



County of Los Angeles
CHIEF ADMINISTRATIVE OFFICE

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DAVID E. JANSSEN
Chief Administrative Officer

January 14, 2005

To: Supervisor Gloria Molina, Chair
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: David E. Janssen
Chief Administrative Officer
Yolie Flores Aguilar
Executive Director
Children's Planning Council

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

**STATUS REPORT OF THE FRAMEWORK FOR TRACKING AND MEASUREMENT OF THE
CORE SET OF SCHOOL READINESS INDICATORS RECOMMENDATIONS**

On July 15, 2003, your Board: 1) Adopted the Framework for Tracking and Measurement of the Core Set of School Readiness Indicators (Framework), as recommended by the Los Angeles County Children's Planning Council (CPC); 2) Requested the New Directions Task Force Departments to identify current programs that affect the Countywide Goals, as set forth in the Framework, for inclusion in the 2004-05 Children and Families Budget Addendum; develop performance measures for those programs; and identify data sources related to the High Priority Research Agenda; 3) Requested First 5 LA, in consultation with CPC and other key stakeholders, to initiate work on the High Priority Research Agenda; 4) Requested CPC, in partnership with First 5 LA and other key stakeholders, to implement the plan for building Countywide consensus around the Framework; and 5) Requested CPC and the Chief Administrative Officer to report back to the Board every six months, for the next 18 months, regarding progress in achieving these recommendations.

This memorandum provides you with the third and final status report on the implementation of the Framework. Attachment A of the Framework is being provided for your reference. Please refer to Attachment B for a detailed report prepared by CPC on the five recommendations contained in the Framework. Also included for your reference is Attachment C, First 5 LA's "Shaping the Future" report.

If you have any questions or need additional information, your staff may contact Chrysta Wilson, Children's Planning Council, at (213) 974-7078 or Carlos Pineda, of my staff, at (213) 974-4650.

DEJ:YFA:CW
LS:KS:CP

Attachments



MINUTES OF THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Violet Varona-Lukens, Executive Officer
Clerk of the Board of Supervisors
383 Kenneth Hahn Hall of Administration
Los Angeles, California 90012

Chief Administrative Officer

At its meeting held July 15, 2003, the Board took the following action:

S-1

Yolie Flores Aguilar, Executive Director of the Los Angeles County Children's Planning Council along with Beth Lowe, Commissioner, and Armando Jimenez, Director of Research and Evaluation, representing First 5 L.A., Nancy Au, Executive Director of W.R.A.P. Family Services and Jacquelyn McCroskey, Associate Professor USC School of Social Work, made a presentation to the Board as detailed in the attached Board letter dated July 15, 2003 and Power Point Presentation regarding the Los Angeles County Children's Planning Council's request to adopt recommendation for the tracking and measurement of the core set of school readiness indicators.

The following statement was entered into the record for Supervisors Yaroslavsky and Knabe:

"In response to a motion by Supervisor Yaroslavsky on November 12, 2002, the Children's Planning Council and First 5 L.A. created a School Readiness Indicator Workgroup (Workgroup). The Workgroup defined a core set of school readiness indicators and developed a plan to build consensus around such indicators among key stakeholders. The Workgroup established Countywide goals that reflect the conditions necessary to ensure that young children are ready and eager to learn. In addition, the Workgroup created a plan for gathering available data and established a high priority research agenda to gather critical information regarding the context and condition of early learning.

"The Workgroup's recommendations, as set forth by the Children's Planning Council, provide an opportunity for evaluating school readiness and thereby assisting schools, families, and communities in preparing every child in Los Angeles County for a successful school experience and productive life."

(Continued on Page 2)

S-1 (Continued)

Therefore, on motion of Supervisor Yaroslavsky, seconded by Supervisor Knabe, unanimously carried, the Board took the following actions:

1. Adopted the Framework for Tracking and Measurement of the Core Set of School Readiness Indicators (Framework), as recommended by the Los Angeles County Children's Planning Council;
2. Requested the New Directions Task Force Departments to:
 - a. Identify current programs that affect the Countywide Goals, as set forth in the Framework, for inclusion in the 2004-05 Children and Families Budget Addendum;
 - b. Develop performance measures for those programs; and
 - c. Identify data sources related to the High Priority Research Agenda;
3. Requested First 5 L.A., in consultation with the Los Angeles County Children's Planning Council and other key stakeholders, to initiate work on the High Priority Research Agenda;
4. Requested the Los Angeles County Children's Planning Council, in partnership with First 5 L.A. and other key stakeholders, to implement the plan for building Countywide consensus around the Framework; and
5. Requested the Los Angeles County Children's Planning Council and the Chief Administrative Officer to report back to the Board every six months, for the next eighteen months, regarding progress in achieving these recommendations.

5071503-S-1

Attachments

Copies distributed:

Each Supervisor
County Counsel
Each Member, New Directions Task Force
Contact, First 5 L.A.

Letter sent to:

Executive Director, Los Angeles County
Children's Planning Council

Children's Planning Council & First 5 LA

Framework for Tracking and Measurement Core Set of School Readiness Indicators

Introduction

The Workgroup was convened by the Children's Planning Council and First 5 LA to develop a concise, practical, and strategic list of measurable indicators for which data are currently available countywide and by SPA to track school readiness for children ages 0-5. The group began by affirming both the **National Education Goals Panel** definition of readiness (children ready for school, schools ready for children, families and communities ready to do their parts) and the County's set of **five outcome areas** desired for all children (Good Health, Economic Well-Being, Safety and Survival, Social and Emotional Well-Being, and Education/Workforce Readiness). Recognizing the limitations of available data, and the need for a process that can evolve, expand, and deepen over time, the Workgroup adopted a format that includes countywide goals (conditions needed so that young children are ready and eager to learn), progress indicators (available data), and a short-term research agenda (information urgently needed to clarify the context and conditions of early learning).

The Workgroup believes that, taken together, this matrix lays essential groundwork for tracking the "readiness" of schools, families, and communities to assure that every child in Los Angeles County has the best possible preparation for school and for life. The matrix reflects our belief that it is more important to focus on the collaborative efforts of adults to care for, teach, and encourage children, in the diverse communities of Los Angeles, than it is to assess and measure the "accomplishments" of infants, toddlers, and preschoolers. Our children will be ready and eager to learn if adults set the stage for early learning by working together to assure that every community supports the diverse array of families who live there and that every school is ready to meet the needs of the children who will walk through its doors.

Framework for Tracking and Measurement of the Core Set of School Readiness Indicators Attachment A (contd)

Countywide Goals	Progress Indicators*	High Priority Research Agenda
<p>A. Children are born with healthy birth weights.</p>	<p>1. Newborns with low, normal and above-normal birth weights, by geography and race. (DHS) GOOD HEALTH</p>	<p>Research on the effects of nutrition, stress, infection, smoking, and social support during pregnancy.</p>
<p>B. Children receive preventive health care.</p>	<p>2. Children, 5 and under, whose parents report that they have a regular source of health care. (LACHS) GOOD HEALTH</p> <p>3. Children, 5 and under, who have asthma (who were ever diagnosed and still have asthma). (LACHS) GOOD HEALTH</p> <p>4. Children, 5 and under, who have health insurance. (LACHS, CHIS) GOOD HEALTH</p>	<p>Research on young children receiving needed developmental, behavioral, and mental health care.</p> <p>Research on young children receiving needed dental health care.</p> <p>Research on access to care and service utilization patterns.</p>
<p>C. Children are free from abuse and neglect and thrive in permanent homes.</p>	<p>5. Child abuse and neglect reports to DCFS that result in emergency response services for children 5 and under. (DCFS) SAFETY AND SURVIVAL</p>	<p>Research on the prevalence of child abuse and neglect.</p> <p>Research on the effectiveness of child welfare system response and services.</p> <p>Research on the impact of permanence on the well-being of young children.</p>

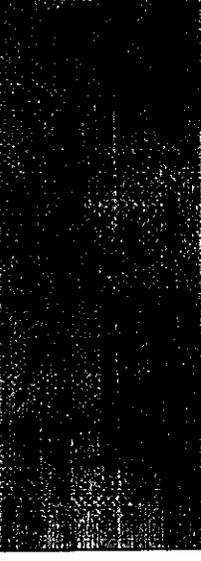
Framework for Tracking and Measurement of the Core Set of School Readiness Indicators Attachment A (contd)

Countywide Goals	Progress Indicators*	High Priority Research Agenda
D. Families ensure that children are safe from unintentional injuries.		Research on unintentional injuries to children 5 and under.
E. Communities offer safe places for children to live and play.	6. Children, ages 1-17, whose parents say that they can easily get to a park, playground, or other safe place to play. (LACHS) SAFETY AND SURVIVAL	Research on access to green space, parks, and community-based recreational activities. Research on pedestrian accidents involving preschool and school-age children. Research on environmental health concerns (air quality, lead exposure, etc.)
F. Families have adequate food.	7. Households, below 300% of the Federal Poverty Level, that are "food insecure"—have inadequate resources for food, to the extent that they run out of food or reduce the quality or quantity of the food they eat and buy. (LACHS) ECONOMIC WELL-BEING	Research on early feeding programs and practices, including breast-feeding. Research on healthy weight gain and obesity in young children.
G. Families have adequate financial resources.	8. Children, 5 and under, living in families with incomes below 200% of Federal Poverty Level. (Census) ECONOMIC WELL-BEING	Research on family levels of economic self-sufficiency. Research on families' savings.

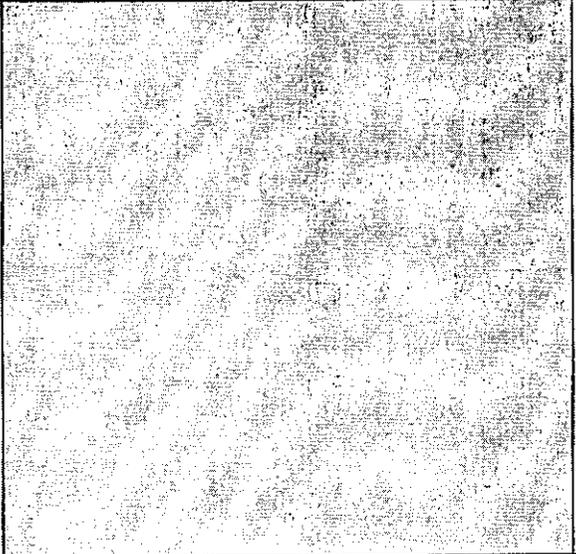
Framework for Tracking and Measurement of the Core Set of School Readiness Indicators Attachment A (contd)

Countywide Goals	Progress Indicators*	High Priority Research Agenda
<p>H. Communities offer affordable housing for families.</p>	<p>9. Children, 5 and under, whose parents say it is easy to find someone to talk to when they need advice about raising their child. (LACHS) SOCIAL AND EMOTIONAL WELL-BEING</p>	<p>Research on access to and availability of affordable, high-quality housing, including the impact on neighborhood stability/mobility for families.</p>
<p>I. Families have supportive networks and are able to find information and assistance.</p>	<p>10. Parents, who report that it is "very" or "somewhat" difficult to find the child care they need on a regular basis. (LACHS) SOCIAL AND EMOTIONAL WELL-BEING</p>	<p>Research on families' ability to find information and assistance. Research on the availability of information and resources that families need in local communities. Research on families living in communities with active "story-telling networks" (communities where families can get information on resources through neighbors, community organizations, and local media).</p>
<p>J. Families have access to quality child care.</p>	<p>11. Licensed child care spaces as a proportion of the corresponding population. (LACOCC) SOCIAL AND EMOTIONAL WELL-BEING</p>	<p>Research on the access, affordability, and quality of family child care, child care centers, and preschool programs.</p>

Framework for Tracking and Measurement of the Core Set of School Readiness Indicators Attachment A (contd)

Countywide Goals	Progress Indicators*	High Priority Research Agenda
<p>K. Communities encourage educational attainment for families.</p>	<p>12. Infants born annually to women age 21 and older who have at least 12 years of education. (DHS) ECONOMIC WELL-BEING</p> <p>13. Infants born annually to men age 21 and older who have at least 12 years of education. (DHS) ECONOMIC WELL-BEING</p>	<p>Research on ways that communities can promote education and training opportunities.</p>
<p>L. Families and caregivers interact with children in ways that promote cognitive, linguistic, social-emotional, and physical development.</p>	<p>14. Children, 5 and under, who are read to daily by a family member. (LACHS) EDUCATION/WORKFORCE READINESS</p>	<p>Research on measures used by families and caregivers to assess multiple domains of child development, including the impact of culture and language.</p> <p>Research on the impact of verbal interactions with young children through telling stories or word games.</p>
<p>M. Schools and child care programs promote an environment that is conducive to learning.</p>		<p>Research on learning environments in child care programs and elementary schools including the effects of design and maintenance of space and the qualifications of staff.</p>

Framework for Tracking and Measurement of the Core Set of School Readiness Indicators Attachment A (contd)

Countywide Goals	Progress Indicators*	High Priority Research Agenda
<p>N. Schools, families, and caregivers work together to ensure a positive transition to K-6 education.</p>		<p>Research on families' perception of "welcomeness" at school (i.e., parents are able to actively participate in school decision-making; school staff speak language of the family; the school recognizes and respects diverse cultures and family structures, and children's special needs; etc.).</p> <p>Research on transition from child care to kindergarten.</p> <p>Research on schools' capacity and competence to engage families from diverse cultural and linguistic backgrounds.</p>
<p>O. Communities support families and children with special needs.</p>	<p>15. Children, 3 and 4 years old, who have selected disabilities and are enrolled in special education programs. (CDE)</p> <p>EDUCATION/WORKFORCE READINESS</p>	<p>Research on early diagnosis, treatment, and availability of services for children with developmental disabilities and delays.</p>

* Based on data currently available countywide from the following sources:

- DHS—Los Angeles County Department of Health Services
- LACHS—Los Angeles County Health Survey, Los Angeles County Department of Health Services
- CHIS—California Health Interview Survey, UCLA Center for Health Policy Research
- LACOCC—Los Angeles County Office of Child Care
- CDE—State of California Department of Education

Progress Indicators that are noted in gray do not currently have data associated with them. Data related to these indicators are either incomplete, available for only some areas/demographic groups of Los Angeles County, or are not currently available.

1. Newborns with Low, Normal, and Above-Normal Birth Weights, by Geography and Race

Goal A : Children are born with healthy birth weights.

Outcome Area: Good Health

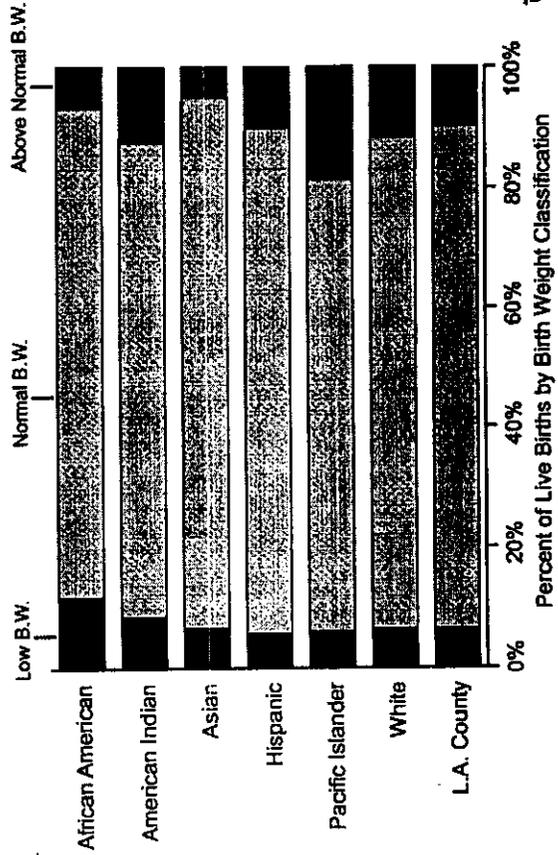
Babies born with low or elevated birth weights (less than 5 pounds 8 ounces, or more than 9 pounds) are at risk for developmental and/or health-related problems that can impact their early learning and later school performance. In L.A. County, more than 25,000 babies were born with low and elevated birth weights in 2000. African American babies, in particular, are at risk for low birth weights, with a rate almost twice that of other racial/ethnic groups. SPA 6, with its large African American population, had the highest rate of low-weight births among SPAs. Elevated birth weight, which can be a precursor to diabetes and obesity, occurs at higher rates in American Indian and Pacific Islander babies. Hispanic and White babies also had higher rates of elevated birth weights than the County as a whole.

Newborns with Low and Above-Normal Birth Weights

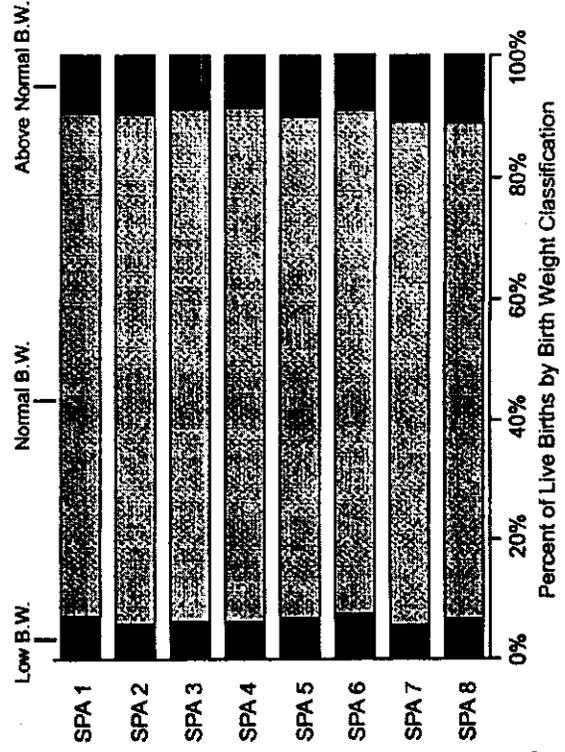
Racial/Ethnic Group	Low BW	Percent	High BW	Percent
African American	1,571	12.0%	868	6.7%
American Indian	18	8.4%	27	12.6%
Asian	999	6.6%	759	5.0%
Hispanic	5,478	5.6%	9,887	10.1%
Pacific Islander	32	5.9%	102	18.8%
White	1,859	6.4%	3,438	11.8%
Los Angeles County	10,080	6.4%	15,195	9.7%

Service Planning Area	Low B.W.	Percent	Above Normal B.W.	Percent
1 - Antelope Valley	337	7.2%	437	9.4%
2 - San Fernando	1,757	5.9%	2,899	9.7%
3 - San Gabriel	1,765	6.3%	2,447	8.8%
4 - Metro	1,159	6.3%	1,576	8.6%
5 - West	458	6.8%	665	9.9%
6 - South	1,633	7.5%	1,962	9.0%
7 - East	1,321	5.7%	2,515	10.8%
8 - South Bay/Harbor	1,610	6.7%	2,650	11.0%

By Race/Ethnicity



By Service Planning Area



2. Children, 5 and Under, Whose Parents Report that They Have a Regular Source of Health Care

Goal B : Children receive preventive health care.

Outcome Area: Good Health

Children who have a regular source of health care are more likely to receive immunizations, well-child visits, and other medical services in a timely manner, thereby increasing their chances of good health when they enter school. A regular source of care also provides children with consistency in the care they receive and helps ensure that their doctor is aware of changes in their health and development.

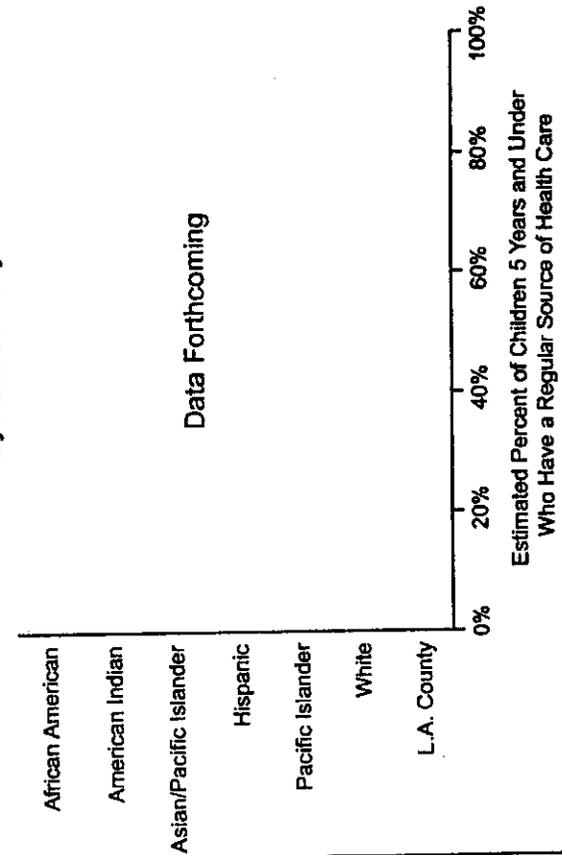
Children, 5 and Under, Whose Parents Report that They Have a Regular Source of Health Care

Race/Ethnic Group	Estimate	Percent
African American		
American Indian		
Asian/Pacific Islander		
Hispanic		
Pacific Islander		
White		
Los Angeles County		
.....		
1 - Antelope Valley		
2 - San Fernando		
3 - San Gabriel		
4 - Metro West		
5 - West		
6 - South		
7 - East		
8 - South Bay/Harbor		

Data Forthcoming

Data Forthcoming

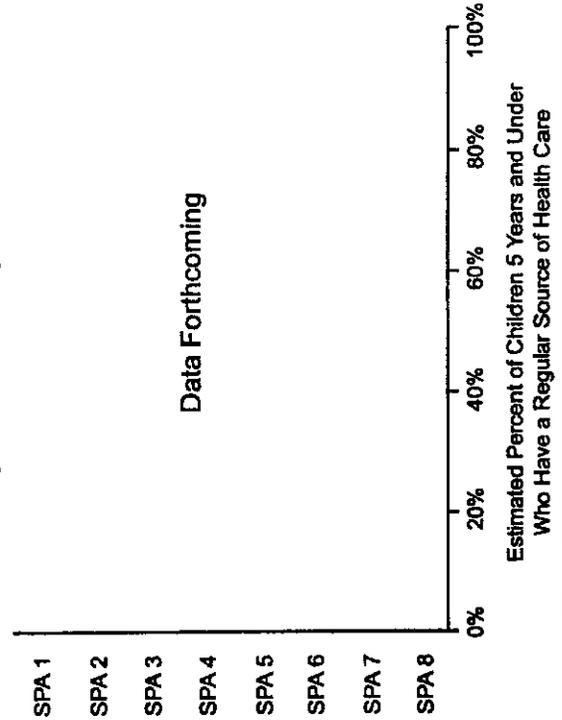
By Race/Ethnicity



Data Forthcoming

Estimated Percent of Children 5 Years and Under Who Have a Regular Source of Health Care

By Service Planning Area



Data Forthcoming

Estimated Percent of Children 5 Years and Under Who Have a Regular Source of Health Care

3. Children, 5 and Under, Who Have Asthma (who were ever diagnosed with and still have asthma)

Goal B : Children receive preventive health care.

