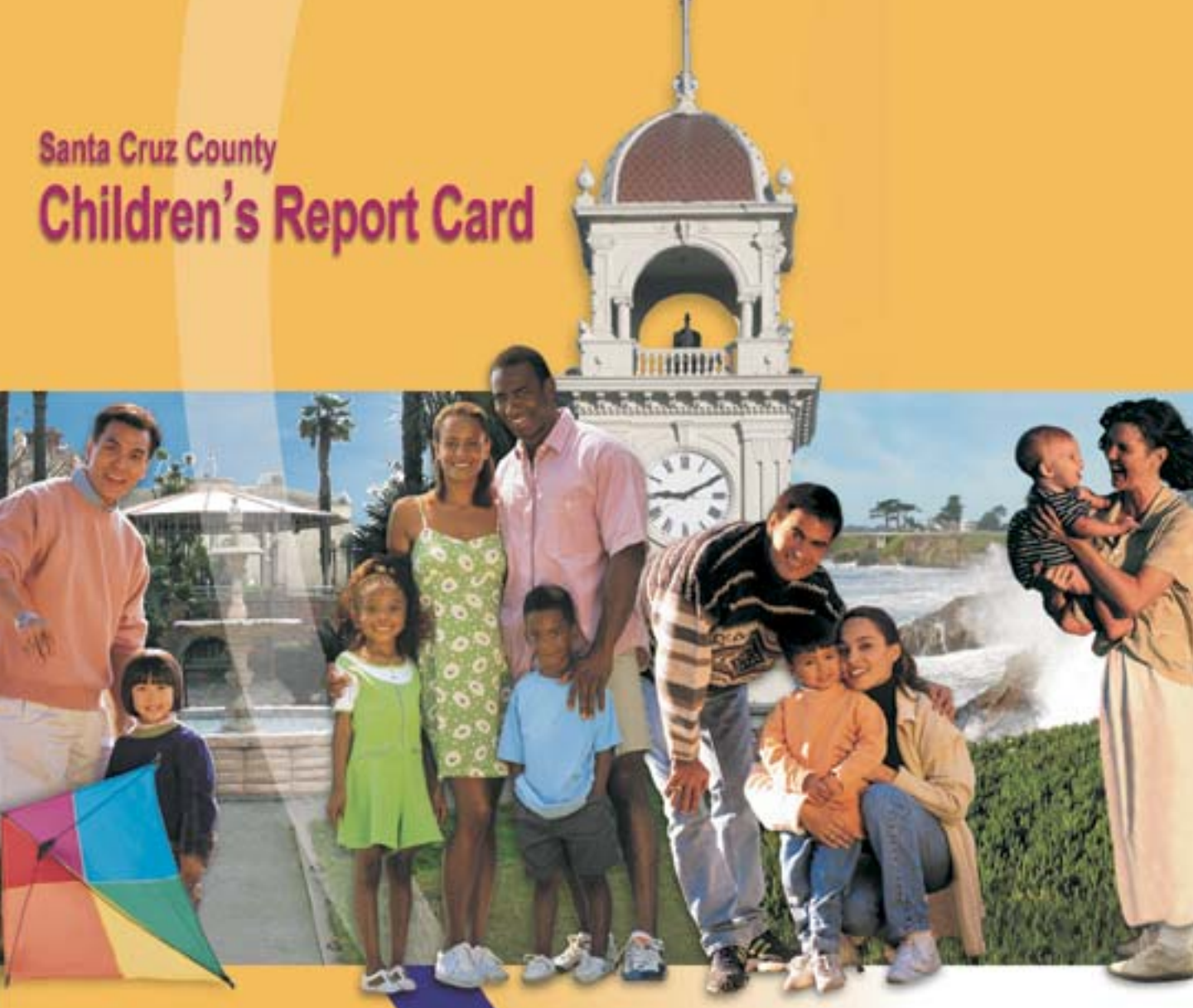
Santa Cruz County

Children's Report Card



February 2002

Santa Cruz County
Children & Families Commission
Investing in Our Children

On behalf of the Santa Cruz County Children and Families Commission, I am excited to share with you our inaugural Children's Report Card. The purpose of this report card is to help the community understand how well we are doing in helping build healthy and strong children and families. As outlined in its Strategic Plan, published in December 2000, the Commission identified three goals - healthy children, school-ready children, and strong families. This Children's Report Card provides data on 15 indicators that help to quantify community progress towards these goals.

The mission of the Santa Cruz County Children and Families Commission is to ensure that family-friendly services and education are available so that each child reaches the fifth year of life healthy, ready and able to learn, and emotionally well-developed. What are our values? We believe that every child is important and unique, that families have primary responsibility for their child's healthy growth, that the neighborhood and community are partners in supporting families, that support must be available, accessible, and diverse, and that solutions must be creative and innovative.

We are fortunate in Santa Cruz County to have a diverse array of public and private agencies that support our families and children and make our community strong. These many agencies help all families by providing health, child development, family support, and community activities. Some provide prevention and early intervention services for families that need extra support, and others help buoy up families in trouble. Through its annual funding allocations, the Commission supports these effective programs throughout our community. Over time, the data in the Children's Report Card will reflect the impact that this village of services has on the well-being of our children and families. We are hoping that this report card can be used to help guide us in working together to focus on strengthening our community for children and families.

As I write these words, our nation is facing unprecedented challenges. For many children and families throughout the nation, the sense of security is shaken. Now more than ever, it is important that we provide for our children a safe haven in their families and communities. This report card can give us hope, as we focus on investing in our children and their future.

Sincerely,

Jeff Almquist
Chair, Santa Cruz County Children and Families Commission

Acknowledgments

Many individuals and organizations contributed greatly to the development of the first Santa Cruz County Children's Report Card.

Thank You!

Santa Cruz County Children and Families Commission

Jeff Almquist (Chair)
Board of Supervisors

Naomi Brauner
Community Bridges

Toni Campbell, Ph.D. (Vice Chair)
Early Childhood Education, San Jose State University

Maria F. Castro
Migrant Head Start, County Office of Education

Cecilia Espinola, M.S.W.
Human Resources Agency

Mary Hammer
Child and Family Community Advocate

Rama Khalsa, Ph.D.
Health Services Agency

Donna Lopiano, M.D.
Pediatric Physician

Arcadio Viveros
Salud Para la Gente

Commission Staff

Rafael López
Executive Director

Barbara Dana
Executive Assistant

Mary Lou Goeke
United Way of Santa Cruz County

Report Card Staff

Susan Brutschy
Applied Survey Research

Christina Gustafson
Applied Survey Research

Erica Wood
Applied Survey Research

Nancy Goodban
Human Services and Systems Consultant

Graphic Design by

Digital Renaissance

Printed by

Santa Cruz Printery

Photography by

Paul Schraub
Ernest Hardy
Comstock, Inc.
PhotoDisc

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Background

The nine-member Santa Cruz County Children and Families Commission was created as a result of Proposition 10, the Tobacco Tax Initiative, which was passed by California voters in November 1998. Proposition 10 established the California Children and Families Act and added a 50-cents-per-pack tax on cigarettes and tobacco products. Revenue generated from these taxes are required to be used to fund education, health, and child care programs that promote early childhood development from the prenatal period to age five. Proposition 10 called for an independent commission to be established in each county to distribute funding to local community programs. The Santa Cruz County Board of Supervisors created the Santa Cruz County Children and Families Commission in December 1998 and its members were appointed between January and November 1999.

After an intensive planning process, data gathering and analysis, as well as grass roots community outreach, the Commission finalized its Strategic Plan in December 2000. The Strategic Plan outlines the mission, vision, and values of the Commission and identifies the community goals and indicators of children's health and well-being. In developing the Strategic Plan, three task forces (Family and Child Health, Family Supportive Services, and Child Care and School Readiness) reviewed existing strategies, programs, and services, identified unmet needs, and recommended promising strategies, programs, services and activities. Community outreach was extensive. Through the Civic Engagement Project, which facilitated dialogue with over 2,000 members of the community, residents from a wide variety of ethnic, gender, age, socioeconomic and professional backgrounds participated in the development of the Strategic Plan.

The Commission uses a results based accountability framework, an approach designed to help the community understand and support effective strategies, services and activities to strengthen the well-being of children and families. This framework provides tools for examining how to measure the impact of investment in these strategies and services. Community goals are adopted, together with community indicators that quantify the achievement of these goals.

