

2024

**California Children's
Report Card**



**A survey of kids' well-being
and roadmap for the future**

2024 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.



Children Now is on a mission to build power for kids. The non-partisan organization conducts research, policy development, and advocacy reflecting a whole-child approach to ensure 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

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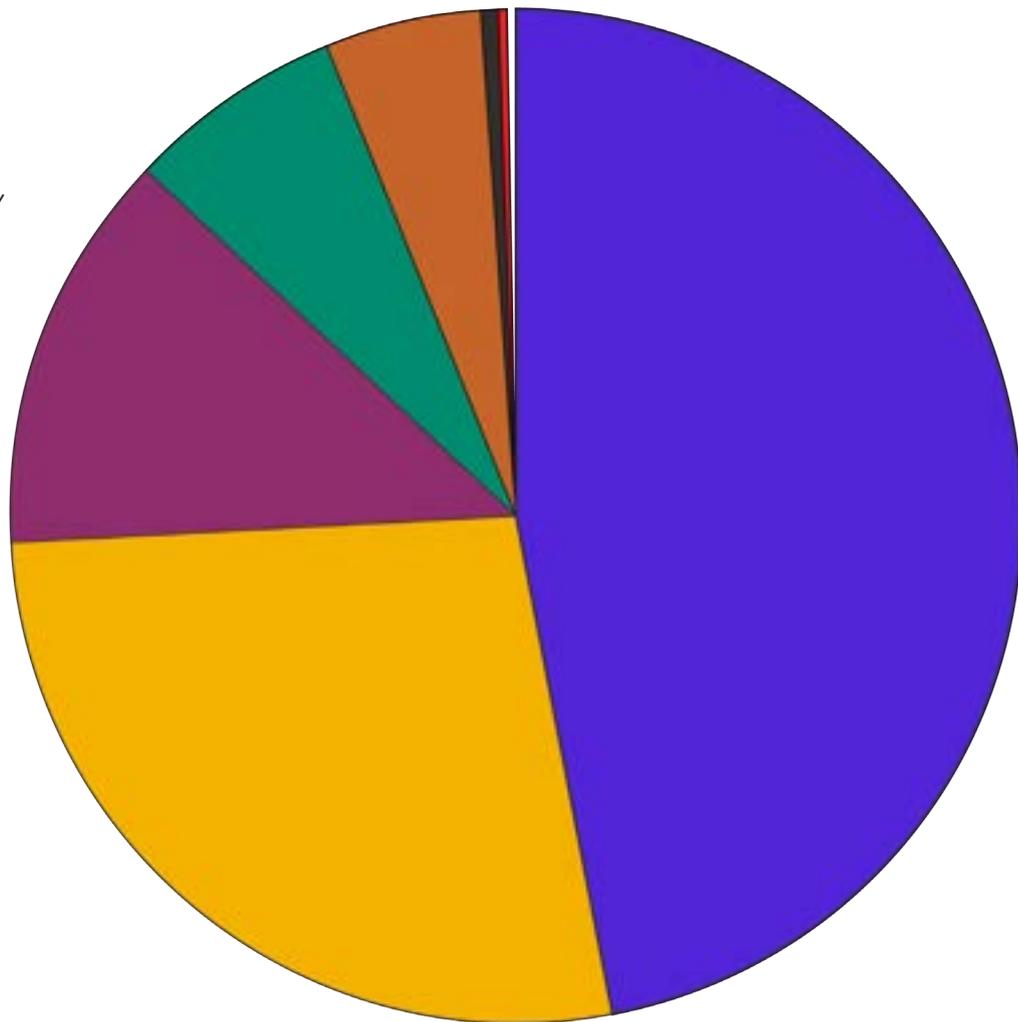
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There are **13,729,351** Californians ages 0-26.¹

Race/ethnicity breakdown of Californians ages 0-26.²

%	%	%	%	%	%
47	27	13	7	5	0.5
Latino/a	White	Asian	Multiracial	Black/African American	Native Hawaiian or Pacific Islander

%
0.4
American Indian/
Alaskan Native



Racial categories have changed over time and may mean different things to different people, making data collection inconsistent. For example, methods of counting American Indian/Alaskan Native children vary widely, yielding different numbers.³ Also, the "Asian" category contains many ethnicities, so aggregating that data may mask important differences between sub-groups.

Children and youth ages
0-20 enrolled in Medi-Cal.⁴

5,698,987

Children in foster care.⁵

50,000+

English Learners in
K-12 schools.⁶

1,112,535

Youth who have been arrested.⁷

19,000+

Migrant youth in the California
education system.⁸

43,000+

%

11

Identify as LGBTQ+.⁹

%

16

Are children and youth with
special healthcare needs.¹⁰

%

46

Are from immigrant families.¹¹

The background features a vibrant, abstract pattern of organic shapes in shades of orange, pink, and yellow. The shapes are outlined in black and have a hand-drawn, artistic feel. The overall composition is bright and energetic.

**California
needs to
lead on kids'
issues.**

Over the last decade, California leaders have made tremendous progress on supporting kids in some crucial areas. They have vastly increased the percentage of children enrolled in health insurance and made paid family leave available for most workers. They have also invested in free school meals, committed to universal transitional kindergarten, and significantly cut school suspensions among students of color.

On too many issues, however, California has failed to significantly improve outcomes for kids, allowing unacceptable racial and economic disparities to stagnate and in many cases grow. That lack of progress is why you will see low grades all across the *2024 Report Card*.

What's particularly disturbing is that California continues to trail far behind other states on a number of important indicators of child well-being. Despite our relatively high tax burden, our progressive leanings, and our enviable 5th largest economy in the world, California is far from a leader when it comes to kids. That's not only a threat to our state's collective future, but to the entire country as well since California is so often a bellwether for the nation.

Today's Governor and Legislature didn't create this grim picture for kids, but they need to do more to address it. When state leaders prioritize an issue, they usually get results. Yet when it comes to glaring disparities in kids' well-being, our leaders are too often complacent. The issues in this report must be the top priority issues for state policymakers. They need to prioritize the well-being of all kids as they do with their own; in fact, the 50,000+ youth in foster care are legally the state's own kids, so poor grades there are particularly glaring.

It's time for the state that leads on climate change, human rights, and so many other key issues to be the leader when it comes to kids. There's no excuse for bringing home grades like these to our kids.

Sincerely,



Ted Lempert, President

Health

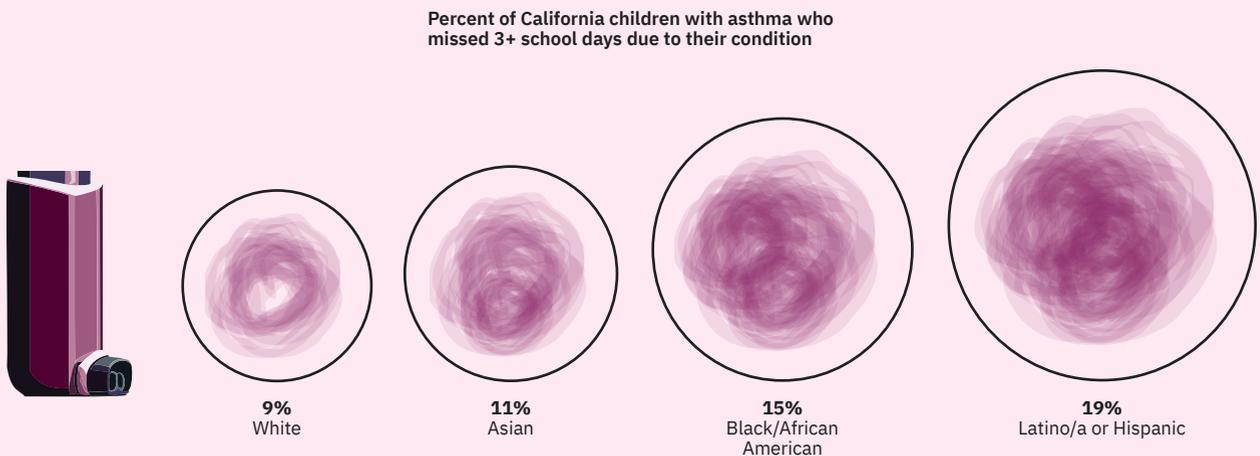
SECTION	GRADE
Birthing Health	D
Environmental Health & Justice	C
Health Insurance	A-
Health Care Access & Accountability	D+
Preventive Screenings	D
Supporting Mental Health	D+
Preventing Substance Abuse	D-
Oral Health Care	C
Relationships & Sexual Health	C-

While many states and municipalities across the country have declared racism a public health crisis, California has yet to do so.¹² Children's poor health outcomes are largely driven by racism at the intersection of poverty, sexual orientation, gender, and geography. It's clear that California can marshal resources to respond to a crisis, as was largely shown during the pandemic when the federal and state governments invested additional funds to ensure that children and their families stayed on health coverage and had enough food to eat. But thus far, there has been a tepid state response to crisis-level preventable inequities in children's health.

If state leaders approached children's health disparities with the urgency that's required, California could close gaps in outcomes and ensure kids of color have more opportunities to live healthy lives. In addition to Black, Latino/a, and indigenous children, other groups are also at risk of poor health outcomes: children and youth with special health care needs, rural kids who may be far from health care providers, children who have experienced personal or community trauma, and immigrant, migrant, and refugee children.¹³ Within each of these groups, kids of color are most affected. As longstanding systemic racism continues to fundamentally drive poor health outcomes, the State must make stronger investments to collect, analyze, and act on data to improve all health metrics for California's children.

Asthma is one of many health conditions that impact children's overall well-being and success in school.¹⁴

Racial disparities in asthma are caused by systemic bias in access to safe housing, clean air, and adequate health care.¹⁵



Available data may mask important differences between sub-groups.

Birthing Health

GRADE: D



Progress Report

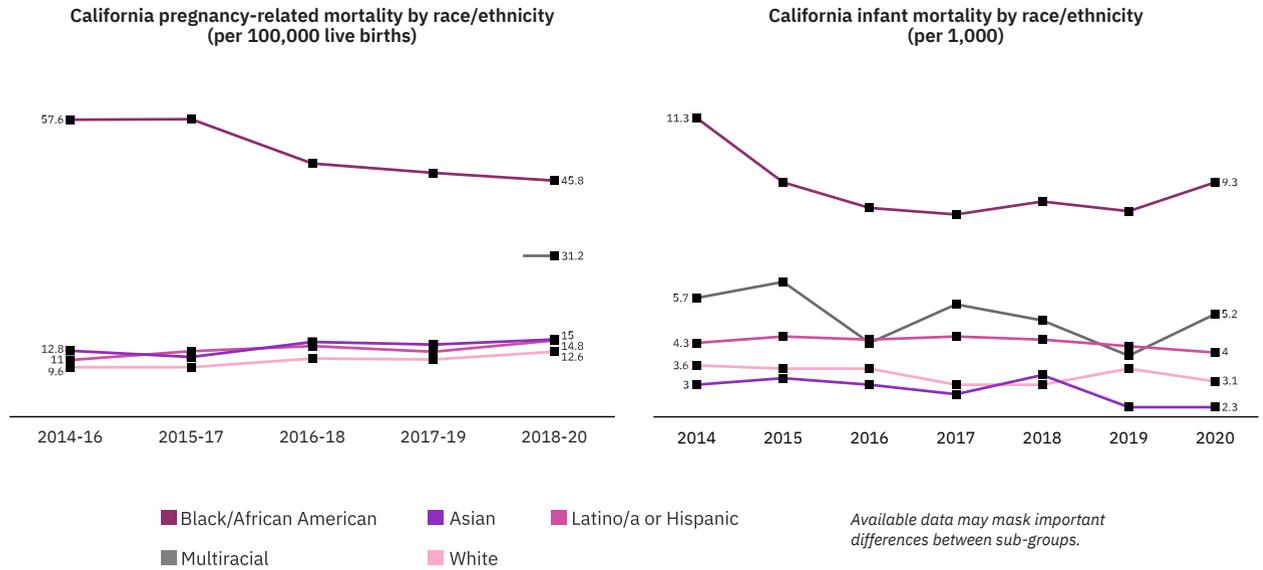
The months before and after birth are critical for babies' development and bonding with their caregivers.^{16,17} For example, depression and anxiety are twice as common in expecting and new fathers compared with other men.¹⁸ Unfortunately, there are significant racial disparities around birthing health outcomes driven by inequitable care, as Black and Latino/a infants face higher risks of morbidity and mortality even after accounting for clinical risk.¹⁹ In fact, Black babies are twice as likely as others to die before their first birthday, and Black women also experience the highest rate of life-threatening childbirth complications.²⁰ Inequities in access to adequate prenatal care persist for Black women across income and education levels, due to structural racism impacting care.^{21, 22, 23} Postpartum depression rates are highest among Black and immigrant moms.^{24, 25} The legacy of racism in medicine, both systemic and interpersonal, has created health systems that still segregate care and discriminate against expecting people of color, resulting in harsher treatment in the hospital for Black and non-English speaking birthing people.^{26, 27}

Pro-Kid® Agenda

Persistent racial disparities in newborn and perinatal outcomes show that California's leaders must do better in addressing birthing health equity, particularly for preterm birth indicators and perinatal mental health.^{28, 29} Medi-Cal pays for a significant portion of births in the State, and plays an outsized role in terms of closing disparities since Medi-Cal pays for more births to people of color than commercial insurance.³⁰ In an important step towards establishing diverse care teams to support birthing people of color, doula services for Medi-Cal enrollees were added as a benefit starting in 2023. To end racial disparities in perinatal health, the State needs to make significant and targeted investments in community services, public health programs, and social supports, in addition to access to high-quality prenatal, postpartum, and preventive health care services.

The risk of dying for California’s Black birthing people and Black babies continues to be much higher than other racial/ethnic groups.^{31, 32}

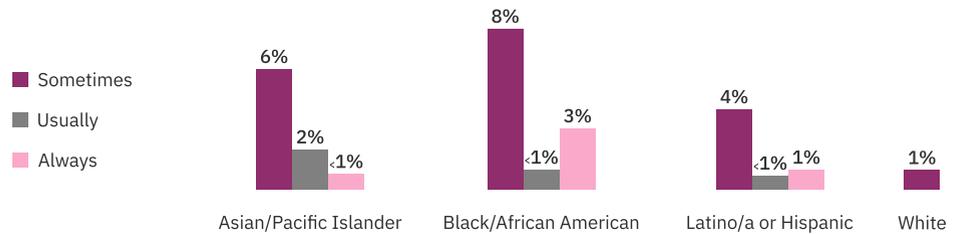
Institutional racism, inequitable access to health care, and implicit bias are causes for this disturbing gap.^{33, 34, 35}



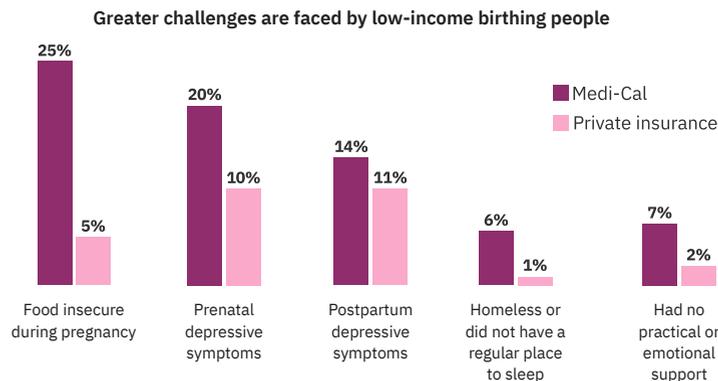
A history of medical racism adversely impacts the experience³⁶ and outcomes of Black birthing people.

Percent of surveyed California birthing people who reported they were treated unfairly in the hospital due to race/ethnicity

Available data may mask important differences between sub-groups.



Low-income birthing people with Medi-Cal report greater challenges like food insecurity, housing instability, and depression that can harm them and their babies.³⁷



More targeted supports for low-income families will be needed to close disparities and provide all California babies with a more equitable start.

Environmental Health & Justice



GRADE: C

Progress Report

Every child deserves access to clean air and water and a safe place to grow and learn. Frequent exposure to toxins, chemicals, air pollution, extreme heat, and noise pollution can lead to chronic disease and irreversible poor health outcomes. Air pollution, for example, inhibits cognitive development and contributes to chronic absenteeism, while lead poisoning is associated with impaired hearing, reduced attention span, delayed puberty, and higher levels of adult criminal activity.^{38, 39, 40.}

⁴¹ Children – especially children of color – are highly impacted by the environmental, health, and socioeconomic effects of climate change and other environmental hazards. Communities of color and low-income communities are disproportionately impacted by toxic exposures and a changing climate, exacerbating the racial disparity known as the “climate gap.” While California is in some ways a leader on environmental policy, the state has done too little to protect children from environmental threats such as lead in drinking water, and repair the harms caused by the concentration of highways, industrial plants, toxic chemicals, heat islands, and pesticide use in communities of color.⁴²

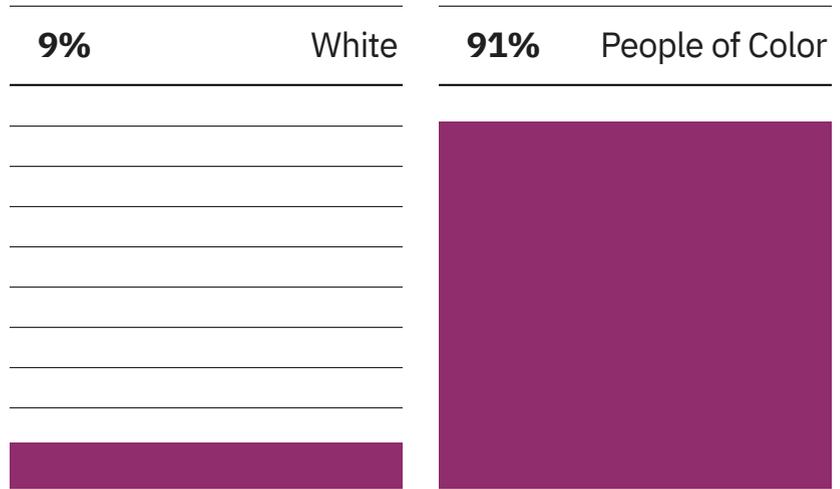
Pro-Kid[®] Agenda

California children are exposed to unhealthy air, pesticides, lead, and other toxins that threaten their well-being and healthy development. While environmental hazards present a risk for all of California’s children, Black and Latino/a children are the most impacted by these exposures. The State should ensure that all children have access to lead-free drinking water at school and home, as well as routine blood lead testing. In addition, the State should drastically reduce children’s exposure to pesticides, and at the very least ensure that communities and schools are notified when pesticides are being sprayed nearby so that families can take precautions. The State must also make targeted investments in historically disadvantaged communities, where lack of tree cover and extreme heat can exacerbate air pollution, asthma, and toxic exposures in children.

People of color are much more likely to live in environmentally impacted neighborhoods than white people.⁴³

These inequities are driven by generations of racism in the siting of industrial polluters.

Race/ethnicity of residents of the 10% most environmentally impacted neighborhoods in California



Environmental toxins are especially dangerous for kids.

Children absorb 4-5 times as much lead as adults, due to smaller bodies, greater chance of putting toxins in the mouth, and proximity to the ground.⁴⁴ Available data show disturbing levels of lead contamination at child care centers and schools.^{45, 46}



53% of schools tested had excessive lead in their water



29% of child care centers tested had excessive lead in their water

For every 2°C (3.6°F) rise in global temperature, California's kids suffer (per 100,000 children, per year).⁴⁷

Climate change and extreme heat exacerbate the impact of pollutants and toxins.

58

More infant deaths

211

More emergency hospital visits for asthma

76,087

More school days lost

Health Insurance

GRADE: A-



Progress Report

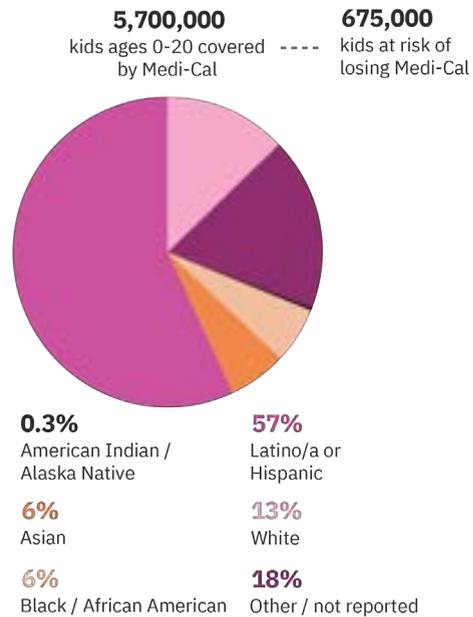
Quality, affordable health insurance helps kids access timely, comprehensive health care, and supports their overall well-being. California has made remarkable progress toward ensuring health coverage for every child. Medi-Cal is the bedrock program, providing coverage to more than half (5.7 million) of California children.⁴⁸ Steps were taken during the COVID-19 Public Health Emergency to protect health coverage by keeping Medicaid enrollees continuously enrolled. Importantly, the State also helped make health coverage more affordable by eliminating Medi-Cal premiums for over 500,000 children, pregnant people, and working adults with disabilities starting July 1, 2022, and made Covered California coverage more affordable for thousands of families beginning in 2024.⁴⁹ However, twenty thousand children with private insurance still lack coverage for hearing aids and services they need. In addition, as Medi-Cal renewals restarted in mid-2023, hundreds of thousands of children and families were at risk of becoming uninsured.

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 into Medi-Cal coverage for all eligible-but-currently-uninsured children. The State should also work to expedite streamlined Medi-Cal enrollment for newborn babies, and quickly implement continuous coverage in Medi-Cal for all kids birth-5 years to reduce unnecessary loss of coverage and improve economic security for California children and families. The State must also ensure that private health insurance coverage is affordable for families and that coverage is comprehensive and inclusive of the health care that children may need, such as hearing aids and services.

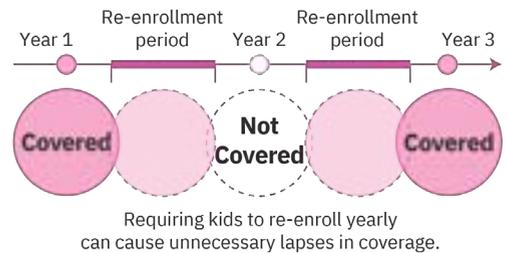
Due to the State's decades of success in expanding coverage, over half (55%) of all California children were enrolled in Medi-Cal health insurance during 2023.^{50, 51}

However, this is a precarious time for that coverage, with an estimated 675,000 children at risk of losing Medi-Cal as the State restarts renewals that were paused during the pandemic.⁵²



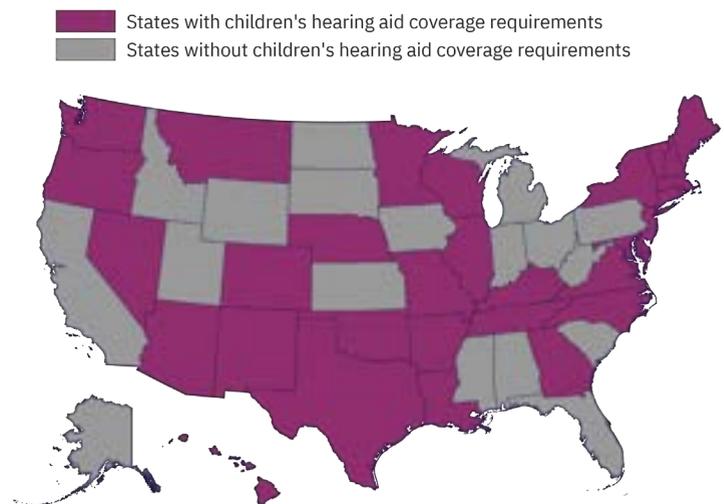
Kids with Medi-Cal should be able to keep their coverage continuously all year long.⁵³

Approximately 125,000 kids under age 6 are dropped and re-enrolled in Medi-Cal coverage each year and would benefit from a state multi-year continuous coverage policy.⁵⁴



Kids' health insurance should be comprehensive, and include critical benefits like coverage for hearing aids and services.

Over 20,000 kids in California use hearing aids that are not covered by their private health insurance plan, creating access and affordability challenges.⁵⁵



Health Care Access & Accountability

GRADE: D+

Progress Report

Accessible, quality health care and seamless care coordination are critical to achieving positive health outcomes for children. High-quality primary care services for children lead to more equitable outcomes and improved population health through prevention, early detection, and disease management.⁵⁶ Unfortunately, an unacceptable number of kids lack adequate access to timely care despite having health insurance. Too few children with Medi-Cal for Kids and Teens receive the health care services they need and are entitled to, even though managed care plans are paid to provide and coordinate those services. The State is beginning to hold health plans accountable for delivering quality care. For example, seven out of ten Medi-Cal health plans were not providing kids the basic health care they deserve, so in 2022 the State issued the first-ever monetary fines for poor health plan performance.^{57, 58} Significant investments were made in a multi-year initiative called California Advancing and Innovating Medi-Cal (CalAIM) to address an individual's health and social needs which holds promise towards transforming care and equitable outcomes for children and families.

