A survey of kids’ well-being and roadmap for the future.
California Children’s Report Card

The California Children’s Report Card grades the state on its ability to support better outcomes for kids, from prenatal to age 26. Each grade is based on the state’s progress (or lack thereof) on passing and implementing state-level policies and making investments in the supports and services needed for all kids to reach their full potential. The Pro-Kid Agenda provides recommendations to the state’s leaders on how to improve outcomes for kids in each section.

About Children Now

Children Now is on a mission to build power for kids. The organization conducts non-partisan research, policy development, and advocacy reflecting a whole-child approach to ensuring all children, especially kids of color and kids living in poverty, from prenatal to age 26, reach their full potential. The organization also coordinates The Children’s Movement of California®.

Learn more at www.childrennow.org
California is home to 9,159,878 children.

- **AGES 0-TO-17**: 9,159,878
- **ARE ENROLLED IN MEDI-CAL**: 5,353,060
- **ARE LOW-INCOME**: 43%
- **FROM IMMIGRANT FAMILIES**: 4,195,000

**RACE/ETHNICITY BREAKDOWN**
- Latino: 49%
- White: 30%
- Asian: 11%
- Black: 6%
- Multiracial: 4%
- American Indian or Alaska Native: <1%
- Native Hawaiian or Pacific Islander: <1%

**IN FOSTER CARE**: 61,501

**ARE ENGLISH LEARNERS IN K-12 SCHOOLS**: 1,195,998

**IDENTIFY AS LGBTQ (AGES 13-TO-17)**: 11%

**ARE TRANSITION AGE YOUTH (AGES 18-TO-25)**: 4,744,453

When the state removes children and youth from their homes — due to abuse, neglect, or other serious threats to well-being — it assumes parental responsibility via foster care.

Children learning English in addition to another language are called English Learners (EL) in grades K-12. California has the highest percentage of kids who are EL (21%) in the country.

The total population of youth who identify as LGBTQ in California is likely higher, as this estimate represents only those students enrolled in traditional public high schools in California who self-identified as lesbian, gay, bisexual, transgender, or queer.

The transition from childhood to adulthood holds promise and possibility. It is also a time when young people require significant supports to ensure their basic needs are met and their voices are heard.

Imigrant families are an asset to California. Recent and proposed federal policy changes have discouraged children in immigrant families from accessing health coverage, food assistance, and other benefits they are entitled to by law. These changes pose a risk to children’s health and well-being, as well as to public health. Additionally, due to consistent threats of family separation, children in immigrant families have experienced trauma, depression, and anxiety, escalating the adverse child health impacts of these anti-immigrant policy efforts.
California has long been on the cutting edge of social and political change. The popular saying “As California goes, so goes the nation,” came about due in part to the social and political movements that began here and spread across the country. This trendsetting continues today on issues from addressing climate change to supporting our immigrant communities to ensuring equal rights for all.

But, when reviewing the grades of this year’s California Children’s Report Card, it is difficult not to ask the question: why is California failing to be a leader when it comes to kids? In fact, in too many cases, we rank at the bottom of the country. In areas where there was a concerted effort to change policies and lead the nation, like children’s health insurance or paid family leave, we see high grades. Yet, in most areas, from mental health to childcare to caring professionals at schools to education supports for students in foster care, the state has failed to put kids first in policymaking.

As you’ll see from the Report Card, today’s kids face too many barriers to accessing the quality supports and services they need to reach their full potential. California must take swift action to break down these barriers, first and foremost for children of color, and then by addressing the intersectional impacts of poverty, immigration status, gender, sexual orientation, and foster care system involvement.

We know children’s issues are complex — each child has their own unique set of needed supports — and must be addressed with a whole-child approach. But this reality cannot be an excuse for insufficient action around each of the issues outlined in this report, or lead to a search for a “silver bullet” solution, only to realize there isn’t one.

California has a moment right now to be the leader in enacting a whole-child agenda, so that every kid has access to the full range of quality supports — cradle through career — needed to succeed. The public support is there. What’s needed is bold leadership for the state to act on each of the Pro-Kid Agenda items included in this report. Let’s not miss out on this critical moment to finally create the changes that will improve children’s well-being in our state — and our collective future.

Sincerely,

Ted Lempert
President
Health

Sections

A  Health Insurance
D  Health Care Accountability
C- Health Care Access
D  Preventive Screenings
D  Behavioral Health Care
C- Preventing Trauma & Supporting Healing
C- Oral Health Care
C- Food Security
California’s health system should provide timely, quality, accessible, affordable, coordinated, and culturally-sensitive medical, dental, behavioral, and other health services for all children, as well as addressing fundamental social factors that contribute to children’s health. However, the unique needs of children are often forgotten in a health care system that focuses more on treating chronic adult diseases rather than building a healthier population by focusing on needs of kids. Currently, the majority of kids are missing out on key preventive services, meaning the state’s health system is failing to deliver on legally binding promises that have been made to all children with regard to health care screenings, primary care, and treatment. The system our children need would promote efficient care with an emphasis on prevention, early detection and intervention, and disease management — and allow all kids to grow, learn, and thrive.

Childhood is the essential time to intervene with health problems or habits — not only to help change the trajectory of children’s development, but also to lead to a healthier overall population. California’s failure to prioritize children’s health and prevention ignores the potential to address medical and behavioral precursors to diseases later in life, which are costly in terms of dollars and human suffering.
Health Insurance

Grade A

Progress Report

Quality, affordable health insurance helps kids access timely, comprehensive health care, and supports their overall well-being. California has made remarkable progress toward ensuring health coverage for every child. Medi-Cal is the bedrock program, providing coverage to more than half (5.4 million) of California children. The state extended Medi-Cal to undocumented income-eligible children: as of 2016, more than 130,000 kids ages birth-to-18; and starting in 2020, over 100,000 youth ages 19-to-25. Unfortunately, the gains California has made in children’s health coverage are threatened by recent or potential changes in federal policies. For example, an alarming 274,000 children dropped off Medi-Cal between 2017 and 2019, partially driven by chilling factors like harsh federal immigration policies that deter enrollment in important programs.10

Pro-Kid® Agenda

California policymakers must ensure that every single child is enrolled in health coverage and receiving comprehensive and consistent benefits across public and private insurance plans, so that all families can access high-quality, affordable care for their children. In the near-term, the California Department of Health Care Services should work to streamline enrollment for all eligible-but-currently-uninsured California children and pregnant women into Medi-Cal coverage. The state should continue to fight against damaging federal proposals, such as restrictive and punitive changes to immigration laws and poverty calculations, to protect California children’s health coverage and well-being.
California has made effective strides towards insuring all kids.

California could achieve near-universal coverage for kids.

The state could cover all kids by fully implementing the Medi-Cal expansion to undocumented 19-to-25-year-olds, and taking action to streamline Medi-Cal enrollment for children who are in other programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
Health Care Accountability

Grade D

Progress Report

Due to a federal law called the Early & Periodic Screening, Diagnosis, & Treatment (EPSDT) benefit, children enrolled in Medicaid are entitled to any health care services that a doctor determines they need to prevent or treat a problem. Nearly all (90%) of the 5.4 million children in Medi-Cal (California’s version of Medicaid) are covered through managed care plans, a type of insurance that contracts with specific providers. Medi-Cal managed care, therefore, is a key driver of children’s health outcomes in California. Managed care plans are paid a monthly rate by the state to cover the services that a kid needs to be healthy, yet children are not receiving the timely, quality care to which they are entitled.

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California policymakers must make kids the first priority in health care. Our leaders should ensure that the state is paying a fair rate for the services that kids need, and that kids are actually receiving those services. California should have strongest-in-the-nation contracts with Medi-Cal managed care plans that reward improvement in child health and are also closely monitored and effectively enforced to guarantee children will get the care they need. In the near-term, the state should implement all recommendations from the March 2019 State Auditor report to improve accountability for EPSDT care, including improving auditing procedures and requiring health plans to do a better job collecting and using data. The state needs to comprehensively collect and analyze a full range of data to effectively hold the Medi-Cal system accountable for payments made to deliver quality medical, dental, and behavioral health care for children that is required by federal law.
Children have a unique legal guarantee to medically necessary services.\textsuperscript{14}

This standard is broader for children than adults. Services to maintain or improve a child’s health, not just to correct a problem, must be covered.

Medi-Cal managed care is the fundamental driver of children’s health care in California.

Despite a legal guarantee, kids across California are not getting the services they need.

A 2019 audit showed that the state is not providing sufficient oversight of plans to ensure that children are receiving preventive care visits ("pediatric utilization").\textsuperscript{17}
Accessible, quality health care and seamless care coordination are critical to achieving positive health outcomes for children and to promoting efficient care through prevention, early detection, and disease management. Care coordination is especially critical for children with special health care needs. Though most California kids have health insurance, an unacceptable number lack adequate access to timely and coordinated care, ranking California 40th of all states for children’s utilization of preventive services. While serious concerns about kids’ access to health care have been repeatedly documented with the California Department of Health Care Services, these concerns have been insufficiently addressed to ensure that kids can access appointments in a timely way, preventive care and services are readily available, and health plans and providers are held accountable for delivering quality care.

California policymakers must prioritize improving families’ access to culturally-appropriate health care providers for their children in a timely way. In particular, there must be a stronger and more proactive focus on reducing the racial, socioeconomic, language, and geographic disparities in children’s health care access and outcomes. In the near-term, the California Department of Health Care Services must promote better access and quality improvement of health care service delivery for children. The state should also prioritize children’s access needs when exploring Medi-Cal reforms or policy options to innovatively address the health care, social, and environmental conditions that can exacerbate chronic problems, like pediatric asthma.
Kids are waiting too long and traveling too far for needed pediatric specialist care.

