



CALIFORNIA

Report Card²⁰⁰⁶⁻⁰⁷

The State of the State's Children

Report Card ²⁰⁰⁶⁻⁰⁷

The State of the State's Children

Health	
Health Insurance	B-
Dental Health	C-
Obesity	D+
Infant and Young Children's Health (Birth through Age 12)	B-
Adolescent Children's Health (Ages 13-19)	B-
Education	
Early Care and Education	C-
K-12 Education	C-
After School	B+
Family Well-Being	D+

The State of the State's Children

The health and prosperity of California and our nation is dependent on our children's well-being. Twenty-seven percent of Californians are children, ages 0-17, and 13% of our nation's children reside in our state.¹ Currently, too many of our children are not given an opportunity to become productive adults. Instead of contributing to society's progress, these children often become a larger financial cost and represent opportunity lost to all Californians. If significant children's policy changes are not made, the next generation in this state will be worse off than the one before it. At minimum, we will be forced to cover the higher costs of remedial health services and lack the well-educated workforce needed to compete in tomorrow's economy. But better preventative policy approaches can be implemented to correct this course. That's why we urge you to read the 2006-07 *California Report Card* and support change now.



Children Now's 2006-07 *California Report Card* provides a concise and complete assessment of how children are doing in our state, along with policy recommendations for improving their well-being and, in doing so, improving California for all of us. We hope you find this information insightful and act on it.

Who are California's Children?

Please keep in mind the following figures on California's child population as you read this report.

INDICATORS

- California is home to 9.7 million children, ages 0-17, or 13% of America's children.²
- Just under half of California's children are Latino (47%); 32% are white, 10% are Asian American and 7% are African American.³
- 92% of the children in the state are U.S. citizens.⁴
- About 44% of California's children, ages 5-17, speak a language other than English at home, more than twice the national rate.⁵

Health

Traditional indicators of children's health are improving in California, but serious new health risks are emerging.

California has made progress in recent decades on traditional children's health issues, such as insuring children, limiting drug and alcohol use, decreasing teen pregnancies, and lowering mortality rates for children, ages 0-18.



New risks to children's health, however, are emerging: the percentage of children covered by their parents' work-based insurance is declining; smoking is on the rise; and obesity rates are increasing. The percentage of children diagnosed with autism and asthma is also on the rise. We must remain vigilant and continue our progress on traditional indicators of child health, while promoting policies and programs to address emerging risks.

Significant policy progress in 2006 includes:

- **Children's health insurance**—The 2006-07 budget includes \$50 million in local grants and other measures to help enroll and keep children and families on public health insurance. SB 437 (Escutia) streamlines enrollment in California's public health insurance programs, expanding insurance access to 100,000 more children;
- **Obesity**—Governor Schwarzenegger's proposed \$500 million in one-time funding was approved in the 2006-07 budget for schools to purchase sports equipment, and \$40 million in ongoing funds will be available annually to hire new physical education instructors. AB 2384 (Leno) brings more fresh fruits and vegetables to low-income communities;
- **Juvenile justice**—SB 1742 (Machado) requires the juvenile prison system to accept additional wards only if it has sufficient staff, space and activities for incoming inmates. The 2006-07 budget includes \$60 million to improve conditions in juvenile correctional facilities and \$10 million to reduce recidivism.

RECOMMENDATIONS

- **Provide health insurance access for all of California's children.**

Insuring all of California's children will improve their health today and prevent more costly public health problems in the future. Though Proposition 86 was narrowly defeated in November 2006, voters' support for insuring all of our children remains steadfast. Policy-makers must make insuring all children the top health priority in the upcoming legislative session.

- **Improve children's access to dental care.**

Improving children's dental health will have positive effects on the health, social and academic performance of California's children. California needs to expand the number of dentists who accept children with public insurance by increasing the state's Denti-Cal reimbursement rates and addressing other program barriers and inefficiencies. We can further improve children's dental health by pursuing other public health strategies, such as water fluoridation and dental health education programs for parents and children.

- **Promote healthier food choices to children.** Advertisements targeted at children overwhelmingly feature junk foods, which can encourage unhealthy eating.⁶ Urging food companies to strike a better balance in promoting a variety of food choices for children, and protecting children from excessive advertising of unhealthy products, can help to improve children's eating habits.

- **Improve health care access to reach all of California's children.**

In California, children in non-English-speaking households, low-income children and children of color are least likely to have regular access to care.⁷ Health care providers must improve their ability to reach and treat children in families that speak a language other than English or have cultural practices which may prevent access through traditional systems.

12%

12% of California's children do not have regular access to a doctor.

Health Insurance

Grade
B-

Insuring all of California’s children today will increase the number of healthy adults in the future.

Children with insurance are more likely to receive regular medical care, thus improving their health and enabling them to become more productive adults. The economy benefits when children are insured: they make fewer expensive emergency room visits and are more likely to be vaccinated against serious illnesses, thus reducing public health costs.⁸ California has made great strides toward insuring all children in the last decade by contributing substantial state dollars to provide health coverage for them. Yet 763,000 children in California still are not insured.