As set out in its Strategic Plan, the Commission will publish an annual Children's Report Card to record the progress over time of selected community indicators of child health and well-being. This is the first Children's Report Card, and it provides information on the key indicators identified by the Commission.

The Children's Report Card reflects community-wide trends. In addition, each of the agencies that receives funding from the Commission is required to measure and report client outcomes. These agencies provide a variety of important services to young children and their families. No single agency can do it alone; it takes a village of services to achieve a broad community goal such as strong families, healthy children, or school

ready children. There is a rich mix of partners, strategies, and services that play a role in supporting these community goals. Taken as a whole, it is expected that over time the village of services provided by the agencies funded by the Commission will help to improve the quality of life for children and families by positively impacting the community indicators measured in this report.

The Commission also recognizes that all services and all service providers must be culturally competent in order to be effective. Culture is understood broadly to encompass characteristics such as race, ethnicity, socioeconomic status, gender, age, religion, and physical abilities. Services must recognize the diversity within and among multicultural communities, including being sensitive to the diverse languages and dialects used by different communities, and develop, support, and adapt services that meet the culturally unique needs of the population being served. Service providers must be accountable for addressing the complexities of culture, and question and challenge cultural stereotypes.

This Children's Report Card will help all of us understand the role we have to play in keeping our families strong and helping our children be healthy and ready for school. There needs to be community support for a variety of strategies, services, and activities that can make a difference.

Definition of Terms — Along with other funders and programs in Santa Cruz County, the Children and Families Commission has adopted the following definitions:

- **Community Goal** — a condition of well-being
- **Community Indicator** — a measure that helps to quantify the achievement of the goal
- **Strategy** — a general approach to achieve the goal
- **Program** — an organization or a defined part of an organization that implements one or more strategies through its services / activities.
- **Service / Activity** — a specific tactic used by a program in partial implementation of a strategy. Many programs use multiple services / activities.
- **Cultural Competence** — a set of skills, knowledge, behaviors, attitudes, and policies that enable a system or organization / agency to work effectively in cross-cultural situations
- **Client Outcome Objective** — a specific, measurable statement of the service's intended effect on a client's knowledge, attitude, condition and behavior
- **Method of Measurement** — the specific data and method of collecting data to quantify the achievement of an outcome.

Description of the County

Santa Cruz County is located in the central coast region of California. Its 440 square miles are bounded by Monterey Bay and the Santa Cruz Mountains. Predominantly rural, the county has a large tourist and agricultural industry, and a small but growing high-technology sector. According to the census, the County had a population of 255,602 in 2000. The County is 66% white, 27% Latino, 3% Asian/Pacific Islander, 1% Black, with an additional 3% of residents reporting themselves to be multiracial. There are 18,739 children under age 6, making up 7% of the population. The Latino population tends to be younger, representing 46% of children under 6.

The two major cities are Santa Cruz in the north (with a population of 54,593), a popular seaside resort that attracts thousands of tourists every year, and Watsonville (population 44,265) in the southernmost area of the county, which is the center of the county's agricultural economy. Other incorporated areas include the cities of Scotts Valley (11,385) and Capitola (10,033).

Unincorporated areas under the jurisdiction of the County include the mid-county and outlying communities, the northern coastal area, including the town of Davenport, and the small, rural towns of the wooded and mountainous San Lorenzo Valley.

The Latino population is growing. While the majority of Latinos live in Watsonville, there are smaller pockets of Latino neighborhoods, including the Beach Flats area of Santa Cruz City, the Live Oak area in unincorporated central Santa Cruz County, and the agricultural area along the north coast and in the town of Davenport. Latinos are less well off economically than other county residents; while families of Latino origin make up 27% of the population, they comprise about 36% of those living at or below the poverty level. Of the nearly 32,000 people who received services from the local food bank system in 2001, over half were Latinos. Many Latino parents are employed as farm workers who work long hours, and receive low pay and minimal or no health benefits during the picking season. During the off season, workers must either compete for other low paying jobs, apply for unemployment (many of whom are not eligible because of residency status), or temporarily leave the area in search of field work in other counties or states.

The principal industries are agriculture and tourism. Residents are also employed in the service sector and the computer/electronic industries. As many as 25,000 of the higher income residents of the county commute over the Santa Cruz Mountains to Silicon Valley to work.

The county's unemployment rate, especially in Watsonville, tends to be higher than the statewide unemployment rate. With the current recession exacerbated by the terrorist attacks of September 11, the county's unemployment rate was 4.2% in September 2001 compared to 3.2% in September 2000. In comparing the County's two largest cities, the annual unemployment rate for the City of Santa Cruz was 4.9% in 2000, while Watsonville was considerably higher at 11.9%.

Santa Cruz County has a very high cost of living. Of the top ten least affordable housing areas in the nation, Santa Cruz County currently ranks as the least affordable place to live. In 2001 rent for a two-bedroom unit was about $1,500 a month, more than a single mother with two children can receive through TANF (formerly AFDC/Welfare). Although there were about 4,680 government-financed and nonprofit assisted housing units filled in 2001, there is a long waiting list of applicants for these programs.

Strong Families

Children learn to care by experiencing good care. They come to know the blessings of gentleness, or sympathy, of patience and kindness, of support and backing first through the way in which they themselves are treated.

~ James L. Hymes, Jr.

Strong families are those that are able to provide for the physical, mental, and emotional development of their children. Young children are entirely dependent upon caregivers for survival and nurturing. It is the interaction of the parent or primary caregiver with the child that shapes the child's self-view as an individual capable of successfully interacting with the world. Parents and caregivers provide the foundation for a child's ability to create healthy relationships, solve problems, and carry out responsibilities.

Our community is built on families of all kinds. Built through birth or adoption, blended through step-parenting or domestic partnership, straight, gay and lesbian, of all ethnic, language, and religious backgrounds, all families share the same goal. They all want to do the best they can by their children. A strong family can provide for its children financially and keep its children safe from violence and accidents in the home.

Indicators

- Poverty
- Injury-Related Hospitalizations
- Child Abuse and Neglect
- Domestic Violence
- Child Support Collections

1. Poverty

WHAT IT IS

Poverty status measures the number and percentage of persons living below the nationally established poverty level. In this section, figures are reported for the number of children ages 5 and under whose family income is estimated to be below 250% of this threshold for a family of three. The percent of children living below the Santa Cruz County Self-Sufficiency Standard, which is the amount of income required to meet basic needs (including paying taxes) without public or private assistance, is also provided.

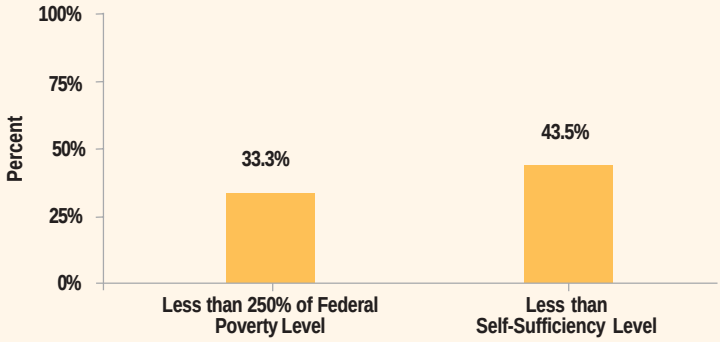
HOW WE ARE DOING

In 1997 approximately one in three children lived in families whose annual earnings were below 250% of the federal poverty level, which in 1997 was $33,325 for a family of three. More than one in three children lived in families who were earning less than an annual self-sufficiency income of $40,738 per year. By the year 2004, it is estimated that 7 out of 14 jobs with the greatest projected growth in Santa Cruz County will pay less than what it takes for one adult wage earner with two school-age children to be self-sufficient, $18.81 per hour. Ten out of 14 of these same jobs will pay less than $25.72 per hour, which is what it will require for one adult wage earner with an infant and preschooler to be self-sufficient.

WHY IT IS IMPORTANT

America's shame is the high percentage of children in poverty, in the wealthiest country in the world. These children begin life with barriers already in place and grow up with reduced chances for a healthy and productive life. More likely to suffer from hunger, homelessness, poor health, and substandard education, they are also more likely to get in trouble as teens and become involved with the criminal justice system.