California established network adequacy rules that specify patients must wait no longer than 15 days and travel no further than 1.5 hours for a specialty appointment, but it has approved alternative standards for some areas and services that severely impede access to care.\(^{20}\)

Utilization of preventive services is far too low overall, and varies by a child’s age.

2-year-olds have especially low utilization rates, meaning too few receive preventive checkups; there are also significant racial disparities in utilization.

More kids visit the ER for asthma if they lack access to quality preventive care and healthy environmental factors.

Environmental triggers for asthma can include mold, allergens, pollution, and tobacco smoke. Due to environmental racism, children of color are more likely to live near such triggers.\(^{24}\)
Pediatricians recommend and the law requires that children are provided preventive screenings to identify potential health and development concerns.\textsuperscript{26,27} Screening is the first step to connecting children with the services they need for healthy vision, hearing, and development. In response to the unacceptably low rates of preventive screenings for young kids, in 2019 California approved the use of tobacco tax funds to reimburse Medi-Cal providers for developmental and trauma screenings. This investment will help improve screening rates and highlight the need for better cross-sector health and early childhood collaboration, shared data, and parent and provider education and outreach to ensure that kids receive screenings and get connected to early intervention services.

California policymakers must ensure that every young child receives required routine developmental, behavioral, and other preventive health screenings in a timely way and at the intervals recommended by the American Academy of Pediatrics. Also, to meet the requirements of federal law, the state must invest in robust referral and early intervention systems to connect kids with services they may need for supporting their healthy growth and development. In the near-term, the California Health and Human Services Agency should publicly report out and take action on all available data to improve the rate of kids receiving developmental screenings in Medi-Cal, and identify ways to strengthen and expand linkages to needed early intervention services.
Young kids need several types of preventive screenings.

The American Academy of Pediatrics has identified guidelines for preventive care that include regular well-child visits and a range of screenings.\(^{28}\)

California is among the worst of all states in ensuring well-child screenings for Medicaid participants.

For all but one age group, California is in the lower half of all states for percentage of completed well-child screenings. For the youngest children, California ranks among the bottom handful of states.

Too few children under the age of five receive the vision screenings they need.

All children should receive age-appropriate vision screenings so that vision concerns can be identified and corrected before they lead to problems with development and learning.\(^{30,31}\) An estimated 80% of children with a learning disability have an undiagnosed vision problem.\(^{32}\)
Behavioral Health Care

Grade D

Progress Report

California is failing to reach children with the behavioral health services they need to thrive. A complete behavioral health care system includes mental health and substance abuse services. The majority of youth with substance abuse disorders also have a co-occurring mental illness. California’s current patchwork of policies, siloed funding streams, lack of coordination among agencies and levels of government, burdensome administrative complexity, and diagnosis-driven treatment models prevent many California children from being deemed eligible to receive crucial services, hindering state and local systems from delivering on the promise of child well-being. There is far too little emphasis on preventing behavioral health problems with a focus on wellness and providing proactive supports, especially in light of high levels of depression and anxiety among young people. Efforts to build awareness of children’s behavioral health needs through legislation requiring school districts to adopt suicide prevention policies are a good step, but the state must make transformative moves to develop a comprehensive system of care that meets kids’ needs.

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California policymakers need to prioritize policies and programs that work across sectors to prevent behavioral health challenges as well as promptly and effectively treat difficulties that arise. In the near-term, the state should create a comprehensive plan to completely overhaul the current system because it has been unable to properly identify youth in need and provide supports. This plan must identify target metrics that will move the state forward on improving children’s mental health outcomes, such as dramatically reducing youth suicides. The plan should also determine optimal inputs for child and youth wellness, such as increasing peer support workers, boosting youth mental health first aid training for those who work with kids, and greatly expanding preventive services that do not require a diagnosis.
Mental illness is the #1 reason California kids are hospitalized. In 2017 there were 227,432 hospital discharges among California children ages birth-to-17; one in seven were for a primary diagnosis of mental disease or disorder.

There are high levels of chronic sadness and suicide ideation reported among all students; students who are lesbian, gay and bisexual report even higher levels.

The vast majority of youth with a substance use disorder (SUD) also have a co-occurring mental health condition.
Preventing Trauma & Supporting Healing

Grade C-

Progress Report

Traumatic events that occur in childhood — a subset of which are called "Adverse Childhood Experiences" — can sometimes be weathered without lasting effects. However, without buffering the effects of trauma, such experiences can create toxic stress that interferes with healthy development and creates lasting physical and mental impacts on an individual’s well-being.37 Children who have endured traumatic events need support and services to heal and thrive.

California’s first-ever Surgeon General took office in 2019 with an explicit focus on childhood trauma as a major public health issue facing the state, helping to elevate this important issue. Additionally, the state took an important step with the recent passage of funding and legislation to support trauma screenings for children, pediatric provider trainings in trauma-informed care, and linkages to community-based and other needed services.

Pro-Kid® Agenda

California’s leaders must work together across sectors to implement policies to prevent childhood trauma, such as mandating training for all child-serving professionals, providing proactive coping skills coaching for all students via Multi-Tiered System of Support approaches at all schools, and scaling up parenting support programs.38,39 The state must also support the healing and wellness of children who have already endured trauma, through routine screening, referral to services for the child and their family, and follow up. In the near-term, the state should ensure strong implementation of the new trauma screenings benefit in Medi-Cal, providing clarity on connections between trained pediatric providers, trauma-informed pediatric settings, thorough and thoughtful screenings, and robust linkages to needed services.
Children may face many types of Adverse Childhood Experiences (ACEs).

The term "Adverse Childhood Experiences" refers to a specific set of traumatic events including physical or emotional abuse or neglect; however, children can endure other significant traumas such as community violence, structural racism, homophobia, and separation from parents.

Childhood trauma can negatively impact long-term physical and mental health and wellness.

ACEs are very common, with 62% of adults experiencing one or more ACEs as a child. Childhood trauma increases the risk of negative outcomes.

Among California children who reported experiencing ACEs, percent who reported the following:

- 11% Sexual abuse
- 20% Physical abuse
- 9% Neglect
- 35% Emotional (or verbal) abuse
- 27% Parental separation or divorce
- 26% Substance abuse by household member
- 7% Incarcerated household member
- 18% Witness to domestic violence
- 15% Household member with mental illness

A person with four or more ACEs is:

- 2.2 times more likely to have heart disease
- 2.4 times more likely to have a stroke
- 27% more likely to not have a college degree
- 39% more likely to be unemployed
- 12.2 times more likely to attempt suicide
- 10.3 times more likely to use injection drugs
Tooth decay is the most common chronic childhood condition that can lead to infection, pain, tooth loss, and associated behaviors like difficulties paying attention and sleeping. Medi-Cal Dental provides coverage for more than half of California children, but too few receive needed services due to lack of providers, outreach, and coordination — despite efforts to increase access to preventive dental services among children and pregnant women. The Dental Transformation Initiative (DTI), ending in 2020, enabled the California Department of Health Care Services to incentivize providers to focus on prevention and continuity of care. DTI has also funded innovative pilots to develop local infrastructure and systems of care to connect children to dental services. The California Oral Health Plan guides local health departments’ oral health work, including improving collection and reporting of kindergarteners’ oral health status. This data, however, depends on resources and support available to local school districts and parents’ ability to find a Medi-Cal Dental provider.

California should achieve the vision of every child being cavity free at age three. To do so, policymakers must ensure all kids in Medi-Cal have access to timely dental services, and prioritize investments in preventive service programs that reach kids where they are, such as child care locations, schools, WIC centers, and pediatricians’ offices. Tobacco tax revenue should remain dedicated to incentivizing Medi-Cal Dental providers and recruiting additional providers in high-need areas. The state should ensure that school districts have sufficient resources — outside of education dollars if needed — to collect Kindergarten Oral Health Assessment data. Policymakers should also scale local models like data-sharing agreements between a child’s doctor and dentist, using community health workers to help caregivers make and keep dental appointments, and using virtual dental homes to bring care to areas where access is limited.
Too few children enrolled in Medi-Cal receive preventive dental services, but recent efforts to improve utilization look promising.

The Dental Transformation Initiative that ends in 2020 requires federally qualified health centers to report on dental services rendered, which contributed to this rate increase.

Medi-Cal is not providing adequate access for young kids to obtain preventive dental services.

Children should begin getting preventive dental services by age one, and law requires dental health assessments and referrals in Medi-Cal. However, dental services are low overall, and vary significantly by race. Sustained outreach and education efforts to Latino and Asian families seem to be improving kids’ utilization; these efforts, including using care coordinators, should be expanded and replicated with other racial groups.

California’s Kindergarten Oral Health Assessment helps identify children who need dental care to avoid future oral health-related problems including missed school days.

The state does not have oral health data on a large number of entering kindergartners.47

20% of kindergarteners who completed oral health assessments had untreated dental decay

39% of kindergarteners did not complete oral health assessments, due to financial burden or lack of access
Food Security
Grade C-

Progress Report

Children who are food insecure have limited, uncertain, or inconsistent access to the quality and quantity of food that is necessary to live a healthy life. Food insecurity is paradoxically related to both hunger and obesity, as well as a higher likelihood of developing other serious and costly health conditions. California’s new Medi-Cal trauma screenings will inquire about family food security; the new Child Hunger Prevention and Fair Treatment Act prohibits students with unpaid school meal fees from being shamed or served a different meal than other students; and a new law makes CalFresh (known federally as the Supplemental Nutrition Assistance Program, or SNAP) more accessible to eligible college students. However, California is failing to ensure that all eligible children receive nutrition assistance. In addition, proposed federal cuts to SNAP eligibility are putting 74,000 California households with children at risk of losing access to CalFresh and free- and reduced-price school meals.