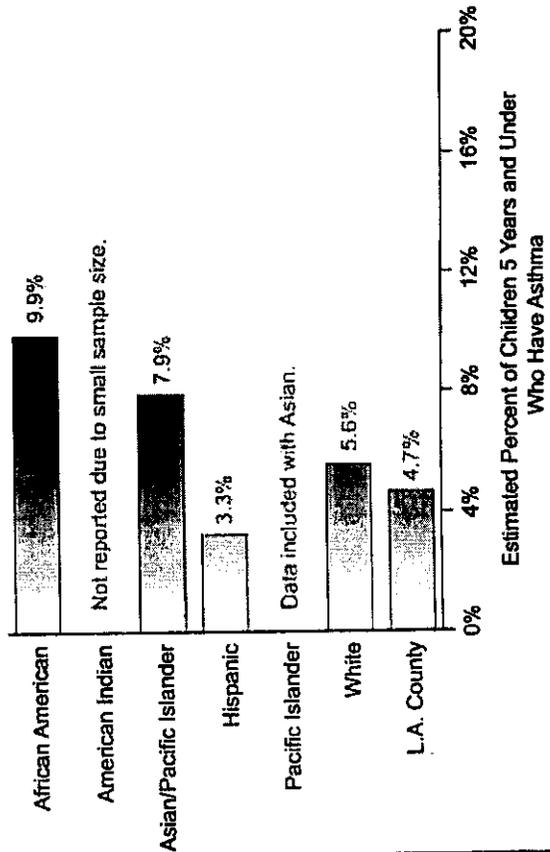
Outcome Area: Good Health

According to the Environmental Protection Agency, asthma is increasing most rapidly among preschool-aged children. Children with asthma often miss school, experience limitations in physical activity, and feel sleepy as a result of nighttime attacks or side effects from medication. This can impact their learning and development. In L.A. County, an estimated 50,000 children under the age of 6 have asthma. African Americans, who account for 20% of these children, have the highest rate of asthma: one in ten, which is more than double the County rate. While Hispanic children comprise the largest number of asthmatic children, it is also important to note that they have the lowest rate, at 3.3%. Geographically, SPAs 3 and 7 have the highest rates of asthma, which may be partially attributed to poorer air quality in these areas.

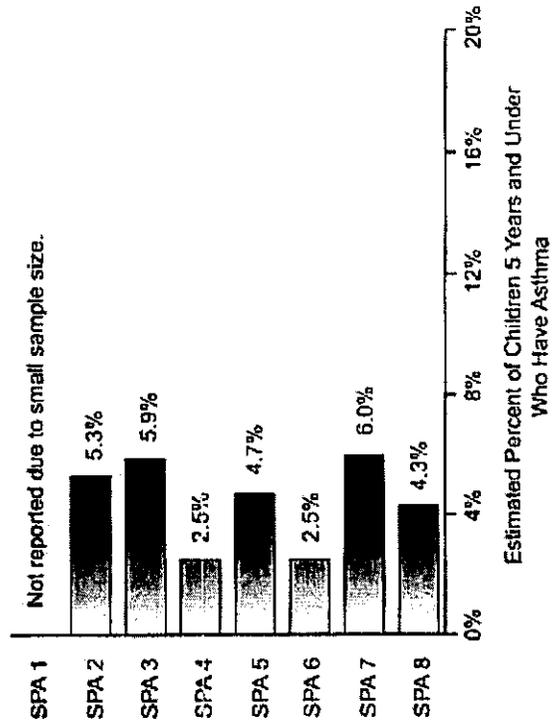
Children, 5 and Under, Who Have Asthma

Racial/Ethnic Group	Estimate	Percent
African American	10,000	9.9%
American Indian	n.a.	n.a.
Asian/Pacific Islander	8,000	7.9%
Hispanic	22,000	3.3%
Pacific Islander	n.a.	n.a.
White	11,000	5.6%
Los Angeles County	50,000	4.7%
Service Planning Area		
1 - Antelope Valley	n.a.	n.a.
2 - San Fernando	11,000	5.3%
3 - San Gabriel	11,000	5.9%
4 - Metro	3,000	2.5%
5 - West	2,000	4.7%
6 - South	4,000	2.5%
7 - East	10,000	6.0%
8 - South Bay/Harbor	7,000	4.3%

By Race/Ethnicity



By Service Planning Area



4. Children, 5 and Under, Who Have Health Insurance

Goal B : Children receive preventive health care.

Outcome Area: Good Health

Children without health insurance often experience delays in receiving preventive care and required immunizations as compared to their insured peers, potentially resulting in long-term health problems. Research demonstrates that uninsured children are at an elevated risk for absenteeism and prolonged illnesses, both of which could negatively impact their school readiness and academic achievement.

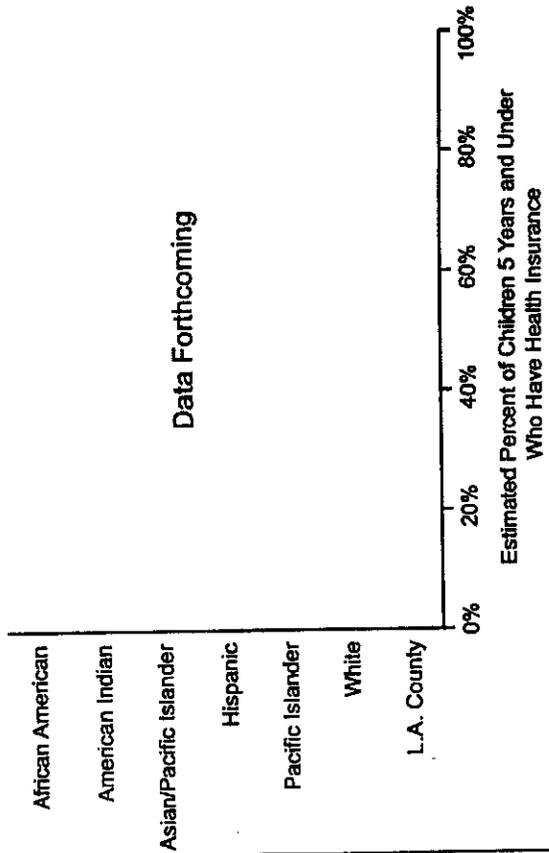
Children, 5 and Under, Who Have Health Insurance

Race/Ethnic Group	Estimate	Percent
African American		
American Indian		
Asian/Pacific Islander		
Hispanic		
Pacific Islander		
White		
Los Angeles County		
.....		
1 - Antelope Valley		
2 - San Fernando		
3 - San Gabriel		
4 - Metro		
5 - West		
6 - South		
7 - East		
8 - South Bay/Harbor		

Data Forthcoming

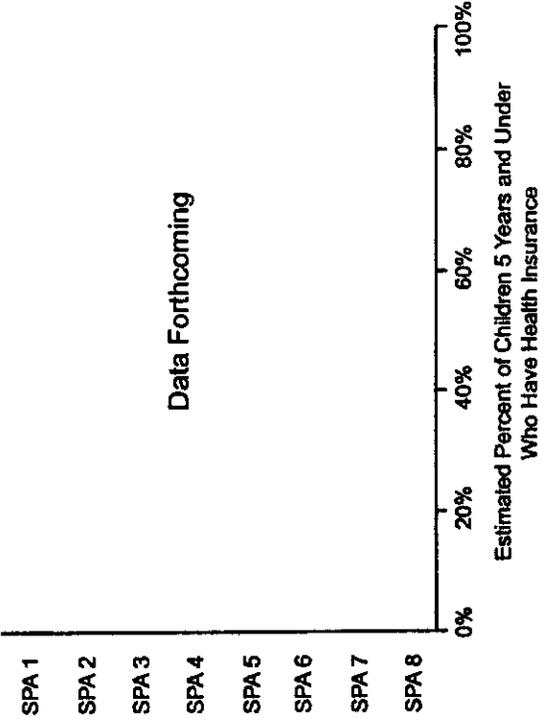
Data Forthcoming

By Race/Ethnicity



Data Forthcoming

By Service Planning Area



Data Forthcoming

Source: Los Angeles County Health Survey, Department of Health Services, 1999

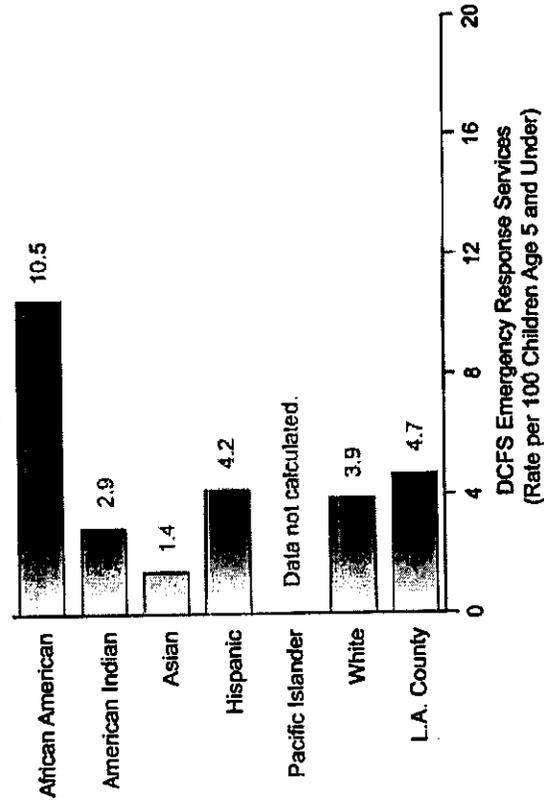
5. Child Abuse and Neglect Reports to Department of Children and Family Services that Result in Emergency Response Services for Children 5 and Under

Goal C : Children are free from abuse and neglect and thrive in permanent homes.

Outcome Area: Safety and Survival

Children from abusive and neglectful environments may experience developmental and behavioral problems that can affect school performance. In 2002, almost 1 of every 20 children living in the County were referred to DCFS and subsequently received Emergency Response services based upon reports of abuse and neglect. A disproportionate number of these children were African American, accounting for 20% of all referrals. The referral rate for African American children, 10.5 per 100, is more than double that of any other group in the County. Correspondingly, SPA 6 had the largest number of referrals amongst SPAs. Hispanic children also have a higher referral rate (4.2 per 100) when compared to other groups, and comprised more than half of the referral caseload. Of all groups, Asian children had the lowest referral rate, 1.4 per 100 children.

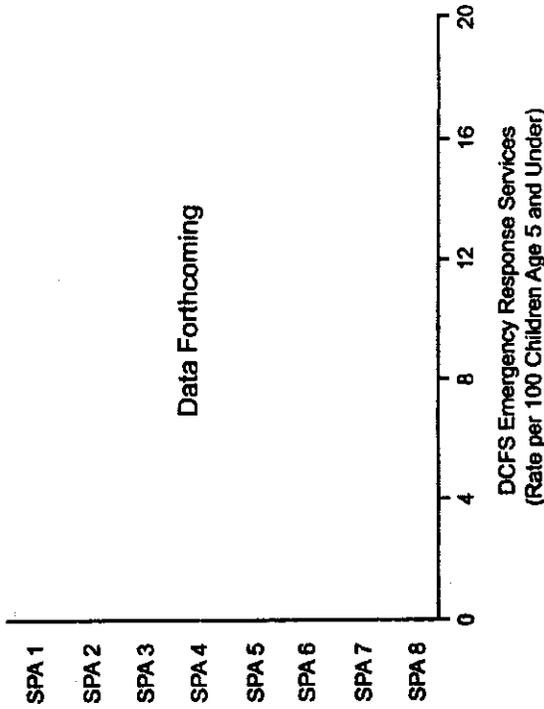
By Race/Ethnicity



Child Abuse and Neglect Reports to DCFS that Result in Emergency Response Services for Children 5 and Under

Race/Ethnic Group	Referrals	Rate per 100 Kids
African American	8,338	10.5
American Indian	62	2.9
Asian	1,077	1.4
Hispanic	23,806	4.2
Pacific Islander	n.a.	n.a.
White	6,025	3.9
Los Angeles County	42,617	4.7
.....
1 - Antelope Valley	2,429	n.a.
2 - San Fernando	6,022	n.a.
3 - San Gabriel	5,445	n.a.
4 - Metro	4,572	n.a.
5 - West	960	n.a.
16 - South	6,914	n.a.
7 - East	4,995	n.a.
8 - South Bay/Harbor	5,529	n.a.

By Service Planning Area



6. Children (Ages 1-17) Whose Parents Say They Can Easily Get to a Park, Playground, or Other Safe Place to Play

Goal E : Communities offer safe places for children to live and play.

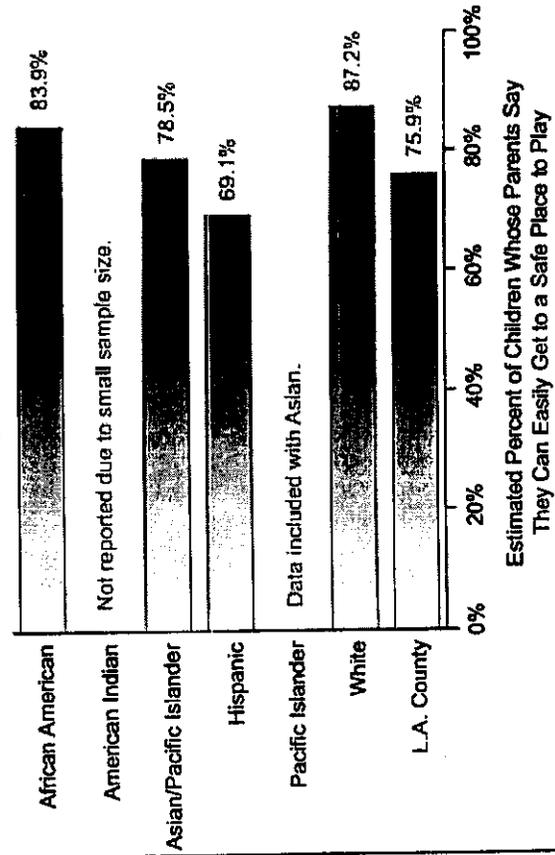
Outcome Area: Safety and Survival

Numerous factors can influence a parent's perception of safe, accessible play areas for their children: neighborhood crime, physical condition of parks, proximity, and availability of transportation may all play a role. Lack of accessibility to a safe play area can limit the ability of children to explore their environment and interact with peers. This, in turn, can impede the development of important social and emotional skills that are linked to school success. In L.A. County, approximately 3 of every 4 families said their children could easily get to a safe place to play. Among Hispanic families, however, the rate was lower: just two-thirds said their children had a safe place to play. SPAs 4 and 6 had the lowest proportions of parents who believed their children had safe play areas (68.4% and 62.9%), while SPA 8 had the highest, at 81.2%.

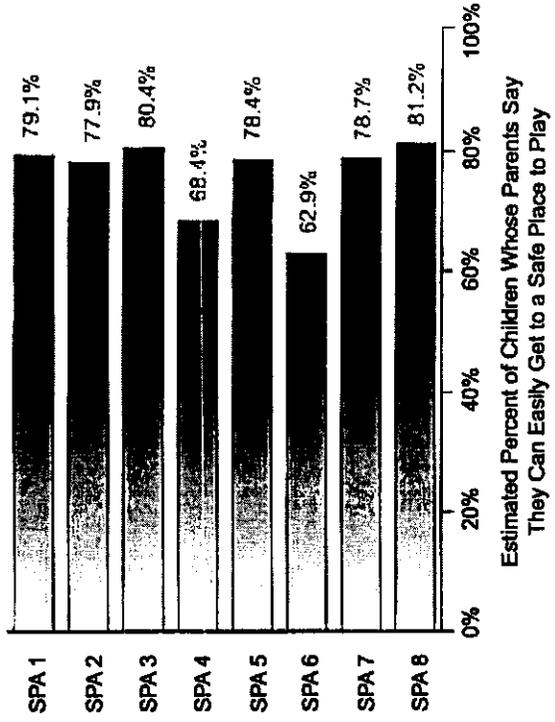
Children Whose Parents Say They Can Easily Get to a Park, Playground, or Other Safe Place to Play

Racial/Ethnic Group	Estimate	Percent
African American	231,000	83.9%
American Indian	n.a.	n.a.
Asian/Pacific Islander	197,000	78.5%
Hispanic	1,024,000	69.1%
Pacific Islander	n.a.	n.a.
White	501,000	87.2%
Los Angeles County	1,996,000	75.9%
.....
1 - Antelope Valley	69,000	79.1%
2 - San Fernando	374,000	77.9%
3 - San Gabriel	406,000	80.4%
4 - Metro	205,000	68.4%
5 - West	83,000	78.4%
6 - South	231,000	62.9%
7 - East	319,000	78.7%
8 - South Bay/Harbor	311,000	81.2%

By Race/Ethnicity



By Service Planning Area



7. Households, Below 300% of Federal Poverty Level, That Are Food Insecure

Goal F : Families have adequate food.

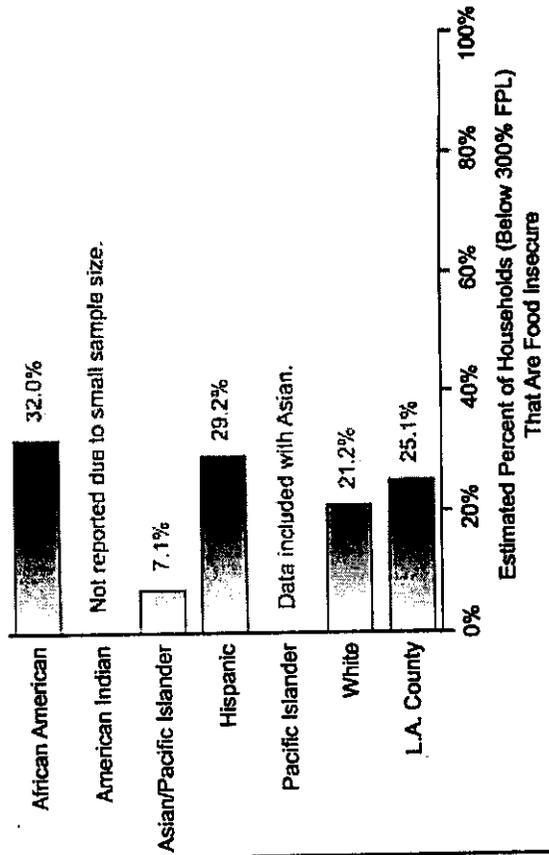
Outcome Area: Economic Well-Being

Good nutrition is an important part of ensuring that children are ready for school. Research demonstrates that a nutritious and well-balanced diet is crucial for appropriate brain and physical development in young children. Families who experience food insecurity, however, are unable to consistently provide nutritious food to their children because they lack the economic resources to do so. In Los Angeles County, 25% of the families with annual incomes below 300% of the Federal Poverty Level (less than \$51,150 for a family of four) experienced food insecurity. Nearly 1 of every 3 Hispanic and African American families in this income category has difficulty accessing nutritious food regularly. This is in stark contrast to Asian/Pacific Islander families, in which just 1 in 14 experienced food insecurity.

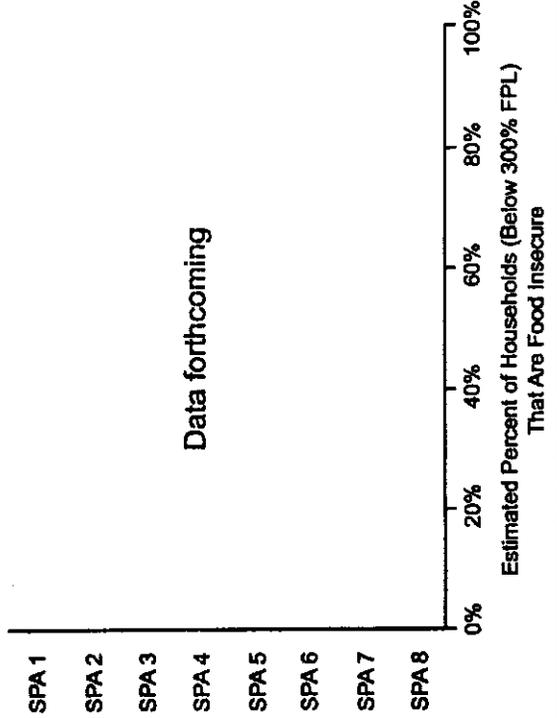
Households, Below 300% of FPL, That Are Food Insecure

Racial/Ethnic Group	Estimate	Percent
African American	n.a.	32.0%
American Indian	n.a.	n.a.
Asian/Pacific Islander	n.a.	7.1%
Hispanic	n.a.	29.2%
Pacific Islander	n.a.	n.a.
White	n.a.	21.2%
Los Angeles County	n.a.	25.1%
1 - Antelope Valley	n.a.	n.a.
2 - San Fernando	n.a.	n.a.
3 - San Gabriel	n.a.	n.a.
4 - Metro	n.a.	n.a.
5 - West	n.a.	n.a.
6 - South	n.a.	n.a.
7 - East	n.a.	n.a.
8 - South Bay/Harbor	n.a.	n.a.

By Race/Ethnicity



By Service Planning Area



8. Children, 5 and Under, Living in Families with Incomes Below 200% of Federal Poverty Level

Goal G : Families have adequate financial resources.

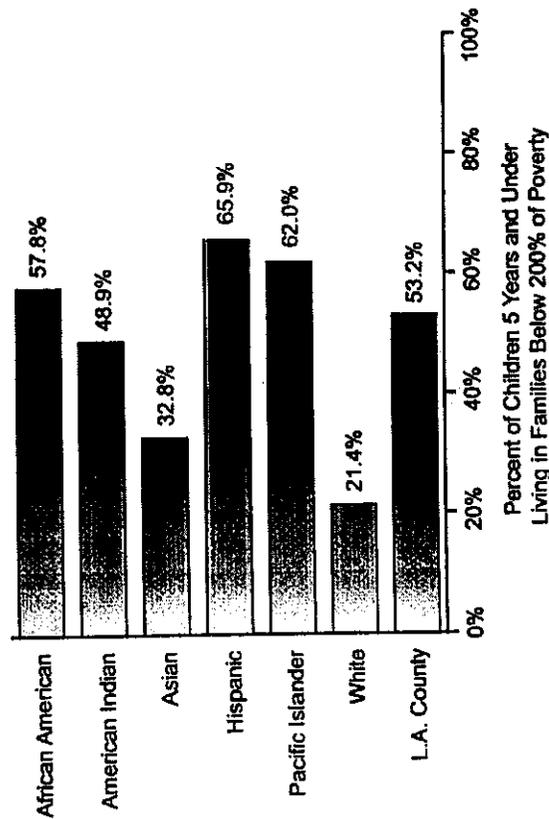
Outcome Area: Economic Well-Being

Research has shown that children who grow up in families with poverty-level incomes may not have the social and emotional supports necessary to ensure their educational success. Many of these children enter school less prepared and drop out in greater numbers. In 2000, a family of four living below 200% of the Federal Poverty Level had an annual income of less than \$34,100. More than half the children in L.A. County under the age of six live in low-income families and thus are at a higher risk for school failure. Notably, three-fourths of these children are Hispanic. Data presented in the Children's ScoreCard reinforces the connection between poverty and school readiness; the SPAs with the highest concentrations of poverty (4, 6, and 7) also had the lowest proportions of third-graders performing at grade level in reading (19%, 12%, and 26% respectively).