The number of children insured through their parents’ work is declining, placing a heavier burden on our public health insurance

programs. Complex eligibility rules also force many children to cycle on and off of public insurance, leading to negative health outcomes and diverting \$40 million a year to additional administrative costs.⁹



INDICATORS

Enrollment and Cost

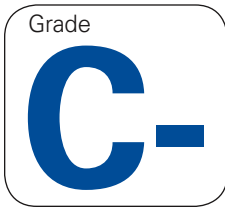
- 7% of California's children, ages 0-18, did not have insurance in 2005, essentially the same rate as in 2003; 10% of California's children were uninsured in 2001.¹⁰
- 42 states have a higher percentage of insured children than California.¹¹
- 90% of uninsured children in California have a parent who works at least part-time.¹²
- Only half (50%) of all children in the state had health insurance through their parents' jobs in 2005, a decrease from 55% in 2001.¹³
- Family health insurance coverage in California costs about \$12,000 per year: workers pay one-quarter of their health insurance cost.¹⁴

7%
**7% of children
in California do
not have health
insurance.**

California's Public Health Insurance: Medi-Cal and Healthy Families

- About 447,000 children—or 5% of all children in California—are eligible for Medi-Cal or Healthy Families, but are not yet enrolled.¹⁵
- Over 600,000 children were disenrolled from Medi-Cal at least once between 2001 and 2003, only to re-enroll a short time later.¹⁶

Dental Health



Thousands of children have dental disease, limiting their performance in school and endangering their health.

Good dental health is key to overall child health and success.

Untreated dental problems are associated with missed school days, lower self-esteem and increased susceptibility to other, more damaging health problems, such as ear and sinus infections and heart disease.¹⁷

Regular brushing and dentist visits help keep teeth healthy. Public

education programs can instill those good habits in children. Water fluoridation is cited by public health experts as a means to decrease tooth decay rates by up to 40%.¹⁸



California's children have better oral health now than in the past, but it is still a severe problem. One-third of third-graders have untreated cavities, and an estimated 138,000 children in California have severe dental problems, leaving them in constant pain and in need of immediate attention.

One-quarter of California's children do not have dental insurance, dramati-

cally decreasing the chances they will receive regular check-ups and treatment. Too few dentists accept Denti-Cal, the state's public dental care program, making it difficult for children who are insured to access care.

INDICATORS

Overall Dental Health

- More than 500,000 children, ages 5-18, miss school each year due to dental problems. Children from very low-income families (earning less than \$16,600 per year for a family of three) and Latino children are most likely to miss school due to oral health problems.¹⁹
- Parents report that 59% of California's children, ages 1-17, have teeth in "excellent" or "very good" condition, compared to 69% of children nationwide.²⁰
- Less than half (43%) of low-income families (earning less than \$33,000 per year for a family of three) report their children's teeth are in "excellent" or "very good" condition.²¹
- In-school examinations show the percentage of California's third-graders with untreated cavities declined from 57% in 1993 to 29% in 2005.²²

Dental Insurance

- Parents report that three in 10 (29%) of California's children, ages 1-17, did not visit a dentist in the last year.²³
- 18% or 1.6 million of California's children, ages 0-17, did not have dental insurance in 2003. Asian American children and children in low-income families (earning between \$16,600 and \$33,200 per year for a family of three) were least likely to be covered.²⁴
- 3.5 million children are enrolled in Denti-Cal, California's public dental insurance program. Of those children, 3% (70,000) live in a county with limited or no access to dentists.²⁵
- Of the nearly 11,000 dentists statewide, just 38% accepted new Denti-Cal patients in 2005.²⁶

29%

Three in 10 children
in California did not
visit a dentist in the
last year.

Obesity

Grade
D+

The childhood obesity rate continues to rise, exposing future generations to serious health problems and increasing health care costs borne by the public.

The rate of childhood obesity has tripled in the past 30 years, and the long-term consequences are just being calculated.²⁷ Multiple factors contribute to the problem: children’s increasingly sedentary lifestyles; extensive marketing by the food industry; and, particularly for many low-income children, limited access to healthy foods and safe places to play. As a result, children eat more high-fat, high-calorie foods and are not physically active, leading to an increase in the number of overweight and obese children. Multiple efforts are underway to decrease childhood obesity rates, including enhanced support for physical and nutrition education, and improved school meal options.



INDICATORS

Obesity

- One in three children (29%), ages 6-17, in California is obese or overweight (14% are obese and 15% are overweight).^{28, 29}
- 37% of low-income children (in families of three that earn less than \$33,000 per year) are overweight or obese, while 27% of middle- and upper-income children are overweight or obese.³⁰
- Rates of overweight and obesity vary by ethnicity: 36% of Latinos, 26% of whites and 26% of African Americans are overweight or obese.³¹

Physical Fitness

- 72% of California's fifth-, seventh- and ninth-graders failed to meet state standards for all-around physical fitness in 2006. African American and Latino students were least likely to meet fitness standards, while white and Asian American students were most likely to meet them.³²
- Parents report that about 9% of California's children, ages 6-17, never exercise.³³
- Exercise rates vary by ethnicity: 15% of Latino children never exercise compared to 7% of whites, 6% of African Americans and 5% of multiethnic children or children of other ethnicities.³⁴
- Low-income children exercise about as often as their peers, suggesting that higher rates of obesity among this group of children are not due to differences in physical activity.³⁵

Media

- Research shows that American children see 40,000 television commercials per year; 72% are for food, including 32% for candy, 31% for cereal and 9% for fast food.³⁶

29%

**One in three
children is obese
or overweight in
California.**

Infant and Young Children's Health (Birth through Age 12)

Grade
B-

Children's access to medical care is declining; regular check-ups for children are critical to public health.