Pro-Kid® Agenda

California’s leaders must ensure that every child has access to nutritious food, and at the very least that every eligible child is enrolled in CalFresh, school meals, and other nutrition supports. Policymakers must also dramatically increase access to healthy food choices for kids in and out of school. In the near-term, the state should make nutrition assistance benefits accessible to all California children experiencing need, regardless of immigration status; expand access to universally free school meals to more students across the state; and ensure that no child loses access to CalFresh or school meals due to proposed federal cuts to the Supplemental Nutrition Assistance Program.
Food insecurity affects every aspect of a child’s well-being.

At least two million California children are affected by food insecurity.\(^5^1\)

**Five of the 13 U.S. counties with the most food-insecure children are in California\(^4^2\)**

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles (CA)</td>
<td>414,000</td>
</tr>
<tr>
<td>New York (NY)</td>
<td>336,000</td>
</tr>
<tr>
<td>Harris (TX)</td>
<td>285,000</td>
</tr>
<tr>
<td>Maricopa (AZ)</td>
<td>211,000</td>
</tr>
<tr>
<td>Cook (IL)</td>
<td>185,000</td>
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<td>Dallas (TX)</td>
<td>157,000</td>
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<tr>
<td>San Diego (CA)</td>
<td>120,000</td>
</tr>
<tr>
<td>Tarrant (TX)</td>
<td>114,000</td>
</tr>
<tr>
<td>Orange (CA)</td>
<td>112,000</td>
</tr>
<tr>
<td>Riverside (CA)</td>
<td>109,000</td>
</tr>
<tr>
<td>Miami-Dade (FL)</td>
<td>108,000</td>
</tr>
<tr>
<td>San Bernardino (CA)</td>
<td>107,000</td>
</tr>
<tr>
<td>Bexar (TX)</td>
<td>103,000</td>
</tr>
</tbody>
</table>

California is the fourth-worst state in reaching eligible low-income working people with nutrition assistance, though gains have been made in recent years.\(^5^5\)

CalFresh helps families afford the food they need, yet many eligible families are not enrolled. Three-quarters of CalFresh participants are families with children.\(^5^6\)

### Percent of income-eligible working people enrolled in SNAP\(^5^7\)

- New Mexico: 100%
- Michigan: 96%
- New York: 81%
- Alabama: 79%
- U.S. average: 75%
- California: 61%
Education

Sections

D+  Infant & Toddler Care
B   Preschool & Transitional Kindergarten
C-  Early Care & Education Workforce
D   Early Intervention & Special Education
C-  Education for Dual Language & English Learners
D+  Education Funding
C-  STEM Education
D+  Teacher Pipeline & Retention
F   School Climate: Caring Professionals at School
B   School Climate: Discipline & Attendance
B-  Afterschool & Summer Learning Programs
C+  Higher Education
California should ensure that every child, from early childhood through adulthood, has access to rigorous, engaging, and relevant learning experiences, taught by effectively-supported, skilled educators, in safe environments. Children are born learning and need educational experiences that nurture their curiosity and capacity to learn from the very beginning of life. Yet, in California, alarming achievement gaps — fueled in large part by lack of public resources, poverty, and institutional racism — remain among the biggest in the nation. Research shows that these gaps often open early in children’s lives, far before kindergarten, and persist over time. It is critical the state adequately invest in high-quality child care, preschool, TK-12, and higher education systems that are transparent to the public, held accountable, and provide the supports necessary to eliminate disparities and improve student outcomes. Failure to do so risks underpreparing entire generations of kids for the challenges of the future, putting the state’s economic and social well-being at risk.

Race disparities in academic achievement

Due to the state’s failure to provide adequate supports and services for students, California’s academic performance is unacceptably low. Fewer than one-half of students meet standards in English Language Arts and Mathematics, and significant disparities in outcomes by race and income demonstrate the structural barriers that exist for too many students.

![Chart showing race disparities in academic achievement](2020 California Children's Report Card)
Infant & Toddler Care
Grade D+

Progress Report
More than 1.5 million families with infants and toddlers live in California, and most of them qualify for child care assistance. Yet, the state has failed to ensure sufficient subsidies and spaces for the vast majority of income-eligible children — only 14% have access, which means that families struggle to find affordable, stable, quality child care. This lack of support results in a major, systemic school readiness gap, increasing the likelihood of significant challenges for the future workforce and state overall. Healthy brain development and growth in the earliest years is fueled by responsive caregiving, consistent everyday interactions, and safe, enriching experiences that establish a strong foundation to support early learning, but the stark access gaps mean that many children and families are left without necessary care. There has been some increased investment in the last several years. However, the state has been slow to expand child care assistance for struggling families, and has primarily relied on expanding access through the Alternative Payment program (serving children birth-to-12) without tracking the age group of recipients to ensure the youngest have access.

Pro-Kid® Agenda
California policymakers must ensure all families with infants and toddlers have the ability to access child care in a variety of settings that are high-quality, stable, and affordable. It is especially important to ensure foster families, families in poverty, and other families experiencing need or risk have this critical support. In the near-term, the state should at least triple the number of infants and toddlers that receive state-funded child care services while simultaneously investing in the infrastructure necessary to ensure all eligible infants and toddlers in the state have access to quality care, including targeting resources for workforce development and facilities. It is also critical to restructure rates in order to rationalize the finance system and incentivize quality improvement.
High-quality child care is critical for young children’s development, boosting health and short- and long-term learning.

**During the earliest years, infants and toddlers:**

- Form one million new neural connections every second
- Develop skills – gross and fine motor, communication, social-emotional, problem solving
- Usually (63%) have all available parents in the labor force
- Gain key skills through everyday experiences and environments such as child care

The cost of child care consumes a huge portion of family income.

The average annual cost of child care for an infant in a licensed center is more than college tuition.\(^6\)

Low-income families with young kids need much better access to quality child care programs in California.

Of California’s infants and toddlers, 62% are born into low-income households and are therefore eligible for subsidized child care.\(^6\)

California’s early care and education programs serve few income-eligible birth-to-3-year-olds\(^6\)

- **505,000** eligible
- **14%** enrolled
Pro-Kid® Agenda

The state must ensure high-quality, universal preschool for all 3- and 4-year-olds and align and elevate quality metrics across programs, including student-teacher ratios, professional standards, and environmental factors. In the near-term, it should expand access to State Preschool for 3-year-olds; lower student-teacher ratios in transitional kindergarten classrooms to ensure developmental appropriateness; and provide more wraparound care to allow for parents’ varying work hours and ensure children have supportive services that enable them to learn. Finally, the state should leverage federal early learning investments including better coordination with Head Start and Early Head Start.
Too few 3- and 4-year-olds have access to preschool.

High-quality early learning programs can narrow the achievement gap and produce more equity in academic opportunities.\textsuperscript{67}

\begin{itemize}
\item \textbf{Percent of income-eligible 3-year-olds enrolled in early care and education programs}\textsuperscript{48}
\end{itemize}

\begin{itemize}
\item \textbf{216,000} eligible
\item \textbf{38\%} enrolled
\end{itemize}

\begin{itemize}
\item \textbf{Percent of income-eligible 4-year-olds enrolled in early care and education programs}\textsuperscript{49}
\end{itemize}

\begin{itemize}
\item \textbf{242,000} eligible
\item \textbf{69\%} enrolled
\end{itemize}

California preschool and transitional kindergarten programs do not meet research-aligned benchmarks of quality, and have made little progress since 2002.

\begin{itemize}
\item \textbf{California ranks 39th out of 46} states on quality rankings.\textsuperscript{70}
\end{itemize}

\begin{itemize}
\item \textbf{Number of quality standards benchmarks met: change from 2002 to 2017}
\end{itemize}

\begin{itemize}
\item \textbf{Alabama}
\item \textbf{West Virginia}
\item \textbf{Washington}
\item \textbf{New York}
\item \textbf{California}
\end{itemize}
Early Care & Education Workforce  

Grade C-

Progress Report

Young kids learn best through enriching experiences and relationships with caring adults, so well-trained, experienced teachers are critical to high-quality early care and education (ECE) programs. Yet, the educational requirements for staff remain low even though the knowledge and skills necessary to effectively support young children are complex. In addition, due in part to low reimbursement rates, poor compensation is a significant problem, with 58% of the ECE workforce relying on public assistance to make ends meet. This results in high staff turnover, and leaves professionals without clear pathways to further their education, develop their skills, and advance to higher-paid positions. Although child care investments are central to California’s plan to promote family self-sufficiency, the state’s own lack of leadership has actually reinforced income disparities for critically important ECE professionals. Additionally, only sporadic progress has been made toward revising ECE qualifications through the Commission on Teacher Credentialing.

Pro-Kid® Agenda

California must elevate early care and education as a profession, by raising education and experience standards over time, ensuring compensation rises commensurate with higher qualifications, and building future expansions of preschool and child care upon the foundation of a highly skilled, well-compensated workforce. Greater investment is needed in a coordinated quality improvement and workforce development system that supports individuals in gaining research-based competencies and skills, as well as the implementation of a statewide workforce registry. In the near-term, essential work includes articulating competencies, qualifications, and related career advancement pathways. In addition, it is critical to restructure financing and rates to raise compensation and stabilize the workforce, over time bringing pay to parity with the TK-12 workforce for equivalent education and training.
The knowledge and skills of early childhood educators are critical to child outcomes.