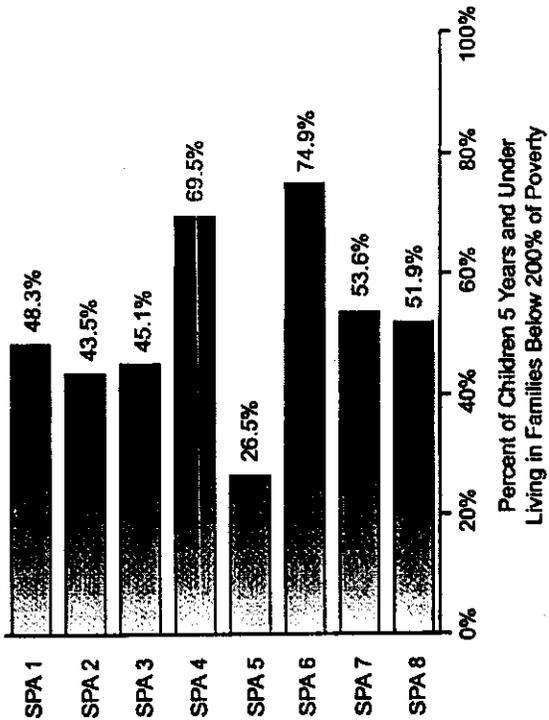
Children, 5 and Under, Living in Families Below 200% of Poverty

Race/Ethnic Group	Number	Percent
African American	42,667	57.8%
American Indian	858	48.9%
Asian	22,722	32.8%
Hispanic	348,911	65.9%
Pacific Islander	1,607	62.0%
White	33,892	21.4%
Los Angeles County	460,602	53.2%
.....		
1 - Antelope Valley	14,037	48.3%
2 - San Fernando	74,236	43.5%
3 - San Gabriel	67,263	45.1%
4 - Metro	68,345	69.5%
5 - West	9,066	26.5%
6 - South	83,667	74.9%
7 - East	71,397	53.6%
8 - South Bay/Harbor	72,591	51.9%

By Race/Ethnicity



By Service Planning Area



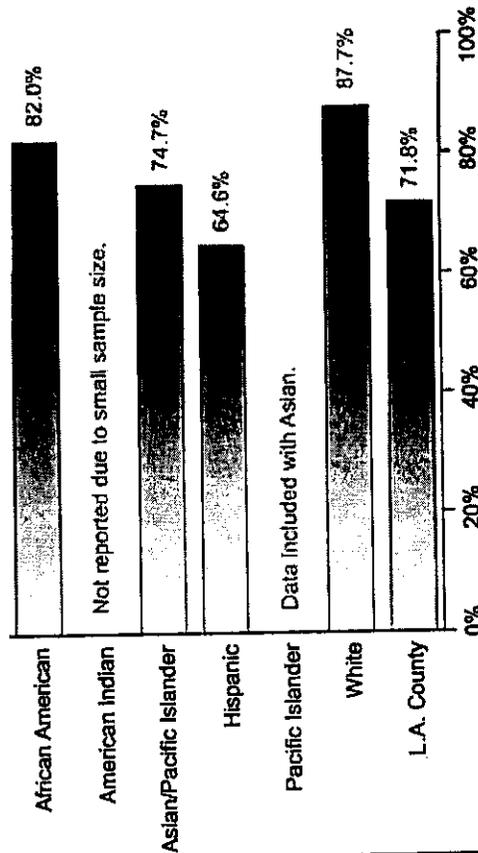
9. Children, 5 and Under, Whose Parents Say It Is Easy to Find Someone to Talk to When They Need Advice About Raising Their Child

Goal 1 : Families have supportive networks and are able to find information and assistance.

Outcome Area: Social and Emotional Well-Being

Parents who are able to obtain child-rearing support from their friends, families, and communities are better able to cope with the demands of parenthood. As a result, the relationships they have with their children tend to be stronger than those of parents who lack these sources of support. In addition, their children may be exposed to a greater variety of opportunities and experiences that improve their readiness for school. A majority of the parents in Los Angeles County (72%) believe they can easily obtain the advice they need to raise their children. However, only 2 of every 3 Hispanic families say they can easily find someone to talk to when they have a parenting concern. This statistic is mirrored in SPA 4, where parents report the greatest challenge in this regard. Conversely, 9 out of 10 parents in SPA 1 report they can easily obtain parenting advice.

By Race/Ethnicity

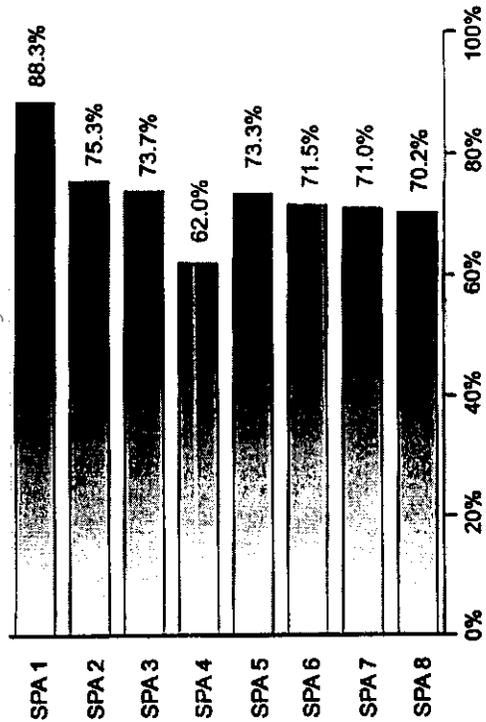


Estimated Percent of Parents with Children 5 Years and Under Who Say It Is Easy to Find Someone to Talk to for Parenting Advice

Parents of Children, 5 and Under, Who Say It Is Easy to Find Someone to Talk to When They Need Advice About Raising Their Child

Racial/Ethnic Group	Estimate	Percent
African American	78,000	82.0%
American Indian	n.a.	n.a.
Asian/Pacific Islander	71,000	74.7%
Hispanic	422,000	64.6%
Pacific Islander	n.a.	n.a.
White	170,000	87.7%
Los Angeles County	756,000	71.8%
1 - Antelope Valley	33,000	88.3%
2 - San Fernando	147,000	75.3%
3 - San Gabriel	137,000	73.7%
4 - Metro	79,000	62.0%
5 - West	32,000	73.3%
6 - South	103,000	71.5%
7 - East	112,000	71.0%
8 - South Bay/Harbor	114,000	70.2%

By Service Planning Area



Estimated Percent of Parents with Children 5 Years and Under Who Say It Is Easy to Find Someone to Talk to for Parenting Advice

10. Parents Who Report that It Is "Very" or "Somewhat" Difficult to Find the Child Care They Need on a Regular Basis

Goal J : Families have access to quality child care.

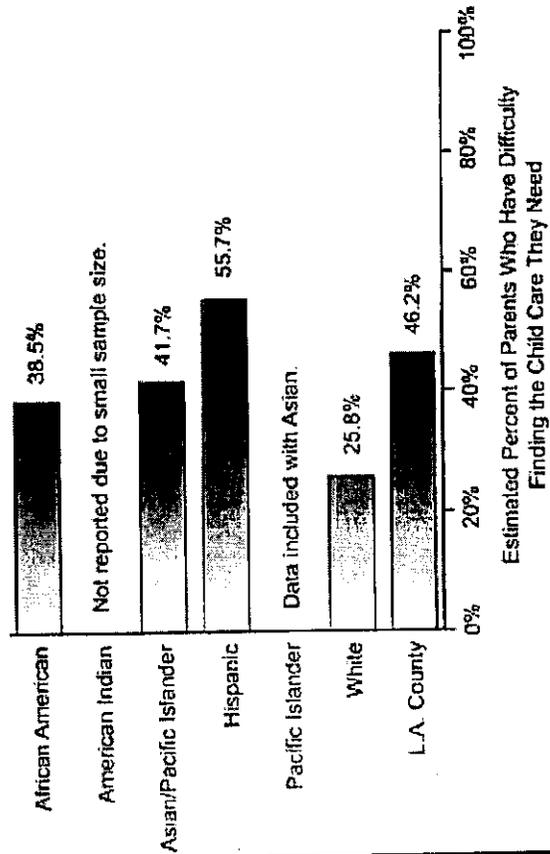
Outcome Area: Social and Emotional Well-Being

Research has shown that the best predictors of positive outcomes related to child care are the attachments that children form with caring and sensitive child care providers, as well as the positive peer interactions they experience. Quality child care can greatly impact the cognitive, language, social, and emotional development of children, enabling them to enter school ready to learn. Even so, almost half of L.A. County parents report that it is difficult to find the child care they need. Reasons for this may include affordability, quality, accessibility, and hours of operation. Among racial/ethnic groups, Hispanic parents reported the greatest challenges in finding child care and account for 71% of all parents who reported difficulties in this area. SPA 8 had the lowest proportion of parents reporting difficulties (38%), which contrasts sharply with 61% of parents in SPA 4.

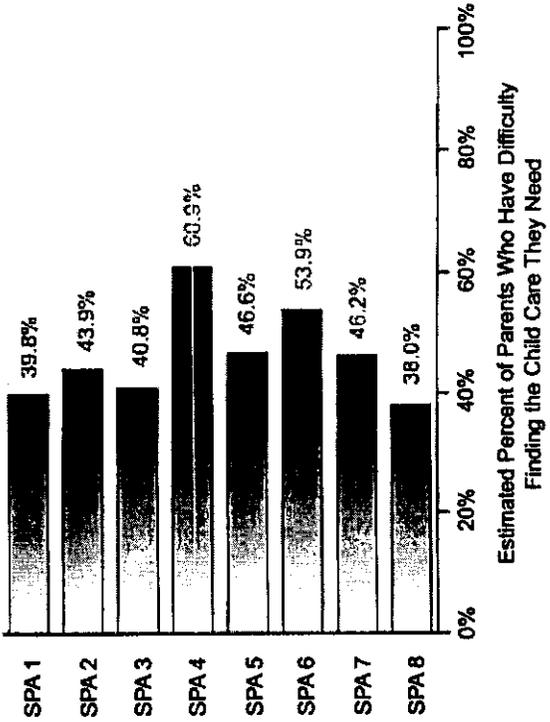
Parents Who Have Difficulty Finding the Child Care They Need

Race/Ethnic Group	Estimate	Percent
African American	36,000	38.5%
American Indian	n.a.	n.a.
Asian/Pacific Islander	35,000	41.7%
Hispanic	291,000	55.7%
Pacific Islander	n.a.	n.a.
White	46,000	25.8%
Los Angeles County	411,000	46.2%
.....		
Service Planning Area		
1 - Antelope Valley	13,000	39.8%
2 - San Fernando	75,000	43.9%
3 - San Gabriel	64,000	40.8%
4 - Metro	68,000	60.9%
5 - West	18,000	46.6%
6 - South	61,000	53.9%
7 - East	60,000	46.2%
8 - South Bay/Harbor	51,000	38.0%

By Race/Ethnicity



By Service Planning Area



Source: Los Angeles County Health Survey, Department of Health Services, 1998

11. Licensed Child Care Spaces as a Proportion of the Corresponding Population

Goal J : Families have access to quality child care.

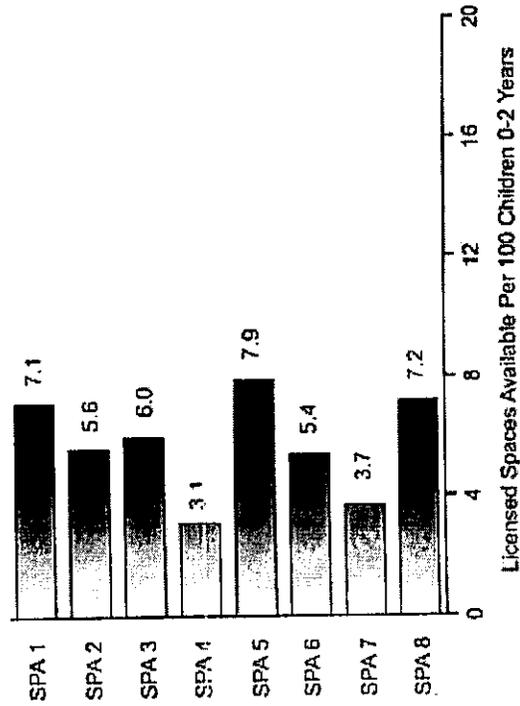
Outcome Area: Social and Emotional Well-Being

Given the changing demographics of our society, with increasing numbers of dual-working and single-parent families, it is more important than ever for parents to have quality child care available for their children. Additionally, kindergarten teachers can identify children who have spent time in quality child care because they enter their classrooms prepared to learn. While not every child needs child care, not one SPA in the County meets the demand of licensed child care for its population. SPA 4 has only 3 licensed spaces available per 100 infants, and only 21 licensed spaces for every 100 preschool-aged children. Even SPA 5, which has the highest ratio of child care spaces for its population, has only 8 spaces available per 100 infants, and 58 (per 100 children) licensed preschool spaces. It is also important to note that this data does not reflect the quality of the licensed child care care facilities.

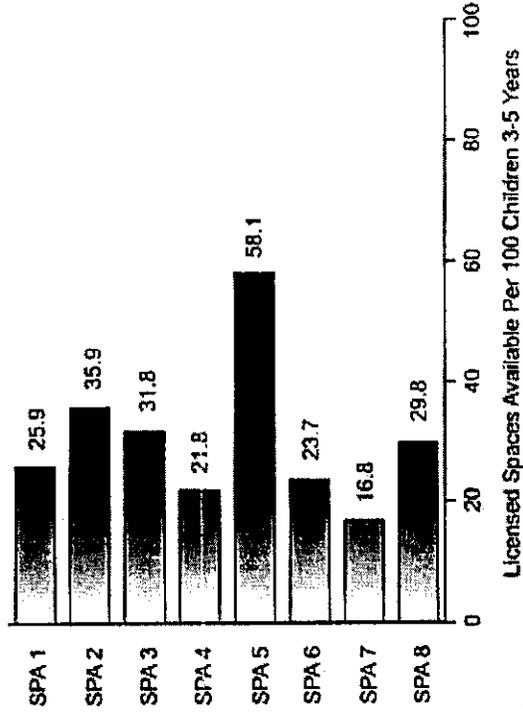
Estimated Licensed Child Care Spaces as a Proportion of the Corresponding Population

Service Planning Area	Infant (0-2 years)		Preschool (3-5 years)	
	Licensed Spaces	Slots per 100 Kids	Licensed Spaces	Slots per 100 Kids
1 - Antelope Valley	1,286	7.1	4,560	25.9
2 - San Fernando	4,823	5.6	29,397	35.9
3 - San Gabriel	4,977	6.0	26,057	31.8
4 - Metro	1,725	3.1	12,438	21.8
5 - West	1,179	7.9	9,023	58.1
6 - South	3,497	5.4	15,078	23.7
7 - East	2,662	3.7	12,013	16.8
8 - South Bay/Harbor	4,607	7.2	19,324	29.8
Los Angeles County	24,756	5.4	127,890	28.2

Infant Child Care Availability



Preschool Child Care Availability



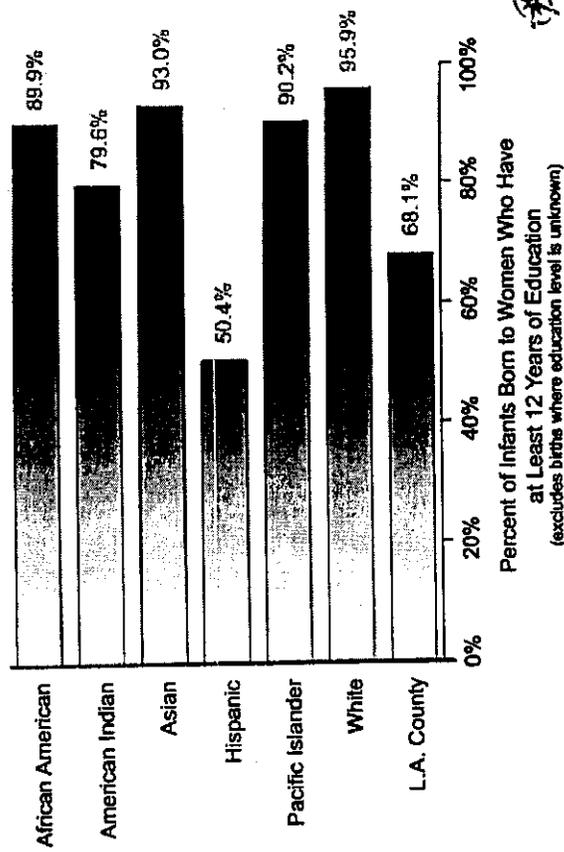
12. Infants Born Annually to Women, Age 21 or Older, Who Have at Least 12 Years of Education

Goal K : Communities encourage educational attainment for families.

Outcome Area: Economic Well-Being

Research has shown that mothers with lower education levels read to their children less and tell fewer stories than mothers with higher levels of education. Furthermore, the children of mothers with less than a high school education were less likely to have letter recognition and counting skills when 3-5 years of age than children whose mothers had higher levels of education. In Los Angeles County, two-thirds of all mothers who gave birth in 2000 had completed at least 12 years of education. Among Hispanic mothers, the proportion was noticeably lower, with just 50% having completed 12 years of school or more. The next lowest proportion was found in American Indian mothers (80% with at least 12 years of schooling). Disparities were very apparent across SPAs as well, ranging from 48% of mothers in SPA 6 with 12 or more years of education to 91% of mothers in SPA 5.

By Race/Ethnicity

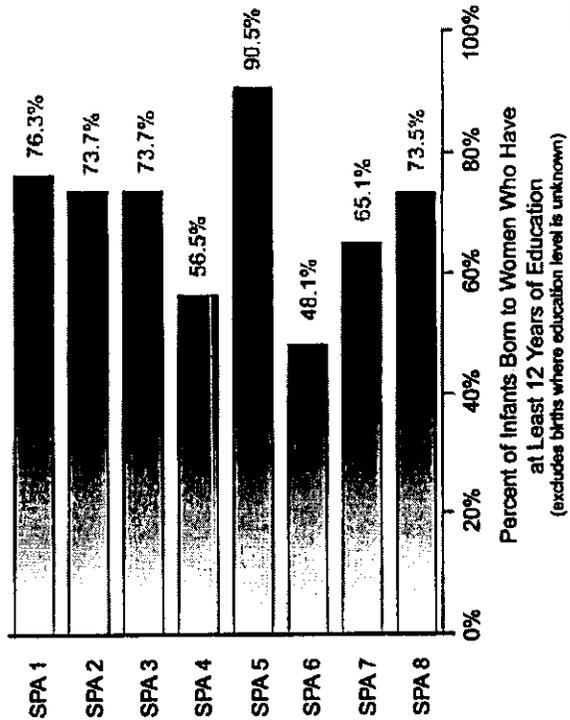


Percent of Infants Born to Women, Age 21 or Older, Who Have at Least 12 Years of Education

Racial/Ethnic Group	Percent
African American	89.9%
American Indian	79.6%
Asian	93.0%
Hispanic	50.4%
Pacific Islander	90.2%
White	95.9%
Los Angeles County	68.1%

Service Planning Area	Percent
1 - Antelope Valley	76.3%
2 - San Fernando	73.7%
3 - San Gabriel	73.7%
4 - Metro	56.5%
5 - West	90.5%
6 - South	48.1%
7 - East	65.1%
8 - South Bay/Harbor	73.5%

By Service Planning Area



13. Infants Born Annually to Men, Age 21 or Older, Who Have at Least 12 Years of Education

Goal K : Communities encourage educational attainment for families.

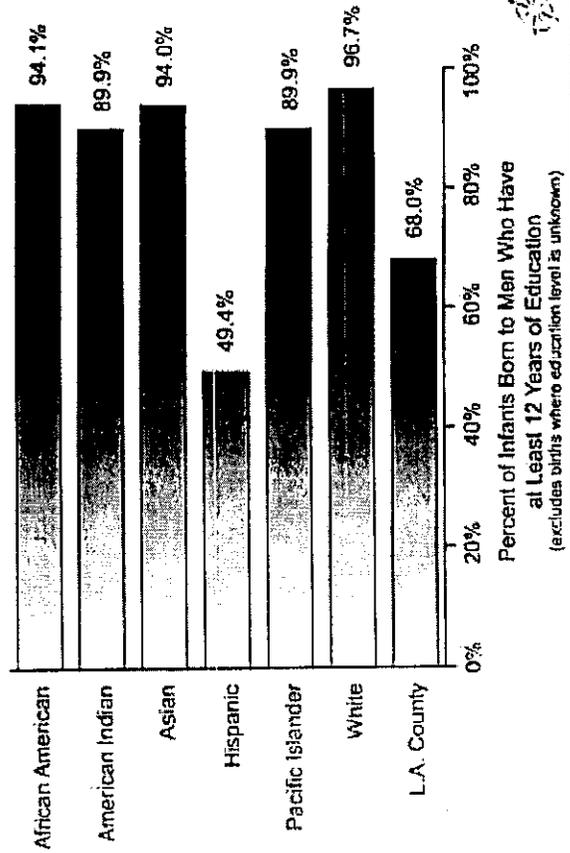
Outcome Area: Economic Well-Being

Studies have shown that one's earning potential is closely tied to educational attainment, with higher levels of education typically resulting in higher incomes. Thus, fathers who have not completed high school face a major economic disadvantage when trying to provide for their families. In addition, they are less likely to support academic achievement or provide academic experiences for their children. Across racial/ethnic groups (with the exception of Hispanic), the proportion of babies born to fathers who had completed at least 12 years of education was fairly constant: 90% or higher. For Hispanic fathers, however, fewer than 50% had finished 12 or more years of school (almost 40,000 babies were born to Hispanic fathers with less than 12 years of education). In SPA 5, 91% of fathers had at least 12 years of education, while in SPA 6, fewer than 48% had finished high school.

