First 5 Santa Cruz County



Annual Evaluation Report

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EXECUTIVE SUMMARY

First 5 Santa Cruz County's Strategic Framework

When Proposition 10 passed in 1998, California made a definitive and enduring commitment to promote the health and well-being of young children (prenatal through age five) and their families. Since then, First 5 Santa Cruz County has had the great privilege and responsibility to serve as the steward of Prop 10 revenue, ensuring these public funds benefit all young children and their families in Santa Cruz County, particularly those who are excluded from opportunity based on income, language, immigration status, race or ethnicity, gender identity, sexual orientation, and other social identities.

First 5 is dedicated to giving children ages 0-5 the opportunities they need to be healthy, able to learn, emotionally well developed, and ultimately reach their full potential. Since its inception, First 5 Santa Cruz County has invested in many innovative, effective programs and initiatives to achieve these goals.

First 5 Santa Cruz County's Vision of Success

Healthy, happy, and well-prepared children. Thriving Families. Connected communities. Equitable systems.

First 5 Santa Cruz County's Mission

To ensure early childhood systems and supports foster equitable health, development, and well-being for all young children and their families in Santa Cruz County.

2025 – 2030 Strategic Plan

To continue realizing this vision, First 5 Santa Cruz County has prepared the next Strategic Plan for the years 2025–2030. This plan—developed in collaboration with staff, Commissioners, agency partners, and community leaders—reflects First 5's continued commitment to focus efforts and investments on four Strategic Goals: Healthy Children; Thriving Families; Early Care and Education; and Equitable and Sustainable Early Childhood Systems.

This plan builds on First 5's extensive history of innovation, effective partnerships, and demonstrated impacts. It also recognizes the tremendous challenges and uncertainty that many families and organizations in the community are facing, including First 5. Over the next five years, First 5 will use this strategic plan to guide decisions, navigate challenges, and explore new opportunities and approaches to fulfill their mission.

This annual report summarizes findings of the First 5 Santa Cruz County evaluation from **July 1, 2025 to June 30, 2026**, which is the first year of the 2025–2030 strategic plan. Many programs are multi-year investments, and therefore some information presented reflects multiple years of data.

Figure 1: **Strategic Goals established by the 2025–2030 Strategic Plan**



Healthy Children

- Equity in Strong Start Scores across the county
- Increased access to affordable quality health care
- Increased use of preventive and early intervention services
- Improved perinatal, infant, and child health



Thriving Families

- Increased resilience of young children and their families
- Improved parenting practices and parent-child relationships
- Increased "social capital" (relationships and connections) of young children and their families
- Decreased child abuse and neglect



Early Care and Education

- Increased access to affordable, high-quality, inclusive early care and education (ECE) for children ages 0-5
- Increased alignment and cohesion within and between the ECE system and TK-12 education system
- Increased stability and sustainability of the ECE system, including the workforce
- Increased early learning and school readiness skills (developmental, social-emotional, language, literacy, numeracy)



Equitable and Sustainable Early Childhood Systems

- Increased parent/community voice in early childhood advocacy and systems change initiatives
- Increased coordination and integration among organizations and sectors serving young children and families
- Policies and funding that prioritize prevention, early intervention, and equity for young children and their families

Summary

The following is an Executive Summary of this *2025-26 Annual Evaluation Report*, providing a review of key County indicators of child and family well-being, a description of the population served by First 5-funded programs, and highlights of the activities and achievements in each of the four goal areas of the 2025–2030 First 5 Santa Cruz County Strategic Plan.

Overall Well-Being of Children in the County

First 5 Santa Cruz County invests in efforts that support its vision of Healthy, Happy, and Well-Prepared Children, Thriving Families, Connected Communities, and Equitable Systems. To help guide its investments and partnerships, First 5 monitors county-wide trends that affect child well-being. The fiscal year 2025-26 marks the first year of the 2025–2030 strategic plan, and the following data reflect the status of young children and their families in the County (the most recent data available are reported).

A profile of Santa Cruz County's youngest children

- **Santa Cruz County has a diverse population of young children which is decreasing in number.** In 2026, there were 12,773 children ages 0-5 in Santa Cruz County, continuing a deceasing trend since a high of 19,591 in 2012. The majority of these children were either Hispanic or Latine[1] (48%) or White (44%). This diversity is also evident in kindergarten, where in 2026 almost 32% of children had a primary language other than English.

Healthy Children

Medical Care

- **Children have health insurance.** In 2024 (using 5-year averages), the vast majority of County children ages 0-5 had health insurance (98%). First 5 Santa Cruz County continues to provide assistance to families to enroll in public health insurance programs, to help every child aged 0-5 get insured.

- **The percentage of young children getting dental care is increasing.** In 2023, there were 6,202 County children ages 1-5 who had been enrolled in dental-eligible Medi-Cal coverage for at least three consecutive months. Although the number of children meeting this enrollment threshold has been trending down over the past five years, a growing share of them are **utilizing** their coverage to get annual dental care. Data indicate that the percentage of County children enrolled in Medi-Cal who had been to a dentist in the last year has been increasing. In 2023, 56% of children ages 1-2 saw a dentist in the last year, which is an increase of almost 9 percentage points over the previous five years. Approximately 64% of children ages 3-5 saw a dentist in 2023, with a smaller but steady increase over the previous five years.

[1] "Latine" is a gender-neutral term used when referring to people of Latin American heritage without assuming their gender identity. See *Hispanic Executive* for more information about the use of this term (http://hispanicexecutive.com/latinx-latine-explainer/).

- **Children have access to a provider for routine preventive care.** In 2025, in Santa Cruz County, 80% of infants with Medi-Cal insurance (ages 0-15 months) had received at least six Well-Child check-ups within the first 15 months of life, following an increasing trend over the previous five years. Of toddlers with Medi-Cal insurance (ages 15-30 months), approximately 87% had received at least two Well-Child visits.

- **Children are receiving early intervention services**

  - **Infants are receiving their recommended vaccinations**: Original recommendations from the U.S. Centers for Disease Control and Prevention (CDC) state that children should complete the series of "Combination 10" immunizations by the age of two.[2] These "Combination 10" immunizations help protect children against ten serious and preventable diseases. In 2025, almost 45% of County children ages 0-24 months covered by Medi-Cal insurance received all 10 recommended vaccines by their second birthday. This percentage has been slowly decreasing over the previous five years.

  - **Children are receiving developmental screenings.** Developmental screenings early in a child's life help identify potential developmental delays and ensure timely intervention. In 2025, County children age 0-36 months covered by Medi-Cal insurance received developmental screenings appropriate to their age: 46% of children aged 12 months, 67% of children aged 24 months, and 54% of children aged 36 months.

  - **Children are getting vision screenings.** The American Optometric Association (AOA) recommends that children should have their first comprehensive eye exam between 6 to 12 months of age, then at least once between 3 and 5 years of age, once again before they start school, and annually thereafter.[3] In 2025, almost 20% of County children ages 0–5 covered by Medi-Cal insurance received a vision screening at least once during the year. This percentage has been staying relatively level over the previous five years.

- **Fewer children are using the emergency department (ED).** Ideally, children and their families who have insurance and who have a medical home will be more likely to access their provider for routine preventive care, and will be less likely to use the emergency department (ED) for non-urgent medical care.

  - Although the number of County infants under age 1 who have visited an ED has increased over the past 5 years (2020-2025), it is important to remember that in 2020 there was a dramatic decrease in ED visits, which may have been due to parents choosing not to use the hospital ED during the COVID-19 pandemic for low risk, non-specific symptoms. The increase in ED visits since 2020 suggests that these numbers are returning to pre-pandemic values.

[2] California Quality Collaborative, *Childhood Immunization Status – Combo 10 (CIS)*, 2025. Retrieved from https://www.calquality.org/wp-content/uploads/2025/02/Quality-Measure-Resource-Guide-Childhood-Immunization-Status-CIS.pdf on 10/2/26.

[3] American Optometric Association, *Comprehensive eye exams*, [Retrieved 8/17/26 from https://www.aoa.org/healthy-eyes/caring-for-your-eyes/eye-exams], 2019.

- The services provided by the Baby Gateway Newborn Enrollment Program may have had an effect on the use of the ED for very young infants, and particularly those who were covered by Medi-Cal. Since the launch of this program at Watsonville Community Hospital in 2009, the number of infants (under age 1) on Medi-Cal who visited the Emergency Department dropped 55% by 2025.

- **Maternal mental health.** The percentage of mothers experiencing perinatal depression is slowly rising. In 2022, 15% of mothers in Santa Cruz County reported that they had experienced prenatal depression symptoms, an increase from 13% in 2021. There was also an increase in the percentage of mothers who reported postpartum depression symptoms, from 13% in 2021 to 17% in 2022 (the most recent year of data available).

BIRTHS AND PRENATAL CARE

- **Newborns are born with resources that promote resilience.** The "California Strong Start Index" uses information collected at birth to understand the conditions under which California's babies are born. The California Strong Start Index is comprised of 12 indicators, and the "Strong Start score" is calculated by simply counting the number of these assets present at birth (0-12). These assets are tied to good outcomes and resilience throughout a person's lifespan. In 2023, babies born in Santa Cruz County had an average Strong Start score of 9.6 assets (out of 12), compared to 9.0 assets statewide. This Strong Start score has not varied much over the years.

- **The number of mothers receiving prenatal care in the first trimester is increasing.** Data regarding early prenatal care in 2024 show some improvements over the previous five years in Santa Cruz County.
  - In 2024, 88% of all mothers received prenatal care in their first trimester, which exceeds the Healthy People 2030[4] target rate of 80.5% for a related objective (*"Increase the proportion of pregnant women who receive early and adequate prenatal care").*
  - Among younger mothers (ages 24 and younger), a slightly lower percentage received first trimester care (83%), but with trends showing an increasing percentage receiving this early prenatal care over the previous five years.
  - Additionally, there were differences in receipt of early prenatal care based upon the mother's source of payment for the care. In 2024, 95% of mothers with private insurance began receiving prenatal care during the first trimester, compared to 80% of mothers with Medi-Cal insurance.

[4] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030 portal, *Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08*, 2026.

- **The percentage of preterm births and babies with low birthweights is staying relatively level.** In 2024, 7.4% of all mothers in the County had preterm births, which has stayed relatively level over the previous five years. The same year, 5.5% of all mothers had babies with low birthweights, showing little change over the previous five years.

- **The percentage of births to teen mothers in the County is staying low.** In 2024, the percentage of births to teen mothers represented 3.0% of all births in Santa Cruz County, and there was a teen birth rate of 5.3 per 1,000 (ages 15-19). Both of these measures have decreased slightly over the previous five years.

- **Over half of the births in the County were paid for by Medi-Cal.** Of the mothers who gave birth at one of the three Santa Cruz County hospitals in 2026, 55% of the births were paid for by Medi-Cal. This percentage has slightly decreased over the previous five years.

Thriving Families

FINANCIAL WELL-BEING

- **Unemployment varies greatly across the County.** In 2026, the average unemployment rate in the County was 6.0%, similar to the previous year. Within the County, the percent of unemployed residents differs greatly by area; the average unemployment rate ranges from 2.6% in Corralitos to 12.0% in Boulder Creek.

- **Many families are living in poverty.** The U.S. Census Bureau reported that in 2024, almost 12% of the general population of Santa Cruz County—and 5% of families with children under age 5—earned below the Federal Poverty Level. However, the "Real Cost Measure" (RCM) published by the United Ways of California suggests that the actual percentage of County residents in poverty is likely to be much higher. In 2023, the RCM estimated that in Santa Cruz County, for a family of four (with 2 adults, 1 infant, and 1 preschooler), 37% of these families lived in poverty.

- **Household incomes are not high enough to meet basic needs for many families.** For Santa Cruz County, the RCM estimated that in 2023 the median household income for a family of four (with 2 adults, 1 infant, and 1 preschooler) was **$119,488**. This median income is lower than the minimum income needed to meet basic needs, as estimated by the RCM (**$142,068**). The Self-Sufficiency Standard for California is considered an even more comprehensive measure of income adequacy. In 2026, the Self-Sufficiency Standard for California calculated an even higher minimum income (**$297,700**) for a family of four (with 2 adults, 1 infant, and 1 preschooler).

> *"Poverty can impede children's ability to learn and contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor health and mental health.*
>
> *Risks are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty.*
>
> *Research is clear that poverty is the single greatest threat to children's well-being."*
>
> **- National Center for Children in Poverty <http://www.nccp.org>**

ENROLLMENT IN PUBLIC ASSISTANCE PROGRAMS

- **Medi-Cal enrollment is trending lower.** In 2026, the number of all Santa Cruz County residents enrolled in Medi-Cal was 83,252, which is slightly lower than the enrollment numbers in 2025. Among the population of newborns born to County residents in 2026 (whether they were born in a County hospital or other location, or outside of the County), 1,329 newborns were enrolled in Medi-Cal, which is also a bit lower than enrollment numbers in 2025.

- **There is varying enrollment in public assistance programs.** In Santa Cruz County, enrollment in CalWORKs and CalFresh has grown between 2021-2026. Similarly, the enrollment in the Women, Infants, & Children program has increased slightly between 2020-2025. Whereas the number of students receiving Free and Reduced Price Meals had been decreasing since 2021, it has leveled off in 2026.

- **Residents are receiving housing assistance.** In 2025, 6,488 households were living in subsidized HUD housing units. This includes units provided by every HUD housing program present in Santa Cruz County: Housing Choice Voucher (HCV), Mod Rehab, Project-Based Section 8, Section 202/PRAC (supportive housing for the elderly), and Section 811/PRAC (supportive housing for persons with disabilities). The number of occupied HUD housing program units has been increasing over the previous five years.

CHILD WELFARE / FAMILY SUPPORT

- **Foster care "Point-in-Time" in-care rates are staying relatively level.** The foster care "Point-in-Time" in-care rates in Santa Cruz County are presented here for three different age groups of children.[5] In 2023, the foster care "Point-in-Time" in-care rates were highest for infants under age 1 (**6.3** per 1,000), compared to the 2026 foster care rates for toddlers ages 1-2 (**3.3** per 1,000) and the 2025 foster care rates for preschoolers ages 3-5 (**1.8** per 1,000). The rates for each age group have stayed roughly the same over the previous five years.

- **There are decreasing rates of child maltreatment.** Although the rates of child maltreatment in Santa Cruz County have been fluctuating in recent years, the overall rates of maltreatment have been steadily decreasing over the past two decades.
    - Between 2007-2025, rates of **allegations** of abuse and neglect for children ages 0-2 have shown a steady decrease. For children ages 3-5, allegation rates have also been decreasing since 2007, but have been slowly increasing between 2020-2025. Between 2011 and 2013, Santa Cruz County moved from being above (or at) the statewide rates, to below them (and have generally stayed below since).
    - Similarly, rates of **substantiated allegations** of child maltreatment have also been steadily decreasing over the past two decades (2005-2025). In 2010, the rates of

[5] The data for foster care "Point-in-Time" in-care rates may not be available for certain years due to the need to "mask" statistically low numbers in order to protect the confidentiality of individuals served.

substantiated allegations in Santa Cruz County moved from being substantially above (or at) the statewide rates, to below them (and have stayed below since).

- However, data are revealing that infants still have substantially higher rates of abuse than toddlers and preschoolers. In 2025, the rate of substantiated allegations of child maltreatment was highest for infants under age 1 (**10.8** per 1,000), compared to the 2024 rate of substantiated allegations for children ages 1-2 (**3.3** per 1,000), and the 2025 rate for children ages 3-5 (**3.2** per 1,000).[6]

- **Many adults report having experienced Adverse Childhood Experiences (ACEs).** The extreme stress and adversities that children experience can have lifelong impacts on health, well-being, and economic opportunities. Results from the 2024 *California Health Interview Survey* showed that in Santa Cruz County, approximately 45% of adults reported having experienced two or more adverse experiences as a child.

- **Children are experiencing the bonding practice of shared reading**. Family Reading measures a type of Positive Childhood Experience (PCE), which is a focus of the Thriving Families Strategic Goal. While Family Reading contributes to children's school readiness, it also cultivates positive parenting practices that strengthen parent-child relationships, which in turn foster resilience and help children thrive. The American Academy of Pediatrics discusses many of the benefits of families reading together with their young children, stating that "shared reading, a positive parenting practice, helps build the foundation for healthy social-emotional, cognitive, language, and literacy development."[7]

  Results from the 2024 *California Health Interview Survey* show that in Santa Cruz County, almost 73% of family members are reading to their children ages 0-5 at least every day, and this percentage has been increasing over the previous six years.

Early Care and Education

EDUCATION

- **Fewer child care spaces are available.** In 2023, there were 5,918 child care spaces available in Santa Cruz County for children ages 0-5, a decrease from approximately 7,000 in 2016. This supply is not sufficient to handle the demand. In 2023, child care spaces were available for only 26% of infants/toddlers (age 0-2), and for 78% of preschool children (ages 3-5). Similarly, in 2023 child care was available for only 41% of children ages 0-12 with parents in the labor force.

[6] Data for some years are not available due to the Data De-identification Guidelines (DDG) adopted by California Department of Social Services, which require that statistically low values be masked on all public-facing resources in order to protect the confidentiality of individuals served by CDSS and the counties.

[7] American Academy of Pediatrics, Early Literacy, *Literacy Promotion*, retrieved from https://www.aap.org/en/patient-care/early-childhood/early-childhood-health-and-development/early-literacy/ on 9/23/26.

- **Not all income-eligible children are enrolled in subsidized child care.** In Santa Cruz County, in 2023 only 15% of income-eligible infants and toddlers ages 0-2 were enrolled in subsidized child care. A higher percentage of income-eligible preschool children ages 3-4 were enrolled (59%), and has been increasing over the previous five years.

- **Young children with developmental challenges are getting support.** In 2026, 7% of children ages 3-5 in Santa Cruz County were receiving special education services, demonstrating the importance of having services available to support the needs of these young children with developmental delays.

- **Children with disabilities are getting enrolled in inclusive Early Childhood Education (ECE) settings.** The Santa Cruz County Office of Education describes the importance of providing special education services to students with disabilities, "Since its passage in 1975, the Individuals with Disabilities Education Act (IDEA) has transformed the educational landscape by ensuring that children with disabilities receive a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE), grounded in the principles of equity, access, and inclusion." Results provided by the California Department of Education (CDE) report that almost 88% of County children with disabilities ages 3-5 were enrolled in ECE settings that met these LRE requirements.

- **ECE settings are implementing inclusive practices for children with disabilities**: A recent grant that the Santa Cruz County Office of Education (COE) received from the CDE, titled *Inclusive Early Education Expansion Program (IEEEP)*, has provided funding for ECE staff and settings in the County to increase their knowledge and skills to provide inclusive early care and education programs to children with disabilities and exceptional needs, through practice-based coaching and job-embedded professional learning.

  As explained on the CDE's website, "the goal of the IEEEP grant is to increase access for young children birth to five years old in inclusive early care and education programs. It supports the inclusion of children with disabilities and exceptional needs, including children with severe disabilities, in early care and education settings pursuant to Part B and Part C of the federal Individuals with Disabilities Education Act."

  The types of CDE-recommended professional development trainings used by the COE include: "Behavior and the use of positive behavior supports," the "Pyramid Model implemented with practice-based coaching," use of the "Classroom Assessment Scoring System (CLASS) with a focus on inclusion," and use of the "Desired Results Development Profile (DRDP)," among others. Through these professional development trainings, ECE staff will develop the knowledge and skills required to implement effective inclusive practices in early child care setting for children with disabilities.

  The COE submits Progress Reports to the CDE throughout the grant period, and January – June 2026 is the most current report submitted. At the time of this June 2026 report, results show that 21 classrooms and 63 staff were participating in these grant-funded trainings, and

that almost 67% of staff have completed all trainings. Only the data from this most recent Progress Report are reported here. As there is ongoing fluctuation of sites and staff during this grant period, no comparisons between Progress Reports would be appropriate.

- **Third graders are struggling with their reading skills.** One of the most powerful indicators of later success is a child's reading proficiency at the end of 3rd grade.
  - In 2025, only 37% of all Santa Cruz County 3rd grade students met or exceeded standards in English language arts/literacy, and there were significant disparities by students' English-language fluency, race/ethnicity, and economic status.
  - When English language learners in 3rd grade were evaluated with an assessment specifically designed to measure English language proficiency (the *English Language Proficiency Assessments for California*), results showed that 5% of Santa Cruz County 3rd grade English Learner students were assessed as having "well-developed" English skills, and another 26% were assessed as having "moderately-developed" English skills.

A Profile of First 5 Participants

First 5 reaches children who can make great gains with early and smart investments

First 5's goal is to serve children ages 0-5 and their families who have the most challenges in Santa Cruz County, including English language learners, and families with fewer resources.

- **First 5-supported programs are wide-reaching.** In 2025-26, First 5 and its partners served **5,743** unique children ages 0-5, representing 45% of all children these ages in Santa Cruz County. **An *additional* 5,831 *services*** were provided to children who participated in programs where no client ID was available to track their participation, or who were indirectly supported by a First 5-funded program.
- **First 5 serves a high number of dual language learners.** Of the children served by First 5, 72% were Hispanic or Latine, and approximately 58% of children lived in households that primarily spoke a language other than English (Spanish, bilingual Spanish/English, a Mesoamerican language, or another non-English language). Of all Hispanic or Latine children ages 0-5 in Santa Cruz County, it's estimated that at least 61% participated in services funded by First 5.
- **First 5 is serving children in the highest risk zones of the County.** The "California Strong Start Index" uses information collected at birth to understand the conditions under which California's babies are born at a very local level, and measures resources that are tied to good outcomes and resilience throughout a person's lifespan, such as healthy birth weight, timely prenatal care, parental education level, and parents' ability to afford and access health care. Of the children served by First 5 in 2025-26 who had known ZIP codes, the vast majority (81%) lived in the areas of the County with the fewest Strong Start assets (the Live Oak area of Santa Cruz, the city of Santa Cruz, and Watsonville), showing that First 5 partners are reaching children and families who typically experience the greatest barriers to good health and well-being.

First 5 strengthens systems by enhancing the capacity of service providers

In addition to supporting direct services to children and families, First 5 aims to boost the capacity of local systems in order to extend the reach of critical early education, family support, and health services to a larger number of children and families. Systems enhancements help ensure better services for years to come.

Examples of First 5's capacity-building work in 2025-26 include:

- **Skill development and coaching for early childhood educators.** In 2025-26, **410** early childhood educators received professional development training from funded programs.
    - This includes **50** early childhood educators from state and federally-subsidized preschools, licensed private and non-profit child care centers, public Transitional Kindergarten classrooms, and licensed family child care homes, who took a SEEDS of Learning™ course; **7** SEEDS Quality Coaches who provided literacy coaching to early educators receiving SEEDS of Learning™ instruction during the year; and providers who participated in Quality Counts Santa Cruz County, including **267** teachers in child care center sites, **103** providers in family child care sites, and **40** license-exempt Family, Friend, and Neighbor providers.

  Some educators participated in more than one funded program and are duplicated in these breakdowns.

- **Development of a population-based system of parent education.** In 2025-26, **6** new parent education practitioners received training to deliver the Triple P –Positive Parenting Program, an evidence-based curriculum shown to improve parental efficacy, parent-child interaction, and child behaviors.

Healthy Children

For the past several years, First 5 Santa Cruz County has invested in strategies to help ensure that all children have health insurance and access to care.

- **Santa Cruz County's newborns are getting connected to medical care.** During 2025-26, the Baby Gateway Newborn Enrollment Program provided essentially all mothers with a newborn visit while in the hospital (or via phone), and 99% of these mothers received a First 5 California *Kit for New Parents*. Of all mothers with births paid by Medi-Cal, effectively all were assisted to complete a Medi-Cal Newborn Referral application for their new baby, and 100% of these mothers identified a preferred primary care provider (PCP) or clinic for their child before discharge from the hospital.

- **Children are receiving routine preventive care.** Central California Alliance for Health (the Alliance) discusses the importance of infants getting all of their well-child visits during the first several months of their life, in order to be able to assess their growth and development.

Results provided by the Alliance show that in 2025, approximately 80% of all infants with Medi-Cal insurance in Santa Cruz County had received at least six well-child visits with a provider within the first 15 months of life. This success was likely assisted by the Baby Gateway Newborn Enrollment Program's efforts to connect all newborns with a primary care provider.

Uninsured children are:

- *Over 13 times more likely to lack a usual source of care;*
- *Nearly 5 times more likely to have delayed or unmet medical needs;*
- *Over 3 times more likely to have unmet mental health service needs;*
- *5 times more likely to have unmet dental and vision care needs;*
- *Nearly 4 times more likely to have an unmet need for prescription drugs.*

- Children Now <http://www.childrennow.org>

- **Newborns are getting connected with County programs.** Newborn Enrollment Coordinators (NECs) incorporate multiple services into their newborn visits. In addition to the Medi-Cal enrollment assistance and review of the contents of the *Kit for New Parents*, NECs also introduce mothers to several County programs that are available.
  - The **State-wide Student Identification number (SSID)** is created for newborns by the Santa Cruz County Office of Education and is used to support the social, emotional, and academic development of children from birth through 12th grade.
  - The Ventures[8] **Semillitas college savings account program** for newborns creates a savings account for college or vocational education after high school for every child born in Santa Cruz County. With county partners like Dientes, Salud Para La Gente, Triple P, and the Central California Alliance for Health, the program also incentivizes healthy behaviors by making additional payments into these savings accounts for accomplishing important health milestones (such as a baby going to the dentist by the emergence of their first tooth or their first birthday, receiving baby immunizations and wellness checks, etc.).
  - **Dolly Parton's Imagination Library** helps children develop a love for reading by providing free books to children from birth to their fifth birthday. Families in Santa Cruz County can now enroll their children from birth to age five in this program, and every month a new, high-quality, and age-appropriate book will be mailed to their child.
- **Newborns and their families have access to food.** The Newborn Enrollment Coordinators (NECs) also provide families at hospitals with resources to apply for the CalFresh program and Women, Infants, and Children (WIC) program.
- **Children are getting their vision screened.** The American Optometric Association recommends that children should have their first comprehensive eye exam between 6 to 12 months of age, then at least once between 3 and 5 years of age, once more before they start school, and then annually. To help identify vision problems early in life, the First 5 VisionFirst program was developed in Santa Cruz County as a way to provide children as young as 6 months old with a simple instrument-based vision screening right in their child care setting.

[8] Ventures was formerly known as Santa Cruz Community Ventures.

First 5 VisionFirst Outreach staff were trained to use the Spot Vision Screener, a handheld portable device designed to quickly and easily detect vision issues. The Spot Vision Screener does not replace a complete eye examination by an optometrist. Rather, it only identifies a potential vision issue. Parents of children who are found to be "out of range" (showing a potential vision problem) are encouraged and assisted in following up with a full vision exam from an optometrist. At this appointment, the optometrist can determine if the child requires glasses, needs to be monitored, or requires regular eye exam follow-up care.

Results from FY 2025-26 show that of the 582 children who received this vision screening, 87 (15%) were found to have a possible vision issue, and 75 of these children went on to get a full vision exam with an optometrist. Ultimately, 58 children were prescribed eyeglasses. These children now have the opportunity to use their vision to help guide their learning experiences throughout their lives.

- **Children in the foster system are getting screened for developmental concerns.** The Neurodevelopmental Foster Care Clinic (NDFCC) is an innovative, coordinated approach to address the neurodevelopmental needs of children age 0-5 in the foster care system. Their interdisciplinary team focuses on early intervention to address the needs of young children who have recently entered foster care, and to provide comprehensive services to these foster children, their birth families, and foster families. During the time that this program has been receiving funding from First 5 (2011-2026) approximately 1,089 children ages 0-5 in foster care have been evaluated and assisted with counseling and referrals to medical and developmental services.

  In FY 2025-26, First 5 notified the NDFCC that due to budget constraints, First 5 would need to suspend financial support beginning July 1, 2026. To assist them with the transition, First 5 has been working with a core planning team to find a near-term solution to the financial challenges faced by the NDFCC. In June, 2026 it was confirmed that the Central California Alliance for Health would enter into a contract with Stanford Children's Health to authorize and reimburse for children referred to the NDFCC.

Thriving Families

One indicator of child safety are the County measurements of child abuse and neglect. Fortunately, the rates of child maltreatment are decreasing.

Rates of **allegations** of abuse and neglect in Santa Cruz County show a steady decrease since 2007 for children ages 0-2. For children ages 3-5, rates have also shown a steady decrease since 2007, but have been slowly increasing over the previous five years. Between 2011 and 2013, Santa Cruz County moved from being above (or at) the statewide rates, to below them (and have generally stayed below since). Similarly, rates of **substantiated allegations** of child maltreatment have also been steadily decreasing. In 2010, the rates of substantiated allegations in Santa Cruz County moved from being substantially above (or at) the statewide rates, to below them (and have stayed below since).

These improvements have likely been assisted by the efforts of the county-wide Triple P and Families Together programs, which launched in late 2009 and 2006, respectively.

First 5 Santa Cruz County helps strengthen parent-child relationships and reduce risk for child abuse and neglect

Through innovative programs, First 5 and its partners are helping to decrease the risk and incidence of child abuse and neglect.

- First 5 continued to implement and scale up the Positive Parenting Program, or **Triple P**. The program consists of five levels of intervention, from broad-based, universal efforts in the community to more intensive, focused efforts with individual parents. The Triple P model is an evidence-based program shown in numerous randomized studies to increase parental confidence and efficacy, promote positive parent-child interactions and child behaviors, and reduce rates of child maltreatment.

  Highlights of Triple P include:

  - **Evidence-based parenting support is available.** First 5 has implemented all five levels of Triple P in Santa Cruz County, ranging from a media campaign to intensive and focused individual services. Between 2010-2026, approximately 19,700 parents with almost 38,200 children have participated in the program.

  - **Parents are engaged and seeking more opportunities.** Over the past several years, analyses have consistently shown that brief services are an effective way of getting parents initially engaged in the program, and gives them an opportunity to participate in further services. Parents who attend Seminars and Workshops frequently request follow-up services, and parents who participate in one or two brief consultations for specific parenting concerns often return later for in-depth consultations and multi-session programs.

  - **Parenting skills and knowledge are improving along several domains.** Parents who completed assessments that measured their levels of parenting skills and knowledge along several domains showed substantial improvements in all domains, including:

    - Improvements in child behavior and emotional regulation
    - Increased use of positive parenting styles
    - Improvements in parental emotional well-being and family relationships
    - Increased parental confidence
    - Support for parents of children aged 6-14 experiencing anxiety
    - Support for expectant parents or parents with infants
    - Reduced levels of conflict between divorced or separated parents
    - Improved anger management

- **Parents with more serious parenting issues are making the greatest improvements.** There was also evidence that parents who began the program experiencing more serious parenting issues demonstrated the greatest improvements as a result of receiving in-depth services.

- **Parents are satisfied with services**. Parents have rated the quality of services very high, noting that the program helped them deal more effectively with their child's behavior, and with problems in their family.

- **Parents are continuing to use the skills they learned.** On average, parents who participated in the Seminars and Workshops felt that they would continue to use the strategies they learned, and parents who received more in-depth training felt that the program helped them develop skills that could be applied to other family members.

- First 5 supports a program called **Families Together**, that provides prevention-based services to Santa Cruz County families experiencing hardships, such as involvement with Family and Children's Services (FCS), financial instability, and other adverse experiences. Families Together accepts referrals from FCS, CalWORKs, and the community. Engagement in Families Together services are completely voluntary, and families have access to services and resources that cover many domains of wellness, including emotional, social, financial, relational, and physical safety. The home visiting program includes comprehensive intake and risk assessments, development of a tailored case plan, parent support and education, child development activities, and periodic assessments. By assisting these families, Families Together can intervene early, before family difficulties escalate to the point of maltreatment, neglect, or other adverse childhood experiences.

  Results of the program have been very encouraging:

  - **Reduction of risk.** Parents/primary caregivers receiving services from Families Together had their levels of risk assessed while they were in the program. Cumulative assessment results from 2007-2026 show that 74% of families were assessed as being "high risk" or "very high risk" upon program intake, but this dropped to just 16% of families who stayed in the program a full year.

  - **Reduced rates of child maltreatment.** Results from 2025 show that 100% of families who received services from the Families Together program *did not have* a substantiated allegation of maltreatment in the six months after their cases closed.

Early Care and Education

First 5 is helping to improve the quality of early learning programs in Santa Cruz County

Santa Cruz County is one of 58 counties participating in Quality Counts California (QCC), a statewide initiative to strengthen California's early learning and care system to support young children and their families. QCC emphasizes an equity approach, prioritizing communities where early investment can make the highest impact, promoting environments, relationships, interactions, and activities that support children's development for success in school and life.

In 2012, First 5 Santa Cruz County launched a local Quality Rating and Improvement System (QRIS), partnering with family child care and child care center providers to improve the quality of early learning for children ages birth through 5 in Santa Cruz County. Funded by California's Race to the Top - Early Learning Challenge federal grant, and First 5 California's Child Signature Program, this initiative led to the creation of the Quality Early Learning Initiative Consortium, now known as Quality Counts Santa Cruz County (QCSCC). This Consortium—co-led with the Santa Cruz County Office of Education—worked to develop and pilot a local QRIS, aligning with the California Quality Continuum Framework, as a way to foster ongoing quality improvement that is proven to help children thrive.

Since 2015, a statewide QRIS has been established in all 58 counties. Renamed Quality Counts California (QCC) in FY 2017-18, QCC helps to ensure that children ages 0 to 5—particularly those who are low-income, English learners, or children with disabilities or developmental delays—have access to high quality early learning programs so that they thrive in their early learning settings and succeed in kindergarten and beyond.

> *"A QRIS helps improve the quality of participating programs so they are better prepared to help all children grow socially, emotionally, and physically in a healthy environment, with knowledgeable and caring providers who engage children in a range of enriching activities."*
>
> **- Quality Counts California <https://qualitycountsca.net>**

Beginning in FY 2023-24, QCC shifted some funding away from formal rating to maximize resources and meet the diverse needs of early learning and care providers through research, evaluation, and a focus on equity. QCC continues to maintain some funding for state-subsidized preschool programs to conduct ratings, inform prioritization of quality improvement activities, and increase public accountability.

- **Quality Counts California** – is the state's **Quality Rating and Improvement System (QRIS)**, designed to help improve early care and education programs by measuring current quality levels against research-based standards. In California, these standards focus on what research shows are the key components of quality early care and education, including learning environments, teacher-child ratios, adult-child interactions, staff qualifications, as well as other related criteria. A QRIS can assist early learning educators with increased training to expand their skills in working with young children; provide coaching to help programs create learning environments that nurture the emotional, social, language, and cognitive development of every child; and provide families with information to help them understand and choose quality programs.

- **Quality Counts Santa Cruz County (QCSCC) - Local Quality Rating and Improvement System.** The QCSCC Consortium adopted the Quality Counts California Quality Continuum Framework (QCF)—formerly called the Rating Matrix—as the foundation of their local QRIS. The QCF provides a framework, or structure, for quality improvement and is part of the QCC Implementation Guide (QCC Guide) which provides guidance to support implementation at the local level. As the early education system has evolved, the QCC Guide has been updated to support implementation of the Quality Continuum Framework-Measurable Quality Elements. This Framework includes continuous quality improvement elements for all early learning and care setting types across California, including rating requirements for **California State Preschool Program (CSPP)** QRIS Block Grantees. (Beginning in FY 2023-24, only CSPP programs are required to be rated.)

  In December 2024, all 21 CSPP sites participating in QCSCC were rated using the QCF, and received a rating based on their cumulative scores in all six elements across five tiers of quality, with points assigned to each element. The ratings are valid for 3-5 years (5 years for sites rated at Tiers 4 or 5, and 3 years for sites rated at Tier 3 or below). Sites were rated on a 5-tier scale (1=lowest tier; 5=highest tier). All CSPP sites achieved a rating of either Tier 4 (Exceeding Quality) or Tier 5 (Excellence in Quality).

  In FY 2025-26, there are currently 19 CSPP rated sites which may also have infant and toddler classrooms, as well as an additional 10 private non-profit Center sites and 60 Family Child Care provider sites participating in QCSCC at the Quality Improvement level. The program for license-exempt child care providers, called Family, Friend, and Neighbor care, had 40 participants.

QCSCC overall participation, by Site type (2025-26)

Site Type	Number of Sites	Number of Providers / ECE Professionals	Number of Children Served (ages 0-5)
Participating Child Care Centers	29	267	1,076
Participating Family Child Care (FCC) Sites	60	103	553
Participating Family, Friend, and Neighbor (FFN) Sites	40	40	68
Total	**129**	**410**	**1,697**

- **Quality Counts Santa Cruz County Family, Friend, and Neighbor (FFN) Workshops.** Beginning in FY 2024-25, QCSCC added a Family, Friend, and Neighbor program. It is estimated that up to 40% of families rely on FFN care at some point during the week or month. These are typically relatives, neighbors, or friends who take care of young children, often in hours that aren't provided at licensed centers. To help ensure the quality and safety of these spaces, First 5 began conducting workshops based on the Quality Continuum Framework, in partnership with three elementary schools in South County.

- **Quality Improvement Activities.** During this past year, Quality Counts Santa Cruz County (QCSCC) has provided online and in-person technical assistance to program directors, teachers and providers; maintained the QCSCC database; and collaborated with partners to provide system-wide trainings.

  In addition, First 5 contracted with Go Kids, Inc. to continue leading the QCSCC Consortium's quality improvement activities for family child care (FCC) programs. The Go Kids Quality Improvement Coordinator supported all 60 FCC providers in updating their annual Quality Improvement Plans, and applying for Quality Improvement grants to enhance their home learning environment. In addition, the Coordinator managed a Professional Learning Community (PLC) for 20 of the participating providers.

- **Quality Counts California Regional Training, Technical Assistance and Coordination Hub – Region 4.** Santa Cruz County is part of Region 4 Hub with neighboring counties (Santa Clara, San Francisco, Alameda, Contra Costa, San Mateo, San Benito, and Monterey). Funded by First 5 California, the Hub counties strategize together, share resources, leverage funds, align early learning practices, and minimize duplication.

First 5 Santa Cruz County builds early literacy foundations by training early childhood educators to enhance language-rich practices in the classroom

One of the most powerful indicators of later success is a child's reading proficiency at the end of 3rd grade. Unfortunately, data show that Santa Cruz County children are struggling with their reading and writing skills. First 5 Santa Cruz County is working to improve these long-term trends by training early childhood educators to use evidence-based early literacy strategies and integrate pre-literacy materials into their learning environments, and by encouraging families to read together.

Having trained 761 early learning professionals to date, First 5 will be shifting its focus in FY 2026-27. Rather than offering county-wide professional development workshops for early childhood education teachers, it will deepen the SEEDS model by placing a Master Literacy Coach directly into early learning and state preschool sites that serve children who qualify for subsidized child care. The Master Literacy Coach will work with whole teaching teams to integrate research-based language and literacy strategies, targeting the Big 5 Early Literacy Skills, into everyday classroom practice.

761 early childhood educators, family child care providers, and Reading Corps literacy tutors throughout the county have been trained to promote strong language and literacy foundations for children.

- **The SEEDS of Learning™ framework is being used throughout Santa Cruz County child care programs.** Since the founding of the Early Literacy Foundations Initiative in 2006-07, **761** unique educators have been trained in the SEEDS of Learning™ framework. This includes 288 educators in state- and federally-subsidized classrooms, 25 educators in public school transitional kindergarten classrooms, 365 educators in licensed family child care homes and private/non-profit centers, and 83 Santa Cruz Reading Corps Literacy Tutors.

- **SEEDS-trained early educators are transforming their classrooms into literacy-rich environments.** SEEDS-trained early childhood educators are working to ensure their children are on target for kindergarten readiness by using evidence-based early literacy strategies, and integrating pre-literacy materials into their learning environments.

  - **Center-Based Toddler and Pre-K Classrooms.**

    Research on teacher effectiveness shows that by focusing professional development on language and literacy and social/emotional development, children are much better prepared for school and have higher academic achievement. SEEDS training is designed to help educators create a literacy-rich environment that supports children's early language, social-emotional development, motor skill development, and emerging literacy and math skills through meaningful, developmentally appropriate experiences.

    In FY 2025-26, the focus of the SEEDS training began including young toddlers up to age 3. To address this younger age group, two instructors of First 5's Early Literacy Foundation program created their own observational checklist called the *Checklist for a Literacy Rich Toddler Program* (*Checklist*). The *Checklist* lists various "literacy-rich strategies" for observers to look for inside a classroom, and these observations are used as a coaching tool, supporting teachers in setting early literacy goals.

    The observers assessed whether or not "literacy-rich strategies" were observed in SEEDS classrooms. Observations were completed at the beginning (Pre) and end (Post) of the SEEDS trainings. Results for this one year show that:

    - On average, literacy-rich strategies were frequently used in classrooms, even before the SEEDS trainings began.
    - By the end of the SEEDS trainings, early childhood educators tended to use even more of these literacy-rich strategies in their classrooms.

  - **Family child care settings.**

    Early childhood educators from licensed family child care settings also participated in SEEDS training and received SEEDS coaching. Their sites were observed at the beginning of their SEEDS training in July and again at the end of their training in September.

    In FY 2025-26, a new set of individual questions from the *CHELLO* were selected to assess the settings at the beginning and end of the training.

    Results for this one year show that:

    - On average, all components that were selected to assess the settings of home-based classrooms showed improvements from the beginning of the trainings to the end.
    - The component that demonstrated the most improvement was the "Literacy Environment Checklist."

> *"The seeds of literacy are planted before children enter school.*
>
> *Important literacy skills do not develop spontaneously, instruction shapes them."*
>
> **- Snow, Burns, & Griffin, 1998**

- **Parents are getting involved in their children's reading.** SEEDS classrooms and family child care homes also implemented Raising A Reader (RAR), a weekly rotating book bag program for families, to boost shared reading practices and impact children's early literacy skills. In the 2025-26 fiscal year, nearly 3,200 children and their families participated in the program throughout the county, and nearly 35,600 children have participated since the beginning of this program in 2006.

  In FY 2025-26, First 5 notified RAR that due to budget constraints, First 5 would need to suspend financial support beginning July 1, 2026. In fall of 2025, Pajaro Valley Unified School District (PVUSD) and First 5 met to discuss a sustainability and transition plan for FY 2026-27 that will help districts, agencies, and sites become independent affiliates of Raising A Reader National, which will allow them to independently continue providing Raising A Reader to the community.

- **Children have their own books to develop their love for reading.** Dolly Parton's Imagination Library helps children develop a love for reading by providing free books to children from birth to their fifth birthday, regardless of their family's income. Children have the option of receiving books in English, or bilingual books (English and Spanish). In the fall of 2025, First 5 Santa Cruz County—along with founding local sponsors United Way of Santa Cruz County and Thrive by 5—brought Dolly Parton's Imagination Library to Santa Cruz County. Families can now enroll their children from birth to age five in this program, and every month a new, high-quality, and age-appropriate book will be mailed and addressed to their child.

  Enrollment data from the program's first year (fall 2025 through June 30, 2026) show strong participation among children: 2,598 children were registered in Dolly Parton's Imagination Library of Santa Cruz County, and 12,405 books were mailed to these children.

Equitable and sustainable early childhood systems

First 5 continues to focus on increasing coordination and integration among County organizations and sectors serving young children and families, prioritizing efforts that are responsive to the needs of the County's diverse community, and increasing local, state, and federal funding to sustain County investments in the early childhood system of care.

For over 20 years, these service integration and systems building functions have become a cornerstone of First 5's strategy to promote and create an equitable and sustainable early childhood system of care in Santa Cruz County. Central to that strategy is the role that First 5 plays leading the coordination and evaluation of the county-wide Thrive by 5 initiative in partnership with the Human Services Department and the Health Services Agency, with guidance from an Advisory Committee established by the First 5 Santa Cruz County Commission. In addition to Thrive by 5, First 5 has expanded the implementation of its communications plan, supported multiple community engagement activities and continued to play an active role in systems-building efforts led by First 5 partners.

- **Thrive by 5.** In January 2017, the Santa Cruz County Board of Supervisors established the Thrive by Three Early Childhood Fund to improve outcomes for the County's youngest children and their families. In May 2022, the Board expanded its scope to Thrive by 5, creating greater alignment with other early childhood initiatives and funding streams. First 5 and its Thrive by 5 partners have since adopted the following strategic goals and community-level impacts:

  Children and families are healthy

  - Early access to prenatal care
  - Healthy births
  - Preventive health care
  - Access to nature, open space

  Children and families are ready for kindergarten

  - Access to quality child care and early learning programs

  Children live in safe, nurturing families

  - Assets that promote resilience
  - Parent and caregiver well-being
  - Safe families and home

  Families have resources to support children's optimal development

  - Economic security and stable housing

  In FY 2025-26, First 5 and its Thrive by 5 partners have:

  - **Enrolled** 209 families of children from prenatal to age 5 in the County's home visiting programs: Nurse-Family Partnership, Trauma Informed Approach (TIA) Field Nursing, and Families Together.
  - **Refined** the CalWORKs coordinated referral process through the Coordinated Referral Workgroup. All 33 CalWORKs participants contacted agreed to a referral, and 29 participants received a total of 72 milestone incentives (valued at $3,600) for participating in home visiting.
  - **Hosted** four Thrive by 5 Learning Collaborative sessions for partners on topics including doula services, safe sleep, human trafficking, and early education resources for families, among others.
  - **Redirected** $100,000 in Thrive by 5 Early Learning Scholarship funds to emergency bridge funding for Head Start and Early Head Start in October 2025. This bridge funding helped sustain services for about 250 young children during the federal government shutdown.

- **Supported** HealthySteps, an interdisciplinary, evidence-based pediatric primary care program that served 3,543 children in FY 2025-26 at Salud Para La Gente and Santa Cruz Community Health clinics.
- **Convened** four meetings of the Thrive by 5 Advisory Committee on topics including Dolly Parton's Imagination Library, Medi-Cal and Head Start updates, and supporting immigrant families with young children, among others.
- **Completed** a Comprehensive Fiscal Analysis with Prenatal to Five Fiscal Strategies. Its four recommendations will help guide future investment, workforce, and system-capacity efforts across the Thrive by 5 system of care.

- **Communications and Community Engagement.** First 5 Santa Cruz County developed a draft Communications Plan integrating the *Annual Evaluation Report* with priorities from the 2025–2030 Strategic Plan, which aims to build a connected, bilingual, equity-centered communications ecosystem that shares impact stories and data, engages families, partners, funders, and policymakers, and strengthens trust, participation, and advocacy. First 5's communications plan continues to focus on increasing awareness of early childhood development, offering resources for families and early care and education providers, and promoting the agency's programs and partnerships both locally and state-wide. First 5 has continued to address equity and access by consistently engaging Spanish language translation and interpretation services for its website, newsletter, outreach materials, and community engagement.

  The continued focus of this communications plan is guided by four goals:

  - **Increase Awareness** – Ensure families, policymakers, and Community Based Organizations know First 5's impact, priorities, and resources.
  - **Drive Engagement** – Inspire families and partners to access all services and benefits that they are eligible for, share content, and participate in events.
  - **Support Advocacy** – Give policymakers and leaders compelling and accurate data and real stories to inform policy and funding.
  - **Build Trust & Relationships** – Establish First 5 as a trusted brand and go-to source for early childhood development information in Santa Cruz County.

- **DataShare Santa Cruz County.** DataShare is a county-wide data sharing system designed to share data on a variety of factors that affect the well-being of residents in the county. DataShare's mission is to provide an accessible, comprehensive, and reliable resource for local, regional, and national data that is available to everyone. DataShare Santa Cruz County envisions an equitable, thriving, and resilient community where everyone shares responsibility for creating the social, economic, and environmental conditions necessary for health and well-being at every stage of life. The website is an interactive data platform with local, state, and national data that allows users to explore and understand information about our local community. The site holds robust data and indicators in the areas of health,

economy, education, environment, government and politics, public safety, transportation, and social environment. In FY 2025-26, DataShare served as a source for community-level indicators in the Thrive by 5 report, including data on health insurance coverage among young children. To learn more, visit: https://www.datasharescc.org/

- **Central Coast Early Childhood Advocacy Network.** Building on a series of successful legislative visits and policy wins for early childhood in 2017, First 5 Monterey, San Benito, and Santa Cruz Counties joined forces in FY 2017-18 to help form the tri-county Central Coast Early Childhood Advocacy Network (CCECAN). Representing over 94,000 children ages 0-8, CCECAN is a collaboration of organizations and individuals in the tri-county area committed to strengthening and advocating for policies and systems change at the state and local level that will support thriving children and families. To learn more, visit: https://www.ccecan.org/

- **Cradle to Career.** Grown out of the Live Oak Cradle to Career place-based initiative, a nascent idea in 2013 championed by former Supervisor John Leopold, today, C2C is a results-based collaboration between parents and local education, health, and social service leaders in two school districts in the county. C2C's mission is to work collectively to empower families, deliver resources, and advocate for equitable and inclusive support systems to eliminate disparities and ensure all Santa Cruz County children thrive in their education, health, and character. To learn more, visit: https://c2cscc.org/

- **Oral Health Access.** Oral Health Access Santa Cruz County (OHA) was created in 2016 as a steering committee made up of community leaders and organizations, dental and medical clinics, and educators to address oral health needs in Santa Cruz County. Led by Dientes Community Dental, the County of Santa Cruz Health Services Agency Public Health Division, and numerous community partners, the committee's mission is to improve the oral health of Santa Cruz County residents by uniting stakeholders and advocating for sound, measurable strategies that increase access to care and education. In the spring of 2024, First 5's Executive Director agreed to serve as Co-Chair in overseeing the implementation of OHA's new 2024-2028 Strategic Plan. Data in the FY 2025-26 Thrive by 5 report show that the share of children ages 0-5 with Medi-Cal insurance who visited the dentist annually rose, with the largest gains among children under age 1, likely reflecting the impact of the First Tooth, First Birthday campaign. To learn more, visit: https://oralhealthscc.org/

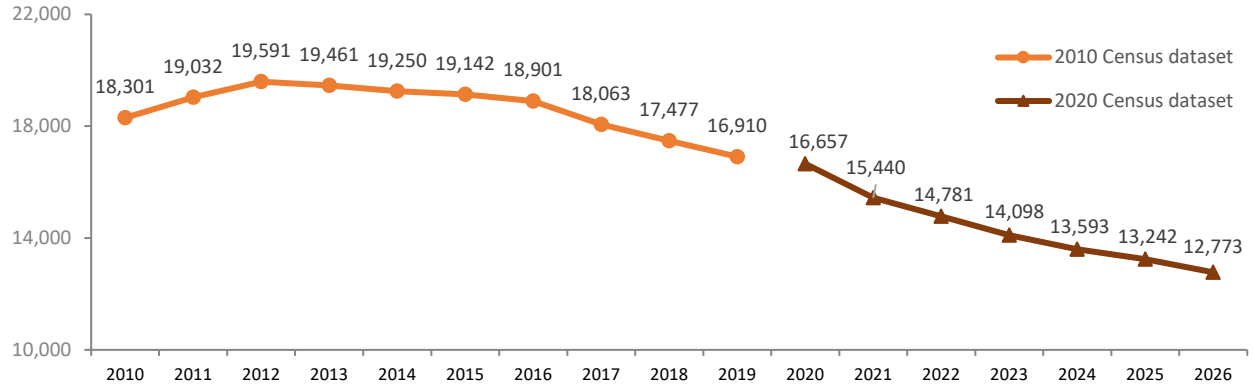
Overall Well-Being Of Children In The County

A Profile of Santa Cruz County's Youngest Children

Santa Cruz County has a diverse population of young children. In 2026, there were 12,773 children ages 0-5 living in the County, the majority of whom were either Hispanic or Latine[9] (48%) or White (44%). This diversity is also evident in kindergarten, where in 2026, almost 32% of kindergarteners were identified as being English Learners or Fluent-English-Proficient.

