78016. Review of program

(a) Every vocational or occupational training program offered by a community college district shall be reviewed every two years by the governing board of the district to ensure that each program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.
See the County Needs assessment plan for population information.
Child Development is one of the fields that is still currently hiring.
The need for education has increased due to the reauthorization of Head Start requiring all preschool teacher have a BA by 2013.

(2) Does not represent unnecessary duplication of other manpower training programs in the area.
The California Permit Matrix requires all Title V Centers (Subsidized programs) to have units through an accredited institution and Imperial Valley College is the

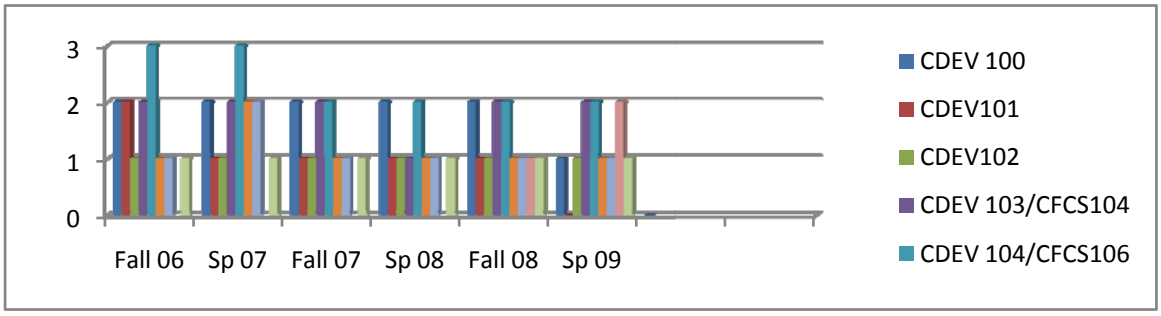
only community college in the area. San Diego State does not offer the Child Development major.
Also see the Imperial County Children and Families First Strategic plan to see the overwhelming need for trained staff.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.
See attached charts.

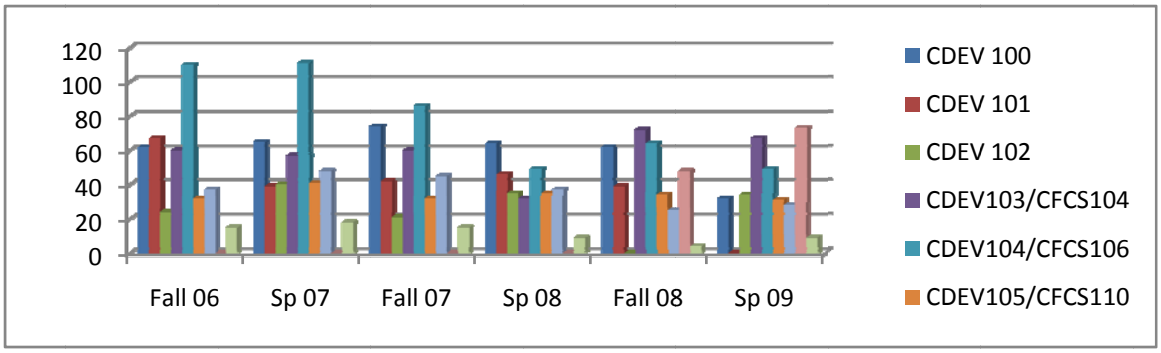
(b) Any program that does not meet the requirements of subdivision (a) and the standards promulgated by the governing board shall be terminated within one year.

(c) Te review process required by this section shall include the review and comments by the local Private Industry Council established pursuant to Division 8 (commencing with Section 15000) of the Unemployment Insurance Code, which review and comments shall occur prior to any decision by the appropriate governing body.

(d) This section shall apply to each program commenced subsequent to July 28, 1983.

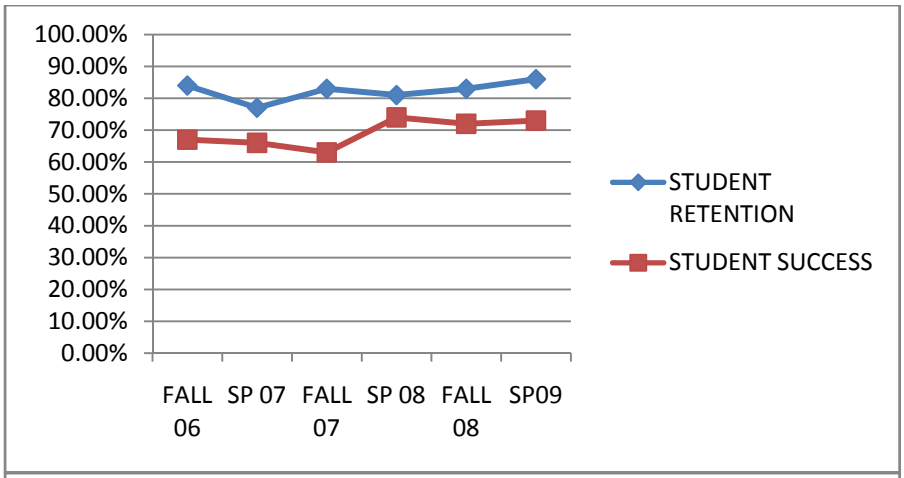


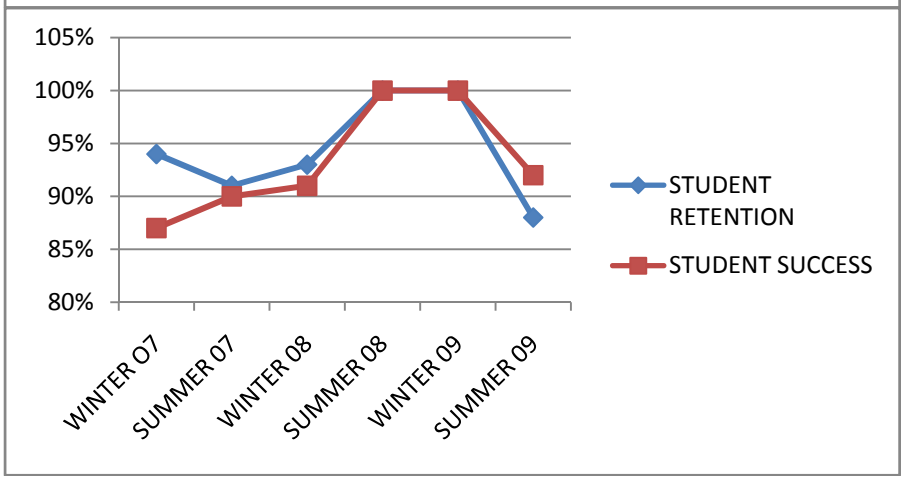
Child Development Program Enrollment at Census



The above graphs show the number of sections offered and the enrollment at census for the core courses for the major. The Section chart is a clear visual of the number of course offerings we have had to meet the needs of Child Development students based on past enrollment and the stage in the program the students are at. CDEV 104 includes an on line course as well as the in class course. CDEV104 is also a required course for those wishing to go into Elementary Education and meets a general education requirement. The Enrollment at Census chart demonstrates on average the courses are full at 35 students with the exception of CDEV200 which has a course limit of 15. CDEV 200 is also the capstone course for our major and has a prerequisite of all the other courses. The courses are alternated, offering a course one semester during the day and the next it is offered in the evening. We do this to meet the needs of our working students and to meet the needs of the full time student.
Overall, we have demonstrated we meet the needs of our students and on average fill our courses.

Part of our program for student success is to provide stipends for those who complete courses with a grade of “C” or better. We also provide a lending library to assist students in providing them with resource materials, text books, videos, children’s literature, and children’s music.





The review of the data from Fall 06 through Spring 09 reveals a consistently strong retention rate for our courses. We believe that our retention rate strength is likely the result of a few key factors.

One such factor relates to the goal shared by many of our student's to obtain a Child Development permit, which requires students to take a number of Child Development courses to qualify. The acquisition of a Child Development permit is required for various levels of employment within the field of childcare, and the level of employment that an individual qualifies for is determined by the number of course/units completed. Furthermore, once an applicant receives their permit, continuation units are required to keep the permit in good standing. Therefore, many of our students have the incentive to complete their courses as a means of securing employment in the field of early childhood education.

A related variable is the expanding demand for preschool teacher who hold a Child Development permit. In recent years, the trend in the Imperial Valley is for childcare centers to increasingly rely on government subsidies to support their operation. It is a requirement of all subsidized childcare centers that their staff hold Child Development permits at varying levels, all of which require an early childhood educational component.

Further contributing to the strong retention rate, is the recent push for preschool teachers to obtain a bachelor's degree. Although Proposition 82, which would have mandated bachelor degree for early child education settings, was narrowly defeated, current legislation is in the works proposing the need for such a degree as well as the creation of an Early Childhood credential. Because students are cognizant of this trend, the likely elect to stay with their current Early Childhood classes, so that they are better positioned if and when a bachelors degree and an Early Childhood credential become legally mandated.

Another factor contributing to the department's strong retention rate relates to the distribution of stipends. The creation of AB212 provided that those who work in the field of Early Childhood and who choose to continue their education and successfully complete their EC courses with a grade of 'C' or better, receive a stipend up to $1500.00- Therefore creating a monetary incentive for students to successfully finish the Early Childhood courses in which they have enrolled .

To further this monetary incentive, The IVC Child Development department also has a contracted with the Child Development Training Consortium to provide students means to secure further stipends to help with educational costs.

Contributing to the strong retention rate within the department, we have endeavored to provide students with access to educational resources that aid in the successful completion of our course offerings. We have established a lending library, allowing students access to text books, resource materials, and related literature and videos -many of which are provided in English and Spanish. In addition, in 2008 the department provided Spanish translation in two Early Childhood courses. We believe these measures not only lightened the monetary burden placed on our students, but provided students with the materials and support to continue with their coursework with a positive outcome.

A final factor that bolsters the department's retention rate in the Winter and Summer session is the fact that we limit the course offered to our professional growth courses and our curriculum courses. These courses, though of high standards, can be considered to be less academically rigorous than some of the other core course required for the department's major. It is likely that students are more inclined to stay enrolled in courses that require time and effort and excellence, but are more 'hands on' in their approach. Also, many students take intensive Winter or Summer course to meet the requirements necessary to maintain their Child Development permit, and thus their employment.

In summary we hold that the strong retention rate with the Child Development department is due to the combination of employment considerations related to the Child Development permit; financial incentives provided to the student in the form of stipends; student access to resources, materials, and academic support provided by the department; and the course content of our intersession classes.

Child Care in Imperial County: An Assessment of the Status of Children, Families and the Field in 2010

Prepared for the
Imperial County Early Care & Education Planning Council
January 2010

Gary J. Kinley, Ed.D.
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Palm Springs & San Diego, CA

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EXECUTIVE SUMMARY

In 2009, the Imperial County Early Care and Education Planning Council contracted with G.J. Kinley & Associates to conduct a needs assessment examining the status of children and families in the county, as well as child care supply and demand. The needs assessment was designed to meet the requirements placed on planning councils by the California Department of Education's Child Development Division (CDD) through the Education Code, Section 8499.5.

The data that forms the foundation for this needs assessment was gathered from a range of primary sources including the American Community Survey by the US Census Bureau, the CA Department of Finance, the CA Department of Education, various departments of the County of Imperial, the Imperial County Office of Education, and others. Such data was augmented by discussion groups with early care and education professionals, agency personnel and parents.

The major findings of *Child Care In Imperial County: As Assessment of the Status of Children, Families, and the Field in 2010* are as follows:

- The **child population (ages 0-13 years), like the overall population of the county, has grown** during the past 10 years to more than 32,700 children. **Children 13 years and younger now represented 18.25% of the county's total population.**

- Almost **60% of Imperial County families (58.60%) earn less than the mean income level.**

- Spanish remains the most frequently spoken language by individuals five years of age or older. According to the American Community Survey, **67.2% of these individuals speak Spanish followed by 31.1% who speak English.** County-wide, there are more than 15,000 children who are designated by schools as English Learners.

- **More than 5,000 children receive assistance through the Healthy Families program** with the payment of their health insurance and thus related medical care.

- For children under the age of five**, the most frequently cited reasons for special education services were *Other Health Impairment* (81 children out of 172) and *Speech or Language Impairment* (67 of 172).** For children five or older, the major reasons cited were *Specific Learning Disability* (1,544 out of 3,115) and *Speech or Language Impairment* (559 out of 3,115).

- **More than 4,300 referrals were made to Child Protective Services with 2,822 allegations of general neglect of children representing the largest category.** The referrals represented 12% of the child population who may have been the victim of some

form of child abuse or neglect. During the prior year, approximately 25% of allegations were substantiated. Data for 2009 on substantiated allegations is not currently available.

- **For every 1,000 children in the county, 8.6 are in some form of foster care.**

- **Sixty-three percent (63%) of callers to the R&R program expressed a preference for a family child care home,** the remainder (37%) a child care center.

- The vast majority of callers to the R&R **desired child care services near the child's home (87%).** This was followed by care near the parent's place of work (7%), and 6% near the child's school.

- **Of children for whom care was sought, 45% were for preschoolers, 29% were infants/toddlers, and 26% school-age children.**

- The two most cited **reasons for needing child care services were CDE referrals (283) and employment (193).**

- For families on the Centralized Eligibility List, **53% indicated a need for full-time care and 47% part-time care.** Of the total number of parents seeking services, **199 required evening care and 177 indicated a need for weekend care.**

- The overwhelming **requirement for child care services by parents who participated in a discussion group was the safety of their children** followed by the ratio of children to adults in the program.

- **Agency personnel shared the increasing demands for some services and decreasing for others, as well as the challenges presented by serving more clients with fewer staff.**

- A range of **changes to the child care system that might improve it were suggested** by parents and agency personnel.

- Imperial County has **3,388 spaces in licensed and license exempt child care centers and 3,356 spaces in family child care homes**.

- It is estimated that **approximately 906 of these spaces serve infants and toddlers; 4,532 are designated for preschoolers; and 1,306 school-age children**. Because family child care home licenses generally do not specify the specific number of children in any

age group to be served and the current economy may encourage providers to accept any child into their program regardless of age, the estimates of spaces by age are considered highly variable and not fixed.

- For an Imperial County family with one three or four-year-old child using full-time care, **the cost of preschool services in a center-based program would be $5,784 or $6,500 in a family child care home. If that family earned either the mean or median income, child care would require more than 10% of its annual income.** Should the family have an infant or toddler, or multiple children, then the percentage of its income spent on child care services would increase significantly.

- There exists **significant enrollment of children in subsidized spaces in programs throughout Imperial County including more than 1,500 in center-based contracts through the California Department of Education, around 1,600 in voucher-type programs, and another 1,036 spaces in Early Head Start, Head Start and Migrant Head Start.**

- The **current economic crisis is being felt by child care providers in Imperial County as evidenced by declining enrollment, lack of waiting lists, and more challenges in serving children and their families.**

- **An initial analysis indicates that there are more spaces for children under the age of six than children who require such care.** The ratio for this age group is 1.66 spaces for every child. **For children six and older, there is exists fewer spaces than there are children who required care;** the ratio is less than one space for every two children who require care.

- A secondary analysis of available care for children under the age of six revealed that most communities with the exception of **Calexico, El Centro, Heber, and Imperial have insufficient spaces for infants and toddlers**. The communities of **Calipatria, Niland and Bombay Beach, Ocotillo and Winterhaven have insufficient spaces for preschool-age children.**

Based on the findings reported above, the following recommendations for consideration for presented to the Imperial County Early Care & Education Planning Council,

Given the high percentage of Spanish speakers, the Planning Council should consider **making all materials and resources, especially those targeting children and their parents, available in Spanish.**

As an ancillary recommendation, the Planning Council should **encourage the development of programs and services within Imperial County that increase the proficiency of young children, as well as the staff who care for them, in communicating both orally and in writing in English.**

The number of children under the age of five who have been identified as having a special need appears to be significantly lower than those five years or older. Part of this imbalance may be related to the lack of screening in the younger age group. To the extent possible, the Planning Council should **consider sponsoring trainings for providers intended to increase the latter group's skills in identifying children who may have special learning needs and referring the youngsters to appropriate agencies for assessment.**

With more than one out of every eight children referred to Child Protective Services with suspicions of general neglect, the Planning Council should **partner with appropriate organizations in the community to provide training to child care practitioners about the signs of abuse and/or neglect and their responsibilities for reporting under the law.**

At such time as the Planning Council chooses to partner in the development of new child care spaces, it should **consider the expressed preferences of parents in Imperial County for family child care homes and then work to ensure high quality services within those facilities.**

The Centralized Eligibility List contains the names of almost 1,400 children whose families require assistance paying for child care services. As available, the Planning Council should **encourage local agencies to apply for new sources of funds to pay for such services.**

Most communities in Imperial County have sufficient child care spaces for preschool age children. Notable exceptions are **Calipatria, Niland and Bombay Beach, Ocotillo and Winterhaven all of which would benefit from the development of additional preschool age spaces. (Note: This recommendation does NOT apply to subsidized child care spaces whose expansion is warranted.)**

With the exception of Calexico, El Centro, Heber, and Imperial, all other cities in Imperial County have insufficient spaces for infants and toddlers. The Planning Council should **encourage existing providers to consider caring for infants and toddlers. The Planning Council should also partner with other organizations to offer training intended to expand the knowledge and skills of providers to care for this age group.**

Given the dearth of school-age care in most communities of Imperial County, the Planning Council should **work with existing providers, as well as school districts, to expand the availability in general of care for children Kindergarten age and older.**

The current economy has increased the challenges providers face in serving children and their families. To the extent possible, the Planning Council should **consider different avenues for supporting practitioners in their work including, but not limited to, the provision of mental health services for children and families, acknowledgement of providers' work, and other resources that ease the stressors on caregivers.**

Background Information

Purpose

Child Care In Imperial County: An Assessment of the Status of Children, Families and the Field in 2010 provides a snapshot of the demand for and supply of child care services during a specific period of time, that is, 2009. The document is intended to aid members of the Imperial County Early Care & Education Planning Council to fulfill its mission and funding mandate as set forth in the Education Code.

About the Imperial County Early Care & Education Planning Council

The mission of the Imperial County Early Care & Education Planning Council is to advocate, promote and plan accessible quality early care and education services for Imperial County children.

The Early Care & Education Planning Council's major responsibilities are to:

- Provide a forum for the identification of local early care and education priorities and the development of policies to meet the needs identified within those priorities;
- Conduct an assessment of early care and education needs at least once every five years;
- Prepare a comprehensive countywide early care and education plan designed to address identified needs; and
- Develop and implement the Professional Development & Retention Stipend Program for the purpose of retaining qualified staff providing early care and education services to children enrolled in Imperial County's state-subsidized center-base programs.

A complete list of Planning Council members is included in the Appendices to this document.

The full Planning Council meets on a bi-monthly basis.

Requirements for Needs Assessment

The primary funder of the Planning Council, the California Department of Education's Child Development Division (CDE/CDD), requires every such entity in the state to complete a child care needs assessment not less than once every five years. The assessment must include "all factors deemed appropriate by the…planning council…in order to obtain an accurate representation of the comprehensive child care and development needs in the county." *Children, Child Care In Imperial County* is intended to fulfill this requirement by CDE/CDD.

Methodology

To assemble the information contained in *Child Care In Imperial County*, a range of data sources was consulted as follows:

- the U.S. Census Bureau, 2000 Census
- the American Community Survey
- the California Department of Finance
- the California Department of Education including the Child Development Division and the Special Education Division
- the Managed Risk Medical Insurance Board
- the Imperial County Office of Education
- the Imperial County Human Services Department
- the Imperial County Welfare Services
- the Urban Institute
- Discussion groups with parents, child care providers within local communities, and agency representatives

The data presented throughout the report represents the most up-to-date information that was available at the time the various charts and tables were compiled. In all cases, the source of the data and period that it represents is identified.

Limitations of the Current Work

The limitations of *Child Care In Imperial County* include the following:

- The data presented represents a snap shot of Imperial County during a short period of time; that is, 2009. Developments or changes in many factors following this time period may impact the findings and recommendations presented herein.
- The findings and recommendations are based on the data available from various sources including federal and state entities, and local organizations. Inaccuracies in that data could impact the reliability this work and, thus the information presented within.
- In the absence of any other defensable information, the author of the current study based findings relative to the use of child care programs on the previous work of other entities (i.e., the Urban Institute, the San Diego Child Care & Development Planning Council) and discussions with the Resource & Referral Program staff of the Imperial County Office of Education, in order to make determinations of the proportion of care by age group available in family child care homes. This assumption may impact the distribution of spaces in such homes.

Acknowledgements

The development of a needs assessment such as *Child Care In Imperial County* could not be accomplished without the assistance and support of numerous individuals. Consequently, at this juncture, it is appropriate to say, "Thank you," to each of them.

Thank you…to the Executive Committee of the Planning Council whose members offered guidance and opened doors in a number of community organizations.

Thank you…to those staff of agencies, which provided data that forms the basis of this report.

Thank you…to the parents, child care practitioners, and agency representatives who so freely shared their thoughts, observations and other information, as well as those individuals who assisted with the planning and implementation of the discussion groups.

Thank you…to Lori Riggs and Michael Castillo for their efforts to facilitate this needs assessment process.

And thank you…to anyone I have missed through omission. It was not intentional.

Gary J. Kinley, Ed.D.
G.J. Kinley & Associates
January 2010

Imperial County: *At a Glance* 2010

Total Population: 179,253
Child Population (0 – 13): 32,722 (18.25% of total population)

Median Income: $40,088.00 per year
Mean Income: $54,611.00 per year

Enrollment in the Healthy Families Program: 5,220 children

Number of Children (Birth-21+ years of age) with a Special Need: 3,115

Child Care Spaces

Family Child Care Homes: 3,452 (Desired capacity: 3,356)
Licensed Child Care Centers: 3,206
Exempt Child Care Centers: 181

Cost of Full-time Child Care per week (See chart on p. 17 for additional information.)

	Centers	Family Child Care
Infants/Toddlers	$160.00	$132.00
Preschoolers	$123.00	$125.00
School-age	$115.00	$125.00

Ratio of Child Care Spaces to Children Requiring Services

Infants and Toddlers: 1.16 spaces (i.e., more than one space per child needing care)
Preschoolers: 2.17 spaces
School-age: .47 spaces

Enrollment in Subsidized Programs

Federally-funded Programs: 1,036 children
State-funded Programs: 3,138 children
Total Enrollment in Subsidized Programs: 4,174 children

Children on Centralized Eligibility List: 1,393 (full-time care)
1,231 (part-time care)

PART ONE:
CHILDREN, FAMILIES AND CHILD CARE IN IMPERIAL COUNTY

Background

Imperial County's children and families, like those in the 57 other counties within California, are unique; unique in their characteristics and, as a result, unique in their needs. Consequently, it is not surprising that the child care delivery system should be unique as it responds to those needs. With an economy that is primarily agricultural in nature and an unemployment rate hovering around 30%, children, families and the child care system itself face unique challenges on a regular basis. *Child Care in Imperial County: An Assessment of the Status of Children, Families and the Field in 2010* portrays the landscape in the county as the first decade of the 20th century draws to a close.

In the different sections of this document, the population of the county, the requirements of families seeking child care, a description of the child care system itself, and an analysis of the need for child care compared to existing services are profiled. Lastly, recommendations for consideration by the Imperial County Early Care & Education Planning Council, hereinafter Planning Council, are outlined.

General Characteristics of Imperial County's Population

Data available from the 2000 Census is now almost ten years old. More recent data from either the American Community Survey or the California Department of Finance is available at the county level, not by city/town or zip code, as desired by the researcher or the Planning Council. Therefore, when required, data at the zip code level was extrapolated from patterns documented at the county level. While this may not provide the most accurate determination of the actual population within a city or town, it does provide a proxy of the numbers of children and families within that geographic area. In every case where extrapolation was used, a notation of the same was offered to the reader.

In the Tables #1-4, which follow, general information about the child population, income levels of families, and the languages spoken by children, are depicted.

Table #1
County of Imperial
Total Child (0-13) Population Estimates by Age Group*
Source: California Department of Finance, 2006 and 2009

City/Town	Zip Code	Total	Under 2	2 years	3 years	4 years	5 years	6-13 years	Total Child Population (Birth-13)	% of Total Population
Brawley	92227	26,948	932	445	423	383	377	2,819	5,379	3%
Calexico	92231, 92232	39,337	1,361	649	618	559	582	4,115	7,883	4.40%
Calipatria	92233	8,108	281	134	127	115	120	848	1,625	0.91%
El Centro	92243, 92244	44,259	1,531	730	695	628	654	4,629	8,869	4.95%
Heber	92249	4,442	154	73	70	63	66	465	890	0.50%
Holtville	92250	6,515	225	107	102	93	96	681	1,306	0.73%
Imperial	92251	12,970	449	214	204	184	192	1,357	2,599	1.45%
Niland & Bombay Beach	92257	3,442	119	57	54	49	51	360	690	0.38%
Ocotillo	92259	572	20	9	9	8	8	60	115	0.06%
Salton City	92275	1,002	35	17	16	14	15	105	201	0.11%
Seeley	92273	2,035	70	34	32	29	30	213	408	0.23%
Westmorland	92281	2,427	84	40	38	34	36	254	486	0.27%
Winterhaven	92283	4,603	159	76	72	65	68	481	922	0.51%
Balance of County		22,593	782	373	355	321	334	2,363	4,527	2.53%
Total Child Population		**179,253**	**6,202**	**2,958**	**2,814**	**2,545**	**2,629**	**18,750**	**32,722**	18.25%

*Child population estimates by zip code are not available from the Department of Finance or through the American Community Survey. Consequently, the above estimates are based on the percentage of children living in a zip code during the last US Census, the most recent analysis at that level.

Table #2
County of Imperial
Distribution of Income Levels for Selected Regions*
American Community Survey, 2005-07 Estimates in 2007 Dollars, 2007

City	Zip	# of Families	% of Families					Median Income Level	Mean Income Level
			<$10,000	$10,000-14,999	$15,000-24,999	$25,000-34,999	$35,000-49,999		
Calexico	92231, 92232	7,270	7.3%	5.0%	17.7%	20.5%	16.1%	$34,250	$45,632
El Centro	92243, 92244	10,989	9.3%	6.0%	15.1%	11.6%	16.3%	$41,159	$54,404
County-wide		36,679	7.3%	5.2%	17.0%	13.7%	15.4%	$40,088	$54,611

*The American Community Survey only calculates income levels for the communities listed above and the county as a whole.

Table #3 County of Imperial Languages Spoken in Homes by Population 5 Yrs. Or Older Source: American Community Survey, 2005-07 Three-year Estimates		
Language	**Persons 5 Yrs. or Older**	**Percentage**
English only	44,575	31.1%
Languages other than English		
Spanish	96,229	67.2%
Other Indo-European	547	0.4%
Asian & Pacific Islander	1,469	1.0%
Other Languages	464	0.3%
Subtotal: Other Languages	98,709	68.9%
TOTALS	**143,284**	

Table #4 County of Imperial Percentages of English Language Learners (LEP), Fluent English-Proficient (FEP) and Students Redesignated at FEP by School District Source: CA Dept. of Education, Educational Demographics Unit, FY 2008-09								
City/Town	**Zip Code**	**Enrollment**	**English Learners (Els)**	**Percent EL**	**Fluent English Proficient (FEP)**	**Percent FEP**	**Students Redesignated as FEP**	**Percent Redesignated**
Brawley	92227	5,823	1,621	28%	1,462	25%	86	1%
Calexico	92231, 92232	9,255	5,936	64%	2,542	27%	292	3%
Calipatria	92233	1,190	440	37%	137	12%	27	2%
El Centro	92243, 92244	11,422	4,163	36%	3,598	32%	485	4%
Heber	92249	1,037	717	69%	206	20%	66	6%
Holtville	92250	1,701	727	43%	383	23%	29	2%
Imperial	92251	3,602	917	25%	778	22%	62	2%
County-wide (Served by ICOE)		692	271	39%	163	24%	13	2%
Seeley	92273	436	226	52%	73	17%	0	0%
Westmorland	92281	364	175	48%	71	20%	16	4%
Winterhaven	92283	746	197	26%	65	9%	0	0%
TOTAL		**36,268**	**15,390**	**42%**	**9,478**	**26%**	**1,076**	**3%**

Bombay Beach and Salton City are served by the Coachella Valley School District and not reported above.

Related Demographic Data

A number of programs offer services to select populations within Imperial County. Many of these programs are intended to stabilize family units and/or support members in accessing

specialized services within the community. In the tables below, enrollment or individuals served in those programs are depicted.

Table #5
County of Imperial
Enrollment in the Healthy Families Program
Source: Managed Risk Medical Insurance Board, August 2009

City	Zip Code	# of Children (Ages 0-19)
Brawley	92227	661
Calexico	92231, 92232	1,535
Calipatria	92233	125
El Centro	92243, 92244	1,415
Heber	92249	267
Holtville	92250	316
Imperial	92251	535
Niland & Bombay Beach	92257	23
Ocotillo	92259	3
Salton City	92275	29
Seeley	92273	81
Westmorland	92281	81
Winterhaven	92283	18
Misc. zip codes	Various*	131
Total		**5,220**

*Includes 92222,92266,& 92274

Table #6
County of Imperial
Special Education Enrollment by Age and Disability
Source: ICOE SELPA, December 2008 Pupil Count

Age	Mental Retardation	Hard of Hearing	Deaf	Speech or Language Impairment	Visual Imapairment	Emotional Disturbance	Orthopedic Impairment	Other Health Impairment	Specific Learning Disability	Deaf- Blindness	Multiple Disability	Autism	Traumatic Brain Injury	Total
0-4.11	12	1	-	67	2	-	-	81	-	-	-	9	-	172
5-21+	287	31	13	492	25	34	75	278	1,544	1	7	146	10	2,943
Total	**299**	**32**	**13**	**559**	**27**	**34**	**75**	**359**	**1,544**	**1**	**7**	**155**	**10**	**3,115**

Table #7
County of Imperial
Referrals to Child Protective Services
Source: Imperial County Welfare Services, September 2008 - June 2009

Month	Referrals Received (Families)	Referrals Received (Children)	Evaluate Out	Referral Responses
September	185	480	31	153
October	195	517	52	143
November	163	436	57	106
December	142	347	36	105
January	167	447	47	120
February	152	406	27	125
March	166	471	39	127
April	153	390	34	119
May	132	395	37	93
June	157	413	67	90
TOTAL	**1,612**	**4,302**	**427**	**1,181**
Monthly Average	**134**	**359**	**36**	**98**

Table #8
County of Imperial
Allegations of Child Abuse by Type
Source: Imperial County CWS, September 2008 - June 2009

Month	Caretaker Absence	Emotional Abuse	Exploitation	General Neglect	Physical Abuse	Severe Neglect	Sexual Abuse	At Risk, Sibling Abused	Sustantial Risk
September	24	70	-	357	26	-	8	26	1
October	12	10	-	342	33	-	13	33	2
November	14	18	-	288	13	-	11	11	3
December	16	4	-	232	13	1	11	15	1
January	10	15	-	294	25	-	7	25	7
February	9	18	-	268	21	-	7	21	-
March	7	19	-	303	18	-	9	17	6
April	13	22	-	273	19	-	3	19	-
May	15	7	-	241	13	-	8	20	-
June	17	33	-	224	14	-	14	10	-
TOTAL	**137**	**216**	**-**	**2,822**	**195**	**1**	**91**	**197**	**20**
Monthly Average	**11**	**18**	**-**	**235**	**16**	**0**	**8**	**16**	**2**

Age of Child	Allegations, Substantiations and Entries for Jan. - Dec. 2008		
	# of Allegations	# of Substantiations	# of Entries
Under 1	232	79	39
1-2 years	352	95	53
3-5 years	531	124	66
6-10 years	796	156	67
TOTAL	**1,911**	**454**	**225**

Table #9
County of Imperial
Children in Foster Care
Source: CA Dept. of Social Services, CWS/CMS 2008

Age Group	Total Child Population	Children in Foster Care	Prevalence per 1,000 Children
Under 1	3,164	18	5.7
1-2	5,955	63	10.6
3-5	8,308	81	9.7
6-10	10,395	113	10.9
11-15	12,912	97	7.5
16-17	6,787	36	5.3
TOTAL	**47,521**	**408**	**8.6**

Table #10
County of Imperial
CalWORKS Enrollment for Child Care Services
Source: Imperial County CalWORKS, July 2009

City/Town	Zip Code	Families Eligible for Child Care Services in July 2009	Families Actually using Child Care Services during July 2009	% of Families Using Child Care Services
Brawley	92227	32	32	100%
Calexico	92231, 92232	84	84	100%
Calipatria	92233	2	2	100%
El Centro	92243, 92244	48	48	100%
Heber	92249	8	8	100%
Holtville	92250	8	8	100%
Imperial	92251	6	6	100%
Niland & Bombay Beach	92257	1	1	100%
Ocotillo	92259	1	1	100%
Salton City	92275	0	0	0%
Seeley	92273	1	1	100%
Westmoreland	92281	2	2	100%
Winterhaven	92283	2	2	100%
TOTAL		195	195	100%

Discussion of the Data Presented

Based on the data shown above, several observations may be made about Imperial County's children and their families.

The **child population (ages 0-13 years), like the overall population of the county, has grown** during the past 10 years to more than 32,700 children. **Children 13 years and younger now represented 18.25% of the county's total population.**

Almost **60% of Imperial County families (58.60%) earn less than the mean income level.**

Spanish remains the most frequently spoken language by individuals five years of age or older. According to the American Community Survey, **67.2% of these individuals speak Spanish followed by 31.1% who speak English.** County-wide, there are more than 15,000 children who are designated by schools as English Learners.

More than 5,000 children receive assistance through the Healthy Families program with the payment of their health insurance and thus related medical care.

For children under the age of five**, the most frequently cited reasons for special education services were *Other Health Impairment* (81 children out of 172) and *Speech or Language Impairment* (67 of 172).** For children five or older, the major reasons cited were *Specific Learning Disability* (1,544 out of 3,115) and *Speech or Language Impairment* (559 out of 3,115).

More than 4,300 referrals were made to Child Protective Services with 2,822 allegations of general neglect of children representing the largest category. The referrals represented 12% of the child population who may have been the victim of some form of child abuse or neglect. During the prior year, approximately 25% of allegations were substantiated. Data for 2009 on substantiated allegations is not currently available.

For every 1,000 children in the county, 8.6 are in some form of foster care.

Recommendations for consideration by the Planning Council based on the above observations are outlined in the last section of this report.

PART TWO:
FAMILIES SEEKING CHILD CARE

In this section of the assessment, the preferences of those families who actively sought child care services from the Resource and Referral (R&R) Program of the Imperial County Office of Education are shared. Each year, the R&R Program fields calls from hundreds of Imperial County parents who require some form of child care. The nature of those requests are shown below.

Table #11
County of Imperial
Preferences and Characteristics of All Families Seeking Child Care Referrals
Source: Imperial County Office of Education,
Resource & Referral, FY 08-09

City	Zip Code	Type of Care Requested				Location of Care			# of Children w/ Special Characteristics		
		Child Care Center	Family Child Care Home	In-Home Care	Other	Near Child's Home	Near Parent's Work or School	Near Child's School	CPS Referred	Child of Teen Parent	Child with Special Needs
Brawley	92227	22	75	0	0	82	7	5	0	0	0
Calexico	92231, 92232	28	50	0	0	64	5	5	0	0	0
Calipatria	92233	1	10	0	0	11	2	2	0	0	0
El Centro	92243, 92244	100	118	0	0	159	11	2	0	0	0
Heber	92249	11	12	0	0	16	0	12	0	0	0
Holtville	92250	7	18	0	0	20	1	3	0	0	0
Imperial	92251	17	31	0	0	37	6	0	0	0	0
Niland & Bombay Beach	92257	0	0	0	0	0	0	0	0	0	0
Ocotillo	92259	1	1	0	0	1	0	0	0	0	0
Salton City	92275	0	0	0	0	0	0	0	0	0	0
Seeley	92273	0	1	0	0	1	0	0	1	0	0
Westmorland	92281	5	5	0	0	7	0	0	0	0	0
Winterhaven	92283	0	0	0	0	0	0	0	0	0	0
Totals		**192**	**321**	**0**	**0**	**398**	**32**	**29**	**1**	**0**	**0**

Table #12
County of Imperial
Ages of Children for Whom Child Care Referrals Were Sought
Source: Imperial County Office of Education,
Resource & Referral, FY 08-09

City	Zip Code	Total Children	Percentage of Children by Age			
			Infant	Preschool	School-age	Not Reported
Brawley	92227	90	29	33	28	-
Calexico	92231, 92232	76	19	37	20	-
Calipatria	92233	11	2	5	4	-
El Centro	92243, 92244	167	48	80	39	-
Heber	92249	16	2	9	5	-
Holtville	92250	21	10	8	3	-
Imperial	92251	41	15	16	10	-
Niland & Bombay Beach	92257	0	0	0	0	-
Ocotillo	92259	1	1	0	0	-
Salton City	92275	0	0	0	0	-
Seeley	92273	1	1	0	0	-
Westmorland	92281	10	1	6	3	-
Winterhaven	92283	0	0	0	0	-
Totals		**434**	**128**	**194**	**112**	**35**

Table #13
County of Imperial
Reasons Cited for Child Care Services
Source: Imperial County Office of Education,
Resource & Referral, FY 08-09

City	Zip Code	Number of Parents Citing One or More Reasons							
		Employment	Training	Child Enrichment	Parent Need	Looking for Work	CDE Referral	Employer Referral	Other Referral
Brawley	92227	37	11	6	0	0	54	0	0
Calexico	92231, 92232	33	13	4	0	0	50	0	0
Calipatria	92233	3	4	0	0	0	5	0	0
El Centro	92243, 92244	79	19	22	2	5	122	0	0
Heber	92249	9	1	4	0	0	11	0	0
Holtville	92250	10	3	3	0	0	14	0	0
Imperial	92251	17	2	4	0	1	26	0	0
Niland & Bombay Beach	92257	0	0	0	0	0	0	0	0
Ocotillo	92259	0	1	0	0	0	0	0	0
Salton City	92275	0	0	0	0	0	0	0	0
Seeley	92273	1	0	0	0	0	1		0
Westmorland	92281	4	1	0	0	0	0	0	0
Winterhaven	92283	0	0	0	0	0	0	0	0
Totals		**193**	**55**	**43**	**2**	**6**	**283**	**0**	**0**

Each county in California receives funding from the State Department of Education to maintain a centralized eligibility list (CEL) for families, which request assistance paying for their child care services. The Imperial County Office of Education also maintains the CEL for the county. Information about families seeking financial assistance is shown below.