Percentage of Children in Santa Cruz County Living Below 250% of Federal Poverty and Below Local Self-Sufficiency Levels, 1997



Source: Employment Development Department, Labor Market Information, Occupational Employment Statistics (OES) 1997 and 2000; The Self-Sufficiency Standard for California, developed by Dr. Diana Pierce, 1996 and 2000; U.S. Census Bureau, 1990.

Note: Figures above are based on a three-person family.

WHAT WE CAN DO

As a community, we need to make sure that there is a safety net for these children, and that they have access to resources and services that will help them bridge the gap with their more affluent peers. This includes nutrition and housing programs, health insurance, access to health and dental care, and high quality child care and preschool experiences. Their parents need access to job training, education, and jobs that pay family-supporting wages.

2. Injury-Related Hospitalizations

WHAT IT IS

The injury hospitalization rate measures the number of discharges from acute care hospital facilities for unintentional and intentional injuries among children ages 0-4 for every 1,000 children of a similar age in the general population.

HOW WE ARE DOING

The rate of unintentional injury hospitalizations due to non-fatal injuries for children ages 0-4 has decreased since 1997 in Santa Cruz County and is lower than that of the State. In 1999, the largest percentage of unintentional injuries were due to falls (32%), followed by poisoning (14%) and fires / burns (11%). There have been no intentional injury hospitalizations resulting in fatalities among children ages 0-4 in Santa Cruz County for the last four years.

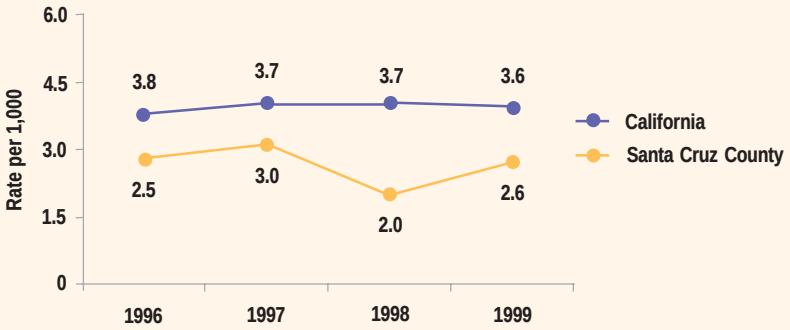
WHY IT IS IMPORTANT

A child injured seriously enough to require hospitalization has been a victim of an accident or an assault. It is estimated that between 7% and 27% of unintentional injury hospitalizations are due to child abuse or neglect. One of the key risk factors is parental substance abuse, which leads to both accidents and violence. In addition, the children of young, single mothers with no social support and few parenting skills are more likely to suffer unintentional injuries.

WHAT WE CAN DO

To reduce unintentional injuries, it is important to provide parent education on the importance of safety measures such as child-proofing the home, child safety seats, bike helmets, and smoke detectors, and make these safety devices available to those who can't afford them. Pool fencing, safe storage of firearms, and child-proofing to keep medication and household cleansers out of the reach of children also reduce accidents. The approach to injury prevention needs to involve pediatricians and health care providers who screen for preventable injuries and educate parents about safety practices during routine health visits, community-based programs that provide parent education and support the use of car seats and other safety measures, and home visitors who can assess safety issues in the homes of new parents.

Rate of Unintentional Injury Hospitalizations Due to Non-Fatal Injuries, Ages 0-4



Source: California Office of Statewide Health Planning and Development, Hospital Discharge Dataset, 2001.

Percentage of Unintentional Injury Hospitalizations in Santa Cruz County Due to Non-Fatal Injuries, Ages 0-4 by Cause, 1999

Cause	Number	Percent
Fall	12	32.4%
Poisoning	5	13.5%
Motor Vehicle Traffic	5	13.5%
Fire / Burn	4	10.8%
Struck by Object	3	8.1%
Drowning / Submersion	0	0.0%
Total	**37**	**100%**

Source: California Office of Statewide Health Planning and Development, Hospital Discharge Dataset, 2001.

3. Child Abuse and Neglect

WHAT IT IS

A substantiated instance of child abuse and neglect is defined by the State Department of Social Services as an instance when Child Protective Services (CPS) investigates a child abuse or neglect report and confirms that the alleged abuse or neglect has in fact occurred. The rate is the number of substantiated instances for every 1,000 children ages 0-17 in the population.

HOW WE ARE DOING

The rate of substantiated allegations of abuse and neglect for children decreased between 1999 and 2000, although it was higher than the statewide rates. In 2000, there were 873 substantiated child abuse and neglect allegations, representing 24% of the 3,700 child abuse reports made to CPS. Most reports to CPS are not investigated because they do not meet the definition of abuse, or they are investigated and found to be unwarranted allegations. The largest proportion of substantiated child abuse and neglect was due to emotional abuse (29%), followed by general neglect (27%) and physical abuse (21%).

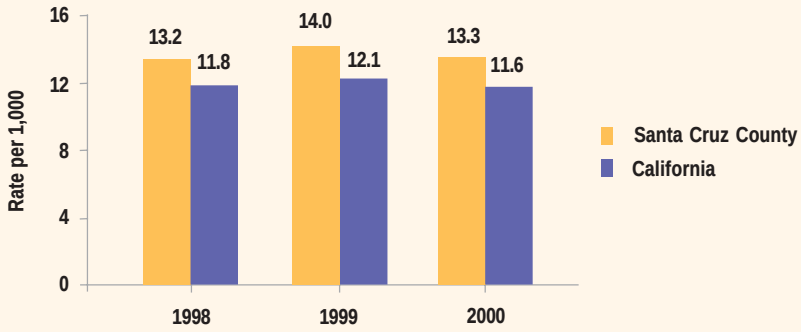
WHY IT IS IMPORTANT

Child abuse and neglect cases are becoming more complex, with many risk factors involved. Child abuse is found in all socioeconomic groups, and cuts across lines of ethnicity, culture and education. The most common risk factor is parental substance abuse, estimated to be a problem in up to 90% of child abuse cases in Santa Cruz County. Other key risk factors are social isolation, family disorganization, and parental stress. Domestic violence is present in up to 60% of cases, and research shows that abusive parents have often suffered domestic violence or child abuse as a child. Babies and children under 5 are at increased risk for abuse, and physically more vulnerable to its effects.

WHAT WE CAN DO

Parents who are better able to cope with stress and anger, as well as older and more educated mothers, are less likely to be abusers. In particular, community awareness of child abuse and the strong involvement of the faith community, the health care community, and the schools can help to identify risk and protect children. There needs to be a focus on prevention, looking at the strengths of the family in developing services. Family centered activities should be available at neighborhood, park, school, church and family resource centers. We also need more drug and alcohol prevention and treatment services, family resource centers, and programs aiming to strengthen parenting skills and coping mechanisms.

Rate of Substantiated Child Abuse and Neglect Cases for Children Ages 0-17



Percentage of Substantiated Child Abuse and Neglect Cases for Children Ages 0-17 by Type, 2000

Type of Abuse / Neglect	Number	Percent
Emotional Abuse	250	28.6%
General Neglect	235	26.9%
Physical Abuse	185	21.2%
Sexual Abuse	81	9.3%
Severe Neglect	44	5.0%
Caretaker Absence / Incapacity	37	4.2%
At Risk, but not Abused	36	4.1%
Total	**873**	**99.3%**

Source: University of California, Berkeley, Center for Social Sciences, Performance Indicators for Child Welfare in California, 2001.

Note: Figures above do not total 100% since other types of abuse (exploitation) and cases with an unknown type of abuse are not included due to very low occurrences.

4. Domestic Violence

WHAT IT IS

Domestic violence is defined as intimate partner violence occurring inside or outside the home, which includes violence between spouses, individuals in dating relationships, and former partners. The rate of child witnesses to domestic violence is expressed as the number of children per 1,000 children under 18 who are present in the home where an incident of domestic violence is reported to law enforcement. Because these data are not available countywide, estimates of the percentage of domestic violence calls involving children and number of children present at the time of the incident were derived using data from the following jurisdictions: Live Oak, City of Watsonville, City of Capitola, City of Santa Cruz and City of Scotts Valley.