Note the two separate lines of data in the figure below. In 2023, the California Department of Finance (DOF) provided a new dataset for the years 2020-on, based on the 2020 Census. The previous dataset for 2010-2019 was based on the 2010 Census, and the DOF does not recommend comparisons between the two datasets. However, results from the previous 2010-2019 dataset are still displayed here in order to show the trends during that time period.

Figure 2: **Number of County children ages 0-5**



Source: (2010-2019; based on 2010 Census) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021; (2020-current; based on the 2020 Census) California Department of Finance. Demographic Research Unit. 2025. *State And County Population Projections 2020-2070 [computer file]*. Sacramento: California Department of Finance. September 2025. Population numbers are as of July 1 of each year. Previous years' numbers (for the 2020 Census dataset) have been modified to reflect updated data.

Figure 3: **Race/Ethnicity of County children ages 0-5 (2026)**

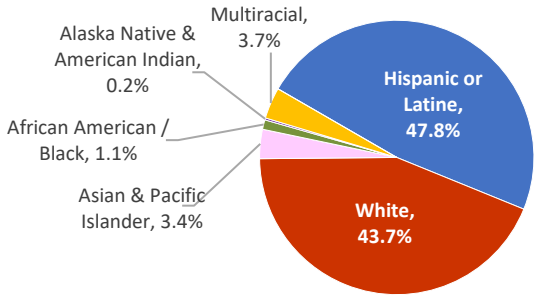
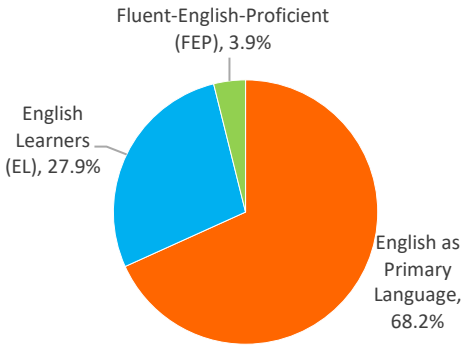


Figure 4: **English language acquisition status of County kindergarteners (2025-2026)**



Source: (Ethnicity) California Department of Finance. Demographic Research Unit. 2025. State And County Population Projections 2020-2070 [computer file]. Sacramento: California Department of Finance. September 2025. (English Language Proficiency) California Department of Education, DataQuest, retrieved August 2026.
N: (Ethnicity) N=12,773; (English Language Proficiency) N=2,264.

[9] "Latine" is a gender-neutral term used when referring to people of Latin American heritage without assuming their gender identity. See *Hispanic Executive* for more information about the use of this term (http://hispanicexecutive.com/latinx-latine-explainer/).

County-Wide Trends in Indicators of Child and Family Well-Being

Healthy Children

Indicator	Santa Cruz County Population[1]	Current Data[2]	Change Over Time[3] 1 Year	5 Years
Medical Care				
Health Insurance (2024) *(5-year estimates)*	Children (ages 0-5)	98.4%	⇔ +0.3 net increase	⇔ -0.2 net decrease
Dental Insurance Enrollment (2023) *(Members with at least three consecutive months of dental-eligible Medi-Cal coverage)*	Infants on Medi-Cal (ages 1-2)	2,389	⇔ -0.7%	⇩ -25.0%
	Toddlers on Medi-Cal (ages 3-5)	3,813	⇩ -4.2%	⇩ -20.1
Dental Utilization (2023) *(Been to the Dentist in the last year)*	Infants on Medi-Cal (ages 1-2)	55.7%	⇧ +3.8 net increase	⇧ +8.5 net increase
	Toddlers on Medi-Cal (ages 3-5)	64.3%	⇧ +2.4 net increase	⇧ +1.2 net increase
Received recommended Well-Child Visits (2025)	Children on Medi-Cal (ages 0-15 mo.) *(who received at least 6 Well-Child visits)*	79.8%	⇔ 0.0 no change	⇧ +29.7 net increase
	Children on Medi-Cal (ages 15-30 mo.) *(who received at least 2 Well-Child visits)*	86.7%	⇧ +3.4 net increase	⇧ +2.8 net increase
Received childhood immunizations (2025) *(Received all 10 recommended vaccines by their second birthday)*	Children on Medi-Cal (ages 0-24 months)	44.5%	⇩ -3.7 net decrease	⇩ -9.6 net decrease
Received Developmental Screenings (2025)	Children on Medi-Cal (age 12 months)	46.0%	⇩ -12.5 net decrease	⇧ +19.7 net increase *(4-year trend)*
	Children on Medi-Cal (age 24 months)	66.5%	⇩ -3.6 net decrease	⇧ +21.4 net increase *(4-year trend)*
	Children on Medi-Cal (age 36 months)	53.5%	⇩ -6.2 net decrease	⇧ +11.8 net increase *(4-year trend)*
Received Vision Screenings (2025) *(At least once during the year)*	Children on Medi-Cal (ages 0-5)	19.9%	⇩ -1.3 net decrease	⇔ +0.7 net increase
Emergency Department Visits (2025)	Watsonville Hospital *Infants (under age 1) with Medi-Cal Insurance*	857	⇧ +11.2%	⇧ +75.3%
	Dominican Hospital *Infants (under age 1) with Medi-Cal Insurance*	365	⇧ +5.8%	⇧ +64.4%
Maternal Mental Health (2020-22) *(Experienced perinatal depression)*	Mothers experiencing Prenatal Depression Symptoms	15.4%	⇧ +2.8 net increase	⇧ +2.3 net increase *(4-year trend)*
	Mothers experiencing Postpartum Depression Symptoms	17.0%	⇧ +3.6 net increase	⇧ +4.0 net increase *(4-year trend)*

INDICATOR	SANTA CRUZ COUNTY POPULATION[1]	CURRENT DATA[2]	CHANGE OVER TIME[3] 1 YEAR	5 YEARS
BIRTHS AND PRENATAL CARE				
Strong Start scores (2023) *(ranges 0–12)*	Newborns (average Strong Start score)	9.6	⇔ 0.0	⇔ 0.0
Prenatal Care in the First Trimester ***(by Mother's Age)*** (2024)	All Mothers	87.6%	⇔ -0.4 net decrease	⇧ +1.8 net increase
	Mothers (ages 24 and under)	83.4%	⇧ +7.8 net increase	⇧ +6.5 net increase
Prenatal Care in the First Trimester ***(by Payment Method)*** (2024)	Private insurance	95.1%	⇩ -1.5 net decrease	⇔ +0.8 net increase
	Medi-Cal	79.6%	⇔ -0.2 net decrease	⇧ +2.2 net increase
Preterm Births (2024)	All Mothers	7.4%	⇔ -0.4 net decrease	⇔ -0.3 net decrease
Low Birthweight (2024)	All Mothers	5.5%	⇔ -0.3 net decrease	⇔ -0.3 net decrease
Births to Teen Mothers (2024)	Teen mothers (ages 15-19)	3.0%	⇔ 0.0 No change	⇩ -1.0 net decrease
Teen Birth Rate *(per 1,000)* (2024)	Teen mothers (ages 15-19)	5.3 (per 1,000)	⇔ -0.02 net decrease	⇩ -0.3 net decrease
Births Paid by Medi-Cal (2026)	All Mothers	55.0%	⇩ -1.2 net decrease	⇩ -2.5 net decrease

Thriving Families

INDICATOR	SANTA CRUZ COUNTY POPULATION[1]	CURRENT DATA[2]	CHANGE OVER TIME[3] 1 YEAR	5 YEARS
FINANCIAL WELL-BEING				
Unemployment Rate (2026)	Santa Cruz County *(Average monthly rate; FY July-June)*	6.0%	⇔ +0.3 net increase	⇩ -1.5 net decrease
	Boulder Creek *(Average monthly rate; FY July-June)*	12.0%	⇔ 0.0 No change	⇩ -3.1 net decrease
	Corralitos *(Average monthly rate; FY July-June)*	2.6%	⇔ 0.0 No change	⇩ -15.9 net decrease
Federal Poverty Rate (2024)	General population *(1-year estimates)*	11.8%	⇩ -1.1 net decrease	⇧ +1.7 net increase
	Families with three or four members *(1-year estimates)*	6.7%	⇧ +2.5 net increase	⇧ +1.5 net increase
	Families with children under age 5 *(5-year estimates)*	4.5%	⇧ +1.0 net increase	⇩ -1.4 net decrease
Poverty Rate *("Real Cost Measure")*[4] (2023)	Families of four *(2 adults, 1 infant, 1 preschooler)*	37%	⇧ +2 net increase	⇧ +11 net increase
Median Household Income *("Real Cost Measure")*[4] (2023)	Families of four *(2 adults, 1 infant, 1 preschooler)*	$119,488	⇧ +4.2%	⇧ +10.1%

Indicator	Santa Cruz County Population[1]	Current Data[2]	Change Over Time[3] 1 Year	Change Over Time[3] 5 Years
Poverty Income Threshold *("Real Cost Measure")*[4] (2023)	Families of four *(2 adults, 1 infant, 1 preschooler)*	$142,068	⇧ +6.9%	⇧ +47.4%
Median Self-Sufficiency Standard Income Threshold (2026)	Families of four *(2 adults, 1 infant, 1 preschooler)*	$297,703	⇧ +60.4% *(2-year trend)*	⇧ +162.3%
Enrollment in Public Assistance Programs				
Medi-Cal Enrollment (2026)	General population *(Annual enrollment, fiscal year)*	83,252	⇩ -4.2%	⇧ +5.5%
	Newborns *(Annual enrollment, fiscal year; County resident born in any location)*	1,329	⇩ -3.1%	⇩ -21.9%
CalWORKs (2026)	General population *(Average monthly enrollment; FY July-June)*	3,164	⇔ -0.5%	⇧ +8.6%
CalFresh Program/Food Stamps (2026)	General population *(Average monthly enrollment; FY July-June)*	30,811	⇩ -2.9%	⇧ +14.3%
Free and Reduced Price Meals (2026)	Student population *(Annual enrollment; school year)*	36,980	⇔ -0.8%	⇩ -6.9%
Women, Infants, & Children Program (2025)	General population *(Average monthly enrollment, calendar year)*	5,785	⇔ +0.5%	⇧ +5.9%
Housing assistance (2025) *(Number of occupied HUD housing program units)*	Households in subsidized housing *(Calendar year)*	6,488	⇧ +8.3%	⇧ +11.7%
Child Welfare / Family Support				
Foster Care Point-In-Time "In-Care" rates *(per 1,000)* (2023 / 2025 / 2026)	Infants (under age 1) *(2023)*	6.3 (per 1,000)	⇔ -0.03 net decrease	⇔ -0.09 net decrease
	Toddlers (ages 1-2) *(2026)*	3.3 (per 1,000)	⇔ +0.04 net increase	⇔ -0.05 net decrease
	Preschoolers (ages 3-5) *(2025)*	1.8 (per 1,000)	⇔ -0.02 net decrease	⇔ -0.05 net decrease
Rate of Substantiated Allegations of Child Maltreatment *(per 1,000)* (2024 / 2025)	Infants (under age 1) *(2025)*	10.8 (per 1,000)	⇧ +0.28 net increase	⇧ +0.28 net increase
	Toddlers (ages 1-2) *(2024)*	3.3 (per 1,000)	⇩ -0.14 net decrease	⇔ -0.04 net decrease
	Preschoolers (ages 3-5) *(2025)*	3.2 (per 1,000)	⇔ +0.05 net increase	⇧ +0.13 net increase *(4-year trend)*
Experienced two or more Adverse Childhood Experiences (ACEs) (2024)	Adults who reported experiencing ACEs as a child	44.6%	⇩ -17.9 net decrease	⇩ -6.0 net decrease *(3-year trend)*
Family Reading (2024) *(Child age 0-5 is read to every day)*	Children (ages 0-5)	72.9%	⇔ -0.1 net decrease *(2-year trend)*	⇧ +7.8 net increase *(6-year trend)*

Early Care and Education

INDICATOR	SANTA CRUZ COUNTY POPULATION[1]	CURRENT DATA[2]	CHANGE OVER TIME[3] 1 YEAR	CHANGE OVER TIME[3] 5 YEARS
EARLY CARE / EDUCATION				
Number of available child care spaces (2023)	Children 0-5	5,918	1-year comparison data not available	⇩ -15.5% *(7-year trend)*
Availability of child care for children by Age group (2023)	Infants/Toddlers (ages 0-2)	26.0%	1-year comparison data not available	5-year comparison data not available
	Preschool children (ages 3-5)	77.9%	1-year comparison data not available	5-year comparison data not available
Availability of subsidized child care for income-eligible children (2023)	Infants/Toddlers (ages 0-2)	15%	1-year comparison data not available	⇩ -1.4 net decrease
	Preschool children (ages 3-4)	59%	1-year comparison data not available	⇧ +13.6 net increase
Availability of child care for working families (2023)	Children ages 0-12 with parents in the labor force	41.1%	⇧ +4.8 net increase *(2-year trend)*	⇧ +9.1 net increase *(6-year trend)*
Enrolled in Special Education Programs (2026)	Children (ages 3-5)	7.4%	⇔ +0.2 net increase	⇧ +2.5 net increase *(3-year trend)*
Enrolled in inclusive ECE settings (2026) [5]	Children with disabilities (ages 3-5)	87.5%	⇧ +2.0 net increase	⇔ +0.3 net increase
ECE settings implementing inclusive practices (January-June 2026) *(Through participation in grant-funded trainings)* [6]	Number of Classrooms participating	21	There are no comparison data for this measure	
	Number of Staff participating	63		
	Staff who completed all trainings	66.7%		
	Staff who completed at least 3 trainings	79.4%		
3rd Grade Reading Fluency (2025) *(Met or Exceeded Standards in English Language Arts/Literacy)*	3rd Grade Students – Overall	37.2%	⇩ -1.2 net decrease	⇩ -3.6 net decrease *(6-year trend)*
	3rd Grade Students – English-Only Speakers	48.6%	⇩ -2.4 net decrease	⇩ -5.8 net decrease *(6-year trend)*
	3rd Grade Students – English Learners	8.5%	⇔ -0.6 net decrease	⇩ -6.1 net decrease *(6-year trend)*

[1] Data are for Santa Cruz County, unless otherwise noted.

[2] This table reflects the most current data available at the time of this report.

- Current data are for this fiscal year, unless otherwise noted.
- Many of the agencies that provide these data also update their data for past years. Therefore, the "Change over time" comparisons in this table are based on the most current data available for all years (current and previous), rather than on the data reported in previous *First 5 Annual Evaluation Reports*.

[3] "Change Over Time" reflects the time period from the last year of available data. For data that are quantities (e.g., enrollment numbers), change over time is calculated using a percent change. For data that are already percentages (e.g., unemployment rates), change over time is calculated using a net change (subtraction of percentages).

Sources:

- **Healthy Children**

Health Insurance: U.S. Census Bureau. "Health Insurance Coverage Status by Sex by Age" *American Community Survey*, ACS 5-Year Estimates Detailed Tables. Accessed on August 14, 2026.

Dental insurance enrollment: California Department of Health Care Services, Medi-Cal Dental Services Division, *Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2023*, California Health and Human Services Open Data Portal. These enrollment numbers are for a subset of all enrolled members, in that they only include Medi-Cal members who were continuously enrolled in either Dental Managed Care or the Dental Fee-for-Service delivery system for at least 3 months during the year. Since these numbers exclude anyone enrolled for fewer than three consecutive months, these enrollment numbers are a reasonable proxy for the number of members with meaningful dental coverage that year.

Dental utilization (Been to the dentist in last year): Department of Health Care Services (DHCS), Medi-Cal Dental Services Division, *Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2023*, California Health and Human Services Open Data Portal. Results reflect the most current data available at the time of this report.

Well-Child Visits: Central California Alliance for Health, *HEDIS Results*. Only Santa Cruz County children in the Medi-Cal managed care plan handled by the Alliance are included in this analysis; data from the Medi-Cal managed care plan handled by Kaiser Permanente are not yet available.

Immunizations: Central California Alliance for Health, *HEDIS Results*. Percentage of children covered by Medi-Cal insurance who received all 10 "Combo 10" recommended vaccines by their second birthday. Only Santa Cruz County children in the Medi-Cal managed care plan handled by the Alliance are included in this analysis; data from the Medi-Cal managed care plan handled by Kaiser Permanente are not yet available.

Developmental Screenings: Central California Alliance for Health, *HEDIS Results*. Only Santa Cruz County children in the Medi-Cal managed care plan handled by the Alliance are included in this analysis; data from the Medi-Cal managed care plan handled by Kaiser Permanente are not yet available.

Vision Screenings: Central California Alliance for Health, 2026. Vision screenings included tests of "Visual Acuity, Quantitative, and Bilateral," and were provided during in-person and Telehealth visits to Pediatrics, Family Medicine, General Practice, Internal Medicine, and Hospice and Palliative Medicine settings. Only Santa Cruz County children in the Medi-Cal managed care plan handled by the Alliance are included in this analysis; data from the Medi-Cal managed care plan handled by Kaiser Permanente are not yet available.

ED visits: State of California, Department of Health Care Access and Information (HCAI), Information Services Division, *2025 Emergency Department Data and customized reports*, 2026.

Maternal Mental Health: California Department of Public Health (CDPH), Maternal, Child & Adolescent Health Division, *Maternal Mental Health dashboard*, using data from the *Maternal and Infant Health Assessment (MIHA), 2016–2022* survey. CDPH provides this description of perinatal depression: "Depression is one of several common mental health conditions experienced during pregnancy or postpartum. Prenatal depression increases the risk of preterm birth, low birthweight, and preeclampsia and can negatively impact breastfeeding and a birthing person's ability to bond with their baby. Perinatal depression also increases a birthing person's risk of chronic depression and suicide as well as the child's risk of developmental problems. With the appropriate treatment, most birthing people can experience full recovery."

Strong Start Scores: Children's Data Network and First 5 California, California Strong Start Index, 2026. Since the Strong Start Score is the sum of its items (i.e., a ratio scale with a discrete range of scores from 0–12), improvement is calculated as the amount of change between Pre and Post scores relative to the maximum possible amount of change (i.e., a "Relative Percent Change").

Births and Prenatal care measures: (Prenatal Care in the 1st Trimester; Preterm births, Low birthweight; Births to teen mothers, Teen birth rate) Centers for Disease Control and Prevention, CDC WONDER Online Database.

Births paid by Medi-Cal: (Prior to 2019) Santa Cruz County Health Services Agency, Public Health Division, Sutter Maternity & Surgery Center; (2019-on) Santa Cruz County Health Services Agency, Public Health Division and First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records.

- **Thriving Families**

Unemployment Rate: State of California, Employment Development Department, *Unemployment Rates (Labor force)*. Census Designated Place (CDP): CDPs are a subset of an official Census place. CDPs have no legal status or government, but are identifiable by name. The boundaries of CDPs are usually defined in cooperation with local officials, and are subject to revision at each decennial census. Previous years' numbers (for the 2020 Census dataset) have been modified to reflect updated data.

Federal Poverty Rate: U.S. Census Bureau. "Poverty Status in the Past 12 Months," *American Community Survey*, Table B17020 (1-Year Estimates) and Table S1702 (5-Year Estimates), Accessed on August 19, 2026.

[4] "Real Cost Measure" Poverty measures (Poverty Rate, Median Household Income, Poverty Income Threshold), for a family of four (2 adults, 1 infant, 1 preschooler). United Ways of California, *The Real Cost Measure in California 2025, The Real Cost Measure Interactive Data Dashboard*. Unlike the Federal poverty measures which primarily account for the cost of food, the Real Cost Measure factors the costs of housing, food, health care, child care, transportation and other basic needs to reveal what it really costs to live in California. The poverty measures presented here are based on using the calculated *Real Cost Measure* as the threshold of poverty.

Self-Sufficiency Standard Income Threshold: For a family of four (2 adults, 1 infant, 1 preschooler). Center for Women's Welfare, University of Washington, *The Self-Sufficiency Standard for California 2026*. Provided by The Maven Collaborative, 2026. The Self-Sufficiency Standard (SSS) is a more comprehensive measure of income adequacy than the Federal Poverty Level, as it takes into account the costs of housing, child care, health care, transportation, food, and taxes, as well as economic differences between counties. The SSS is updated every few years; previous years' data may be modified to reflect updated data.

Medi-Cal enrollment: County of Santa Cruz Human Services Department, Employment & Benefit Services Division, 2026. Unlike the newborn Medi-Cal enrollment numbers presented in the Baby Gateway Newborn Enrollment Program section of this report, these newborn enrollment numbers also include children who were home births, and children who are residents of Santa Cruz County but were born at hospitals outside of the County.

CalWORKs: State of California Department of Social Services, *CalWORKs Cash Grant Caseload Movement Report*. Results reflect the most current data available at the time of this report.

CalFresh: California Department of Social Services, Food Stamp Program Participation and Benefit Issuance Report. Results reflect the most current data available at the time of this report.

Free and Reduced Price Meals: California Department of Education, *DataQuest*.

WIC: California Department of Public Health, Women, Infants and Children (WIC) Division, Participant Analysis, Research and Evaluation Section.

Housing assistance: U.S. Department of Housing and Urban Development, Office of Policy Development and Research (PD&R), HUD User, *Picture of Subsidized Households*. This includes every HUD housing program present in Santa Cruz County regardless of who administers them: Housing Choice Voucher (HCV), Mod Rehab, Project-Based Section 8, Section 202/PRAC (supportive housing for the elderly), and Section 811/PRAC (supportive housing for persons with disabilities).

Foster care "In-care" rate: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Gomez, A., Dua, A., McGowan, H., Sanghani, H., Berwick, H., Lu, F., Hoerl, C., Ensele, P., Nevin, J., & Michel, J. (2026) *CCWIP reports*. Retrieved August 21, 2026, from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.edu. The point-in-time "In-care rate" is computed by dividing the number of children in child welfare-supervised foster care by the child population, and then multiplying by 1,000. Data for some years are not available due to the Data De-identification Guidelines (DDG) adopted by California Department of Social Services, which require that statistically low values be masked on all public-facing resources in order to protect the confidentiality of individuals served by CDSS and the counties. Previous years' numbers have been modified to reflect updated data. Results reflect the most current data available at the time of this report.

Substantiated Allegations of Abuse: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Gomez, A., Dua, A., McGowan, H., Sanghani, H., Berwick, H., Lu, F., Hoerl, C., Ensele, P., Nevin, J., & Michel, J. (2026) CCWIP reports. Retrieved August 21, 2026, from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.edu. Data for some years are not available due to the Data De-identification Guidelines (DDG) adopted by California Department of Social Services, which require that statistically low values be masked on all public-facing resources in order to protect the confidentiality of individuals served by CDSS and the counties. Previous years' numbers have been modified to reflect updated data. Results reflect the most current data available at the time of this report.

ACEs: UCLA Center for Health Policy Research, *California Health Interview Survey: Number of adverse childhood experiences (8 point scale)*, AskCHIS Dashboard. This measurement shows the percentage of adults who reported having adverse childhood experiences (ACEs) as a child. See additional information about this ACEs measure in Appendix C: *Measurement Tools*. Results reflect the most current data available at the time of this report.

Family Reading: UCLA Center for Health Policy Research, *California Health Interview Survey*: Days per week reading books with child (0-5 years), AskCHIS Dashboard. Family Reading is included in this section because it measures a type of Positive Childhood Experience (PCEs), which is the focus of the Thriving Families Strategic Goal. Family Reading can contribute to children's school readiness, but it also cultivates positive parenting practices that strengthen parent-child relationships, which in turn foster resilience and help children thrive.

- **Early Care and Education**

Number of Available Child Care Spaces: Childhood Advisory Council of Santa Cruz County, *Final Report: Santa Cruz County Early Care, Education, and After-School Care Strategic Plan*, June 2023. Prepared by Brion Economics, Inc. These numbers represent the number of child care spaces in Licensed Child Care Centers, Licensed Family Child Care Homes, and License-Exempt providers and sites. The number of available spaces in 2016 are a close estimate.

Availability of child care for children x Age group: Childhood Advisory Council of Santa Cruz County, *Final Report: Santa Cruz County Early Care, Education, and After-School Care Strategic Plan*, June 2023. Prepared by Brion Economics, Inc. These results report the percentage of children in each Age Group who were able to find an available space in Licensed Child Care Centers, Licensed Family Child Care Homes, and License-Exempt providers and sites.

Availability of subsidized child care for Income-eligible children: (2018) American Institutes for Research, California Early Learning Needs Assessment Reports website, Retrieved October 1, 2022 from https://reports.elneedsassessment.org; (2023) Santa Cruz County Childhood Advisory Council, Santa Cruz County Office of Education, *Final Report: Santa Cruz County Early Care, Education, and After-School Care Strategic Plan – 2023*, Prepared by Brion Economics, Inc., June 2023. Results reflect the most current data available at the time of this report.

Availability of child care for working families (early care and education): KidsData website, *Availability of Child Care for Working Families: 2014-2023.* Retrieved July 30, 2026. Estimated percentage of children ages 0-12 with parents in the labor force for whom licensed child care spaces are available.

Enrolled in Special Education Programs: (Enrollment) California Department of Education, DataQuest, *Special Education Enrollment by Program Setting*. (Population) California Department of Finance. Demographic Research Unit. 2025. State And County Population Projections 2020-2070 [computer file]. Sacramento: California Department of Finance. September 2025. Population numbers are as of July 1 of each year. Results are calculated as the number of children ages 3-5 with disabilities and an Individualized Education Program (IEP) who are enrolled in Special Education as a percentage of the total number of children ages 3-5 in the County (as of the beginning of the school year).

[5] Enrollment of children with disabilities in inclusive ECE settings: California Department of Education (DOE), DataQuest, *Special Education Enrollment by Program Setting*. The Individuals with Disabilities Education Act (IDEA) is a federal law guaranteeing children with disabilities a free, appropriate public education tailored to their needs. The Least Restrictive Environment (LRE) is IDEA's requirement that they be educated with nondisabled peers as much as appropriate for the child. The DOE provides special education enrollment results by Program Setting, where two of the five Program Settings satisfy the LRE standard ("Regular Class 80 Percent or More of the Day" and "Preschool Setting") and the remaining three Program Settings do not ("Regular Class 40 to 79 Percent of the Day," "Regular Class 39 Percent or Less of the Day," "Separate School & Other Settings." These results show the percentage of children with disabilities enrolled special education settings that are LRE-compliant.

[6] ECE settings implementing inclusive practices: Santa Cruz County Office of Education (COE), Early Childhood Programs, *Inclusive Early Education Expansion Program (IEEEP) Grantee Biannual Progress Report, July 2026*.

- This indicator reports the number and percentages of ECE staff and settings that are participating in practice-based coaching and job-embedded professional learning, funded by a grant that the COE received from the California Department of Education (CDE), titled the *Inclusive Early Education Expansion Program* (IEEEP). The COE submits Progress Reports to the CDE throughout the grant period, and January – June 2026 is the most current report submitted. Only the data from this most recent Progress Report are reported here. As there is ongoing fluctuation of sites and staff during this grant period, no comparisons between reports would be appropriate.
- As explained on the CDE's website, "the goal of the IEEEP grant is to increase access for young children birth to five years old in inclusive early care and education programs. It supports the inclusion of children with disabilities and exceptional needs, including children with severe disabilities, in early care and education settings pursuant to Part B and Part C of the federal Individuals with Disabilities Education Act."
- The types of CDE-recommended professional development trainings used by the COE include: "Behavior and the use of positive behavior supports," the "Pyramid Model implemented with practice-based coaching," use of the "Classroom Assessment Scoring System (CLASS) with a focus on inclusion," use of the "Desired Results Development Profile (DRDP)," and others.
- Through these professional development trainings, ECE staff will develop the knowledge and skills required to implement effective inclusive practices in early child care setting for children with disabilities.

3rd Grade reading fluency (Met or Exceeded Standards In English Language Arts/Literacy): California Department of Education, California Assessment of Student Performance and Progress (CAASPP), *Smarter Balanced Summative Assessments for ELA and Mathematics*. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results. Assessment results reflect the most current data available at the time of this report.

Population Served By First 5 Funded Programs

Children and Families Served

Since the development of its evaluation system, First 5 Santa Cruz County has had the unique ability to gather unduplicated counts of individuals served within and across most partner programs. These data—or Client Characteristic Data ("CCDs")—are collected by First 5 staff or submitted by partners and analyzed to determine the unduplicated count of individuals served by program, by goal area, and overall.[10]

Unduplicated number of clients

The following table shows the **unduplicated number of clients** who participated in First 5-funded programs where complete CCDs were collected, by Goal Area and also overall.

Figure 5: **Unduplicated number of Children and Parents (with CCDs) served by First 5-funded services, by Goal Area (2025-2026)**

Goal Area	Number of Children (ages 0-5)		Number of Parents	
	Number	*Percent*	Number	*Percent*
Healthy Children	2,770	*45.4%*	2,132	*68.9%*
Thriving Families	156	*2.6%*	963	*31.1%*
Early Care and Education	3,181	*52.1%*	0	*0.0%*
Unduplicated Number of Clients *(unduplicated across all goal areas)*	**5,743**		**3,062**	

Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: This table includes clients for whom there was enough personal information collected to create a CCD. This includes Triple P parents and children ages 0-5 in in-depth Triple P services (both unique and non-consenting), and the few clients living in other counties. See the "Number of additional services" section below for a list of additional services that were provided to parents and children who did not have complete CCDs.

Number of additional services

The previous table only includes children and parents for whom a Unique ID was able to be created. It is important to note, however, that the number of individuals reached through First 5's investments is actually greater than what is reported in the unduplicated count of people served. The following table shows the estimated number of **additional** services provided to clients who participated in First 5-funded programs where complete CCDs were not collected, clients who were indirectly involved through the participation of another family member, and children ages 6 and older.

[10] In this report, a Unique Identifier (Unique ID) is created for every client for whom enough client characteristic data (CCDs) have been collected. These Unique IDs allow clients to be tracked and included in all analyses, and also allows them to remain anonymous. These Unique IDs are combined and comprehensively analyzed, and are collectively referred to as the "First 5 CCD database."

Figure 6: **Estimated number of additional First 5-funded services to Children and Parents (without CCDs, or indirectly served), by Goal Area (2025-2026)**

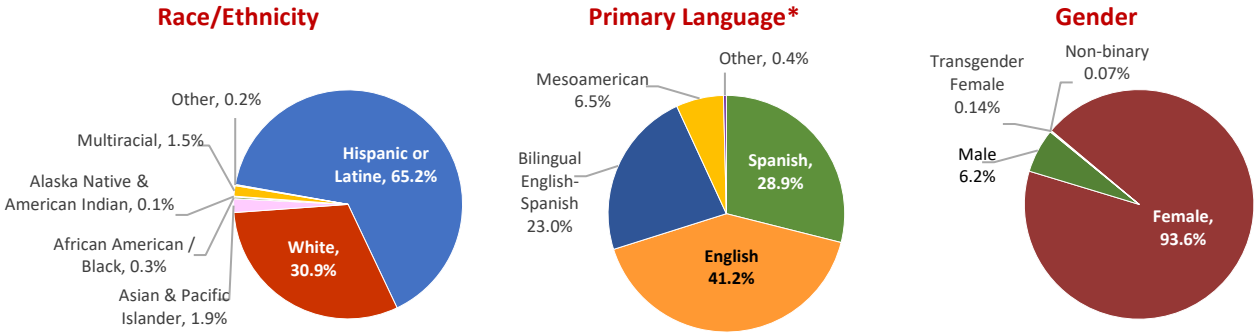
Goal Area	Additional Services to Children (all ages)	Additional Services to Parents
Healthy Children	0	74
Thriving Families	1,536	0
Early Care and Education	4,295	3,181
Estimated Number of Additional Services *(includes clients served In multiple goal areas)*	**5,831**	**3,255**

Sources: First 5 CCD database for July 1, 2025 – June 30, 2026, and funded partners' *Annual Progress Reports*.
Notes: These services include children of parents who took brief levels of Triple P where not enough information is collected to create CCDs for the children (Level 2 Individual, Level 2 Seminars, Level 3 Workshops); children ages 6 and older whose parents were engaged in Triple P, VisionFirst, or the Neurodevelopment Foster Care Clinic; children who have benefited from the professional development of their teachers and family child care providers through the Quality Counts Santa Cruz County (QCSCC) program; and parents/caregivers who were indirectly served by the Raising A Reader and Neurodevelopmental Foster Care Clinic programs through their children's engagement.

Demographics of parents and children served by First 5

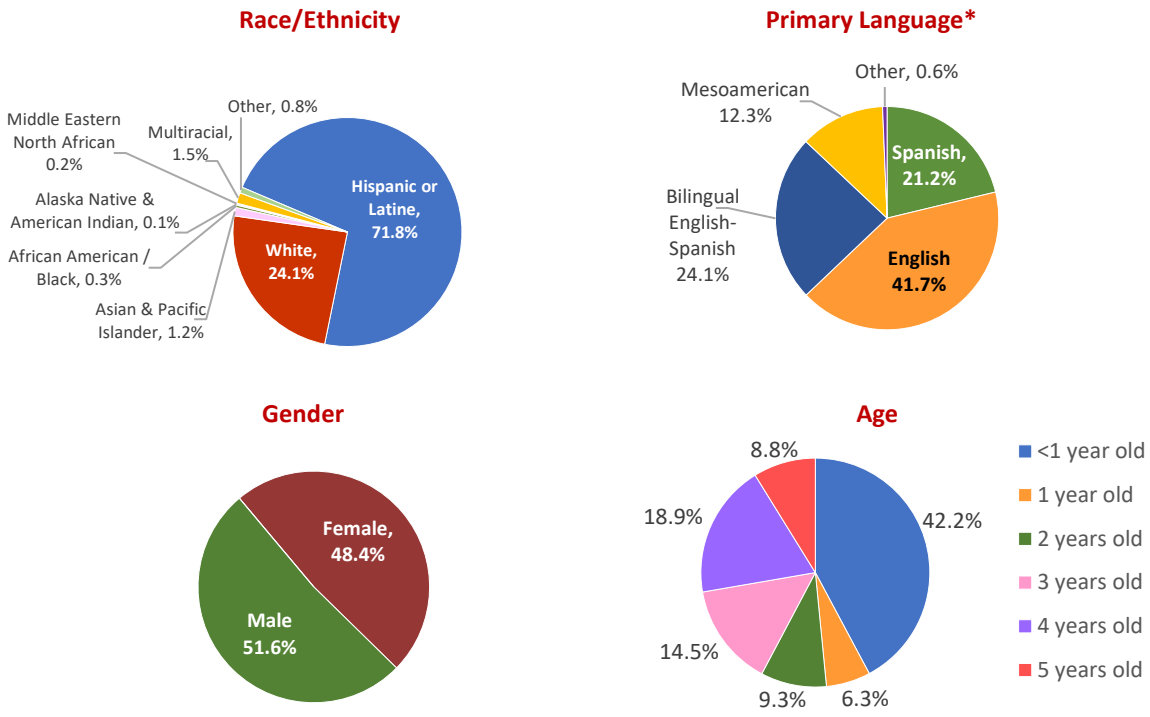
As can be seen in the following figures, the majority of parents are Hispanic or Latine (65%) or White (31%), and most speak either Spanish/Bilingual English-Spanish (52%) or English (41%) as their primary language. Almost 94% of parents participating in First 5-funded services are women. Approximately 72% of children are Hispanic or Latine, and the majority speak either Spanish/Bilingual English-Spanish (45%) or English (42%) as their primary language.

Figure 7: **Demographics of Parents served by First 5-funded services (2025-26)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Parents from any program where demographic information was collected are included in these analyses.
* "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" language options include Multilingual, Bilingual-Other, and other languages.
N: (Ethnicity)=1,967, (Language)=3,036, (Gender)=2,898.

Figure 8: **Demographics of Children (ages 0-5) served by First 5-funded services (2025-26)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
* "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" language options includes Multilingual, Bilingual-Other, and other languages.
N: (Ethnicity)=5,211, (Language)=5,702, (Gender)=5,706, (Age)=5,707.

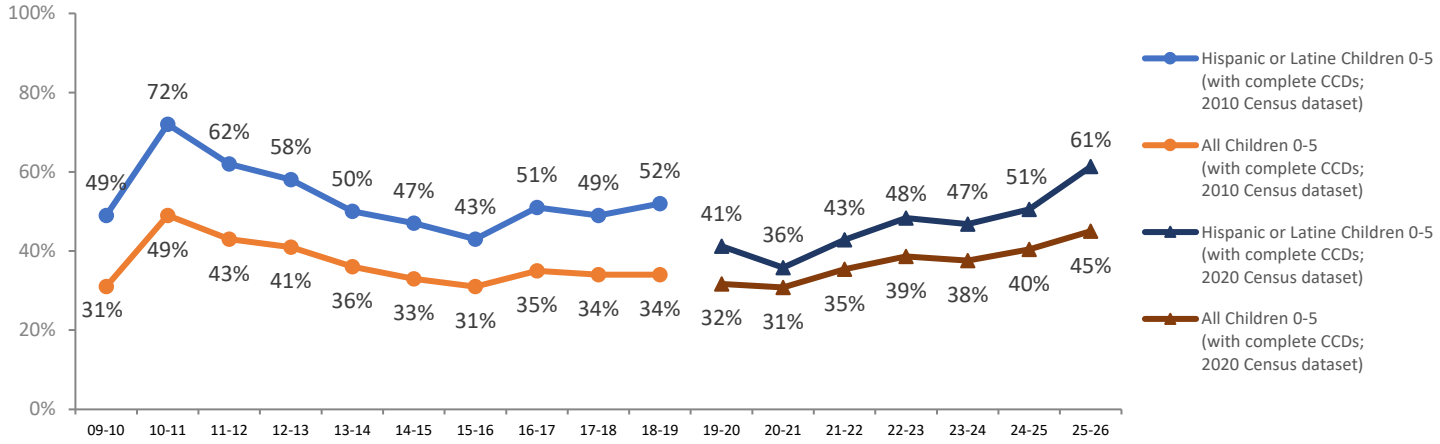
Percentage of children in Santa Cruz County served by First 5

According to the 2026 population estimates for Santa Cruz County, there were approximately 12,773 children ages 0-5 residing in the County[11] (including 6,108 Hispanic or Latine children).

- Approximately **45%** of all children ages 0-5 in the County, and **61%** of all children ages 0-5 among the Hispanic or Latine population, participated in services funded by First 5.
- In truth, the percentage of children supported by First 5 services is certain to be much higher when the number who were indirectly served are included. Approximately **5,831** additional services were provided to children ages 0-5 who participated in programs where full CCDs were not collected, children who were indirectly supported by a First 5-funded program, or children ages 6 and over.

[11] California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2070 (Baseline 2023 Population Projections; Vintage 2025 Release)*. Sacramento: California. April 2025.

Figure 9: **Percentage of Children 0-5 (with CCDs) in Santa Cruz County served by First 5**



Source: (Children 0-5 served by First 5) Client counts are for fiscal years, taken from First 5 CCD database. (County populations of children 0-5) Populations are for calendar years: (2010-2019) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021; (2020-current) California Department of Finance. Demographic Research Unit. 2025. State And County Population Projections 2020-2070 [computer file]. Sacramento: California Department of Finance. September 2025.

Notes:

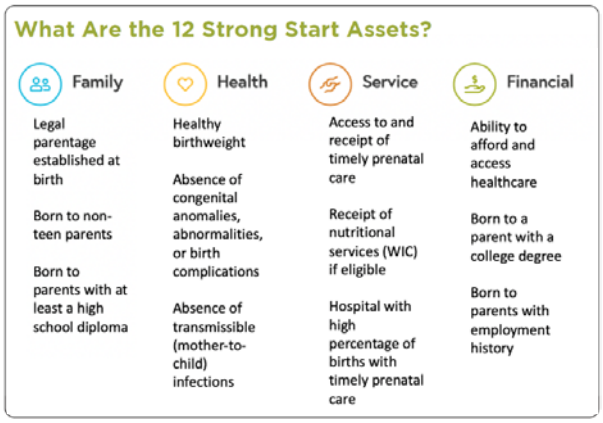
- Caution should be used when interpreting this chart. In 2023, the California Department of Finance (DOF) provided a new dataset for the years 2020-on based on the 2020 Census. The previous dataset for 2010-2019 was based on the 2010 Census, and the DOF does not recommend comparisons between the two datasets. However, results from the previous 2010-2019 dataset are still displayed here in order to show the trends during that time period.
- Previous years' numbers (for the 2020 Census dataset) have been modified to reflect updated data.

Increased Services in Communities with the Highest Needs

Levels of children's "Strong Start Assets" at birth

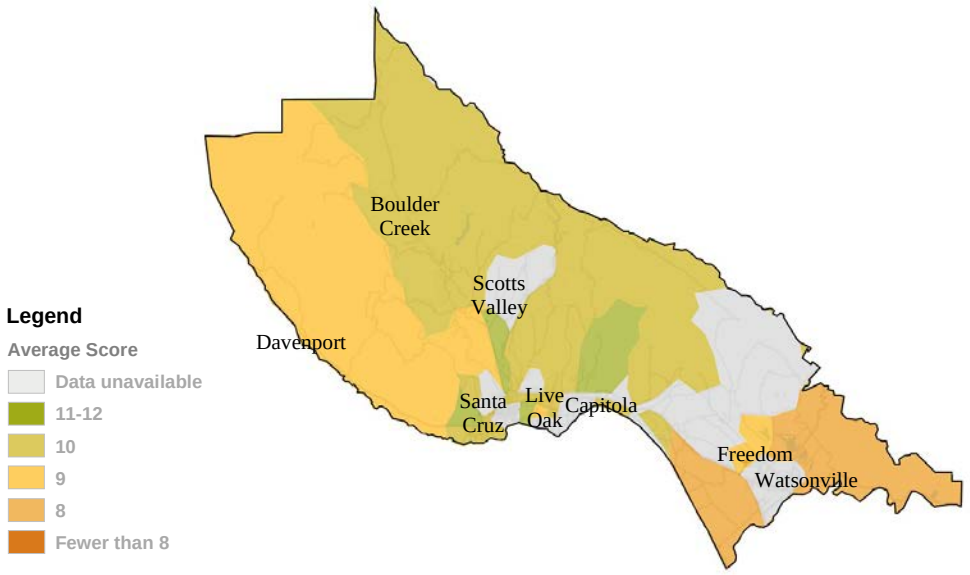
First 5 Association of California and Children's Data Network launched a new tool in 2019 to help service providers, policymakers, and government agencies more effectively support children and families, and direct resources where they are needed most. The "California Strong Start Index" uses information collected at birth to understand the conditions under which California's babies are born, at a very local level. The California Strong Start Index is comprised of 12 indicators, and the "Strong Start score" is calculated by simply counting the number of these assets present at birth (0-12). These birth indicators and measurements continue to be updated, and the most current version of the Index uses data from 2023.

As described in their press release, the Index focuses on resources that promote resilience. These resources come in the form of family, health, services, and financial assets that are used to create a Strong Start score for every newborn child. They include factors such as healthy birth weight, timely prenatal care, parental education level, and parents' ability to afford and access health care. These factors are tied to good outcomes and resilience throughout a person's lifespan.



In 2023, babies born in Santa Cruz County had an average Strong Start score of 9.6 of 12 assets, compared to 9.0 statewide (note that no census tracts had fewer than 8 assets in Santa Cruz County). The map below shows the average Strong Start scores for babies born in 2023 in Santa Cruz County, by census tract. For example, dark green indicates a Strong Start score of 11-12 assets for newborns in that neighborhood, whereas dark amber represents areas with fewer than 8 Strong Start assets—which is an indication of social, economic, environmental, and other systemic barriers to accessing the health, education, and economic services and supports that every family needs to provide their newborns with a strong start in life.

Figure 10: **Children's Strong Start scores at birth in Santa Cruz County, by Census Tract (2023)**



Source: Children's Data Network and First 5 California, *California Strong Start Index*, 2026.

In order to determine whether First 5 is allocating its resources equitably, this second map displays the relative size of client populations served by First 5's partners, with darker blue colors indicating more First 5 participants served than lighter blue colors.

- Note that these two maps use different areas of measurement. The "Strong Start scores" map evaluates data per census tract, which results in several small areas of analysis. The "Distribution of County children" map evaluates data per ZIP code, which results in fewer, large areas of analysis. This difference in granularity makes it harder to compare the two sets of results, but there is enough consistency to show a general correspondence between locations with fewer Strong Start assets and greater concentrations of First 5-funded services.
- As seen in the following table, 81% of children (with known ZIP codes) served by funded partners lived in the areas of the County with the fewest Strong Start assets (the Live Oak area of Santa Cruz, the city of Santa Cruz, and Watsonville), showing that First 5 partners are

reaching children and families who typically experience the greatest barriers to good health and well-being.

Figure 11: **Distribution of County children who received First 5-funded services, by ZIP Code (2025-26)**

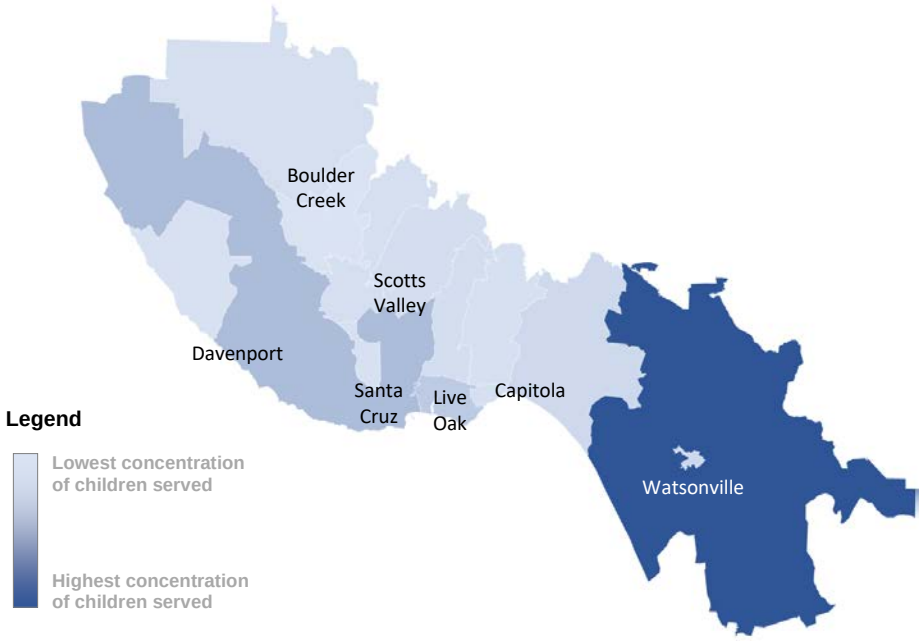


Figure 12: **Number of County children who received First 5-funded services, by ZIP Code (2025-26)**

Area	ZIP Code	Children Served	
		Number	Percentage
Aptos, Rio Del Mar*	95003	201	3.9%
Ben Lomond	95005	0	0.0%
Boulder Creek	95006	84	1.6%
Brookdale	95007	5	0.1%
Capitola	95010	71	1.4%
Davenport	95017	34	0.7%
Felton	95018	81	1.6%
Freedom	95019	204	3.9%

Area	ZIP Code	Children Served	
		Number	Percentage
Mt. Hermon	95041	7	0.1%
Santa Cruz (City)*	95060	785	15.2%
Santa Cruz (Live Oak)*	95062	485	9.4%
Santa Cruz	95064	45	0.9%
Santa Cruz	95065	100	1.9%
Scotts Valley*	95066	96	1.9%
Soquel	95073	64	1.2%
Watsonville*	95076	2,907	56.2%
Total	-	5,169	100.0%

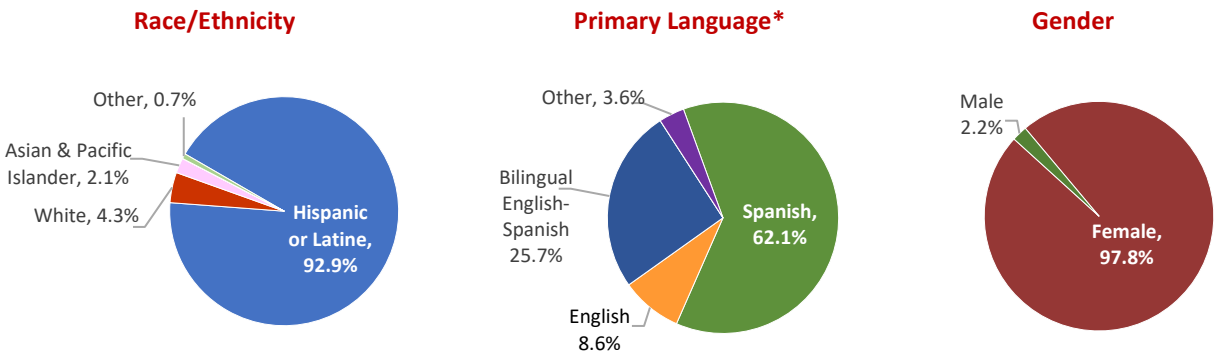
Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
* Children with Post Office mailing addresses in these areas were included in the area totals.
Note: Only children with known ZIP codes are included in this analysis.

Early Childhood Educators Served

First 5 Santa Cruz County helps support the professional development of early childhood educators in the community. In 2025-26, **410 early childhood educators** received professional development training from funded programs. This includes:[12]

- **50** early childhood educators from state and federally-subsidized preschools, licensed private and non-profit child care centers, public Transitional Kindergarten classrooms, and licensed family child care homes, who took a SEEDS of Learning™ course.
- **7** SEEDS Quality Coaches who provided literacy coaching to early educators receiving SEEDS of Learning™ instruction during the year.
- **267** teachers in child care center sites that participated in Quality Counts Santa Cruz County (QCSCC).
- **103** providers family child care sites that participated in QCSCC.
- **40** Family, Friend, and Neighbor license-exempt child care providers who participated in QCSCC.

Figure 13: **Demographics of Early Childhood Educators served by First 5-funded services (2025-26)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Demographics were only collected for teachers/providers receiving services where enough personal information was collected to create a Unique ID.
* "Other" primary language options include Bilingual-Other and Multilingual.
N=(Race, Language)=140; (Gender)=139.