Ensuring children have high-quality, consistent care from the start helps them to avoid health problems that undermine their potential



and become a bigger financial strain on the state. Traditional measures of health, such as child mortality and vaccination rates, suggest that California's children are doing better now than in the past.

Unfortunately, children are facing new health risks that suggest their improved health is in jeopardy. Reports of increasing rates of obesity, autism, Type II diabetes³⁷ and asthma³⁸ are cause for concern. What's more, California's children are losing access to regular medical care, which could signal problems in coming years.

INDICATORS

Infant Health

- California's infant death rate was 5.2 per 1,000 births in 2003, compared to 6.85 per 1,000 births nationally. African American newborns had the highest infant death rates (10.9 per 1,000 in California and 13.8 per 1,000 nationally).^{39, 40}
- The percentage of babies born in California with little or no prenatal care declined from 4.9% in 1994 to 2.6% in 2004. The national rate was 3.5% in 2004.^{41, 42}
- 17% of children, ages 19-35 months, did not have up-to-date vaccinations in 2004, an improvement from 30% in 1995.⁴³

INDICATORS *(continued)*

Child Health

- 78% of California's children are in "good" or "excellent" health, compared to 84% nationally.⁴⁴
- The mortality rate for children, ages 1-9, declined from 33.6 per 100,000 in 1990 to 20.7 per 100,000 in 2003. California's child mortality rate is lower than the national rate of 22.5 per 100,000.^{45, 46}
- Parents report that 12% or 879,000 children, ages 0-12, have been diagnosed with asthma in California.^{47, 48}
- Parent-reported asthma diagnosis rates are highest for African American and Native American children. Asian American and Latino children have the lowest diagnosis rates.⁴⁹
- The proportion of special education students diagnosed with autism doubled from 2% to 4% between 2000-01 and 2004-05.^{50, 51}

12%

12% of California's children have been diagnosed with asthma.

Health Care Access

- About 6% of all children, ages 0-11, experienced delays in receiving medical care at least once. Those without health insurance were twice as likely to have experienced delays.⁵²
- Parents report that the percentage of children, ages 2-18, with regular access to medical care declined from 92% in 2001 to 88% in 2003.⁵³
- Parents report that the number of working class children (in families of three that earn between \$33,000 and \$49,000 per year) without regular access to a doctor increased by 57,000 between 2001 and 2003.⁵⁴
- The percentage of Asian American children with regular access to a doctor declined from 91% to 86% between 2001 and 2003, and African American children's access fell from 94% to 85%.⁵⁵

Adolescent Children's Health (Ages 13-19)

Grade
B-

Asthma and increasing mortality rates put teens at higher risk.

Adolescents in our state are, on the whole, safe, resilient and well-connected. Fewer teens are becoming parents, and sexually-active teens are practicing safer sex. The death rate for younger adolescents continues to decline.



The teen smoking rate, however, is on the rise, particularly among middle school students. Nearly one in five adolescents has been diagnosed with asthma, and the condition is a leading cause of absenteeism.⁵⁶ Moreover, the death rate among children, ages 15-19, is increasing for the first time in years. Latino and African American teens are much more likely to be victims of homicide than their peers.

INDICATORS⁵⁷

Resiliency and Connectedness

- About 95% of fifth-, seventh-, ninth- and 11th-graders report positive relationships with peers and adults.⁵⁸
- Between 16% and 24% of fifth-, seventh-, ninth- and 11th-graders feel there is no adult they can relate to at school; older students are least likely to feel connected to an adult at school.⁵⁹

Births by Teens and Safer Sex

- The proportion of babies born to teen mothers has declined from 11% to 9% between 2000 and 2004. Latina, African American and Native American teens are most likely to become mothers before age 19.⁶⁰
- 85% of sexually active teen girls reported using contraception in 2002 compared to 71% in 1995. Among boys, the percent using contraception increased from 82% to 91% during the same period.⁶¹

INDICATORS *(continued)*

Drug, Alcohol and Tobacco Use

- 15% of seventh-graders, 30% of ninth-graders and 40% of 11th-graders report having used drugs or alcohol at least once.⁶²
- Smoking among high school students rose from 13% in 2004 to 15% in 2006.⁶³
- Smoking among middle school students rose from 3% in 2004 to 6% in 2006.⁶⁴

Asthma

- Parents report that 18% or 674,000 California teens, ages 13-19, have been diagnosed with asthma.⁶⁵

