



# Child Care Planning Council

OF YUBA & SUTTER COUNTIES

*Supporting Quality Child Care In Our Community*

## **Child Care in Yuba and Sutter Counties**

### **Needs Assessment Update**

**Compiled for the Child Care Planning Council of Yuba and Sutter Counties**

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## EXECUTIVE SUMMARY

The report, the third completed in Yuba and Sutter Counties since 1990, reflects progress and changing opportunities and challenges for child care. The Planning Council recognizes the value of current data to support efforts to improve and expand services. This report incorporates data from the 2000 Census and information on growth in local programs. Among the Council's achievements since completion of the last Needs Assessment are the following:

- Distributed copies of its five year plan with needs assessment findings and recommendations and a report of the economic impact of child care in Yuba and Sutter Counties.
- Joined the Yuba Sutter Economic Development Corporation.
- Implemented a staff retention and compensation program. Distributed \$47,487 to 80 child care professionals in the first round of stipends.
- Developed a plan for training of providers to accommodate children with disabilities, funded by SB 1703 of 2002.
- Provided training to local planning officials, and gave testimony on child care issues related to industrial, residential, and economic development in Sutter County and Marysville.
- Continued public education efforts about child care quality, with print media, a video presentation, and a web site, monthly "Prize Patrol" center visits, and annual Month of the Child recognition events.
- Held approximately 30 regularly scheduled public meetings of the Council and 3 public hearings.

This report depends on slightly different methods. It incorporates demographic information from the Census 2000 100 percent survey, and child care enrollment rates based on a 1997 survey conducted by the Census Bureau. It compares poverty statistics for families with the Self Sufficiency Standard, to give a more thorough analysis of the relationship between family income and child care affordability.

The report discusses several "qualitative issues" which are very similar to the 1997 report. Subsidized care continues to be a significant need, especially now as families leaving CalWORKs work toward self sufficiency with incomes that cannot afford the full

cost of care. Infant care is a significant unmet need, although some new services have been developed. Special funding to improve child care access for children with disabilities (SB 1703 of 2002) supports ongoing efforts with more attention to support and training of private sector providers. Services for children of migrant and seasonal workers continue to be a significant unmet need. Services for diverse populations, especially for linguistic minorities and in rural communities, also are inadequate.

The Council continues its efforts to work with the private sector. In addition to completing and publishing an economic impact study, the Council continues to seek ways to support new center development. The Conclusions and Recommendations section of the report identify the following as future directions for the Council:

- Support and guide child care center development.
- Continue advocacy for children with disabilities.
- Continue to seek opportunities to work with the private sector.
- Find new ways to encourage development of migrant child care and to address other rural needs.
- Take a leadership role in implementation of Proposition 49.
- Support continued outreach to families about Healthy Families

## **Introduction to the Needs Assessment**

This report is the third child care needs assessment to be completed for Yuba and Sutter Counties since 1990. The second, dated 1999, was the first undertaken by the newly formed Child Care Planning Council of Yuba and Sutter Counties. Although another report would not be mandated by the California Department of Education Child Development Division (CDE/CDD) until five years from 1999, the Planning Council began the 2002 update in order to capture information from the newly released 2000 Census. (Attachments 1 and 2 include a list of Planning Council members, and a summary of state mandates which minimally define the Planning Council and its role in planning and development of child care.)

Attachment 3 lists the recommendations derived from the findings of the 1999 Needs Assessment. The Council has made remarkable progress toward carrying out most of the recommendations in their ambitious plan. The following are major projects<sup>1</sup> completed since the publication of the 1999 report:

1. Completed Five Year Plan, including needs assessment findings and recommendations and a report of the economic impact of child care in Yuba and Sutter Counties. Distributed 250 copies of the plan report and 1000 pamphlet summaries to diverse locations and events. Joined the Yuba Sutter Economic Development Corporation.
2. Submitted two sets of funding priorities to CDE/CDD.
3. Implemented a staff retention and compensation program with funding from CDE/CDD (AB 212 of 2001) and from the Yuba County Children and Families Commission. The Council distributed \$47,487 to 80 child care professionals in the first round of stipends.
4. Developed a plan for training of providers to accommodate children with disabilities, funded by SB 1703 of 2002.
5. Provided training to local planning officials, and gave testimony on child care issues related to industrial, residential, and economic development in Sutter County and Marysville.

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<sup>1</sup> Many of these are documented in separate reports that may be obtained from the Council's office.

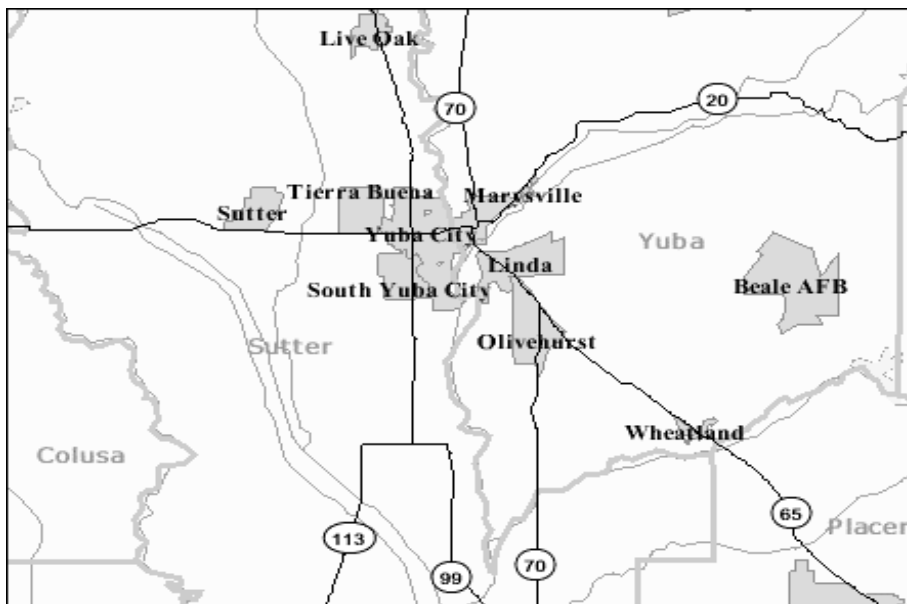
6. Continued public education efforts about child care quality, with print media, a video presentation, and a web site, monthly “Prize Patrol” center visits, and annual Month of the Child recognition events.
7. Held approximately 30 regularly scheduled public meetings of the Council and 3 public hearings.

From its very productive beginning, the Council now faces the unprecedented challenges that confront all of California’s child care community. The CalWORKs program has been successful in moving many families from public assistance to employment, but only with the strong support of subsidized child care. The child care system has managed to accommodate a significant growth in demand for services, in spite of chronic under funding that results in low compensation for child care employees. In the face of a State budget deficit, there are now proposals to eliminate a significant share of the funding for CalWORKs Stage 3 subsidies. This deficit will also curtail or reduce other programs that have supported many of the Council’s projects in the past.

Planning is a tool for Yuba and Sutter Counties’ diverse child care agencies to make the best use of their resources. Progress is being made to meet many needs. It is the hope of the Council that this needs assessment will contribute to that progress.

**Overview of the Area**

Visitors to Yuba and Sutter Counties from the south and north will first see evidence of the agricultural abundance that typifies much of California’s Sacramento Valley. On entering



the downtowns of Yuba City and Marysville, one sees evidence of past prosperity related to agriculture, mining, and trade, as well as tourism. In addition to the four incorporated Cities (Live Oak, Marysville, Wheatland, and Yuba City) and Beale Air Force Base, there are many small communities that date from the earliest days of the Gold Rush and European settlement, and from more recent agricultural development. The very rural communities in the foothills to the east stand where the region's earliest riches were found, first by native peoples in the abundance of game and forests, and then by California's first wave of immigrants seeking gold.

As many regions of California, Yuba and Sutter Counties have significant ethnic diversity. Much of this is the consequence of early waves of immigration that brought first Spanish speakers, and then English, to the region. Followers of the Sikh religion settled and acquired agricultural land early in the 20<sup>th</sup> Century, and they remain an important part of the community. More recent immigrants include the Hmong people and others from Southeast Asia.

However, Yuba and Sutter Counties have had to deal with significant economic and social challenges. The March 2002 Community Needs Assessment for Yuba Sutter Head Start noted that 1999 per capita income in Yuba County ranked 57<sup>th</sup> of California's 58 Counties. Sutter has experienced more population growth and economic development than its neighbor and ranked 43rd. However, Sutter County's 2000 unemployment rate of 13 percent exceeded that of Yuba County, which was 11.8 percent.

The region is just beginning to experience the impacts of economic growth and development from its more urbanized neighbors to the south. Residents of both counties are commuting south to jobs in Placer County and Sacramento. There is growing interest in developing south Sutter County for industrial uses, and Yuba County for housing. Sacramento Area Council of Governments (SACOG) projects an annual employment growth rate for Sutter County that is in excess of population growth. For Yuba County, population is expected to grow more rapidly than jobs.

Projected Annual Growth Rates (%)

Period	Sutter County		Yuba County	
	Population	Employment	Population	Employment
2000-2005	2.43	3.08	2.54	2.08
2005-2010	2.13	2.46	2.28	2.10
2010-2015	2.13	2.34	2.28	2.05

Source: Sacramento Area Council of Governments, 3/15/2001

## Needs Assessment Methods

Although CDE/CDD has begun to develop a list of “data elements” for reporting purposes, Planning Councils still are challenged in determining how to assess child care need. The child care system includes many diverse providers and funding sources. Parents who are expected to “need” child care may use informal services or family members and not enter the formal market. With the implementation of CalWORKs, a new population of families, who previously had not been recognized as child care consumers, have begun to seek and pay for child care.