However, professional development requirements are inconsistent across early learning settings, and compensation is far too low for the expertise required.\textsuperscript{74}

Early child care providers are supporting kids during the period of their lives with the most rapid brain development, yet they are poorly compensated.

\textbf{2020 California Children’s Report Card}
Early Intervention & Special Education

Grade D

Progress Report

In the first few years of life, babies’ brains form more than one million new neural connections every second, setting the foundations for success in school, adult earnings, and lifetime health. Such rapid development can mask missed milestones in one or more areas. An estimated 12-16% of infants and toddlers will experience some form of developmental delay. However, there are disconnects between the early intervention system for infants and toddlers, the special education system for preschoolers, and the TK-12 system. For example, just 7% of California’s first graders with Individualized Education Programs were participating in early intervention at age two. Further, race- and income-based disparities in outcomes and opportunity begin early in children’s lives and once present, are more difficult to resolve and more likely to persist. The state has made some recent, important investments to help with early identification and support, including funding for developmental screenings, inclusive early learning spaces, and services for 3- and 4-year-olds receiving special education supports in schools. However, these investments fall far short of what children need.

Pro-Kid® Agenda

Every California child who needs special education supports should get them, seamlessly, and as early as possible. The state must ensure every eligible child has access to an accountable, results-oriented, continuum of cradle-to-career special education supports and services. In early childhood, this means ensuring universal developmental screening and significantly expanding and improving early intervention services. In the TK-12 system, the state must improve the quality of services and invest sufficiently in special education to keep pace with need.
California is failing to provide services to young children who need early intervention.

The two systems — for infants/toddlers, and preschool-age kids — are disconnected and do not work together to serve kids.

Due to inadequate access to needed services and supports, students identified with disabilities are less likely to graduate from high school than other students.83

“Students identified with disabilities” are those with Individualized Education Programs under the Individuals with Disabilities Education Act.

State funding for special education is not keeping up with caseload.

The most common student disabilities are learning, speech, and language disabilities. While still relatively rare, the number of students diagnosed with Autism Spectrum Disorder has increased significantly, from 2% of all disabilities in 2000-01 to 15% in 2018-19.
Education for Dual Language & English Learners

Grade C-

Progress Report

Children learning English in addition to another language are considered dual language learners (DLL) before entering school, and designated English Learners (EL) in grades TK-12. California has the highest percentage of kids who are DLL (60%)86 and EL (21%)87 in the country. With the passage of Proposition 58 in 2016, California reversed Proposition 227’s harmful restrictions on bilingual education. The state has taken important first steps toward an asset-based approach to children’s bilingualism by adopting and budgeting $10 million to implement the English Learner Roadmap88 for TK-12, a common vision to welcome, understand, and educate ELs. In addition, the state is embracing the English Language Arts/English Language Development Framework, which is intended to support educators on teaching the standards, and has adopted a high school Seal of Biliteracy.

Pro-Kid® Agenda

California policymakers must promote an asset-based approach to children’s bilingualism by providing supports to students to learn English as well as strengthening their home language. The state should recognize the benefits of bilingualism for all students. At a minimum, this should include ensuring children who are dual language and English Learners have the support necessary to develop knowledge and skills in both their home language and English, while providing rigorous core content with a focus on creating equity in opportunities and eliminating achievement gaps. Policymakers should continue to invest at the state and regional levels to build educators’ capacity to implement the English Language Arts/English Language Development Framework, and leverage the English Learner Roadmap. California must ensure that Local Control Funding Formula (LCFF) supplemental and concentration grant funds are directly benefiting English Learners, as the law intended, and also continue to improve the accountability system to truly highlight English Learners’ achievements and needs.
California’s English Learners are diverse.

California is the top state for demand for bilingual workers, with almost 20% of the bilingual job listings in the U.S.99

963 / 1000
of the state’s districts have English Learners90

3 out of 5
young children are dual language learners91

82%
of California’s English Learners speak Spanish92

The remaining 18% speak 66 languages

English Learners confer the benefits of multiple languages throughout the state.

Benefits of speaking a second language:93

- Allows people to take part in diverse cultural activities
- Opens economic opportunities
- Boosts mental flexibility, and strengthens memory and cognitive processes
- Enhances students’ ability to learn all subjects

Nearly half of English Learners are not receiving the support they need to become proficient in English.

English Learners need opportunities to integrate language development, literacy, and content learning, as well as comprehension and participation through native language instruction and scaffolding.94
Education Funding

Grade D+

Progress Report
California has been underfunding education and shortchanging children for decades. We are in the bottom half of states when it comes to equitable access to quality early learning programs, resulting in among the largest gaps in school readiness in the nation. In addition, despite California’s relatively high state and local taxes, per-capita TK-12 funding is well below the national average resulting in less access to needed services and opportunities for kids. And, although the state is heralded for its historic Master Plan for Higher Education, California now trails many states in terms of higher education investments, outcomes, and affordability.

Pro-Kid® Agenda
Policymakers should address the state’s severe underfunding of education, both through prioritization in the state budget and through the ballot, to place California among the top funded states. Overall funding needs to increase much faster than the general cost pressures education faces, including those of special education, pensions, health benefits, and facilities. Policymakers should set a new, higher target for the Local Control Funding Formula (LCFF), and implement effective transparency mechanisms, including a standardized approach for accounting, to ensure an equitable distribution of funding. And, a single negotiated revenue measure focused solely on education (quality child care, preschool, TK-12, and higher education) should be placed on the November 2020 state ballot.
California is vastly underfunding its early learning system.

Approximately 645,000 children birth-to-5 are eligible for California’s early care programs, but unserved.97

$10,499 — $30,219
Range of costs per child per year in the current system; costs vary by age of child, program, setting, and region.98

More than $20 billion
Cost for a comprehensive, high-quality early care system that adequately compensates teachers and serves all eligible children birth-to-5.99

California TK-12 per-pupil expenditures are among the lowest in the nation.

If California was at the national average of total taxable resources spent on K-12 education, it would support an additional $11 billion investment.

Higher education funding is decreasing.

While enrollment numbers in the University of California and California State University systems are increasing, state funding is decreasing.
STEM Education

Grade C-

Progress Report

Science, Technology, Engineering, & Math (STEM) education engages students and equips them to succeed in a complex world. Students develop skills needed for success in STEM-related careers as well as skills, like problem solving, that are valuable in all jobs and civic life. In the last 10 years, California has raised math and science expectations, adopted computer science standards, and invested in training, recruiting, and retaining STEM teachers. While these are significant steps forward, they’re not sufficient. California is not doing enough on standards implementation, to address the ongoing shortage of STEM teachers, and to close access gaps to quality STEM learning, particularly for students of color, girls, and students from low-income families.

Pro-Kid® Agenda

All California kids need to graduate high school ready to succeed in the 21st century economy, and that requires a high-quality STEM education — whether they go to college, further career education, or the workforce — and regardless of whether the occupation is STEM-based. Policymakers must make continuous, high-quality STEM instruction a core element of every child’s education from the youngest age. Specifically, policymakers need to make immediate and significant investments in our statewide capacity to prepare, support, and deliver teaching and learning to the state’s math, science, and computer science standards. That means more and better-prepared teachers, high-quality instructional materials, and fully-equipped classrooms for all kids. Simultaneously, district and school leaders must plan for, increase, and be held accountable for their investments in the multi-year implementation of standards-based curriculum and instruction, particularly in STEM, for all kids.
California schools are not preparing students to meet expectations in math and science, and racial disparities are significant.

Due to major systemic inequities, Black and Latino students perform well below their White and Asian peers in math and science on the National Assessment of Educational Progress.

As demand for jobs requiring STEM skills continues to grow, California ranks 36th in student performance in math, and 43rd in student performance in science.\textsuperscript{105}

Jobs requiring STEM skills will far outpace the average 5% national job growth rate between 2018-28. Yet California is not adequately preparing students to meet this workforce demand, threatening our state’s economy and our kids’ future economic mobility.

Early math proficiency is a strong predictor of academic success overall.\textsuperscript{107}

Recent research reveals school-entry math skills are more consistently predictive of subsequent outcomes, even more so than early reading and attention skills.\textsuperscript{108} Math, like reading, is fundamental to how kids “learn to learn.”
Teacher Pipeline & Retention

Grade D+

Progress Report
California students need qualified and effective teachers in every classroom, but this is not the reality for many students. Despite small increases in recent years in new credentials issued, shortages and disparities in teacher preparedness, retention, and faculty diversity persist, particularly in high-need schools, negatively impacting students. In the past few years, California made helpful investments to shore up the TK-12 teacher pipeline, particularly in high-need areas such as STEM, bilingual education, and special education. However, the state is not yet doing an adequate job of recruiting, training, and supporting educators, including recruiting from a more diverse pool of candidates and conducting an in-depth review of policies and practices that exacerbate inequitable access to qualified and effective educators.

Pro-Kid® Agenda
California policymakers must address the diminishing pipeline of new educators, improve the preparation of these new educators, and provide high-quality professional learning for all educators to help ensure they are supported, effective, and stay in the profession. Policymakers must also establish a fair, meaningful, and objective feedback and evaluation system for teachers. The state has a responsibility to ensure that kids of color and kids from low-income families are not disproportionately served by ineffective, out-of-field, and/or inexperienced teachers. In the near-term, policymakers should continue to increase investments in improving the pipeline and quality of new teachers, provide high-quality professional learning through California’s System of Support, and monitor the equitable distribution of educators.
California teacher shortages are worsening. Not enough new teaching credentials are being issued to keep up with district-estimated new hires. This shortage results in classrooms without teachers or staffed by teachers with substandard or misaligned credentials.