Mortality

- The death rate for teens, ages 15-19, declined between 1990 and 2000. In recent years, the teen mortality rate has increased from 51.8 per 100,000 in 2000 to 58.7 per 100,000 in 2003. Increases in homicides and drug-related deaths likely contributed to the higher mortality rate.⁶⁶
- Car accidents are the leading cause of death for both male (31%) and female (42%) teens, ages 15-19. Homicide is the second most frequent cause of death among teens, accounting for 30% of deaths among boys and 9% among girls. Suicide accounts for 10% of deaths among teen boys and 5% among teen girls.⁶⁷
- Among teen boys, Latinos account for 46% of all deaths, but 57% of homicides. African American boys make up 15% of teen deaths and 29% of homicides. By comparison, whites comprise 32% of male teen deaths and 9% of homicides.⁶⁸

Incarceration

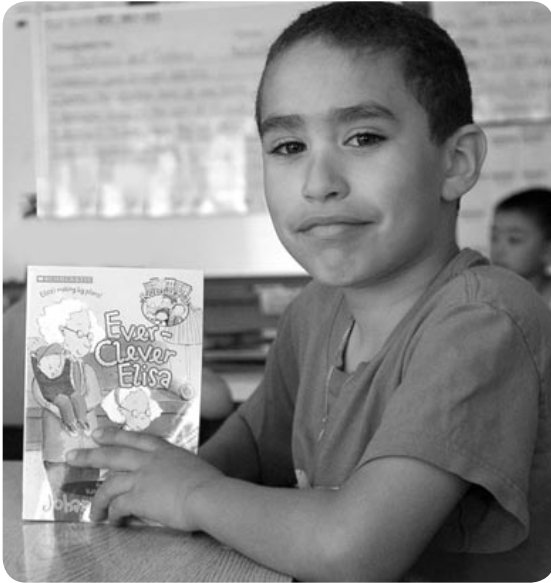
- The number of children incarcerated in California declined by 10% between 2003 and 2005.⁶⁹
- 75% of wards released from the California Division of Juvenile Justice are re-arrested within three years.⁷⁰

15%
15% of California's
high school
students smoke.

Education

Strengthening our schools strengthens California for everyone.

Children who receive a high-quality education from birth to young adulthood earn more over the course of their lifetime,⁷¹ are



healthier⁷² and are more likely to support high-quality schools for their own children.⁷³ California has remained remarkably focused on improving learning for all children over the last ten years. The state has made considerable improvements with new curricula, higher standards and a school accountability system. But far too many children are still leaving school unprepared to compete in today's economy.

The state must ensure improvements to the system continue.

All children must have access to high-quality, enriching, educational opportunities that allow them to graduate with the skills they need to succeed when they enter the workforce or higher education system. The future strength of our economy, democracy and society as a whole depends on our ability to educate every child well and to prepare them to take control of this state.

Significant policy progress in 2006 includes:

- **Preschool**—AB 172 (Chan) implemented Governor Schwarzenegger's 2006-07 preschool budget proposal by directing \$50 million to expand preschool programs to more than 12,500 children, improve staff training, and build literacy and outreach programs in our lowest-performing schools. The 2006-07 budget also allocates \$50 million for construction and rehabilitation of preschool classrooms;

Significant policy progress in 2006 includes: *(continued)*

- **K-12 education funding**—Funding was restored to K-12 education in the 2006-07 budget, an 11% increase over the previous year. Moreover, \$268 million in 2007-08 and \$400 million in each of the next six years have been allocated to low-performing schools. Proposition 1D, the \$10.4 billion bond passed by voters in November 2006, supports school construction and modernization, expands technical education, and supports new charter schools and small high schools;
- **K-12 teacher quality**—SB 1209 and SB 1655 (Scott) improve support and incentives for new and experienced teachers, and help low-performing schools hire the best teachers;
- **School-based services**—In 2006, Governor Schwarzenegger set a goal to expand school-based health centers to 500 elementary schools and improve children’s health care access. AB 2560 (Ridley-Thomas) creates the administrative infrastructure for the development of those clinics;
- **After school**—AB 638 (Torlakson) allocates \$428 million in additional funds for after school programs provided by Proposition 49, which was championed by Governor Schwarzenegger. This legislation expands publicly-funded after school programs and improves their sustainability and accountability;
- **Media**—New Federal Communications Commission regulations provide children with more educational programming and protect children from excessive advertising.

42%

Only 42% of
California’s
3- and 4-year-olds
attend preschool.

RECOMMENDATIONS

- **Support high-quality early care and education for all children and voluntary, high-quality preschool for all of California's 3- and 4-year-olds.** Improving children's access to high-quality early educational opportunities can improve their success in the future. California must expand the preschool education system to ensure every child has had at least one year of preschool before starting kindergarten. Moreover, to enhance the quality of early care and education programs in California, the state should develop a system to monitor and improve the quality of care for young children from birth to age 5, beginning with state-funded programs.
- **Promote a comprehensive and balanced overhaul of the K-12 education system.** California's ability to substantially improve student success is impeded by existing funding structures and limitations, a lack of clarity in governance responsibilities, and the unequal distribution of essential education assets. The state must improve the transparency and clarity of its school finance system so everyone can understand how much is being spent and how it is distributed. Furthermore, school and district funding must be more equitably distributed and closely tied to student needs for achieving state goals. Concurrent with these changes, California needs to invest more resources in the K-12 education system and ensure, at minimum, that all students are taught by qualified and effective teachers. These changes are essential if we are to significantly improve the system and raise the achievement of all students, including closing the gap between low-income students, students of color and their peers.
- **Monitor the expansion of after school programs to ensure quality and equitable access.** The statewide expansion of after school programs promises to engage thousands more children in meaningful activities in the out-of-school hours. The state, program providers and advocates must all work together to ensure inequities in funding, quality and opportunities for students do not develop.