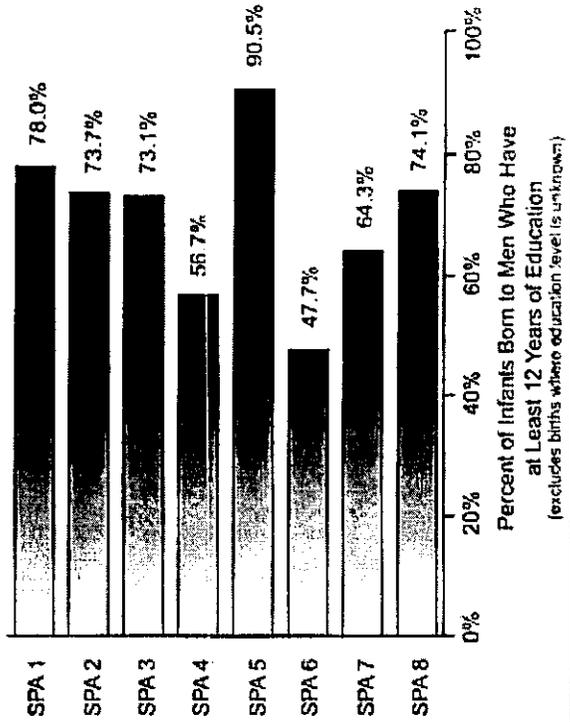
Percent of Infants Born to Men, Age 21 or Older, Who Have at Least 12 Years of Education

Race/Ethnic Group	Percent
African American	94.1%
American Indian	89.9%
Asian	94.0%
Hispanic	49.4%
Pacific Islander	89.9%
White	96.7%
Los Angeles County	68.0%
.....	
1 - Antelope Valley	78.0%
2 - San Fernando	73.7%
3 - San Gabriel	73.1%
4 - Metro	56.7%
5 - West	90.5%
6 - South	47.7%
7 - East	64.3%
8 - South Bay/Harbor	74.1%

By Race/Ethnicity



By Service Planning Area



Source: Los Angeles County Department of Health Services, 2002

14. Children, 5 and Under, Who are Read to Daily by a Family Member

Goal L : Families and caregivers interact with children in ways that promote cognitive, linguistic, social, emotional, and physical development.

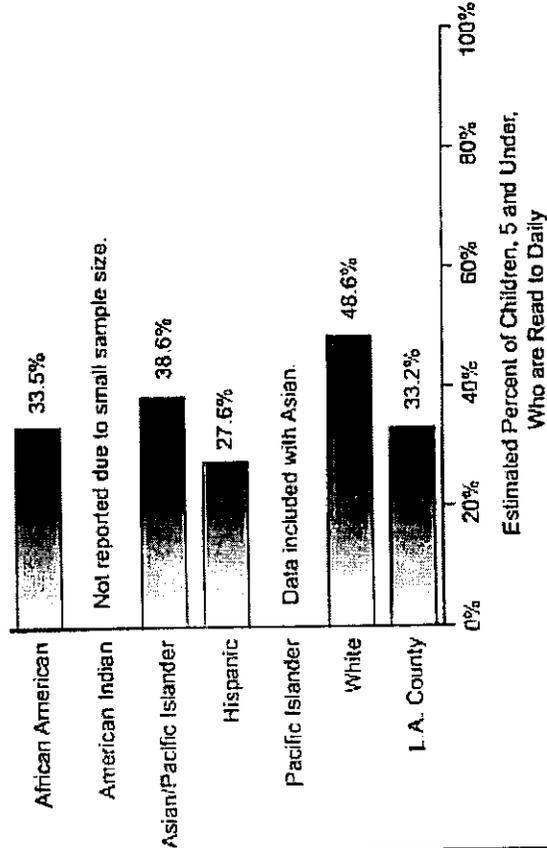
Outcome Area: Education and Workforce Readiness

Through reading and story-telling, parents and children interact in ways that promote the cognitive development and early literacy and verbal skills necessary for entering school. In addition, reading and story-telling promote positive parent/child interactions that bolster the social and emotional development of young children. In Los Angeles County, only one-third of children under 6 years of age benefit from daily reading with a family member. Hispanic children are even less likely to be read to daily; roughly one in four Hispanic children participate in this activity with family members. Percentages across SPAs are low also, with SPA 5 being the noticeable exception. Even so, fewer than 50% of the children in this SPA are read to daily.

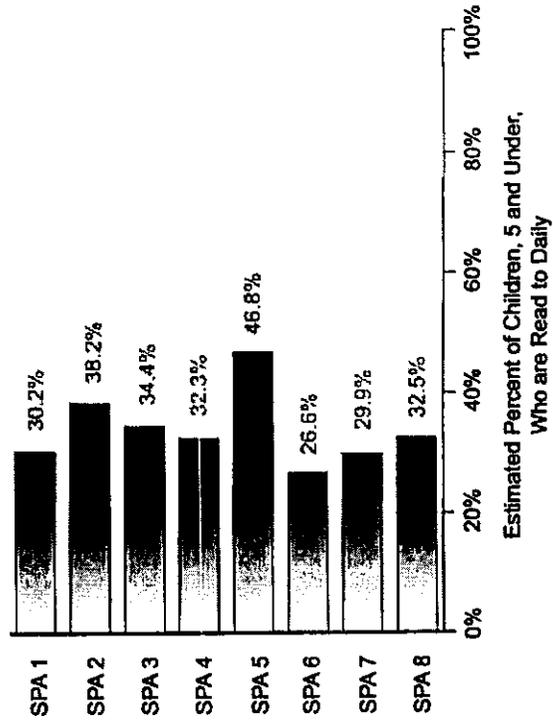
Children, 5 and Under, Who are Read to Daily by a Family Member

Race/Ethnic Group	Estimate	Percent
African American	33,000	33.5%
American Indian	n.a.	n.a.
Asian/Pacific Islander	39,000	38.6%
Hispanic	185,000	27.6%
Pacific Islander	n.a.	n.a.
White	95,000	48.6%
Los Angeles County	358,000	33.2%
.....		
1 - Antelope Valley	11,000	30.2%
2 - San Fernando	77,000	38.2%
3 - San Gabriel	67,000	34.4%
4 - Metro	42,000	32.3%
5 - West	21,000	46.8%
6 - South	39,000	26.6%
7 - East	48,000	29.9%
8 - South Bay/Harbor	53,000	32.5%

By Race/Ethnicity



By Service Planning Area



15. Children, 3 and 4 Years Old, Who Have Selected Disabilities and Are Enrolled in Special Education Programs

Goal O : Communities support families and children with special needs.

Outcome Area: Good Health

One important way a community can support school readiness is to identify, at the earliest possible moment, children with behavioral, developmental, and learning disabilities. By identifying services and treatment that support these children, communities can ensure that ALL children enter school ready to learn. Furthermore, early identification can reduce the numbers of children that face retention and school failure.

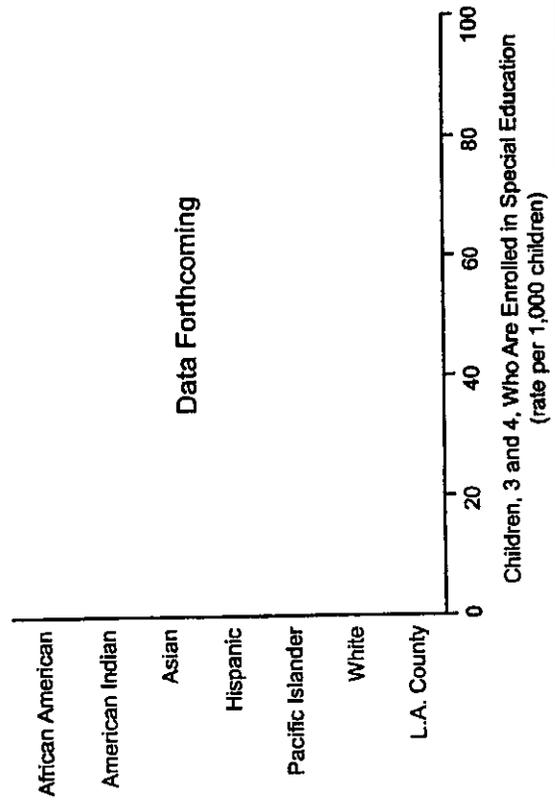
Children, 3 and 4, Who Are Enrolled in Special Education

Race/Ethnic Group	Estimate	Percent
African American		
American Indian		
Asian/Pacific Islander		
Hispanic		
Pacific Islander		
White		
Los Angeles County		
1 - Antelope Valley		
2 - San Fernando		
3 - San Gabriel		
4 - Metro		
5 - West		
6 - South		
7 - East		
8 - South Bay/Harbor		

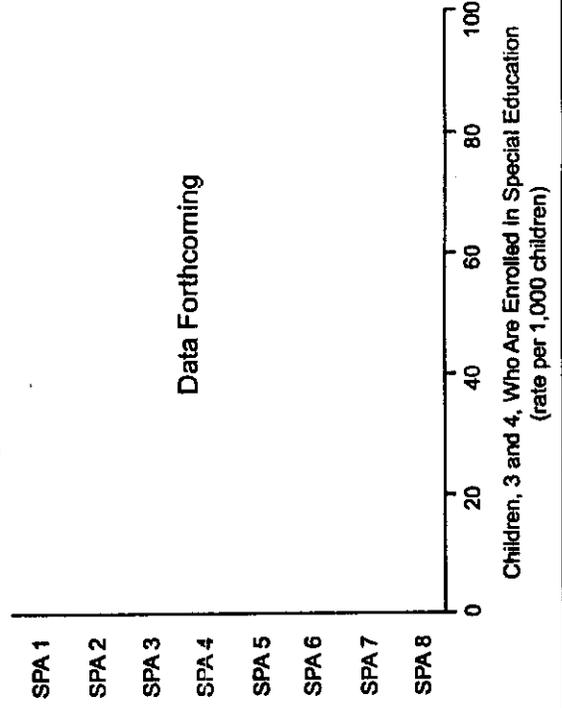
Data Forthcoming

Data Forthcoming

By Race/Ethnicity



By Service Planning Area



**SUMMARY STATUS REPORT
ON THE IMPLEMENTATION OF THE FRAMEWORK FOR TRACKING AND
MEASUREMENT OF THE CORE SET OF SCHOOL READINESS INDICATORS
(FRAMEWORK)**

Recommendation 1: Adoption of Framework for Tracking and Measurement of the Core Set of School Readiness Indicators, as recommended by the Los Angeles County Children's Planning Council (CPC).

Lead: CPC

Status: Completed.

Recommendation 2: Requested the New Directions Task Force Departments to identify current programs that affect the Countywide Goals, as set forth in the Framework, for inclusion in the 2004-05 Children and Families Budget Addendum; develop performance measures for those programs; and identify data sources related to the High Priority Research Agenda.

Lead: New Directions Task Force

Status:

The Fiscal Year 2005-06 Children and Families Budget (C&FB) addendum will be issued in April 2005, and will include data on programs serving children and families submitted by participating County departments and commissions. As part of the five-year phased implementation plan of the C&FB, departments are required to identify individual program budgets and program performance measures for 75 percent of their programs. The C&FB will include an analysis of key performance measures for programs serving children and families and their relationship to the Countywide Indicators and School Readiness Indicators. This analysis will demonstrate the impact County programs are having on School Readiness Indicators.

Identification of data sources pertaining to the High Priority Research Agenda (Research Agenda) is pending refinement of the Research Agenda by First 5 LA.

Recommendation 3: Requested First 5 LA, in consultation with the CPC and other key stakeholders, to initiate work on the High Priority Research Agenda.

Lead: First 5 LA

Status:

First 5 LA has undertaken several activities related to the Research Agenda:

1. For those Framework Goals that are currently without indicators (please see the gray shaded areas in Attachment A), First 5 LA has conducted research into potential sources of indicator data. The results of these efforts are described in the

corresponding Countywide Goal section of the attached "Shaping the Futures" report (Attachment C). Additional information regarding the Report can also be found under "Recommendation Four" of this report.

2. First 5 LA has funded a research partnership with Children's Hospital that addresses the Research Agenda as well. The project has two components. The first consists of research on and the development of child health indicators designed to complement and improve upon the health-related School Readiness Indicators. The second component consists of the development of a new clinical information system that integrates prenatal, perinatal and neonatal service delivery data across multiple hospitals. When brought to scale, this new data system will be a rich source of previously unlinked data that will enable new and innovative research which specifically addresses the Research Agenda item related to birth weights.
3. First 5 LA has contracted with the Urban Institute to complete an evaluation of its Healthy Kids health insurance expansion initiative. A major component of that evaluation is a longitudinal survey of enrollees that will be used to address the Research Agenda items found under the Framework's preventative Health Care Goal.

First 5 LA is also addressing the development of the Research Agenda through its new Universal Preschool Initiative (now called LA UP). First 5 LA hosted its first Universal Preschool Research Symposium in November 2004 where world-renowned researchers in the area of early education were brought together to help LA UP and First 5 LA develop the new universal preschool system. Additionally, this symposium introduced extensive research, ideas and best practices around the benefits of early education. This research directly addresses Research Agenda items found under the following Framework Goals:

- Goal J: Families have access to quality child care.
- Goal L: Families and caregivers interact with children in ways that promote cognitive, linguistic, social-emotional, and physical development.
- Goal M: Schools and child care programs promote an environment that is conducive to learning.
- Goal N: Schools, families, and caregivers work together to ensure a positive transition to K-6 education.

Recommendation 4: Requested the CPC, in partnership with First 5 LA and other key stakeholders, to implement the plan for building Countywide consensus around the Framework.

Lead: CPC

Key Partners: Service Planning Area (SPA) / American Indian Children's (AIC) Councils
First 5 LA Commission
City of Los Angeles Commission for Children, Youth, and Their Families
Los Angeles County Office of Education (LACOE)
Los Angeles Unified School District (LAUSD)
Los Angeles County Policy Roundtable for Child Care

Status:

Service Planning Area (SPA) and American Indian Children's (AIC) Councils

The SPA/AIC Councils have spent the last six months implementing their 2004-05 workplans, which have an enhanced focus on the School Readiness Indicators as they relate to health, families who have supportive networks, access to quality child care, and children free from abuse and neglect.

The 2004 Children's ScoreCard was released in October 2004. This year's theme was "Health, Families and Income: Key Areas of Child Well-being for School Readiness and Success." This ScoreCard, which incorporated many of the same concepts in the Framework, highlighted the three areas that play a particularly powerful role in helping children succeed in school: Health Access; Safe, Stable Nurturing Families; and Family Economic Security.

The issue of Health Access has been embraced by the system of SPA/AIC Councils. Collectively, the Councils are building a Countywide campaign to increase the number of children with health insurance. This campaign is interconnected to the School Readiness work currently happening across the County: the more children that are insured, the more children enter school healthy and ready to learn.

The SPA/AIC Councils have been actively working on building community capacity as well as the capacities of parents. SPA 8 hosted School Readiness Conferences where parents and community members not only discussed the School Readiness Indicators and action plans, but also discussed what it will take for families, communities, schools, and children to do their part to ensure school readiness and academic success. In addition, each of the Councils have been working on parent engagement and leadership trainings to develop parents into community advocates. In SPA 7, for example, nearly 30 parents participated in a 16-week leadership training where they identified health as the area around which they would organize. These parents are currently in the process of developing their workplan. In SPA 3, nearly 100 parents have requested to participate in a leadership and advocacy training: nearly 30 parents will participate in the first offering of this training, with subsequent trainings to hopefully follow. Parent engagement strategies are being developed and implemented in several other SPAs, as well.

CPC, in partnership with UCLA's Center for Healthier Children, Families and Communities, has been developing a web-based school readiness workstation and community building toolkit. A Leadership Design Team has been convened to develop the workstation. The online "Community Tool Box," as it has been named, will be a resource where community members and agencies will learn best practices, can network with similar agencies and organizations, and have access to technical assistance and capacity-building strategies. It will not only help community members better understand the School Readiness Indicators and Countywide efforts around school readiness, but it will also help them learn strategies and acquire "tools" to help move the work forward throughout Los Angeles County.

First 5 LA Commission

Since the Consensus Building Partnership around the School Readiness Indicators began 18 months ago, First 5 LA has used the School Readiness Indicators as the building blocks for the Accountability Framework of its new five-year strategic plan, *Next Five*,

which went into effect on July 1, 2004. First 5 LA uses the Accountability Framework to evaluate its funded programs across the County and to ensure that their programs are aligned with the School Readiness Indicators.

Over the past six months, First 5 LA has also built on the School Readiness Framework through the development of a document called "Shaping the Future," which promotes the School Readiness Indicators to a broad community. The report, released in November 2004, targets those interested in helping children in their community get the best possible start in school. The report promotes school readiness, the variety of factors that influence a child's readiness, and encourages individuals, organizations, and communities to use specific strategies to address a common set of school readiness goals.

The School Readiness Indicators have assisted First 5 LA in developing its internal plans to organize school readiness efforts. First 5 LA's Accountability Framework has three levels that hold the staff and the organization more accountable. The first is the **County Level** where First 5 LA will track Countywide trends in the School Readiness Indicators as they relate to its strategic plan goal areas. The second level is the **Goal Level** where First 5 LA will use performance measures to track each goal area listed in its strategic plan (i.e., health, early learning, and safe children and families; three goal areas that are linked to the School Readiness Indicators.) The third level is the **Program Level** where, using the School Readiness Indicators, First 5 LA developed the Accountability Framework that requires all of its funded programs to have performance measures that are linked to specific School Readiness Indicators.

First 5 LA will track the School Readiness Indicators over time; however, because data on the Indicators have thus far been reported at only one point in time, First 5 LA will need to wait for future data points to track the changes in the Indicators.

City of Los Angeles Commission for Children, Youth, and Their Families

The Commission for Children, Youth, and Their Families did not use the indicators in its work during the past six-month period, but is currently reexamining the Framework to develop workplans and goals for the upcoming year.

Los Angeles County Office of Education (LACOE)

Over the past six months, LACOE has actively used the School Readiness Indicators in its work. LACOE has created a division-wide training and technical assistance plan to support the elements of School Readiness and early childhood curriculum. Additional trainings in the area of language, literacy and math will be developed based on their findings. All of the trainings mentioned below are conducted for the delegate agencies contracted with LACOE Head Start Division. The audience is primarily teachers and education supervisors.

LACOE has used the School Readiness Indicators to accomplish the following:

- Revised curriculum for the Early Literacy Training Series and the Mathematics Training Series based on the child outcomes data analysis. There is now an increased focus on vocabulary development, letter knowledge, letter-sound correspondences, estimation, and quantity.
- Developed a new Social-Emotional Training Series and integrated social-emotional competence strand into all curriculum content trainings for delegate agencies.

- Developed a new First and Second Language Acquisition Training Series for LACOE delegate agencies to meet the needs of the English Learner population (over 80 percent).
- Provided various School Readiness trainings as well as technical assistance to teachers and education supervisors to support a seamless transition of children age 0-5 from Head Start to the public school system.
- Conducted several English Language Development trainings for delegate agencies and Even Start Coordinators.
- Conducted the Second Annual Language Institute for Head Start delegate agency staff on July 10, 2004.

With the support of the School Readiness Indicators, LACOE has learned how to improve teacher qualifications; enhance ongoing monitoring systems; increase child outcomes assessment reliability and validity; develop a comprehensive planning system that incorporates child outcomes data for program improvement; conduct training and technical assistance to support school readiness; and establish collaboration with local education agencies.

LACOE has used the School Readiness Indicators to select elements for its School Readiness Action Plan by aligning Head Start Goals and Objectives to support LACOE's Goals and Objectives and the School Readiness Indicators, and by developing a strategic plan to identify activities that support the division's goals and objectives.

The indicators have greatly assisted LACOE in developing internal plans to organize school readiness efforts. The LACOE strategic plan has been developed to support the School Readiness Indicators. LACOE has also developed internal plans to organize school readiness efforts by developing a Child Outcomes Planning and Evaluation process to guide the grantee and delegate agencies in the child outcomes data analysis and planning for program improvement. LACOE has also used the indicators to plan services and track the conditions of children.

Los Angeles Unified School District (LAUSD)

LAUSD continues to refer to the School Readiness Indicators, particularly when meeting with administrators and other key staff. In using the School Readiness Indicators, LAUSD has developed the Early Education Improvement Plan, which it uses as a guide for the District's restructuring of the Early Childhood Education Division. Many of the School Readiness Indicators are embedded in the Improvement Plan.

LAUSD developed performance measures that are based on the School Readiness Indicators; which have helped LAUSD enhance existing programs. Using the School Readiness Indicators as a guide, LAUSD adopted the Early Literacy Program for its four preschool programs: Early Education Centers, School Readiness Language Development Program, State Preschool, and Infant Centers.

The School Readiness Indicators have helped LAUSD focus on those elements that are critical to early childhood development. LAUSD has used the Indicators to plan services and track the conditions of children to inform future services and programs. For example, LAUSD is currently tracking a sample student population to learn more about early literacy issues; this information will be used to inform future services and programs.

LAUSD is committed to continuously using the School Readiness Indicators as a solid base for future program/policy development and decisions. What was learned from this 18-month process will be used to create strategies that are shared with administrators, teachers and parents.