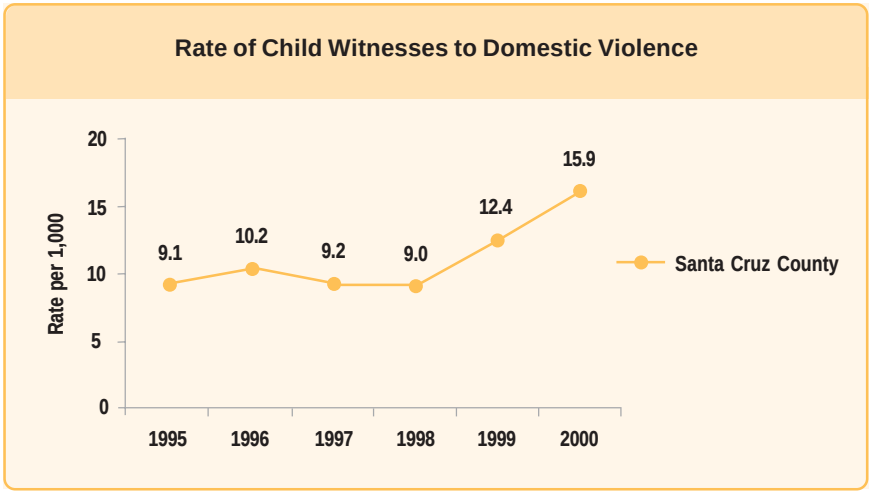
HOW WE ARE DOING

Countywide, the number of domestic violence calls to law enforcement has increased, which is mostly due to changes in reporting by the County Sheriff's Department. Cases that would have been classified as assault prior to 1999 are now being appropriately classified as domestic violence to comply with California Penal Code definitions. Accordingly, the rate of children who were present in their homes at the time of a domestic violence incident increased from 9.1 per 1,000 in 1995 to 15.9 per 1,000 in 2000. The American Bar Association estimates that 87% of children in homes where domestic violence occurs witness the abuse.

WHY IT IS IMPORTANT

There is increased recognition of the effect of domestic violence on child witnesses. These children may exhibit a wide range of problems, including low self-esteem, aggression, depression, anxiety, learning difficulties, or post-traumatic stress disorder. Children raised in violent family environments also become victimized, and placed at great risk of becoming abusers or victims themselves as adults. In addition, the majority of child abuse and neglect cases also have intimate partner violence in the home.

Domestic violence rarely occurs as an isolated event, but instead involves a recurrent pattern of behavior, which increases in severity over time. As with child abuse and neglect, domestic violence occurs in all socioeconomic groups, and cuts across lines of ethnicity, culture and education. The biggest risk factor is substance abuse. Other risk factors include social isolation and the perpetrator or victim history of experiencing domestic violence as a child.



Source: Applied Survey Research using data from the Santa Cruz County Family Violence Response Team and Community Response Team Projects, 2000; California Department of Justice, Criminal Justice Profile, 2001.

WHAT WE CAN DO

The most important factors that protect against the likelihood of domestic violence are social and financial independence and the availability of an effective support system, including family, child care, job training, and other resources. Effective services include culturally competent crisis intervention and emergency shelters, legal advocacy (including restraining orders) batterer intervention and treatment, effective consequences for batterers (including jail time) anger management and conflict resolution training, substance abuse treatment, and support resources available in the community, including opportunities for economic independence.

5. Child Support Collections

WHAT IT IS

The Superior Court can order the non-custodial parent to pay child support. The amount of child support payable by the non-custodial parent is determined by a court order. Each California county has a local child support agency responsible for establishing court orders for paternity and child support, and collecting and distributing court ordered child support payments. Each county also has a Child Support Court Commissioner to handle local child support court cases.

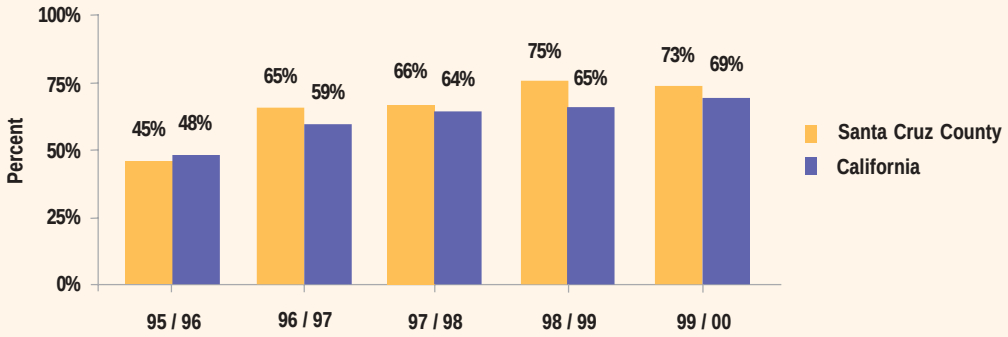
HOW WE ARE DOING

Some non-custodial parents fail to pay the court ordered support which has resulted in an increased local, statewide and national focus on improving child support collections and an enhanced awareness of the importance of positive parental involvement. The Santa Cruz County Department of Child Support Services has substantially increased the percentage of child support cases where court-ordered child support is paid, rising from 45% in fiscal year 1995/96 to almost 75% in 1999/00. The total amount collected in cases with court orders for the Fiscal Year 1999/2000 was more than 14 million dollars, representing an increase of 8% over the previous year.

WHY IT IS IMPORTANT

Children need financial and emotional support from both parents, even if their parents live in separate households. However, all too often the non-custodial parent fails to make regular child support payments even though ordered to do so by the Court. As a result, children raised by single parents are more likely to be poor. Now more than ever, particularly in the wake of welfare reform, regular payment of child support is a significant way to reduce poverty, homelessness and hopelessness among our children. Further, research indicates that the positive involvement of both parents (unless there is danger of abuse) is a critical factor in bringing up children who do well in school, remain drug and alcohol free and in good health, and have high self-esteem. Paying child support regularly is one very significant way in which a non-custodial parent can continue participating positively in his or her child's life.

Percentage of Child Support Cases with Collections



Source: California Department of Child Support Services, Child Support Services Federal Fiscal Year Annual Data and Accounts Receivable Report (CS 157); Child Support Management Information System (CSMIS) Annual Reports, 2001.

Note: Data through 1997/98 are based on the state fiscal year and data from 1998/99 and beyond are based on a federal fiscal year.

WHAT WE CAN DO

Programs that promote the bond between the child and the non-custodial parent are effective. It is also important to provide education and job training for the non-custodial parents to develop job skills and the capacity to generate income. Santa Cruz County is providing courtroom education to both parents about the court process in order to alleviate the stress involved in going to court about child support. In conjunction with the Court, child support staff are making referrals for training and education, as well as culturally competent parenting classes in the community.

Healthy Children

You are never strong enough that you don't need help.
~ Cesar Chavez

Children who are healthy in mind, body and spirit grow up confident in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing, guidance, and mental stimulation, and they live in communities that value them. Early childhood development research findings emphasize the importance of healthful nutrition and environment as essential steps toward ensuring a child's physical, mental and emotional well-being.

The early years are the building blocks for a healthy youth and adulthood. Seven indicators have been identified that quantify the health of young children. Taken as a whole, these data give us a sense of how well we as a community are doing in our job to keep young children healthy.

Indicators

- Prenatal Care
- Teen Birth Rate
- Dental Care
- Fluoridation
- Asthma
- Anemia
- Obesity

6. Prenatal Care

WHAT IT IS

Prenatal care status measures the number and percentage of pregnant women who receive prenatal care within the first trimester of pregnancy, which is the time recommended by the medical community.

HOW WE ARE DOING

The percentage of Santa Cruz County women receiving first trimester prenatal care is higher than statewide and has increased slightly over the last several years. However, it remains below the Healthy People 2010 Objective of 90%. In 2000 the percentage of African American women receiving prenatal care was lower than any other ethnic group.

