- Building and maintaining strength based relationship
- To create positive change with children and families
- Engaging and involving parents as the primary teacher of their children
- Quality Leadership
- Strengthening families through information, education and inspiration
- Community Partnerships

## Eligibility Criteria

According to the *Head Start Act* and *Head Start Program Performance Standards*, there are two primary kinds of eligibility for Head Start: categorical eligibility and income eligibility.

**Categorical Eligibility:** A child from birth to age five or a pregnant woman is categorically eligible for Head Start (child aged 3-5) or Early Head Start (child aged 0-3, or a pregnant woman) if: homeless, in foster care, or the recipient of public assistance (TANF or SSI).

**Income Eligibility:** A child from birth to age five or a pregnant woman is income eligible for Head Start (child aged 3-5) or Early Head Start (child aged 0-3, or a pregnant woman) if the family income is determined to be below the income figures published annually by the federal government as the Poverty Guidelines.

In addition to the two primary kinds of eligibility, up to 10% of children from families that have incomes above the Poverty Guidelines can be enrolled. Child Start may also serve up to an additional 35% of children from families whose incomes are above the Poverty Guidelines, but below 130% of the poverty line if adequate outreach has been completed so that those families most in need of service have been given the opportunity to apply.

SB 1381, signed into legislation in 2010, requires that the eligible age for entering kindergarten be changed to September 1 by the 2014-15 school year. Starting in 2011, the cut-off date was to be moved back one month until it reaches September 1 in 2014. Currently, children turning three or four years old by November 2<sup>nd</sup> of the current program year are eligible for Head Start and three year old children with birthdays after November 2<sup>nd</sup> during the current program year are eligible for Early Head Start.

Child Start uses additional criteria to determine which applicants will be given priority (e.g., presence of IEP), including center-specific criteria (e.g., community partnerships, family is in the military for Travis Center). Please refer to complete selection criteria for the 2012/13 program year for additional information.

Child Start's funded enrollment for both Head Start and Early Head Start is 1071. During the 2012/13 program year, 1,175 total children were served in both programs. This number is higher than the number of funded slots due to children transitioning in and out of the programs. Please refer to Section IV, in the Service Area, Demographics section for more detail on characteristics of the children served.

Programs and Locations

Site	Number of Classrooms	Funded Enrollment	Type of Program	Program Description
<b>DIXON</b>				
Silveyville	1	34	Head Start	Part Day
<b>DIXON TOTAL</b>	<b>1</b>	<b>34</b>		
<b>VACAVILLE</b>				
EHS HB - Vacaville	N/A	11	EHS	Homebase
Fairmont	4	32	EHS	Full Day/Full Yr
Larsen	1	18	Head Start	Part Day
Mariposa 1	1	19	Head Start	Part Day
Mariposa 2	1	20	Head Start	Full Day/Full Yr
Markham	1	34	Head Start	Part Day
Padan	1	34	Head Start	Part Day
<b>VACAVILLE TOTAL</b>	<b>9</b>	<b>168</b>		
<b>FAIRFIELD</b>				
EHS HB - Fairfield	N/A	22	EHS	Homebase
Kidder	3	102	Head Start	Part Day
Solano College	1	4	EHS	Full Day/Full Yr
Solano College	1	6	Head Start	Full Day/Full Yr
Sunset Creek	1	34	Head Start	Part Day
Suisun Elem	1	34	Head Start	Part Day
Travis	1	34	Head Start	Part Day
Tabor	2	68	Head Start	Part Day
Woolner	1	20	Head Start	Full Day/Full Yr
<b>FAIRFIELD TOTAL</b>	<b>11</b>	<b>324</b>		
<b>VALLEJO</b>				
EHS HB - Vallejo	N/A	33	EHS	Homebase
North Vallejo	2	68	Head Start	Part Day
Setterquist	1	8	EHS	Full Day/Full Yr
Virginia	2	68	Head Start	Part Day
Washington Park	1	34	Head Start	Part Day
<b>VALLEJO TOTAL</b>	<b>6</b>	<b>211</b>		
<b>NAPA</b>				
EHS HB - Napa	N/A	33	EHS	Homebase
EHS HB - Up Valley	N/A	9	EHS	Homebase
Fuller Park	1	34	Head Start	Part Day
Mayacamas	1	34	Head Start	Part Day
Menlo	3	101	Head Start	Part Day
Menlo – EHS	1	8	EHS	Full Day/Full Yr
TCCC Infant/Toddler	2	16	EHS	Full Day
TCCC Pre-School	1	12	Head Start	Full Day/Full Yr
Vineyard Crossing	2	53	Head Start	Part Day
Westwood	1	34	Head Start	Part Day
<b>NAPA TOTAL</b>	<b>12</b>	<b>334</b>		
<b>SERVICE AREA TOTAL</b>	<b>39</b>	<b>1,071</b>		



## **II. METHODOLOGY**

### **Overview of Community Assessment**

#### **Purpose**

The purpose of the 2013-2016 Child Start Incorporated (CSI) Community Assessment is to describe the characteristics of Head Start and Early Head Start eligible families in the service area to assist with program planning efforts. These data will help identify strengths and needs in existing services and highlight changing trends in the service area potentially affecting the utilization of services.

Specifically, this Community Assessment will be used to: design service plans; educate CSI staff and parents about characteristics of the community; identify populations affected by new policies; identify existing community resources; strengthen community partnerships; and direct funds to priority areas. The overarching goal is to ensure the needs of the eligible children are being met.

## **Process**

Historically, the Community Assessment process involved several steps. The first step being the establishment of a Community Assessment Committee and the development of a data collection plan. Second, the external data identifying characteristics of the service area population was collected. Next, internal data was collected to capture data on children and families receiving services. To gather input on the needs of families and community institutions, parent surveys and focus groups were conducted. Once the data collection was complete, the data was reviewed and analyzed to identify the existing strengths and needs of CSI services. Lastly, these findings were used to draw conclusions and formulate recommendations and next steps.

This year the Community Assessment Process did not include the convening of an Assessment Committee, rather followed the direction of the previous Committee and the data collection plan they developed. External and internal data identifying characteristics of the service area population as well as children and families receiving services was again collected. A new Partner's Survey was launched on-line urging service partners to respond about the services they offer and the services they utilize. Capturing information from yet another component of the program provides a more in-depth look into the "big picture" of providing services to children and youth in Solano and Napa counties. Again, once the data collection was complete the data was reviewed and analyzed to draw conclusions and formulate recommendations.

## **Data Sources**

Data for this report was largely compiled from various national and local published data sources (e.g., American Community Survey, California Health Interview Survey, Children NOW County Databooks).

The primary internal data source used was the Child Plus database, which houses application, intake, and survey information of participating children and families.

A new Partner's Survey was implemented this year to obtain feedback and perceptions of what needs are being identified and resources being requested by families not enrolled in Head Start. The Parent Survey was also completed by parents whose children attended CSI programs.

## **Data Collection Methods**

External data was gathered from a variety of published data sources. This limits some of the utility of the data. For one, although the most recent data available was used for each topic area, some data, particularly demographic data, is only updated periodically. Second, raw data was rarely available, so data is presented here in the summary format it was published in and is not always consistent across topics. Also, data on some topics was limited (e.g., existing child care) either because it is not accessible or is not collected, and thus could not be included in this report.

Internal data was extracted from the Child Plus database by CSI staff. Information from the application, intake interview, and parent survey are entered into the database for all participating families. Internal data used in this Community Assessment includes demographic information of children and parents, utilization of public assistance services, parental education attainment, child development status, and child health status (physical, mental, dental, nutrition). All data is presented in aggregate format and is not individually identifiable to protect confidentiality.

# III. SERVICE AREA DATA

## A. Demographics

### Population

According to 2010 California Department of Finance estimates, approximately 549,828 residents reside in the CSI service area; 413,344 in Solano County and 136,484 in Napa County<sup>1</sup>. The service area population shows a 10% decrease when compared with the previous year's (2009) Department of Finance results, with the greatest decrease seen in Napa County.

Figure 1 provides service area population estimates by county and age group.

**Figure 1: Service Area Child Population 0-5 by Community and Age, 2010**

Community	Age		
	0-2	3-5	Total
Solano County	15,978	16,258	32,236
Napa County	4,741	5,102	9,843
<b>Service Area Total</b>	<b>20,719</b>	<b>21,360</b>	<b>42,079</b>

Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2010

In 2010, the median age was 37 in Solano County and 40 in Napa County<sup>1</sup> and has been increasing. In 2000, the median age was 34 in Solano County and 38 in Napa County.

<sup>1</sup> State of California, Department of Finance, City/County Population Estimates with Annual Percent Change, January 1, 2010.

Figure 2, below, shows the number of children eligible for Head Start/Early Head Start services and the number of children served, by school district and age. A child is age eligible for Head Start if he or she turns three or four years old by November 1<sup>st</sup>. If your child is 0-36 months and has not turned three years of age by November 1<sup>st</sup> of the current enrollment year, they may be eligible for Early Head Start. Free meal eligibility was used to estimate the number of children eligible for services.

**Figure 2: Children Eligible and Served by Head Start/Early Start**

School District	Eligible #	Served #
Benicia Unified	127	1
Dixon Unified	235	38
Fairfield-Suisun Unified	1,424	327
Travis Unified	114	28
Vacaville Unified	641	198
Vallejo City Unified	1,450	270
<b>Solano County Total</b>	<b>3,991</b>	<b>862</b>
Calistoga Joint Unified	96	2
Howell Mountain Elementary	13	0
Napa Valley Unified	1,069	322
Pope Valley Union Elementary	5	0
St. Helena Unified	63	12
<b>Napa County Total</b>	<b>1,247</b>	<b>336</b>
<b>Service Area Total</b>	<b>5,238</b>	<b>1,198</b>

Sources: California Department of Education, Free/Reduced Meals Program & CalWORKS Data Files, October 2008; Child Plus, 2012/13

During the 2011/12 program year, approximately 22% of the children eligible for CSI services were served in Solano County. Vacaville Unified School District had the highest percent of eligible children served (23%), and Benicia Unified had the lowest percent of eligible children served (<1%).

In Napa County, approximately 27% of eligible children were served; the majority of children served were from Napa Valley Unified School District, which served 30% of children eligible.

# Household and Family Characteristics

Figure 3 displays household and family characteristics of service area residents, including the number of households and families by type.

**Figure 3: Household Characteristics of Service Area, 2011**

Household Characteristics	Solano County	Napa County	Service Area Total
Total households	139,992	49,933	189,925
Household population	404,505	132,710	537,215
Households with one or more people under 18 years	50,957	15,979	66,936
Families	100,234	34,853	135,087
<i>Families with own children under 18</i>	44,377	14,431	58,808
Married-couple families	71,676	25,216	96,892
<i>Married-couple families with own children under 18</i>	29,818	9,637	39,455
Male householder, no wife present, family	8,540	2,746	11,286
<i>Male householder with own children under 18</i>	3,360	1,798	5,158
Female householder, no husband present, family	20,019	6,891	26,910
<i>Female householder with own children under 18</i>	11,059	2,996	14,055
Grandparents responsible for grandchildren	4,100	758	4,858
Non-family households	39,758	15,080	54,838
Householder living alone	32,058	11,684	43,742
65 years old and over	10,919	5,043	15,962

Source: U.S. Census Bureau, 2011 American Community Survey

In 2011, 70% of households were comprised of families (71.6% in Solano County and 70.0% in Napa County). Of these families, 35% had children under age 18 (36.4% in Solano County and 32% in Napa County). Of single parent families, there were over twice as many female households (14% in service area) than male households (6% in service area).

In 2011, the average household size was 2.89 in Solano County and 2.66 in Napa County<sup>2</sup>. The average family size was 3.39 and 3.12 in Solano and Napa Counties, respectively.

<sup>2</sup> California Department of Public Health, Vital Statistics

## **Teenage Mothers**

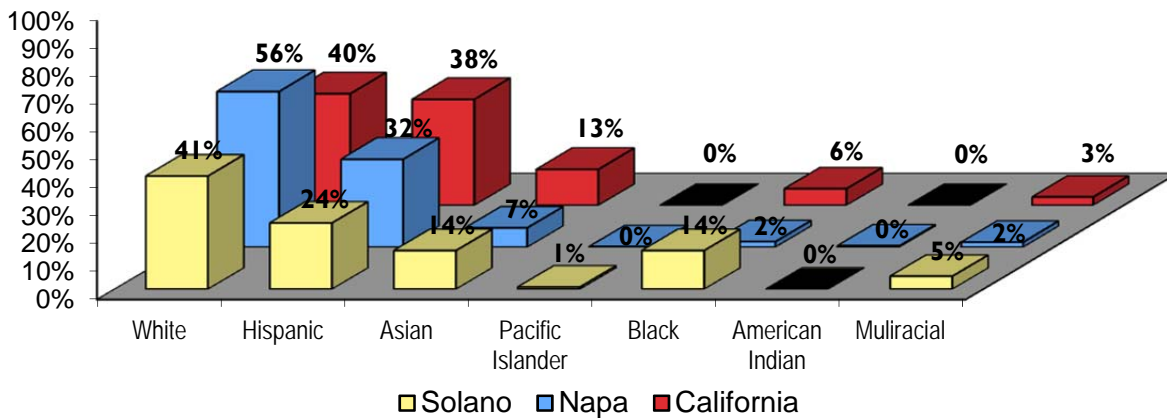
In 2010, there were 376 births to teenage mothers under age 20 in Solano County and 102 births to teenage mothers in Napa County, making up 7.4% and 6.7% of the total births<sup>1</sup>, respectively. These figures are lower than the statewide percentage of 8.5%. In Napa County, Calistoga had the highest percentage of births to teenage mothers at 8.2%; in Solano County, these estimates reached 10% or more in two communities: Fairfield (94533 zip code) and Vallejo (94590 zip code). The percentage of births to women under 20 has been steadily decreasing; in 2000, an estimated 10% of births in Solano County and 9% of births in Napa County were to teenage mothers.

# Ethnicity and Languages Spoken

The following section identifies the ethnic make-up of service area residents and enrolled Head Start/Early Head Start participants.

## Ethnicity

Figure 4: Ethnicity of Service Area Residents, 2010



Source: State of California, Department of Finance, Race / Ethnic Population Totals, 2000–2050

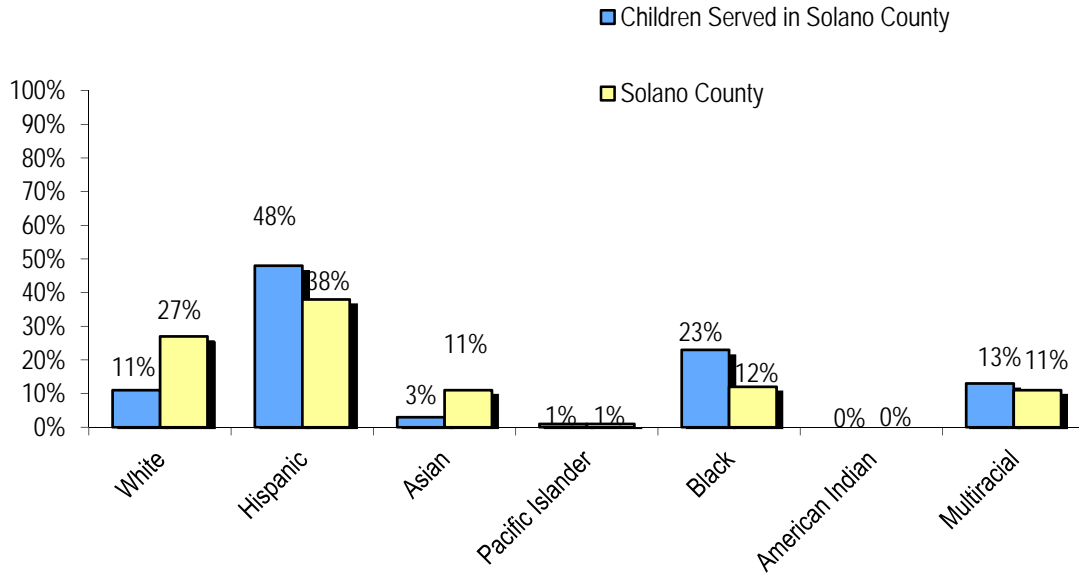
Figure 4 displays that in 2010 Napa County had a greater percentage of White residents (56%) than both Solano County (41%) and California (40%). The Hispanic population in Napa County was 32% compared to Solano County’s 24%, both lower than the statewide Hispanic population (38%). In Solano County there is a greater African American/Black population than both California (14%) and Napa County (2%). Also, Solano County has a greater Asian population (14%) than Napa County (7%). The diverse ethnic makeup of service area residents plays a major role in the delivery of Child Start services.