The Los Angeles County Policy Roundtable for Child Care (Roundtable)

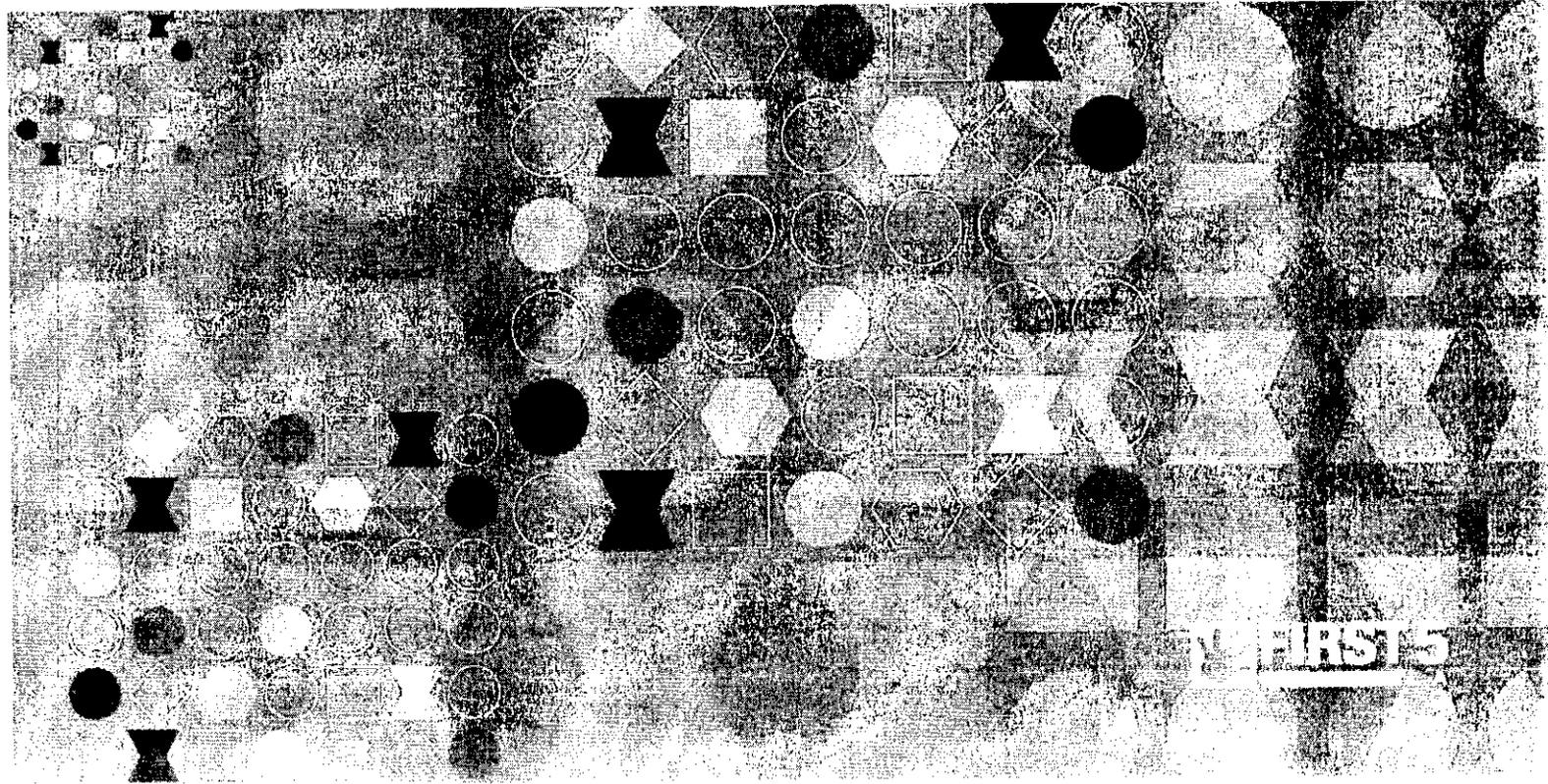
The Roundtable believes that high-quality child care services promote school readiness in young children and their families. As a result, the Roundtable is committed to ensuring that all families in Los Angeles County have geographic and financial access to such services. During this period, the Roundtable has:

1. Worked with the Community Development Commission to revise their policies related to the operation of licensed family child care in Commission-administered public housing. Hosted informational meetings for prospective licensed family child care providers in the Nueva Maravilla Housing Development.
2. Provided input to the Department of Regional Planning in its work to revise County zoning ordinances related to licensed family child care homes and child care centers and testified in support of the revised ordinances.
3. Secured support from the Board of Supervisors for SB 1343 by California State Senator Martha Escutia calling for the development of a master plan for child care and development services for infants and toddlers. Unfortunately, the bill was vetoed by Governor Schwarzenegger.
4. Secured funding to test the reliability of child care program quality rating instruments.
5. Developed a model to estimate the cost of expanding subsidized child care to serve children with working or student parents in families earning up to 150 percent of the State Median Income.

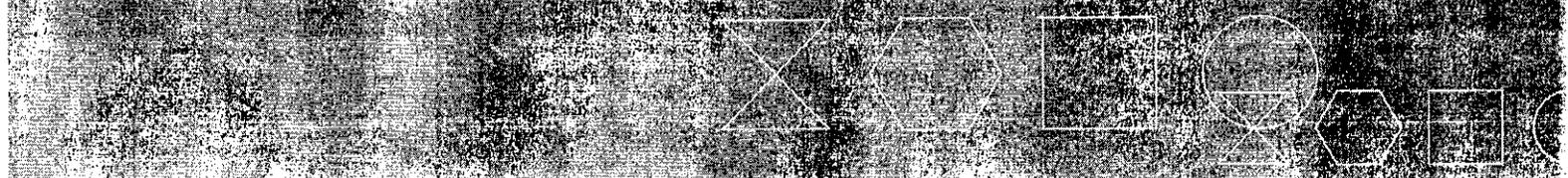
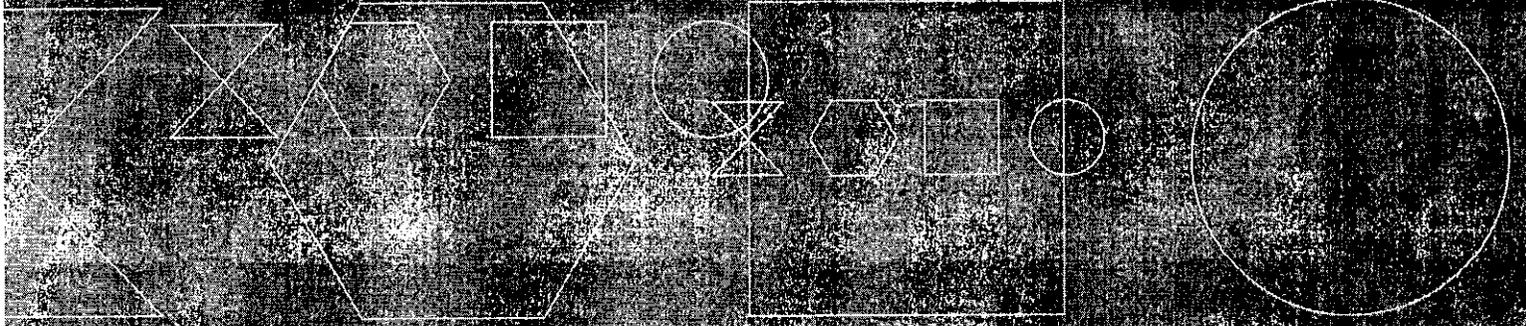
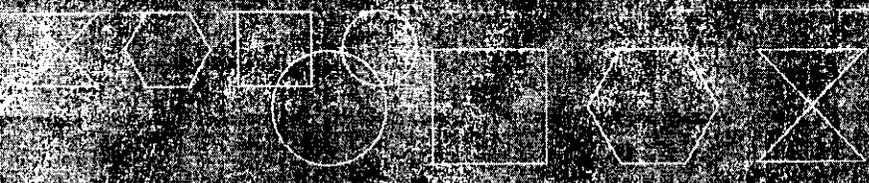


Shaping the Future

Help children in your community
get the best possible start in school.



FIRST 5



Introduction

Each year in Los Angeles County, more than 150,000 children go to school for the first time. This is an important day for these kids, one of many life changing moments they will experience. For most of us, it is easy to understand that how well these children do in school will help determine the course of their adult lives. Only recently, however, have we come to understand that how well a child is prepared to begin his or her formal education can play just as big a role in future success. This concept of school readiness is complex and has important ramifications for children, families and communities.

This issue has particular resonance in Los Angeles County, where great disparities in school achievement persist among hundreds of thousands of young students each year. It was in the hope of creating a better future for all of the county's children that First 5 LA and the Children's Planning Council in January of 2003 convened stakeholders from the fields of education, philanthropy, research, child care, child and family advocacy, government and community organizations to build consensus around goals and strategies to improve children's readiness for school. This School Readiness Workgroup also collected available data to get a snapshot of where things stand in Los Angeles County and how we can track improvements.

This report represents groundbreaking work. In July of 2003, the Los Angeles County Board of Supervisors adopted the goals and strategies to improve school readiness countywide. Moreover, the Board directed the Workgroup's members to engage the many agencies and individuals currently working with young children and families throughout Los Angeles County in a community-wide dialogue about how we can come together to create a better future for all of the county's young children.

The information contained in this report should be useful for anyone that interacts with children—parents, childcare providers, school districts, community organizations and others—to help these young people succeed in school.

Defining School Readiness

When we discuss the concept of school readiness, we are talking about more than making sure a child has enough pencils or gets to the bus on time. Specifically, school readiness entails all of the factors that help to prepare a child to enter school and make the most of his or her education.

This view of school readiness is relatively new. It emerged in 1989 when President George H. W. Bush and the nation's governors convened the first National Education Summit to discuss ways to strengthen the educational performance of America's students. The first goal to come out of the meeting was that "All children will start school ready to learn." The concept gained further momentum in 1997 when the National Education Goals Panel (NEGP) created the working definition for school readiness that we use today:

- **Children's readiness for school** (prepared to fully participate in class)
- **Schools' readiness for children** (ready to meet the needs of all children they will serve)
- **Family and community supports and services that contribute to children's readiness for school success** (offer a household and community environment that supports learning)

The NEGP definition makes clear that school readiness is a community-wide challenge that goes far beyond the classroom and individual homes.

While some aspects of school readiness are obvious—such as a child's presence in class—other factors are more subtle. If a child isn't in school, we should ask what the reason is. Is it poor health, a learning disability or even the parents' inability to transport the child there? When a child is in the classroom, we need to consider if that student has the skills and supports necessary to succeed. Does the child have difficulty seeing the blackboard? Is she hungry? Does she know her shapes and colors? Can he sit still and pay attention? Does her teacher know that the only language spoken in her household is Korean?

Goals for Los Angeles County

What would it take for all children in Los Angeles County to be ready for school? This is an important question to answer not only because it gives us a better understanding of this complex term, but also because it will help us define our goals for achieving school readiness in our community. Our answer to the question will also help us shape strategies for achieving our goals. Clearly, the NEGP definition of school readiness is a good place to start, as is the set of desired outcomes—good health, economic well-being, safety and survival, social and emotional well-being, and education/workforce readiness—that has been adopted by agencies within Los Angeles County. Building from these sources we can create a more comprehensive picture of school readiness that both defines the various elements of the term, but also serves as a comprehensive set of goals.

Los Angeles County's School Readiness Goals

(bulleted items show data that are currently available to track our progress)

- 1. Children are born at healthy birth weights.**
 - the number of newborns with low and very low birth weights.
- 2. Children receive preventive health care.**
 - the number of children ages 0 to 5 whose parents report that they have a regular source of health care.
 - the number of children ages 0 to 5 who have health insurance
 - hospitalizations of children age 5 and younger resulting from asthma.
- 3. Children are free from abuse and neglect and thrive in permanent homes.**
 - child abuse and neglect reports to DCFS that result in Emergency Response services for children ages 0 to 5.
- 4. Families ensure that kids are safe from unintentional injuries.**
- 5. Communities offer safe places for children to live and play.**
 - the number of children ages 1 to 5 whose parents say they can easily get to a park, playground or other safe place to play.
- 6. Families have adequate food.**
 - the number of households, with dependents under age 18 and below 300 percent of poverty, that are food insecure.
- 7. Families have adequate financial resources.**
 - the number of children ages 0 to 5 living in families with incomes below 200 percent of the Federal Poverty Level
- 8. Communities offer affordable housing for families.**
- 9. Families have supportive networks and are able to find information and assistance.**
 - the number of children ages 0 to 5 whose parents say it is "very" or "somewhat" easy to find someone to talk to when they need advice about raising their child.
- 10. Families have access to quality child care.**
 - the number of children ages 0 to 5 whose parents report that it is "very" or "somewhat" difficult to find the child care they need on a regular basis
 - the number of licensed child care spaces for children ages 0 to 5
- 11. Communities encourage educational attainment for families.**
 - the number of infants born annually to women, ages 21 or older, who have at least 12 years of education.
 - the number of infants born annually to men, ages 21 or older, who have at least 12 years of education.
- 12. Families and caregivers interact with children in ways that promote cognitive, linguistic, social-emotional and physical development.**
 - the number of children ages 0 to 5 who are read to daily by a parent or family member
- 13. Schools and child care programs promote an environment that is conducive to learning.**
- 14. Schools, families, and caregivers work together to ensure a positive transition to K-6 education.**
- 15. Communities support families and children with special needs.**
 - the number of children, ages 3 and 4, who are identified with serious, but often missed, disabilities and are enrolled in special education programs.

Making Progress

The school readiness goals presented here represent an ideal: the best possible circumstance for Los Angeles County children entering kindergarten. These goals are useful in that they illustrate a variety of factors that, together, impact school readiness.

As we develop strategies to move our children toward these goals, it is important that we begin with a clear picture of where our community currently stands with regard to each of these critical goal areas. For instance, the first school readiness goal is that "Children are born at healthy birth weights." If we know that children throughout Los Angeles County are being born at healthy birth weights, we will know that current efforts in this area are satisfactory. On the other hand, if we know that children in some parts of the county are being born at low birth weights, we can use this information to target our efforts where they will have the greatest positive impact.

This report endeavors to show—using available data from a variety of sources—where Los Angeles County stands today with regard to each school readiness goal. In several instances, this report indicates where available data resources are insufficient in giving us a clear assessment of how the county is doing in a particular goal area.

The passages above suggest that these data resources can do much more than simply give us a snapshot of our children's readiness for school. They can tell us which areas need immediate attention, and they can tell us if our children's circumstances are improving. In this sense, these school readiness indicators serve the same function as the economic indicators—such as unemployment, new home construction and consumer confidence—that economists use to show how the national economy is faring. For example, every time unemployment decreases it is a sign of improvement in the overall national economy. School readiness indicators—such as available data on low birth weights—can likewise be useful tools for communities working toward a better future for their children.

Using This Report

The information in this report should prompt everyone who interacts with children—parents, childcare providers, school districts, community organizations and others—to consider what role they can play in preparing young children to begin school.

In the next section of this document, the Los Angeles County School Readiness Goals are reviewed in detail. Included with each goal are an explanation of its relevance to school readiness, a review of how the county is faring in accomplishing this goal and a list of actions that can be taken by local organizations to move their community toward accomplishing that specific goal. It should be stated that the lists of actions are by no means comprehensive, and are merely included to prompt members of local communities to determine innovative strategies that address their particular needs.

Note: Much of the data on the following pages is organized by Los Angeles County Service Planning Area (SPA). We have provided a map of Los Angeles County divided by SPA for your reference.

According to the Los Angeles County Department of Health Services, more than 10,000 babies in the county were born with low and very low birth weights in 2002. Of these, almost 2,000 had very low birthweights. African American babies, in particular, are at risk for low birth weights, with rates almost twice as high as those of other racial/ethnic groups. SPAs 1 and 6 had the highest rates of low-weight births among SPAs. African American and American Indian babies have the highest levels of very low birth weight, both as a proportion of total births and as proportion of low birth weight births.

Goal 1: Children are Born at Healthy Birth Weights

Babies born with low birth weights (less than 5 pounds 8 ounces) and very low birth weights (less than 3 pounds 5 ounces) are at risk for developmental and/or health-related problems that can impact their early learning and later school performance.¹

We can follow our progress toward this goal by monitoring ...

- **the number of newborns with low and very low birth weights.**

Take Action



- Educate the public—and pregnant women in particular—about prenatal health issues such as doctor visits, smoking cessation and nutrition.
- Local agencies that interact with pregnant women should share information about local prenatal resources.
- Hold all prenatal care to quality standards set by recognized national entities.
- Local resources should be made available to help prenatal clients connect to effective interventions for stress, substance abuse and other problems that interfere with healthy pregnancy and childbirth.
- Work with healthcare providers and health insurance providers to ensure that a sufficient level of prenatal care and childbirth and parenting preparation is accessible, culturally appropriate and affordable.
- Develop a collaboration of providers, researchers and community-based agencies to improve birth outcomes at the local level.

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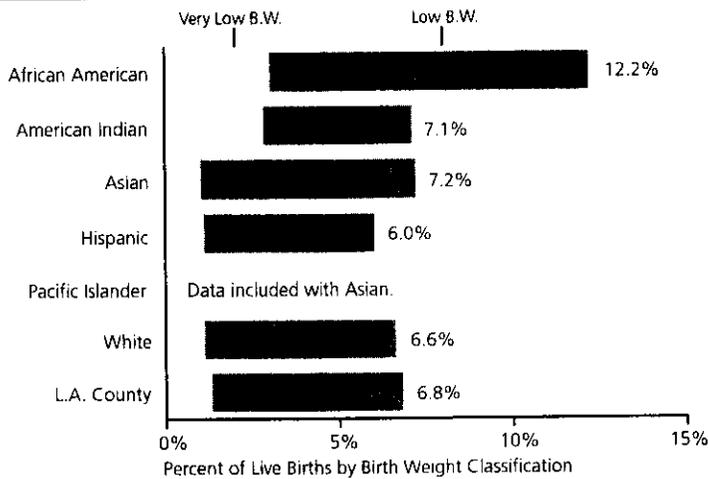
NEWBORNS WITH LOW AND VERY LOW BIRTHWEIGHTS

NEWBORNS WITH LOW AND VERY LOW BIRTHWEIGHTS

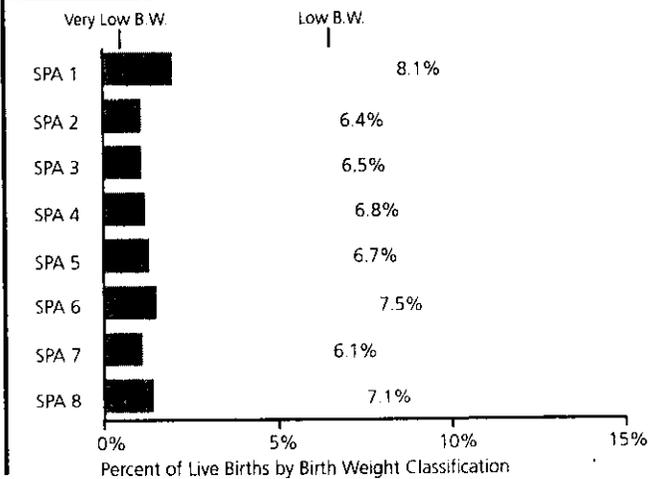
Racial/Ethnic Group	Low BW	% of Live Births	
		Low BW	Very Low BW
African American	1,456	12.2%	24.9%
American Indian	18	7.1%	38.9%
Asian/Pacific Islander	1,151	7.2%	13.4%
Hispanic	5,700	6.0%	18.4%
Pacific Islander (incl. w/Asian)	-	-	-
White	1,832	6.6%	16.7%
Los Angeles County	10,222	6.8%	18.6%

Service Planning Area	Low BW	% of Live Births	
		Low BW	Very Low BW
1 - Antelope Valley	397	8.1%	24.4%
2 - San Fernando	1,866	6.4%	17.8%
3 - San Gabriel	1,679	6.5%	16.4%
4 - Metro	1,173	6.8%	17.6%
5 - West	447	6.7%	19.9%
6 - South	1,642	7.5%	19.9%
7 - East	1,364	6.1%	17.7%
8 - South Bay/Harbor	1,615	7.1%	20.2%

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



Source: Los Angeles County Department of Health Services - Maternal, Child and Adolescent Health, 2002

According to the Los Angeles County Health Survey, in 2002/2003, an estimated 96 percent of children in L.A. County, ages 0 to 5, had a regular source of health care, as reported by their parents. Among ethnic groups, Asian and Pacific Islander children had the lowest percentage (95.1 percent) reporting a regular source of health care, with Hispanic children only slightly higher (95.4 percent). This contrasts noticeably with white children, who report a regular source of care, at 99 percent. Geographically, children in SPAs 4, 5, and 6 were the least likely to have a regular source of health care, as reported by their parents. It is important to note that having a regular source of care does not necessarily mean having health insurance or having a relationship with a particular primary care physician.

According to the Los Angeles County Department of Health Services, in 2002 there were almost 4,000 hospitalizations of children under 5 years old in L.A. County as a result of asthma. Of these, almost 25 percent were among children living in SPA 6. This contrasts sharply with a little over 2 percent in SPA 5. Data regarding asthma hospitalizations are not available by race/ethnicity.

According to the Los Angeles County Department of Health Services, in 2002/2003 approximately 94.2 percent of L.A. County children ages 0-5 had health insurance: 42.1 percent were enrolled in public insurance programs (Medi-Cal and Healthy Families), and 52.1 percent had private insurance. Proportional disparities were relatively small across racial/ethnic groups, with more than 90 percent of children in each group having some form of insurance. However, of those children without health insurance, 86 percent (about 42,000) are Hispanic. Among SPAs, proportions are fairly even, with the exceptions of SPAs 4 and 6.

Goal 2: Children Receive Preventive Health Care

Children who have a regular source of health care are more likely to receive immunizations, preventive health care and developmental services in a timely manner, thereby increasing their chances of good health when they enter school.² Children without health insurance often experience delays in receiving required immunizations and other preventive health care services as compared to their insured peers, potentially resulting in long-term health problems.³ Research demonstrates that uninsured children are at an elevated risk for absenteeism and prolonged illnesses, both of which could negatively impact their school readiness and academic achievement.

For children with asthma, regular preventive care leads to better symptom control and reduces unnecessary hospitalizations.⁴ According to the Environmental Protection Agency, asthma is increasing most rapidly among preschool-aged children. Children with uncontrolled asthma often miss school, experience limitations in physical activity, and feel sleepy as a result of nighttime attacks or side effects from medication.⁵

We can follow our progress toward this goal by monitoring ...

- **the number of children ages 0 to 5 whose parents report that they have a regular source of health care.**
- **hospitalizations of children age 5 and younger resulting from asthma.**
- **the number of children ages 0 to 5 who have health insurance.**

Take Action

- Establish programs that provide high-quality, comprehensive health care to all children.
- Encourage employers to offer health insurance for employees and their families.
- Encourage organizations that provide non-medical services to families to discuss the importance of enrolling in health insurance and how to access health care.
- Encourage doctors to work in underserved communities.
- Provide low-cost community health screenings.
- Identify local environmental factors that may lead to asthma.

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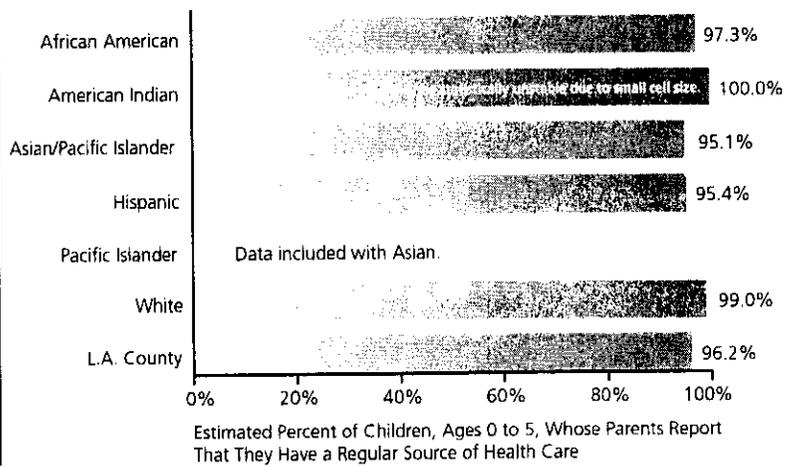
CHILDREN, AGES 0 TO 5, WHOSE PARENTS REPORT THAT THEY HAVE A REGULAR SOURCE OF HEALTH CARE

CHILDREN, AGES 0 TO 5, WHOSE PARENTS REPORT THAT THEY HAVE A REGULAR SOURCE OF HEALTH CARE

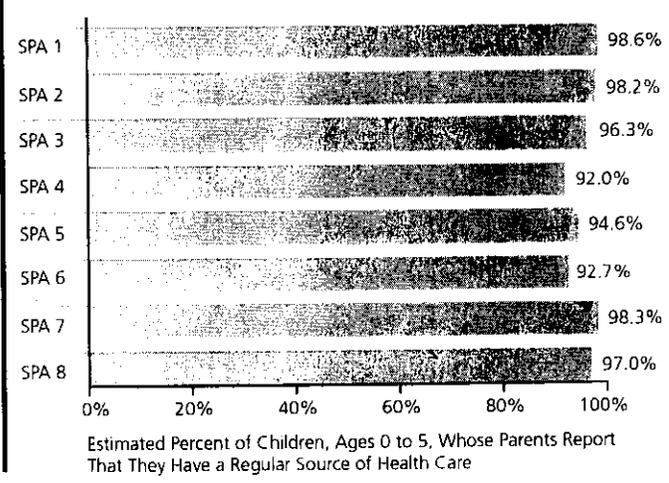
	Estimate	Percent
Racial/Ethnic Group		
African American	76,000	97.3%
American Indian*	<1,000	100.0%
Asian/Pacific Islander	76,000	95.1%
Hispanic	523,000	95.4%
Pacific Islander (incl. w/Asian)	-	-
White	154,000	99.0%
Los Angeles County	831,000	96.2%
Service Planning Area		
1 - Antelope Valley	24,000	98.6%
2 - San Fernando	183,000	98.2%
3 - San Gabriel	132,000	96.3%
4 - Metro	94,000	92.0%
5 - West	34,000	94.6%
6 - South	89,000	92.7%
7 - East	132,000	98.3%
8 - South Bay/Harbor	142,000	97.0%

* Based on a cell size <20, corresponding to a relative standard error >22% of the estimate, which may be statistically unstable.