**Supply and demand for services:** Child care is a critical need for parents as they enter the work force, and until children “age out” of need for care. However, the total population needing care at any given time is a fraction of the total population of children. In the past, planners sometimes overestimated demand for child care by assuming that all children of employed parents could be placed in formal, licensed services if these were made available. Now it is understood that many families, for reasons other than cost, choose informal care and care by relatives instead of or along with care in centers, schools, and family child care homes.

Fortunately, the Census permits an estimate of the share of families in which “all parents” are employed, so it is possible to accurately count the total population of children who receive care in some form while parents are at work. The Census also gives an accurate count of the number of children by age, so that counts can be made that correspond to age categories for licensed child care facilities. In October 2002 the Census Bureau also released an important update of its series on child care<sup>2</sup>. The calculations of “care spaces needed” given in the profiles depend on these sources from the Census. The calculation method is explained in detail in Attachment 3.

The risk of overestimating demand for care is a barrier to the development of new child care centers. In the Yuba Sutter region, most of the growth in capacity has been in small and large family child care homes. This is understandable, because development of smaller facilities is more incremental and can be “financed” with the asset of the provider’s home, and without employing significant numbers of additional staff. Child care center development entails significant financial risk for start up, as well as the potential barriers involved in site selection

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<sup>2</sup> Kristin Smith. Who’s Minding the Kids? Child Care Arrangements: Spring 1997. Current Population Reports #P70-86. U.S. Census Bureau: July 2002.

and development. Some child care centers in the Yuba Sutter region are currently at risk because they have a substantial share of enrollment with families on State 3 CalWORKs subsidy, which may be terminated in the fiscal year 2003 State budget balancing effort.

The child care market has responded to growing demand with an increase in the number of licensed family child care homes, and in the proportion of family child care homes that are licensed to care for up to 12 or in some cases 14 children. In addition to permitting development of capacity at smaller increments, family child care homes present less risk because they utilize an existing asset, the provider's own home, that does not require extraordinary modifications in order to accommodate young children in small groups.

**Cost, quality, and access:** The lack of good quality care can be devastating for the family, with long term consequences for the child. Decisions about care are rarely made without concern for the cost. Even middle income parents may find the cost of care, which depends on high ratios of well qualified employees, to be a burden or even a barrier to using care. This has a direct impact on demand, because families who would otherwise use formal types of care will opt for care by relatives, neighbors, or rearrange work schedules so no care is required.

The difficulty of paying the full cost of care also has a direct impact on quality, because child care operators operate with insufficient capital and operating revenues. The most obvious consequence is the low rates of pay experienced by staff in child care centers, and the limited income received by family child care providers. Inadequate earnings fuel higher rates of staff turnover, a critical problem for young children who need consistent and dependable relationships with adults. The Child Care Planning Council has been focused and persistent in finding resources to develop and sustain staff retention and compensation programs.

Access to appropriate services is severely constrained for lower income families who are eligible for subsidies by the limited number of spaces in subsidized child care centers, and by limited funds for the alternative payment and CalWORKs subsidies used to pay for care by private centers and providers. It is also constrained for children with disabilities, whose parents have difficulty finding care at any price. In a similar way, cost limits access for families seeking infant care. Good quality infant care has higher staff to child ratios; these result in higher cost. Parents recognize the importance of a nurturing and consistent environment in the critical early stages of development. Respondents to the 2002 focus groups cited care for infants and toddlers as a serious unmet need in their area.

**Child Care and CalWORKs:** CalWORKs subsidies have made a significant impact on the amount of funding for lower income parents in the private child care market. The Planning Council's 2000 study of child care economic impact reported the value of these subsidies as nearly \$2.7 million, which is about one half the value of all the State subsidized child care centers in to the two counties.

The profiles for the 1999 needs assessment included an estimate of the number of spaces needed for children whose parents were entering the labor force via CalWORKs. It was expected that these participants would increase the demand for child care services, and it was unknown if there would be adequate spaces or subsidies to offset the cost of care for these lower income families. It seemed prudent to give some count of anticipated need. The estimate depended on several assumptions: that the number of children represented by the CalWORKs caseload could be estimated, that all of the families on CalWORKs would move into the workforce and need some form of care, and that the proportion of families choosing formal, licensed care could be reliably estimated.

Although the CalWORKs program has met and even exceeded expectations in many ways, certainly in the number of families who have moved off public assistance, there continue to be major uncertainties that affect the accuracy of estimating child care demand. For this reason, estimates of needed spaces for this population are not included in the profiles. It is assumed that many successful CalWORKs families are already counted in the general population of families with employed parents. The number of children represented by current case loads, and other statistics that suggest the magnitude of CalWORKs impact on child care, are included in the third section of this report.

## **PROFILES OF LOCAL DEMOGRAPHICS, RESOURCES, AND NEEDS**

The following pages contain profiles for each county for incorporated cities, and for a few "Census designated places". The reader should read the footnotes and also refer to Attachment 4 for a more thorough explanation of the calculations for child care need/demand. The reader should also review the profiles with the following in mind.

**Families and Children:** The 2000 Census was the first in which respondents could select more than one response related to ethnicity. As in past Censuses, "Hispanic" is considered as a separate ethnic category. For the purposes of the profile, the ethnic identification data were analyzed as independent choices, and the "Multiracial" category was not included.

The change in Census methodology with respect to ethnic identification has generated much concern and attention. One benefit may be a more sensitive record of ethnic identity, from the perspective of the respondents. The main difficulty with the change is that it is not possible to compare the ethnic distributions from the 2000 Census with those from prior decades.

**Family Income:** Every profile includes the 2000 Census statistic for percent of families with children under 18 below poverty. The poverty level statistic was first defined by the federal government in 1967 based on the basic food costs of households of different sizes and compositions. It has been regularly increased since that time, but still is a single set of thresholds defined for the country as a whole. It is not based on actual cost of various household needs, and does not give an accurate picture of the number of families who, in spite of regular employment, have difficulty in meeting routine household expenses for housing and child care. As an example, the poverty threshold for a family of four with two children under 18 was \$17,960 in 2001; for a family of five, it was \$21,665. Although these are very low income thresholds, some communities have large proportions that fall below them, and there are striking contrasts even among the communities in the two counties.

The Self Sufficiency Standard<sup>3</sup> has been calculated for California counties (and some cities) to provide a more meaningful reference point than the poverty level reported in the Census. The Standard is intended to be a better estimate because it takes into account factors such as employment related expenses of families, age of children (which affects health, food and child care costs of families), and regional and local cost variations, including:

- Fiscal Year 2000 Fair Market Rents for housing costs, calculated by US Department of Housing and Urban Development at the 40<sup>th</sup> percentile level;
- Year 2000 regional Market Rate Ceilings derived from a statewide survey of over 12,000 child care providers conducted by the California Child Care Resource and Referral Network for CDD/CDE.
- The Low Cost Food Plan calculated by US Department of Agriculture

Statistics for other costs, including transportation, health care, fixed household expenses, taxes and Tax Credits are also included and are explained in the Self Sufficiency Standard report. The following table shows a subset of the standards available for Yuba and Sutter County. The report includes many more.

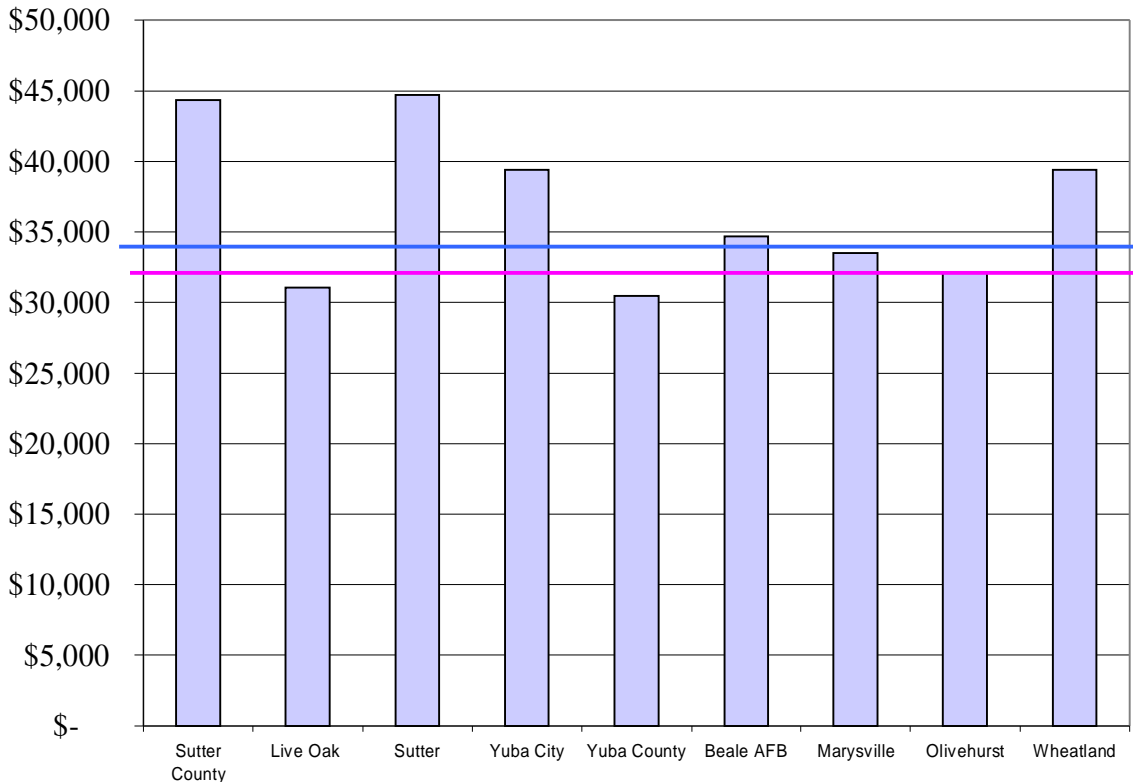
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<sup>3</sup> Diana Pierce and Jennifer Brooks. The Self-Sufficiency Standard for California. San Francisco: Family Economic Self Sufficiency Project and Equal Rights Advocates, November 2000.

