FIRST 5 MADERA COUNTY

# STRATEGIC PLAN 2024-2029

**Adopted by the Commission**

Revised June 3, 2026

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# INTRODUCTION

A feeling of security is fundamental to a young child's overall health and well-being, enabling them to overcome challenges, be ready for school, and reach their full potential. During the first year of life, a baby's brain grows faster than at any other time. From the time a child is born, everything they experience will affect how they learn and feel about the world. Children do best in loving and nurturing environments with family and caregivers who are positively invested in their lives.

The First 5 Madera County (First 5) Commission has done much to improve the outcomes of the children and families living in Madera County. For more than 20 years, First 5 has played a vital role in helping to build a collaborative system of services for children and their families throughout the county. With about $1.1 million currently allocated by the State in Proposition 10 funds—an amount that declines annually due to the decline in tobacco tax revenue—First 5 has created a number of direct service programs that influence systems, build provider capacity, and target physical and mental health, early literacy, parenting skills, and school readiness. As part of a larger countywide, regional, and statewide network, its grants have helped support schools, community organizations, non-profits, public agencies, and libraries that provide services to children and their families.

Proposition 10 legislation (the California Children and Families First Act of 1998) requires each county's First 5 organization to prepare a strategic plan describing its goals, objectives, funded programs and services, and measurable outcomes, and to present fiscal projections. This *2024-2028 Strategic Plan* was prepared with the assistance of Barbara Aved Associates and an ad hoc Strategic Planning Committee appointed by the Commission.

## The Strategic Planning Process

Community input and data-driven strategic planning help funders define their direction and decision-making process. To launch the strategic planning process, the consultant carried out a comprehensive Needs Assessment to provide the background the Commission needed to plan and guide its future community investments. After identifying the issues of highest relevance to First 5's mission, data, and other information were gathered to inform the Commission of current needs, gaps, barriers, and community perspectives. The information from this research came from the following sources:

- **A Data Dashboard.** Statistical data were collected on 55 common indicators that align with First 5 goals, with comparisons between county and statewide status allowing the Commission and stakeholder groups to track the key data points and monitor progress toward achieving the desired outcomes. The most recently available data for Madera County and California was included in the final Needs Assessment.

- **Interviews.** Nineteen key informants representing a cross-section of Madera County health and human service and other professionals with a broad and informed perspective about the county's population and needs participated in telephone interviews. Commissioners and staff also participated in similar

interviews and provided input on planning, programming, infrastructure, evaluation, and internal operations.

- **Parent/Caregiver Survey.** To learn more about the needs and experiences of Madera County's 0-5 children and families, an 18-question survey in English and Spanish was developed. In addition to the availability of paper copies, local organizations, and providers were sent the survey link to post on social media and other websites and asked to encourage their clients and other community members to participate. A total of 358 parents and other caregivers responded to the questions about early learning experiences, access and utilization of services, nutrition and other preventive practices, highest needs and concerns, and awareness and use of community resources.

- **Parent Focus Groups.** Madera County Library branches and the First 5 Family Resource Centers served as host sites for 7 facilitated discussions with parents. The 63 participants – representing a mix of ages, ethnic groups, and genders – offered helpful insights about their challenges and needs associated with raising young children that supplemented the findings of the parent survey responses.

- **Others' Findings.** Other relevant, recent local needs assessments and reports (e.g., Madera County Community Health Needs Assessment, Live Well Madera County) were gathered and reviewed to inform and supplement the First 5 research where applicable.

- **Literature.** A purposeful literature search was undertaken to learn what best practice interventions, sustainability, and systems-level approaches have been used successfully elsewhere that would have applicability to Madera County.

## Development of the Strategic Plan

A Commission-appointed ad hoc committee—consisting of 3 Commissioners from the Program and Grants Award Committee and the First 5 Executive Director—worked with the consultant in using the previous strategic plan and the findings of the Needs Assessment to identify and update the priority goals, objectives, and strategies. The result is a five-level structure containing the following elements:

- **Priority Framework.** Overarching priority areas derived from the Act.
- **Goals.** The desired outcome we want to achieve by 2029.
- **Objectives.** Intended changes needed to achieve the goals.
- **Strategies.** Example actions or approaches to reach objectives.
- **Indicators.** Proposed markers to measure the extent of success.