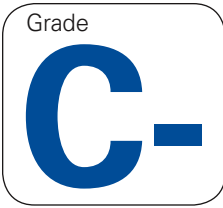
RECOMMENDATIONS *(continued)*

- **Use early education and K-12 schools as an entryway for integrated services for children.** Co-locating important services on school campuses increases children’s access to those supports and enhances their overall well-being. Governor Schwarzenegger’s commitment to expanding school-based health clinics is a promising first step to a more thorough integration of services for children. California’s schools, including early care and education facilities, should open their doors to a full array of health and social support services, including physicians, mental health care providers, social workers and community-based organizations. The state must remove barriers and provide incentives to maximize the use of schools for those purposes.
- **Ensure California has a trained and sustainable workforce for our children.** Well-qualified educators have a substantial impact on children’s educational outcomes. California has invested heavily in recruiting, training and retaining teachers for our schools. That effort must be enhanced and complemented by increasing attention to the preschool and after school fields. These fields have low pay and high turnover, and thus often lead to workers being drawn from a less educated pool. We must improve the compensation and training options for those who care for our youngest children, including those who work to support their academic achievement and protect them from risks after the school day ends.
- **Promote young children’s access to educational media.** High-quality educational media can have a positive impact on the social and academic development of preschool-age children. As the media landscape changes, we need to ensure children have continued access to diverse, high-quality educational programming.

25%

About one-quarter of public school students in California are English language learners—five times the national rate.

Early Care and Education



Improving children's access to high-quality early education enhances their ability to learn throughout life.

Providing enriching environments for young children, including high-quality preschools and child care facilities, can pay big dividends. Young children who do not have access to stimulating early learning opportunities, and environments that support their social and emotional growth, can require intensive and costly remedial services.⁷⁴ The number of children in preschool and child care is growing. Yet more than half of our 3- and 4-year-olds do not attend preschool, even though it may be their best opportunity for early learning.

Currently, the quality of early education programs is not sufficiently evaluated, even among state-funded programs. We do know preschool and child care are expensive, placing a heavy financial burden on families; the levels of education and training of the preschool workforce are less than desirable; and families are searching for full-day care options. In order for our young children to realize their full potential, it is critical our system of early education evolves to include more children, improve staff preparation and performance monitoring, and meet the needs of working parents.

INDICATORS

The Youngest Californians

- 2.7 million children are between the ages of 0 and 5 in California: 50% are Latino, 24% are white, 8% are Asian American and 5% are African American.⁷⁵
- More than one-third of children (39%), ages 3-5, are English language learners.⁷⁶

Early Care and Education Enrollment

- Statewide, about 42% of California's 3- and 4-year-olds attend preschool. Enrollment rates vary by ethnicity: 45% of whites, 50% of African Americans, 48% of Asian Americans and Pacific Islanders, 52% of multiethnic children, and 35% of Latinos attend preschool.⁷⁷

INDICATORS *(continued)*

- Children in higher-income families are most likely to attend nursery school or preschool. About 34% of 3- and 4-year-olds in families that earn less than \$33,000 per year attend; 38% of children in families that earn between \$33,000 and \$49,000 per year attend; and 58% of children from families earning more than \$50,000 attend.⁷⁸
- 82% of parents' requests for care for children, ages 0-5, are for full-day programs.⁷⁹

The Cost of Early Care and Education

- Infant care costs \$9,360 a year for family-based care and \$13,956 a year for center-based care. Toddler care costs \$9,198 a year for family-based care and \$10,464 a year for center-based care.⁸⁰ Early care is more expensive than college in California: tuition for undergraduates at the University of California is \$6,800 per year.⁸¹
- The average California family earning \$54,000 a year spends up to one-quarter of its income on center-based infant care.⁸²
- 220,000-260,000 children are on waiting lists for subsidized child care; 75% of California's publicly-funded preschools have waiting lists.⁸³

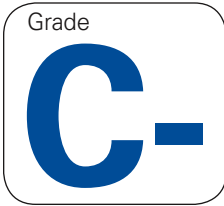
Workforce and Program Quality

- The highest-paid early education teachers with a BA or higher earn about one-third less than similarly-qualified kindergarten educators.⁸⁴
- The annual turnover rate for child care and preschool workers is about 22%, twice the rate of K-12 teachers.⁸⁵
- California does not require teachers in state-funded preschools to have a college degree.⁸⁶
- California's state-funded preschools are required to meet just four of 10 nationally-recognized criteria for high-quality early education; most states meet six of 10 of those criteria.⁸⁷

25%

The average California family spends up to one-quarter of its income for center-based infant care.

K-12 Education



California's K-12 schools aren't preparing children to compete in today's economy.

California's K-12 education system is striving to regain its place as one of the best public education systems in the country. The state has established well-respected standards and a comprehensive accountability system, and has more qualified teachers than in the past. Those changes have had a positive impact on children's success in school; more children are reaching targeted performance levels than

in the past, and English language learners are making especially strong progress.