Schools with more students in poverty and students of color have more vacant teaching positions and teachers with substandard credentials. This problem is widespread, but is amplified in higher-need schools.

California’s teachers are becoming more diverse, but still don’t reflect the student population. Research shows that students are more likely to graduate high school if they have a same-race teacher in grades K-3.¹²
School Climate: Caring Professionals at School

Grade F

Progress Report
Student success hinges on the support of caring and effective adults. Yet, California schools have fewer educators, counselors, nurses, support staff, and administrators than almost any other state in the country — and the professionals on campus do not reflect the diversity of the students served. This deficiency in staffing has the most profound impact on students facing barriers that require targeted support to address, including those living with racism and the categories prioritized in the Local Control Funding Formula: poverty, language barriers, special needs, and foster care. Recent increases in education funding are insufficient to meet this school climate need, especially given growing cost pressures such as pension obligations, health care, and special education.

Pro-Kid® Agenda
California must move from the bottom of the country in terms of teacher, school nurse, administrator, and counselor ratios to ranking among the top ten states, to ensure students have sufficient access to more adults on campus which will provide much needed supports, services, and relationships to improve school climate. In addition to increasing education funding, the state must ensure that counties and other government agencies charged with providing health and social services to kids are providing those supports at schools, where the kids already are, or at least ensuring easy access to those services, including transportation support when needed.
Only 57% of California’s 9th graders report a caring relationship with at least one adult at school.

Students who face systemic barriers are even less likely to say it’s very much or pretty true that “at my school, there is a teacher or some other adult who really cares about me, who notices when I’m not there, and who listens to me when I have something to say.”

The ratio of teachers and other professionals to students is a prominent factor in education quality.

California ranks near the bottom among the 50 states in staff-to-student ratios.116

School nurses continue to be in startlingly short supply.

The school nurse serves a critical role bridging health and education.
A healthy school climate is one where students feel safe, connected to their peers, and supported by caring adults. Unfair, punitive discipline policies negatively impact school climate, dampen student attendance, and disproportionately affect students of color. When students experience a supportive school climate — characterized by inclusive, student-centered, restorative practices — they are more likely to regularly attend school. Unfortunately, more than half of California schools have subgroups of students with an absentee rate higher than 20%. State law currently bans suspensions for the vague and broad category of “defiance or disruption” in kindergarten through third grade, and beginning July 2020 extends that prohibition through eighth grade. It also prohibits defiance or disruption expulsions in all grades. Some districts have also banned willful defiance suspensions for all grades, to ensure their kids don’t miss out on valuable class time for minor offenses.

California policymakers must promote systemic changes in our schools to significantly improve students’ experiences, ensure a non-punitive and positive school climate, and increase student engagement and connectedness. Preparation and ongoing professional learning for all teachers and administrators should be based on restorative, trauma-informed, culturally-responsive practices that promote social-emotional learning. Further, suspensions and expulsions for defiance or disruption should be eliminated for all students. California must continue to track chronic absence, investigate its root causes, and develop effective strategies to improve attendance. Policymakers should also develop and require common surveys to measure school climate, to identify problems and track progress over time. In addition, state leaders should continue to make substantial investments of Proposition 47 dollars designated for at-risk students, and other funding, for research-based practices through the Multi-Tiered System of Support framework to match service levels with student need.
Student suspensions in California are declining.

The decline is due in part to a state law banning suspensions for willful defiance (a subjective category of overly broad and minor offenses that are vulnerable to disproportionate racial impact) for kindergarteners through third-graders.

When students are chronically absent — defined as missing 10% or more school days (about 18 days) — their academic performance is negatively impacted. Systemic barriers such as unstable housing, lack of transportation, poor health, and greater exposure to environmental hazards can disproportionately affect attendance of students of color and low-income students.

The Multi-Tiered System of Support (MTSS) framework is designed to help all students, not just a few.

MTSS is an integrated, comprehensive system intended to meet individual student needs, and align systems necessary for all students’ academic, behavioral, and social success.
Afterschool & Summer Learning Programs

Grade B-

Progress Report

Afterschool and summer learning programs can help reduce opportunity and achievement gaps between students who face structural barriers and their peers. There is a high need for these programs, yet funding for afterschool and expanded learning programs remains inadequate. Prior to 2017, afterschool reimbursement rates had been stagnant for nearly a decade; however, $50 million was provided in 2017 and again in 2019 for a rate increase to providers to help with growth in program costs due to the rising minimum wage and cost of living. However, this funding did not provide money to expand access to serve additional children or specifically support quality improvement efforts. Afterschool programs still cannot meet current and growing demand.

Pro-Kid® Agenda

California should have enough quality afterschool and summer programs available to serve every student who wants to participate. To reach that goal, policymakers must build on proven, quality afterschool and summer programs so all kids — particularly children experiencing racism, poverty, or other circumstances of need or risk — have access to safe environments where they can be active and engaged. Many children and youth are on waiting lists for a spot in an afterschool program. In the near-term, policymakers should support efforts to improve quality, increase investments in afterschool and summer programs, and ensure all students have access.
Summer learning programs help stop academic losses.

Each summer, students who are low-income and lack access to quality summer learning programs have been shown to fall behind by nearly two months in reading by the time they start school in the fall.\textsuperscript{126}

Despite recent investments, afterschool funding remains insufficient.

In each of the 2017 and 2019 state budgets, After School Education and Safety Programs (ASES) benefited from an increased state investment of $50 million. However, this investment is far below what is needed to keep up with the pace of doing business in California.

Too many children are sedentary after the school bell, watching TV, playing computer games, or doing other seated activities.

Quality afterschool programs can provide a safe place for kids to play and exercise.\textsuperscript{129}
Higher Education

Grade C+

Progress Report

By 2030, we’ll need 1.1 million more college graduates to fulfill California’s future workforce needs, and some post-secondary training is essential to earn a living wage. In fact, those with a bachelor’s degree earn nearly 75% more than those with a high school diploma. Although more students are graduating high school having met admission requirements for public universities, those requirements are not aligned with actual college or career readiness. California recently increased financial aid funding, which raised expectations that college will be more accessible. High school-to-college transitions have improved and more students are taking college-level courses earlier. Technology is enhancing learning and curricula have been redesigned to improve completion. Although these are significant steps forward, the state must make good on the promise of an accessible and affordable system of public higher education for all children.

Pro-Kid® Agenda

California policymakers need to reinvest in the University of California, California State University, and community colleges, and remove the often insurmountable barriers of attending college, such as the high cost of tuition and housing, food insecurity, and limited access to child care for students with children. Our state leaders must also develop long-term plans to accommodate more students, close the attainment gap, provide adequate and stable funding, increase graduation rates, and create accountability through transparency and measuring performance.
Tuition and fees at University of California (UC) and California State University (CSU) campuses have grown tremendously.

Over four decades, CSU tuition and fees grew by 1,360% and UC tuition and fees grew by 555%.

Overall, California students are not well prepared for college.

California has defined college and career preparedness using a series of multiple measures, and reports levels of preparedness on the California School Dashboard. While only 42% of all students meet the criteria for “prepared,” specific groups are even less likely to be ready for college due to structural racism, unstable living situations, and other barriers.133
Family Supports

Sections

C- Voluntary Evidence-Based Home Visiting
B- Paid Family Leave
B- Income Assistance for Low-income Families
Research shows that children’s short- and long-term well-being is fueled by good health, positive and nurturing relationships with adults, exposure to enriching learning opportunities, and safe neighborhoods — and that both adult and child well-being can be undermined by unmet basic needs, social isolation, and stress.\textsuperscript{135}

All families need support, especially in a child’s early years, but systemic adversity and inequities mean that not all families begin on level ground. In fact, data shows that most families in California lack needed income and supports. Policies and programs such as voluntary evidence-based home visiting, paid family leave, and income assistance are cost-effective investments that can provide essential support and help parents nurture their children’s learning and well-being.\textsuperscript{136,137} While California is making strides in reaching more families, there are still far too many families who may want or need additional help but aren’t getting it.
Voluntary Evidence-Based Home Visiting

Grade C-

Progress Report

Home visiting programs match new and expectant parents with trained professionals who provide one-on-one support, education, and connection to needed services. Home visiting boosts the health and well-being of both parents and children, and generates public savings by increasing preventive health care utilization, improving birth outcomes, and preventing future costs related to health care, special education, juvenile crime, and child maltreatment.138 Until 2018, California did not fund home visiting with state dollars, and the only home visiting available to families was a patchwork of federal and locally-funded programs through First 5 Commissions, Early Head Start, and local health departments. Recently, California made important progress by embedding voluntary, evidence-based home visiting in the CalWORKs program and expanding the federally-funded California Home Visiting Program through a mix of state and federal funds. Even so, available programs fall far short of meeting need.

Pro-Kid® Agenda

California policymakers must continue to significantly expand voluntary evidence-based home visiting programs statewide, so that these effective programs reach every low-income family who wants them. To ensure families have maximal access to home visiting through a variety of pathways, and that programs are high-quality and responsive to the diverse circumstances of families, the state must leverage multifaceted funding — including maximizing the use of federal Medicaid dollars — and align and coordinate efforts across state departments and at the local level.
Many California families with young children face challenges that research shows may undermine their health and well-being in the short- and long-term.

Early, individualized parent-child support like home visiting can be the right kind of help, at the right time.

California’s home visiting program capacity compared to need is among the worst in the country.

California only serves a fraction of families who might benefit from home visiting.