# FOUNDATIONAL STATEMENTS

### OUR VISION:

Children in Madera County have the opportunity to thrive, reach their unique potential, and enter school healthy and ready to learn.

### OUR MISSION:

To support and promote early childhood development, child health, and family involvement by advocating, partnering, and increasing access to early intervention support.

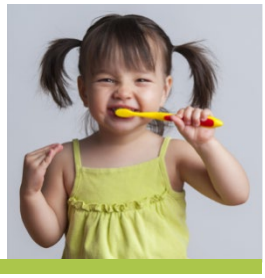
## GUIDING PRINCIPLES

Our two guiding principles serve as a compass, ensuring that our actions and decisions align with our commitments and priorities.

1. **Prioritizing Prevention** means that resources are directed towards interventions and strategies that improve fundamental social and economic structures, decreasing barriers and improving support for children to achieve their unique potential.

2. Adopting a **SMARTIE Approach** to demonstrate results through a concrete and actionable plan.

| | |
|---|---|
| **Specific** | Reflects a clear dimension of what we seek to accomplish. |
| **Measurable** | Includes indicators to determine meeting the goal. |
| **Ambitious** | Challenging enough that achievement would mean significant progress. |
| **Realistic** | Not so challenging, considering resources, capacity, and execution. |
| **Time-Bound** | Includes a clear deadline. |
| **Inclusive** | Brings traditionally marginalized people into processes, activities, and decision/ policymaking in a way that shares power. |
| **Equitable** | Seeks to address systemic injustice, inequity, or oppression. |



# HIGHLIGHTS FROM THE NEEDS ASSESSMENT

Developing a meaningful strategic plan and a guide for grant-making is made possible by assessing community needs. The following summarizes the Needs Assessment findings.

## DATA DASHBOARD

- Some of the more **positive** indicators,[1] which reflect progress in Madera County over time or in comparison to the statewide averages (which themselves may not be favorable), include the following:

| | Madera County | California |
|---|---|---|
| The **%** of children fully immunized by kindergarten entry | 95.3% | 94.0% |
| The **%** of children ages 1-5 with Medi-Cal with a dental visit in the last 12 months | 41.4% ages 1-2<br>57.6% ages 3-5 | 33.1% ages 1-2<br>51.6% ages 3-5 |
| The **%** of women with postpartum depression | 9.9 % | 12.3% |
| The **%** of children who eat 5 or more servings of fruit/vegetables daily | 75.5% | 38.6% |
| The **%** of all adults reporting family life impairment in the last 12 months due to emotional health issues | None 80.4%<br>Moderate 8.5%<br>Severe 11.1% | None 74.1%<br>Moderate 15.4%<br>Severe 10.5% |

- The following are some of the relatively **unfavorable** Madera County indicators,[1] and reflect local conditions that are poorer than the state averages and are of concern:

| | Madera County | California |
|---|---|---|
| The **%** of women who begin early prenatal care (in the first trimester of pregnancy) | 82.2% | 88.5% |
| The **%** of women who initiate any or exclusive breastfeeding after childbirth | 89.6% (any)<br>59.4% (exclusive) | 93.4% (any)<br>69.2% (exclusive) |
| **%** of children <age 6 that attend preschool at least 10 hours/week | 3.4% | 13.7% |
| The **% of** children aged 0-5 whose parents read books with them every day | Daily 43.4%<br>3-6 x/week 9.9% | Daily 53.9%<br>3-6 x/week 26.3% |
| Children identified with a special need | 270 ages 0-2 (IFSP)<br>348 ages 3-4 (IEP)<br>2,091 ages 5-12 (IEP) | -<br>-<br> |
| **%** of children who consumed 1 or more sugary drinks yesterday | 60.9% (2021) | 49.0% |

[1]See the full dataset of indicators and references in the Data Dashboard, available from https://first5madera.org/

**Other situations**, such as food security, employment, and domestic abuse, are also troubling because they point to the persistent, multigenerational cycle of inequity, poverty, and economic disparities. Taken together, these additional indicators of health and well-being add context to this strategic plan.