However, over half of California's students still score below targeted math and reading levels on standardized tests, with low-income students and African American and Latino children consistently scoring below their peers. Children in schools



with the highest concentrations of low-income students are half as likely to have a qualified teacher as their higher-income peers, placing them at a distinct disadvantage. Although California's high-quality, low-cost public universities are struggling to accommodate ever-larger enrollments, too few of our children, especially Latinos and African Americans, are completing high school qualified to attend them. California must increase its focus on meeting achievement goals and its investment in the K-12 system, in order to ensure its children can compete in today's economy.

INDICATORS

K-12 Student Population

- About 7 million children attend California's K-12 schools. Of those children, ages 5-17, 46% are Latino, 33% are white, 10% are Asian American and 7% are African American.⁸⁸
- About one-quarter of public school students in California are English language learners, five times the national rate.^{89, 90}
- In 2004-05, 10% of California's K-12 public school students received special education services, the same percentage of students as in 2000-01. African American and white students were most likely to participate in special education programs in 2004-05, while Asian American and Filipino students were least likely to participate.⁹¹

58%

In 2006, 58% of California's students did not meet target proficiency levels in English Language Arts.

School Spending

- California spent about \$7,500 per pupil in 2005-06, the lowest inflation-adjusted per student spending since 1998-99.⁹²
- Relative to other states' per pupil spending, California ranked 24th in 2003-04, investing just \$8,800 per student, compared to the nearly \$14,000 spent per student in New Jersey and New York, two of the highest-spending states.⁹³ When adjusted for cost of living, California ranks 43rd in per pupil spending.⁹⁴

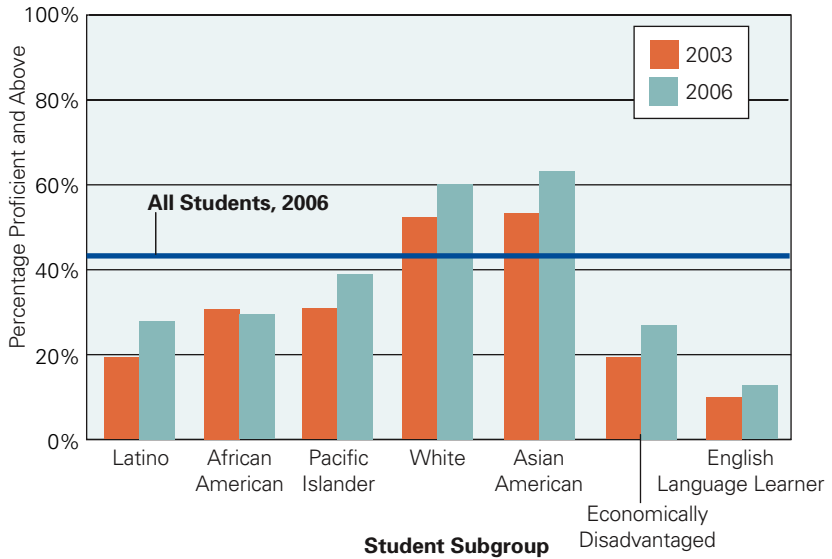
Teacher Quality

- In 2005-06, 94% of all California teachers were fully certified, compared to 91% in 2003-04.⁹⁵

K-12 Education *(continued)*

INDICATORS *(continued)*

California Student English Language Arts Achievement



Teacher Quality *(continued)*

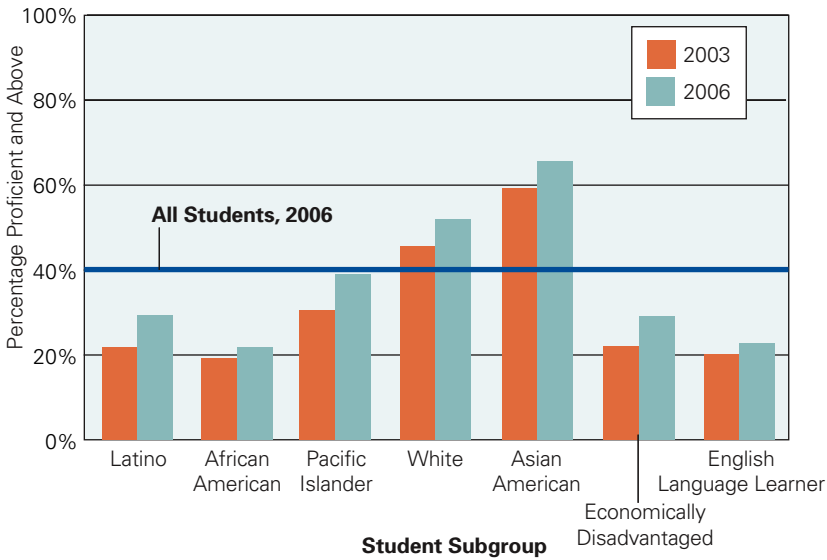
- 39% of classes in high-poverty secondary schools in California are taught by underqualified teachers, compared to 19% of classes in low-poverty secondary schools. Nationally, 34% of classes in high-poverty secondary schools and 19% of classes in low-poverty secondary schools are taught by underqualified teachers.⁹⁶