Despite research proving the benefits of voluntary home visiting programs, home visiting is not reaching enough California families.

As many as two-thirds of California families with babies and toddlers could benefit from home visiting, yet current programs reach fewer than 2%.
Paid Family Leave
Grade B-

Progress Report

Paid family leave (PFL) policies provide essential job protection and income replacement for parents and caregivers who take time away from work to care for a new child or other family member. Though PFL can positively impact infant and parental health and well-being, there is no federal PFL policy. California was the first state to enact PFL for most workers in 2002, and since then has taken positive steps to make PFL affordable and accessible for all families, including recently increasing the duration of paid leave from six to eight weeks for new parents with the pledge to move to three months by 2022. However, wage replacement is (at most) 70% of normal income, and families who are low-income, families of color, and single-parent families are much less likely to leverage PFL as it currently exists.

Pro-Kid® Agenda

California must put families first by guaranteeing at least six months paid family leave per child, and ensuring leave is affordable and accessible for all types of families. In the near-term, the state should continue to extend duration of leave to 12 weeks per parent/guardian in 2020-21, and aggressively pursue policies, such as boosting the wage replacement percentage, to eliminate the disparity for families of color and families who are low-income utilizing PFL in California.
Paid Family Leave positively impacts the health and well-being of both babies and adults.

Women with longer maternity leave were less likely to suffer from later depression by 18%.

Women who had paid leave breast-fed twice as long.

Well baby care visits and vaccination rates increased by 25%.

Infant mortality reduced by as much as 10%.

Takeup rates for California’s PFL are increasing, but persistent inequities remain.

Nearly one-third of California workers report being unable to use PFL due to limited wage replacement.

Overall, PFL claims are increasing… but not among low-income workers: 41% rise in PFL claims between 2009-10 & 2017-18. 3% drop in PFL claimants with salaries under $20,000 from 2017-18.

California is a leader among states in the U.S. providing PFL but lags far behind many other countries worldwide.

State leaders have committed to increases in PFL duration over the next few years.
Statewide, approximately four million children live in low-income families.¹⁵⁶ Of those, about 450,000 children live in deep poverty — with annual income under $10,700 for a family of three.¹⁵⁷ The younger the children are, the more likely it is that their family is poor. While 80% of poor California families have at least one working adult,¹⁵⁸ stagnant wages and high housing costs undermine economic security. Growing up in poverty can have a lifelong impact, but research shows that income assistance — such as the Earned Income Tax Credit (EITC), child tax credit, and California Work Opportunity and Responsibility to Kids (CalWORKS) program — is a key piece of the puzzle to lift families out of poverty.¹⁵⁹ The 2019-20 state budget included positive steps, such as doubling the CalEITC, creating a Young Child Tax Credit, increasing access to child savings accounts,¹⁶⁰ and making important CalWORKs reforms. However, policymakers must ensure this income assistance is sufficient to move families above the poverty level, and that families with mixed immigration status — who represent one-third of all families in deep poverty — are not excluded.

Pro-Kid® Agenda

All California families should have the basic income needed to house and feed their children. In the near-term, the state must expand and enhance income assistance programs, including CalWORKs, EITC, and the child tax credit, with the focus on families with young children, families in deepest poverty, and families with mixed immigration status.
Children make up a large share of participants in income assistance programs.

California’s EITC is refundable — if the credit exceeds a low-wage worker’s income tax liability, the state gives that family the balance.

However, the CalEITC still needs to reach more families; California had the fourth lowest participation rate for families eligible for EITC in tax year 2016.\(^{163}\)

Without California’s safety net income assistance, 1.2 million more children would live in poverty.\(^{165}\)

The programs with the biggest child poverty-reduction impact in 2017 were: California & Federal EITCs (3.4 percentage point reduction); CalFresh (3.2 points); and CalWORKs, the Child Tax Credit, housing subsidies, and school meals (1.3-2.0 points each).\(^{166}\)
## Child Welfare

### Sections

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Stable Homes &amp; Enduring Relationships</td>
</tr>
<tr>
<td>C-</td>
<td>Health Care for Kids in Foster Care</td>
</tr>
<tr>
<td>D+</td>
<td>Education Supports for Students in Foster Care</td>
</tr>
</tbody>
</table>

Pg. 56
More than 67,000 California children are confirmed victims of child abuse and neglect each year. Child abuse and neglect present serious threats to children’s well-being and can result in children and youth entering foster care when necessary to ensure their safety. Prevention programs that provide early identification and intervention services, support families, enhance parenting skills, promote healthy relationships, and keep children and youth safe should be more readily available. If children and youth cannot remain safely at home and must enter foster care, they need access to stable and nurturing foster homes, trauma-informed services, and targeted, high quality educational supports to help them heal and thrive.

When the state removes children and youth from their homes, it assumes parental responsibility for them. Therefore, it is the responsibility of the state to ensure the children and youth in its care are raised in safe, stable, and loving homes, with the supports they need to be healthy, succeed in school, and become independent adults long after their experiences in the child welfare system. The state must take a whole-child approach, ensuring that the child welfare, health, education, and early childhood systems collaborate to support families and improve outcomes for children and youth who experience or are at risk of maltreatment.

Child abuse and neglect is much more prevalent than previously thought. Research shows that one in eight U.S. children will be a victim of maltreatment by age 18.
Stable Homes & Enduring Relationships

Grade C

Progress Report

To help children in foster care heal from trauma and past abuse and neglect, they need stable and enduring relationships with nurturing adults, and supports and services tailored to their individual needs. California has been implementing Continuum of Care Reform, a comprehensive overhaul of the state’s child welfare system, to help ensure children grow up in loving families, not institutions. Additionally, the state has enacted programs to support caregivers and youth, including increasing child care access, improving resources for relative caregivers, and establishing a 24/7 state hotline and county mobile response teams to help during moments of crisis. However, it is critical that California implements these reforms in a way that increases stability and helps to build and maintain lifelong relationships for children in foster care.

Pro-Kid® Agenda

California policymakers must ensure children and youth in foster care and their caregivers have access to the resources, supports, and services they need to build and maintain strong family relationships. Policies must be implemented that maximize placement stability, avoid the institutionalization of traumatized youth, and increase access to trauma-informed supports. In the near-term, California must address its shortage of caregivers and increase recruitment and retention of high-quality caregivers able to meet the needs of children in foster care in family-based settings, especially children with more intensive needs.
Stable placements are vital to the well-being of children and youth in foster care.

Many children and youth in foster care experience frequent placement changes, adding to their trauma. Factors that affect placement stability include how prepared families are to care for children who have experienced abuse or neglect, and whether supports are available to help children and caregivers build strong relationships. There is also a shortage of trauma-informed caregivers, which can lead to poor placement matching, frequent moves, and overcrowded homes.

Older youth in foster care often lack strong, supportive relationships.

While extending foster care until age 21 has improved outcomes for youth who previously would have emancipated at age 18, many youth still exit care without the support and guidance they need to successfully transition to adulthood and thrive.
Health Care for Kids in Foster Care

Grade C-

Progress Report

Children in foster care have experienced abuse, neglect, and other traumas, which can lead to physical and mental health challenges that may persist into adulthood. Providing timely, high-quality health services can help kids in foster care heal, yet barriers, such as multiple placement changes, lack of trauma-informed providers, and unavailable or incomplete health histories, often prevent them from getting needed services. Continuum of Care Reform, California’s overhaul of the child welfare system, and the new Family Urgent Response System, a 24/7 statewide hotline and county mobile response systems, both provide opportunities to improve timely access to trauma-informed behavioral health services for kids in foster care if implemented well.

Pro-Kid® Agenda

California policymakers must ensure that all children in foster care have access to comprehensive health care, including the behavioral health services they need to heal from the trauma of abuse and neglect and removal. In the near-term, policymakers should increase provider capacity and oversight and accountability to ensure children in foster care have timely access to community-based services and experience continuity of care with trusted providers. Policymakers should also continue to promote cross-system collaboration between child welfare and health to ensure children in foster care receive timely, coordinated services, and improve data tracking to assess the quality and impact of services.
Children in foster care have complex health needs because they have experienced trauma.

Children in foster care have experienced abuse, neglect, and other adverse childhood experiences that can negatively impact their health. In fact, half of all kids in foster care have endured four or more adverse childhood experiences.173

Youth in foster care face many barriers accessing needed health care.

Children in foster care have health coverage through Medi-Cal (including those who age out of foster care yet retain their Medi-Cal coverage until age 26). Despite this coverage, they continue to face barriers accessing needed services.

Children in foster care often do not receive required health exams.

Without timely preventive exams or screenings, children in foster care may experience delays in identifying and treating health conditions. In fact, the American Academy of Pediatrics recommends more frequent health monitoring of children in foster care given their special health care needs.179

Percent of children in foster care who did not receive timely exams:180

- 24% Medical exams
- 34% Dental exams
Education Support for Students in Foster Care

Grade D+

Progress Report

Due to multiple moves and school changes, missed school days, and trauma, youth in foster care face unique challenges to academic achievement. For instance, only about half of students in foster care graduate high school, among other poor outcomes. Targeted services and supports can help youth in care succeed in school and prepare for college and career attainment. Because youth in foster care are a priority population within the Local Control Funding Formula (LCFF), schools have the opportunity to expand and improve these services and supports through LCFF. In 2017, the California Department of Education began releasing annual academic achievement data for kids in foster care. The data show that despite the greater investments through LCFF, students in foster care continue to fare worse than all other student groups in terms of school engagement and achievement.