- **55.0%** of adults <200% FPL unable to afford enough food, i.e., food insecure. (2021)
- **9.1%** of women report physical or psychological intimate partner violence during pregnancy. (2016-18)
- **17.9%** rate of teen births, births per 1,000 females ages 15-19. (2020-21)
- **19.1%** of children with first entry who re-entered foster care within 12 months. (2020-21)
- **26.2%** of children ages 0-17 live with grandparents who provide the primary care for grandchildren in the household, i.e., parents absent. (2021)
- **27.0%** of births by mothers with less than a GED/HS diploma. (2018-2020)
- **8.7%** of individuals age 18+ reported current cigarette smoking. (2021)

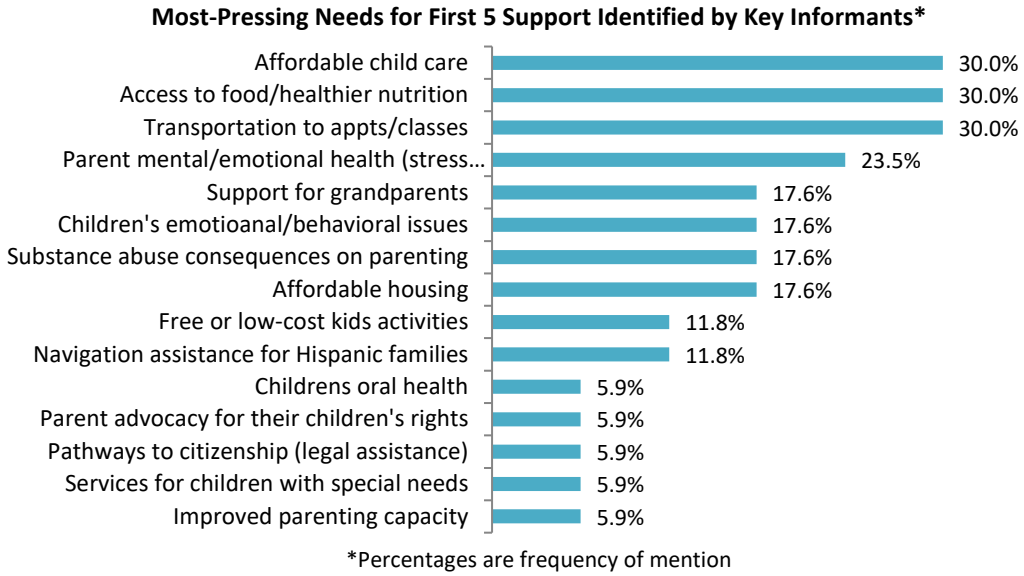
**Maternal and Infant Health**

The Infant **Mortality** rate is **twice as high in Black families** compared to all families: there are **8.3** deaths per 1,000 births among Black infants compared to **4.2** deaths per 1,000 births among all infants.

**Black women** are **6x more likely to die** of pregnancy-related causes compared to white women.

## KEY INFORMANT INPUT

Madera County community partners and professionals provided valuable input on the First 5 priorities.

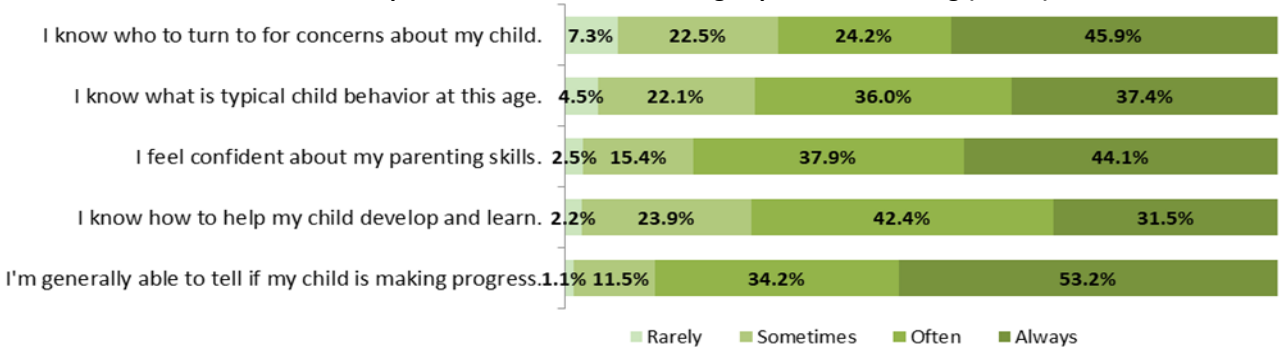



Recommended strategies ranged from home visiting, more early screening and referral, promotion of healthier nutrition, and parent and grandparent support, like parent education and skill building. While they found First 5 to be a strong community partner, they also suggested additional opportunities to expand relationships and collaboration.