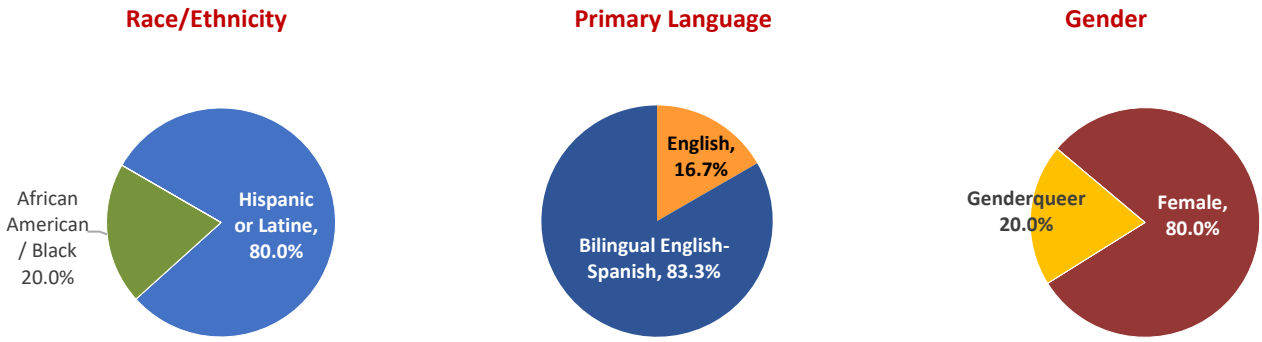
[12] Some educators participated in more than one funded program and are duplicated in these breakdowns.

Parent Educators Trained

First 5 Santa Cruz County supports the training of parent educators to deliver the Triple P – Positive Parenting Program, an evidence-based curriculum shown to improve parental efficacy, parent-child interaction, and child behaviors. In 2025-26, a total of **6 unique parent educators** received training and were accredited to provide Triple P services. This includes:

- **4** practitioners providing **Targeted** levels of Triple P (Levels 4 and 5)
- **2** practitioners providing **General** levels of Triple P (Level 2-Individual, Level 2 Seminar, Level 3 Workshop, and Level 3 Individual/Brief Group)

Figure 14: **Demographics of Parent Educators trained and accredited to provide Triple P services (2025-26)**



Source: First 5, Triple P program information, 2026.
N: (Race/Ethnicity)=5, (Language)=6; Gender)=5.

Program Profiles

PROGRAM PROFILES

This section of the report provides a snapshot of each of First 5's programs and the related work of its funded partners between July 1, 2025 and June 30, 2026.

Utilizing quantitative and qualitative data submitted by First 5's funded partners or collected directly by First 5, the Program Profiles highlight the work and related outcomes of each program in fiscal year (FY) 2025-26. Organized by goal area (Healthy Children, Thriving Families, Early Care and Education, and Equitable and Sustainable Early Childhood Systems), each profile briefly lists:

- Description of the program
- Population served
- Client outcome objectives achieved (and in a few cases, also program objectives achieved)[13]

[13] Definitions for each of these terms are as follows:
- A client outcome objective is the anticipated result of providing the services to the clients, including how that result will be measured and when the measurement will occur. Client outcome objectives are listed for a grantee's most significant objective(s).
- A program objective is a specific measurable statement of services which identifies the number of estimated unduplicated clients, the number of units of service, and the date by which the service(s) will be provided to all the clients.

HEALTHY CHILDREN

Strategic Goal:

Support and strengthen early childhood systems so that young children and their families have optimal physical, behavioral, social, and emotional health.

Desired Results:

- Equity in Strong Start Scores across the county
- Increased access to affordable quality health care
- Increased use of preventive and early intervention services
- Improved perinatal, infant, and child health



Baby Gateway Newborn Enrollment Program

Program Description

The Baby Gateway Newborn Enrollment Program operates in three local hospitals: Watsonville Community Hospital, Dignity Health - Dominican Hospital (Dominican), and Sutter Maternity & Surgery Center of Santa Cruz (Sutter). The program is financially supported in part by Kaiser Permanente Northern California Community Benefit Programs, Sutter Maternity & Surgery Center of Santa Cruz, and Dignity Health - Dominican Hospital. The main goals of the program are to provide Medi-Cal enrollment assistance to mothers and their newborns, establish a seamless Medi-Cal coverage process for Medi-Cal-eligible newborns, and link those newborns to a medical home, all during a visit from a Newborn Enrollment Coordinator (NEC) before they leave the hospital.

In Santa Cruz County, Newborn Enrollment Coordinators (NECs) have become an integral part of the hospital team—including doctors, nurses, social workers, and lactation consultants—that supports these newborns and their families.

Kit for New Parents: In addition, during these newborn visits all new mothers are offered the First 5 California *Kit for New Parents*, which contains expert guidance for raising healthy infants and children, and resources for parents. First 5 California allows each county to add additional resources to these kits. Altogether, the customized *Kit for New Parents* for Santa Cruz County includes all state-provided items, plus additional items that are specific to Santa Cruz County (identified by an asterisk (*), below):

- The book *What To Do When Your Child Gets Sick*, which provides information on what to look for when a child is sick, what can be done at home, and when to call a doctor.
- The *California Parent Guide*. This Guide is an A to Z resource for parents and caregivers to help children grow up healthy and thrive.

- Informational flyers about:
  - Poison control, *immunizations, and *screening for lead
  - *Triple P Positive Parenting Program
  - *211 Santa Cruz County program[14]
  - *Text4baby free text messaging app to help parents through pregnancy and their baby's first year
  - The California Kids Investment and Development Savings Program (CalKIDS)
  - *Health Insurance Information for Your Newborn
  - *Oral health information, including an infant "finger" toothbrush
  - *A Parent Guide to Thrive by 5
- Parentage Opportunity Program
- Reusable "*Talk, Read, Sing*" tote bag
- Two bilingual books (English/Spanish): "*Numbers"* and "*Three Brainy Birds Spreading The Word"*

The *"2025 California County Scorecard of Children's Well-Being"* [15] suggests that the topics that NECs focus on with families at hospitals—including discussion of the materials provided in the *Kit for New Parents* (such as immunizations)—are helping our county have a high percentage of participation in these critical areas.

Figure 15: **Resources inside the *Kit for New Parents***



Medi-Cal Renewal Assistance: In FY 2025-26, First 5 Santa Cruz County received a grant from the Central California Alliance for Health to expand their assistance to any person who needs help in renewing their Medi-Cal coverage. First 5 started offering phone-based and in-person Medi-Cal renewal assistance on June 1, 2026.

[14] 211 Santa Cruz County is a program of United Way of Santa Cruz County that provides comprehensive information and referral services to County residents. It is a phone and text service that is available 24/7—and in 150 languages—that connects callers and texters to the health and human services available to them. During times of disaster, 211 Santa Cruz County also provides incident-specific information.

[15] Children Now, *2025 California County Scorecard of Children's Well-Being* , https://scorecard.childrennow.org/, retrieved 8/25/26.

One Newborn Enrollment Coordinator Story

Maria* was just 24 hours into motherhood when she realized she had a problem. Covered under her own mother's health insurance plan, the new mom knew her baby wouldn't be eligible for that same coverage. She had no idea what to do next or how to ensure her newborn would have health insurance when they left the hospital. That's when the hospital's Newborn Enrollment Coordinator (NEC) stepped in.

After asking a few screening questions, the NEC presented Maria with her options and helped her understand that her newborn could qualify for Medi-Cal. However, understanding eligibility was just the first step. To make sure that the baby would have coverage and access to care immediately after discharge, the NEC went further—contacting a safety-net clinic where Maria could qualify for temporary Medi-Cal, scheduling the newborn's first appointment, and coordinating with clinic staff to document the temporary coverage need in the baby's chart.

What could have been an overwhelming bureaucratic maze during one of life's most vulnerable moments became a seamless transition to going back home with everything handled. Maria's baby received the follow-up care needed after discharge, established a medical home, and obtained health coverage, all because a dedicated professional was there at the right moment to guide this young family through the system.

As Certified Covered California Enrollment Counselors, NECs provide clear guidance on health insurance options to every family—regardless of insurance status—ensuring that no baby begins life without access to the care they need.

*Name changed to protect privacy

- First 5 Baby Gateway Newborn Enrollment Program

Connecting with County programs

Newborn Enrollment Coordinators (NECs) incorporate multiple services into their newborn visits. In addition to the Medi-Cal enrollment assistance and review of the contents of the *Kit for New Parents*, NECs also introduce the mothers to several County programs that are available.

State-wide Student Identification number (SSID)

In October 2020, the Santa Cruz County Office of Education initiated the process of creating a "School ID" at birth for every child. This state-wide student identification number (SSID) is entered into the California Longitudinal Pupil Achievement Data System (CALPADS) to maintain relevant information about a student, including key demographics, course data, staff assignments, and assessment scores. Typically, the SSID is assigned when a child enters public school or kindergarten, and stays with that child through the 12th grade. With the SSID now being assigned at birth, the CALPADS database will allow early childhood programs to be aware of important information about their students, and by the time the children enter kindergarten, educators will have more data to help them provide the best educational resources to their students. This database will also allow the ability to follow students' achievements in and out of public schools and districts across the state.

Ventures' Semillitas program[16]

The Semillitas program initiates dedicated savings accounts that are set up at the time of a child's birth, at no cost to the parents. Funds are held in this account for the child to be used for college or vocational education after high school. Parents can get a gift of up to $50 when their child is born,[17] and as the child grows and achieves various health and educational milestones, more money is added to the account. The money comes from local government, state grants, and donations from partner organizations, philanthropic foundations, and individuals in the community.

Ventures has been working on establishing Semillitas in the County since 2017, and secured funding from philanthropic foundations to start piloting the program in early 2019 with women receiving prenatal care at a local health clinic. These mothers were the first to have accounts opened for their newborns in the fall of 2019. In October 2020, Semillitas was expanded to Watsonville Hospital, and in January 2021 the program went county-wide.

The Semillitas program is made possible by a partnership between Ventures, the County of Santa Cruz Health Services Agency (HSA), Santa Cruz County Office of Education, and numerous other partners including First 5 Santa Cruz County. Ventures creates an account for every newborn using birth information provided by HSA. First 5 began a data sharing partnership with Ventures in October 2020, and Newborn Enrollment Coordinators (NECs) started presenting information about the program to parents during their newborn visits. With parents' consent, NECs provide their contact information to Ventures so that Ventures can connect them to their child's account, which is already up and running.

First 5 partners with Ventures' Semillitas program, as it supports the objective that all Santa Cruz County children enter school ready to achieve their greatest potential. Studies have shown that children with college savings are three times more likely to attend college, and four times more likely to graduate than those without any college savings.[18] Studies have also shown that Children's Savings Account programs support the social-emotional development of children for whom accounts are established. A program like Semillitas is designed to support child development and encourage families to build high expectations and valuable lifelong financial habits.

Milestone payment opportunities

- **Ventures:** $50 is added to a child's Semillitas account if their parent attends a Financial Capability Workshop.

[16] Ventures was formerly known as Santa Cruz Community Ventures. The Semillitas program was originally named "SEEDS" when this program was first started, but it was soon discovered that there were two other local programs already using the word "seeds" in their name. To avoid confusion, the name of this Ventures program was changed to the Spanish word for "little seeds"— *Semillitas*.

[17] Amount is based on household income and available funding.

[18] Beer, A., Ajinkya, J., & Rist, C. (2017). *Better Together: Policies that Link Children's Savings Accounts with Access Initiatives to Pave the Way to College*. Institute for Higher Education Policy and Corporation for Enterprise Development.

- **Semillitas:** Additional funds are added to the child's account if the parent participates in key programmatic activities:
  - $25 for the first time they log into their child's account.
  - $25 for the first time they attend a Parent Introduction Workshop.
  - $50 for the first time they take part in Semillitas' Annual Survey.
- **Salud Para La Gente** and **Dientes:** County partners Salud Para La Gente and Dientes continue making payments into Semillitas savings accounts for accomplishing important oral health milestones.
  - Salud Para La Gente contributes this amount to children's Semillitas savings accounts:
    - $50 for the child's "first tooth or first birthday" visit
  - Dientes offers these contributions:
    - $50 for the child's "first tooth or first birthday" visit
    - $25 for each of the child's annual visits (ages 2-5)
    - $50 for the child's sealant visit (age 6)
- **Triple P:** Children enrolled in Semillitas can earn a one-time $50 deposit to their Semillitas savings account when their parents attend any Triple P class or individual session.
- **Central California Alliance for Health:** For infants who are Alliance members, the Alliance makes a deposit of $50 into a child's savings account when the child receives all 10 recommended vaccines by their second birthday and gets all 6 wellness check visits in the first 15 months of life. First 5 supports this project by providing consent forms to families who have recently given birth at county hospitals. These consent forms authorize the Alliance to share necessary information with Ventures, enabling the deposits to be made into the families' accounts following the completion of immunizations and wellness checks. When offering these consent forms, NECs review and explain the consent form with these families, assist them with filling it out, and answer any questions and concerns they have. NECs also discuss the importance of infants getting their well-child visits and obtaining vaccines.

Dolly Parton's Imagination Library

Dolly Parton's Imagination Library helps children develop a love for reading by providing free books to children from birth to their 5th birthday, regardless of their family's income. Books are selected by a panel of early childhood literacy experts for content that is informative, age appropriate, and inspiring, and children have the option of receiving books in English, or bilingual books (English and Spanish).

In the fall of 2025, First 5 Santa Cruz County—along with founding local sponsors United Way of Santa Cruz County and Thrive by 5—brought Dolly Parton's Imagination Library to Santa Cruz County. Families can now enroll their children from birth to age five in this program, and every month a new, high-quality, and age-appropriate book will be mailed and addressed to their child.

More information about this program can be found in the Dolly Parton's Imagination Library partner profile later in this report.



Alicia Fernandez, First 5 Health Outreach and Enrollment Manager, speaks at a Benefits Collaborative meeting in April 2026.

Fernandez discussed First 5's Baby Gateway Newborn Enrollment Program and other County resources, including the *Dolly Parton's Imagination Library* program that was recently launched in Santa Cruz County.

Food Assistance

Santa Cruz is listed by the U.S. News and World Report as the 6th most expensive place to live in the U.S., in 2025-2026. This analysis is based on the median gross rent and annual housing costs for mortgage-paying homeowners.[19] High housing costs significantly impact residents, including their ability to afford healthy food.[20] A newly released "2026 Map the Meal Gap" report by Feeding America[21] shows that food insecurity in Santa Cruz County has been increasing. According to the report, between 2020 and 2024, the percentage of children living in food-insecure households rose by 5.5 percentage points, from 13.6% to 19.1%.

To help improve families' access to food, during their newborn visits to mothers in the hospital, the Newborn Enrollment Coordinators (NECs) provide families with resources to apply for the CalFresh and WIC programs.

[19] U.S. News & World Report (2025). Most Expensive Places to Live in the U.S. in 2025-2026.
[20] Santa Cruz Sentinel, Tara Fatemi Walker, *The High Cost of Housing and What it Means for Our Health*, August 24, 2024. Retrieved 9/29/24 from https://www.santacruzsentinel.com/2024/08/24/the-high-cost-of-housing-and-what-it-means-for-our-health/
[21] Feeding America, *Food insecurity reaches every U.S. community, with rural and southern counties facing the highest rates.* July 28, 2026. Retrieved 9/18/26 from https://www.feedingamerica.org/about-us/press-room/Map-the-Meal-Gap-2026.

- **CalFresh Program**

The CalFresh Program issues monthly electronic benefits that can be used by families to buy food. NECs assist families to add their newborns to their existing CalFresh accounts, which can sometimes result in receiving more money for food. For families not already enrolled in CalFresh, the NEC provides parents with resources that allow them to apply for CalFresh with a trained Community Outreach Coordinator. Beginning June 1st, 2026, CalFresh was required to implement new work requirements for some adults, which NECs helped explain to families.

- **Women, Infants, and Children (WIC) Program**

WIC is a nutrition program that serves pregnant, breastfeeding, and postpartum women, and infants and children up to the age of 5. WIC benefits include the California WIC Card for families to purchase food, support for breastfeeding, and nutrition education. Most children up to the age of 5 and pregnant people—who have Medi-Cal insurance—qualify for WIC, and NECs encourage all mothers with Medi-Cal insurance to enroll in WIC. For those mothers who are not enrolled but indicate that they are interested in applying for WIC, the NEC provides them with the resources to apply.

Population Served: Baby Gateway Newborn Enrollment

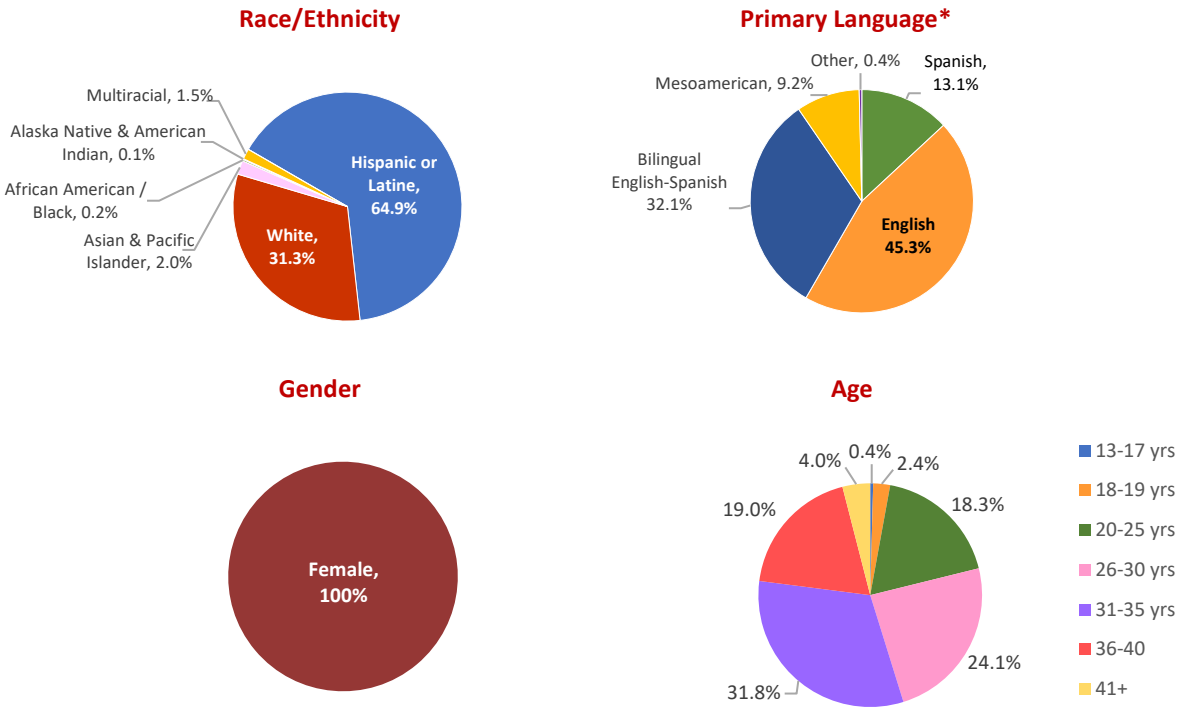
	Newborns and their mothers assisted with Medi-Cal enrollment, and connected to County programs	Privately insured newborns and their mothers connected to County programs	Newborns and their mothers provided with insurance options and other essential resources[1]	2025-26 Total
Newborns	1,189	567	397	**2,153**
Mothers of newborns[2]	1,183	563	386	**2,132**

Source: (Population) First 5 CCD database for July 1, 2025 – June 30, 2026. (Application types) First 5 Apricot database, 2025-2026

[1] This includes newborns where the mother was: privately insured and not living in Santa Cruz County (SCC); privately insured and living in SCC, but who declined having the NEC connect them to County programs (such as the Semillitas and SSID programs); or already enrolled in Medi-Cal and living in SCC but did not want assistance from the NEC with their child's Medi-Cal paperwork.

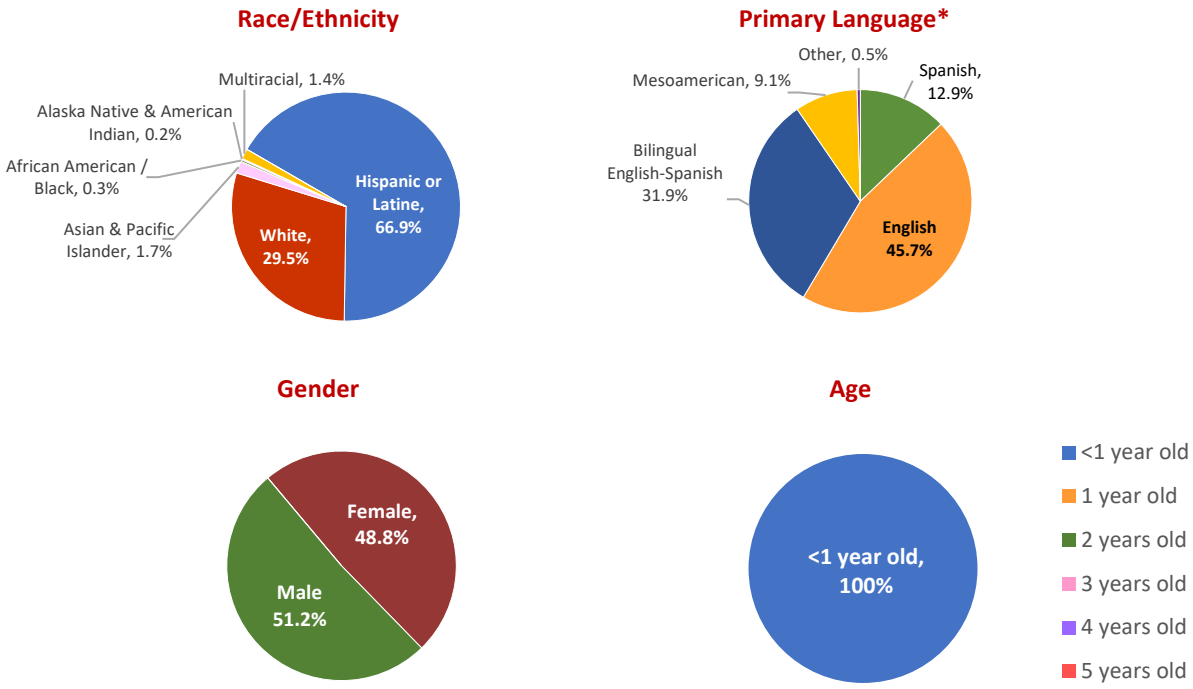
[2] Newborns are not the only clients benefiting from the Baby Gateway Newborn Enrollment Program. Mothers who are visited by NECs receive a number of referrals and resources, and assistance with their own Medi-Cal renewals. Completing a newborn referral form (MC330) for a mother adds her newborn to her Medi-Cal case and extends her existing Medi-Cal coverage for a year.

Figure 16: **Demographics of Mothers visited via the Baby Gateway Newborn Enrollment Program (2025-2026)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Only mothers who received a newborn visit from an NEC are included in this analysis. Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
* "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" language options include Multilingual, Bilingual-Other, and other languages.
N: (Ethnicity)=1,838, (Language)=2,132, (Gender)=2,132; (Age)=2,124.

Figure 17: **Demographics of Newborns benefiting from the Baby Gateway Newborn Enrollment Program (2025-2026)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
* "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" languages include Multilingual, Bilingual-Other, and other languages. Newborns are assigned their mothers' primary language.
N: (Race/Ethnicity)=1,756; (Primary Language)=2,153; (Gender)=2,153 (Age)=2,153.

Outcomes

Enrolling newborns in health insurance

Data from 2025-26 show how successfully this program has been providing **services to mothers and their newborns** born in Santa Cruz County hospitals.

- Of all births that occurred in Santa Cruz County hospitals in 2025-26, **essentially all** received a newborn visit from a Newborn Enrollment Coordinator (NEC) while in the hospital or via phone, and **99%** of those visited received a *Kit for New Parents* (or already had one).
- Of all mothers with births paid by Medi-Cal, **essentially all** were assisted by a NEC to complete a Medi-Cal Newborn Referral application for their new baby.
- Of the mothers who were assisted with a Medi-Cal Newborn Referral application for their baby by a NEC, **100%** had identified a preferred primary care provider (PCP) or clinic for their child, and were offered help by the NECs to schedule the first appointment for the newborn.

Figure 18: **Baby Gateway Newborn Enrollment Program project statistics (2025-2026)**

PROGRAM COMPONENT	WATSONVILLE COMMUNITY HOSPITAL	DIGNITY HEALTH - DOMINICAN HOSPITAL	SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ	TOTAL
Total Number of All **Births in Santa Cruz County hospitals** [1]	751	753	647	2,151
Total Number of **Newborns Visited** [2]	754	755	644	2,153 *100.1%* [2]
Number of **Kits for New Parents** distributed [3]	753	750	637	2,140 *99.4%*
Total Number of **Births paid by Medi-Cal** [4]	654	405	125	1,184
Number of **Completed Newborn Medi-Cal Applications** [5]	667	396	126	1,189 *100.4%* [5]
Number of Newborn Medi-Cal Applicants who have **identified a Preferred Primary Care Provider** or Clinic for their newborn, before discharge	667	396	126	1,189 *100%*

Source: (County births, Medi-Cal births at hospitals) Santa Cruz County Health Services Agency, Public Health Division; (Visits, Kits, Application assistance data) First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records.

[1] This includes all births within Santa Cruz hospitals, regardless of the mother's County of residence. Due to the source of this information, this number does ***not*** include babies born outside of a Santa Cruz hospital (e.g., home births, born in an ambulance, or brought to the hospital after a home birth).

[2] This includes the number of newborns whose mothers received a visit (i.e., twins will be counted Individually), regardless of insurance status. The total number of newborns visited by NECs will often be higher than the reported number of births in hospitals, since NECs may visit newborns who entered the hospital ***after*** their birth. Babies born outside the hospital are not counted as "hospital births," but these mothers may later go into the hospital after the birth, where they then receive a newborn visit.

[3] This includes the number of children whose parents received a Kit during their current Newborn visit, and also those whose mothers already had a Kit from a previous service.

[4] The reported numbers of births paid by Medi-Cal at each hospital is an estimation. These numbers are calculated by combining two sources of data: 1) Each hospital reports the number of birth certificates where Medi-Cal was the mother's **primary** insurance, and 2) NECs report the number of mothers they assisted where Medi-Cal was their **secondary** insurance. Note that these reported numbers may have some inaccuracies, due to the different sources of these data and the differing methods of collecting insurance information and identifying Medi-Cal coverage (both primary and secondary). Therefore, this reported number of total Medi-Cal births should be considered a close approximation.

[5] These newborn Medi-Cal application numbers reflect the actual number of newborns born during the fiscal year who were assisted with Medi-Cal applications, where Medi-Cal was the mother's primary or secondary insurance. Although there are challenges in identifying the exact number of Medi-Cal eligible children born in all three hospitals, and although some mothers may themselves decline any application assistance from NECs, these numbers continue to show that NECs help complete Newborn Medi-Cal applications for nearly all births paid by Medi-Cal.

Oral health

As part of the effort to promote the "First Tooth, First Birthday" campaign throughout Santa Cruz County, First 5 Santa Cruz County plays a key role in talking to families about visiting the dentist through the efforts of Newborn Enrollment Coordinators (NECs). During their newborn visits, NECs offer all new mothers the *Kit for New Parents*. Among the numerous resources and information provided in this *Kit* are



materials addressing the importance of early dental care, such as the *"Dental Health Begins with Your Child's First Tooth"* flyer, and even a finger toothbrush.

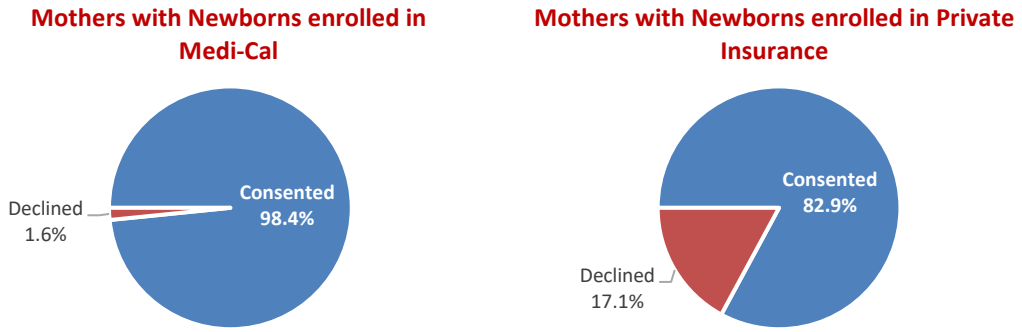
Reports of dental health utilization among children insured by Medi-Cal suggest that the "First Tooth, First Birthday" campaign in Santa Cruz County may have been effective in encouraging more families to make dental visits for their children, and particularly for their children ages 1-2.

- **"First tooth, First birthday" campaign:** In 2024, Oral Health Access Santa Cruz County reported that over the previous eight years there was a 225% increase in the number of young children with Medi-Cal insurance going to the dentist.[22]
- **Annual dental visits:** In 2023, **56%** of children ages 1-2 with Medi-Cal insurance in Santa Cruz County had an annual dental visit (an 8.5% increase over the previous five years), compared to **42%** across the State. [23]

State-wide Student Identification number (SSID)

- **Student Identification numbers:** Between October 2020 and June 2026, First 5 Newborn Enrollment Coordinators (NECs) obtained consents from 92% of all eligible mothers, to allow NECs to provide their information to the County Office of Education (COE) for the purpose of creating a SSID for their newborn.
  - A higher percentage of mothers of newborns enrolled in Medi-Cal consented to have their contact information shared with the COE (98%), compared to the percentage of mothers whose newborns are enrolled in private insurance (83%).

Figure 19: **Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2026), who consented to have their contact information shared with COE**



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2026.
N = (Medi-Cal)=5,505; (Private)=4,347.

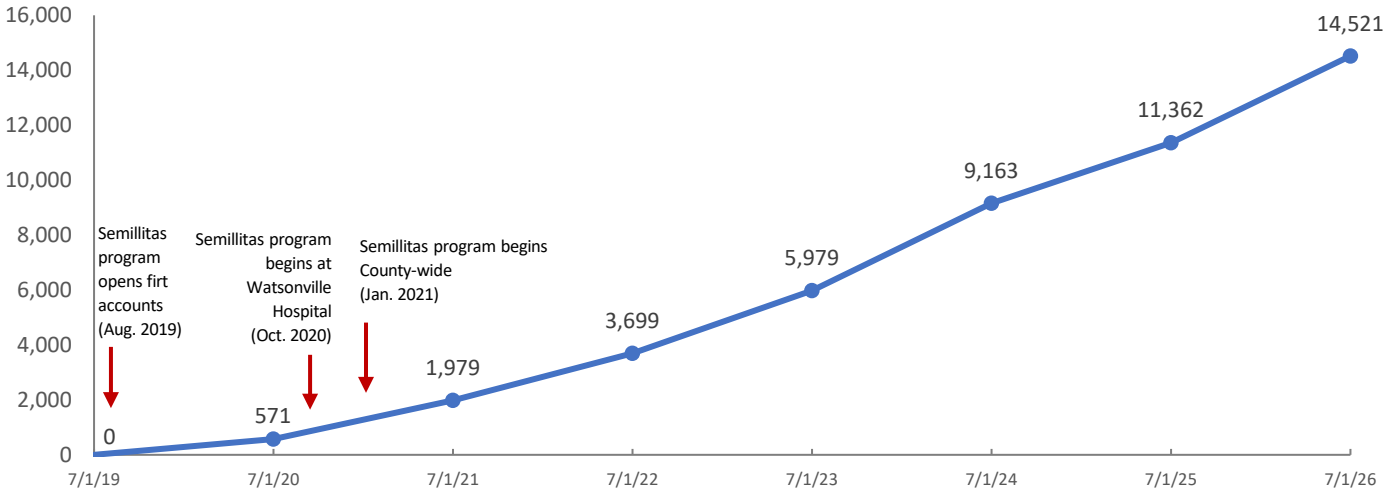
[22] Oral Health Access Santa Cruz County, *Strategic Plan 2024-2028*, Retrieved on 9/1/2025 from https://oralhealthscc.org/.
[23] Department of Health Care Services, Medi-Cal Dental Services Division, *Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2023* and *Dental Utilization Measures and Sealant Data by Age Groups Calendar Year 2013 to 2023*, California Health and Human Services Open Data Portal, 2026.

Ventures' Semillitas program

Results from this program show that increasing numbers of newborns are getting set up with dedicated savings accounts.

- Over **$1 million has been invested** in these accounts, as of June 2026.
- **Number of Accounts Opened:** Since the program began (between August 2019 – June 2026), a total of 14,521 Semillitas accounts have been opened.

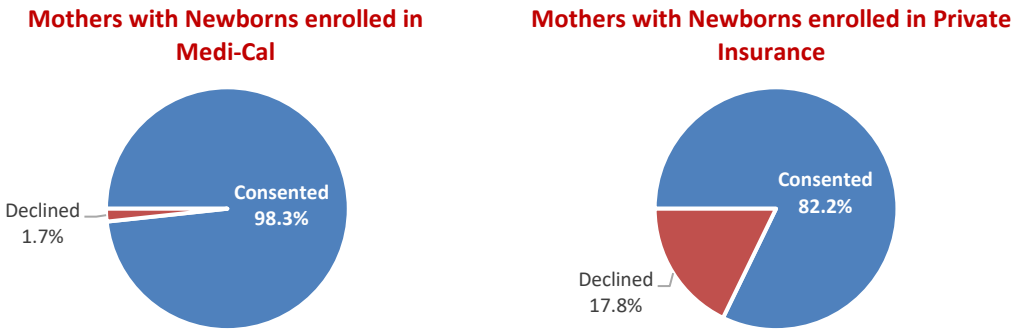
Figure 20: **Growth of the total number of Semillitas accounts opened**



Source: Ventures, Program records, 2026.
Note: Previous years' totals may be adjusted to reflect updated numbers.

- **Number of mothers consenting during newborn visits to share their contact information:** Between October 2020 and June 2026, First 5 NECs have obtained consents from 91% of all eligible mothers who received a Newborn Visit, allowing NECs to provide their contact information to Ventures for the purpose of receiving more information about their child's Semillitas account.
  - A higher percentage of mothers of newborns enrolled in Medi-Cal consented to have their contact information provided to Ventures (98%), compared to the percentage of mothers whose newborns are enrolled in private insurance (82%).

Figure 21: **Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2026), who consented to have their contact information shared with Ventures**



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2026.
N = (Medi-Cal)=5,372; (Private)=4,180.

Ensuring access to food

In FY 2025-26, NECs connected mothers to these **food resources**:[24]

- **360** supplemental applications (CW8A) were completed to add newborns to their mothers' existing CalFresh case
- **252** mothers and their newborns were provided with resources to apply for CalFresh
- **45** mothers and their newborns were provided with resources to apply for WIC

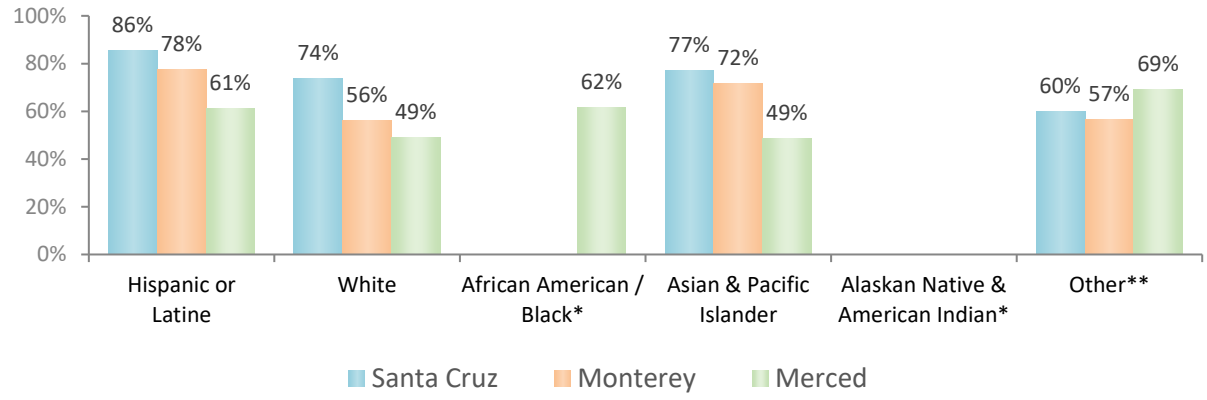
Supporting Well-Child Visits

The Central California Alliance for Health (the Alliance) discusses the importance of infants getting their **well-child visits** during the first several months of their life, in order to be able to assess their growth and development, and address any issues before they become bigger problems.[25] One key benchmark is that a child should have at least six well-child visits with a provider within the first 15 months of life.

[24] First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program data.
[25] Central California Alliance for Health, *Medi-Cal Health Education and Cultural and Linguistic Population Needs Assessment (PNA) 2022: Santa Cruz, Monterey, & Merced Counties Reporting Areas*.

The figure below shows the percent of children with Medi-Cal insurance who had at least six well-child visits within the first 15 months of life, disaggregated by race/ethnicity and three of the six counties served by the Central California Alliance for Health.

Figure 22: **Percentage of children with Medi-Cal insurance who received at least six Well-Child visits by 15 months of age, by Race/Ethnicity and County (2025)**

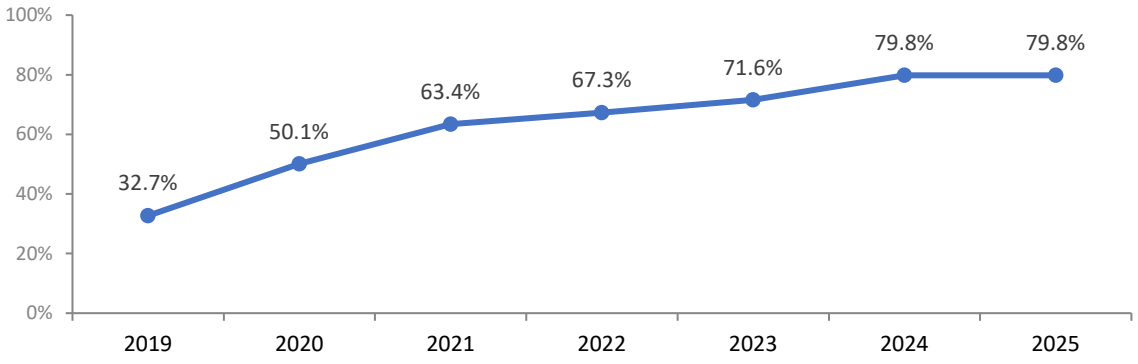


Source: Central California Alliance for Health.
Notes:
- Only children in the Medi-Cal managed care plan handled by the Alliance are included in this analysis.
- Results reflect the most current data available at the time of this report.

* Results for smaller populations have been suppressed to maintain confidentiality.
** "Other" = Race/ethnicity was not noted.

When you look at all infants with Medi-Cal insurance in Santa Cruz County—across all races/ethnicities—these data show that in 2025, 80% of all infants had received at least 6 well-child visits with a provider within the first 15 months of life. Although this is the same as the previous year, this percentage has been steadily increasing since 2019 (the first year of available data for this statistic).

Figure 23: **Percentage of all infants with Medi-Cal insurance in Santa Cruz County who received at least 6 well-child visits by 15 months of age**



Source: Well-Child Visits: Central California Alliance for Health, *HEDIS Results*.
Note: Only Santa Cruz County children in the Medi-Cal managed care plan handled by the Alliance are included in this analysis.

Reducing Emergency Department Visits

The services provided by the Baby Gateway Newborn Enrollment Program may also have had an effect on the **use of the Emergency Department** (ED) for children less than one year old who were covered by Medi-Cal.

ED use of children covered by Medi-Cal[26]

- At Watsonville Community Hospital, ED visits for infants under age 1 who were covered by Medi-Cal has decreased 55% between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most recent year of data (between 2008 and 2025).
- At Dominican Hospital, the number of ED visits for infants under age 1 who were covered by Medi-Cal has decreased 21% between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most recent year of data (between 2010 and 2025). Note that in 2010 this hospital was already well below the national rate of ED visits for infants, so these numbers would not be expected to decrease much further over time.[27]

There were two major shifts in these trends that may have been influenced by the COVID 19 pandemic:

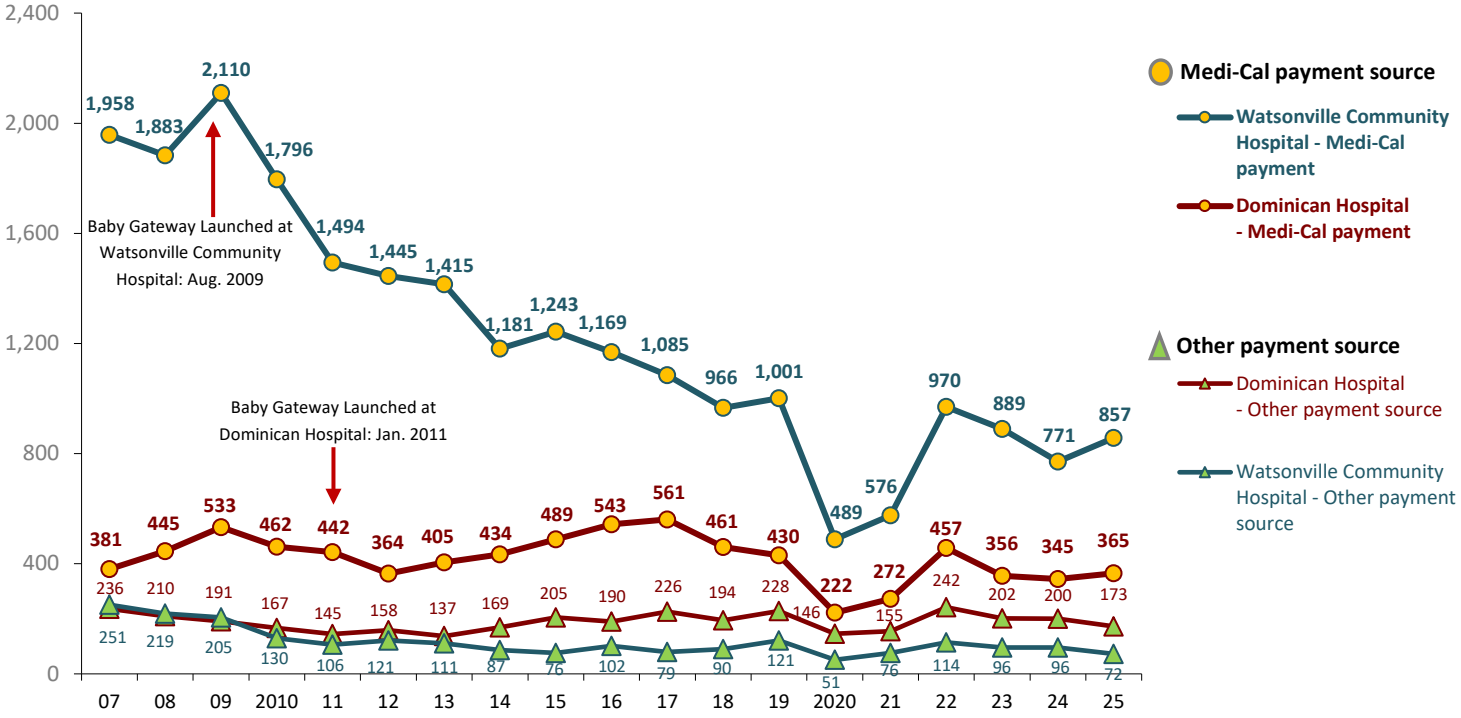
1. The dramatic decrease in ED visits between 2019 and 2020 may have been due to parents choosing not to use the hospital ED during the COVID-19 pandemic for low risk, non-specific symptoms.
2. Between 2021 and 2022, the sharp increase in ED visits suggests that these numbers are returning to pre-pandemic values.

ED use of children covered by other payment sources

- The number of ED visits for infants under age 1 who were covered by other payment sources has stayed relatively level at both hospitals, suggesting that the Baby Gateway Newborn Enrollment Program is having the most impact on children covered by Medi-Cal.

[26] ED rates for 2020-2024 have been modified to reflect updated population totals.
[27] U.S. Centers for Disease Control and Prevention, *National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010 Emergency Department Summary Tables*,2010.

Figure 24: **Number of Emergency Department visits (Infants under 1 Year Old) – by Payment Method**



Source: (ED visits) State of California, Department of Health Care Access and Information (HCAI), Information Services Division, *Emergency Department Data and customized reports*, 2026. (Population of Santa Cruz County children under age 1) California Department of Finance. Demographic Research Unit. 2025. State And County Population Projections 2020-2070 [computer file]. Sacramento: California Department of Finance. September 2025. Results reflect the most current data available.

VisionFirst

Program Description

The American Optometric Association recommends that children should have their first comprehensive eye exam between 6 to 12 months of age, then at least once between 3 and 5 years of age, once again before they start school, and then annually.[28]

> *"Every experience a preschooler has is an opportunity for growth and development. They use their vision to guide other learning experiences.*
>
> - *From ages 2 to 5, a child will be fine-tuning the visual abilities gained during infancy and developing new ones. …*
> - *They are developing the visually-guided eye-hand-body coordination, fine motor skills, and visual perceptual abilities necessary to learn to read and write.*
> - *Steps taken at this age to help ensure vision is developing normally can provide a child with a good "head start" for school. …*
> - *The preschool years are a time for developing the visual abilities that a child will need in school and throughout his or her life."* [29]

To help identify vision problems early in life, VisionFirst was developed in Santa Cruz County as a way to provide children as young as 6 months old with a simple instrument-based vision screening right in their child care setting. First 5 VisionFirst Outreach staff were trained to use the Spot Vision Screener, a handheld portable device designed to quickly and easily detect vision issues. The Spot Vision Screener detects potential vision problems, such as nearsightedness, farsightedness, blurred vision, unequal refractive power, eye misalignment, and unequal pupil size.



The Spot Vision Screener does not replace a complete eye examination by an optometrist. Rather, it only identifies a potential vision issue. Parents of children who are found to be "out of range" (showing a potential vision problem) are encouraged and assisted in following up with a full vision exam from an optometrist. At this appointment, the optometrist can determine if the child requires glasses, needs to be monitored, or requires regular eye exam follow-up care.

Following the completion of a successful pilot program in summer 2015, VisionFirst was integrated into First 5's Santa Cruz Reading Corps program,[30] which increased the reach of the program.

[28] American Optometric Association, *Comprehensive eye exams*, 2019 [Retrieved 8/17/26 from https://www.aoa.org/healthy-eyes/caring-for-your-eyes/eye-exams].
[29] American Optometric Association, *Preschool Vision: 2 to 5 Years of Age*, [Retrieved 8/17/26 from https://www.aoa.org/healthy-eyes/eye-health-for-life/preschool-vision], 2026.
[30] The Santa Cruz Reading Corps program was discontinued in 2020-2021 as California State Preschool programs were not open to in-person instruction due to the COVID-19 pandemic.

In 2016-17, VisionFirst was expanded to include all state-funded preschool programs in the County. In addition, because the Spot Vision Screener can provide screenings to children as young as 6 months old, First 5 piloted screenings in 19 infant and toddler classrooms.

Since the start of the program, vision screenings have been completed in 51 state-funded preschool and infant/toddler classrooms, 10 Migrant Seasonal Head Start classrooms, 4 state migrant classrooms, 4 Early Head Start classrooms, 13 Head Start classrooms, and 22 private preschool and infant/toddler classrooms, providing screenings at a total of **104** different classrooms in Santa Cruz County.



For children who are shown to have a vision issue, First 5 VisionFirst Outreach staff help parents find local optometrists if they don't already have one, and also provide crucial information and resources to help parents encourage their children to wear their new glasses.

- The First 5 website includes an entire section about VisionFirst, and provides videos and read-aloud books about eyeglasses. Some answer key questions for children, such as, "How do you know if you need glasses?", and "How does an eye doctor check your eyes?". Other books help build children's confidence in wearing their glasses.
- A new flyer is available to parents and caregivers, "*VisionFirst Tips For Your Child's First Visit To The Eye Doctor,*" that offers some suggestions that might help a child be better prepared for their first eye exam.

One VisionFirst story: Preparing a child for their first eye exam

According to the American Optometric Association (AOA), a child's first comprehensive eye exam should occur around 6 months of age, even if no eye or vision problems are apparent. But for some children, visiting an eye doctor can be a challenging and scary experience, leaving parents to question whether such a visit should be made at such a young age.

This year, a parent shared that they took their child twice to see an eye doctor, but on both occasions the child was uncooperative, and no exam could be administered. The eye doctor was willing to try again in a few months, but the parent felt that maybe screening should be delayed until the child was older.

First 5 staff were able to offer some suggestions to the parent that could help the child be better prepared for their next eye exam. When First 5 staff checked in with the parent a few months later, they were pleased to hear that the child had been successfully screened. The mother had implemented their suggestions, and as a result the child followed directions well and had no trouble during the eye exam. The child needed eyeglasses! And thanks to the guidance and encouragement she received, she was successful in getting what she needed.

- First 5 VisionFirst program

The VisionFirst program believes that the more activities and books about vision health and screenings teachers have in their classrooms, the more comfortable children will feel when getting

their eyes checked and seeing others with glasses. To assist with this, First 5 developed a bilingual *VisionFirst Dramatic Play Kit* that is given to child care sites participating in the program.



A VisionFirst Dramatic Play Kit set-up in a child care site

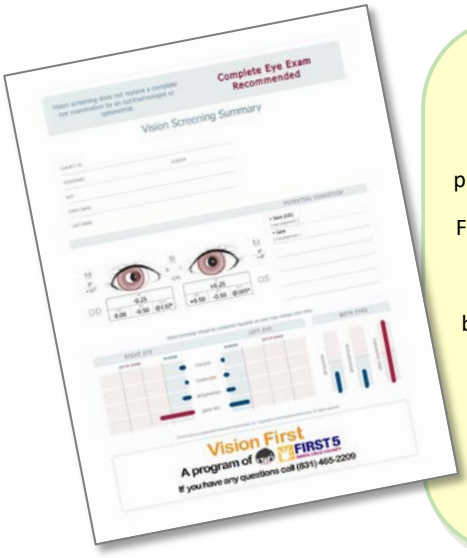
The following two images are examples of what the screening results look like using the Spot Vision Screener. The image on the left shows screening results that indicate that the child may have vision issues. The image on the right shows the screening results for the same child wearing glasses, which shows the vast improvement in his vision. This shows how the Spot Vision Screener camera can identify potential vision problems, and how easily these results can be shared with the child's parents for discussion.

Screening results indicating vision issues



Screening results after receiving eyeglasses





One VisionFirst story: Catching a vision issue early

Children in the VisionFirst Program who are identified as "out of range" are encouraged to have a comprehensive eye exam. While many receive eyeglass prescriptions, others obtain other treatments based on the doctor's assessment.

For example, a child screened this year who was found to be "out of range" (see screening results at left) was diagnosed as having intermittent exotropia. "Intermittent exotropia" is a common type of eye misalignment where one or both eyes occasionally turn outward. The pediatric eye doctor determined that eyeglasses were not needed at this time and recommended eye exercises, patching therapy, and ongoing monitoring.

The child's father expressed gratitude for the VisionFirst program and valued the screening.