Student Achievement

- California’s students have made steady gains in English Language Arts since 2003, when just 35% of students met targeted achievement levels. In 2006, 42% of California’s students met them. Moreover, the percentage of students at “Far Below Basic” and “Below Basic” in English Language Arts decreased from 32% to 28%.⁹⁷
- In 2006, 40% of California’s students met targeted achievement levels in math. California’s students have made small but steady gains in math over the past few years; 35% scored “Proficient” and “Advanced” in 2003. The percentage of students at “Far Below Basic” and “Below Basic” in math decreased from 42% to 38%.⁹⁸

INDICATORS *(continued)*

California Student Math Achievement



- Of 438,000 high school students scheduled to graduate in 2006, about 91% (400,000) passed the California High School Exit Exam (CAHSEE).⁹⁹
- Of the 38,000 12th-graders who did not pass the CAHSEE in 2006, 67% were Latino, 15% were African American, 12% were white and 6% were Asian American. About 61% of students who did not pass the CAHSEE lived in low-income households, and 44% were English language learners.¹⁰⁰
- Only 31% of ninth-graders will complete high school eligible to attend California State University or the University of California. The success rate for Asian Americans is 56%; for whites, it is 38%; and for both Latinos and African Americans, it is 20%.¹⁰¹

60%

In 2006, 60% of California's students did not meet target proficiency levels in Mathematics.

After School

Grade
B+

Expansion of state after school programs has great potential; quality must be ensured.

After school programs are a critical component of children’s education. They help children develop productive talents and interests, build bonds with positive role models, and improve academic performance.¹⁰² California has committed half

a billion dollars to after school programs beginning in the 2006-07 school year. This will almost double the number of publicly-supported programs and make California the national leader in state-supported after school programs. Meeting our next challenge — to assure high-quality programs are available to all children — will require attention to program delivery, student outcomes, and the availability and preparation of the after school workforce.



INDICATORS

Out-of-School Time in California

- Student reports indicate that 55% or 271,000 seventh-graders are home alone after school at least once a week.¹⁰³
- Three in 10 teens in California are unsupervised three or more days a week.¹⁰⁴
- 35% of surveyed teens report that there aren’t enough interesting after school activities in their area.¹⁰⁵

INDICATORS *(continued)*

After School Programs

- Parents report that about 17% of California's school-age children are involved in some kind of organized program before or after school, such as those in schools, community centers and youth development agencies.¹⁰⁶
- Parents report that African American children are most likely to attend organized before and after school programs, while whites and Latinos are least likely to be involved in those programs.¹⁰⁷
- Children from low- to moderate-income families (earning between \$20,000 and \$60,000 per year for a family of four) are least likely to be engaged in out-of-school time activities, while children in the wealthiest families (earning \$80,000 or more per year for a family of four) are most likely to be involved in them.¹⁰⁸
- The after school workforce in California is 122,000 strong and is about the same size as the state's telecommunications industry. Most after school program staff are college students, and about 100,000 after school program jobs are part-time.¹⁰⁹
- Almost all jobs in after school are entry-level, paying between \$8.50 and \$12 an hour. Annual turnover in the after school workforce is about 30%.¹¹⁰

Publicly-Supported After School

- In the 2005-06 school year, California had about 2,000 publicly-funded after school programs, covering 29% of all elementary and middle schools.¹¹¹
- In 2005-06, state and local funds supported after school activities for more than 189,000 children. The number of children served by publicly-supported after school programs will grow dramatically with the implementation of Proposition 49.¹¹²

55%

55% of California's seventh-graders are home alone after school at least once a week.

Family Well-Being

Grade
D+

Children do well when families do well.

Almost all of California's children are living with working adults, and the majority live with two parents. Those two factors help children succeed. Fewer children are involved in safety net programs like child protective services or foster care than ten years ago. This trend is encouraging, since children in those systems have worse educational and social outcomes than their peers.



Despite the decline in overall child abuse rates, infant abuse rates have increased in recent years. California's child poverty rate is one of the highest in the nation, and many households with working adults are struggling to pay for life's basic needs. Housing costs in California have doubled over the last five years,¹¹³ while incomes have not kept pace. Over the past 20 years, families in the lowest 20% have seen their earnings increase by just 6%.¹¹⁴

Significant policy progress in 2006 includes:

- **Child welfare and foster care**—The 2006-07 budget includes an additional \$50 million to improve child maltreatment prevention and counseling services to families in the child welfare system, and \$9.7 million for better housing and educational options for former foster children. AB 1808, a budget trailer bill, enhances supports for family members caring for foster children and improves oversight for foster care group homes;

Significant policy progress in 2006 includes: *(continued)*

- **Family economic well-being**—AB 1835 (Lieber) increases California’s minimum wage from \$6.75 an hour to \$8 an hour over the next 18 months, increasing the take-home pay of 1.4 million low-wage workers;
- **Parents on public assistance**—AB 2466 (Daucher and Arambula) allows public assistance applicants to hold onto their retirement and college savings, and encourages people on welfare to take financial management classes.