## PARENT INPUT

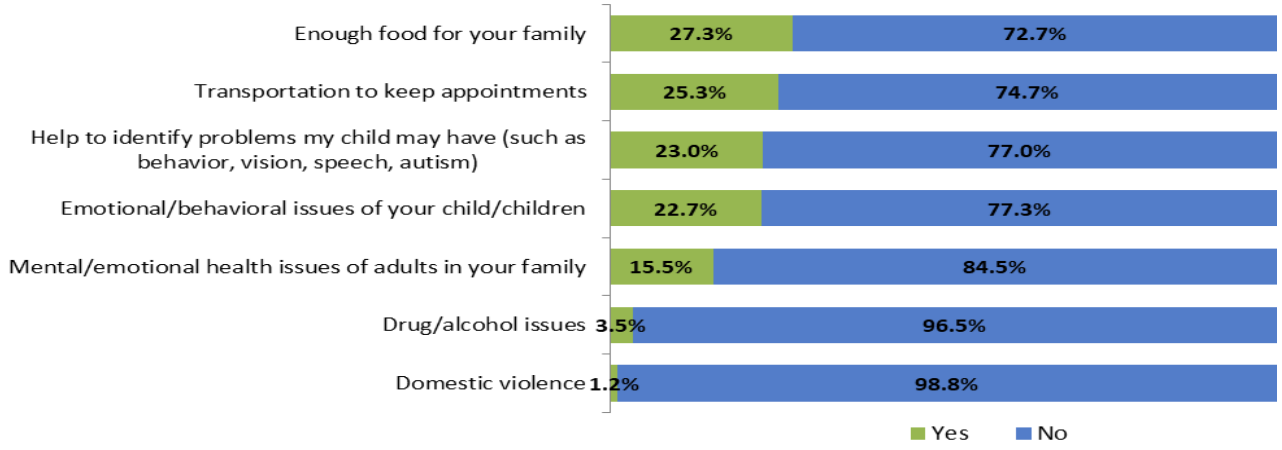
In the needs assessment survey, 358 parents responded and expressed confidence in multiple aspects of parenting. They felt most confident about their ability to identify if their child was making developmental progress and knowing how to assist their child in developing and learning.

**Parent Self-Reported Confidence Concerning Aspects of Parenting (n=357)**



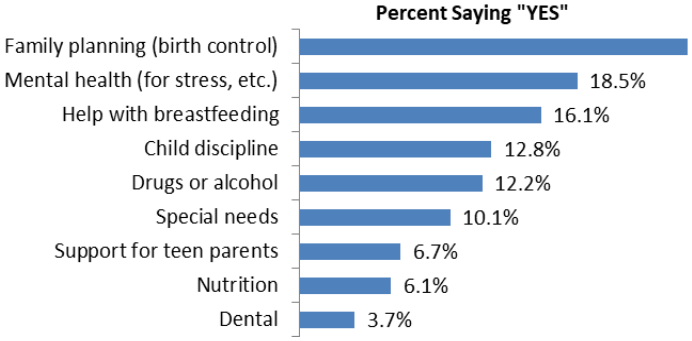

Families were asked to think about and share which of the 7 common issues were worrisome for them. Concrete supports like having enough food and adequate transportation topped the list.

**Issues Parents Worry About the Most (n=343)**

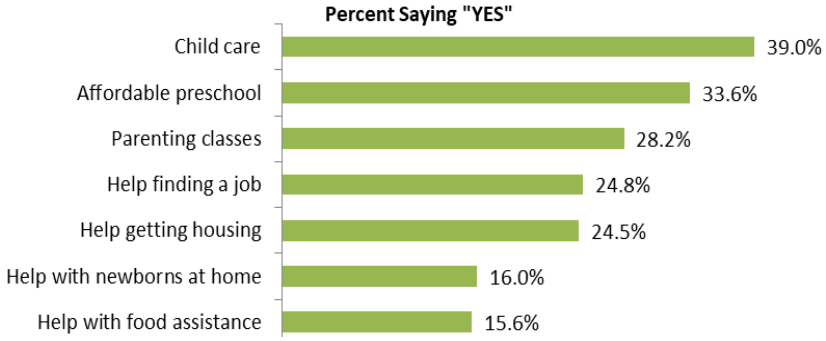



Parents also provided helpful feedback on needs First 5, and its partners could help to address.