Pro-Kid® Agenda

California policymakers must ensure that all children in foster care receive the supports they need to succeed in school. Specifically, the state must vastly improve the dismal graduation rate of youth in foster care so that it meets or exceeds that of all other student groups. In the near-term, policymakers must ensure that youth in foster care experience school stability, including strengthening their right to remain in their school of origin when it is in their best interest to do so. Policymakers should also provide stronger oversight of LCFF to ensure funding is being used to provide the critical services foster youth need to overcome educational obstacles, and that Local Control and Accountability Plans incorporate planning and accountability that adequately address the needs of youth in foster care.
Unique challenges can prevent students in foster care from attending school. Youth in foster care are more likely to be chronically absent (miss 10% or more days of school) than other underserved youth, due to home placement changes, school transfers, court hearings, and parental visitation.\textsuperscript{181}

Youth in foster care face more barriers to academic achievement than their peers. Frequent absences, school transfers, and the effects of trauma can cause students in foster care to struggle to stay on track in school.

As a result of inequities in the education system, too few youth in foster care finish high school on time. Low graduation rates among youth in foster care point to inadequate preparation for college and careers. Although 93\% of youth in care want to go to college,\textsuperscript{184} only 4\% obtain a bachelor’s degree by age 26.\textsuperscript{185}
Adolescents & Transition Age Youth

Sections

C- Relationships & Sexual Health Education
D+ Supports for Unaccompanied Homeless Youth
D+ Decriminalization of Youth
C- Opportunities for Youth Voice & Civic Engagement
The transition from childhood to adulthood holds amazing promise, and also risk. Young people need the support of their communities and caring adults as they navigate increasing independence and decision-making, and it is critical that they feel heard and valued. A fundamental reorganization of the brain takes place during adolescence, as well as important developmental stages such as gaining separation from caregivers and establishing more independent relationships with peers.

Programs designed for children are no longer appropriate for these young people, but programs designed for adults may not meet their unique needs. By improving targeted supports for transition age youth (ages 18-to-25), the state can help young people transition to a healthy and successful adulthood.

To thrive and become engaged and empowered, adolescents and transition age youth need support in the following areas:
Children and youth must be provided with tools to develop positive and safe relationships. When we fail to teach youth about healthy relationships and sexual health, they become vulnerable to unhealthy relationship behaviors and dating violence, risky sexual behavior and unintended pregnancy, and sexually transmitted infections (STIs). The California Healthy Youth Act requires all schools to teach comprehensive sexual education that is medically accurate, unbiased, inclusive of LGBTQ people, and appropriate for students of all races and genders, at least once in middle school and once in high school. This law was an excellent step, but the state has not provided resources to comprehensively assess whether all districts are in compliance.

California’s leaders need to ensure all youth receive proactive education about healthy relationships and sexual health in developmentally appropriate ways. In the near-term, policymakers should improve monitoring of California Healthy Youth Act implementation across the state so that all youth are learning about sexual and reproductive health and building the skills necessary for healthy relationships, regardless of where they live, their gender identity, or sexual orientation. The state should also increase resources for public health agencies to track, treat, and prevent the spread of STIs.
California teen births continue to decrease.

Due to robust efforts to increase access to contraception and medically-accurate pregnancy prevention information through Family Planning, Access, Care, & Treatment (Family PACT) and other programs, teen births have been on a long decline in California.\textsuperscript{192,193}

There has been an alarming rise in sexually transmitted infections among California youth.

The growth in STIs has been fueled by insufficient public health funding, lack of access to contraception for youth who are homeless or substance users, and less awareness of the significant health risks of STIs.\textsuperscript{195} These infections may cause serious, long-term issues including cancer, infertility, stillbirth, and neurologic damage.\textsuperscript{196}

Too many young people experience sexual or dating violence.

Sexual and dating violence can undermine individual growth and academic potential; put youth at risk for serious injury and even death; and encourage risky sexual behavior, substance abuse, unhealthy dieting behaviors, and suicidal ideation.\textsuperscript{198}

- In 2017, of California high school students who were surveyed:\textsuperscript{199}
  - 1,748 were physically forced to have sexual intercourse (7%)
  - 1,605 experienced sexual violence one or more times in the past 12 months (10%)
  - 1,057 experienced physical dating violence one or more times in the past 12 months (8%)

Among youth 15-to-24 from 2013 to 2017:\textsuperscript{197}
- 15% increase in chlamydia
- 57% increase in gonorrhea

2020 California Children’s Report Card
Supports for Unaccompanied Homeless Youth

Grade D+

Progress Report

Unaccompanied homeless youth are young people (ages 25 and under) experiencing homelessness who are not living with a parent or guardian. They experience different types of homelessness, for example, shifting from one temporary arrangement to another, living in a car or shelter, or living on the street. Recently, California created a housing navigator program to help transition age youth access housing; expanded transitional housing programs for foster youth; allocated a minimum of 8% of Homeless Housing, Assistance, and Prevention Program funds to go toward serving homeless youth; extended the Homeless Youth Emergency Services and Housing Program; and provided funding to address housing insecurity amongst college students. While the state has started to make these investments, they do not begin to meet the needs of youth who continue to struggle to secure and maintain housing.

Pro-Kid® Agenda

California policymakers must ensure no young person is homeless or forced to live in unsafe situations. Special attention should be paid to youth exiting the child welfare and juvenile justice systems who can experience barriers accessing and maintaining stable housing. In the near-term, policymakers should ensure that young people are prioritized in all housing policies and should allocate additional funding to strengthen youth access to a continuum of housing options. Additionally, the state must provide targeted resources to support the success of college students experiencing homelessness, such as increasing access to on-campus housing, shelter during school breaks, and food.
One-third of all the nation’s unaccompanied homeless youth are in California.¹⁰¹

LGBTQ youth are especially at risk of homelessness.
Most LGBTQ youth experiencing homelessness report that they were forced out of their homes or ran away because their families rejected their sexual orientation or gender identity.

Trauma-informed services and supports are needed to mitigate the negative consequences of youth homelessness.

Common pathways to youth homelessness:²⁰²,²⁰³

- Abuse and neglect
- Substance abuse
- Illness or death of a parent
- Parental incarceration
- Histories of family homelessness
- Experience with foster care or the youth justice systems

- 33% of California’s youth who are homeless identify as LGBTQ²⁰⁴
- 120% higher risk for LGBTQ youth to be homeless than peers, often due to family rejection²⁰⁵
- 62% of LGBTQ youth who are homeless reported being physically harmed by others²⁰⁶

Homeless youth face difficult conditions that need to be addressed by trauma-informed services:

- Over 60% of all homeless youth report being victims of crime²⁰⁷

They are:

- 2 times more likely to drop out of high school than peers²⁰⁸
- 10 times more likely to experience premature death than peers²⁰⁹
The majority of youth involved in the juvenile justice system have experienced intense trauma. Entry into the system and punishment often results in further trauma. Further, due to systemic inequities and racial bias, there is disproportionate representation in the justice system for youth of color, youth with child welfare involvement, and LGBTQ youth. California’s youth justice system must become a positive environment that addresses the root causes of juvenile offenses, reduces the reliance on incarceration, offers community-based solutions such as diversion programs, promotes healing and addresses trauma, and provides young people with the opportunities they need to thrive. The state has seen an 86% drop in the youth arrest rate from 1988 to 2018, a boost in support for diversion as an alternative to traditional prosecution, and recent steps to make the system more healing and equitable, including moving the Division of Juvenile Justice from the California Department of Corrections and Rehabilitation to the Health and Human Services Agency.

California must ensure a supportive environment for youth in the juvenile justice system so they have opportunities to transform and improve their lives. Trauma-responsive justice systems that are grounded in adolescent development, including diversion programs, yield better outcomes for youth, reduce racial inequities, and increase public safety more effectively than punishment alone. In the near-term, policymakers should focus on increasing access to diversion programs, limiting the use of secure detention, and keeping detained youth close to their communities where they have the best chance to heal and thrive.
Youth of color are overrepresented in the juvenile justice system.

Implicit and explicit racial biases persist at all levels of the juvenile justice system, resulting in disproportionate treatment for youth of color, who are treated more harshly — from arrest through incarceration — for the same crimes committed by White youth.214

Juvenile justice systems must become trauma-informed to help improve outcomes for youth.

Outcomes for youth in the system can be improved if efforts to screen, assess, treat, and prevent trauma are instituted.

Youth diversion programs can reduce the risk of reoffending and help keep kids healthy.

Research shows that providing community-based services instead of arresting and incarcerating youth improves their outcomes and increases public safety.217

---

Number of children per 100,000 that enter the California juvenile justice system216

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>76</td>
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<tr>
<td>Black</td>
<td>711</td>
</tr>
<tr>
<td>Latino</td>
<td>180</td>
</tr>
<tr>
<td>American Indian</td>
<td>196</td>
</tr>
<tr>
<td>Asian</td>
<td>26</td>
</tr>
</tbody>
</table>

More than 3/4 of youth experienced trauma prior to involvement with the juvenile justice system and are further traumatized if they are incarcerated.216

Diversion programs provide:

- Education
- Mentoring
- Behavioral health services

Youth who experience pre-arrest diversion programs are 2.5 times less likely to reoffend.218
Opportunities for Youth Voice & Civic Engagement

Grade C-

Progress Report

When young people are engaged and empowered, they can be integral partners in shaping the policies that impact their lives. Youth empowerment is associated with a multitude of other positive outcomes including better health status, academic achievement, leadership and communication skills, and access to resources. State leaders have made efforts to empower youth — for example by allowing voter pre-registration for 16- and 17-year-olds, and working on criteria to award a State Seal of Civic Engagement to qualified graduating high school seniors. However, California youth still experience significant disparities in civic engagement opportunities with regards to income, citizenship, and race, leading to limited and unequal power in voting and other key outcomes.