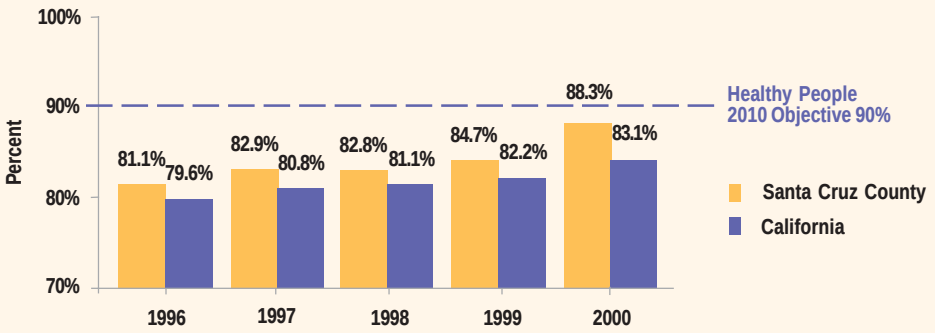
WHY IT IS IMPORTANT

Inadequate prenatal care often reflects a lack of access to health resources and can result in lower birth weight, infant mortality, and malnutrition for mother and infant. Adequate prenatal care, commonly defined as a function of the timing and number of prenatal visits, is cost-effective and results in improved birth outcomes and healthier babies. Women who are poor, recent immigrants, have language barriers, or those who are socially isolated are less likely to receive prenatal care in a timely fashion.

WHAT WE CAN DO

Outreach and enrollment in Medi-Cal or Healthy Families for those who are eligible can help bring them into the health care system. It is important to provide culturally competent, Spanish language prenatal services and to establish a rapport and trust with the pregnant woman that will enable her to feel comfortable accessing the health care system.

Percentage of Women Receiving First Trimester Prenatal Care



Percentage of Women Receiving First Trimester Prenatal Care by Ethnicity, 2000

Ethnicity	Percent
Caucasian	92.2%
Asian / Pacific Islander	88.3%
Latina	84.8%
African American	83.3%

Source: California Department of Health Services, Center for Health Statistics, Birth Records, 2001.

7. Teen Birth Rate

WHAT IT IS

The teen birth rate measures the number of births to young women ages 15-19, per 1,000 women in that age range. There are so few babies born to girls under age 15 in Santa Cruz County that those data are not presented here.

HOW WE ARE DOING

The teen birth rate has dropped both nationally and statewide. In Santa Cruz County, the teen birth rate has dropped from 52.7 per 1,000 in 1995 to 35.9 per 1,000 in 1999. In 1999 the teen birth rate was 21.0 per 1,000 among women ages 15-17 and 53.1 per 1,000 among women ages 18-19. The highest teen birth rate was among Latina women in both age groups.

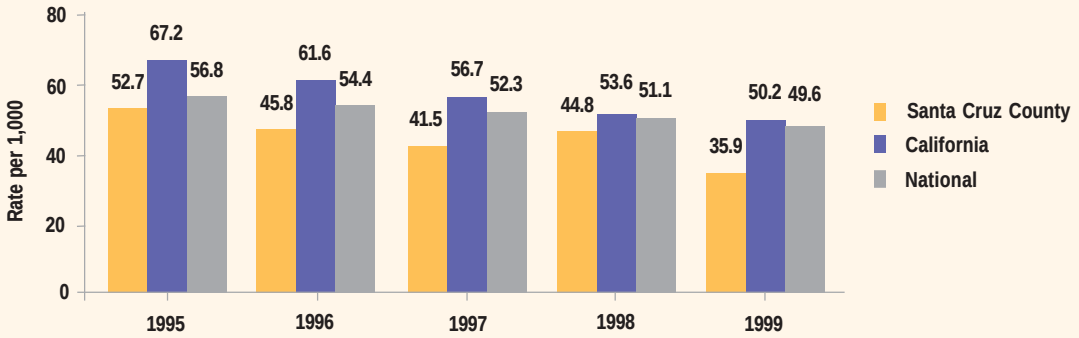
WHY IT IS IMPORTANT

Teen mothers are at greater risk of pregnancy-related complications, premature births, and low birth weight babies. These poor birth outcomes are often related to the mother's life-style, including poor eating habits, the use of drugs and alcohol, and lack of prenatal care, in addition to having immature bodies. Teen births are predictive of increased problems for the children, as well as reduced self-sufficiency of the teen mother. Without special intervention and support, teen mothers are more likely to drop out of school, experience poverty, and utilize welfare.

WHAT WE CAN DO

A reduction in teen pregnancy and births requires educating teens about the consequences and responsibilities of unprotected sex, and providing teenagers with other options to give their lives meaning. Since studies show that they are at risk of following in their siblings' footsteps, it is also effective to work with the siblings of teen parents to prevent pregnancy. It is also important to provide support to teen mothers to help them stay in school and to reduce the likelihood of a second pregnancy. School-based programs that provide comprehensive education and health services, as well as on-site child care, can help young mothers gain confidence as they build their academic and life skills.

Teen Birth Rate Ages 15-19



Source: California Department of Health Services, Center for Health Statistics, Birth Records, 2001; Centers for Disease Control and Prevention, National Vital Statistic Reports, Volume 49-Number 10.

Teen Birth Rate by Age and Ethnicity, 1999

Ethnicity	15 - 17 yrs.	18 - 19 yrs.
Caucasian	6.3*	20.9
Black	0.0*	11.9*
Latina	53.5	168.5
Asian/Pacific Islander	5.5*	3.5*
Santa Cruz County	**21.0**	**53.1**
California	**30.1**	**80.0**

Source: California Department of Health Services, Center for Health Statistics, Birth Records, 2001.

Note: Rates with an asterisk may not be reliable due to a very small number of births among that age and ethnic group.

8. Dental Care

WHAT IT IS

The Santa Cruz County Children and Families Commission was one of eight counties in the state of California to participate in the Civic Engagement Project, the goal of which was to complement the Commission's activities by broadening the reach of public input. Nearly 2,500 parents and guardians were surveyed about the issues affecting their children and families as part of the Civic Engagement Project. Data from this survey show the percentage of parents who indicated that their children ages 0-5 have dental insurance including Denti-Cal (Medi-Cal Dental Services), and whether or not they receive a dental checkup at least once a year.

HOW WE ARE DOING

Approximately two-thirds of parents surveyed indicated their children ages 0-5 had some source of dental insurance coverage or Denti-Cal. Similarly, slightly more than two-thirds of parents indicated their children received a dental check up at least once a year.

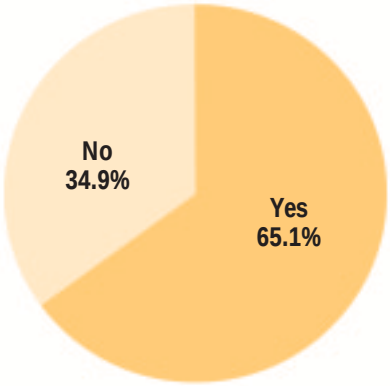
WHY IT IS IMPORTANT

Harmful practices, such as putting a child to bed with a bottle and unlimited access to candy, promote dental disease. Inadequate access to dental care due to lack of insurance, lack of providers, or lack of parent understanding of the importance of preventive dental care are also contributing factors. At the community level, lack of fluoridation of water supplies increases the likelihood of dental disease. Dental and gum problems are linked to nutrition and can be minimized through regular preventive dental services. Children are not expected to see the dentist before age 2, but pediatricians counsel that it is important not to put the baby to bed with a bottle that has juice or formula, in order to prevent tooth decay.

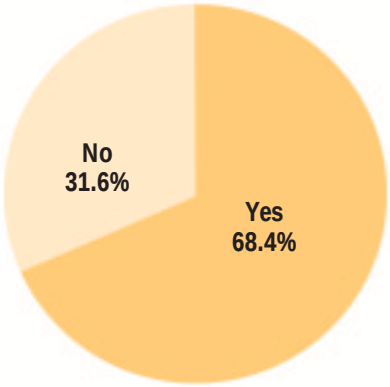
WHAT WE CAN DO

Promising strategies, services, and activities include providing dental education to new parents, increasing the number of young children who receive preventative dental care, and educating county residents about the benefits of fluoridation. It is also important to train child care providers to promote the dental health of young children and to understand how parenting practices affect dental health. Finally, it is essential to improve outreach and advocacy efforts to increase enrollment in Medi-Cal and Healthy Families.

Do Your Children Have Dental Insurance or Denti-Cal?



Do Your Children Get a Dental Check Up at Least Once a Year?



Source: Applied Survey Research, Civic Engagement Project, 2000.

Note: Total respondents with children ages 0-5 was 1,593; of these respondents 1,554 answered the question about dental insurance and 1,515 answered the question about regular dental check ups.

9. Fluoridation

WHAT IT IS

The process of adding fluoride to water systems is known as fluoridation. Because no water district in Santa Cruz County is fluoridating its drinking water supply, this indicator measures the highest levels of naturally occurring fluoride detected in the drinking water supply. Values are shown as milligrams of fluoride per liter of water (mg/L).