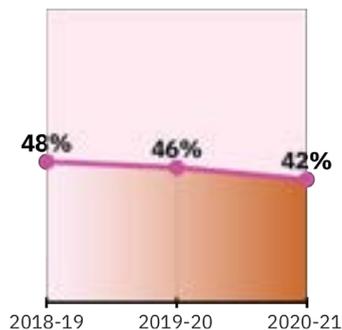
Pro-Kid[®] Agenda

California policymakers must make kids the first priority in health care and improve families' access to culturally appropriate health care providers for their children in a timely way. In particular, there must be a more proactive focus on reducing the racial, linguistic, geographic, and other disparities in children's health care access and outcomes. With new, stronger state contracts with Medi-Cal managed care plans starting in 2024, the State can reward improvement in child health outcomes and better monitor health plans to guarantee children will get the care they need. The State must enforce high standards that drive improvement in child health outcomes as well as reductions in racial and other disparities. The State must also use data to effectively hold the Medi-Cal system accountable for payments made to deliver and coordinate quality health care for children that is required by federal law, and to address the health care, social, and environmental conditions that can exacerbate chronic problems, like pediatric asthma.

Too few kids are getting the health care they need to ensure that any problems are caught early, and they grow up healthy.⁵⁹

California lags behind national benchmarks for Medi-Cal care usage – but even across all insurance types, California ranked 50th (out of 51 states & DC) in percentage of kids receiving a check up.⁶⁰

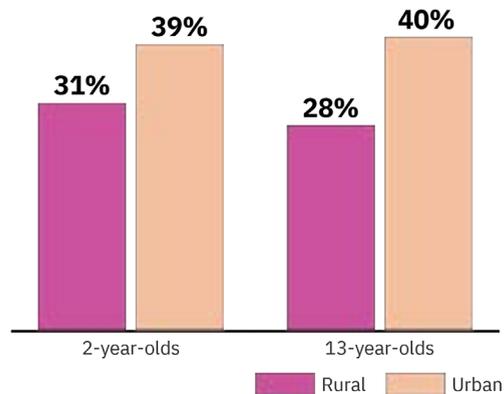
Just 4 in 10 kids in Medi-Cal received preventive health services in 2020-21



California's kids are dangerously behind on routine vaccinations, especially in rural areas of the state due to lack of easy access to care.⁶¹

Last school year, 570 schools were under state audit because too many of their kindergarteners or 7th graders were not fully vaccinated.^{62, 63}

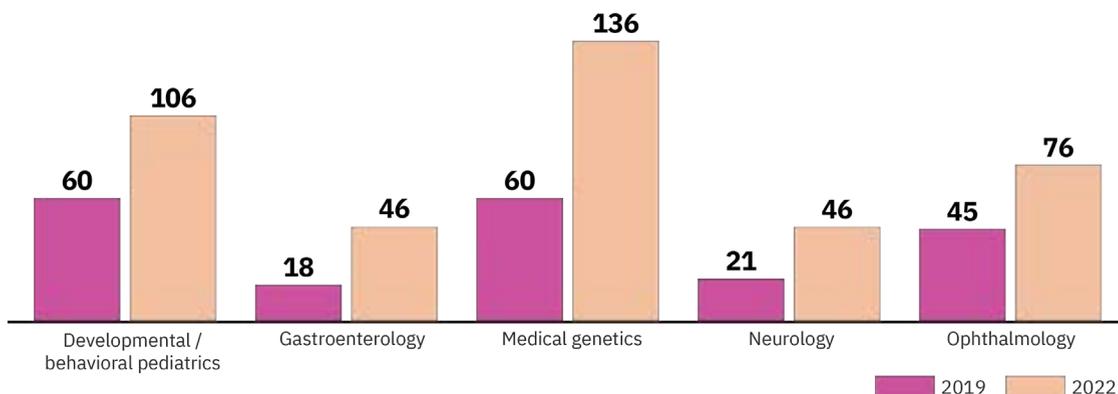
California is perilously low on child vaccinations, especially in rural areas (Medi-Cal, 2021)



Kids are not getting timely access to doctors and specialists.⁶⁴

Growing wait times for pediatric specialists put kids at greater risk.

Median wait times for pediatric specialty care (days)



Preventive Screenings

GRADE: D



Progress Report

Pediatricians recommend—and the law requires—preventive screenings for children to identify potential health and development concerns. 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—including missed screenings for vision, hearing, and dental problems, elevated blood lead levels, developmental delays, and other issues—the State has prioritized policies that support Medi-Cal providers in screening their patients and referring them to early intervention services. Investments that improve Medi-Cal screening rates and promote more cross-sector collaboration and referral systems that connect kids to services will lead to better and more equitable outcomes for children.

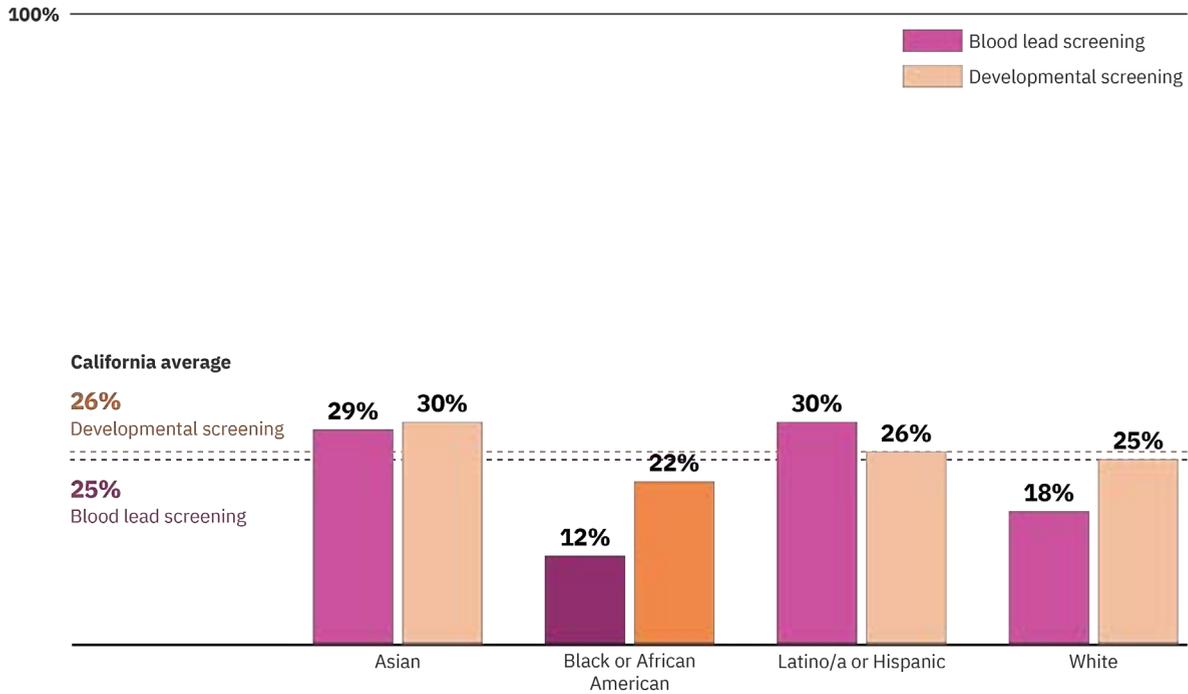
Pro-Kid® Agenda

California policymakers must ensure that every young child receives required routine developmental, blood lead, behavioral, oral, vision, hearing, and other preventive health screenings in a timely way and at the intervals recommended by pediatricians. To meet the requirements of federal law, the State must invest in robust referral and early intervention systems to connect kids with check-ups and services they may need for supporting their healthy growth and development. In the near-term, the California Health and Human Services Agency should take action with all available data to improve the rate of kids receiving preventive health and developmental screenings in Medi-Cal, and identify ways to strengthen and expand referral linkages to and coordination with needed early intervention services.

Overall, only 1 in 4 California children in Medi-Cal receive important blood lead and developmental screenings.^{65, 66}

Black kids are more likely to be harmed by toxins⁶⁷ like lead,^{68, 69} less likely to be screened for high blood lead levels, and less likely to be screened for the developmental delays that may result from lead exposure.⁷⁰ These multi-level failures mean that kids miss potentially transformative early interventions and supports.

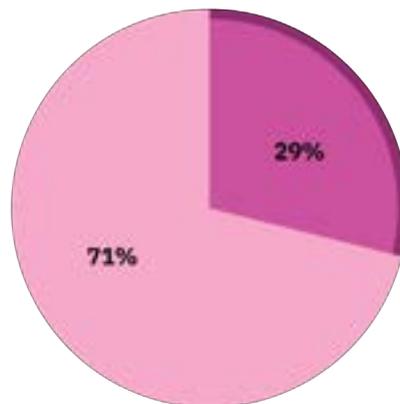
California kids get very few screenings, and Black children are least likely to receive blood lead & developmental screenings (average rates, 2019-21)



Available data may mask important differences between sub-groups.

California ranked 51st (out of 50 states & D.C.) in percentage of kids with a timely visit to an eye doctor.⁷¹

Vision screening is critical for eye health, overall health, and academic success.



Less than a third of California's kids have had a timely visit to an eye doctor

Supporting Mental Health

GRADE: D+

Progress Report

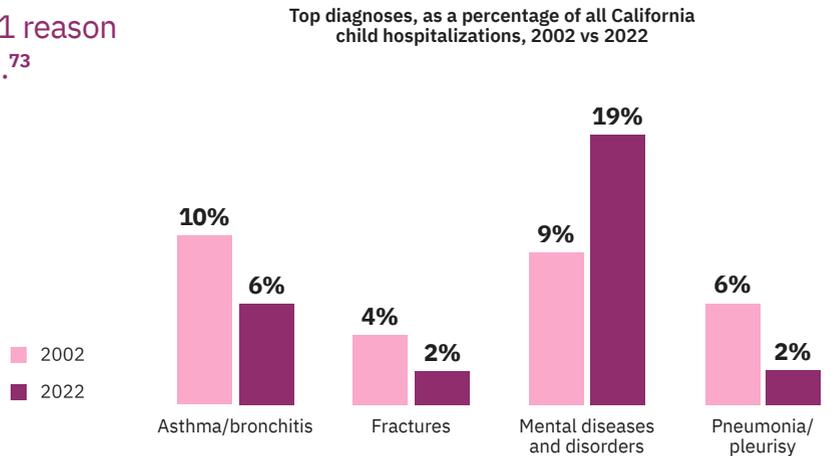
California is failing to create environments that support children’s emotional wellness and has largely been unable to provide services to children with behavioral health needs. Traumatic events like domestic and community violence, incarceration of a family member, interpersonal and systemic racism, police violence,⁷² harassment due to sexual orientation or gender identity, and threat of immigration action can impact children’s mental well-being. When families are able to find children’s mental health services and supports from schools, physicians, and community-based organizations, it’s due to perseverance, privilege, and luck rather than a comprehensive system. A complete behavioral health care system includes prevention, early intervention, support programs, and treatment services. California recently made progress by investing over \$4 billion in one-time funds to create the Child & Youth Behavioral Health Initiative. However, one-time funding does not sustain capacity. California must comprehensively overhaul its current patchwork of policies, greatly increase prevention and early intervention services, and coordinate among agencies and levels of government.

Pro-Kid® Agenda

California must ensure kids grow up in environments that minimize the causes of common illnesses like anxiety and depression, while providing tools for emotional regulation and healthy relationships. Leaders should prioritize cross-sector policies and programs that prevent behavioral health challenges and treat difficulties that arise – including trauma-informed training for child-serving professionals, coping skills coaching for students, and parenting support programs. The State must also support the healing of children who have already endured trauma, through routine screening, referral to child and family services, and follow-up. California should create a comprehensive plan with target metrics for children’s mental health outcomes, such as dramatically reducing suicide attempts among LGBTQ+ youth and youth with child welfare system involvement. The plan should also specify strategies to build wellness, such as increasing peer support workers and other culturally competent providers, boosting youth mental health first aid training, and greatly expanding preventive services in community and school settings. Finally, the State should invest substantially in community-based organizations that help prevent Adverse Childhood Experiences and promote healing.

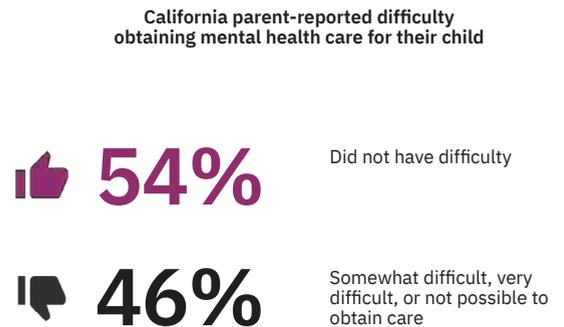
Mental health issues are the #1 reason California kids are hospitalized.⁷³

In the past two decades, mental illness has grown as a percentage of all child hospitalizations.



California ranked 51st (out of 50 states & D.C.) for parents reporting it was not possible to obtain mental health care for their child. Denials by health plans are a major barrier to kids getting mental health care.⁷⁴

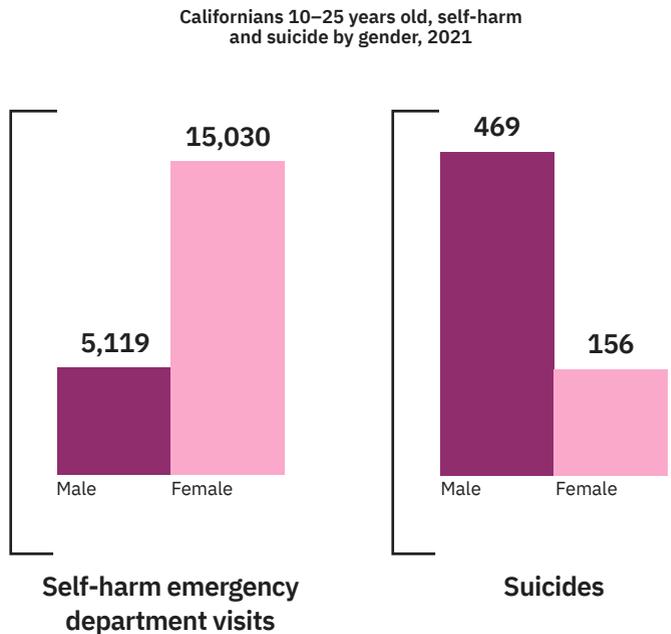
Nearly half of parents reported that it was somewhat/very difficult or not possible to obtain care.⁷⁵



Girls self-harm at higher rates than boys, but boys are more likely to die by suicide due in part to accessibility and use of firearms.^{76, 77}

Rigid adherence to gender expectations can be one cause of severe emotional distress.⁷⁸

*Note: Rates for the “other/unknown” gender category did not have sufficient data for reporting.



Preventing Substance Abuse

GRADE: D-

Progress Report

California is failing to proactively help children avoid harmful substances and does not systematically provide treatment services to children and youth with substance use disorders. Too many young people are using vape pens, which are often filled with tobacco, marijuana, or fentanyl. Candy-flavored vape products and marketing targeted towards youth make it more likely that young people will become long-term users. By 11th grade, the majority or near-majority of California students have used alcohol, misused cold medicines or pain prescriptions, or used marijuana. A complete behavioral health care system includes prevention, early intervention and support programs, and treatment services for substance use. California's current piecemeal approach to youth substance use means that kids who need help are often punished by school suspension and expulsion policies, forcing many students to "fail first" before they get help. For example, State-funded treatment programs are not available in some counties and often difficult to access where they do exist. Those programs tend to be mainly for adults, lacking a unique focus on young people's concerns and developmental needs.

Pro-Kid® Agenda

California must ensure kids can grow up in conditions that minimize the root causes of substance use. Policymakers must prioritize policies and programs that work to increase family support and school connectedness to promote drug-resistant behaviors. In addition, leaders should fund youth-specific treatment programs, separate and distinct from programs that treat adults. California has made progress by banning the sale of flavored tobacco. In the near-term, the State should invest in culturally competent programming to deter drug use in children and youth, and specifically target metrics such as reducing the number of drug overdoses among young people and decreasing the number of youth who vape. The State should also discourage school suspensions and expulsions for drug-related issues, instead prioritizing a culture of school connection that includes prevention services in community and school settings.

Vapes are the most common product used by young smokers,⁷⁹ and young people continue to be targeted by tobacco marketing largely via social media.^{80, 81}

Too few youth are screened for tobacco use or vaping,⁸² despite the risks of lung damage and the possibility of ingesting nicotine, marijuana, and other chemicals like fentanyl.

E-cigarettes (vapes) were the most popular tobacco product for the 10th year in a row

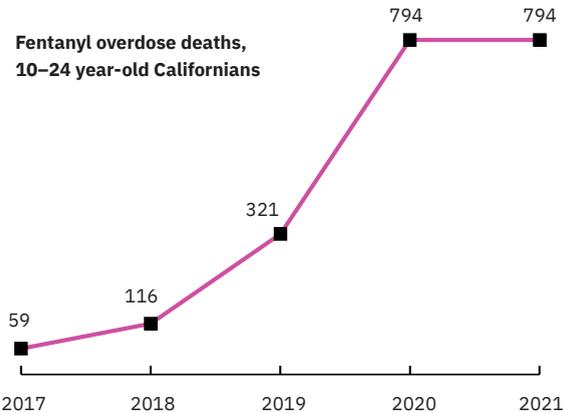


More than 1 in 3
California youth have ever used any tobacco product

More than 1 in 4
use vapes

Almost 9 in 10
of vape users reported using flavors

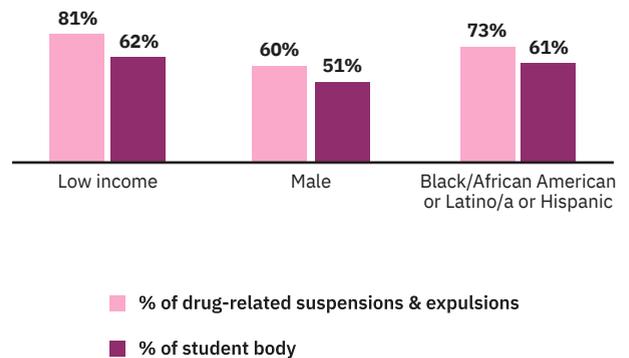
Although drug use among young people has decreased in recent years, it has become deadlier as more substances are laced with fentanyl.⁸³



Low-income, male, and Black or Latino/a students are disproportionately suspended or expelled for drug-related reasons compared to their peers.⁸⁴

A public health framework is more effective than punishment in treating youth with substance use disorder—including screening and referral, education about overdose risk, training of school staff, and connection with local community-based providers.⁸⁵

Over-represented student groups among drug-related suspensions & expulsions, California, 2021–2022



Oral Health Care

GRADE: C



Progress Report

Tooth decay remains one of the most common chronic, yet preventable childhood conditions.⁸⁶ Left untreated, tooth decay can lead to many difficulties including eating, sleeping, and learning.⁸⁷ Every year, thousands of children miss school due to dental problems, contributing to chronic absenteeism and lost average daily attendance funding for schools.⁸⁸ All local health jurisdictions received funding from the State to improve reporting of Kindergarten Oral Health Assessment data and establish community linkages to care for students who don't have a regular dental provider. Medi-Cal contracts require primary care physicians to apply fluoride varnish, a way to prevent cavities, yet too few are doing it. The new Community Health Worker benefit shows promise to support children's access to dental care by arranging supports such as transportation or language assistance to ensure appointments are kept. Recent investments to increase or expand places to treat children with special health care needs require that more dental providers are trained and available to serve this population.

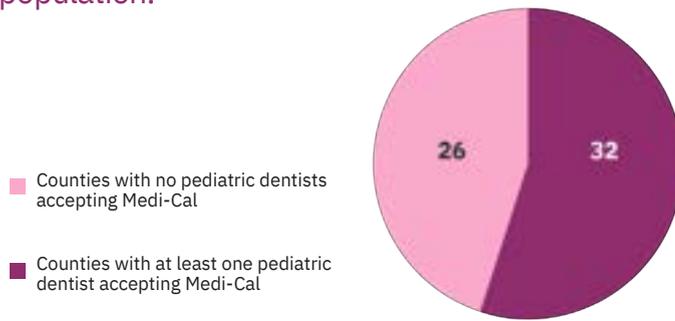
Pro-Kid[®] Agenda

To ensure every child in California achieves optimal oral health, policymakers must ensure all kids in Medi-Cal have timely access to services and a dental home, especially children with or at risk of having special health care needs. Policymakers must prioritize investments in preventive services that reach kids where they are, especially through schools or increased use of virtual dental homes in rural areas. Improvements to help increase compliance with and reporting of Kindergarten Oral Health Assessment data also requires attention from the State. The Department of Health Care Services must improve monitoring and oversight of Medi-Cal managed care plan contracts for their primary care providers to conduct initial dental health assessments, make dental referrals, and apply fluoride varnish to children. The State should also scale data-sharing practices between a child's doctor and dental provider to make and track dental referrals, and leverage the Community Health Worker benefit to support caregivers to make and keep dental appointments.

There are many “dental deserts” in California, where there are no or too few dentists to serve the Medi-Cal population.⁸⁹

Moreover, few dentists are trained and willing to serve children, especially children with special health care needs.

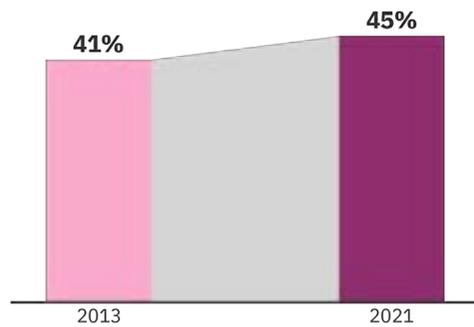
45% of California’s 58 counties have NO pediatric dentists accepting Medi-Cal



Too few children receive annual dental checkups.⁹⁰

Kids should get a checkup twice a year once they turn 1 year old, or upon emergence of their first tooth. Rates of annual dental visits for 1–5-year-olds enrolled in Medi-Cal have only increased slightly in 8 years.

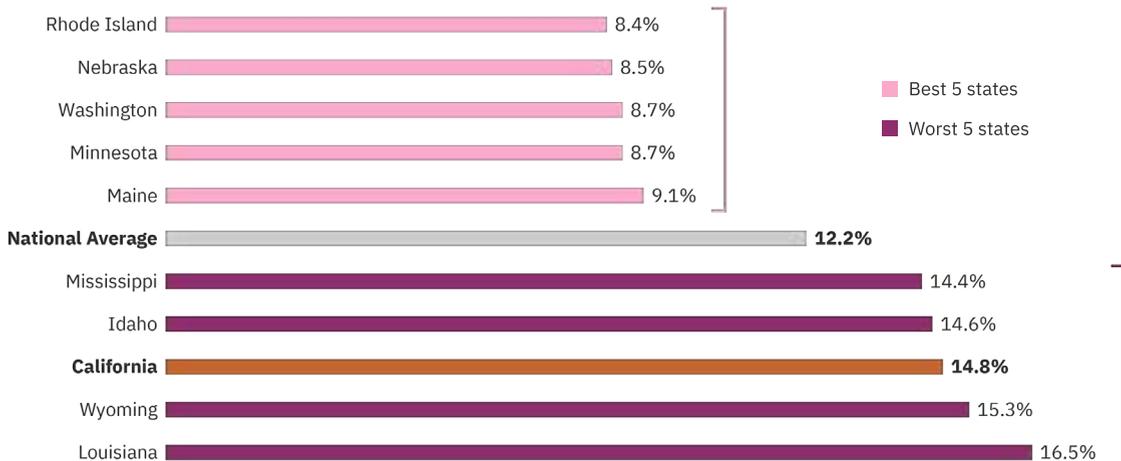
Only a slight increase in % of 1–5 year-olds in Medi-Cal with an annual dental visit



California ranks 3rd worst among all states and DC for children with tooth decay or cavities.^{91, 92}

More primary care physicians should apply fluoride varnish to children’s teeth to help prevent tooth decay.