**Self Sufficiency Std. Annual Incomes for Three Family Types in Yuba and Sutter County**

Family Type	Sutter County	Yuba County
One adult with two preschoolers	\$28,641	\$29,785
Two adults with one infant	\$30,033	\$31,709
Two adults with a preschooler and school age child	\$33,992	\$34,400

One way to gain a sense for these standards is to compare family median incomes from the 2000 Census with the self sufficiency standard. (Three Census income statistics are included in the profiles and summarized in a table in Appendix 3.) In this case, the standard for a household composed of two adults with one preschool and one school age child is used. (The median is the point at which one half of all households fall above, and one half fall below, in terms of household income.) On the graph below, the upper line (\$33,992) is the standard for Sutter County; Yuba County’s standard (\$32,479) is the lower line.



The reader needs to remember that the median is the number at which one half of the family households fall below, and one half above. For example, in Live Oak more than one half of family households have a family income below the self sufficiency standard. The standard

shown in this graph is for the family with two parents, one preschooler, and one school age child. A family with two preschoolers or an infant would need a higher income to be self sufficient, because of higher child care cost.

Another indicator of poverty or at least economic disadvantage is the number of children receiving free or reduced price meals through the public schools. In Yuba County, 62.5 percent of students qualify for free/reduced price meals; in Sutter County, the share is 50.7 percent. This compares with 47.1 percent for the state as a whole<sup>4</sup>.

**Care Spaces Needed:** The method for calculating this estimate is explained in detail in Attachment 3. This estimate reflects the number of children needing full time care related to parents' employment, and whose parents will choose formal care in family child care homes or centers.

**Child Care Resources:** These statistics record the number of facilities and total licensed capacities in centers and family child care homes for the two counties and for the Cities and Census Designated Places. (Statistics for needed spaces and resources for the balance of the counties, the rural areas not included in the profiles, will be discussed in the section on Qualitative Issues following the profiles.)

The statistics for Center Capacity reflect the licensed capacity as full time equivalents, even where a licensed center is used for a part day program. In other words, these statistics overstate the usable capacity for licensed center care because some centers are occupied by part day State Preschool, privately operated preschools, and Head Start programs. Children needing full day care could not readily access these spaces because they do not provide full day care, and because the programs have specific income and other eligibility requirements.

Attachment 3 lists the number of spaces by program type and location. E-Center Head Start has increased its services since 2001 with 32 new spaces for preschool center based care, and 30 for Early Head Start home based services. Even with the push for parental employment from CalWORKs, part time preschool services are a need for families at risk due to very low income, isolation in rural areas, and special needs of the child or parent.

These part day, publicly funded programs may also be viewed as a resource for the development of more full day, subsidized child care. One of the CDD/CDE mandates for the

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<sup>4</sup> State Department of Education Dataquest, <http://data1.cde.ca.gov/Dataquest>.

Planning Council is to work for coordination or enhancement of part day programs to provide full day care. All of the publicly funded programs sites that offer part day programs (such as Head Start and State Preschool) currently hold double sessions. It is clear that there is a continuing need for part day services. These sites do have the potential for development as full day services if families' needs change.

Estimating capacity for family child care homes presents a different challenge. State law now permits family child care providers to serve up to 8 children (for a small facility) and 14 children (for a large facility), in order to accommodate some older children when school is not in session. However, family child care providers may voluntarily restrict their capacity, out of personal preference or because they have their own children in care in the home. The calculation of "total spaces" for the profiles uses the more conservative numbers of 6 and 12 in calculating available spaces, although even this may be somewhat generous.

## Needs and Resources: Yuba County

<b>FAMILIES &amp; CHILDREN</b>		<b>CARE SPACES NEEDED<sup>3</sup></b>	
<b>Population</b>	60,219	Infant	623
		Preschool	666
<b>Family households<sup>1</sup></b>	7,819	School Age	1,472
		<b>Total</b>	<b>2,761</b>
<b>Children</b>			
Birth to 5 years	4,960		
5 to 14 years	10,659		
All ages	15,619		
<b>Ethnicity (percent)</b>		<b>CHILD CARE RESOURCES<sup>4</sup></b>	
White	71%		
Black	3%	<b>Center Capacity</b>	
Asian	8%	Infant	91
Native American	3%	Preschool	761
Hispanic	17%	School Age	167
Other	9%	<b>Total</b>	<b>1,019</b>
		<b>Total Facilities:</b>	<b>29</b>
<b>FAMILY INCOME</b>		<b>Total Subsidized:</b>	<b>11</b>
Median Family Income	\$30,460	<b>Family Child Care Capacity</b>	
Per Capita Income	\$15,758	Small (up to 8)	70
% Families Below Poverty	23%	Large (up to 14)	30
		<b>Total Space</b>	<b>792</b>

<sup>1</sup>With children under 18 years

<sup>2</sup>For individuals reporting only one category

<sup>3</sup>See text

<sup>4</sup>Includes all centers, including subsidized and part day programs. Spaces given are full time equivalents.

## Needs and Resources: Beale Air Force Base

<b>FAMILIES &amp; CHILDREN</b>		<b>CARE SPACES NEEDED<sup>3</sup></b>	
<b>Population</b>	5,115	Infant	79
		Preschool	75
<b>Family households<sup>1</sup></b>	1,026	School Age	142
		Total	296
<b>Children</b>			
Birth to 5 years	681		
5 to 14 years	1,100		
All ages	1,781		
<b>Ethnicity (percent)</b>		<b>CHILD CARE RESOURCES<sup>4</sup></b>	
White	72%		
Black	11%	<b>Center Capacity</b>	
Asian	5%	Infant	46
Native American	1%	Preschool	134
Hispanic	11%	School Age	117
Other	6%	Total	297
		<b>Total Facilities:</b>	3
<b>FAMILY INCOME</b>		<b>Total Subsidized:</b>	3
Median Family Income	\$34,667	<b>Family Child Care Capacity</b>	
Per Capita Income	\$12,096	Small (up to 8)	22
% Families Below Poverty	18%	Large (up to 14)	
		<b>Total Space</b>	132

<sup>1</sup>With children under 18 years

<sup>2</sup>For individuals reporting only one category

<sup>3</sup>See text

<sup>4</sup>Includes all centers, including subsidized and part day programs. Spaces given are full time equivalents.

## Needs and Resources: Marysville

<b>FAMILIES &amp; CHILDREN</b>		<b>CARE SPACES NEEDED<sup>3</sup></b>	
<b>Population</b>	12,268	Infant	153
		Preschool	150
<b>Family households<sup>1</sup></b>	1,520	School Age	330
		Total	633
<b>Children</b>			
Birth to 5 years	896		
5 to 14 years	1,865		
All ages	2,761		
<b>Ethnicity (percent)</b>		<b>CHILD CARE RESOURCES<sup>4</sup></b>	
White	71%		
Black	5%	<b>Center Capacity</b>	
Asian	6%	Infant	21
Native American	2%	Preschool	434
Hispanic	18%	School Age	24
Other	10%	Total	479
		<b>Total Facilities:</b>	15
<b>FAMILY INCOME</b>		<b>Total Subsidized:</b>	4
Median Family Income	\$33,474	<b>Family Child Care Capacity</b>	
Per Capita Income	\$15,315	Small (up to 8)	40
% Families Below Poverty	24%	Large (up to 14)	26
		<b>Total Space</b>	552

<sup>1</sup>With children under 18 years

<sup>2</sup>For individuals reporting only one category

<sup>3</sup>See text

<sup>4</sup>Includes all centers, including subsidized and part day programs. Spaces given are full time equivalents.

## Needs and Resources: Olivehurst

<b>FAMILIES &amp; CHILDREN</b>		<b>CARE SPACES NEEDED<sup>3</sup></b>	
<b>Population</b>	11,061	Infant	122
		Preschool	148
<b>Family households<sup>1</sup></b>	1,443	School Age	317
		Total	587
<b>Children</b>			
Birth to 5 years	961		
5 to 14 years	2,123		
All ages	3,084		
<b>Ethnicity (percent)</b>		<b>CHILD CARE RESOURCES<sup>4</sup></b>	
White	67%		
Black	2%	<b>Center Capacity</b>	
Asian	5%	0-2 years	0
Native American	4%	2-5 years	94
Hispanic	25%	5-12 years	0
Other	16%	Total	94
		<b>Total Facilities:</b>	3
<b>FAMILY INCOME</b>		<b>Total Subsidized:</b>	2
Median Family Income	\$32,072	<b>Family Child Care Capacity</b>	
Per Capita Income	\$12,020	Small (up to 8)	4
% Families Below Poverty	19%	Large (up to 14)	2
		<b>Total Space</b>	48

<sup>1</sup>With children under 18 years

<sup>2</sup>For individuals reporting only one category

<sup>3</sup>See text

<sup>4</sup>Includes all centers, including subsidized and part day programs. Spaces given are full time equivalents.