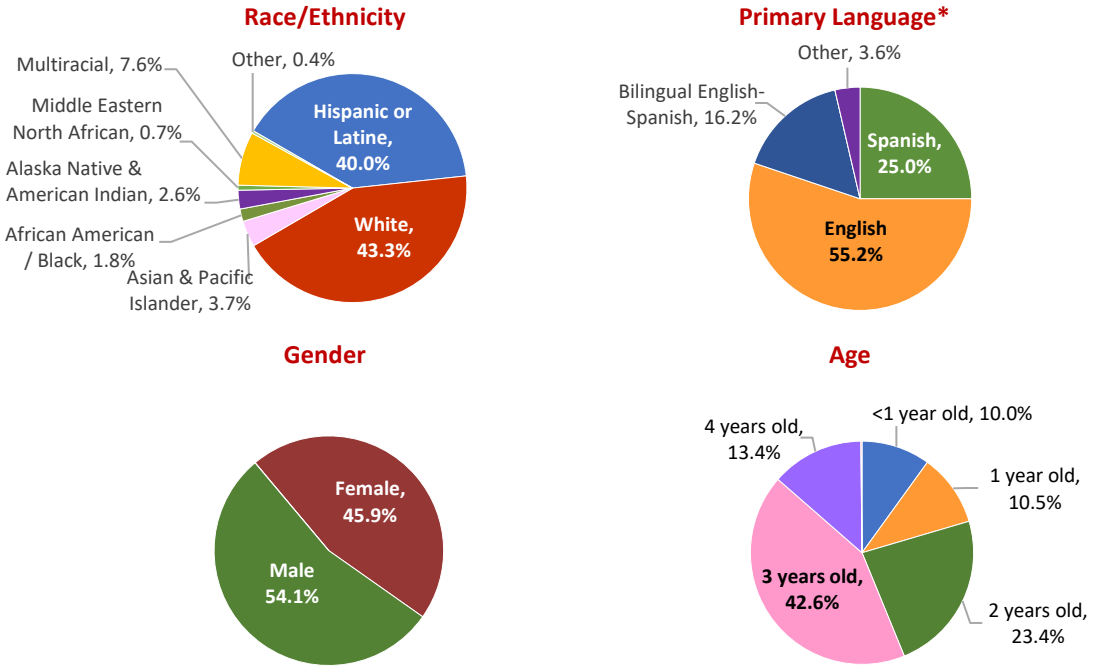
- First 5 VisionFirst Outreach staff

Population Served

	2025-2026
Children	582

Source: First 5 Santa Cruz County, VisionFirst records, 2026.

Figure 25: **Demographics of Children (ages 0-5) participating in VisionFirst (2025-26)**



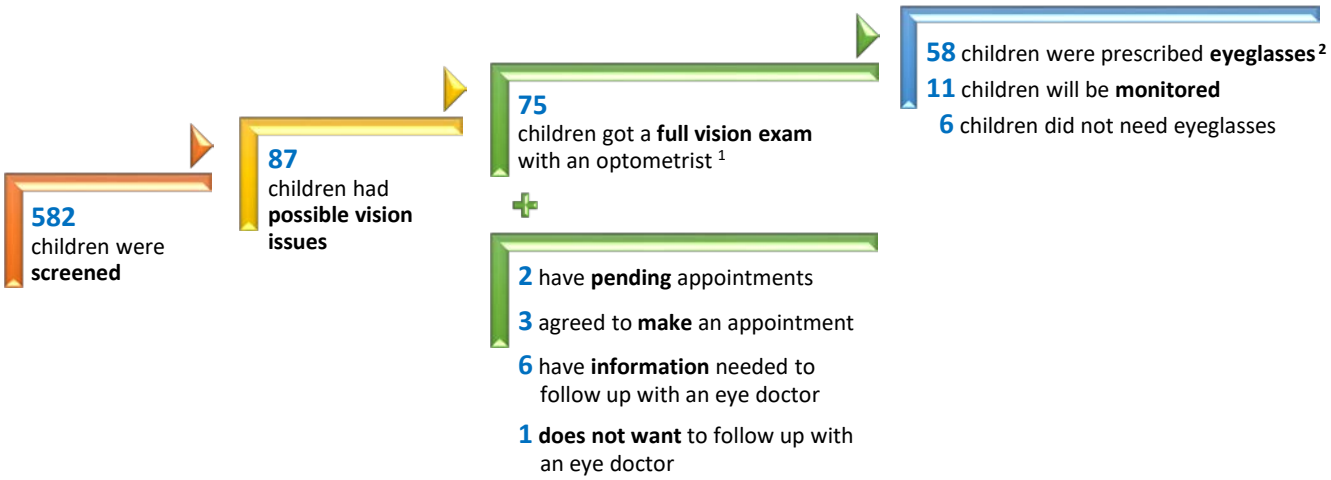
Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
* "Other" language options may include Multilingual, Bilingual-Other, and other languages.
N=(Race)=568; (Language)=580; (Gender)=582; (Age)=582.

Outcomes

VisionFirst helped identify children who might have vision problems, many of whom then had full vision exams at an optometrist. First 5 VisionFirst Outreach staff reported these screening results:

- Of the **582** children screened, **87** had possible vision problems identified (15% of all children screened).
- **75** of these children have followed up with a full vision exam at an optometrist.[31]
- Of those children who had a full vision exam, **58** were prescribed eyeglasses, **11** will continue to be monitored for possible vision issues, and **6** children did not need eyeglasses.

Figure 26: **VisionFirst screening outcomes – Santa Cruz County (2025-26)**



Source: First 5 Santa Cruz County, VisionFirst records, 2026.
Note: These FY 2025-26 results are as of July 29, 2026, in order to get as thorough a report as possible of the final outcomes for this cohort.
[1] Full vision exams were conducted either for the first time, or with the child's current optometrist.
[2] The number of children prescribed eyeglasses includes children who received eyeglasses for the first time, and also children who already go to an optometrist and have glasses but weren't wearing them during vision screening.

Local partner vision screenings

Due to the success of the VisionFirst program, some local partners have purchased their own Spot Vision Screener devices to provide ongoing screening for their own clients. In 2025-26 one site conducted their own screenings and follow-up, and reported these outcomes:

Figure 27: **Local partners' vision screenings using the Spot Vision Screener (2025-26)**

	Number of Children Screened	Number of Children with Possible Vision Issues	Number of Children who got a Full Vision Exam with an Optometrist	Results
PVUSD Migrant and Seasonal Head Start (MSHS) program	516	93	93	• **89** were prescribed glasses • **4** will be monitored

[31] These FY 2025-26 results are as of 7/29/26, in order to get as thorough a report as possible of the final outcomes for this cohort.

The impact of the VisionFirst program—and at agencies that adopted this program—may be even greater, as it's likely that these efforts may also lead to families getting vision exams for their other children as well. Future work by the VisionFirst program will focus on continuing to provide these services to existing VisionFirst sites, expanding these screenings to additional child care sites, and helping more families follow up with full vision exams.

Santa Cruz County school-age children on Medi-Cal are receiving primary eye care services

A recent Policy Brief from the California Health Policy Strategies, L.L.C.[32] reports that the percentage of school-age children (ages 5-18) on Medi-Cal who have received primary care eye services[33] is very low, and that most counties have had a substantial decrease in the number of children who have received vision care over a multi-year period (from CY 2015-16 to FY 2022-24).

- During FY 2022-24, the percentage of school-age children with Medi-Cal insurance who received primary vision services was only 15.8% across the state, compared to 20.8% in Santa Cruz County.
- Across the state and for the majority of counties, these percentages have been decreasing over time (since CY 2015-16).
- However, Santa Cruz County is **one of only seven counties** that showed slight improvement during these two time periods (from 20.6 % to 20.8%).

It's possible that the percentage of school-age children who have received primary care eye services has been influenced by the VisionFirst program. By providing vision screening to preschool children, and supporting parents in following up with full vision exams for their child at an optometrist, entire families with children of all ages are now more aware of the importance of vision and eye care.

[32] California Health Policy Strategies, L.L.C., "*Policy Brief: Are Medi-Cal Children Receiving Vision Care They Need? A 2022-24 Update,*" December 2025.

[33] "Primary care eye services" includes eye examinations, determinations of refractive state, or dispensing of glasses.

Neurodevelopmental Foster Care Clinic

Program Description

The Neurodevelopmental Foster Care Clinic (NDFCC) is an innovative, coordinated approach to address the neurodevelopmental needs of children age 0-5 in the foster care system. The need for identifying and supporting infants and young children who have developmental concerns is clear. As reported by the CDC,

> *"The early months and years of a child's life form the foundation for future health, development, and learning. Young children learn best through nurturing relationships with their families and primary caregivers. When developmental concerns are identified early, and children and families receive early intervention or other needed services, children have better outcomes."* [34]

We know early intervention works, yet children who have already endured abuse and neglect typically do not receive the early assessment and coordinated services they need. Children with disabilities are more likely to be abused and neglected and yet, once in the system designed to protect them, their needs may go unaddressed – thereby missing a critical window of opportunity to set a healthy life course.

The Neurodevelopmental Foster Care Clinic—located at Stanford Children's Health specialty services clinic in Capitola—is a collaboration between Lucile Packard Children's Hospital Developmental-Behavioral Program, Santa Cruz County Children's Behavioral Health, Family and Children's Services, and First 5 Santa Cruz County. The NDFCC has also recently explored expanding their services to children served by the Santa Cruz County Public Health Home Visiting Programs.

The NDFCC takes a holistic approach to evaluate infants and children in the foster care system from 4 months to age 5, in a wide range of developmental and behavioral domains. Using an interdisciplinary approach, the NDFCC integrates health information and trauma history with developmental assessment, evaluation of social skills, and consideration of environmental conditions. They assess children for delayed language, thinking, and social or motor skills, as well as children who have challenges with sleep, eating, behavior, discipline, or temperament. Their interdisciplinary team focuses on early intervention to address the needs of young children who have recently entered foster care, and to provide comprehensive services to these foster children, their birth families, and foster families.

To this end, all children in Santa Cruz County under the age of 6 who are in foster care, or who are dependents of the Santa Cruz County juvenile court system, are referred to the program. For children with ongoing needs, Stanford Children's Health holds a developmental and behavioral assessment clinic in Capitola, once a week, for children ages 6-13.

[34] Centers for Disease Control and Prevention, *Learn the Signs. Act Early*. Quoting from the source: Barger B, Rice C, Wolf R, Roach A. *Better together: Developmental screening and monitoring best identify children who need early intervention*. Disabil Health J. 2018 Jul;11(3):420-426. doi: 10.1016/j.dhjo.2018.01.002. Epub 2018 Feb 2. PMID: 29459217; PMCID: PMC6005750. Retrieved 9/22/2025 from https://www.cdc.gov/act-early/about.

The Neurodevelopmental Foster Care Clinic provides the following services to children ages 0-5:

- A therapist from County Children's Behavioral Health meets with the child and foster family for a mental health assessment of the child (over the age of one).
- A Developmental-Behavioral Pediatric specialist (psychologist or nurse practitioner) evaluates the development and behavior of children and meets with the child, biological family, and foster family to discuss developmental and behavioral history and milestones.
- Standardized developmental and behavioral testing is conducted. The results of the testing and recommendations are provided to the biological and foster families at the end of the assessment.
- A follow-up consultative report is provided to all members of the interdisciplinary team, and the biological and foster families.
- A county Children's Behavioral Health therapist provides ongoing counseling to those children needing therapy services.
- Children needing developmental services (e.g., occupational therapy, physical therapy, speech therapy, special education) are referred to local resources and the school district in which they reside.
- Any identified medical services (e.g., audiology, ophthalmology) are coordinated through the primary care provider.

Funding Transition

In FY 2025-26, First 5 notified the NDFCC that due to budget constraints, First 5 would need to suspend financial support beginning July 1, 2026. To assist them with the transition, First 5 has been working with a core planning team that includes representatives from Stanford Children's Health, Salud Para La Gente, and Santa Cruz Community Health, to find a near-term solution to the financial challenges faced by the NDFCC, and to possibly re-imagine how those services are provided and expanded in Santa Cruz County.

In June, 2026 it was confirmed that the Central California Alliance for Health would enter into a contract with Stanford Children's Health to authorize and reimburse for children referred to the NDFCC (now referred to as the Stanford Children's Health Neurodevelopmental System of Care Program). This contract with CCAH will support the clinical efforts made to ensure that infants, toddlers, and children have access to neurodevelopmental assessments and follow up.

One Client's Story

"David" had been referred to NDFCC by his primary care clinician when he was 7 months old, and was making minimal progress with speech. At his 2 ½-year-old visit, he had significant speech and language delays and social regression, raising concerns for possible autism.

Although he had been receiving early intervention services, he did not have a formal medical diagnosis. A third visit was scheduled for a comprehensive diagnostic assessment. The NDFCC licensed clinical psychologist was able to diagnose this child with autism and global developmental delay.

David was referred to Applied Behavior Analysis (ABA) therapy, and a request for an assessment for special education was developed. The child's primary care clinician was also contacted to ensure that coordinated care could be maintained.

If David had not been a patient of the NDFCC, his autism evaluation would not have been authorized, and he would likely still be waiting for a diagnosis.

- Neurodevelopmental Foster Care Clinic, Annual Progress Report

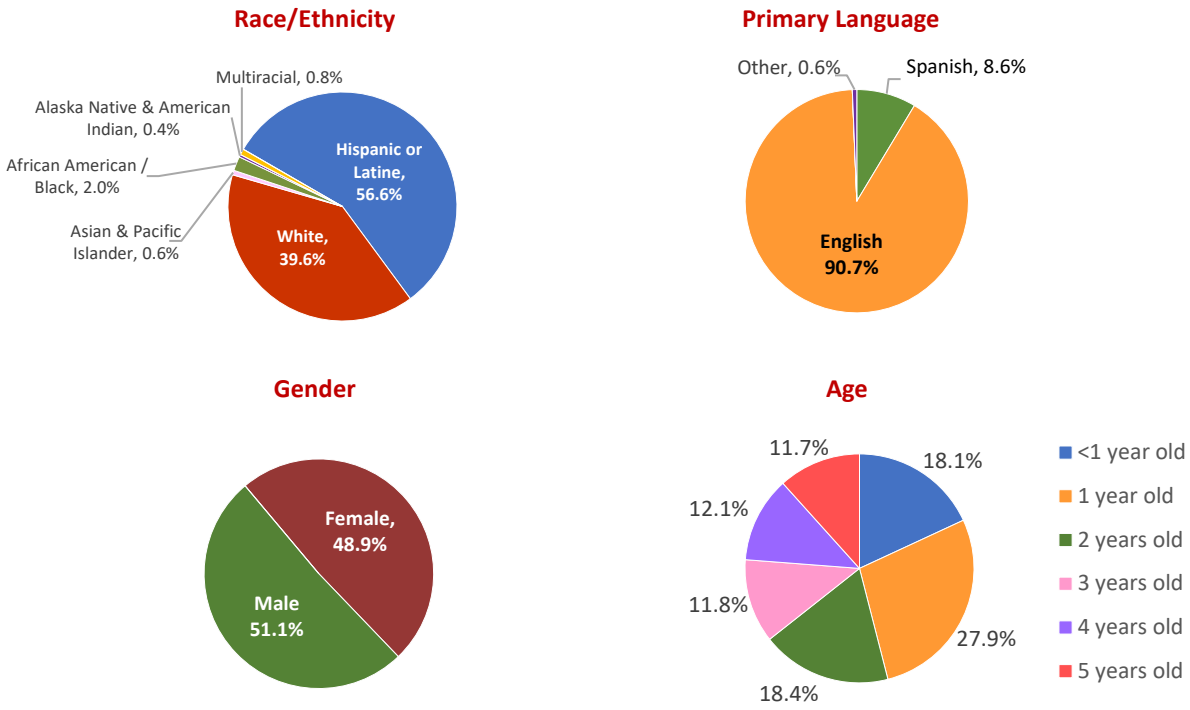
Population Served

	2025-2026
Parents/Guardians	**74***
Children	*(ages 0-5)* **37**

Source: (Population) First 5 CCD database for July 1, 2025 – June 30, 2026.
* Estimated number of parents/guardians of foster children who received diagnoses, services, and referrals. These parents/guardians are included here as adults who benefited from the services that their foster/biological children received.
Note: Due to the increased confidentiality requirements of this partner, it is difficult to track clients who may have received multiple services. Therefore, these numbers likely include some duplicated clients, but is considered a close estimate of the total number of clients served by this program.

In the following results, data from all the years of this program (2011-2026) have been aggregated in order to present a more robust profile of the children served.

Figure 28: **Demographics of Children (ages 0-5) participating in NDFCC (2011-2026)**



Source: First 5 Santa Cruz County, Neurodevelopmental Foster Care Clinic records, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
N=1,089.

Outcome Objective: Ensure that all children within the dependency court system age 0-5 in Santa Cruz County receive early developmental and mental health services

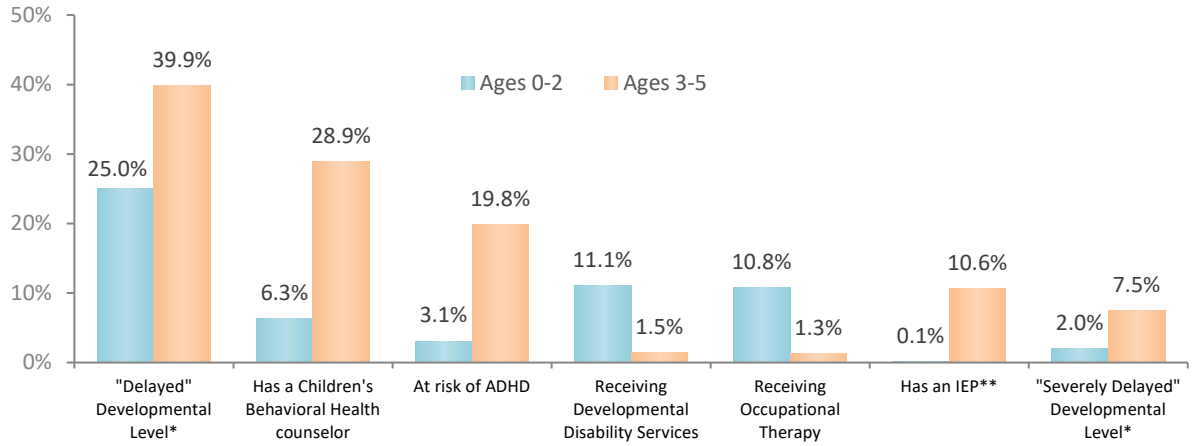
Measurable Objectives	2025-2026
By June 30, 2026, up to 50 children will receive comprehensive developmental and behavioral assessments and a plan for follow up within a community-based assessment team will be created for all children birth through 5.	• **37** children received comprehensive assessments

Source: Neurodevelopmental Foster Care Clinic, *Annual Progress Report*, 2026.
* This analysis only includes children who were referred by NDFCC to services and does not include children who had previous referrals to services from their pediatricians. Note that some children who haven't yet received services may be on Wait Lists for these services, so their referral is still in progress.

In the analyses of the following diagnoses, services, and referrals, all the data since the commencement of NDFCC have been aggregated (2011-2026) in order to present a more robust portrait of the extent to which NDFCC is helping children in the dependency court system obtain

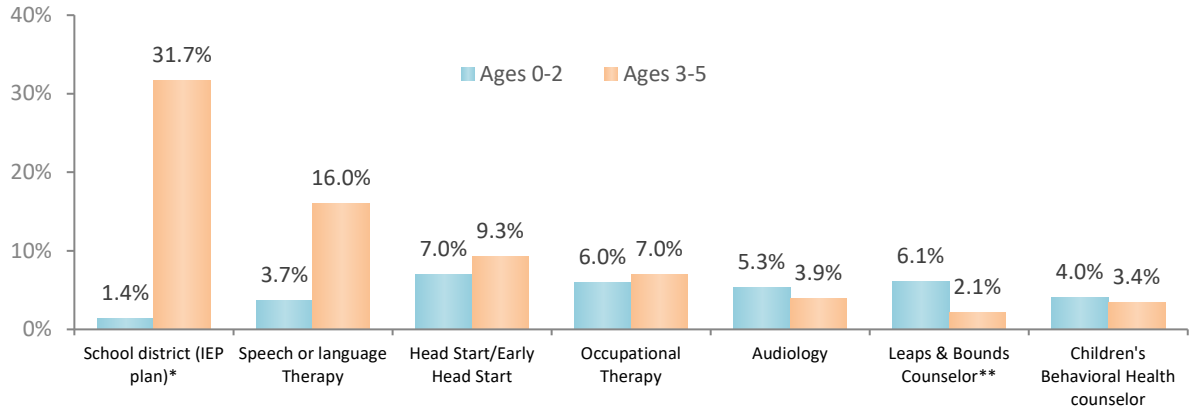
comprehensive developmental and behavioral evaluations to identify early intervention, mental health, or educational needs.

Figure 29: **Percentage of Children in NDFCC (ages 0-5) with these diagnoses and services, at Intake (2011-2026)**



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2026.
Note: Data for different diagnoses and services were not always collected every year. Therefore, the number of children analyzed for each diagnosis and service may vary. Only diagnoses and services with percentages higher than 4% for at least one age group are shown.
* Children's developmental levels were assessed using one of two standardized assessments, depending on the age of the child: the *Bayley Scales of Infant and Toddler Development* or the *Wechsler Preschool and Primary Scales of Intelligence, 3rd edition*.
** IEP = Individualized Education Program
N: (Ages 0-2) 701; (Ages 3-5) 388.

Figure 30: **Percentage of Children in NDFCC (ages 0-5) provided with these referrals (2011-2026)**



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2026.
Note: Data for different referrals were not always collected every year. Therefore, the number of children analyzed for each referral may vary. Only referrals with percentages higher than 4% for at least one age group are shown.
* IEP = Individualized Education Program
** The Leaps & Bounds program is designed to support the healthy development of children ages 0-5 whose parents are recovering from methamphetamine or other drug use and who are participating in the County's Dependency Drug Court Program.
N: (Ages 0-2) 701; (Ages 3-5) 388.

THRIVING FAMILIES

Strategic Goal:

Support and strengthen early childhood systems so that families have what they need to provide Positive Childhood Experiences (PCEs) for their children.

Desired Results:



- Increased resilience of young children and their families
- Improved parenting practices and parent-child relationships
- Increased "social capital" (relationships and connections) of young children and their families
- Decreased child abuse and neglect

Child safety in Santa Cruz County

One indicator of child safety are the County measurements of child abuse and neglect.

Decreasing rates of initial allegations of abuse and neglect

An examination of the rates of allegations of abuse and neglect in Santa Cruz County shows a steady decrease over time for children ages 0-2. For children ages 3-5, rates have been slowly increasing during the previous five years. Between 2011 and 2013, Santa Cruz County moved from being above (or at) the statewide rates, to **below** them (and have generally stayed below since).

Allegations of abuse or neglect in Santa Cruz County,

- **Children under age 1:** The rates of allegations of abuse and neglect *(per 1,000)* have decreased from a high of **95** in 2005, to **44** in 2025.
- **Children ages 1-2:** Allegation rates *(per 1,000)* dropped from a high of **59** in 2007, to **35** in 2025.
- **Children ages 3-5:** Allegation rates *(per 1,000)* dropped from a high of **61** in 2007, to **34** in 2020. However, rates have been increasing from 34 in 2020 to **46** in 2025.

Decreasing rates of substantiated allegations of abuse and neglect

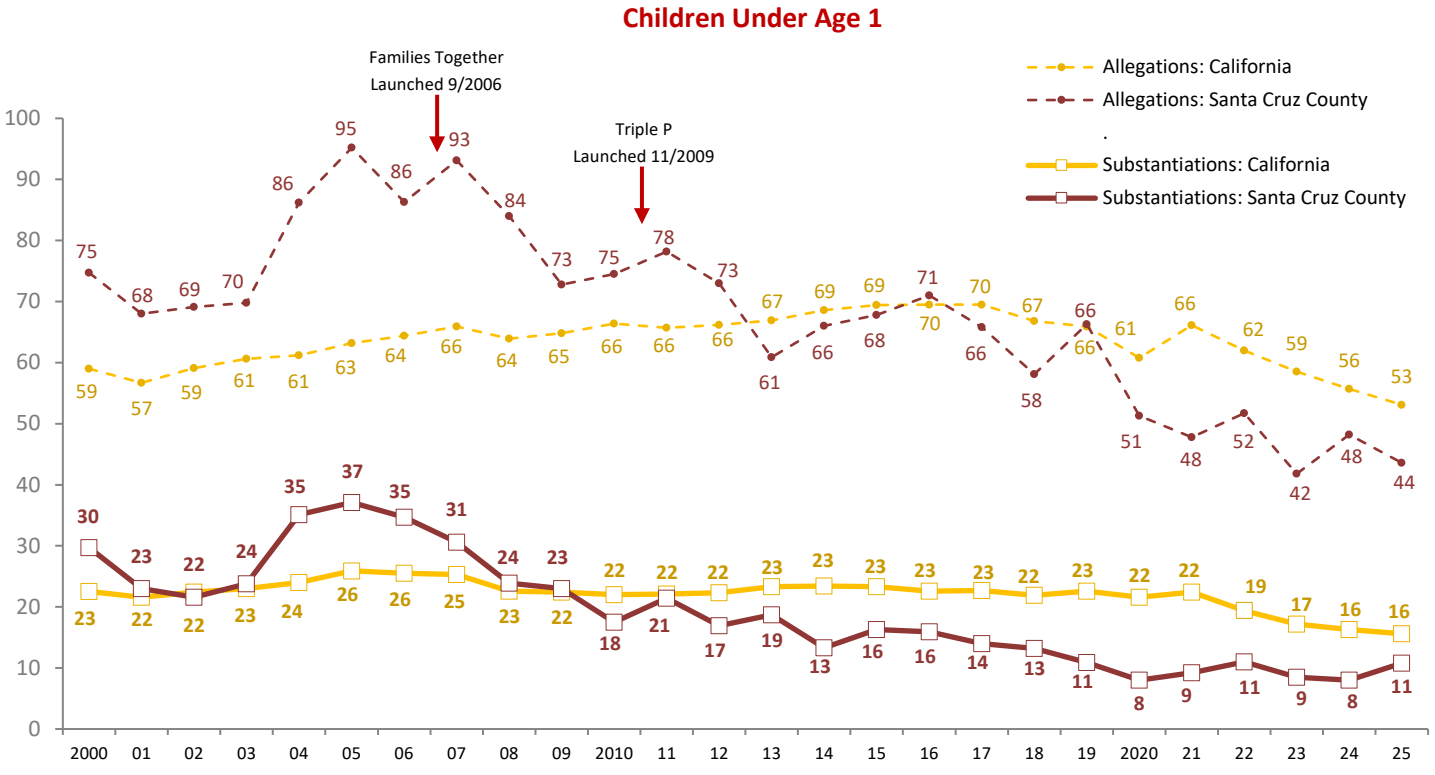
Corresponding to the decreasing rates of allegations over time, the rates of child maltreatment have also been steadily decreasing. In 2010, the rates of substantiated allegations in Santa Cruz County moved from being substantially above (or at) the statewide rates, to **below** them (and have generally stayed below since).

Substantiated allegations of abuse or neglect in Santa Cruz County,

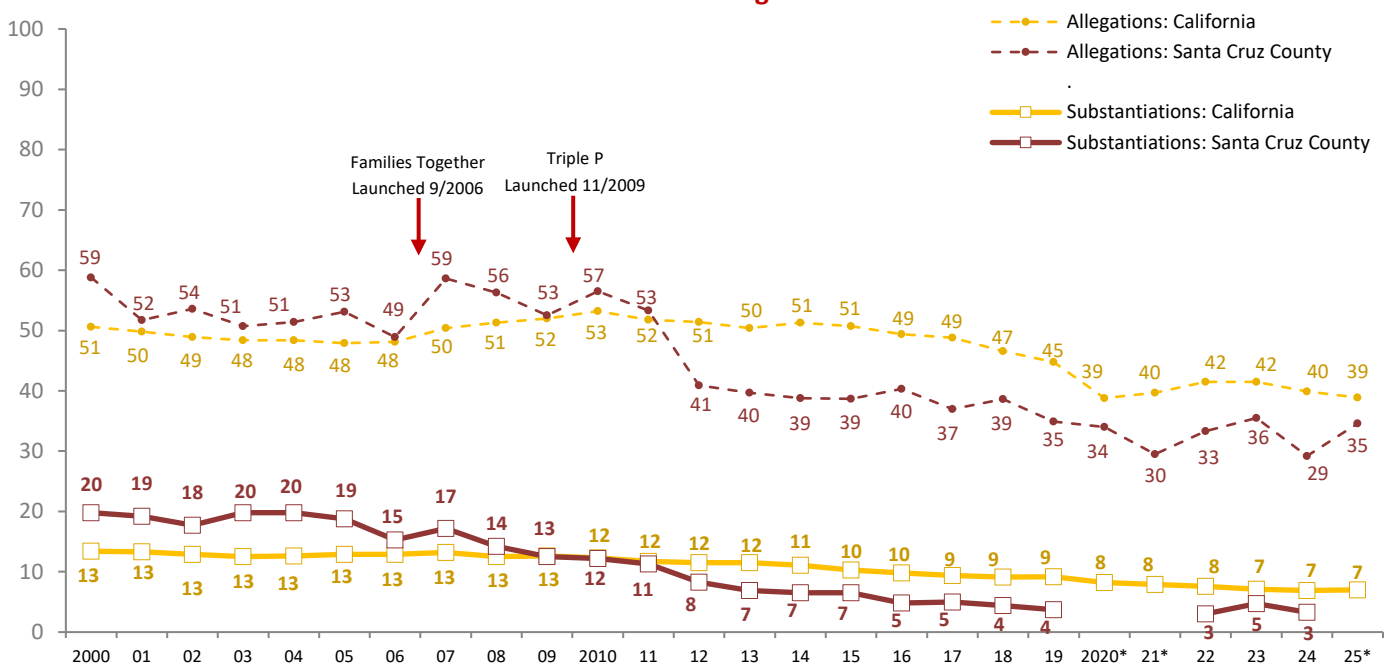
- **Children under age 1:** The rates of substantiated allegations of abuse or neglect *(per 1,000)* have decreased from a high of **37** in 2005, to **11** in 2025.
- **Children ages 1-2:** Rates of substantiated allegations *(per 1,000)* dropped from a high of **20** in 2004, to **3** in 2024.
- **Children ages 3-5:** Rates of substantiated allegations *(per 1,000)* dropped from a high of **18** in 2005, to **3** in 2025.

These overall decreasing rates in Santa Cruz County may have been assisted by the efforts of the county-wide **Triple P – Positive Parenting Program** and the **Families Together** program, which launched in late 2009 and 2006, respectively. The marked declines in initial allegations in 2020 and 2021, however, may have been a reflection of the shelter-in-place order related to the COVID-19 pandemic, when child care, schools, health and social services were disrupted, and there were fewer interactions between children and adults who were mandated reporters.

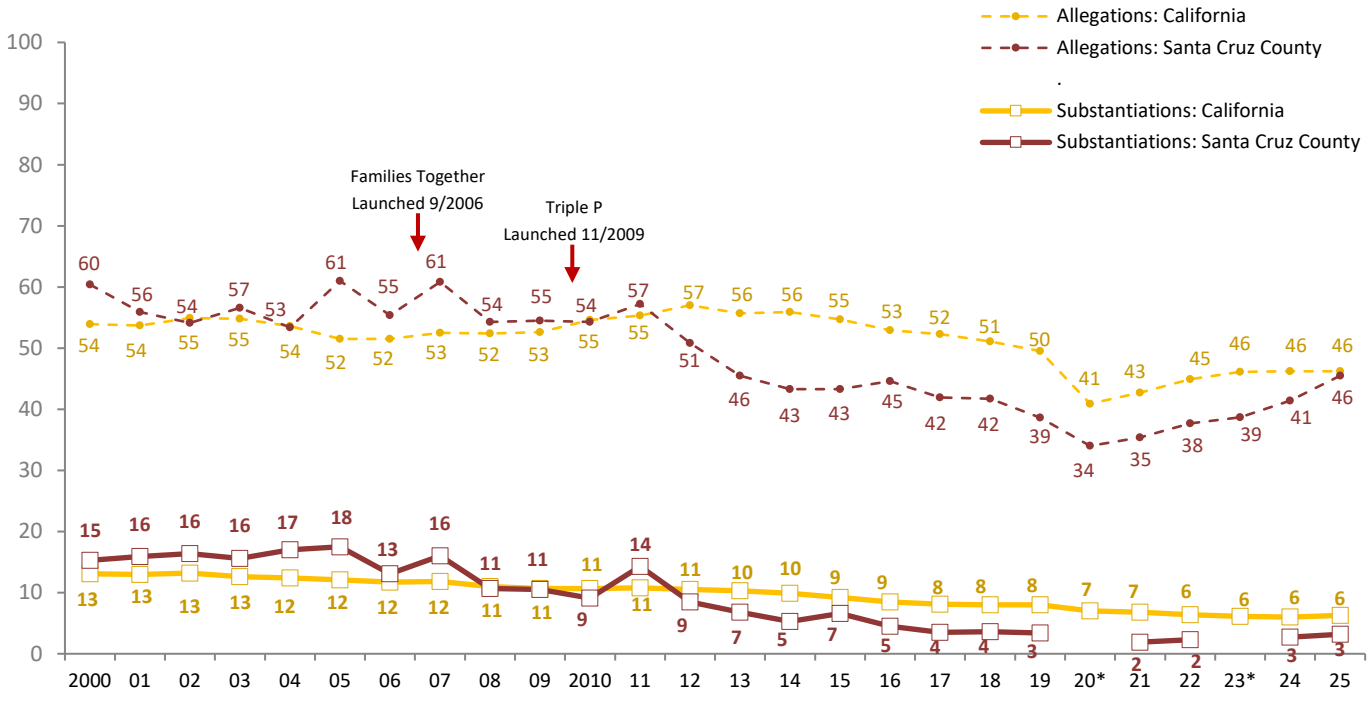
Figure 31: **Rates of initial allegations of child maltreatment—and substantiated allegations—in Santa Cruz County and California (per 1,000)**



Children Ages 1-2



Children Age 3-5



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Gomez, A., Guo, S., Zhang, A., Dua, A., Berwick, H., Lu, F., Hoerl, C., Yee, H., Ensele, P., Nevin, J., & Michel, J. (2025). CCWIP reports. Retrieved August 29, 2025, from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.edu.

* Data for some years are not available due to the Data De-identification Guidelines (DDG) adopted by California Department of Social Services, which require that statistically low values be masked on all public-facing resources in order to protect the confidentiality of individuals served by CDSS and the counties.

Notes: Previous years' data have been updated to reflect slight methodological changes made by the California Child Welfare Indicators Project, and to reflect the most current calculations. Rates have been rounded to the nearest unit.

Triple P – Positive Parenting Program

Program Description

Triple P (Positive Parenting Program) is a comprehensive, evidence-based parenting and family support system designed to strengthen families by promoting positive relationships, teach parents and caregivers simple strategies for preventing and handling parenting challenges, and increase access to parenting information and support. Triple P uses a population health approach to make evidence-based parenting information and support universally available and tailored to meet the unique needs of every family, regardless of socioeconomic status or the types of challenges the family is experiencing. This enables communities that offer Triple P to reach a broader segment of the population and helps reduce the stigma and fear of being labeled as "high risk" or a "bad parent" that often prevents families from seeking help before a crisis occurs.

The Triple P system can reach an entire community, as well as individual families who need more intensive services, through the following five levels of interventions:

- ***Level 1: Universal Triple P*** disseminates information about positive parenting to the entire community through a media-based social marketing campaign and pocket guides.
- ***Level 2: Selected Triple P*** provides brief information through one-time consultations *(Level 2 Individual)* or a series of Seminars on general parenting topics *(Level 2 Seminars)*.
- ***Level 3: Primary Care Triple P*** offers brief, targeted parent education and skills training through Workshops on specific topics *(Level 3 Workshops)* or 3-4 brief consultations on an individual basis *(Level 3 Individual)* or in a group with other families *(Level 3 Brief Group)*.
- ***Level 4: Standard & Group Triple P*** provides in-depth parent education and skills training through 10 sessions with a practitioner on an individual basis *(Level 4 Standard),* or 8-9 sessions in a group with other families (*Level 4 Group*), or in an online, self-paced course *(Triple P Online).* Additional in-depth support is now available (individually or in groups) to parents and caregivers of children aged 6 to 14 years who are experiencing anxiety *(Level 4 Fear-Less)*, and expectant parents or parents with infants *(Level 4 Baby)*.
- ***Level 5: Enhanced, Pathways, and Family Transitions*** offer additional support and strategies to help parents deal with stress and improve communication with their partners or co-parents *(Level 5 Enhanced)*, handle anger or other difficult emotions *(Level 5 Pathways)*, or co-parent after a divorce or separation *(Level 5 Family Transitions).*

Beginning in late 2009, three local funders (First 5 Santa Cruz County, County of Santa Cruz Health Services Agency, and County of Santa Cruz Human Services Department) established the Triple P system in partnership with other agencies that serve children and families. The program has been implemented and scaled up in stages, with the goal of making parenting information and support

widely available to families throughout Santa Cruz County. First 5 leads the county-wide implementation, building partnerships and leveraging resources to ensure the Triple P program is available in Santa Cruz County for:

- Families that are expecting or have a baby (Triple P for Baby)
- Families with children from birth – 12 years old (Core Triple P)
- Families with teens 13 – 16 years old (Teen Triple P)
- Families with children who have special needs (Stepping Stones Triple P)
- Families with children ages 6-14 experiencing anxiety (Fear-Less Triple P)

Throughout this section of the report, "parents" is used to mean anyone who is involved in raising a child, including biological, foster, and adoptive parents; grandparents or other relatives; family friends; or other caring adults.

Triple P Providers

First 5 coordinates the funding, training, service provision, outreach, social marketing, and evaluation of Triple P, then partners with non-profit and public agencies that provide services at their facilities or other locations throughout the county, including Family Resource Centers, schools, churches, health clinics, libraries, parks, and families' homes.

The majority of Triple P services are provided by these partners, through contracts with First 5 and other funders:

- **Community Bridges – Family Resource Collective (CB-FRC):** The primary provider of all levels and variants of Triple P services since 2009, ensuring that Triple P services are free, accessible, and meet the needs of all families throughout the county, regardless of child ages, primary language, geographic location, income, health insurance, immigration status, or type of parenting support needed. CB-FRC is uniquely positioned to fulfill this role through its four Family Resource Centers (FRCs), located in Watsonville, Live Oak, Santa Cruz, and Felton. FRCs serve all families but prioritize those who are most likely to encounter service access barriers due to cultural and linguistic differences, social isolation, mental health issues, discrimination, low incomes, or immigration status. Bilingual/bicultural practitioners provide Triple P services virtually and at FRCs and other community locations (schools, child care centers, health clinics, libraries, parks). In FY 2025-26, CB-FRC provided Triple P services to 858 parents.
- **Encompass Community Services – Families Together (FT):** Described in the partner profile in the next section of this report. FT is an innovative counseling program providing home-based services to families living throughout Santa Cruz County. Families referred by Santa Cruz County Family & Children's Services, CalWORKs, or community partners are assigned a therapist who helps design customized services, including sessions in English or Spanish, in the home or other preferred location. A Family Support Specialist assists with enrolling interested families in FT and provides case management and parenting support prior to and concurrently with the counseling services. Families learn about parenting, child development, parent-child attachment, and general wellness, and they are connected with other community resources

such as substance use counseling, interpersonal violence services, and early education support. Families Together staff provide brief or in-depth parenting support to families using the Triple P curriculum.

- **Parents Center:** Provides Triple P services as a contractor for the Human Services Department's Family and Children's Services Division for parents who are required to participate in parent education classes by the Juvenile Dependency Court. The Parents Center offers bilingual Triple P parenting support through 8-week groups.
- **Independent practitioners (contractors):** First 5 contracts with a small cohort of individuals who provide Triple P services as private practitioners. The independent practitioners have deep expertise in Triple P, as well as other specialty areas such as counseling, disabilities or special needs, and working with families that have low incomes, are undocumented, or speak a language other than English.
- ***Promotores*:** In FY 2024-25, First 5 supported a small group of "*promotores*" to become accredited to provide brief Triple P services. First 5 continues to provide coaching and support to the *promotores* to develop their capability to provide L3-Primary Care services.

Partnerships

First 5 continuously expands the availability and accessibility of Triple P services through partnerships with other agencies, systems, and funders. In 2025-26, First 5 coordinated the provision of Triple P services for these partners:

- **Cradle to Career Santa Cruz County (C2CSCC):** First 5 partnered with the C2CSCC initiative to offer virtual and in-person Triple P workshops in Spanish (with simultaneous interpretation into English) for families throughout Santa Cruz County. Topics were selected by C2CSCC Parent Leaders and taught by a Triple P practitioner from Community Bridges and/or the *promotores*. C2CSCC staff helped promote the Triple P workshops to families in the school districts that have a formal partnership agreement with C2C (Live Oak, Santa Cruz City Elementary, Soquel Union Elementary, and San Lorenzo Valley Unified). Families in the Pajaro Valley Unified School District (PVUSD) were also invited to participate in the workshops, as C2CSCC frequently collaborates with PVUSD staff and *promotores* working in South County. The classes were held virtually to make them accessible to families, no matter which area of the county they lived in. This was the tenth year that Triple P workshops were incorporated into the Cradle to Career initiative.
- **CalWORKs:** In FY 2020-21, First 5 partnered with the Human Services Department (HSD) to launch a small pilot of Triple P Online (TPOL) for CalWORKs participants. HSD contracted with First 5 to purchase TPOL program access codes, establish a referral and data collection process, and provide up to four coaching sessions to program participants. TPOL is equivalent to a Level 4 Triple P intervention. The CalWORKs TPOL pilot expanded in FY 2022-23 to include referrals for all Triple P services, including and beyond TPOL. This partnership continued in FY 2025-26.

- **Ventures – Semillitas (college savings accounts):** Ventures is using funding from the Collective of Results and Evidence-based (CORE) Investments to deposit funds in children's college savings accounts when their parents participate in a Triple P class or one-on-one session. Children enrolled in Semillitas can earn a one-time $50 deposit to their Semillitas savings account when their parents complete this "milestone." First 5 Santa Cruz County, Triple P practitioners, and the Semillitas program are actively collaborating to raise awareness about this milestone by sharing details about it during Triple P classes and one-on-one sessions, including it in Triple P newsletters and social media platforms, and by setting up outreach tables at community events. Triple P partnered with Semillitas to co-host workshops, engage Semillitas families in Triple P workshops, and support them in accessing the one-time $50 deposit incentive. All collaborative outreach efforts are aimed at increasing families' awareness of the availability and benefits of Semillitas savings accounts and making it as easy as possible for them to participate in Triple P services and earn the milestone deposit.
- **Santa Cruz County Truancy Court:** In June 2025, the Santa Cruz County Superior Court launched a Truancy Court program in partnership with the Santa Cruz County Office of Education and Court Appointed Special Advocates (CASA) of Santa Cruz County. The goal of the program is to address root causes of chronic absenteeism rather than relying solely on punitive measures. Families are referred to the Truancy Court by school districts and are offered school supplies and tailored recommendations for services. First 5 staff and Triple P practitioners participate in the coordination meetings and offer Triple P parenting support to families.

Additional investments in the county-wide Triple P System

- **Children and Youth Behavioral Health Initiative (CYBHI)**

  At the end of FY 2022-23, First 5 was awarded a 2-year grant from the California Department of Health Care Services (DHCS) to:

  - Increase capacity to provide **Triple P services for populations** that are most likely to experience access barriers and health disparities (Latine families, non-English speakers, migrant workers, immigrants, parents and caregivers of children with physical, intellectual, or developmental delays or disabilities, LGBTQIA+ families).
  - Improve **equitable access to Triple P services** that are culturally and linguistically responsive to the needs of the populations of focus.
  - Strengthen **positive parenting practices** among parents and caregivers in the populations of focus.
  - Improve **child emotional and behavioral challenges**, particularly among the selected populations of focus.

  During FY 2025-26, First 5 continued to fund and coordinate Triple P services through a one-year no-cost extension.

- **Central California Alliance for Health**

  A 2-year grant from the Central California Alliance for Health (CCAH) enabled First 5 to enhance access to Triple P services for Medi-Cal members with children aged 0-5, with a particular focus on supporting Spanish-speaking and Latine parents and caregivers.

  In the first year of the grant (FY 2024-25), First 5 trained 12 Community Health Workers (CHWs), *promotores*, and other providers in Level 3 Primary Care Triple P. This was the first time a cohort of practitioners in Santa Cruz County completed the Triple P training and accreditation process in Spanish.

  In FY 2025-26, First 5 provided coaching and support to accredited *promotores* from Cradle to Career (C2C) to build their readiness and confidence to deliver Level 3 Triple P brief services (including workshops and one-on-one sessions), with a targeted focus on Spanish-speaking and Latine families. The C2C *promotores* observed Triple P Workshops conducted by experienced practitioners, then co-facilitated two workshops with support from First 5 staff.

  This approach aims to diversify and sustain the workforce and funding for Triple P, ensuring future growth and success. Additionally, the project creates opportunities for economic self-sufficiency by supporting CHWs and *promotores* in becoming accredited Triple P practitioners—a globally recognized and valued credential that enhances career prospects and is highly sought after by First 5 and other organizations.

  In FY 2025-26, First 5 secured another 2-year grant from CCAH to continue this work with CHWs and *promotores* and implement the newest program, Triple P for Baby.

Population Served

The total number of clients who participated in Triple P is comprised of three groups:

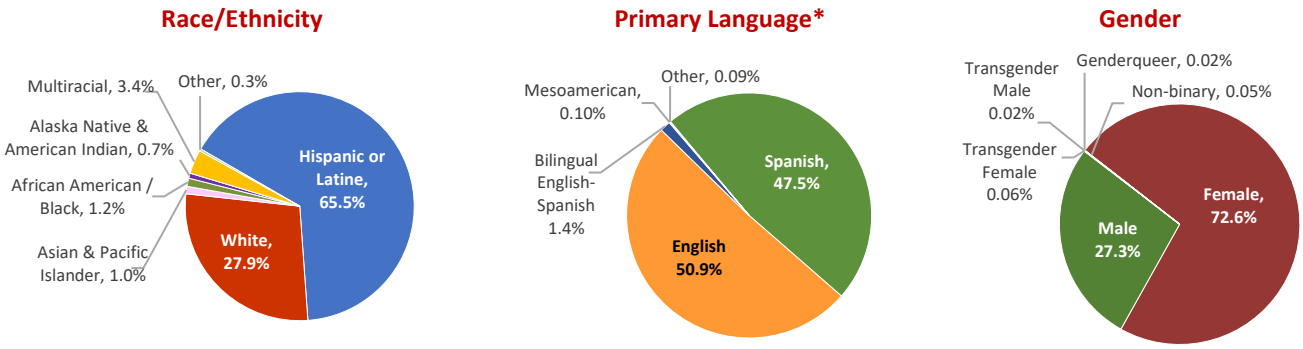
1) **Unique Clients**: Those who participated in individual or group sessions AND who consented to have their assessment data anonymously included in this evaluation (who consequently provided enough information to create a Unique ID)
2) **"Unidentified" Clients**: Those who participated in brief services where only minimal client data were collected (usually not enough to create a Unique ID).
3) **"Non-Consenting" Clients**: Those who participated in individual or group sessions but did NOT consent to have their client data included in this evaluation of Triple P. They are only included in the analysis of numbers served.

	This Funding Cycle 2025-2026					Cumulative Totals 2010-2026				
Unique Clients –*client data analyzed* *										
Parents					905					9,245
	Ages 0 – 5	**Ages 6 – 12**	**Ages 13 – 16**	**Ages 17+**		**Ages 0 – 5**	**Ages 6 – 12**	**Ages 13 – 16**	**Ages 17+**	
Children	*60*	*85*	*35*	*8*	188	*2,709*	*2,292*	*798*	*341*	6,140
"Unidentified" Clients – *Includes duplicates; some client data analyzed* **										
Parents *(2010-2022 only)*					-					9,991
Children *(all ages)*					1,408					31,282
"Non-Consenting" Clients – *Client numbers only; no client data analyzed****										
Parents					26					513
Children *(all ages)*					36					763
TOTAL (INCLUDES DUPLICATES)										
Parents					**931**					**19,749**
Children *(all ages)*					**1,632**					**38,185**

Source: First 5 CCD database for July 1, 2010 – June 30, 2026.
* Unique Clients: Includes parents and children for whom enough personal information is collected to be able to create a Unique ID. Beginning in FY 2022-23, this includes parents participating in Level 2 Seminars and Level 3 Workshops, so now all parents in every level of Triple P are reported here. As usual, this also includes children of parents who participate in the more in-depth levels of Triple P: Levels 3 (Individual/Brief Group), 4, and 5. Parents may have participated in more than one Triple P service, but are only reported once in this calculation of the number of unique clients served. Children with unknown birth dates are not included.
**"Unidentified" Clients: Includes children in levels of Triple P where not enough information is collected to create a Unique ID (i.e., children of parents who participated in Level 2 Individual sessions, Level 2 Seminars and Level 3 Workshops). Prior to FY 2022-23, this also included parents in Level 2 Seminars and Level 3 Workshops, due to lack of data collection. Beginning in FY 2022-23, Unique IDs can be created for all parents, so all parents are now reported in the "Unique Clients" category. Consequently, the only "Unidentified" parents remaining in this category are from 2010-2022.
*** "Non-consenting" clients are those who did not consent to have their personal and evaluation information included in First 5's evaluation of Triple P. They are only included in this calculation of the total number of clients served.
Note: The vast majority of participants are Santa Cruz County residents, with only minimal numbers from other counties.

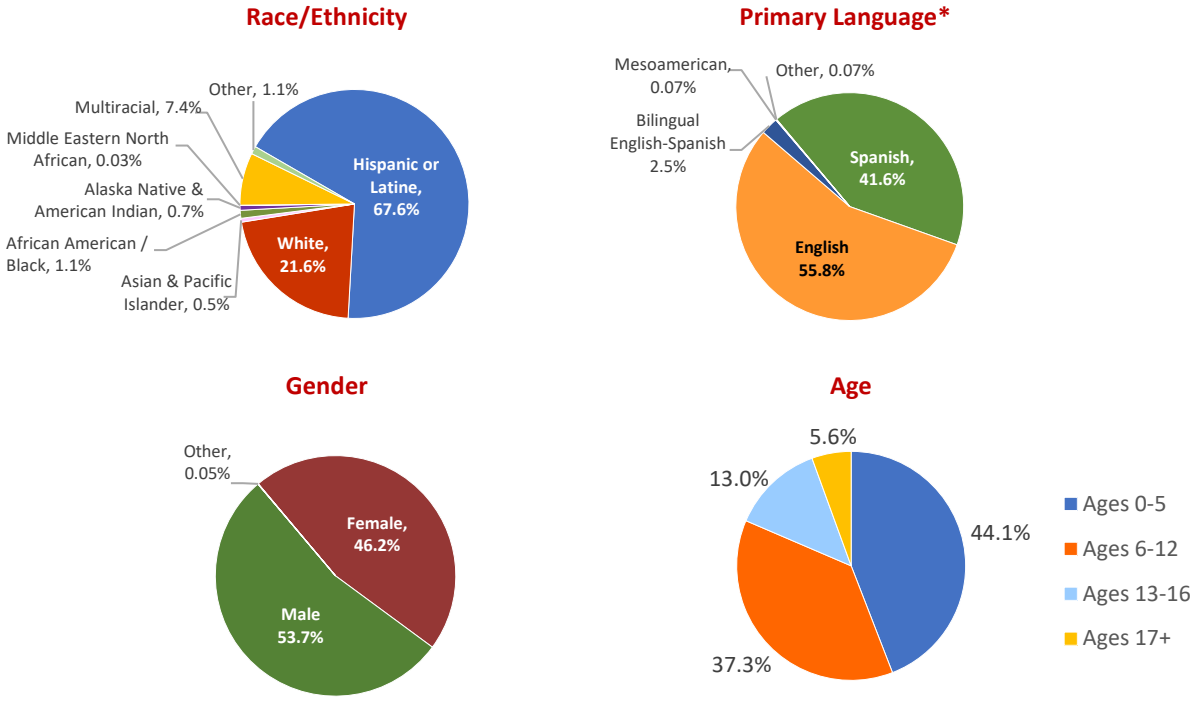
Triple P Participant Details

Figure 32: **Demographics of Triple P Parents/Guardians (2010-2026)**



Source: First 5 CCD database for 2010-2026.
Notes: Parents participating in any level of Triple P where demographic information is collected are included in these analyses. More demographic information is collected for parents participating in the more in-depth levels of Triple P (Levels 3 Individual/Brief Group, 4, and 5), such as Race/Ethnicity, Language, and Gender. However, brief levels of Triple P (Level 2-Individual, L2 Seminars, and L3 Workshops) do collect the parent's language and gender, so these adults are also included in the analyses of these demographics. Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
* Parents in in-depth levels of Triple P are asked to indicate their preferred language. Brief levels of Triple P do not ask the parent to indicate their Primary Language; in these cases the Primary language is determined by the language of the evaluation forms. "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" languages include Multilingual and other languages.
N: (Ethnicity)=3,818, (Language)=9,230, (Gender)=8,699.