**Needs Related to Health and Development (n=329)**




**Needs Related to Early Care and Family Resources (n=325)**



# OTHER CONTRIBUTING FACTORS

The future direction of First 5 Madera County (First 5) is influenced by external factors that can influence strategic planning and impact the organization's ability to meet its goals. Some of these "realities" and long-term trends—identified in the Needs Assessment by Commissioners and community partners—include the following.

- **Continuing Diversity:** Madera County has witnessed increasing diversity over the past couple of decades. In 2010, Caucasian/White comprised the majority of Madera County's population at 46%, closely followed by Hispanic/Latino at 44%. However, by 2020 Hispanic/ Latino represented 70.5% while Caucasian/White comprised only 23.7% of the population.

- **Number of Young Children:** Many counties throughout the state are experiencing reduced birth rates and demographic projections for Madera County point to slight declines as well. U.S. Census Bureau projections show the county's future child population of ages 0-17 declining from about 39,594 in 2025 to 34,578 in 2060. Importantly, the decline in birth rates, for example, from 2,434 in 2010 to 2,043 in 2021—impacts Proposition 10 revenues that are allocated to Madera County.

- **Insufficient Preschool Supply:** The supply of infant (especially full-time) and preschool slots falls significantly short compared to the demand, impacting a family's ability for employment. According to the California Child Care Resource and Referral Network, California Child Care Portfolio (November 2022), in 2021, licensed childcare spaces were available for only 25.2% of children ages 0-12 with parents in the workforce in Madera County.

- **Persistent Disparities:** Overall, kindergarten readiness is improving steadily; however, data makes it clear that not all children have the same access to supports within their families or their communities. Consequently, some of Madera County's families are less resilient and their children are less likely to enter school ready to achieve their full potential.

- **Family Poverty:** In 2021, 29.7% of families with related children <5 years of age lived in poverty compared to 15.8% statewide. High food insecurity rates further emphasize this reality. 19.9% of Madera County's children lived in food-insecure households vs. 13.6% statewide.

- **Declining Revenues:** Tobacco tax revenues are declining statewide, including for First 5 Madera County. This is placing pressure on First 5s statewide to consider a range of responses, including leveraging investments, targeting services, seeking policy changes to sustain critical services, and discontinuing or reducing programs.

- **Evolving Role:** There is a growing need for First 5s to better utilize our role as a natural advocate to promote the well-being of young children and their families across systems. First 5 intend to continue to strengthen this role in the community.

# PRIORITY FRAMEWORK

First 5 is committed to supporting and advancing four priority result areas that strengthen the well-being of young children, families, and communities. These priority areas reflect the Commission's strategic focus and guide investments, partnerships, and collaborative efforts to improve outcomes for children ages 0–5 and their families.

### HEALTHY BEGINNINGS

Promoting the physical, social, and emotional health of young children and mothers-to-be.

### STRENGTHENING FAMILIES

Securing access for parents and other caregivers to the tools and resources needed to provide a nurturing environment.

### QUALITY CARE AND LEARNING

Ensuring children's access to early care and learning opportunities in environments that support their social, emotional, and intellectual development.

### SYSTEMS OF CARE

Engaging and collaborating with community partners and stakeholders to co-create access to integrated services and resources.

# HEALTHY BEGINNINGS

Promoting the physical, social, and emotional health of young children and mothers-to-be.

## WHY THIS MATTERS:

- Women who begin receiving prenatal care during the first trimester of pregnancy are more likely to have full-term and normal weight babies, which is a direct indicator of newborn health. One key to safety is the reduction of the harmful effects of controlled substances on unborn and nursing babies—an issue that can be addressed through prenatal education.

- Breastfeeding promotes attachment and bonding between mother and child, contributes to higher IQs, and lowers the risk of obesity later in life.

- Identification through early developmental and health screenings helps identify problems of hearing, vision, oral health, developmental delays, and social-emotional health. Each of these can result in poor academic and health outcomes if left untreated. Early intervention services offered by providers who are skilled in evidence-based practices are proven to support children's readiness for school.