Also, according to 2011 American Community Survey findings, 83,294 residents are foreign born in Solano County and 30,517 residents are foreign born in Napa County.

Figures 5 and 6 display the ethnicities of children ages 0-5 in the service area compared to the ethnicity of the children served, one graph for each county.

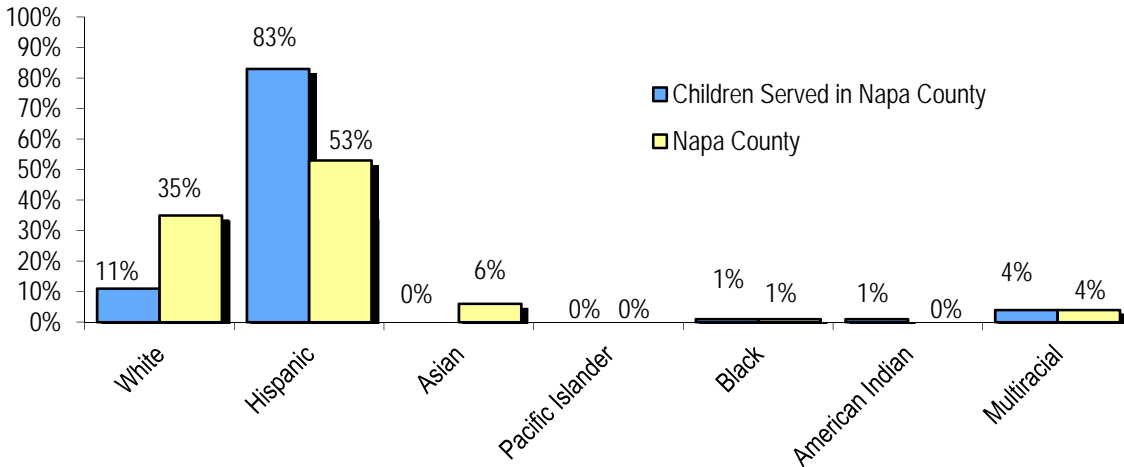


**Figure 5: Ethnicity of Children Ages 0-5 for Children in Solano County and Children Served in Solano County**



Source: State of California, Department of Finance, County Population Estimates; Child Plus, 2012/13

**Figure 6: Ethnicity of Children Ages 0-5 for Children in Napa County and Children Served in Napa County**



Source: State of California, Department of Finance, County Population Estimates; Child Plus, 2012/13

In both Solano and Napa County, there were a greater percentage of Hispanic children served than in the general population; this is also true of Black children in Solano County. A lower percentage of White and Asian children were served in both counties.

The ethnicity of children served, by school district, is presented in Figure 7. The ethnic make-up of children served by CSI varies by school district. Napa County predominately serves children from the Napa Valley Unified School District where the majority of children are Hispanic followed by White. For the majority of school districts in Solano County, Hispanic children represent the largest ethnic category served with the exception of Vallejo City and Travis Unified. Vallejo Unified serves a greater percentage of Black children and Travis Unified serves more White children.

**Figure 7: Ethnicity of Children Served by School District**

County District	Ethnicity							Total
	White	Hispanic	Asian	Pacific Islander	Black	American Indian	Multi- racial	
Benicia Unified	0	0	0	0	0	0	1	1
Dixon Unified	5	28	0	0	2	0	3	38
Fairfield-Suisun Unified	26	191	11	3	58	0	38	327
Travis Unified	16	2	1	3	2	0	4	28
Vacaville Unified	33	103	5	1	25	0	31	198
Vallejo City Unified	12	91	14	3	114	2	34	270
<b>Solano Total</b>	<b>92</b>	<b>415</b>	<b>31</b>	<b>10</b>	<b>201</b>	<b>2</b>	<b>111</b>	<b>862</b>
Calistoga Joint Unified	0	1	0	0	0	0	1	2
Howell Mountain Elementary	0	0	0	0	0	0	0	0
Napa Valley Unified	34	270	0	0	2	3	13	322
Pope Valley Union Elementary	0	0	0	0	0	0	0	0
St. Helena Unified	2	10	0	0	0	0	0	12
<b>Napa Total</b>	<b>36</b>	<b>281</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>14</b>	<b>336</b>
<b>Service Area Total</b>	<b>128</b>	<b>696</b>	<b>31</b>	<b>10</b>	<b>203</b>	<b>5</b>	<b>125</b>	<b>1,198</b>

Source: Child Plus, 2012/2013

## Languages

Figure 8 displays common languages spoken at home for the population ages five and older, by county.

**Figure 8: Languages Spoken at Home for Service Area Residents**

Common Languages Spoken at Home	Solano County		Napa County		Service Area	
	#	%	#	%	#	%
English Only	271,488	70%	85,290	66%	356,778	68%
Language Other than English	116,085	30%	43,544	34%	159,629	32%
<i>Speak English less than "very well"</i>	46,613	12%	20,092	16%	66,705	14%
<b>Total Population</b>	<b>387,573</b>	<b>100%</b>	<b>128,834</b>	<b>100%</b>	<b>505,846</b>	<b>100%</b>

Source: U.S. Census Bureau, 2010 American Community Survey

Figure 9, below, presents the English proficiency of those non-English speakers in the service area shown in Figure 8. Data is categorized by the most common languages spoken by non-English speakers.

**Figure 9: Common Languages Spoken at Home for Service Area Residents**

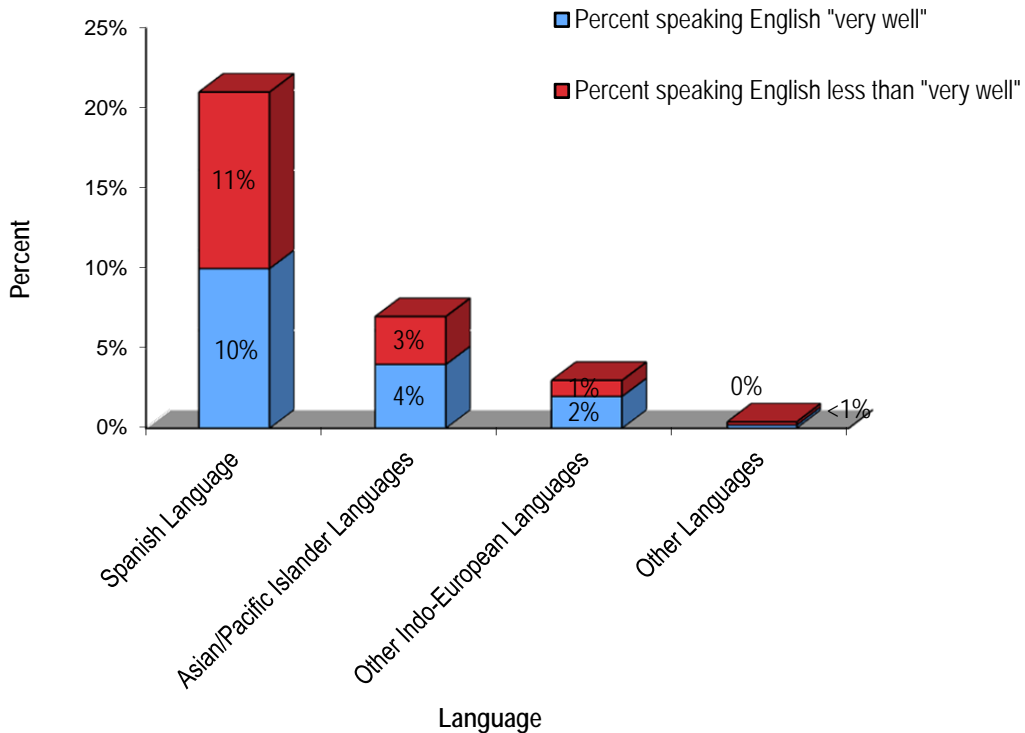
Common Languages Spoken at Home	Solano County		Napa County		Service Area	
	#	%	#	%	#	%
Spanish Language	63,537	16%	34,074	26%	97,611	21%
<i>Speak English less than "very well"</i>	28,383	7%	17,255	13%	45,638	11%
Other Indo-European Languages	11,796	3%	4,503	4%	16,299	3%
<i>Speak English less than "very well"</i>	3,756	1%	1,105	1%	4,861	1%
Asian/Pacific Islander Languages	37,854	10%	4,750	4%	42,604	7%
<i>Speak English less than "very well"</i>	14,185	4%	1,732	1%	15,917	3%
Other Languages	2,898	1%	217	<1%	3,115	1%
<i>Speak English less than "very well"</i>	289	<1%	0	0	289	<1%

Source: U.S. Census Bureau, 2010 American Community Survey

Spanish was the most common language reported spoken by the “non-English” speakers in both counties; 53% of Solano County residents and 74% of Napa County residents. Of these, nearly half (45%) are less than English proficient. Also, in Solano County, 33% of residents speaking a language other than English reported speaking an Asian or Pacific Islander language. These data highlight the need to address potential language and cultural issues in the provision of Head Start and Early Head Start services.

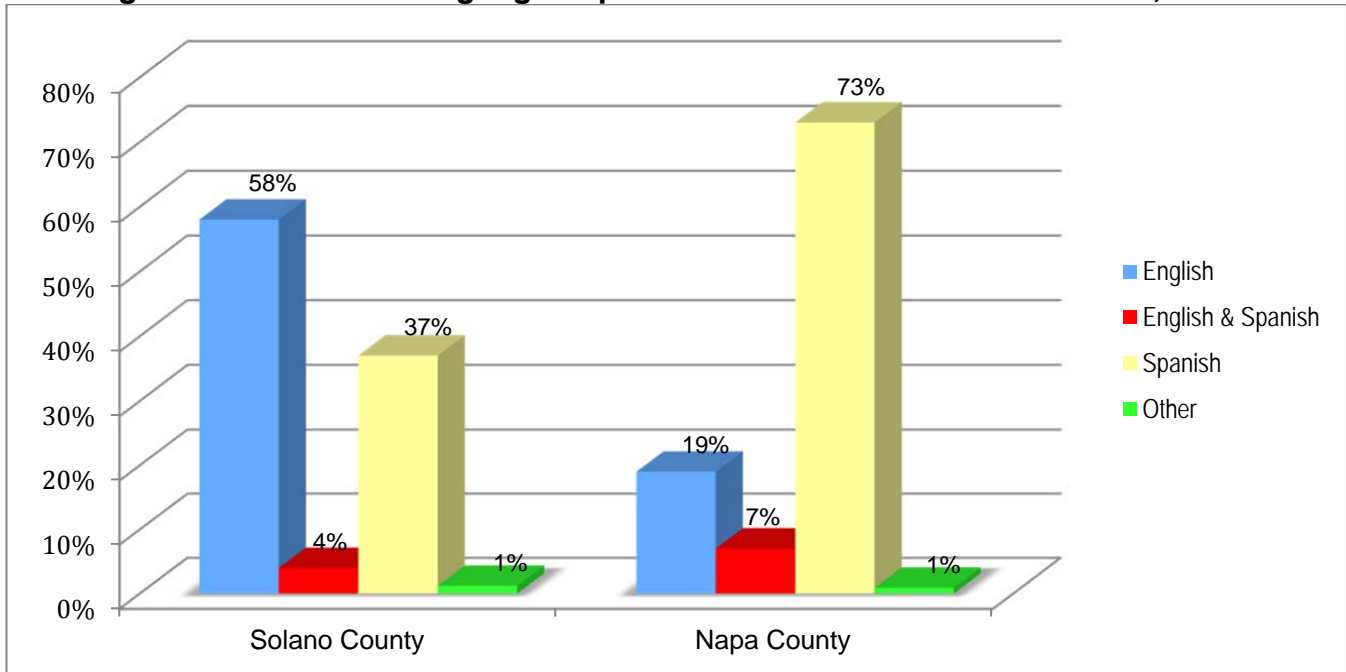
Figure 10, below, reflects service area residents that do not speak English as their primary language. Of these residents that reported speaking a language other than English, 14% reported speaking English “less than very well”. Napa County had a higher percent of residents speaking a language other than English and a greater percentage of those residents who are not English proficient.

**Figure 10: English Proficiency of Non-English Speakers, Service Area Residents**



As depicted in Figure 11, according to application records, the majority of families served in Napa County speak Spanish (73%), followed by English (19%). Also, 7% of families reported speaking both English and Spanish. In Solano County, 58% of families served report speaking English only, and 37% report speaking Spanish. Few families in both county reported speaking a language other than English and/or Spanish.

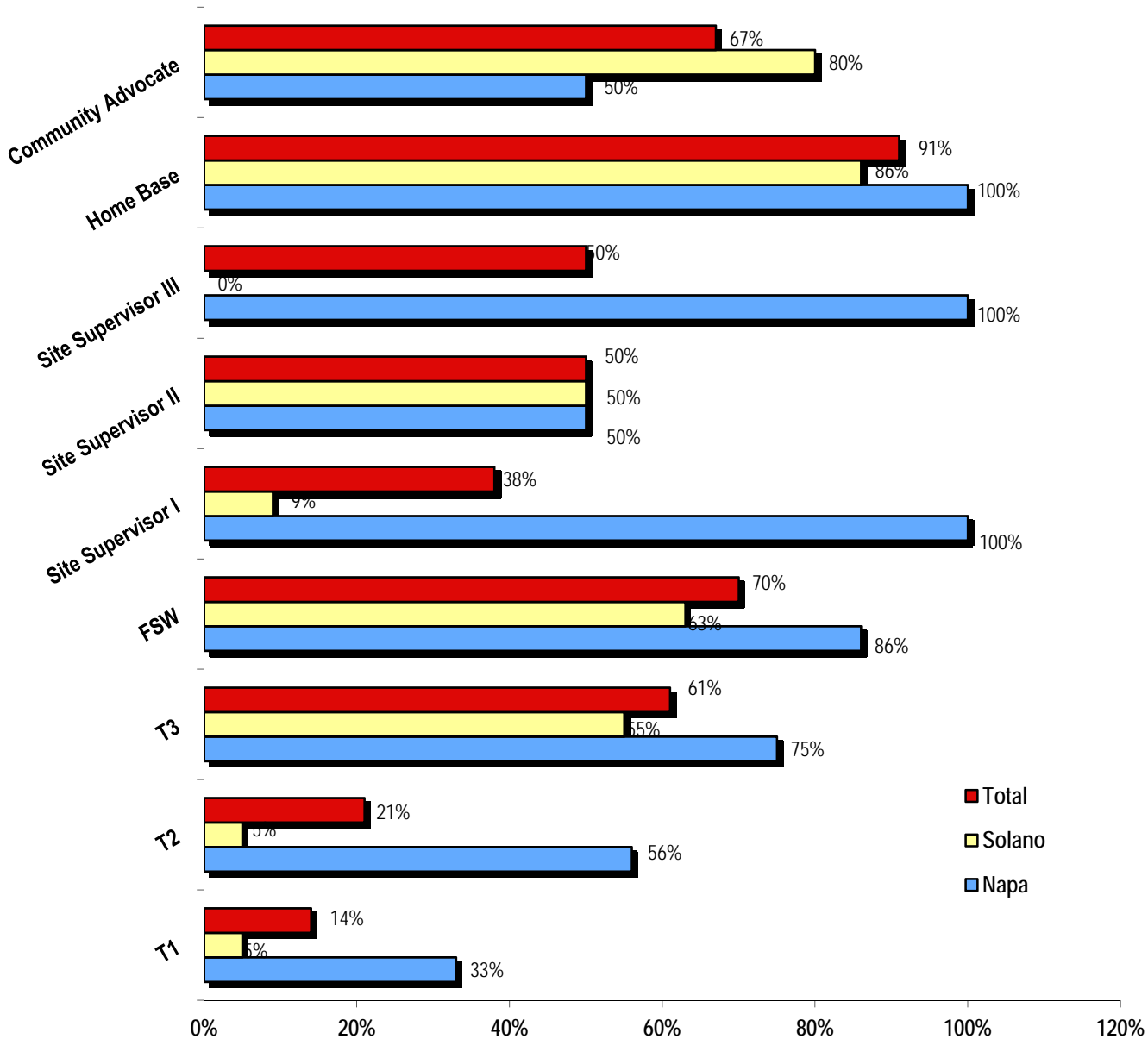
**Figure 11: Common Languages Spoken at Home for Enrolled Families, 2012/13**



Sources: Child Plus, 2012/13

The number of bilingual Spanish-speaking staff is displayed in the figure below, by staff position and county. CSI staff positions include Teachers (3 levels), Food Service Workers, Site Supervisors (3 levels), Home Base staff, and Community Advocates.