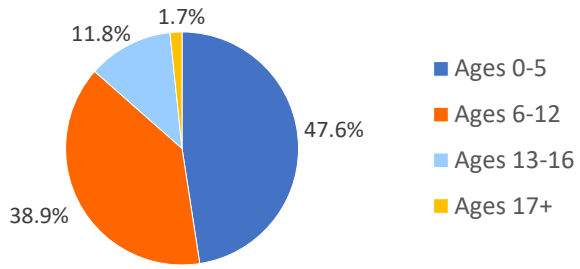
Figure 33: **Demographics of Children benefiting from Triple P (2010-2026)**



Source: First 5 CCD database for 2010-2026.
Notes: These demographic analyses include children of parents participating in the more intensive levels of Triple P (Levels 3 Individual/Brief Group, 4, and 5). Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
* Children's Primary language is determined by the parent's language. "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" languages include Multilingual.
N: (Ethnicity)=5,890, (Language)=6,133, (Gender)=6,124, (Age)=6,140.

Parents in the more intensive services of Triple P completed assessments at the beginning and end of their services, as a way to measure improvement in parenting issues and child behavior. When parents filled out their assessments, they were asked to choose one child in their family (referred to as the "Index Child" in this report), whose behaviors they were most concerned about or had the most difficulty handling, and to complete the assessments keeping just that one child in mind.

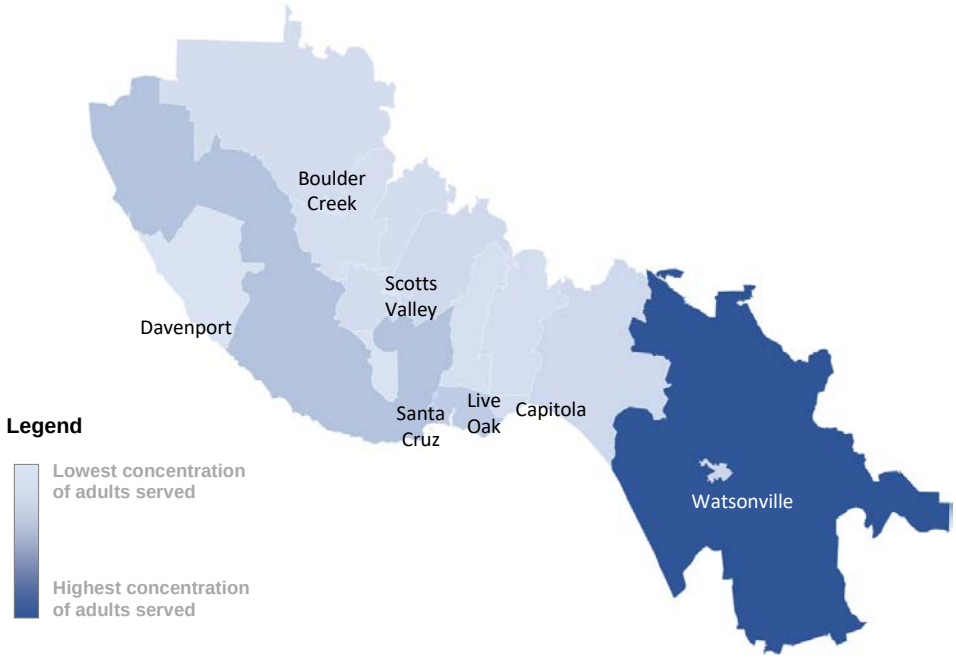
Figure 34: **Ages of Children chosen as the "Index" Child (2010-2026)**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2026.
Note: Includes children of parents in the more intensive levels of Triple P (Levels 3 (Individual or Brief Group), 4, and 5). Duplicates have been removed.
N=3,208.

Analyses of clients' ZIP codes show that adults from all over the County are participating in Triple P, with the majority living in South County (Watsonville and Freedom, 59%).

Figure 35: **Distribution of County Adults who received Triple P services, by ZIP Code (2010-2026)**



Source: First 5 CCD database for July 1, 2010 – June 30, 2026.
Note: Includes adults from any program where ZIP codes were collected (L2-Indiv, L2-Seminar, L3-Workshop, L3-Brief Group, L3-Individual, L4-Group, L4-Standard, L4-Fear-Less, L5-Family Transitions, L5-Lifestyle, Triple P Online). Only adults with known ZIP codes are included in this analysis. Adults who received multiple Triple P services are only included once in this analysis.
* Adults with Post Office mailing addresses in these areas were included in the area totals.
N=4,618.

Figure 36: **Number of County Adults who received Triple P services, by ZIP Code (2010-2026)**

AREA	ZIP CODE	ADULTS SERVED	
		NUMBER	PERCENTAGE
Aptos, Rio Del Mar*	95003	177	3.8%
Ben Lomond	95005	82	1.8%
Boulder Creek	95006	106	2.3%
Brookdale	95007	16	0.3%
Capitola	95010	87	1.9%
Davenport	95017	3	0.1%
Felton	95018	100	2.2%
Freedom	95019	221	4.8%
Mt. Hermon	95041	2	0.04%
Santa Cruz*	95060	574	12.4%
Santa Cruz (Live Oak)*	95062	402	8.7%
Santa Cruz	95064	22	0.5%
Santa Cruz	95065	65	1.4%
Scotts Valley*	95066	156	3.4%
Soquel	95073	87	1.9%
Watsonville*	95076	2,518	54.5%
Total	-	4,618	100%

Source: First 5 CCD database for July 1, 2010 – June 30, 2026.
Note: Includes adults who participated in any level of Triple P. Only adults with known ZIP codes are included in this analysis. Adults who received multiple Triple P services are only included once in this analysis.
* Adults with Post Office mailing addresses in these areas were included in the area totals.

Triple P Highlights

Triple P's population-based approach to parenting support provides the minimally sufficient level of care for parents to enable them to independently manage their family issues. This section provides an overview of how families in Santa Cruz County have been helped to receive the levels of support that they needed through their participation in Triple P, and highlights some of the key achievements in each of these levels.

In the following analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which families are demonstrating improvement in their parenting knowledge and skills. Beginning in FY 2020-21, the results for four Level 4 assessment tools that were used from 2010-18 are no longer reported in these analyses of Triple P outcomes, and only the results for the current Level 4 assessments are included. Analyses of Level 5 Lifestyle are no longer included in this report as of FY 2025-26. First 5 discontinued its implementation support for Lifestyle Triple P, since Triple P International announced it will not update the curriculum to match United States health guidelines or translate the program materials into Spanish.

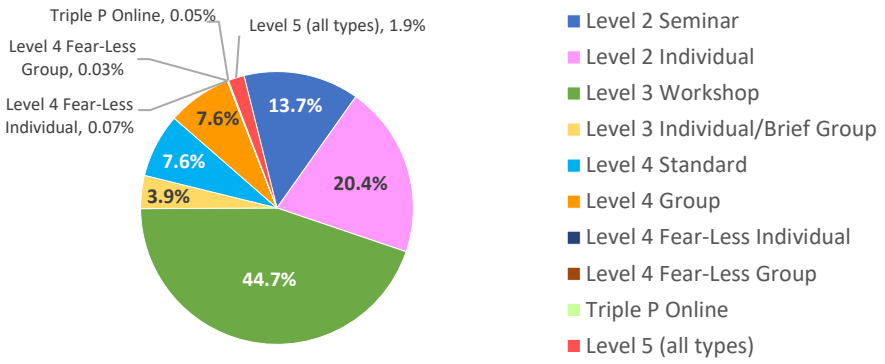
The vast majority of these clients live in Santa Cruz County, but with the advent of virtual classes, this analysis also includes the few who attended from other counties. See Appendix D for more detailed information about the population of clients included in these analyses, and the methodologies used to calculate the amount of improvement and statistical significance.

The following charts show the levels of Triple P in which parents have participated, since the commencement of the program.

- When all years are combined, results show that families are engaged in all levels of Triple P. Not surprisingly, the majority of parents are participating in the briefest services, which include Level 2 Seminars, one-time Level 2 Individual consultations, and Level 3 Workshops. This

mirrors the intent of the Triple P system, with a greater proportion of the community accessing briefer, targeted parenting support, and a smaller proportion of the community accessing in-depth, comprehensive parenting support.

Figure 37: **Percentage of participants in each level of Triple P (2010-2026)**



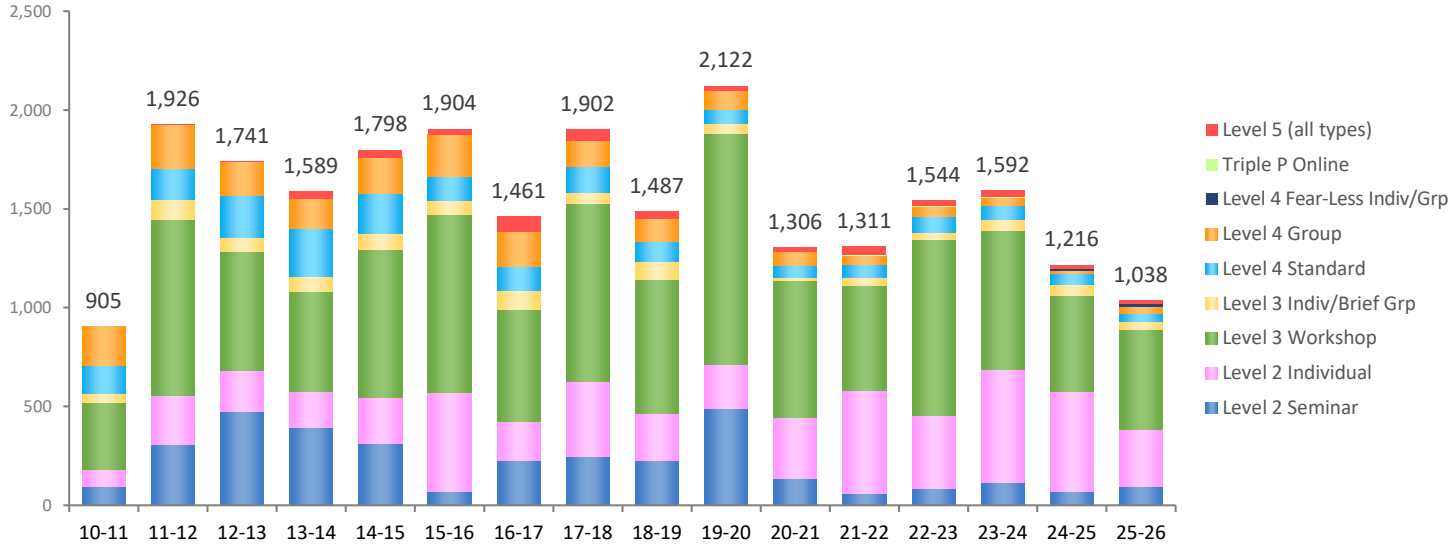
Source: First 5, Triple P Master Client Data Collection Template, 2010-2026.
Notes:

- This analysis includes all clients each time they participated in any Triple P service (consequently, some clients may be reported multiple times if they participated in more than one level of Triple P, or the same level of Triple P more than once).
- It also includes "non-consenting" clients ("Non-consenting" clients are those who did not consent to have their personal and evaluation information included in First 5's evaluation of Triple P; only their client numbers and services in which they participated are reported).
- The vast majority of these clients live in Santa Cruz County, but with the advent of virtual classes, this analysis also includes the few who attended from other counties.

N=24,842 participants (includes clients each time they participated in any Triple P service).

- When looked at individually, each year follows this pattern, with brief services being the most frequently utilized.

Figure 38: **Number of participants in each level of Triple P, by Fiscal Year**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2026.
Notes:

- This analysis includes all clients each time they participated in any Triple P service (consequently, some clients may be reported multiple times if they participated in more than one level of Triple P, or the same level of Triple P more than once).
- It also includes "non-consenting" clients ("Non-consenting" clients are those who did not consent to have their personal and evaluation information included in First 5's evaluation of Triple P; only their client numbers and services in which they participated are reported).
- The vast majority of these clients live in Santa Cruz County, but with the advent of virtual classes, this analysis also includes the few who attended from other counties. Participant numbers for prior years have been updated to include these out-of-county clients.

Level 1: Universal

First 5 continues to implement a robust social marketing campaign to saturate the community with positive parenting messages, normalize the need to seek help for parenting challenges, and promote First 5 as the central point of contact for getting assistance with accessing Triple P services. Information is disseminated through print and electronic media, social media, community outreach events, sponsorships, advertising, and locally-developed marketing materials.

In 2026, the Santa Cruz County Board of Supervisors proclaimed January as Positive Parenting Awareness Month (PPAM) for the 14th year in a row. The local proclamation and month-long celebration are led by First 5 as part of the Level 1 Universal Triple P campaign. Other California counties that implement Triple P have adopted PPAM, drawing on First 5 Santa Cruz's model and tools.

January 2026 also marked the 7th year that the State Assembly and Senate passed a resolution declaring January as Positive Parenting Awareness Month throughout California. First 5 participated in this statewide effort with Triple P America and a coalition of other Triple P coordinators throughout the state.

Data indicate that the local social marketing campaign is an effective way to reach and engage families in Triple P services, and that they are highly satisfied after receiving services.

- **Accessibility of information.** Families are responding to Triple P messages in the media and online. They are using First 5's website to register for parenting classes and requesting assistance with accessing Triple P services through the centralized "warmline," social media, and the Triple P email address.

- **Encouragement to participate.** Since the beginning of the Triple P program, approximately 19,700 unique parents and 38,000 unique children have benefited from Triple P services, and many of these parents participated in multiple services. These numbers reflect the widespread interest in—and reach of—this parenting program.

Client Participation in Triple P

	THIS FUNDING CYCLE 2025-2026	CUMULATIVE TOTALS 2010-2026
Parents/Guardians	**931**	**19,749**
Children *(all ages)*	**1,632**	**38,185**

Source: First 5, Triple P Master Client Data Collection Template, 2010-2026.
Note: These totals include "Unique Clients" who may have participated in more than one Triple P service (see the previous "Population Served" section for an explanation of which clients fall in the "Unique Clients" category).

- **Satisfaction with services.** On average, parents rated the quality of services very high, strongly agreeing that they were dealing more effectively with problems in their family, and were able to apply the skills they learned to other family members.

Parents' Satisfaction with Various Aspects of the Triple P Program (2010-2026)



Source: Triple P data from the *Parent Satisfaction Survey*, Jan. 2010 - June 2026.

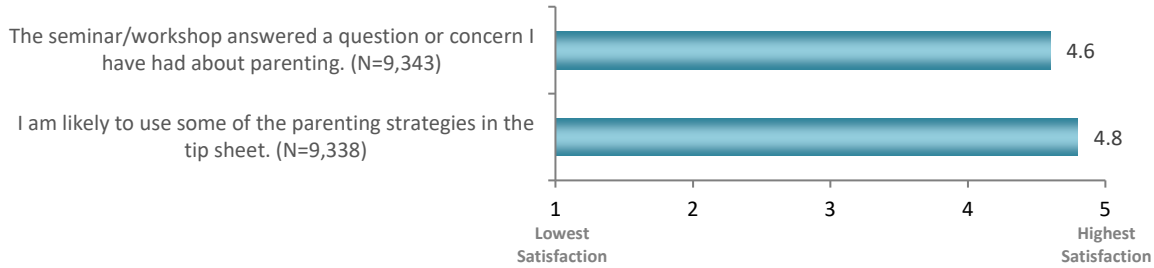
Level 2: Selected (Individual & Seminars) & Level 3: Primary Care (Workshops)

The briefest forms of Triple P services are giving parents an opportunity to be introduced to Triple P principles and strategies and are providing easy access to general parenting support.

- **Gateway to more services.** Over the past several years, analyses have consistently shown that brief services are an effective way of engaging parents in the program and gives them an opportunity to participate in further services. Parents who attend Seminars and Workshops frequently request follow-up services, and parents who participate in one or two brief consultations for specific parenting concerns often return later for in-depth consultations and multi-session programs.

- **Continued use of the skills they learned.** On average, parents strongly agreed that the Seminars and Workshops answered their questions, and that they would continue to use the strategies they learned.

Seminars/Workshops: Satisfaction Survey (2010-2026)



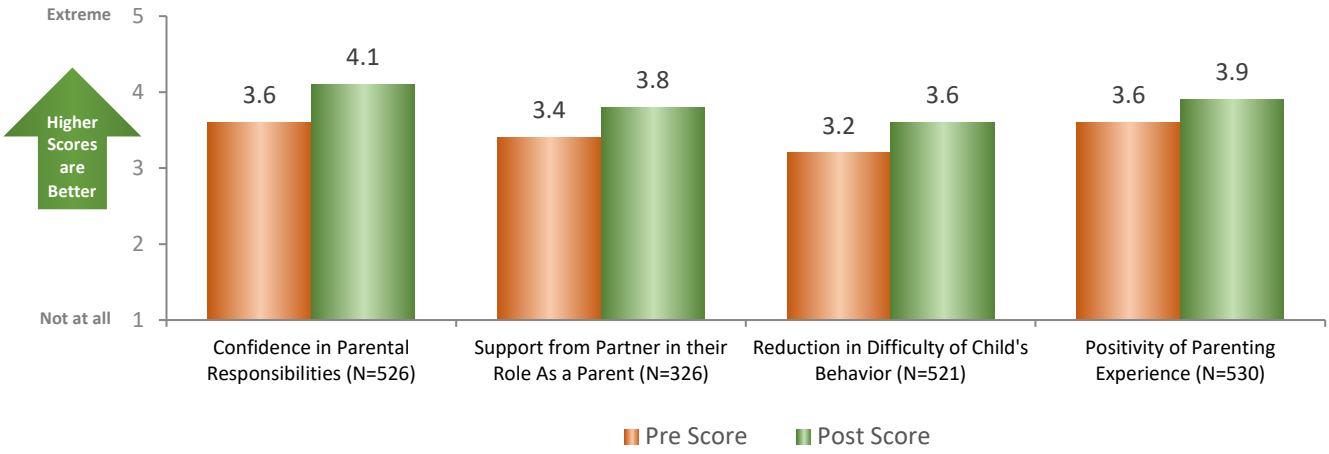
Source: Triple P data from the *Seminar/Workshop Satisfaction Survey*, Jan. 2010 - June 2026.

Level 3: Primary Care (Individual or Brief Group)

Brief consultations about specific parenting concerns are resulting in increased positive parenting experiences.

- **Support for specific parenting challenges.** Parents are reporting *statistically significant* improvements in their confidence in parenting, support from their partners, number of difficult child behaviors, and enjoyment in their parent/child relationship. Regarding parent confidence, partner support, and reduced difficult behaviors, parents on average experienced a moderate to large magnitude of change, indicating that these observed differences were not only statistically significant but also *meaningful*.

Increases in Positive Parenting (2010-2026)



Source: Triple P data from the *Parenting Experience Survey, Questions 3, 6, 1, and 2*, Jan. 2010 - June 2026.
Note: The *Parenting Experience Survey* measures issues related to being a parent, and each question is analyzed separately. For Q1-6, scores could range from 1 to 5. There are no clinical cut-offs for this assessment. This analysis only includes parents who participated in Level 3 Primary Care (Individual/Brief Group) services.

Level 4: Standard & Group

Through more intensive services, families are receiving in-depth support for moderate to severe behavioral and emotional difficulties.[35]

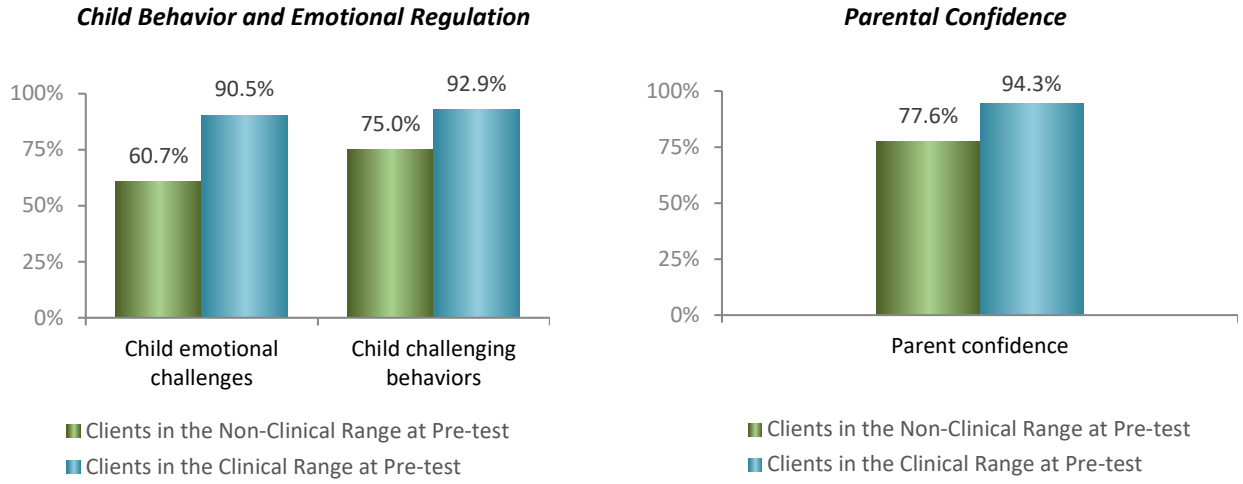
- **Intensive services may have a stronger impact on parents who begin the program experiencing more serious parenting issues.** First 5's evaluation results have consistently shown that:
    - On average, the majority of parents who completed intensive services demonstrated improvements in key parenting domains. Parents reported improvements in child emotional

[35] These Level 4 analyses include clients who participated in Level 4 Standard or Group services (including those who afterwards additionally participated in Level 5 Pathways or Level 5 Enhanced), Triple P Online, and Level 4 Fear-Less. They do not include clients who only participated in Level 5 Family Transitions as this is a standalone program that incorporates the Level 4 topics within it, so these clients are NOT considered as also having participated in a separate Level 4 program.

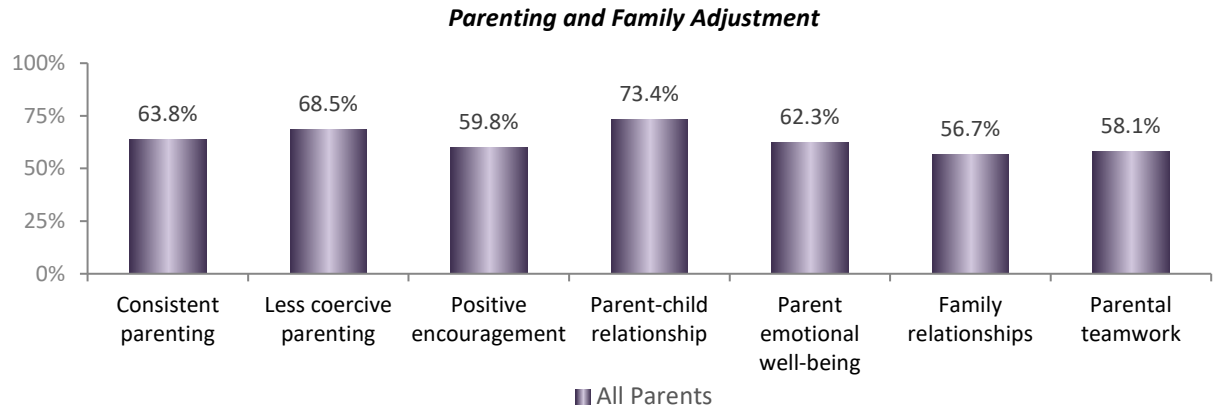
and behavior regulation, parental confidence, parental emotional well-being and family relationships, and increased use of positive parenting styles.

- Parents whose pre-assessment scores were high enough to be in a "Clinical Range of Concern" were *even more likely* to show improvement by the end of the program, suggesting that Triple P was effective for parents who were experiencing more serious parenting issues.
- The majority of parents who began the program in a "Clinical Range of Concern" had moved out of the range of concern by the end of the program.

Percentage of Parents who demonstrated improvement in key parenting issues after completing services (2018-2026)

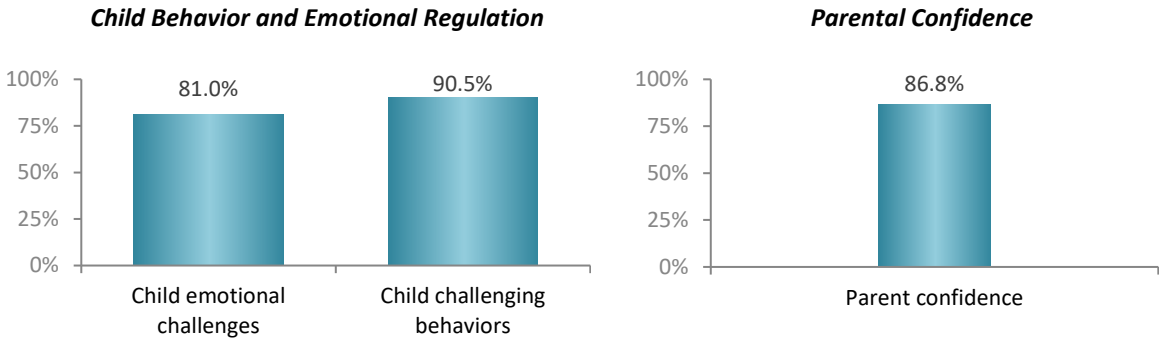


Source: Triple P assessment results, July 2018 - June 2026. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.
N: (Emotional challenges) Non-Clinical=346, Clinical=42; (Challenging behaviors) Non-Clinical =408, Clinical=42; (Confidence subscales) Non-Clinical =371, Clinical=53.



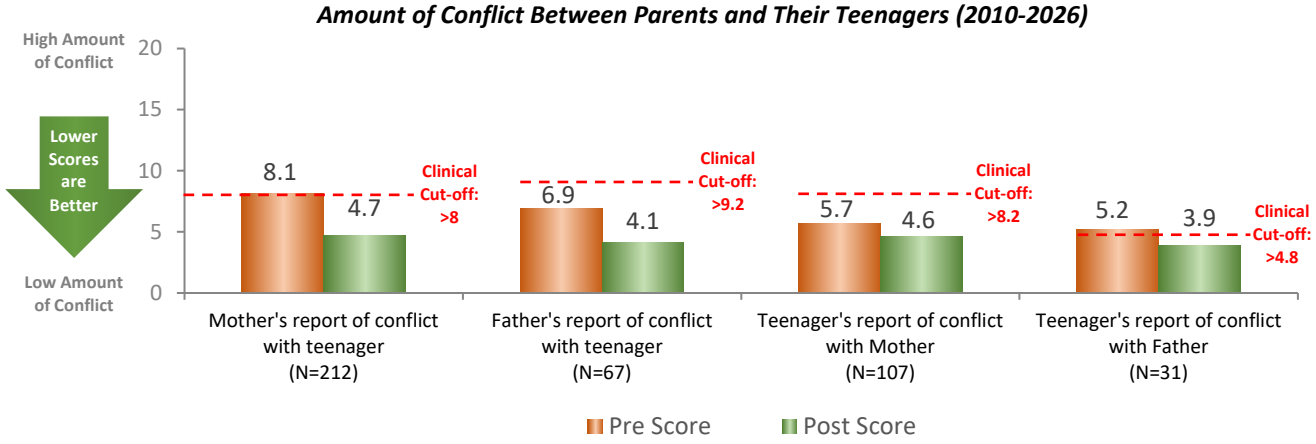
Source: Triple P assessment results, July 2018 - June 2026. *Parenting and Family Adjustment Scales (PAFAS)* subscales.
Note: There is no clinical cut-off for the PAFAS scores, so there is no "Clinical Range at Pre-test" sub-population to analyze for this assessment.
N: (Consistent parenting)=481; (Less coercive parenting)=425; (Positive encouragement)=413; (Parent-child relationship)=289; (Parent emotional well-being)=469; (Family relationships)=418; (Parental teamwork)=270.

Percentage of Parents who moved out of the "Clinical Range" of concern in key parenting issues after completing services (2018-2026)



Source: Triple P assessment results, July 2018 - June 2026. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.
N: (Emotional challenges)=42; (Challenging behaviors)=42; (Confidence subscales)=53.

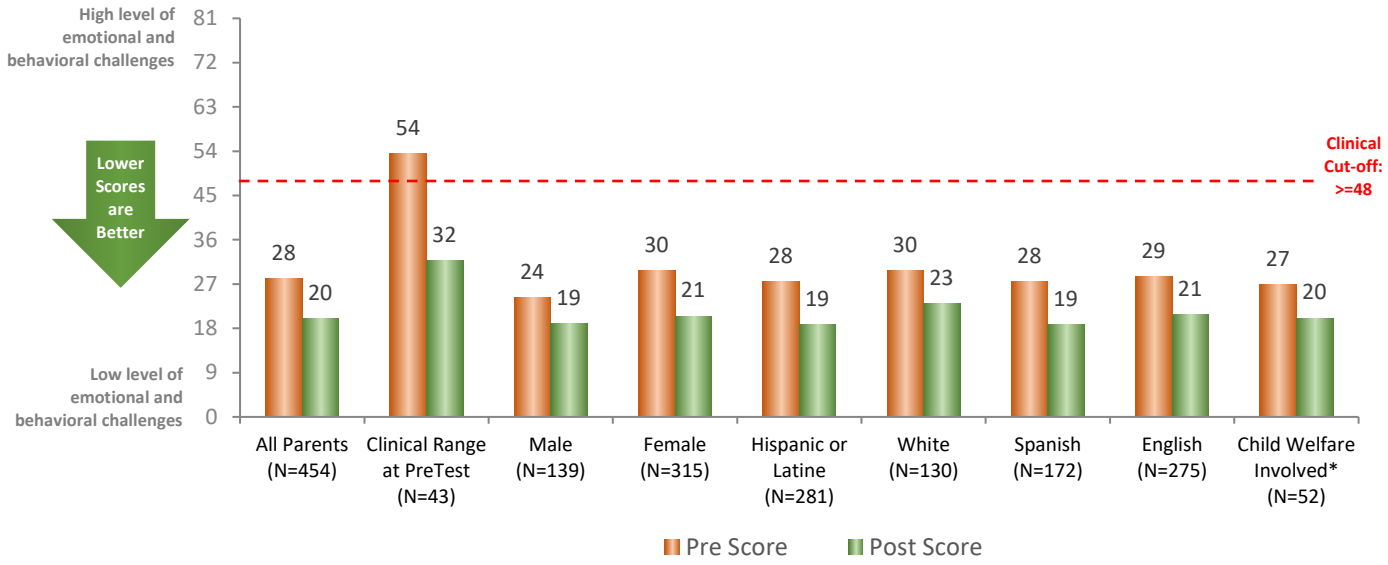
- **Parents in Teen Triple P report decreased amounts of conflict with teenagers.** While the majority of parents who received in-depth services were in Core Triple P (for families with children ages 0-12), a substantial number of parents have completed Teen Triple P (for families with youth ages 13-16).
  - On average, both mothers and fathers reported significant decreases in the amount of conflict between themselves and their teenagers. Mothers and fathers both experienced a moderate to large magnitude of change, indicating that their decreases in conflict were not only *statistically significant* but also *meaningful*.
  - By the end of the program, teenagers also reported *significantly* lower amounts of conflict with their mothers and fathers.



Source: Triple P data from the *Conflict Behavior Questionnaire*, Jan. 2010 - June 2026.
Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest amount of conflict at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Improvements in child behavior and emotional regulation.** On average, all Parents and all sub-populations reported *significant* improvements in their children's emotional and behavioral challenges.
    - On average, All Parents and all sub-populations also experienced a moderate to large magnitude of change, indicating that these observed differences were not only statistically *significant* but also *meaningful*.
    - The amount of improvement was *highest* for parents who had scores in the Clinical Range of Concern at the beginning of their services

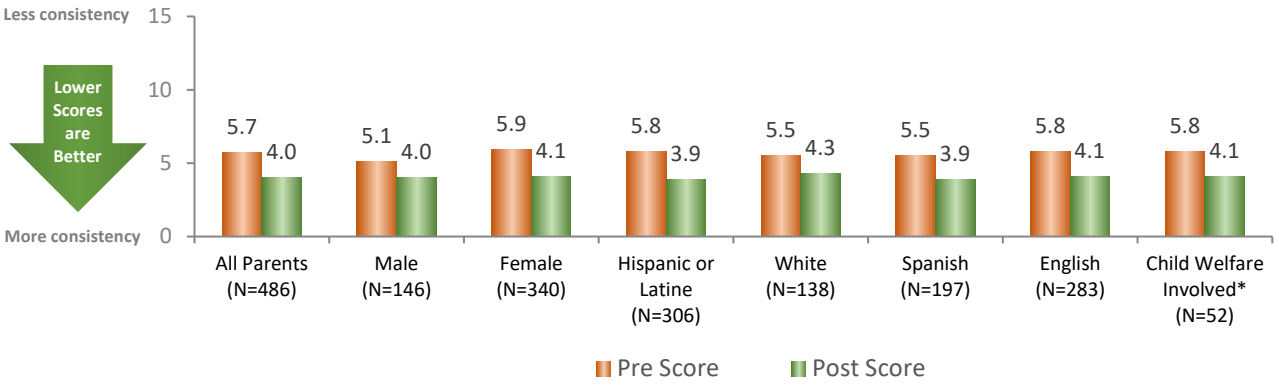
Child Emotional and Behavioral Challenges (2018-2026)



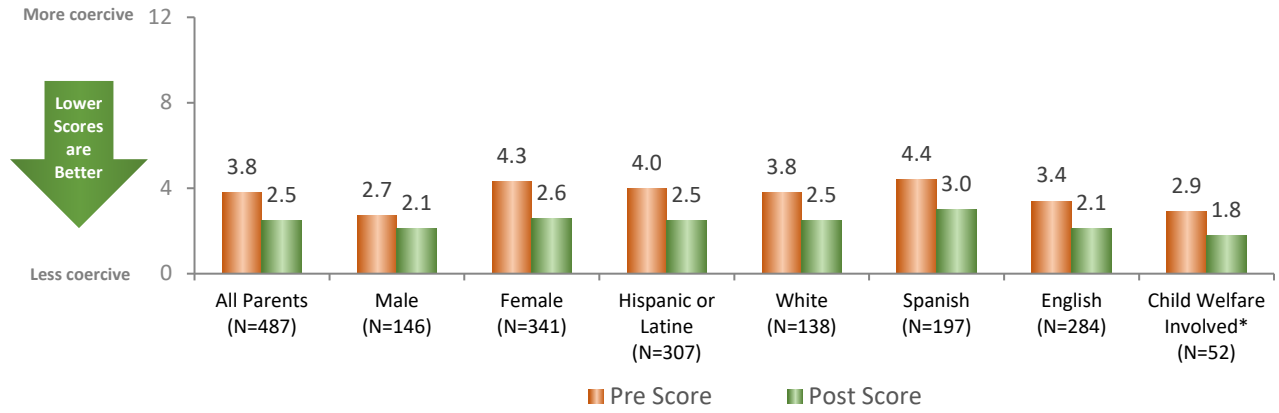
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2026.
Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest level of challenges at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.
* The agency providing services to families where Child Welfare is involved (Parents Center) did not provide Triple P services in FY 2025-26. Therefore, the data for this subpopulation covers the years 2018-2025.

- **Increased use of positive parenting styles.** There were *significant* improvements in parents' overall style of discipline, as their parenting style became more consistent and less coercive through the course of the Triple P program.
    - In addition to the significant improvements in **consistent parenting**, on average All Parents and all sub-populations experienced a moderate to large *amount* of improvement.
    - Similarly, in addition to the significant decreases in **coercive parenting**, All Parents and almost all sub-populations (Female, Hispanic or Latine, White, primarily Spanish-speakers, primarily English-speakers, Child Welfare involved) also experienced a moderate to large magnitude of change.

Improvement in Consistent Parenting (2018-2026)



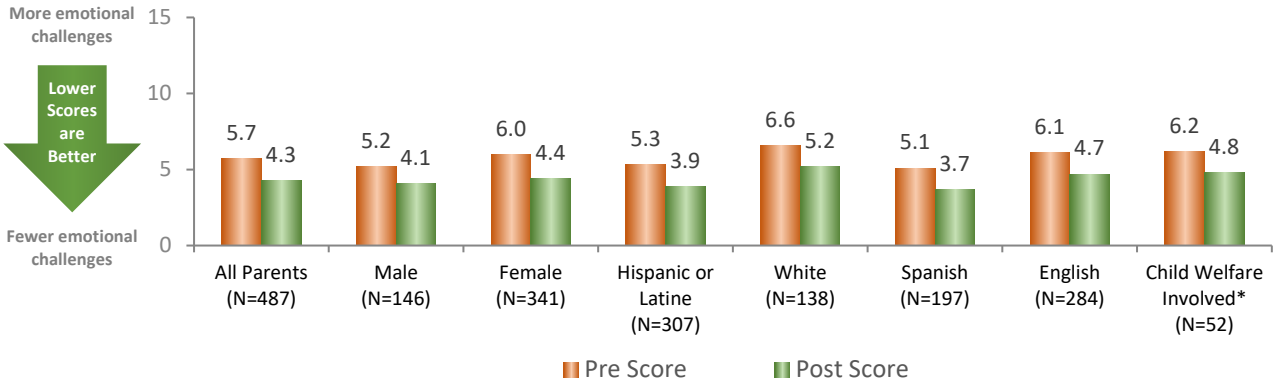
Decrease in Coercive Parenting (2018-2026)



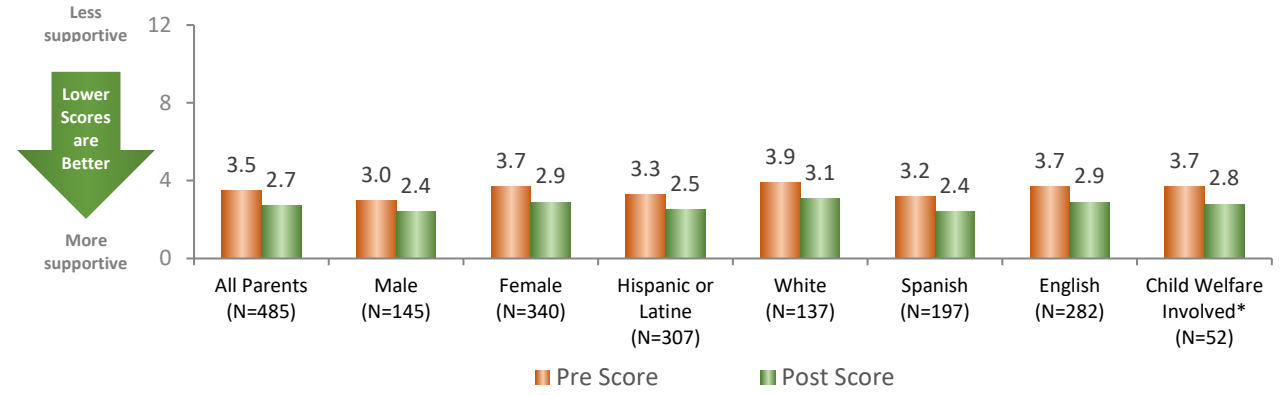
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2026.
Note: There is no clinical cut-off for this assessment's scores. For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of consistent parenting at "Pre," or lowest amount of coercive parenting at "Pre," are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.
* The agency providing services to families where Child Welfare is involved (Parents Center) did not provide Triple P services in FY 2025-26. Therefore, the data for this subpopulation covers the years 2018-2025.

- **Improvements in parental emotional well-being and family relationships.** On average, parents reported significant improvements in their emotional well-being and significantly fewer relationship issues that were problems after participating in the program.
  - On average, All Parents and all sub-populations reported *significantly* **fewer emotional challenges**. All Parents and parents who were Female or primarily English-speakers also experienced a moderate to large magnitude of change, indicating that their improvement was not only statistically *significant* but also *meaningful*.
  - Similarly, on average, All Parents and all sub-populations reported *significant* improvements in **family relationships**, feeling more supported by the end of their services. In addition, parents who were primarily Spanish-speakers also experienced a moderate magnitude of change, indicating that their observed differences were not only *statistically significant* but also *meaningful*.

Parental Emotional Well-being (2018-2026)



Family Relationships (2018-2026)

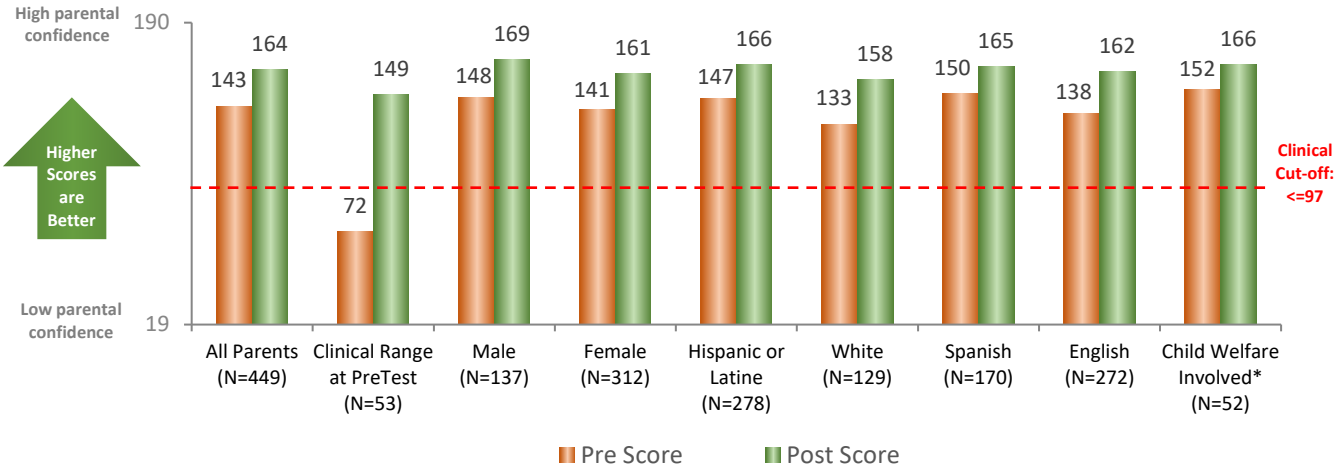


Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS): Emotional Well-being and Family Relationships subscales, July 2018 – June 2026.
Note: There is no clinical cut-off for this assessment's scores. For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest number of challenges at "Pre,", or highest amount of support at "Pre," are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.
* The agency providing services to families where Child Welfare is involved (Parents Center) did not provide Triple P services in FY 2025-26. Therefore, the data for this subpopulation covers the years 2018-2025.

- **Increased parental confidence.** On average, all Parents and all sub-populations reported *significant* improvements in parents' confidence through the course of the Triple P program.
    - All Parents and almost all sub-populations (Male, Female, Hispanic or Latine, White, primarily English-speakers, and parents with scores in the Clinical Range of Concern at the beginning of their services) also experienced a moderate to large magnitude of change, indicating that their improvement was not only statistically significant but also meaningful.

- The amount of improvement and magnitude of change was particularly substantial for parents who had scores in the Clinical Range of Concern at the beginning of their services.

Improvement in Parental Confidence (2018-2026)

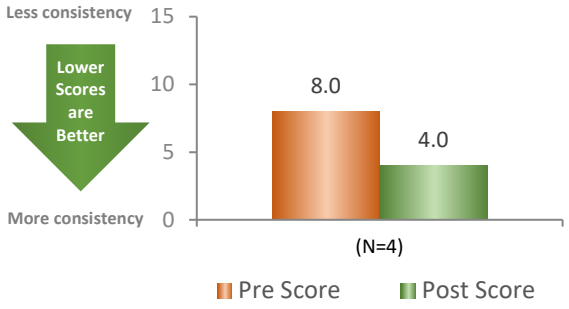


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2026.
Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of confidence at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.
* The agency providing services to families where Child Welfare is involved (Parents Center) did not provide Triple P services in FY 2025-26. Therefore, the data for this subpopulation covers the years 2018-2025.

- **Triple P Online.** This program is equivalent to a Level 4 Standard or Group program, but is provided as an online, self-paced course.

  Although the number of parents who have completed this program is small, preliminary results are already showing *statistically significant* improvements in consistent parenting through the course of the Triple P program. More results will be available as participation grows.

Improvement in Consistent Parenting
(Triple P Online; 2020-2023)

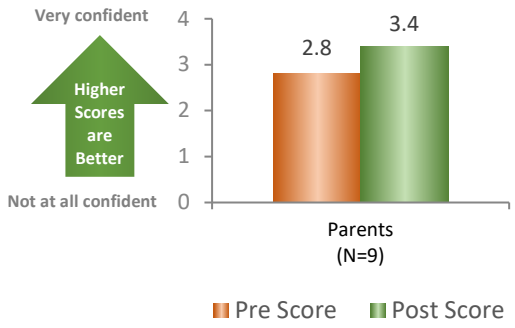


Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting subscale, July 2020 - June 2023.
Notes:
- For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of consistent parenting at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.
- No new participants have completed this assessment since FY 2022-23.

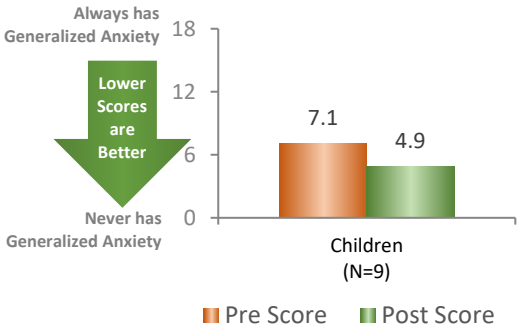
- **Support for parents of children with anxiety.** Fear-Less Triple P offers in-depth support (individually or in groups) to parents and caregivers of children aged 6 to 14 years who have anxiety.

  Although the number of parents who have completed this program is considered too small to begin analyzing, preliminary results are already showing *statistically significant* improvements in certain areas: parents are demonstrating increased confidence in managing their children's anxiety, parents are reporting lower levels of their children's generalized anxiety in comparison with other children their age, and parents are experiencing lower levels of depression. These statistically significant results are rather remarkable considering the very small number of parents in these analyses.

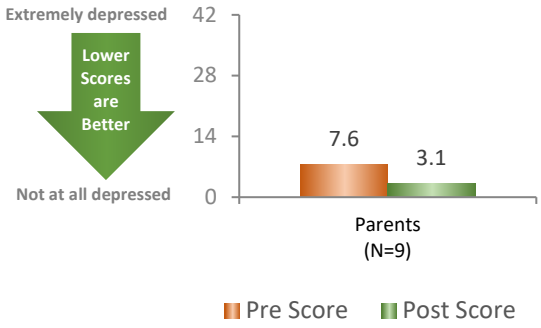
Increased Confidence in Managing Child's Anxiety
(Fear-Less Triple P; 2025-2026)



Lower Levels of Children's Generalized Anxiety
(Fear-Less Triple P; 2025-2026)



Lower Levels of Parental Depression
(Fear-Less Triple P; 2025-2026)



Source: (Confidence) *Parenting an Anxious Child Questionnaire;* (Anxiety) *Spence Children's Anxiety Scale – Parent Version;* and (Depression) *Depression Anxiety Stress Scales (DASS-21)*, July 2025 – June 2026.
Notes: For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest ("best") levels of Confidence, and lowest ("best") levels of Generalize Anxiety and Depression at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

Level 5: Enhanced, Pathways, and Family Transitions

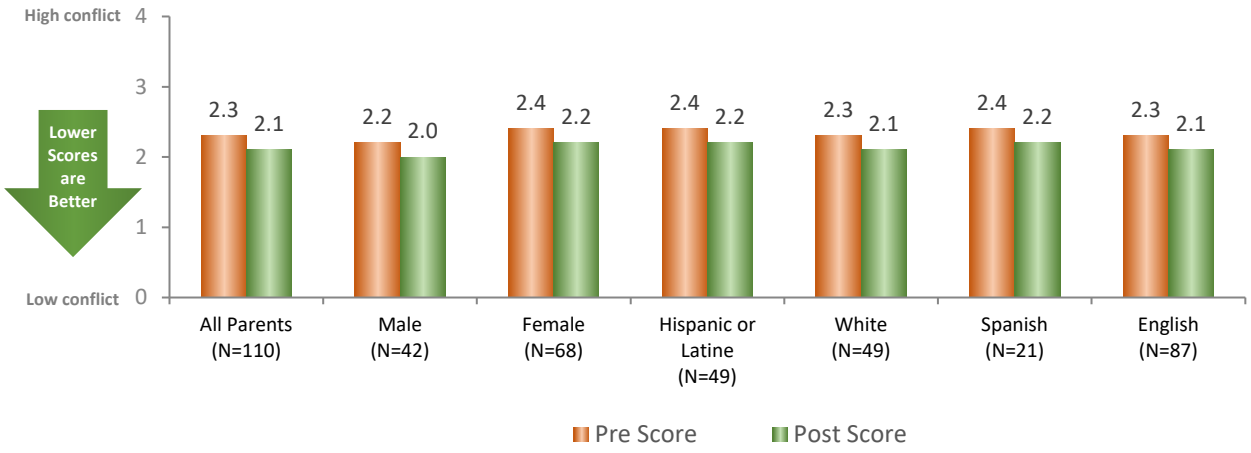
Level 5 offers additional support for families where parenting issues are compounded by parental stress and/or relationship difficulties *(Level 5 Enhanced)*, there is risk for child maltreatment due to parents' difficulties with anger management or negative beliefs about their children's behaviors *(Level*

5 Pathways), or parents are divorced or separated, and navigating a co-parenting relationship *(Level 5 Family Transitions)*.[36]

The following results demonstrate the considerable improvement in parents' ability to manage anger and decrease co-parental conflict, improvements in key parenting domains, and increased parents' confidence. As participation increases, additional analyses of the impact of these specialized programs on parents' competence in raising children, and on the quality of parent-child relationships will become available.

- **Reduced levels of conflict between divorced/separated parents.** After participation in Level 5 Family Transitions, All Parents and all sub-populations reported small, but *statistically significant* decreases in the level of conflict with their divorced or separated partner or co-parent.
    - In addition, some sub-populations (Female, Hispanic or Latine, and primarily Spanish-speakers) also experienced a moderate magnitude of change, indicating that their improvement was not only statistically *significant* but also *meaningful*.