## Needs and Resources: Wheatland

<b>FAMILIES &amp; CHILDREN</b>		<b>CARE SPACES NEEDED<sup>3</sup></b>	
<b>Population</b>	2,276	Infant	29
		Preschool	33
<b>Family households<sup>1</sup></b>		School Age	85
		Total	147
<b>Children</b>			
Birth to 5 years	174		
5 to 14 years	443		
All ages	617		
<b>Ethnicity (percent)</b>		<b>CHILD CARE RESOURCES<sup>4</sup></b>	
White	75%		
Black	1%	<b>Center Capacity</b>	
Asian	5%	Infant	0
Native American	2%	Preschool	56
Hispanic	21%	School Age	26
Other	11%	Total	82
		<b>Total Facilities:</b>	3
<b>FAMILY INCOME</b>		<b>Total Subsidized:</b>	1
Median Family Income	\$39,375	<b>Family Child Care Capacity</b>	
Per Capita Income	\$14,889	Small (up to 8)	
% Families Below Poverty	16%	Large (up to 14)	1
		<b>Total Space</b>	12

<sup>1</sup>With children under 18 years

<sup>2</sup>For individuals reporting only one category

<sup>3</sup>See text

<sup>4</sup>Includes all centers, including subsidized and part day programs. Spaces given are full time equivalents.

## Needs and Resources: Sutter County

<b>FAMILIES &amp; CHILDREN</b>		<b>CARE SPACES NEEDED<sup>3</sup></b>	
<b>Population</b>	78,930	Infant	808
		Preschool	865
<b>Family households<sup>1</sup></b>	10,239	School Age	2,053
		<b>Total</b>	<b>3,726</b>
<b>Children</b>			
Birth to 5 years	5,728		
5 to 14 years	13,208		
All ages	18,936		
<b>Ethnicity (percent)</b>		<b>CHILD CARE RESOURCES<sup>4</sup></b>	
White	68%		
Black	2%	<b>Center Capacity</b>	
Asian	11%	Infant	88
Native American	2%	Preschool	1,250
Hispanic	22%	School Age	283
Other	13%	<b>Total</b>	<b>1,621</b>
		<b>Total Facilities:</b>	<b>47</b>
<b>FAMILY INCOME</b>		<b>Total Subsidized:</b>	<b>11</b>
Median Family Income	\$44,330	<b>Family Child Care Capacity</b>	
Per Capita Income	\$17,428	Small (up to 8)	60
% Families Below Poverty	12%	Large (up to 14)	78
		<b>Total Space</b>	<b>1,248</b>

<sup>1</sup>With children under 18 years

<sup>2</sup>For individuals reporting only one category

<sup>3</sup>See text

<sup>4</sup>Includes all centers, including subsidized and part day programs. Spaces given are full time equivalents.

## Needs and Resources: Live Oak

<b>FAMILIES &amp; CHILDREN</b>		<b>CARE SPACES NEEDED<sup>3</sup></b>	
<b>Population</b>	6,229	Infant	66
		Preschool	71
<b>Family households<sup>1</sup></b>	843	School Age	192
		Total	342
<b>Children</b>			
Birth to 5 years	479		
5 to 14 years	1,231		
All ages	1,710		
<b>Ethnicity (percent)</b>		<b>CHILD CARE RESOURCES<sup>4</sup></b>	
White	50%		
Black	2%	<b>Center Capacity</b>	
Asian	8%	Infant	18
Native American	10%	Preschool	145
Hispanic	49%	School Age	28
Other	33%	Total	191
		<b>Total Facilities:</b>	8
<b>FAMILY INCOME</b>		<b>Total Subsidized:</b>	3
Median Family Income	\$31,075	<b>Family Child Care Capacity</b>	
Per Capita Income	\$9,571	Small (up to 8)	5
% Families Below Poverty	33%	Large (up to 14)	5
		<b>Total Space</b>	90

<sup>1</sup>With children under 18 years

<sup>2</sup>For individuals reporting only one category

<sup>3</sup>See text

<sup>4</sup>Includes all centers, including subsidized and part day programs. Spaces given are full time equivalents.

## Needs and Resources: Yuba City

<b>FAMILIES &amp; CHILDREN</b>		<b>CARE SPACES NEEDED<sup>3</sup></b>	
<b>Population</b>	36,758	Infant	427
		Preschool	417
<b>Family households<sup>1</sup></b>	4,877	School Age	907
		<b>Total</b>	<b>1751</b>
<b>Children</b>			
Birth to 5 years	2,981		
5 to 14 years	5,991		
All ages	8,972		
<b>Ethnicity (percent)</b>		<b>CHILD CARE RESOURCES<sup>4</sup></b>	
White	67%		
Black	3%	<b>Center Capacity</b>	
Asian	9%	Infant	70
Native American	2%	Preschool	1036
Hispanic	25%	School Age	309
Other	15%	<b>Total</b>	<b>1415</b>
		<b>Total Facilities:</b>	<b>37</b>
<b>FAMILY INCOME</b>		<b>Total Subsidized:</b>	<b>6</b>
Median Family Income	\$39,381	<b>Family Child Care Capacity</b>	
Per Capita Income	\$15,928	Small (up to 8)	23
% Families Below Poverty	20%	Large (up to 14)	67
		<b>Total Space</b>	<b>942</b>

<sup>1</sup>With children under 18 years

<sup>2</sup>For individuals reporting only one category

<sup>3</sup>See text

<sup>4</sup>Includes all centers, including subsidized and part day programs. Spaces given are full time equivalents.

## Needs and Resources: Sutter

<b>FAMILIES &amp; CHILDREN</b>		<b>CARE SPACES NEEDED<sup>3</sup></b>	
<b>Population</b>	2,885	Infant	23
		Preschool	27
<b>Family households<sup>1</sup></b>	438	School Age	74
		<b>Total</b>	<b>124</b>
<b>Children</b>			
Birth to 5 years	210		
5 to 14 years	593		
All ages	803		
<b>Ethnicity (percent)</b>		<b>CHILD CARE RESOURCES<sup>4</sup></b>	
White	85%		
Black	0%	<b>Center Capacity</b>	
Asian	1%	Infant	
Native American	3%	Preschool	28
Hispanic	12%	School Age	
Other	6%	<b>Total</b>	<b>28</b>
		<b>Total Facilities:</b>	<b>1</b>
		<b>Total Subsidized:</b>	<b>1</b>
<b>FAMILY INCOME</b>			
		<b>Family Child Care Capacity</b>	
Median Family Income	\$44,677	Small (up to 8)	3
Per Capita Income	\$16,509	Large (up to 14)	6
% Families Below Poverty	14%	<b>Total Space</b>	<b>90</b>

<sup>1</sup>With children under 18 years

<sup>2</sup>For individuals reporting only one category

<sup>3</sup>See text

<sup>4</sup>Includes all centers, including subsidized and part day programs. Spaces given are full time equivalents.

## Qualitative Issues

### Subsidized Child Care Need

The Census Bureau's recent report on child care<sup>5</sup> reported findings on cost of child care as well as patterns of use. These findings were taken from the 1996 Survey of Income and Program Participation (SIPP) based on a sample of the U.S. Population. Many families are paying for child care in the U.S. -- nearly one third of all mothers living with a child under 15 years. Although the actual cost figures would not be accurate for today's child care consumers, the findings on cost burden of child care are. Nearly half (51 percent) of preschoolers living with their mothers were in some kind of paid arrangement. The amount spent per family was higher for metropolitan than non-metropolitan areas.

The most important finding was that poor families paid more per week for child care than did non-poor. The actual cost was one third higher. However, due to lower incomes this represented "roughly three times more of their budget...20 percent [of total income] compared with 7 percent" for non-poor. This gap between poor and non-poor was found over the entire period from 1987 to 1997. The report also stated, "in spring 1997, 812,000 children under 15 years old received help from the government to pay for child care."

With the legislation and implementation of CalWORKs, the supply and cost of child care has become even more critical for local child care planners. It was anticipated that CalWORKs, if successful, would create an entirely new population of consumers. However, as CalWORKs participants moved into the labor force to "get a job, get a better job", their initial employment would generate insufficient income to pay the full cost of care. These newly employed families need consistent and generous support in order to maintain dependable child care as they work toward self sufficiency and jobs with incomes that would permit them to pay the full cost of care.

The Council's 1999 Needs Assessment anticipated this new demand by estimating demand for child care spaces for the CalWORKs population in addition to other consumers already using care. It was assumed that CalWORKs participants would "bring their subsidy with them" in subsidies managed by County agencies and Children's Home Society (CHS), in that way not burdening existing subsidized programs. CalWORKs subsidies did result in significant growth in the child care subsidy program at CHS, which serves both Yuba and Sutter Counties.

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<sup>5</sup> Kristin Smith. Who's Minding the Kids? Child Care Arrangements: Spring 1997. Current Population Reports #P70-86. U.S. Census Bureau: July 2002.

The picture has changed markedly since the inception of CalWORKs, with caseloads dropping as parents moved into the labor force. Many current and former CalWORKs participants have become part of the regular population of child care consumers. However current proposals to eliminate all of Stage 3 would leave parents with few choices. They may reduce the amount of paid, formal care they use, leave employment, or attempt to receive subsidized care through the Alternative Payment Programs at CHS, or a subsidized center based program. The new demand for Alternative Payment and subsidized center spaces would no doubt significantly increase waiting lists for these scarce resources. The number of CalWORKs children enrolled in formal child care is a fraction of the total population in the CalWORKs caseload. For example, as of January 2003, Yuba County's Department of Health and Human Resources reported their caseload of families included 1,093 children age zero to five, and 3,186 children age five to eighteen.