## MADERA COUNTY INDICATORS:

**82%** of women begin early prenatal care. [1]

**59 %** of women exclusively breastfeed after childbirth. [2]

**#** of children identified with a special need by age: [3]

| | |
|---|---|
| 270 Children | ages 0-2 (IFSP) |
| 348 Children | ages 3-4 (IEP) |
| 2,091 Children | ages 5-12 (IEP) |

## Goal 1. Increase knowledge of the importance of timely prenatal care among women and adolescents.

| OBJECTIVES (by June 2029) | STRATEGIC INVESTMENTS |
|---|---|
| 1.1 Improve community awareness of the importance of early prenatal care, with a focus on women and adolescents accessing care during the first trimester of pregnancy | ▪ Partner with agencies to create and distribute educational materials and community awareness messaging about the importance of prenatal care, lactation support, and breastfeeding. |
| 1.2. Increase breastfeeding initiation and duration among women and adolescents through education, support, and access to resources. | ▪ Provide opportunities to become a lactation specialist to expand local capacity. |

## Goal 2. Increase community knowledge and capacity to promote and provide developmental screenings and referrals to appropriate services.

| OBJECTIVES (by June 2029) | STRATEGIC INVESTMENTS |
|---|---|
| 2.1 Increase provider capacity and knowledge about child development, early childhood social-emotional well-being, and the administration of screening tools. | ▪ Launch a regional Help Me Grow initiative to strengthen the screening and referral system in the county.<br>▪ Ages and Stages (ASQ) train-the-trainers to increase awareness and use of developmental screening tools. |

| | |
|---|---|
| 2.2 Increase community knowledge and awareness of early childhood developmental health, early identification and intervention practices. | ▪ ASQ screening conducted through partner collaborations.<br>▪ Provide families with navigation, screening, referrals, and case management support<br>▪ Developmental screening and milestones public awareness campaign.<br>▪ Provide vision screening for children in isolated areas of the county.<br>▪ Convene a network of home visiting programs to align home visiting approaches (e.g., models for early identification and intervention) and support each other. |

## INDICATORS

Examples of indicators of success in achieving **Healthy Beginning** goals and objectives include the following:

- *The percent of women who initiate and maintain breastfeeding for 6 months after childbirth.*
- *Rates of prenatal care, infant mortality pre-term births and low birth weight.*
- *The percent of referrals for child development and social-emotional concerns that result in kept appointments*

# STRENGTHENING FAMILIES

Parents and other caregivers have access to the tools and resources needed to provide a nurturing environment.

## WHY THIS MATTERS:

- Promoting protective factors enhances family resilience, child development, and reduces the likelihood of child abuse/neglect.
- Communities are most effective at impacting family resilience when service providers across organizations are trained and well-versed in family-strengthening practices.
- Having access to social and concrete supports can help reduce family isolation and promote resilience. Social support refers to a network of healthy relationships with family, friends, or neighbors. Concrete supports, on the other hand, are tangible services that address unmet needs, such as nutritious food and transportation.

## MADERA COUNTY INDICATORS:

Rate of children with reported (allegations) cases of child abuse and neglect per 1,000 [4]

| | |
|---|---|
| age 1 | 78 |
| ages 1-2 | 70 |
| ages 3-5 | 72 |

Rate of domestic violence calls for assistance per 1,000 is **6.4** [5]

## Goal 3. Secure access to supportive services that strengthen families' ability to nurture children in a safe and healthy environment.

| OBJECTIVES (by June 2029) | STRATEGIC INVESTMENTS |
|---|---|
| 3.1 Increase access to social connections, parenting resources, and child enrichment activities. | ▪ Provide early learning activities<br>▪ Provide parenting education and concrete support for parents.<br>▪ Community Sponsorship Opportunities (early literacy, parent education, family strengthening.<br>▪ Preventive Service Program (PSP) client navigation and care coordination support. |
| 3.2 Increase systems of care and prevention coordination, shared practices and standards across sectors. | ▪ Provide relevant referrals through FRC.<br>▪ Preventive Services Program- family care coordination services & support. |

### INDICATORS

Examples of indicators of success in achieving **Strengthening Families'** goals and objectives include the following:

- *The number of substantiated cases of child abuse and neglect per 1,000 children aged 0-17.*
- *The number of calls reporting domestic violence.*
- *The number of local personnel attending training and the percentage demonstrating knowledge gain.*

# QUALITY CARE AND LEARNING

Ensuring children's access to early care and learning opportunities in environments that support their social, emotional, and intellectual development.