Table #14
County of Imperial
Child Care Services Required by Central Eligibility List Families & Special Needs
Source: Imperial County Office of Education, April 2009

City	Zip Code	Schedule of Requested Care				Special Needs				
		Full-time	Part-time	Evening	Weekend	Protective Services	Exceptional Needs	Foster Guardian Child	Continuity of Care	Sibling Indicator
Brawley	92227	269	244	23	18	2	3	21	1	18
Calexico	92231, 92232	406	306	73	53	2	5	17	0	49
Calipatria	92233	50	22	4	1	0	0	3	0	8
El Centro	92243, 92244	342	379	63	69	0	4	24	0	16
Heber	92249	63	50	16	12	0	1	0	0	5
Holtville	92250	79	56	9	6	0	1	4	0	11
Imperial	92251	90	102	5	8	0	0	4	1	19
Niland	92257	1	4	0	3	0	0	0	0	0
Ocotillo	92259	0	1	0	0	0	0	0	0	0
Salton City	92275	13	2	0	0	0	0	0	0	0
Seeley	92273	32	12	3	4	0	0	1	0	6
Westmorland	92281	44	19	3	3	0	1	5	0	10
Winterhaven	92283	4	34	0	0	6	0	4	0	0
Total Children on CEL		**1,393**	**1,231**	**199**	**177**	**10**	**15**	**83**	**2**	**142**

The following table Presents the number of families and the schedule of care requested, families may select more than one as their schedule of need and numbers may be dupplicated for a family.

Data was collected from Imperial County CEL Quarterly State Report (2009 1st Quarter)

The Perspectives of Parents

Parents in Imperial County were invited to attend a discussion group addressing their experiences with the child care system. Through an informal discussion that lasted approximately 90 minutes, parents explored a range of topics related to their preferences and use of child care services. Interestingly, none of the parents had found her child care through the R&R Program. Lastly, the reader should note that while an effort was made to ensure that the demographics of this discussion group represented the greater Imperial County population, that intent might not have been realized. Therefore, the viewpoints expressed may not be representative of the entire community.

The thoughts of participants are outlined below.

Primary requirement for care:

- Safety of their children (Cited by every parent attending)
- Staffing including adult:child ratios (Second most frequently cited requirement)
- Affordability
- Meals served to children
- Qualifications of staff
- Care for her child like she would
- Eligibility for financial assistance
- Around children her child's age

Biggest challenge in locating care:

- Affordability
- Eligibility for subsidized services
- Hours program operates too limited
- The educational services offered by the programs
- Long eligibility lists

What they would recommend to parents seeking care for the first time:

- Visit as many facilities as possible
- Be able to observe the program at any time
- Use a family member as long as possible
- Work with your child

Changes they would suggest for the child care system in general:

- More personnel in programs trained to care for special needs children
- Basic first aid training
- A *Preschool for All* program for Imperial County
- Better language skills for teachers in programs
- More convenient locations for child care services
- More frequent visits of facilities by Community Care Licensing

Additionally, two parents who attended the discussion group had children with special needs. They shared their thoughts about using and/or improving the child care system in the county. Among the ideas expressed were:

- Parent needed to *fight* for services for her child
- Programs would benefit from access to specialized health care professionals
- One provider asked the parent to *show her how to care for the child* (i.e., specific medical treatment) thus making the provider more comfortable caring for the child and the parent more comfortable leaving the child in the provider's care
- Another parent said, *She just didn't trust someone to care for her child.*

The Perspectives of Agency Personnel on Families

Similarly, representative of different agencies, which serve families, were invited to another discussion group and asked to share their thoughts through a series of questions. Among the ideas expressed were the following:

How the needs of clients have changed during the past year:

- Increased requests for services (i.e., food), decreased demands in other areas (i.e., child care)
- In some cases, eligibility for services has contracted, in others expanded
- Need for child care services has decreased given greater unemployment
- Providers of services are requesting referrals due to decreased demand
- Fewer providers of service
- Less funds to pay for services
- Transportation becoming a greater issue for more families
- Staff shortages are reported in some agencies

Biggest challenge in serving clients:

- Too few funds, too many clients
- Processing of payments takes longer due to less staff
- Families in Salton City, Bombay Beach, and Winterhaven don't have child care services or transportation to services elsewhere; others in these areas don't want to be connected to agencies which deliver services

Suggested changes to the child care system:

- A general lack of school age care was reported
- More physical activities are needed for all and places to do such activities
- Less center-based CDD contracts and more Alternative Payment funds
- More comprehensive services for children with special needs, as well as more trained staff to care for them
- More education for parents and school districts about the benefits of quality early care and education

Discussion of the Data Presented Above

Based on the data presented earlier in this section, the following observations may be made:

- **Sixty-three percent (63%) of callers to the R&R program expressed a preference for a family child care home,** the remainder (37%) a child care center.

- The vast majority of callers to the R&R **desired child care services near the child's home (87%).** This was followed by care near the parent's place of work (7%), and 6% near the child's school.

- **Of children for whom care was sought, 45% were for preschoolers, 29% were infants/toddlers, and 26% school-age children.**

- The two most cited **reasons for needing child care services were CDE referrals (283) and employment (193).**

- For families on the Centralized Eligibility List, **53% indicated a need for full-time care and 47% part-time care.** Of the total number of parents seeking services, **199 required evening care and 177 indicated a need for weekend care.**

- The overwhelming **requirement for child care services by parents who participated in a discussion group was the safety of their children** followed by the ratio of children to adults in the program.

- **Agency personnel shared the increasing demands for some services and decreasing for others, as well as the challenges presented by serving more clients with fewer staff.**

- A range of **changes to the child care system that might improve it were suggested** by parents and agency personnel.

Recommendations relative to these observations are delineated on Part Five of this report.

PART THREE:
THE SUPPLY OF CHILD CARE SERVICES

This section of *Child Care in Imperial County* profiles the services available to families in the county in licensed or license-exempt centers and in family child care homes. The cost of services is depicted, as well as enrollment in subsidized child care programs. The perspectives of child care providers, both home and center-based, drawn from a discussion group are presented along with a discussion of the data shared in this section.

Data on Child Care Centers and Family Child Care Homes

Child care centers are licensed by the Community Care Licensing (CCL) Division of the California Department of Social Services. Each center is licensed by age group(s) served and may hold multiple licenses, which reflect the different ages of children served. Table #15 depicts the capacity of centers by age within each zip code. Some centers are exempt from licensure for one of three reasons: they are operated generally by a school district and only serve children who attend that school or the children of parents who attend a particular school; may be on a military base; or are operated by a tribal nation. The capacity of these centers is shown in Table #16. The format for this table parallels that of Table #15.

Table #15
County of Imperial
Number & Capacity of Licensed Child Care Centers by Type
Source: Imperial County Office of Education, Resource and Referral, April 2009

City	Zip Code	Total # of Programs	Total Capacity	Capacity by Age of Child		
				Infants*	Preschoolers	School-Age
Brawley	92227	12	562	0	550	12
Calexico	92231, 92232	12	640	24	616	0
Calipatria	92233	2	48	20	28	0
El Centro	92243, 92244	31	1393	108	1166	119
Heber	92249	2	67	0	67	0
Holtville	92250	3	90	0	90	0
Imperial	92251	5	214	24	190	0
Niland & Bombay Beach	92257	1	29	0	29	0
Ocotillo	92259	0	-	0	-	0
Salton City	92275	2	52	0	52	0
Seeley	92273	1	27	0	27	0
Westmorland	92281	2	52	0	52	0
Winterhaven	92283	1	32	1	32	0
Total		**74**	**3,206**	**177**	**2,899**	**131**

*Infants defined as ages 0-2; preschoolers as ages 2-5.

Table #16
County of Imperial
Number & Capacity of Exempt Child Care Centers by Type
Source: Imperial County Office of Education, Resource and Referral, April 2009

City	Zip Code	Total # of Programs	Total Capacity	Capacity by Age of Child		
				Infants*	Preschoolers	School-Age
Brawley	92227	1	24	24	0	0
Calexico	92231, 92232	0	0	0	0	0
Calipatria	92233	0	0	0	0	0
El Centro	92243, 92244	2	70	34	36	0
Heber	92249	0	0	0	0	0
Holtville	92250	0	0	0	0	0
Imperial	92251	0	0	0	0	0
Niland & Bombay Beach	92257	0	-	0	-	0
Ocotillo	92259	0	-	0	-	0
Salton City	92275	0	-	0	-	0
Seeley	92273	0	-	0	-	0
Westmorland	92281	0	-	0	-	0
Winterhaven	92283	1	87	0	87	0
Total		**4**	**181**	**58**	**123**	**0**

*Infants defined as ages 0-2; preschoolers as ages 2-5.

Family child care homes, also licensed by CCL, serve either 8 or 14 children (two of whom must be school-age). Licenses do not specify a particular age group to be served in the home, although a recent discussion among staff of the R&R resulted in an estimate that 20% of spaces in family child care homes serve infants and toddlers, 45% preschoolers, and the remaining 35% school-age children. Should a provider choose to care for infants only, the number of children in care would be reduced. Furthermore, some providers choose to serve fewer children than their licensed capacity. This lower number is called *desired capacity* rather than *licensed capacity*. Consequently, Table #17 shows both licensed and desired capacity for family child care homes in an effort to provide a more accurate picture of the total number of children who may be served at any given time.

Table #17 County of Imperial Number and Capacity of Licensed Family Child Care Providers Source: Imperial County Office of Education, Resource & Referral, April 2009				
City	Zip Code	Total # of Programs	Licensed Capacity	Desired Capacity
Brawley	92227	47	518	473
Calexico	92231, 92232	121	1,138	1,124
Calipatria	92233	3	40	36
El Centro	92243, 92244	117	1,068	1,068
Heber	92249	22	216	183
Holtville	92250	15	128	128
Imperial	92251	35	292	292
Niland & Bombay Beach	92257	1	6	6
Seeley	92273	4	38	38
Westmorland	92281	1	8	8
Totals		**366**	**3,452**	**3,356**

The number of children shown in the above three tables reflects the capacity of programs, both home and center-based, to serve children at any point in time. Often, a child may be enrolled for two or three days per week or even on a half-day basis. Consequently, a program may serve more than a single child in any given space. Therefore, the numbers shown in those tables reflect the number of children who may be served at any given time, rather than the total number of children who are served in Imperial County centers and homes.

Child care represents a significant expense for families. Providers of services charge in different manners. For example, some providers charge on an hourly basis, some on a weekly basis and others by the month. Generally, these rates are not combinable; that is, one cannot multiply a weekly rate by 4.3 to obtain a monthly fee. The cost of infant care is significantly higher than that for a preschool or school-age child. Furthermore, the fees charged in family child care homes are usually lower than those charged in centers. Table #18 indicates the cost of child care by type of setting and age of child.

Table #18 County of Imperial Average Rates for Centers and Family Child Care Homes Source: Imperial County Office of Education, Resource & Referral, April 2009						
Age Group	Full-time Daily	Full-time Weekly	Full-time Monthly	Part-time Hourly	Part-time Weekly	Part-time Monthly
Child Care Centers						
Birth to 24 mos.		$ 160.00	NA	NA	$ 144.00	NA
2 - 5 Years		$ 123.00	$ 482.00	NA	$ 106.50	$ 364.00
School-age		$ 115.00	$ 370.00	NA	$ 95.50	$ 270.00
Family Child Care Homes						
Birth to 24 mos.		$ 132.00	NA	NA	$ 107.00	NA
2 - 5 Years		$ 125.00	NA	NA	$ 103.00	NA
School-age		$ 125.00	NA	NA	$ 100.00	NA

Related Information on Child Care Services

Both the State of California and the U.S. Department of Health and Human Services provide funding for early care and education services primarily for income eligible families. In Table #19, enrollment in subsidized, non-voucher programs funded by the California Department of Education's Child Development Division is shown. Table #20 shows enrollment in voucher-type programs, which in California are known as Alternative Payment Programs (APP).

Table #19
County of Imperial
Enrollment in CDD-Funded Programs (Non-APP)
Source: CA Dept. of Education, Child Development Division, November 2009

City	Zip Code	Age of Children							Total
		0	1	2	3	4	5	6	
CCTR									
Brawley	92227	7	3	18	43	48	0	0	119
Calexico	92231, 92232	8	16	26	41	36	6	1	134
Calipatria	92233	4	7	7	7	4	0	0	29
El Centro	92243, 92244	4	6	27	42	33	3	0	115
Heber	92249	1	3	4	4	4	0	1	17
Holtville	92250	3	1	1	3	4	0	0	12
Imperial	92251	0	3	2	8	11	1	0	25
Niland & Bombay Beach	92257	0	0	1	0	0	0	0	1
Seeley	92273	0	0	0	0	1	0	0	1
Salton Sea	92275	0	1	0	0	2	0	0	3
Westmorland	92281	0	2	2	3	3	0	0	10
Total		**27**	**42**	**88**	**151**	**146**	**10**	**2**	**466**
CFCC									
Salton Sea	92275	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**2**
CPRE									
Brawley	92227			5	67	87	0		159
Calexico	92231, 92232			3	115	129	3		250
Calipatria	92233			1	15	24	0		40
El Centro	92243, 92244			2	73	130	1		206
Heber	92249			0	6	3	0		9
Holtville	92250			0	12	10	0		22
Imperial	92251			1	30	42	0		73
Seeley	92273			0	18	17	0		35
Salton Sea	92275			0	6	4	0		10
Westmorland	92281			0	22	26	0		48
Winterhaven	92283			0	20	21	1		42
Total				**12**	**384**	**493**	**5**		**894**
CPKP									
Calexico	92231				**17**	**79**			**96**
CMIG									
Brawley	92227	0	2	1	2	4			9
Calexico	92231	0	0	0	1	4			5
Calipatria	92233	0	0	1	0	0			1
El Centro	92243	0	0	0	0	1			1
Heber	92249	0	0	0	0	4			4
Holtville	92250	2	5	11	15	15			48
Imperial	92251	0	0	0	0	1			1
Westmorland	92281	1	1	3	3	1			9
Total		**3**	**8**	**16**	**21**	**30**			**78**
TOTAL ENROLLMENT IN CDD-FUNDED, NON-APP PROGRAMS		**30**	**50**	**117**	**573**	**748**	**15**	**3**	**1,536**

Table #20
County of Imperial
Enrollment in Alternative Payment Programs (including CalWORKS)
Source: CA Dept. of Education, Child Development Division, November 2009

City	Zip Code	Age of Children																			Total
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
CalWORKS: Stage 2 (C2AP)																					
Brawley	92227	9	9	24	10	9	7	9	8	3	6	8	4	4	0	0					110
Calexico	92231	12	25	26	30	19	20	23	18	18	12	13	8	18	0	1					243
Calipatria	92233	0	1	1	0	2	1	0	1	0	1	0	1	0	0	0					8
El Centro	92243	18	20	38	26	27	31	23	23	22	18	20	10	11	1	0					288
Heber	92249	3	6	5	9	3	3	7	4	1	1	3	0	0	0	0					45
Holtville	92250	0	3	2	2	5	1	7	1	2	6	2	2	0	0	0					33
Imperial	92251	3	1	8	6	7	6	4	4	5	1	2	3	3	0	0					53
Seeley	92273	1	3	1	3	2	3	2	2	2	2	3	2	1	0	0					27
Westmorland	92281	0	0	1	2	1	0	2	0	1	2	1	0	0	0	0					10
Total		**46**	**68**	**106**	**88**	**75**	**72**	**77**	**61**	**54**	**49**	**52**	**30**	**37**	**1**	**1**	**0**	**0**	**0**	**0**	**817**
CalWORKS: Stage 3 (C3AP)																					
Brawley	92227	1	7	6	8	9	10	6	15	15	10	12	7	5	0				1	0	112
Calexico	92231	5	2	10	8	13	12	11	8	15	6	16	13	8	2				1	0	130
Calipatria	92233	0	0	0	2	4	0	0	0	0	4	0	0	0	0				0	0	10
El Centro	92243	5	8	7	11	16	23	16	14	12	19	19	16	15	0				0	1	182
Heber	92249	1	2	1	2	2	3	2	6	2	3	2	1	3	0				0	0	30
Holtville	92250	0	0	1	2	0	1	3	0	0	1	2	1	1	0				0	0	12
Imperial	92251	0	1	0	4	1	4	8	2	7	7	7	3	2	0				0	0	46
Seeley	92273	0	1	0	0	1	0	1	1	0	0	2	1	0	0				0	0	7
Westmorland	92281	0	0	1	1	1	2	0	0	1	0	0	1	0	0				0	0	7
Total		**12**	**21**	**26**	**38**	**47**	**55**	**47**	**46**	**52**	**50**	**60**	**43**	**34**	**2**	**0**	**0**	**0**	**2**	**1**	**536**
Alternative Payment Program (CAPP)																					
Brawley	92227	2	2	2	0	2	1	3	1	1	3	1	0	0							18
Calexico	92231	5	14	9	12	2	7	12	4	6	8	6	6	7							98
Calipatria	92233	0	2	1	1	0	1	0	0	0	1	2	1	0							9
El Centro	92243	6	12	6	8	8	9	9	8	8	4	4	2	4							88
Heber	92249	1	1	1	1	0	0	2	1	0	1	4	0	1							13
Holtville	92250	0	1	1	0	1	0	0	0	0	1	0	0	0							4
Imperial	92251	0	3	3	2	3	0	3	1	0	2	0	2	0							19
Total		**14**	**35**	**23**	**24**	**16**	**18**	**29**	**15**	**15**	**20**	**17**	**11**	**12**	**0**	**0**	**0**	**0**	**0**	**0**	**249**
TOTAL ENROLLMENT IN APP PROGRAMS		**72**	**124**	**155**	**150**	**138**	**145**	**153**	**122**	**121**	**119**	**129**	**84**	**83**	**3**	**1**	**0**	**0**	**2**	**1**	**1,602**

Lastly, enrollment in the federally-funded Early Head Start, Head Start, and Migrant Head Start programs is profiled in Table #21.

Table #21
County of Imperial
Enrollment in Early Head Start and Head Start
Source: CUI Head Start & Imperial County Office of Education, Dec. 2009

City	Zip Code	Age of Child						Total
		0	1	2	3	4	5	
Early Head Start (estimates of enrollment by age)								
Brawley	92227	5	5	0				10
Calexico	92231, 92232	5	6	20				31
El Centro	92243, 92244	5	6	20				31
Total Early Head Start		**15**	**17**	**40**				**72**
Head Start								
Brawley	92227				10	36	5	51
Calexico	92231, 92232				36	63	4	103
El Centro	92243, 92244				111	166	15	292
Heber	92249				12	25	3	40
Imperial	92251				3	16	1	20
Niland & Bombay Beach	92257				12	7	1	20
Westmorland	92281				4	15	1	20
Total Head Start					**188**	**328**	**30**	**546**
Migrant Head Start (breakdown of children ages 1-2 are estimates)								
Brawley	92227	0	28	28	42	42		140
Calexico	92231, 92232	0	28	28	41	42		139
El Centro	92243, 92244	0	38	37	32	32		139
Total Migrant Head Start		**0**	**94**	**93**	**115**	**116**		**418**
Total Early Head Start & Head Start		**15**	**111**	**133**	**303**	**444**	**30**	**1,036**

The Perspectives of Early Care and Education Professionals

Like parents and agency personnel, early care and education professionals were invited to attend an informal discussion group to gain an understanding of the challenges they face in delivering services to the children and families of Imperial County. Though not representative of the greater early care and education community, the participants' thoughts provide a glimpse into the provision of services.

The individuals who participated in the discussion group included family child care and exempt providers, as well as center staff; served in different capacities within their programs; and had a range of experience from less than five years to almost 30. Their services were offered in different cities throughout Imperial County. Their thoughts follow.

On the impact of the current economy:

- Fewer children were enrolled in the program

- Parents are cutting hours due to job losses or cuts in hours
- Many farm workers are dropping out of the programs
- No waiting lists exist for services
- Families are moving from homes to apartments
- Noticing higher divorce rates among two-parent families
- Families are experiencing stress due to financial problems

On what would help providers care for children:

- More support services such as speech for children
- More financial assistance for families
- Parenting classes
- Mental health services for children (and their families)
- More appreciation from others for the hard work that providers do

On suggestions for changing the child care system:

- Increased educational resources for children (i.e., books, toys, etc.)
- More funding for preschool services
- A reorientation within Community Care Licensing from one of monitoring to providing resources to providers

Discussion of the Data Presented Above

Based on the information presented above, the following observations may be offered,

Imperial County has **3,388 spaces in licensed and license exempt child care centers and 3,356 spaces in family child care homes**.

It is estimated that **approximately 906 of these spaces serve infants and toddlers; 4,532 are designated for preschoolers; and 1,306 school-age children**. Because family child care home licenses generally do not specify the specific number of children in any age group to be served and the current economy may encourage providers to accept any child into their program regardless of age, the estimates of spaces by age are not considered fixed and are highly variable.

For an Imperial County family with one three or four-year-old child using full-time care, **the cost of preschool services in a center-based program would be $5,784 or $6,500 in a family child care home. If that family earned either the mean or median income, child care would require more than 10% of its annual income.** Should the family have an infant or toddler, or multiple children, then the percentage of its income spent on child care services would increase significantly.

There exists **significant enrollment of children in subsidized spaces in programs throughout Imperial County including more than 1,500 in center-based contracts through the California Department of Education, around 1,600 in voucher-type**

programs, and another 1,036 in Early Head Start, Head Start and Migrant Head Start.

The **current economic crisis is being felt by child care providers in Imperial County as evidenced by declining enrollment, lack of waiting lists, and more challenges in serving children and their families.**

Recommendations regarding these observations are shared in Part Five of this assessment.

PART FOUR:
THE DEMAND V. SUPPLY OF SERVICES IN IMPERIAL COUNTY

Utilizing the data presented in the previous three sections, an analysis was conducted to determine how well balanced the supply of child care services and the demand for the same are. This section then includes a discussion of the results of that analysis.

Child Care Demand versus Supply[1]

To gain some perspective about how well the supply of child care meets the demand for such services by families seeking care, the current assessment undertook an analysis through a combination of data sources and research findings. Specifically, the number of children in each of two age groups, those under six years of age and those between 6 and 12, as presented in Part One of this report and the percentage of Imperial County households in which all adults work determined by the U.S. Census Bureau (62.4%) were set forth. Then using factors outlined in the Urban Institute's *Assessing the New Federalism: State Child Care Profile for Children with Employed Mothers in California (2001),* which identified the percentage of families who require regulated care (both home and center-based), an estimate was made of the number of children who required legal group care (35% for the younger group, 27% for the older one). The resulting number was compared to the amount of group care in each zip code.

As was mentioned in the previous section, through conversations with R&R staff an estimate was reached regarding the percentage of children in family child care homes by age group: 20% - infants and toddlers, 45% - preschoolers, and 35% school-age children. These percentages drove the estimates of the amount of licensed care for family child care.

Using the above information, a ratio of children to child care spaces was obtained for each zip code. Those zip codes in which the ratio is less than one (1.0), do not have sufficient care to meet the demand for services; whereas those with a ratio greater than one (1.0) do have at a minimum adequate, if not sufficient, care to meet the demand.

Table #22 presents the results of the analysis described above.

[1] Adapted from *Children and Families in San Diego County* by G.J. Kinley, 2005

Table #22
County of Imperial
Need for Child Care v. the Supply of Services
Sources: CA Department of Finance, 2008; ICOE R&R, 2009

City	Zip Code	Children Under the Age of 6 years				Children 6 -13 Years of Age			
		Number of Children under 6 years of age	Number of Children who require licensed child care services	Available supply of licensed care	Ratio of licensed spaces to children who require such care	Number of Children 6-12 years of age	Number of Children who require licensed/legal child care services	Available supply of licensed care	Ratio of licensed spaces to children who require such care
Brawley	92227	2,560	559	882	1.58	2,819	475	178	0.37
Calexico	92231, 92232	3,768	823	1,371	1.67	4,115	693	393	0.57
Calipatria	92233	777	170	71	0.42	848	143	13	0.09
El Centro	92243, 92244	4,240	926	2,039	2.20	4,629	780	482	0.62
Heber	92249	425	93	186	2.00	465	78	64	0.82
Holtville	92250	625	137	174	1.27	681	115	45	0.39
Imperial	92251	1,242	271	403	1.48	1,357	229	102	0.45
Niland & Bombay Beach	92257	330	72	33	0.46	360	61	2	0.03
Ocotillo	92259	55	12	0	-	60	10	0	0.00
Salton City	92275	96	21	52	2.48	105	18	0	0.00
Seeley	92273	195	43	52	1.22	213	36	13	0.36
Westmorland	92281	232	51	57	1.12	254	43	3	0.07
Winterhaven	92283	441	96	120	1.25	481	81	0	0.00
TOTAL		**14,986**	**3,275**	**5,440**	**1.66**	**16,387**	**2,761**	**1,295**	**0.47**

There are 4,527 children in the county with whom no zip code is associated. No estimate of the discrepancy between the supply and demand for services is given for them.

Although the above table suggests that more than adequate child care spaces exist for children under the age of six, early care and education professionals and researchers have long believed that the need for infant and toddler care far exceeds the supply. Consequently, a secondary and more in-depth analysis of available resources for infants and toddlers appeared warranted.

Several assumptions were embedded in this secondary analysis. First, the Urban Institute (2001) found that parents of infants and toddlers used group care 23.2% of the time, rather than the 35% of the time collectively cited in other research. A second assumption was based on estimates made by ICOE R&R staff about the percentages of children served in family child care homes (i.e., 20% infants and toddlers, 45% preschoolers, and 35% school-agers). Another assumption, which is perhaps a bit more tenuous, is that parents of infants and toddlers are employed at the same rate (62.4% for Imperial County) as parents of older children.

With these three assumptions in place, the secondary analysis of the demand for infant and toddler care, as well as preschool, versus the supply of services was undertaken. The results of that analysis are shown in Table #23.

Table #23
County of Imperial
Secondary Analysis of Supply v. Need of Infants/Toddlers and Preschoolers
Sources: CA Department of Finance, 2007; ICOE R&R, 2009; and Urban Institute

City/Town	Zip Code	Infants/Toddlers					Preschoolers				
		Number of Infants/Toddlers	% of households with all adults in work force	Number of Infants who Require Care	Available Supply	Ratio of licensed spaces to children who require such care	Number of Preschool-age children	% of households with all adults in work force	Number of Children who required licensed child care services	Available supply of licensed care	Ratio of licensed space to children who require such care
Brawley	92227	932	0.62	135	119	0.88	1,628	0.62	356	763	2.15
Calexico	92231, 92232	1,361	0.62	197	249	1.26	2,408	0.62	526	1,122	2.13
Calipatria	92233	281	0.62	41	27	0.66	496	0.62	108	44	0.41
El Centro	92243, 92244	1,531	0.62	222	356	1.61	2,707	0.62	591	1,683	2.85
Heber	92249	154	0.62	22	37	1.66	272	0.62	59	149	2.51
Holtville	92250	225	0.62	33	26	0.80	398	0.62	87	148	1.70
Imperial	92251	449	0.62	65	82	1.26	794	0.62	173	321	1.85
Niland & Bombay Beach	92257	119	0.62	17	1	0.06	211	0.62	46	32	0.69
Ocotillo	92259	20	0.62	3	0	-	34	0.62	7	-	-
Salton City	92275	35	0.62	5	0	-	62	0.62	14	52	3.84
Seeley	92273	70	0.62	10	8	0.79	125	0.62	27	44	1.61
Westmorland	92281	84	0.62	12	1	0.08	148	0.62	32	56	1.73
Winterhaven	92283	159	0.62	23	1	0.04	281	0.62	61	119	0.26
Totals		5,420	0.62	785	907	1.16	9,564	0.62	2,089	4,533	2.17

Discussion of the Data Presented

Based on the information share in this section, the following observations may be made:

> **An initial analysis indicates that there are more spaces for children under the age of six than children who require such care.** The ratio for this age group is 1.66 spaces for every child. **For children six and older, there is exists fewer spaces than there are children who required care;** the ratio is less than one space for every two children who require care.

A secondary analysis of available care for children under the age of six revealed that most communities with the exception of **Calexico, El Centro, Heber, and Imperial have insufficient spaces for infants and toddlers**. The communities of **Calipatria, Niland and Bombay Beach, Ocotillo and Winterhaven have insufficient spaces for preschool-age children.**

Recommendations regarding these observations are outlined in Part Five of this document.

PART FIVE:
RECOMMENDATIONS FOR CONSIDERATION

In the first four sections of this report, a series of observations based on the information presented were set forth. In this last section, recommendations are suggested that the Imperial County Early Care & Education Planning Council should consider as it begins development of a strategic plan for the coming five years.

Given the high percentage of Spanish speakers, the Planning Council should consider **making all materials and resources, especially those targeting children and their parents, available in Spanish.**

As an ancillary recommendation, the Planning Council should **encourage the development of programs and services within Imperial County that increase the proficiency of young children, as well as the staff who care for them, in communicating both orally and in writing in English.**

The number of children under the age of five who have been identified as having a special need appears to be significantly lower than those five years or older. Part of this imbalance may be related to the lack of screening in the younger age group. To the extent possible, the Planning Council should **consider sponsoring trainings for providers intended to increase the latter group's skills in identifying children who may have special learning needs and referring the youngsters to appropriate agencies for assessment.**

With more than one out of every eight children referred to Child Protective Services with suspicions of general neglect, the Planning Council should **partner with appropriate organizations in the community to provide training to child care practitioners about the signs of abuse and/or neglect and their responsibilities for reporting under the law.**

At such time as the Planning Council chooses to partner in the development of new child care spaces, it should **consider the expressed preferences of parents in Imperial County for family child care homes and then work to ensure high quality services within those facilities.**

The Centralized Eligibility List contains the names of almost 1,400 children whose families require assistance paying for child care services. As available, the Planning

Council should **encourage local agencies to apply for new sources of funds to pay for such services.**

Most communities in Imperial County have sufficient child care spaces for preschool age children. Notable exceptions are **Calipatria, Niland and Bombay Beach, Ocotillo and Winterhaven all of which would benefit from the development of additional preschool age spaces. (Note: This recommendation does NOT apply to subsidized child care spaces whose expansion is warranted.)**

With the exception of Calexico, El Centro, Heber, and Imperial, all other cities in Imperial County have insufficient spaces for infants and toddlers. The Planning Council should **encourage existing providers to consider caring for infants and toddlers. The Planning Council should also partner with other organizations to offer training intended to expand the knowledge and skills of providers to care for this age group.**

Given the dearth of school-age care in most communities of Imperial County, the Planning Council should **work with existing providers, as well as school districts, to expand the availability in general of care for children Kindergarten age and older.**

The current economy has increased the challenges providers face in serving children and their families. To the extent possible, the Planning Council should **consider different avenues for supporting practitioners in their work including, but not limited to, the provision of mental health services for children and families, acknowledgement of providers' work, and other resources that ease the stressors on caregivers.**

Child Care In Imperial County:
An Assessment of the Status of Children, Families and the Field in 2010

Appendices

IMPERIAL COUNTY EARLY CARE & EDUCATION PLANNING COUNCIL MEMBERS – JANUARY 2010

20% Consumers (Defined as a parent or person who receives or who received in the last 36 months, child care services).

Name of Representative	Appointment Date	Renewal Date
Denise Morris	5/09	5/11
Wendy Prewett	3/08	3/10
Adrianna Solorzano	10/09	10/11
René Pollard	10/09	10/11
VACANT		

20% Child Care Providers (Defined as a person who provides child care services or represents persons who provide child care services).

Name of Representative	Appointment Date	Renewal Date
Helen Gaede	6/08	6/10
Elizabeth Guzman	9/09	9/11
Norah Sanchez	9/09	9/11
Julia Rodriguez	2/08	2/10
Mike Castillo	10/08	10/10

20% Public Agency Representatives (Defined as a person who represents a city, county or local education agency).

Name of Representative	Appointment Date	Renewal Date
Holly Daasnes	10/08	10/10
Heather Vessey-Garcia	10/09	10/11
Rebecca Green	12/08	12/10
Gloria Fortin	9/09	9/11
Scott Dudley	10/08	10/10

20% Community Representatives (Described as a person who represents an agency or business that provides private funding for child care services, or who advocates for child care services through participation in a civic or community based organization, but is not a child care provider or CDE funded agency or representative).

Name of Representative	Appointment Date	Renewal Date
Cheryl Anderson	12/08	12/10
Carla Moore	9/09	9/11

Rosa Valenzuela	9/09	9/11
Katrina Portwood	10/09	10/11
VACANT		

20% Discretionary Appointees (Appointed from any of the above categories or outside categories at the discretion of the appointing agencies).

Name of Representative	Appointment Date	Renewal Date
Frances Beope	10/08	10/10
Magda Franco	9/09	9/11
José Martínez	3/08	3/10
Sally Van Winkle	12/08	12/10
VACANT		

Do you have a child five years or younger?

Do you use or have you tried to use child care in Imperial County?
or
Does your child have a special need, which has made your search for or use of child care services more difficult?

Then join other parents for an informal and confidential, 90-minute discussion of child care services in Imperial County.

Each parent will receive a thank you gift.
No child care will be available at this meeting.

October 28, 2009 at 7:00 PM.
The location will be announced to confirmed attendees.

Space is limited.
Refreshments will be served.

RSVP required.

To reserve a space or for more information,
call Ernestina (760.312.6431) by October 21, 2009.

¿Tiene usted un niño de cinco años o menor?

¿Usted ha usado una guardería en la comunidad?

¿Usted ha probado a utilizar los servicios de guardería?

Entonces únase a otros padres para una discusión informal y confidencial de 90 minutos, sobre los cuidado de los niños en el Condado de Imperial.

Cada padre recibirá un regalo de gratitud.

El 28 de octobre de 2009 a las 6:00 de la tarde.
El lugar será anunciado a los participantes confirmados.

El tamaño del grupo es limitado.
Se servirá café y galletas.

RSVP requerido.

Para reservar un espacio o para más información,
llame Ernestina (760.312.6431) antes del 10/21/2009.

Are you a licensed family child care provider?

Do you operate a child care center, either licensed or license exempt?

The Imperial County Early Care and Education Planning Council has commissioned its 5-year needs assessment and its consultant is now in the process of collecting information.

Your thoughts and ideas would be most appreciated.

So please join us for a confidential and informal 90-minute discussion of child care in Imperial County.

Each participant will receive a thank you gift. (Limited one gift per program.)

October 29, 2009 at 7:00 PM.
The location will be announced to confirmed attendees.

Space is limited.
Refreshments will be served.

RSVP required.

To reserve a space or for more information,
call Ernestina at 760.312.6431 by October 22, 2009.

SUGGESTED DISCUSSION GROUP QUESTIONS

PARENTS

1. Please share your name and the ages of your children.
2. Do you use child care services on a regular basis? What type of care is it?
3. How did you find your current child care situation?
4. What was your primary requirement when looking for child care?
5. How many child care providers did you meet with before finding your current caregiver(s)?
6. What was the biggest challenge in finding child care?
7. If you could change anything about the child care system in Imperial County, what would that change be?

PROVIDERS

1. Please share your name, the name of your program/center, and the ages of children served.
2. How long have you been providing child care services?
3. What impact has the current economy had on your program? Be as specific as possible.
4. How have the needs of children and their families changed over the past year?
5. What assistance might be most useful for you from other organizations?
6. If you could change anything about the child care system in Imperial County, what would that change be?

AGENCY PERSONNEL

1. Please share your name, the agency for which you work, and who is your primary client.
2. What services does your organization offer to your clients?
3. How have the needs of your clients changed during the past year? How have your services changed in response to the changing needs of clients?
4. What is the biggest challenge that you face in serving clients?