HOW WE ARE DOING

The Centers for Disease Control (CDC) has established an "optimal level" for fluoride content in drinking water to be in the range of 0.7 mg/L to 1.2 mg/L. The amount of fluoride in local drinking water falls well below the CDC recommended levels.

Amount of Fluoride in Selected Water Districts in Santa Cruz County, 2000

Water District	Highest Level Detected
City of Santa Cruz	0.20 mg/L
Lompico County	0.36 mg/L
Scotts Valley	0.30 mg/L
Soquel Creek	0.29 mg/L
City of Watsonville	0.26 mg/L
CDC Recommended Level	**0.7 - 1.2 mg/L**

Source: City of Santa Cruz Water Department, Scotts Valley Water District, Soquel Creek Water District, City of Watsonville Water District, Lompico County Water District, 2001; Centers for Disease Control and Prevention, 2001.

WHY IT IS IMPORTANT

Fluoride, when administered at low levels of concentration, is proven to help prevent tooth decay. Fluoridation in the local water supply is considered to be the key community level factor that improves dental health. At the present time, none of the cities or communities in Santa Cruz County is adding fluoride to the drinking water supply.

WHAT WE CAN DO

The most effective way to increase the fluoride level to that recommended by the CDC is to add fluoride to the local drinking water supply.

10. Asthma Hospitalizations

WHAT IT IS

The prevalence of asthma is measured by the number of asthma-related hospitalizations among children ages 0-14 for every 100,000 children in that age group in the general population.

HOW WE ARE DOING

While lower than the state, the asthma hospitalization rate among children in Santa Cruz County has increased for each ethnic group shown between the years of 1991-94 and 1995-97.

Age-Adjusted Asthma Hospitalization Rates Among Children Ages 0-14 by Ethnicity

Ethnicity	1991 - 1994 Santa Cruz County	1991 - 1994 California	1995 - 1997 Santa Cruz County	1995 - 1997 California
Caucasian	99	185	131	167
Hispanic	113	187	132	183
All Ethnicities Total	**--**	**--**	**128**	**216**

Source: California Department of Health Services, Environmental Health Investigative Branch, California County Asthma Hospitalization Chart Book 1991-1994 and 1995-1997.

Note: The number of asthma hospitalizations among African Americans and other racial/ethnic groups was too small to reliably calculate a rate. Total asthma hospitalization rates for 1991-1994 were not available at the time of this publication.

WHY IT IS IMPORTANT

Asthma is a chronic respiratory illness that is increasing in prevalence throughout the country. Although the reasons for the increasing number of asthma cases are not well understood, research shows homeless children and those who live in crowded inner-city environments are especially at risk, although there are increased numbers of cases in the suburbs as well.

WHAT WE CAN DO

With proper medical treatment, asthma can be controlled. However, untreated asthma can lead to emergency room visits and hospitalizations, sometimes ending in death. It is important to provide medical insurance and medical care to affected children. Also, since many of the children at risk for having asthma attacks spend the majority of their day in school, there is also a need to provide school health personnel and systems with the tools necessary to address this issue proactively.

11. Anemia

WHAT IT IS

One measure of nutritional status is the presence of iron deficiency anemia among low-income children. Iron deficiency anemia is defined as abnormally low hemoglobin and/or hematocrit levels as measured by the percentage of children who fall below the 5th percentile, relative to a healthy reference population. Children tested for anemia include the population of low income children enrolled in the Child Health and Disability Prevention (CHDP) program who have received medical exams within a reporting year.

HOW WE ARE DOING

According to the National Health/Education Consortium, iron deficiency is one of the most prevalent nutritional problems of children in the United States. The Healthy People 2010 Objective is to reduce iron deficiency anemia to 5% or less for low-income children ages 1-2 and to 10% for low-income children ages 3-4. In 1999, the percentages of young children with anemia ranged from 14.5% for children ages 3-5 to 18.5% for infants. The percentage of children ages 1-2 who had low hemoglobin levels was three times higher than the Healthy People 2010 Objective.

WHY IT IS IMPORTANT

Iron deficiency anemia is linked to poor nutrition and as a result is a greater problem among low-income children. Anemia makes children more susceptible to diseases and less able to thrive mentally and physically. It can result in poor motor development, impaired cognitive function, lower educational achievement, abnormal behavior, lowered resistance to infection, and greater susceptibility to lead poisoning.

Percentage of Low-Income Children Enrolled in CHDP with Low Hemoglobin by Age

Age	1995 % < 5th Percentile	1996 % < 5th Percentile	1997 % < 5th Percentile	1998 % < 5th Percentile	1999 % < 5th Percentile
Less than 12 months	19.7%	19.1%	21.6%	16.1%	18.5%
1 - 2 years	19.1%	19.3%	26.0%	16.0%	16.6%
2 - 3 years	15.4%	21.3%	19.9%	15.1%	16.0%
3 - 5 years	14.5%	16.5%	15.4%	11.8%	14.5%

Source: County of Santa Cruz Health Services Agency, Pediatric Nutrition Surveillance Statewide Summary of Indicators by Age and Ethnic Groups, 2001.

WHAT WE CAN DO

Nutrition programs for low-income children, including food banks, school breakfast and lunch programs, and summer lunch programs are essential. Outreach and enrollment for families who are eligible for Food Stamps will help these families afford adequate food for their children. With the downturn in the economy, these programs will be increasingly important.

12. Obesity

WHAT IT IS

Another measure of nutritional status is being overweight. Children are defined as overweight if their body mass index (BMI) exceeds the 95th percentile of BMI for children and adolescents of the same age and sex groups as measured in the 1960s. Body mass index is expressed as weight/height^2 (BMI = kg/m^2). Children included in these figures are those low-income children enrolled in the Child Health and Disability Prevention (CHDP) program who have received medical exams within a reporting year.

HOW WE ARE DOING

The latest findings from the Centers for Disease Control and Prevention's (CDC) National Health and Nutrition Examination Survey (NHANES) show an increasing number of children and teens are overweight, continuing the pattern the survey documented over the past two decades when the number of overweight children and teens nearly doubled. The Healthy People 2010 Objective seeks to decrease the proportion of children who are overweight for their height to 5% or less. In 1999, local data indicate the percentage of children ages 0-5 who weighed above the 95th percentile, is between 2 and 3 times the Healthy People 2010 Objective. Latino children 1 year old or less and those ages 3-5, were more than twice as likely to be overweight as compared to their Caucasian counterparts.

WHY IT IS IMPORTANT

Pediatric obesity can result in a child being teased and developing a poor self-image, leading to behavioral problems or problems in school. Obesity in childhood can lead to adult obesity, as well as heart disease, cancer, stroke, hypertension, diabetes, gallbladder disease, osteoarthritis, osteoporosis, stress, poor body image, and low self-esteem. Obesity in children often results from poor nutrition and low activity, although there is also a significant genetic component.

Percentage of Low-Income Children Enrolled in CHDP Weighing Above the 95th Percentile for Height by Age

Age	1995 > 95th Percentile	1996 > 95th Percentile	1997 > 95th Percentile	1998 > 95th Percentile	1999 > 95th Percentile
Less than 12 months	11.4%	12.9%	13.4%	12.0%	12.3%
1 - 2 years	17.8%	15.3%	16.1%	16.1%	14.1%
2 - 3 years	8.7%	9.5%	10.7%	8.7%	10.1%
3 - 5 years	11.6%	14.4%	15.3%	14.5%	15.1%

Percentage of Low-Income Children Enrolled in CHDP Weighing Above the 95th Percentile for Height by Age and Ethnicity, 1999

Age	Hispanic > 95th Percentile	Caucasian > 95th Percentile
Less than 12 months	13.8%	6.3%
1 - 2 years	14.6%	12.9%
2 - 3 years	10.8%	--
3 - 5 years	16.2%	7.8%

Source: County of Santa Cruz Health Services Agency, Pediatric Nutrition Surveillance Statewide Summary of Indicators by Age and Ethnic Groups, 2001

Note: The number of overweight Caucasian children ages 2-3 was too small to reliably calculate a percentage.