**Figure 12: Bilingual Spanish Speaking Staff by Position and County, 2012/13**



As depicted in Figure 12, there is more bilingual CSI staff in Napa County than Solano County; this is reflective of the greater Hispanic/Latino population in Napa County. For both counties, Home Base staff has the highest percentage of bilingual staff (91% for the service area). Also, although not depicted in the figure, it is worth noting that the three Bilingual Assistants (two in Solano and one in Napa) are in fact bilingual.

# Employment, Income, and Poverty Status

## Employment

Employment status for the service area population (ages 16 and older) is presented in Figure 13, below. Residents included in the labor force category consist of those in the civilian labor force and in the armed forces. Residents classified as unemployed include people who: (1) were neither “at work” nor “with a job but not at work” during the reference week; (2) were looking for work during the last 4 weeks; and (3) were available to start a job. Residents classified as not in the labor force include those not presently looking for work (e.g., students, homemakers, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people), and people doing only incidental unpaid family work.

**Figure 13: Employment Status by County, 2011**

Employment Status	Solano		Napa		Service Area	
	#	%	#	%	#	%
In Labor Force	212,685	64.8	71,904	65.1	284,589	65.0
Employed (Civilian labor force)	181,792	55.4	64,996	58.8	246,788	57.1
All Parents in Labor Force With Children Under 6	31,238	31.2	9,445	9.4	40,683	20.3
All Parents in Labor Force With Children 6-17	63,756	63.8	20,678	20.7	84,434	42.3
Unemployed (Civilian labor force)	27,296	8.3	6,821	6.2	34,117	7.2
Armed Forces	3,597	1.1	87	0.1	3,684	0.6
Not in Labor Force	115,414	35.2	38,540	34.9	153,954	35.0
<b>Total Population Over Age 16</b>	<b>328,099</b>	<b>100</b>	<b>110,444</b>	<b>100</b>	<b>438,543</b>	<b>100</b>

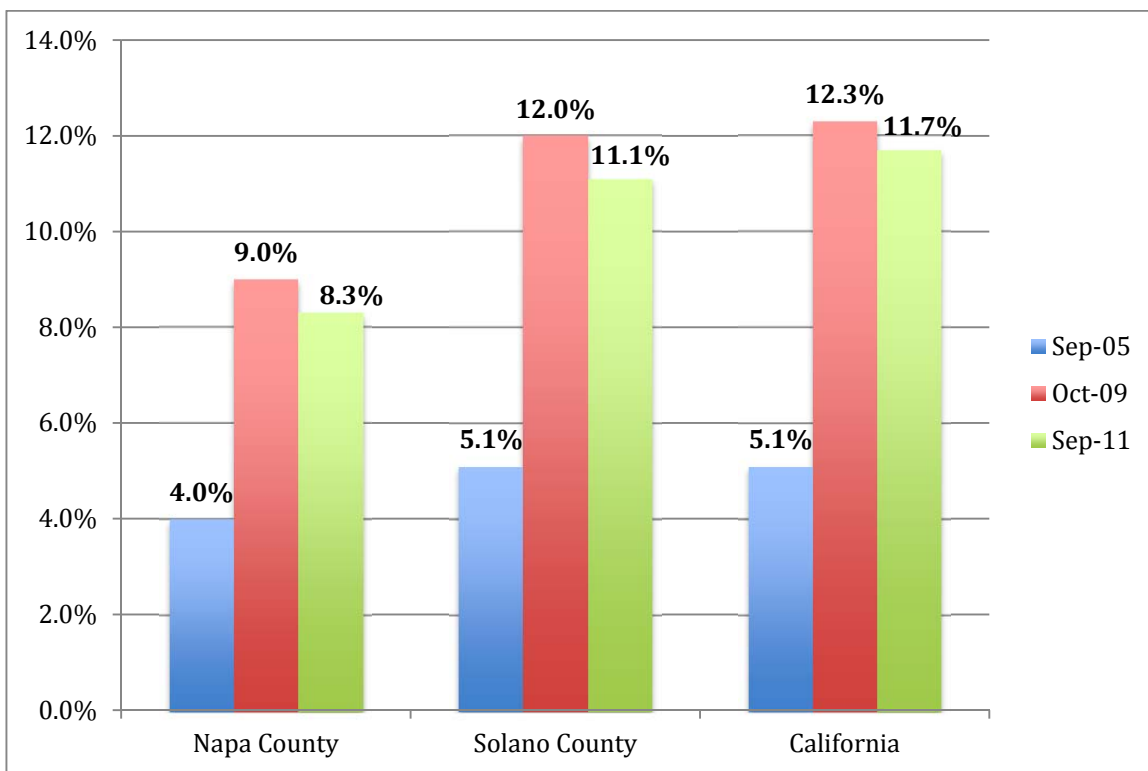
Source: U.S. Census Bureau, 2011 American Community Survey

As indicated in Figure 13 on the previous page, the majority of service area residents were employed in 2011. For both counties, the majority of parents in the labor force with children have children over the age of six. There are approximately 65,201 children ages 0-12 in the service area (49,613 in Solano County and 15,588 in Napa County) with parents in the labor force<sup>3</sup>.

The mean travel time to work is 30 minutes in Solano County and 21 minutes in Napa County<sup>4</sup>.

The following figure presents a more current picture of employment status. As of September 2011, the unemployment rate is 11.1% in Solano County and 8.3% in Napa County, compared to 11.7% in California<sup>5</sup>. Figure 14 presents the county unemployment rates for September 2011 and October 2009 as compared to September 2005.

**Figure 14: Unemployment Rate by County  
September 2005 Compared to October 2009 and September 2011**



As illustrated above, in September 2011 the unemployment rate was nearly 3% lower in Napa County than in Solano County and slightly more than 3% lower than the state of California. In September 2011, both the Solano County unemployment rate and Napa County unemployment

<sup>3</sup> 2011 California Child Care Portfolio, Solano and Napa Counties

<sup>4</sup> U.S. Census Bureau, 2008 American Community Survey

<sup>5</sup> U.S. Bureau of Labor Statistics



rates were lower than the state rate. The unemployment rate had been increasing in years past but is now decreasing, impacting the number of eligible families in the service area.

Additionally, the increasing number of jobs reducing hours and decrease of jobs offering full-time hours have impacted the underemployment rate. According to Gallup Economy, in 2011 Californians who worked part-time (for economic reasons) had one of the highest rates in the country—21% or higher—with only Florida having a higher rate.

## Income

Source: U.S. Census Bureau, 2011 American Community Survey

<u>Napa County 2011</u>
49,933 households
34,853 families
\$61,460 median household income
\$89,125 mean household income
\$95,754 mean family income

<u>Solano County 2011</u>
139,992 households
100,209 families
\$63,795 median household income
\$80,124 mean household income
\$89,101 mean family income

Figure 15: Annual Income for Households and Families, 2011

	Solano		Napa	
	Households %	Families %	Households %	Families %
Less than \$10,000	5.2%	4.0%	3.1%	1.8%
\$10,000-\$14,999	4.2%	2.6%	5.4%	3.9%
\$15,000-\$24,999	9.0%	7.4%	9.5%	8.0%
\$25,000-\$34,999	8.2%	6.3%	8.5%	8.0%
\$35,000-\$49,999	11.8%	11.3%	15.9%	18.2%
\$50,000-\$74,999	20.0%	19.6%	16.6%	15.7%
\$75,000-\$99,999	13.1%	14.9%	12.8%	12.1%
\$100,000-\$149,999	15.9%	19.0%	13.9%	17.4%
\$150,000-\$199,999	6.9%	8.1%	6.9%	7.4%
\$200,000 or more	5.7%	6.8%	7.4%	7.4%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\*2011 inflation-adjusted dollars

Source: U.S. Census Bureau, 2011 American Community Survey

In 2013, the federal poverty level threshold for three people per household (the average household size of service area residents) was \$19,530. In both counties, approximately 14% of families reported household incomes below \$25,000, and over 30% below \$50,000, cumulatively.

Poverty Status

The Federal Poverty Level (FPL) is a common indicator of poverty. The FPL guidelines are “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).” This measure is used to determine Head Start/Early Head Start income eligibility requirements. The 2013 Poverty Guidelines are presented below.

**Figure 16: 2013 Federal Poverty Guidelines  
for the 48 Contiguous States and District of Columbia**

Persons in Family	Poverty Guideline
1	\$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630
For each additional person add \$4,020	

Source: Federal Register, Volume 78, No. 16, January 24, 2013, pp. 5182-5183

The poverty status of the service area population by type of household is displayed in Figure 17, below.

**Figure 17: Poverty Levels for Service Area by Household Type and County**

Household Type	Solano			Napa		
	Population #	Below Poverty #	Below Poverty %	Population #	Below Poverty #	Below Poverty %
<b>All Families</b>	<b>100,234</b>	<b>10,224</b>	<b>10.2</b>	<b>34,853</b>	<b>3,206</b>	<b>9.2</b>
<i>With own children under 18</i>	47,269	7,752	16.4	14,904	2,355	15.8
<i>With own children under 5</i>	9,752	1,463	15.0	2,979	220	7.4
<b>Married Couple Families</b>	<b>71,676</b>	<b>4,014</b>	<b>5.6</b>	<b>25,216</b>	<b>1,538</b>	<b>6.1</b>
<i>With own children under 18</i>	31,866	2,964	9.3	11,021	1,047	9.5
<i>With own children under 5</i>	6,476	337	5.2	2,315	12	0
<b>Families with Female Householder Only</b>	<b>20,019</b>	<b>5,285</b>	<b>26.4</b>	<b>6,891</b>	<b>1,185</b>	<b>17.2</b>
<i>With own children under 18</i>	11,070	3,886	35.1	2,624	808	30.8
<i>With own children under 5</i>	2,162	809	37.4	407	73	17.9

Source: U.S. Census Bureau, 2011 American Community Survey

\*Estimate, based on the proportion of married couple families with children under 5 in Solano County

As illustrated in Figure 17, poverty is highest for families with a female householder only, especially for females with children of their own under 18. Poverty is not distributed equally among ethnicities. In Solano County, there are a higher percentage of Black and Hispanic families in poverty than White families, and in Napa County there is a higher percentage of Hispanic families in poverty than White families.

## Homelessness

Homeless is defined, by Housing and Urban Development standards, as an individual who lacks fixed, regular and adequate nighttime residence; an individual who has a primary residence that is a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings. According to the National Alliance to End Homelessness, women and children are the fastest-growing segment of the homeless population.

The U.S. Department of Housing and Urban Development (HUD) funds the Continuum of Care (CoC) program which is described as a local planning process involving public agencies, service providers, and advocates who assess the needs of the homeless populations in their communities and develop a plan to prevent and end homelessness and deliver services. HUD's competitive funding application requires that successfully funded CoCs conduct a one-night, point-in-time (PIT) count of sheltered and unsheltered homeless persons in their community. The data gathered from these sources provides a snapshot of the homelessness population—of both sheltered and unsheltered homeless—on a single night. The one-night counts are conducted in late January. These total counts of homelessness have come to represent the most up-to-date information on homelessness in select areas.

On the appointed January night in 2011, Napa City/County CoC reported a total of 230 homeless people during the 24-hour time period allotted for counting. Of these people, 59 individuals represented 19 households (or 3.1 people per household). At the same time, Solano County reported a total of 569 homeless people with 193 persons representing 69 families (2.8 persons per household).

Extrapolating from data collected, HUD estimates 3,540 people to be homeless in Solano at some point during 2011. One third are families with children. This same information was not available for Napa County.

During the 2012/13 program year, 5 children served by CSI in Solano County and 3 children served by CSI in Napa County were considered homeless. CSI tries to identify homelessness at time of enrollment in order to provide priority enrollment for children of homeless families. Once enrolled, CSI staff work together with families to identify needs and resources for these families.

## B. Existing Child Care

The following section outlines the supply and utilization of other child care services in the service area, many of which serve Head Start eligible children. It covers the following types of child care programs: child care centers, state preschools, family day care, and kinship care.

### Primary Programs

#### ✓ Child Care Centers

Child care centers are non-residential facilities that generally provide care for 14 or more children at a time. Centers vary by schedule (full-day or part-day), type of care provided (infant, preschool, or school age), and funding sources<sup>6</sup>.

#### ✓ State Preschools

State preschools are subsidized childcare centers that provide full- or part-day comprehensive services to 3 and 4 year-olds<sup>7</sup>. Programs offer developmentally, culturally, and linguistically appropriate education activities, meals /snacks, referrals for families to health and social services, and employee staff development opportunities. State Preschools also emphasize parent education and involvement. Local educational agencies, colleges, community-action agencies, and private nonprofit agencies may administer programs.

#### ✓ Family Day Care

Family child care homes are licensed to provide in-home child care services. There are two main types of homes: (1) small, which can accommodate up to 8 children; and (2) large, which can accommodate up to 14 children at one time. Family homes require a license from the Department of Social Services/Community Care Licensing Division.<sup>8</sup>

<sup>6</sup> California Department of Education, Child Care and Development Programs

<sup>7</sup> California Department of Education, Child Care and Development Programs

<sup>8</sup> California Child Care Resource & Referral Network 2009 Child Care Portfolio

Figure 18, below, displays supply data for other child care services in the service area, by county. It includes the number of programs and licensed slots for child care centers, state preschools, and family child care homes. The data reflects number of licensed programs and capacity data, not necessarily the number of active programs. It is also important to note that capacity data fluctuates slightly from month-to-month.

**Figure 18: Existing Child Care Services by Type and County, 2012**

Community	Child Care Centers		State Preschools		Family Child Care Homes	
	Centers	Capacity	Centers	Capacity	Homes	Capacity
<b>Solano</b>	88	5,090	5	125	594	5,944
<b>Napa</b>	59	2,634	7	180	91	858
<b>Service Area Total</b>	<b>147</b>	<b>7,724</b>	<b>12</b>	<b>305</b>	<b>685</b>	<b>6,802</b>

Source: 2011 Child Care Portfolio

The California Department of Education (CDE), Child Development Division, is the primary funding source for child care and development programs that provide care, education, and food for children paid for with state and federal tax money. General child care and development programs are state and federally funded programs that use centers and family child care home networks operated or administered by either public or private agencies and local educational agencies. These agencies provide child development services for children from birth through 12 years of age and older children with exceptional needs providing an educational component that is developmentally, culturally, and linguistically appropriate for the children served. Figure 19, below, reflects the number of children 0-5 in Napa and Solano counties served through the CDE, Child Development Division.