The loss of Stage 3 funding would directly affect recipient families, but could also have a ripple effect to subsidized programs serving lower income working families. In addition to low income families who have entered the labor force via CalWORKs, one must keep in mind that the cost of child care is a significant burden even for moderate income parents. Subsidized programs tend to set priorities to serve lowest income first. This means subsidized care may be out of the reach of families with only slightly better incomes. Demand for these subsidies will also grow as some CalWORKs families reach their 60 month end of eligibility and continue to try to work and pay for child care.

An assessment of available subsidized child care must include publicly funded child care programs such as Head Start and CDD/CDE contract centers, and child care subsidies that may be used in privately operated centers, family child care homes and with license exempt providers.

It is possible to compare 1999 subsidized care enrollment with current enrollments.

**Subsidized care enrollments in Yuba and Sutter Counties**

	1999	2003
Yuba Stage I CalWORKs (CHS)	541	287
Sutter Stage I CalWORKs (Sutter County)	Not reported	150
Yuba/Sutter Stage II, III (CHS)	448	615
Other Alternative Payment (CHS)	393	363

Waiting lists for child care subsidies are often cited as a measure of demand or unmet need for assistance. However, these statistics are flawed because parents may sign up for

multiple sites (meaning the lists have duplicated counts) or sign up and then quit looking (meaning the lists include families who no longer “need” the subsidy). Agencies in Yuba and Sutter Counties have attempted to respond to a State mandate to develop a centralized eligibility list (CEL) that would create a central point for parents seeking subsidies and produce an unduplicated count of need. However, implementation of the CEL has not progressed as expected due to the cost requirements for purchase of hardware and software, and some technical and procedural issues. Long waiting lists are a fact of life in subsidized child care; they do not produce reliable or accurate statistical data.

### **Infant Care**

Center based services for infants and toddlers are a critical unmet need in many areas in the Yuba/Sutter region and elsewhere. Infant/toddler center care is more expensive because it is much more labor intensive; guidelines for best practices and State regulations mandate higher adult to child ratios. Centers must provide the same indoor and outdoor space as for older children, and other features (furniture and diapering/hand washing facilities) can add cost. Center based services for fee-paying families are most cost effective if developed as part of a larger center that also serves preschoolers. Capacity for infant care in family child care is also constrained because of State regulations that limit the total number of infants in each home. Family child care offers the advantage of accommodating mixed-age sibling groups, and continued care as the child moves out of infancy.

Spaces for infant care in Yuba County are in centers at Beale Air Force Base (46) and Yuba College (21). In Sutter County, three private centers, and publicly funded programs operated by Yuba City Unified School District and Migrant Head Start also provide infant care. These programs tend to serve small numbers of infants.

A new infant center in Wheatland opened in April 2003. This center has a licensed capacity of 22 infants. Its owner has received inquiries from parents at Beale Air Force Base (where the program has a waiting list) and expects to also serve parents commuting south to work. The center’s financing included a loan from the Yuba Sutter Economic Development Corporation.

### **Before and After School Care**

The profiles show a gap between demand and available spaces for before and after school care that is nearly as great as that for infant care. The demand is four to five times the supply of

licensed child care spaces. Some of this gap certainly is filled by license exempt care, including recreation programs, federally funded Safe Neighborhood programs, and State funded Before and After School programs offered at a few school sites. This gap is all the more critical because school age children are often tied to a specific location, their school. Having on site or near site services eliminates a serious transportation issue.

The term “before and after school” is not accurate, as children of school age also need care during school vacations and summer. One must keep in mind that many school age children needing care are only slightly older than their preschool counterparts; kindergarten students need care for all but the three hours when they are in the classroom, and developmentally need the same play oriented, developmentally appropriate care as their younger peers.

Proposition 49 of 2002 offers a major new funding source for expansion of before and after school programs; its promised funding of \$550 million more than triples current state funding of \$122 million for before and after school care. This funding is not expected to begin until 2004 or later. The proposition depends on a “trigger” based on a minimum increase in the State’s General Fund, an increase that seems unlikely with the current budget scarcity. The intent is to make programs permanently available for every public elementary and middle school, and community based programs off of school grounds. These programs can be exempt from licensing. However, the availability of funding alone will not guarantee that new programs will grow. Development of new programs will depend in large part on local school districts and other community agencies. Although Proposition 49 authorized funding for direct services, it did not fund technical assistance to communities to help “grow” new programs. SDE may need to identify schools and communities that fail to apply for the funds, and develop mechanisms to stimulate development of new services. With population growth and class size reductions, local schools may lack space to house such programs. The growth of local before and after school programs will depend on both local initiatives and State leadership to make optimal use of resources offered by Proposition 49.

Family child care providers are a crucial component of care before and after school, especially when their homes are located near school sites. Providers may need assistance in managing their services to accommodate the varying schedules of school age children. They may also need assistance in providing services appropriate to older children.

## Children with Disabilities

The 2000 Census reported the follow counts for children age 5 to 15 with disabilities.

### Disabilities of Children Age 5 to 15, 1999

Diagnosis	Sutter County	Yuba County
Sensory	106	128
Physical	130	156
Mental	732	654
Self-Care	106	89
Total	1074	1027
% of all children	7.3%	8.8%

The reader should keep in mind that the cohort represented by these numbers is now three years older, and very young children were not counted. However, the data illustrate the relative number of children with different diagnoses in the two counties.

Younger children with disabilities are often difficult to count because of the varying time of onset or diagnosis of the disability, and the fact that they have not yet entered formal education programs. School enrollment data certainly under represent the number of younger children, but these do give a picture of the number and range of disabilities among children in the two counties. <sup>6</sup>

### Yuba County Special Education Enrollments

Diagnosis	Age			Total
	0-2	3-5	6-13	
Mental Retardation	0	10	77	87
Hard of Hearing/Deaf	0	0	7	7
Speech/Language Impaired	0	120	501	621
Visually Impaired	0	0	8	8
Orthopedic Impairment	0	3	13	16
Specific Learning Disab.	0	0	460	460
Autism	0	3	22	25
Other	0	2	91	93
Total	0	138	1179	1317

<sup>6</sup> Yuba County Office of Education; State Department of Education Dataquest, <http://data1.cde.ca.gov/Dataquest>.

**Sutter County  
Special Education Enrollments**

Diagnosis	Age			Total
	0-2	3-5	6-13	
Mental Retardation	4	5	70	79
Hard of Hearing/Deaf	5	3	22	30
Speech/Language Impaired	0	121	487	608
Visually Impaired	0	1	23	24
Orthopedic Impairment	7	7	20	34
Specific Learning Disab.	0	17	545	562
Autism	1	6	25	32
Other	5	12	47	64
Total	24	172	1107	64

The Child Care Planning Council in 1999 recognized that there were unmet needs for children with disabilities. In 2002, the Council initiated focus groups with parents, including some groups specifically for parents of children with disabilities. A description of the focus groups and summary of findings is included in Attachment 5. One difficulty in estimating need for child care for these families is that they often have encountered tremendous barriers in child care and other out of home services for their children. Many of the services provided to the children are therapeutic, or they are intended as temporary respite for parents. As a result, the families may rely on care by another family member or withdraw from the labor force.

In 2002, the Offices of Education in the two counties distributed surveys to parents of children with disabilities. The results reflect their experience in seeking and finding child care. Parents reported reluctance or outright refusal of providers to serve children having a specific diagnosis, or being told they would have to pay a higher rate. Cost and rejection of their child from care were cited by several parents as barriers. A majority of these parents had not reduced their work hours or stopped working to provide care at home, but felt they had no choice in available care. Not surprisingly, the most common form of care was either private care in the child's home or care by a relative. One parent stated, "I am actually too protective to put them in daycare at this time." Another said, "my child cannot communicate and I find it difficult to leave him with someone I don't know because he would not be able to tell me if he was treated poorly." The responses of parents who continue to be employed may seem to contradict those of parents who cite their child's needs and lack of appropriate services as reasons not to be employed. However, it may be that the parents who continue employment do so out of sheer

necessity. Both employed and at-home parents commented at length on the lack of appropriate services and limited range of choices in child care.

According to the federal Americans with Disabilities Act (ADA), private child care facilities, including those licensed in private homes, are public accommodations and are subject to the ADA. Providers' reluctance to serve children with disabilities may be a real barrier to child care for these children. However, limited resources (including the essential but intangible ones of time, energy, and patience) may contribute to providers' reluctance. Confidential surveys of providers in Yuba and Sutter County, conducted by the Planning Council in 2002, found that most providers were "open to" caring for children with disabilities<sup>7</sup>. They stated that they would consider accommodating more types of disabilities if additional training and support were available, and most stated that they felt qualified to accommodate at least some disabilities. Among the barriers to accommodating children with disabilities were the increased attention required by the child, difficulty in communicating, the need for more patience and experience than the providers felt they had. Providers reported experience in serving children with a wide range of disabilities, including orthopedic impairments, emotional disability, autism, and mental retardation. Providers listed several changes to their homes that resulted from their effort to accommodate children with disabilities. The most common of these were giving less attention to other children in care, hiring new employees, and completing more courses or training.