California is 3rd worst for % of kids 1-17 years-old with tooth decay in the past 12 months (2020-2021)



Relationships & Sexual Health Education

GRADE: C-

Progress Report

Children and youth must be provided with tools to develop positive and safe relationships. When we fail to teach youth about healthy relationships in a way that is inclusive, affirming of LGBTQ+ youth, and provides comprehensive information about sexual health, they become vulnerable to unhealthy interpersonal behaviors such as bullying, dating violence, risky sexual behavior, unintended pregnancy, and sexually transmitted infections (STIs). The California Healthy Youth Act requires all schools teach, at least once in middle school and once in high school, comprehensive sexual health and healthy relationship education that is medically accurate, unbiased, and inclusive of all abilities, races, ethnicities, languages, cultures, genders, and sexual orientations. The pandemic hampered efforts to address the adolescent STI epidemic, due to fewer opportunities for health education, decreased access to free and confidential testing, declines in routine preventive health care, and shifting of public health contact tracing resources.

Pro-Kid® Agenda

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 take swift action to strengthen public health efforts for targeted, high-quality adolescent-focused sexual and reproductive health education; invest in California Healthy Youth Act implementation and monitoring; improve access to confidential clinical services, including screening, testing, and treatment; and bolster public health efforts focused on STI contact tracing and case management. The State should also follow best practices for pregnancy and STI prevention by requiring public secondary schools to make free condoms readily available to students.

California leads the nation in mandated education about healthy relationships and sex.

California is the only state that provides teacher training, requires a certificate or expertise to teach, and requires teachers to attend training, in addition to covering all 4 critical areas of healthy relationships content.⁹³

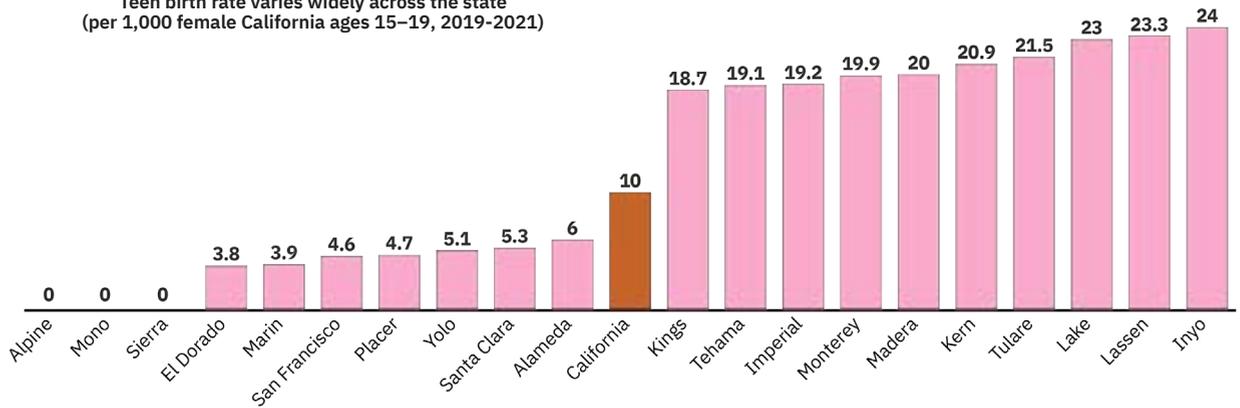
California's healthy relationship instruction includes content on:

- ✓ Communication skills
- ✓ Decision-making skills
- ✓ Violence prevention
- ✓ Consent

California's strong public health approach to youth access to services and contraception have helped push the adolescent birth rate even lower.⁹⁴

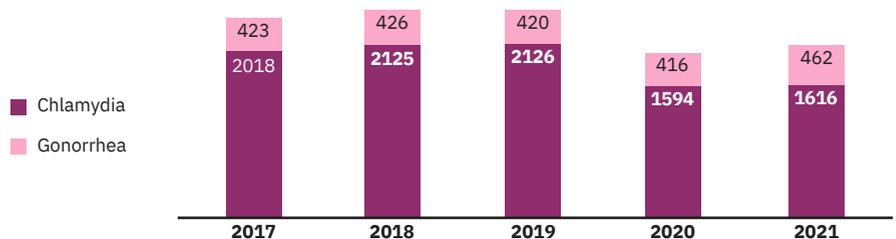
California does better than the national average due in part to its high priority on women's reproductive rights.^{95, 96}

Teen birth rate varies widely across the state (per 1,000 female California ages 15-19, 2019-2021)



Accurate sexual health education is critical because sexually transmitted infections (STIs) continue to disproportionately impact young people.^{97, 98}

Rates of STI infection among California's youth remain high (15-24 years-old, rate per 100,000)



Education

SECTION	GRADE
Child Care	C-
Preschool & Transitional Kindergarten	B+
Early Care & Education Workforce	B-
Early Intervention & Special Education	D
Education for Dual Language & English Learners	C-
Education Funding	C+
Expanded Learning Programs	B
STEM Education	D
Educator Pipeline, Retention, & Diversity	C
School Climate: Connections with Adults on Campus	D
School Climate: Discipline & Attendance	C
Higher Education	B-

California is investing record amounts in public education, yet struggles to effectively support students, especially those who need the most help. For example, student-teacher ratios remain stagnant despite evidence linking low ratios to student success and engagement.⁹⁹ Investments are disconnected and often temporary, lacking an overall plan to ensure that increased funding translates to improved student outcomes.

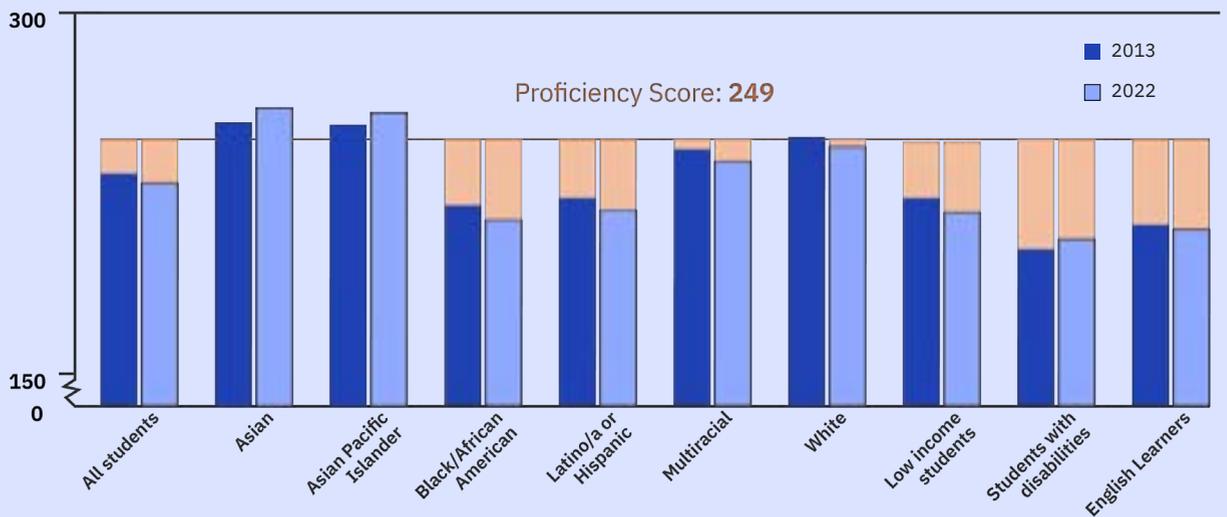
California’s education system performs far below the national average and ranks 43rd of 50 states for outcome gaps by race and ethnicity.¹⁰⁰ The State has particularly and consistently failed to support Black students.¹⁰¹ Academic disparities

start before kindergarten, persist over time, and contribute to income inequity in adulthood.

To break these entrenched patterns, policymakers must elevate quality standards. For example, while California has invested in expanded learning opportunities that can reduce barriers for students facing opportunity and achievement gaps, the State has not imposed any quality standards on these programs, nor collected outcome data or even the number of students served. Failure to require quality and accountability for TK-12 and post-secondary systems jeopardizes student success and the State’s economic and social well-being.

Despite billions in additional investments, significant achievement gaps persist based on race, ethnicity, and other student identities.¹⁰²

Most California 4th graders score below proficient in math, with large disparities between groups & no progress over the past decade



Available data may mask important differences between sub-groups.

Child Care

GRADE: C-



Progress Report

California leaders took steps this year to address the crisis in child care, exacerbated by the pandemic, rising inflation, and competition for workers. We applaud the legislative leaders who prioritized child care and early learning, especially the Legislative Women’s Caucus and members who coauthored key bills and supported budget priorities to elevate child care as a top priority during a budget deficit year. While the gains made this past year are to be lauded, in general, most families are still left with difficult choices, especially those with infants and toddlers, that leave them having to sacrifice and further maintains their vulnerability to poverty and deepen inequities for who face structural racism, are language isolated and are marginalized by immigration or refugee status. State leaders need to implement additional structural and systemic changes, as well as identify a stable source of funding to significantly augment the State’s investment in early learning and care opportunities.

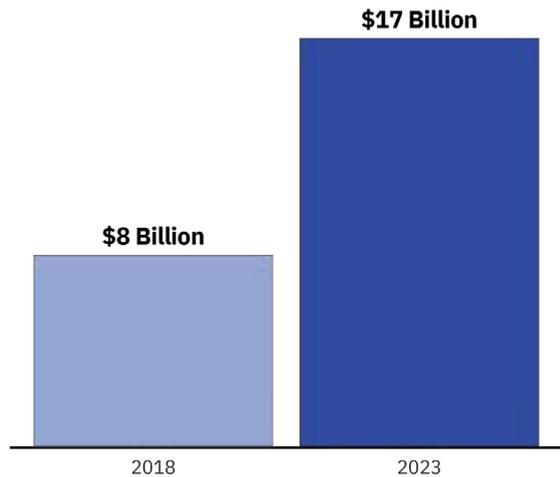
Pro-Kid® Agenda

California policymakers must ensure all families with young children have access to a variety of child care options that are stable, affordable, and promote children’s healthy development. It is especially important to ensure that foster families, families experiencing structural racism, poverty, and other families in circumstances of enhanced need or risk have child care settings that meet their comprehensive, whole-child and family needs. In the near-term, the State must follow through on their commitment to adopt a cost-based model and continue multi-year investments towards living wages and benefits for providers, workforce development, and child care facilities expansion. California should at least triple the number of infants and toddlers that receive state-funded child care subsidies and develop a long-term plan for universal access that align with the comprehensive, developmentally appropriate and family-centered approaches in Early Head Start and Head Start settings.

Unmet child care need has an enormous and growing impact on California's economy.^{103, 104}

Economic loss estimates include lost earnings, productivity, and revenue, impacting working parents, their employers, and taxpayers.

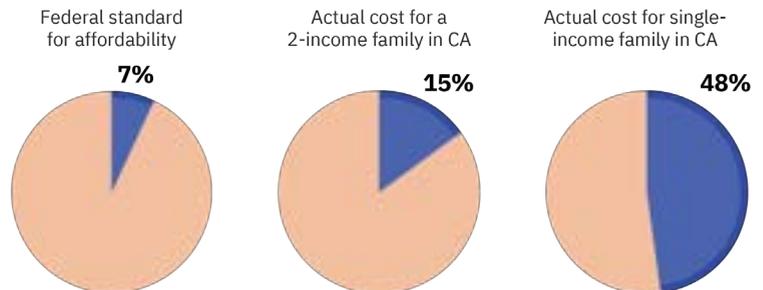
Large, growing economic loss to California due to insufficient infant / toddler child care (\$ billions)



Child care affordability is a major concern for California's families.¹⁰⁵

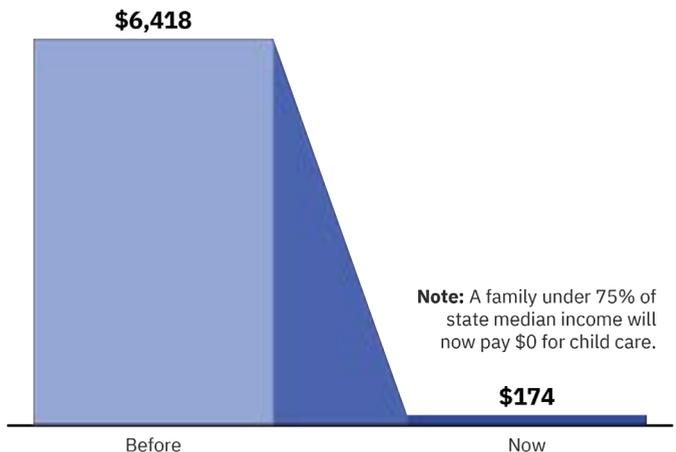
The federal government considers child care to be affordable if it costs 7% of a family's income (or less).¹⁰⁶

Child care is not affordable for most families (percent of median income devoted to child care, 2021)



New State investments in subsidized care are tremendously reducing the cost for families.^{107, 108, 109}

Huge reduction in annual family fees for subsidized child care (family of 4, 75% of state median income)



Preschool & Transitional Kindergarten

GRADE: B+

Progress Report

By the 2025-2026 school year, all 4-year-olds in California will have access to a new universal Transitional Kindergarten (TK) grade in public schools. Expanding high-quality early education to 3- and 4-year-olds is a critical step to support long-term educational success. At the same time, to truly address racial and economic opportunity gaps it is essential that TK programs are effectively implemented and developmentally appropriate, including recruiting and retaining skilled teachers and assistant teachers, and ensuring age-appropriate curriculum. To date, the State has not adequately expanded access to quality preschool for 3-year-olds or provided the necessary structures to support effective coordination across the mixed delivery system – State Preschool Programs, Head Start, TK, wraparound care for TK, and child care – for the benefit of children and families. Despite the TK expansion, combined 3- and 4-year-old service levels are still below pre-pandemic levels.

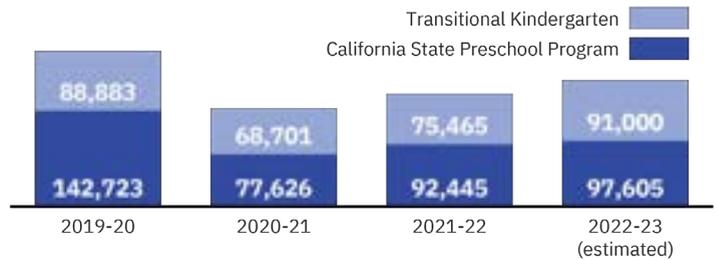
Pro-Kid® Agenda

The State should develop a comprehensive mixed delivery system for 3- and 4-year-olds that incentivizes quality and supports family choice, including traditional kindergarten, State preschool, child care, Head Start, and expanded learning. The State must make the investments necessary to reach full Transitional Kindergarten implementation by the 2025-26 school year and ensure that all school districts receive additional funding for the extra students served, while prioritizing equity and the needs of students by attracting and retaining highly skilled teachers and assistant teachers with child development training, including a focus on recruiting teachers of color and multilingual staff; providing developmentally appropriate curriculum; and lowering student-teacher ratios (ideally 8 to 1 or, at most, 10 to 1). The State should also expand access to the California State Preschool Program for eligible children, ensure high-quality wraparound care to accommodate parents' varying work hours, and ultimately provide universal preschool for all 3-year-olds. Finally, the State should leverage federal early learning investments including better coordination with Head Start and Early Head Start.

California's preschool enrollment is beginning to rebound post-pandemic.^{110, 111, 112}

However, TK enrollment is outpacing that of CSPP.

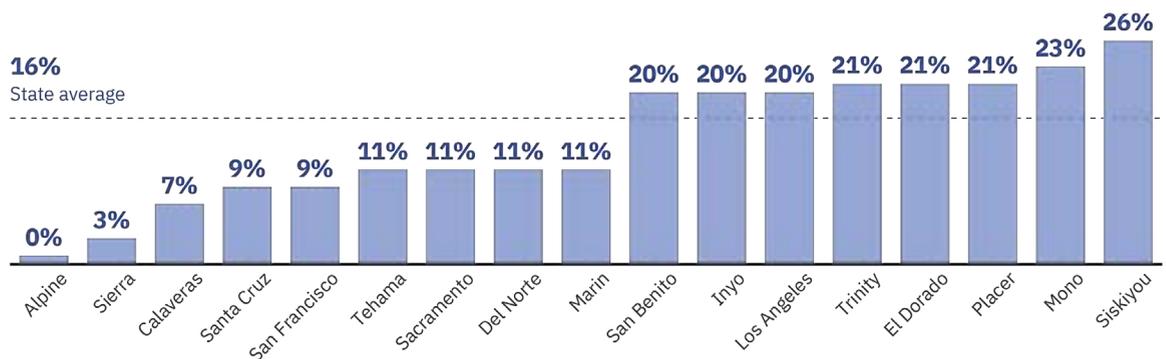
Enrollment in state preschool and Transitional Kindergarten



Implementation of TK has been uneven thus far, with TK enrollment in some counties at one-quarter of kindergarten enrollment, and others not yet starting.¹¹³

Factors such as staffing shortages and policies to offset the effect of declining enrollment are impacting implementation.¹¹⁴

TK enrollment as a percent of kindergarten enrollment, selected counties, 2021-22



California's TK program policies fail to meet major national quality benchmarks.¹¹⁵

Despite plans to expand TK to serve younger 4-year-old children, no changes have been implemented to make the program developmentally appropriate for younger kids.

Major quality benchmarks for TK that California does NOT meet

1. Maximum class size of 20
2. Staff-to-child ratio of 1:10 or better
3. Teacher specialization in pre-K and child development
4. At least 15 hours of staff professional development per year
5. Vision, hearing, & health screenings with follow-up referrals
6. System of quality improvement informed by data

Early Care & Education Workforce

GRADE: B-

Progress Report

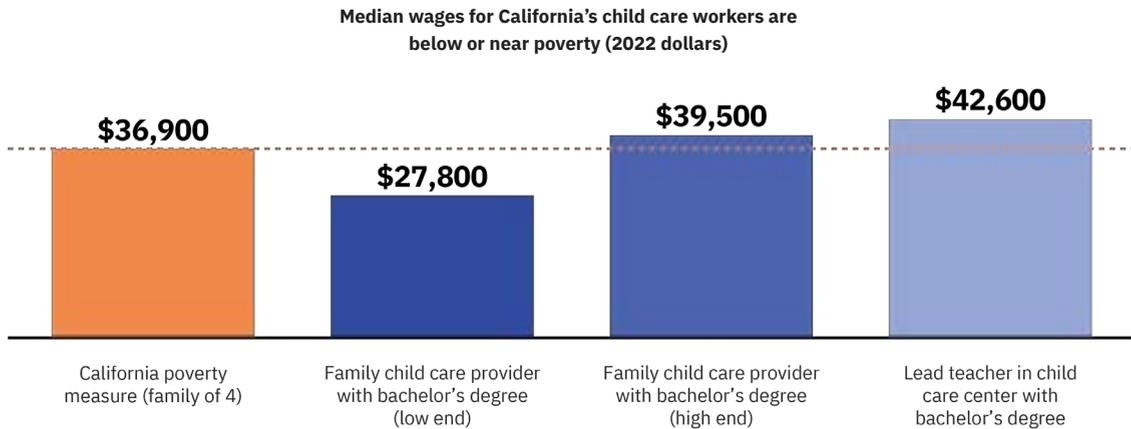
Young kids learn best through enriching experiences with caring adults, so recruiting and retaining well-supported, experienced educator staff is foundational to providing high-quality early care and education (ECE) programs. California has made some investments in the ECE workforce, including support for educators employed in child care, State Preschool, and Transitional Kindergarten (TK). The recently approved Prekindergarten – Grade 3 ECE Specialist Credential is a step in the right direction for a well-prepared educator workforce. However, California still lacks clear financing and pathways for early childhood educators to further their education, develop their skills, and advance to higher-paid positions. For California to fully implement TK, tens of thousands of additional teachers and assistant teachers will need to be recruited and trained. Without effective compensation and recruitment strategies, children most in need of highly trained and effective teachers – those who face systemic barriers including poverty and racism or who have unique needs, including dual language learners and students with disabilities – could be the least likely to have access to them.

Pro-Kid[®] Agenda

California must adopt a cost-based model for subsidized child care provider rates to reflect the actual cost of care, including living wages and benefits. California must also build systems of professional development and support for the early care and education (ECE) workforce. As increased compensation via rate reform is implemented, the State should also increase education and experience standards with appropriate compensation and supports, over time, including articulating competencies, qualifications, and related career advancement pathways. In addition, implementing a statewide ECE workforce registry will be essential to better understand the composition and needs of the workforce. California needs to ensure the effective recruitment, training, and equitable distribution of transitional kindergarten (TK) teachers and instructional aides. This should include providing incentives to place skilled TK teachers in schools with the highest concentrations of students who are low-income, in foster care, and English learners. The State should also invest in the creation of educator preparation programs for the Early Childhood Education Specialist Credential to meet the demand for educators with specialized training in early education.

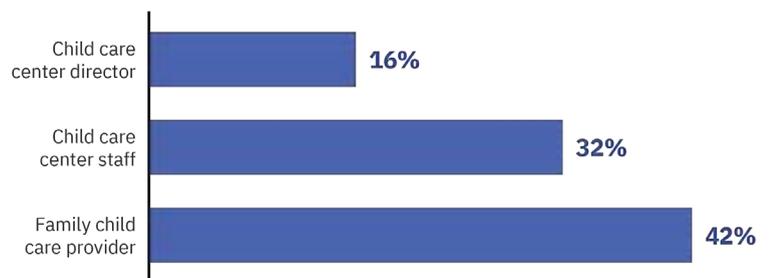
Child care workers are paid very low wages.¹¹⁶

As ECE educators are predominantly women of color, these low wages are a racial and gender justice issue.¹¹⁷



Many early childhood educators rely on Medi-Cal health coverage, food assistance, child care subsidies, or other public assistance to make ends meet.¹¹⁸

Percentage of early childhood educators who relied on one or more public assistance programs, 2020



Recruitment of qualified early childhood educators is not yet meeting need.¹¹⁹

School districts are using a mix of strategies to develop their ECE workforce such as partnering with community colleges and directly advising candidates about credential requirements.

Only about 1 in 5

Local Educational Agencies reported they already have enough qualified staff to teach Transitional Kindergarten.



Early Intervention & Special Education

GRADE: D



Progress Report

It is estimated that 10-15% of infants and toddlers experience a developmental delay.¹²⁰ However, just 7% of California's first graders with Individualized Education Programs (IEPs) were participating in early intervention at age 2, due to delays in identification of needs and difficulty accessing services. Systemic inequities in economic opportunity, housing safety, environmental toxins, food insecurity, and low birthweight undermine healthy development. In addition, structural and implicit biases can lead to both under- and over-identification of low-income kids and children of color for special education. In response to these challenges, the State has made some investments to help with early identification and support, including funding developmental screenings, inclusive early learning spaces, and services for 3- and 4-year-olds receiving special education supports in schools. These investments are steps in the right direction, but do not make up for the years of funding that hasn't kept up with children's needs.

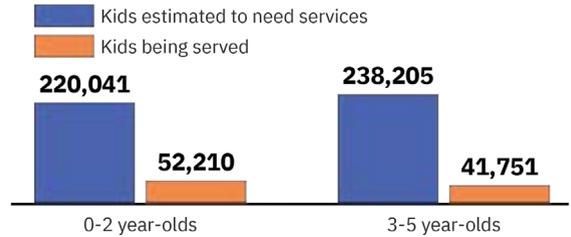
Pro-Kid® Agenda

In order for every California child who needs special education supports to receive them, seamlessly, and as early as possible, the State must ensure accountable, results-oriented, continuum of birth to adulthood 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 by increasing the number of fully prepared, diverse special education teachers and invest sufficiently in special education to keep pace with need. In addition, the State should provide greater funding to cost share for the highest-cost students.