Pro-Kid® Agenda

State leaders must work to involve and amplify the voice of young people, especially low-income youth and youth of color, in decision-making by offering varied, numerous opportunities for civic education and engagement in supportive settings. Specifically, models like the Youth Engagement Project of the California Department of Social Services, which builds capacity for youth in foster care to provide policy input, should be replicated in other departments and agencies so that more youth can weigh in on policy issues that impact their lives. Policymakers should also require the Department of Education to develop civics curriculum materials and a corresponding implementation toolkit to support a pathway to the high school State Seal of Civic Engagement. In addition, leaders should make it easy for 16- and 17-year-olds to register or pre-register to vote before they leave high school.
Research highlights six promising approaches to improve civic education.

All students must have equitable access to school-based opportunities to develop civic capacities.

Civic education and engagement opportunities increase youth engagement.

When students have access to civic learning opportunities — for example, by being able to volunteer or participate in clubs, or by studying for the U.S. history and government test due to requirements of the naturalization process — their rates of engagement increase.

Youth voter participation rates are low nationwide; California is in the bottom third of states that reported youth voter turnout from the high-profile November 2016 election.

A recent survey shows that California youth are much more likely to vote after direct contact by a candidate or voter-rights organization. Yet, youth of color are less likely to be contacted, with the highest rates of contact at 61% for youth who are White and lowest at 44% for youth who are Black.226

---

**Six promising approaches:**

1. High-quality, formal instruction in government, history, law, and democracy
2. Classroom discussion of current local, national, and international issues/events
3. Opportunities to apply what students learn through community service linked to the curriculum
4. Extracurricular activities that involve students in schools and communities
5. Student participation in school governance
6. Student participation in simulated democratic processes

---

**Indicators of civic engagement among California high school students, positive survey response percentage:**

- 0% to 20%
- 20% to 40%
- 40% to 60%
- 60% to 80%
- 80%

- 2 or more clubs & activities
- Volunteered in the past year
- In organization making a difference

- <200% poverty level
- 300% poverty level or above
- U.S.-born citizen
- Naturalized citizen
- Non-citizen

**18-to-24-year-old voter participation rate:**

<table>
<thead>
<tr>
<th>State</th>
<th>18-to-24-year-old voter participation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>27%</td>
</tr>
<tr>
<td>New York</td>
<td>35%</td>
</tr>
<tr>
<td>California</td>
<td>38%</td>
</tr>
<tr>
<td>Alabama</td>
<td>41%</td>
</tr>
<tr>
<td>Colorado</td>
<td>43%</td>
</tr>
<tr>
<td>Maine</td>
<td>49%</td>
</tr>
<tr>
<td>Virginia</td>
<td>55%</td>
</tr>
</tbody>
</table>

2020 California Children’s Report Card
Connected Cradle-to-Career Systems

Grade D

Progress Report

Throughout their lives, children will need multiple supports and services – including quality health care, child care, and education – to successfully enter into adulthood; but California does not effectively connect the services and systems intended to support children from cradle to career. This disjuncture often forces parents and caregivers to spend untold hours seeking information and navigating unwieldy processes to receive needed supports. This year, with the Governor’s leadership, California made a commitment to develop and implement an integrated cradle-to-career information infrastructure that could help to more effectively identify kids’ needs and ensure they have access to the necessary services to support their success. This is a good step, but more must be done to inform and integrate systems and programs to foster continuous improvement that ensures children, especially the state’s most vulnerable children, receive the necessary services to support their success.

Pro-Kid® Agenda

Policymakers must ensure that government systems are linked to provide first-class coordination and support to children and families. In the near term, this includes building an early learning data infrastructure and ensuring the early learning, TK-12, higher education and workforce data systems are all linked together. With the foundation of a comprehensive education information system in place, children could be even more effectively served through additional linkages to health and social services. Simultaneously, policymakers should provide resources and training to help integrate, use, and protect available data to support improvements in local policies and practices, building upon existing collaborative efforts.

California lacks a whole-child system to support children and families.

The current system requires children and families to find their way through an often confusing maze of government systems and programs.
California has no longitudinal education data system.

California lacks many of the informational systems that parents/caregivers need to better understand how their kids are doing and plan for what’s next. For example, California is one of only eight states that lack a statewide data system to track students’ pathways from TK–12 schools to college and into the workplace.\textsuperscript{228}

California’s higher education segments are uncoordinated, unlinked, and disconnected from TK-12 education.\textsuperscript{229}
Endnotes

Demographics


   Notes: The number of children living with one or more immigrant parents is from table B05009 from the American Community Survey. To get the total count of children living with one or more immigrant parents Children Now combined the following categories: 1) both parents foreign-born 2) one of two parents foreign-born 3) single parent foreign-born.


   Note: Data provided by the California Department of Education, School Health Office through a Special Request. Please note that all numbers and percentages are only representative of California students grades 9-12 that are enrolled in traditional, public high schools. Charter, online/virtual, alternative, court-appointed, community-day, etc. schools and students are not included.

Health Insurance


11. United States Census Bureau (2019). Census Table HI-5, health insurance coverage status and type of coverage by state - children under 18 [Data File]. Retrieved from https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/original/orghihistt5.txt


   Note: Beginning in 2013, HI-05 tables were produced with American Community Survey (ACS) data. Prior to 2013, the table used Current Population Survey (CPS) data.


Health Care Accountability


Health Care Access


Preventive Screenings


Behavioral Health Care


Preventing Trauma & Supporting Healing


Oral Health Care


Note: The percent of students reported with tooth decay are of kids who took the oral health assessment.

Food Security


Note: The estimates for eligible working low-income people include people who are eligible for SNAP and live in a household in which a member earns income from a job. For more information about eligibility levels and participation rate calculations, please see https://cfpa.net/program-access-index-pai-2016/

Education - Introduction


Infant & Toddler Care


Preschool & Transitional Kindergarten


Early Care & Education Workforce


Early Intervention & Special Education


79. Mackrides, P. S., & Ryherd, S. J. (2011). Screening for developmental delay. American Family Physician, 84(5). Retrieved from https://web.b.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=65073868&AN=65073868&x-kx61a1RMR5k90r8aF%2ffWXN0xT%2fAHqF4yRyHonZaaHxTyFeT7Oyn3KISYXBEQnq3Nrm-1QcNGUEQMnzwQ%3d%3d&cr=true&site%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26jrnl%3d65073868&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26jrnl%3d65002838X%26AN%3d65073868&crl=c


Note: Children Now's analysis using the Department of Finance population estimates, actual kids served from the Office of Special Education, and estimate of children with delays from the Glascoe journal article.


Education for Dual Language & English Learners


Note: The 60% of Dual Language Learners percent is ages 0-to-8 years.


Note: The 60% of Dual Language Learners percent is ages 0-to-8 years.


Education Funding


Note: Ages 0-to-5 includes children up to their 5th birthday.


Children Now 2018 calculation using the Center on Enhancing Early Learning Outcomes (CEELO) tool.


Note: An additional $11 billion investment is the difference in per-pupil expenditure compared to the highest ranking states.


**STEM Education**


**Teacher Pipeline & Retention**


**School Climate: Caring Professionals at School**


   *Note: Children Now analysis of National Center of Education's 2016 Digest Tables.*


   *Note: Children Now analysis based on the California Department of Education's student & school data reports.*
School Climate: Discipline & Attendance


Note: According to the California Department of Education, students are categorized as "socioeconomically disadvantaged" if: They were migrant, foster, homeless at any time during the academic year; or they were eligible for Free- or Reduced-Priced Meal (FRPM) Program, or had direct certification for FRPM at any time during the academic year at the testing school; or the parent education level is marked as "both parents did not received a high school diploma" at the time of testing. https://www.cde.ca.gov/ta/ac/cm/documents/dashboardguide18.pdf


Afterschool & Summer Learning Programs


Higher Education


2020 California Children’s Report Card
Family Supports — Introduction


Voluntary Evidence-Based Home Visiting


144. National Center for Children in Poverty (n.d.). Young Child Risk Calculator. Retrieved November 2019 from http://www.nccp.org/tools/risk/?state=CA&age-level=3&income-level=Low-Income&ids%5B%5D=76&ids%5B%5D=78&ids%5B%5D=74&ids%5B%5D=72&ids%5B%5D=83&submit=Calculate

Note: State budget investments over the past 2 years could result in as many as 20,000 additional families served, almost doubling current capacity, but percentage of families reached would remain approximately 2%.

Paid Family Leave


Child Welfare — Introduction


Stable Homes & Enduring Relationships


Health Care for Kids in Foster Care


Education Supports for Students in Foster Care


Note: According to the California Department of Education, students are categorized as “socioeconomically disadvantaged” if: They were migrant, foster, homeless at any time during the academic year; or they were eligible for Free- or Reduced-Priced Meal (FRPM) Program, or had direct certification for FRPM at any time during the academic year at the testing school; or the parent education level is marked as “both parents did not received a high school diploma” at the time of testing. https://www.cde.ca.gov/ta/ac/cm/documents/dashboardguide18.pdf


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Adolescents & Transition Age Youth - Introduction


Relationships & Sexual Health Education


Note: Because dating violence is often unreported, these estimates are likely undercounts. See for example https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5298903/

Supports for Unaccompanied Homeless Youth


Decriminalization of Youth


Note: Diversion programs can be offered both pre- and post-arrest.

Opportunities for Youth Voice & Civic Engagement


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