5. If you could change anything about the child care system in Imperial County, what would that change be?

Child Development Program
Student Retention Rate

Course	Fall				Spring				Summer				Winter				3-Yr. Average
	2006	2007	2008	Avg.	2007	2008	2009	Avg.	2007	2008	2009	Avg.	2007	2008	2009	Avg.	
CDEV100			69%	69%			66%	66%									67%
CDEV101			90%	90%													90%
CDEV102							97%	97%									97%
CDEV103			85%	85%			72%	72%									78%
CDEV104			94%	94%			84%	84%									89%
CDEV105			68%	68%			71%	71%									69%
CDEV106			76%	76%			96%	96%									86%
CDEV107			92%	92%			95%	95%									93%
CDEV122			100%	100%													100%
CDEV123							91%	91%									91%
CDEV142															100%	100%	100%
CDEV20							100%	100%									100%
CDEV200			75%	75%			100%	100%			88%	88%					88%
CDEV220			80%	80%													80%
CDEV221							73%	73%									73%
CFCS050	81%			81%													81%
CFCS051	76%			76%													76%
CFCS052	73%			73%													73%
CFCS100	86%	84%		85%	88%	83%		85%									85%
CFCS101	90%	100%		95%	87%	85%		86%									90%
CFCS102	100%	95%		98%	100%	97%		99%									98%
CFCS104	66%	78%		72%	68%	72%		70%									71%
CFCS106	92%	90%		91%	87%	78%		82%									87%
CFCS108	92%	87%		89%	79%	97%		88%									89%
CFCS110	81%	84%		83%	78%	83%		80%									82%
CFCS112	80%	68%		74%													74%
CFCS114						79%		79%	89%			89%					84%
CFCS116	90%	78%		84%													84%
CFCS118					80%	87%		83%									83%

CFCS170									92%			92%	100%	95%		97%	96%
CFCS171					79%			79%		100%		100%					90%
CFCS172													86%			86%	86%
CFCS173									92%			92%					92%
CFCS200	73%	79%		76%	72%	67%		69%									73%
CFCS210	100%			100%													100%
CFCS211						100%		100%									100%
CFCS212													97%	92%		94%	94%
CFCS220	90%	86%		88%													88%
CFCS221					91%	88%		89%									89%
CFCS240	67%	71%		69%	13%	38%		25%									47%
Avg.	84%	83%	83%	83%	77%	81%	86%	81%	91%	100%	88%	92%	94%	93%	100%	95%	84%

Child Development Program
Student Success Rate

Course	Fall				Spring				Summer				Winter				3-Year Average
	2006	2007	2008	Avg.	2007	2008	2009	Avg.	2007	2008	2009	Avg.	2007	2008	2009	Avg.	
CDEV100			44%	44%			22%	22%									33%
CDEV101			87%	87%													87%
CDEV102							97%	97%									97%
CDEV103			72%	72%			48%	48%									60%
CDEV104			86%	86%			76%	76%									81%
CDEV105			50%	50%			52%	52%									51%
CDEV106			68%	68%			89%	89%									78%
CDEV107			88%	88%			81%	81%									84%
CDEV122			96%	96%													96%
CDEV123							89%	89%									89%
CDEV142															100%	100%	100%
CDEV20							100%	100%									100%
CDEV200			75%	75%			89%	89%			88%	88%					84%
CDEV220			57%	57%													57%
CDEV221							62%	62%									62%
CFCS050	67%			67%													67%
CFCS051	62%			62%													62%
CFCS052	52%			52%													52%
CFCS100	67%	71%		69%	82%	77%		79%									74%
CFCS101	72%	90%		81%	69%	83%		76%									78%
CFCS102	100%	81%		90%	100%	91%		96%									93%
CFCS104	43%	49%		46%	56%	63%		59%									53%
CFCS106	78%	85%		81%	77%	73%		75%									78%
CFCS108	84%	73%		79%	73%	95%		84%									81%
CFCS110	63%	53%		58%	51%	49%		50%									54%
CFCS112	66%	44%		55%													55%
CFCS114						75%		75%	89%			89%					82%
CFCS116	68%	59%		64%													64%
CFCS118					71%	79%		75%									75%
CFCS170									88%			88%	80%	89%		85%	86%
CFCS171					59%			59%		100%		100%					79%
CFCS172													86%			86%	86%
CFCS173									92%			92%					92%
CFCS200	53%	57%		55%	56%	67%		61%									58%
CFCS210	71%			71%													71%
CFCS211						100%		100%									100%
CFCS212													94%	92%		93%	93%
CFCS220	71%	62%		67%													67%
CFCS221					91%	88%		89%									89%
CFCS240	53%	33%		43%	13%	25%		19%									31%
Avg.	67%	63%	72%	67%	66%	74%	73%	71%	90%	100%	88%	92%	87%	91%	100%	90%	72%

Imperial Valley College
# of Degrees and Certificates Awarded to Students

3/12/2010

PROGRAM	Year 2003-04			Year 2004-05			Year 2005-06			Year 2006-07			Year 2007-08			Grand Total
	Cert.	Degree	Total	Cert.	Degree	Total	Cert.	Degree	Total	Cert.	Degree	Total	Cert.	Degree	Total	
ACR-CERT							1		1	11		11	8		8	20
ADS-AS					3	3					3	3		6	6	12
ADS-CERT				3		3	3		3	6		6	6		6	18
AGBMGMT-CERT				1		1										1
AGSCI-AS								1	1					4	4	5
AJ-AS		30	30		23	23		50	50		35	35		24	24	162
AJ-CERT	8		8	3		3	13		13	14		14	4		4	42
ART-AA		3	3		9	9		8	8		4	4		7	7	31
AUTOAIR-CERT	13		13	1		1	2		2	4		4	4		4	24
AUTOBDY-CERT	1		1	4		4				1		1	1		1	7
AUTOBSW-CERT	6		6	3		3	2		2	4		4	5		5	20
AUTOELT-CERT	13		13	2		2	2		2	3		3	3		3	23
AUTOMAC-CERT	1		1	1		1				2		2				4
AUTOPER-CERT	15		15	1		1	1		1	4		4	3		3	24
AUTOT-AA								1	1							1
AUTOT-AS		2	2		2	2					2	2		1	1	7
AUTOT-CERT	4		4							1		1	1		1	6
BADS-AS											3	3		8	8	11
BCPM-CERT										2		2	1		1	3
BEHSCI-AA		6	6		10	10		9	9		10	10		13	13	48
BSUP-AS		1	1													1
BUSACCT-AA											1	1		1	1	2
BUSACCT-AS					8	8		4	4		8	8		6	6	26
BUSACCT-CERT	1		1							2		2	4		4	7
BUSADM-AA		7	7		14	14		12	12		12	12		15	15	60
BUSADM-AS		24	24		7	7		13	13		22	22		14	14	80
BUSASST-AA														1	1	1
BUSASST-AS								1	1		1	1		1	1	3
BUSFIN-AS					1	1		3	3		2	2				6
BUSFIN-CERT				1		1				1		1				2
BUSMGMT-AA		1	1		2	2		1	1		1	1		1	1	6
BUSMGMT-AS		3	3		1	1		2	2		3	3		3	3	12
BUSMGMT-CERT	1		1	1		1	2		2	1		1				5
BUSMKRT-AA								1	1					2	2	3
BUSMKRT-AS								2	2		2	2		1	1	5
BUSMKRT-CERT				1		1				1		1				2
BUSOFF-AA														1	1	1
BUSOFF-AS		3	3		8	8		1	1		5	5		7	7	24
BUSOFF-CERT	1		1	1		1	2		2	3		3	5		5	12
BUSSKLS-CERT													3		3	3
CIS-AA		4	4		2	2		2	2		3	3		2	2	13
CIS-AS		2	2		6	6		3	3					4	4	15
CIS-CERT	2		2	4		4										6
CSI-AS		4	4		3	3		2	2		3	3				12
CSI-CERT	2		2	1		1				1		1	1		1	5
CTSV-CERT													3		3	3
ECE-AA		16	16		15	15		14	14		7	7		3	3	55

Imperial Valley College
# of Degrees and Certificates Awarded to Students

PROGRAM	Year 2003-04			Year 2004-05			Year 2005-06			Year 2006-07			Year 2007-08			Grand Total
	Cert.	Degree	Total	Cert.	Degree	Total	Cert.	Degree	Total	Cert.	Degree	Total	Cert.	Degree	Total	
ECEADM-CERT							1		1	2		2	1		1	4
ECE-AS		2	2		3	3		4	4		9	9		2	2	20
ECEASST-CERT	7		7	14		14	15		15	20		20	24		24	80
ECEAT-CERT	7		7	14		14	17		17	17		17	20		20	75
ECEFAM-CERT										5		5				5
ECEINF-CERT				2		2	7		7	5		5				14
ECESCHL-CERT										1		1				1
ECIS-CERT	1		1							2		2				3
ELTRN-CERT	2		2	4		4				3		3				9
ELTT-CERT													2		2	2
EMT-AS											1	1				1
EMTI-CERT	1		1	1		1				1		1	1		1	4
EMTPM-CERT				17		17	19		19	13		13	16		16	65
ENGL-AA		10	10		3	3		1	1		2	2		8	8	24
EWIR-CERT													6		6	6
EWT-CERT										4		4	7		7	11
FIRE-AS		3	3		4	4		1	1		1	1				9
FIRE-CERT				1		1	6		6	2		2	1		1	10
FIREFI-CERT										3		3				3
FRENCH-AA		1	1													1
GENERAL-AA		10	10		10	10		5	5		4	4		9	9	38
GENERAL-AS		9	9		3	3		6	6		2	2		2	2	22
GENSCI-AA		1	1								2	2				3
GENSCI-AS					3	3		5	5		7	7		5	5	20
HA-CERT	20		20				21		21							41
HMHLTH-CERT				12		12										12
HREL-AA		3	3		5	5		8	8		3	3		7	7	26
HREL-AS					4	4					1	1		2	2	7
HREL-CERT							1		1							1
HUM-AA		1	1		1	1								1	1	3
JRN-AS		1	1								2	2		3	3	6
LEGAL-AA					4	4		3	3		2	2		2	2	11
LEGAL-CERT	1		1	3		3	4		4	1		1	1		1	10
LIBRY-AS					8	8					2	2		2	2	12
LIBRY-CERT	4		4	1		1	7		7	3		3	4		4	19
LIBST-AA		53	53		49	49		47	47		12	12		25	25	186
LIFESCI-AA											1	1				1
LIFESCI-AS		1	1		1	1		2	2		3	3				7
MATH-AA								2	2					1	1	3
MATH-AS		2	2		3	3		3	3		1	1		5	5	14
MEDASST-CERT	1		1	21		21	23		23	17		17	18		18	80
MEDOFF-CERT	3		3	14		14	27		27	24		24	14		14	82
MUMEDIA-CERT													1		1	1
NURSLVN-AS		6	6		1	1		15	15		7	7		1	1	30
NURSLVN-CERT	10		10				12		12	17		17				39
NURSRN-AS		42	42		45	45		44	44		58	58		75	75	264
PE-AS		1	1					1	1					1	1	3

Imperial Valley College
# of Degrees and Certificates Awarded to Students

PROGRAM	Year 2003-04			Year 2004-05			Year 2005-06			Year 2006-07			Year 2007-08			Grand Total
	Cert.	Degree	Total	Cert.	Degree	Total	Cert.	Degree	Total	Cert.	Degree	Total	Cert.	Degree	Total	
PHARMT-CERT										3		3	2		2	5
PHRM-CERT										2		2	2		2	4
PHYSCI-AS		1	1													1
PREENGR-AS		2	2		2	2								3	3	7
PSADM-AA														1	1	1
PSADM-CERT										1		1				1
PSYCH-AA		14	14		10	10		12	12		14	14		37	37	87
PSYCH-AS		9	9		9	9		15	15		11	11		10	10	54
REHAB-AA		3	3		1	1		1	1		2	2		2	2	9
REHAB-CERT													1		1	1
SOCSCI-AA		15	15		23	23		45	45		54	54		64	64	201
SOCSCI-AS		21	21		21	21		20	20		19	19		18	18	99
SPANNAT-AA					1	1								2	2	3
TRANSFER-AA		44	44		65	65		98	98		114	114		101	101	422
TRANSFER-AS		29	29		37	37		26	26		16	16		23	23	131
WELD-AS											1	1				1
WELD-CERT							2		2	2		2	2		2	6
WT-AS		2	2		1	1		2	2					1	1	6
WT-CERT	6		6	1		1	4		4	6		6	7		7	24
WWT-CERT	1		1				3		3	3		3	2		2	9
Grand Total	132	392	524	133	431	564	197	496	693	218	478	696	184	538	722	3199

Child Development Program
Enrollment Count at Census

Course	Fall				Spring				Summer				Winter				Grand Total
	2006	2007	2008	Total	2007	2008	2009	Total	2007	2008	2009	Total	2007	2008	2009	Total	
CDEV 100			62	62			32	32									94
CDEV 101			39	39													39
CDEV 102							34	34									34
CDEV 103			72	72			67	67									139
CDEV 104			64	64			49	49									113
CDEV 105			34	34			31	31									65
CDEV 106			25	25			28	28									53
CDEV 107			48	48			73	73									121
CDEV 122			24	24													24
CDEV 123							37	37									37
CDEV 142															18	18	18
CDEV 20							10	10									10
CDEV 200			4	4			9	9			9	9					22
CDEV 220			35	35													35
CDEV 221							26	26									26
CFCS 100	62	74		136	65	64		129									265
CFCS 101	67	42		109	39	46		85									194
CFCS 102	24	21		45	40	35		75									120
CFCS 104	60	60		120	57	32		89									209
CFCS 106	110	86		196	111	49		160									356
CFCS 108	37	45		82	48	37		85									167
CFCS 110	32	32		64	41	35		76									140
CFCS 112	35	25		60													60
CFCS 114						28		28	28			28					56
CFCS 116	72	27		99													99
CFCS 118					35	38		73									73
CFCS 170									26			26	10	19		29	55
CFCS 171					29			29		31		31					60
CFCS 172													16			16	16
CFCS 173									13			13					13
CFCS 200	15	15		30	18	9		27									57
CFCS 210	7			7													7
CFCS 211						6		6									6
CFCS 212													34	12		46	46
CFCS 220	31	37		68													68
CFCS 221					33	16		49									49
CFCS 240	15	26		41	9	8		17									58
CFCS 50	42			42													42
CFCS 51	42			42													42
CFCS 52	44			44													44
Total	695	490	407	1592	525	403	396	1324	67	31	9	107	60	31	18	109	3132

Child Development Program
Fill Rate

Course	Fall				Spring				Summer				Winter				Grand Total
	2006	2007	2008	Total	2007	2008	2009	Total	2007	2008	2009	Total	2007	2008	2009	Total	
CDEV 100			89%	89%			91%	91%									90%
CDEV 101			111%	111%													111%
CDEV 102							213%	213%									213%
CDEV 103			103%	103%			96%	96%									99%
CDEV 104			91%	91%			70%	70%									81%
CDEV 105			97%	97%			89%	89%									93%
CDEV 106			71%	71%			80%	80%									76%
CDEV 107			137%	137%			104%	104%									115%
CDEV 122			69%	69%													69%
CDEV 123							106%	106%									106%
CDEV 142															51%	51%	51%
CDEV 20							29%	29%									29%
CDEV 200			27%	27%			60%	60%			60%	60%					49%
CDEV 220			100%	100%													100%
CDEV 221							74%	74%									74%
CFCS 100	89%	106%		97%	93%	91%		92%									95%
CFCS 101	96%	120%		104%	111%	131%		121%									111%
CFCS 102	150%	131%		141%	250%	219%		234%									188%
CFCS 104	86%	86%		86%	81%	91%		85%									85%
CFCS 106	105%	123%		112%	106%	70%		91%									102%
CFCS 108	106%	129%		117%	69%	106%		81%									95%
CFCS 110	91%	91%		91%	59%	100%		72%									80%
CFCS 112	50%	71%		57%													57%
CFCS 114						80%		80%	80%			80%					80%
CFCS 116	103%	77%		94%													94%
CFCS 118					100%	109%		104%									104%
CFCS 170									74%			74%	29%	54%		41%	52%
CFCS 171					83%			83%		89%		89%					86%
CFCS 172													46%			46%	46%
CFCS 173									37%			37%					37%
CFCS 200	100%	100%		100%	120%	60%		90%									95%
CFCS 210	20%			20%													20%
CFCS 211						17%		17%									17%
CFCS 212													97%	34%		66%	66%
CFCS 220	89%	106%		97%													97%
CFCS 221					94%	46%		70%									70%
CFCS 240	43%	74%		59%	26%	23%		24%									41%
CFCS 50	120%			120%													120%
CFCS 51	120%			120%													120%
CFCS 52	126%			126%													126%

Grade Distribution

Term	Sem.	Year	Program	Course	A	B	C	CR	D	F	Other	W	Total	# Succeed	Success Rate	Retention Rate
200710	Fall	2006	CDEV	CFCS050	15	5	8		1	5		8	42	28	66.7%	81.0%
200710	Fall	2006	CDEV	CFCS051	18	4	4		1	5		10	42	26	61.9%	76.2%
200710	Fall	2006	CDEV	CFCS052	10	10	3		4	5		12	44	23	52.3%	72.7%
200710	Fall	2006	CDEV	CFCS100	20	13	10		4	7	1	9	64	43	67.2%	85.9%
200710	Fall	2006	CDEV	CFCS101	16	20	12		5	4	3	7	67	48	71.6%	89.6%
200710	Fall	2006	CDEV	CFCS102	24								24	24	100.0%	100.0%
200710	Fall	2006	CDEV	CFCS104	7	12	7		4	10		21	61	26	42.6%	65.6%
200710	Fall	2006	CDEV	CFCS106	17	33	36		9	6		9	110	86	78.2%	91.8%
200710	Fall	2006	CDEV	CFCS108	8	15	8			2	1	3	37	31	83.8%	91.9%
200710	Fall	2006	CDEV	CFCS110		7	13		3	3		6	32	20	62.5%	81.3%
200710	Fall	2006	CDEV	CFCS112	5	12	6		1	3	1	7	35	23	65.7%	80.0%
200710	Fall	2006	CDEV	CFCS116	13	26	10		6	10		7	72	49	68.1%	90.3%
200710	Fall	2006	CDEV	CFCS200		1	7		1	2		4	15	8	53.3%	73.3%
200710	Fall	2006	CDEV	CFCS210	1	3	1			2			7	5	71.4%	100.0%
200710	Fall	2006	CDEV	CFCS220	11	7	4		4	2		3	31	22	71.0%	90.3%
200710	Fall	2006	CDEV	CFCS240		5	3			2		5	15	8	53.3%	66.7%
200715	Win.	2007	CDEV	CFCS170	3	3	2			1	1		10	8	80.0%	100.0%
200715	Win.	2007	CDEV	CFCS172	12							2	14	12	85.7%	85.7%
200715	Win.	2007	CDEV	CFCS212	15	14	3			1		1	34	32	94.1%	97.1%
200720	Spr.	2007	CDEV	CFCS100	19	21	13		4			8	65	53	81.5%	87.7%
200720	Spr.	2007	CDEV	CFCS101	7	10	10		7			5	39	27	69.2%	87.2%
200720	Spr.	2007	CDEV	CFCS102	40								40	40	100.0%	100.0%
200720	Spr.	2007	CDEV	CFCS104	10	12	10		3	4		18	57	32	56.1%	68.4%
200720	Spr.	2007	CDEV	CFCS106	20	40	25		9	3		14	111	85	76.6%	87.4%
200720	Spr.	2007	CDEV	CFCS108	8	12	15		3			10	48	35	72.9%	79.2%
200720	Spr.	2007	CDEV	CFCS110	1	10	10		10	1		9	41	21	51.2%	78.0%
200720	Spr.	2007	CDEV	CFCS118	3	12	10			3		7	35	25	71.4%	80.0%
200720	Spr.	2007	CDEV	CFCS171	10	6	1		1	5		6	29	17	58.6%	79.3%
200720	Spr.	2007	CDEV	CFCS200		2	8		3			5	18	10	55.6%	72.2%
200720	Spr.	2007	CDEV	CFCS221	5	14	11					3	33	30	90.9%	90.9%

200720	Spr.	2007	CDEV	CFCS240		1						7	8	1	12.5%	12.5%
200730	Sum.	2007	CDEV	CFCS114	6	15	4					3	28	25	89.3%	89.3%
200730	Sum.	2007	CDEV	CFCS170	9	10	4		1			2	26	23	88.5%	92.3%
200730	Sum.	2007	CDEV	CFCS173	8	2	2					1	13	12	92.3%	92.3%
200810	Fall	2007	CDEV	CFCS100	16	22	14		3	5	1	12	73	52	71.2%	83.6%
200810	Fall	2007	CDEV	CFCS101	10	12	15		4				41	37	90.2%	100.0%
200810	Fall	2007	CDEV	CFCS102	6	11				3		1	21	17	81.0%	95.2%
200810	Fall	2007	CDEV	CFCS104	9	11	9		10	7		13	59	29	49.2%	78.0%
200810	Fall	2007	CDEV	CFCS106	13	39	19		3		2	8	84	71	84.5%	90.5%
200810	Fall	2007	CDEV	CFCS108	10	16	7		6			6	45	33	73.3%	86.7%
200810	Fall	2007	CDEV	CFCS110	3	7	7		7	3		5	32	17	53.1%	84.4%
200810	Fall	2007	CDEV	CFCS112	1	5	5		2	4		8	25	11	44.0%	68.0%
200810	Fall	2007	CDEV	CFCS116	4	5	7		3	2		6	27	16	59.3%	77.8%
200810	Fall	2007	CDEV	CFCS200		2	6		3			3	14	8	57.1%	78.6%
200810	Fall	2007	CDEV	CFCS220	2	7	14		4	4	1	5	37	23	62.2%	86.5%
200810	Fall	2007	CDEV	CFCS240	1	2	4		2	6		6	21	7	33.3%	71.4%
200815	Win.	2008	CDEV	CFCS170	6	8	3		1			1	19	17	89.5%	94.7%
200815	Win.	2008	CDEV	CFCS212	2	3	6					1	12	11	91.7%	91.7%
200820	Spr.	2008	CDEV	CFCS100	15	18	16		2	1	1	11	64	49	76.6%	82.8%
200820	Spr.	2008	CDEV	CFCS101	17	15	6		1			7	46	38	82.6%	84.8%
200820	Spr.	2008	CDEV	CFCS102	32					2		1	35	32	91.4%	97.1%
200820	Spr.	2008	CDEV	CFCS104	1	10	9		2	1		9	32	20	62.5%	71.9%
200820	Spr.	2008	CDEV	CFCS106	10	15	11		1	1		11	49	36	73.5%	77.6%
200820	Spr.	2008	CDEV	CFCS108	7	10	18		1			1	37	35	94.6%	97.3%
200820	Spr.	2008	CDEV	CFCS110	2	2	13		9	3		6	35	17	48.6%	82.9%
200820	Spr.	2008	CDEV	CFCS114	2	11	8		1			6	28	21	75.0%	78.6%
200820	Spr.	2008	CDEV	CFCS118	10	10	10		3			5	38	30	78.9%	86.8%
200820	Spr.	2008	CDEV	CFCS200		1	5					3	9	6	66.7%	66.7%
200820	Spr.	2008	CDEV	CFCS211	1	3	2						6	6	100.0%	100.0%
200820	Spr.	2008	CDEV	CFCS221	2	6	6					2	16	14	87.5%	87.5%
200820	Spr.	2008	CDEV	CFCS240	1	1			1			5	8	2	25.0%	37.5%
200830	Sum.	2008	CDEV	CFCS171	8	14	9						31	31	100.0%	100.0%
200910	Fall	2008	CDEV	CDEV100	3	14	10		10	6		19	62	27	43.5%	69.4%
200910	Fall	2008	CDEV	CDEV101	10	16	8		1			4	39	34	87.2%	89.7%
200910	Fall	2008	CDEV	CDEV103	8	27	17		6	3		11	72	52	72.2%	84.7%

200910	Fall	2008	CDEV	CDEV104	13	25	17		4		1	4	64	55	85.9%	93.8%
200910	Fall	2008	CDEV	CDEV105		2	15		4	2		11	34	17	50.0%	67.6%
200910	Fall	2008	CDEV	CDEV106	4	9	4		1	1		6	25	17	68.0%	76.0%
200910	Fall	2008	CDEV	CDEV107	9	20	13		1		1	4	48	42	87.5%	91.7%
200910	Fall	2008	CDEV	CDEV122	10	8	5			1			24	23	95.8%	100.0%
200910	Fall	2008	CDEV	CDEV200			6					2	8	6	75.0%	75.0%
200910	Fall	2008	CDEV	CDEV220	5	6	9		3	5		7	35	20	57.1%	80.0%
200915	Win.	2009	CDEV	CDEV142	5	8	5						18	18	100.0%	100.0%
200920	Spr.	2009	CDEV	CDEV100	1	4	2		7	7		11	32	7	21.9%	65.6%
200920	Spr.	2009	CDEV	CDEV102	26	3	2					1	32	31	96.9%	96.9%
200920	Spr.	2009	CDEV	CDEV103	8	13	11		13	3		19	67	32	47.8%	71.6%
200920	Spr.	2009	CDEV	CDEV104	8	17	12		3	1		8	49	37	75.5%	83.7%
200920	Spr.	2009	CDEV	CDEV105	1	5	10		5	1		9	31	16	51.6%	71.0%
200920	Spr.	2009	CDEV	CDEV106	4	8	12		1	1		1	27	24	88.9%	96.3%
200920	Spr.	2009	CDEV	CDEV107	16	22	21		9	1		4	73	59	80.8%	94.5%
200920	Spr.	2009	CDEV	CDEV123	8	5	18			1		3	35	31	88.6%	91.4%
200920	Spr.	2009	CDEV	CDEV20				10					10	10	100.0%	100.0%
200920	Spr.	2009	CDEV	CDEV200		1	7		1				9	8	88.9%	100.0%
200920	Spr.	2009	CDEV	CDEV221	1	11	4		1	2		7	26	16	61.5%	73.1%
200930	Sum.	2009	CDEV	CDEV200			7					1	8	7	87.5%	87.5%
					672	847	704	10	223	163	14	486	3119	2233		

IMPERIAL COUNTY
CHILDREN & FAMILIES
FIRST COMMISSION

STRATEGIC PLAN

Revised June 2009

IT'S ALL ABOUT CHILDREN (0-5) & FAMILIES

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Introduction

Developing a meaningful approach for providing services targeting young children and their families in Imperial County is at the forefront of the Imperial County Children and Families First Commission. This process is complex and will continually require assessment and modification in response to our changing environment. The fundamental decisions issued over time by Commissioners will depend significantly on the process for determining where Proposition 10 funds will most impact this community and the methodology for assessing this process. Therefore an inclusive and responsive Strategic Plan is the source driving the Commission's decisions for allocating resources and setting priorities that intend to provide services directed to the optimal development of children prenatal to 5 (0-5) years of age. The Strategic Plan focuses on issues currently affecting the well-being, development, achievement and health of children 0-5 years of age residing in Imperial County. The ability to have lasting impacts on the far-ranging issues concerning children and their families throughout the county is no easy task and would require investments above and beyond those allocated for Commission projects. The strategic planning process is the basis of these decisions, and the Strategic Plan is a document that will, and has, evolved over time. It is led by the sequence of questions raised through the course of assessments that identify conditions that may positively impact the overall development of children 0-5 years of age.

The principle focus of Proposition 10 is early childhood development, which is based on current research supporting the importance of early investments and interventions aimed at positively impacting the emotional, physical and intellectual environment that a child is exposed to in the early years of life. For example, a simple investment in family literacy can have a profound impact on the brain development of a young child. Infant, toddler and preschooler experiences with parents and caregivers highly influence basic physical and emotional functions, and can have a lasting influence on that child as she or he enters the K-12 school system and later in life. Although Proposition 10 is similar to Proposition 99 which funds anti-smoking and health programs and Proposition 98 which is state tax money that is utilized for public education, Proposition 10 provides the first significant investment of monies strictly focused on the critical years of a child's development.

The Strategic Plan intends to offer a framework that identifies areas where opportunities to enhance the capacities of Imperial County service providers and families can work to improve the conditions for child development. Through service performance measures and results-based accountability, the Commission will make fundamental decisions and take action on supporting children and their families in a context that involves an end result measured through positive change for selected outcomes – an anticipation of how these enhancements can affect the future. Changes, modifications or re-drafting of this document will be based on the ability to meet the priorities established through Commission investments in projects serving children 0-5 years of age, their families and caregivers. Perhaps at the forefront of the strategic planning process and assessment of service delivery is continually asking, "Are we doing the right thing for our youngest residents?"

The first step towards getting somewhere is to decide that you are not going to stay where you are.

Anonymous

Vision:

All Imperial County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

Mission:

Contemporary research on brain development clearly indicates that the emotional, physical and intellectual environment that a child is exposed to in the early years of life has a profound impact on how the brain is organized. Early experiences that a child has with parents and caregivers will significantly influence the school readiness of the child and play a meaningful role in the development and success of that child later in life.

The California Children and Families Act of 1998 is designed to provide, on a community-by-community basis, children prenatal through five (0-5) years of age with a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality child care, family literacy, parent education and effective intervention programs for families at-risk, children, their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments. These attachments will lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society.

Goals of the Commission:

Commission priorities will focus on three primary goals or *'result areas.'* These result areas are considered critical to the optimal development of the child, from his/her prenatal years through the child's school entry age. The primary goals, and subsequent objectives identified under each goal, will inclusively focus on family functioning, early care and education, and child health, which are as follows:

Goal 1: Promote parenting and caregiver education services to enhance optimal child development and to encourage healthy, stable and economically independent families.

Goal 2: Improve the development and school readiness of young children from birth through age five.

Goal 3: Develop multi-disciplinary interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.

Background

On November 1998 California voters supported Proposition 10, a ballot initiative spearheaded by actor/director/child advocate Rob Reiner. The Proposition 10 initiative authorizes the State of California to add a supplemental tax to tobacco products sold in the state, where 100% of these tax revenues would be used to support programs directly serving children prenatal to five years of age regardless of their residency status or income level. Subsequently the initiative was named the *California Children and Families Act*, and would further authorize the creation of the California Children and Families Commission (now known as First 5 California), and 58 independent County Children and Families Commissions.

Daring ideas are like chessmen moved forward. They may be beaten, but they may start a winning game.

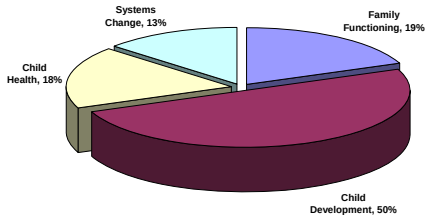
J.W. von Goethe

A county ordinance (#1213) establishing the Imperial County Children and Families First Commission was passed on December 15, 1998 by the Imperial County Board of Supervisors. This ordinance authorized the formation of a nine-member Commission to prioritize Proposition 10 goals and objectives for Imperial County children and their families and oversee the general operation of the Commission. These goals and objectives must work to enhance the development and well-being of children prenatal to 5 years of age and their families or caregivers. Areas of focus include the distribution of funding for child health, quality childcare programs, family functioning, and parent education services designed to meet local needs. Efforts include the requirement to develop a Strategic Plan. The intent of adopting a Strategic Plan is to ensure the development of a process that works to identify local needs through the collection of data and input from the community, in addition to creating a plan that is subject to continual modification and input from the community. This document is used to guide all funding allocations made by the Commission. The first Strategic Plan was submitted to the Board of Supervisors for approval on October 12, 2000, and has been updated on an annual basis. The Commission has stressed the need to draft a new plan due to recent changes in the county, the identification of service delivery methods, and shifting of priorities for the Commission.

Revenues generated from Proposition 10 are approximately $590 million annually. Twenty percent of these funds go directly to First 5 California, the State Commission overseeing strategic objectives throughout the State of California. Eighty percent of funds generated are distributed to trust funds established by each County Commission. These allocations are based on the number of live births per county within a given year. Before these

funds are distributed to local County Commissions, the Commission must develop its Strategic Plan. The Imperial County Children and Families First Commission has been actively funding local projects through Proposition 10 revenues since the 2000-2001 fiscal year. In the past seven years of funding, from 2000 to 2008, the Commission has invested $18.5 million dollars to support projects serving children 0-5 years of age and their families. Focus areas have included:

- Family Functioning
- Child Development
- Child Health
- Systems Change



Projects that worked to serve children 0-5 years of age included: services to increase the number of women receiving prenatal care; a focus on child literacy through a mobile book services unit providing story-times to preschool-age children; fire and burn prevention education for children, care givers and families; the creation of a family resource center that primarily focuses on increasing the school readiness of children cared for by a stay-at-home parent or exempt provider; advocacy support and school readiness activities for children that have been removed from their families or that are wards of the court; enhanced preschool services through a home instruction program and support for children identified as having special needs but do not qualify for preschool services; parent education and parenting classes for parents with young children; a child asthma project to help parents learn to manage their child's asthma; supporting projects that work to increase breastfeeding rates for mothers delivering children at local hospitals; incentives for local medical providers entering client data into the local Immunization Registry; extended preschool services for migrant farmworker families; in addition to a school readiness program targeting children entering 8 local under-performing schools and stipends for eligible early care and education providers. For the 2008-2009 fiscal year the Commission has allocated $2,295,711 for projects funded through the request for proposal process, in addition to $388,790 for the School Readiness Program and early care and education provider stipends.

Imperial County Profile

Establishing a profile for Imperial County based on general conditions is important when looking at all issues affecting families in the area, especially issues related to children 0-5 years of age. Therefore a brief profile for the County has been developed that concisely provides geographic, demographic and socio-economic conditions for the area.

Geographic Description:

Imperial County, located within California's southern desert region, is geographically the ninth largest county in the state. The land area for this county spans over 4,597 square miles and is situated in a unique area bordered by Riverside County to the north, San Diego County to the west, the State of Arizona to the east, and the U.S.-Mexico border to the south. The landscape can vary from 4,548 feet above sea level at Blue Angel Peak to 235 feet below sea level at the Salton Sea, though the majority of its area is at or below sea level.

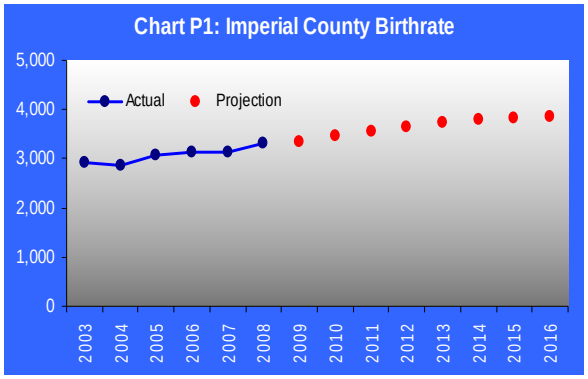
The climate is generally hot and dry, with temperatures that range from the low 30s in January to highs of 110 degrees from June through September. There is little rainfall in the county, less than three inches per year. Although Imperial County is situated in a desert region, with its high temperatures and low rainfall, the availability and abundance of water sustains the possibility of life and development. The main source of water in the area is supplied by the Colorado River and introduced through the All-American Canal, the largest irrigation canal in the country. Therefore an extensive irrigation system and fertile lands have worked to identify Imperial County as an important agricultural producing county.

Population Demographics:

The California Department of Finance reports that the total resident population for Imperial County has increased significantly, though continues to have a low population density classified as 37 persons per square mile. The 2007 total population is estimated at 175,622; a growth of 17.2% since 2001. The county ranked 2nd out of 58 counties in percent of growth, and ranks 31st in overall population. California County population projections indicate that Imperial County will continue to grow to 189,675 in 2010; 239,149 by 2020; and 283,693 by 2030. U.S. Census reports and Department of Finance estimates indicate that the ethnic make-up of the total county population is 14.9% White, 77.3% Hispanic, 2.5% Asian, 0.1% Pacific Islander, 3.4% African American, 1.3% Native American, and 0.5% Multirace. The median age for all county residents in 2005 was 30.4 years of age. The following is a population breakdown by city:

City	Population
El Centro	43,152
Calexico	38,585
Brawley	26,411
Imperial	12,702
Calipatria	7,761
Holtville	6,442
Westmoreland	2,396
Unincorporated	38,173
Total	175,622

The 0-5 age population accounts for 8.9% of the total population and is consistent with the current growth trends and is represented by 15,687 children for 2007. The total number of births in 2007 for area residents was 3,135, signifying a change in total births by 20.7% over the previous 6-year period – the total number of births in 2001 was 2,597. Within the next 5-year period total births are expected to increase by up to 14%, and 21% over the next eight years (2016), as shown on Chart P1.



Furthermore the K-12 population accounts for another 21% of all residents. According to the California Department of Education, K-12 student demographics by ethnicity show that: 8.3% are White, 86.6% are Hispanic, 0.9% are Asian, 0.1% are Pacific Islander, 1.4% are African American, 1.2% are Native American, and 1.2% are Multi-race or did not respond for this year.

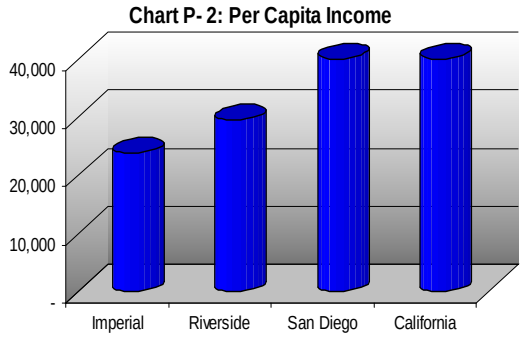
Cultural and linguistic factors highly influence the local environment due to the County's proximity and relationship with Mexico. As noted a significant percent of the population is Hispanic, where U.S. Census reports further suggest that as many as 67.8% of the population speaks a language other than English at home, and that 34.3% of Imperial County residents whose primary language is other than English do not speak English fluently, and up to 42.5% of children in the K-12 school system are classified as being English language learners.

Socio-Economic Information:

As noted above, Imperial County is characterized as an agrarian county, and generally rural by definition, due to its land size and proximity to larger urban centers – the closest metropolitan area to the County's populated areas is the City of San Diego, approximately 120 miles west. The socio-economic position for the County has historically been one that is dominated by agriculture/farm-based and public sector employment. The California Employment Development Department reports that the overall labor force for Imperial County increased by 29.6% between 2002 and 2009 to a total of 74,500 individuals. Public sector/government labor accounted for 34% of employment by industry in 2009, where agriculture accounted for 19.6% and trade, transportation and utilities accounted for 17.8% of employment. Since it is an area with seasonal employment, due to agricultural production and seasonal dependence on tourism, local economies are affected by high unemployment rates. Over a ten-year period Imperial County's unemployment rates have fluctuated between 15.1% to 29.3%. Unemployment for 2009 was up to 26.9% for April, and substantially higher than the Statewide average of 10.9%.

Imperial County's population is extraordinarily poor, especially when compared to the rest of the State. According to the U.S. Census Bureau, in 2004 18.5% of all residents lived below poverty levels compared to 13.2% for the State, and 28% of children ages 0-5 live in poverty (the 2005 national average poverty threshold for a family of four is $19,350.00). The number of children ages 0 through 5 residing in low-income households equates to 9,168 (a low-income household is defined as an annual earning of less than $30,000). With 58 representing the worst case scenario, Imperial County ranks 58th out of 58 counties for children (0-17) living in poverty; the County ranks 55th out of 58 counties for number of children (0-4) living in impoverished conditions (Children Now – California County Data Book, 2007).

The County's per capita personal income is one of the *lowest* in the state, listed by the Bureau of Economic Analysis as $23,757 for 2007, which is significantly lower than that of the State and neighboring San Diego and Riverside Counties. Median household income for the same period was $33,576, compared to $59,928 for the State. Income levels and the number of children and



families living below poverty affect general conditions for economic well-being according to the California Budget Project.

An average of only 43% of families is considered able to meet the basic levels of self-sufficiency in the county. Furthermore, the percent of the overall population in the County receiving CalWORKs has consistently been one of the highest in California though has improved slightly in recent years. In January 2006 Imperial County ranked the 5th highest in percent of CalWORKs recipients at 6.9%, where the statewide average was 3.2%.

U.S. Census Data also suggests that nearly 4.3% or 1,873 of County *households* do not have telephone services and 11.1% or 4,367 neither own nor have access to motorized transportation. Underserved by public transit, Imperial County transportation needs are escalated by the fact that 21.6% of the total population reside in the rural, desolate areas within the County.