California is failing to identify children who need support early.^{121, 122}

This is despite the fact that more kids have been referred for developmental evaluations since the pandemic started.¹²³

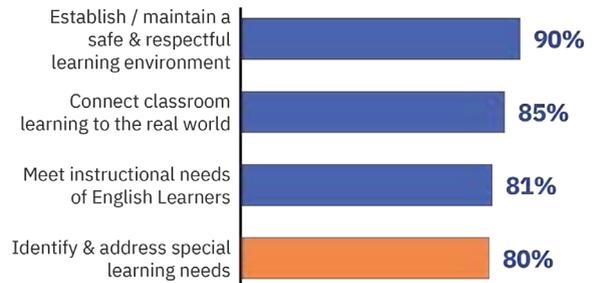
Wide gaps between children estimated to need early intervention services & those served (FFY 2021, most recent available)



New educators who completed teacher preparation programs felt less confident about their ability to help special education students than other areas.¹²⁴

State shortages of special education teachers are also a concern.¹²⁵

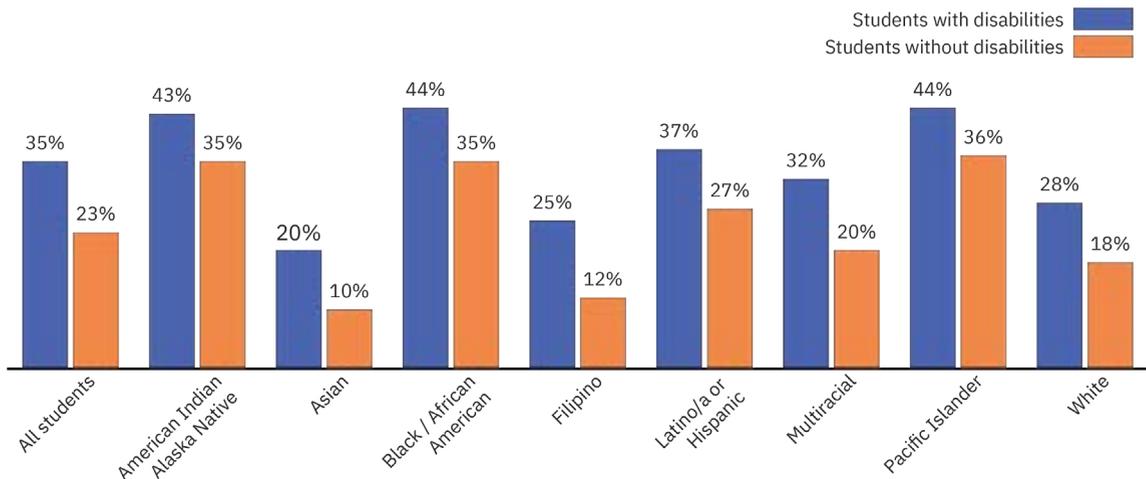
New educators who said their teacher training program prepared them well / very well to:



Chronic absenteeism rates are much higher for students with disabilities than their peers without disabilities.¹²⁶

Overt and implicit racism are important factors that further disadvantage students of color who also have a disability.

Chronic absence rates are higher for students with disabilities than those without, especially Indigenous, Black, & and Pacific Islander students (2022-23)



Available data may mask important differences between sub-groups.

Education for Dual Language & English Learners

GRADE: C-

Progress Report

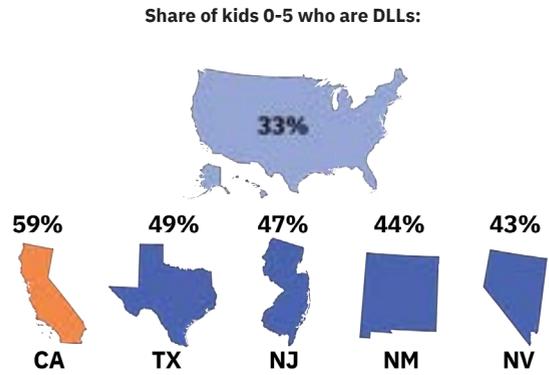
California has the largest English learner (EL) student population in the country (over 2 million) and 60% of children ages 0-5 are Dual Language Learners (DLL).¹²⁷ The State must ensure these children have the support necessary to develop their home language and English, while providing rigorous core content with a focus on creating equity in opportunities. Research indicates that California EL students are not sufficiently supported to succeed, and experienced larger gaps in English language and mathematic achievement due to the pandemic. Policymakers made modest investments in bilingual teacher preparation programs and new requirements in district Local Control Accountability Plans. However, the State has set very low expectations for annual EL student progress on the California School Dashboard, resulting in few districts focusing on EL needs, despite those students generating billions of Local Control Funding Formula dollars annually for schools.¹²⁸ Other states providing more support to ELs see those students earn better math and reading scores compared to California.¹²⁹ The State has also not met federal requirements to standardize the EL reclassification process.

Pro-Kid[®] Agenda

California policymakers must invest in DLL and EL teacher training and professional development to support expanding equitable access to bilingual education opportunities including dual immersion programs and the Seal of Biliteracy, and effective English language development instruction. In addition, the State is taking steps to standardize the criteria for reclassification with the implementation of a designated level of English language proficiency and a standardized observation protocol for teacher input and parent notification. California must also ensure that Local Control Funding Formula supplemental and concentration grant funds are directly benefiting English Learners, as the law intended and requires, and improve the accountability system to reduce by 50 percent the number of 6th graders identified as Long-Term English Learners by 2030, by ensuring they receive the support that they need.

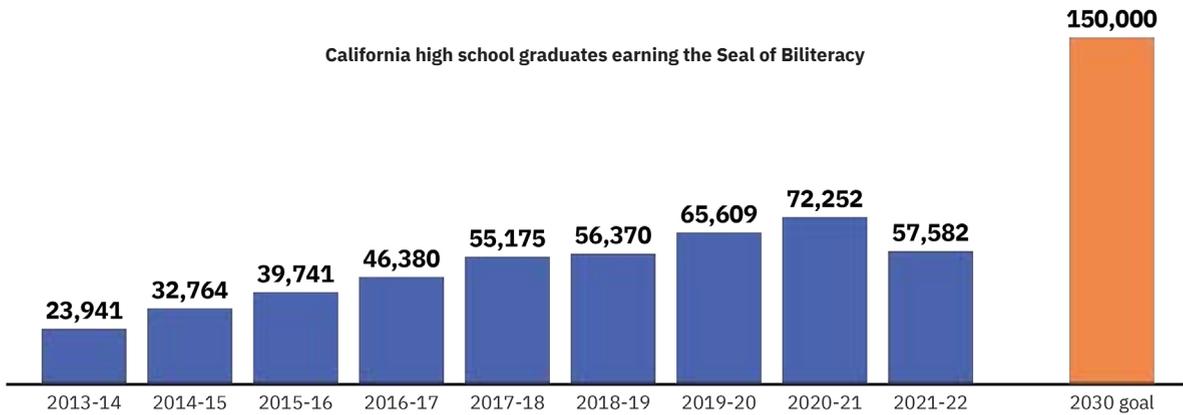
California has the highest percentage of Dual Language Learners (DLLs) of any state.¹³⁰

DLLs are children ages 0-5 with a parent who speaks a language other than English at home.

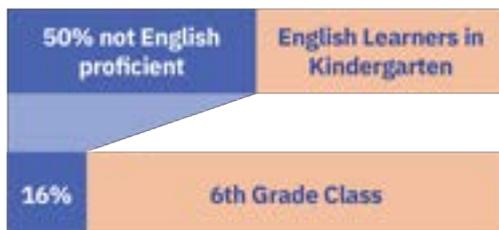


California is well short of its goal of 150,000 high school graduates earning the State Seal of Biliteracy.¹³¹

The Seal recognizes graduates who have attained a high level of proficiency in speaking, reading, and writing English and one or more other languages.¹³²



When schools fail to teach EL Kindergartners English by 6th grade, those students lose access to important higher-level and college-track classes.¹³³



Half of all English Learners who entered school in Kindergarten were not English proficient by 6th grade (2022-23)¹³⁴

That's 16% of ALL 6th graders in California

Education Funding

GRADE: C+



Progress Report

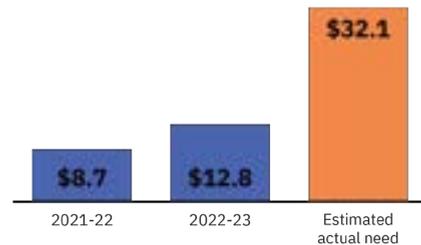
California made some progress in early learning funding, while maintaining most of the historic increases in the Transitional Kindergarten (TK)-12 system and community colleges. In the 2023-24 budget, TK to community college funding fell compared to the previous year but is still \$30 billion higher than five years ago. The budget did make an important step toward overhauling early learning finance, with \$2 billion in one-time funds and a planned cost-based reimbursement system by June 2024. However, implementing this system for all eligible children costs over \$20 billion. Schools continue to benefit from \$42 billion in past one-time state and federal funds, but their fiscal futures are uncertain due to the end of these funds and projected enrollment declines. California invests less in schools compared to other states, based on share of state wealth. The University of California and California State University received modest funding increases, keeping pace with inflation. However, the higher education share of the state budget has been cut in half in the last seven years.

Pro-Kid® Agenda

While recent significant investments in TK-12 provide an opportunity for schools to make progress on closing opportunity and achievement gaps and to provide students with essential supports in the aftermath of the COVID-19 pandemic, the lack of any guarantee of ongoing funding to support much of this work in the future raises significant concerns. Even with these recent investments, California schools still rank last in the nation in student-teacher ratios, with an additional 7.5 students per teacher than the average for the rest of the country, and California ranks below 20 other states in expenditures per pupil (average daily attendance). Policymakers should prioritize providing adequate ongoing funding for the TK-12 system to expand the educator workforce and build capacity to ensure that students have the essential services and supports needed to be successful. Additional funding is also needed to dramatically improve staffing ratios for school nurses, counselors, and other adults on campus.

California has increased funding for early childhood education, but investments still fall well short of actual need.^{135, 136, 137}

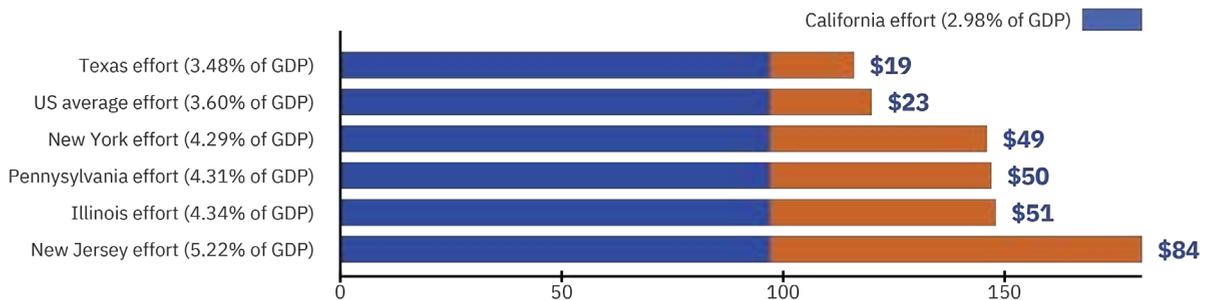
California early childhood education funding falls short of need (\$ in billions)



State spending on the TK-12 school system has increased over time, but still represents only 3% of state wealth.^{138, 139}

California ranks near the bottom (43rd) among all states for this metric of funding effort (percent of state GDP spent on TK-12 schools).

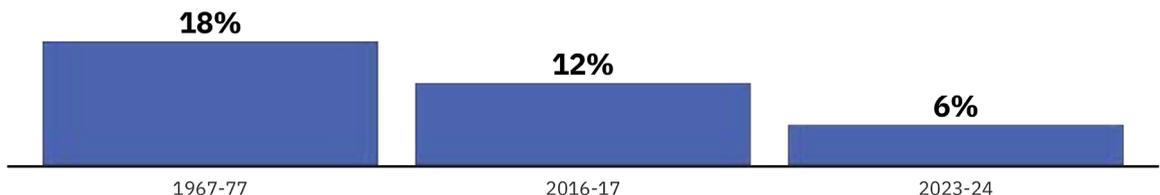
Additional annual spending for the California TK-12 education system if the state increased funding effort to match other large states (2020, \$ in billions)



While California's higher education funding has increased over time, funding continues to decline as a share of the state budget.^{140, 141, 142}

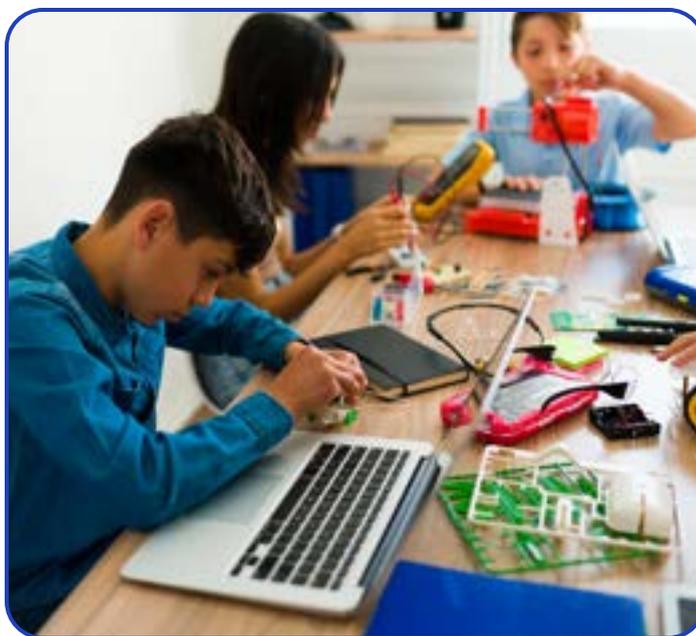
Between 1976 and 2021, the percentage of California college students who were white declined from 82% to 50%, and male students decreased from 52% to 41%. As student diversity increased, state funding as a percentage of the budget declined by two-thirds.¹⁴³

Higher education funding has decreased as a percent of the California state budget over time



Expanded Learning Programs

GRADE: B



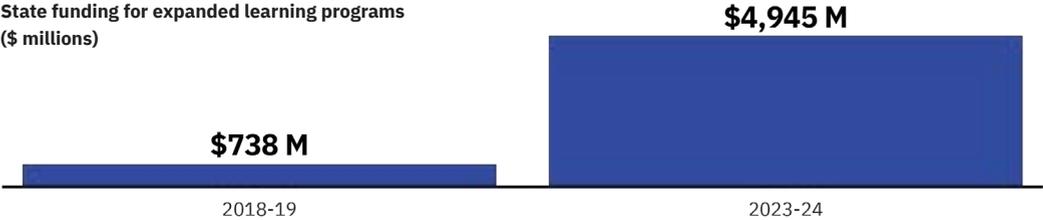
Progress Report

Expanded learning programs (e.g. summer and afterschool) can help reduce opportunity and achievement gaps for students who face systemic racism and poverty and structural barriers such as housing stability, food security, and other issues. The 2023-24 state budget provided nearly \$5 billion in expanded learning funds between its three programs, Afterschool Safety and Education, 21st Century Learning Centers, and Expanded Learning Opportunity Program (ELOP). ELOP is in its third year of implementation, yet the state has collected no data on the number of kids being served, their demographics, or type of program being offered. The state Department of Education has leveraged the Expanded Learning Statewide System of Support to aid districts during implementation. However, the lack of available data makes it impossible to gauge the effectiveness and reach of this support.

Pro-Kid® Agenda

As work to implement the Expanded Learning Opportunity Program (ELOP) progresses, California must set minimum program quality standards and staffing qualifications. Local education agencies should leverage partnerships with community-based expanded learning providers and seamlessly integrate with existing Afterschool Safety and Education programs and 21st Century Learning Centers. Schools should have enough high-quality programs available to serve every student who wants to participate, while prioritizing students from low-income families and those in need of additional academic and social-emotional supports. To reach that goal, policymakers must require the California Department of Education to collect and publicly report student groups (race/ethnicity, language, income, and housing status) and school-level financial and program data, to ensure funding for the ELOP is sufficient to meet the needs of students and families as implementation progresses.

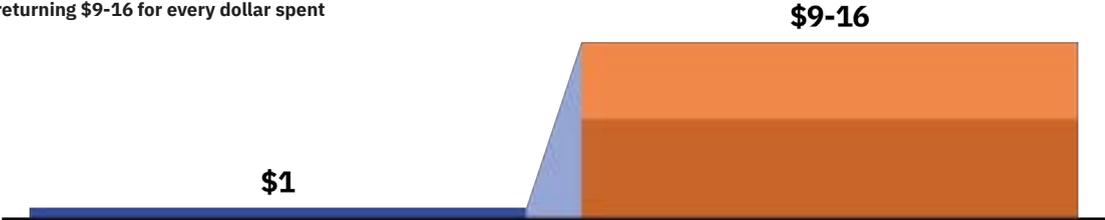
State investment in expanded learning has increased dramatically in the last 5 years.^{144, 145}



Expanded learning programs can improve academic, health, and social emotional outcomes.¹⁴⁶

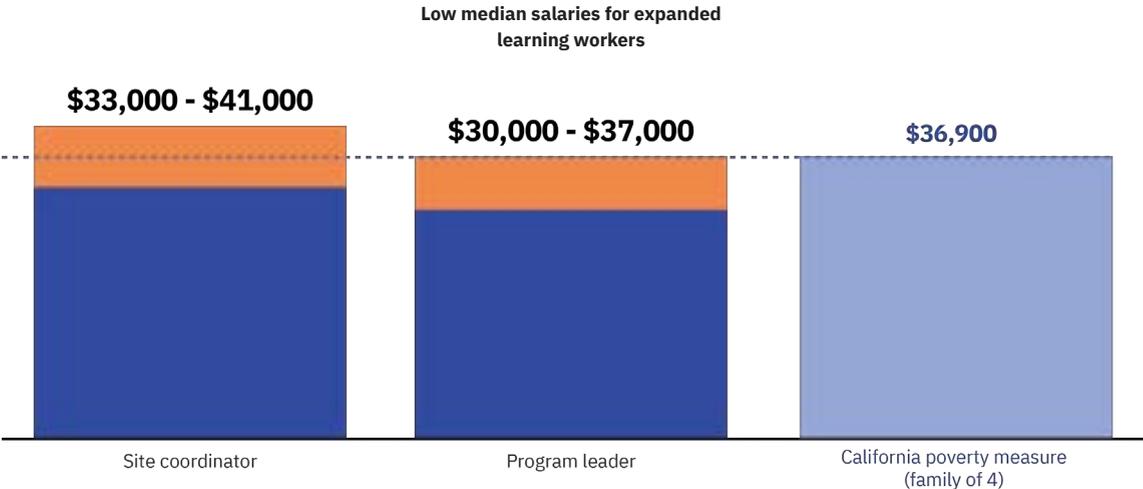
Specifically, they have been shown to increase graduation rates and reduce teen pregnancy and criminal behaviors (and associated costs).

Expanded learning programs are a good investment, returning \$9-16 for every dollar spent



Low wages for California’s expanded learning workforce are a barrier to recruitment.^{147, 148}

This workforce is largely made up of culturally and linguistically diverse local community members and mostly identifies as female.¹⁴⁹



STEM Education

GRADE: D

Progress Report

Science, technology, engineering, & math (STEM) education engages students and equips them to succeed in civic life and careers, including STEM-related careers. California is not doing enough to support standards implementation, better distribute the teacher workforce to ensure equitable access, and close access gaps to high-quality STEM courses, particularly for students of color, girls, and students from low-income families. The State has rigorous math, science, and computer science standards – yet, in K-3rd grade, the curriculum is often narrowly focused and fails to include sufficient instruction in these subjects contributing to persistent and widening student achievement gaps in reading, math, and science in later grades. While the State has invested in the training, recruitment, and retention of STEM educators, these investments are inadequate given the chronic nature of the STEM teacher shortage. A promising trend, however, is the increase in undergraduate STEM degrees awarded by California colleges and universities to historically marginalized students.

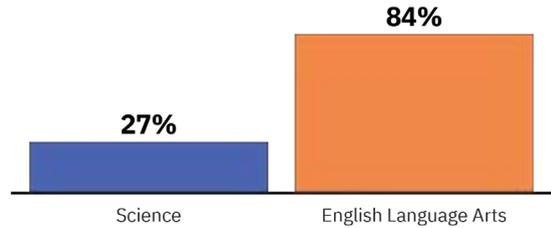
Pro-Kid[®] Agenda

All California kids need to graduate high school college and career ready to succeed in the 21st Century economy, and that requires a high-quality science, technology, engineering, & math (STEM) education – whether they go to college, further career education, or enter directly into the workforce – and regardless of whether their chosen occupation is STEM-related. Policymakers must make continuous, high-quality STEM instruction a core element of every child's education from the youngest age. Specifically, policymakers need to increase and make permanent the recent 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.

Science education at TK-12 schools was deprioritized during the pandemic and the ongoing recovery.^{150, 151}

The lack of focus on science education is likely to exacerbate existing low overall levels of science knowledge and gaps among student groups.

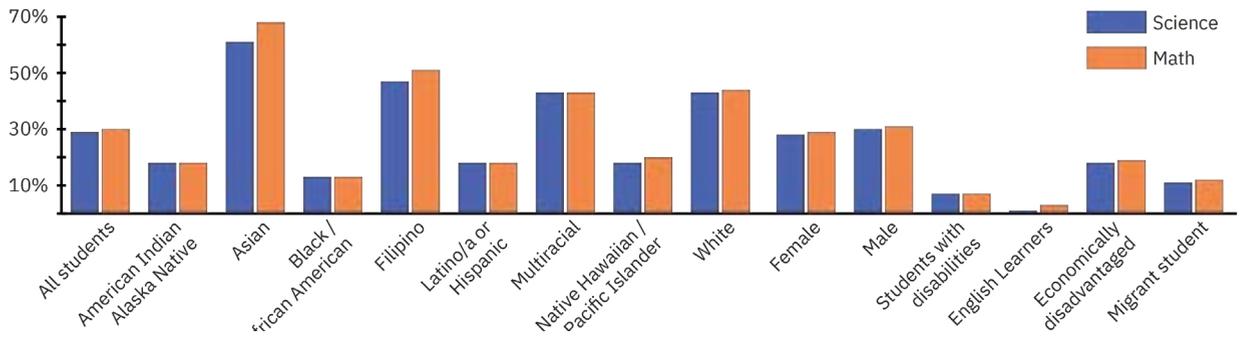
Far fewer California districts prioritized science vs ELA in pandemic recovery plans (% naming subject a “high priority”)



California students need more and better support to meet grade-level standards in math and science.^{152, 153}

California must step up efforts to close the achievement gap.

Too few 8th graders met or exceeded grade standards in science & math, especially in some student groups (2022-23)

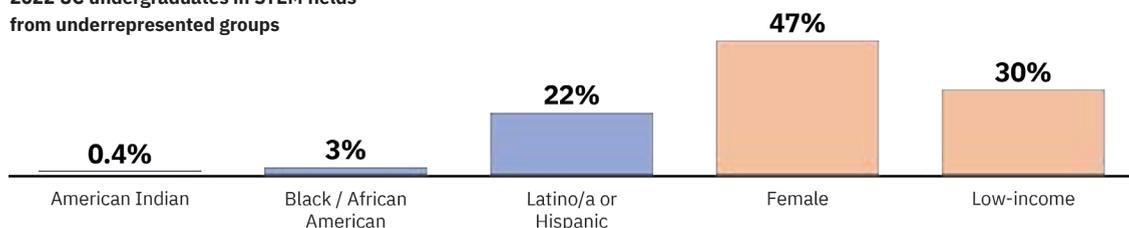


Available data may mask important differences between sub-groups.

Too few undergraduates in STEM fields at University of California campuses are from underrepresented groups.¹⁵⁴

There has been moderate improvement over the past two decades – for example, Latino undergrads in STEM grew from 10% in 2003 to 22% in 2022 – but more progress is needed.

2022 UC undergraduates in STEM fields from underrepresented groups



Educator Pipeline, Retention, & Diversity

GRADE: C



Progress Report

California needs qualified and effective teachers in every classroom, but this is still not the reality for many students. The 2021-22 school year saw the first decline in new teaching credentials in seven years. Shortages and disparities in teacher preparedness, retention, and diversity, particularly in high-need schools, are negatively impacting students. California has made helpful investments to shore up the TK-12 teacher pipeline, particularly in high-need areas such as STEM, bilingual education, TK, and special education. However, the spike in teachers leaving the profession during and post-pandemic, declining teacher preparation program enrollment, the ongoing expansion of TK, and Proposition 28 arts education funding all contribute to the need for tens of thousands of new educators and school staff. The State is not yet doing an adequate job of recruiting, training, and supporting educators, including recruiting 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.

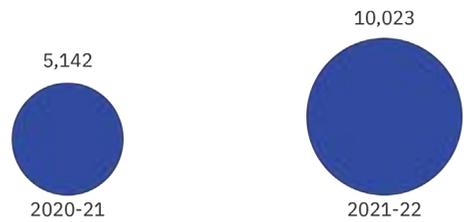
Pro-Kid® Agenda

California policymakers must address the diminishing pipeline and lack of diversity of new educators, continue to improve the preparation of these new educators, provide incentives to enter the profession, expand the capacity of teacher preparation programs, and provide high-quality, ongoing professional learning for all educators to help ensure they are supported, effective, and stay in the profession. Policymakers must put in place protections 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 addition, policymakers should make permanent investments in improving the pipeline, quality, and diversity of new teachers, in high-quality professional learning, and, through the California School Dashboard, monitor the equitable distribution of well-prepared educators.

There was a sharp increase in already numerous teacher vacancies as California emerged from the pandemic.^{155, 156, 157}

Alarming, vacancies shown are in addition to any jobs filled by new teachers.