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



Source: Los Angeles County Health Survey, Department of Health Services, 2002-03

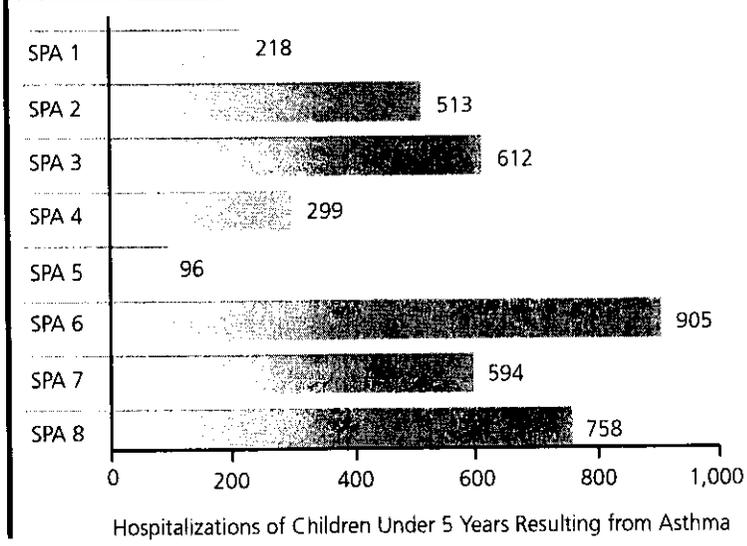
HOSPITALIZATION OF CHILDREN, UNDER 5 YEARS, RESULTING FROM ASTHMA

Source: Los Angeles County Department of Health Services, Office of Planning, OSHPD Discharge Data, 2002

HOSPITALIZATIONS OF CHILDREN UNDER 5 YEARS RESULTING FROM ASTHMA

	Primary Asthma Diagnosis	Any Asthma Diagnosis
Racial/Ethnic Group		
African American	-	-
American Indian	-	-
Asian/Pacific Islander	-	-
Hispanic	-	-
Pacific Islander (incl. w/Asian)	-	-
White	-	-
Los Angeles County	2,156	3,998
Service Planning Area		
1 - Antelope Valley	109	218
2 - San Fernando	281	513
3 - San Gabriel	304	612
4 - Metro	167	299
5 - West	49	96
6 - South	514	905
7 - East	316	594
8 - South Bay/Harbor	413	758

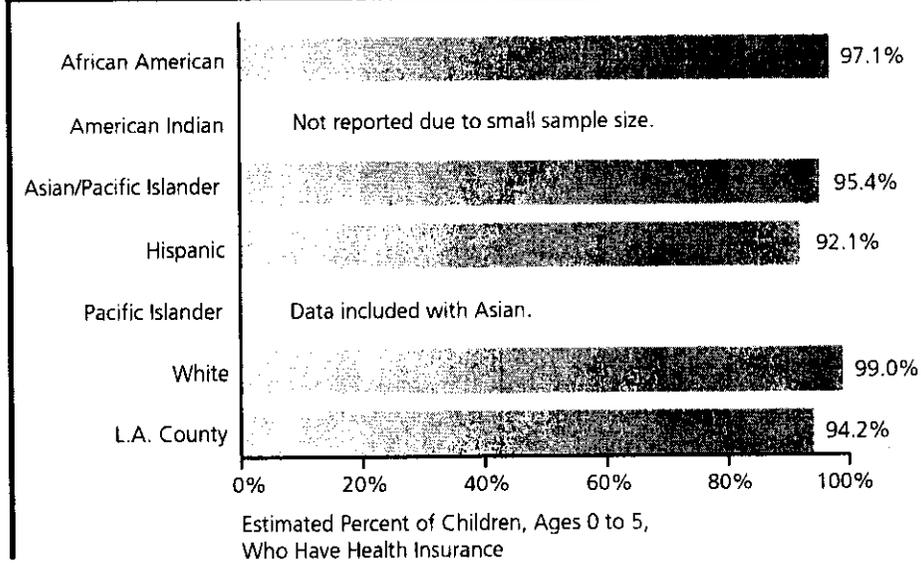
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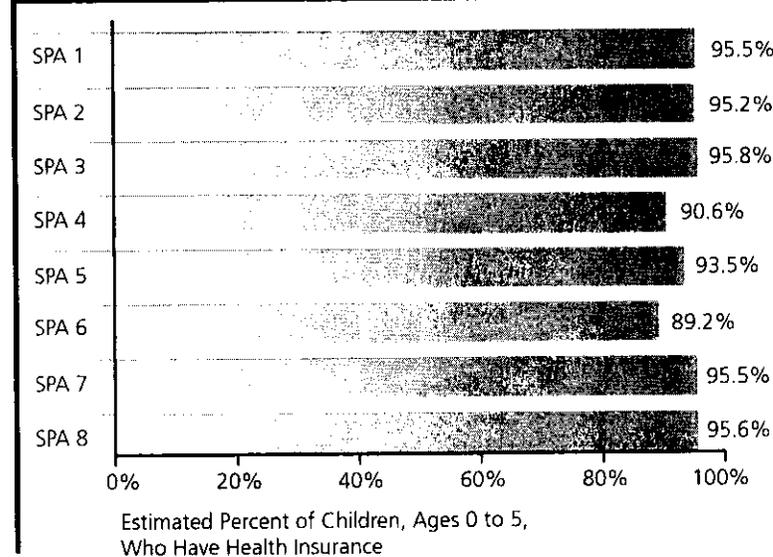
CHILDREN, AGES 0 TO 5, WHO HAVE HEALTH INSURANCE

	Estimate	Percent
Racial/Ethnic Group	African American	75,000 97.1%
	American Indian	- -
	Asian/Pacific Islander	74,000 95.4%
	Hispanic	486,000 92.1%
	Pacific Islander (incl. w/Asian)	- -
	White	153,000 99.0%
	Los Angeles County	791,000 94.2%
.....		
Service Planning Area	1 - Antelope Valley	23,000 95.5%
	2 - San Fernando	171,000 95.2%
	3 - San Gabriel	130,000 95.8%
	4 - Metro	89,000 90.6%
	5 - West	34,000 93.5%
	6 - South	82,000 89.2%
	7 - East	125,000 95.5%
	8 - South Bay/Harbor	137,000 95.6%

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



CHILDREN, AGES 0 TO 5, WHO HAVE HEALTH INSURANCE

Source: Los Angeles County Health Survey, Department of Health Services, 2002-03

According to the Los Angeles Department of Children and Family Services, in 2002 almost 1 of every 20 children ages 0 to 5 living in the County were referred to the Department of Children and Family Services and subsequently received Emergency Response services based upon reports of abuse and neglect. A disproportionate number of these children were African American, accounting for 20 percent of all referrals. The referral rate for African American children, 10.1 per 100, was more than double that of any other group in the County. SPA 6 had the largest number of referrals, although SPA 1 had the highest referral rate. Hispanic children also had a high referral rate (4.3 per 100) when compared to other groups, and comprised more than half of the referral caseload. Of all groups, Asian children had the lowest referral rate, at 1.3 per 100 children.

Goal 3: Children are Free from Abuse and Neglect and Thrive in Permanent Homes

Children in abusive and neglectful environments are at risk for developmental and behavioral problems that can affect school performance.^{6,7,8,9}

We can follow our progress toward this goal by monitoring ...

- **child abuse and neglect reports to DCFS that result in Emergency Response services for children ages 0 to 5.**

Take Action

- Strengthen and support the decision-making capacity of front-line child protection staff regarding the need for and urgency of out-of-home placement and supportive services, the nature of transitions to re-unification, and the advisability and terms of re-unification.
- Organize child welfare programs as neighborhood-based services.
- Help high-risk families develop responsive, nurturing parent-child relationships and strong, respectful, trusting relationships with support systems.
- Educate parents about crisis management skills and good parenting skills.
- Provide community-based family support services that address stress factors in the home.

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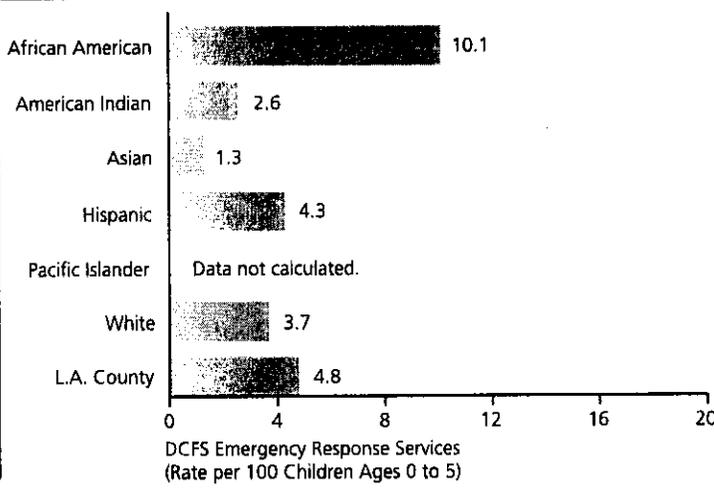
CHILD ABUSE AND NEGLECT REPORTS TO DEPARTMENT OF CHILDREN AND FAMILY SERVICES THAT RESULT IN EMERGENCY RESPONSE SERVICES FOR CHILDREN AGES 0 TO 5

CHILD ABUSE AND NEGLECT REPORTS TO DCFS THAT RESULT IN EMERGENCY RESPONSE SERVICES FOR CHILDREN AGES 0 TO 5

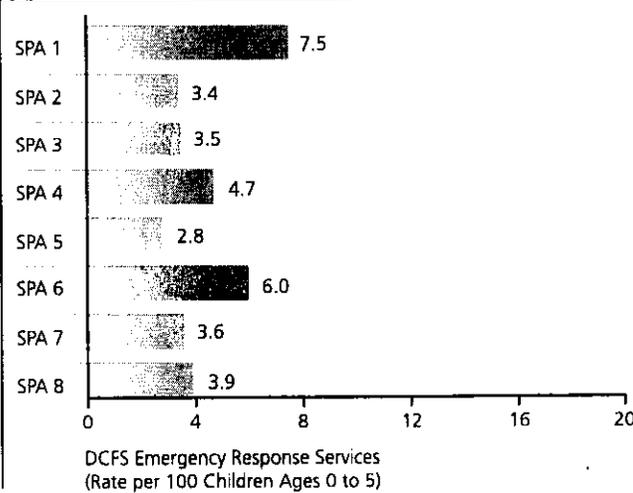
	Referrals	Rate per 100 Kids
Racial/Ethnic Group		
African American	8,338	10.1
American Indian	62	2.6
Asian	1,077	1.3
Hispanic	23,806	4.3
Pacific Islander	n.a.	n.a.
White	6,025	3.7
Los Angeles County	42,617	4.8
Service Planning Area		
1 - Antelope Valley	2,431	7.5
2 - San Fernando	6,047	3.4
3 - San Gabriel	5,462	3.5
4 - Metro	4,581	4.7
5 - West	965	2.8
6 - South	6,918	6.0
7 - East	5,018	3.6
8 - South Bay/Harbor	5,556	3.9

These numbers represent unduplicated counts of child abuse and neglect reports to DCFS.

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



Source: Los Angeles County Department of Children and Family Services, CWS/CMS Data Extract, 2002

Goal 4: Families Ensure that Kids are Safe from Unintentional Injuries

Unintentional injuries are the leading cause of death among children ages 14 and under in the United States, claiming more than 5,600 lives annually, or an average of 15 children each day. In addition, there were nearly 11.8 million medical visits for unintentional injuries among U.S. children ages 14 and younger in 2000. More than 16 percent of all hospitalizations for unintentional injuries among children result in permanent disability.¹⁰ Unintentional injuries may impair cognitive and behavioral development and motor functioning, resulting in a lower quality of life for the child and poorer prospects for school success.¹¹ In addition, children with ill health or physical or developmental problems resulting from unintentional injuries may be absent from school more often, leading to problems adapting to school.¹²

Data resources to help us track our progress to this goal have not yet been identified and/or are currently unavailable. The National Health Interview Survey (NHIS) child supplement has asked parents to report on accidental injuries and poisonings in the past year. Administrative data is typically collected on injuries requiring the use of emergency rooms or inpatient visits. However, these may be limited only to severe injuries and may reflect differences in access to health care. It may be worthwhile to consider adding the NHIS question to the Los Angeles County Health Survey. Additionally it may be worthwhile to explore Office of Statewide Health Planning and Development (OSHPD) data on accident/injury related hospital discharges for children 0 to 5.

Take Action

- Health care providers, hospitals, and other agencies that work with families promote safety practices including linking families to sources of car seats, fire alarms, bicycle helmets and window guards.
- Provide information on household safety, including the prevention of accidental falls, drownings, poisonings, dangerous ingestions, shaken-baby syndrome, and sudden infant death syndrome (SIDS).
- Track the incidence of preventable injuries in children seen at health care facilities and devise strategies to reduce their occurrence.



According to the Los Angeles County Health Survey, approximately four of every five families in the county said their children could easily get to a safe place to play. Among racial/ethnic groups, Hispanic families were the least likely to say that they could easily access a safe place for their children to play. Geographically, SPAs 4 and 6 had the lowest proportions of parents who believed their children had safe play areas (72.5 percent and 70.6 percent, respectively), while SPA 5 had the highest, at 95.8 percent.

Goal 5: Communities Offer Safe Places for Children to Live and Play

Numerous factors can influence a parent's perception of safe, accessible play areas for their children: neighborhood crime, physical condition of parks, proximity, and availability of transportation may all play a role. Lack of accessibility to a safe play area can limit the ability of children to explore their environment and interact with peers.¹³ This, in turn, may impede the development of important motor and social and emotional skills that are linked to school success.¹⁴

We can track our progress toward this goal by monitoring the ...

- **number of children ages 1 to 5 whose parents say they can easily get to a park, playground, or other safe place to play.**

Take Action

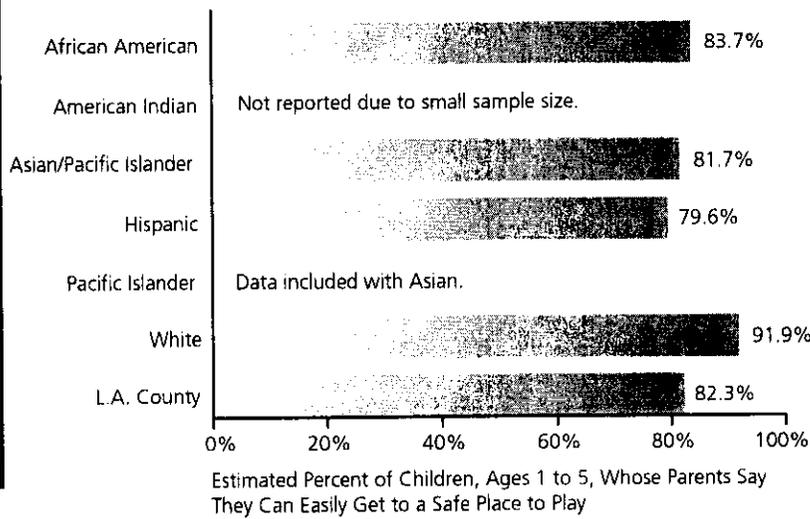
- Provide safe, family-friendly play areas and gathering places in school yards, community parks, apartment playgrounds, and other locations. Create neighborhood green spaces and gardens.
- Involve residents in all efforts to make the neighborhood safe and attractive. Establish resident-led neighborhood safety patrols, block captains, and neighborhood watch programs.
- Eliminate dangers of abandoned buildings and vacant lots.
- Make zoning decisions and land-use plans that create safe, family- and child-friendly physical spaces a priority in community planning.

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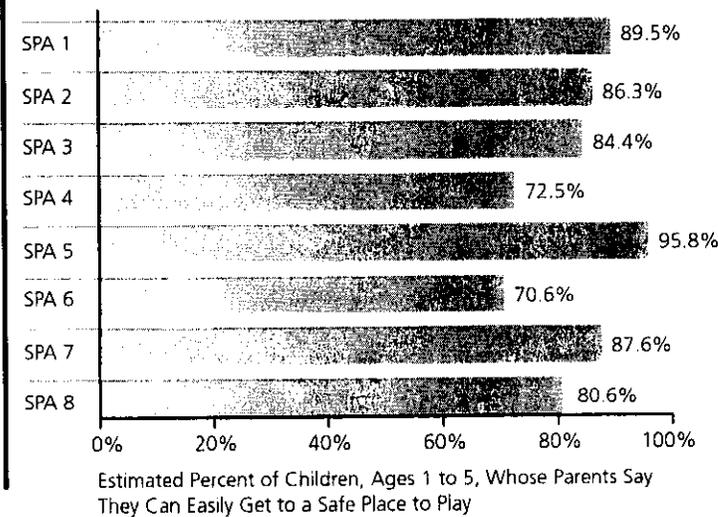
CHILDREN, AGES 1 TO 5, WHOSE PARENTS SAY THEY CAN EASILY GET TO A PARK, PLAYGROUND, OR OTHER SAFE PLACE TO PLAY

	Estimate	Percent
Racial/Ethnic Group		
African American	52,000	83.7%
American Indian	-	-
Asian/Pacific Islander	52,000	81.7%
Hispanic	358,000	79.6%
Pacific Islander (incl. w/Asian)	-	-
White	110,000	91.9%
Los Angeles County	574,000	82.3%
Service Planning Area		
1 - Antelope Valley	17,000	89.5%
2 - San Fernando	131,000	86.3%
3 - San Gabriel	96,000	84.4%
4 - Metro	58,000	72.5%
5 - West	25,000	95.8%
6 - South	57,000	70.6%
7 - East	94,000	87.6%
8 - South Bay/Harbor	95,000	80.6%

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



CHILDREN (AGES 1 TO 5) WHOSE PARENTS SAY THEY CAN EASILY GET TO A PARK, PLAYGROUND, OR OTHER SAFE PLACE TO PLAY

Source: Los Angeles County Health Survey, Department of Health Services, 2002-03

L.A. COUNTY Snapshot

According to the Los Angeles County Health Survey, in 2002/2003, 25 percent of Los Angeles County households with children under age 18, and with annual incomes below 300 percent of the Federal Poverty Level (\$55,200 for a family of four in 2002), experienced food insecurity. In SPA 4, one of every three households in this income category had difficulty accessing nutritious food regularly. This is in stark contrast to SPA 1, where one in five households experience food insecurity. Among racial/ethnic groups, 27.3 percent of Hispanic families experienced food insecurity, making them the only racial/ethnic group to rank above the county average.

Goal 6: Families Have Adequate Food

Good nutrition is an important part of ensuring that children are ready for school. Research demonstrates that a nutritious and well-balanced diet is crucial for appropriate brain and physical development in young children.¹⁵ Families that experience food insecurity*, however, are unable to consistently provide nutritious food to their children because they lack the economic resources to do so.

We can track our progress toward this goal by monitoring ...

- **the number of households, with dependents under age 18 and below 300 percent of poverty, that are food insecure.**

Take Action

- Programs for families with young children link them to education, training, and employment opportunities that help them become economically self-sufficient.
- Community groups help families apply for and obtain support, such as Temporary Assistance for Needy Families and Food Stamps.
- Create community gardens.
- Support and promote the availability of food banks.
- Encourage businesses and restaurants to donate food.

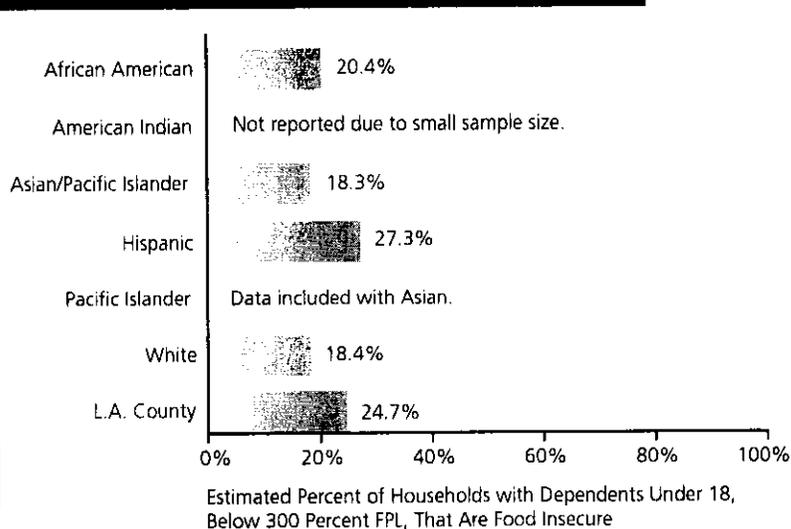
* Defined by the United States Department of Agriculture as lack of assured access to food through socially acceptable means, and measured by a group of scaled survey items.