The average household size is estimated at 3.3 persons per household, where the average family has 3.75 members. Of the population that is 25 years of age or older, only 62.3% have graduated from high school, and 10.6% have completed a Bachelor's degree or higher from an institution of higher education.

Identified Service Needs:

The Commission's Strategic Plan works to establish the proposed needs of children 0-5 years of age residing in Imperial County. This assessment identifies the necessary basis for developing consumer oriented delivery strategies that intend to maximize and supplement existing services and do not supplant them. All delivery strategies must exemplify cost efficiency and maximize outcomes-based accountability indicators. Delivery strategies will focus on prevention methodologies that interface with the children's continuum of care.

The Strategic Plan encourages methodologies that focus on the needs of children and processes that are effective without necessarily limiting services based on a child or family's income eligibility, though the Commission recognizes that in many cases income eligibility is a fact that determines need due to the conditions affecting families throughout the County. The Strategic Plan allows for a standard of equalization or a balancing of the scale to treat, assess, educate and support children, 0 through 5 years of age, equally.

Between birth and entry into formal schooling, all children encounter challenges for which they and their families may require some form of assistance. These challenges can range from minor health or behavioral problems to more severe developmental difficulties caused by displacement in out-of-home care and adoptive scenarios. Other challenges are related to access to basic services or the child's readiness to enter kindergarten. To successfully address these health and developmental concerns and maximize their children's potential including those at-risk, families and caregivers need support in early care and education, health education and related developmental services that are comprehensive, preventative, of high quality and easily accessible.

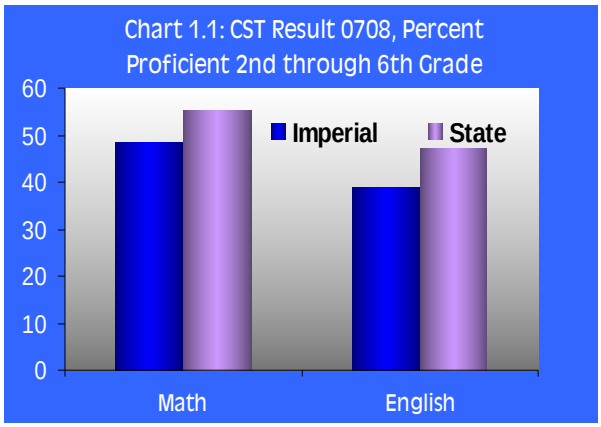
Therefore the Strategic Plan will focus on child development, behavioral and health issues based on the objectives identified under the three goals listed above, as they correspond to the following result areas: a) family functioning, b) child care and early education, and c) child health. Information contingent to these result areas is identified in the sections developed below, and the relative information is categorized in the logic-model framework which must be used by prospective grantees interested in proposing services for children 0-5 years of age, their families and/or caregivers.

Family Functioning

The overall development of the child, and family as a system, is complex and involves a multitude of social and individual characteristics that impact that development. Children from prenatal through age 5 are completely dependent on others for their care, nurturing and survival. The family and social environment are the key elements to well-being and lasting human development. Research clearly suggests a strong focus on the family environment and the importance of providing the necessary foundation for the expansion of opportunities that help to sustain safe and nurturing environments for young children. Studies indicate that individual factors exhibited early in childhood such as various forms of antisocial behaviors and difficult temperaments have been found to predispose youth to problems later in life. The well-being, social, academic and economic success of the child are highly influenced by the home environment and support structures that are available for both the child and family. Furthermore, supporting research identifies the family environment as an important variable in the development of delinquency, although the exact nature of the relationship between family environment and delinquency remains debatable. Also environmental factors have absolutely transformed the way many families function in Imperial County, which may include, family composition, parental work, family income, frequency of disabilities, need for childcare outside of the home, health access, housing conditions, and the prevalence of children separated from their parents. Health is connected to the stability and functioning of families. The National Center for Health Statistics, in *Family Environment Affects Health of Family Members*, asserts the impact that family well-being has on health; stating that the relationship between health status and family characteristics is such that family traits as education, income, marital status, and family size have an important impact on the health of family members. In addition, many vulnerable families facing cultural and linguistic barriers are families whose subsistence depends on farmwork, or are geographically isolated. Therefore the Commission can work to impact Imperial County families with young children by enhancing services that support the overall functioning and well-being of the families, and will include: parent education and parenting classes; provision of basic family needs; family literacy services; distribution of kits for new parents; and other family functioning services.

Family Literacy:

The ability to read, perhaps more than any other skill, is a decisive factor in measuring success. How well the individual reads supports performance outcomes in the K-12 school system, in addition to one's world outlook and involvement in social issues. Literacy levels are directly connected to socio-economic well-being. As the Economic Policy Institute notes, in *Inequality at the Starting Gate*, the inequalities facing children before they enter school are less publicized and inequalities influencing a child's cognitive ability are substantial right from the "starting gate." These inequalities include differences in performance on test scores due to race and ethnicity; race and ethnicity are associated with socio-economic status; family structure and educational expectations are strongly linked to socio-economic status; socio-economic status is directly associated with cognitive skills. Children subsisting under these types of conditions, conditions that certainly imply disadvantage, are at risk of entering kindergarten in systematically lower-quality schools as defined by student achievement. The study suggests that two important indicators of success for a community are related to the level of literacy for its children and the extent of disparities in literacy skills for children with differing social characteristics and family background.



Children 0-5 years of age, and particularly children 0-3 years of age, strongly benefit from family literacy programs that focus on language development and the daily acquisition of literacy skills. This is evident in relation to the proportion of children in the elementary school system that are deemed as being English language proficient in California Standards Test (CST) results reported by the California Department of Education. Chart 1.1 identified 2007-2008 proficiency levels in English Language Arts and Math for 2nd through 6th Grade students in Imperial County and the State. The most prominent gap is in English Language Arts - a difference of about 8 points. Only 2 in 5 students in grades 2nd through 6th are considered to be

either proficient or advanced proficient in English language arts. The issue is further exacerbated for children in 7th through 11th grade. Though the cohorts of children are not statistically consistent, a slight drop in English language scores are noted for the group (38% are proficient), whereas a significant drop in Math scores is evident. Up to 49% of children testing in 2nd through 6th grade are proficient in Math, whereas scores drop to 29% proficiency in the subject area for 7th through 11th grade students. Language skills may be affecting math proficiency as basic mathematical concepts begin to incorporate more and more language. Strategies for reaching many Imperial County families, research suggests, should be relevant to the cultural and linguistic needs of the child and family. As many as 42.5% of all children in the K-12 school system in Imperial County are identified as being English language learners, compared to 24.7% of children throughout the State. Studies indicate that providing children with opportunities in their native language highly supports achievement outcomes.

Family literacy programs at an early age can work to develop language and interest in reading, as well as increased cognitive skills and performance for children that may be at risk of not being ready to enter the school system. Theresa Hawley, Ph.D., in *Starting Smart,* implies that early experiences highly influence how proficient a child becomes in their language. For example, researchers have noted that when mothers frequently read to their infants, these children learned an average of 300 more words by age 2 than did children whose mothers rarely spoke to them. Furthermore research cited in *Starting Smart* claims that children from poorly educated families or children from low socio-economic backgrounds are less likely to perform at the intellectual levels of more privileged children due to availability of basic resources, lack of information, and the time needed to provide stimulating experiences. The National Center for Family Literacy's data center indicates that parental literacy is one of the single most important indicators of a child's success. For example the *National Assessment of Education Progress Report* draws the conclusion that young children whose parents are functionally literate are twice as likely to succeed, and if interventions are not prioritized with respect to child and family literacy, young children from lower socio-economic homes will have heard up to 32 million fewer words than children from more affluent families.

Family literacy models should focus on literacy and language development, in addition to early learning experiences that positively affect brain development. These methods should incorporate measures to track short-term gains in literacy or preliteracy skill development, such as pre and post surveys or assessments designed to measure gains. A significant investment in family literacy strategies could not come at a better moment. The National Endowment for the Arts, *Read or Not To Read*, recently released a highly anticipated study that gathers some of the most reliable and comprehensive information on literacy and reading habits of Americans, where the primary conclusion drawn is based on the significant decrease in reading in general over the past 20 years, where declines are highest among youth.

Parent Education:

One factor significantly determining the school readiness of the young child, and which is often overlooked, is the preparedness of the parent. Parents are exposed to a number of challenges related to the rearing of a young child, and the dynamics of this condition are contingent to the journey from birth to school entry. Without education, special parenting classes and other intensive intervention services many parents will lack the basic support requisite to understanding issues that may be affecting the development and school readiness of the child. The results of parent education services are repeatedly over-looked. Therefore, investments in parent education should support evidence based strategies for educating parents, and the community at-large in some cases, that clearly identify instruments or other measures for determining results.

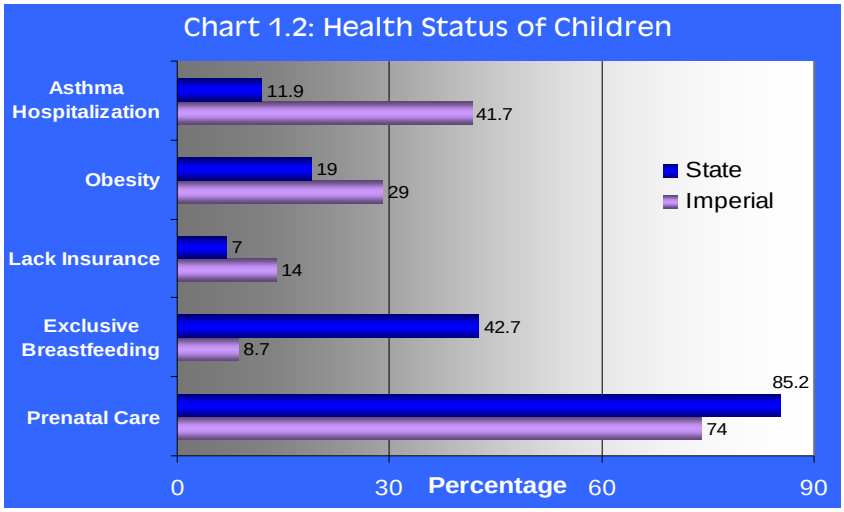
Evidence based parent education activities focusing on children 0-5 years of age should focus on the following result areas: child health, school readiness and general parenting. These are areas where parent education services may demonstrate positive impacts on children 0-5 years of age, and their families, namely service gap areas that have been identified under the *Child Health* and *Early Care and Education* sections of the Strategic Plan. In addition, parent education activities that target 'vulnerable' populations would most positively impact Imperial County families with young children and the community. Vulnerable populations would include families that: have a child with a special need or disability; are from farmworker backgrounds; are deemed as being English language learners; that are living in poverty or low-income; that are single parent households or reconstituted families; have a child with specific health conditions, such as asthma, diabetes, autism, etc.

Many children with special needs are not identified until they enter the K-12 school system. Parent education could help offset delays in identification of children with special needs. Targeted education services that stress the importance of early developmental screening would support this outcome. For example, according to a study by the U.S. Center for Disease Control, the average rate of children in the county diagnosed as being autistic has grown from 1 out of every 2,000 children in the past 50 years to 1 in 150 children or 6.6 per 1,000 children, though many are not diagnosed until after they are 6 years old. Thus an increase in the number of children receiving early

developmental screenings may work to support early intervention and other issues, like autism, or developmental delays at an earlier age and help to improve intervention services to address the status of the child.

According to U.S. Census data a significant number of families in the county speak a language other than English at home (67.8%), and as many as 42.5% of children in the K-12 education system are categorized as being English language learners. Parent education should address the linguistic needs of the target audience, such as techniques that influence language acquisition, experience in early literacy and child literacy. This may include specific services targeting farmworker families and/or low-skilled individuals that work in the service industry generally earning minimum wage and often working more than one job. These strategies should address the current support services and systems that offer resources designed to assist family well-being, such as basic needs, housing, and childcare.

The health status of many Imperial County children is of critical concern. As shown on chart 1.2, asthma hospitalization rates are staggering, the number of children that are overweight is not acceptable, the number of families that have children that are breastfed is low, prenatal to adequate prenatal care continues to be a concern, access to healthcare and insurance are an obstacle for some families, among other health issues. These issues are affecting young children and their families. Therefore parent education services that help to promote well-being and child health would significantly benefit Imperial County families, especially those families that live under conditions that would serve to anticipate or impact future health and school readiness outcomes. The impact of this type of parent education should be measurable, and ultimately work to influence identified child outcomes. Furthermore, the families that would benefit the most from parent education and other intervention services are families that may be defined as being "at-risk." Therefore parent education efforts could help parents become aware of and benefit from available support systems.

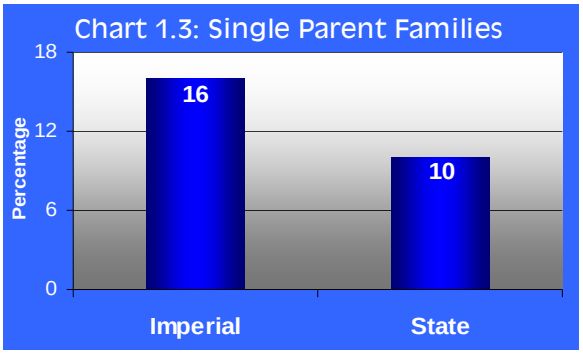


Parenting Classes:

Parent education is an important component to the development of the child. Intensive parent education or parenting classes that provide comprehensive support for understanding factors that impact the well-being and general development of the child are important for all families with young children, and may especially impact families identified as being at risk of falling into the cycle of child neglect or abuse, such as single parent families, teen parents, families that may be court ordered to participate in parenting classes, and other families that may be isolated from resources or generally marginalized due to socio-economic conditions.

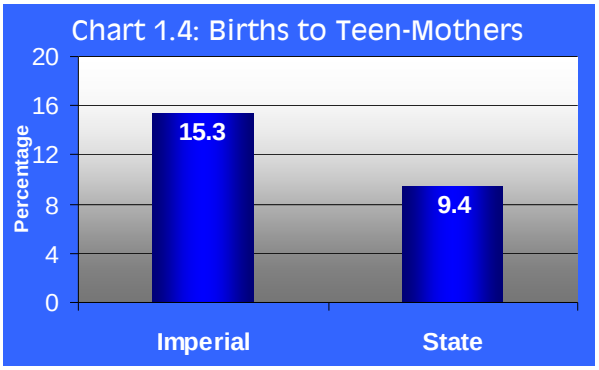
A number of children are at risk of neglect and/or abuse throughout the country, as denoted by UNICEF in its *Report Card 7* report, stating that child well-being in the United States ranks lowest among rich countries, and findings from this study further suggest that child neglect and child abuse are high and more common in single-parent family homes than families where both parents are present. This condition may be particularly true for children

and families in Imperial County. The number of single parent families in Imperial County continues to grow, which represents an estimated 16% of all households compared



to the state average of 10% for 2007 (Chart 1.3). Families identified as living in poverty have a significantly higher number of single parent households, up to 39.1% for all parents and 57.3% for parents with children 0-5 years of age. Furthermore, the underlying cultural factors may exacerbate the issue at a local level. Cultural values and practices significantly influence the methods used to identify or interpret child neglect or abuse. The current population of children 0-5 years of age that are Hispanic is 87%, and as many as 45% of these families are linguistically isolated. Approaches to working with these families can incorporate best practice models that are culturally appropriate and competent in order to reduce ambiguity in intervention models. In addition to this condition, a number of *risk factors* may contribute to the status of the relationship between well-being and abuse or neglect.

Teen mothers represent an important group that could significantly benefit from parenting services. The number of live births to teen mothers in 2006 was 477, which represented 15.3% of all live births – only 1 other county out of 58 had higher teen birth rates. The percent of live births to teen mothers for California represented 9.4% of all births during this period (Chart 1.4). Migrant Head Start estimates that 1,640 children 0-5 years of age are from migrant farmworker backgrounds, which represents 10.6% of the total child 0-5 population. Families with children that have special needs may also need special parenting



programs. As noted, 278 children 0-5 years of age were enrolled in special education programs, this does not include children that have not been diagnosed and/or screened but have declined additional follow-up or assessment services. Enhancements to parenting classes could further target foster or adoptive parents. Thus Parenting classes targeting special populations or that are enhanced with relevant topics would be meaningful.

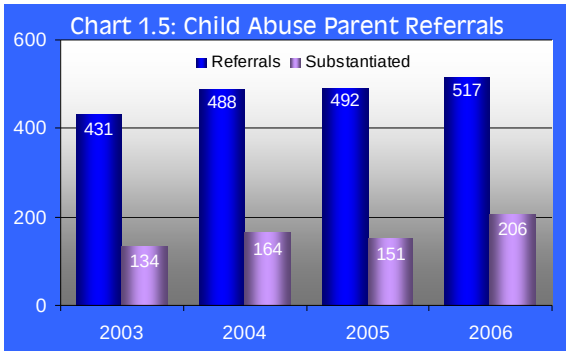
The Child Abuse Prevention (CAP) Council is currently the primary source in Imperial County for parenting services for both court mandated parents and parents that are self-referred for services. During the 2-year period, between June 2003 through July 2005, the CAP Council provided STEP parenting classes to an average of 350 parents (with children 0-18 years of age) per year, where male participation reflected 21.6% of the total, 24.9% were court ordered, and as many as 64% had a child that was 0-5 years of age.

Child and Family Services:

A number of children in the county are severely affected by the family's inability to function well. Such children are often removed from their homes for both their safety and general well-being. In all cases meriting the separation of the child from the family (children in out of home care), it is critical to provide support and sound intervention services for the child, parents and affected family members. Child Welfare Services for the State of California estimates that as many as 470 children under 19 years of age were in some type of out-of-home care in Imperial County during the month of July 2007. The total number of children 0-5 years of age was 180 (29 under 1 year of age). This accounts for 38.3% of all cases in the Child Welfare Services case management system. Chart 1.5 illustrates a breakdown of the counts of children with one or more referrals to Child Welfare Services in Imperial County from calendar years (January 1 to December 31) for the 4-year period between the years 2003 to 2006. The average number of children 0-5 years of age for the 4-year period is 482 children, with a gradual increase in referrals each year for all ages. Children 0-5 years of age accounted for 18.0% to 23.8% of all referrals, and represented 26.7% of all substantiated referrals during this period. In addition the average number of cases involving children 0-5 years of age substantiated for the 4-year period was 164 cases per year, and the ratio of substantiated cases between children 0-5 and children 0-17 is 1 to 4. Though as a percentage child referrals overall are lower for children 0-5 years of age, it is the case that substantiated cases for the age group are higher.

The support for children in out-of-home care, or children identified as being at risk of being separated from their parents could benefit from intensive intervention services,

such as child advocacy, school readiness support, in addition to other child well-being indicators that are based on practices that benefit children subsisting under the aforementioned conditions. These support services could include intensive parenting for families, comprehensive home visitation programs, or direct advocacy for the child. The Child Welfare Service's *Outcome and Accountability County Data Report* for Imperial County in January 2008



suggests that as many as 88.6% of children are reunified with their family that are from supervised foster care within 12 months of placement. Regardless of the intervention strategy or purpose of support, data clearly suggests that children living in out-of-home care without strong family reunification plans or long-term adoption placements are deemed as being the most at-risk of not obtaining positive well-being outcomes. *Safety and Stability for Foster Children*, published through the Future of Children, argues that children in foster care are biologically subject to poor developmental outcomes, such as prenatal substance exposure and malnutrition and other physical health issues. Therefore these children, without adequate support within the systems that treat them, are more compromised with respect to developmental outcomes. This is especially true of children 0-5 years of age that are living a critical and profound period in their overall development.

Result Area Priorities:

Increase the number of parents involved in family literacy activities for families that have children 0-5 years of age.

a) Increase the number of family literacy programs implementing four components of integrated family literacy models, and/or other research based family literacy practices.
b) Increase the number of parents with children 0-5 years of age enrolled in adult literacy programs and ESL coursework.
c) Increase preliteracy and literacy skills for preschool age children and children transitioning into kindergarten.
d) Increase the number of stay-at-home parents with children 0-5 years of age, especially those living in underserved areas, involved in family literacy programs.
e) Develop data collection practices that focus on collecting information on family literacy programs, literacy rates, and achievement benchmarks to support local outcomes for family literacy programs. (Systems Change Effort)

Provide comprehensive, culturally appropriate parent education activities for families with children, 0 through 5.

a) The percentage increase in the number of individuals with children 0-5 that are participating in parenting programs being provided.
b) The increase in language appropriate workshops/educational materials available to Imperial County parents.
c) The increase in utilization of parent educational programs through Family Resource Centers and linkages to other community resources.
d) The increased participation of parents through the utilization of home parenting and Family Resource Centers for parent educational purposes.
e) Results from the development of a system for assessing the overall impact of parenting classes and parent education activities that reflect methods for reporting changes in behavior, knowledge gains, and includes other methods for tracking results (e.g., CPS referrals, court mandated reports, self-referred parents). (*Systems Change Effort)*

Provide support services for children 0-5 years of age and their families that have been identified as being "at risk" through criteria that is age appropriate and culturally relevant.

a) Increase the number of families with children 0-5 years of age receiving services for basic needs.
b) Increase the support and advocacy for children housed in shelters and/or that are identified as being wards of the court system.
c) Increase the number of programs that assist families in need of behavioral health services.
d) Increase the number of families identified as needing counseling services that participate in family therapy programs.

Childcare and Early Education

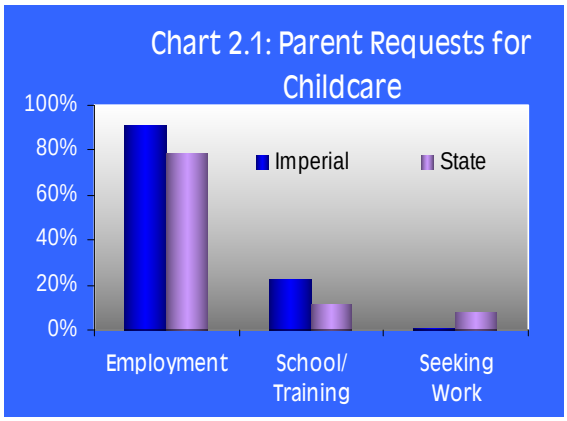
The childcare and the early education of a young child serve as the foundation for the academic success of the child entering and progressing through the K-12 education system and beyond. Research continues to support this statement, and contributes to the development of arguments that entail reinforcing investments in quality education and expansion of childcare and early education services targeting children 0-5 years of age. For example, a child that receives a number of quality childcare and early education opportunities is much likelier to succeed later on in life; have access to better education, achieve higher academically, and increase her/his earning potential and overall quality of life. Research continues to demonstrate that investments in the early care and instruction of children have lasting impacts, and findings through this research are becoming more prominent and are continually being applied to the field. Imperial County children could specifically benefit from strategies that support and/or enhance childcare and early education, what can be referred to as the school readiness of children. An assessment that would provide the rationale for this support includes: the early care and education needs of families; support for childcare and teachers; an examination of issues related to quality care; the health and safety of children; and an analysis of infrastructure available for care.

Families and Childcare and Early Education:

Imperial County families have a number of unique needs as identified under the *Introduction* of the Strategic Plan. Socio-economic, demographic, and geographic conditions certainly influence childcare and early education for children 0 through 5 years of age residing in the County, in addition to the conditions that are specific to families that have children in childcare and early education environments or that have children in need of care. The total number of children residing in the county that are 0-5 years of age in 2006 are estimated at 14,368. As many as 21.5% of residents in the area live below the poverty threshold, which affect a minimum of 18% of families, and an estimated 26% of these families have children 0-5 years of age. The Imperial County Office of Education's Child Development Services reported that 5,349 children 0-13 received subsidies through the Alternative Payment Program, of which 3,083 or 58% were children 0-5 years of age. Approximately half of all families residing in the county make less than $33,576.00 per year, where the average family size is more than 3.6 persons; parents with young children are likelier to have more than one child in their household. As many as 60% of all families in Imperial County are identified as economically subsisting below accepted low-income levels; the county ranks 53 out of 58 counties with respect to families living below accepted low-income levels, and the state average is 43%.

Furthermore up to 50% of families that have children 0-5 years of age had all parents in the labor force during the 2005 calendar year. As indicated above, the ethnic breakdown for children 0-5 demonstrates that 95.9% of this population is comprised of two ethnic groups; Hispanic children account for 87% of the total population for children 0-5 and White children represent 8.9% of this number. In addition, Imperial County, being a major source of agricultural production for the State, is the primary residence for a large number of farmworker families, both migrant farwmworker and seasonal farmworker families. The Migrant Head Start *Community Assessment* states that there are 3,500 migrant farmworker families in Imperial County, that 9,999 migrant children were identified by Migrant Education and 16.3% of migrant children are 0-5 years of age.

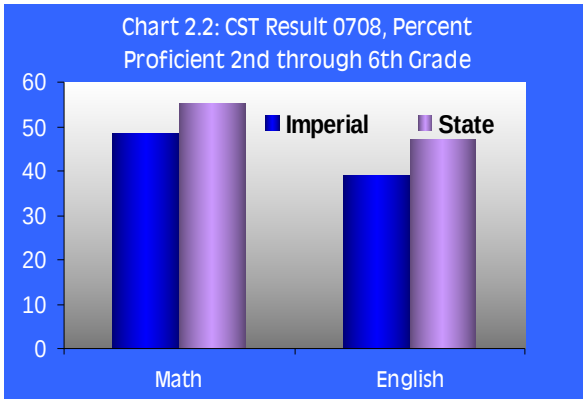
A number of families may qualify for subsidized care in the county, though support for families may be limited to availability, barriers in access to transportation, costs of care, in addition to the fact that many families that may receive subsidies for child care (such as Cal-WORKS subsidies) may prefer to leave their child under the care of a family, friend or neighbor exempt care provider (FFN). Of all children 0-5 that received subsidized care through Alternative Payment Programs or Cal-WORKs Stages 1-3 in 2006, 47.5% were placed in the care of a FFN, roughly equal to that for children 0-13 years of age (47.4%). As illustrated in Chart 2.1, in 2006 Imperial County's Resource and Referral Program indicates that 79% of requests for childcare are for infant/toddler and preschool care, and the



majority of care for children 0-5 years of age is for full-time care (68%). Reasons for needing care include the following: employment (91%), school/training (22%) and currently looking for work (1%). These reasons are fairly consistent with State Resource and Referral reports, and suggest that the greatest difference is related to families with young children that need childcare due to educational and/or professional development obligations. Furthermore, many parents on waiting lists for childcare, or that do not meet personal or household income cut-off levels for subsidized care may experience difficulties paying for childcare. A minimum wage earner may expense up to 38% of their gross income, a family earning $32,803 may expense up to 30% of their gross income for childcare, and a family earning the state's median income can expect to expense up to 14% of their gross income on child care; costs for care of an infant in the county can be as much as 36% higher.

Education Levels:

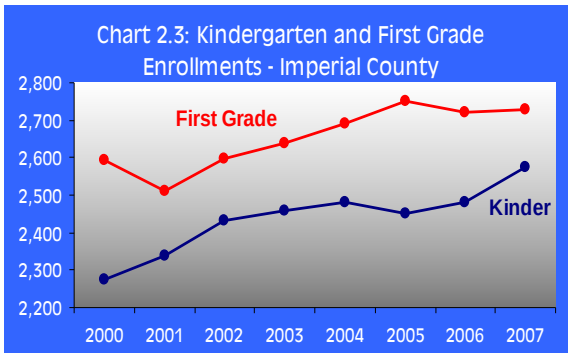
Opportunities identified through early learning are causally linked to the overall success of the child upon school entry and on through adulthood. Of especially great importance is identifying factors that may support and/or hinder the early childhood education of young children. Children in Imperial County are clearly in need of interventions, additional resources and investments that will enhance early learning and work toward narrowing the achievement gap. Data relative to educational attainment and



achievement clearly support this. Imperial County ranks highest in the number of English Language Learners (ELL) per capita; 42.5% of students in the K-12th grade public school system are identified as being ELL students, where the State average is 24.7%. Scores and ranking on the K-12th grade standardized testing reveals another issue. As noted on Chart 2.2, students test scores demonstrate a significantly low level of proficiency on CST English Language Arts and CST Math; only 2 in 5 students in grades 2 – 6 met proficiency standards in English Language Arts (39%) and 49% were proficient in Math. Collective scores suggest that Imperial County ranks 54 out of 58 counties in English Language Arts and 45th in Math; and students are up to 8 percentage points below the State Average in English Language Arts, and 76percentage points in Math.

The effects of low achievement after the school entry of young children are evident in the lack of positive change in standardized test scores in junior high school, the low number of students meeting basic CSU/UC college eligibility criteria, the number of dropouts and perhaps even juvenile crime rates. Students in Imperial County experience a drop in the percent of children proficient in English Language Arts (38%) and Math (24%). This is a phenomenon that is consistent throughout the State, and therefore highly suggests that children collectively may reach their highest education levels in an age appropriate context upon entry into Kindergarten or 1st grade; evidenced by a gradual downward slope in overall learning throughout the academic tenure of the child. Furthermore, proficiency in Math, according to research conducted by Dr. Blas Guerrero from the University of California, Office of the President, becomes the "gate keeper" for college eligibility for Imperial County students. This is consistent with the percent of students meeting proficiency in CST Math, and the percent of students that meet 2007-2008 UC/CSU college eligibility criteria (A-G requirements); 27.1% for Imperial County Students. Furthermore, 1 in 10 individuals from the county 25 years or older obtain a bachelor's degree or higher from an accredited institution of higher education. Therefore, a significant number of children live in families that have not attained education levels beyond high school; without support, research suggests that many of these children, like their parents, will not reach their full academic potential. Social pressures that are influenced by levels of education include drop-out/high school attrition rates and juvenile crime rates. For example, the high school attrition rate for freshmen entering high school in 2005-2006 and graduating during the 2008-2009 school year was 23.1%; 797 students enrolled in 2005-2006 were not enrolled in 2008-2009. Also, in 2005 juvenile misdemeanor or felony arrests for County juveniles ages 10 – 17 totaled 827 which was 3.7% of the total juvenile population.

Adequacy and Efficiency of Preschool Education in California, a study conducted by the Rand Corporation, suggests that one potential area where investments would positively impact outcomes in the State's K-12 education system is expansion of high-quality preschool education so that children are ready to enter Kindergarten prepared to learn and maximize their overall capability to succeed. The number of children enrolled in kindergarten in Imperial County schools (Chart 2.3) is significantly higher than the number of children enrolled in preschool programs; furthermore, data suggests that many children do not attend kindergarten, which is evident in the number of children enrolled in first grade.



The data further suggests that the preschool to kindergarten ratio is clearly not an underlying factor in the achievement rate for Imperial County children, because if it were the case then it would follow that Imperial County children entering into the K-12 system would achieve higher academically. For instance, the preschool enrollment rate for the county ranked 20th out of 58 counties, though CST scores were significantly lower, where Imperial County ranked 54th. All factors that would contribute to achievement are dynamic and part of a system of which there is not one evident causal factor. Though preschool serves as a springboard for children into the K-12 school system, and research shows that quality preschool programs can significantly impact learning throughout a student's K-12 tenure; research in child development contributes to this statement, as revealed in studies like the *High/Scope Perry Preschool Project*. Since a significant number of children in the county are enrolled in preschool programs, it certainly follows that children could achieve higher with investments that focus on increasing the quality of preschool programs, as evidenced above, in CST proficiency levels. Data on preschool to kindergarten transition is not complete, and/or assessments for children entering kindergarten that would identify achievement gaps relevant to previous learning opportunities other than primary language may be effective. Perhaps one important study is the ICCFFC's School Readiness Program and First 5 California's *Kindergarten Entry Profile* Report. This study involved 133 elementary schools and included Meadows Elementary School. Results from the study suggest that of 55 children entering the school's Kindergarten Program, 0 of 55 (0%) had fully or almost mastered "cognition and general knowledge" in the *Modified Desired Results Developmental Profile (MDRDP)*; 16% fully or almost mastered "communicative skills"; 24% fully or almost mastered "emotional well-being and social competence"; and 25% fully or almost mastered "approaches to learning." This study suggests that most children entering kindergarten programs are not "school ready" in addition to the fact that many of these children are ELL children; 80% of the children in the study were identified as having Spanish as their primary language. Furthermore, 10-year enrollment patterns for kindergarten and 1st Grade cohorts in Imperial County from 1997 to 2006 reveal that the ethnic breakdown for children enrolled in these programs were consistently as follows: 1.6% Native American; 1.0% Asian; 0.1% Pacific Islander; .25% Filipino; 84.5% Latino; 1.8% African American; 10.1% White; and .65% Multiple. In addition to this a high percent of ELL students suggests that a focus on language development and acquisition is needed. A valid assessment based on language is sound when conditions include support for language acquisition that is meaningful, culturally relevant and includes parents or family members in the process. Research included in the *National Taskforce on Early Education for Hispanic Children* supports this claim, stating that the primary reasons affecting school readiness levels and school achievement for Hispanic children is supported by the fact that Hispanic youngsters are from families that generally come from lower socio-economic backgrounds and have limited formal education, which are complicated by the fact that many of these children upon kindergarten entry comprehend little to no English. The recommendation from the study to address this challenge focuses on developing excellent preschools and elementary schools, in addition to teachers that can work effectively to build on the primary language of the child.

Children in Need of Care:

A significant number of families identified in Imperial County are classified as being in need of childcare and early education services for their children. Primarily, the number of families with one single parent or both parents that have at least one child 0-5 years of age represents 52% of all working families. In addition 2005 data indicates that as many as 54.5% of all families with children 0-5 years of age subsist with incomes below 75% of the state median income, and Children Now estimates that at least 60% of all families with children 0-17 live within 200% of the official poverty threshold adjusted for family size. According to economic conditions for families with young children, it is estimated that up to 7,824 children 0-5 are currently eligible for subsidized childcare, and 6,543 children 0-5 are not eligible for subsidized care. Furthermore, working families in need of care account for 52% of all families with children 0-5 years of age. This suggests the possibility that an additional 3,402 children in working families are in need of care.

Information obtained from the Centralized Eligibility List database for Imperial County reveals that up to 1,611 children were identified as being on waiting lists for full-day childcare and state preschool programs. This represents 21% of all children identified as needing care and eligible for state or federal childcare programs that are subsidized for families meeting income criteria.

Access to Care (Supply versus Demand):

Availability of care is vital to support families with young children. Access to care, the total number of childcare slots, and the ability to maximize the potential of the total number of slots contributes to the well-being, overall development, and school readiness of children, in addition to offering support for working families, expectant teens, and families in need of subsidized care. The ability to provide childcare is limited by the current licensed capacity for childcare centers and family childcare homes. The total licensed capacity for the county is 6,473 slots, where 51.2% are center-based and 48.4% of slots are in family childcare homes.

Center-based programs include: full-day general child care and development programs that are state and federally funded and that may provide childcare and development services to children from birth to 13 years of age that are identified as being low-income or having exceptional needs; and part-day State preschool programs for children 3 to 5 years of age. There are 81 childcare centers operating in Imperial County and offering up to 83 programs; 43 center-based programs funded by the California Department of Education, 16 U.S. Department of Health and Human Services programs (federally funded, such as Head Start); 22 privately owned or faith-base programs; and 2 programs funded through the U.S. Department of Defense. The aggregate number of slots offered by these programs account for over half (51.2%) of all childcare slots in the county; a total of 3,313 childcare slots, where on the average childcare centers can serve up to 40 children. The structure of care by age-group consists of the following: 7% designated as infant/toddler slots; 88% are preschool slots; and 5% are school-age childcare slots (children 6 and up). The breakdown of age-available slots is consistent with child-age data reported by teachers in the *Early Care and Education Workforce Study*. Data from this study further suggests that the operating capacity of all centers is estimated at 88.4% throughout the county; therefore center-based programs have the capacity to serve an additional 384 children.

There are up to 308 family childcare homes operating in Imperial County. Childcare and early education in these types of settings consist in childcare services licensed to operate out of a family owned residence. Licensing permits family childcare homes to offer care to 6 to 14 children at a time, of which the total number of children depend on the size of the home and is limited to the ages of the children. Family childcare homes, like centers can serve children 0-13 years of age.

Table 2.1: Comparison of Childcare Capacity/Child Population/Kinder Enrollments (2006-2007 Data)

City	Center-Based Capacity		Family Childcare Capacity		Total Capacity		Number of Children 0-5		API 1-3 Schools		Kinder Enrollment	
	#	%	#	%	#	%	#	%	#	% of Dist.	#	%
Brawley	606	18.3%	498	15.8%	1,104	17.1%	2,869	20.0%	1	17%	400	15.1%
Calexico	658	19.9%	758	24.0%	1,416	21.9%	2,648	18.4%	6	67%	694	26.2%
Calipatria	48	1.4%	41	1.3%	89	1.4%	534	3.7%	0	0%	71	2.7%
El Centro	1,280	38.6%	1,307	41.7%	2,587	40.0%	4,784	33.3%	3	25%	791	29.9%
Heber	67	2.0%	82	2.6%	149	2.3%	344	2.4%	1	100%	79	3.0%
Holtville	186	5.6%	123	3.9%	309	4.8%	872	6.1%	0	0%	118	4.5%
Imperial	238	7.2%	303	9.6%	541	8.4%	1,331	9.3%	0	0%	245	9.3%
Niland	29	0.9%	6	0.2%	35	0.5%	170	1.2%	1	100%	22	0.8%
Ocotillo	0	0.0%	0	0.00%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A
Salton Sea	28	0.8%	0	0.00%	28	0.4%	N/A	N/A	1	100%	56	2.1%
Seeley	27	0.8%	25	0.8%	52	0.8%	201	1.4%	0	0%	58	2.2%
Westmorland	114	3.4%	8	0.2%	122	1.9%	262	1.8%	1	100%	48	1.8%
Winterhaven	32	1.0%	9	0.3%	41	0.6%	353	2.5%	1	0%	66	2.5%
Total	3313	100%	3160	100%	6473	100%	14368	100%	N/A	N/A	2648	100%

The current capacity for licensed family childcare homes is 3,160 slots, accounting for 48.8% of all childcare capacity in the county. The breakdown of age available slots indicates that a greater number of family childcare homes serve children that are below 3 years of age, and consequently have a higher number of children below three years of age: 19% of children served were identified as being in infant/toddler slots; 19% were children 2 to 3 years old; 28% were children identified as being preschool-age; and up to 34% of the slots were for school-age children.