**Figure 19: Number of Children Served via CDE funding stream by Zip Code of Service Provider and setting type**

County	# Children by Age						Total
	0	1	2	3	4	5	
<b>Solano, overall</b> 94510, 94533, 94534, 94535, 94585, 94589, 94590, 94591, 95620, 95687, 95688, 95696	<b>61</b>	<b>120</b>	<b>249</b>	<b>483</b>	<b>752</b>	<b>290</b>	<b>1,955</b>
Licensed center-based	30	55	123	323	587	140	1,258
Licensed family child care homes	13	34	69	87	94	81	378
Licensed exempt care	18	31	57	73	71	69	319
<b>Napa, overall</b> 94503, 94515, 94558, 94559, 94574, 94589, 94590, 94599	<b>15</b>	<b>33</b>	<b>71</b>	<b>145</b>	<b>342</b>	<b>32</b>	<b>638</b>
Licensed center-based	7	19	47	125	324	10	532
Licensed family child care homes	3	8	17	9	13	12	62
Licensed exempt care	5	6	7	11	5	10	44

Source: California Department of Education, Child Development Division, October 2011.

**Note:** **Family Child Care Home** settings include the following types of care: Licensed Family Child Care Homes and Large Licensed Family Child Care Homes. **Center-Based Care** settings include the following types of care: Licensed Centers and License Exempt Centers. **License Exempt Home** settings include the following types of care: Exempt - In Child's Home (Relative), Exempt - In Child's Home (Non-Relative), Exempt - Outside Child's Home (Relative), and Exempt - Outside Child's Home (Non-Relative).

## Secondary Programs

### ✓ Kinship Care

Kinship care includes unlicensed in-home care (e.g., care by a nanny, family, friend, or neighbor) and other license-exempt care (e.g., military programs regulated by non-state agencies)<sup>9</sup>. Although informal care services are not formally tracked in Napa or Solano County, the Resource and Referral Networks received 350 referrals for informal care in 2012 (165 in Solano County and 185 in Napa County). Solano County numbers reflected here represent the requests that come directly to the Center, not the true need of the whole community. Most of these referrals to the Resource and Referral Network in Solano County are specifically for licensed care, and these numbers likely underestimate the demand for informal care. Also, in 2012 there were 1,484 children from 855 families in Solano County that used subsidy program vouchers for informal care (Exempt Providers), providing more information on the demand for kinship care.

### ✓ Children of Teenage Parents

The California School Age Families Education (Cal-SAFE) Program provides support services necessary for enrolled teenage expectant/parenting students<sup>10</sup>. It is designed to improve academic achievement and parenting skills, and also provides childcare. There are currently two Cal-SAFE programs in the service area, one in Solano County at Vallejo Senior High School and one in Napa County at the Napa Valley Adult School.

The New Beginnings Program resides at the Napa Valley Adult School and served several teenage mothers in Napa County, but exact numbers are not known. Solano Cal-SAFE program served 12 teenage mothers.

### ✓ Children of Migrant/Agricultural Workers

Migrant or agricultural workers often work non-traditional hours and are in need of more specialized care for their children. Migrant Education is a federally funded program for migrant students developed to provide supplementary educational and support services<sup>11</sup>. To qualify, a child, or his or her parent, spouse, or guardian must be a migrant worker (i.e., someone seeking seasonal work in agriculture, fishing or related industries, and migrate to other areas to follow the growing seasons) and meet other eligibility requirements. Children in preschool through grade 12 (under 21) are eligible to be served. There are currently two child care centers operated by Migrant Education in Solano County.

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<sup>9</sup> California Child Care Resource & Referral Network, 2007 Child Care Portfolio

<sup>10</sup> California Department of Education, California School Age Families Education website

<sup>11</sup> Butte County Office of Education, Migrant Education website



✓ **Subsidized Child Care**

The Centralized Eligibility List (CEL) is a list of all children from income eligible families in the United States who are in need of subsidized child care<sup>12</sup>. Families who meet the state poverty guidelines are eligible for subsidized child care via CEL. Since Child Start uses Federal Poverty Level as criteria for eligibility, they refer families who don't qualify to the CEL. In 2011, there were approximately 1,881 children in Solano County and 951 children in Napa County on the CEL<sup>13</sup>.

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<sup>12</sup> California Child Care Resource & Referral Network 200X Child Care Portfolio

<sup>13</sup> California Department of Education, Child Development Division. Report to the Governor, Legislature and the Legislative Analyst Office, Status Report on Implementation of County Centralized Eligibility Lists 2011.

# Utilization of Existing Services

## Requests for Child Care

The local resource and referral agencies, Community Resources for Children (CRC) in Napa County and Solano Family and Children’s Services in Solano County, collect various information on child care needs and requests for all incoming referrals. Data gathered includes: type of child care desired (e.g., family, center); age of child; preferred location; days and hours needed; and the reason for seeking child care (e.g., employment). The following tables present referral data from 2012.

**Figure 20: Child Care Needs/Requests by Age Group, 2012**

Age Group	Number of Requests		
	Solano	Napa	Service Area
Infant (0-2)	563	414	977
Preschooler (3-5)	925	285	1,210
School Age (5+)	513	161	674

In 2012, for Solano County, the majority of child care requests were for preschool-aged children and for Napa County, most requests were for infants to two year olds. For both counties, the least number of requests came was for school age children.

In 2012, the majority of requests for both counties were for family child care homes and full time, year round care. Also, in Solano County there were many requests for part time Care (less than 35 hours a week) as well as temporary, emergency, weekend, or evening care and in Napa County most of the requests were for Year Round care. The most popular reason for seeking child care for both counties was related to employment (71%).

**Figure 21: Child Care Needs/Requests by Type, Location, and Schedule, 2012**

Needs/Requests	Number of Requests		
	Solano	Napa	Service Area
<b>Type of Facility</b>			
Child Care Center (CCC)	798	626	1,424
Family Child Care (FCC)	1,063	664	1,727
License Exempt/Informal	165	152	317
PreSchool Program	--	160	160
School Age Programs	--	72	72
<b>Schedule</b>			
Full Time (35+ hours)	1,625	833	2,458
Part Time (Less than 35 hours)	872	27	899
Temp/Emergency/Weekend/Evening Care	808	71	879
Summer Only	2	2	4
School Year Only	9	2	11
Year Round	1,504	856	2,360
<b>Reasons Seeking Care</b>			
Employment	926	354	1,280
School/training	152	66	218
Looking for Work	212	94	306

Figure 22 displays the number of requests for child care by community of the caller (not community the care is needed in) for 2012. Only select cities/towns are reflected in the count below.

**Figure 22: Child Care Requests  
by Community, 2012**

<b>Community</b>	<b>Number of Requests</b>
Benicia	74
Dixon	36
Fairfield	542
Rio Vista	4
Suisun	119
Travis	14
Vacaville	351
Vallejo	372
<b><i>Solano County Total</i></b>	<b>1,512</b>
American Canyon	59
Calistoga	3
Napa	1,075
St. Helena	7
Yountville	4
<b><i>Napa County Total</i></b>	<b>1,148</b>
<b><i>Service Area Total</i></b>	<b>2,660</b>

Figure 23 includes the number of children served in each community by type of child care program within each county.

**Figure 23: Estimated Capacity By Type of Program and Community, 2010**

Community	Child Care Centers	State Preschools	Family Child Care Homes
Benicia	290	22	362
Dixon	542	24	182
Fairfield	1,377	49	1,808
Rio Vista	68	N/A	46
Suisun	48	N/A	616
Travis	520	N/A	150
Vacaville	1,010	N/A	1,198
Vallejo	1,235	30	1,582
<b>Solano County Total</b>	<b>5,090</b>	<b>125</b>	<b>5,944</b>
American Canyon	215	N/A	235
Angwin	29	N/A	19
Calistoga	84	24	27
Napa	2,019	106	526
St. Helena	237	30	37
Yountville	50	20	14
<b>Napa County Total</b>	<b>2,634</b>	<b>180</b>	<b>858</b>
<b>Service Area Total</b>	<b>7,724</b>	<b>305</b>	<b>6,802</b>

### Cost of Child Care

Child care can be costly, and provide a significant hardship for families struggling financially. For example, for a family with an infant or toddler in a child care home and a preschooler in a child care center making \$42,216 per year in 2010 (66% of the state median income), child care accounted for 35% of expenses in Solano County and 40% of expenses in Napa County<sup>14</sup>. This is slightly lower than housing costs in Solano County, which accounted for 37% of expenses; and equal to housing expenses in Napa County costs, both at 40%.

<sup>14</sup> 2011 California Child Care Portfolio, Solano and Napa Counties

### Child Start Waiting List

The CSI waitlist includes all families who have applied for services, regardless of the application stage they are in. Figure 24 displays the number of children on the waiting list during the 2012/13 program year as of January 2013 and the number of funded enrollment slots for children by community of residence. Children are broken out into those eligible for Early Head Start or Head Start.

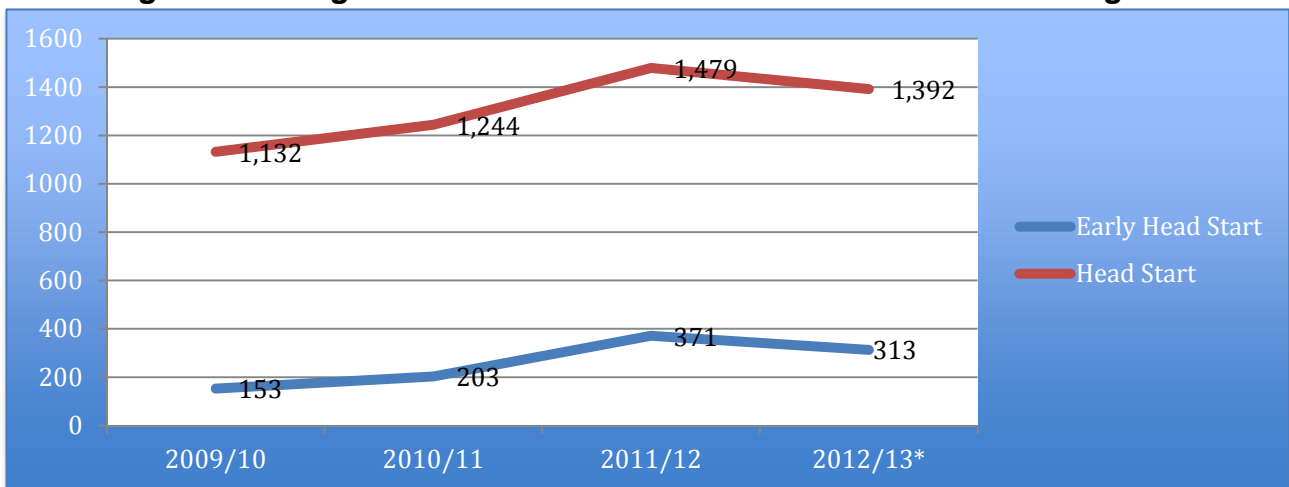
**Figure 24: Number of Children on the Waiting List/Funded Slots by Residence**

Community	Children					
	Early Head Start		Head Start		Total	
	Waitlist	Funded Slots	Waitlist	Funded Slots	Waitlist	Funded Slots
Fairfield/Suisun	46	26	404	264	450	290
Travis	1	0	71	34	72	34
Vallejo	70	41	317	170	387	211
Dixon	2	0	15	34	17	34
Vacaville	54	43	297	125	351	168
<b>Solano County</b>	<b>173</b>	<b>110</b>	<b>1,104</b>	<b>627</b>	<b>1,277</b>	<b>737</b>
Napa/St. Helena	140	139	288	289	428	428
<b>Napa County</b>	<b>140</b>	<b>139</b>	<b>288</b>	<b>289</b>	<b>428</b>	<b>428</b>
<b>Service Area</b>	<b>313</b>	<b>249</b>	<b>1,392</b>	<b>916</b>	<b>1,705</b>	<b>1,165</b>

Source: Child Plus, 2012/13

Historically, the wait list numbers for Early Head Start and Head Start eligible children have increased each year since 2009/10. CSI receives approximately 10-15 applications per day; thus, an increase in the number of children waiting to receive services is likely. Additional capacity will be needed to adequately meet the needs for the service area. See Figure 25.

**Figure 25: Longitudinal Look at Number of Children on the Waiting List**



\*Partial data as of 1/18/13

## C. Children with Disabilities

Section C covers the disability status of children in the service area and of children served. Existing community agencies serving children with disabilities and the needs for children with disabilities is also discussed.

# Current Status of Children with Disabilities

Approximately 3% of the population under age 18 has a disability in Solano County (n = 3,345 or 3.3%) and in Napa County 2.1% (n = 670) of the children have a disability<sup>15</sup>. Figure 26 presents the number of children 0-5 with disabilities served by age and the type of disabilities at community institutions in the service area, providing an estimate of the prevalence of disabilities for children in the service area.

**Figure 26: Children with Disabilities Served in Service Area by Program and Disability, 2011**

Type of Disability	North Bay Regional Center		Solano Co. Sp. Ed		Vallejo City Unified		Napa Co. Sp. Ed*		Napa Valley Unified**		Total	
	0-2	3-5	0-2	3-5	0-2	3-5	0-2	3-5	0-2	3-5	0-2	3-5
Mental Retardation	--	--	15	27	3	12	0	6		1	18	46
Hard of Hearing	--	--	15	4	2	9	9	4		0	26	17
Deaf	--	--	8	0	2	6	0	3		0	10	9
Speech or Language Impairment	--	--	30	489	13	93	35	241		74	78	897
Visual Impairment	--	--	3	3	3	4	2	1		0	8	8
Emotional Disturbance	--	--	0	1	0	0	0	1		1	0	3
Orthopedic Impairment	--	--	2	19	2	9	14	11		5	18	44
Other Health Impairment	--	--	3	15	15	5	22	18		6	40	44
Specific Learning Disability	--	--	0	8	0	1	0	1		1	0	11
Deaf-Blindness	--	--	0	2	0	0	0	0		0	0	2
Multiple Disability	--	--	3	6	0	0	0	0		0	3	6
Autism	--	--	6	96	2	24	1	40		14	9	174
Traumatic Brain Injury	--	--	0	2	0	0	0	1		0	0	3
<b>Service Area Total</b>	--	--	<b>85</b>	<b>672</b>	<b>42</b>	<b>163</b>	<b>83</b>	<b>327</b>		<b>102</b>	<b>210</b>	<b>1,264</b>

\*i.e., Napa Infant Preschool Program

\*\*Napa Valley Unified does not serve children under age 3

Children with Disabilities

<sup>15</sup> U.S. Census Bureau, 2011 American Community Survey

The most prevalent disability for children in the service area (in both Solano and Napa County) is speech or language impairment for children ages 3-5. Autism is the next most prevalent single disability for children 3-5. Autism is the fastest growing developmental disability in California; research suggests one out of every 150 children has some form of autistic spectrum disorder<sup>16</sup>.

Figure 27, below presents disability data for enrolled children, by type of disability and program.

**Figure 27: Enrolled Children with Disabilities  
by Program and Disability, 2012/13**

Type of Disability	Early Head Start	Head Start	Total
Mental Retardation	1	0	0
Hard of Hearing	0	0	0
Deaf	0	0	0
Speech or Language Impairment	11	104	115
Visual Impairment	0	0	0
Emotional Disturbance	0	0	0
Orthopedic Impairment	0	1	1
Other Health Impairment	1	3	4
Specific Learning Disability	0	0	0
Deaf-Blindness	0	0	0
Multiple Disability	0	12	12
Autism	0	3	3
Traumatic Brain Injury	0	0	0
<b>Service Area Total</b>	<b>13</b>	<b>123</b>	<b>135</b>

Source: Child Plus, 2012/13

For children under the age of 3, infants and toddlers who have a developmental delay or disability may be eligible for Early Intervention services through the Early Start program in California. These services are delineated in an IFSP (Individualized Family Service Plan) or in an IEP (Individualized Education Plan). For the 2012/13 program year, there are currently 13 Early Head Start children with an IEP or IFSP.