SB1703 of 2002 authorized funding in 2002 to increase local resources for accommodation of children with disabilities in child care. A share of the State funding was allocated directly to CDD programs for equipment purchase and physical improvements to access. CDD/CDE also funded Local Planning Councils and Resource and Referral Agencies to develop plans to improve accommodation of children with disabilities in private center based and family child care facilities. The State's fiscal crisis has delayed implementation of SB1703 statewide. The plan for Yuba and Sutter Counties' SB 1703 grants has been prepared and submitted, incorporating some of the findings from the survey and focus groups initiated by the Child Care Planning Council. A multi-agency team participated in the Transfer of Knowledge Symposium convened in Sacramento in December 2002 by the Child Development Programs Advisory Committee. This was intended to be a first step for SB 1703 implementation, bringing

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<sup>7</sup> "Most" in this context refers to 8 or 9 of the 10 respondents to the Yuba County survey, and 10 to 16 of the respondents to the Sutter County survey.

together the many agencies serving children with disabilities in order to coordinate planning and delivery of child care services. The Council expects to begin implementation of the plan in Spring 2003.

### **Migrant Child Care**

The Planning Council's 1999 Needs Assessment cited a report published by E Center that estimated the total number of families involved in agricultural work based on agricultural production in the region. This method permitted a more thorough accounting of families who might be missed in counts based on actual applications to existing migrant care providers. According to this estimate, existing Migrant Head Start served only 13 percent of the eligible children of migrant families in Sutter County, and none in Yuba County. There are two other migrant child care programs in the two-county area, but these numbers suggested an extreme need for more services.

In November 2002 E Center published its Migrant Head Start Community Needs Assessment for 19 northern California counties. This assessment provided a smaller estimate restricted to families presumed to be eligible for Migrant Head Start. Families may lose eligibility for migrant child care because they maintain residence in one location beyond the migrant season. (This may be a response to school requirements related to tenure and advancement to grade.) Historically this population was believed to be undercounted or entirely missed by the Census. It includes families living at the lowest income levels and with very limited access to social services. Outreach to migrant families, even by experienced providers such as E Center, is very challenging. The report found that the population of children under 4 years of age appears to be declining in smaller rural agricultural counties while diversity has increased. Lack of affordable, accessible, and adequate child care was identified in the report as a "significant problem", and the difficulty of retaining experienced child care providers is a "crisis".

E Center's report cited statistics from the Migrant Health Program that estimate migrant and seasonal children and youth by age and county. The report estimated that there were just 277 Sutter County children, and 112 Yuba County children, age four and under in migrant education. The E Center report does not clarify what programs are included in its definition of preschool "migrant education" but these enrollments are actually in excess of the total capacity

for migrant care in Migrant Head Start and CDD/CDE migrant care programs in the two counties. Even so, they are far below the estimated number of children likely to need care.

**Children of Migrant and Seasonal Families in Sutter and Yuba Counties<sup>8</sup>**

	0-4 years	5-14 years
Sutter Migrant	2,396	3,236
Sutter Seasonal	2,223	3,898
Yuba Migrant	904	1,221
Yuba Seasonal	839	1,470
<b>Total</b>	<b>6,362</b>	<b>9,825</b>

By definition, one might expect there to be duplicate counts between migrant and seasonal, and between Sutter and Yuba populations.

**Access to Health Resources**

One of the unmet needs identified in the 1999 Needs Assessment was services to care for children when they are recuperating from mild illness. This continues to be an unmet need, and one for which no ready solution exists. Passage of recent state law for family and medical leave has increased options for families with infants or family members with serious illness.

One option available to all child care providers is to use best practices in preventive health and hygiene for children in their care. The Planning Council can play a role in assuring that resources for provider training and education are available, accessible, and consistently used.

Another option is assuring that families have all available resources to keep their children healthy and to prevent illness when possible. One resource along with Medi-Cal is the Healthy Families program, which subsidizes health insurance for children in low income families. There is general consensus across the state that families are not taking advantage of this program to the extent possible. It is estimated that 1.48 million California children are eligible for either Healthy Families or Medi-Cal. At the same time, it is very difficult to assess the rate of enrollment relative to the total population of eligible children<sup>9</sup>.

According to the Managed Risk Medical Insurance Board, 2,327 Sutter families and 1,343 Yuba families are enrolled in Healthy Families. Yuba Sutter Head Start’s Community

<sup>8</sup> Migrant Health Program, bureau of Primary Health Care, Health Resources and Services Administration, September 2000.

<sup>9</sup> Ninez Ponce et al. California’s Uninsured Children: A Closer Look at the Local Level. HIPP Policy Alert, Center for Health and Public Policy Studies (CHPPS), UC Berkeley School of Public Health, <http://chpps.berkeley.edu>, March 2000.

Needs assessment reported that Sutter County ranked third in the state for Healthy Families enrollment in 2002.

According to Great Valley Center estimates, counties in the Sacramento Valley and North Valley areas had lower rates of uninsured eligible children than did Los Angeles, the Bay Area, and the state as a whole. At the same time, rates for children living in poverty were lower for the Sacramento Metropolitan area (which includes Sutter and Yuba counties) than for the state as a whole. The rates for Sutter and Yuba were higher than the state and regional rates, and Yuba County's was one of the highest of California's 58 counties.<sup>10</sup>

As with access to migrant services, enrollment in Healthy Families may be constrained due to parents' lack of information, language barriers, and immigrant families' concern about risks to immigration and citizenship status. Bureaucratic barriers still exist, including the lengthy application form and recertification requirements. The Planning Council might consider whether targeted outreach, through child care providers to parents, could increase participation in this valuable program.

### **Linguistic and Cultural Minorities**

The Census ethnic data reported in the profiles are a reminder of the tremendous ethnic and cultural diversity to be found in this region. Programs that not only accommodate, but also celebrate this diversity are critical for young children and their families.

Statistics on "English Learners" provided by the State Department of Education<sup>11</sup> is a reminder that there are still many families whose first language is not English. Children from these families need to be accommodated with staff and a learning environment that reflects the language of home. In Yuba County, SDE data count 1,363 children in grades Kindergarten through 6 who are English Learners. Of these, 47 percent are from Hmong speaking homes, and 49 percent from Spanish speaking homes. In Sutter County, the same source counts 1,850 English Learners in grades Kindergarten through 6. The predominant first language is Spanish (70 percent of English learners), and Punjabi is second in frequency (24 percent).

In addition to assuring that representative community agencies have opportunities to develop services that have appropriate language and culture, it is also important to assure that

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<sup>10</sup> Great Valley Center. The State of the Great Central Valley. Indicators Report: Public Health and Access to Care. March 2002.

<sup>11</sup> State Department of Education Dataquest, <http://data1.cde.ca.gov/Dataquest>.

members of the diverse cultural groups have opportunities for training and employment in child care.

### **Child Care in Rural Communities**

The 1999 identified complex unmet needs in rural parts of Yuba and Sutter counties. These communities were assigned priority for funding of State preschool funding. With Head Start and Migrant Head Start, there has been some progress in meeting rural needs. The long distances and low population densities that characterize rural life also make service development very difficult. The following table summarizes the small number of programs and licensed spaces that exist outside the developed parts of the Counties. The method for estimating “care spaces needed” is explained in the second section of this report.

	Spaces Needed		Spaces in Licensed Centers	
	Sutter	Yuba	Sutter	Yuba
Infants	291	239	0	0
Preschool	350	259	18	43
School Age	880	598	43	0
Total	1522	1096	61	43

In addition to the small number of spaces in licensed centers, there is just one small family child care home in rural Sutter County and five family child care homes (two large and three small) in rural Yuba County.

### **Working with the Private Sector**

Economists describe child care as a case of “market failure” in which consumers may elect to use less of a service because of inability to pay its full cost. This artificial limit on demand is compounded by providers who continue to provide services with insufficient revenue, and charge consumers less than the true cost of care. The failure constrains the supply and undermines the quality of services, resulting in a limited range of options.

The Child Care Planning Council has attempted a number of strategies to address this failure both directly and indirectly. In 2002, the Council engaged a consultant to complete an economic impact study that documented the direct and indirect contributions of child care to the region’s economy. The Council has presented these findings through a variety of media. The study results make the case that child care is a resource for economic and employment development, and warrants greater local investment. It also educates the business community

about child care as a part of the local “infrastructure” that must be understood when job development and economic development projects move forward.

The economic impact study is an important tool that the Council has developed to use in partnering with local private sector interests. The Council’s staff have worked with the Yuba Sutter Economic Development Corporation on making child care an economic development strategy. The Council has joined the EDC. An indirect but very positive outcome of the Council’s efforts is the fact that the EDC has now made loans to two developing child care centers in the Yuba/Sutter area.

In the US, efforts have been made since the 1970s to obtain employer support for child care for their employees. The lack of child care, whether because of different work schedules, remote location, or inability to pay for care, has been found to have a direct impact on absenteeism and productivity. A range of options are available to employers, from sponsoring or partnering in the development of a child care center, to adoption of flexible work schedules and “family friendly” leave policies. Such strategies often are adopted to give the employer a competitive advantage in recruiting skilled and committed employees.

In fall 2002, the Child Care Planning Council assisted the Sutter North Medical Foundation in polling its employees about child care needs. This survey is an important first step in working with employers to address child care needs of employees. Employees from Marysville and Yuba City responded. Their responses were not unlike those of other parents seeking care in the Yuba/Sutter area; 77 percent stated they had difficulty finding care, and 55 percent stated that cost of care was the principal barrier. Contrary to expectations, 88 percent of respondents are looking for care during the day shift. Employees are using a variety of licensed, formal care and informal care including in-home and family members and neighbors.

Another strategy that has involved multiple activities is the recognition of the importance of child care staff and private family child care providers. These committed professionals continue to deliver good quality service in spite of inadequate compensation, but economic realities contribute to high rates of turnover in employment and business formation in child care. The Planning Council has sought State funding and other resources to develop and implement staff retention and training programs; these continue. The Planning Council in spring 2003 will conduct another survey of local child care operators and staff to accurately describe current pay

and benefits, and to identify ways to encourage staff retention and more viable business practices in child care.