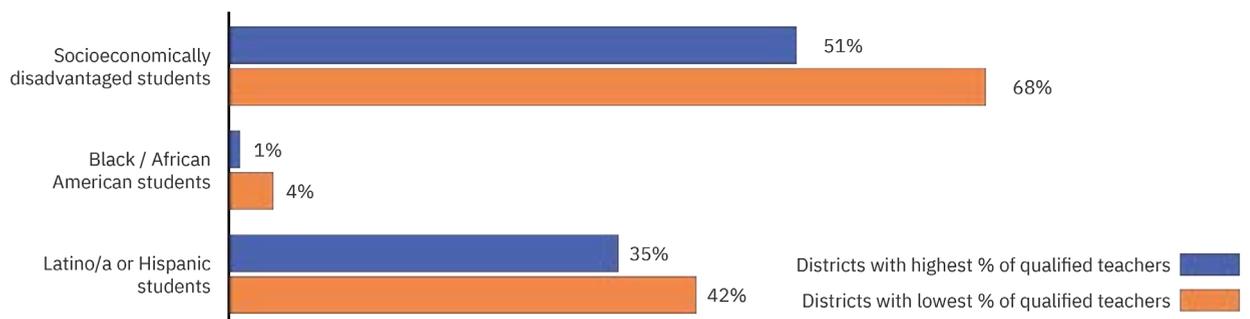
Teacher vacancies nearly doubled in one year



California school districts with the fewest fully qualified teachers serve a larger percentage of students of color and from low-income families.^{158, 159, 160}

Fully qualified teachers are those with credentials that are appropriate for the subject, grade, or student group—sometimes called “clear” teacher assignments.

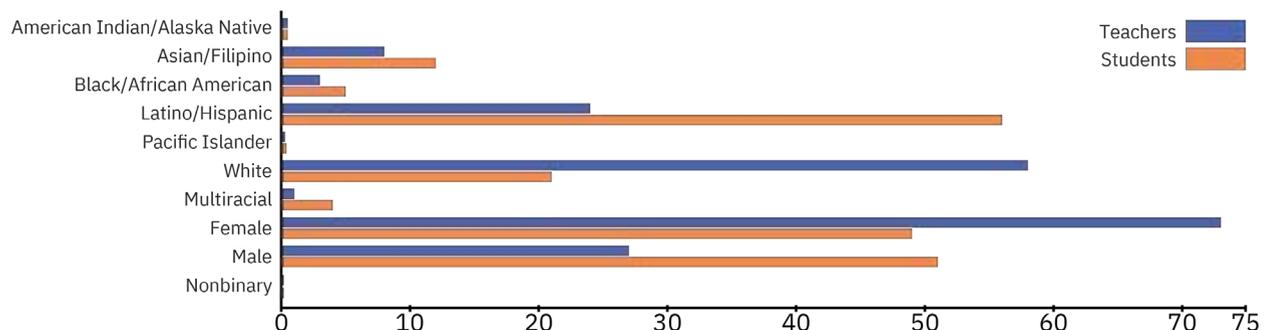
Concentration of fully qualified teachers by student group (2021–22)



California’s teacher workforce does not match up with student demographics.¹⁶¹

Recent survey data indicates teachers of color and LGBTQ+ teachers report experiencing discrimination at their job.¹⁶²

Race / ethnicity & gender of California teachers & students, 2021-22



Available data may mask important differences between sub-groups.

School Climate: Connections with Adults on Campus

GRADE: D

Progress Report

Student success hinges on the support of caring, effective, trauma-informed, and culturally competent and congruent adults. Despite significant increases in per student spending, California schools continue to have fewer educators, counselors, nurses, support staff, and administrators than almost any other state. Too few students feel connected to an adult on campus, and students who are homeless, English learners, or LGBTQ+ are the least likely to have strong, caring relationships with adults on campus. Student surveys show the pandemic has had a long-lasting impact on student well-being, including increased depression, anxiety, and stress among students, especially Latino/a, Black, and multiracial students. Recently, the State Board of Education increased the required frequency for administering school climate surveys from every other year to annually. This accountability measure must be strengthened through the use of a common set of questions and disclosure of survey data at the school and student group level.

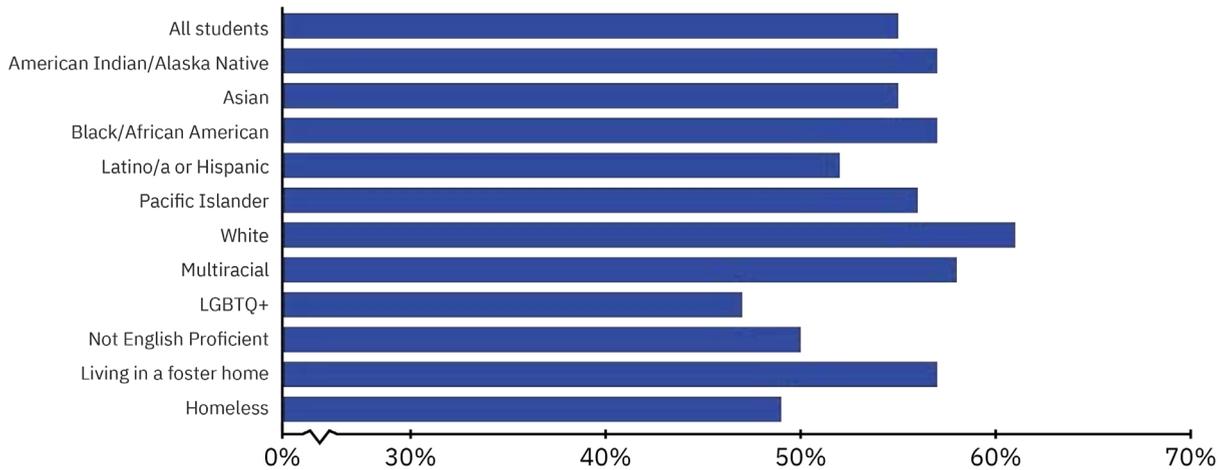
Pro-Kid® Agenda

California must radically improve teacher, school nurse, administrator, and counselor-to-student ratios. Lower ratios ensure students have more access to adults, resulting in delivery of needed supports and services, growth of positive relationships, and improved school climate. This includes building on the \$1.1 billion provided through the Local Control Funding Formula (LCFF) concentration factor by maintaining the requirement that funding is used to hire staff in schools with high concentrations of low-income students, English Learners, and foster youth and by increasing support for this goal in future years. The State must ensure that counties and other agencies that provide health and social services to kids are locating services at schools, where the kids are. This could include leveraging state investments in Community Schools and School-County Mental Health Partnerships – or at minimum, ensuring easy access to those services, including transportation support when needed. The State should also standardize core questions about school climate across district surveys, and collect results statewide, and boost the importance of school climate on the California School Dashboard.

A surprisingly low percentage of students say that at least one adult at school cares about them, notices when they're absent, and listens when they have something to say.¹⁶³

Students who are LGBTQ+, homeless, not yet English proficient, or Latino/a are the least likely to report a caring relationship with an adult at school.

Only about half of 9th graders reported a caring relationship with an adult at school (2019-21)



Available data may mask important differences between sub-groups.

California has consistently ranked near the bottom of all states in staff-to-student ratios.^{164, 165, 166}

Research shows that staff-to-student ratios are a key factor impacting student success.¹⁶⁷

Fall 2021 school staff ratios:

California rank (50 states & DC)

Total staff	46th
Teachers	49th
Principals & assistant principals	48th
Guidance counselors	45th
Student support staff	47th

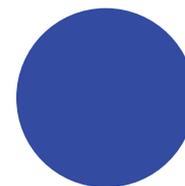
California's schools have too few nurses and too many police/security staff.^{168, 169, 170}

Nurses are important for connecting students with essential physical and mental health services.^{171, 172}

There are over 2.5 times more police/security staff at California schools as nurses

Police / security staff

School nurses



At least

6,863

2,566

School Climate: Discipline & Attendance

GRADE: C

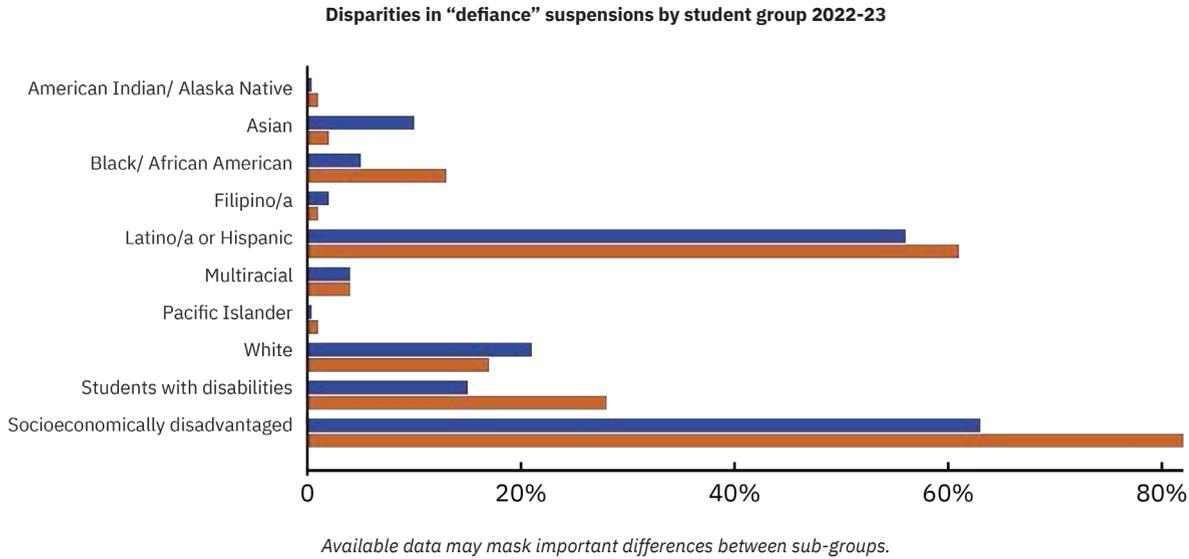
Progress Report

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 the school climate, dampen student attendance, and disproportionately affect students of color. Too many schools have police on campus, but no nurses, social workers, or counselors. Mounting evidence has brought to light discriminatory policing patterns in schools criminalizing students and promoting the school-to-prison pipeline, especially among Black, Indigenous, and Latino/a students and students with disabilities. A new law extending the prohibition of student suspension due to willful defiance through high school holds the promise of reducing this inequitable treatment of 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, the pandemic significantly exacerbated existing concerns around chronic absenteeism, defined as when a student misses 10% or more of school days.

Pro-Kid® Agenda

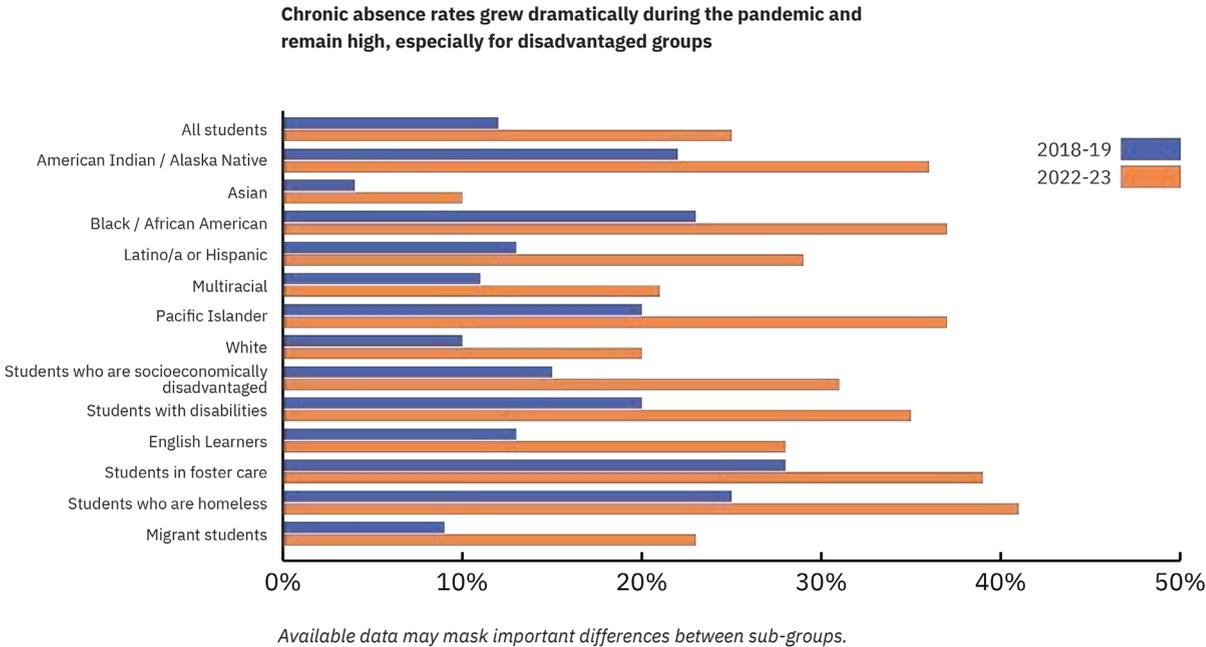
California policymakers must promote systemic changes in our schools to significantly improve students' experiences, ensure a non-punitive and positive school climate, and increase student engagement and connectedness. Preparation and ongoing professional learning for all teachers and administrators should be based on restorative, trauma-informed, culturally responsive practices that promote social-emotional learning. Further, suspensions and expulsions for defiance or disruption — a subjective category of overly broad and minor offenses that are vulnerable to disproportionate racial impact — should be eliminated for all students. In addition, school districts should redirect investments that might otherwise be used for school policing, surveillance, or other school hardening measures toward strategies that properly attend to the social-emotional and mental health needs of students, address trauma, and support conflict resolutions strategies. California must also continue to track chronic absence, investigate its root causes, and develop effective strategies to improve attendance.

Student suspensions in California continue to decline, but Black, disabled, and socioeconomically disadvantaged students are significantly overrepresented among those suspended for the vague and subjective category of “defiance.” ¹⁷³



Chronic absence ballooned during the pandemic and remains very high.^{174, 175}

Historically disadvantaged groups often miss more school days due to health or transportation problems, making it harder to succeed academically.^{176, 177}



Higher Education

GRADE: B-



Progress Report

California's 2023-24 budget highlights its commitment to higher education with a total of \$40 billion for the University of California (UC), California State University (CSU), and California Community Colleges (CCC), including \$1.12 billion in new spending to cover base growth and cost of living adjustments. The budget also includes sustained investments to address the student housing shortage, improve data infrastructure and research, and strengthen higher education's role in addressing workforce needs. High school-to-college transitions have improved as more students take college-level courses earlier through initiatives like dual enrollment. Nonetheless, higher education is still out of reach for many, particularly for students of color and for low-income families. Also, a significant number of students take far too long or fail to graduate due to a variety of systemic issues ranging from insufficient student financial aid, limited access to required courses and academic support programs, lack of adequate and affordable housing, and the need to balance work, home, and school, especially for older students and those attending part-time.

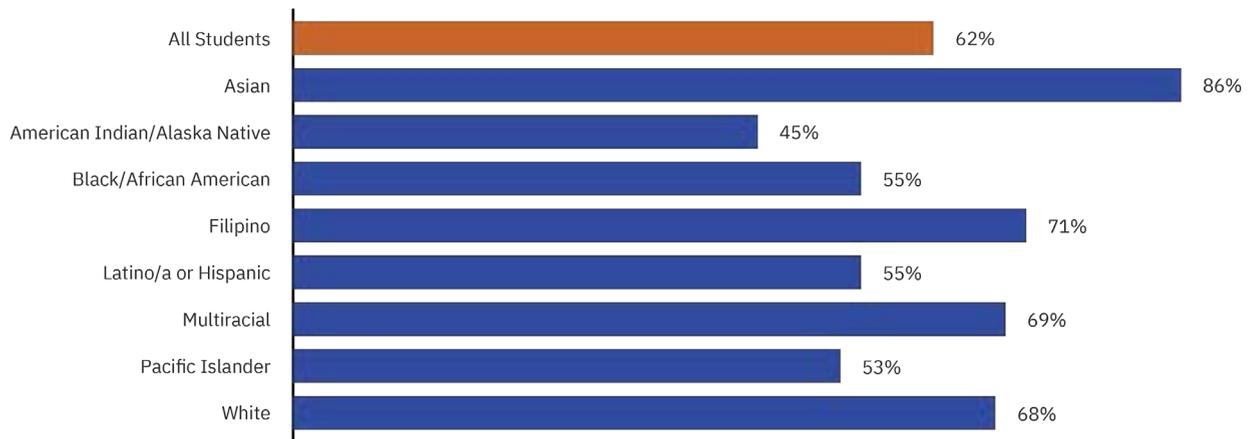
Pro-Kid® Agenda

California policymakers must invest in the University of California, California State University, and California community colleges, and remove the often-insurmountable barriers of attending and completing 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 attainment gaps, provide adequate and stable funding, increase completion rates, and strengthen accountability through increased transparency and measuring performance. Policymakers should continue to prioritize state funding to make college more affordable, including tuition-free community college, additional investments in student financial aid, on-going funding for student mental health and basic needs, and ensuring affordable housing for students attending all three segments of public postsecondary education.

Access to college varies widely among student groups.¹⁷⁸

Overall, less than two-thirds of high school graduates enrolled in college within 12 months.

Percent of high school graduates enrolling in college within 12 months, by student group, 2020-21

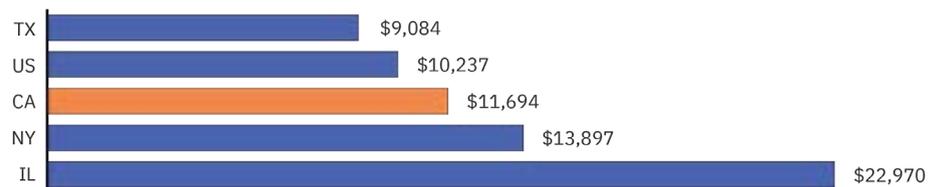


Available data may mask important differences between sub-groups.

California's per-student investment in higher education grew by 63% since 2012 and is now above the national average.¹⁷⁹

However, there is still room for the State to do more. As a percentage of the state budget, California currently spends 2/3 less than it did in 1976 on higher education.

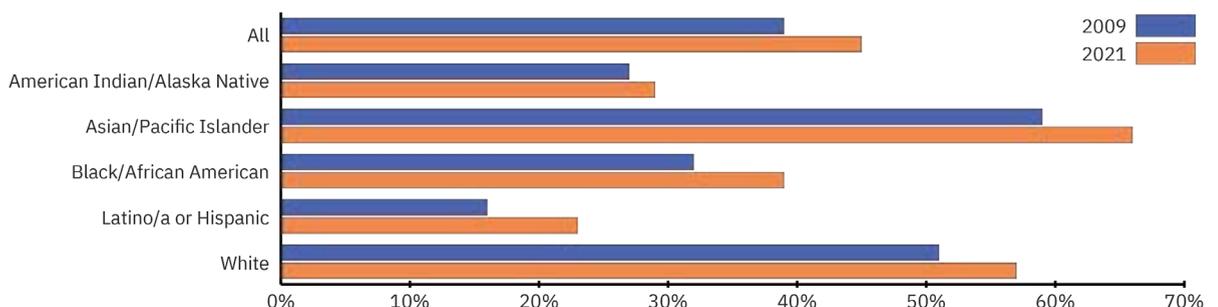
Per student higher education appropriations (2022)



Student outcomes in higher education mirror racial/ethnic access disparities.¹⁸⁰

The State needs to continue to improve supports for students of color to reduce inequities.¹⁸¹

More Californians are earning degrees, but disparities persist (25-64 year-olds with an associate degree or more, 2009 vs 2021)



Available data may mask important differences between sub-groups.

Family Supports

SECTION

GRADE

Voluntary Evidence-Based Home Visiting

C-

Paid Family Leave

B-

Income Assistance for Low Income Families

B

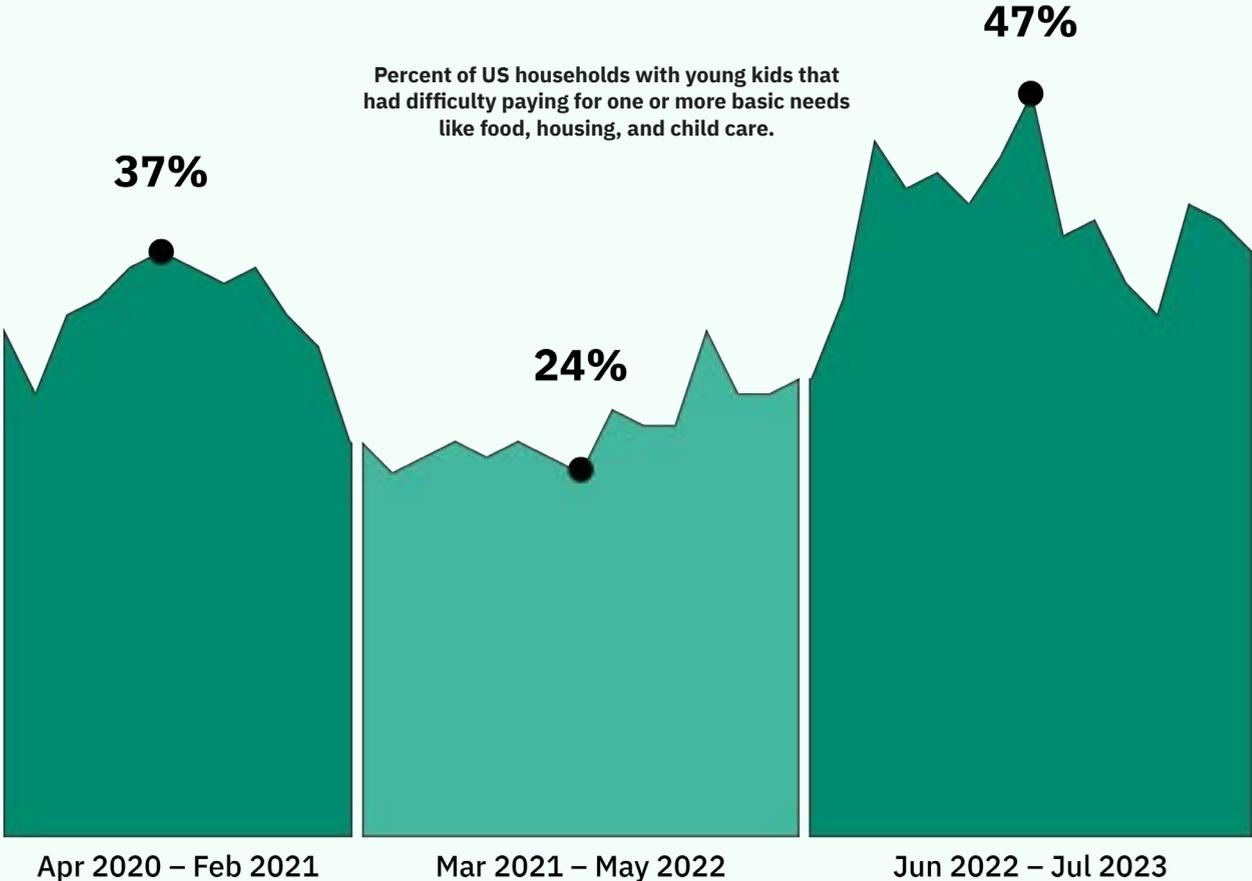
Children’s well-being is fueled by good health, enriching learning opportunities, and positive and nurturing relationships with adults. Both adult and child well-being can be undermined by unmet basic needs, economic hardship, social isolation, and stress.¹⁸² However, the experience of the past few years prove once again that supportive policies and funding can buffer negative impacts on families.^{183, 184}

Throughout the pandemic, California made positive policy changes to bolster families with key supports, even as federal funding withered away. However, too often families with young

children are an afterthought in California policy. For example, recent behavioral health investments largely ignored young kids, and households with kids who aren’t yet in school are often forgotten since they aren’t part of a single “system.”

It is critical that the State build on what has worked to support families, such as home visiting programs, paid family leave, and economic policies like the Child Tax Credit. These successes must be strengthened and brought to scale so that all families have the resources they need to care for their children.