WHAT WE CAN DO

Recommended strategies, services, and activities include physical activity, good nutrition, behavior-focused education programs in child care and school settings, and nutrition education for parents, child care providers, and teachers. It is important to reach those who work with preschoolers, teen parents, and new parents, providing them with information on diet, exercise, and nutrition. Obesity screening should take place in child care and preschool settings. Unfortunately, the availability of nutritional counseling and intervention for children has decreased over time, and is now almost non-existent. Training of healthcare providers in the area of assessment must continue in tandem with a concerted, multidisciplinary effort to create more effective treatment and referral services for children and caregivers of children suffering from obesity.

School Ready Children

All of life is a constant education.

~ Eleanor Roosevelt

It is critical to prepare children to succeed in school. The role of education is vital to a child's later ability to create a healthy, fulfilling life. Skills that allow a child to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement.

Between infancy and elementary school, child development is explosive. During these formative years, the child gains in gross and fine motor coordination, social and emotional behavior, and pre-literacy skills. Access to quality child care and preschool, enrollment in kindergarten, and reading level in third grade are measures of how well the community is doing in preparing children for success in school.

Indicators

- Child Care Enrollment
- Reading Proficiency
- Kindergarten Attendance

13. Child Care Enrollment

WHAT IT IS

Licensed child care includes child care centers and family day care, which can serve up to 14 children in the caregiver's home. No license is required if the caregiver is caring for the children of only one family besides his/her own, at any given time. The indicator measures the percentage of children ages 0-5 estimated to be in need of child care who are currently enrolled in licensed family child care or a child care center. The number of children needing care is determined by the percent of children whose parents are employed full-time and therefore may need child care full-time.

HOW WE ARE DOING

Countywide, there are an estimated 11,290 children ages 0-5 who need child care, yet there are only 5,572 full-time licensed child care spaces available. Nearly one in two children need child care and do not have access to licensed care, although license-exempt providers, including family members or friends, may be serving them. Watsonville, Ben Lomond and Davenport have even fewer children being served and in Capitola, nearly nine out of ten children needing child care are not being served. Due to the high cost of living in Santa Cruz County, both low and middle-income families are seeking child care subsidies and programs with sliding scale payment programs in order to afford quality licensed child care for their children. In many cases, families are forced to access a variety of child care sources, which can reduce the child's opportunities for learning and optimal growth.

WHY IT IS IMPORTANT

The availability of child care for those who need it–in particular, subsidized care for low income families–is essential in helping children access early socialization and learning experiences that will prepare them for the new world of kindergarten. The availability of high quality child care ensures that young children have opportunities for early childhood development in positive, nurturing environments. Research shows that quality preschool experience helps children prepare for kindergarten by providing them with the necessary social and cognitive skills to prepare them for school. Child care also provides critical support for working families with young children.

Estimated Percentage of Children Ages 0-5 Served by Licensed Centers and Family Child Care Locations, 2001

Location	Current Need	Current Enrollment	Percent Served
Aptos	776	588	76%
Ben Lomond	235	148	63%
Boulder Creek	408	99	24%
Capitola	247	26	11%
Davenport	42	18	43%
Felton	192	145	75%
Freedom	330	201	61%
Santa Cruz	3,167	1,883	59%
Scotts Valley	513	400	78%
Soquel	411	267	65%
Watsonville	4,969	1,887	38%
Total	**11,290**	**5,662**	**50%**

Source: U.S. Census Bureau, 1990; Child Development Resource Center, Actual Capacity and Vacancy Report, July 2001.

Note: Santa Cruz figures include Live Oak, Santa Cruz Gardens and Unincorporated North County locations. Watsonville figures include Corralitos and Unincorporated South County locations.

WHAT WE CAN DO

Programs to train child care workers help increase the supply. Policies that support adequate wages for child care workers, as well as adequate facilities development, promote the availability of licensed care. Providing assistance to license-exempt providers to help them receive a family day care license, especially those who are Spanish-speaking, helps to build licensed capacity.

14. Reading Proficiency

WHAT IT IS

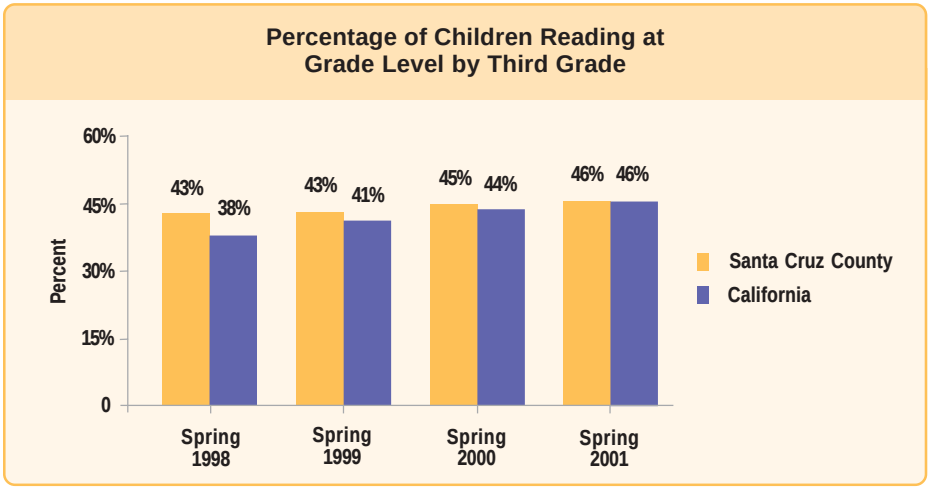
Reading proficiency is measured by the percentage of third grade students with standardized testing scores in reading that are at or above the national average. California uses the SAT-9 (Stanford 9), which is part of California's Standardized Testing and Results (STAR) system.

HOW WE ARE DOING

The STAR program in California began in school year 1998. This program requires that almost all students in grades 2 through 11 take a nationally standardized test every year. Since STAR testing has begun, nearly half of the third grade students in Santa Cruz County have scored at or above the national average, and their performance is nearly equal to student performance statewide. However, there are gaps in achievement between limited English proficient students and those who speak English fluently, in part because the test is in English. For an English Learner, the test measures English language ability, rather than knowledge of the content matter, and as such does not provide a good measure of learning. Due to this discrepancy, the percentage of English Learner students scoring at or above the 50th percentile has been substantially lower than fluent English speakers, with just 8% of local third grade English Learners scoring at or above the 50th percentile in Spring 2001.

WHY IT IS IMPORTANT

Early literacy is strongly correlated with success in school, and for this reason there is an increasing focus on helping children become grade level readers by third grade. Research shows that third grade reading level predicts later academic achievement. Third grade reading marks the transition from "learning to read" to "reading to learn". By the end of third grade, the child should have developed basic reading skills and can begin to turn reading into a tool for learning. Large gaps between disadvantaged children and their peers start to become visible by third grade, and the gap increases between third and fifth grade.



Source: California Department of Education, STAR State/County Summary Report, 2001.

WHAT WE CAN DO

Early literacy programs, including support for parents reading to their young children, and preschool programs build the foundation for reading. In school, early identification of reading difficulties, followed up by appropriate intervention, is essential. English Learners often need extra support, as they need to master oral English as well as reading.

15. Kindergarten Attendance

WHAT IT IS

Attendance data is gathered by individual schools and is calculated as a percentage of students attending school versus the number of students enrolled in school. This percentage is called the Average Daily Attendance (ADA) and determines the amount of government funding each school will receive for operational purposes.

HOW WE ARE DOING

Kindergarten enrollment is decreasing in Santa Cruz County, with enrollment numbers dropping from 3,243 in 1997 to 2,990 in 2001. Over half of the districts shown below have experienced a decrease in attendance as well; Santa Cruz County as a whole had an ADA of only 92% for the 2000-2001 school year. In 1998, State law changed the nature of ADA from a measure based on unexcused absences to a measure of how many children were actually attending school each day; this could account for at least some of the fluctuation in ADA numbers over the course of the last 5 years. School attendance can be affected by many differing factors including illness, lack of family stability, problems with transportation, economic or housing difficulties, or mental health or behavioral problems on the part of either the child or the parent.

WHY IT IS IMPORTANT

Kindergarten attendance is voluntary in California. However, the kindergarten year provides an important social, emotional, and cognitive foundation for learning in the elementary school years. Educators have found that the kindergarten year provides a safe transition from the preschool years to the more academic first grade. The percentage of eligible kindergartners who are enrolled is a measure of how ready the first graders will be to begin to develop more challenging academic and social skills. There is universal agreement that the increasing academic expectations for students require that students be in school. Elementary absenteeism is a strong predictor of absenteeism in middle and high school, which in turn is a predictor of high school dropout and ensuing problems in later life. Schools and communities throughout the state and nation are increasingly focusing on improving school attendance beginning in the lower grades, and Santa Cruz County has adopted a countywide focus on reducing elementary school absences.