HOUSEHOLDS WITH DEPENDENTS UNDER 18, BELOW 300 PERCENT OF FPL, THAT ARE FOOD INSECURE

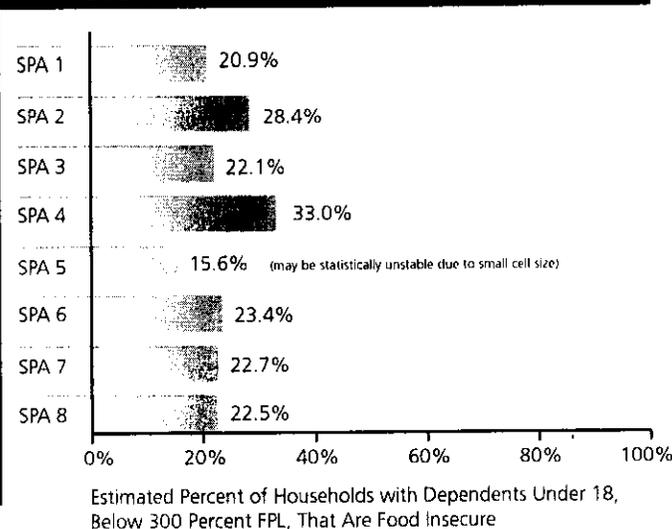
	Estimate	Percent
Racial/Ethnic Group		
African American	19,000	20.4%
American Indian	-	-
Asian/Pacific Islander	13,000	18.3%
Hispanic	175,000	27.3%
Pacific Islander (incl. w/Asian)	-	-
White	20,000	18.4%
Los Angeles County	229,000	24.7%
Service Planning Area		
1 - Antelope Valley	7,000	20.9%
2 - San Fernando	46,000	28.4%
3 - San Gabriel	36,000	22.1%
4 - Metro	40,000	33.0%
5 - West*	4,000	15.6%
6 - South	30,000	23.4%
7 - East	32,000	22.7%
8 - South Bay/Harbor	33,000	22.5%

* Based on a cell size <20, corresponding to a relative standard error >22 percent of the estimate, which may be statistically unstable.

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



HOUSEHOLDS WHO HAVE DEPENDENTS UNDER 18 YEARS OF AGE, BELOW 300 PERCENT OF POVERTY LEVEL, THAT ARE FOOD INSECURE

Source: Los Angeles County Health Survey, Department of Health Services, 2002-03

In 2002, a family of four living below 200 percent of the Federal Poverty Level had an annual income of less than \$36,800. According to Los Angeles County Urban Research, almost half the children in L.A. County under age 6 live in low-income families and may therefore be at higher risk for school failure. Notably, three-fourths of these children are Hispanic. Data presented in the Children's Planning Council Children's ScoreCard reinforces the connection between poverty and school readiness; the SPAs with the highest concentrations of poverty (4 and 6) also had the lowest proportions of third-graders performing at grade level in reading (31 percent and 22 percent, respectively).

Goal 7: Families Have Adequate Financial Resources

Research has shown that children who grow up in families with poverty-level incomes may not have the social and emotional supports necessary to ensure their educational success. Many of these children enter school less prepared and drop out in greater numbers.^{16,17}

We can track our progress toward this goal by monitoring...

- **the number of children ages 0 to 5 living in families with incomes below 200 percent of Federal Poverty Level.**

Take Action

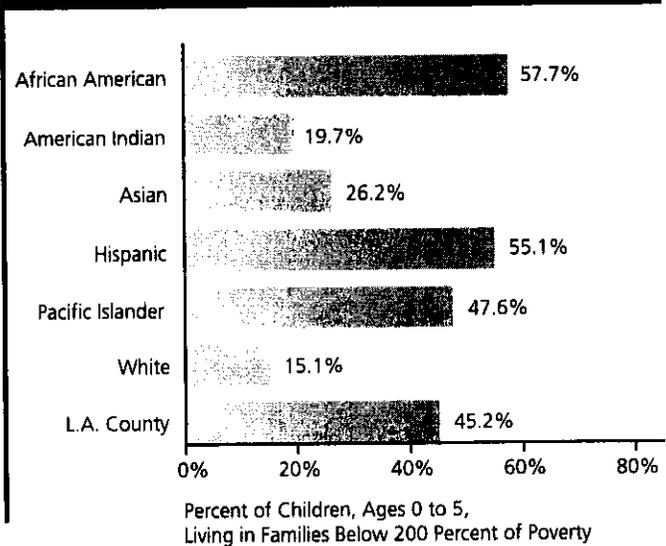
- Service providers encourage families to learn financial planning, financial literacy and financial management.
- Develop micro-enterprise loan programs and other assistance for people who have the skills and experience needed to own and operate viable small businesses.
- Community groups expand access to financial assets, services, and wealth by helping families apply for and obtain income supports, such as Temporary Assistance for Needy Families; child support; the Earned Income Tax Credit; the Child/Dependent Tax Credit; Food Stamps; and Supplemental Security Income.

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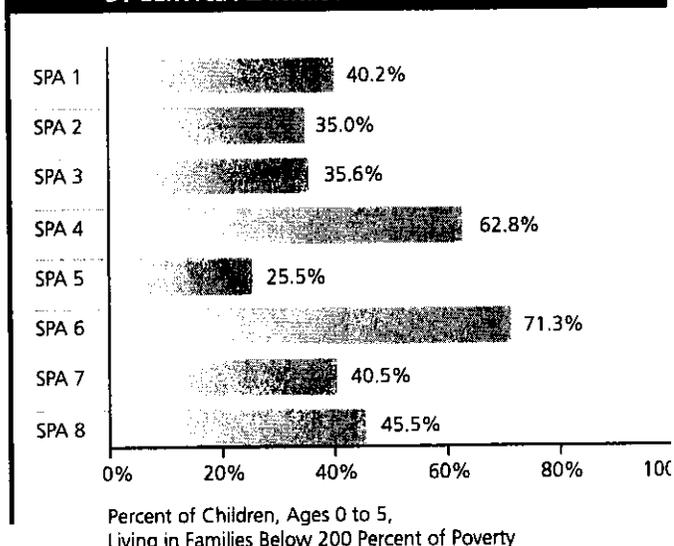
CHILDREN, AGES 0 TO 5, LIVING IN FAMILIES BELOW 200 PERCENT OF POVERTY

	Number	Percent
Racial/Ethnic Group		
African American	47,797	57.7%
American Indian	462	19.7%
Asian	21,266	26.2%
Hispanic	307,176	55.1%
Pacific Islander	1,184	47.6%
White	24,570	15.1%
Los Angeles County	402,454	45.2%
Service Planning Area		
1 - Antelope Valley	13,007	40.2%
2 - San Fernando	61,435	35.0%
3 - San Gabriel	55,260	35.6%
4 - Metro	61,309	62.8%
5 - West	8,903	25.5%
6 - South	82,527	71.3%
7 - East	55,530	40.5%
8 - South Bay/Harbor	64,484	45.5%

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



CHILDREN, AGES 0 TO 5, LIVING IN FAMILIES WITH INCOMES BELOW 200 PERCENT OF FEDERAL POVERTY LEVEL

Source: Los Angeles County Chief Administrative Office, Urban Research Section, 2002 Population and Poverty Estimates

Goal 8: Communities Offer Affordable Housing for Families

Home ownership is positively linked to family stability, improved property maintenance, neighborhood stability, and increased civic participation.¹⁸ While there is little research on the direct effects of home ownership on children's development, the stability of a child's immediate surroundings can have a profound effect on his/her development, particularly when there are risk factors such as poverty or mental health problems within the family. Children in unstable living conditions are at greater risk for grade repetition and lower educational attainment.¹⁹

Data resources to help us track our progress on this goal have not yet been identified and/or are currently unavailable. Tracking the percent of families with children age 0 to 5 that own their home could be useful, and the National Household Education Survey parent interview does collect this information. The U.S. Census also collects data on home ownership. Another possible indicator, suitable for inclusion in a household survey such as the Los Angeles County Health Survey, is the percentage of parents of children age 0 to 5 that have moved more than once in the past year. The real estate industry has developed a variety of "affordability indices" that essentially measure the percent of pre-tax income required to purchase a typical starter home. Finally, the U.S. Department of Housing and Urban Development collects data on families with housing problems, which includes inadequate housing, crowded housing and cost burden of housing. It would be worthwhile to explore how these data could be obtained at the L.A. County and SPA level.

Take Action

- Provide transitional housing for homeless and other at-risk families and help them secure low-income housing and/or Section 8 vouchers.
- Offer courses for first-time home buyers on financial literacy, qualifying for loans, home financing, and house maintenance.
- Educate residents about their housing rights and ensure that families threatened with eviction or involved in disputes over safety and repairs get legal assistance.

- Forge alliances among neighborhood associations, community development agencies, developers, and financial institutions to leverage public and private financing for mixed-use housing and to work with revitalization and stabilization boards to improve community development.

- Plan for low income housing.

- Engage organizations such as Habitat for Humanity to make bigger investments in L.A. County.

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In 2002/2003, a majority of the parents in Los Angeles County (81.5 percent) believed they could easily obtain the advice they need to raise their children, according to the Los Angeles County Health Survey. However, there were notable differences among racial/ethnic groups: 78 percent of Hispanic parents reported they could easily obtain advice, compared to 88.6 percent of African American and White parents. Geographically, SPAs 5 and 8 had the highest proportions of parents reporting they could easily find advice, while SPAs 4 and 6 had the lowest.

Goal 9: Families Have Supportive Networks and are Able to Find Information and Assistance

Parents who are able to obtain child-rearing support from their friends, families, and communities are better able to cope with the demands of parenthood.²⁰ As a result, the relationships they have with their children tend to be stronger than those of parents who lack these sources of support.²¹ In addition, their children may be exposed to a greater variety of opportunities and experiences that improve their readiness for school.

We can track our progress toward this goal by monitoring ...

- **the number of children ages 0 to 5 whose parents say it is "very" or "somewhat" easy to find someone to talk to when they need advice about raising their child.**

Take Action

- Providers of primary services systematically identify the barriers that prevent families from using services and work to remove them.
- Spread the word about primary services that are available to families, including information about the kinds of services available and their locations, hours of operation and costs.
- Ensure that primary services reach all children and families, including those at highest risk or most isolated.
- Ensure that there are multiple entry points for children and families to obtain help from institutions providing primary services.
- Create one-stop centers that have a wide variety of resources that families need.

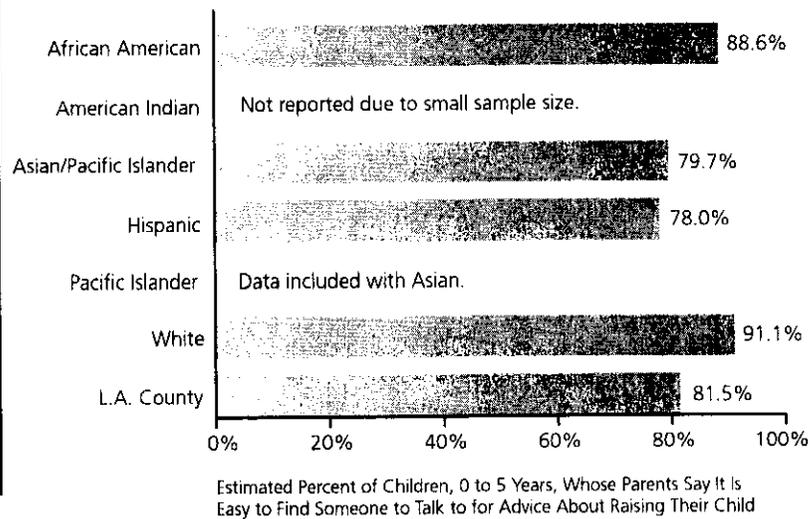
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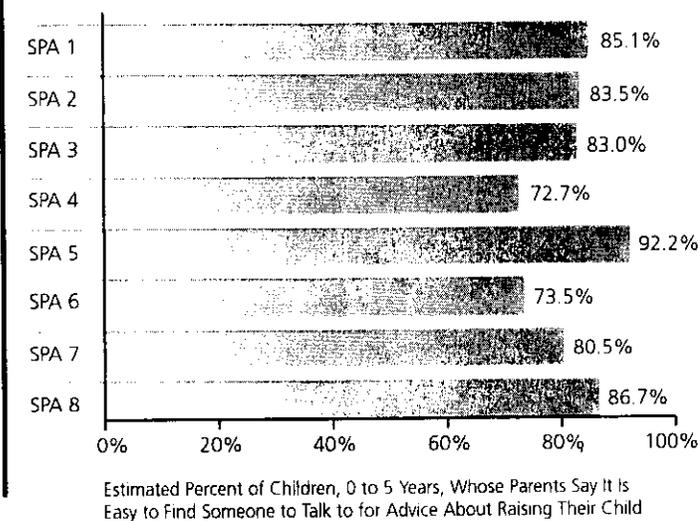
CHILDREN, 0 TO 5 YEARS, WHOSE PARENTS SAY IT IS EASY TO FIND SOMEONE TO TALK TO WHEN THEY NEED ADVICE ABOUT RAISING THEIR CHILD

	Estimate	Percent
Racial/Ethnic Group		
African American	67,000	88.6%
American Indian	-	-
Asian/Pacific Islander	62,000	79.7%
Hispanic	408,000	78.0%
Pacific Islander (incl. w/Asian)	-	-
White	139,000	91.1%
Los Angeles County	678,000	81.5%
Service Planning Area		
1 - Antelope Valley	20,000	85.1%
2 - San Fernando	150,000	83.5%
3 - San Gabriel	109,000	83.0%
4 - Metro	71,000	72.7%
5 - West	34,000	92.2%
6 - South	69,000	73.5%
7 - East	104,000	80.5%
8 - South Bay/Harbor	122,000	86.7%

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



CHILDREN, 0 TO 5 YEARS, WHOSE PARENTS SAY IT IS "VERY" OR "SOMEWHAT" EASY TO FIND SOMEONE TO TALK TO WHEN THEY NEED ADVICE ABOUT RAISING THEIR CHILD

Source: Los Angeles County Health Survey, Department of Health Services, 2002-03



In 2002/2003, more than one-third of parents with children ages 0 to 5 in L.A. County reported to the Los Angeles County Health Survey that it was difficult to find the child care they needed (they were not asked to distinguish between high and low quality care). Among racial/ethnic groups, Hispanic parents reported the greatest challenges in finding the care they need for their children. SPA 5 had the lowest proportion of children whose parents reported difficulties (27 percent), which contrasts sharply with almost 50 percent of the children in SPAs 2 and 4.

While not every child needs child care, in 2003 only two SPAs had more than one licensed child care space for every three children 0 to 5; and none had more than one space for every two children, according to the Los Angeles County Office of Child Care. SPA 4 had just 24 licensed spaces available per 100 children ages 0 to 5 years, and SPA 7 had only 21 licensed spaces available. It is also important to note that these data do not reflect the quality of child care facilities, as licensure is a minimal standard that does not necessarily equate to the level of quality associated with increased school readiness.

Goal 10: Families Have Access to Quality Child Care

Quality child care can greatly impact the cognitive, language, social, and emotional development of children, enabling them to enter school ready to learn.²² This happens through the attachments that children form with caring and sensitive child care providers, as well as the positive peer interactions they experience.²³ Given the changing demographics of our society, with increasing numbers of dual-working and single-parent families, it is more important than ever for parents to have quality child care available for their children. Additionally, kindergarten teachers can identify children who have spent time in quality child care because they enter their classrooms prepared to learn.

We can track our progress toward this goal by monitoring...

- the number of children ages 0 to 5 whose parents report that it is "very" or "somewhat" difficult to find the child care they need on a regular basis.
- the number of licensed child care spaces for children ages 0 to 5.

Take Action



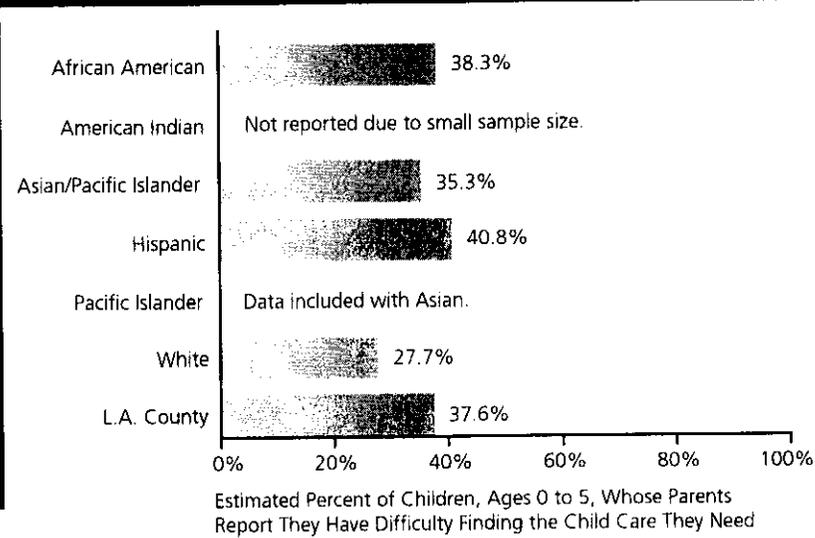
- Educate providers of child care and early education services so that they meet high-quality standards.
- Providers of child care and early education at centers and family child care sites use practices and curricula that foster social, emotional, and cognitive development.
- Coalitions develop and maintain the capacity to monitor the provision of high-quality child care and develop a certification process to gauge and improve the quality of child care providers.
- Educate parents about the services offered by L.A. County's Resource and Referral Agencies.
- Educate parents about what high-quality looks like at a child care site.
- Encourage employers to support the development of high quality child care and to provide child care, if possible.

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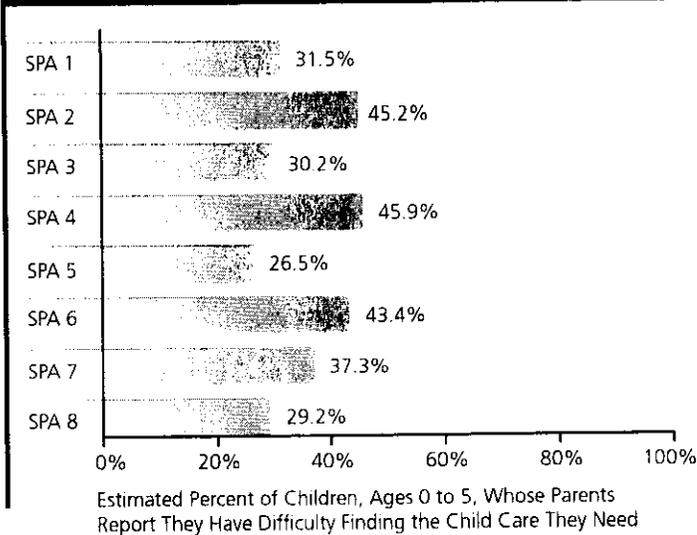
CHILDREN, AGES 0 TO 5, WHOSE PARENTS REPORT THAT IT IS DIFFICULT TO FIND THE CHILD CARE THEY NEED

	Estimate	Percent
Racial/Ethnic Group	African American	27,000 38.3%
	American Indian	- -
	Asian/Pacific Islander	23,000 35.3%
	Hispanic	195,000 40.8%
	Pacific Islander (incl. w/Asian)	- -
	White	38,000 27.7%
	Los Angeles County	285,000 37.6%
Service Planning Area	1 - Antelope Valley	7,000 31.5%
	2 - San Fernando	76,000 45.2%
	3 - San Gabriel	36,000 30.2%
	4 - Metro	39,000 45.9%
	5 - West	9,000 26.5%
	6 - South	38,000 43.4%
	7 - East	43,000 37.3%
	8 - South Bay/Harbor	36,000 29.2%

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



Source: Los Angeles County Health Survey

CHILDREN, AGES 0 TO 5, WHOSE PARENTS REPORT THAT IT IS "VERY" OR "SOMEWHAT" DIFFICULT TO FIND THE CHILD CARE THEY NEED ON A REGULAR BASIS

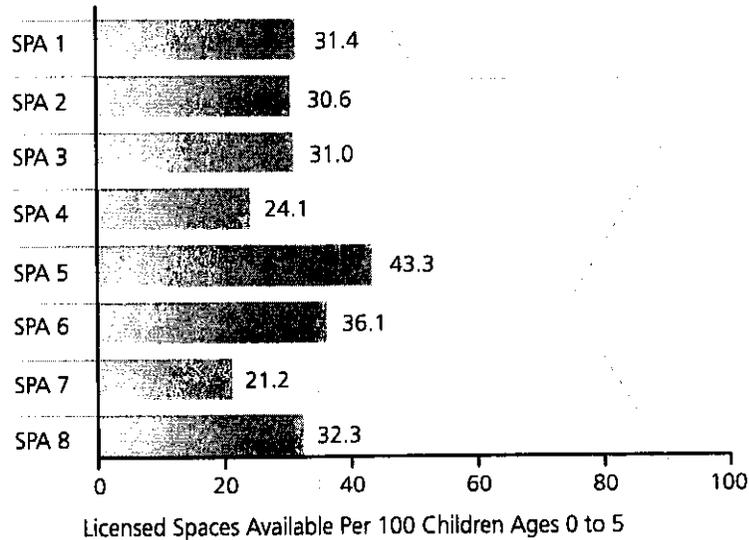
LICENSED CHILD CARE SPACES FOR CHILDREN AGES 0 TO 5

Source: Los Angeles County Office of Child Care, August 2003

LICENSED CHILD CARE SPACES FOR CHILDREN AGES 0 TO 5

Service Planning Area	Number of Licensed Spaces	Licensed Slots per 100 Kids
1 - Antelope Valley	10,511	31.4
2 - San Fernando	53,559	30.6
3 - San Gabriel	47,889	31.0
4 - Metro	23,018	24.1
5 - West	14,865	43.3
6 - South	41,622	36.1
7 - East	29,046	21.2
8 - South Bay/Harbor	45,410	32.3
Los Angeles County	265,920	30.0

BY SERVICE PLANNING AREA



Goal 11: Communities Encourage Educational Attainment for Families

Research has shown that parents with lower education levels read to their children less often and tell fewer stories than parents with higher levels of education. Furthermore, the children of parents with less than a high school education were less likely to have letter recognition and counting skills when 3 to 5 years of age than children whose parents had higher levels of education.^{24,25}

Studies have shown that one's earning potential is closely tied to educational attainment, with higher levels of education typically resulting in higher incomes.^{26,27} Thus, fathers who have not completed high school face a major economic disadvantage when trying to provide for their families. In addition, they are less likely to support academic achievement or provide academic experiences for their children.

We can track our progress toward this goal by monitoring ...

- **the number of infants born annually to women, ages 21 or older, who have at least 12 years of education.**
- **the number of infants born annually to men, ages 21 or older, who have at least 12 years of education.**

According to the Los Angeles County Department of Health Services, 68.1 percent of all mothers, ages 21 and older, in the county who gave birth in 2002 had completed at least 12 years of education. Among Hispanic mothers, the proportion was noticeably lower, with just 51.9 percent having completed 12 years of school or more. The next lowest proportion was found in American Indian mothers (85.1 percent with at least 12 years of schooling). Disparities were apparent across SPAs as well, ranging from 48.7 percent of mothers in SPA 6 with 12 or more years of education to 88.9 percent of mothers in SPA 5.

Across racial/ethnic groups (with the exception of Hispanic), the proportion of babies born to fathers, ages 21 and older, who had completed at least 12 years of education was fairly constant: 82 percent or higher. For Hispanic fathers, however, just 50 percent had finished 12 or more years of school (more than 40,000 babies were born to Hispanic fathers with less than 12 years of education). In SPA 5, 89 percent of fathers had at least 12 years of education, while in SPA 6, fewer than 49 percent had finished high school.

Take Action

- Motivate adult learners to improve their lives through education and respond with appropriate teaching tools and styles.
- Provide adult literacy education in pre-employment programs for adults with low-level reading and math skills and for speakers of English as a Second Language.
- Work with employers on promoting workforce development opportunities for employees.
- Provide mentoring and training in early childhood development to parents.