Pandemic-era benefits softened the blow for households with young kids.¹⁸⁵



Voluntary Evidence-Based Home Visiting

GRADE: C-



Progress Report

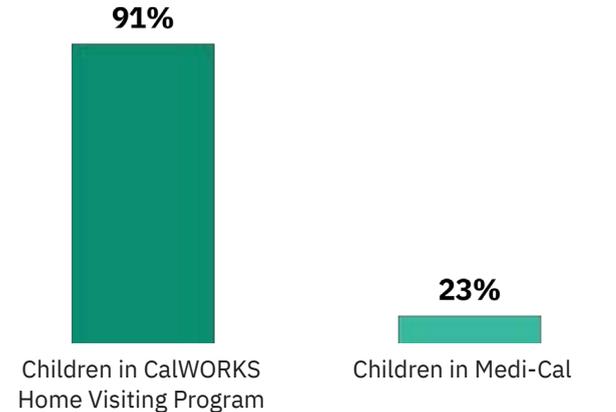
Voluntary evidence-based home visiting programs match new and expectant parents with trained professionals who provide ongoing, tailored support, starting as early as pregnancy and during the child's first few years of life. Research shows that the benefits of evidence-based home visiting last a lifetime – for both the child and parent – and generate significant cost savings to multiple public systems. California has made important progress through historic investments in home visiting programs through CalWORKS and expansion of state general funds for the California Home Visiting Program. Both programs demonstrate meaningful, positive outcomes for participants. To realize the full potential of these investments, state leaders should focus on workforce development, coordination and infrastructure efforts to address the lack of capacity in the field and ensure eligible families are effectively supported to understand their options, enroll, and participate for as long as they are eligible and in need.

Pro-Kid[®] Agenda

California policymakers must continue to expand voluntary, evidence-based home visiting programs statewide, ensure these effective programs reach a more significant share of eligible families, strengthen alignment and coordination at state and local levels, and provide programs for the duration of the model for fidelity purposes to achieve the full benefit of these investments. Furthermore, the State must ensure outreach and enrollment guidelines center the needs of families and minimize barriers at every opportunity. Access to home visiting through multiple pathways ensures that high-quality, responsive programs are available and meet the diverse needs of families and communities. In addition, the State must leverage multifaceted funding that includes maximizing federal Medicaid dollars as part of sustainability strategies that give providers the flexibility to blend and braid their funding.

91% of eligible children received at least one developmental screening while participating in a CalWORKS Home Visiting Program, compared to 23% of children 0-3 years-old in Medi-Cal.¹⁸⁶

Children in CalWORKS Home Visiting Program were far more likely to receive at least one developmental screening



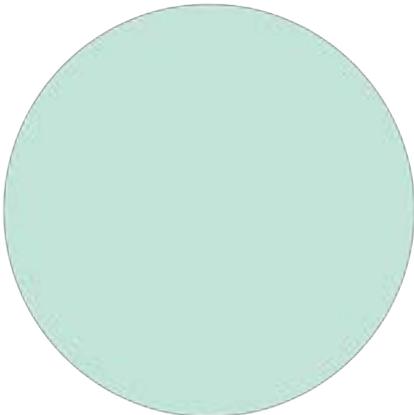
In FY 2022, the Department of Public Health California Home Visiting program reported that: ¹⁸⁷

81% of parents/caregivers were screened for depression.

70% of people who gave birth received a postpartum visit with a health care provider within 8 weeks of delivery.

70% of children enrolled in California Home Visiting Program (MIECHV) received their well child visits.

Despite research proving the benefits of voluntary evidence-based home visiting programs, they do not reach enough California families.¹⁸⁸



1,004,160

Families who could benefit from home visiting who met one or more risk factors



Families actually served

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 and bond with a new child or support a family member. California was the very first state to enact PFL for most workers in 2002, and took steps in 2019 and 2022 to make PFL more accessible, by increasing the duration of paid leave to eight weeks, temporarily increasing wage replacement to (at most) 70% of wages, and increasing benefits for low wage workers to 90% of their wages.¹⁸⁹ However, a permanent national policy is still not in place.

Pro-Kid[®] Agenda

California must ensure paid family leave (PFL) 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. Over the longer term, the state should lead the country in ensuring many more months of paid leave for parents and guardians with newborns as part of bonding and healthy adjustment for the family.

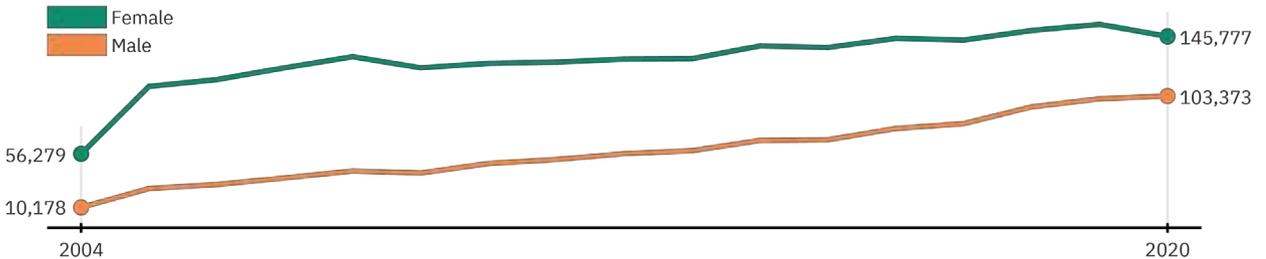
California's paid family leave (PFL) wage replacement rates have improved, but continued work is needed to keep up with the handful of peer states that lead the nation on PFL policies.^{190, 191}

Paid family leave wage replacement by state



PFL bonding claims have increased over the life of the program, and men are beginning to close the gap with women.¹⁹²

California PFL bonding claims, 2004-2020



California's low-income workers pay into PFL, but many are unable to afford taking leave.¹⁹³

Even with the temporary increase in wage-replacement rates, low-income workers (who are disproportionately women and people of color)¹⁹⁴ are still left out of paid family leave.

Rates of paid family leave claims per 100,000 eligible workers



Income Assistance for Low-Income Families

GRADE: B



Progress Report

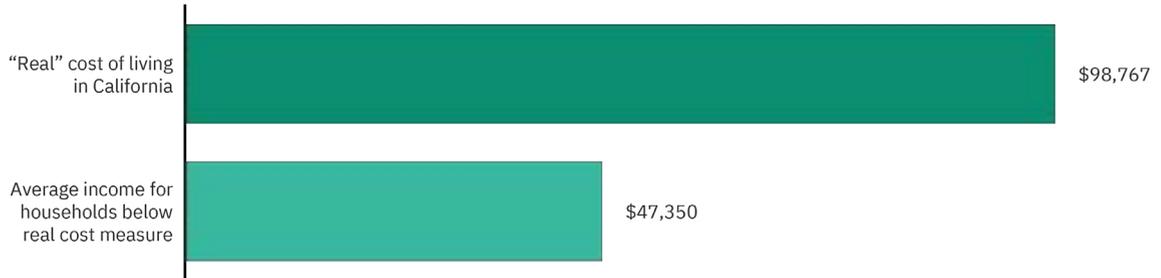
Statewide, over 3 million children live in low-income families, with families of younger kids facing higher levels of poverty.¹⁹⁵ While 80% of low-income California families have at least one working adult,¹⁹⁶ stagnant wages and high housing costs undermine economic security. Children who grow up spending the majority of their lives in poverty are more likely to live in poverty as adults.¹⁹⁷ Recent data from pandemic relief programs highlight the power and effectiveness of public sector investments and affirm the vital role of the government in lifting children and families out of poverty when it takes aggressive actions to bolster public programs. Key federal programs that delivered major poverty reductions during the pandemic include the Child Tax Credit and other refundable credits, CalFresh (SNAP, nationally), and school meals. Pandemic-era federal funds have recently ended, and the state is already seeing a rapid rebound of childhood poverty rates, especially for children under 12.¹⁹⁸

Pro-Kid[®] Agenda

All California families should have the basic income needed to house, care for, and feed their children. In the near-term, the State must increase program funding and implement focused outreach efforts to ensure all eligible families benefit from enhanced income assistance programs, including CalWORKs, the Earned Income Tax Credit (EITC), and the child tax credit, with the focus on families with young children, families in deepest poverty, and families with mixed immigration status.

Families with kids are struggling to make ends meet.¹⁹⁹

Living wage gap for 2 parents, 1 infant, 1 preschooler households (2023)



Income assistance programs are kids' programs.

Over 85% of the funds from California's EITC program go to households with kids, and the vast majority of CalWORKs recipients are children.^{200, 201}

770,000 recipients of CalWORKs each year



>85% of CalWORKs recipients are children

Without safety net income assistance, many more California children would live in households with incomes below the poverty line.

With many pandemic-era federal supports coming to an end, child poverty will significantly increase unless the state fills those gaps.²⁰²

Without policy supports, child poverty rates would have skyrocketed



Child Welfare

SECTION

GRADE

Stable Homes & Enduring Relationships

C

Health Care for Kids in Foster Care

C+

Education Supports for Students in Foster Care

D

Transitions to Adulthood

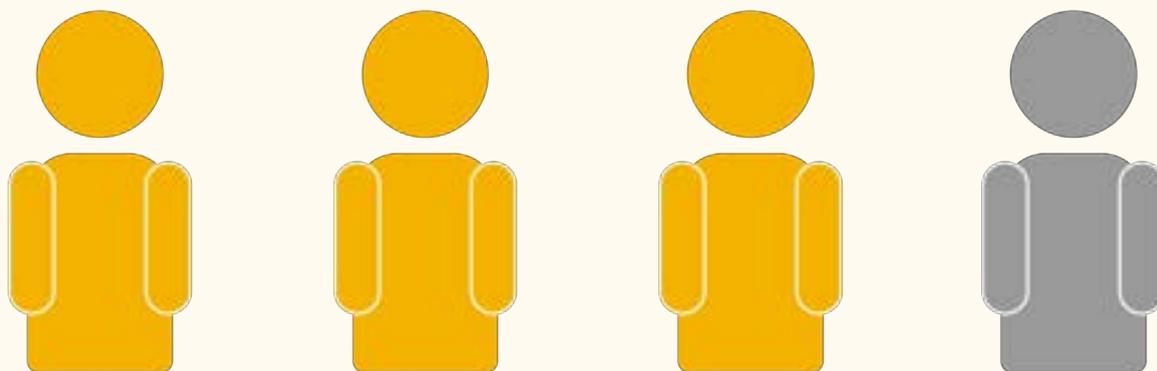
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Nearly 54,000 California children and youth were confirmed victims of abuse and neglect in 2022.²⁰³ Abuse and neglect present serious threats to children’s well-being and can result in children and youth entering foster care when necessary to ensure their safety.

In addition, more than 1 in 4 children in California experience an investigation for maltreatment during childhood, with significant racial disparities – a staggering 1 in 2 Black children and 1 in 2 Native American children in California experienced an investigation for maltreatment during childhood.²⁰⁴ These disparities result from a multitude of complex factors, including long-standing structural and institutional racism, implicit and explicit biases, and poverty that increases stressors on families, among others.

Robust prevention programs designed to support families are pivotal to ensuring the safety and well-being of children and youth. For instance, prevention programs that deliver early identification and intervention services, provide tangible supports for families, enhance parenting skills, promote healthy relationships, and keep children and youth safe should be more readily available. The Family First Prevention Services Act (FFPSA) and California’s Family First Prevention Services (FFPS) Program both support counties’ efforts to implement broader prevention programs to help keep families together and prevent child maltreatment. For children and youth who cannot remain safely at home and must enter foster care, the State must ensure access to stable and nurturing foster homes, trauma-informed services, and targeted, high-quality educational supports to help them heal and thrive.

1 in 4 California children experience an investigation for maltreatment



Stable Homes & Enduring Relationships

GRADE: C



Progress Report

Stable placements in nurturing family homes and enduring relationships with caring adults are foundational for helping children and youth in foster care heal from the trauma they have experienced and thrive. Individualized, trauma-informed supports, services, and resources are critical to building and sustaining these stable homes and enduring relationships. Additionally, keeping children and youth connected to family and community can provide familiarity, comfort, and continuity at a traumatic time. To support ongoing connections, including placement with relatives, California created the Excellence in Family Finding, Engagement, and Support (EFFES) Program and established The Center for Excellence in Family Finding, Engagement, and Support to grow and support culturally responsive, family-centered, and trauma-informed family finding and engagement services across the state. California also continues to implement 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.

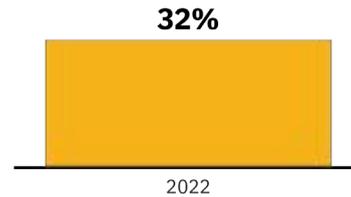
Pro-Kid® Agenda

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. The State must also work to ensure children and youth in foster care can remain safely with relatives and in their communities whenever possible. Policies must be implemented that maximize placement stability, avoid institutionalization, increase access to trauma-informed supports, and meet the needs of children in foster care in family-based settings, especially children with more intensive needs.

Too few first-time placements are with relatives.²⁰⁵

Current policy prioritizes placing children and youth with kin; however, there has not been substantial improvement in the last five years. Only a third of new placements are with relatives or other known community members.

Percent of first time placements with relatives



Too many children and youth in foster care experience frequent placement changes.²⁰⁶

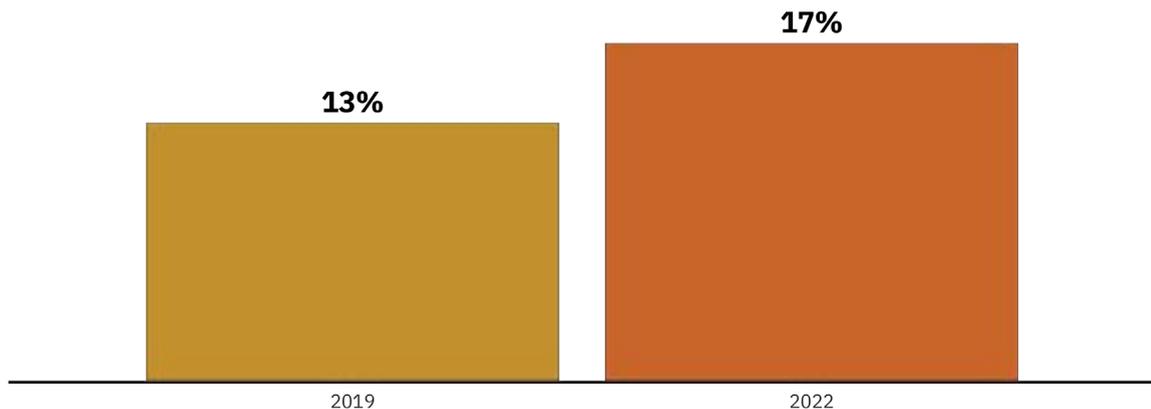
Stable placements are vital to the well-being of children and youth in foster care, yet they remain elusive.



Nearly one-fifth of youth are aging out of foster care without finding a permanent home.²⁰⁷

This leads to increased risks for lower educational and career attainment, physical and mental health problems, unstable housing, and involvement with the juvenile justice system.

Percent of foster youth who never find permanent homes



Health Care for Kids in Foster Care

GRADE: C+



Progress Report

Children in foster care have experienced abuse, neglect, and other traumas, which often result in physical and mental health challenges that can persist into adulthood. Access to comprehensive health services is imperative to helping children and youth in foster care heal, yet barriers, such as multiple placement changes, lack of trauma-informed providers, fragmented and siloed systems, and unavailable or incomplete health histories, often prevent them from getting needed services. Through the California Advancing and Innovating Medi-Cal (CalAIM) and BH-CONNECT Initiatives and other health initiatives, California is working to improve healthcare access and quality to meet the unique and complex physical and mental health needs that children in foster care may experience. Also, as part of CalAIM, California recently simplified access criteria to allow children and youth in foster care to access specialty mental health services due to their history of trauma without requiring a diagnosis.

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 from their homes. Policymakers should ensure a broad continuum of behavioral health services, including non-traditional therapeutic supports, are universally available. The continuum must include services that are culturally specific and responsive to the needs of children of color and LGBTQ+ youth who are disproportionately represented in the child welfare system. Policymakers should also ensure seamless cross-system collaboration, oversight, and accountability occurs between child welfare and health to ensure children and youth in foster care receive timely, coordinated services that are targeted towards their individualized needs and experience continuity of care with trusted providers.

Children in foster care are more likely to have physical and mental health needs because they have experienced trauma.²⁰⁸

A national study found that kids who had been in foster care were:

7x more likely to experience **depression**

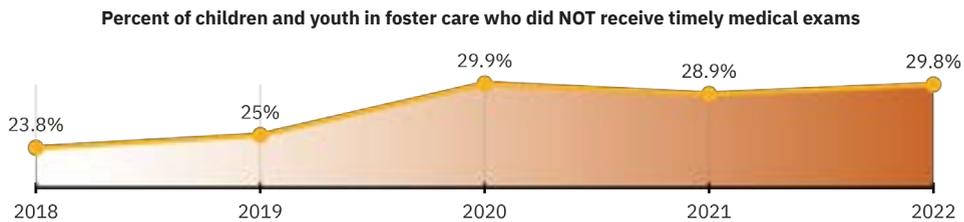
6x more likely to exhibit **behavioral problems**

5x more likely to feel **anxiety**

3x as likely to have an **attention deficit disorder, hearing impairments and vision issues**

2x more likely to suffer from **learning disabilities, developmental delays, asthma, obesity and speech problems**

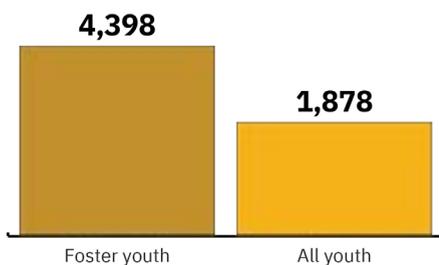
One-third of youth in foster care do not receive timely medical exams, despite a state mandate and their higher levels of health care need.²⁰⁹



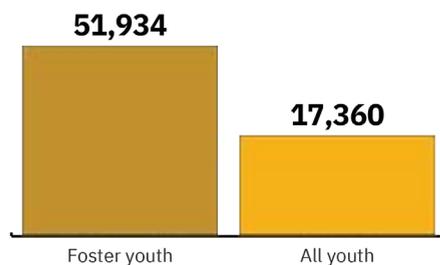
Children in foster care visit emergency rooms and are hospitalized at much higher rates than children in the general population.^{210, 211, 212}

Lack of timely access to required preventative exams and screenings, limited numbers of trauma-informed providers and specialists, and barriers to continuity and coordination of care contribute to greater dependence on hospitals and emergency medicine for children and youth in foster care.

Hospitalizations per 100,000 youth ages 0-17, 2020.



Emergency room visits per 100,000 youth ages 0-17, 2020.



Education Supports for Students in Foster Care

GRADE: D

Progress Report

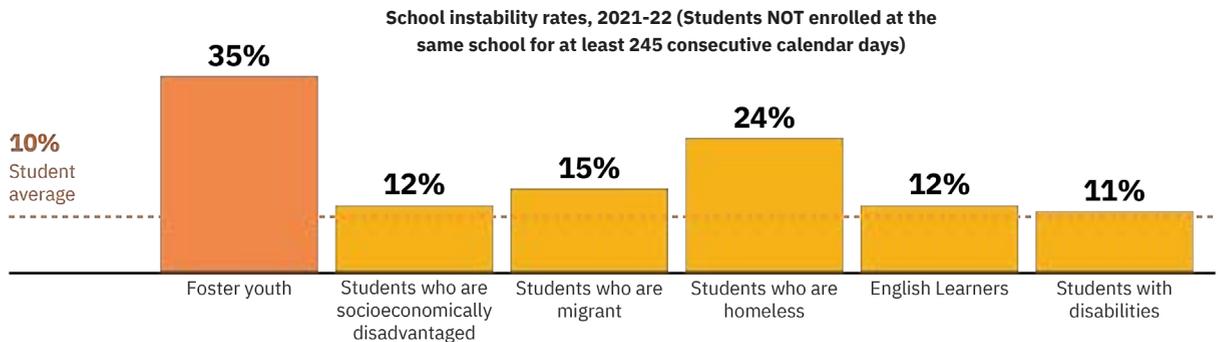
Due to multiple moves and school changes, missed school days, and trauma, youth in foster care face unique challenges to academic achievement. In 2013, the Legislature overhauled the education financing system and passed the Local Control Funding Formula (LCFF). Acknowledging the distinct experiences of youth in foster care, LCFF identified them as one of three high-need student groups needing extra education supports, along with English Language Learners and low-income students. Despite a decade of LCFF's greater attention on students in foster care, academic engagement and achievement outcomes for youth in foster care have not improved significantly and continue to lag far behind other high-need student groups. To address this, the 2023-24 state budget included language that now requires LEAs to address in their Local Control and Accountability Plans (LCAPs) the low performance of a school and/or student group, such as students in foster care, as identified by the California School Dashboard.

Pro-Kid® Agenda

California policymakers must ensure that all children in foster care receive the supports they need to recover from ongoing COVID-19 pandemic-driven learning loss and keep them from falling further behind in school. Schools must provide students in foster care with expanded learning opportunities, including tutoring and academic supports and must develop targeted reengagement strategies for students in foster care who are disengaged from school. 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. Finally, the State must work to vastly improve the dismal graduation rates of youth in foster care so that it meets or exceeds that of all other student groups.

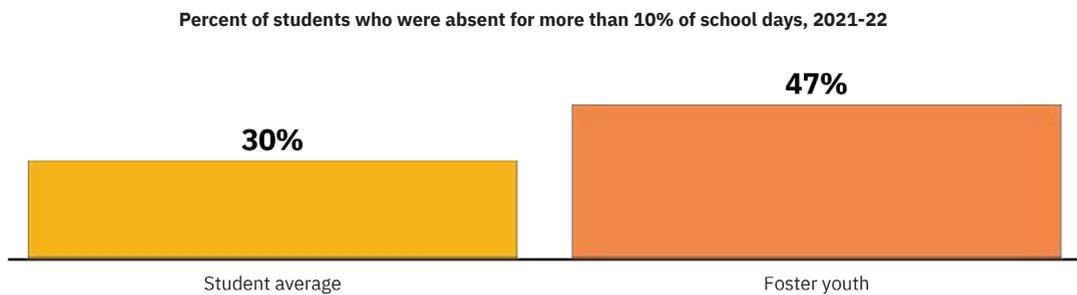
Youth in foster care have the highest rate of unstable enrollment.²¹³

Students in foster care change schools frequently. Despite youth’s right to a stable education, frequent home placement changes can cause school transfers and high rates of unstable enrollment.



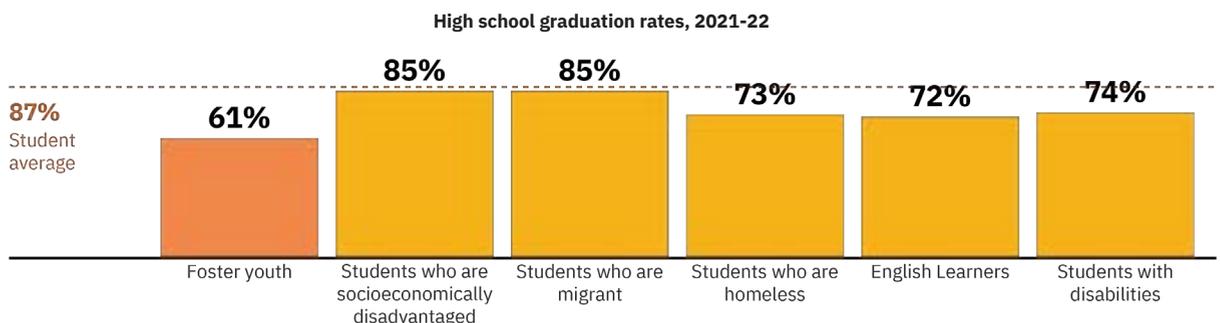
Youth in foster care are more likely to be chronically absent than other underserved youth.²¹⁴

Students in foster care tend to miss many school days. Placement changes, school transfers, court hearings, and parental visitation can disrupt their engagement with learning and ability to do well in school.



Due to inequities in the education system, too few youth in foster care finish high school on time.²¹⁵

Low graduation rates can mean youth struggle with college engagement and career attainment.