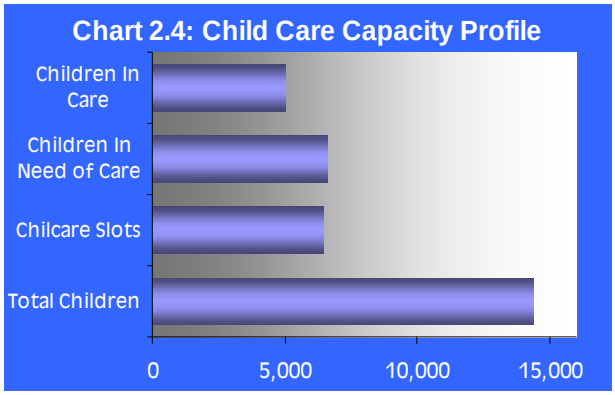
Table 2.1 provides information relevant to childcare capacity, number of children, number of underperforming Academic Performance Index (API 1-3) schools, and kindergarten enrollment by city and unincorporated areas. The *Early Care and Education Workforce Study* also estimates that the aggregate operating capacity for family childcare homes is 64%; suggesting that the number of children served during the period was 2,022 for all homes, with the capacity to increase the number of children receiving care by 1,138. The comparison of the overall capacity of childcare, which includes both center-based care and family childcare providers, compared to the percent of 0-5 year-old population is balanced throughout the county, revealing a fluctuation rate of up to 2.8%, with the exception of the childcare capacity to child comparison for the City of El Centro, revealing a difference of 7.2% capacity over the percent corresponding to the population. This balance is further represented between the overall childcare capacity and kindergarten enrollments throughout the county, revealing a fluctuation rate of up to 2.1%, with the exception of the Cities of El Centro (10.6%) and Calexico (6.0%). Table 2.2 represents the comparison between childcare capacity, total number of children, and children identified as needing care for Imperial County cities and unincorporated areas.

Table 2.2 : Total Capacity/Children 0-5 Needing Care/ Child Poverty Rates

City	Total Capacity		Number of Children 0-5		Children 0-5 Needing Care		Children 0-5 below poverty	
	#	%	#	%	#	%	#	%
Brawley	1,104	17.1%	2,869	20.0%	1,320	46.0%	402	14.0%
Calexico	1,416	21.9%	2,648	18.4%	1,218	53.0%	291	11.0%
Calipatria	89	1.4%	534	3.7%	246	39.2%	80	15.0%
El Centro	2,587	40.0%	4,784	33.3%	2,201	44.0%	718	15.0%
Heber	149	2.3%	344	2.4%	158	44.0%	45	13.0%
Holtville	309	4.8%	872	6.1%	401	51.6%	105	12.0%
Imperial	541	8.4%	1,331	9.3%	612	55.0%	173	13.0%
Niland	35	0.5%	170	1.2%	78	36.0%	109	64.0%
Ocotillo	0	0.0%	N/A	N/A	N/A	0.0%	N/A	4.0%
Salton Sea	28	0.4%	N/A	N/A	N/A	0.0%	N/A	0.0%
Seeley	52	0.8%	201	1.4%	92	46.0%	34	17.0%
Westmorland	122	1.9%	262	1.8%	121	40.0%	37	14.0%
Winterhaven	41	0.6%	353	2.5%	162	57.0%	201	57.0%
Total	6,473	100%	14,368	100.0%	6,609	46.0%	2,194	15.3%

Note: Percent of Children 4-5 attending preschool: 48%

Therefore the total number of slots available as of September 2007 can meet up to 97% of the capacity for children in need of care, whereas, the number of children



that are enrolled for childcare services reflect only 75% of children needing care; there is a significant gap in availability of care and children that do receive these services. Chart 2.4 illustrates the comparison between childcare capacity (supply) and children in need of care (demand). Furthermore the 0-5 population is expected to grow significantly in the next 5 to 10 years. The population of 0-5 age children is projected to grow up to 16,727 or by 16.4% by 2012, and up to 18,600 or 29.4% by 2017. If the overall capacity is to change at this pace, childcare professionals will at least need to plan for a 16.4% growth in childcare slots in the next five years and 29.4% growth over the next 10 years. This reflects adding a minimum of 1,062 slots within the next five years, and 1,903 slots within the next 10 years. Though growth targets by childcare professionals should additionally include the number of children identified as being in need of care for this growth period, as well as work toward developing a comprehensive plan to include more children in slots available for childcare through out the years.

Children with Special Needs:

Specific interventions and investments that target children with special needs in Imperial County are critical. The average number of children with special needs has been consistently below the State average over a seven-year time span, from December 2000 through 2006. During this period the total number of children enrolled in Special Education programs in Imperial County averaged out to 8.8% of all children enrolled in the K-12 public school system; the State average was 10.8%. The number of children identified with special needs has also dropped since 2001, and currently up to 3,060 children are enrolled in these programs, of which 277 are children 0-5 years of age. A significant number of children 0-5 enrolled in special education have been diagnosed with a Speech or Language Impairment, as much as 84.7% of children enrolled in these programs. Also the number of children that enroll in special education programs profoundly increases as children enter the K-12 public school system. Table 2.3 illustrates Special Education Program enrollments for children born in 2000. The increase for children in Imperial County that were enrolled in these programs can readily be identified through the progression of the child's age, where there is perhaps the most significant jump when the children in this cohort turn 6 years of age.

Table 2.3: Enrollment in Special Education for Children Born in 2000

	2000		2001		2002		2003		2004		2005		2006	
	0	%	1	%	2	%	3	%	4	%	5	%	6	%
Total	7	100	23	100	29	100	35	100	55	100	101	100	160	100
Latino/Hisp	7	100	19	82	25	86.2	28	80	43	78.2	83	82.2	141	88.1
White	0	0.0	2	8.7	3	10.3	3	8.6	8	14.5	10	9.9	12	7.5
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pacific Is.	0	0.0	1	4.3	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0
African Am.	0	0.0	1	4.3	0	0.0	1	2.9	0	0.0	3	3.0	1	0.6
Native Am.	0	0.0	0	0.0	0	0.0	3	8.6	4	7.3	5	5.0	6	3.8
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

For example the number of 5 year olds enrolled in Special Education Programs was 101, where as 6 year olds the following year increased to 160; a 58% increase from one year to the next. In addition the information for the same age-group of children reveals that only 35 children were enrolled in 2003, the year these children would be 3 years of age. Therefore as children mature and enter the school system more and more are diagnosed as having special needs and enrolled in special education programs, making the case for increasing the number of developmental surveillance assessments used for children 0-5 years of age in order to enhance their overall school readiness.

Currently only 2% of all facilities offering childcare and early education in Imperial County offer services for children with severe disabilities, whereas 16 Head Start/Migrant Head Start Programs will reserve a minimum of 10% of their slots for children identified as having special needs. In addition, as many as 37% of early care and education teachers working in center-based programs have been involved in some type of training that addresses children with special needs, and that only 9% of all family childcare homes may be equipped to serve children with special needs.

Early Care and Education Profession:

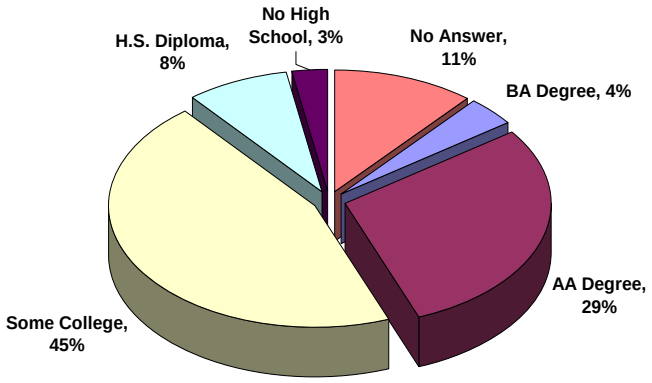
In addition to developing strategies contingent to access to childcare and early education, a comprehensive effort to educate and train professionals in these settings is necessary. An early care and education (ECE) workforce that is well educated and that is continually supported to pursue professional development opportunities is critical to the development of the child. ECE professionals are comprised of teachers from childcare centers and family childcare homes, though the education and preparation of family-friends-and-neighbors (FFN) providers should further be taken into consideration. There are 81 childcare centers and 308 family childcare homes offering childcare and preschool services with a capacity to include up to 6,473 children 0-13 years of age, where an estimated 86% of slots are reserved for children 0-5 in both family childcare and center based programs, and where up to 48% of prekindergarten-age children enroll in one of these programs. Because there is much more information available on early learning and the overall development of the child, and this information has shifted toward an emphasis on higher-quality childcare and prekindergarten programs, it follows that the availability of opportunities for higher education and capacity building for the early care and education workforce are needed. Currently there are over 800 early care and education professionals working in

either a center-based childcare program or family childcare home; 56% of the childcare workforce is center-based and 44% reflects the segment that works in family childcare homes.

Characteristics of this workforce are important for identifying strategies that focus on enhancing capacity and increasing the quality or preparedness of these individuals for success over time. These characteristics include formal education levels, other opportunities for professional development, capacity for working with children that have special needs, ethnicity, language and the age of the workforce, in addition to identifying challenges associated with these characteristics.

Chart 2.5 illustrates the educational attainment by percentage through five levels of education for center-based staff and family childcare homes. Educational attainment level information is provided for both groups, and the aggregate level of data is as follows: 4% indicated that they have Bachelor's Degrees; 29% have Associate's Degrees; 45% have obtained some college level coursework; where as 8% have high school diplomas; 3% did not complete high school; and 11% chose not to answer. The total number of early care and education providers combined show that up to 33% have at least an AA Degree or higher.

Chart 2.5: Childcare Provider Educational Attainment



Center-based staff generally comprises the majority of early care and education professionals that have attained at least an Associates Degree; up to 46% of center-based staff has an Associates Degree or Bachelors degree, where only 8.1% of family childcare providers have achieved the same levels of education. Furthermore the potential to improve this condition is evident, and clearly follows from the fact that another 49% of center-based staff has completed college units, and 22% have completed 24 or more units in early care and education or child development. Also up to 53% of family childcare providers surveyed have indicated that they have completed units through an accredited institution. When examining this data it is important to include an assumption on the dissimilarity in educational attainment between center-based staff and family childcare homes; this condition is clearly related to the fact that requirements for operating each type of childcare facility are not the same; a license to operate a childcare center may require at least an Associates Degree and/or additional professional development, whereas requirements to operate family childcare homes may simply entail health and safety trainings. The educational requirements for these two groups significantly varies, therefore what the data suggests is that there is a strong disposition to meet the minimum requirements, with less than 10% of the combined (both center-based staff and family childcare homes) workforce completing educational objectives beyond those requirements.

A number of individuals in the early care and education workforce participate continually in other (primarily non-credit) professional development opportunities. For example, from July 2005 to June 2006 an estimated 60% of the workforce participated in at least one professional development event, such as a workshop, conference or specialized training. As many as 37% of center-based providers received training to work with children that have special needs, when only 9% of family childcare providers participated in the same type of training.

Quality Early Care and Education:

A number of factors are fundamental to the provision of quality childcare and early education for young children. These may include staff training, staff qualifications, health and safety, curriculum implementation, parent communication/involvement, the use of quality assessments (ECERs), Accreditation, childcare provider compensation, and planned activities.

Accreditation is a well accepted standard for improving the quality of childcare and early education. The National Association for the Education of Young Children (NAEYC) has worked to elevate the quality of childcare programs throughout the country for 80 years, and accreditation through this organization is considered the 'gold standard' in quality childcare for both center-based programs and family childcare homes. In 2007 only one center-based program and 13 family childcare homes are accredited according to the NAEYC's Program Accreditation database. This equates to 1% of all centers and 4% of all family childcare homes. Therefore it is exceptionally difficult to find such care for children in Imperial County.

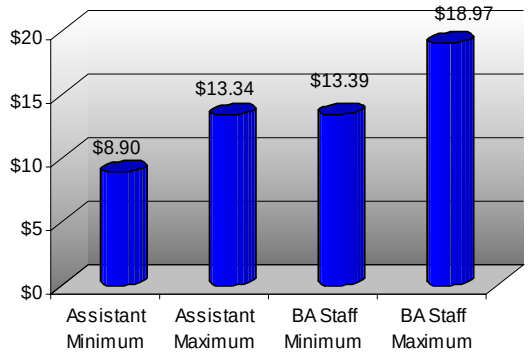
Furthermore, quality assessments designed to enable center-based staff and family childcare providers to create developmentally appropriate learning environments for children 0-5 years of age are another factor that will meaningfully contribute to an increase in quality early care and education; quality assessments such as infant/toddler,

early childhood and family childcare environmental rating scales. In 2007 there wre no center-based programs fully implementing these types of quality assessments, though Title V programs are required to begin this process. Furthermore, it is not clear if any family childcare homes are using these assessment tools to rate the quality of care environment.

Parent participation and involvement in the childcare and early education experience are another important measure of quality care. The *Study of Early Child Care and Youth Development* by the National Institute of Child Health and Human Development found that the quality of parental attitudes, involvement and home environment were factors that contributed significantly to the child's overall development; these characteristics, the study concludes, predicted the cognitive/language and social development for children. The National Association of Child Care Resource and Referral Agencies identified specific measures that may be used to involve parents in the childcare and early education setting, which include: soliciting feedback for program improvements; the ease of access or openness that programs incorporate to welcome parent visitation or participation; the use of parent/teacher conferences to communicate about the child. In addition, home visitation programs are also important for quality care programs.

Childcare compensation is another important factor to consider in the development of quality care measures for childcare and early education. As with the link between higher education, the compensation of the teacher is also relevant to quality of care, and it further affects continuity of care and staff turnover. Childcare center staff turnover can be high, ranging from 25 to 50% a year according to the National Center for Early Development and Learning. This certainly implies that children in these settings are constantly adapting to new caregivers. Also administrators spend more and more time orienting and training staff. The compensation of early care and education professionals is exceptionally low, including wages and benefits, for the Imperial County childcare workforce.

Chart 2.6: Childcare Center Staff Wages



The *Early Care and Education Workforce Study* found that the average hourly range of pay for staff working at a childcare center with a Bachelor's Degree or higher was between $13.39 to $18.97; also the minimum compensation for assistants was $8.90. These figures do not include benefits or other incentives/compensation. Chart 2.6 shows the average rates earned by center-based staff between the period covering July 2005 through June 2006.

Finally, there are other factors that influence the quality of care, and there is no data readily available for the assessment of these factors, which include: development of emergency plans; standards for indoor/outdoor activities; health and safety policies and procedures; and use and articulation of special curriculums. Thus the development and standardization for assessment of these factors can be identified and included in efforts to change childcare and early education environments for analysis and further enhancement.

Result Area Priorities

Increase the proportion of children who are cared for in a culturally appropriate, safe, healthy and nurturing environment.

a) The increased number of teachers that are up-to-date on meeting needs of children with special needs.
b) Increase in the number of safety plans adopted and incorporated for childcare centers and family childcare homes.
c) A decrease in the number of health and safety incidences reported at childcare centers and family childcare homes.
d) An increase in the participation of childcare teachers in specialized trainings that focus on health and safety.
e) Increase the number of family, friends and neighbor exempt care providers participating in CPR/Safety/health trainings offered in cultural and linguistically appropriate contexts.
f) The increased percentage of child care teachers who have up-to-date CPR certifications.
g) The proportional increase in safety measures/equipment being utilized in indoor and outdoor facilities for compliance to safety issues.
h) The increased number of children enrolled in facilities that have adapted indoor and outdoor facilities to meet safety standard compliances.

i) Increase in percentage of children attending childcare centers that are identified as being at a healthy weight, physically fit, and consume nutritious foods.

Increase the school readiness of children.

a) Increase percentage of children enrolled in preschool and kindergarten programs, including recognized home instruction programs.
b) Increase the proportion of the childcare slot utilization rate for childcare centers and family childcare homes.
c) Increase the percentage of County children that are school ready upon kindergarten entry.
d) The increased number of language appropriate, preschool/kindergarten educational materials available.
e) Increase the number of organizations participating in the preschool/ kindergarten materials distribution network (*Systems Change Effort*).
f) Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten staff (*Systems Change Effort).*

Increase the amount of high quality early care and education programs being provided.

a) Percentage increase in the numbers of stipends and scholarships available and being utilized.
b) Increase the number of early care and education teachers obtaining units/credits from an institution of higher education.
c) Increase the number of early care and education teachers achieving objectives related to higher education (e.g. AA degrees, BA Degrees, MA Degrees).
d) Increase the number of center-based and family childcare programs that are accredited.
e) Increase the number of early care and education teachers implementing research based environmental rating scales.
f) Increase the number of early care and education teachers implementing self-assessment tools for quality improvement.
g) Increase the number of early care and education teachers that are introduced to beginning implementation of the environmental rating scales.
h) The proportional increase of early care and education care teachers entering the profession.
i) Increase the number of early childhood surveillance screenings for children 0-5 years of age.
j) Increase in the number of parent involvement programs offered through early care and education settings.
k) Increase the number of home visitations completed by early care and education teachers for families that have children 0-5 years of age enrolled in preschool programs.
l) The percentage increase in the number of at-risk and special needs children enrolled with an early care and education teacher.
m) The percentage decrease in the amount of at-risk and special needs children on waiting lists for an early care and education program.
n) The number of new innovative child care systems initiated to meet the demands of at-risk and special needs children. (*Systems Change Effort).*

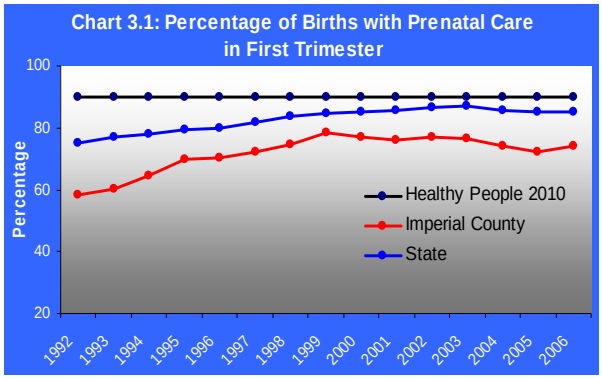
Child Health

The well-being of all members of a community, especially children is greatly influenced by general health conditions, and the opportunities to improve these conditions. Many children in Imperial County, namely children 0-5 years of age, could benefit from programs, interventions and other outreach strategies designed to address or enhance conditions related to the health and well-being of children. These responses can focus on improving key measures that are accepted and can be tracked over time, such as adequacy of prenatal care; breastfeeding assistance; childhood obesity, fitness and nutrition; child asthma; access to health; immunizations; well-child check-ups; developmental screening and specialty medical services; as well as tobacco education/cessation and other health services. By looking at a general picture of the health status of the community, specific areas can be addressed, and the tracking of the information contained in this picture can be more relevant, even though a single or multi-pronged approach to answering all of the health needs of children would not necessarily be conclusive, because health depends on many factors. Therefore health care professionals and other individuals interested in improvements related to the general health and well-being of the community can draw on sufficient conditions to develop plans or strategies designed to help children and their families.

A snapshot of the health status of children 0-5 years of age is developed under this section. Because the conditions for health are complex, and may include individual behavior and desires, as well as genetic factors, socio-economic conditions, and exposure to unidentified health hazards, it will be important to place an emphasis on these conditions separately, though without losing sight of the influence many of these factors have on child health as it is a system that uniquely defines communities in Imperial County.

Prenatal Care:

The development of the child begins prior to childbirth. Access to prenatal care and the adequacy of that care are two factors that can significantly influence the birth and development of the child, in addition to supporting maternal health through and beyond pregnancy and childbirth. Healthy People 2010, a national health intervention and prevention initiative has identified specific benchmarks that track the health of all Americans. This initiative pinpoints several indicators related to maternal and child health. Healthy People 2010 recommends increasing the proportion of all expectant women that receive prenatal care in the first trimester of pregnancy to 90%. CA Department of Health Services records for 2006 indicate that in Imperial County 74% of mothers received prenatal care during the first trimester of pregnancy, compared to 85.2% for the State average. The percentage has significantly increased over a 15-year period, though information available reveals a decline in recent years. Therefore Imperial County rates of early prenatal care are 11 points below State averages, and 16 points below the Healthy People 2010 objective. The County currently ranks 46th of 58 counties in this area.



As stated above, the adequacy of prenatal care is another important factor related to the quality of life and delivering a healthy birth. Adequacy of prenatal care includes mothers that initiate care by the first trimester of pregnancy and that also attend at least 80% of the number of prenatal care appointments recommended by the American College of Obstetricians and Gynecologists; a full-term pregnancy with no complications would include visits every 4 weeks for the first 28 weeks, every 2-3 weeks until 36 weeks and weekly thereafter; thus up to 14 prenatal care visits. The Healthy People 2010 objective for adequate prenatal care is 90% for all women. Imperial County mothers delivering in Imperial County that received "adequate" to "adequate plus" prenatal care averaged 63.3% between 2005 and 2007; the State of California average during the same period was 78.5%.

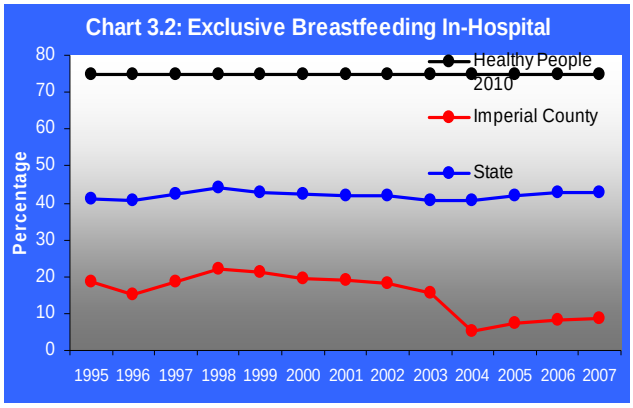
The aim for increasing prenatal care is to assist in detecting any potential problems early on (such as gestational diabetes), and prevent other problems that could arise through education and intervention, which may include recommendations on nutrition, prescribing vitamins, and exercise plans as noted by the Center for Disease Control. Availability of adequate prenatal care is causally

related to reducing maternal death rates and miscarriages, in addition to birth defects, low birth weight and other preventable health problems.

Lactation and Breastfeeding Assistance:

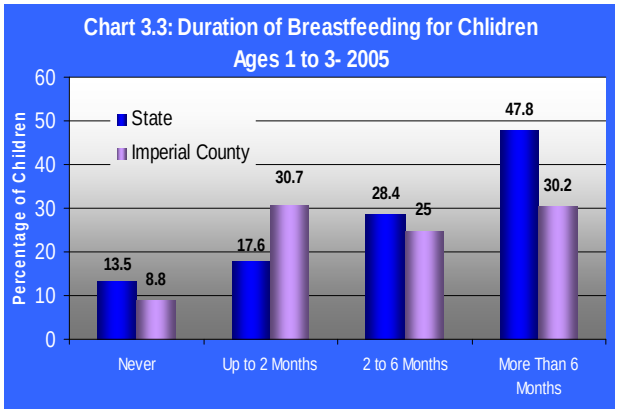
The primary function, and perhaps the greatest benefit, of lactation is to provide adequate nutrition to the child immediately after birth and through the duration the mother chooses to breastfeed the child. Thus two critical factors related to the lactation process are initiation and duration rates. Breastfeeding initiation includes infants that are either exclusively breastfed or those whose nutritional intake consists of a combination of formula intake and breastfeeding at the time of discharge from the hospital. The Healthy People 2010 objective for breastfeeding initiation rates is 75% for all mothers giving birth. The three year average for breastfeeding initiation for Imperial County mothers that gave birth between 2005 and 2007 is 85.4%; significantly above the Healthy People 2010 objective and 1.1 points below the State average. Exclusive breastfeeding during these initiation rates for Imperial County children is 8.9% of all births, significantly below the overall initiation rate. Chart 3.2 includes information on exclusive breastfeeding initiation comparison rates for Imperial County and California over time as reported by the California Department of Health Services. Research by Dr. Caroline Chantry from the University of California Davis Medical Center, suggests that exclusive breastfeeding for the recommended duration increases health outcomes for children.

Therefore, the second factor is based on the period of time, the duration rate, that the parent breastfeeds the child. The American Academy of Pediatrics and La Leche League highly recommends that mothers breastfeed their infants up to 6 months and preferably for 1 year. The Healthy People 2010 benchmark for women breastfeeding at 6 months is 50% of all women that give birth during that year. Data for mothers interviewed that have children up to three years of age in 2005 indicates that 30.2% have stated that



they breastfed their child for at least 6 months. Research clearly supports the benefits of breastfeeding and the extent of the duration period. Research from the University of California Davis reveals that a documented decrease in the risk for respiratory tract infections was prevalent for children breastfed for 6 months versus 4 months. Findings suggest that there is growing evidence that the benefits from breastfeeding are responsive to both dose and duration, with the recommendation that infants receive only breast milk during the first 6 months of life.

Chart 3.3 represents self-reported information on breastfeeding duration for Imperial County mothers surveyed in 2005 for children ages 1 to 3 through the California Health Interview Survey. Data collected here suggests that Imperial County mothers that indicated that they "never" breastfed their infant was 35% lower than the state average (which is still high) and significantly lower with respect to those mothers that breastfed for the recommended duration of 6 months (37% lower).

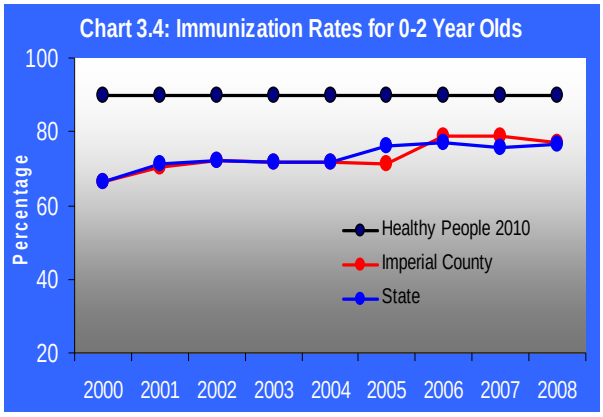


Therefore data clearly reveals that an emphasis should be placed on increasing the proportion of mothers initiating breastfeeding that are exclusively breastfeeding; increasing the number of mothers that are breastfeeding their infants up to 6 months; and work on an effective method for collection of Countywide data that would establish meaningful breastfeeding rates.

Immunization Rates:

The Center for Disease Control and Prevention (CDCP) reports that vaccine-preventable disease levels are at or near record lows throughout the Country, and that a significant number of infants 0-2 years of age receive all of their recommended vaccines by age 2. Data from the California Department of Health Services supports this claim. Between 2002-2007 a total of 15 cases of Acute Hepatitis B were reported for the county, no confirmed Measles cases were reported, no confirmed Rubella cases,

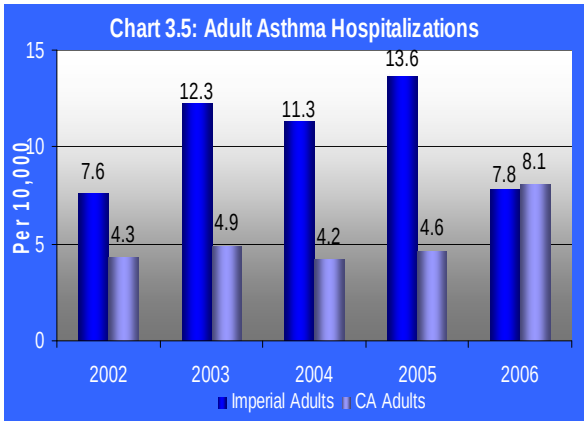
and a total of 16 confirmed or probable Pertussis cases were reported for this 4-year period. This result is partly attributed to the proportion of children that are immunized in the county. The CDCP cautions that there continues to be a meaningful number of under-immunized children and therefore leaving the potential for outbreaks of disease. The Healthy People 2010 benchmark for children 0-2 years of age that complete their basic immunization series is 90% of all children. The CA Department of Health Services confirms that 2008 Retrospective Immunization Rates for two year olds in Imperial County are assessed at 76.9%; this result is included as part of the Southern Region which comprises Imperial, Orange, Riverside and San Diego Counties, and is slightly higher than the State average (76.7%). These rates over a period time are represented in Chart 3.4. Additionally, Kindergarten Assessment Results for the same year indicate that as many as 94.0% of children entering kindergarten were up to date on their required immunizations, which reveals that a significant number of children are receiving their immunizations between 2 and 5 years of age.



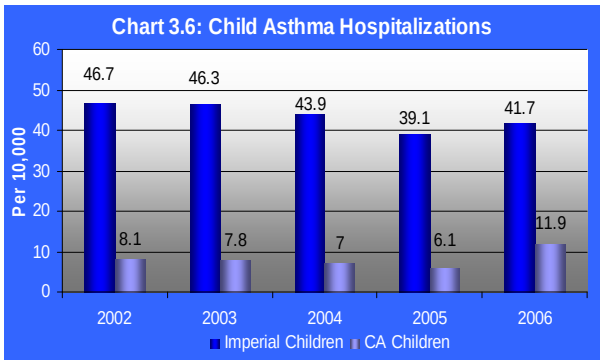
Asthma:

Rates of asthma prevalence for both adults and young children in Imperial County are amongst the highest in California, and asthma is one of the most common chronic illnesses in the country, which has a significantly more profound affect on children from low-income and ethnic backgrounds. Factors that lead to asthma are generally unknown, though specific environmental, physical and psychological factors can trigger an asthma attack or asthma related symptoms. Self-reported information collected through the 2005 California Health Interview Survey indicates that 21% of children in Imperial County are diagnosed with asthma; a continual increase from 2001 (15%) and 2003 (19%). The Statewide average for children diagnosed with asthma was 16% for 2005, which also seems to be increasing.

Perhaps the greatest concern is the rate of asthma hospitalizations in Imperial County, of which the county has been known for reporting high incidences of asthma



hospitalizations compared to other counties in the State. The California Breathing Program and Office of Statewide Planning and Development repots adult hospitalization data for the county indicate that in 2006 a ratio of 7.8 asthma related hospitalizations were noted for every 10,000 adults, and averaged 10.3 hospitalizations for every 10,000 adults over a 6-year period (2001-2006). The State average during the same 5-year period was 5.1 hospitalizations for every 10,000 adults (Chart 3.5). This indicates that adult hospitalizations are significantly higher for Imperial County asthma patients – as much as 203% higher. In general, children 0-17 years of age are much likelier to be hospitalized for asthma than adults. In 2006 for every 8.1 adults hospitalized for asthma throughout the State 11.9 children 0-17 years of age were hospitalized; statewide children were 32% likelier to be hospitalized than adults for asthma treatment. As illustrated on Chart 3.6, rates of childhood asthma hospitalizations are decreasing. In Imperial County the number of children hospitalized for asthma in 2006 was 41.7 for every 10,000 children, which is 303% higher than that for adults and children are 3.5 times likelier to be hospitalized for asthma in Imperial County than other children in the state.



Sound practices in asthma management and outreach targeting children 0-5 years of age that focus on asthma management can have a positive impact on emergency room visits and hospitalization rates. For example positive impacts are noted in the decrease in the number of children 0-17 years of age that were hospitalized when

compared to the slight increase for adults over the 6-year period noted on Chart 3.6; a 11% decrease from the 2002 high of 46.7 for every 10,000 children.

Fitness and Nutrition:

Two factors that are important and often not directly connected to the success and school readiness of the young child are nutrition and physical fitness. For instance, research suggests that the school readiness of a child may be directly affected by breakfast consumption. The American Dietetic Association, in *Breakfast Habits, Nutritional Status, Body Weight, and Academic Performance in Children and Adolescents*, reveals that scientific evidence "suggests that breakfast consumption may improve cognitive function related to memory, test grades and school attendance." Furthermore, studies do affirm a positive relationship between physical fitness and the school readiness of children. *Physical Fitness and Academic Achievement*, a study in the relationship between standardized testing and physical fitness testing with students in 5th, 7th and 9th grades in selected California public schools in 2002, shows that when physical fitness test scores are compared to standards testing in reading and math there is a "consistent positive relationship." Adequate nutrition and exercise are critical for the well-being, growth and physical development of children. In addition, factors related to quality of nutritional intake significantly influence the individual's capacity to deal with illness and premature death. Guidelines for sustaining 'good' overall health recommend the following: a variety of foods and well balanced diet that includes a high proportion of fruits and vegetables; an increase in physical activity along with food intake that will contribute to health and overall weight; avoidance of processed foods and 'junk' funds; in addition to measured intake of sodium, sugars and fats (particularly saturated and trans fats). The U.S. Department of Health and Human Services and the U.S. Department of Agriculture have published *Dietary Guidelines for Americans 2005*, which provides information and advice that is based on some of the most current scientific studies that focus on maintaining a healthy diet and weight, choosing exercise that is adequate and complete, in addition to food safety for target populations from 2 years of age and older. This document provides a number of recommendations in general and focuses on special populations, of which many apply to children 2-5 years of age and expectant mothers, such as: a) nutrients within calorie needs; b) weight management; c) physical activity; d) food groups to encourage; e) fats; f) carbohydrates; g) sodium and potassium; h) alcoholic beverages; and i) food safety. Adequate nutrition is an especially important consideration for parents and caregivers of infants and toddlers; this may range from initiating breastfeeding for newborns to adopting accepted dietary guidelines for infants and toddlers. Excesses in dietary consumption and the pre-valence of processed foods that lack nutritional content have led to an increase in conditions associated with poor health. Identifying gaps in nutrition are important and highly connected to the development of the child and can have lasting effects through life; effects on child health may include the health status of the child and family, prevalence of obesity, incidences of Type 2 diabetes, heart disease, increased risk of other illnesses such as cancer and hypertension.

Results from a lack of adequate physical activity and a well balanced diet have led to an alarming increase in the prevalence of obesity over a healthy weight for Imperial County residents. The impact on public health and other resources is substantial as a result of this increase in individuals that are overweight and obese. The California Department of Health reports that as many as 29 out of 100 residents in Imperial County are obese; the county ranks 57th out of 58 counties in prevalence of obesity. The state average is 19 out of 100 individuals, and the Healthy People 2010 objective is 15 out of 100 individuals. The California Department of Health Care Services, through its Pediatric Nutrition Surveillance System, indicates that in 2006 34% of children 2-5 years of age had a Body Mass Index for age at or above 85% on the Center for Disease Control's Body Mass Index for age Chart, thus classifying them as overweight or obese. The National Institute of Health indicates that overweight and obesity can increase the risk of illness and death from many chronic diseases, including Type 2 diabetes, coronary heart disease, stroke, hypertension, osteoarthritis and cancers of the breast, prostate and colon. California's Obesity Prevention Plan states that poor nutrition and physical inactivity are causing serious health problems, that choices that lead to poor nutrition and inactivity are often more available, affordable and convenient than healthy options, and that many actions to answer this issue are being undertaken but without concordance.

The California Supplemental Nutrition Program for Women, Infants and Children (WIC) estimates that 69% of the population that is eligible for WIC services was enrolled for nutrition and health education services, compared to 82% for the State. Families eligible for WIC services would be those that are within 185% of the established Federal Poverty Level – the cut-off for a family of 4 is $38,203.00. This suggests that over 50% of children 0-5 years of age residing in Imperial County are eligible for services, though an estimated 34.5% are actually benefiting from WIC services. The Imperial County Public Health Department suggests that the Food Stamp Program constitutes the largest and most comprehensive part of the hunger-prevention safety net for California's poor children, families, and individuals. Low income families face hunger, food insecurity, obesity and other health outcomes that signal that they lack access to enough healthy food. According to the California Food Policy Advocates' *Imperial County Nutrition Profile*, in 2006 approximately 46% of the

population eligible to participate in the Food Stamp Program was not served resulting in a loss of Federal dollars (estimated at $25,786,882) due to underutilization. The California Health Interview Survey assessed families on fitness and nutrition by age for Imperial County in 2005. Results indicate that 44% of parents surveyed reported that their children had eaten fast food within the prior day, this included 32% of parents with children 0-5 years of age.

Only 21% of Imperial County children in 5th, 7th and 9th grades met 6 of 6 statewide fitness standards, and therefore 79% were deemed as not 'physically fit,' and as many as 40% of all 5th, 7th and 9th grade students assessed were overweight. Furthermore, Children Now reports that an estimated 57% of children in Imperial County do not exercise. Though these factors affect individuals from all age, education, and ethnic backgrounds, rates are highest for Latino, African American, Native American and Pacific Islander families, in addition to families with lower incomes and that have disabilities. Research further supports the role of environmental factors on diet, physical activity and obesity. The Department of Nutrition, School of Public Health, from the University of North Carolina, in *Environmental influences on food choice, physical activity and energy balance*, affirms the idea that environmental factors contribute significantly in influencing physical activity and overweight. And this is supported by the Institute of Medicine, in *Preventing Childhood Obesity: Health in Balance*, which states that "although 'energy intake = energy expenditure' looks like a fairly basic equation, in reality it is extraordinarily complex when considering the multitude of genetic, biological, psychological, socio-cultural, and environmental factors that affect both sides of the equation and the interrelationships between these factors." Thus it reinforces the idea that a young child may be meaningfully shaped by the dietary and physical activities maintained and supported by their parents, families, caregivers, pre-schools, and communities.

Access to Health Insurance:

Families, especially those with young children, enrolled in some type of health insurance plan have a higher probability of receiving regular medical care, and therefore improving their overall health status. Health insurance coverage would include families enrolled in Medi-Cal and Healthy Families, in addition to private health insurance plans. Furthermore, the rate of health insurance coverage per capita positively affects the local economy. For example, individuals covered by some type of health insurance plan are likelier to make less emergency room visits, have a regular medical home, and better access to prescription medicine. Access to health care continues to be a challenge for many families in Imperial County, and has become a growing concern in California. The *California Report Card 2006-2007* by Children Now presents California with a 'B-' grade in the area.

The California Health Interview Survey reported that as many as 7% of children 0-18 years of age in the State of California were uninsured, whereas the report further specified that as many as 14% of children in Imperial County lacked insurance coverage; this data is consistent with information for children enrolled in the ICCFFC's School Readiness Program that were identified as not having health insurance (13.5%). Therefore it follows that Imperial County children are 100% likelier to not have health insurance coverage than children in other Counties, and currently ranks 56th out of 58 counties in the State for children lacking health insurance. The claim identified through these findings suggests that between 1,882 (12%) to 2,196 (14%) of all children 0-5 years of age do not have health insurance.