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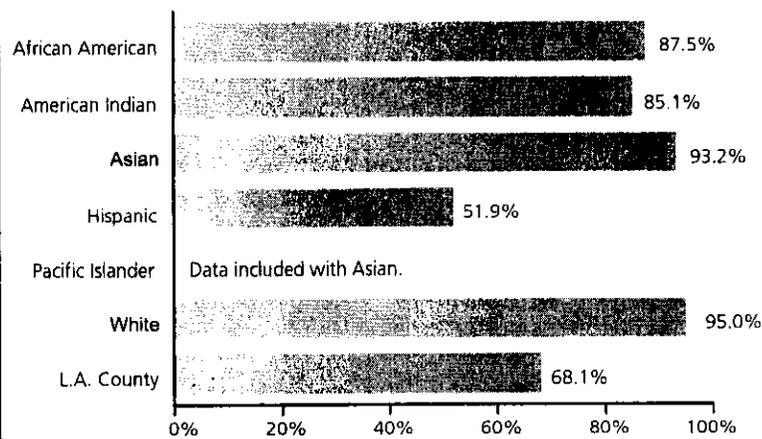
INFANTS BORN ANNUALLY TO WOMEN, AGE 21 OR OLDER, WHO HAVE AT LEAST 12 YEARS OF EDUCATION

Source: Los Angeles County Department of Health Services—Maternal, Child and Adolescent Health, 2002

INFANTS BORN TO WOMEN, AGES 21 OR OLDER, WHO HAVE AT LEAST 12 YEARS OF EDUCATION

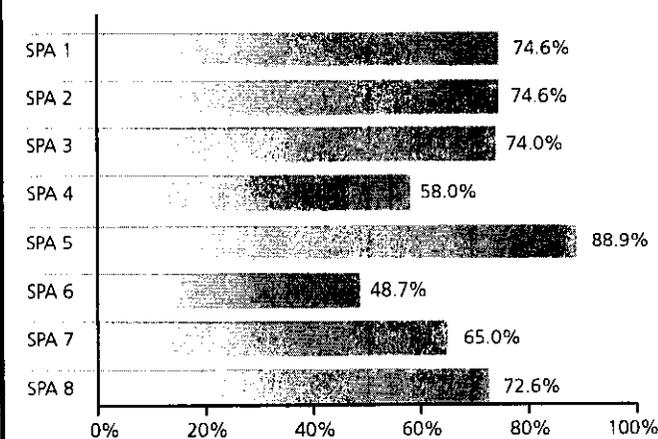
	Number	Percent
Racial/Ethnic Group		
African American	8,534	87.5%
American Indian	183	85.1%
Asian/Pacific Islander	14,329	93.2%
Hispanic	40,495	51.9%
Pacific Islander (incl. w/Asian)	-	-
White	24,944	95.0%
Los Angeles County	88,654	68.1%
Service Planning Area		
1 - Antelope Valley	2,956	74.6%
2 - San Fernando	19,503	74.6%
3 - San Gabriel	16,624	74.0%
4 - Metro	8,531	58.0%
5 - West	5,696	88.9%
6 - South	8,462	48.7%
7 - East	12,206	65.0%
8 - South Bay/Harbor	14,441	72.6%

BY RACE/ETHNICITY



Percent of Infants Born to Women, Age 21 or Older, Who Have at Least 12 Years of Education

BY SERVICE PLANNING AREA

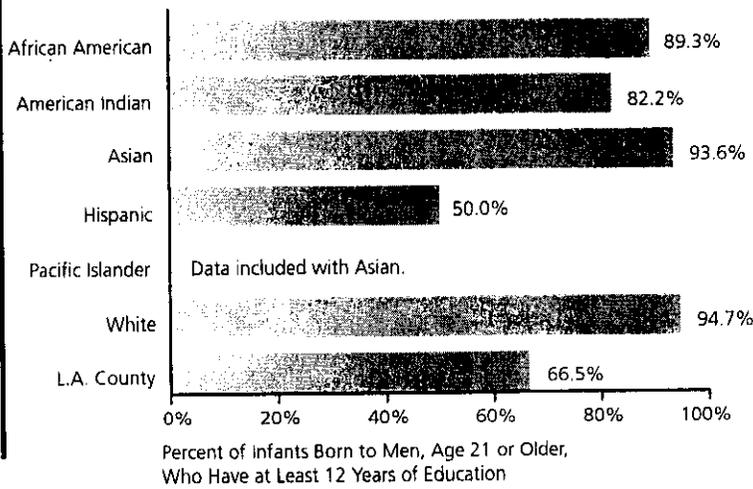


Percent of Infants Born to Women, Age 21 or Older, Who Have at Least 12 Years of Education

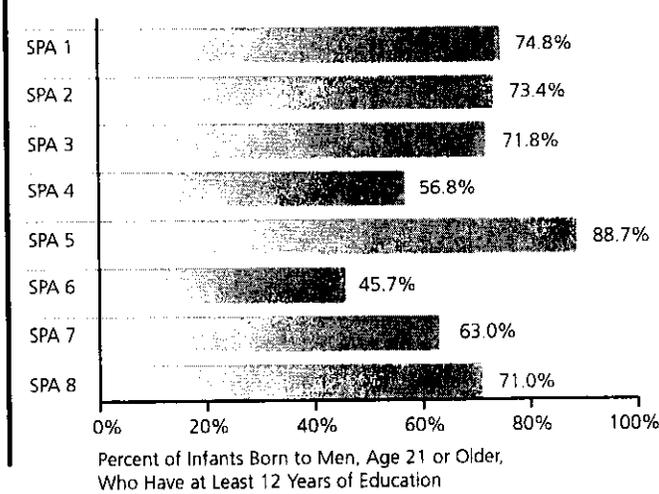
**INFANTS BORN TO MEN, AGE 21 OR OLDER,
WHO HAVE AT LEAST 12 YEARS OF EDUCATION**

	Number	Percent
Racial/Ethnic Group		
African American	7,616	89.3%
American Indian	176	82.2%
Asian/Pacific Islander	14,208	93.6%
Hispanic	40,247	50.0%
Pacific Islander (incl. w/Asian)	-	-
White	24,620	94.7%
Los Angeles County	87,024	66.5%
Service Planning Area		
1 - Antelope Valley	3,075	74.8%
2 - San Fernando	19,482	73.4%
3 - San Gabriel	16,319	71.8%
4 - Metro	8,417	56.8%
5 - West	5,560	88.7%
6 - South	7,879	45.7%
7 - East	12,068	63.0%
8 - South Bay/Harbor	14,075	71.0%

BY RACE/ETHNICITY



BY SERVICE PLANNING AREA



INFANTS BORN ANNUALLY TO MEN, AGE 21 OR OLDER, WHO HAVE AT LEAST 12 YEARS OF EDUCATION

Source: Los Angeles County Department of Health Services—Maternal, Child and Adolescent Health, 2002

L.A. COUNTY Snapshot

In Los Angeles County, less than half of children 0 to 5 years of age benefit from daily reading with a parent or family member, according to the Los Angeles County Health Survey. Hispanic children are even less likely to be read to daily. Approximately one in three Hispanic children participate in this activity daily, compared to one of every two Asian/Pacific Islander and White children. Percentages across SPAs are lower than 50 percent also, with SPA 5 being the noticeable exception: two of every three children are read to on a daily basis in this SPA.

Goal 12: Families and Caregivers Interact with Children in Ways that Promote Cognitive, Linguistic, Social-Emotional and Physical Development

Through reading and story-telling, parents and children interact in ways that promote the cognitive development and early literacy and verbal skills necessary for entering school.²⁸ In addition, reading and story-telling promote positive parent/child interactions that bolster the social and emotional development of young children.²⁹

We can track our progress toward this goal by monitoring ...

- the number of children ages 0 to 5 who are read to daily by a parent or family member.

Take Action

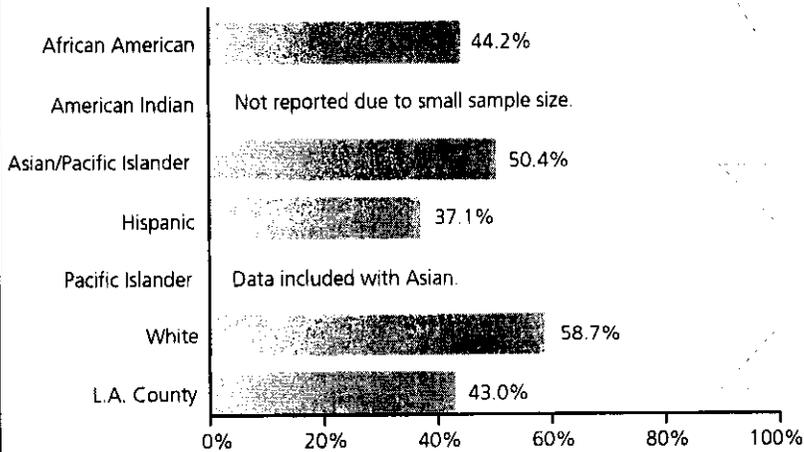
- Use diverse approaches (including information handouts, book distribution programs and counseling to parents on the importance of early literacy experiences) to promote literacy-centered practices at home.
- Establish lending libraries in family support centers and other community-based hubs with books for parents and books for parents to read to their children.
- Equip parents to engage their children in reading and other cognitively stimulating activities through a variety of programs that establish, expand, and support adult literacy and General Education Degree (GED) programs.
- Work with libraries, health and child care providers, places of worship and community organizations to increase parents' access to books and reading awareness programs.

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CHILDREN, AGES 0 TO 5, WHO ARE READ TO DAILY BY A PARENT OR FAMILY MEMBER

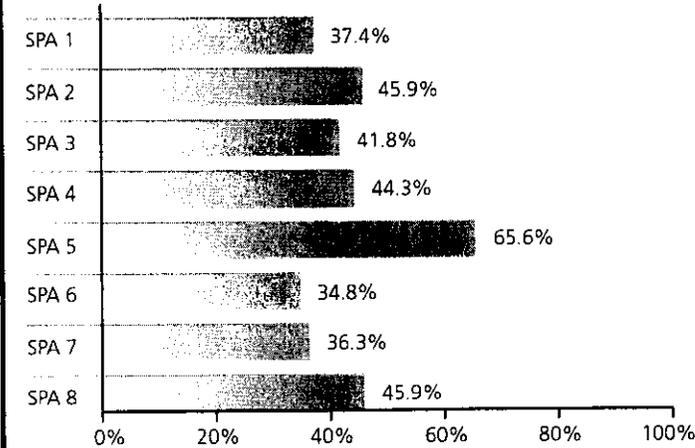
	Estimate	Percent
Racial/Ethnic Group		
African American	35,000	44.2%
American Indian	-	-
Asian/Pacific Islander	40,000	50.4%
Hispanic	202,000	37.1%
Pacific Islander (incl. w/Asian)	-	-
White	91,000	58.7%
Los Angeles County	368,000	43.0%
Service Planning Area		
1 - Antelope Valley	9,000	37.4%
2 - San Fernando	85,000	45.9%
3 - San Gabriel	57,000	41.8%
4 - Metro	45,000	44.3%
5 - West	24,000	65.6%
6 - South	33,000	34.8%
7 - East	48,000	36.3%
8 - South Bay/Harbor	67,000	45.9%

BY RACE/ETHNICITY



Estimated Percent of Children, Ages 0 to 5, Who are Read to Daily by a Parent or Family Member

BY SERVICE PLANNING AREA



Estimated Percent of Children, Ages 0 to 5, Who are Read to Daily by a Parent or Family Member

Source: Los Angeles County Health Survey, Department of Health Services, 2002-03

Goal 13: Schools and Child Care Programs Promote an Environment that is Conducive to Learning

In order for child care and early education programs to effectively promote children's readiness for school, they (as well as the schools they feed into) must have environments that are conducive to learning. The early education environment encompasses the daily interactions children and parents have with their peers, teachers and staff, classroom materials and the physical space and structure that surround them.³⁰

Data resources to help track our progress toward this goal are currently unavailable. One of the difficulties is the wide range of strategies that could be reasonably employed to create improvement in this area—everything from teacher training and curriculum development to lead and mold abatement and arrangements for multi-use of land and facility space.

There are several validated measures of the early education environment for use in center-based and family/home settings³¹ and while they are excellent tools for program evaluation and improvement efforts, they are somewhat time intensive and thus not practical for use on a wide scale. Administrative data on licensure, teacher training and curriculum are inadequate because they don't provide an accurate distinction between low and high quality environments. Also, existing measures don't characterize the physical aspects of the early education environment.

Development of indicators in this area will be one of the cornerstones of First 5 LA's Universal Preschool Initiative, which will be working over the next several years on a quality "star" rating scale for preschool sites that will incorporate environmental factors.

Take Action



- Encourage child care providers to further their early childhood training and education.
- Encourage cities to play an active role in improving access to high quality child care by establishing and/or improving their child care policies.
- Establish preschool and child care quality rating scales.
- Promote research-based preschool curricula that enhance cognitive and social/emotion development of children.
- Assure that classrooms have adequate supplies, including chairs, tables, and that they are child-size.

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Goal 14: Schools, Families, and Caregivers Work Together to Ensure a Positive Transition to K-6 Education

Making the transition to a formal school environment can be a difficult time for young children. When this transition from a home or preschool environment to a school environment is relatively smooth and stress free, children are more likely to succeed in school. By working with families and other care providers, schools can play an important role in promoting school readiness by helping to ease the transition.³²

Data resources to help us track our progress toward this goal are currently unavailable. Very little data is currently available on the transition to kindergarten education. Potential measures could be collected through school administrative data or through parent surveys. Administrative data on numbers and percentages of schools with transition programs and/or articulated curricula with feeder preschools may be feasible to compile and monitor, but these measures would not capture the quality and/or "ease" of the transition unless these transition programs could at least be classified into low, medium and high intensity programs. Surveying parents on their perceptions of the quality of school transition programs might provide more accurate data on the ease of the transition, but collecting these data on a wide scale may not be feasible based on cost or other considerations.

Take Action

- Kindergarten teachers interact with families of incoming students before the school year begins.
- Elementary schools hold parent-child orientation sessions that respect the linguistic and cultural diversity of families and encourage participation and interaction.
- Elementary schools forge linkages with local community preschools, Head Start Programs, and other settings where preschool aged children spend their days.
- Schools continue to reach out to families of kindergarteners throughout the school year.
- Kindergarten curricula are designed to celebrate the traditions of families in the school community.

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In 2002 in Los Angeles County, 2,580 children ages 3 and 4 with serious, but often missed, disabilities were enrolled in special education programs, according to the California Department of Education. This amounted to 7.2 children per 1,000 in this age group, which is considerably lower than the estimated percentage of children with these disabilities in the population. With improvements in early identification, this number should increase over time. Across racial/ethnic groups, Hispanic children had the lowest rate with just 6 per 1,000 children enrolled.

Goal 15: Communities Support Families and Children with Special Needs

One important way a community can support school readiness is to identify, at the earliest possible moment, children with behavioral, developmental and learning disabilities.³³ By identifying these children early and connecting them to effective services and supports, communities can ensure that all children enter school ready to learn. If these children are identified and treated before they enter school, they are less likely to face grade retention and school failure.

We can track our progress toward this goal by monitoring ...

- **the number of children, ages 3 and 4, who are identified with serious, but often missed, disabilities and are enrolled in special education programs.**

Take Action

- Help parents, the public and policymakers understand that high-quality screening tools exist, that there are effective interventions for many problems, and that waiting until a child is in school increases the cost and decreases the effectiveness of interventions.
- Train not only pediatric and family practitioners, but also child care providers, preschool staff and others, to work with parents to effectively use high-quality, inexpensive screening tools.
- Encourage and train professionals and community agencies to follow up with effective assessments, referrals and services, including helping families navigate the many systems that might provide help (e.g., schools, Regional Centers, local clinics and income support programs such as Supplemental Security Income).
- Provide funding and other support to effective programs that identify and help very young children with developmental delays, disabilities and other mental health problems.
- Create accessible parks and facilities for all children.
- Include slots for children with special needs in programs and services for children.

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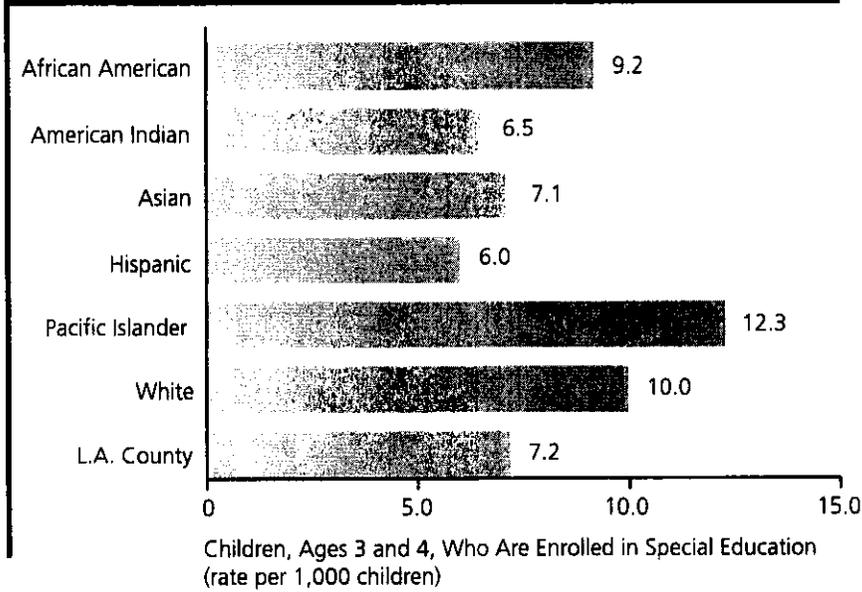
CHILDREN, AGES 3 AND 4, WHO ARE IDENTIFIED WITH SERIOUS, BUT OFTEN MISSED, DISABILITIES AND ARE ENROLLED IN SPECIAL EDUCATION PROGRAMS

CHILDREN, 3 AND 4, WHO ARE ENROLLED IN SPECIAL EDUCATION

	Number	Rate	
Racial/Ethnic Group	African American	288	9.2
	American Indian	7	6.5
	Asian	239	7.1
	Hispanic	1,334	6.0
	Pacific Islander	12	12.3
	White	700	10.0
	Los Angeles County	2,580	7.2
Service Planning Area	1 - Antelope Valley	n.a.	n.a.
	2 - San Fernando	n.a.	n.a.
	3 - San Gabriel	n.a.	n.a.
	4 - Metro	n.a.	n.a.
	5 - West	n.a.	n.a.
	6 - South	n.a.	n.a.
	7 - East	n.a.	n.a.
	8 - South Bay/Harbor	n.a.	n.a.



BY RACE/ETHNICITY



Source: California Department of Education, December 2002

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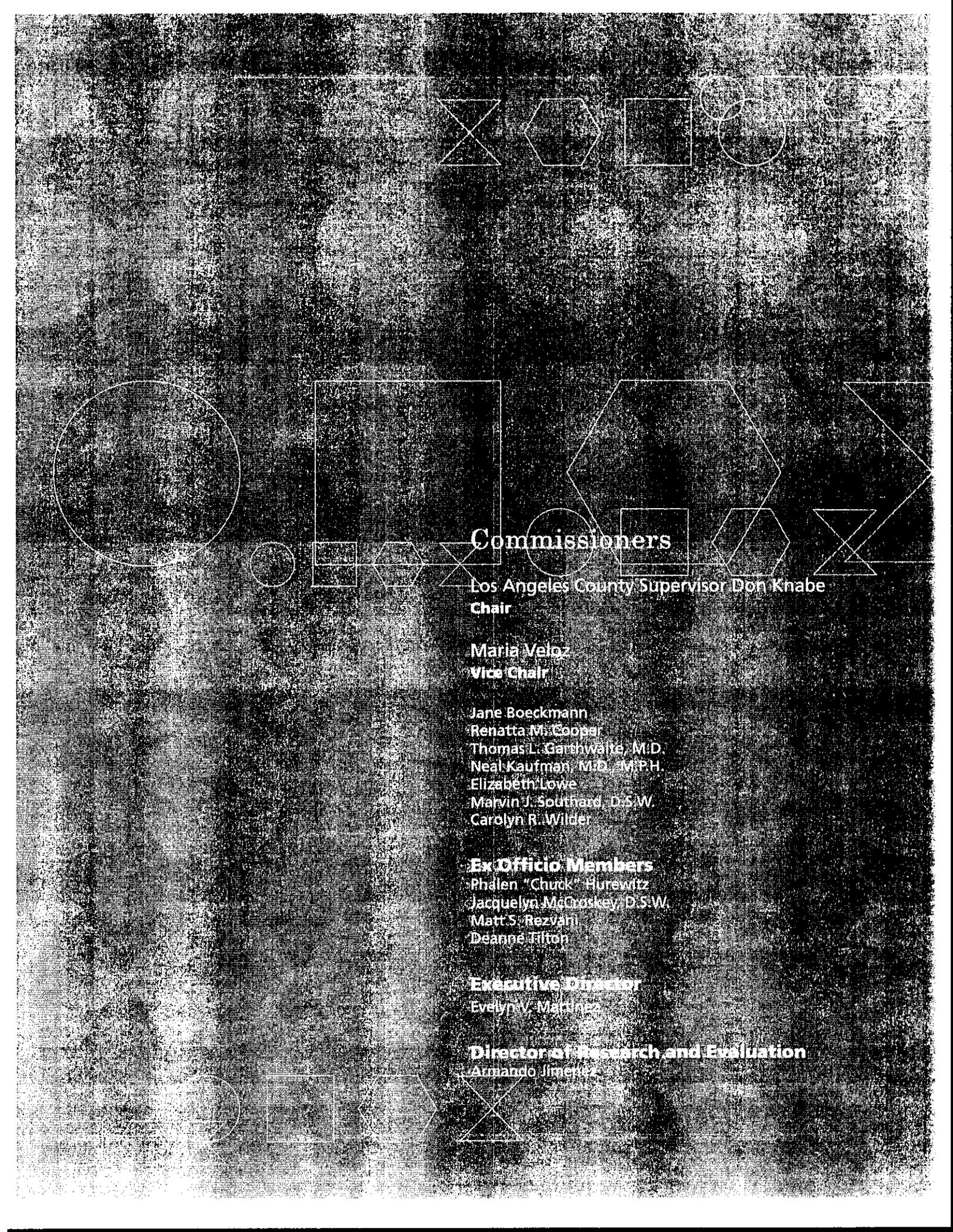


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About First 5 LA

First 5 LA was created in December 1998 following the passage of Proposition 10, through which California voters made an unprecedented investment in early childhood development. Our activities have been built on research regarding early brain development and the understanding that the emotional, physical and environmental surroundings that a child experiences in the first five years of life set the foundation for future development. Since its creation, First 5 LA has made a lasting positive impact in Los Angeles County through its funding of grants and programs that improve the well-being of young children and families.



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