Level of Co-Parental Conflict Between Divorced or Separated Parents
(L5 Family Transitions: 2013-2026)



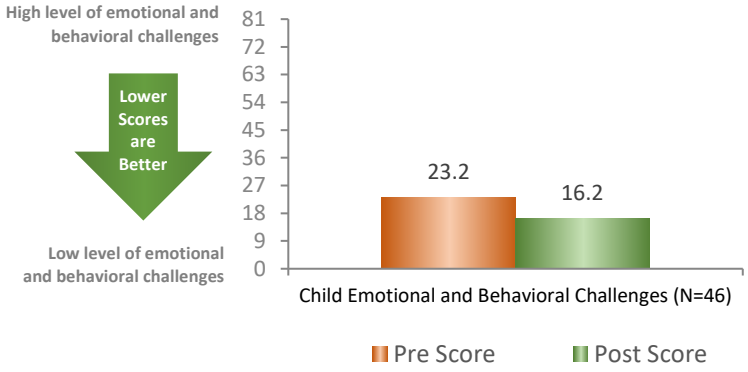
Source: Triple P data from the *Acrimony Scale*, 2013-2026
Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest amount of conflict at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Improvements in key parenting domains between divorced/separated parents and co-parents.** After participation in Level 5 Family Transitions, parents also reported small—yet also *statistically significant*—improvements in child emotional and behavior regulation, increased use of positive parenting styles, parental emotional well-being, and parental confidence.

[36] Level 5 Pathways and Level 5 Enhanced are programs that are designed to be provided after participants have completed a Level 4 Standard or Group service; Level 5 Family Transitions is a standalone program that doesn't require any previous Triple P services.

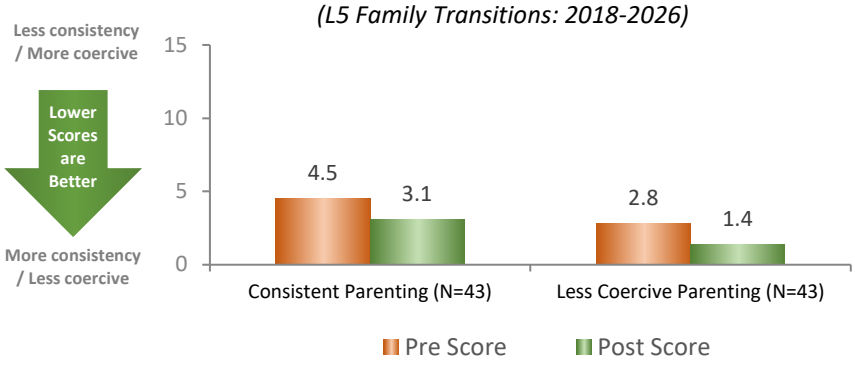
- On average, parents also experienced a moderate to large magnitude of change in child emotional and behavior regulation, positive parenting styles, and parental confidence, indicating that their improvement was not only statistically significant but also *meaningful*.

Improvement in child emotional and behavioral challenges
(L5 Family Transitions: 2018-2026)



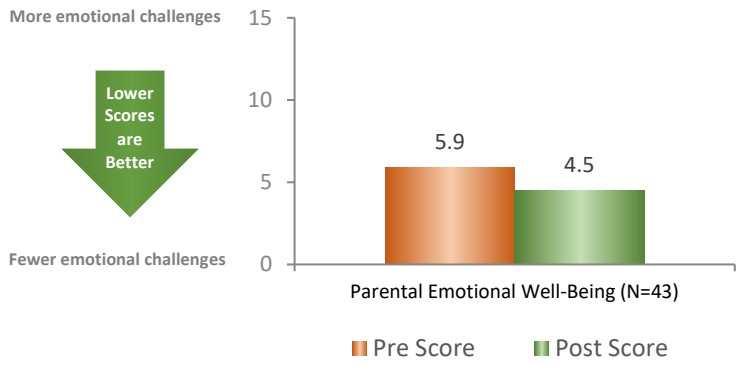
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2026.

Improvement in positive parenting styles
(L5 Family Transitions: 2018-2026)



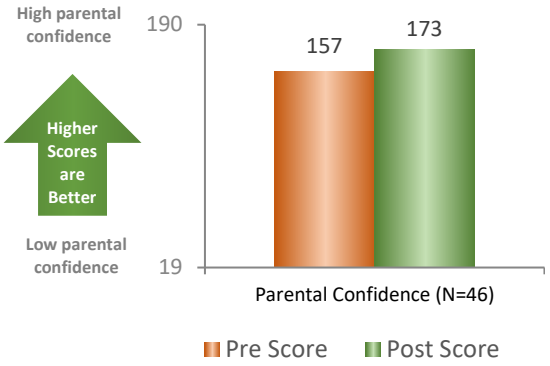
Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS), Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2026.

Improvement in parental emotional well-being
(L5 Family Transitions: 2018-2026)



Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS): Emotional Well-being subscale, July 2018 – June 2026.

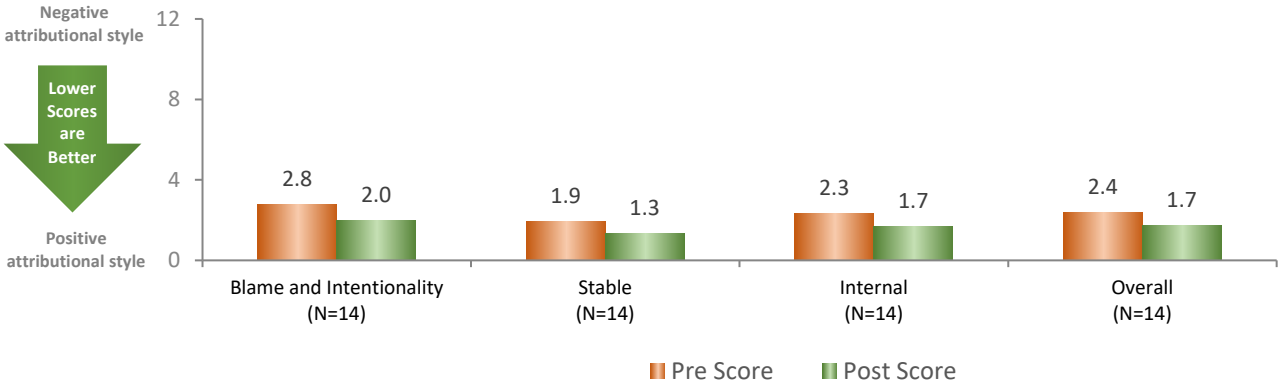
Improvement in parental confidence
(L5 Family Transitions: 2018-2026)



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2026.
Note: For all analyses of the amount of improvement, participants whose assessment scores already reflect the lowest level of difficulties at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Improved anger management.** Level 5 Pathways helps parents learn how to handle anger or other difficult emotions, and to better understand the reasons for their children's behavior.
  - Results show that on average, parents who complete the program make *statistically significant* improvements in their anger management, and consequently respond more positively in their understanding of their children's behavior.
  - These results are particularly noteworthy considering the small number of parents who have participated in this program so far.

Parents attributions for children's behaviors
(L5 Pathways: 2013-2026)



Source: Triple P data from the *Parents Attributions for Child's Behavior Measure*, Jan. 2013 - June 2026.
Notes:
- For the analyses of the amount of improvement, participants whose assessment scores already reflect the most positive attributional style at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

Families Together

Program Description

Families Together provides prevention-based services to Santa Cruz County families experiencing hardships, such as involvement with Family and Children's Services (FCS), financial instability, and other adverse experiences. Families Together provides a menu of services with an emphasis on attachment, positive parenting, and trauma-informed approaches. Families referred to Families Together have access to services and resources that cover many domains of wellness, including emotional, social, financial, relational, and physical safety. Engagement in Families Together services is completely voluntary, and family led. Families that engage in services have the opportunity to work collaboratively with program staff to choose services that best fit their individual needs. Services are held in the home, community, or at program locations contingent upon each family's particular circumstances.

Families Together's mission is to aid and empower families in times of need or discord. By assisting these families, they can intervene early, before family difficulties escalate to the point of maltreatment or other adverse childhood experiences. Early intervention helps increase child safety, engage families in decision-making, and support healthy child development.

Families Together accepts referrals from FCS, CalWORKs, and the community (such as non-profit agencies, schools, and families directly).

Encompass Community Services is the lead agency for Families Together. Other partners, such as First 5 Santa Cruz County, Behavioral Health Services, Family and Children's Services, and CalWORKs also play critical contractual roles in the program.

Families Together's home visiting program includes comprehensive intake and risk assessments, development of a tailored case plan, parent support and education, child development activities, and periodic assessments. Using a strengths-based approach, participating families are encouraged to identify goals and objectives that will support healthy family relationships, child health and safety, positive parenting, family literacy, and school readiness.

One client's story

"Laura" was referred to Families Together (FT) along with her three children (age 5, 8, 13). At the time of the referral, Laura was in an extended relationship with her youngest child's father. The family was referred due to neglect of the three children by Laura's partner.

Families Together referred the father to MENtors for services and began working with Laura. During services it was determined that there was interpersonal violence occurring between Laura and her partner, along with financial abuse. The FT clinician worked with Laura on empowerment and safety planning for herself and her children.

While in services, Laura made the decision to end the relationship with her partner. The clinician provided individual therapy with Laura throughout the process, along with assessing the children for maladaptive behaviors.

Laura reports feeling stronger than she has ever felt and is grateful for the services she received.

- Families Together, Annual Progress Report

Population Served

	Families Together Pathway*				"Pathways" Subtotal [1] *All Pathways*	"Triple P-only" Subtotal [2] *Additional clients who only received Triple P services*	"County Referrals" Subtotal [3] *Additional clients reached through County referrals such as Thrive by 5, CalWORKs*	**2025-2026** *(Unique)* *Pathways + Triple P-only + County Referrals*
	Brief	Intensive	Pending	Exited early				
Parents/ Guardians	31	15	1	2	**49** *(with children ages 0-5)*	**36** *(with children of all ages)*	**16** *(with children of all ages)*	**101**
Children	36	30	0	4	*(ages 0-5)* **70**	*(ages 0-5)* **6** *(ages 6+)* **14** *(unknown age)* **81**	*(ages 0-5)* **23**	*(ages 0-5)* **99** *(ages 6+)* **14** *(unknown age)* **81**

Source: First 5 CCD database for July 1, 2025 – June 30, 2026.

* When clients begin services at Families Together, they complete a risk assessment and their results are used to guide the pathway assignment decision: families who score *Low* or *Moderate* work within the Brief Pathway with a Family Support Specialist for 3-6 months. Those who score *High* or *Very High* work within the Intensive Pathway for up to 12 months, also with a Family Support Specialist. If both parents are participating in their own services, their children are assigned the most intensive pathway of the two parents.

[1] The "Pathways Subtotal" reports the number of Families Together clients who are primary caregivers and who have a child under 6 years old, who worked within one of the First 5-funded Pathways and may also have received Triple P services.

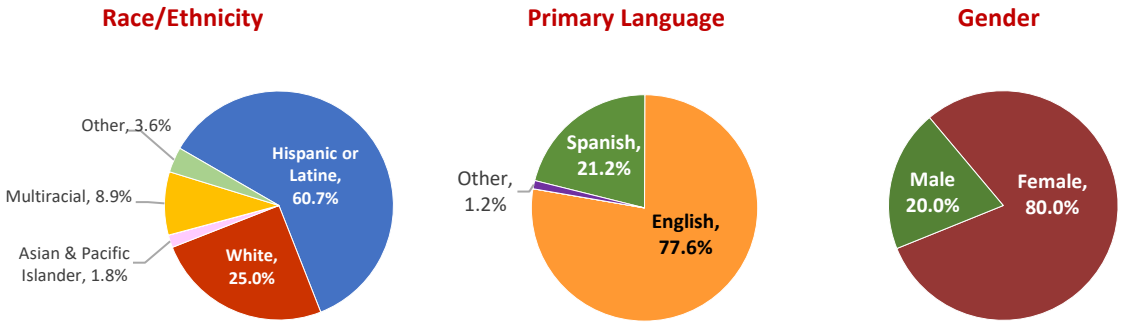
[2] The "Triple P-only Subtotal" reports Families Together clients who received Triple P services funded by First 5, but who don't fall into the "Pathways Subtotal" for various reasons, such as:

- The client is receiving no other services at Families Together except Triple P.
- The client participating in Triple P is a "secondary caregiver."
- The client participating in Triple P is a primary caregiver with no child under age 6 (Triple P is one of the only funded partners that reports the number of children ages 6+ who received services).
- The client participating in Triple P is a family member or friend of a Families Together client.
- The client participating in Triple P is a primary caregiver from a previous fiscal year who only received Triple P services during the current fiscal year.

Many "Triple P-only" children are of unknown age, as their parents participated in a brief level of Triple P where children's ages are not collected.

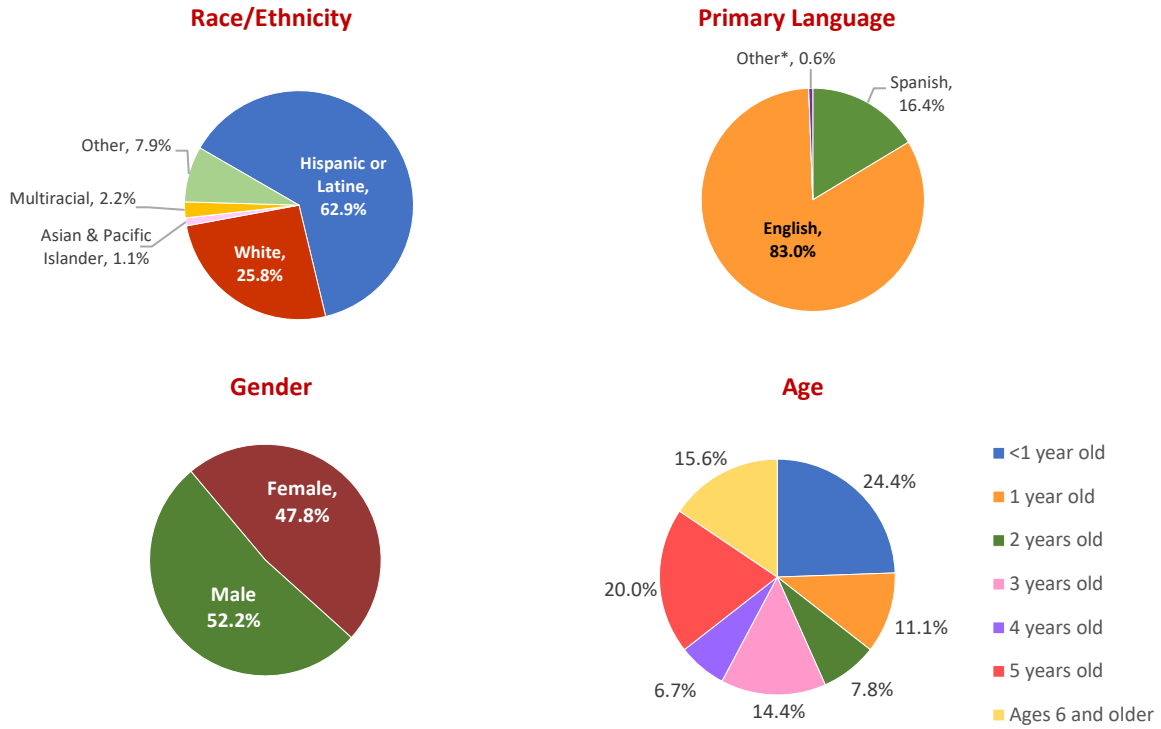
[3] The "County Referrals Subtotal" reports clients who were referred to Families Together through County referrals (such as Thrive by 5 and CalWORKs). These clients do not receive a risk assessment, which is why they are not assigned a "brief" or "intensive" pathway.

Figure 39: **Demographics of Parents/Guardians participating in Families Together (2025-26)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
N: (Race)=56; (Language)=85; (Gender)=85.

Figure 40: **Demographics of Children benefiting from Families Together (2025-26)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
N: (Ethnicity)=89; (Language)=171; (Gender)=90; (Age)=90.

Outcome Objective: Families receive referrals, initial assessments, and assigned services

Program Objectives	2025-2026
By June 30, 2026, accept referrals for a maximum of 120 families (with at least one child prenatal – age 5).	• **85** referrals
Of families who agree to a referral to Families Together (with at least one child prenatal – age 5), • Family Support Specialists will attempt to contact 100% of families who agree to a referral. and • 50% of clients approved for Families Together services (e.g., clients who were not denied services) will connect with a clinician and complete an initial meeting by June 30, 2026.	• **100%** of families were attempted to be contacted • **52.9%** of families approved for FT services had an initial meeting

Program Objectives	2025-2026
By June 30, 2026, a maximum of 90 primary caregivers (with at least one child prenatal – age 5) will receive individualized services from Families Together. Note: These individualized services included (but were not limited to) ASQ assessments, safety screenings in the home, Raising A Reader services, case management to relevant resources, counseling, client assistance, and Triple P services (including clients who *only* received Triple P services).	• **63** primary caregivers received these individualized services

Source: Families Together *Annual Progress Report*, 2026.

Outcome Objective: Families demonstrate decreased levels of risk

In Families Together, risk assessment serves a variety of purposes. Every family participating in Families Together that will be assigned to a service pathway is given a baseline risk assessment at the beginning of their services, and reassessments are administered in 6-month intervals (or at closing, if the case is open for less than 6 months). The assessments help staff link parents with the appropriate service pathways, such as brief or intensive services. Follow-up assessments help assess whether risk has been reduced.

Families Together currently uses two different ways to measure increased healthy parent-child relationships.

- One method uses the *Structured Decision Making: Family Prevention Services Screening Tool* (SDM-FPSST), which is a tool that assesses for traumatic or harmful life events that can increase the likelihood of the family's risk for child abuse or neglect. This assessment is also used to help staff assign families to the appropriate service pathway.
- Beginning in FY 2024-25, Families Together introduced the *Parenting and Family Adjustment Scales* (PAFAS) as a way to measure improvement in parenting and family adjustment.

Program Objective	2025-2026
Between July 1, 2025 through June 30, 2026, 70% of primary caregivers who participate in Families Together (with at least one child prenatal – age 5) will demonstrate increased healthy parent-child relationships based on their final assessment.	40.9% N=22

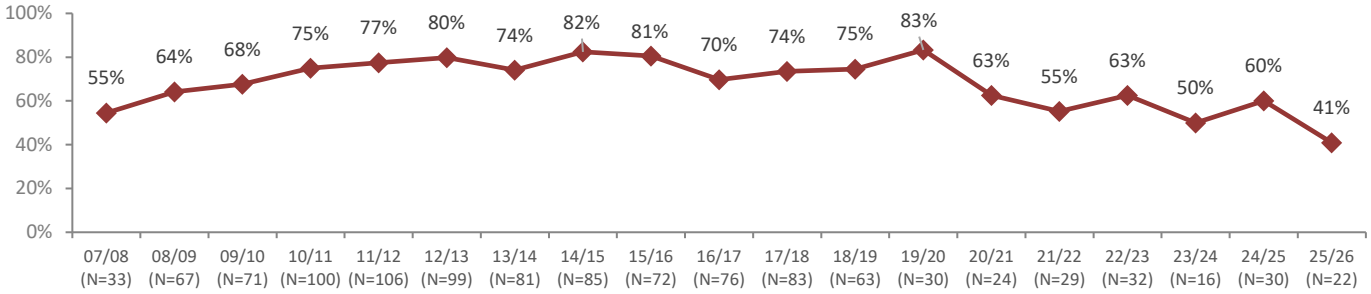
Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data, 2025-26.
Notes:

- Although very few families had a "low risk" score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Clients who had at least one reassessment given during the fiscal year (1st, 2nd, or 3rd reassessment) were included in this analysis. Assessments completed after the end of the fiscal year were not included.
- Only includes clients who exited the program and have at least one child ages prenatal – age 5 at the time of the Baseline assessment.

As seen in the following figure, the *Structured Decision Making: Family Prevention Services Screening Tool* used in the Families Together program is helping to show that families reduce their level of risk while in the Families Together program.

- In 2025-26, 41% of parents (with at least one child prenatal – age 5) were found to have reduced their levels of risk by the end of program.
- The percentage of clients (with at least one child prenatal – age 5) who showed reduced levels of risk by the end of the program has been trending lower, from a high of 83% in 2020 to 41% in 2026.

Figure 41: **Percentage of Families Together clients (with at least one child prenatal – age 5) who showed decreased risk of child maltreatment based on their final assessment**



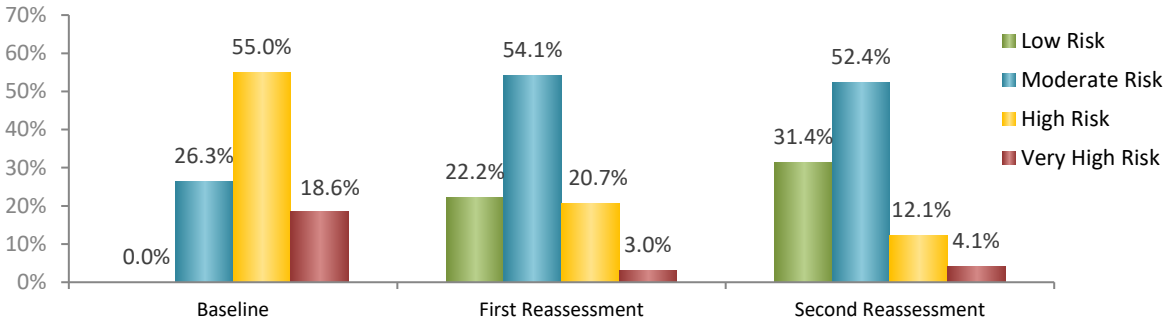
Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data.
Notes:

- Although very few families had a "low risk" score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Only clients with at least one child prenatal – age 5 at the time of the Baseline assessment, who exited the program and had at least one reassessment during the fiscal year (1st, 2nd, or 3rd reassessment) were included in this analysis. Previous years' results have been modified to include this same population, and may also include additional data that weren't available when that year's results were initially calculated.
- Due to inaccuracies in data entry in 2006-07, clients with baseline assessments before 7/1/07 were omitted from this analysis.
- In 2008-09, the risk assessment included both families receiving intensive services and those receiving brief intervention services. Long-term clients were assessed at intake with reassessments at 6-month intervals, or at closing if the case was open for less than 6 months. Clients receiving brief interventions were assessed at intake and the end of services.

A second view of these risk assessment data looks at *how much* families improved over time, as they moved from "Very High Risk" to "Low Risk." In this analysis, only clients who exited the program after their 2nd Reassessment, and who had at least one child prenatal – age 5, were included, and the same set of families were analyzed at each assessment period (at baseline, 1st reassessment, and 2nd reassessment). Several years of data have been aggregated in order to present a more robust portrait of the extent to which Families Together participants are reducing their risk for future involvement with the child welfare system.

- Results indicate that the program is helping families reduce their level of risk. Of the 338 families that exited the program between 2007-2026 and completed three assessments, **74%** of families were assessed as being "high risk" or "very high risk" upon intake, and this dropped to **24%** six months later (1st reassessment). The percentage assessed as being "high" or "very high risk" dropped to **16%** for families who stayed in the program a full year (2nd reassessment).

Figure 42: **Of Families Together clients (with at least one child prenatal – age 5), change in risk levels during participation in the program (2007-2026)**



Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data, 2007-2026.
Notes:

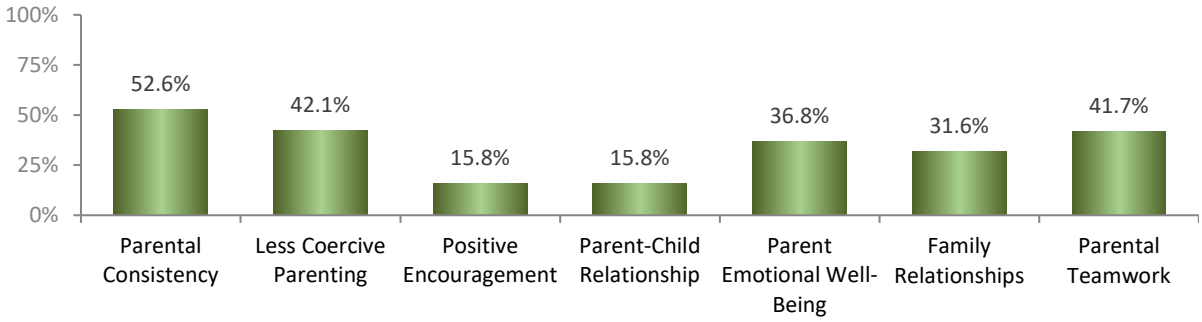
- Only clients who exited the program after their 2nd Reassessment, and who had at least one child prenatal – age 5 at the time of the Baseline assessment, were included in this analysis. The same set of families is analyzed at each assessment period.
- Although very few families had a "low risk" score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Due to inaccuracies in data entry in 2006-07, clients with baseline assessments before 7/1/07 were omitted from this analysis.
- In 2008-09, the risk assessment included both families receiving intensive services and those receiving brief intervention services. Long-term clients were assessed at intake with reassessments at 6-month intervals, or at closing if the case was open for less than 6 months. Clients receiving brief interventions were assessed at intake and the end of services.

N = 338.

Additional analyses by First 5 Santa Cruz County in past years have confirmed that the improved levels of risk by the 1st and 2nd reassessments were the result of the impact of the Families Together program, rather than the result of a changing population of clients.

The *Parenting and Family Adjustment Scales (PAFAS)* is used to measure improvement in parenting and family adjustment. Because the number of clients completing this PAFAS is still very small, two years of data have been combined in order to present a more robust portrait of the extent to which clients are demonstrating improved parental emotional well-being and family relationships, and increased use of positive parenting styles.

Figure 43: **Percentage of Families Together clients who demonstrated improvement in parenting and family adjustment (2024-2026)**



Source: Families Together assessment results, *Parenting and Family Adjustment Scales (PAFAS)* subscales.
Note: This analysis only includes clients who had at least one child prenatal – age 5.
N: (Consistent parenting)=19; (Less coercive parenting)=19; (Positive encouragement)=19; (Parent-child relationship)=19; (Parent emotional well-being)=19; (Family relationships)=19; (Parental teamwork)=12.

Outcome Objective: Families do not experience a high rate of recurrence of abuse

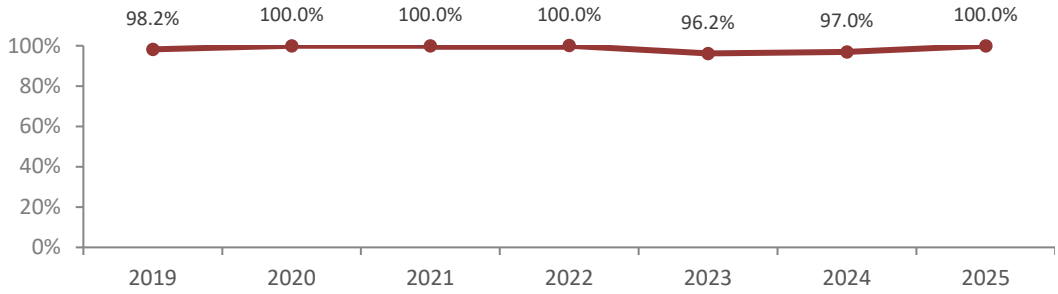
- Of the 41 families (that had at least one child prenatal – age 5) who received services from Families Together *and* had their cases closed in the 2025 calendar year:

  - Results showed that **100%** of families who received services from Families Together **did not have a substantiated allegation of abuse** for at least 6 months after case closure. This figure is in keeping with the high percentage of families reported in previous years' results.

Program Objective		2025
At least 95% of families (with at least one child prenatal – age 5) that participate in the Differential Response program will not have a substantiated allegation of abuse at least 6 months after case closure.	Families that have at least one child prenatal – age 5	100% N=41

Source: Santa Cruz County Human Services Department, 2026.
Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.

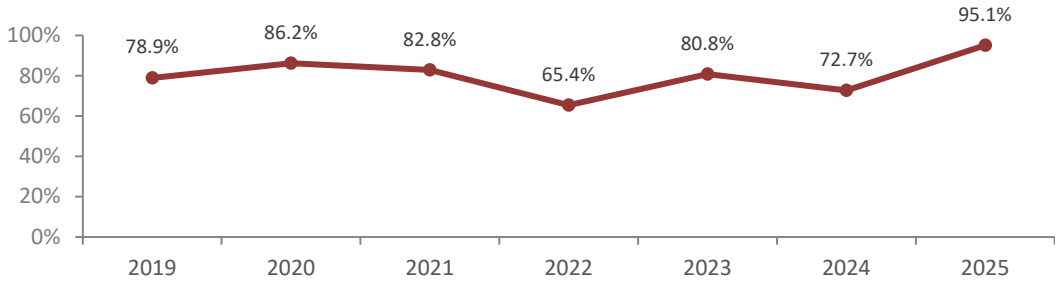
Figure 44: **Percentage of Families Together participants (with at least one child prenatal – age 5) who did not have a substantiated allegation of abuse at least 6 months after case closure from Families Together**



Source: Santa Cruz County Human Services Department, 2026.
Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.
N: (2019)=57; (2020)=29; (2021)=29; (2022)=26; (2023)=26; (2024)=33, (2025)=41.

- An additional study found that **95%** of families **did not have a re-referral to child welfare** within six months after their exit from Families Together, which is an increase from previous years.

Figure 45: **Percentage of families (that had at least one child prenatal – age 5) without a re-referral to Child Welfare within 6 months after exit from Families Together**



Source: Santa Cruz County Human Services Department, 2026.
Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.
N: (2019)=57; (2020)=29; (2021)=29; (2022)=26; (2023)=26; (2024)=33, (2025)=41.

Outcome Objective: Families will have access to parenting support services structured by the Triple P curriculum

Program Objective	2025-2026
Between July 1, 2025 and June 30, 2026, Families Together will provide Positive Parenting Program (Triple P) education to approximately 70 caregivers with at least one child age 0-5 (unduplicated), throughout Santa Cruz County.	36 unique caregivers

Source: First 5 Santa Cruz County, *Triple P 2025-26 Master Analysis template*, 2026.
Note: Many clients participated in more than one Triple P service.

Triple P Outcomes

After participating in Triple P services at Families Together, parents reported improvements in their children's emotional and behavioral challenges, and increased use of positive parenting styles.

Figure 46: **Summary of Families Together's Triple P Objectives (2025-26)**

Triple P Objectives	Results
• 70% of parents/caregivers who complete Level 3 Individual or Brief Group sessions report an increase in confidence in their parenting abilities.	• Due to the small number of clients who completed Level 3 services, there are not enough data to analyze this objective. *N = 1.*

Source: Parenting Experience Survey (Question 3) Confidence in Parental Responsibilities.

Triple P Objectives	Results
• 70% of parents/caregivers who complete a Level 4 or Level 5 service report an improvement in child behaviors [37]	• Due to the small number of clients who completed Level 4 or 5 services, there are not enough data to analyze this objective. *N = 7.*
(Source: CAPES: Total Intensity Subscale)	
• 70% of parents/caregivers who complete a Level 4 or Level 5 service report an improvement in: o consistent parenting o less coercive parenting o positive encouragement o parent-child relationships	• Due to the small number of clients who completed Level 4 or 5 services, there are not enough data to analyze these objectives. *N = (consistent parenting)=5; (less coercive parenting)=5; (positive encouragement)=4, (parent-child relationships)=1.*
Source: PAFAS: 4 Parenting Scale Subscales (consistent parenting, coercive parenting, positive encouragement, parent-child relationship)	

Sources:
- (Assessment data) VerticalChange & First 5 Santa Cruz County, 2026.
- (Assessment analyses) First 5 Santa Cruz County, 2026.

[37] For all analyses of improvement, only clients who had room to improve are included. Clients who already achieved the "best" score on the assessment at the beginning of their services are not included in these analyses, since they have no room to improve.

EARLY CARE AND EDUCATION

Strategic Goal:

Support and strengthen early care and education systems so that young children are ready for school and fluent readers by 3rd grade.

Desired Results:



- Increased access to affordable, high-quality, inclusive early care and education (ECE) for children ages 0-5
- Increased alignment and cohesion within and between the ECE system and TK-12 education system
- Increased stability and sustainability of the ECE system, including the workforce
- Increased early learning and school readiness skills (developmental, social-emotional, language, literacy, numeracy)

Reading proficiency in Santa Cruz County

One of the most powerful indicators of later success is a child's reading proficiency at the end of 3rd grade. A report released by the Annie E. Casey Foundation found that students who aren't reading proficiently by 3rd grade are four times less likely to graduate from high school, compared to proficient readers.

> *"Up until the end of third grade, most children are* **learning to read***. Beginning in fourth grade, however, they are* **reading to learn***, using their skills to gain more information in subjects such as math and science, to solve problems, to think critically about what they are learning, and to act upon and share the knowledge in the world around them. Up to half of the printed fourth-grade curriculum is incomprehensible to students who read below that grade level."*[38]

Unfortunately, data show that Santa Cruz County children are struggling with their reading and writing skills. [39]

[38] The Annie E. Casey Foundation, *Early Warning! Why Reading By The End Of Third Grade Matters. A KIDS COUNT Special Report On The Importance Of Reading By 3rd Grade*, retrieved from http:// www.aecf.org/, 2021.

[39] Two assessments conducted by the California Department of Education (the *California Assessment of Student Performance and Progress* (CAASPP), and *English Language Proficiency Assessments for California* (ELPAC)) provide measurements of 3rd grade students' English language arts/literacy skills. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results.

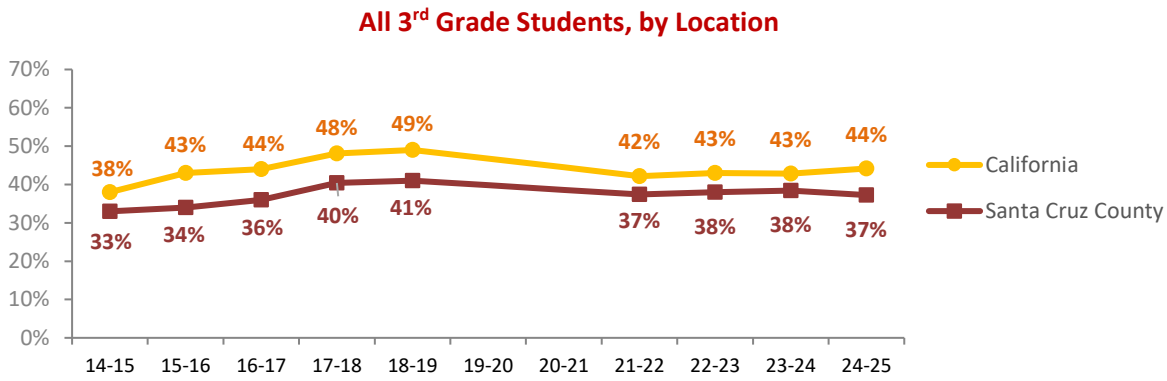
When assessed using the *California Assessment of Student Performance and Progress (CAASPP), Smarter Balanced Summative Assessments for English Language Arts (ELA) and Mathematics* that are completed by all students, results for 2024-25 (the most current set of data available at the time of this report) show that:

- In 2024-25, only 37% of **Santa Cruz County 3rd grade students** met or exceeded standards in English language arts/literacy, which is lower than the state average of 44%.
- Within the County, there were still significant **disparities** when looking at students' English-language fluency, race/ethnicity, and economic status.

"Reading proficiently by the end of third grade … can be a make-or-break benchmark in a child's educational development."

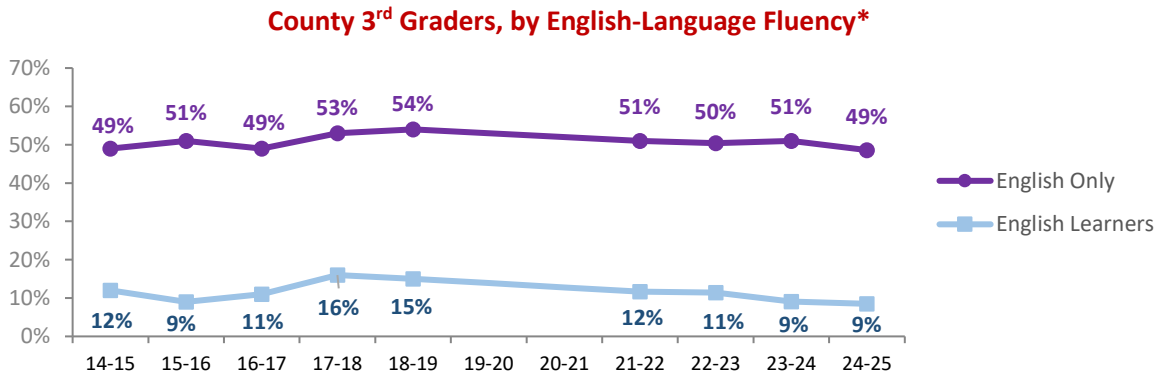
- Annie E. Casey Foundation

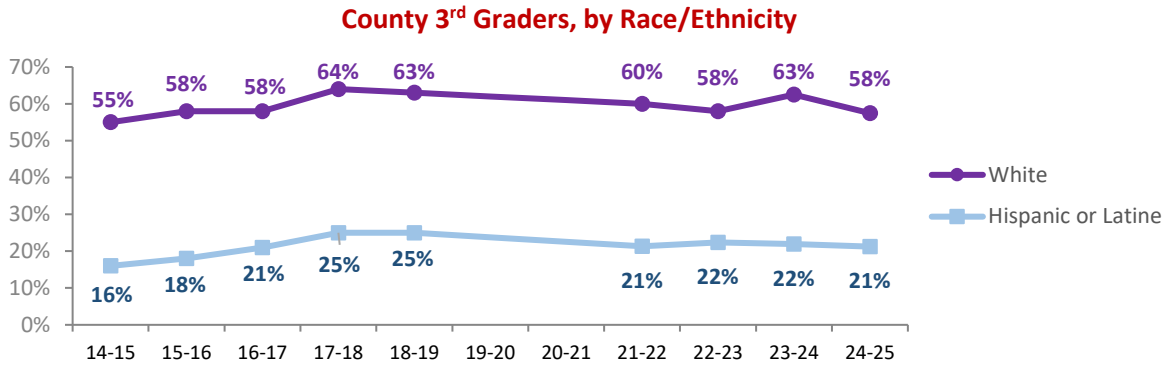
Figure 47: **Percentage of 3rd Grade Students Who Met or Exceeded Standards In English Language Arts/Literacy**

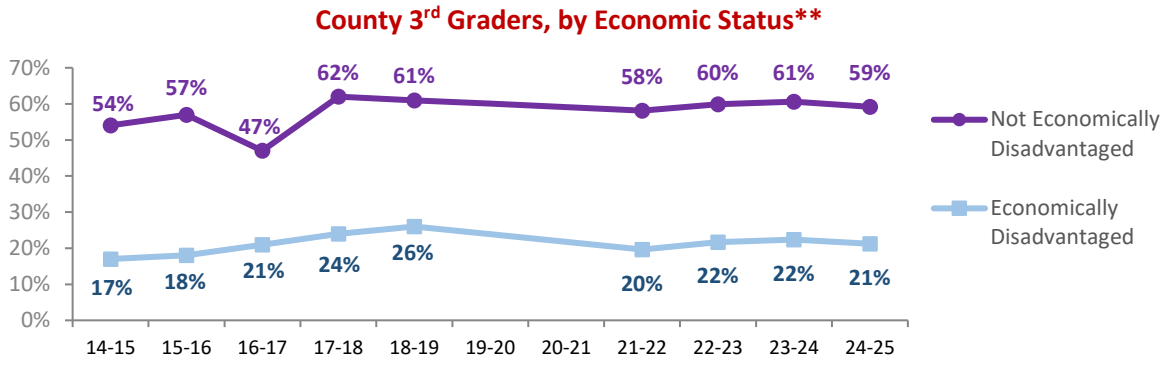


Source: California Department of Education, *California Assessment of Student Performance and Progress* (CAASPP), *Smarter Balanced Summative Assessments for ELA and Mathematics*. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results. Assessment results reflect the most current data available at the time of this report.

Percentage of 3rd Grade Students Who Met or Exceeded Standards In English Language Arts/Literacy *(cont.)*







Source: California Department of Education, *California Assessment of Student Performance and Progress* (CAASPP), *Smarter Balanced Summative Assessments for ELA and Mathematics*. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results. Assessment results reflect the most current data available at the time of this report.

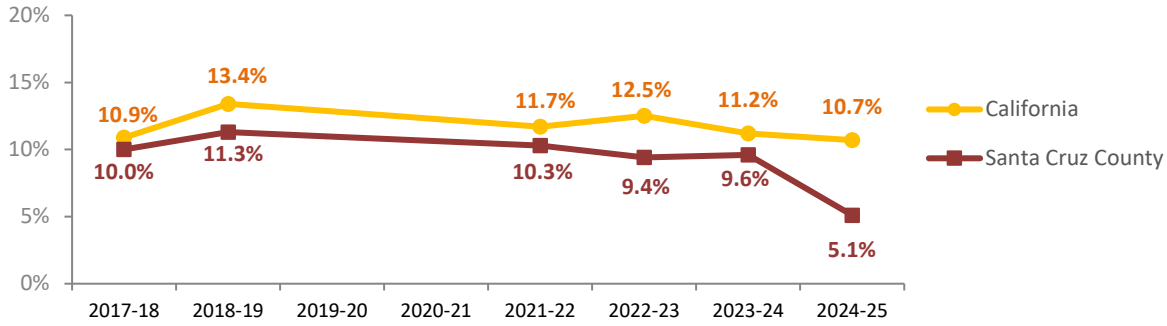
* The California Department of Education defines English learner students as those students for whom there is a report of a primary language other than English on the state-approved Home Language Survey and who, on the basis of the state approved oral language (grades kindergarten through grade twelve) assessment procedures and literacy (grades three through twelve only), have been determined to lack the clearly defined English language skills of listening comprehension, speaking, reading, and writing necessary to succeed in the school's regular instructional programs.

** Economically Disadvantaged Students include students eligible for the free and reduced priced meal program (FRPM), foster youth, homeless students, migrant students, and students for whom neither parent is a high school graduate.

The *English Language Proficiency Assessments for California (ELPAC) assessment* was designed specifically for English language learners, to measure how well they are progressing toward English language proficiency.

- Results from the *ELPAC* show that in 2024-25, only 5% of Santa Cruz County 3rd grade English Learner students were assessed as having "well-developed" English skills (compared to 11% across the state). "Well-developed" is the highest level of skill for this assessment.[40]
- Note that if the top ***two*** levels of skill are combined, a total of 35% of Santa Cruz County 3rd grade English Learner students were assessed as having either "moderately-developed" or "well-developed" English skills (see the definitions of both of these levels of skill in the footnote below).[41]

Figure 48: **Percentage of 3rd Grade English Learner Students with "Well-Developed" English Skills**



Source: California Department of Education, *English Language Proficiency Assessments for California* (ELPAC), *Summative ELPAC*. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results. Assessment results reflect the most current data available at the time of this report. Previous years' results have been modified to reflect updated data.

Notes:

- The *Summative ELPAC* is administered only to students who were previously identified as English learners based upon the results of the *Initial ELPAC*. The *Summative ELPAC* measures how well English learners are progressing toward English language proficiency.
- English Learner students who are evaluated by the *Summative ELPAC* as having "well developed" English skills can usually use English to learn new things in school and to interact in social situations. They may occasionally need help using English.

First 5 Santa Cruz County is working with partners to improve these reading and writing skills by encouraging families to read together, providing language and literacy skill development for early childhood educators, and encouraging child assessments and individualized instruction.

[40] English Learner students who are evaluated by the Summative ELPAC as having "well developed" English skills can usually use English to learn new things in school and to interact in social situations. They may occasionally need help using English.

[41] English Learner students who are evaluated by the Summative ELPAC as having "moderately developed" English skills can sometimes use English to learn new things in school and to interact in social situations. They may need help to communicate on less-familiar school topics and social situations.

Quality Counts Santa Cruz County

Program Description

Santa Cruz County is one of 58 counties participating in Quality Counts California (QCC), a "statewide effort to strengthen California's early learning and care system to support young children and their families. QCC uses an equity approach to close the education gap:

- Prioritizing communities where we can make the greatest impact
- Providing access to tools and resources for quality partners, including Quality Improvement System (QIS) administrators, coaches, trainers, and higher education faculty
- Linking early educators to resources and support to advance their commitment to quality early learning and care
- Informing parents and families about the importance of quality early learning and helping them identify quality early learning and care environments
- Offering information and research to help policymakers communicate the value and importance of quality early learning and care." [42]

In 2012, First 5 Santa Cruz County launched a local Quality Rating and Improvement System (QRIS), partnering with family child care and child care center providers to improve the quality of early learning for children ages birth through 5 in Santa Cruz County. First 5 established this initiative as a result of receiving funding through California's Race to the Top - Early Learning Challenge federal grant, and First 5 California's Child Signature Program.

Drawing on resources from both grants, the Quality Early Learning Initiative Consortium was created, bringing together public and private center-based program leaders, family child care providers, higher education faculty, home visiting program partners, and other early learning stakeholders. Together, this Consortium (now called Quality Counts Santa Cruz County)—co-led with the Santa Cruz County Office of Education—worked to develop and pilot a local QRIS, aligning with the California Quality Continuum Framework, as a way to foster on-going quality improvement that is proven to help children thrive.

Since 2015, a statewide QRIS has been established in all 58 counties. Renamed Quality Counts California (QCC) in FY 2017-18, QCC helps to ensure that children ages 0 to 5—particularly those who are low-income, English learners, or children with disabilities or developmental delays—have access to high quality early learning programs so that they thrive in their early learning settings and succeed in kindergarten and beyond.

"A growing body of research confirms the importance of quality early learning experiences to effectively prepare young children not only for school, but for life."

- First 5 California

[42] Quality Counts California, https://qualitycountsca.net, 2025.

Beginning in FY 2023-24, QCC shifted some funding away from formal rating to maximize resources and meet the diverse needs of early learning and care providers through research, evaluation, and a focus on equity. QCC continues to maintain some funding for State-subsidized preschool programs to conduct ratings, inform prioritization of quality improvement activities, and increase public accountability.

As QCC explains, "QCC uses an equity approach as an essential component of quality to close the opportunity gap by prioritizing communities where we can make the highest impact. QCC supports quality early learning and care programs to promote environments, relationships, interactions, and activities supporting all children's growth and development to prepare them for success in school and life."[43]

First 5 California continues to partner with the California Department of Education (CDE), and the California Department of Social Services (CDSS) in a statewide effort to enhance the quality of early learning and care environments. These three administrating state agencies have committed to working together to achieve a common purpose: funding a system of continuous quality improvement support and an infrastructure for assessing, coordinating delivery of professional development, and promoting quality across the spectrum of early learning and care providers and programs in California, including family, friend, or neighbor care (FFN), family child care, center-based child care, and alternative settings. This will be achieved by unifying funds as follows:

- **F5CA IMPACT Legacy (Improve and Maximize Programs so All Children Thrive) 2025-2027**

  First 5 California has invested $46 million over two fiscal years to support a network of local QRIS's statewide. Striving toward high-quality, evidence-based standards, First 5 IMPACT Legacy will improve the quality of early learning settings across the entire continuum, from alternative settings and family, friend, or neighbor care, to family child care homes, child care centers, and preschools. It will focus on addressing the needs of the whole child, including health, child development, and family strengthening, in particular for priority populations not currently receiving support. This grant is administered locally by First 5 Santa Cruz County.

- **Quality Counts California QRIS block grant**

  Nearly 13 million dollars have been appropriated statewide for FY 2025-26 to support local QRIS consortia to provide training, technical assistance, and other quality improvement resources to support and expand the quality of child care. The funds are for Early Learning and Care settings serving children with increased needs, including those in rural areas, migrant populations, children who have experienced trauma, and children experiencing homelessness. Funds will also be available for infant and toddler programs, as well as for children receiving services through a California Migrant Program. This grant is administered locally by First 5 Santa Cruz County.

"At-risk children who receive high-quality early care and education benefit greatly, often exceeding national averages on measures of school readiness…[and] these gains persist"

- First 5 California

[43] Quality Counts California, https://qualitycountsca.net/about, 2024.

- **California State Preschool Program QRIS Block Grant**

  The California Department of Education (CDE) appropriates $50 million annually statewide for the purpose of allowing local consortia to give QRIS block grants to local California State Preschool Program (CSPP) sites participating and rated in the QRIS. Consortia use the QRIS block grant to support local early learning programs and increase the number of low-income children in high-quality state-funded preschool programs. Beginning in FY 2023-24, only CSPP sites will continue to be rated on the Quality Continuum Framework (formerly called the Rating Matrix). In FY 2024-25, all 21 CSPP sites were rated using the California Quality Continuum Framework. This grant is administered locally by the Santa Cruz County Office of Education, which—along with First 5—co-leads the Quality Counts Santa Cruz County QRIS efforts.

- **CDE Workforce Pathways Grant**

  For FY 2025-26, CDE appropriated over $12 million statewide for the QCC Workforce Pathways Grant, designed to align with the QCC professional development system and to focus on local workforce needs across all child care setting types. This includes professional development workshops related to teacher and program quality improvement, training of professional growth advisors, and providing grants for access to higher education in ECE. This grant is administered locally by the Santa Cruz County Office of Education.

Quality Counts California – A Quality Rating Improvement System (QRIS)

A QRIS helps to improve early care and education programs by measuring current quality levels against research-based standards. In California, these standards focus on what research shows are the key components of quality early care and education, including learning environments, teacher-child ratios, adult-child interactions, staff qualifications, as well as other related criteria. A QRIS can assist early learning educators with increased training to expand their skills in working with young children; provide coaching to help programs create learning environments that nurture the emotional, social, language, and cognitive development of every child; and provide families with information to help them understand and choose quality programs.

One Provider's Experience

"I keep a full house here, and I'm proud of that, and I really think that it's because of the support, and all of the knowledge and education, and all of the classes – I know that definitely made a difference."

- A Pittsburg Family Child Care Provider – quoted in the Quality Counts California website

The process of building a QRIS ultimately results in:

- A shared definition of child care quality based on reliable and validated research
- A comprehensive and consistent approach to assess quality
- Access to a system that supports quality improvement, especially for programs serving children with high needs (low income children, infants, dual language learners, children with special needs)

- A design to evaluate the rating system and its impact
- A consistent way for providers to communicate to parents and caregivers about quality
- Increased consumer awareness about—and demand for—high quality child care
- Training and incentives for providers of wrap-around and enrichment care (such as license-exempt FFN providers), so that children receive quality care in all settings

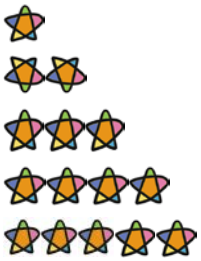
Quality Counts Santa Cruz County (QCSCC) - Local Quality Rating and Improvement System

The QCSCC Consortium adopted the Quality Counts California Quality Continuum Framework (QCF)—formerly called the Rating Matrix—as the foundation of their local QRIS (see Appendix A). The QCF provides a framework, or structure, for quality improvement and is part of the QCC Implementation Guide (QCC Guide) which provides guidance to support implementation at the local level. As the early education system has evolved, the QCC Guide has been updated to support implementation of the Quality Continuum Framework-Measurable Quality Elements. This Framework includes continuous quality improvement elements for all early learning and care setting types across California, including rating requirements for California State Preschool Program (CSPP) QRIS Block Grantees. (Beginning in FY 2023-24, only CSPP programs are required to be rated.)