Transitions to Adulthood

GRADE: D



Progress Report

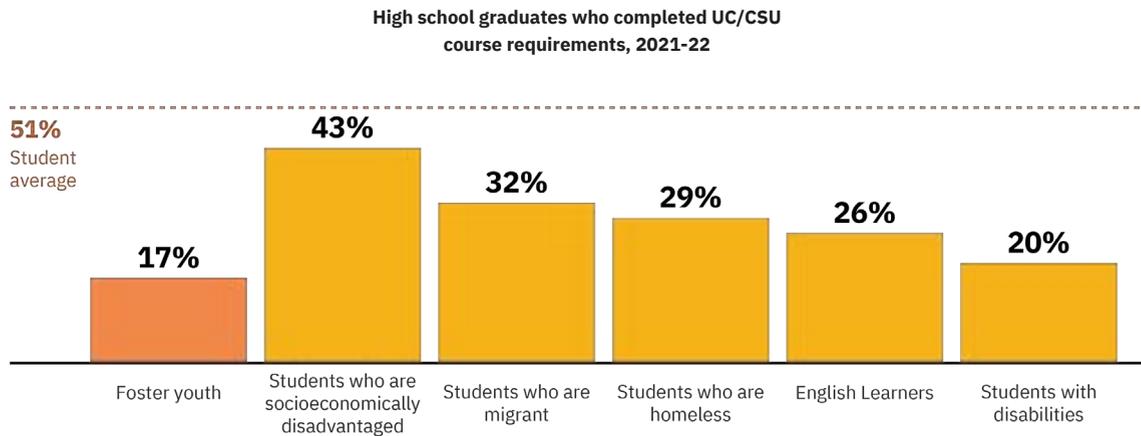
Currently, there are nearly 13,000 youth between the ages of 16 and 21 in the California foster care system.²¹⁶ Youth with foster care experience have undergone the significant trauma of being removed from their homes and may experience more trauma in the child welfare system itself. This can have a reverberating effect for youth as they transition into adulthood — leading to poorer outcomes like housing instability, financial instability, lower educational attainment, and poorer mental and physical health. The 2023–24 state budget increased financial aid funding for youth in foster care enrolled in UCs, CSUs or state community colleges. The State has also offered additional supports to youth in foster care transitioning to adulthood in the form of the Foster Youth Tax Credit and increased monthly payments for youth living in supervised independent living placements.^{217, 218}

Pro-Kid® Agenda

California policymakers must ensure that older youth in foster care have access to the supports and services they need to successfully transition to adulthood. As youth work to build the life skills necessary to become self-sufficient, policymakers must ensure youth’s basic needs are met by improving access to transitional housing, food, and critical safety net programs. Furthermore, the State must provide targeted supports that promote youth’s future economic security, including those designed to improve their academic engagement and achievement, aid their transition to postsecondary education, and equip them to find and maintain employment. Finally, California must help youth strengthen and increase lifelong connections to caring adults in their communities as they navigate increasing independence.

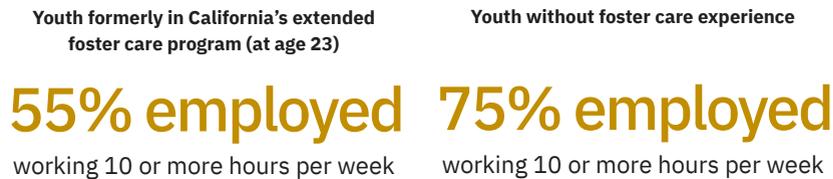
Students in foster care are not adequately prepared for college.²¹⁹

Only a small portion of youth in foster care complete all the courses required to be admitted to a UC/CSU.



Employment outcomes lag for youth with foster care experience.²²⁰

Youth with foster care experience may lack needed connections to employment opportunities and targeted supports to obtain and maintain employment.



Many youth who have spent time in foster care experience housing instability and homelessness.²²¹

Long transitional housing program waitlists, barriers to housing program entry or retention, unaffordable housing, and a lack of youth-friendly housing options contribute to this problem.

More than 1/2
of respondents in a study of youth formerly in foster care reported experiencing homelessness between ages 17 and 21.

Cross-Sector Issues

SECTION	GRADE
Supports for Unaccompanied Homeless Youth	D-
Supporting LGBTQ+ Youth	C+
Decriminalization of Youth	D+
Food Security	B-
Cradle-to-Career Data Systems	B-

Children’s physical, mental, educational, and social well-being are intrinsically interconnected, yet California’s services for kids are too often siloed. Studies suggest that a more integrated, holistic approach to supporting children’s well-being is more beneficial than an isolated approach and may be especially useful in addressing complex issues that lack a singular cause, such as unaccompanied youth homelessness and food insecurity.

While all of the issues in the *Report Card* are interrelated, the topics in this section have especially strong implications across multiple sectors and systems. A whole-child approach to supporting kids incorporates services that meet young people where they’re at and address the many factors that are needed to help them thrive.



Supports for Unaccompanied Homeless Youth



GRADE: D-

Progress Report

Unaccompanied youth experiencing homelessness are young people (ages 25 and under) who are not living with a parent or guardian and lack a safe, regular, and adequate nighttime residence. They experience homelessness for a variety of reasons, including a lack of family acceptance, domestic violence, family economic challenges, or exiting public systems with insufficient support. They also experience homelessness in a variety of ways, many of which are less visible. They may be shifting from one temporary arrangement to another, living in a car or shelter, or living on the street. Recently, the State included targeted funding for youth housing in Project Homekey and the Homeless Housing, Assistance and Prevention Program which includes a 10% set-aside of funds that must be used to provide services for youth experiencing homelessness. While the State has started to make investments to prevent youth homelessness, many of the available programs are focused on serving adults and are not designed to meet the unique needs of youth.

Pro-Kid[®] Agenda

California policymakers must ensure that any experience of homelessness by youth is rare, brief, and non-recurring so that youth can reach their full potential and be part of thriving communities. Special attention should be paid to youth exiting the child welfare and juvenile justice systems who often experience additional challenges to 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 youth-friendly housing options and supportive services.

Failures of external support systems are the most common causes of youth homelessness.²²² Among youth who experienced homelessness:

Systemic barriers and inequalities result in circumstances beyond the youth's control that lead to their experiences of homelessness.

92%

Cited fragile social networks as a main reason for their homelessness

29%

Exited the foster care system

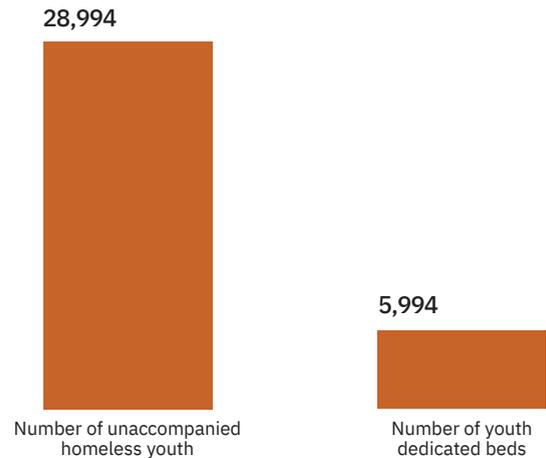
62%

Had prior juvenile justice involvement

There are almost 5x more unaccompanied homeless youth²²³ than there are beds dedicated to them.²²⁴

Establishing more housing services and supports dedicated to youth and focused on their specific needs is critical.

Many unaccompanied youth experiencing homelessness are unable to find safe places to sleep



Homelessness can have significant and lifelong impacts on youth well-being.²²⁵

A study in San Francisco on unaccompanied youth experiencing homelessness reported:

80%

Exhibited symptoms of post-traumatic stress disorder

51%

Had symptoms of moderate or severe anxiety

74%

Were at risk of clinical depression

33%

Experienced substance abuse

Supporting LGBTQ+ Youth



GRADE: C+

Progress Report

At least 11% of California youth identify as LGBTQ+. ²²⁶ In a country rife with LGBTQ+ discrimination, California has some of the strongest legal protections for these youth nationwide. The Student Safety and Violence Prevention Act (2000) prohibited discrimination in schools based on gender identity and sexual orientation. In 2022, Governor Newsom signed a law making California a legal safe-haven for transgender youth seeking gender-affirming care and their families. ²²⁷ However, the Governor recently vetoed a bill that would have required judges to consider whether a parent affirms a child's gender identity in custody hearings. ²²⁸ Moreover, uneven policy implementation across the state and targeted discriminatory policies at the local level ²²⁹ leave LGBTQ+ youth at risk of poorer health, education, and overall well-being. In fact, three-quarters of California's LGBTQ+ youth reported their communities were unaccepting or only somewhat accepting of their identity and a significant number of LGBTQ+ students said they were harassed at school. ^{230, 231}

Pro-Kid® Agenda

In the face of discriminatory rhetoric and actions in a number of communities, California's policymakers must ensure that all LGBTQ+ youth in the state are protected and supported at school and home – in every school and community. In the near-term, state leaders should continue to block implementation of school district “forced outing” policies, promote inclusive school environments and anti-bias training for administrators and staff, and enforce state sexual health education laws that require the inclusion of LGBTQ+ history and issues. Leaders should also ensure that state data continues to disaggregate LGBTQ+ student outcomes. In the longer term, policymakers must ultimately address the culture of discrimination that continues to leave LGBTQ+ youth vulnerable to poor education, health and well-being outcomes.

California LGBTQ+ youth experience discrimination that impacts their daily lives, including their health.²³²

70% Experienced discrimination based on their gender identity or sexual orientation

58% Reported symptoms of depression

32% Experienced physical threats or harm

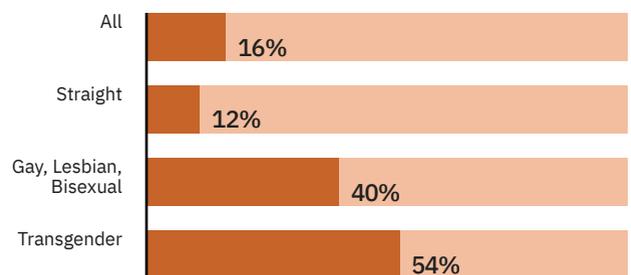
62% Of those who wanted help with their mental health did not receive care

69% Reported symptoms of anxiety

LGBTQ+ youth also report considering suicide at far higher rates than their straight peers.²³³

When LGBTQ+ youth are supported by the adults around them at home and at school, they are less likely to experience mental health issues and suicidality.

California 11th graders who reported considering suicide, 2019–2021



Supports for LGBTQ+ youth work to empower and affirm all young people.

There are over 1,100 Gender and Sexuality Alliances (GSAs) at schools across California.²³⁴

Compared to students without GSAs at their schools, students in schools with GSAs reported:²³⁵

- a.** Better school climate
- b.** Less truancy
- c.** Better grades
- d.** Less bullying based on sexual orientation
- e.** Less depressive symptoms & suicidality
- f.** Lower substance use
- g.** More connection to their school
- h.** Better mental health

Decriminalization of Youth

GRADE: D+



Progress Report

Most 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—including in education, employment, housing, and policing—there is disproportionate representation in the justice system for youth of color, youth with child welfare involvement, and LGBTQ+ youth. Although the state has seen a dramatic drop in the youth arrest rate over the past three decades, youth of color continue to be overrepresented at each stage of the juvenile justice system. The State has recently taken steps to make the system more healing and equitable, including closing state-run youth prisons under the Division of Juvenile Justice in 2023 and transferring youth back to their communities to receive care closer to home.

Pro-Kid® Agenda

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 ensure that the new county-based system caring for young people following the closure of the Division of Juvenile Justice is sufficiently funded and includes oversight and accountability to ensure detained youth are able to successfully reintegrate into their communities.

Many youth involved in the justice system have a prior history of multiple traumas.²³⁶

A study on trauma histories of justice-involved youth found that:

Trauma-informed interventions must be a critical component of youth justice programs.

4.9

Was the average number of trauma types (e.g. emotional abuse, school violence, physical assault) experienced by youth

62%

Experienced trauma in the first 5 years of life

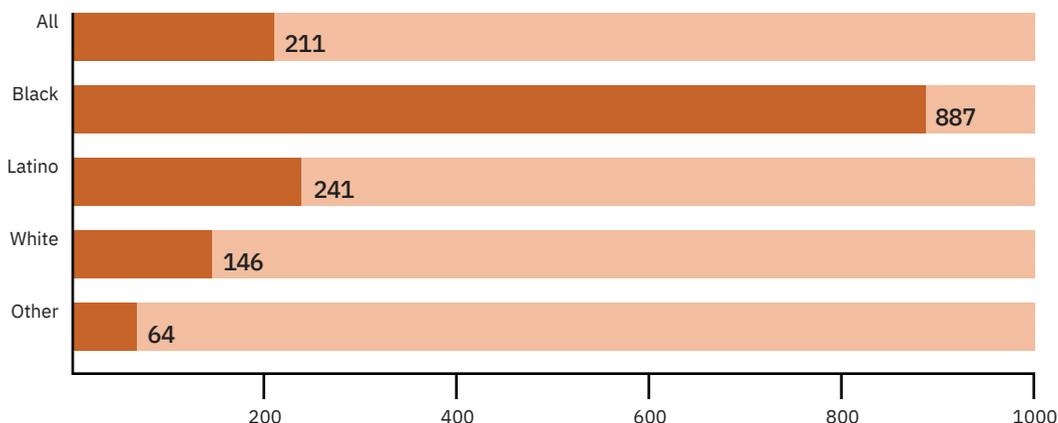
24%

Met criteria for post-traumatic stress disorder

Youth of color are overrepresented in the juvenile justice system.²³⁷

Implicit and explicit racial biases persist at all levels of the juvenile justice system, resulting in harsher treatment of youth of color—from arrest through incarceration—for the same crimes committed by white youth.

Juvenile (0-17) arrest rate, per 100,000, 2021



Incarceration can have reverberating lifelong impacts on youth.²³⁸

- a. High rates of recidivism and further justice system involvement
- b. Less likely to graduate high school or to enroll/complete college
- c. Lower employment and earnings in adulthood
- d. Poorer health in adulthood, shorter life expectancy
- e. Further trauma, exacerbated trauma

Food Security



GRADE: B-

Progress Report

Good nutrition is essential for children’s healthy growth and development. Food insecurity—limited, uncertain, or inconsistent access to the quality and quantity of food necessary for a healthy life—is related to both hunger and obesity, as well as barriers to academic achievement and a higher likelihood of other serious and costly physical and mental health conditions.²³⁹ The pandemic exacerbated food insecurity for many California children, especially Black and Latino/a kids.²⁴⁰ In good news, although a pandemic-era federal waiver authorizing free school meals for all students expired in June 2022, California’s state budget included funds to continue that policy permanently. The 2023-24 state budget made other significant investments to support child nutrition, including a pilot program to raise monthly benefits for CalFresh (known federally as the Supplemental Nutrition Assistance Program), outreach and automation funding for summer food benefits, and a cost-of-living adjustment for child care nutrition programs. However, the State failed to increase meal reimbursement for children in family child care settings.

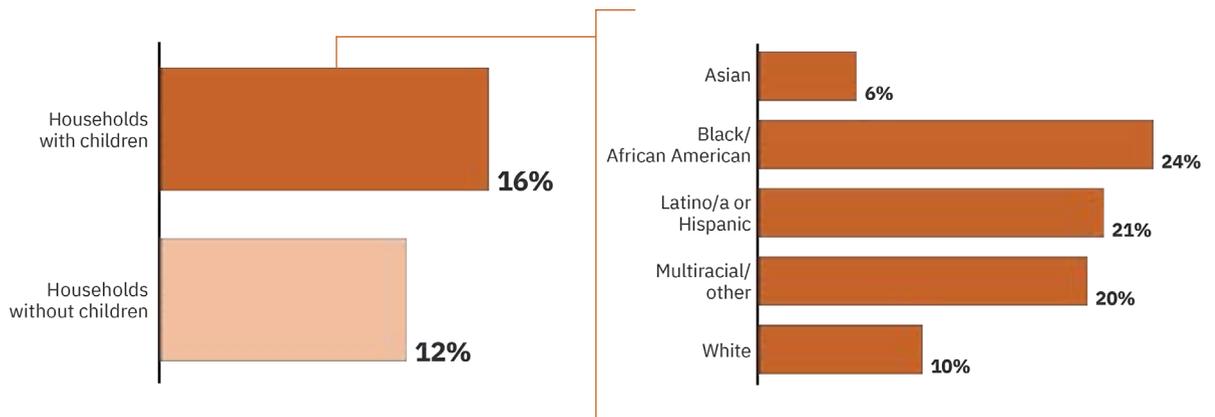
Pro-Kid® Agenda

Every child should have access to nutritious food. The State must ensure every eligible child is able to access CalFresh, school meals, meals in child care settings, and Women, Infants, and Children (WIC). The State should also ensure full, timely implementation of summer food benefits to maximize reach and limit the enrollment burden on families. In a big win for children, California made school meals free for all public school students. The State should also ensure that meals are served at times that students can access them, with enough time to eat, and with healthy food choices that are a cultural fit for the student population. The State should maintain and increase investments and build on technology improvements and process simplifications necessitated by the pandemic to make nutrition assistance benefits much easier for families to access and use. This includes considering how to reduce inequities in the location and distribution of full-service grocery stores and access to transportation, so that families can fully utilize their benefits for healthy and affordable food.

Many California kids lack access to healthy and affordable food, especially Black, Latino/a, and multiracial children, and particularly in the summer when school is out.²⁴¹

Over 4/5 of surveyed low-income families with children ages 6-12 were worried that their food would run out before they got money to buy more.²⁴²

Households with kids are more likely to lack food, especially kids of color (Summer 2023)

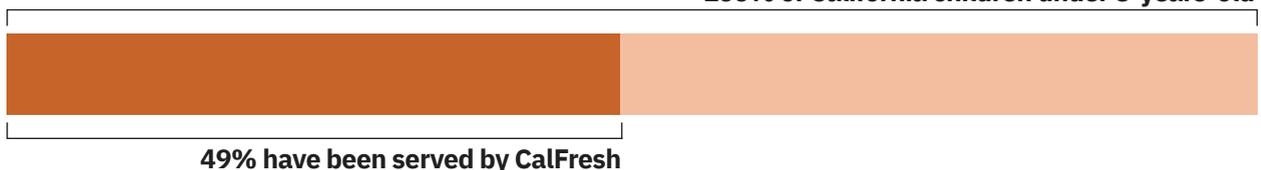


Available data may mask important differences between sub-groups.

Kids rely on CalFresh for access to food.

Half of all California children use CalFresh at some point before the age of 5.²⁴³ However, it needs to be easier to enroll infants in the program.²⁴⁴

100% of California children under 5-years-old



As California school leaders agree, universal school meals help ensure that students can concentrate on learning.²⁴⁵

California was the first of eight states to provide school meals for all students regardless of income in the school year 2022-2023.²⁴⁶

40%

of California school nutrition leaders reported reduced stigma for students eating school meals

80%

of California school nutrition leaders reported increased student meal participation

Cradle-to-Career Data Systems



GRADE: B-

Progress Report

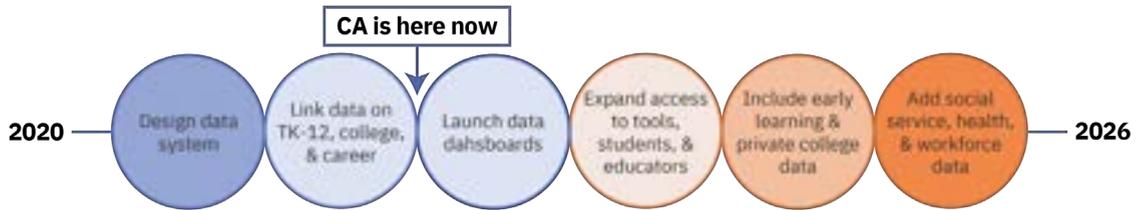
Throughout their lives, children will need multiple supports and services – including quality health care, child care, and education – to successfully enter adulthood. To better provide those resources, California launched an effort in 2019 to effectively connect the services and systems intended to support children from cradle to career. In the 2023-24 budget, California continued its investment in the creation of an integrated cradle-to-career information infrastructure that is intended to more effectively identify kids’ needs and ensure they have access to better-aligned, necessary services to support their success. In 2022, a significant milestone was reached when data providers submitted their first batch of data— but to achieve this vision, it will be essential that each of the state’s data-contributing entities continues to engage, partner, and effectively connect the disparate data systems in California for the benefit of children and their families.

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 the Cradle-to-Career (C2C) Governing Board and Managing Entity, building an infrastructure and ensuring TK-12, higher education, and workforce data systems are all linked together. In addition, building on investments in the California Department of Social Services, it will be essential that California develops a comprehensive, integrated early childhood data system that ultimately links to the C2C and provides families and providers with real-time information to bridge access gaps and increase information exchange. With the foundation of a comprehensive education information system in place, children could be better served through additional and stronger linkages to health and social services. Simultaneously, policymakers should provide resources and authorization to collect new data, and training to help integrate, use, and protect available data to support improvements in local policies and practices, building upon existing collaborative efforts.

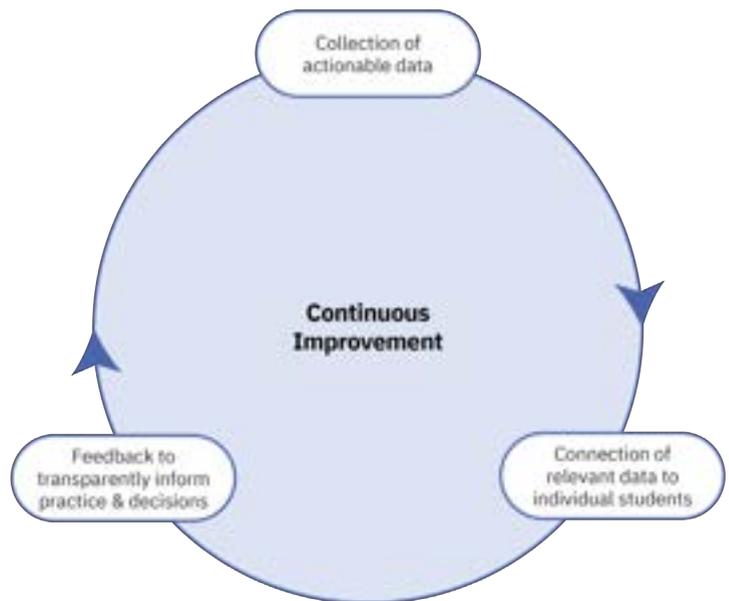
The Cradle-to-Career data system is in the early phases of implementation.²⁴⁷

Connecting education data to social services, health, and workforce data is what makes this data system unique and particularly valuable.



The Cradle-to-Career system should allow for actionable data that informs practice and addresses equity at the local level.²⁴⁸

An effective data system should include actionable school-site and student level data that enables informed decision making, supports continuous improvement, and allows for full transparency.



The Cradle-to-Career data system will launch several initial data dashboards; more dashboards are forthcoming, especially those related to health services, social services, and workforce.²⁴⁹

These data tools are meant for students/families, educators, policymakers, researchers, and advocates.