A total of 5,195 children were enrolled in Healthy Families as of August 2007, and another 1,800 subscribers disenrolled within the previous 12 months; it is estimated that 405 of these children were children 0-5 years of age. The State average for disenrollment is 24%, thus 10 points higher for Imperial County. Furthermore, the California Healthcare Foundation in the *Healthy Families Facts and Figures,* January 2006 report states that as many as 16% of disenrollment can be prevented with intervention. Healthy Families eligibility is based on family incomes 250% of the Federal Poverty Level – approximately $40,200 for a family of three, and children are first screened for Medi-Cal eligibility and enrolled in Medi-Cal if eligible. Medi-Cal beneficiary profiles by age for April 2007 indicate that 17.1% of the caseload was for children 0-5 years of age, this equates to 8,494 children. The total estimated children 0-5 years of age enrolled in State sponsored healthcare between April and August 2007 is 62%, and another 24% to 26% are enrolled through private health insurance programs. Strategies should work to identify children 0-5 years of age that are uninsured, and develop a method for categorizing the type of insurance each child qualifies for, in addition to implementing a plan for insuring these children.

Early Developmental Screening:

The healthy development of a child may not simply be related to the child's physical growth and the ability to prevent illness after birth. Children 0-5 years of age begin to grow, develop and learn at an accelerated rate inversely proportional to their age. Thus a child's development can be followed through empirical observations related to behavior, the development of cognitive abilities, how they speak and their development in a social context. This 'natural' development is a critical component of child health and well-being. For example taking a first step, waving or saying a first word are milestones in the development of

the child. As children grow they progressively reach these milestones, which serve as indicators that help to determine the status of development for a particular child. Developmental assessments or well-child check-ups can serve to identify issues related to this general development by identifying areas where a child may not be reaching specific milestones at the same time as other children of the same age. Early screening is an assessment procedure that is to the point and intended to identify a child that may require a more concentrated assessment or evaluation. This type of intervention can have a significant impact on the child, namely if a developmental delay is noted early in the child's development that may eventually lead to other developmental complications that are not readily identified in young children. The American Academy of Pediatrics in *Developing Surveillance and Screening of Infants and Young Children*, recommends that all infants and young children should be screened for developmental delays, and these procedures should be incorporated into the ongoing health care of the child as part of the provision of a regular medical home, as defined by the Academy.

The benefits from early developmental screening are meaningful; parents are assured of the progress the child is making; delays can be identified early when screening is completed properly; parents have a better understanding of the dynamics of child development; a new line of communication and assurance opens up between the primary care physician and family. Perhaps the greatest benefit is knowing that if there is a delay that has been identified, the family and primary care physician or other specialized service agency/individual can work to help the child reach his/her full potential before the child enters the K-12 school system.

It is estimated that up to 17 percent of children in the K-12 school system have been assessed with a developmental or behavioral disability, such as autism, Attention-Deficit/Hyperactivity Disorder (ADHD), or an intellectual disability, and speech/language delays. Less than 50% of these children are diagnosed before they enter the K-12 school system. In 2005 the California Department of Education reported that 3,045 individuals 0-22 years of age were enrolled in special education programs and had been diagnosed with a disability or learning delay. Of the 3,045 individuals, 274 or 9% were children 0-5 years of age, though the 0-5 age group of children represents 29.4% of the 2005 population of all individuals 0-22 years of age. In addition, the Center for Disease Control estimates that as many as 896 children 0-5 years of age in 2005 may be diagnosed with a disability or learning delay.

A cohort of children enrolled in Special Education programs between 2000 and 2006 in Imperial County that were born in 2000 is illustrated below.

Table 3.1: Enrollment in Special Education for Children Born in 2000

	2000		2001		2002		2003		2004		2005		2006	
	0	%	1	%	2	%	3	%	4	%	5	%	6	%
Total	7	100	23	100	29	100	35	100	55	100	101	100	160	100
Latino/Hisp	7	100	19	82	25	86.2	28	80	43	78.2	83	82.2	141	88.1
White	0	0.0	2	8.7	3	10.3	3	8.6	8	14.5	10	9.9	12	7.5
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pacific Is.	0	0.0	1	4.3	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0
African Am.	0	0.0	1	4.3	0	0.0	1	2.9	0	0.0	3	3.0	1	0.6
Native Am.	0	0.0	0	0.0	0	0.0	3	8.6	4	7.3	5	5.0	6	3.8
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Result Area Priorities

Increase to at least 90% the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.

a) Increase the number of women enrolled in prenatal care classes in the first trimester of pregnancy.
b) Increase the number of women identified as being within populations that are marginalized or underserved that receive prenatal care in the first trimester of pregnancy.
c) Increase child birth outcomes for children.
d) Increase the number of women that receive adequate prenatal care.
e) Increase smoke cessation during pregnancy.
f) Decrease alcohol and other drug use during pregnancy.

Increase the proportion of mothers whom breastfeed their babies to at least 75% in the early postpartum period and to at least 50% until babies are 5-6 months old.

a) The number of family members enrolled in parenting classes.
b) Increase the number of healthcare professionals participating in lactation support services and trainings.
c) Increase the number of healthcare professionals obtaining education levels that specialize in lactation support (e.g. Lactation Educator, Lactation Specialist, and Lactation Consultant).
d) Increase the number of medical providers effectively promoting lactation for new mothers.
e) Increase in the availability of parenting materials in English/Spanish.
f) The increased number of mothers who breastfeed their babies and the amount of time they do so.
g) Implement a data collection system that will effectively capture local breastfeeding rates through specified postpartum time intervals. (*System Change Effort)*

Increase to 90% the proportion of children under age 2 who complete the basic immunization series.

a) The number of children being monitored through the age of two within a database immunization system.
b) The proportional increase of children under the age of two who have completed their immunization series.

Increase child asthma treatment and prevention services.

a) The number of children with asthma or asthma related symptoms being monitored through asthma management plans.
b) The decrease in proportion of children admitted for emergency care for treatment of asthma or asthma related symptoms.
c) An increase in the number of medical providers treating children with asthma or asthma related symptoms that adopt nationally accepted standards of care. (Systems Change Effort)

Reduce the proportion of children who are overweight.

a) Increase the proportion of children that engage in moderate physical activity, and exercise regularly.
b) Increase the proportion of children meeting statewide fitness standards.
c) Increase the number of children 2 to 5 years of age consuming at least the daily recommended quantity of fruits and vegetables.
d) Increase the proportion of families eligible for subsidized nutrition programs; e.g., Supplemental Nutrition Program for Women, Infants and Children, and Food Stamp Program.
e) Reduce the proportion of families reporting that their children had consumed fast food the prior day.
f) Provide parent and/or caregiver education using a well-designed curriculum that addresses basic nutrition/physical fitness education and that increases knowledge of effective nutritional development for young children.

Increase access to health insurance for families with children 0-5 years of age.

a) Increase the proportion of families with young children eligible for subsidized healthcare programs that enroll in these programs (i.e., Health Family, Medi-Cal).
b) Increase the proportion of families and children that are insured and remain insured.
c) Increase in the proportion of children with a regular medical home.
d) Increased utilization of sliding fee scales, payment programs, etc.
e) The number of referrals and provider's staff time dedicated to accessing and qualifying consumers to health insurance options.
f) The proportion increase in trainings and collaborative/memorandums of understanding in the provision of insurance networking services. (Systems Change Effort)
g) The increase in the number of primary and specialty health care providers that are providing health services within the proposed delivery system. (Systems Change Effort)

Increase the proportion of children 0-5 years of age identified with special needs.

a) Increase the number of children participating in developmental screening services.
b) Increase the number of children identified as having developmental delays before school entry.
c) The proportional increase in children receiving well-baby and well-child checkups.
d) The proportion of children identified as having developmental delays that are referred to a specialist or special program for comprehensive screening.
e) An increase in the number of providers offering families developmental surveillance screening services.
f) An increase in the number of children receiving early intervention services prior to kindergarten entry.

Principles on Equity

On February 6, 2003, the Commission adopted the Principles on Equity as developed by the State Commission's Advisory Committee on Diversity. The Commission will ensure in fulfilling its mission to adopt policies and practices that equitably provide Imperial County children (prenatal to 5) from diverse backgrounds and abilities with accessible, family-friendly, culturally competent, quality early childhood services and programs.

Diversity Definition (for First 5 Commission):
Children (prenatal to 5) regardless of immigration status, who:

- Are from different ethnic, linguistic, cultural, socio-economic, religious, geographical and/or other historically or currently under-served communities; or
- Have disabilities and other special needs.

The Principles on Equity developed by the State Commission will serve as a guide throughout the work of the local Commission. There are four major components to the principles: a) Inclusive Governance and Participation; b) Access to Services; c) Legislative and Regulatory Mandates; and, d) Results-based Accountability.

Inclusive Governance and Participation:

The Commission recognizes that children develop within the context of their families and communities. Therefore, the Commission will strive to obtain meaningful participation and input from the families and other caregivers of children from diverse populations throughout program development and implementation phases.

Access to Services:

As a critical means for achieving equity, children from diverse populations must have access to high quality and culturally competent early care and education/development opportunities.

Legislative and Regulatory Mandates:

The Commission will ensure that Proposition 10 funded programs will adhere to all legislative, regulatory and accreditation mandates pertinent to the provision of services to children from diverse backgrounds and with diverse abilities. That funded programs will offer services to all children and their families regardless of immigration status.

Results-Based Accountability:

To ensure that Proposition 10 funded programs will have meaningful outcomes that benefit children from diverse backgrounds and diverse abilities.

Outcomes-Based Accountability Framework

The previous section of the Strategic Plan Draft documented the proposed needs and structures to support children from birth through age five and their families. The following sections will describe specific programmatic strategies that decide on the course of action and allocation of resources for attainment purposes. This particular framework includes the following information:

- Specific program goals;
- Child and family objectives targeted for intervention and prevention as specified per each goal;
- Measurable child and family strategies;
- Short-term indicators proposed to achieve those outcomes;
- Outcome indicators pertaining to the quality of the strategy.

In the pursuit of family and children's service reform, the accountability framework provides three major disciplines. Firstly, it provides a condition of well-being for children and families through the development of programmatic goals and outcomes. Secondly, it offers a precise measure by which data is available to quantify the proposed achievement. Thirdly, it provides the measure of effectiveness or means for evaluating the program service delivery.

Outcomes-based accountability puts in place a system for continuous assessment, adjustment and evaluation. Effective indicators are strategic, measurable, culturally appropriate, reliable and timely. It is the local Commission's intent to provide successful outcomes-based planning to assist Imperial County in monitoring program development and system changes by stimulating interim planning adjustments.

The Strategic Plan, and the valuable information and suggestions collected from collaborative partners and input from the public serves as the up-to-date measure assessing necessary strategic changes upon which to implement services through this accountability framework, such as special initiatives or programs offered to the community by the Commission.

The collective outcomes summarized from the accountability framework strategies will work to ensure that Imperial County families will have access to family support, quality child care, parent education, a primary health care practitioner, home visits from multidisciplinary teams for health prevention and intervention purposes and the same opportunities to encourage healthy outcomes and school readiness for all children 0 through 5. These proposed strategies encompass traditionally underrepresented individuals or groups, including ethnic/cultural minorities, immigrants and limited English–speaking communities. This framework is illustrated under the pages below.

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
GOAL 1: Promote parenting and caregiver education services to enhance optimal child development and to encourage healthy, stable and economically independent families.	♦ Increase the number of parents involved in family literacy activities for families that have children 0-5 years of age.	1. Establish new family literacy programs that implement the four components of family literacy. Implement family literacy through the incorporation of literacy programs available though are not currently operating in the county, such as Reach Out and Read. Develop and launch a media campaign targeting families with young children that focuses on family literacy.	1. Number of new family literacy programs targeting parents with young children. Number of family literacy programs that offer materials and information that are culturally and linguistically appropriate. The number of parents with young children involved in family literacy programs that are linguistically and culturally appropriate and that provide a structure and content that is supported through research. Percent of children making significant gains in literacy. Percent of adults with young children making significant gains in literacy. Percent of parents with increased involvement in their childs literacy. Percent of parents with increased involvement in their children's education.	➢ The number of family literacy programs implementing four components of integrated family literacy models, and/or other research based family literacy practices. ➢ The number of parents with children 0-5 years of age enrolled in adult literacy programs and ESL coursework. ➢ An increase in preliteracy and literacy skills for preschool age children and children transitioning into kindergarten. ➢ The number of stay-at-home parents with children 0-5 years of age, especially those living in underserved areas, involved in family literacy programs. ➢ Development of data collection practices that focus on collecting information on family literacy programs, literacy rates, and achievement benchmarks to support local outcomes for family literacy programs.	♦ (None) Develop-mental measure ♦ 38% English Language Proficien-cy 0708 CST Results 2nd – 6th Grade ♦ 42.5% of children in K-12 are English language learners	2 new programs by 2010 44% English Language Proficiency
	♦ Provide comprehensive, culturally appropriate parent education activities for families with children, 0 through 5 years of age.	2. Provide parent education to families with young children to support the school readiness of the child. Implement new parenting classes offered to	2. The number of parent education programs currently in existence and assessments of educational efforts being provided. The number of educational/ language appropriate workshops educating parents on issues	➢ The percentage increase in the number of individuals with children 0-5 participating in parenting programs being provided. ➢ The increase in language appropriate workshops/	♦ 350 parents involved in parenting classes per year average 03-05; 64% with children 0-5	Increase of 150 children 0-5 years of age

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 1: Promote parenting and caregiver education services, prenatal and postnatal, to enhance optimal child development and to encourage healthy, stable and economically independent families.		families with young children that are culturally, linguistically and age appropriate, and that additionally focus on at-risk populations. Develop or support Family Resource Centers in neighborhoods indicative of high-risk families. Create and implement a system for assessing the overall impact of parenting classes and parent education activities that reflect methods for reporting changes in behavior, knowledge gains, and includes other methods for tracking results (e.g., CPS referrals, court mandated reports, self-referred parents).	identified in the Strategic Plan, such as: asthma, nutrition, health insurance, breastfeeding, prenatal care, literacy, and childcare. The number of parenting classes being offered to families with children 0-5. The number of language appropriate parent workshops/educational materials being offered. The amount of language appropriate home parenting programs offered as a viable education alternative. The number of parents receiving services through home instruction support and/or Family Resource Centers. Documented changes in behaviors as noted on compre-hensive databases or data collection systems that work to assess, integrate and incorporate agencies and individuals offering parenting classes.	educational materials available to Imperial County parents. ➢ The increase in utilization of parent educational programs through Family Resource Centers and linkages to other community resources. ➢ The increased participation of parents through the utilization of home parenting and Family Resource Centers for parent educational purposes. ➢ Results from the development of a system for assessing the overall impact of parent classes and parent education activities that reflect methods for reporting changes in behavior, knowledge gains, and includes other methods for tracking results.	♦ 26.7% average for all CWS substan-tiated cases were children 0-5 ♦ 43% of families met basic levels of self-sufficiency in 2005	
	♦ Provide support services for children 0-5 years of age and their families that have been identified as being "at risk" through criteria that is age appropriate and culturally relevant.	3. Promote and enhance programs that provide basic services for families 0-5 years of age, such as, food, shelter, medical services, etc.	3. Number of families with young children receiving basic needs. Number of families with young children moving into self-sufficiency.	➢ The increase in the number of families with children 0-5 years of age receiving services for basic needs. ➢ The increase in support and advocacy for children housed in shelters and/or that are	♦ 180 Children 0-5 in out-of home care – 2007 (4-	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
		Enhance programs that provide support and advocacy for children 0-5 that are identified as wards of the court or are in out-of-home care. Promote programs that offer behavioral health or therapeutic services to at-risk families, such as families at-risk of domestic violence, that have children that are wards of the court, or that care for foster children.	Number of children identified as being wards of the court that are involved in child advocacy service programs. The number of children identified as participating in behavioral health and/or therapeutic services.	identified as being wards of the court system. ➢ The increase in the number of programs that assist families in need of behavioral health services. ➢ The increase in the number of families identified as needing counseling services that participate in family therapy programs.	year average 164) ♦ 171 children 0-5 in out-of-home care received advocacy services 2007 ♦ Develop-mental measure	95% of children 0-5 in out-of-home care receive advocacy services
GOAL 2: Improve the development and school readiness of young children from birth through age five.	♦ Increase the proportion of children who are cared for in a culturally appropriate, safe, healthy and nurturing environment.	1. Expand training and educational opportunities for all child care providers that focus on children with special needs. Encourage health and safety seminars for all child care providers. Support efforts to bring indoor and outdoor play equipment up to date for safety compliance purposes.	1. The amount of trainings provided to child care providers. The number of child care providers attending applicable trainings. The number and percent of child care providers meeting safety and quality standards as defined by the State. The amount of language appropriate CPR/safety/health classes being provided for child care providers. The number of child care providers and family, friends and neighbor providers that have a current CPR certificate.	➢ The increased number of teachers that are up to date on meeting needs of children with special needs. ➢ Increase in the number of safety plans adopted and incorporated for childcare centers and family childcare homes. ➢ A decrease in the number of health and safety incidences reported at childcare center and family childcare homes. ➢ An increase in the participation of childcare teachers in specialized trainings that focus on health and safety. ➢ Increase the number of family, friends and neighbor exempt		

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.			The current provision of safety measures/equipment provided for indoor and outdoor facilities for safety compliance purposes.	care providers participating in CPR/Safety/health trainings offered in cultural and linguistically appropriate contexts. ➢ The increased percentage of child care teachers who have up-to-date CPR certifications. ➢ The proportional increase in safety measures/equipment being utilized in indoor and outdoor facilities for compliance to safety issues. ➢ The increased number of children enrolled in facilities that have adapted indoor and outdoor facilities to meet safety standard compliances. ➢ Decrease in percentage of children attending childcare centers that are identified as being overweight.		
	♦ Increase the school readiness of children.	2. Promote programs that work to increase preschool and kindergarten enrollment.	2. Number of children attending preschool and kindergarten programs. Percent of slots utilized in state, federal and family childcare programs.	➢ Increase percentage of children enrolled in preschool and kindergarten programs, including recognized home instruction programs. ➢ Increase the proportion of the childcare slot utilization rate for childcare centers and family childcare homes.	♦ Enrolled in Kinder-garten: 04-05: 2,480 05-06: 2,452 06-07: 2,483 07-08: 2,576 ♦ Preschool enrollment: 48% ♦ Children in need of care Subsid.: 7,482 Work: 3,402	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.		Promote programs that focus on developing the school readiness of children, that are research based and that reflect the cultural and linguistic needs of children. Develop programs that work to include preschool programs into local school settings.	The number of children participating in preschool programs that have enhanced curriculums or activities that support school readiness. Number of programs benefiting from school readiness enhancements. Results from assessments for children in school readiness preschool programs. The number of materials offered to preschool and kindergarten programs that work to enhance school readiness. The number of articulation meetings coordinated between preschools and elementary schools. The number of childcare providers and elementary school teachers/administrators involved in articulation meetings. The number of childcare providers reporting positive results from articulation meetings.	➢ Increase the percentage of County children that are school ready upon kindergarten entry. ➢ The increased number of language appropriate, preschool/kindergarten educational materials available. ➢ Increase the number of organizations participating in the preschool/ kindergarten materials distribution network. ➢ Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten staff.	♦ Childcare slots: 6,473 ♦ Center utilization rate: 88.4% ♦ FCC utilization rate: 64% ♦ Develop-mental measure ♦ Workforce Educational Attainment: 4% BA 29% AA 45% Some college	Childcare slots: 5yr – 7,535 10yr – 8,376 90% utilization rate
	♦ Increase the amount of high quality child care programs being provided.	3. Promote professional development, higher education and other learning opportunities for center-based and family childcare providers.	3. The number of providers involved in programs that support higher education or professional development. The number of providers	➢ Percentage increase in the number of stipends and scholarships available and being utilized. ➢ The increase in the number of early care and education	♦ Accredited Programs: 1-Center 13 FCC ♦ Special Needs	35% ECE with AA Degrees 10% BA Degrees

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.			obtaining units or professional development credits through accredited institutions. Number of providers participating in new professional development opportunities. The number of providers with degrees (AA, BA, MA) in early care and education or related field.	teachers obtaining units/credits from an institution of higher education. ➢ The increase in the number of early care and education teachers achieving objectives related to higher education.	Training 37% Center staff 10% FCC	Accredited Programs: 5-Centers 20 FCC Special Need Training: 50% all ECE
		Enhance quality care through support for accreditation of early care and education programs for both center-based and family childcare programs.	Number of new accreditation programs supporting center-based and family childcare providers. Number of early care and education programs that are accredited.	➢ Increase the number of center-based and family childcare programs that are accredited.	♦ Develop-mental measure	
		Support quality early care and education through the implementation of quality measures, such as environmental rating scales and program assessments.	The number of early care and education teachers trained to use environmental rating scales. The number of early care and education programs implementing environmental rating scales. The number of early care and education programs using self-assessment tools for quality improvements. Documented results in the use of assessment for quality improvements.	➢ Increase the number of early care and education teachers implementing research based environmental rating scales. ➢ Increase the number of early care and education teachers implementing self-assessment tools for quality improvement. ➢ Increase the number of early care and education teachers that are introduced to beginning implementation of the environmental rating scales.	♦ ECE Workforce800	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.		Promote recruitment and retention programs for early care and education professionals. Develop programs that support home visitations and parent involvement that work to further child development and the school readiness of children. Establish services that work to increase the number of children identified with developmental delays or special needs.	The number of professionals in the early care and education workforce. The number of new professionals recruited into the early care and education workforce. The number of professionals leaving the early care and education workforce. The number of new parent involvement programs supported through early care and education settings. The number of parents involved in programs designed to increase the school readiness of the child. The number of new home visitation programs implemented through center-based or family childcare home settings. The number of home visitations completed during the year in relation to the number of parents served. The number of children and families involved in early childhood screenings. The number of children identified with developmental delays.	➢ The proportional increase of early care and education teachers entering the profession. ➢ Increase in the number of parent involvement programs offered through early care and education settings. ➢ Increase the number of home visitations completed by early care and education teachers for families that have children 0-5 years of age enrolled in preschool programs. ➢ Increase the number of early childhood screenings for children 0-5 years of age. ➢ The percentage increase in the number of at-risk and special needs children enrolled with an early care and education teacher.	♦ Develop-mental measure ♦ Early Develop-mental screening – 23% children 0-5 ♦ Children Enrolled in Special Education Programs in 2006 – 3,051 274 were children 0-5; represents	ECE Workforce Increase: 5yr – 933 10 yr – 1,040 50% of children 0-5

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
			The number of children referred for further screenings. The number of children identified for services through special education programs. The number children enrolled in new systems implemented to serve children that have been identified as being at-risk and/or that are special needs.	➢ The percentage decrease in the amount of at-risk and special needs children on waiting lists for an early care and education program. ➢ The number of new innovative child care systems initiated to meet the demands of at-risk and special needs children.	2% of 0-5 age group ♦ Percent of children enrolled in Special Education Programs (7-yr average) 8.8% (10% fo Calif) ♦ 74% prenatal care in 2006	
GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.	♦ Increase to at least 90% the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.	1. Establish new programs that target women identified as being at-risk of not receiving prenatal care. Promote prenatal care programs that are culturally and linguistically relevant to women at-risk of not receiving early prenatal care. Promote programs that encourage validating or recognizing prenatal care	1. The number of women enrolling in new prenatal care programs during their first trimester of pregnancy. The number and increase in culturally diverse individuals included in multi-disciplinary teams serving pregnant women. The number of families that are at-risk of not receiving prenatal care services.	➢ Increase the number of women enrolled in prenatal care classes in the first trimester of pregnancy. ➢ Increase the number of women identified as being within populations that are marginalized or underserved that receive prenatal care in the first trimester of pregnancy.	♦ 66% adequate prenatal	Year 1 – 76% Year 2 – 78% Year 3 – 79%

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.	♦ Increase the proportion of mothers whom breastfeed their babies to at least 75% in the early postpartum period and to at least 50% until babies are 5-6 months old.	services received outside of the area. Support programs working to increase the adequacy of prenatal care services offered to pregnant women. Standardize prenatal screenings of all pregnant women. 2. Develop parent education programs that promote breastfeeding significantly prior to birth. Implement programs that encourage healthcare professionals to participate in lactation education support services. Develop uniform tracking measures to ensure monitoring continuity of care issues.	The number of women that received some type of prenatal care outside of the area. The number of child births in the area that reflect positive birth outcomes. The number of women receiving adequate prenatal care services. The number of medical providers offering standardized prenatal care services. 2. Number of parents involved in breastfeeding support programs. Number of women prepared to breastfeed prior to hospital entry. The number of healthcare professionals participating in lactation education professional development opportunities. The number of new lactation educators, specialists and certified consultants employed by medical providers working with expectant mothers. The number of medical providers adopting standards of care that support lactation education and	➢ Increase child birth outcomes for children. ➢ Increase the number of women that receive adequate prenatal care. ➢ Increase smoke cessation during pregnancy. ➢ Decrease alcohol and other drug use during pregnancy. ➢ The number of family members enrolled in parenting classes. ➢ Increase the number of healthcare professionals participating in lactation support services and trainings. ➢ Increase the number of healthcare professionals obtaining education levels that specialize in lactation support. ➢ Increase the number of medical providers effectively promoting lactation for new mothers. ➢ Increase in the availability of parenting materials in English/Spanish.	care between 2002-2004 ♦ 63.3% between 2005-2007 ♦ Breastfeeding: 85.4% all mothers; Exclusive rate: 2006–8.4% 2007- 8.7% ♦ 2003 Breast-feeding duration: 6 mon.– 32.7% 2005 – 30.2	Year 1 - 68% Year 2 - 70% Year 3 - 71% Initiation Rate: 75% Past 6 month: 50%

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.	♦ Increase to 90% the proportion of children under age 2 who complete the basic immunization series.	3. Provide outreach, education and support to health care providers regarding immunization standards. Develop monitoring systems to ensure that immunization records are accurate and accessible; i.e. immunization registry, immunization cards, etc. Coordinate with other medical providers and provide education to childcare professionals to ensure that children receive their immuni-zation series on time.	encourage breastfeeding. The number of individual publications or materials available in English/Spanish. The number of mothers giving birth at local hospitals that are breastfeeding. The number of mothers that initiate breastfeeding. The number of mothers that breastfeed through specific intervals. 3. The number of healthcare agencies/professionals administering immunizations that are involved in outreach and education efforts. Number of healthcare professionals utilizing an immunization registry. Amount of current referrals being made by health, human service and childcare professionals for immunization services.	➢ The increased number of mothers who breastfeed their babies and the amount of time they do so. ➢ Implement a data collection system that will effectively capture local breastfeeding rates through specified postpartum time intervals. ➢ The number of children being monitored through the age of two within a database immunization system. ➢ The proportional increase of children under the age of two who have completed their immunizations. ➢ Number of children affected by immunization preventable diseases.	♦ 76.9% Retrospective Immunization Rates for Two Year Olds for Southern CA as per the CA Kindergarten Retrospective Survey, 2006, CA Department of Health Services. ♦ Asthma rates children 0-17 in 2005: 21% Hospitalization rates in 2006: Children 41.7 per 10,000 children	Year 1 - 81% Year 2 - 82% Year 3 - 83%

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.	♦ Increase child asthma treatment and prevention services. ♦ Reduce the proportion of children who are overweight.	4. Support asthma education and management services for families with young children in order to affect the rate and intensity of asthma attacks and/or asthma like symptoms, which include development of asthma management plans and conduct environmental screening for triggers. Develop programs that encourage the adoption of standards of care for children with asthma or asthma like symptoms. 5. Develop, support and or enhance programs that promote fitness and physical activity in an age appropriate and culturally sensitive manner at the family, preschool, family childcare, and community level. Develop, support and/or enhance programs that intend to promote the adoption of nutrition guidelines that are age appropriate, promote health and help reduce	4. The number of families and children enrolled in education support services. The number of families that feel confident in managing their child's asthma. The number of children admitted into local hospitals for asthma treatment. The number of providers adopting standards of care. The number of providers meeting objectives related to the use of standards of care for asthma patients. 5. The number of children engaged in physical fitness activities. The percent of children at less than 85 percentile in Body Mass Index for their age and height. The number of physical fitness programs implemented in preschools, homes, or through community based organizations. The number of children eating the recommended daily allowances of foods according to recognized guidelines.	➢ The number of children with asthma or asthma related symptoms being monitored through asthma management plans. ➢ The decrease in proportion of children admitted for emergency care for treatment of asthma or asthma related symptoms. ➢ An increase in the number of medical providers treating children with asthma or asthma related symptoms that adopt nationally accepted standards of care. ➢ Increase the proportion of children that engage in moderate physical activity, and exercise regularly. ➢ Increase the proportion of children meeting statewide fitness standards. ➢ Increase the number of children 2 to 5 years of age consuming at least the daily recommended quantity of fruits and vegetables. ➢ Increase the proportion of families eligible for subsidized nutrition programs.	Adults 9.1 per 10,000 ♦ Develop-mental measure ♦ 29 of 100 individuals identified as being obese ♦ 34% of children 2-5 years are overweight or obese ♦ 21% of children met Statewide fitness standards 69% of population eligible for WIC services enrolled in 2005 53% of population eligible for	Hospitalization rate: 8 per 10,000 15 of 100 individuals are identified as being obese

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.	♦ Increase access to health insurance for families with children 0-5 years of age.	risk of chronic illness. Provide parent and/or caregiver education using a well-designed curriculum that addresses basic nutrition/physical fitness education and that increases knowledge of effective nutritional development for young children. 6. Develop/expand comprehensive risk management and effective health care case management services. Develop effective referral and enrollment programs to support healthcare enrollment for eligible families.	The number of families enrolled for supplemental nutrition programs. The number of children enrolled in nutrition programs that decrease consumption of fast foods. The number of parents, childcare providers, and healthcare professionals involved in education and support programs that promote health and nutrition for young children. 6. The number of children 0-5 with health insurance coverage. The number of families with young children enrolled in subsidized healthcare programs. The number of support services established to increase health insurance participation rates. The number of standards of care developed by healthcare professionals including shared outcomes, indicators and performance standards. The number of County health providers specifying what types of insurance coverages are offered to their patients.	➢ Reduce the proportion of families reporting that their children had consumed fast food the prior day. ➢ The increase in the number of parents and caregivers involved in child nutrition and physical fitness education. ➢ The increased proportion of families with young children eligible for subsidized healthcare programs that enroll in these programs. ➢ The increased proportion of families and children that are insured and remain insured. ➢ Increased utilization of sliding fee scales, payment programs, etc. ➢ The number of referrals and provider's staff time dedicated to accessing and qualifying consumers to health insurance options. ➢ The proportion increase in trainings and collaborative/ memorandums of understanding in the provision of insurance	Food stamp program enrolled in 2005 14% of children 0-17 lacked health insurance coverage in 2005 13.5% of children 0-5 not insured – SR database	10% of children 0-5 not insured

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.			Document the number of supplemental health payments that are available to patients e.g., sliding fee scales, payment plans, self-insured payment options, etc. The number of service providers assisting with the completion of necessary insurance application forms. The amount of trainings provided to service organizations and health providers to access and expedite insurance coverages. The number of collaborations/ memorandums of understandings to provide insurance networking services.	networking services.		
		Promote services to ensure families maintain primary healthcare providers continuity of care.	The number of children 0-5 with a primary healthcare provider. The number of children with a regular healthcare home. The number of referrals made by the primary care providers to health related organizations, which includes those completed.	➢ The increase in the number of primary and specialty health care providers that are providing health services within the proposed delivery system. ➢ Increase in the proportion of children with a regular medical home.	Early Develop-mental screening – 23% children 0-5 Children Enrolled in Special Education Programs in 2007 – 3,060 277 were children 0-5; represents 2% of 0-5 age group	
	♦ Increase the proportion of children 0-5 years of age identified with special needs.	7. Implement and support programs that work to identify young children that have a developmental delay or that may require services for children with special needs.	7. The number of developmental screening programs implemented. The number of children participating in early	➢ Increase the number of children participating in developmental screening services. ➢ Decrease the number of children identified as having developmental delays.	Percent of	50% of children 0-5 receive early developmental screening.

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.			developmental screening programs. The number of children identified as not being at their age appropriate developmental level. The number of children screened through well-baby or well-child check-up or assessment services. The number of children referred for additional assessment or comprehensive screening services for developmental delay to a specialist or special program. The number of children enrolled in special education programs that are 0-5 years of age.	➢ The proportional increase in children receiving well-baby and well-child checkups. ➢ The proportion of children identified as having developmental delays that are referred to a specialist or special program for comprehensive screening. ➢ An increase in the number of providers offering families developmental screening services. ➢ An increase in the number of children receiving special education services prior to kindergarten entry.	children enrolled in Special Education Programs (7-yr average) 8.8% (10% for Calif)	

Sustainability and Support Strategies

Long-term Financial Planning:

Since it was formed in 1998, the Imperial County Children and Families First Commission (Commission) works to fund programs that intend to invest in services targeting children 0-5 years of age and their families. As the Commission moves beyond its initial seven-year period of organizational growth and development, it enters a period in which it must make careful and difficult funding decisions (incorporating the reality that, as the desired effect of reducing smoking rates is achieved, the tobacco tax dollars on which Prop 10 funds are based are decreasing and will continue to decline). The funds entrusted to the Commission specify the necessity to implement strategies that enhance the lives of children, ages 0 through 5, and their families. The intent of the Act is to provide resources to the local County Commissions for the support and improvement of early childhood development (Health and Safety Code Section 130140(1)(C). In abiding by the Act, the Commission fully endorses the criteria that *revenue shall be appropriated and expended only for the purposes expressed in the Act and shall be used only to supplement existing levels of service and not to fund existing levels of service. No monies in the California Children and Families Trust Fund shall be used to supplant State or local General Fund money for any purpose* (Revenue and Tax Code Section 3031.4).

The Commission began fiscal year 2006-2007 with:

- Financial Reserve Fund Balance of $1.435 million,
- Uncommitted funds balance of about $53 thousand,
- Anticipated annual Prop 10 reserved revenues of $205 thousand,
- Budgeted program investments of $4.097 million (during two fiscal years),

Therefore to ensure careful monitoring, compliance with local and state laws and regulations, the Commission established a long term financial plan, based on its recently updated funding strategies, fund reserves and strategic plan. This long-term plan will serve as the framework to support future investments relevant to decisions authorized by the Commission that examine how to best make use of all its resources in order to ensure that the purpose to impact the lives of young children can be sustained for a proposed period of time, and extended as funding allocations change and strategic service planning is modified to meet needs at a local level. The Long Term Financial Plan establishes annual program investments that:

- Will continue to be maintained annually at a level between $1.7 to $1.95 million through the end of fiscal year ending 2017
- Are distributed to major grants and mini-grants that will not exceed $250,000 and $20,000 to each program, respectively

The Long Term Financial Plan provides that:

- The Commission will use current year Prop 10 allocation funds and existing carry-over funds to support program investment through 2010/11 and estimates that it may begin to use reserves to support program investment by 2011/12;
- Reserves may be depleted by 2017/18; and
- Over the 10 years of the plan, the Commission is expected to receive $21.1 million in Prop 10 revenues and allocate approximately $23 million in program investments, funded in part by reserves.

The local commission expenditures over the next ten years will occur through two distinct periods of program investment:

1. A period defined by an increase in reserves period from 2007/08 through 2010/11:
   - The Commission will reserve $205,000 during the four fiscal years, which will be added to the accumulated reserves from previous years.
   - An additional current reserve amount of $1.025 million will be maintained for safeguarding an unexpected reduction in tax revenues and will transfer $205,000 annually to the reserve fund.
   - A total projected reserve balance of $2.46 million is expected by fiscal year ending 2011

2. Sustained Investment period from 2011/12 and beyond
   - The Commission Expenses will be funded by both Prop 10 tax revenues and reserves.
   - Major Grant Programs – Total annual funding for all grants will range from $1.7 to $1.85 million
   - Mini-Grants (optional) – Total annual funding will not exceed $120,000

The Long Term Financial Plan (LTFP) is an integral part of the Commission's ongoing planning cycle. On an annual basis, the plan will be updated with actual financial data and assumptions will be reviewed for continued accuracy. Changes to the Commission's LTFP will be driven by changes in strategic direction and/or philosophy as

reflected in the Strategic Plan which will also be reviewed and revised on an annual basis. Proposition 10 revenues distributed to the Imperial County are anticipated to decrease annually. The Commission will reserve an amount equal to $205,000 for every year since it was adopted and will reserve the same amount during subsequent years until fiscal year ending 2010-11. Commencing year 2011-2012, the reserve balance will begin to decrease by the amount needed in order to offset the gap between annual tax revenues and total year expenses. Since tax revenues are expected to descend year after year and expenses will be slightly increasing, the gap will continue to widen; thus the amount funded through reserves will be increasing and the reserve fund will be decreasing annually. The Commission will face many challenges and opportunities in the years to come. In anticipation of such occurrences a strategy must be adopted to outline the approach the Commission will take in order to augment opportunities and offset challenges. Future challenges and opportunities the Commission might experience are:

- Tax revenues could increase or decrease in larger amounts than projected.
- Additional State required commitments may be imposed that will affect projected annual expenses.
- Previous year balances may be significantly larger than expected.
- Not enough programs requesting funds during a funding cycle may be perceived as being capable of meeting proposed strategies and therefore the Commission may not award amounts as expected.

The Commission will review the LTFP on an annual basis and modify the plan according to any financial changes that occurred during previous years. Various approaches to changes will be as follows:

- If revenues were to increase the Commission may move the plan forward to future years, implementing the Sustained Investment period at a later year.
- If revenues were to decrease larger than projected the Sustained Investment period may be implemented sooner and/or the annual expenses may be reduced.

Media and Marketing:

Effective means for conveying the importance and significant impacts Commission funded programs are having throughout Imperial County would require efforts to include comprehensive and targeted media and communications strategies. One such focus will include efforts to inform parents with children 0-5 years of age about the availability of new programs or enhanced services as a result of Commission investments in local service agencies through the request for proposal process. Communications strategies should reflect funding decisions and can be proposed by programs through this process or the Commission itself. The need for this type of outreach or communication will need to be cost effective and target efforts to better the lives of young children. A process to evaluate the impact of media projects will need to be implemented in order to fully meet the expectations of the Strategic Plan and for assessment on the effect this planning tool has on the community and families with children 0-5 years of age.