The QCF uses the terms “Core” and “Elements,” which refer to the three overarching categories (Core) and the indicators or components within these categories (Elements). The Elements are numbered one through six, with Elements five and six for centers only, and Element 4b (Classroom Assessment Scoring System Independent Assessment) only required as part of the CSPP rating protocol.

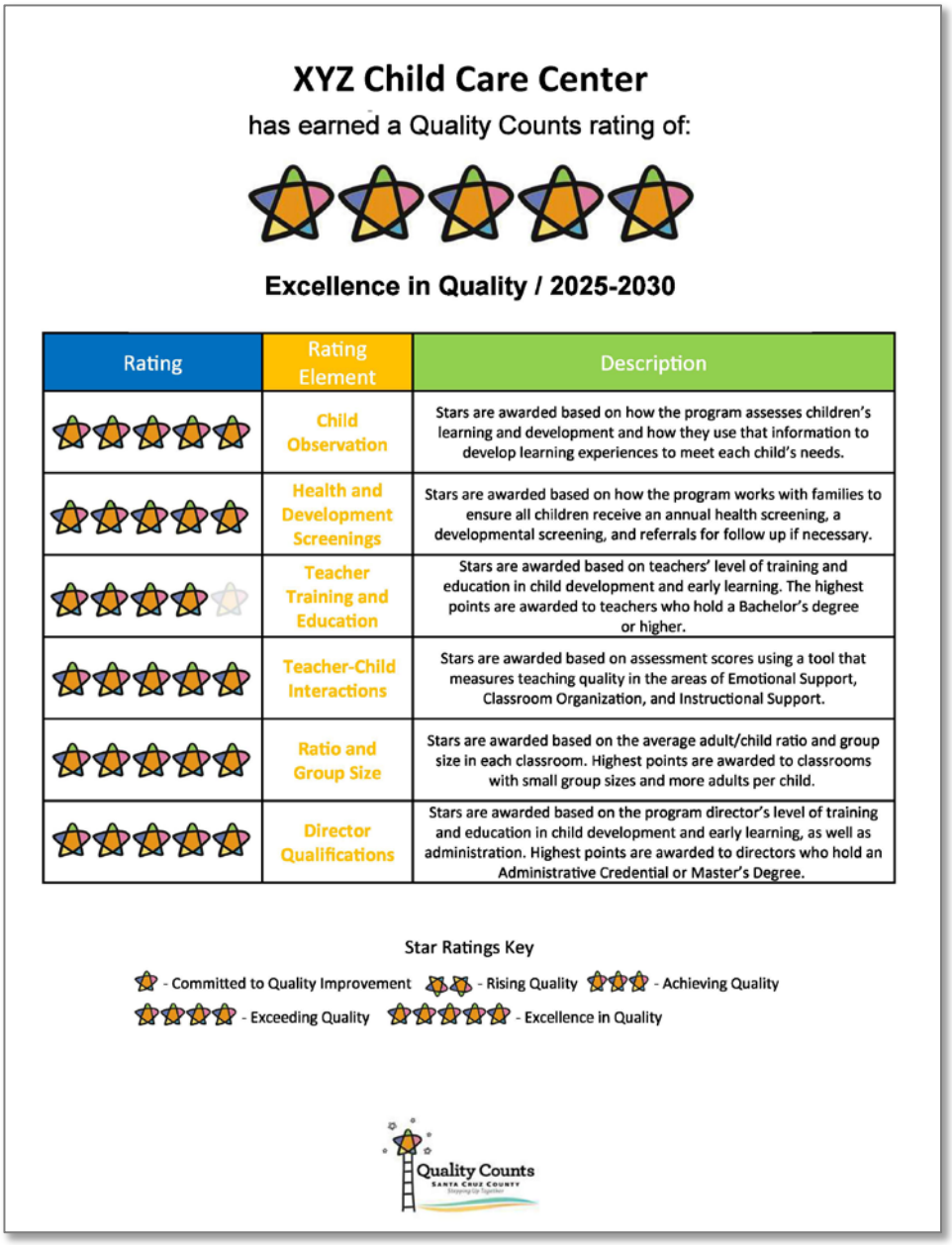
In December 2024, all 21 CSPP sites participating in QCSCC were rated using the QCF, and received a rating based on their cumulative scores in all six elements across five tiers of quality, with points assigned to each element (for more information, see Appendix A).

The Star Ratings Key is as follows:



1 star: **Committed to Quality Improvement**
2 stars: **Rising Quality**
3 stars: **Achieving Quality**
4 stars: **Exceeding Quality**
5 stars: **Excellence in Quality**

Figure 49: **Example of a Quality Counts Rating document**



XYZ Child Care Center

has earned a Quality Counts rating of:

Excellence in Quality / 2025-2030

Rating	Rating Element	Description
★★★★★	Child Observation	Stars are awarded based on how the program assesses children's learning and development and how they use that information to develop learning experiences to meet each child's needs.
★★★★★	Health and Development Screenings	Stars are awarded based on how the program works with families to ensure all children receive an annual health screening, a developmental screening, and referrals for follow up if necessary.
★★★★☆	Teacher Training and Education	Stars are awarded based on teachers' level of training and education in child development and early learning. The highest points are awarded to teachers who hold a Bachelor's degree or higher.
★★★★★	Teacher-Child Interactions	Stars are awarded based on assessment scores using a tool that measures teaching quality in the areas of Emotional Support, Classroom Organization, and Instructional Support.
★★★★★	Ratio and Group Size	Stars are awarded based on the average adult/child ratio and group size in each classroom. Highest points are awarded to classrooms with small group sizes and more adults per child.
★★★★★	Director Qualifications	Stars are awarded based on the program director's level of training and education in child development and early learning, as well as administration. Highest points are awarded to directors who hold an Administrative Credential or Master's Degree.

Star Ratings Key

★ - Committed to Quality Improvement ★★ - Rising Quality ★★★ - Achieving Quality

★★★★ - Exceeding Quality ★★★★★ - Excellence in Quality

Quality Counts Santa Cruz County

The ratings are valid for 3-5 years (5 years for sites rated at Tiers 4 or 5, and 3 years for sites rated at Tier 3 or below). Sites were rated on a 5-tier scale (1=lowest tier; 5=highest tier).[44] All CSPP sites achieved a rating of either Tier 4 (Exceeding Quality) or Tier 5 (Excellence in Quality), as shown below:

- 0 sites received a Tier 1 rating (0-6 points)
- 0 sites received a Tier 2 rating (7-16 points)
- 0 sites received a Tier 3 rating (17-22 points)
- **11 sites received a Tier 4 rating** (23-26 points)
- **10 sites received a Tier 5 rating** (27-30 points)

[44] See Appendix A for an explanation of the Tiers and the point calculations.

It is important to note that a QRIS rating helps programs identify areas for potential quality improvement, and QCSCC provides support, training, and financial incentives to make improvements that lead to higher quality child care programs.

There are currently 19 CSPP rated sites which may also have infant and toddler classrooms, as well as an additional 10 private non-profit Center sites and 60 Family Child Care provider sites participating in QCSCC at the Quality Improvement level. The program for license-exempt child care providers, called Family, Friend, and Neighbor care, had 40 participants in FY 2025-26.

Figure 50: **QCSCC overall participation, by Site type (2025-26)**

SITE TYPE	NUMBER OF SITES	NUMBER OF PROVIDERS / ECE PROFESSIONALS [1]	NUMBER OF CHILDREN SERVED (AGES 0-5) [2]
Participating Child Care Centers [3]	29	267 [4]	1,076
Participating Family Child Care (FCC) Sites	60	103 [5]	553
Participating Family, Friend, and Neighbor (FFN) Sites	40	40 [6]	68
Total	**129**	**410**	**1,697**

Source: First 5 Santa Cruz County, 2026.
[1] The number of providers includes those for whom complete CCDs were available, as well as those with no CCDs who were informally counted.
[2] The number of children was informally counted, as no CCDs were available for them.
[3] The number of participating Child Care Centers is lower than previous year's, due to unexpected federal requirements in November 2025 that resulted in the closure of Head Start/Early Head Start programs run by Encompass Community Services.
[4] Child Care Center ECE professionals include teacher directors, teachers, and assistant teachers.
[5] FCC ECE professionals include the FCC owner and assistants. Of the 103 providers reported here, 60 had enough data available to create full CCDs.
[6] FFN providers include license-exempt child care providers who provide care for children from one family other than their own. Of the 40 providers reported here, all 40 had enough data available to create full CCDs.

Figure 51: **Distribution of QCSCC sites in the County (2025-26)**



Source: First 5 Santa Cruz County, 2026.

Quality Counts Santa Cruz County Family, Friend, and Neighbor (FFN) Workshops

Beginning in FY 2024-25, QCSCC added a Family, Friend, and Neighbor program. It is estimated that up to 40% of families rely on FFN care at some point during the week or month. These are typically relatives, neighbors, or friends who take care of young children in hours that aren't provided at licensed centers. To help ensure the quality and safety of these spaces, First 5 began conducting workshops based on the Quality Continuum Framework, in partnership with three elementary schools in South County.

To ensure access for FFN providers, First 5 partners with an elementary school to provide a space for the workshops. Over the course of two months, a series of six 1-hour workshops are offered relating to the elements of the Quality Continuum Framework, such as: Health and Safety; Nutrition; the Developing Child; Meaningful Conversations; Early Literacy; and Positive Interactions. Prior to each workshop, parents who are also FFN providers drop off their school-age children and then they head to the library for refreshments before the start of the workshop. After each workshop, the participants receive incentive gifts that relate to the topic (outlet covers, books, etc.). Information from the local Resource and Referral agency is also available for anyone wanting to learn more about becoming a licensed family child care provider.

The FFN program served 40 participants at Ann Soldo and Radcliff elementary schools in Fall 2025, and Radcliff and Freedom elementary schools in Spring 2026.

Quality Improvement Activities

During this past year, Quality Counts Santa Cruz County (QCSCC) has provided online and in-person technical assistance to program directors, teachers and providers; maintained the QCSCC database; and collaborated with partners to provide system-wide trainings.

In addition, First 5 contracted with Go Kids, Inc. to continue leading the QCSCC Consortium's quality improvement activities for family child care (FCC) programs. The Go Kids Quality Improvement Coordinator supported all 60 FCC providers in updating their annual Quality Improvement Plans, and applying for Quality Improvement grants to enhance their home learning environment. In addition, the Coordinator managed a Professional Learning Community (PLC) for 20 of the participating providers.

Educators come together in these PLC's to work together to build on their own and others' ideas and experience to improve practice and enhance quality. The following table presents the number

of individuals and sites that participated in professional development through a Professional Learning Community (PLC) in FY 2025-26.

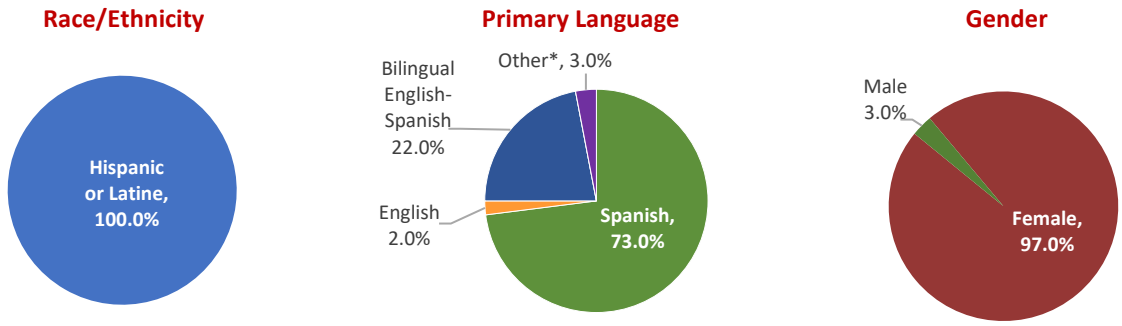
Figure 52: **Individuals and sites that participated in a QCSCC Professional Learning Community (2025-26)**

INDIVIDUALS AND SITES	NUMBER
Number of Family Child Care providers in QCSCC who participated in a Professional Learning Community	• 20 family child care providers

Source: First 5 Santa Cruz County, 2026.

In addition, The Santa Cruz County Office of Education oversees the Workforce Professional Development pathway grant of QCSCC and provides professional development and training to teachers and FCC providers from participating QCSCC sites. In FY 2025-26, it is estimated that an additional 80 teachers and providers attended trainings through this pathway.

Figure 53: **Key demographics of Family Child Care Providers who participated in QCSCC trainings and technical assistance meetings (2025-2026)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Notes:
- Demographics were only collected for teachers/providers receiving services where enough personal information was collected to create a Unique ID.
- Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.

* "Other" languages include "Bilingual Other" and other languages.
N=100.

Quality Counts California Regional Training, Technical Assistance and Coordination Hub – Region 4

Santa Cruz County has joined with Santa Clara, San Francisco, Alameda, Contra Costa, San Mateo, San Benito, and Monterey counties to form the Quality Counts California Region 4 Hub. While QCC takes place primarily at the County level, Regional Hubs are funded by First 5 California and were developed so that neighboring counties could strategize together, share resources, leverage funds, align early learning practices, and minimize duplication.

Regional Hubs are intended to be a support mechanism (not monitors) for consortia in the region. More specifically, Hubs are funded for the activities listed as follows: [45]

- Build local expertise and capacity
- Finance strategically
- Enhance and align standards
- Recruit and engage QCC participants
- Create and support continuous quality improvement
- Ensure accountability
- Public outreach and communication

[45] First 5 California, *What are QCC Regional Hubs?* Retrieved from https://caecresources.org/QCC/F5CA_What-are-QCC-Regional-Hubs.pdf. 2023.

Early Literacy Foundations (ELF) Initiative

Santa Cruz County 3rd graders are struggling to become proficient readers. The latest 2025 data indicate that 63% are below grade level in reading. This number jumps to 79% among low-income 3rd graders in the County, and 79% among Hispanic and Latine 3rd graders.[46] Because language development in the early years is crucial to later reading proficiency, parents and early childhood educators have a unique role in influencing language and literacy development and later educational success. As stated by First Things First: [47]

"Talk. Read. Succeed.

A child's brain is growing at an incredible pace from birth. In fact, babies listen in utero, and once they're born, they communicate through eye contact, facial expressions, crying, smiles and touch. Every time you talk, read or sing to them, you're helping build the connections they'll need to become a confident reader and lifelong learner.

Studies show that kids who regularly hear words and conversations from caring adults:

- *Build larger vocabularies*
- *Become stronger readers*
- *Perform better in school"*

The Early Learning Foundations initiative was founded in FY 2006-07 and has trained **761** early childhood educators, transitional kindergarten teachers, and family child care providers throughout Santa Cruz County in the SEEDS of Learning™ framework. These early childhood educators are working to ensure that their children are on target for kindergarten readiness by using evidence-based early literacy strategies, receiving coaching, and integrating pre-literacy materials into their learning environments. The Raising A Reader program provides a way for children and their parents to participate in a weekly rotating book bag program through early care and education settings, fostering healthy brain development, supporting parent-child bonding, and motivating families to read aloud with their children, all of which helps develop the early literacy skills that are critical for school success.

The ELF Initiative features:

1. Professional development for early childhood educators working in **center-based Toddler and Pre-K sites serving children 2 – 3 ½ years old,** through **SEEDS of Learning**™ training and coaching. Educators earn an educational award and attend literacy labs. In FY 2025-26, two workshop series were held: one in Fall 2025 and the other in Spring 2026. Each workshop had seven sessions. This program is described in more detail on the following pages.
2. Professional development for **family child care providers** working with Spanish-speaking children through **SEEDS of Learning**™ training and coaching. Training includes opportunities to create literacy-based materials to use in the family child care home environment through "Make and Take" workshops. This program is described in more detail on the following pages.

[46] California Department of Education, California Assessment of Student Performance and Progress (CAASPP), *Smarter Balanced Summative Assessments for ELA and Mathematics*. These are the most current data at the time of this report.
[47] First Things First, *Why Early Childhood Matters: Early Literacy*, retrieved 8/31/26 from https://www.firstthingsfirst.org/early-childhood-matters/early-literacy.

3. Family Engagement through continuation of the **"Raising A Reader"** weekly rotating book bag program. Most Raising A Reader classrooms and family child care homes have SEEDS trained staff, resulting in mutually complimentary interventions to boost shared reading practices with children and their families, and to impact children's early literacy skills. Information on this program can be found in the Raising A Reader partner profile later in this report.

Funding Transition

Having trained more than 750 early learning professionals to date, First 5 will be shifting its focus in FY 2026-27. Rather than offering county-wide professional development workshops for early childhood education (ECE) teachers, it will deepen the SEEDS model by placing a Master Literacy Coach directly into early learning and state preschool sites that serve children who qualify for subsidized child care.

Now embedded in the Quality Counts Santa Cruz County workplan, the Master Literacy Coach will work with whole teaching teams to integrate research-based language and literacy strategies, targeting the Big 5 Early Literacy Skills, into everyday classroom practice. In response to a demographic shift toward toddlers ages 2 to 3½, coaching will also emphasize social-emotional development and literacy-rich environments for younger children, complemented by program-wide "Make and Take" labs. In addition, the SEEDS of Learning™ online portal will be available to all teachers in programs participating in Quality Counts Santa Cruz County.

SEEDS of Learning™

Program Description

This professional development initiative follows the SEEDS of Learning™ framework that has been researched by the University of Minnesota. Research on the SEEDS model shows that teachers trained and coached on the SEEDS of Learning™ framework score significantly higher on the *Early Language and Literacy Classroom Observation* (ELLCO) tool and show greater change over time in teaching strategies than teachers without such training or coaching. Results from a 2020 study indicated that "a single year of SEEDS educator training results in up to 8 additional months of learning for children." [48]

The SEEDS Professional Development model trains early childhood educators on how to effectively integrate research-based language, literacy, and early math strategies and materials into their programs. Early childhood educators are taught to use the strategies of both embedded instruction (planned strategies that occur within the typical routines of the class day) and explicit instruction (teacher-directed activities that emphasize the teaching of a specific skill), and to create a classroom/home environment that is designed to target early literacy and math predictors.

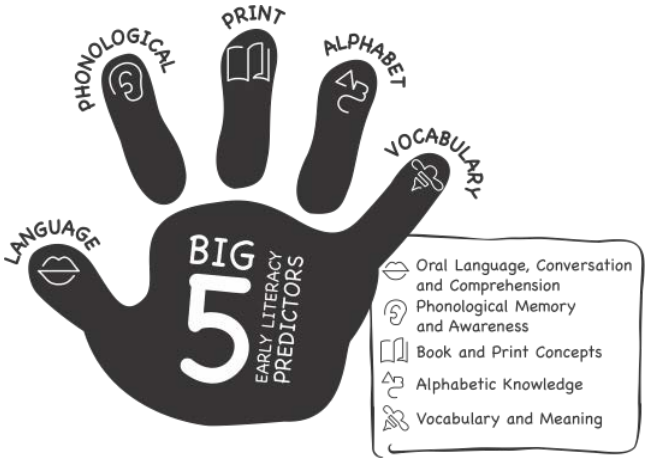
[48] NORC at the University of Chicago, *SEEDS of Learning Program Evaluation*, *Research Brief: Study Overview and Main Findings*, October 2, 2020. Retrieved 9/27/24 from Collaborative Classroom website, https://www.fluentseeds.org/research.

These predictors of later reading success include:

- **Oral Language, Conversation and Comprehension:** The ability to produce or comprehend spoken language.
- **Phonological Memory and Awareness:** The ability to detect, manipulate, or analyze the auditory aspects of spoken language, including the ability to distinguish or segment words, syllables, rhymes, and beginning sounds.
- **Book and Print Concepts:** Refers to what children understand about how books and print work, such as left-right, front-back, letters, words and that print has meaning.
- **Alphabetic Knowledge:** The ability to visually discriminate the differences between letters and say the names and sounds associated with printed letters.
- **Vocabulary and Meaning:** A collection of words that relate to experiences and knowledge that children have of the world around them.

These diagrams[49] display the five essential SEEDS Quality Interactions and the five predictors of early literacy and early math ideas.





The predictors of later math literacy success include:

- **Comparison and Classification**
- **Geometry and Spatial Sense**
- **Measurement**
- **Numbers and Operations**
- **Patterns**



[49] "Hand" diagrams: Kate Colwell Horst, SEEDS of Learning™, *FY 17-18 SEEDS of Learning Manual*.

The Santa Cruz County's SEEDS of Learning™ program has proven to be very effective at strengthening classroom environments and practices, as well as influencing changes in children's skills on research-based predictors of early reading and math.

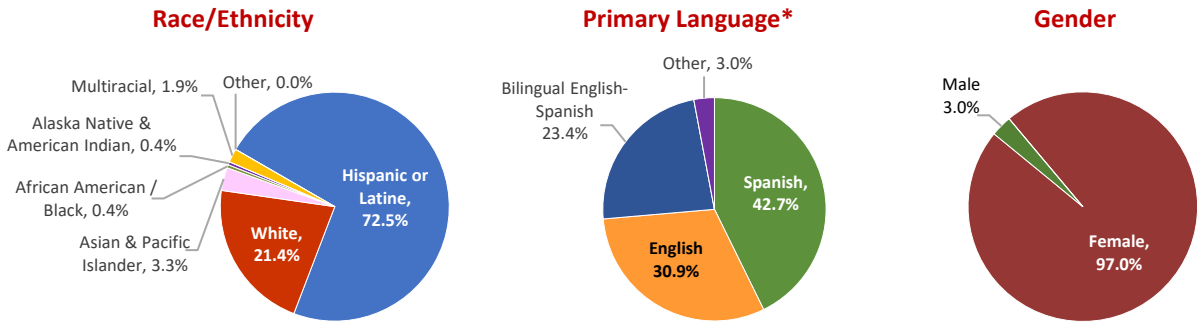
Population Served

	This Funding Cycle 2025-2026	Cumulative Totals 2007-2026
Educators in licensed family child care homes and private/non-profit centers	26	365
Educators in State- and Federally-subsidized classrooms	24	288
Educators in public school Transitional Kindergarten classrooms	0	25
Literacy Tutors in Reading Corps Classrooms*	-	83
TOTAL *(unduplicated)*	**50**	**761**

Source: (Educator current Funding Cycle) First 5 CCD database for July 1, 2024 – June 30, 2026, (Educator Cumulative Totals) First 5 Santa Cruz County, *Early Literacy Foundations program records*, 2007-2026. (Literacy Tutor Cumulative Total) First 5 Santa Cruz County, *Early Literacy Foundations program Reading Corps records*, 2012-2020

* The Santa Cruz Reading Corps program was discontinued in 2020-2021 as California State Preschool programs were not open to in-person instruction due to the COVID-19 pandemic. The cumulative total for Literacy Tutors reflects the years that this program was provided: 2012-2020.

Figure 54: **Demographics of SEEDS-trained Early Childhood Educators (2007-2026)**



Source: First 5 Santa Cruz County, *Early Literacy Foundations program records*, 2007-2026.

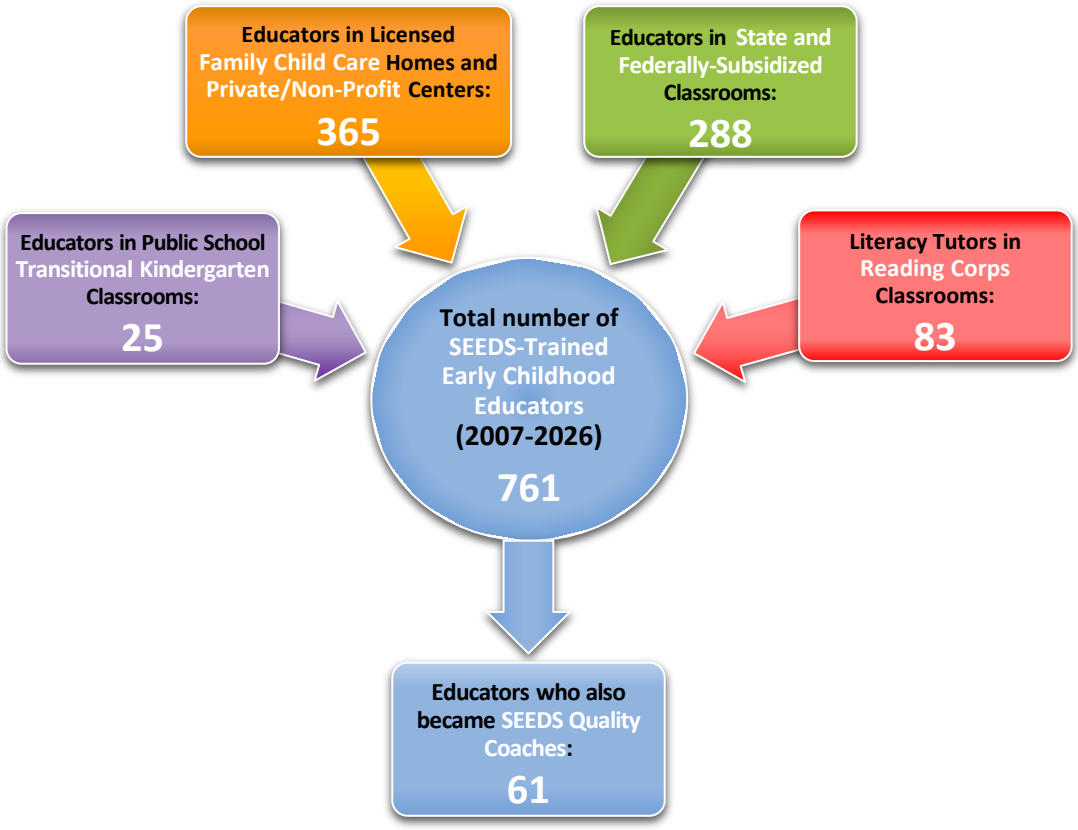
Notes:

- SEEDS-Trained Early Childhood Educators (ECEs) include SEEDS coaches and participants in all SEEDS classes offered since 2007. Santa Cruz Reading Corps Literacy Tutors began to be included in these analyses in 2017-18. Early childhood educators and coaches may have participated in more than one SEEDS class, but are only counted once in these analyses. For ECEs who have participated more than once, their language data are as of their earliest class, in order to assess the status of these educators at the beginning of their participation in the SEEDS program. Educators might also speak other languages that they do not consider their primary language.
- Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.

* "Other" language includes Multilingual and other languages.

N: (Ethnicity)=676, (Language)=709, (Gender)=710.

Figure 55: **Number of SEEDS-trained Early Childhood Educators, by Type of classroom (2007-2026)**



Source: First 5 Santa Cruz County, *Early Literacy Foundations program records*, 2007-2026.
Notes:

- This figure includes the Santa Cruz Reading Corps Literacy Tutors, who were also trained in the SEEDS of Learning™ framework. The Reading Corps program was discontinued in 2020-2021 as California State Preschool programs were not open to in-person instruction due to the COVID-19 pandemic, so this cumulative total of Literacy Tutors reflects the years that this program was provided: 2012-2020.
- "Light touch" and "refresher" trainings in the SEEDS of Learning™ framework were also provided in the past: 1) Between 2007-2020, up to 150 Family, Friend, or Neighbor (FFN) license-exempt child care providers attended "light touch" SEEDS of Learning™ workshops that modeled basic early literacy concepts. 2) Between 2011-2013, some educators participated in the SEEDS Plus program, which was designed for "graduates" of the basic SEEDS of Learning™ classes. This course was designed to promote and embed the ongoing use of SEEDS strategies, identify children who would receive tailored literacy-based interventions (using Response to Interventions (RtI) strategies), and increase the number of children on target with early reading predictors. Currently, SEEDS skills are incorporated into all SEEDS of Learning™ trainings for SEEDS coaches and early childhood educators, without the use of RtI.

Outcome Objective: Increase the number of early education settings that provide high quality support for language and literacy and math

SEEDS of Learning™ Trainings

In FY 2025-26, First 5 Santa Cruz County offered SEEDS of Learning™ programs to early childhood educators.

SEEDS of Learning™ program with focus on environments for family child care providers working with Spanish-speaking children

The Basic SEEDS of Learning™ program was held in the summer of 2025 (June – September), designed for Spanish-speaking family child care providers who work with Spanish-speaking children ages 2-3 ½ in migrant families. Utilizing the SEEDS for Parents curriculum framework, this series of five workshops included a focus on early learning environments such as early science, dramatic play, early math, and the outdoor environment. These workshops were designed to teach evidence-based literacy and math skills that, with the support of a coach, the provider would then embed into practice.

Each participant received:

- 5 "Make and Take" workshops comprised of:
  - 2 hours of instruction
  - 2 hours to create literacy-based materials to use in their programs
- 5 children's books and curriculum materials to use in their program
- Stipend of $250 at the end of the series

Basic SEEDS of Learning™ workshops for center-based Toddler and Pre-K teachers

Two Basic SEEDS courses were held—one in Fall of 2025 and again in Spring 2026—providing professional development for early childhood educators working in Toddler and Pre-K center-based classrooms. With the Transitional Kindergarten (TK) option available for families with children as young as age 3, our local preschools find that their enrolled students are now as young as age 2. In fact, The California State Preschool Program has recently expanded enrollment to 2-year-old children for income-qualified families. Many teachers have been teaching for years in preschool programs where the children are ages 3-5, but with more 3 and 4 year olds attending TK, they are now needing professional development in early literacy strategies that support young toddlers in order to meet the needs of the children at these younger developmental levels. Therefore, the SEEDS program for FY 2025-26 shifted from a focus on children ages 3-5 to children ages 2-3 ½.

Each series of workshops was conducted in person and included lab time to complete "Make and Take" props.

Participants in the Basic SEEDS workshop series for children ages 2-3 ½ years old received:

- 7 three-hour instructional in-person workshop sessions
- One-on-one coaching via the online Coaching Companion platform
- Light-touch group coaching during each session
- 2 "Make and Take" labs
- SEEDS Quality Classroom tour, visiting 2 sites to see SEEDS strategies in action
- 5 books and curriculum materials to use in their centers with their families
- Stipend of $450 at the end of the series

The Fall 2025 series focused on basic early literacy strategies for toddlers and young preschoolers.

The Spring 2026 series focused on SEEDS and Science and Math, to encourage the development of STEM skills in young children. This series provided early educators with strategies for children to build experiences in investigation and problem solving and the foundation for understanding basic science and math concepts.

Center-Based Toddler and Pre-K Classrooms

Research on teacher effectiveness shows that by focusing professional development on language and literacy and social/emotional development, children are much better prepared for school and have higher academic achievement. SEEDS training is designed to help educators create a literacy-rich environment that supports children's early language, social-emotional development, motor skill development, and emerging literacy and math skills through meaningful, developmentally appropriate experiences.

In past years, the *Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K)* was used to evaluate SEEDS-trained educators and the effectiveness of their classroom teaching on children's language and literacy development. However, in FY 2025-26, the focus of the SEEDS training began including young toddlers up to age 3, and First 5's Early Literacy Foundation program determined that the *ELLCO Pre-K* did not evaluate classrooms with that age group well.

To address this younger age group, two instructors of First 5's Early Literacy Foundation program created their own observational checklist called the *Checklist for a Literacy Rich Toddler Program (Checklist)*. This is not an assessment tool, and is purely a checklist created by the two instructors to guide them as they observed classrooms. The *Checklist* was adapted from the SEEDS of Learning™ framework (developed by Kate Horst), and was further modified by the instructors to meet the specific needs of infant/toddler programs.

The *Checklist* lists various "literacy-rich strategies" for observers to look for, including classroom settings and activities that emphasize intentional teacher-child interactions, engaging books, opportunities for conversation, songs and rhymes, environmental print, early writing experiences, and early literacy-related materials that can be used throughout the classroom and daily routine.

The results of these observations are used as a coaching tool, supporting teachers in setting early literacy goals.

The *Checklist* contains 24 key "literacy-rich strategies," divided into four main sections:

- Caregiver Interactions
- Classroom Environment
- Education for Development of Big 5 Skills
- Development of Skills Through Doing

The observers assess each of the 24 "literacy-rich strategies" regarding whether it is observed in the classroom. Each of the 24 items are assessed using a score from 1 (Not observed) to 3 (Often observed), and the total score for each of the four sections is calculated as the average of all the items in that section.

In addition to using the *Checklist*, one item from the *ELLCO Pre-K*—called "Phonological Awareness"—was retained and included on the list of "literacy-rich strategies" to observe. This item is rated along a 5-point scale, where "1" is deficient and "5" is exemplary.

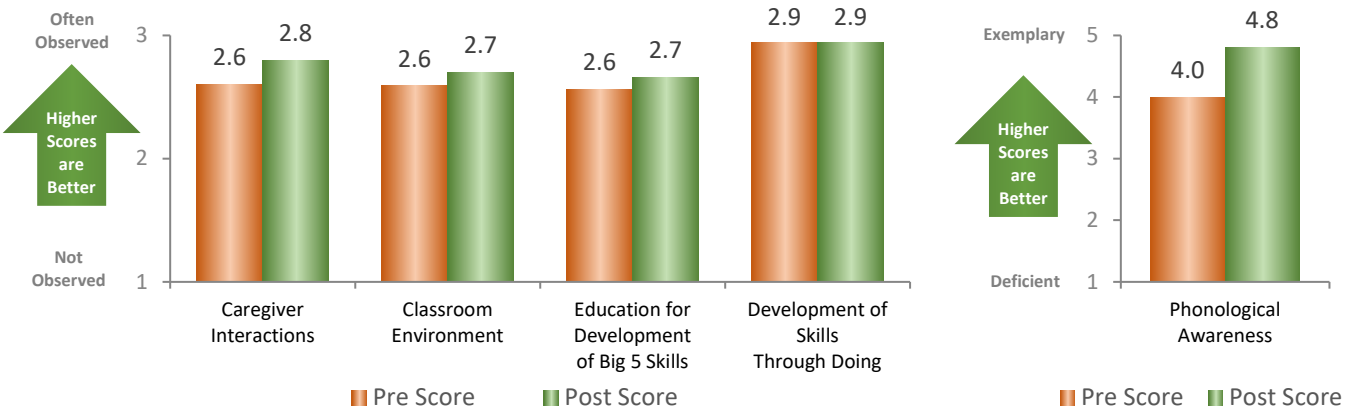
These two resources (the *Checklist* and one item from the *ELLCO Pre-K*) were used to observe the classrooms. Due to these changes in the classroom evaluation in FY 2025-26, the observations for just this one year are presented in the following charts.

Center-Based Toddler and Pre-K Classrooms Outcomes

The observers assessed whether or not "literacy-rich strategies" were observed in SEEDS classrooms, using the *Checklist for a Literacy Rich Toddler Program* and one question from the *ELLCO Pre-K*. Observations were completed at the beginning (Pre) and end (Post) of the SEEDS trainings.

- On average, literacy-rich strategies were frequently used in classrooms, even before the SEEDS trainings began.
- By the end of the SEEDS trainings, early childhood educators tended to use even more of these literacy-rich strategies in their classrooms.

Figure 56: **Center-Based Classrooms: Observed utilization of key "literacy-rich strategies" (2025-26)**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, *Checklist for a Literacy Rich Toddler Program* and *Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K)*, 2025-26.
N = (Checklist) = 34; (ELLCO Pre-K) = 19.

Family Child Care Settings

Early childhood educators from licensed family child care settings also participated in SEEDS training and received SEEDS coaching. Their sites were observed at the beginning of their SEEDS training in July and again at the end of their training in September. Beginning in FY 2022-23, coaching was no longer done in-home, but rather was conducted as a group in workshops.

The *Child/Home Early Language and Literacy Observation* (CHELLO) is a tool designed to assess the early literacy environment in home-based child care settings of children ages birth to 5 years. Individual questions from the Group/Family Observation section were used to assess home-based classrooms.

- For the Group/Family Observation section, items were scored along a 5-point scale, where 1 is deficient and 5 is exemplary. Early childhood family child care providers' scores were categorized into three levels, indicating their classroom environment provided **low-quality support**, **basic support**, or **high-quality support for language and literacy**.

Due to the changes in coaching methodology, Coaches are no longer using the entire CHELLO in their evaluation of home-based child care settings. Beginning in FY 2025-26, individual questions from the CHELLO have been selected to assess the settings at the beginning and end of the training:

- Question 5: *"Adult/Child Language Interaction"*
- Question 10: *"Storybook / Storytelling Activities"*
- Question 11: *"Writing Activities"*
- Questions 1-22: *"Literacy Environment Checklist"*

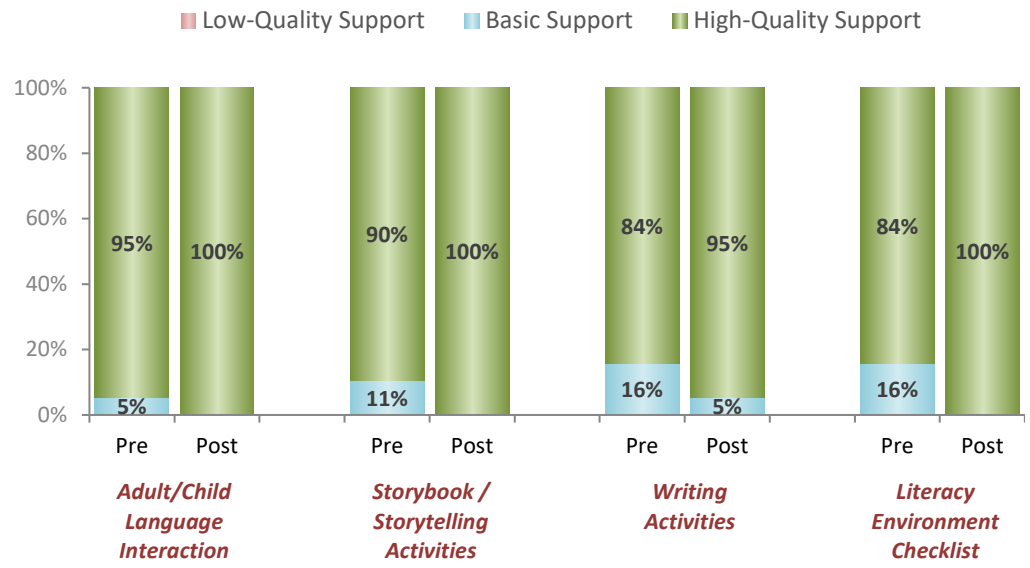
Due to the changes in the evaluation method in FY 2025-26, the results for just this one year are presented in the following analyses.

Family Child Care Outcomes

The following figure presents the Pre and Post scores gathered from early childhood educators in family child care settings for infants/toddlers, in the assessment of the early literacy environment.

- On average, all components that were selected to assess the settings of home-based classrooms showed improvements from the beginning of the training to the end.
- The component that demonstrated the most improvement was the "Literacy Environment Checklist."

Figure 57: **Family Child Care settings: Support for language and literacy (2025-26)**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, *Child/Home Early Language and Literacy Observation* (CHELLO); *Group/Family Observation*, 2025-26.
Notes: Low-quality support = scores less than or equal to 2.5; Basic support = scores between 2.51 and 3.5; High-quality support = scores between 3.51 and 5. Percentages less than 3% are not labeled. Percentage totals in this chart may not sum to 100% due to rounding.
N = 19.

Raising A Reader

Program Description

Raising A Reader (RAR) fosters healthy brain development, supports parent-child bonding, and motivates families to read aloud with their children which helps develop the early literacy skills that are critical for school success. Raising A Reader (RAR) began operation in Watsonville during the last quarter of the 2005-06 fiscal year and has served nearly **35,600** children since then. The program provides a way for children and their parents or caregivers to participate in a weekly rotating book bag program through early care and education settings.

On a weekly basis, participating RAR classrooms and family child care homes provide children with bags that are filled with various award-winning books, which they borrow and bring home to their parents. RAR provides training and information to parents and caregivers on how to effectively share these books with their children at home, to help develop their children's early literacy skills, and instill a love of reading.

RAR also connects families with their local public library, and at the end of the program children are given a book bag of their own as a way to encourage families to continue the practice of borrowing and reading books together.

Funding Transition

In FY 2025-26, First 5 notified RAR that due to budget constraints, First 5 would need to suspend financial support beginning July 1, 2026. In fall of 2025, Pajaro Valley Unified School District (PVUSD) and First 5 met to discuss a sustainability and transition plan for FY 2026-27 that would help districts, agencies, and sites become independent affiliates of Raising A Reader National. Up until to now, Santa Cruz County RAR has been organized as one independent affiliate of Raising A Reader National, coordinated by PVUSD. The goal for FY 2026-27 is to transition these sites and school districts to be completely independent affiliates with Raising A Reader National. The fee for becoming an affiliate is usually $2,000 per center or school, or $500 per family child care, but Raising A Reader National is supportive of this new sustainability plan in Santa Cruz County and has waived these one-time affiliate fees to help with this transition.

In FY 2026-27, PVUSD intends to maintain the RAR program for its district-operated, state-funded preschool programs, TK classrooms, and contracted family child care providers. First 5

Looking Ahead: Reflections from the RAR Coordinator

"Over the past 20 years, this affiliate has proudly supplied early literacy strategies and books to thousands of children across Santa Cruz County and the Pajaro Valley, ensuring that the most reached-for books are available in their homes. This book bag program has been the foundation of language, family connection, and a love of books in this community.

We extend our deepest gratitude to First 5 Santa Cruz for making this possible and for their steadfast support of young children aged 0–5. Additionally, we appreciate the opportunity to provide materials and training as local sites transition into becoming their own independent affiliates, ensuring that Raising A Reader continues sustainably."

- Raising A Reader, Annual Progress Report

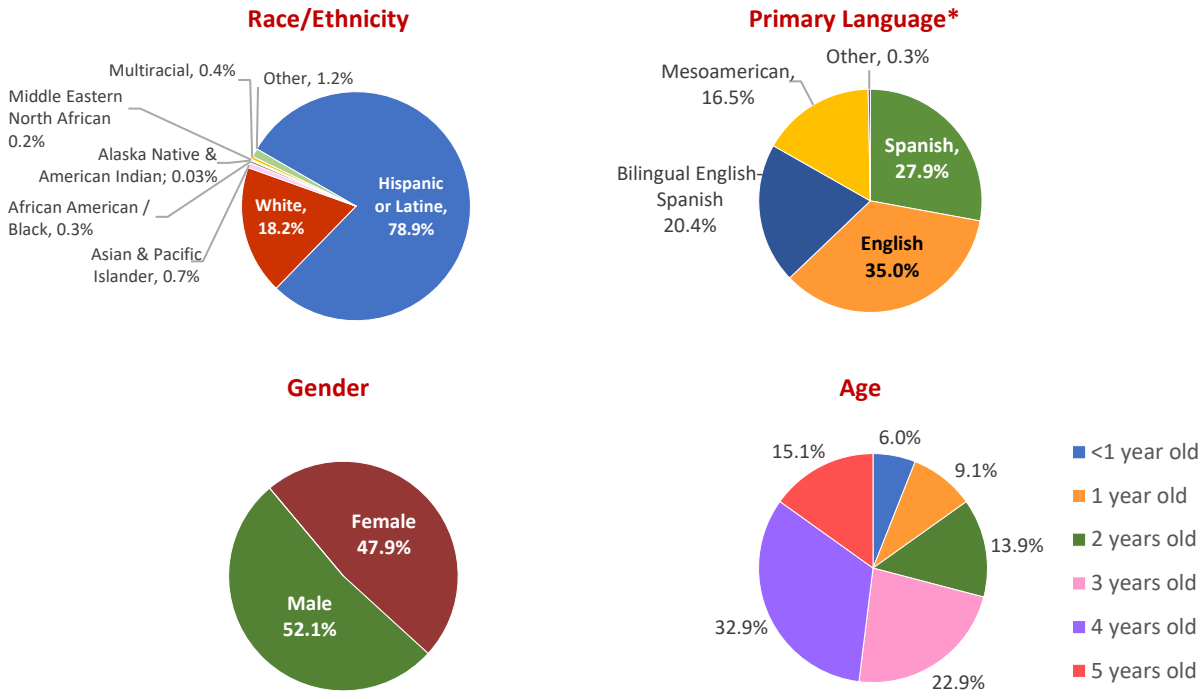
plans to provide one year of transition funding to PVUSD to support training and initial book purchases for agencies that want to continue as independent RAR affiliates. At the end of that 1st year, First 5 will provide results regarding the number of sites that became an affiliate of RAR, and were able to independently continue providing Raising A Reader to the community.

Population Served

	This Funding Cycle 2025-2026			Cumulative Total 2006-2026
	New	Existing	Total 2025-2026	
Children	1,756	1,425	**3,181**	**35,589**

Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: "New" children are those who began participating in Raising A Reader for the first time during this fiscal year. "Existing" children are those who began participating in Raising A Reader before this fiscal year and continued their participation into this fiscal year. The population numbers include children reported by Raising A Reader, and also children who were enrolled in this program through Families Together.

Figure 58: **Demographics of Children (ages 0-5) participating in Raising A Reader (2025-26)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Notes:
- These demographics are for the children enrolled in classrooms providing Raising A Reader.
- Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.

* "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" languages include Bilingual-Other and other languages.
N: (Race/Ethnicity)=3,097; (Primary Language)=3,178; (Gender)= 3,180; (Age)=3,181.

Program Objective: Support existing sites offering Raising A Reader

RAR staff visit participating child care sites to monitor how well the RAR program is operating, and to provide refresher books or trainings as needed. Indeed, as more and more sites in the county have implemented RAR over the years, the objectives of RAR have shifted from adding new sites to maintaining and supporting the existing ones.

The following results show the number of sites that have been supported during the past year. Some sites may be listed more than once if they required additional assistance throughout the year.

Existing Sites	Number of Visits at Existing Sites[1]		2025-26 Total
	Family Child Care Home	Preschool/Child Care Center	
Between July 1, 2025, and June 30, 2026, sustain, monitor, and support approximately 200 sites with RAR since 2006. Distribute refresher materials, train/re-train teachers/providers on early literacy and family engagement strategies.	160	116	**276**

Source: Raising A Reader *Annual Progress Report*, 2025-26.
[1] Some sites may be visited more than once. Additionally, the actual number of classrooms participating in Raising A Reader is likely to be higher than the total number of sites, as one site may include more than one classroom.

In addition to supporting existing sites, RAR also enrolled 34 new sites in 2025-26.

Number of New Sites Implemented since July 1, 2025		2025-26 Total
Family Child Care Home	Preschool/Child Care Center	
23	11	**34**

Source: Raising A Reader *Annual Progress Report*, 2025-26.

Outcome Objective: Parents will spend more time reading or sharing books with their child

Two surveys were conducted to help to measure the impact of Raising A Reader in Santa Cruz County and the Pajaro Valley area of Monterey County, both utilizing the Raising A Reader *Parent Retrospective Survey* provided by Raising A Reader National through SurveyMonkey (an online tool for creating and analyzing surveys).

Raising A Reader Parent Retrospective Survey

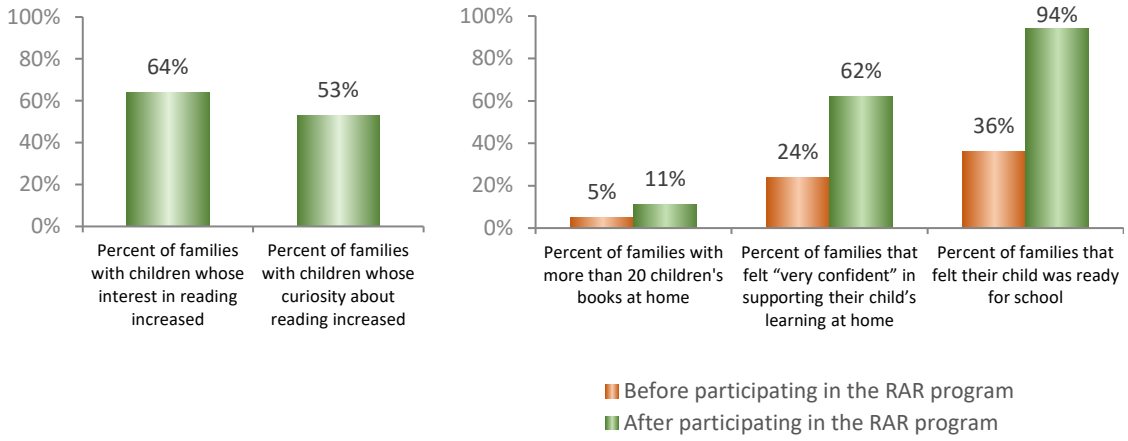
The *Raising A Reader Parent Retrospective Survey* was first administered in the fall of 2025 to 39 migrant parents at the PVUSD Migrant Seasonal Head Start centers in Watsonville, and then again in the spring of 2026 to 213 families throughout the county. RAR staff interviewed migrant parents one at a time and recorded their answers directly into the survey link. For the families throughout the county, the link for this survey was emailed to all the centers and schools so they could forward it to families participating in RAR.

Findings from the *RAR Parent Retrospective Survey* highlight the positive impact of RAR on family reading behaviors and child growth in early literacy.

Impact of RAR on families' pre-literacy activities (2025-26)

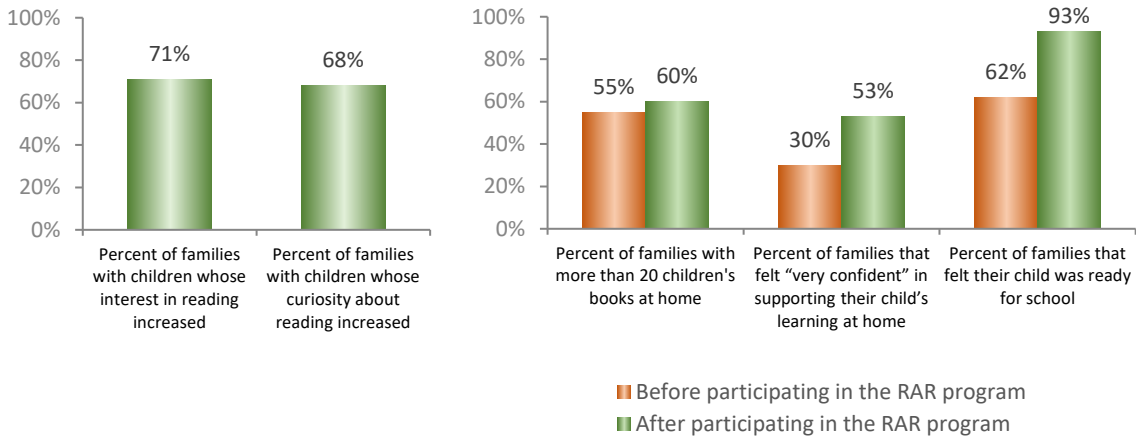
Migrant Families (Fall 2025)

N = 39.



County Families (Spring 2026)

N = 213.



Source: Raising A Reader, Annual Progress Report, *RAR Parent Retrospective Survey* results, 2025-26.

Dolly Parton's Imagination Library

Program Description

Dolly Parton's Imagination Library (DPIL) helps children develop a love for reading by providing free books to children from birth to their fifth birthday, regardless of their family's income. Books are selected by a panel of early childhood literacy experts for content that is informative, age appropriate, and inspiring.