Average Kindergarten Daily Attendance Rate in Santa Cruz County

District	1996-97	1997-98	1998-99	1999-00	2000-01
Bonny Doon Elementary	96.9%	100.0%	100.0%	94.4%	91.7%
Happy Valley Elementary	100.0%	100.0%	100.0%	100.0%	100.0%
Live Oak Elementary	95.0%	96.6%	91.8%	92.5%	92.0%
Mountain Elementary	110.5%	154.5%	95.5%	100.0%	100.0%
Pacific Elementary	100.0%	92.3%	109.1%	87.5%	100.0%
Pajaro Valley Unified	94.2%	94.9%	90.8%	90.7%	91.0%
San Lorenzo Valley Unified	98.9%	99.2%	97.3%	100.7%	95.6%
Santa Cruz Elementary	94.9%	99.8%	93.9%	93.5%	95.7%
Scotts Valley Elementary	99.1%	100.0%	96.0%	97.2%	95.7%
Soquel Elementary	101.8%	100.4%	92.6%	89.9%	88.7%
Santa Cruz Co. Total	**95.8%**	**96.9%**	**92.0%**	**90.1%**	**92.1%**

Source: California Department of Education, Educational Demographics Unit; Santa Cruz County Office of Education, P-2 Period Report – Average Daily Attendance, 2001.

Note: Values over 100% are due to increases in average daily attendance throughout the entire school year, which then exceed annual enrollment measured in October of each school year.

WHAT WE CAN DO

Schools and communities throughout the state and nation are increasingly focusing on improving school attendance beginning in the lower grades, and Santa Cruz County has adopted a countywide focus on reducing elementary school absences. The Children's Network Strategic Plan calls for reinforcing community and student norms regarding elementary attendance, improving the school environment, and providing social and health interventions to improve attendance.

Investing in Our Community

The Santa Cruz County Children and Families Commission has invested **$3,178,876** in 80 community programs that improve the health and well-being of our children and families.

Goal / Funded Strategies	Funded Organizations
Strong Families	
Para-Professional Home Visiting	Answers Benefiting Children, Davenport Resource Service Center, Familia Center, Families in Transition, Live Oak Family Resource Center, Mountain Community Resources, Parents Center, Walnut Avenue Women's Center
Comprehensive Family Resource Centers	Adelante, Defensa de Mujeres, Family Services Agency of the Central Coast, Family Service Association of Pajaro Valley, Homeless Services Center, Mountain Community Resources, Parents' Center, Planned Parenthood Mar Monte, Santa Cruz Community Counseling Center – Head Start, Walnut Avenue Women's Center, Watsonville Family Resource Center, Women Infants and Children
Information, Advocacy and Support for Parents of Special Needs Children	Special Parents Information Network
Healthy Children	
Health Benefits Advocacy	Pajaro Valley Unified School District – Healthy Start, Salud Para La Gente, Santa Cruz County Health Care Coalition
Free and Low Cost Immunizations	Salud Para La Gente
In-Home Nursing Support for High Risk Infants	Health Services Agency – High Risk Infant Program
Comprehensive Dental Health	Dientes!, Health Services Agency – Dental Disease Prevention, Salud Para La Gente
Drug and Alcohol Treatment for Parents and Guardians of Children 0-5	Families in Transition, Health Services Agency – Alcohol and Drug Program
Support and Promotion of Smoking Cessation and 2nd Hand Smoke Programs	American Lung Association of the Central Coast
School Ready Children	
Financial and Educational Incentives for Child Care Providers	COPE Centro Familiar
Training Opportunities for Child Care Providers	Live Oak School District, Beach Flats Community Center, Pajaro Valley Unified School District – Healthy Start, Santa Cruz County Child Care Planning Council, Santa Cruz County Office of Education, Santa Cruz Public Libraries, YWCA
Comprehensive Literacy Development	COPE Centro Familiar, Santa Cruz Public Libraries
Access to Quality Child Care	Beach Flats Community Center
Parent Empowerment	Adelante, Beach Flats Community Center, Children's Center of the San Lorenzo Valley, Santa Cruz Community Counseling Center – Head Start

Community Mini Grants

The following list of grantees represent community groups, organizations, early childhood educators, and various other service providers who are recipients of Community Mini Grants.

Acorn Children's Music

Aptos Christian Childcare

Battered Women's Task Force

Birth Network of Santa Cruz County

Castillo's Day Care Center

Catholic Charities Diocese of Monterey

Comité Esperanza Para La Familia

Community Children's Center

Community Television of Santa Cruz County

Court Appointed Special Advocates (CASA)

DeRoux Daycare Center

Dominican Hospital – Neonatal Clinic

Emeline Childcare Center

Gallegos Daycare Center

Glen Arbor School, Inc.

Gomez Family Day Care

Granary Child Development Center

Growing Years Preschool

Growth and Opportunity, Inc.

Health Services Agency – Maternal and Child Health

Jasmine's Daycare – Benigna Ramirez

Learning Seeds Preschool

Listen Foundation, Inc.

Ludlow School Parents Group

Magdaleno Daycare

Mid County Children's Center

Neighborhood Childcare Center

Nursing Mothers Counsel

Pajaro Valley Housing Corporation

Planned Parenthood Mar Monte

Postpartum Distress Support Group

Rocha Daycare Home

Ruiz Daycare Home

Salgado's Daycare

Salgado's Daycare Center

Sanchez's Daycare Center

Santa Cruz County Family Child Care Association

Santa Cruz Toddler Center

Survivor's Healing Center

Teresa's Daycare

Unitarian Universalist Fellowship – Golden Torch Trailer Park

Village School and Family Support Center

Walnut Avenue Women's Center

Watsonville Association of Family Child Care Providers

Watsonville Public Library

Watsonville / Aptos Adult Education

Data Sources and Data Development

Additional Data Sources

Santa Cruz County Children and Families Commission. *Strategic Plan.* Santa Cruz, CA: Author, December 2000.

California Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 1970-2040*. Sacramento, CA: December 1998.

California Department of Finance, Demographic Research Unit, California State Census Data Center, Census 2000 PL94-171.

Employment Development Department, Labor Market Information Division, 2000.

United Way of Santa Cruz County. *Life in Santa Cruz County, Community Assessment Project Comprehensive Report, Year 7*. Santa Cruz, CA: Author, October 2001.

U.S. Census Bureau, Census 2000 Summary File 1, Matrix P14.

U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

Data Development

The Children and Families Commission has identified a number of indicators for which valid and reliable data need to be more available on a consistent basis. There are different ways to improve data gathering, but a concerted effort will be required. These data may be made available through coordination between service providers both public and private, in agreeing on data definitions and standardizing the collection and reporting of data, or in some cases through parent, physician, or provider surveys.

Strong Families

- Percent of parents of children enrolled in parenting programs/classes
- Rate of exposure to alcohol and drugs

Healthy Children

- Rate of alcohol and drug exposed infants at birth
- Rate of emergency and urgent care utilization for children for non-injury related illnesses
- Percent of children exposed to second-hand smoke
- Percent of women who initiate breastfeeding at birth and continue for 6-12 months
- Percent of children accessing needed mental health and developmental supports

School Ready Children

- Percent of child care providers who receive adequate training and technical support to provide high quality child care for children
- Percent of children screened for developmental delays or behavior/emotional disorders and receive required treatment and support
- Percent of children who are not promoted to the first grade
- Average number of hours per week of television watched by children

The Santa Cruz County Children and Families Commission

Welcomes Every Child, Empowers Families, Cultivates Community.

For Additional Copies of the Children's Report Card, Please Contact:

Santa Cruz County Children and Families Commission
Post Office Box 1457
Capitola, California 95010
T: 831-465-2217 F: 831-479-5477

Visit our Web site at www.sccchildrenandfamilies.org

For Information on the Data in this Report Card, Please Contact:

Applied Survey Research
55 Brennan Street
Watsonville, California 95076
T: 831-728-1356 F: 831-728-3374

Santa Cruz County
Children & Families Commission
Investing In Our Children