## WHY THIS MATTERS:

- Quality early care and education programs help children learn and develop important skills, while also enabling parents to work or attend school.
- Reading to a child promotes brain development. Giving a child time and full attention when reading them a story tells them they matter. It also builds self-esteem and vocabulary, feeds imagination, and even improves their sleeping patterns.
- Empowering parents to be their child's first teacher involves providing parents with knowledge and support to promote child development, parenting strategies, early detection of developmental delays, prevent child abuse, and increase school readiness.

## MADERA COUNTY INDICATORS:

Only **4%** of children between the ages of 3 and 5 in the county are currently enrolled in preschool. [6]

Only **43%** of children aged 0-5 have parents who read stories or look at books with them. [7]

## Goal 4. Children are cared for in high-quality settings that support their social, emotional, and intellectual development.

| OBJECTIVES (by June 2029) | STRATEGIC INVESTMENTS |
|---|---|
| 4.1 Increase access to quality improvement programs and services for Family, Friends, and Neighbors and other caregiver providers. | ▪ IMPACT Legacy-professional development and career growth training. |
| 4.2 Increase the number of children who experience language-rich environments and are read to daily. | ▪ Family literacy programs: Dolly Parton Imagination Library and Raising a Reader.<br>▪ First 5 California public awareness campaigns: Toxic Stress, Talk, Read, Sing, and Stronger Starts. |
| 4.3 Promote awareness and access to School Ready activities and resources. | ▪ Promote Universal Pre-Kindergarten (UPK) in collaboration with Local Planning Council and Quality Counts Consortia. |

## INDICATORS

Examples of indicators of success in achieving **Quality Care and Learning** goals and objectives include the following:

- *The number of providers engaged in quality improvement plans.*
- *The percentage of children ages 0-5 whose parents read books with them every day.*
- *The number of families participating in School Ready programs.*

## SYSTEMS OF CARE

Engage and collaborate with community partners and stake holders to co-create access to integrated services and resources.

### WHY THIS MATTERS:

- Effective, ongoing collaboration between early childhood community-based partners strengthens assessment and decision-making, increases understanding of families' needs, promotes communication and information sharing across systems, and provides better overall support to children and families.

- Bringing individuals, agencies and community members together in an atmosphere of support can systematically solve existing and emerging problems that one group could not quickly solve alone. Madera County has a positive track record of establishing and maintaining collaborative relationships.

- Cooperation among agencies leads to improved systems planning and reduces the potential for duplication of services.

## Goal 5. Work toward sustainable and coordinated systems that promote the well-being of children prenatal to age five.

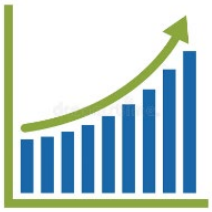
| OBJECTIVES (by June 2029) | STRATEGIC INVESTMENTS |
|---|---|
| 5.1 Collaborate with county partners to develop and implement steps toward the delivery of services and care coordination. | ▪ Participation in local and regional coalitions, committees, and advisory groups.<br>▪ Collaborate and partner with Live Well Madera network to share knowledge, tools, and best practices.<br>▪ Regional Home Visitation.<br>▪ Develop and advocate for policies focused on increasing equity and reducing barriers: Red folder, updates to protocols. |

### INDICATORS

Examples of indicators of success in achieving **Systems of Care** goals and objectives include the following:

- *The number and type of providers actively collaborating in coordinated systems of care and prevention across multiple levels.*
- *The level of provider awareness of available resources.*
- *The number of service planning and service coordination efforts that are culturally and linguistically competent.*

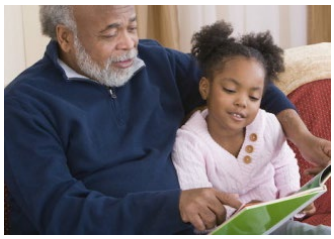
# EVALUATION PLAN



*"How can you be your child's first parent if you don't even have the background to understand parenting?" – Staff Interview*

Evaluation is what drives learning. Evaluation efforts reflect an ongoing commitment to ensure local accountability, document program quality and effectiveness, and measure progress toward outcomes. It strives to know not only how much did we do (performance measures such as "How many parents attended a class?"), but how well did we do it (outcome measures such as "To what extent did co-parenting relationships improve?"). That is, asking whether anyone is more knowledgeable, more skilled, or more confident as a direct or indirect result of an "intervention," i.e., a program or service. And, most importantly, but more challenging, whether anyone who participated used knowledge gain to change behavior in a positive way (e.g., a better diet, a home with fewer child hazards, using more age-appropriate discipline) in a way that benefited children ages 0-5.