In the fall of 2025, First 5 Santa Cruz County—along with founding local sponsors United Way of Santa Cruz County and Thrive by 5—brought Dolly Parton's Imagination Library to Santa Cruz County. The Imagination Library of Santa Cruz County mails a new, high-quality, and age-appropriate book to every enrolled child each month, from birth until their fifth birthday, at no cost to the family, and with no eligibility requirements. Books are addressed to the child and are delivered directly to the child's preferred mailing address. In Santa Cruz County, children have the option of receiving books in English, or bilingual books (English and Spanish). Also, age-eligible siblings in the same house who are enrolled in the Imagination Library will receive separate age-appropriate books.

First 5 Santa Cruz County serves as the program's Local Program Partner (LPP), which includes administering enrollment through an online dashboard, conducting community outreach, and ensuring funding that covers book and shipping costs for children across the county. First 5's Baby Gateway Newborn Enrollment Program has been a primary source of enrollment at the three local birthing hospitals by offering families the opportunity to register their newborns and other age-eligible children during their visits with the Newborn Enrollment Coordinator (NEC).

Welcoming a New Reader

Just three hours after a delivery, a Newborn Enrollment Coordinator (NEC) warmly welcomed a first-time mom by sharing the First 5 *Kit for New Parents* and a wealth of community resources, including information about Dolly Parton's Imagination Library.

When the program was mentioned, the mother beamed and said, "Grandma already signed up the baby." Amazed that the baby was just three hours old, the NEC joyfully confirmed it was the same program.

This heartwarming moment highlights how eager and proactive families are in supporting their child's future. The Baby Gateway Newborn Enrollment Program is dedicated to providing friendly, encouraging service, and helping families enroll in insurance and connecting them to valuable programs and services, such as Dolly Parton's Imagination Library.

- First 5 Baby Gateway Newborn Enrollment Program

First 5 is proud to bring Dolly Parton's Imagination Library to our County's young children. By nurturing a passion for reading, this program is helping prepare the young children in our community for a bright future.

Population Served

	2025-2026
Children	2,598

Source: Dolly Parton's Imagination Library Book Ordering System, 2026.
Note: Total includes all children who were registered as of June 30, 2026 (whether or not they've received any books yet), PLUS all children who "graduated" (turned age 5) during FY 2025-26.

Outcomes

FY 2025-26 Enrollment

During FY 2025-26,

- **2,598 children** were registered in Dolly Parton's Imagination Library of Santa Cruz County.
- **12,405 books** were mailed to these children during this time period.

Current Enrollment

Participation rates fluctuate throughout the year due to new enrollments, ongoing "graduations" (when a child reaches age 5 and is no longer eligible for the program), and children who transfer to another county's program. The following results represent the program's current, active enrollment roster as of June 30, 2026.

Measure	As of June 30, 2026
Total children currently enrolled as of 6/30/26	**2,512**
ZIP codes served	**21** (Santa Cruz County)
Average child age	**Just under 2 years old** (23.8 months)
Percent receiving Bilingual English/Spanish books	**38.6%** (970 children)
Average time remaining until "graduation" (reaches age 5)	**35.2 months** (2.9 years)
Graduating (turning 5) within the next 12 months	**376 children** (15.0%)

Source: Dolly Parton's Imagination Library Book Ordering System, 2026.

Geographic Reach

As of June 30, 2026, children who are currently enrolled live across all ZIP codes and cities/communities in Santa Cruz County, though enrollment is heavily concentrated in South County. Watsonville (95076) alone accounts for more than a third of the program—900 children, or 35.8% of total enrollment—followed by two central Santa Cruz ZIP codes (95060 and 95062, together 26.0%) and Aptos (7.7%). The ten most-enrolled ZIP codes account for over 92% of the total program enrollment.

ZIP CODE	PRIMARY CITY	# OF CHILDREN ENROLLED	% OF TOTAL COUNTY ENROLLMENT	% OF BOOKS THAT ARE BILINGUAL
95076	Watsonville	900	35.8%	65.3%
95060	Santa Cruz (City)	332	13.2%	27.4%
95062	Santa Cruz (Live Oak)	320	12.7%	25.6%
95003	Aptos	194	7.7%	16.0%
95066	Scotts Valley	148	5.9%	8.1%
95073	Soquel	107	4.3%	19.6%
95019	Freedom	104	4.1%	74.0%
95010	Capitola	74	2.9%	24.3%
95006	Boulder Creek	73	2.9%	11.0%
95018	Felton	68	2.7%	11.8%

Source: Dolly Parton's Imagination Library Book Ordering System, 2026.

Age Profile

Of the children who are currently enrolled as of June 30, 2026, the average age is just under 2 years old (23.8 months). Ages span from newborn to just under five years, which is consistent with the program's birth-to-age-five eligibility window. The age group with the largest percentage of children—children roughly 5–17 months old—accounts for 27.8% of the total enrollment.

Language Access

As of June 30, 2026, 38.6% of children currently enrolled (970 of 2,512) receive Dolly Parton's Imagination Library books in the Bilingual English/Spanish edition rather than English only. This usage varies across the County: bilingual enrollment reaches 74.0% in Freedom and in Watsonville, compared with under 10% in Scotts Valley and the San Lorenzo Valley communities.

"Graduation" Rates

Across the current roster, children have an average of 35.2 months (2.9 years) remaining before they graduate out of the program at age five, and children have been enrolled for an average of 5.6 months so far. Notably, 376 children (15.0% of the roster) will turn five—and graduate—within the next 12 months, which is useful for anticipating both the size of the program's annual "graduating class" and the pace of new enrollment.

EQUITABLE AND SUSTAINABLE EARLY CHILDHOOD SYSTEMS

Strategic Goal:

Preserve, enhance, and/or expand services and supports in early childhood systems.

Desired Results:



- Increased parent and community voice in early childhood advocacy and systems change initiatives
- Increased coordination and integration among organizations and sectors serving young children and families
- Policies and funding that prioritize prevention, early intervention, and equity for young children and their families

First 5 supports all young children and their families in Santa Cruz County, while prioritizing efforts that are responsive to the needs of the county's diverse community, and which have been shaped by community voice, and focus on eliminating disparities based on race, ethnicity, language, income, and other characteristics. In that context, First 5 seeks to strengthen the early childhood system of care by:

- **Leveraging** Prop 10 resources to create, strengthen, or fill gaps in service delivery systems;
- **Supporting** community initiatives, training, data sharing, community events, and capacity-building projects;
- **Implementing** and **evaluating** evidence-based and research-informed programs and practices;
- **Facilitating** collaboration among public, nonprofit, and private partners in order to connect siloed systems and services;
- **Serving** as the backbone for collective impact collaboratives, such as Quality Counts Santa Cruz County and Thrive by 5;
- **Advocating** for policies and budgets that prioritize early childhood; and
- **Convening** partners to implement local solutions that address and integrate systems and policy changes initiated at the local, state, and federal levels.

For over 20 years, these service integration and systems building functions have become a cornerstone of First 5's strategy to promote and create an equitable and sustainable early childhood system of care in Santa Cruz County. Central to that strategy is the role that First 5 plays leading the coordination and evaluation of the county-wide Thrive by 5 initiative in partnership with the Human Services Department and the Health Services Agency, with guidance from an Advisory Committee established by the First 5 Santa Cruz County Commission. In addition to Thrive by 5, First 5 has expanded the implementation of its communications plan, supported multiple community engagement activities, and continues to play an active role in systems-building efforts led by First 5 partners.

Thrive by 5

In January 2017, the Santa Cruz County Board of Supervisors established the Thrive by Three Early Childhood Fund to improve outcomes for the County's youngest children and their families. In May 2022, the Board expanded its scope to Thrive by 5, creating greater alignment with other early childhood initiatives and funding streams. First 5 and its Thrive by 5 partners have since adopted the following strategic goals and community-level impacts:

Children and families are healthy

- Early access to prenatal care
- Healthy births
- Preventive health care
- Access to nature, open space

Children and families are ready for kindergarten

- Access to quality child care and early learning programs

Children live in safe, nurturing families

- Assets that promote resilience
- Parent and caregiver well-being
- Safe families and home

Families have resources to support children's optimal development

- Economic security and stable housing

In fiscal year 2025-26, First 5 and its Thrive by 5 partners:

Home Visiting Coordination

- **Enrolled** 209 families of children from prenatal to age 5 in the County's home visiting programs: Nurse-Family Partnership, Trauma Informed Approach (TIA) Field Nursing, and Families Together. Enrollment was lower than in prior years due to staff vacancies and the temporary closure of Early Head Start Home-Based for most of the year.

- **Refined** the CalWORKs coordinated referral process through the Coordinated Referral Workgroup. All 33 CalWORKs participants contacted agreed to a referral, and 29 participants received a total of 72 milestone incentives (valued at $3,600) for participating in home visiting.
- **Hosted** four Thrive by 5 Learning Collaborative sessions for partners on topics including doula services, safe sleep, human trafficking, and early education resources for families, among others.

Early Care and Education

- **Redirected** $100,000 in Thrive by 5 Early Learning Scholarship funds to emergency bridge funding for Head Start and Early Head Start in October 2025. Combined with other County and Office of Education contributions, the $362,000 in bridge funding helped sustain services for about 250 young children during the federal government shutdown.

HealthySteps

- **Supported** HealthySteps, an interdisciplinary, evidence-based pediatric primary care program that served 3,543 children in FY 2025-26 at Salud Para La Gente and Santa Cruz Community Health clinics. In June 2026, Santa Cruz Community Health announced that it could no longer financially sustain formal HealthySteps certification, but it intends to continue universal screenings and connecting families to community resources.

Strengthening the System of Care

- **Convened** four meetings of the Thrive by 5 Advisory Committee on topics including Dolly Parton's Imagination Library, Medi-Cal and Head Start updates, and supporting immigrant families with young children, among others. The Advisory Committee also serves as the Community Advisory Board for Santa Cruz County Public Health's Nurse-Family Partnership and TIA Field Nursing programs.
- **Completed** a Comprehensive Fiscal Analysis with Prenatal to Five Fiscal Strategies. The analysis found that agencies in Santa Cruz County received approximately $66 million for prenatal-to-5 early care and education and family strengthening services in FY 2022-23, far short of the true cost of delivering high-quality services. Its four recommendations will help guide future investment, workforce, and system-capacity efforts across the Thrive by 5 system of care.

To learn more, visit: https://www.first5scc.org/thrive-by-5

Communications and Community Engagement

First 5 Santa Cruz County developed a draft Communications Plan integrating the *Annual Evaluation Report* with priorities from the 2025–2030 Strategic Plan, which aims to build a connected, bilingual, equity-centered communications ecosystem that shares impact stories and data, engages families,

partners, funders, and policymakers, and strengthens trust, participation, and advocacy. First 5's communications plan continues to focus on increasing awareness of early childhood development, offering resources for families and early care and education providers, and promoting the agency's programs and partnerships both locally and state-wide. First 5 has continued to address equity and access by consistently engaging Spanish language translation and interpretation services for its website, newsletter, outreach materials, and community engagement.

The continued focus of this communications plan is guided by four goals:

1. **Increase Awareness** – Ensure families, policymakers, and Community Based Organizations know First 5's impact, priorities, and resources.
2. **Drive Engagement** – Inspire families and partners to access all services and benefits that they are eligible for, share content, and participate in events.
3. **Support Advocacy** – Give policymakers and leaders compelling and accurate data and real stories to inform policy and funding.
4. **Build Trust & Relationships** – Establish First 5 as a trusted brand and go-to source for early childhood development information in Santa Cruz County.

Implementation of this communications plan focuses on community partnership, amplifying family and provider voices alongside local early childhood partners. Communications platforms for outreach include the First 5's website, e-newsletter and social media.

In FY 2025-26, First 5's website hosted 7,240 unique visitors totaling 10,680 site sessions. There was a 34.7% increase in site visitors and a 21.9% increase in site sessions from the previous fiscal year. Of these visitors to First 5's website, 97% were new visitors and 3% were returning visitors. The website's most visited sections were the Triple P program pages (which provided program information, class overviews, and registration links), the First 5 website home page, and the Dolly Parton's Imagination Library of Santa Cruz County program pages. During the fiscal year, First 5 maintained an e-newsletter distribution reach of over 1,100 individuals.

In the social media space, First 5 remained active on Instagram, Facebook, and LinkedIn. First 5's Facebook engagement grew by 17.8% from the previous fiscal year. First 5's Instagram account grew by over 120 followers.

In an effort to support the community, First 5 contributed fiscal sponsorships for several community events and endeavors during FY 2025-26. In the winter, First 5 sponsored the "All Kids Play" campaign (a fundraising initiative by Santa Cruz County Park Friends to provide scholarships for low-income youth to access Santa Cruz County Parks and Recreation programs), the Children's Museum of Discovery's Teddy Bear Clinic, The Diversity Center's Queer Youth Leadership Awards, and United Way Santa Cruz County's United in Purpose Celebration.

DataShare Santa Cruz County

In September of 2017 the Health Improvement Partnership of Santa Cruz County (HIP) initiated a collaborative effort to develop a county-wide data sharing system designed to share data on a variety of factors that affect the well-being of residents in the county. In 2021, management of the system was turned over to four administrative partners: the County of Santa Cruz Health Services Agency, United Way Santa Cruz County, the Community Health Trust of Pajaro Valley, and CORE Investments.

DataShare's mission is to provide an accessible, comprehensive, and reliable resource for local, regional, and national data that is available to everyone. DataShare Santa Cruz County envisions an equitable, thriving, and resilient community where everyone shares responsibility for creating the social, economic, and environmental conditions necessary for health and well-being at every stage of life. The website is an interactive data platform with local, state, and national data that allows users to explore and understand information about our local community. The site holds robust data and indicators in the areas of health, economy, education, environment, government and politics, public safety, transportation, and social environment. In FY 2025-26, DataShare served as a source for community-level indicators in the Thrive by 5 report, including data on health insurance coverage among young children. To learn more, visit: https://www.datasharescc.org/

Central Coast Early Childhood Advocacy Network

Building on a series of successful legislative visits and policy wins for early childhood in 2017, First 5 Monterey, San Benito, and Santa Cruz Counties joined forces in FY 2017-18 to help form the tri-county Central Coast Early Childhood Advocacy Network (CCECAN). Representing over 94,000 children ages 0-8, CCECAN is a collaboration of organizations and individuals in the tri-county area committed to strengthening and advocating for policies and systems change at the state and local level that will support thriving children and families. To learn more, visit: https://www.ccecan.org/

Cradle to Career

Cradle to Career Santa Cruz County (C2C) grew out of the Live Oak Cradle to Career place-based initiative, a nascent idea in 2013 championed by former Supervisor John Leopold. Today, C2C is a results-based collaboration between parents and local education, health, and social service leaders in two school districts in the county. C2C's mission is to work collectively to empower families, deliver resources, and advocate for equitable and inclusive support systems to eliminate disparities

and ensure all Santa Cruz County children thrive in their education, health, and character. To learn more, visit: https://c2cscc.org/

Oral Health Access

Oral Health Access Santa Cruz County was created in 2016 as a steering committee made up of community leaders and organizations, dental and medical clinics, and educators to address oral health needs in Santa Cruz County. Led by Dientes Community Dental, the County of Santa Cruz Health Services Agency Public Health Division, and numerous community partners, the committee's mission is to improve the oral health of Santa Cruz County residents by uniting stakeholders and advocating for sound, measurable strategies that increase access to care and education.

In addition to continuing to serve as a champion of the "First Tooth, First Birthday" campaign strategy, in the spring of 2024 First 5 Santa Cruz County Executive Director David Brody agreed to serve as Co-Chair of the Santa Cruz County Oral Health Access Initiative, helping oversee the implementation of its new 2024-2028 Strategic Plan.

Data in the FY 2025-26 Thrive by 5 report show that the share of children ages 0-5 with Medi-Cal insurance who visited the dentist annually rose from 47% in 2017 to 53% in 2023. The largest gains were among children under age 1 (from 3% to 8%) and ages 1-2 (from 43% to 56%), likely reflecting the impact of the First Tooth, First Birthday campaign. To learn more, visit: https://oralhealthscc.org/

APPENDICES

Appendix A: Quality Counts California – Quality Continuum Framework

This Quality Continuum Framework was used to rate all of the State preschool sites in December 2024, and these ratings will hold through 2030. However, beginning FY 2026-27, new State preschool sites will be rated using a new Framework.

Quality Counts California

Quality Continuum Framework-Measurable Quality Elements

July 2025

NOTE: The Quality Continuum Framework-Measurable Quality Elements (QCF) (formerly called the Rating Matrix) includes elements that are research-based indicators of quality. It provides a recommended *framework*, or *structure*, for quality improvement. **Only Element 4b is required for California State Preschool Program Ratings**.

Element	1 Point	2 Points	3 Points	4 Points	5 Points
Core I: Child Development and School Readiness **1. Child Observation**	-	Program uses evidence-based child assessment or observation tool annually that covers all five domains of development	Program uses valid and reliable child assessment or observation tool aligned with the most recent iteration of the *California Learning Foundations* twice a year	Desired Results Developmental Profile (DRDP) is administered twice a year, at minimum, and results are used to inform curriculum planning	Program uses DRDP twice a year and uploads into DRDP Online or DR Access, and results are used to inform curriculum
Core I: Child Development and School Readiness **2. Developmental and Health Screenings**	Meets Title 22 Regulations	Health Screening Form (Community Care Licensing form LIC701 "Physician's Report – Child Care Centers" or equivalent) used at entry, then: Annually **OR** Ensures vision and hearing screenings are conducted annually	Program works with families to ensure screening of all children using a valid and reliable developmental screening tool at entry and as indicated by results thereafter **AND** Meets criteria from point level 2	Program works with families to ensure screening of all children using the Ages and Stages Questionnaire (ASQ) at entry and as indicated by results thereafter **AND** Meets criteria from point level 2	Program works with families to ensure screening of all children using the ASQ and ASQ-Social Emotional, if indicated, at entry, then as indicated by results thereafter **AND** Program staff uses children's screening results to make referrals and implement intervention strategies and adaptations as appropriate **AND** Meets criteria from point level 2

Element	1 Point	2 Points	3 Points	4 Points	5 Points
Core II: Teachers and Teaching **3. Minimum Qualifications for Lead Teacher or Family Child Care Home (FCCH)**	Meets Title 22 Regulations **Center:** 12 units of Early Childhood Education (ECE) or Child Development (CD)[1] **FCCH:** 16 hours of training on preventative health practices	**Center:** 24 units of ECE or CD **OR** Associate Teacher Permit **FCCH:** 12 units of ECE or CD **OR** Associate Teacher Permit	24 units of ECE or CD, plus 16 units of General Education **OR** Teacher Permit **AND** 21 hours of professional development (PD) annually	Associate's degree (AA/AS) in ECE or CD (or a closely related field) OR AA/AS in any field plus 24 units of ECE or CD **OR** Site Supervisor Permit **AND** 21 hours of PD annually	Bachelor's degree (BA/BS) in ECE or CD (or a closely related field) **OR** BA/BS in any field plus/with 24 units of ECE or CD (or a master's degree in ECE or CD) **OR** Program Director Permit **AND** 21 hours of PD annually

[1] For all ECE or CD units, the core eight are desired, but not required.

Note: Point values are not indicative of Tiers 1 through 5, but reflect a range of points that can be earned toward assigning a tier rating (see Total Point Range).

Element	1 Point	2 Points	3 Points	4 Points	5 Points
Element 4a: For Use By Non-California State Preschool Programs					
Core II: Teachers and Teaching **4a. Effective Teacher-Child Interactions: Classroom Assessment Scoring System (CLASS)[2]**	-	Familiarity with CLASS for appropriate age group as available by one representative from the site	Independent CLASS assessment by a reliable observer to inform the program's PD or improvement plan **OR** Informal assessment and results used to inform Quality Improvement Plan and staff PD plan	Independent CLASS assessment by a reliable observer with minimum CLASS scores: **Pre-K:** • Emotional Support – 5 • Classroom Organization – 5 • Instructional Support – 3 **Toddler:** • Emotional & Behavioral Support – 5 • Engaged Support for Learning – 3.5 **Infant:** • Responsive Caregiving – 5	Independent CLASS assessment by a reliable observer with minimum CLASS scores: **Pre-K:** • Emotional Support – 5.5 • Classroom Organization – 5.5 • Instructional Support – 3.5 **Toddler:** • Emotional & Behavioral Support – 5.5 • Engaged Support for Learning – 4 **Infant:** • Responsive Caregiving – 5.5

[2] CLASS or CLASS 2nd Edition may be used by programs who are not funded through CSPP for purposes of quality improvement.

Element	1 Point	2 Points	3 Points	4 Points	5 Points
Element 4b: Required Rating Element For Use By California State Preschool Programs					
Core II: Teachers and Teaching **4b. Effective Teacher-Child Interactions: Classroom Assessment Scoring System (CLASS)**	-	-	CLASS 2nd Edition Pre-K-3rd Assessment completed by an independent certified CLASS observer to inform continuous quality improvement **AND** CLASS Environment Observation completed by an independent certified CLASS observer	CLASS 2nd Edition Pre-K-3rd Assessment completed by an independent certified CLASS observer to inform continuous quality improvement **AND** CLASS Environment Observation completed by an independent certified CLASS observer **AND** Meets domain score requirements of: **Pre-K:** • Emotional Support – 5 • Classroom Organization – 5 • Instructional Support – 3	CLASS 2nd Edition Pre-K-3rd Assessment completed by an independent certified CLASS observer to inform continuous quality improvement **AND** CLASS Environment Observation completed by an independent certified CLASS observer **AND** Meets domain score requirements of: **Pre-K:** • Emotional Support – 5.5 • Classroom Organization – 5.5 • Instructional Support – 3.5

Element	1 Point	2 Points	3 Points	4 Points	5 Points
Core III: Program and Environment[3] **5. Ratios and Group Size** (Centers only beyond licensing regulations)	**Center:** Title 22 Regulations Infant ratio of 1:4 Toddler Option ratio of 1:6 Preschool ratio of 1:12 **FCCH:** Title 22 Regulations (excluded from point values in ratio and group size)	**Center:** Ratio: Group Size Infant/Toddler – 4:16 Toddler – 3:18 Preschool – 3:36	**Center:** Ratio: Group Size Infant/Toddler – 3:12 Toddler – 2:12 Preschool – 2:24	**Center:** Ratio: Group Size Infant/Toddler – 3:12 or 2:8 Toddler – 2:10 Preschool – 3:24 or 2:20	**Center:** Ratio: Group Size Infant/Toddler – 3:9 or better Toddler – 3:12 or better Preschool – 1:8 ratio and group size of no more than 20
Core III: Program and Environment **6. Director Qualifications** (Centers only)	12 units ECE or CD, plus/with 3 units management or administration	24 units ECE or CD, plus 16 units General Education, plus/with 3 units management or administration **OR** Master Teacher Permit	AA/AS with 24 units ECE or CD, plus/with 6 units management or administration and 2 units in supervision **OR** Site Supervisor Permit **AND** 21 hours of PD annually	BA/BS with 24 units ECE or CD, plus/with 8 units management or administration **OR** Program Director Permit **AND** 21 hours of PD annually	Master's degree with 30 units ECE or CD, including specialized courses, plus/with 8 units management or administration **OR** Administrative Credential **AND** 21 hours of PD annually

[3]Effective August 2023, ERS was removed as a QCC rating requirement, however, Title 5 programs using CDSS contract funds are required, per statute (5 CCR 18281), to use the Environment Rating Scale (ERS) as part of the self-assessment requirement.

Total Point Ranges for Quality Improvement

Program Type	Common Tier 1	Local Tier 2[4]	Common Tier 3	Common Tier 4	Local Tier 5[5]
Centers 6 elements for 30 points	**Blocked** (6 points) – must meet all elements	7 to 16 points	17 to 22 points	23 to 26 points	27 points and above
FCCHs 4 elements for 20 points	**Blocked** (4 points) – must meet all elements	5 to 9 points	10 to 13 points	14 to 17 points	18 points and above

California State Preschool Program Rating (Element 4b only)

Program Type			Tier 3	Tier 4	Tier 5
CSPP (Centers and FCCHENs)	-	-	3 points	4 points	5 points

[4] Local Tier 2: Local decision if blocked or points and if there are additional elements.
[5] Local Tier 5: Local decision if there are additional elements included.

Appendix B: Thrive by 5 Theory of Change



Appendix C: Measurement Tools

This Appendix includes a list of the assessments and measurement tools used to collect evaluation data during this funding cycle (listed in alphabetical order).

Acrimony Scale

The *Acrimony Scale* (Emery, 1982) is utilized by Triple P clients who participate in the Level 5 – Family Transitions program. This scale measures co-parental conflict between separated or divorced parents. Scores are calculated as the average of all questions, and can range from 1 (low acrimony) to 4 (high acrimony).

Adverse Childhood Experiences (ACEs)

kidsdata.org (a program of Lucile Packard Foundation for Children's Health) developed a measurement of Adverse Childhood Experiences (ACEs), titled "Children with Adverse Experiences (Parent Reported), by Number." As they explain,

> *Childhood adversity—such as child abuse, exposure to violence, family alcohol or drug abuse, and poverty—can have negative, long-term impacts on health and well being. … Early experiences affect brain structure and function, which provide the foundation for learning, emotional development, behavior, and health. The toxic stress associated with traumatic, and often cumulative, early adverse experiences can disrupt healthy development and lead to behavioral, emotional, school, and health problems during childhood and adolescence. It also can lead to serious behavioral, emotional, and health issues in adulthood, such as chronic diseases, obesity, alcohol and other substance abuse, and depression. The more traumatic and toxic events experienced by a child, the more likely the impact will be substantial and long-lasting.*
>
> *Resilience, an adaptive response to hardship, can mitigate the effects of adverse childhood experiences. It is a process of adapting well in the face of adversity, trauma, threats, or other significant sources of stress. Resilience involves a combination of internal and external factors. Internally, it involves behaviors, thoughts, and actions that anyone can learn and develop. Resilience is also strengthened by having safe, stable, nurturing relationships and environments within and outside the family.*
>
> *-- kidsdata.org*

This measurement developed by kidsdata.org was based on nine possible adverse childhood experiences: (1) experienced economic hardship, (2) parent or guardian got divorced or separated, (3) parent or guardian died, (4) parent or guardian served time in jail, (5) witnessed domestic violence, (6) witnessed or experienced neighborhood violence, (7) household member was mentally ill, (8) household member abused alcohol or drugs, (9) treated unfairly because of race/ethnicity.

There are various sources of ACEs data:

- Kidsdata.org uses data collected through the U.S. Dept. of Health and Human Services, *National Survey of Children's Health*, this measurement estimates the percentage of

children ages 0-17 with and without adverse childhood experiences (ACEs), by the number of traumas experienced, as reported by the parents.

- The UCLA Center for Health Policy Research reports the percentage of parents who self-reported experiencing ACES as a child, using data collected through the California Health Interview Survey.

There are other measurements of ACEs that include more or different types of ACEs, but across all of these measurements the concept is the same: the more ACEs a child experiences, the greater the risk for later health, social, emotional, and behavioral challenges.

Ages & Stages Questionnaires®, 3rd Edition (ASQ-3™)

The *Ages & Stages Questionnaires® Third Edition* (ASQ-3™) is used by the Neurodevelopmental Foster Care Clinic, Families Together, and Quality Counts Santa Cruz County to screen infants and young children for developmental delays during the crucial first 5 ½ years of life. Parents complete the age-appropriate questionnaires at designated intervals, which have approximately 30 items and take 10-15 minutes to complete. The ASQ-3 is able to identify children's strengths as well as concerns, and also teaches parents about child development and their own child's skills. Each questionnaire covers five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social.[50]

Ages & Stages Questionnaires®, Social-Emotional, 2nd Edition (ASQ:SE-2™)

The *Ages & Stages Questionnaires®, Social-Emotional, 2nd Edition* (ASQ:SE-2™) is a parent-completed tool used by the Neurodevelopmental Foster Care Clinic, Families Together, and Quality Counts Santa Cruz County to help identify young children (ages 1 month – 6 years old) at risk for social or emotional difficulties. Parents complete the age-appropriate questionnaires at designated intervals, which have approximately 30 items and take 10-15 minutes to complete. The ASQ:SE-2 can quickly pinpoint behaviors of concern and identify any need for further assessment or ongoing monitoring. Each questionnaire screens for the social-emotional areas of self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people.[51]

Bayley Scales of Infant and Toddler Development, 3rd Edition

The *Bayley Scales of Infant and Toddler Development* is a standardized test that is used by the Neurodevelopmental Foster Care Clinic ("NDFCC") to assess children's developmental skills in the areas of cognition, language, and motor skills. There are also additional measures of adaptive skills and emotional functioning. The instrument is used for children from ages 16 days to 42 months. Standard scores have a mean of 100 and standard deviation of 15.

[50] Brookes Publishing, *Ages & Stages Questionnaires® Third Edition*, http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-3/.

[51] Brookes Publishing, *Ages & Stages Questionnaires®, Social-Emotional, 2nd Edition*, http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se-2/.

Checklist for a Literacy Rich Toddler Program (Checklist)

In past years, the *Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K)* was used to evaluate SEEDS-trained educators and the effectiveness of their classroom teaching on children's language and literacy development. However, in FY 2025-26, the focus of the SEEDS training began including young toddlers up to age 3, and First 5's Early Literacy Foundation program determined that the *ELLCO Pre-K* did not evaluate classrooms with that age group well.

To address this younger age group, two instructors of First 5's Early Literacy Foundation program created their own observational checklist called the *Checklist for a Literacy Rich Toddler Program (Checklist)*. This is not an assessment tool, and is purely a checklist created by the two instructors to guide them as they observed classrooms. The *Checklist* was adapted from the SEEDS of Learning™ framework (developed by Kate Horst), and was further modified by the instructors to meet the specific needs of infant/toddler programs.

The *Checklist* lists various "literacy-rich strategies" for observers to look for, including classroom settings and activities that emphasize intentional teacher-child interactions, engaging books, opportunities for conversation, songs and rhymes, environmental print, early writing experiences, and early literacy-related materials that can be used throughout the classroom and daily routine. The results of these observations are used as a coaching tool, supporting teachers in setting early literacy goals.

The *Checklist* contains 24 "literacy-rich strategies" to observe, which are divided into four main sections:

1. **Caregiver Interactions**, which emphasizes supporting children's social-emotional development and language skills. (10 strategies to observe)
2. **Classroom Environment**, which focuses on organizing the classroom to create a supportive, engaging, and literacy-rich learning environment. (5 strategies to observe)
3. **Education for Development of Big 5 Skills**, which focuses on how educators intentionally support the development of the five foundational early literacy skills: Motor Skills, Social-Emotional Development, Print and Early Writing, Vocabulary, and Oral language. Educators provide meaningful, age-appropriate experiences through conversations, songs, rhymes, books, play, and hands-on activities that build these skills throughout the day. (8 strategies to observe)
4. **Development of Skills Through Doing**, which focuses on how educators support children's learning through hands-on, meaningful, and developmentally appropriate activities. (1 strategy to observe)

The observers assess each of the 24 "literacy-rich strategies" regarding whether it is observed in the classroom. Each of the 24 items are assessed using a score from 1 (Not observed) to 3 (Often observed), and the total score for each of the four sections is calculated as the average of all the items in that section.

Child Adjustment and Parent Efficacy Scale (CAPES and CAPES-DD)

The *Child Adjustment and Parent Efficacy Scale* assesses children's behavioral challenges and emotional maladjustment, and parent's self-efficacy in managing specific child challenging behaviors. There are two versions of this scale: CAPES is used in the Core Triple P program (families with children ages 0-12) and the Teen Triple P program (families with teens). CAPES-DD is used in the Stepping Stones Triple P program (families with children who have special needs).

Both the *Child Adjustment and Parent Efficacy Scale* (CAPES) and *Parenting and Family Adjustment Scales* (PAFAS) were developed and tested by the University of Queensland Parenting and Family Support Centre, under the direction of Professor Matt Sanders, the founder of the Triple P program. In 2018, Triple P America recommended that all practitioners use the CAPES and PAFAS in place of the previously recommended assessments (*Eyberg Child Behavior Inventory*, *Parenting Scale*, *Depression-Anxiety-Stress Scale*, and *Parent Problem Checklist*), as they measure similar parenting domains and outcomes and are more user-friendly for both families and practitioners. Beginning in 2020-21, the results for the four discontinued assessments are no longer reported in the analyses of Triple P outcomes, and only the results for the current assessments are included.

CAPES (Core/Teen Triple P)

This survey has four subscales that are each scored as the sum of its items.

- **Child Emotions:** Scores range from 0-9; higher scores indicate greater levels of emotional difficulties.
- **Child Behaviors:** Scores range from 0-72; higher scores indicate greater levels of challenging behaviors.
- **Total Intensity Score:** Scores range from 0-81; higher scores indicate greater levels of emotional or behavioral difficulties.
- **Parent Confidence:** Scores range from 19-190; higher scores indicate greater levels of parent confidence.

CAPES-Developmental Disability (Stepping Stones Triple P)

This survey has five subscales that are each scored as the sum of its items.

- **Child Emotions:** Scores range from 0-9; higher scores indicate greater levels of emotional difficulties.
- **Child Behaviors:** Scores range from 0-30; higher scores indicate greater levels of challenging behaviors.
- **Total Intensity:** Score Scores range from 0-48; higher scores indicate greater levels of emotional or behavioral difficulties.
- **Child Prosocial Behaviors:** Scores range from 0-24; higher scores indicate greater levels of difficulties.
- **Parent Confidence:** Scores range from 16-160; higher scores indicate greater levels of parent confidence.

Child and Adolescent Needs and Strengths (CANS)

The *Child and Adolescent Needs and Strengths* (CANS) is used by Families Together, and is a document that organizes clinical information collected during a behavioral health assessment in a consistent manner to improve communication among those involved in planning care for a child or adolescent. The CANS is also used as a decision-support tool to guide care planning, and to track changing strengths and needs over time. The following areas are addressed in the instrument: life functioning, behavioral/emotional needs, risk factors and behaviors, caregiver resources and needs, acculturation, transition to adulthood, and child strengths. The CANS is an item-level tool; each domain is scored on a 4-point scale (0-3), and there is no total score.

Child / Home Early Language and Literacy Observation Tool (CHELLO)

Child/Home Early Language and Literacy Observation (CHELLO) is a tool designed to rate the early literacy environment in home-based child care settings of children ages birth to 5 years. The CHELLO is used to develop accurate profiles of materials and practices in family/group child care settings, improve early childhood educator literacy supports and interactions with children, and measure changes in the quality of environments over time.

The CHELLO tool is used by the Early Literacy Foundation Initiative, and assesses home-based classrooms using the Literacy Environment Checklist, and along the three dimensions of the Group/Family Observation section: Physical Environment for Learning, Support for Learning, and Adult Teaching Strategies.

Conflict Behavior Questionnaire (CBQ)

The *Conflict Behavior Questionnaire* (Robin & Foster, 1989) is utilized by clients participating in the Teen variant of Levels 4 and 5 of the Triple P Program. It is a 20-item true/false scale that assesses general conflict between parents and their children. The CBQ is completed by both parents and adolescents, and discriminates between distressed and non-distressed families.

This 20-item measure contains both “positive” and “negative” statements regarding a child’s social competence/conflictual behaviors. Clients answer each question by responding with “true” or “false.” To obtain an overall measure of social competence, distressed responses are given the value of 1, while non-distressed responses are given the value of 0. Then all 20 items are summed to obtain an overall score and measure of conflictual behaviors, with scores ranging from 0 (non-distressed) to 20 (distressed). A non-zero score indicates some conflictual behaviors; a high score indicates a great amount of conflict.

Depression, Anxiety, and Stress Scale (DASS-21)

The *Depression, Anxiety, and Stress Scale – Short Version* (DASS-21) is utilized by participants in Fear-Less Triple P. It is a 21-item brief version of the *Depression Anxiety Stress Scales* (Lovibond & Lovibond in 1995). It is a self-report measure used to assess the levels of depression, anxiety, and tension/stress experienced, which is completed by parents in the program. Respondents indicate how much they felt each of the 21 symptoms during the previous week. The scale is

psychometrically sound – it has good convergent and discriminant validity. It also has high internal consistency in clinical and non-clinical samples, and across different ethnic groups.

Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K)

The first version of the *ELLCO* (*ELLCO Toolkit*) was designed to evaluate the teaching practices of early childhood educators in the areas of language and literacy, in pre-kindergarten to third-grade classrooms.[52] The newest version of the tool (*ELLCO Pre-K*) is comparable to the ELLCO Toolkit, and has been reorganized so that it reduces the bias towards classrooms that have many resources, and focuses more on the *use* of materials rather than just their presence in the preschool classrooms.[53]

The *ELLCO Pre-K* is used by the Early Literacy Foundation Initiative to help identify the effectiveness of classroom teaching on children's language and literacy development by focusing on five components: "*Classroom Structure*," "*Curriculum*," "*Language Environment*," "*Books and Book Reading*," and "*Print and Early Writing*." Items are scored along a 5-point scale, where 1 is deficient and 5 is exemplary.

First 5 Apricot Database

On a biannual basis, funded partners are required to submit information on the program participants who they directly served, and also on the status of their programs' outcome objectives. Client Characteristic Data (CCDs) and outcome data are gathered in one of four ways, First 5's Apricot database, customized Excel forms, or partner-specific data collection forms.[54]

- First 5's online database, originally called Santa Cruz County Services Unifying Network (SCC SUN), was launched on January 1, 2004, and many partner agencies used this database to record their clients' data and other outcome data. The database is integrated, meaning that information can be shared between agencies, if the appropriate consent is obtained. Demographic information about these clients can then be extracted for analysis, using unique IDs that maintained clients' anonymity. In April 2015 this database was upgraded to a more flexible and efficient database called Apricot, all previous data in SCC SUN were migrated to this new database, and all current data are now being collected and reported using Apricot.
- Partner agencies that are not using First 5's Apricot database collect and submit demographic and outcome data using either customized Excel forms developed by First 5, or in partner-specific data collection forms.

In the course of evaluating CCDs, a "cleaning" process is performed. In this process, each program's data are standardized to use the same response sets, reviewed for accuracy and

[52] Education Development Center, Inc., Center for Children and Families, *Early Language and Literacy Classroom Observation Toolkit*, 2002.
[53] Review by Maria Cahill (University of Tennessee), of the *User's Guide to the Early Language & Literacy Classroom Observation Pre-K Tool*, Education Review website [http://edrev.asu.edu/index.php/ER/issue/viewFile/133/34], 2008.
[54] In this report, client characteristic data (CCDs) collected via all approved methods—which are then combined and comprehensively analyzed—are collectively referred to as "First 5 CCD database."

completeness, and corrected wherever possible. These data are then migrated to a customized analysis spreadsheet that aggregates them and determines the unduplicated count of individuals served by goal area, partner agency, and overall. Each client characteristic is analyzed, with results that report the total number of individuals with data for that variable, and the frequency and percentage of each response to that variable.

Children's ages are calculated as of the *first day of the funding cycle*. This enables all children ages 0-5 to be included in the analyses, even if they turn six years old later in the fiscal year. Children not yet born by the first day of the funding cycle (i.e., born later in the funding cycle) are also included in the analyses and categorized as being under one year of age.

Healthcare Effectiveness Data and Information Set (HEDIS) Indicators

First 5 uses the *Healthcare Effectiveness Data and Information Set* (HEDIS) data to track the quality of care that children are receiving in Santa Cruz County. Selected health care quality indicators are requested annually by First 5 California and the California Endowment from every operating insurance plan based on data entered into HEDIS. HEDIS is a "set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans."[55]

Parenting an Anxious Child Questionnaire (PAC)

The *PAC* is a 12-item questionnaire completed by parents, and is used in Fear-Less Triple P services. Using a 5-point frequency scale from "Never" to "Always," the PAC asks parents to rate how often they engage in 11 different parenting responses when their child is anxious, and ends with a question asking parents to rate their confidence in managing their children's anxious behaviors and emotions. Items 1 to 11 are scored 0-4, with higher scores indicating that a parent is engaging more frequently in anxiety-maintaining behaviors.

The *PAC* is most useful as a descriptive tool for identifying parenting behaviors that may be involved in the maintenance of children's anxiety. It is also informative in looking at differences and similarities between parents of the same child. Finally, it can be used to notice change from the beginning to the end of the program (i.e., comparing pre- and post-scores). No normative data is currently available for this measure.

Parenting Experience Survey

The *Parenting Experience Survey* (Sanders et. al., 1999) is utilized by Level 3 of the Triple P Program. It is a self-report measure of issues related to being a parent, and is completed by parent participants. It consists of 7 items and assesses parents' experiences related to issues such as how difficult they perceive their child to be, how stressful they feel parenting to be, and how rewarding they feel parenting to be. There are 3 items which are specific to parents who have a partner. Those items are used to assess agreement on discipline, partner support,

[55] National Committee for Quality Assurance (NCQA), *Guidelines for Advertising*, Retrieved from http://www.ncqa.org/, 2012.

and relationship happiness. This survey has been used to show changes in parental attitudes and behaviors from the beginning to the completion of the Triple P Program.

Parenting and Family Adjustment Scales (PAFAS)

The *Parent and Family Adjustment Scales* (Sanders & Morawska, 2010) assess parenting practices, and parent and family adjustment. They consist of a Parenting scale that includes four subscales (Parental Consistency, Coercive Parenting, Positive Encouragement, and Parent–Child Relationship) and a Family Adjustment scale that includes three subscales (Emotional Well-Being, Family Relationships, and Parental Teamwork). Each item in the PAFAS is rated on a 4-point scale, and some items are reverse scored. For each subscale of the PAFAS Parenting scale and PAFAS Family Adjustment scale, the items are summed to provide scores, with higher scores indicating higher levels of dysfunction.

Both the *Child Adjustment and Parent Efficacy Scale* (CAPES) and *Parenting and Family Adjustment Scales* (PAFAS) were developed and tested by the University of Queensland Parenting and Family Support Centre, under the direction of Professor Matt Sanders, the founder of the Triple P program. In 2018, Triple P America recommended that all practitioners use the CAPES and PAFAS in place of the previously recommended assessments (*Eyberg Child Behavior Inventory*, *Parenting Scale*, *Depression-Anxiety-Stress Scale*, and *Parent Problem Checklist*), as they measure similar parenting domains and outcomes and are more user-friendly for both families and practitioners. Beginning in 2020-21, the older results for the four discontinued assessments are no longer included in this report, and only the results for these current two assessments are reported.

Parent's Attribution for Child's Behavior Measure

The *Parent's Attribution for Child's Behavior Measure* (Pigeon & Sanders, 2004) is utilized by Level 5 Pathways of the Triple P Program (this is only completed if the parent has at least one child aged 18 months or older). It is a self-report measure of attributions for children's behaviors. The instrument consists of 6 hypothetical situations describing different types of difficult child behavior, with 4 questions related to each situation. The questions for each situation relate to innateness of the child's behavior, the child's intentionality, and the blameworthiness of the child. The total score and the 3 subscale scores for this tool have good internal consistency and discriminant validity.

Spence Children's Anxiety Scale (SCAS)

The *Spence Children's Anxiety Scale* (Parent Version: Spence, 2000; Child Version: Spence, 1994) is used in Fear-Less Triple P services. The SCAS is not intended as a diagnostic instrument and should not be used to determine a clinical diagnosis. Rather, it is designed to assess the nature and extent of anxiety symptoms, and can be used to establish whether a child's anxiety level is substantially higher than other young people of their age group and gender. The questionnaire assesses six domains of anxiety (Separation Anxiety, Social Phobia, Obsessive Compulsive, Panic/Agoraphobia, Generalized Anxiety, and Physical Injury Fears), and also provides an overall total score for the assessment.

There are two versions of the scale: one for Parents to complete about their child, and one for children to complete about themselves. Clients are asked to rate the degree to which they (or their child) experience each of the 38 symptoms listed, using a 4-point scale, from 0 (Never) to 3 (Always). When the assessment is scored, each symptom is assigned to one of the six domains, and the symptoms in each domain are summed to provide a total raw score for that domain, with higher scores indicating higher levels of anxiety. The overall assessment total is the sum of the raw scores of all six domains. These raw scores are used in the statistical analyses that calculate the amount of change over time.

In addition to the calculation of raw scores for each domain, the level of anxiety can also be determined by converting raw scores to T-scores, which clinicians can use to help determine whether the child's anxiety symptoms are higher than what would be regarded as normal levels within the community. Note that a T-score in the top 15% suggests a higher than normal level of anxiety, but not necessarily in a "clinical range." For this reason, the term "elevated anxiety" is used.

The interpretation of T-scores are affected by the gender and age of each child, as the mean scores tend to be different between boys and girls and tend to change with age. Therefore, there are two sets of T-score scoring templates that are used for each gender: One that is for children of a younger age range, and another for children of a slightly older age range. Note that if a "younger age range" child has a birthday between their first and last assessments—that would move them into the older age range—that child will nevertheless continue to use the same "younger age range" template that was used at their first assessment. This ensures that the calculated T-scores between first and last assessments are equivalent and can be meaningfully compared.

Structured Decision Making (SDM)

The *Structured Decision Making* (SDM) model is a set of assessments for guiding decision-making at each of the decision points for children in Families Together. One assessment is the SDM Family Prevention Services Screening Tool (FPSST), used to make two decisions: whether or not to offer voluntary prevention services and, if so, the frequency of ongoing case manager contact. The screening tool identifies families who have low, moderate, high, or very high probabilities of future abuse or neglect. The risk level identifies the degree of risk of future maltreatment, guides the decision to offer voluntary prevention services, and helps determine the frequency of case manager contact.

The SDM:FPSST is also used to reassess a family in order to make two decisions: whether or not to continue voluntary prevention services past 12 months for these families receiving intensive services, and past 3 months for those receiving a brief intervention and, if so, the frequency of case manager contact.[56]

[56] Children's Research Center, *Structured Decision Making Policy and Procedure Manual*, 2006.

Triple P Satisfaction Surveys

Multiple Sessions (Individual or Group)

The *Multiple Sessions Satisfaction Survey* is utilized by parents who complete Levels 3 (Individual /Brief Group), 4, or 5 of the Triple P Program. It consists of 16 items: 13 closed-ended items and 3 open-ended items. Parents assess many different dimensions of the program including: the quality of the program, the extent to which the program met their needs and their child's needs, how much the program helped parents deal with problems in their family or with their children, relationship improvement, child behavior improvement, and overall satisfaction. Participants also have the option of providing their email address if they are interested in receiving the Triple P newsletter.

Single Sessions (Seminars & Workshops)

The *Single Session Satisfaction Survey* is utilized by parents who participate in Level 2 Seminars and Level 3 Workshops of the Triple P Program. It consists of 4 items: 3 closed-ended questions, and 1 open-ended question. Participants fill out this short survey which assesses if they felt that the Seminar or Workshop addressed their questions, whether they are going to use any of the parenting strategies they learned, and if they are satisfied, overall, with the Seminar or Workshop. Participants can also add any additional comments they have. Late in FY 2011-12 an additional question was added that asked participants how they first heard about the program, and beginning in 2012-13 participants had the option of providing their email address if they were interested in receiving the Triple P newsletter.

Wechsler Preschool and Primary Scales of Intelligence, 4th edition (WPPSI-IV)

The *WPPSI-IV* is used by the Neurodevelopmental Foster Care Clinic ("NDFCC"), and is an individually administered test designed to reflect the cognitive functioning of young children, with two bands available: one for children ranging in age from 2 years, 6 months to 3 years, 11 months, and another for children ranging in age from 4 years to 7 years, 7 months (to accommodate the substantial changes in cognitive development that occur during early childhood). The test yields three levels of interpretation: Full Scale, Primary Index scale, and Ancillary Index scale levels. A full scale composite IQ is also calculated. Standard scores have a mean of 100 and standard deviation of 15.

Appendix D: Triple P Methodologies

This Appendix includes details of the methodologies used to analyze the Triple P assessments.

Multiple types of improvement calculations

At the beginning of FY 2020-21, the methodologies used to calculate the amount of improvement between Pre and Post assessment scores were thoroughly reviewed and improved to be more statistically accurate. "Improvement" in scores is now measured using the statistical calculation that corresponds to the type of data being analyzed.

- **Relative Percent Change:** This statistical calculation is used for assessments where the overall score is the *sum* of its items (i.e., a *ratio* scale with a discrete range of scores). Improvement is calculated as the amount of change between Pre and Post scores relative to the maximum possible amount of change. Assessments such as the *Parenting and Family Adjustment Scales* (PAFAS) and *Child Adjustment and Parent Efficacy Scale* (CAPES) would use this methodology.
- **Net Change:** This statistical calculation is used for assessments where the overall score is the *average* of all its items (i.e., an *interval* scale). Improvement is calculated as the difference between the Pre and Post scores (simple subtraction). An assessment such as the *Acrimony Scale* would use this methodology.

  Net Change is also used when calculating the amount of improvement *between two percentages*, such as the difference between a child's BMI percentile (which is expressed as a percentage, such as "the 85th percentile") at Pre and Post.
- **Standard Percent Change:** This statistical calculation is used for assessments that are a scale with a "fixed" zero and no set maximum value (i.e., a *ratio* scale that begins at zero and has an unlimited maximum). Improvement is calculated using the standard percent change between Pre and Post scores, relative to the Pre score. Measurements such as the *Body Mass Index* score (which is expressed as a number, such as 24.9) are analyzed using this methodology.

There are two main advantages to matching the improvement analysis to the corresponding type of assessment data being analyzed: 1) this improves the statistical validity and significance of the results, and 2) this provides the benefit of allowing us to compare results across assessments that use the same methodology.

Reports prior to July 1, 2020 used different methodologies to calculate improvement results, so results after this date (beginning with FY 2020-21) should not be compared to previous reports' results.

Measures of Statistical Significance

Calculations of the amount of improvement are now also analyzed for statistical significance (using a paired samples t-test) and Effect Size (using Cohen's d for paired-samples t-test).

These two calculations together provide a more comprehensive description of any differences—hopefully improvements—that are found between Pre and Post assessments. Statistical significance indicates how sure you can be that the improvement is real, but says nothing about the *size* of the improvement. On the other hand, Cohen's d and other measures of Effect Size measure how big—or meaningful—the change in scores is (and in which direction). Improvement results are considered *significant* if $p <= .05$, and are also deemed *meaningful* if the Effect Size is > 0.5.

Triple P Analysis Populations

County of Residence: When the COVID-19 pandemic began in March 2020, all Triple P services began to be available remotely. Post-pandemic, many agencies are continuing to provide virtual classes as well as in-person classes, in order to reach as many parents as possible. Although a few clients who live outside of Santa Cruz County are enrolling in these virtual services due to the ease of access, this number is quite small, and First 5 is including all clients served by Triple P in the analyses of demographic and assessment results.

Analysis of Improvement: When analyzing the amount of improvement between Pre and Post scores, clients who have no room for improvement (i.e., clients who already scored the highest/best score on the initial (Pre) assessment) are excluded from this type of analysis. This is the statistically accurate methodology for analyzing a population whose improvement is being measured.

In addition, all improvement analyses are calculated as the average of all clients' improvement scores, following the statistically preferred way of calculating averages within a population.

Analysis of Average Pre/Post scores: In contrast, all clients (including those who already scored the highest/best score on the initial (Pre) assessment) are included in the calculation of average Pre and Post scores, as this analysis is not specifically measuring the amount of improvement.