22x
**Former foster children
are 22 times more
likely to be homeless
than their peers.**

RECOMMENDATIONS

- **Reduce child poverty in California.** Children who grow up poor tend to have worse outcomes later in life, increasing society’s costs for health care, law enforcement and welfare in the long term. The most effective way to reduce child poverty is to improve families’ ability to support their children. California should enhance education and job prospects, and implement policies that support parents as they transition from public assistance to the workforce.
- **Monitor the implementation of new child welfare and foster care legislation.** A number of bills passed in 2006 are intended to improve the foster care system and child welfare policies in California. California’s foster care system and child protective services, in collaboration with children’s advocates, must ensure those bills are implemented effectively in order to make the most positive difference possible for our most vulnerable children.
- **Further strengthen supports for children in foster care.** Children in the foster care system fare better when they can maintain positive bonds with family and are supported through their early adult years. California’s foster care system should increase the number of family foster care providers through improved recruitment and reimbursement policies, and allow older foster care youth who attend school to stay in the system until they turn 21.

Family Well-Being

INDICATORS

California's Families

- About 90% of California's children live with at least one working adult.¹¹⁵



- 70% of California's children live with two parents.¹¹⁶

Employment and Income

- One in five children in California lives in a household that earns less than the federal poverty level (\$16,600 per year for a family of three).¹¹⁷ One in three African American, Latino and Native American children, ages 5 and younger, lives in a very low-income family (earning less than \$16,600 per year for a family of three), compared to one in 12 white children.¹¹⁸
- When California's cost of living is taken into account, as many as 30% of the state's children live in an economically-struggling family and are able to pay for only the most basic needs.¹¹⁹
- In California, about half of families are financially self-sufficient: they earn enough for housing, child care, transportation, food, insurance and taxes. A family with two children and two working parents needs to earn about \$64,000 to be self-sufficient, more than three times the official poverty line.¹²⁰

California Family Incomes

Persons in Family	Federal Poverty Level Income ¹²¹	California Self-Sufficiency Income ¹²²	California Families at Self-Sufficiency ¹²³
3	\$16,600	\$53,987	49%
4	\$20,000	\$63,921	54%

INDICATORS *(continued)*

Food Security

- More than half a million families received food stamps in 2005. Of those families, about 40% are above the official poverty line, highlighting that many low-income and working class families in California cannot afford basic needs.¹²⁴
- About 5% of California's children, ages 10-17, are underweight. African American children and multiethnic children are most likely to be underweight.¹²⁵

Child Maltreatment

- The number of substantiated child abuse reports declined by 3% (2,896) between 2003 and 2005.¹²⁶
- Babies less than a year old make up just 6% of children statewide, but were the victims of 40% of substantiated abuse claims in 2005.¹²⁷

Foster Care

- The number of children in foster care has decreased by 8% in just three years; there are 6,658 fewer children in foster care in 2005 than in 2003.¹²⁸
- Approximately 35% (28,500) of California's children in foster care are in the care of a relative at some time during their placement.¹²⁹
- 32 of every 1,000 African American children are in foster care, a placement rate higher than that of all other children combined.¹³⁰
- In California, 4,300 adolescents "age out" of foster care each year, becoming too old for the system's supports.¹³¹
- Research shows that former foster children are 22 times more likely to be homeless than their peers, and one-third of them end up poor.¹³²

1 in 5

**One in five
California children
lives in a poor
household.**

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The State of the State's Children

Acknowledgments

Children Now gratefully acknowledges The Annie E. Casey Foundation KIDS COUNT program for its continued support of the *California Report Card*.

We also would like to thank the following foundations for their support of our California research and policy work: The Atlas Family Foundation; The California Endowment; The California Wellness Foundation; Friedman Family Foundation; The Bill and Melinda Gates Foundation; David B. Gold Foundation; William T. Grant Foundation; Evelyn and Walter Haas, Jr. Fund; The William and Flora Hewlett Foundation; Kaiser Permanente Community Grants Program; Morgan Family Foundation; The David and Lucile Packard Foundation; and The Stuart Foundation.

Special thanks to John and Louise Henry Bryson, and to all of Children Now's generous individual supporters, who make this report possible.

The 2006-07 *California Report Card* was prepared by Children Now in consultation with our Advisory Committee.

The 2006-07 *California Report Card* reflects the efforts of the entire Children Now staff. Corey Newhouse and Melita Love conducted the research and data analysis for the report. In addition, Nancy Chaires, Alani Cridge, Eileen Espejo, Theresa Garcia-Araya, Kelly Hardy, Brian Kennedy, Stacy Lee, Ted Lempert, Andrea Margolis, Patti Miller, Giannina Perez and Ronald Pineda contributed to the development of the 2006-07 *California Report Card*.

Design: Dennis Johnson, Dennis Johnson Design

Photography: Steve Fisch, pages 4, 8, 12, 14, 24, 26, and 28
Jonathan Payne, cover, pages 2, 6, 10, and 20

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Children Now is a nonpartisan research and advocacy organization working to raise children's well-being to the top of the national policy agenda. The organization focuses on ensuring quality health care, a solid education and a positive media environment for all children. Children Now's strategic approach creates awareness of children's needs, develops effective policy solutions and engages those who can make change happen.