<sup>16</sup> California Department of Developmental Services, Autistic Spectrum Disorders: Guidelines for Effective Interventions



## D. Education, Health, Nutrition, and Social Service Needs of Eligible Children and Families

The following section addresses information on the education, health (physical, mental, and dental), nutrition, and social service needs of eligible enrolled children and their families.

### Education

This section focuses on the educational assessment of the enrolled students and the educational attainment of their families.

#### *Eligible Students*

The Head Start Act in 2007 required all programs to establish school readiness goals for children 0-5 as of December 2011. Head Start defines school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. [The Head Start Approach to School Readiness](#) means that children (0-5) are ready for school, families are ready to support their children's learning, and schools are ready for children. The goals must address five essential domains: social and emotional development, language and literacy development, cognition and general knowledge, approaches toward learning, and physical well-being and motor development.

Child Start staff, along with parents, board members and other resources in the Early Childhood field developed school readiness goals that were launched during the 2011-2012 program year. The goals were developed by reviewing the Head Start Child Development and Early Learning Framework; California State Guidelines for infants, toddlers and preschoolers; kindergarten readiness expectations for school districts in the service area; and child assessment data – including 6 years of previous Head Start child outcomes data. To further support the development of school readiness goals, select parents were asked what goals they had for their child and what they saw as school readiness.

Twelve school readiness goals were developed for both Early Head Start and Head Start programs. The implementation plan included changing the agency's assessment system to the Desired Results Developmental Profile (DRDP-2010). The assessment data from the DRDP will be collected, analyzed, and reported three times per year and will be used to modify program practices, offer additional staff training and/or purchase materials to enrich learning environments in an effort to improve overall program quality. Data will also be used by teaching staff to provide individualized activities that families can do to support their child's school readiness goal progress. For classrooms that are not showing improvement in school readiness goals, ongoing technical assistance, including assigning a coach to work individually with teachers will be provided.

Thus far, Child Start has made significant strides in the 2012-2013 program year to successfully implement the Desired Results Developmental Profile. The extensive process included bringing in a WestEd trainer (the agency responsible for all training for the DRDP tool in California) in August to train staff to utilize the appropriate DRDP assessment tool for their age group. Additionally, ongoing training opportunities were provided in October, November and January for all staff in the implementation of DRDP and the integration of School Readiness Goals into the curriculum and ongoing assessment of children. New staff are also receiving monthly training on the assessment process as a part of their training plan.

Baseline data from the first collection period was given to staff in January to allow individual teams to analyze and create classroom goals to support their group. Additionally, Education staff analyzed agency-wide data to provide additional support, training or materials to support program practices. The data can be aggregated for 3 year olds versus 4 year olds and can be isolated across all program options including full day and part day programs, geographical regions and children who have had Head Start services for multiple years.

For the purpose of this community assessment, 2011/2012 school readiness goal data will be utilized as current year data is not yet available. This data was derived utilizing the *Work Sampling System* and *Ounce* child assessments. The results for each collection period, including overall gains from fall to spring follow in Figure 28 on the following pages.

**Figure 28: 2011/2012 School Readiness Data**

Domain	Goal	Data Sources	2 <sup>nd</sup> Collection Gains (Fall to Winter)	3 <sup>rd</sup> Collection Gains (Winter to Spring)	Overall Gains (Fall to Spring)
Social & Emotional Development	Head Start children will progress in developing positive relationships with other children	- WSS assessment H4 – II.A.1 H3 – II.A.1	3 year olds: 59% made progress or maintained proficiency	3 year olds: 80%	3 year olds: 85%
			4 year olds: 70% made progress or maintained proficiency	4 year olds: 88%	4 year olds: 84%
Social & Emotional Development	Head Start children will progress in following simple classroom rules and routines	-WSS assessment H4 – II.C.1 H3 – II.C.1	3 year olds: 54% made progress or maintained proficiency	3 year olds: 68%	3 year olds: 75%
			4 year olds: 60% made progress or maintained proficiency	4 year olds: 83%	4 year olds: 81%
Approaches to Learning	Head Start children will progress in attending to tasks and seeking help when encountering a problem	-WSS assessment H4 – III.B.1 H3 – III.B.1	3 year olds: 55% made progress or maintained proficiency	3 year olds: 68%	3 year olds: 81%
			4 year olds: 54% made progress or maintained proficiency	4 year olds: 76%	4 year olds: 77%
Approaches to Learning	Head Start children will progress in participating in the group life of the class	-WSS assessment H4 – III.C.1 H3 – III.C.1	3 year olds: 48% made progress or maintained proficiency	3 year olds: 67%	3 year olds: 75%
			4 year olds: 64% made progress or maintained proficiency	4 year olds: 86%	4 year olds: 84%

**Figure 28: 2011/2012 School Readiness Data**

Domain	Goal	Data Sources	2 <sup>nd</sup> Collection Gains (Fall to Winter)	3 <sup>rd</sup> Collection Gains (Winter to Spring)	Overall Gains (Fall to Spring)
Language and Literacy	Head Start children will progress in their awareness of letters and words	-WSS assessment H4 – VI.C.1 H3 – VI.C.1	3 year olds: 44% made progress or maintained proficiency	3 year olds: 51%	3 year olds: 68%
			4 year olds: 47% made progress or maintained proficiency	4 year olds: 65%	4 year olds: 70%
Language and Literacy	Head Start children will progress in showing awareness of the sounds that make up language	-WSS assessment H4 – VI.B.1 H3 – VI.B.1	3 year olds: 42% made progress or maintained proficiency	3 year olds: 41%	3 year olds: 68%
			4 year olds: 47% made progress or maintained proficiency	4 year olds: 51%	4 year olds: 68%
Language and Literacy	Head Start Dual Language Learners will progress in comprehending and understanding English	-WSS assessment H4 – V.A.3 H3 – V.A.3	3 year olds: 43% made progress or maintained proficiency	3 year olds: 57%	3 year olds: 62%
			4 year olds: 48% made progress or maintained proficiency	4 year olds: 67%	4 year olds: 78%
Cognition & General Knowledge	Head Start children will progress in understanding numbers and quantity	-WSS assessment H4 – VII.A.1 H3 – VII.A.1	3 year olds: 38% made progress or maintained proficiency	3 year olds: 55%	3 year olds: 68%
			4 year olds: 46% made progress or maintained proficiency	4 year olds: 68%	4 year olds: 71%

**Figure 28: 2011/2012 School Readiness Data**

Domain	Goal	Data Sources	2 <sup>nd</sup> Collection Gains (Fall to Winter)	3 <sup>rd</sup> Collection Gains (Winter to Spring)	Overall Gains (Fall to Spring)
Cognition & General Knowledge	Head Start children will progress in their ability to reason logically or use strategies to solve problems	-WSS assessment H4 – III.A.2 H3 – III.A.2	3 year olds: 47% made progress or maintained proficiency	3 year olds: 68%	3 year olds: 77%
			4 year olds: 50% made progress or maintained proficiency	4 year olds: 74%	4 year olds: 73%
Cognition & General Knowledge	Head Start parents will exhibit increased understanding of the connection between consistent school attendance and the development of their children’s school readiness skills	- attendance data -pre and post parent survey			
Physical Development & Health	Head Start children will progress in performing self-care tasks independently	-WSS assessment H4 – I.A.1 H3 – I.A.1	3 year olds: 60% made progress or maintained proficiency	3 year olds: 80%	3 year olds: 82%
			4 year olds: 74% made progress or maintained proficiency	4 year olds: 92%	4 year olds: 89%
Physical Development & Health	Head Start parents will exhibit an increased understanding of nutritional practices and the importance of physical activity	- Nutrition Assessment (pre and post parent survey)			

Three and four year old CSI participants documented very positive gains during the 2011/12 program year surrounding improvements with their school readiness skills as measured by the Work Sampling System. Looking at the overall gains by age breakouts, revealed an average, overall improvement by three year olds of 74.1% for all categories and 77.5% for four year olds.

Families

In 2011, approximately 47% of service area residents had either graduated from high school (19.2%) or attended some college (27.5%)<sup>17</sup>. Also, 16.1% had a Bachelor's degree. Approximately 14.5% of service area residents received less than a 12<sup>th</sup> grade education. Fewer residents of Napa County obtained a 12<sup>th</sup> grade education than did Solano County residents but both counties scored better when compared to the state of California. Residents below the poverty level have much lower education than participants at or above the poverty level.

The educational attainment of parents with children enrolled in Head Start/Early Head Start is presented in Figure 29, below.

**Figure 29: Parental Educational Attainment of Enrolled Families by County, 2012/13**

Parent Educational Attainment	Solano		Napa		Total	
	#	%	#	%	#	%
Less than 12th Grade, No Diploma	120	18	76	28	196	21
High School Graduate or Equivalent	452	66	162	59	614	64
Some College, Associate's Degree	84	12	22	8	106	11
Bachelor's, Graduate or Professional Degree	26	4	13	5	39	4
<b>Total</b>	<b>670</b>	<b>100%</b>	<b>2734</b>	<b>100%</b>	<b>955</b>	<b>100%</b>

Source: Child Plus, 2012/13 data

Parents of enrolled children reported much higher educational attainment during the 2012/13 program year than service area residents.

Parents of enrolled children lacking basic literacy skills are referred to the appropriate services during the family assessment process, once rapport has been developed with the family.

<sup>17</sup> U.S. Census Bureau, 2011 American Community Survey

Service area residents have the opportunity to further their education through adult education programs. There are several programs in Solano County and one in Napa County, including:

- ✓ Napa Valley Adult Education
- ✓ Fairfield /Suisun Adult School
- ✓ Vacaville Adult School (3 locations)
- ✓ Vallejo Adult School
- ✓ Solano County Office of Education (Adult Transition Regional Program)
- ✓ Benicia Adult Education
- ✓ Wind River High Adult School, River Delta USD
- ✓ Travis Adult School

During the 2012/13 program year, 542 residents in Solano County and 338 residents in Napa County received education-related services. During the 2012/13 program year, 880 families in the service area (412 in Solano County and 291 in Napa County) received services relating to adult education. This indicates an increasing trend for both Napa County and Solano County.



# Health

The following section includes information on the current physical, dental, and mental health status of service area residents and children/families served. Data on the utilization of existing health services is also presented below.

### Physical Health

According to 2009 California Health Interview Survey (CHIS) data, the overall reported health of children in Solano and Napa Counties is good; the health status of children 0-5 was rated “Excellent”, “Very Good”, or “Good” for 98% of children (99% in Solano and 94% in Napa). Other responses included “Fair” or “Poor”. Figure 30, below, displays common health indicators for children (under 18) in the service area and all children served as of December 2012.

**Figure 30: Select Health Indicators for Children/Families in Service Area and Enrolled Children/Families**

Health Indicator	Solano County				Napa County				
	Service Area		Enrolled		Service Area		Enrolled		
	#	%	#	%	#	%	#	%	
<b>Infant/Prenatal Health</b>									
Low Birth Weight Infants <sup>18</sup>	367	7%	11	1%	103	6%	7	2%	
Received Adequate Prenatal Care* <sup>19</sup>	3,607	68%	1	100%	1,202	76%	1	100%	
<b>Child/Teen Health</b>									
Healthy Weight <sup>20</sup>	75,726	69%	388	45%	26,536	71%	160	48%	
Asthma <sup>21</sup>	20,000	17%	75	9%	7,000	21%	34	10%	
Seizures <sup>22</sup>	DNA	DNA	11	1%	DNA	DNA	5	1%	
<i>Other Chronic Conditions</i>									
Food Allergies <sup>23</sup>	3,255	3%	32	4%	1,058	3%	7	2%	
Non-food Allergies	DNA	DNA	38	4%	DNA	DNA	106	32%	

Sources: Data for children served is from the ChildPlus database; refer to footnotes for service area data

\*by end of second trimester

DNA = data not available

<sup>18</sup> California Department of Public Health, County Health Status Profiles 2012

<sup>19</sup> California Department of Public Health, County Health Status Profiles 2012

<sup>20</sup> Children NOW, 2012 California County Scorecard

<sup>21</sup> Children NOW, 2007 California Counties Databooks

<sup>22</sup> Special Tabulation by the State of California, Office of Statewide Health Planning and Development

<sup>23</sup> American Academy of Allergy, Asthma and Immunology



*Infant/Prenatal Health.* In 2010, there were 5,047 births in Solano County and 1,525 in Napa County. As displayed in Figure 30, the percentage of children in the service area born with a low birth weight is similar to the state average of 7%. Notably, Hispanics and Whites in Solano County have a higher infant mortality rate than African Americans, and infants are four times more likely to die from complications resulting from a low birth weight<sup>24</sup>. Less than 1% of children served were born with a low birth weight during the start of the 2011/12 program year.

The majority of mothers in the service area receive prenatal care; trends were similar by ethnicity for each County. Also, according to internal data, all pregnant women enrolled received prenatal care during 2011/12.

*Child Health.* According to the 2009 California Health Interview Survey, approximately 8% of children in Napa County and 23% of children in Solano County, ages 0-12, are overweight or obese for their age. Fewer Latino children ages 0-12 fall within the healthy weight zone than any other ethnicity; 85% of Latino children in Solano and Napa Counties are within the healthy weight zone. Additionally, females between the ages of 0-12 are less likely to be overweight in the services areas than males (12% for females and 30% for males). Internal data from enrolled children indicates that 1% is obese.

Asthma in children is also a pressing issue in both Napa and Solano Counties. Approximately 9% of children ages 1-12 in the service area have been diagnosed with asthma, lower than the state average of 12%.<sup>25</sup> Of children with asthma in the service area, approximately 76% of the children did not visit the emergency room for their symptoms in the past 12 months, compared to 73% in California.<sup>26</sup> Approximately 7% of enrolled children in Solano County and 5% in Napa County have been diagnosed with asthma.

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<sup>24</sup> U.S. Department of Health and Human Services, Office of Minority Health

<sup>25</sup> 2009 California Health Interview Survey, Napa and Solano Counties

<sup>26</sup> 2009 California Health Interview Survey, Napa and Solano Counties

*Communicable Diseases*

*Tuberculosis.* In 2011, there were 6 reported cases of Tuberculosis (TB) in Napa County and 34 cases in Solano County<sup>27</sup>. None of the cases reported in Solano and Napa counties were for children ages 0-4. For children served, there have been 5 positive reactions to the tuberculin skin test (4 in Solano County and 1 in Napa County). These children received a posterior-anterior (PA) chest x-ray to rule out the possibility of pulmonary TB. While all tests revealed no abnormalities suggesting the presence of TB, three of five families opted to complete treatment.

*Parasitic Diseases.* In 2011/12, there were 7 cases of lice in Head Start/Early Head Start programs (2 in Solano County and 5 in Napa County).

*Influenza.* A recent increase in human cases with influenza A (H3N2v) infection has been reported in several states. Since July 2012, a total of 153 persons with confirmed H3N2v infection have been reported. The majority of cases have been in children with mild self-limiting illness similar to seasonal influenza. No H3N2v cases have been detected in California to date. As of 2009, CDC is no longer maintaining information about the H1N1 influenza virus.

No scabies or other communicable diseases were reported by CSI program staff at time of report writing.

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<sup>27</sup> California Department of Public Health, Report on Tuberculosis in California, 2011

Existing Services

During the 2010/11 fiscal year, there were 1,371 licensed physicians/surgeons in the service area (895 in Solano County and 476 in Napa County)<sup>28</sup>. The service area includes 7 hospitals (5 in Solano County and 2 in Napa County) and 11 medical clinics (9 in Solano County and 2 in Napa County).