Due to the rural nature of Imperial County and the limited availability of funding, media strategies can be incorporated in prospective proposals, or developed through an initiative or special project proposed by the Commission. The intention is to ensure that funds earmarked by the Commission for media and marketing strategies are effective and maximize costs in a manner that is consistent with the mission of the Commission. This may include the formation of a special ad hoc committee, marketing and public relations professionals representative of the cultural diversity of the County, and agencies or individuals funded by the Commission to implement such strategies. In addition, this work should focus on the development of an outreach plan that includes a number of resources, electronic and print media format, and further include internet marketing strategies. Local media that reaches a diverse number of groups and is sensitive to the cultural and linguistic needs of the community should be incorporated into all aspects of the proposed outreach plan. Every attempt would be made to utilize the most proven strategies and incorporate newer media technologies to keep the program up-to-date. Inclusion of Internet capabilities and the local Commission maintaining a Website to include parenting, health and child development issues as well as website linkages to other Commissions will be developed. As Proposition 10 funds are used to support services identified in the Strategic Plan and funding initiatives are established to prioritize these needs, media and communications outreach efforts should be designed with the following:

- As a mechanism to inform parents and families with children 0-5 years of age of services offered by Proposition 10 funded agencies.
- Work to increase civic engagement in areas related to the development of young children.
- Provide information designed to improve public awareness with respect to the optimal development of the child and the need for additional investments related to positive parenting, family support services, childcare and early education opportunities, and child health.

- Establish a local campaign that focuses on what it means for a child to be school ready.
- Incorporate a structure that supports awareness of Commission funded programs, in addition to new programs serving children 0-5 years of age, their families and caregivers.
- Further support plans that provide additional services to children 0-5, and that may leverage matching funds from other sources that support children 0-5 as well as those that are older and entering the K-12 school system.
- Generate collaborative networks that work to instill new and innovative strategies that focus on bettering the lives of young children, maximize resources, and work to ensure sustainability.

Management Information Systems:

The Commission recognizes the need to integrate data collection to validate desired programmatic outcomes. This scenario will pose challenges to case management and client tracking issues. The Commission is committed to ensuring the cost-effectiveness of all funds spent to serve children 0-5 years of age. Therefore, it will require all agencies funded by the Commission through Proposition 10 funds to incorporate the statewide data collection system or Proposition 10 Evaluation Data System (PEDS). This system will be used by the Commission and Commission funded projects to report on progress for evaluation purposes. This inclusive system includes specific data entry functions that enable identification, provide aggregate and individual data reports, include intake reports for client monitoring, in addition to narrative entry to expand levels of service, and features to support filtered reports at both program and county levels.

The Commission proposes to hire support staff to provide technical assistance with the MIS system adopted to identify and track children and families being served by Proposition 10 funding in Imperial County. The Consultant would facilitate the coordination of service delivery methodologies through the efficient management of client information while protecting consumer confidentiality. Data would be relevant to the proposed Outcomes-based Accountability Framework and the overall Evaluation Plan. The process will further incorporate quarterly reports with additional information to support consistency and availability of narrative to express individual and program based efforts to provide services to children 0-5, their families and caregivers.

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Julio C. Rodriguez, Executive Director

Strategic Plan, Revised June 2009

Imperial Valley College
Business Division
Review of Computer Information Systems Programs

Computer Information Systems
Multimedia and Web Development

January, 2010

Computer Information Systems Program
The Computer Information Systems program provides students with education and training to qualify for jobs such as PC Service Center Technician, Field Technician, Help Desk Technician, PC Network Support Technician, and Programmer. The program also provides the lower division coursework for advanced degrees. Since requirements vary at each four-year school, transfer students should consult with a counselor to develop a program for the specific school they wish to attend.

In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Computer Information Systems program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

According to LMI information for the El Centro Metropolitan Statistical Area (Imperial County), computer and mathematical occupations are projected to have 9 new jobs and 7 replacement jobs annually from 2006 -2016. More specifically, computer specialists are projected to increase 25%, from 80-100 jobs. Network and computer systems administrators are projected to increase 33%, from 30-40 jobs.

In addition, according to the Centers of Excellence (COE) Environmental Scan for Information and Communications Technologies (ICT), Phase One Overview, September 2009, San Diego-Imperial Region, San Francisco Bay Region, and Orange County Region at http://www.coeccc.net/ : "The Bureau of Labor Statistics (BLS) estimates that employment in computer systems design and related services will grow nearly 40% and account for almost one-fourth of all new jobs created over the next five years. The scan also indicted that the Computer and Information Technology labor market information has not been adequately studied, despite its importance to the California economy. The report states, "Several factors contribute to the lack of data, including rapidly changing technologies, inconsistent use of occupational titles, wide distribution of ICT occupations across industries and companies, and lack of widespread acceptance of the term ICT." According to the scan, "ICT encompasses all rapidly emerging, evolving and converging computer, software, networking, telecommunications, Internet, programming and information systems technologies. Employment in ICT occupations spans across industries and firms of all sizes. ICT represents the cutting edge of California's innovation economy."

The COE report also states that traditional labor market analysis for ICT occupations across industries is a complicated endeavor because of the factors listed above. Industry representatives indicated that workforce studies which are focused on ICT related job functions, instead of job titles, would be more valuable. The COE, working with the Mid-Pacific ICT Center and its network of industry and community advisors, developed a set of ICT-related job

functions as the framework that will guide future research efforts. Training for the CIS program at Imperial Valley College specifically falls within the functions listed below:

Function	Description
Deploy and Support End User ICT Devices	Setting up users with the ICT devices they use (computers, phones, PDAs, cell phones, printers, etc.)
Deploy and Support 3rd Party ICT Applications	Setting up organizations and users with the 3rd party applications they use on their computing and communications devices (Computer operating systems, MS Office, email, database programs, CRM, call center, etc.)
Deploy and Support Networks and Systems for Communications	Setting up and managing infrastructure and systems for communication between people and devices.
Deploy and Support Data Storage Systems	Setting up systems to store, backup and restore electronic data, including disaster recovery, SANs, NAS, iSCSI, etc.
Secure ICT Devices, Systems and Networks	Securing devices, spaces, websites, networks, storage and other ICT systems
ICT Wiring and Physical Plant	Installing and managing the physical infrastructure over which communications take place, - wires, fiber, poles, towers, conduits, etc.
Programming and Software Development	Designing and writing programs for computing and communications devices.
ICT Technical Writing	Documenting ICT related systems and processes and writing about activities and developments in the ICT field.
ICT-Related Technical Sales	Developing customer relationships and solutions
ICT Systems Analysis and Design	Collecting requirements, understanding solution elements and their constraints and designing systems and processes to meet needs

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College is the only community college serving the Imperial County. No other community college is within commuting distance; the closest is the College of the Desert, which is 90 miles away. San Diego State University, Imperial Valley Campus, offers upper division coursework only.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

In the 2008-2009 academic year, 11 students were awarded an Associate Degree in Computer Information Systems. In addition, the information below indicates students who completed CIS 106 PC Maintenance, Repair, and Upgrading and CIS 107 Computer Networking courses with a grade of “C” or above during Fall 2008, Spring 2009, and Fall 2009. PC Maintenance, Repair,

and Upgrading includes preparation for CompTIA A+ certification exam, and Computer Networking includes preparation for the CompTIA Network+ certification exam.

Course	**Fall 2008**	**Spring 2009**	**Fall 2009**	**3 Sem Total**
CIS 106, PC Maintenance, Repair, and Upgrading	16	16	19	51
CIS 107 Computer Networking	10	14	17	41

Finally, the table below shows the average success rate and retention rate for academic years 2007-08 and 2008-09.

Core Course	Success Rate Two Year Average			Retention Rate Two Year Average		
	Fall	Spring	Average	Fall	Spring	Average
CIS050 Orientation to Online Learning	51.5%	69.4%	60.4%	67.6%	82.5%	75.1%
CIS100 Computer Literacy	73.0%	73.0%	73.0%	89.0%	89.6%	89.3%
CIS101 Intro to Computer Info Systems	60.3%	53.6%	57.0%	76.4%	76.2%	76.3%
CIS102 Computer Lab	55.1%	57.3%	56.2%	80.0%	81.5%	80.8%
CIS104 Intro to Telecommunications		25.5%	25.5%		27.1%	27.1%
CIS106 PC Maintenance, Repair	79.2%	76.1%	77.7%	93.1%	90.0%	91.5%
CIS107 Computer Networking	61.1%	67.5%	64.3%	73.3%	74.2%	73.8%
CIS108 Computer Accounting	73.4%	77.6%	75.5%	95.0%	87.5%	91.3%
CIS120 Word 1	85.4%	79.9%	82.6%	95.1%	94.6%	94.8%
CIS121 Word 2	78.6%	87.2%	82.9%	91.2%	93.5%	92.3%
CIS124 Excel 1	85.5%	79.9%	82.7%	97.9%	96.9%	97.4%
CIS125 Excel 2	75.2%	69.3%	72.2%	88.4%	90.6%	89.5%
CIS130 PowerPoint 1	78.8%	70.7%	74.7%	90.4%	93.7%	92.1%
CIS131 PowerPoint 2	71.2%	82.3%	76.8%	93.1%	96.5%	94.8%
CIS134 Dreamweaver 1	71.4%	61.1%	66.3%	81.0%	40.5%	60.7%
CIS135 Dreamweaver 2	57.1%	88.2%	72.7%	92.9%	46.4%	69.6%
CIS136 Dreamweaver 3	63.6%	69.9%	66.7%	63.6%	31.8%	47.7%
CIS146 Photoshop 1	80.2%	65.6%	72.9%	94.1%	87.1%	90.6%
CIS147 Photoshop 2	63.9%	96.8%	80.4%	83.8%	91.9%	87.8%
CIS148 Photoshop 3	62.3%	83.2%	72.7%	77.6%	88.8%	83.2%
CIS202 Programming in Visual Basic	50.8%	41.9%	46.4%	71.0%	64.0%	67.5%
CIS204 Programming in JAVA	42.1%	32.4%	37.2%	57.9%	57.1%	57.5%
CIS208 Programming in C	44.2%		44.2%	71.3%	35.6%	53.4%
CIS210 Programming in C++	60.0%	50.0%	55.0%	80.0%	40.0%	60.0%
CIS50 Online Orientation	80.6%	48.7%	64.7%	90.3%	45.2%	67.7%
CIS Avg.	**67.9%**	**68.3%**	**68.1%**	**84.3%**	**84.5%**	**84.4%**

(4) The review process required by the section shall include the review and comments by the local Private Industry Council established pursuant to Division 8 (commencing with Section 15000) of the Unemployment Insurance Code, which review and comments shall occur prior to any decision by the appropriate governing body.

The review by the local Workforce Investment Board will take place in March. Comments will be provided by Dean of Applied Science.

Multimedia and Web Development Program

The Multimedia and Web Development program is an interdisciplinary program that combines technical knowledge with design, communication, and problem solving skills. It includes multimedia software applications and programming languages that allow a student to build dynamic Web applications. Students learn how to process information and then make this information available to audiences via electronic media. The program provides students with entry level competencies for employment as a Web Developer or other position which requires knowledge to produce a variety of computer, Web, and/or multimedia graphics, animation, sound and video production, and/or content materials. The program provides entry level training to qualify students for collaborative projects working from within small design firms or for developing web pages for small or large businesses.

In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Multimedia and Web Development program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

According to LMI information for the El Centro Metropolitan Statistical Area (Imperial County), Computer and Mathematical occupations are projected to have 9 new jobs and 7 replacement jobs annually from 2006 -2016. This SOC includes job functions for which our proposed program will train students. However, it is difficult to identify a specific occupation title in the LMI data for this program. This program will not only train students as web developers and multimedia specialists, but will also give students skills that will be valuable in many occupations.

According to the Centers of Excellence (COE) Environmental Scan for Information and Communications Technologies (ICT), Phase One Overview, September 2009, San Diego-Imperial Region, San Francisco Bay Region, and Orange County Region at http://www.coeccc.net/ : "The Bureau of Labor Statistics (BLS) estimates that employment in computer systems design and related services will grow nearly 40% and account for almost one-fourth of all new jobs created over the next five years. The scan also indicted that the Computer and Information Technology labor market information has not been adequately studied, despite its importance to the California economy. The report states, "Several factors contribute to the lack of data, including rapidly changing technologies, inconsistent use of occupational titles, wide distribution of ICT occupations across industries and companies, and lack of widespread acceptance of the term ICT." According to the scan, "ICT encompasses all rapidly emerging, evolving and converging computer, software, networking, telecommunications, Internet, programming and information systems technologies. Employment in ICT occupations spans across industries and firms of all sizes. ICT represents the cutting edge of California's innovation economy."

The COE report also states that traditional labor market analysis for ICT occupations across industries is a complicated endeavor because of the factors listed above. Industry representatives indicated that workforce studies which are focused on ICT related job functions, instead of job titles, would be more valuable. The COE, working with the Mid-Pacific ICT Center and its network of industry and community advisors, developed a set of ICT-related job functions as the framework that will guide future research efforts. The Multimedia and Web Development program that is being proposed by Imperial Valley College specifically falls within one of the functions listed: Deploy and Support Online Systems and Services. The report describes this job function as "Working with websites, electronic commerce, supplier online systems, customer online support systems, FTP sites, etc."

When our program was being developed, the Computer Information Systems staff worked with employers who indicated that students with multimedia and web development skills would have an edge in the job market not only when they applied for jobs such as Web Developer but also when they applied for jobs in other fields, such as office administration and management --jobs that show growth in LMI data. Jobs in these fields are common in the public sector, and the public sector is the largest employer for Imperial County – law enforcement, department of corrections, homeland security, county, cities, public utilities, and education. These skills will also be valuable for private sector jobs such as jobs in the banking or retail areas. It is also our contention that the Multimedia and Web Development program will train employees who need to upgrade their digital media skills as their jobs evolve and/or will train employees who want to advance/promote. Our conclusions are backed up by the COE Environmental Scan for ICT occupations, quoted above and attached to this email. Employers have concurred that they need people who can process images, take and process basic digital video, update websites, manage outreach, etc. These job skills are embedded in jobs without "multimedia" or "web" in the job title.

Digital media skills are now part of basic, digital literacy that people need to function in office administration, management, and advertising . This issue is addressed in the study, "Digital Media Skills: In Demand Across California Industry Sectors." It is from 2006, but still relevant. http://www.cccmei.net/files/Digital_Media_Skills_Report.pdf This project is a contribution to the California Community College participants around the state from the statewide Multimedia & Entertainment Initiative (MEI), part of the Economic and Workforce Development Program. Key findings of the study relate to the Multimedia and Web Development program that IVC has developed. The key findings include the information below:

> **Digital media skills (not just "digital skills") are embedded in occupations across the organization and across industry sectors**. The study shows that digital media skills have migrated from the more specialized workforce of the digital media industry sector to the general skill set of employees across industries and across the organization.
>
> **By the level of importance that respondents placed on the use of these skills, the data suggests that employers are coming to expect these skills from their workforce.** The study suggests that these skills are increasingly seen as prerequisites of employment, or are at least expected of a large percentage of the workforce.
>
> **Expertise in digital media skills is overwhelmingly obtained without formal training. However, the study suggests that informal learning does not provide the worker with "expert-level" skills.**

There is a clear differentiation between the usage of those skills that involve incorporating existing digital media components into communication products and developing the digital media components themselves. The more advanced digital media skills, such as animation and graphic design, require a higher level of software expertise in combination with some artistic talents.

LMI 2006-2016 Occupational Employment Projections for the El Centro Metropolitan Statistical Area (Imperial County), which is attached, indicates the following jobs as part of the fastest growing occupations in the El Centro area:

Executive secretaries and administrative assistants, showing a 22.7% increase, from 440 – 540

General office clerks, showing a 21.1% increase from 1170-1420

Advertising, Marketing, Promotions, Public Relations, and Sales Managers, showing a 23.5% increase from 170-210.

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College is the only community college serving the Imperial County. No other community college is within commuting distance; the closest is the College of the Desert, which is 90 miles away. San Diego State University, Imperial Valley Campus, offers upper division coursework only.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

The program was approved officially by the Chancellor's Office on November 10, 2009. The data below outlines completers in program courses offered in Fall 2009.

Fall 2009 Course	Success Rate Grade of "C" or above	Retention Rate
CIS 149 Photoshop	83%	96%
CIS 137 Dreamweaver	33%	83%
CIS 212 XHTML, CSS, and JavaScript	56%	72%
ART 160 Graphic Design	92%	93%

Data for students completing program certificates will be available at the end of the spring 2010 semester. Data for students completing program associate degrees will be available at the end of the spring 2011 semester.

(4) The review process required by the section shall include the review and comments by the local Private Industry Council established pursuant to Division 8 (commencing with Section 15000) of the Unemployment Insurance Code, which review and comments shall occur prior to any decision by the appropriate governing body.

The review by the local Workforce Investment Board will take place in March. Comments will be provided by Dean of Applied Science.

Imperial Valley College
Nursing Education and Allied Health Technology
Review of Certified Nurse Assistant Program
January, 2010

In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Health Assistant program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

According to Labor Market Information (LMI) the El Centro Metropolitan Statistical Area (Imperial County), Certified Nurse Assistant (CNA) occupations are projected to lose 20 positions from 2006 -2016 or a negative 0.9 rate of growth, not including replacement rates. The San Diego-Imperial Regional Center of Excellence Environmental Scan for Allied Health, April 2009 (http://www.coeccc.net/) reported that in the region between 2009 and 2017, there was an expected 13% growth rate with only a 4% growth rate in the Imperial County. This program trains students as CNA whose hourly mean wage is $11.24 per the LMI report. CNAs can take additional course to become Home Health Aide, which would increase their marketability.

The San Diego-Imperial Environmental Scan provided insights into the Allied Health occupations. "There are several factors that have significantly changed the employment forecasts. First, the economic recession has significantly reduced turnover and retirement rates. Second, budget freezes and reduced revenue have slowed hiring at several area hospitals. Finally, the mandated ratio of experienced-to-inexperienced staff in several occupations has made it impossible for firms to hire new graduates without experience…From a long-term perspective, California will continue to outpace the nation in its need for qualified Allied Health professionals. The speed of the state and nation's economic recovery will determine the rapidity of growth for years to come (particularly as it pertains to the aging of the healthcare workforce)".

In statements specific to San Diego and Imperial Counties the Scan reported "…More troubling than the shortages, in fact, is the apparent saturation of Allied Health workers in many of the studied occupations. However, because Allied Health occupations are "population-serving" – meaning that they are directly correlated with population – and because of retirement rates, the region's aging population will continue to affect long-term growth rates".

Still in all, as programs are reviewed, the evaluators should consider additional San Diego – Imperial Scan statements. "Allied Health programs are expensive. There is little funding for equipment and space, and due to necessary small class sizes, recouping of the high start-up costs is unrealistic. Smaller class sizes also impact funding because reimbursements are per

student, so therefore Allied Health classes generally provide less revenue per class than other disciplines… High attrition rates in Allied Health programs are common. Many variables contribute to the problem: inadequate math and science preparatory skills, basic skills deficiencies, such as language skills, poor understanding of the Allied Health marketplace, an inability to navigate the educational system, long waiting lists, and limited student support services are all known to impact graduation rates."

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College and the Regional Occupational Program are the only two entities offering a CNA program and IVC has approximately 60 completing students per year. The Home Health Aide has not been offered for almost two years due to low volume of registering students and budget constraints for low volume courses.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

The CNA program has been offered since 1979 and the courses are listed below

Fall and Spring Course	Success Rate Grade of "C" or above	Retention Rate
Health Assistant	89.5%	82%
Home Health Aide	Not offered in 2008-209	n/a

This process requires the review and comments by the local Private Industry Council prior to any decision by the appropriate governing body.

Imperial Valley College
Business Division
Review of Court Services Specialist Program
January, 2010

This program is intended to provide an opportunity for court employees and others interested in the justice process to enhance their professional and personal skills.

In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Court Services Specialist program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

During the fall of 2006, IVC was approached by human resources staff from the Superior Court of California, County of Imperial to request the creation of a Court Services Specialist program for court employees who wanted to improve their skills and leadership abilities. As the project developed, the program was expanded to include non-court employees who wanted to pursue a career in the legal field or were just interested in the subjects required for the certificate.

The *Court Services Specialist* program prepares students to enter the field of Court, Municipal, and License Clerks (434031). In addition to an existing labor pool of 40 individuals, EDD LMI projections show employment potential for an additional 40 employees in the next 5 years. Employment data from EDD tends to be conservative in its numbers and is not reactive to current economic and growth patterns.

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College is the only community college serving the Imperial County. No other community college is within commuting distance; the closest is the College of the Desert, which is 90 miles away. San Diego State University, Imperial Valley Campus, offers upper division coursework only.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

After implementation of the program, three court supervisors have recently completed the IVC requirements and applied to IVC for their certificates. In communication from Imperial County, it was noted that upon completion, the Court requires graduates of the plan to write a summary of their educational experience. They all report that the classes improved their leadership abilities; the communication class was instrumental in improving their delegation skills; the computer classes brought them all up to date on Word and Excel. The legal education classes especially helped the newer employees learn more about court business.

It was also indicated by the Court that employees who have completed the plan indicate that this venture has encouraged them to pursue further education by obtaining AA and BA degrees.

In addition, it was reported that there are several other course staff employees working toward the certificate.

(4) The review process required by the section shall include the review and comments by the local Private Industry Council established pursuant to Division 8 (commencing with Section 15000) of the Unemployment Insurance Code, which review and comments shall occur prior to any decision by the appropriate governing body.

The review by the local Workforce Investment Board will take place in March. Comments will be provided by Dean of Applied Science.

Imperial Valley College
Nursing Education and Allied Health Technology
Review of Fire Technology Program
January, 2010

In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Fire Technology program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

According to Labor Market Information (LMI) for the El Centro Metropolitan Statistical Area (Imperial County), Fire Technology occupations are projected to need 50 positions from 2006 - 2016 or a growth rate of 2.5, not including replacement rates. There is no data provided by Regional Centers of Excellence Environmental Scans (http://www.coeccc.net/). The hourly mean wage is listed as $19.32 in the LMI report for the El Centro Metropolitan Statistical Area.

In light of the current economic recession, fire stations have anecdotally reported reduced turnover and vacancy. This begs the question of reversing the previously known shortages and when market saturation will be reached. Yet, the as the aging population retires, there must be successors.

As fire programs are reviewed, the evaluators should consider the costs, the need for equipment and space, and the requirements for limiting class sizes for hands-on activities. However, the evaluators must also consider the ongoing need within the Imperial County, where there is no other fire academy or fire officer courses.

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College is the only provider of a fire academy (firefighter 1) and fire technology courses in Imperial County. The fire academy admits only once a year and has approximately 16-20 completing students per year. The fire technology course range from entry to fire officer level and are offered on a rotational basis with input from the fire advisory group. IVC bega offering entry-level core courses on-line courses in fall 2009.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

Fire technology courses have been offered since 1995 and a fire academy since 2005. The fire program now offers courses from entry level to fire officer level, enabling students to seek employment at a fire station at multiple levels depending on experience. Success rates for the most recently offered course are shown on following page. Additional courses were developed in 2009.

Fall and Spring Course	Success Rate Grade of “C” or above	Retention Rate
Protection Organization	51.2%	78.1%
Prevention Technology	53.2%	50%
Protection Equipment and Systems	58.2%	42.96%
Bld. Construction for Fire Protect.	86.2%	64.6%
Behavior and Combustion	55.6%	66.7%
Emergency Medical Technician I	44.8%	72.8%
EMT 1 – Refresher	75%	88.6%
Haz. Mat. for First Responders	88.1%	71.4%
ICS 200 – Basic Incident Command	74.6%	46.9%
Basic Fire Academy I	93.8%	70.3%
Basic Fire Academy II	95.1%	50%
Fire Apparatus 1A – Driver	100%	88%
Management 1	100%	75%
Prevention 1A	100%	88%
Prevention 1B	100%	88%
Instructor 1A	100%	75%
Instructor 1B	100%	75%
Command 1A	90%	88%
Command 1B	100%	88%
ICS 300 – Incident Command System	100%	88%

This process requires the review and comments by the local Private Industry Council prior to any decision by the appropriate governing body.

Imperial Valley College
Nursing Education and Allied Health Technology
Review of Licensed Vocational Nursing Program
January, 2010

In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Licensed Vocational Nurse program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

According to Labor Market Information (LMI) for the El Centro Metropolitan Statistical Area (Imperial County), Licensed Vocational Nurse (LVN) occupations are projected to have 10 new jobs from 2006 -2016 or a growth rate of 0.7, not including replacement jobs. The San Diego-Imperial Regional Centers of Excellence Environmental Scan Allied Health, April 2009 (http://www.coeccc.net/) reported LVNs as having a regional 16% of change and in Imperial County a 25% of change between 2009 and 2017 with an hourly mean wage of $17.54.

The San Diego-Imperial Environmental Scan provided insights into the Allied Health occupations. "There are several factors that have significantly changed the employment forecasts. First, the economic recession has significantly reduced turnover and retirement rates. Second, budget freezes and reduced revenue have slowed hiring at several area hospitals. Finally, the mandated ratio of experienced-to-inexperienced staff in several occupations has made it impossible for firms to hire new graduates without experience…From a long-term perspective, California will continue to outpace the nation in its need for qualified Allied Health professionals. The speed of the state and nation's economic recovery will determine the rapidity of growth for years to come (particularly as it pertains to the aging of the healthcare workforce)".

In statements specific to San Diego and Imperial Counties the Scan reported "…More troubling than the shortages, in fact, is the apparent saturation of Allied Health workers in many of the studied occupations. However, because Allied Health occupations are "population-serving" – meaning that they are directly correlated with population – and because of retirement rates, the region's aging population will continue to affect long-term growth rates".

Still in all, as programs are reviewed, the evaluators should consider additional San Diego – Imperial Scan statements. "Allied Health programs are expensive. There is little funding for equipment and space, and due to necessary small class sizes, recouping of the high start-up costs is unrealistic. Smaller class sizes also impact funding because reimbursements are per student, so therefore Allied Health classes generally provide less revenue per class than other disciplines… High attrition rates in Allied Health programs are common. Many variables contribute to the problem: inadequate math and science preparatory skills, basic skills

deficiencies, such as language skills, poor understanding of the Allied Health marketplace, an inability to navigate the educational system, long waiting lists, and limited student support services are all known to impact graduation rates."

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College offers the only entry-level LVN program (degree or certificate) in the county with approximately 15-18 completing students every 18 months. LVNs who have completed the prerequisites can apply for advanced placement into the RN program offered at IVC.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

The VN has been offered since 1969 and the courses are listed below

Fall and Spring Course	Success Rate Grade of "C" or above	Retention Rate
Introduction to Client Care I	91.6%	75%
Introduction to Client Care II	92.1%	75%
Pharmacology I	76.7%	68.8%
Patient Care Management and Critical Thinking	91.9%	71.3%
Maternity Cycle	93.8%	46.9%
Common Health Problems I	100%	50%
Pharmacology II	94.7%	50%
Common Health Problems II	100%	75%
Common Health Problems III	58.3%	70%

This process requires the review and comments by the local Private Industry Council prior to any decision by the appropriate governing body.

Imperial Valley College

Nursing Education and Allied Health Technology

Review of Medical Assistant Program

January, 2010

In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Medical Assistant program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

According to Labor Market Information (LMI) for the El Centro Metropolitan Statistical Area (Imperial County), Medical Assistant (MA) occupations are projected to have 40 new jobs from 2006 -2016 or a growth rate of 3.4, not including replacement jobs. The San Diego-Imperial Regional Centers of Excellence Environmental Scan Allied Health, April 2009 (http://www.coeccc.net/) reported medical assistants as one of the largest growth areas with a 19% of change between 2007 and 2012 and a 31% of change in Imperial County between 2009 and 2017 with an hourly mean wage of $12.95.

The San Diego-Imperial Environmental Scan provided insights into the Allied Health occupations. "There are several factors that have significantly changed the employment forecasts. First, the economic recession has significantly reduced turnover and retirement rates. Second, budget freezes and reduced revenue have slowed hiring at several area hospitals. Finally, the mandated ratio of experienced-to-inexperienced staff in several occupations has made it impossible for firms to hire new graduates without experience…From a long-term perspective, California will continue to outpace the nation in its need for qualified Allied Health professionals. The speed of the state and nation's economic recovery will determine the rapidity of growth for years to come (particularly as it pertains to the aging of the healthcare workforce)".

In statements specific to San Diego and Imperial Counties the Scan reported "…More troubling than the shortages, in fact, is the apparent saturation of Allied Health workers in many of the studied occupations. However, because Allied Health occupations are "population-serving" – meaning that they are directly correlated with population – and because of retirement rates, the region's aging population will continue to affect long-term growth rates".

Still in all, as programs are reviewed, the evaluators should consider additional San Diego – Imperial Scan statements. "Allied Health programs are expensive. There is little funding for equipment and space, and due to necessary small class sizes, recouping of the high start-up costs is unrealistic. Smaller class sizes also impact funding because reimbursements are per

student, so therefore Allied Health classes generally provide less revenue per class than other disciplines… High attrition rates in Allied Health programs are common. Many variables contribute to the problem: inadequate math and science preparatory skills, basic skills deficiencies, such as language skills, poor understanding of the Allied Health marketplace, an inability to navigate the educational system, long waiting lists, and limited student support services are all known to impact graduation rates."

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College and the Regional Occupational Program offer the only two MA programs in the county. IVC's MA program has between 25 and 40 completing students per year and is in planning an option for students to achieve not just a College Certificate, but a degree.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

The MA has been offered since 1997 and the courses are listed below

Fall and Spring Course	Success Rate Grade of "C" or above	Retention Rate
Administrative Medical Assistant I	83%	76%
Administrative Medical Assistant II	91%	81.5%
Clinical Externship I	No data for this timeframe	
Specimen Collection and Laboratory Procedures	88%	70%
Exam Room Procedures	91%	69.5%
Pharmacology and Administration of Medication	94.5%	47.8%
Clinical Externship II	81.3%	43.2%

This process requires the review and comments by the local Private Industry Council prior to any decision by the appropriate governing body.

Imperial Valley College
Business Division

Review of Management Programs

The following Management programs share core courses.

Marketing
The Marketing program provides students with education and training needed for entry-level marketing positions in areas such as government, retail, banking, and hospitality. These positions require students who are mature, adaptable, analytical, and who have good organizational and communication skills. Students who intend to pursue a four-year business degree should follow the Business Administration major.

Management
The Business Management program provides students with education and training needed for entry level supervisory and management positions in areas such as government, retail, banking, and hospitality. These positions require students who are mature, adaptable, analytical, and who have good organizational and communication skills. Students who intend to pursue a four-year business degree should follow the Business Administration major.

Financial Services Programs
The Business Financial Services program provides students with education and training needed for entry level positions in the banking and finance industry. These positions require students who are mature, adaptable, analytical, and who have good organizational and communication skills. Students who intend to pursue a four-year business degree should follow the Business Administration major.

January, 2010
In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Business Management programs, including Business Financial Services, Business Marketing, and Business Management programs, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

In the area of marketing, LMI 2006-2016 Occupational Employment Projections for the El Centro Metropolitan Statistical Area (Imperial County) indicates that Advertising, Marketing, Promotions, Public Relations, and Sales Managers are projected to increase 23.5% from 170-210. This job category is listed as one of the fastest growing occupations in the El Centro area.

In the area of financial services, the LMI 2006-2016 the projections for Loan Officer shows a 20% increase from 50-60. Financial Managers are projected to grow 18.2%, an increase from 110-130; and tellers are projected to grow 16%, an increase from 360-420.

There is also a projected increase in the area of management. The data indicated that farm, ranch, and other agricultural managers will grow 18%, from 870-1030; administrative managers will grow 16.7%, from 60-70; and retail sales supervisors will grow 17.7%, from 790-930.

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College is the only community college serving the Imperial County. No other community college is within commuting distance; the closest is the College of the Desert, which is 90 miles away. San Diego State University, Imperial Valley Campus, offers upper division coursework only.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

In the 2008-2009 academic year, 19 students were awarded an Associate Degree in the Management programs. Three students were awarded a certificate.

The table below shows the average success rate and retention rate for courses in the Office Administration program for academic years 2007-08 and 2008-09.

Core Course	Success Rate Two Year Average			Retention Rate Two Year Average		
	Fall	Spring	Average	Fall	Spring	Average
BUS010 Practical Accounting	70.8%	47.3%	59.0%	69.8%	72.4%	71.1%
BUS060 Workplace Comm		80.0%	80.0%		45.7%	45.7%
BUS124 Intro to Business	52.4%	41.3%	46.9%	57.7%	45.5%	51.6%
BUS126 Business and Legal Environ	43.9%	47.8%	45.8%	66.9%	68.3%	67.6%
BUS132 Business Management	72.3%		72.3%	76.1%	38.1%	57.1%
BUS136 Human Relation in Mgmt		66.7%	66.7%		42.6%	42.6%
BUS144 Prin of Marketing		69.8%	69.8%		42.9%	42.9%
BUS210 Financial Accounting	59.8%	57.1%	58.4%	78.3%	77.8%	78.1%
BUS220 Managerial Accounting	72.5%	79.6%	76.1%	84.0%	87.0%	85.5%
BUS260 Business Communication	81.9%	82.3%	82.1%	93.2%	96.6%	94.9%
CIS 101 Intro to CIS	60.3%	53.6%	57.0%	76.4%	76.2%	76.3%
CIS 102 Computer Applications Lab	55.1%	57.3%	56.2%	80.0%	81.5%	80.8%
CIS 108 Computer Accounting	73.4%	77.6%	75.5%	95.0%	87.5%	91.3%
CIS 124 Excel 1	85.5%	79.9%	82.7%	97.9%	96.9%	97.4%
CIS 125 Excel 2	75.2%	69.3%	72.2%	88.4%	90.6%	89.5%

(4) The review process required by the section shall include the review and comments by the local Private Industry Council established pursuant to Division 8 (commencing with Section 15000) of the Unemployment Insurance Code, which review and comments shall occur prior to any decision by the appropriate governing body.

The review by the local Workforce Investment Board will take place in March. Comments will be provided by Dean of Applied Science.

Imperial Valley College
Business Division
Review of Office Administration Programs

The following Office Administration programs share core courses.

Business Accounting Technician
This program provides students with entry level competencies for employment as a bookkeeper or other financial clerk. Accounting technicians can be found in settings such as banks and offices. Students who intend to pursue an accounting degree at a four-year school should follow the Business Administration major.

Business Administrative Assistant
This program provides students with education and training needed to qualify for jobs that require a higher level of education and work experience in an office setting. These types of jobs require good communication and technology skills, and it helps to be someone who works independently, is organized, and takes initiative. These individuals provide administrative support to an individual or an office. Job duties may include directing and coordinating administrative services.

Business Office Technician
This program provides students with entry level competencies for employment in an office. It helps to be a good team player who pays attention to detail, to be adaptable and versatile, and to have interpersonal and analytical skills.

January, 2010
In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Office Administration Programs, including Business Office Technician, Business Accounting Technician, and Business Administrative Assistant program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

LMI 2006-2016 Occupational Employment Projections for the El Centro Metropolitan Statistical Area (Imperial County), which is attached, indicates the following jobs as part of the fastest growing occupations in the El Centro area:

Executive secretaries and administrative assistants, showing a 22.7% increase, from 440 – 540
General office clerks, showing a 21.1% increase from 1170-1420

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College is the only community college serving the Imperial County. No other community college is within commuting distance; the closest is the College of the Desert, which is 90 miles away. San Diego State University, Imperial Valley Campus, offers upper division coursework only.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

In the 2008-2009 academic year, 22 students were awarded an Associate Degree in the Office Administration programs. Twenty students were awarded a certificate.

The table below shows the average success rate and retention rate for courses in the Office Administration program for academic years 2007-08 and 2008-09.

Core Course	Success Rate Two Year Average			Retention Rate Two Year Average		
	Fall	Spring	Average	Fall	Spring	Average
BUS010 Practical Accounting	70.8%	47.3%	59.0%	69.8%	72.4%	71.1%
BUS060 Workplace Comm		80.0%	80.0%		45.7%	45.7%
BUS061 Business English	87.5%		87.5%	95.8%	47.9%	71.9%
BUS152 Basic Keyboarding	58.2%	48.2%	53.2%	66.6%	65.6%	66.1%
BUS154 Beg Keybrding/Doc Proc	65.2%	65.5%	65.4%	85.3%	86.4%	85.8%
BUS156 Speed/Accuracy	67.8%	72.1%	69.9%	83.7%	88.0%	85.8%
BUS164 Office Tech/Procedures 1	75.5%	72.3%	73.9%	91.2%	88.8%	90.0%
BUS167 Machine Calculation	86.9%		86.9%	96.8%	48.4%	72.6%
BUS169 Records Management	74.0%		74.0%	98.2%	49.1%	73.7%
BUS172 Office Tech/Procedures 2	90.2%	72.7%	81.5%	98.4%	49.2%	73.8%
BUS176 Office Transcription		60.4%	60.4%		47.5%	47.5%
BUS180 Microsoft Office for Workplce		81.7%	81.7%		48.1%	48.1%
BUS210 Financial Accounting	59.8%	57.1%	58.4%	78.3%	77.8%	78.1%
BUS220 Managerial Accounting	72.5%	79.6%	76.1%	84.0%	87.0%	85.5%
BUS260 Bus Communications	81.9%	82.3%	82.1%	93.2%	96.6%	94.9%

(4) The review process required by the section shall include the review and comments by the local Private Industry Council established pursuant to Division 8 (commencing with Section 15000) of the Unemployment Insurance Code, which review and comments shall occur prior to any decision by the appropriate governing body.

The review by the local Workforce Investment Board will take place in March. Comments will be provided by Dean of Applied Science.