## **Conclusions and Recommendations**

The following recommendations are based on the needs, resources, and qualitative issues described in this report. The Council will have to review the recommendations in the light of its mission, State mandates, and tasks remaining on its Five Year Plan.

### **Support and guide child care center development.**

Child care center care continues to be an unmet need for infants and before and after school. There are significant barriers to the development of center based care, and the Council has begun to address them. It has attacked the economic problems of child care by completing an economic impact study and by building relationships with economic leaders. It continues to work on potential barriers in local planning and zoning policies.

The greatest barrier to center development at this time is economic uncertainty. The Planning Council can reduce the risk for potential center operators by providing planning data and objective feedback on proposed services. The Council can also continue to solicit private sector resources for financing and operating subsidies. The Council (in partnership with Children's Home Society) should consider whether it can fund or assist with very specific market studies that would help potential operators obtain accurate data on demand and financial feasibility. These market studies will make project proposals more attractive to potential investors and funders.

The Council has in the past had access to technical assistance and other resources for facility development. The Council assisted Yuba Sutter Head Start in obtaining a \$100,000 grant from the Yuba County Children and Families Commission for development of a Marysville facility.

As new opportunities become available, the Council will share them with prospective center operators. An opportunity that has just presented itself is the AbCd Initiative. Funded by the Packard Foundation in collaboration with Mercy Housing, this project has already selected Yuba and Sutter counties as two of the target counties for implementation. The Council has begun to work with the initiative, providing planning data for a planning grant funded by the Sutter County Children and Families Commission.

### **Continue advocacy for children with disabilities.**

The timing for the passage of SB 1703 just before the current budget crisis was unfortunate. It put local advocates, including the Council, in the position of planning with no

guarantee for funding to implement the plans. However, SB 1703 also set the stage for new and stronger collaboration that may include various service parents, providers, Children's Home Society, and the Council. The Council and its collaborators in this process should continue their effort, asking looking for ways to improve access to services even if no funds are available. The surveys and focus groups completed in 2002 provide many important insights from the perspectives of parents and providers. These should be incorporated into any provider training and parent outreach efforts that the Council undertakes.

**Take a leadership role in implementation of Proposition 49.**

Communities in Yuba and Sutter County have had some success in developing after school programs with State and federal funding. The Council should monitor implementation of Proposition 49 at the State level to assure that as funds become available, local agencies are prepared to take advantage of them. This may require some leadership in serving as a liaison between school districts, City recreation programs, and current providers. A critical issue is identifying available space on or near school campuses. Public schools are one option. In anticipating this opportunity, the Council may be able to influence local planning of school sites, parks, and residential areas so that adequate space is set aside.

Leadership may also be needed so that when funds are available; these new programs will be welcomed as a key partner with local schools in assuring the safety and development of school age youth.

**Support continued outreach to families about Healthy Families**

Child care providers often have more contact with parents than other service providers. They also have an incentive to prevent illness among children in their care. The Council (working with the County Health Departments and Children's Home Society) might assist in developing outreach via child care providers to parents.

**Find new ways to encourage development of migrant child care and to address other rural needs.**

The problem of estimating unmet need for migrant child care was a challenge in this needs assessment as it was in the 1999 study. Even with very conservative estimates of need it appears that existing resources in no way match the need. There has been virtually no increase in available services since the 1999 needs assessment. Migrant families lack visibility, and may be

reluctant to press for services if their immigration status is in question. Transportation and the shifting nature of parents' work also obscure the need for care.

The Council should consider alternatives that will permit it to draw a more accurate picture of needed services and solutions. This may involve outreach to growers and other agricultural interests, and to rural and migrant housing providers.

One surprising finding in the needs assessment was the very small number of family child care homes in rural parts of the counties. The Council could explore, with the assistance of Children's Home Society and the Bi-County Family Child Care Association, the barriers to development of family child care in rural areas. This would seem to be a solution to the need for very small programs close to where people live. The barriers may include County zoning policies, the lack of appropriate housing, the physical isolation experienced by potential providers, or the lack of information about family child care as a business opportunity. The Council might research opportunities to support family child care within new housing developments planned by affordable housing providers.

**Continue to seek opportunities to work with the private sector.**

In spite of the many economic challenges faced by the region, and the limited number of large firms, the Council has had a number of successes in working with the private sector. It should continue to take a proactive role, especially as both counties begin to cope with growth opportunities and pressures. This role should include advocacy to reserve adequate child care sites within planned developments by influencing local zoning and General Plan policies. It should also advocate for grants, loans and operating subsidies from private employers and investors, and from public economic development interests.

**ATTACHMENT 1**  
**Child Care Planning Council of Yuba and Sutter Counties**

<b>Yuba County</b>	
JoAnne Aiello, Program Director E Center/Yuba Sutter Head Start	Child Care Provider
Kathy Woods, Director MJUSD Child Development Programs	Child Care Provider
Sally Sokoloski, Assistant Superintendent Yuba County Office of Education	Public Agency
Barbara Miles, Program Manager Yuba County Health & Human Resources Dept	Public Agency
Valli Elliott, Health Education Specialist Yuba County Health Services	Community Representative
Donna Sullivan, Program Specialist SEEDS Project/Sacramento Co. Office of Ed.	Discretionary
Gaileen Bumgarner, Program Administrator Children's Home Society of California	Discretionary
<b>Sutter County</b>	
Eva Teagarden, Director YCUSD Child Development Programs	Child Care Provider
Linda Granger, Director Live Oak Child Care Center	Child Care Provider
Lola Schroeder, Employment Services Supervisor Sutter County Employment Services	Public Agency
Roberta Huffmaster, Special Ed Nurse Sutter County Superintendent of Schools	Public Agency
Tresia Filby, President Bi –County Day Care Association	Community Representative
Julie Eckardt, Marketing Director Sutter North Medical Foundation	Community Representative
Yash Bhatia, Program Director Mahal Plaza Child Care Center	Discretionary
Amerjit Bhattal, Public Health Nurse Sutter County Health Department	Discretionary
Kathy Tamez Yuba County Office of Education	Parent Consumer
Theresa Schulte Feather River State Bank	Parent Consumer

## ATTACHMENT 2

### Local Planning Council Mandates

1. Elect a Chair and select a staff.
2. By May 30 of each year, upon approval by the County Board of Supervisors and County Superintendent of Schools, submit to the California Department of Education Child Development Division (CDE/CDD) the local priorities it has identified that reflect all the child care needs in the County. To accomplish this, the Planning Council shall do the following:

Conduct an assessment of child care needs at least once every five years. CDE shall prescribe and define data elements to be included...The needs assessment shall also include all factors deemed appropriate by the Planning Council in order to obtain an accurate picture of the comprehensive child care needs in the County.
3. Document information gathered during the needs assessment which shall include, but not be limited to data on supply, demand, cost, and market rates for each category of child care in the County.
4. Encourage public input in the development of funding priorities. Opportunities for public input shall include at least one public hearing during which member of the public can comment on the proposed priorities.
5. Prepare a comprehensive County-wide child care plan designed to mobilize public and private resources to address identified needs.
6. Conduct a periodic review of child care programs funded by the CDE, California Department of Social Services (DSS), and associated federal funding sources to determine if identified priorities are being met, including funding, staffing, and quality issues.
7. Collaborate with subsidized and non-subsidized child care providers, County welfare and human service agencies, job training programs, employers, integrated child and family service councils, the local and state Child and Families Commissions, parent organizations, Early Start Family Resource Centers, local child care Resource and Referral programs, and other interested parties to foster partnerships designed to meet local child care needs.
8. Design a system to consolidate child care waiting lists.
9. Facilitate the coordination of part-day programs, including State Preschool and Head Start, with other child care and development services to provide full-day child care.
10. Submit the results of the needs assessment and the local priorities identified to the county Board of Supervisors and County Superintendent of Schools for approval before submitting them to CDE/CDD.
11. Review and comment on policies and procedures submitted to the CDE/CDD that concern child care to be provided within the County. These comments shall in no way be binding on the CDE/CDD in determination of programs to be funded.

12. Identify at least one, but no more than two, members to serve as part of the CDD team that reviews and scores proposals for child care services funded through the CDD. Council representatives shall not review and score proposals from their own County.
13. Develop and implement a training plan to provide increased efficiency, productivity, and facilitation of Council meetings. This may include developing a training manual, hiring facilitators, and identifying strategies to meet the objectives of the Council.
14. Provide consultation to CDE/CDD and DSS on the development of a single application and intake form for all federal and state subsidized child care and development services.