Public Health Insurance Program Utilization

Approximately 89% of service area residents (90% in Solano County and 87% in Napa County) are insured<sup>29</sup>. Additionally, 88% of Solano County’s and 100% of Napa County’s children 0-5 are insured. The following public health insurance programs are available in the service area:

**Figure 31: Public Health Insurance Program Descriptions**

Public Health Insurance Program	Description
Medi-Cal	Federally and state funded public health insurance program that provides needed health care services for low-income individuals, including families with children, seniors, persons with disabilities, those in foster care, and pregnant women <sup>30</sup> . To qualify, adults must be at least 65 years old, or at least 21 if disabled, or enrolled in specified public assistance programs, and meet income eligibility requirements. See Figure 30, on the following page, for service area participation data by county.
Healthy Families	Provided low cost health, dental and vision insurance for children and teens that did not have insurance and did not qualify for Medi-Cal. <sup>31</sup> See Figure 30, on the following page, for service area participation data. *Effective January 1, 2013, there were no new enrollments of children into the Healthy Families Program (HFP). However, <b>the Medi-Cal Program continues to provide health, dental and vision benefits to California’s uninsured children.</b> Medi-Cal coverage will now go up to the HFP income level and provide coverage to all children that were previously HFP eligible.”
Child Health and Disability Prevention (CHDP)	This state preventive program provides health assessments and services (e.g., care coordination) to low-income children/youth in California <sup>32</sup> . All children receiving Medi-Cal are eligible and children whose family income is equal to or less than 200% of the federal income guidelines. Service area participation data was not available at the time of this report.
TRICARE	This program serves active duty service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses worldwide. Service area participation data was not available at the time of this report.

<sup>28</sup> The Medical Board of California, Department of Consumer Affairs, [www.medbd.ca.gov](http://www.medbd.ca.gov)

<sup>29</sup> California Health Interview Survey, 2009

<sup>30</sup> California Department of Health Care Services, [www.dhs.ca.gov](http://www.dhs.ca.gov)

<sup>31</sup> Healthy Families Program, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov)

<sup>32</sup> California Department of Health Care Services, [www.dhcs.ca.gov](http://www.dhcs.ca.gov)

Figure 32 displays the number of Medi-Cal and Healthy Families recipients for service area residents by county and ethnicity in 2011.

**Figure 32: Number of Service Area Residents with Public Health Insurance by County, Type of Program, and Ethnicity, 2010/11**

Ethnicity	Solano County		Napa County		Service Area Total	
	Medi-Cal	Healthy Families*	Medi-Cal	Healthy Families*	Medi-Cal	Healthy Families
African American	17,348	332	402	19	17,750	351
White	15,148	562	5,043	291	20,191	853
Asian	3,571	227	359	59	3,930	286
Pacific Islander	3,631	260	301	32	3,932	292
Hispanic	16,972	2,544	7,272	2,527	24,244	5,071
Unspecified/Other	5,885	1,557	1,004	1,021	6,889	2,578
<b>Total</b>	<b>62,555</b>	<b>5,482</b>	<b>14,381</b>	<b>3,949</b>	<b>76,936</b>	<b>9,431</b>

Source: Partnership Health Plan of California, 2010-11 Annual Report; State of California, Managed Risk Medical Insurance Board, HFP Monthly Enrollment, December, 2010

\*No new enrollments effective January 1, 2013

One hundred percent of enrolled families in the service area had insurance during the 2012/13 program year. Figure 33, below, displays the number of enrolled families with health insurance by county, ethnicity, and type of program.

**Figure 33: Number of Enrolled Families with Health Insurance by County, Type of Program, and Ethnicity, 2012/13**

Ethnicity	Solano County					Napa County				
	Medi-Cal	Healthy Families	CHDP	Private	Tricare	Medi-Cal	Healthy Families	CHDP	Private	Tricare
African American	177	5	0	14	2	7	0	0	5	0
White	59	2	0	10	22	25	4	0	3	0
Asian	19	3	0	4	2	6	1	0	0	0
Pacific Islander	3	0	0	2	4	1	0	0	0	0
Native American	2	0	0	0	0	2	0	0	0	0
Hispanic	343	29	0	38	4	226	53	0	25	0
Multi	112	18	0	4	9	17	2	0	3	0
Unspecified	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>715</b>	<b>57</b>	<b>0</b>	<b>72</b>	<b>43</b>	<b>284</b>	<b>60</b>	<b>0</b>	<b>36</b>	<b>0</b>

Source: Child Plus, 2012/13

### *Dental Health*

Based on a recent survey of over 20,000 California children, it is estimated that 50 percent of kindergartners have dental decay. Poor oral health not only causes pain and infection, it is also one of the most common reasons that children miss school. In addition, it can lead to:

- Impaired speech development
- An inability to concentrate
- Lower self-esteem
- Poor sleep<sup>33</sup>

The National Survey of Children's Health found that California children's dental health is the third worst in the country -- ranking higher only than Arizona and Texas. Growing numbers of California children are unable to access needed dental care because of a lack of dentists willing to treat them

During the 2011/12 program year, 200 children served (142 in Solano County and 58 in Napa County) failed their dental exam and were referred for treatment<sup>34</sup>. This is a decrease from 2006/07, during which 262 children in Solano County and 119 children in Napa County failed their dental exam.

Ninety-six percent of children served (n = 957) received a dental exam during the 2011/12 program year. Also, approximately 95% of enrolled children in Solano County and 98% of enrolled children in Napa County saw a dentist in the past year.

Dental exams are especially important for pregnant women; periodontal disease (i.e., gum disease) has been shown to be associated with premature birth and low birth weight.<sup>35</sup> In 2011/12, all three pregnant women enrolled received a dental exam during pregnancy<sup>36</sup>.

During the 2011/12 program year, 99% of enrolled families in Solano County and 100% of enrolled families in Napa County reported having a dental home on the initial application. At the program end the statics remained the same with 99% of enrolled families in Solano County and 100% of enrolled families in Napa County reported having a dental home.

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<sup>33</sup> First 5 California Oral Health, 2010

<sup>34</sup> Child Plus, 2011/12

<sup>35</sup> California Healthcare Foundation. (2007). Denti-Cal Facts and Figures: A Look at California's Medicaid Dental Program

<sup>36</sup> Head Start/Early Head Start application

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### Existing Services

According to the California Department of Consumer Affairs, Dental Board, as of January 2013, there are 301 currently licensed dentists in Solano County and 125 currently licensed dentists in Napa County. Also, there are four community clinics with dental services, one in Solano County and three in Napa County. It is not known how many of the service area dentists take any Denti-Cal patients (which, now, is limited to primarily children), though the number is believed to be very low. In California, one dentist serves approximately 360 publicly insured children; this may be due to low reimbursement rates from Denti-Cal.<sup>37</sup>

Approximately 89% of children ages 0-5 in Solano County and 60% of children ages 0-5 in Napa County utilize a public dental insurance plan.<sup>38</sup> Solano County is above the state average of 79%, but Napa County is below.

The following public health dental insurance programs are available in the service area:

Denti-Cal. Denti-Cal dental services are provided under the Medi-Cal Program.<sup>39</sup> Effective July 1, 2009, most adult dental services for Medi-Cal recipients ages 21 and older were eliminated leaving a primarily child-based service. A total of 13,533 children 0-5 in the service area, 10,634 in Solano County and 2,919 in Napa County, utilized Medi-Cal's dental benefits during 2010/11. Approximately 49% of Denti-Cal recipients are Latino<sup>40</sup>. However, Latinos use dental services the least, but have the highest fee-for-service. Language and/or cultural barriers could attribute to a portion of the problem because so few dentists in the service area are Spanish-language speakers.

Healthy Families. As noted earlier, effective January 1, 2013 new enrollments of children into the Healthy Families Program (HFP) ended. The Medi-Cal Program will continue to provide health, dental and vision benefits to California's uninsured children. Medi-Cal coverage will increase to the HFP income level and provide coverage to all children that were previously HFP eligible. For purposes of this report, Healthy Families statistics are still included as dental services to eligible families were provided during this report timeframe. Approximately 472 enrolled families participated in the Healthy Families program in 2010/11<sup>41</sup>.

### Mental Health

According to 2009 California Health Interview Survey data, approximately 8.3% of the adults in the service area population "likely had serious psychological distress" during the past year. Solano County revealed a psychological stress rate of 9.2% compared to Napa County's rate of 5.6%. Ethnic breakouts provided limited information as the majority of individuals classified themselves with "Two or More Races" (40.6%). Single ethnic categories show that Latinos had

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<sup>37</sup> California Healthcare Foundation. (2007). Denti-Cal Facts and Figures: A Look at California's Medicaid Dental Program

<sup>38</sup> Children NOW, 2007 California Counties Databooks, Solano and Napa Counties

<sup>39</sup> Department of Health Care Services, www.dhs.ca.gov

<sup>40</sup> California Healthcare Foundation. (2007). Denti-Cal Facts and Figures: A Look at California's Medicaid Dental Program.

<sup>41</sup> Partnership HealthPlan of California, 2010-2011 Annual Report.

the highest rate of psychological stress at 15.1% compared to Asian at 8.9%, White with 5.8% and Black at 4.2%.

In January 2012, the California Department of Health Care Services (formerly the California Department of Mental Health) released a publication titled *California Mental Health and Substance Use Needs Assessment*. The authors sought to estimate the prevalence of mental illness among the populations of California and its counties by answering the following questions:

- What is the prevalence of serious emotional disturbance among youth?
- What is the prevalence of serious mental illness among adults?

Their research revealed an estimate of 7.56% of the state youth (0-17) have a serious emotional disturbance. Statewide, adults registered a serious emotional disturbance rate of 4.28%. Prevalence of mental illness and substance use disorders varied by gender, age, race, ethnicity and county of residence. Specifically, they discovered Hispanic youth were found to have a slightly higher estimated prevalence rate of 8.03% as compared with 6.85% for white youth (non-Hispanic). African American and Native American youth also had a slightly higher prevalence rate of 7.99% and 7.91%, respectively.

County level data from the *California Mental Health and Substance Use Needs Assessment* publication showed Napa County having a 7.27% serious emotional disturbance rate for their youth aged 0-17. Children in the age 00-5 had an even higher rate at 7.38%. Solano County youth had an overall serious emotional disturbance rate of 7.13% for their 0-17 year old population and their 00-5 population had an even higher rate of 7.24%. African-American youth in Napa County had the highest prevalence rate at 13.3% when examining results by ethnicity. In Solano County the youth ethnic group with the greatest prevalence rate was Native American at 7.6%.

During the 2011/12 program year, 22 Head Start families in Solano County and 9 families in Napa County were referred to mental health services. Of these, 12 and 9 families, respectively, continued on to receive services<sup>42</sup>. It should be noted that the number of families with mental health issues is likely underestimated; due to the stigma associated with mental health problems, families may under-report the presence of mental health issues.

### Substance Abuse

Data from 2009 found approximately 39% of service area adults (over the age of 21) reported binge drinking in the past year on the 2009 CHIS (36% in Solano County and 48% in Napa County). Also, in 2007, the number of felony arrests for drug offenses (per 100, 000) was 542 in Solano County and 367 in Napa County<sup>43</sup>.

Perinatal substance use is of particular concern as it linked infant morbidity and mortality<sup>44</sup>. Data on substance abuse during pregnancy and the postpartum period in Napa and Solano

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<sup>42</sup> Child Plus, 2011/12

<sup>43</sup> California Department of Justice, Criminal Justice Statistics Center, Total Felony Arrests by Gender, Offense and Arrest Rate, by County

<sup>44</sup> Chasnoff, I. J., McGourty, R. F., Wells, A. M., & McCurties, S. (2008). Perinatal Substance Use Screening in California: Screening and Assessment with the 4P's Plus® Screen for Substance Use in Pregnancy

counties is very limited. While maternal substance abuse is considered a priority area, stakeholders recognize the lack of funding and manpower may preclude further investigation at this time. The most recent data (2008) comes from a survey administered to almost 79,000 pregnant women in 16 California Counties, including Solano County, found that almost 24% screened positive for alcohol, tobacco, or marijuana use in the month prior to knowledge of the pregnancy. Additionally, of the women who screened positive for alcohol, 40% continued to drink after learning of their pregnancy. These data are not available for Napa County.

Social-Emotional Health

Early childhood experiences impact a child’s social-emotional development<sup>45</sup>. Research suggests that between 9.5% and 14.2% of children ages 0-5 will experience social-emotional problems that negatively impact a child’s development and school-readiness<sup>46</sup>.

Recognizing the importance of social-emotional development to a child’s overall wellbeing, Child Start utilizes the Ages and Stages Questionnaires: Social-Emotional (ASQ:SE) screening tool as its behavioral screening. The ASQ:SE is a standardized measure that has been shown to be reliable and valid and is one of the best screening tools to identify children with social-emotional concerns for children from three months to 5 ½ years of age. It is designed for parents and there are different versions depending on age of child.

For Early Head Start and Head Start participants, staff interview the family to indicate the frequency of various indicators (e.g., Does your child cry, scream, or have tantrums for long periods of time?) using the following rating scale: “Most of the Time”, “Sometimes,” Rarely or Never.” There is also an area to indicate if an item is an area of concern; several open-ended questions allow the family to describe each in detail. If there are areas of concern, the staff work with the family to identify if additional resources or support are needed.

Figure 34, below, presents the number of ASQ-SE screenings completed during the previous two program years and includes those that required follow-up. The staff did an excellent job of screening 97% of the children served during the 2011/12!

**Figure 34: ASQ-SE Completion  
2011/12 and 2010/11**

	Solano		Napa		Total	
	EHS	HS	EHS	HS	EHS	HS
<b>2011/12 Program Year</b>						
ASQ-SE Screenings Completed	121	697	81	282	202	979
# Needing Follow-up	2	14	2	6	4	20
<b>2010/11 Program Year</b>						
ASQ-SE Screenings Completed	122	667	83	281	205	948
# Needing Follow-up	7	10	3	2	10	5

<sup>45</sup> National Center for Children in Poverty, Social-emotional Development in Early Childhood, 2009

<sup>46</sup> Brauner, C.B., & Stevens, B.C. (2006). Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorder: Challenges and Recommendations



Child Abuse and Neglect

Children who are at risk of abuse or neglect may be in need of child care to reduce this risk and receive priority for subsidized child care. During 2011/12, there were 6,746 suspected cases of child abuse in the service area (5,357 in Solano County and 1,389 in Napa County). Figure 35, below, displays the status of these cases.

**Figure 35: Child Abuse Case Outcomes in Service Area, 2011/12**

Child Abuse Case Outcomes	Solano		Napa		Total	
	#	%	#	%	#	%
Substantiated	538	10	171	12	709	10
Inconclusive	542	10	103	7	645	9
Unfounded	1,763	33	359	26	2,122	31
Assessment Only	2,393	45	755	54	3,148	47
Not yet determined	121	2	1	<1	122	3
<b>TOTAL</b>	<b>5,357</b>	<b>100%</b>	<b>1,389</b>	<b>100%</b>	<b>6,746</b>	<b>100%</b>

Source: Center for Social Services Research, University of California at Berkeley, Child Welfare Dynamic Report System

Trends were fairly similar between counties. During the 2011/12 program year, 54 families in the service area received services or information relating to child abuse (53 in Solano County and 1 in Napa County). Additionally, during the 2011/12 program year there were 17 CPS reports filed by CSI staff; 13 in Solano County and 4 in Napa County.

The total number of children entering the foster care system in 2011 more than tripled from 2008, the previous reporting year. A total of 333 children from the service area entered the foster care system in 2011 compared to 106. Solano County records show 239 children and 94 in Napa County.<sup>47</sup> During the 2011/12 program year, there were 11 children in foster care served from Solano County and four children in foster care served from Napa County.