First 5 Madera County is committed to supporting programs and practices based on solid evaluation. In the future, the Commission will utilize the services of an external evaluation contractor, and its grantees will report information about the services provided and the effectiveness of those services according to an evaluation plan customized for each project. The evaluation plans will include at least one objective and indicator or outcome measure (e.g., 80% of parents will report reading stories to their children daily) that fits the purpose of the grant—*and aligns with the Commission's strategic plan goals and objectives*. For projects that might have established evaluation tools as a part of the program curriculum, those tools may be used (sometimes with minor modifications), and/or new evaluation tools may be identified. Grantees will submit data to the evaluation contractor according to a protocol jointly developed by First 5 and the contractor.



# ATTACHMENTS

## Attachment 1

### ACKNOWLEDGEMENTS

| Individuals | Affiliation/Organization |
|---|---|
| **First 5 Commissioners** | |
| Linda Bresee | Community Representative |
| Aftab Naz, MD | Community Representative |
| Diana K. Saenz | Community Representative |
| Karen V. Wynn, Ph.D. | Community Representative |
| Sara Bosse | Madera County Department of Public Health |
| Leticia Gonzalez | Madera County Board of Supervisors |
| Deborah Martinez | Madera County Department of Social Services |
| Cecilia A. Massetti, Ed.D. | Madera County Superintendent of Schools |
| **First 5 Staff** | |
| Helen Bonilla | Early Learning Facilitator |
| Anali Manzano | Operations Officer |
| J. Monica Ramirez | Executive Director |
| Diane Sandoval | Special Projects Manager |
| Yosimi Santoyo | Chowchilla FRC Coordinator |
| Patricia Vega | Administrative Officer |
| Erika Wright | Madera FRC Manager |
| **Consultant** | |
| Barbara Aved, PhD | Barbara Aved Associates |

**Attachment 2**

# COMMUNITY INPUT

*First 5 Madera appreciates the participation of the following individuals and organizations that helped to inform this strategic plan*

## Key Informant Interviews

***(In alphabetical order by agency)***

| Individual | Affiliation/Organization |
|---|---|
| Bryndahl Childers | California Health Collaborative |
| Sarait Martinez | Centro Binacional para el Desarrollo Indígena Oaxaqueño |
| Eric Griffin | Chowchilla Elementary Unified School District |
| Olga Saucedo-Garcia | City of Madera Parks & Community Services |
| Maritza Gomez | Community Action Partnership of Madera County |
| Maru Sanchez | Community Action Partnership of Madera County |
| Carmina Ramos | Court Appointed Special Advocates (CASA) |
| Veronica Cortez | Exceptional Parents Unlimited |
| Nathalie Gomez | Local Childcare Planning Council |
| Sylvia Stratford | Madera County Department of Public Health |
| Ryan McWherter | Madera County Food Bank |
| Yvette Herrera | Madera County Library |
| Abagail Morales | Madera County Office of Superintendent (MCSOS) |
| Lynda Belamontez | Madera Rescue Mission |
| Tina Najarian | Madera Unified School District |
| Lisa Parker | Native Solution/Family Guidance Centers |
| Orianna Walker | Picayune Rancheria of the Chukchansi Indians |
| Jeanmarie Caris-McManus | Westside Family Preservation Services Network |
| Nancy Peters | Westside Family Preservation Services Network |

## Parent Focus Group Hosts/Sites

***(In appreciation of the following)***

| Event | Sponsoring Organization |
|---|---|
| Parent Story Time/Parent General Meeting | Chowchilla Library |
| Summer Jam | First 5 Madera County |
| Pre-K University | First 5 Madera County |
| Parent Story Time | Madera Library |
| Preschool Parent Information Meeting | Madera Unified School District |
| Parent Story Time/Parent General Meeting | Oakhurst Library |
| Preschool Parent Meeting | Washington Elementary School |

## INDICATOR REFERENCES


[1] https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Care.aspx
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