Imperial Valley College
Nursing Education and Allied Health Technology
Review of Pharmacy Technician Program
January, 2010

In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Pharmacy Technician program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

According to Labor Market Information (LMI) for the El Centro Metropolitan Statistical Area (Imperial County), Pharmacy Technician (PhT) occupations are projected to have 40 new jobs from 2006 -2016 or a growth rate of 3.7 not including replacement jobs. The San Diego-Imperial Regional Centers of Excellence Environmental Scan Allied Health, April 2009 (http://www.coeccc.net/) reported PhTs as having a regional 31% of change and in Imperial County a 26% of change between 2009 and 2017 with an hourly mean wage of $16.71.

The San Diego-Imperial Environmental Scan provided insights into the Allied Health occupations. "There are several factors that have significantly changed the employment forecasts. First, the economic recession has significantly reduced turnover and retirement rates. Second, budget freezes and reduced revenue have slowed hiring at several area hospitals. Finally, the mandated ratio of experienced-to-inexperienced staff in several occupations has made it impossible for firms to hire new graduates without experience…From a long-term perspective, California will continue to outpace the nation in its need for qualified Allied Health professionals. The speed of the state and nation's economic recovery will determine the rapidity of growth for years to come (particularly as it pertains to the aging of the healthcare workforce)".

In statements specific to San Diego and Imperial Counties the Scan reported "…More troubling than the shortages, in fact, is the apparent saturation of Allied Health workers in many of the studied occupations. However, because Allied Health occupations are "population-serving" – meaning that they are directly correlated with population – and because of retirement rates, the region's aging population will continue to affect long-term growth rates".

Still in all, as programs are reviewed, the evaluators should consider additional San Diego – Imperial Scan statements. "Allied Health programs are expensive. There is little funding for equipment and space, and due to necessary small class sizes, recouping of the high start-up costs is unrealistic. Smaller class sizes also impact funding because reimbursements are per student, so therefore Allied Health classes generally provide less revenue per class than other disciplines… High attrition rates in Allied Health programs are common. Many variables contribute to the problem: inadequate math and science preparatory skills, basic skills

deficiencies, such as language skills, poor understanding of the Allied Health marketplace, an inability to navigate the educational system, long waiting lists, and limited student support services are all known to impact graduation rates."

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College and the Regional Occupational Program offer the only Pharmacy Technician programs in the county. IVC has 18-30 completing students every year and will be finalizing the requirements for state approved certificate or degree status.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

The Pharmacy Technician courses have been offered since 2005 under the direction of an experienced and Masters prepared Pharmacy Technician. The courses are listed below.

Fall and Spring Course	Success Rate Grade of "C" or above	Retention Rate
Intro. to Pharmacy Technology	83.7%	72.6%
Pharmacy Technician Body Systems I	65.2%	72.7%
Pharmacy Technician Body Systems II	66.9%	46.8%
Calculation and Pharmacology	67.9%	72.9%
Pharmacy Technician Operations	79.5%	46.3%

This process requires the review and comments by the local Private Industry Council prior to any decision by the appropriate governing body.

Imperial Valley College
Nursing Education and Allied Health Technology
Review of Registered Nursing Program
January, 2010

In compliance with Division 7, Part 48, Chapter 1, Article 1, 78016 of the California Education Code to ensure that the Registered Nurse program, as demonstrated by the California Occupational Information System, including the State-Local Cooperative Labor Market Information Program established in Section 10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.

According to Labor Market Information (LMI) for the El Centro Metropolitan Statistical Area (Imperial County), Registered Nurse (RN) occupations are projected to have 190 new jobs from 2006 -2016 or a growth rate of 2.9, not including replacement jobs. The San Diego-Imperial Regional Centers of Excellence Environmental Scan Allied Health, April 2009 (http://www.coeccc.net/) reported registered nurses as one of the largest growth areas with a 14% of change between 2007 and 2012 and in Imperial County a 36% of change between 2009 and 2017 with an hourly mean wage of $29.86.

The San Diego-Imperial Environmental Scan provided insights into the Allied Health occupations. "There are several factors that have significantly changed the employment forecasts. First, the economic recession has significantly reduced turnover and retirement rates. Second, budget freezes and reduced revenue have slowed hiring at several area hospitals. Finally, the mandated ratio of experienced-to-inexperienced staff in several occupations has made it impossible for firms to hire new graduates without experience…From a long-term perspective, California will continue to outpace the nation in its need for qualified Allied Health professionals. The speed of the state and nation's economic recovery will determine the rapidity of growth for years to come (particularly as it pertains to the aging of the healthcare workforce)".

In statements specific to San Diego and Imperial Counties the Scan reported "…More troubling than the shortages, in fact, is the apparent saturation of Allied Health workers in many of the studied occupations. However, because Allied Health occupations are "population-serving" – meaning that they are directly correlated with population – and because of retirement rates, the region's aging population will continue to affect long-term growth rates".

Still in all, as programs are reviewed, the evaluators should consider additional San Diego – Imperial Scan statements. "Allied Health programs are expensive. There is little funding for equipment and space, and due to necessary small class sizes, recouping of the high start-up costs is unrealistic. Smaller class sizes also impact funding because reimbursements are per student, so therefore Allied Health classes generally provide less revenue per class than other disciplines… High attrition rates in Allied Health programs are common. Many variables

contribute to the problem: inadequate math and science preparatory skills, basic skills deficiencies, such as language skills, poor understanding of the Allied Health marketplace, an inability to navigate the educational system, long waiting lists, and limited student support services are all known to impact graduation rates."

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Imperial Valley College offers the only entry-level RN program in the county with approximately 45-60 completing students per year. This program matriculates with the RN to BSN program offered at the San Diego State University extension.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

The RN has been offered since 1971 and the courses are listed below

Fall and Spring Course	Success Rate Grade of "C" or above	Retention Rate
Medication Mathematics	77%	89.2%
Nursing Process I	90.4%	98.3%
Nursing Skills Lab I	96.8%	98.2%
Nursing Process Application I	97%	98.5%
Pharmacology I	88%	97.9%
Nursing Skills Lab II	92.9%	95.2%
Nursing Process and Application II	90%	95.4%
Nursing Skills Lab III	95.5%	97.6%
Nursing Process and Application III	85.5%	97.6%
Psych. and Mental Health Nursing	86.7%	94.8%
Psychiatric Nursing Applications	90%	94.8%
Nursing Skills Lab IV	88.2%	90.1%
Nursing Process and Application IV	80.9%	88.9%
Nursing Trends	93.8%	92.4%

This process requires the review and comments by the local Private Industry Council prior to any decision by the appropriate governing body.

Imperial Valley College

Automotive/Automotive Collision & Repair
Local Program Advisory Committee

UNADOPTED MINUTES

Meeting of December 11, 2009

BUSINESS/INDUSTRY REPRESENTATIVES

Carlos Araiza,	Miguel Perez, Rogers and Rogers Toyota
Marco Aranda, Kragen Auto Parts	Jose Perez, J & D Auto Repair Shop
Ronnie Garrie, Imperial Irrigation District	Guillermo Rodriguez, Pro Auto Shop Repair
Bill Hahn, Kragen Auto Parts	Jorge Solis, Rogers and Rogers Toyota
Daniel Llamas, D & L Auto Repair Shop	Ernesto Vega, Tucker Auto Repair
Alex Morales Schaeffer Oil Company	Mark Wilson, Rogers and Rogers Toyota

IMPERIAL VALLEY COLLEGE REPRESENTATIVES

Jorge Guluarte, Auto Shop Tool Room Technician	Ricardo Pradis, Automotive Technology Instructor
Jose Lopez, ITEC Division Chair	Jesse Ruelas, Auto Shop Tool Room Technician
Jose Plascencia, Counselor	Efrain Silva, Dean of Economic and Workforce Development

I. MEETING CALLED TO ORDER BY ALEX MORALES AT 11:35 AM.

II. WELCOME
All in attendance were welcomed.

III . INTRODUCTIONS
Efrain Silva asked the committee members to introduce themselves.

Mr. Silva briefly discussed the WIA Grants that are housed in the Industrial Technology Division. The grants consist of Diesel, Solar, Pipefitting and Green Building Technology.

Alex Morales(Former Chair) gave an overview of how the Automotive Advisory Committee was formed in 1997. Mr. Morales stated that when the committee was formed it had 37 members that were enthusiastic about helping the automotive program.

IV. SOLAR PRODUCT/WORKSHOPS (AlexPerrone)
No discussion

V. PROGRAM STATUS (J.Lopez and R.Pradis)
Jose Lopez reported the following:

- The division has set-up a computer lab that will assist with Automotive Service Excellence (A.S.E.) exams.
- The doors are open for students and technicians to use the computer lab.
- Exams will take place in May at Imperial Valley College
- Most automotive shops and dealerships require technicians to be ASE certified.

- Our goals are to enhance the students or technicians ability to diagnosis, to work smarter, faster, and more profitable.

- Industry workshops are planning to be held each semester

Ricardo Pradis reported the following:

- Due to the budget crisis the college is trying to save money by discontinuing or reducing programs.

- The Automotive Program is currently at risk of being reduced

- The Automotive Program can be saved by bringing it up to National Standards by becoming NATEF Certified.

- We have been working to certify the automotive program for some time and are working on the final details.

- We need assistance from the advisory committee members because they are the most valuable tool in the certification process.

VI. CLASSES FOR WINTER/SPRING (J.Lopez)

Jose Lopez distributed a copy of class schedules to the committee members.

VII. INPUT FROM BUSINESS INDUSTRY

Alex Morales expressed that automotive classes should be taught in English only. Mr. Morales added that he has observed that many automotive students have difficulties in basic skills. He also stated that students need experience in customer service and technical comprehension of service manuals.

Jose Perez asked if any program is planning to be reduced. Mr. Perez also stated that the automotive technology classes are currently full and most students can finish their degree in a short time. He added that automotive classes should not be reduced for it can affect the students future.

Marcos Aranda from Kragen Auto Parts asked why the Diesel Program was limited to 16 students.

Jose Lopez responded that workspace and equipment is very limited. Mr. Lopez added that safety is also an issue. Therefore the program was limited to 16 students.

VIII. OTHER

Efrain Silva stated the following:

- Efrain Silva expressed that he would like all students to be prepared and become successful in the automotive field.

- Imperial Valley College's philosophy is to provide training in a career of high market demand by remaining cognizant of current and future industry needs.

- Imperial Valley College provides excellent motivation and pragmatic training in a highly qualified and caring training program.

- Imperial Valley College encourages students to excel as individuals by building a supportive growth environment.

IX. NEXT MEETING

The next meeting is tentatively scheduled for the spring semester.

X. THE MEETING WAS ADJOURNED BY EFRAIN SILVA AT 1:00 PM.

IMPERIAL VALLEY COLLEGE
BUILDING CONSTRUCTION TECHNOLOGY
CA Ed. Code78016
Review of program

(a) Every vocational or occupational training program offered by a community college district shall be reviewed every two years by the governing board of the district to ensure that each program, as demonstrated by the California Occupational Information System, Including the State-Local Cooperative Labor Market Information Program established in Section10533 of the Unemployment Insurance Code, or if this program is not available in the labor market area, other available sources of labor market information, does all of the following:

(1) Meets a documented labor market demand.
Labor Market Economic Analysis

Currently the statewide employment rate in residential construction has fallen by 40% due to several factors. However there is a change in the job market from residential construction type employees to retrofitting and energy efficiency technicians along with renewable energy type jobs in solar, wind, and thermal technologies which all have a common field which is the construction industry. There is an eminent need for green building specialists which are all based on construction knowledge. In addition there is always a need for construction maintenance mechanics, such as electricians, plumbers, carpenters and construction laborers.

(2) Does not represent unnecessary duplication of other manpower training programs in the area.

Currently there are no similar programs offered in the community, there are two classes offered by R.O.P. through the local high schools that teach construction. The college has signed an articulation contract with the high school to allow new students to test into the program and without taking the first class if they pass a test that gives them credit by exam. In our service area there are no other colleges or training institutions that are offering the training that we are offering.

(3) Is of demonstrated effectiveness as measured by the employment and completion success of its students.

Currently the building construction classes are being taught by one full time faculty member that teaches 3-4 sections per semester and one adjunct faculty member that teaches one section per semester. However at 81.5% average fill rate there is additional room for students and enrollment growth, but with the limited lab space and limited teaching resources we will not be able to offer additional sections to meet expanding student needs without hiring more adjunct faculty. Another factor that might influence the incline in enrollment at census is that in the spring semester of 07' we decrease the enrollment quota to all classes from 25 to 18 due to limited lab space and safety reasons for the students. Overall our fill rate is good at 81.5% and our student success rate was 79% for the previous three years, and our student retention rate was 89% for the previous three years, our total FTEs per FTEf was 6.4. There are two cohorts of students that sign up for these classes, night students and daytime students. Night students usually enroll in the classes to upgrade their skills or to advance in their current employment. The daytime students are usually not working and there are about 30% percent of those students who find employment in building construction or a related field. Most of the students are referred to sundance personel solutions after completing the program in order for them to be assisted with job search and employment.

(b) Any program that does not meet the requirements of subdivision (a) and the standards promulgated by the governing board shall be terminated within one year.

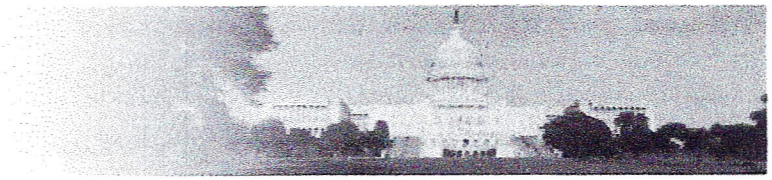
(c) The review process required by this section shall include the review and comments by the local Private Industry Council established pursuant to Division 8 (commencing with Section 1500) of the Unemployment Insurance Code, which review and comments shall occur prior to any decision by the appropriate governing body.

(d) This section shall apply to each program commenced subsequent to July28, 1983.

Accessibility : *Scripting :* [Disable AJAX and DHMTL] [Disable javascript alerts] [Remove all scripting] *Text Size :* A A A A

Home Employers

JOBcentral
national labor exchange



Keywords **Location(s)** 92251 within 25 miles SEARCH

Add Location (Zip or City, State or State)

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- **Location**
- **Company**
- **Time Range**
  - 1 day back
  - 2 days back
  - 3 days back
  - 7 days back
  - 14 days back
  - anytime
- **Occupation Title**
- **Posted By**
- **Industry**

JOBcentral

2 jobs found in **92251** (within 25 miles) matching occupation title : **Bldg/Grounds Maintenance & Cleaning**

Jobs 1 - 2 of 2

View as: **Column** | Grid Sort by: **Relevance** | Date

MAINTENANCE MECHANIC (GENERAL MAINTENANCE WORKER)
Mancon (El Centro, CA)
first acquired 2009-10-21 5:16 AM

SANITOR
Employment Development Department (El Centro, CA)
first acquired 2009-10-23 5:11 AM

Jobs 1 - 2 of 2

Additional Resources

Top Employers

TEXTRON
Textron

Sargent & Lundy, LLC

liz claiborne
Liz Claiborne, Inc.

Viant
Viant Health Payment Solutions

سابك sabic
SABIC Innovative Plastics

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Home Employers

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Keywords **Location(s)** 92251 within 100 miles SEARCH

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Location

92251 (within 100 miles) [undo]

- Brawley, CA (3)
- San Diego, CA (24)
- Loma Linda, CA (2)
- San Diego County, CA (1)

Company

- Helix Electric (5)
- Construct Corps (3)
- Volt Information Sciences (3)
- Masters Construction (2)

Time Range

- 1 day back
- 2 days back
- 3 days back
- 7 days back
- 14 days back
- **anytime**

Occupation Title

Posted By

Industry

JOBcentral

39 jobs found in **92251** (within 100 miles) matching occupation title : **Construction & Extraction**

Jobs 1 - 10 of 39 Next >

View as: **Column** | Grid Sort by: **Relevance** | Date

Electrician
Southern California Edison (Highlands, CA)
first acquired 2010-3-8 9:54 PM

AIRCRAFT ELECTRICIAN CFS/IDIQ IMENN FA-18 NORTH ISLAND, CA
L-3 Communications (San Diego, CA)
first acquired 2010-3-6 5:56 AM

Electricians (2 openings)
Volt Information Sciences (San Diego, CA)
first acquired 2010-3-8 10:25 PM

Demand Construction Technician
Time Warner Cable (San Diego, CA)
first acquired 2010-3-11 0:07 AM

Golf Fitter-Master (NE)
Marriott (Palm Desert, CA)
first acquired 2010-2-25 10:49 PM

Electrician
Volt Information Sciences (San Diego, CA)
first acquired 2010-3-8 10:25 PM

Tunnel Inspector
URS Corporation (San Diego, CA)
first acquired 2009-12-9 3:02 PM

Ordnance Recovery Technician I Step A (AR/77)
Arizona Employer (Yuma, AZ)
first acquired 2010-3-10 5:00 AM

Sr. Construction Inspector – Mech/Elec/Plumb
URS Corporation (San Diego, CA)
first acquired 2010-1-12 11:03 PM

AIRCRAFT SHEETMETAL MECH CFS/IDIQ IMSNN North Island
L-3 Communications (San Diego, CA)
first acquired 2010-2-27 5:25 AM

Jobs 1 - 10 of 39 Next >

Additional Resources

Top Employers

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BNSF Railway (Burlington Northern Santa Fe)

Ventana

ECC

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Weyerhaeuser

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International Association of Employment Web Sites

Quarterly Census of Employment and Wages (QCEW) Industry Detail

Note: These data are NOT the official, monthly estimates from the Employment Development Department. Go to Data by Industry for additional resources.

Geography: **Imperial County, California**
Major Industry: **Construction** (Private Ownership only)
Year: **2009** Quarter: **First (January-March)**

Explanation of Data Columns

Return to the Selection Page.

NAICS Code	Detailed Industry Title	S	Number of Establish-ments	Average Monthly Employment	Total Quarterly Payroll ($1,000)	Average Weekly Pay
1012	Construction		166	1,355	$15,895	$902
23	Construction		166	1,355	$15,895	$902
236	Construction of Buildings		43	290	$2,437	$646
2361	Residential Building Construction		37	180	$1,465	$624
23611	Residential Building Construction		37	180	$1,465	$624
236115	New Single-Family Housing Construction		25	102	$965	$728
236116	New Multifamily Housing Construction	S	--	--	--	--
236118	Residential Remodelers	S	--	--	--	--
2362	Nonresidential Building Construction		6	109	$971	$683
23622	Commercial Building Construction		6	109	$971	$683
NAICS Code	Detailed Industry Title	S	Number of Establish-ments	Average Monthly Employment	Total Quarterly Payroll ($1,000)	Average Weekly Pay
236220	Commercial Building Construction		6	109	$971	$683
237	Heavy and Civil Engineering Construction		14	173	$4,148	$1,841
2371	Utility System Construction		6	76	$1,658	$1,671
23711	Water and Sewer System Construction	S	--	--	--	--
237110	Water and Sewer System Construction	S	--	--	--	--
23713	Power/Communication System Construction	S	--	--	--	--
237130	Power/Communication System Construction	S	--	--	--	--
2372	Land Subdivision	S	--	--	--	--
23721	Land Subdivision	S	--	--	--	--
237210	Land Subdivision	S	--	--	--	--
NAICS Code	Detailed Industry Title	S	Number of Establish-ments	Average Monthly Employment	Total Quarterly Payroll ($1,000)	Average Weekly Pay
2373	Highway, Street, and Bridge Construction		3	77	$2,338	$2,316
23731	Highway, Street, and Bridge Construction		3	77	$2,338	$2,316
237310	Highway, Street, and Bridge Construction		3	77	$2,338	$2,316
2379	Other Heavy Construction	S	--	--	--	--

23799	Other Heavy Construction	S	--	--	--	--
237990	Other Heavy Construction	S	--	--	--	--
238	Specialty Trade Contractors		109	892	$9,310	$803
2381	Building Foundation/Exterior Contractors		18	87	$595	$526
23811	Poured Concrete Structure Contractors		5	37	$260	$536
238111	Residential Poured Foundation Contractor		5	37	$260	$536
238122	Nonresidential Structural Steel Contrs	S	--	--	--	--
23813	Framing Contractors	S	--	--	--	--
238131	Residential Framing Contractors	S	--	--	--	--
23814	Masonry Contractors	S	--	--	--	--
238141	Residential Masonry Contractors	S	--	--	--	--
23815	Glass and Glazing Contractors	S	--	--	--	--
238152	Nonresidential Glass/Glazing Contractors	S	--	--	--	--
23816	Roofing Contractors		6	19	$84	$333
238161	Residential Roofing Contractors		6	19	$84	$333
238191	Other Residential Exterior Contractors	S	--	--	--	--
2382	Building Equipment Contractors		46	399	$3,867	$744
23821	Electrical Contractors	S	--	--	--	--
238211	Residential Electrical Contractors		15	100	$944	$726
238212	Nonresidential Electrical Contractors	S	--	--	--	--
23822	Plumbing and HVAC Contractors		25	259	$2,554	$757
238221	Residential Plumbing/HVAC Contractors		21	151	$1,307	$666
238222	Nonresidential Plumbing/HVAC Contractors		4	108	$1,247	$883
23829	Other Building Equipment Contractors	S	--	--	--	--
2383	Building Finishing Contractors		17	87	$621	$549
23831	Drywall and Insulation Contractors		6	65	$530	$627
238311	Residential Drywall Contractors		6	65	$530	$627
23832	Painting and Wall Covering Contractors		5	9	$28	$230
238321	Residential Painting Contractors	S	--	--	--	--
238322	Nonresidential Painting Contractors	S	--	--	--	--
23833	Flooring Contractors	S	--	--	--	--
238331	Residential Flooring Contractors	S	--	--	--	--
23834	Tile and Terrazzo Contractors	S	--	--	--	--
23835	Finish Carpentry Contractors	S	--	--	--	--
238351	Residential Finish Carpentry Contractors	S	--	--	--	--
2389	Other Specialty Trade Contractors		28	318	$4,227	$1,020
23891	Site Preparation Contractors		14	279	$4,008	$1,104
238911	Residential Site Preparation Contractors	S	--	--	--	--
238912	Nonresidential Site Preparation Contrs	S	--	--	--	--
23899	All Other Specialty Trade Contractors		14	39	$219	$428
238991	All Other Residential Trade Constractors	S	--	--	--	--
238992	All Other Nonresidential Trade Contrs	S	--	--	--	--

Data Notes:

About These Data - These data represent the count of employment and wages for workers covered by unemployment insurance programs in the time period indicated. They are the product of a Federal-State cooperative program known as the Quarterly Census of Employment and Wages (QCEW), or ES-202, program. Learn more about these data, including the differences with the official employment estimates and their usage, at About the Data. The Employment Development Department compiles the data from reports filed by employers each quarter.

Industry Codes -

NAICS Code - Beginning with 2001 data, industries will be classified according to the North American Industry Classification

System. NAICS not only represents the first major revision of the industrial classification used in the United States since the 1930s, but also represents a cooperative effort between the United States, Canada, and Mexico to develop a uniform coding structure which could be used by all three countries. For more information on this new coding scheme, go to "North American Industry Classification System (NAICS)"

SIC Code - The **Standard Industrial Classification** was used to classify industries in the ES202 prior to 2001. See the SIC Division Structure at the U.S. Department of Labor Web site for a complete list of industries and their definitions.

Industry Title - The full title of the industry as found in the Standard Industrial Classification (SIC) or North American Industry Classification (NAICS) systems.

"S" - An "S" in this column indicates that data have been suppressed. The publication of unemployment insurance-covered employment and wage data for any industry is withheld when it is necessary to protect the identity of cooperating employers. The data will be suppressed if there are fewer than three establishments, or if a single employer makes up more than 80 percent of the employment in that industry.

Number of Establishments - The average number of establishments reported in each of the four quarters of the year. An establishment is an economic unit, such as a farm, mine, factory, or store, that produces goods or provides services. It is typically at a single physical location and is engaged in one, or predominantly one, type of business activity for which a single industrial classification has been assigned.

Average Monthly Employment - The average of the monthly employment for the time period. Employment is the number of filled jobs for the pay period that includes the 12th day of each month as reported by the employer and it includes full and part-time workers. If a person holds two jobs, that person would be counted twice in these data.

Total Payroll ($1,000) - The total compensation paid by an employer during the time period, regardless of when the services were performed. Wages include bonuses, stock options, the cash value of meals and lodging, tips and other gratuities. These data are displayed in thousands of dollars; however, the data contained in the downloadable file are in whole dollars.

Average Weekly Pay - The result of dividing the Total Payroll by the Monthly Average Employment and then dividing by the number of weeks in the year (52) or quarter (13). **CAUTION!** Average annual pay is affected by the ratio of full-time to part-time workers; the number of workers who worked for the full year; and the number of individuals in high-paying and low-paying occupations. When comparing average pay levels between geographic areas and industries, these factors should be taken into consideration. For example, industries characterized by high proportions of part-time workers will show average wage levels appreciably less than the pay levels of regular full-time employees in these industries. The opposite effect characterizes industries with low proportions of part-time workers, or industries that typically schedule heavy weekend and overtime work. Average wage data also may be influenced by work stoppages, labor turnover, retroactive payments, seasonal factors, bonus payments, and so on.

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Helpers, Electricians
Estimated Employment and Projected Growth

Geographic Area (Estimated Year-Projected Year)	Estimated Employment	Projected Employment	Numeric Change	Percent Change	Additional Openings Due to Net Replacements
California (2006-2016)	5,300	5,600	300	5.7	1,300
Butte County (2006-2016)	90	90		.0	20
Fresno County (2006-2016)	170	170		.0	40
Imperial County (2006-2016)	70	80	10	14.3	20
Inland Empire Area (2006-2016)	740	830	90	12.2	190
Kern County (2006-2016)	120	130	10	8.3	30
Los Angeles County (2006-2016)	1,160	1,180	20	1.7	290
Mother Lode Region (2006-2016)	40	30	-10	-25.0	10
Northern Counties Region (2006-2016)	60	50	-10	-16.7	20
Orange County (2006-2016)	1,020	1,110	90	8.8	260
Sacramento Metro Area (2006-2016)	410	440	30	7.3	100
San Benito and Santa Clara Counties (2006-2016)	310	320	10	3.2	80

San Diego County (2006-2016)	880	890	10	1.1	220
San Francisco Bay Area (2006-2016)	140	160	20	14.3	40
San Joaquin County (2006-2016)	80	80		.0	20
San Luis Obispo County (2006-2016)	90	80	-10	-11.1	20
Santa Barbara County (2006-2016)	60	60		.0	20
Santa Cruz County (2006-2016)	50	50		.0	10
Stanislaus County (2006-2016)	180	150	-30	-16.7	50
Tulare County (2006-2016)	140	130	-10	-7.1	40

Source: Employment Development Department
Labor Market Information Division
https://www.labormarketinfo.edd.ca.gov/

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Construction Laborers
Estimated Employment and Projected Growth

Geographic Area (Estimated Year-Projected Year)	Estimated Employment	Projected Employment	Numeric Change	Percent Change	Additional Openings Due to Net Replacements
California (2006-2016)	171,300	199,800	28,500	16.6	12,900
Butte County (2006-2016)	890	990	100	11.2	70
East Bay Area (2006-2016)	13,510	14,390	880	6.5	1,000
Eastern Sierra Region (2006-2016)	160	180	20	12.5	10
Fresno County (2006-2016)	3,970	4,270	300	7.6	300
Imperial County (2006-2016)	720	860	140	19.4	50
Inland Empire Area (2006-2016)	27,930	32,080	4,150	14.9	2,100
Kern County (2006-2016)	4,860	5,570	710	14.6	370
Kings County (2006-2016)	240	240		.0	20
Los Angeles County (2006-2016)	31,330	34,810	3,480	11.1	2,360
Madera County (2006-2016)	490	510	20	4.1	40
Merced County (2006-2016)	1,190	970	-220	-18.5	90
Monterey County	1,590	1,610	20	1.3	120

(2006-2016)					
Mother Lode Region (2006-2016)	920	840	-80	-8.7	70
Napa County (2006-2016)	780	740	-40	-5.1	60
North Coast Region (2006-2016)	1,110	1,160	50	4.5	80
North Valley Region (2006-2016)	240	250	10	4.2	20
Northern Counties Region (2006-2016)	1,030	950	-80	-7.8	80
Orange County (2006-2016)	18,980	20,890	1,910	10.1	1,430
Sacramento Metro Area (2006-2016)	12,330	13,890	1,560	12.7	930
San Benito and Santa Clara Counties (2006-2016)	8,100	8,500	400	4.9	610
San Diego County (2006-2016)	16,890	18,520	1,630	9.7	1,270
San Francisco Bay Area (2006-2016)	9,040	10,100	1,060	11.7	680
San Joaquin County (2006-2016)	2,920	3,230	310	10.6	220
San Luis Obispo County (2006-2016)	1,620	1,500	-120	-7.4	120
Santa Barbara County (2006-2016)	2,220	2,420	200	9.0	170
Santa Cruz County	960	960		.0	70

(2006-2016)					
Shasta County (2006-2016)	790	720	-70	-8.9	60
Solano County (2006-2016)	2,600	2,280	-320	-12.3	200
Sonoma County (2006-2016)	2,380	2,690	310	13.0	180
Stanislaus County (2006-2016)	2,160	2,000	-160	-7.4	160
Sutter and Yuba Counties (2006-2016)	340	330	-10	-2.9	30
Tulare County (2006-2016)	1,250	1,140	-110	-8.8	90
Ventura County (2006-2016)	4,640	4,760	120	2.6	350

Source: Employment Development Department
Labor Market Information Division
https://www.labormarketinfo.edd.ca.gov/

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Carpenters
Estimated Employment and Projected Growth

Geographic Area (Estimated Year-Projected Year)	Estimated Employment	Projected Employment	Numeric Change	Percent Change	Additional Openings Due to Net Replacements
California (2006-2016)	210,000	235,700	25,700	12.2	28,400
Butte County (2006-2016)	800	880	80	10.0	110
East Bay Area (2006-2016)	16,570	17,230	660	4.0	2,200
Eastern Sierra Region (2006-2016)	340	370	30	8.8	50
Fresno County (2006-2016)	4,400	4,600	200	4.6	600
Imperial County (2006-2016)	130	150	20	15.4	20
Inland Empire Area (2006-2016)	28,850	32,390	3,540	12.3	3,900
Kern County (2006-2016)	2,740	3,060	320	11.7	370
Kings County (2006-2016)	200	210	10	5.0	30
Los Angeles County (2006-2016)	28,070	30,050	1,980	7.1	3,800
Madera County (2006-2016)	480	480		.0	70
Merced County (2006-2016)	530	450	-80	-15.1	70
Monterey County	2,110	2,150	40	1.9	290

(2006-2016)					
Mother Lode Region (2006-2016)	1,010	930	-80	-7.9	140
Napa County (2006-2016)	1,580	1,370	-210	-13.3	210
North Coast Region (2006-2016)	1,730	1,640	-90	-5.2	230
North Valley Region (2006-2016)	120	130	10	8.3	20
Northern Counties Region (2006-2016)	1,630	1,420	-210	-12.9	220
Orange County (2006-2016)	18,980	20,720	1,740	9.2	2,570
Sacramento Metro Area (2006-2016)	14,680	15,850	1,170	8.0	1,990
San Benito and Santa Clara Counties (2006-2016)	8,190	8,360	170	2.1	1,110
San Diego County (2006-2016)	18,440	20,120	1,680	9.1	2,500
San Francisco Bay Area (2006-2016)	14,950	16,540	1,590	10.6	2,020
San Joaquin County (2006-2016)	2,080	2,140	60	2.9	280
San Luis Obispo County (2006-2016)	1,300	1,130	-170	-13.1	180
Santa Barbara County (2006-2016)	2,400	2,620	220	9.2	330
Santa Cruz County	1,370	1,500	130	9.5	190

(2006-2016)					
Shasta County (2006-2016)	1,320	1,030	-290	-22.0	180
Solano County (2006-2016)	4,920	3,420	-1,500	-30.5	670
Sonoma County (2006-2016)	3,080	3,480	400	13.0	420
Stanislaus County (2006-2016)	2,020	1,830	-190	-9.4	270
Sutter and Yuba Counties (2006-2016)	450	430	-20	-4.4	60
Tulare County (2006-2016)	1,280	1,100	-180	-14.1	170
Ventura County (2006-2016)	4,030	4,130	100	2.5	550

Source: Employment Development Department
Labor Market Information Division
https://www.labormarketinfo.edd.ca.gov/

AUTOMOTIVE TECHNOLOGY

CA Ed Code 78016

Review of Program

(1) Meets a documented labor market demand.

Labor Market and Economic Analysis

Automotive Technology is rapidly growing in sophistication, and employers are increasingly looking for workers who have completed a formal training program in high school or in a postsecondary vocational school or community college. Acquiring National Institute for Automotive Service Excellence (ASE) certification is very important for those seeking work in the automotive repair industry.

The ability to diagnose the source of a problem quickly and accurately requires good reasoning ability and a thorough knowledge of automobiles. For trainee automotive service technician jobs, employers look for people with strong communications and analytical skills. Technicians need good reading, mathematics, and computer skills.

ASE certification has become a standard credential for automotive service technicians. While not mandatory for work in the automotive service, certification is common for all experience technicians. Certification is available in eight different areas of the automotive service such as electrical systems, engine repair, brake systems, suspensions and steering, and heating and air conditioning. By becoming skilled at multiple areas, technicians can increase their value to their employer and their pay.

Employment of automotive service technicians and mechanics is expected to increase by 5 percent between 2008 and 2018, slower than the average for all occupations. Continued growth in the number of vehicles in use in the United States will lead to new jobs for workers performing basic car maintenance and repair. More entry-level workers will be needed to perform these services, such as oil changes and replacing worn brakes. Additionally, the average lifespan of vehicles is increasing, which will further increase the demand for repair services, especially post-warranty work. The increasing use of advanced technology in automobiles will also lead to new opportunities for repair technicians, especially those with specialized skills or certifications. Workers with expertise in certain makes or models of vehicles, or with an advanced understanding of certain systems, such as hybrid-fuel technology, will be in demand. At the same time, consolidation in the automobile dealer industry, a significant employer of technicians, will limit the need for new workers.

In addition to openings from growth, many job openings will be created by the need to replace retiring technicians. Job opportunities are expected to be very

good for those who complete postsecondary automotive training programs and who earn ASE certification. Some employers report difficulty in finding workers with the right skills. People with good diagnostic and problem-solving abilities, training in electronics, and computer skills are expected to have the best opportunities. Those without formal automotive training are likely to face competition for entry-level jobs.

Most new job openings will be in automobile dealerships and independent repair shops where most automobile service technicians currently work. However, the large-scale restructuring and closing of many automobile dealerships will lead to fewer openings in dealer service centers for the initial part of the next decade.

Projections Data About this section

Projections data from the National Employment Matrix

Occupational Title	SOC Code	Employment, 2008	Projected Employment, 2018	Change, 2008-18		Detailed Statistics	
				Number	Percent		
Automotive service technicians and mechanics	49-3023	763,700	799,600	35,900	5	[PDF]	[XLS]

NOTE: Data in this table are rounded. See the discussion of the employment projections table in the *Handbook* introductory chapter on *Occupational Information Included in the Handbook*.

Earnings About this section

Median hourly wages of automotive service technicians and mechanics, including commission, were $16.88 in May 2008. The middle 50 percent earned between $12.44 and $22.64 per hour. The lowest 10 percent earned less than $9.56, and the highest 10 percent earned more than $28.71 per hour. Median annual wages in the industries employing the largest numbers of service technicians were as follows:

Local government	$20.07
Automobile dealers	19.61
Automotive repair and maintenance	15.26
Gasoline stations	15.22
Automotive parts, accessories, and tire stores	14.90

Many experienced technicians employed by automobile dealers and independent repair shops receive a commission related to the labor cost

charged to the customer. Under this system, weekly earnings depend on the amount of work completed. Employers frequently guarantee commissioned technicians a minimum weekly salary. Some employees offer health and retirement benefits, but such compensation packages are not universal and can vary widely.

(2)Does not represent unnecessary duplication of other manpower training programs in the area.

The only programs that offer automotive training in Imperial Valley are IVROP which imparts courses on basics of automotive repair, Central Union High School which imparts training in only four areas of the automotive repair. The Automotive Program at Imperial Valley College imparts training in all eight areas of the automotive repair and prepared the students to be competitive, and skilled employees. Our curriculum integrates established Career National Skills Standards that assure the student is prepared to meet the needs of our local, regional and global job market as well as prepared the students to take on the Automotive Service Excellence (ASE).

(3)Is of demonstrated effectiveness as measured by the employment and completion success of its students.

The Automotive Department holds an Advisory Committee meeting every semester to ensure that our curriculum meets the demand of local, regional and global market needs. This contribution is invaluable for the advancement of our program goals and the enhancement of training and educational opportunities for our students.

Attached is a copy of the minutes of our last Advisory Committee meeting.

Success and Retention Rates for the last two calendar years

Course	Success Rate Two Year Average			Retention Rate Two Year Average		
	Fall	Spring	Average	Fall	Spring	Average
AU T075	64.0%	77.8%	70.9%	80.0%	78.9%	79.4%
AU T085	100.0%	63.0%	81.5%	100.0%	90.0%	95.0%
AU T110	76.5%	79.8%	78.1%	76.5%	72.4%	74.5%
AU T125	80.7%	65.1%	72.9%	87.7%	77.2%	82.5%
AU T130		65.4%	65.4%		32.4%	32.4%
AU T150	66.7%	84.2%	75.4%	66.7%	33.3%	50.0%
AU T155	85.2%	66.7%	76.0%	87.6%	72.4%	80.0%
AU T160	78.6%	77.4%	78.0%	80.9%	82.8%	81.8%
AU T170	74.8%	80.0%	77.4%	74.8%	37.4%	56.1%
AU T175	78.5%	75.0%	76.7%	87.3%	43.7%	65.5%
AU T180		77.8%	77.8%		0.0%	0.0%
AU T210	81.0%	82.2%	81.6%	81.0%	86.6%	83.8%
AU T220	68.8%	63.6%	66.2%	68.8%	75.3%	72.0%
AU T230		86.4%	86.4%		0.0%	0.0%
AU T75	90.0%	78.7%	84.3%	90.0%	45.0%	67.5%
AU T85	60.0%	44.4%	52.2%	73.3%	36.7%	55.0%
AU T Avg.	**78.1%**	**72.5%**	**75.3%**	**81.8%**	**78.3%**	**80.0%**