<sup>47</sup> Center for Social Services Research, University of California at Berkeley, Child Welfare Dynamic Report System

Figure 36, below, shows the breakout by child age of the children entering the foster care system in 2011. Both counties reflect that the greatest percentage of children entering the system fall in the 6-17 year old category. Figure 37 examines the same data as prevalence rates by 1,000 in each county as well as the total service area.

**Figure 36: Entries into Foster Care by Age and County**

Community	Age of Child						Total
	0-2		3-5		6-17		
	#	%	#	%	#	%	
Solano County	81	34%	50	21%	108	45%	239
Napa County	21	22%	8	9%	65	69%	94
<b>Service Area Total</b>	<b>102</b>	<b>31%</b>	<b>58</b>	<b>17%</b>	<b>173</b>	<b>52%</b>	<b>333</b>

Source: *Child Welfare Services Reports for California, University of California at Berkeley, Center for Social Services Research, 2011*

**Figure 37: Number of Children in Foster Care and Prevalence\* Rates by Age and County**

Community	Age of Child					
	Total 0-2 Pop	In Care Rate*	Total 3-5 Pop	In Care Rate*	Total 6-17 Pop	In Care Rate*
Solano County	15,651	4.0	16,129	3.2	69,372	3.5
Napa County	4,463	4.5	5,015	3.4	22,427	3.6
<b>Service Area Total</b>	<b>20,114</b>	<b>4.1</b>	<b>21,144</b>	<b>3.2</b>	<b>91,799</b>	<b>3.6</b>

Source: *Child Welfare Services Reports for California, University of California at Berkeley, Center for Social Services Research, 2011*

\*Prevalence per 1,000 Children

During the 2011/12 program year, there were 15 enrolled children in foster care (11 from Solano County and four children from Napa County).

Finally, medical care received by these foster youth is presented in Figure 38, below. Overall, 94% of the children in both counties are receiving timely medical care.

**Figure 38: Foster Youth Receiving Timely Medical Care by Age and County**

Community	Age			Total
	0-2	3-5	6-17	
Solano County	<b>222</b>	<b>128</b>	<b>611</b>	<b>961</b>
<i>Received a timely medical exam</i>	192	118	593	903
<i>Did not receive a timely medical exam</i>	30	10	18	58
Napa County	<b>70</b>	<b>59</b>	<b>259</b>	<b>388</b>
<i>Received a timely medical exam</i>	65	59	241	365
<i>Did not receive a timely medical exam</i>	5	0	18	23
<b>Service Area Total</b>	<b>292</b>	<b>187</b>	<b>870</b>	<b>1,349</b>

Source: *Child Welfare Services Reports for California*, University of California at Berkeley, Center for Social Services Research, 2011

### *Incarcerated individuals*

Statements have been made that children of incarcerated parents are 6 times more likely than their peers to end up in prison themselves unless services are provided to these young people, currently there is no reliable research evidence to support this assertion.<sup>48</sup> It is indeed true though that additional challenges are faced by those children with incarcerated parents. These challenges may include: financial instability and hardship; instability with family relations; residential mobility; school behavior and performance problems; and, social and institutional stigma. According to the Prison Census Data from the California Department of Corrections and Rehabilitation there were 380 individuals from Napa County and 1,605 from Solano County that were incarcerated in 2010. It is estimated between 10,000 and 12,000 Solano County children’s parents have been or are currently incarcerated.<sup>49</sup> The average age of children with an incarcerated parent is eight years old, with approximately 22% of under the age of five.<sup>50</sup>

<sup>48</sup> Mumola, C. J. (2000). *Incarcerated parents and their children*. Washington, DC: U.S. Department of Justice. Accessed 04/17/08 at <http://www.ojp.usdoj.gov/bjs/pub/pdf/iptc.pdf>.

<sup>49</sup> Children’s Network of Solano County

<sup>50</sup> Mumola, C. J. (2000). *Incarcerated parents and their children*. Washington, DC: U.S. Department of Justice. Accessed 04/17/08 at <http://www.ojp.usdoj.gov/bjs/pub/pdf/iptc.pdf>.

## Nutrition

The following section discusses the current nutrition status of eligible children and families and the utilization of existing services.

Nutrition is crucial to healthy childhood development. Poor nutrition can lead to anemia, short stature, and unhealthy weight (underweight or overweight) in children<sup>51</sup>. In 2008, the rate of food insecurity for low-income households was 23% in Solano County and 38% in Napa County.

Figure 39, on the next page, displays common poor nutrition indicators for children in the service area participating in the California Health and Disability Program. Participants are asked to complete the Pediatric Nutrition Surveillance System, a child based public health surveillance system targeting low-income, at-risk children.<sup>52</sup> It primarily monitors indicators of nutritional status, such as short stature, underweight, overweight, obesity, and anemia (low hemoglobin/hematocrit). To assess the prevalence of child underweight or overweight, Body Mass Index (BMI)-for-age percentile is used. The percentage of children below the 5<sup>th</sup> percentile is reported for short stature and underweight estimates, and the percentage of children equal to or above the 95<sup>th</sup> percentile is reported for obesity estimates. Overweight data is only presented for children at least two years old. Data is presented by county.

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<sup>51</sup> California Food Policy Advocates, County Profiles, 2008

<sup>52</sup> California Department of Health Care Services, Pediatric Nutrition Surveillance System

**Figure 39: Poor Nutrition Indicators for Children in Service Area by County, 2010**

Poor Child Nutrition Indicators	Solano County			Napa County			Service Area		
	Total #*	#	%*	Total #*	#	%*	Total #	#	%
<b>Short Stature</b>									
< 5 Years	5,951	292	5%	1,950	104	3%	9,012	396	4%
5 to < 20 Years	2,345	113	5%	1,022	66	7%	3,364	179	5%
<b>Underweight</b>									
< 5 Years	5,951	250	4%	1,950	159	5%	9,012	409	5%
5 to < 20 Years	2,345	40	2%	1,022	21	2%	3,364	61	2%
<b>Obese</b>									
< 5 Years	5,951	678	11%	1,950	343	10%	9,012	1,021	11%
5 to < 20 Years	2,345	563	24%	1,022	253	25%	3,364	816	24%
<b>Anemia</b>									
< 5 Years	1,778	94	12%	1,451	46	25%	3,229	141	4%
5 to < 20 Years	963	151	16%	570	94	17%	1,533	245	16%
<b>Overweight</b>									
< 5 Years	2,087	342	16%	547	144	16%	2,963	486	16%
5 to < 20 Years	2,345	429	18%	1,022	226	22%	3,364	655	19%

\*Source: 2010 Pediatric Nutrition Surveillance System, Growth Indicators by Race/Ethnicity and Age, Children Aged < 5 Years, Children Aged 5 to < 20 Years

Anemia is far more prevalent in Napa County than in Solano County, 25% and 17% versus 12% and 16%, respectively. The prevalence rates for overweight and obesity are higher in Solano.

Figure 40, below, displays nutrition indicators for enrolled children (ages 3-5) during the 2011/12 program year, by county. Data is collected at intake. The greatest nutritional challenge faced by the children enrolled in EHS/HS is overweight/obesity, the same issue faced by children in the service area.

**Figure 40: Poor Nutrition Indicators for Children Served by County, 2011/12**

Poor Child Nutrition Indicators	Solano			Napa		
	Total Enrolled	#	%	Total Enrolled	#	%
Anemia	863	21	2%	336	12	4%
Underweight	863	25	3%	336	4	1%
Overweight/Obese	863	180	21%	336	116	35%

Source: Child Plus, 2011/12

Breastfeeding has a wide variety of health and nutritional benefits for infants.<sup>53</sup> According to 2010 estimates, approximately 87.6% of mothers in Solano County and 93.9% of mothers in Napa County reported any breastfeeding<sup>54</sup>. According to the Centers for Disease Control and Prevention, the 2012 average rate for any mother that breastfed was 87.6%. During the 2011/12 program year, 100% of pregnant women enrolled in Early Start (n = 3) received information on the benefits of breastfeeding.

The Child Nutrition History/Survey is completed for participating children from 3-5 years of age. Questions inquire about a child’s current diet and nutritional needs. Figure 41, below, provides county-level data for 2011/12.

**Figure 41: Child Nutrition Survey Results by County, 2011/12**

Survey Item	Solano County	Napa County	Total
Child consumes fruit flavored drinks and/or sodas high in sugar at least once daily	16%	9%	14%
Child participates in weekly physical activity	94%	94%	94%
Child spends more than 3 hours per day watching TV or playing video games	19%	14%	18%

Source: Child Plus, 2011/12

Children appear to be participating in high levels of physical activity each week and few are spending several hours watching TV/video games. Results from this survey as well as countywide surveys reveal that more Solano County children than Napa County have poor nutrition behaviors.

<sup>53</sup> U.S. Department of Health and Human Services, womenshealth.gov

<sup>54</sup> California Food Policy Advocates, County Profiles, 2010

Utilization of Existing Services

Poverty is a major barrier hindering the provision of nutritious foods. However, several programs exist to assist low-income families in providing healthy food for their families:

**Figure 42: Food Assistance Programs**

Program	Description
Women, Infants, and Children (WIC)	A federally funded health and nutrition program. Services include: checks for buying healthy foods from WIC-authorized vendors, nutrition education, and assistance locating healthcare <sup>55</sup> . Pregnant women, new mothers, and infants or children under age five who meet income requirements are eligible to participate.
Food Stamps (SNAP)	The federally funded Supplemental Nutrition Assistance Program, SNAP, (formally the Food Stamp Program) helps low-income people buy the food necessary to maintain good health. <sup>56,57</sup> Food stamp benefits can be used to purchase foods for human consumption and seeds/plants to grow food for household use. Individuals must meet certain resource, income, and work requirements to qualify.
School Food Programs	The National School Lunch Program is a federally assisted meal program that provides nutritionally balanced, low-cost or free lunches to school age children. <sup>58</sup> Children from families with incomes at or below 185% of the federal poverty level are eligible to participate. The School Breakfast Program provides breakfast for students and the Summer Food Service Program provides meals for eligible students during the summer months, each based on the same eligibility requirements. The Child and Adult Care Food Program provides nutritious meals and snacks for children receiving child care and adults who receive care in nonresidential adult day care centers.

**Figure 43: Food Assistance Program Utilization for Service Area Residents by County, 2010**

Food Assistance Program	Solano County				Napa County			
	Eligible #	Served #	Eligible Not Served #	%	Eligible #	Served #	Eligible Not Served #	%
WIC*	--	10,022	--	--	--	3,950	--	--
SNAP	34,066	24,422	9,644	28.3	15,812	3,192	12,621	79.8
National School Lunch Program	28,011	17,378	10,633	38.0	8,021	5,720	2,990	28.7
School Breakfast Program	17,378	6,930	10,448	60.1	5,720	3,239	2,481	43.4

Source: California Food Policy Advocates County Profiles, 2010

\*Data on number participating in WIC was the only data available for WIC at the time of this report

During the 2011/12 program year, 462 enrolled children in Solano County (78 enrolled in Early Head Start and 384 enrolled in Head Start) and 255 enrolled families in Napa County (65 enrolled in Early Head Start and 190 enrolled in Head Start) were WIC recipients. Additionally, approximately 334 enrolled children in Solano County (45 participating in Early Head Start and 289 participating in Head Start) and 119 enrolled families in Napa County (34 participating in Early Head Start and 85 participating in Head Start) received food stamps.

<sup>55</sup> California Department of Public Health. [www.cdph.ca.gov](http://www.cdph.ca.gov)

<sup>56</sup> California Department of Social Services, [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

<sup>57</sup> United States Department of Agriculture, Food and Nutrition Services

<sup>58</sup> US Department of Agriculture, Food and Nutrition Services Fact Sheet

# Social Service

## Public Assistance Program Utilization

### California Work Opportunity and Responsibility to Kids (CalWORKS)

CalWORKS Cash Aid/Temporary Assistance for Needy Families. Temporary Assistance for Needy Families (TANF) is a cash assistance program designed to help needy families become self-sufficient; CalWORKS is the name for the TANF program in California. CalWORKS/TANF aims to assist needy families so that children can be cared for in their own homes, promote job preparation, work and marriage, prevent and reduce unplanned pregnancies among single young adults, and encourage two-parent families.<sup>59</sup> TANF is both federally and state funded<sup>60</sup>. To qualify, families must meet the California's income requirements and fulfill ongoing work requirements. The California Health Interview Survey estimates a total of 10% of the Solano County population was currently receiving TANF or CalWorks and 4.7% in Napa County compared to the State percentage of 6.2.

CalWORKS Child Care. CalWORKS also offers child care services.<sup>61</sup> There are three stages of child care services. In Stage 1, the county welfare department refers families to resource and referral agencies to assist them in finding child care providers. A family moves to Stage 2 when the county welfare department deems them stable and begins to receive Alternative Payment Program (APP) vouchers from CDE. After the two year time limit in Stage 2 elapses, a family moves to Stage 3 (if they are still eligible for child care programs) and continues to receive APPs. Families may receive aid for a lifetime maximum of five years.

Supplemental Security Income. Supplemental Security Income (SSI) provides cash for aged, blind, and disabled people to meet basic needs for food, clothing, and shelter<sup>62</sup>. Persons who meet age, disability, and income requirements are eligible to participate. In December 2011, there were a total of 15,015 SSI recipients in the service area (12,361 in Solano County and 2,654 in Napa County).<sup>63</sup> Of these, approximately 1,599 of recipients were under age 18 (1,385 in Solano County and 214 in Napa County).

Figure 44 provides a summary of the CalWORKS/TANF and SSI participation of enrolled families in 2012 obtained from the CSI ChildPlus Database.

**Figure 44: Public Assistance Program Utilization of Enrolled Families by County, 2011/12**

Program	Solano County			Napa County			Service Area		
	EHS	HS	Total	EHS	HS	Total	EHS	HS	Total
CalWORK/TANF	33	185	218	30	57	87	63	242	305
SSI	14	54	68	1	10	11	15	64	79
<b>Total</b>	<b>47</b>	<b>239</b>	<b>286</b>	<b>31</b>	<b>67</b>	<b>98</b>	<b>78</b>	<b>306</b>	<b>384</b>

<sup>59</sup> U.S. Depart. of Health and Human Services, Administration of Children and Families, Office of Family Assistance

<sup>60</sup> National Center for Children in Poverty

<sup>61</sup> California Department of Education, CalWORKs, [www.cde.ca.gov](http://www.cde.ca.gov)

<sup>62</sup> Supplemental Security Income website, [www.socialsecurity.gov/ssi](http://www.socialsecurity.gov/ssi)

<sup>63</sup> SSI Recipients by State and County Social Security Online, Research, Statistics, & Policy Analysis Data, 2011



# IV. Partner Survey

## Partner Survey

This year a Partner Survey was created and forwarded for completion to CSI Program Partners. The intent of the survey was to consider the children services being offered/missing from their communities.

The survey was developed utilizing an online web-based program. Seventy individuals were notified by email of the survey and were asked to complete it within ten days. Ultimately, the survey was successfully delivered to all partners on the list. A total of fifteen responses were received. Two email recipients notified the evaluator that their agency was not a “service-related” organization and therefore it was not appropriate for them to be completing the survey. While the response rate (24%) is not representative of the group, the responses provide valuable programmatic information.

The majority of the respondents’ agencies served Napa County (53%), compared to 33% serving Solano County. Most respondents worked in the “Children’s Services” field. Figure 45, below, presents the focus of the partner’s services (more than one response could be indicated).

**Figure 45: Category of Partners’ Service**

Your Agency Can Best Be Described As...	#	%
Children's Services	11	37%
Educational Services	8	27%
Social Services	4	13%
Mental Health Services	4	13%
Health Services	3	10%
Law Enforcement	0	--

**Partner Survey**

Figure 46 shows the majority of the partners annually served 2,000 clients or more.