**ATTACHMENT 3  
Data Calculations and Sources**

**Income Comparisons from Census Data**

City	Median Family Income	Per Capita Income	Families with Children below poverty (%)
<b>Sutter County:</b>	\$ 44,330	\$ 17,428	12%
Live Oak	\$ 31,075	\$ 9,571	33%
Sutter	\$ 44,677	\$ 16,509	14%
Yuba City	\$ 39,381	\$ 15,928	20%
<b>Yuba County:</b>	\$ 30,460	\$ 15,758	23%
Beale AFB	\$ 34,667	\$ 12,096	18%
Marysville	\$ 33,474	\$ 15,315	24%
Olivehurst	\$ 32,072	\$ 12,020	19%
Wheatland	\$ 39,375	\$ 14,889	16%

**Children of Employed Parents**

**Yuba County Children by Age**

Child age	Beale	Marysville	Olivehurst	Wheatland	Rural	Yuba Co.
0-2	418	552	524	100	1307	2901
3-5	395	540	634	114	1418	3101
6-12	818	1299	1487	319	3578	7501

Source: US Census 2000

**Yuba County Rate of Parental Employment**

All parents employed	0.44	0.645	0.541	0.677	0.498	0.498
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Source: US Census 2000

**Sutter County Children by Age**

Child age	Live Oak	Sutter	Yuba City	Rural	Sutter County
0-2	280	121	1822	1141	3364
3-5	301	144	1777	1383	3605
6-12	885	430	4232	3809	9356

Source: US Census 2000

**Sutter County Rate of Parental Employment**

All parents employed	0.55	0.438	0.544	0.557	0.557
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Source: US Census 2000

**Children of Employed Parents: Formal Child Care Services Demand and Supply**

These estimates of “demand” were calculated by multiplying the number of children by the rate of “all parents employed” for each place and by .43, the factor taken from analysis by Kristin Smith (Who’s Minding the Kids? Child Care Arrangements: Spring 1997. Current Population Reports #P70-86. U.S. Census Bureau: July 2002. )

**Yuba County**

**Spaces Needed**

Child age	Beale	Marysville	Olivehurst	Wheatland	Rural	Yuba County
0-2	79	153	122	29	623	239
3-5	75	150	148	33	666	259
6-12	142	330	317	85	1472	598

**Licensed Spaces**

	Beale	Marysville	Olivehurst	Wheatland	Rural	Yuba County
Infant	46	21	0	24	0	91
Preschool	134	434	94	56	43	761
School-Age	117	24	0	26	0	167
<b>State/Federal Funded</b>						
Head Start		70	84	16		170
Migrant Child Care		68				68
State Preschool	34	118	24	24	50	250
General Child Care		21	48			69
School-Age		34*				34
<b>Private</b>						
Infant				24		24
Preschool		117		40	43	157
School-Age		24		26		50
<b>Family Child Care</b>						
Large	0	26	2	1	2	31
Small	22	40	4	1	3	70
Total Spaces	132	552	48	18	42	792

**Children of Employed Parents: Formal Child Care Services Demand and Supply (cont.)**

**Sutter County**

**Spaces Needed**

<b>Child age</b>	<b>Live Oak</b>	<b>Sutter</b>	<b>Yuba City</b>	<b>Rural</b>	<b>Sutter County</b>
0-2	66	23	427	808	291
3-5	71	27	417	865	350
6-12	192	74	907	2053	880

**Licensed Spaces**

	<b>Live Oak</b>	<b>Sutter</b>	<b>Yuba City</b>	<b>Rural</b>	<b>Sutter County</b>
Infant	18		70		88
Preschool	145	28	1077		1250
School-Age	28		255		283
<b>State/Federal Funded</b>					
Head Start	60	0	83		143
Migrant Head Start Preschool	45	0	75		120
Migrant Head Start Infants	18	0	30		48
State Preschool	0	28	96	18	142
General Child Care	40	0	157		197
School-Age	28	0	0		28
<b>Private</b>					
Infant	0		40		40
Preschool	0		603		603
School-Age	0		255		255
<b>Family Child Care</b>					
Large	5	6	63		74
Small	5	3	51	1	60
<b>Total Spaces</b>	<b>90</b>	<b>90</b>	<b>1062</b>	<b>6</b>	<b>1248</b>

**ATTACHMENT 4**  
**1999 Needs Assessment Objectives and Recommendations**

**Adequate subsidized care for all income eligible families, regardless of CalWORKs status.**  
Continue to plan, prioritize, and advocate to all potential funding sources.

**Child care related to specific needs: Language /ethnicity, Migrant/seasonal, Nontraditional schedules.**  
Work directly with specific community groups (including faith community where appropriate).  
Work with employers of lower income workers to develop family support strategies and plan child care services.

**Increased center based care for infants/toddlers.**  
**Increased services for school age children.**  
Assist with local planning efforts at the community level to determine desired form of care, and to identify potential funding sources.  
Encourage collaboration among the Planning Council, Prop. 10 Commissions, school districts, and community based organizations (including housing providers) to identify child care sites.  
Seek funding for mixed used community centers in remote rural areas. Support collaborative planning among local entities.

**More, better quality child care services that accommodate children with disabilities.**  
Interview parents of children with disabilities to identify successful models of child care.  
Survey providers regarding specific support services that have assisted them in making accommodations.  
Use findings from these to educate other providers.

**Child care during childhood illness.**  
Collaborate with public health programs and health providers to incorporate preventive health practices into child care.  
Increase parent education about the role of child care in illness prevention.  
Research alternatives for “get well” child care.

**Coordinated, affordable options for older school age youth/young adolescents.**  
Find subsidy sources for youth recreation programs.  
Increase collaboration between public recreation programs, schools, and volunteer clubs.  
Include recreation programs in planning and development of transit services.

**Increased access and better information about subsidized services to all locations and populations.**  
Assist in development of Centralized Eligibility List (CEL).  
Increase public visibility of Planning Council

**Resolve problems of transportation, location to improve family access to services.**  
Research funding for mixed used community centers in remote rural areas. Support collaborative planning among local entities.

**Improve services for family support, intervention, and respite (including and teen parents CPS referrals). Increased access to parenting information, education, and support.**  
Support part day early care and education programs to meet family support and parent education needs.  
Assess need for young parent programs and models that will meet local needs.  
Identify barriers to young parents’ education and employment, and use of child care.

**Increased stability and qualifications of child care staff and providers (family child care and license exempt).**

Collaborate with Yuba and Sutter County Prop. 10 Commission to seek funding and develop CARES program.

Participate in regional projects and collaborate with Yuba County Prop. 10 Commission on training for license exempt providers.

Collaborate with CHS to expand services for family child care providers.

## Attachment 5

### SUMMARY OF FOCUS GROUP FINDINGS Spring, 2002

As a first step to revise the needs assessment completed in November 1999, the Council engaged a planning consultant to develop an assessment plan and to design a focus group process. Focus groups are a good exploratory method to identify unmet needs or specific issues in the quality of services, especially for small populations. They are not meant to be precise, definitive or inclusive descriptions of need for large or diverse groups. In the 1999 assessment, focus groups identified some issues that were not addressed in any substantial way by the Census or other surveys.

The consultant developed a focus group protocol and trained group facilitators who were recruited from local child development programs. The aim in using local facilitators, although lacking extensive training in research methods, was to provide group leadership in the primary language of participants. Participants also met in groups within the context of agencies that were already serving families. As a result, four facilitators conducted focus groups with approximately 18 groups representing three languages (English, Spanish, and Punjabi) and two types of early care and education services. The responses represent approximately 175 parent participants.

Planning Council staff supervised and collected reports from the focus group facilitators. They analyzed the reports and prepared this summary. In an effort to focus on parents who may need but are not well served by existing employment-related early care and education programs, Council staff intentionally recruited groups through Head Start (Early Head Start and home based, as well as preschool classrooms) and Family Resource Centers (providing services to families of children with disabilities).

Few of the participants reported experience with full day center based child care. Some did report using family child care, and about an equal number reported using care by relatives and friends. Because of the composition of the groups, it was not surprising to find that most had experience with "child care" through Head Start and State Preschool programs. These are both part day, center based programs that include parent education and family support services.

Parents in the Head Start focus groups included those of children enrolled in Early Head Start and Home- and Center-Based Head Start. Early Head Start is a more comprehensive parent focused program for parents of very young children. Home- and Center-Based Head Start is for families of preschool age children and focuses more on developmental needs of the children, with some services for families. Parents in these focus groups reported on experience with a wide and very diverse range of services, from Alcoholics Anonymous and legal assistance to subsidized child care, the WIC (Women, Infants and Children) nutrition program, and Head Start.

The participants reported positively on many of these services. The most helpful were deemed to be WIC information and classes and assistance from Childrens Home Society (CHS), as well as the programs where their children were enrolled.

The focus group participants commented on an equally wide and diverse range of community needs. Most prominent among these were child care for all age children, but especially for infants and toddlers. Child care is a need to permit parental employment, but participants also noted the need for child care attached to parent classes and while parents kept appointments, as for job interviews. Several parents also stated that an extended period for socialization of young children, beyond that afforded by Early Head Start, was also desirable. After school care and activities for school age children was also frequently mentioned as a need.

In addition to needs related to early care and education, parents identified a set of services related to improving the family's capacity to meet its own needs. This set included transportation to increase access to other services, medical benefits and health services for parents, and support groups and literacy. Translating for non-English speaking parents is a continuing need.

A very small number of parents of children with disabilities commented specifically on their child care needs. Based on this group's comments, it appears that many parents of children with disabilities are not seeking child care. One barrier to using services may be lack of awareness or information about available services. They may have opted to stay home to provide the care for the child, or may have given up employment after facing frustration and high cost in finding child care. Child care that is used tends to be license exempt, primarily provided by relatives. Some use licensed family child care providers. In the event parents seek care, they want to find a provider who will accept their child and at the same time provide more than custodial care, to meet the education and developmental needs of the child. Factors cited by parents who were not seeking care included experience with providers who lack patience and training to work with children with disabilities, a general lack of acceptance by providers, and the behavior of other children in the care setting. Parents who had placed their children in group programs such as State Preschools reported concerns with the larger group size and lack of individualized attention or special training.

In the group not employed, parents of children with special needs noted that child care provided through Alta Regional was intended for respite or specific activities (e.g., keeping appointments) and did not provide sufficient hours for employment.

Parents of children with special needs who were employed and using full day care stated that their preference was to not work. These parents tended to use family members or other informal care. These parents commented on the lack of care and the need for assistance in finding care.