**Figure 46: Average Annual Number of Clients Served by Partner**

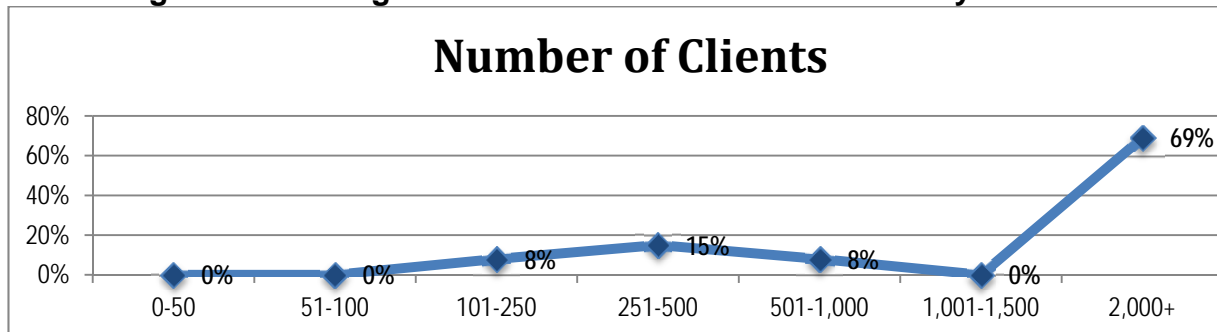


Figure 47 presents the responses to the questions asked of the Community Partners. Each partner was asked to rank how often each service or need in their community was requested by their clients using a 1-4 rating scale with 1= “Never” and 4= “Frequently”. Partners could also indicate “Not Applicable”. Utilizing this response method allows the respondent to assign the importance of each service/need and provides the reader with a visual ranking of the most important need to the least important. Results are presented in ranking order within each survey subcategory with the most “important” response presented first.

**Figure 47: Partner Survey Response Ratings**

Of the following...	Avg.	N/A
<b><u>Social-Emotional Health</u> services or needs, which were requested most often by the clients you serve?</b>		
<i>Mental Health Needs Intervention</i>	3.6	1
<i>Support Groups</i>	3.1	1
<i>Child Abuse and Neglect Services</i>	2.9	1
<i>Depression/Postpartum Depression</i>	2.8	2
<i>Domestic Violence Services</i>	2.8	1
<i>Stress Management</i>	2.6	1
<i>Substance Abuse</i>	2.6	1
<i>Anger Management</i>	2.4	1
<i>Assistance to Families of Incarcerated Individuals</i>	2.2	1
<i>Marriage Education/Counseling</i>	2.2	2
<b><u>Services for Pregnant Women</u>, which were requested most often by the clients you serve</b>		
<i>Prenatal and Postpartum Health Care/Education</i>	3.0	4
<i>Breastfeeding Information and Benefits</i>	2.7	5
<i>SIDS (Sudden Infant Death Syndrome)</i>	2.5	5
<i>Child Birth Classes</i>	2.4	6
<i>Postpartum Recovery</i>	2.3	6
<i>Fetal Development Education</i>	2.2	6
<i>Labor and Delivery Education</i>	2.2	5
<b><u>Basic Needs</u>, which were requested most often by the clients you serve?</b>		
<i>Food Bank/Pantries</i>	3.4	0
<i>Housing</i>	3.3	0
<i>Transportation Resources</i>	3.2	0
<i>Food Stamps</i>	3.1	0
<i>Crisis/Emergency Assistance</i>	3.0	0
<i>Rental Assistance</i>	3.0	0
<i>Utility Assistance</i>	2.9	0
<i>WIC</i>	2.8	1
<i>Clothing</i>	2.7	0
<b><u>Support Services</u>, which were requested most often by the clients you serve?</b>		
<i>Immigration Services</i>	3.2	0
<i>CalWorks</i>	3.1	0
<i>Unemployment</i>	2.9	0
<i>Guardianship of Grandchildren or Other Family Members</i>	2.8	0
<i>Legal</i>	2.8	0
<i>Child Support Assistance</i>	2.7	0
<i>Social Security Insurance (SSI)</i>	2.7	0
<i>Tax Assistance</i>	2.7	0
<i>Custody Information</i>	2.4	0
<i>Eviction Information</i>	2.2	0
<i>Tenants' Rights</i>	2.1	0
<i>Foreclosure Information</i>	1.9	0

**Figure 47: Average Annual Number of Clients Served by Partner**

Of the following...	Avg	N/A
<b><u>Child Development</u> services, which were requested most often by the clients you serve?</b>		
Child Behavior and Discipline	3.7	0
Children and Discipline	3.7	0
Child Development Information	3.6	0
Early Childhood Learning	3.4	0
Child Disability	3.3	0
Special Education	3.1	1
School Registration Information	2.9	0
Kindergarten Teacher Visit	2.5	1
<b><u>Adult Education and Employment</u> services or needs, which were requested most often by the clients you serve?</b>		
Employment Information	3.0	3
Job Training or Career Development	2.8	3
Continuing Education	2.7	4
English as a Second Language (ESL)	2.7	3
Adult Education	2.7	4
High School Equivalency/GED Preparation	2.5	3
Learning to Read/Write	2.5	3
<b><u>Parenting Topics</u>, which were requested most often by the clients you serve?</b>		
Parenting Education	3.5	0
Summer Activities	3.2	0
Reading With Your Child	3.1	0
Father/Male Involvement	2.5	0
Cooking Projects with Kids	2.3	0
<b>list of <u>Family Health Information</u>, which were requested most often by the clients you serve?</b>		
Medical Insurance for Adults	3.4	2
Dental Health	3.3	0
Immunizations	3.1	0
Health Education	2.8	0
Dental Insurance for Adults	2.8	2
Diabetes	2.8	1
Nutrition Education	2.7	0
Exercise	2.6	1
Food Pyramid ("My Plate")	2.5	0
Weight Management	2.3	3
Nutrition Assessment/Counseling	2.3	0
Adult Disability	2.2	1
Tuberculosis (TB) Test/Risk Assessment	2.1	1
Quit Smoking	2.1	1
Lead	1.9	0
Sexually Transmitted Diseases	1.7	3
<b>list of <u>Resources</u>, which were requested most often by the clients you serve?</b>		
Child Care	3.8	0
Family Resource Centers	3.5	1
Car Seat Information	2.9	1
Child Proofing your Home	2.6	0
Money Management	2.6	1
Low Cost Recipes	2.2	0
Car Repair Assistance	2.1	1
Home Repair Assistance	2.0	1
Car Insurance	1.9	1

Child Care was the resource most requested by partners’ clients. All the respondents indicated it was a frequently requested resource receiving a frequency rating of 3.8 on a 4.0 scale, with 4 being “Frequently”. The next two most frequently requested resources were “Child Behavior and Discipline” and “Children and Discipline” information. Again, all respondents reacted to these questions and they both received a 3.7 frequency rating when asked how often the resource was requested. When reviewing Figure 47, it is important to not only look at the rating score but to also factor in the number of respondents that reacted to each statement in order to determine if indeed this is a resource that everyone considered an issue rather than an important issue to just a few.

While the response rate was low for this first round of Partner Surveys, the results provide such valuable programmatic information for CSI staff. These responses, coupled with other resources, serve as a “check in” for program staff surrounding the needs of the community. A similar “check in” survey was administered to families of enrolled children and the results are presented in Figure 48. Results of resources requested by program families are presented below as well as contrasted to the results from the Community Partner Survey. As the survey formats varied slightly, the results are not presented identically but the importance and ranking of each item can easily be determined.

**Figure 48: Ranking of Resources Needed by Family and Community Partners**

Resources	Family Ratings		Community Partner Ratings		
	Total # of Requests	Total %	Total # of Requests	Total % Respondents indicating there is a need	Average Ranking
Summer Activities	221	22%	15	100%	3.2
Child Behavior/Discipline	218	22%	15	100%	3.7
Cooking Project With Kids	215	22%	12	80%	2.3
Stress Management	184	19%	12	80%	2.6
Reading With Your Child	168	17%	13	87%	3.1
Food Bank/Pantries	161	16%	15	100%	3.4
Dental Insurance for Adults	138	14%	11	71%	2.8
Exercise	128	13%	13	87%	2.6
Clothing	120	12%	12	80%	2.7
Housing	116	12%	15	100%	3.3
Money Management	116	12%	11	71%	2.6
Kindergarten Teacher Visit	108	11%	12	80%	2.5
Rental Assistance	103	10%	14	93%	3.0
Utility Assistance	103	10%	14	93%	2.9
Low Cost Recipes	103	10%	12	80%	2.2

Source: Child Plus, 2011/12: Partner Web Survey

Blue shading indicates most important resource needed, yellow second most needed resource.

# V. PARENT SURVEY

## Parent Survey

Parents were asked to complete surveys during the 2011/12 program year sharing their experiences with their child’s program. The surveys were distributed to parents at the site in English and Spanish towards the end of the program year. Some parents chose to complete the surveys onsite; others took them home. No incentives were given for completion. Envelopes for completed surveys were provided to promote confidentiality; most surveys were received in sealed envelopes when they were returned.

A total of 889 surveys were completed by parents whose children were enrolled in Early Head Start and Head Start programs. The majority of the respondents were mothers (65%) whose children participated in a Head Start program (85%). Sixty-eight percent of the respondents were made aware of the program from a friend or family member. The survey focused on program satisfaction, school activities and events, the teachers and staff, the classroom itself, and their child’s needs. Survey responses are shown below in Figure 49, presented by categories.

Parent Survey

**Figure 49: Parent Survey Results 2011/12**

Statement	# of respondents	% answering affirmatively
<b>Child</b>		
My child is more excited about learning since being in the program.	866	97%
I feel the curriculum (teaching methods, activities) is responsive to my child’s interests.	864	97%
I have learned to better understand and teach my child through this program.	857	96%
My Child has learned about family style meal service (children and staff eating together).	781	88%
Does your child have an Individual Family Services Plan (IFSP) or an Individual Education Plan (IEP)?	100	11%

**Figure 49: Parent Survey Results 2011/12 (cont.)**

Statement	# of respondents	% answering affirmatively
<b>Teacher/Staff</b>		
The staff keeps me informed about my child's physical health and well-being.	871	98%
I can talk to my child's teacher easily, and she/he informs me about my child's progress.	873	98%
The staff is accessible to me when I have questions.	872	98%
Staff is respectful of my culture, home language, health beliefs and practices.	874	98%
I regularly receive Head Start information to keep me informed.	854	96%
The staff encourages both mothers and fathers to participate.	851	96%
I received information about the importance of hand-washing and tooth-brushing	867	98%
Health and Education screening results were clearly explained to me.	852	96%
When I asked for assistance for medical and dental follow-up for my child I received the help I wanted.	817	92%
When I asked for help with housing, clothing, medical follow-up, etc. I received the help I requested.	738	83%
If I have a concern, there is a way for me to voice it and get a timely response.	846	95%
I have received books to read at home with my child.	866	97%
I receive ideas from the program about activities I can do with my child to help him/her learn.	869	89%
I know what my Policy Council Representative does.	686	77%
<b>Classroom</b>		
The classroom space and materials are clean and well organized.	855	96%
The classroom has an open and welcoming atmosphere.	780	88%
<b>School Activities/Events</b>		
Teacher Home Visits and Parent Conferences are a benefit to my family.	861	97%
Parent meetings occur during a time that is convenient for both mother and father.	794	89%
Parent activities, speakers, and materials help me as a parent.	834	94%
During parent meetings, I am asked for my opinion about future meetings.	821	92%
The family goal setting process (Family Partnership Agreement) is helpful to my family.	807	91%
<b>General Program Satisfaction</b>		
Head Start has helped connect my family to community resources and services specific to our needs	844	95%
I am satisfied with my child's academic progress.	862	97%
I am satisfied with my child's social and emotional progress.	861	97%
As a result of my participation in Child Start, I am more involved with community activism.	667	75%

Results from the parent surveys reveal a great deal of satisfaction with the CSI programs. Very high ratings were received for all categories of the program: child, teacher/staff, classroom, school activities/events and overall satisfaction. The general consensus is the program is functioning at a high level and both the children and their families are benefitting from the program.

## VI. CONCLUSIONS

### Conclusions

Child Start Incorporated has worked diligently to honor their mission statement of supporting the educational, social and emotional development of children, ages 0-5, by providing high quality, comprehensive and family-focused early childhood services in partnership with the community. By assessing the needs and services currently found within their communities, CSI is better able to refine current services and create new services as monies and manpower allow.

CSI enrolled students have better health and dental coverage than the average county child. While 89% of service area residents are insured, all (100%) CSI participating children have health insurance coverage. Through federally and state funded public health programs and private insurance programs all residents are able to access health care services. This high participation rate also carries over into dental coverage. All enrolled families in Napa County and most (99%) in Solano County reported having a dental home. While exact figures for the number of children receiving dental coverage within the counties is not known, it is known that 89% of children ages 0-5 in Solano County and 60% of children ages 0-5 in Napa County utilized a public dental insurance plan. The state average is 79%.

CSI staff appropriately addresses mental health issues. Head Start family referrals to mental health services during the 2011/12 program year totaled 22 in Solano County and nine in Napa County. This compares to the 7.24 prevalence rate for serious emotional disturbance in Solano County's 0-5 population and 7.38 rate in Napa County. Due to the highly sensitive nature of this topic, rates could be higher because of the stigma associated with mental health problems.

Recognizing the importance of social-emotional development to a child's overall well being, Child Start administers the ASQ:SE Assessment instrument three times during a program year to measure growth. Staff were able to assess 97% of the students in 2011/12 and are aiming to assess all enrolled children by the end of the 2012/13 program year.

Community and program statistics reveal the greatest health barrier faced by both Solano and Napa counties children is overweight/obesity. The health status of 98% of the children within the counties is rated excellent, very good, or good, yet 8% of the children (0-12) in Napa County and 23% of the children in Solano County are overweight or obese. The Child Nutrition History/Survey inquires about a child's current diet and nutritional needs. County level data reveals that more children in Napa County than Solano County display positive nutritional behaviors.



Existing child care services do not meet the community needs. During the 2012/13 program year, approximately 23% of the children eligible for CSI series were served in Solano County and 27% in Napa County. While these numbers improved in Solano County since the last community assessment in 2010 when the number reflected 17% and decreased slightly in Napa County where it was 28%, there is still a great need for more services. Factoring in a decrease in the 0-5 population estimates per the California Department of Finance, Child Start would still need to double their capacity to serve all children currently on the waiting list. Additional capacity of existing programs and the expansion of programs to other areas are of critical importance to the communities being served.

Child Start administrators continue to address the needs of the student population by hiring staff with linguistic capabilities that reflect enrolled families. The number of Spanish speaking bilingual staff has increased, especially in Napa where there is a large Hispanic population. While the ethnic breakout of families being served is not representative of the their communities, the program continues to focus on programmatic needs to best serve their population.

The education of enrolled children is a key focus of CSI programs. Staff worked diligently towards preparing their 0-5 population for school. School readiness goals were required of all programs with the passage of the Head Start Act in 2007, effective December 2011. They define school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. CSI implemented the usage of the DRDP assessment tool to measure change in their students due to program implementation. Results from the first year of implementation were very positive with 74.1% of three year olds and 77.5% of four-year olds documenting an overall improvement from their first assessment in the fall to their final assessment in the spring. As the programs progress and refine their services to meet the needs of their students, it is anticipated the results will be even more positive.

CSI program staff works hard to obtain programmatic input from different arenas. Past years community assessments captured valuable input from program staff, parents and select community partners. Again this year parents were asked for input as well as community partners. The program attempted to reach out to community partners not previously contacted with limited success. Still, input from any agency, parent or family provides valuable programmatic information. It is the hope of CSI staff that community partners will provide more input in the future.