Dashboards that will be available in the Cradle-to-Career system include:

Pathways from early childhood to postsecondary education & employment

Early education

Primary school

College & career readiness

Community college transfer outcome

Financial aid

Employment outcomes

Teacher training & retention

Endnotes

Demographics

1. California Department of Finance. (n.d.). P3: Race/ethnicity and sex by age for California and counties. <https://dof.ca.gov/forecasting/demographics/projections/>
2. California Department of Finance. (n.d.). P3: Race/ethnicity and sex by age for California and counties. <https://dof.ca.gov/forecasting/demographics/projections/>
3. First 5 Center for Children’s Policy. (2023, August 23). Support for Native American infants, toddlers, and their families in California. <https://first5center.org/publications/support-for-native-american-infants-toddlers-and-their-families-in-california>
4. California Department of Health Care Services. (2023). Medi-Cal children’s health dashboard: June 2023. <https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-June-2023.pdf>
Note: This figure reflects the average number of children and youth 0-20 enrolled in Medi-Cal for 2022.
5. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). In care – Point in time count for July 2023. <https://ccwip.berkeley.edu/childwelfare/reports/PIT/STSG/r/ab636/l>
6. DataQuest. (n.d.). 2022-23 Enrollment by English language acquisition status (ELAS) and grade. California Department of Education. <https://dq.cde.ca.gov/dataquest/DQCensus/EnrELAS.aspx?cds=00&aggllevel=State&year=2022-23>
7. California Department of Justice (2021). Juvenile justice in California, 2021. https://data-openjustice.doj.ca.gov/sites/default/files/2022-08/Juvenile%20Justice%20In%20CA%202021_0.pdf
8. DataQuest. (n.d.). 2022-23 Enrollment by ethnicity and grade. California Department of Education. <https://dq.cde.ca.gov/dataquest/dqcensus/EnrEthGrd.aspx?cds=00&aggllevel=state&year=2022-23>
9. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey 2019 - 21. <https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/>
Note: Data provided and prepared by CalSCHLS and WestEd staff by special request.
10. National Survey of Children’s Health Data. (2021). Indicator 1.11: Children with special health care needs. Retrieved Fall 2023 from <https://www.childhealthdata.org/browse/survey/results?q=9707&r=6>
11. American Community Survey. (n.d.). Table B05009: Age and nativity of own children under 18 years in families and sub-families by number and nativity of parents, 2018-2022 5 year estimates. United States Census Bureau. <https://data.census.gov>

Health

12. The Network for Public Health Law. (2022, April). State and local efforts to declare racism a public health crisis – Eastern region update. <https://www.networkforphl.org/wp-content/uploads/2022/07/State-and-Local-Efforts-to-Declare-Racism-a-Public-Health-Crisis-%E2%80%93-Eastern-Region-Update.pdf>
13. Slopen, S., Umaña-Taylor, A., Shonkoff, J., Carle, A., & Hatzenbuehler, M. L. (2023, August 15). State-level anti-immigration sentiment and policies and health risks in US Latino children. *Pediatrics*, 152(3). <https://doi.org/10.1542/peds.2022-057581>

14. California Health Interview Survey. (n.d.). School days missed due to asthma in past 12 months – 2020, 2021, 2022 pooled. University of California, Los Angeles.
15. California Breathing. (n.d.). Asthma inequities in California children. California Department of Public Health. https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/EHIB/CPE/CDPH%20Document%20Library/CA_Asthma_Inequities_Children_2021-Infographic.pdf
16. Prenatal-to-3 Policy Impact Center. (2021, January). Why do we focus on the prenatal-to-3 age period? Understanding the importance of the earliest years. https://pn3policy.org/wp-content/uploads/2020/12/PN3PolicyImpactCenter_B001202101_WhyFocusonPN3.pdf
17. State of Babies. (2023). Impact area: Good health. <https://stateofbabies.org/impact-area/health/>
18. Maternal Mental Health Leadership Alliance. (2021, June). Dads & Depression. <https://22542548.fs1.hubspotusercontent-na1.net/hubfs/22542548/Dads%20and%20Depression%20Fact%20Sheet%20-%20MMHLA.pdf>
19. Dhujrati, R., Main, E., & Profit, J. (2021, September 1). Institutional racism: A key contributor to perinatal health inequity. *Pediatrics*, 148(3). <https://doi.org/10.1542/peds.2021-050768>
20. California Department of Public Health: Maternal, Child and Adolescent Health Division. (2023, October 4). Centering Black mothers in California. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Health-Topics/Centering-Black-Mothers.aspx>
21. March of Dimes. (2023). Where you live matters: Maternity care access in California. <https://www.marchofdimes.org/peristats/reports/california/maternity-care-deserts>
22. Hill, L., Artiga, S., & Ranji, U. (2022, November 1). Racial disparities in maternal and infant health: Current status and efforts to address them. Kaiser Family Foundation Health News. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>
23. Kwon, S. (2023, October 4). Mothers of color can't see if providers have a history of maltreatment. Why not? California Healthline. <https://californiahealthline.org/news/article/black-mothers-birth-equity-data-reviews/>
24. Maternal Mental Health Leadership Alliance. (2023, July). Black women, birthing people, and maternal mental health. <https://22542548.fs1.hubspotusercontent-na1.net/hubfs/22542548/FINAL%20-%20Black%20Women%2c%20Birthing%20People%2c%20and%20Maternal%20Mental%20Health%20-%20Fact%20Sheet%20-%20July%202023-1.pdf>
25. Rubenstein, G. (2023, September 13). They're immigrants, farmworkers, and new moms. And they're facing postpartum depression at higher rates. STAT News. <https://www.statnews.com/2023/09/13/postpartum-depression-farmworkers-immigrants/>
26. California Health Care Foundation. (2018, September). Listening to mothers in California: Results from a population-based survey of women's childbearing experiences. https://www.chcf.org/wp-content/uploads/2018/08/ListeningMothers2018.pdf?utm_source=National%20Partnership&utm_medium=PDF_Link&utm_campaign=Listening%20to%20Mothers.
27. Hwang, K. (2023, October 30). Despite high Black maternal death rate, California hospitals ignored training about bias in care. CalMatters. <https://calmatters.org/health/2023/10/despite-high-black-maternal-death-rate-california-hospitals-ignored-training-about-bias-in-care/>
28. March of Dimes. (2020). 2022 March of Dimes report card for California. <https://www.marchofdimes.org/peristats/reports/california/report-card>
29. Policy Center for Maternal Mental Health. (2023). Inaugural maternal mental health state report card. <https://www.2020mom.org/state-report-cards>

30. Simon, M. (2020, September). Medi-Cal explained: Maternity care. California Health Care Foundation. <https://www.chcf.org/wp-content/uploads/2020/09/MediCalExplainedMaternityCare.pdf>
31. California Department of Public Health. (n.d.). Infant mortality by race/ethnicity, California, 2020. Retrieved October 29, 2023 from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Infant-Mortality.aspx>
32. California Department of Public Health. (n.d.). Pregnancy-related mortality ratio by race/ethnicity, California, 2018-2020. Retrieved October 29, 2023 from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx>
33. California Health Care Foundation. (n.d.). Advancing Black health equity: Birth equity. <https://www.chcf.org/program/healthequity/advancing-black-health-equity/birth-equity/>
34. Murphy, K. (2023, August 22). Childbirth has gotten deadlier for California mothers. Axios San Diego. <https://www.axios.com/local/san-diego/2023/08/22/childbirth-deadly-california-mothers-mortality>
35. Gupta, A. H. (2023, April 12). How ‘weathering’ contributes to racial health disparities. The New York Times. <https://www.nytimes.com/2023/04/12/well/live/weathering-health-racism-discrimination.html>
36. Sakala, C., Declercq, E. R., & Joynt, J.. (2018, September 12). Data snapshot: Listening to mothers in California. California Health Care Foundation. <https://www.chcf.org/publication/data-snapshot-listening-mothers-california/#related-links-and-downloads>
37. California Department of Public Health: Maternal, Child and Adolescent Health Division. (2022). MIHA data snapshots, California: Health indicators from the 2016-18 Maternal and Infant Health Assessment survey. <https://files.constantcontact.com/68d497bd201/96d65000-863e-4220-ac60-2aec158d0a74.pdf?rdr=true>
38. Koumoundouros, T. (2023, August 13). Lead exposure in childhood linked to future crimes, study finds. Science Alert. <https://www.sciencealert.com/lead-exposure-in-childhood-linked-to-future-crimes-study-finds>
39. Brockmeyer, S. & D’Angiulli, A. (2016). How air pollution alters brain development: The role of neuroinflammation. *Translational Neuroscience*, 7(1), 24-30. <https://doi.org/10.1515/tnsci-2016-0005>
40. Gilliland, F. D., Berhane, K., Rappaport, E. B., Thomas, D. C., Avol, E., Gauderman, W. J., London, S. J., Margolis, H. G., McConnell, R., Islam, K. T., & Peters, J. M. (2001). The effects of ambient air pollution on school absenteeism due to respiratory illnesses. *Epidemiology (Cambridge, Mass.)*, 12(1), 43–54. <https://doi.org/10.1097/00001648-200101000-00009>
41. Centers for Disease Control and Prevention. (2022, September 2). Health effects of lead exposure. <https://www.cdc.gov/nceh/lead/prevention/health-effects.htm>
42. California Environmental Justice Alliance. (2020). Environmental justice agency assessment. <https://caleja.org/2021/07/2020-environmental-justice-agency-assessment/>
43. Office of Environmental Health Hazard Assessment. (2021, October). CalEnviroScreen 4.0 and race/ethnicity analysis. <https://storymaps.arcgis.com/stories/f555670d30a942e4b46b18293e2795a7>
44. World Health Organization. (2023, August 11). Lead poisoning. <https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health>
45. Environmental Working Group. (2023, May 11). 1 in 4 California child care centers found to have alarming levels of lead in drinking water, putting babies and children at risk. <https://www.ewg.org/news-insights/news-release/2023/05/1-4-california-child-care-centers-found-have-alarming-levels>
Note: “Excessive lead levels” are defined as more than 5 parts per billion of lead in drinking water. <https://pirg.org/california/edfund/resources/get-the-lead-out-statewide-map/>
46. Rumpler, J., & Casale, M. (2023, February). Get the lead out: Grading the states on protecting kids’ drinking water at school. <https://publicinterestnetwork.org/wp-content/uploads/2023/02/AME-GTLO-Report-Feb23-1.2.pdf>

47. United States Environmental Protection Agency. (2023, April). Climate change and children's health and well-being in the United States. https://www.epa.gov/system/files/documents/2023-04/CLiME_Final%20Report.pdf
48. California Department of Health Care Services. (2023, June). Medi-Cal children's health dashboard. <https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-June-2023.pdf>
49. Covered California. (2023, July 20). Covered California to launch state-enhanced cost-sharing reduction program in 2024 to improve health care affordability for enrollees. <https://www.coveredca.com/newsroom/news-releases/2023/07/20/covered-california-to-launch-state-enhanced-cost-sharing-reduction-program/>
50. California Department of Health Care Services. (2023, June). Medi-Cal children's health dashboard. <https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-June-2023.pdf>
51. California Department of Finance. (n.d.). State population projections, 2023. <https://dof.ca.gov/forecasting/demographics/projections/>
52. Buettgens, M., & Green, A. (2022, December). The impact of the COVID-19 public health emergency expiration on all types of health coverage. Urban Institute. https://www.urban.org/sites/default/files/2022-12/The%20Impact%20of%20the%20COVID-19%20Public%20Health%20Emergency%20Expiration%20on%20All%20Types%20of%20Health%20Coverage_0.pdf
53. Galewitz, P. (2022, November 10). Stopping the churn: California and other states want to guarantee Medicaid for kids. Los Angeles Times. <https://www.latimes.com/california/story/2022-11-10/stopping-the-churn-california-and-other-states-want-to-guarantee-medicaid-for-kids>
54. California Department of Health Care Services. (2021, July 26). Medi-Cal enrollment update. <https://www.dhcs.ca.gov/dataandstats/Documents/Medi-Cal-Enrollment-Data-June-2021.pdf>
Note: The re-enrollment churning data is from July 2019-June 2020 to capture actual churn before pandemic-era policies paused Medi-Cal renewals.
55. California Health Benefits Review Program. (2023, June 9). Abbreviated analysis: Senate Bill 635 hearing aids. <https://www.chbrp.org/sites/default/files/bill-documents/SB0/Abbreviated%20Analysis%20of%20SB%20635%20Hearing%20Aids%20FINAL%20060923.pdf>
56. National Academies of Science, Engineering, and Medicine. (2021). Implementing high-quality primary care: Rebuilding the foundation of health care. The National Academies Press. <https://doi.org/10.17226/25983>
57. California Department of Health Care Services. (n.d.). How do our Medi-Cal managed care plans (MCPs) compare to their peers in children's health care? <https://www.dhcs.ca.gov/dataandstats/reports/Documents/Graphic-Fact-Sheet-all-domains.pdf>
Note: Only 29% of Medi-Cal managed care plan units reported 60% or more of their children's health domain measures at levels above the Department of Health Care Services standard (which varies by measure).
58. California Department of Health Care Services. (2022, December 13). DHCS delivers on promise to hold health plans accountable for quality care. <https://www.dhcs.ca.gov/formsandpubs/publications/oc/Documents/2022/22-15-MCP-Quality-Sanctions12-13-22.pdf>
59. California State Auditor. (n.d.). Statewide preventive care utilization rates. <https://www.auditor.ca.gov/reports/2022-502/supplemental.html>
60. National Survey of Children's Health. (2021). Indicator 4.1a: Preventive care visit. Retrieved Fall 2023 from <https://www.childhealthdata.org/browse/survey/allstates?q=9373>
61. California Department of Health Care Services. (2023, March). 2022 Preventive services report. <https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2021-22-Preventative-Services-Report.pdf>
62. Lambert, D., Willis, D. J., & Xie, Y. (2023, September 7). 570 California schools targeted for low vaccination rates. EdSource. <https://edsources.org/2023/570-california-schools-targeted-for-low-vaccination-rates/696986>

63. California Department of Public Health Immunization Branch. (2023, August 3). Audit. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/reporting-audit.aspx>
64. Klima, T. (2023, March). Access to pediatric specialty care in California: Results of the Children’s Specialty Care Coalition 2022 member survey. Practical Research Solutions. <https://childrens-coalition.org/wp-content/uploads/2023/04/4.-Access-Survey-Final-Report.pdf>
65. California Department of Health Care Services. (2023, March). 2022 Preventive services report. <https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2021-22-Preventative-Services-Report.pdf>
Note: The Blood Lead Screening—Two Tests by 24 Months of Age (BLS—1 and 2) indicator measures the percentage of children who turned 2 years old during the measurement year, had a screening within six months (before and after) their second birthday, and also had a screening within six months (before and after) their first birthday. The Developmental Screening in the First Three Years of Life—Total (DEV) indicator measures the percentage of children who were screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on the child’s first, second, or third birthday.
66. California Department of Health Care Services. (2022, June). 2021 Preventive services report. <https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report.pdf>
67. Payne-Sturges, D. C., Taiwo, T. K., Ellickson, K., Mullen, H., Tchangelova, N., Anderko, L., Chen, A., & Swanson, M. (2023, September 23). Disparities in toxic chemical exposures and associated neurodevelopmental outcomes: A scoping review and systematic evidence map of the epidemiological literature. *Environmental Health Perspectives*, 131(9). <https://doi.org/10.1289/EHP11750>
68. Teye, S. O., Yanosky, J. D., Cuffee, Y., Weng, X., Luquis, R., Farace, E., & Wang, L. (2021). Exploring persistent racial/ethnic disparities in lead exposure among American children aged 1-5 years: Results from NHANES 1999-2016. *International Archives of Occupational and Environmental Health*, 94(4), 723–730. <https://doi.org/10.1007/s00420-020-01616-4>
69. California Department of Public Health. (2022). California’s progress in preventing and managing childhood lead exposure. <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPBReport2022.pdf>
70. Tong, M., Artiga, S., & Rudowitz, R. (2022, May 20). Mitigating childhood lead exposure and disparities: Medicaid and other federal initiatives. Kaiser Family Foundation (KFF) Health News. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/mitigating-childhood-lead-exposure-and-disparities-medicare-and-other-federal-initiatives/>
71. National Survey of Children’s Health. (2021). Indicator 4.6a: Saw an eye doctor. Retrieved Fall 2023 from <https://www.childhealthdata.org/browse/survey/results?q=9996&r=6>
72. University of California, Berkeley. (n.d.). Police violence is a public health issue. <https://racismharmshhealth.berkeley.edu/policing/police-violence-is-a-public-health-issue/>
73. California Department of Health Care Access and Information. (n.d.). Hospital discharges, by primary diagnosis (custom tabulation). KidsData. <https://www.kidsdata.org/topic/290/hospital-discharges-diagnosis/table>
74. California Department of Managed Health Care. (n.d.). Independent Medical Review (IMR) determinations, trend. <https://data.chhs.ca.gov/dataset/independent-medical-review-imr-determinations-trend>
Note: In 2022, nearly 50% of all youth Independent Medical Review cases were for care denied by a health plan for a “mental disorder” diagnosis.
75. National Survey of Children’s Health. (2021). Indicator 4.4a: Difficulties obtaining mental health care, ages 3-17. Retrieved Fall 2023 from <https://www.childhealthdata.org/browse/survey/results?q=9390&r=6>
76. California Department of Public Health. (2022, December 15). Epicenter: California injury data online. <https://skylab4.cdph.ca.gov/epicenter/>

77. Stobbe, M. (2023, June 15). Study shows jump in suicides and homicides among young Americans early in the pandemic. Public Broadcasting Service (PBS). <https://www.pbs.org/newshour/health/study-shows-jump-in-suicides-and-homicides-among-young-americans-early-in-the-pandemic>
78. Griffin, L., Hosking, W., Gill, P. R., Shearson, K., Ivey, G., & Sharples, J. (2022, September 19). The gender paradox: Understanding the role of masculinity in suicidal ideation. *American Journal of Men's Health*, 16(5). <https://doi.org/10.1177/15579883221123853>
79. Watkins, D. (2023, August 25). Gen Z is hooked on vaping: Exploring the obstacles to nicotine cessation among teens. CHEST Advocates. <https://www.chestnet.org/Guidelines-and-Topic-Collections/Publications/CHEST-Advocates/Gen-Z-Is-Hooked-on-Vaping>
80. Ramamurthi, D., Louis-Ferdinand, N. G., & Jackler, R. K. (2020). Rapid growth of JUUL hashtags after the company ceased social media production. Stanford University School of Medicine. <https://tobacco-img.stanford.edu/wp-content/uploads/2021/07/21231808/hashtagjuulgrowth2020.pdf>
81. McKelvey, K., Baiocchi, M., Ramamurthi, D., McLaughlin, S., & Halpern-Felsher, B. (2019, April). Youth say ads for flavored e-liquids are for them. *Addictive Behaviors*, 91, 164-170. <https://doi.org/10.1016/j.addbeh.2018.08.029>
82. California Department of Health Care Services. (2023, March). 2022 Preventive Services Report. <https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2021-22-Preventative-Services-Report.pdf>
Note: Only 3.8% of children enrolled in Medi-Cal Managed Care ages 11 to 21 years were screened for tobacco use in 2021.
83. California Overdose Surveillance Dashboard. (n.d.) 2021 Fentanyl-related overdose deaths by age group. California Department of Public Health. <https://skylab.cdph.ca.gov/ODdash/?tab=CA>
84. DataQuest. (n.d.). School climate data: Suspension and expulsion data. California Department of Education. <https://dq.cde.ca.gov/dataquest/>
85. Volkow, N. (2021, May 7). Addiction should be treated, not penalized. National Institute on Drug Abuse. <https://nida.nih.gov/about-nida/noras-blog/2021/05/addiction-should-be-treated-not-penalized>
86. U.S. Department of Health and Human Services. (2000). Oral Health in America: A Report of the Surgeon General. <https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf>
87. Center for Disease Control and Prevention. (2021, January 25). Cavities. <https://www.cdc.gov/oralhealth/fast-facts/cavities/index.html#:~:text=Untreated%20cavities%20can%20cause%20pain,in%20rare%20cases%20fatal%2C%20results.>
88. California Health Interview Survey. (n.d.). Missed school due to dental problem in past year, asked of children age 5 and older who attend school. <https://ask.chis.ucla.edu/>
89. Medi-Cal Dental. (n.d.). Medi-Cal provider directory. California Department of Health Care Services. <https://dental.dhcs.ca.gov/find-a-dentist/home?locale=en>
Note: Children Now analysis. Smile California “Find a dentist” search for “pedodontist” by county, as of September 2023. A pediatric dentist appearing on the list of providers does not necessarily mean that they are accepting new patients or speak the family’s language.
90. California Department of Health Care Services. (2023, March 20). Dental utilization measures and sealant data by county and age, calendar year 2013 to 2021. California Health and Human Services Open Data Portal. <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2021>
Note: Data is drawn from the “Annual Dental Visit (D0100 - D9999, CPT 99188 or Safety Net Clinics 03 Encounters)” measure.
91. National Survey of Children’s Health. (2021). Decayed teeth or cavities. Retrieved Fall 2023 from <https://www.childhealthdata.org/browse/survey/allstates?q=9243#>.
Note: The best 5 states, national average, and worst 5 states are shown on this visual.

92. California Department of Health Care Services. (2023, March). 2022 Preventive services report. <https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2021-22-Preventative-Services-Report.pdf>
93. Sexuality Information and Education Council of the United States. (2022, July). Sex ed state law and policy chart. <https://siecus.org/wp-content/uploads/2021/09/2022-Sex-Ed-State-Law-and-Policy-Chart.pdf>
Note: Six other states provide all 4 healthy relationships content areas, but California is the only state that provides teacher training, requires a certificate or expertise to teach, & requires teachers to attend training.
94. California Department of Public Health. (2021, July 16). Adolescent health data and statistics: Why does the adolescent birth rate continue to decline? <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Data/Adolescent-Health-Data.aspx>
95. Mason, C. N., Ryan, K., Storz, O., Poyatzis, G., & Hegewisch, A. (2022, July). IWPR reproductive rights index: A state-by-state analysis and ranking. Institute for Women's Policy Research. https://iwpr.org/wp-content/uploads/2022/07/Reproductive-Rights-Index-2022_FINAL_website.pdf
96. California Department of Public Health. (2023, September 8). Adolescent births. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/adolescent-births.aspx>
97. California Department of Public Health. (2020). Sexually transmitted infections (STIs) reach epidemic levels in California. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2020-STI-Snapshot.pdf>
98. California Department of Public Health. (2023, October 6). Sexually transmitted infection data. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

Education

99. Hun School of Princeton. (2019, December). Everything you need to know about student-teacher ratios. <https://www.hunschool.org/resources/student-teacher-ratios>
100. U.S. News & World Report. (n.d.). Education gap by race. Retrieved November 9, 2023, from <https://www.usnews.com/news/best-states/rankings/opportunity/equality/education-gap-race>
101. Children Now. (2022, August). Black student success: Improving educational outcomes for Black kids through increasing the number of Black teachers. <https://www.childrennow.org/portfolio-posts/black-student-success-brief/>
102. National Assessment of Educational Progress. (n.d.). State student group scores: Mathematics. <https://www.nationsreportcard.gov/mathematics/states/groups/?grade=4>
103. ReadyNation. (2019). Want to strengthen California's economy? Fix the child care crisis. <https://strongnation.s3.amazonaws.com/documents/1241/43de3091-f262-416f-9696-3b5d411e5c3b.pdf?1607539015&inline;filename=%22California%20Child%20Care%20Factsheet.pdf%22>
Note: Children Now calculation based on the ReadyNation figure of California's percentage of the nation's young children.
104. ReadyNation. (2023, February). \$122 billion: The growing, annual cost of the infant-toddler child care crisis. [https://strongnation.s3.amazonaws.com/documents/1598/05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf?1674854626&inline;filename=%22\\$122%20Billion%20The%20Growing,%20Annual%20Cost%20of%20the%20Infant-Toddler%20Child%20Care%20Crisis.pdf%22](https://strongnation.s3.amazonaws.com/documents/1598/05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf?1674854626&inline;filename=%22$122%20Billion%20The%20Growing,%20Annual%20Cost%20of%20the%20Infant-Toddler%20Child%20Care%20Crisis.pdf%22)
105. Child Care Aware of America. (2022). Child care affordability in California. <https://info.childcareaware.org/hubfs/2022%20Price%20of%20Care%20State%20Fact%20Sheets/California%202022%20Price%20Fact%20Sheet.pdf>

106. Child Care and Development Fund Program, 81 F.R. 67438 (2016) <https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>
107. Pryor, L., Saucedo, E., & Parent Voices. (2023, July). Mending harmful family fees: Expanding possibilities for California families. California Budget & Policy Center. <https://calbudgetcenter.org/resources/mending-harmful-family-fees-expanding-possibilities-for-california-families/>
108. California Department of Social Services. (2023, July). Family monthly fee schedule — effective October 2023. <https://ca-times.brightspotcdn.com/da/9c/e82c26bf452fb13d405d8ddfea58/family-fee-schedule-fy2324-effective-october-2023.pdf>
109. Taketa, K. (2023, July 28). ‘Historic’ California child care deal slashes ‘family fees,’ promises rate overhaul. Here’s what it means for families and providers. The San Diego Union Tribune. <https://www.sandiegouniontribune.com/news/education/story/2023-07-28/state-reduces-subsidized-child-care-fees-promises-rate-overhaul>
110. California Legislative Analyst’s Office. (2023, February 14). The 2023-24 budget: Transitional Kindergarten and state preschool proposals. <https://lao.ca.gov/Publications/Report/4682>
111. DataQuest. (n.d.). Transitional Kindergarten data. California Department of Education. <https://www.cde.ca.gov/ds/ad/filestkdata.asp>
112. Fensterwald, J. & Willis, D. J. (2023, April 4). California’s TK-12 enrollment fails to rebound in return to ‘normalcy.’ EdSource. <https://edsources.org/2023/californias-tk-12-enrollment-fails-to-rebound-in-a-return-to-normalcy/688123>
113. DataQuest. (n.d.). Transitional Kindergarten data. California Department of Education. <https://www.cde.ca.gov/ds/ad/filestkdata.asp>
114. Powell, A., & Adejumo, T. (2023, June 16). Why is Transitional Kindergarten Enrollment Lagging? A Look at Parent Survey Data. Center for the Study of Child Care and Employment at University of California, Berkeley. <https://cscce.berkeley.edu/blog/parents-tk-enrollment-2022/>
115. National Institute for Early Education Research. (2022). California preschool yearbook. https://nieer.org/wp-content/uploads/2023/05/California_YB2022.pdf
116. Powell, A., Montoya, E., Austin, L. J. E., Kim, Y., Muruvi, W., & Petig, A. C. (2023, February). Teachers of preschool-age children in California: A comparison of lead teachers in Transitional Kindergarten, child care centers, and family child care homes. Center for the Study of Child Care and Employment at University of California, Berkeley. <https://cscce.berkeley.edu/wp-content/uploads/2023/02/CSCCE-Teachers-of-Preschool-CA.pdf>
117. Powell, A., Montoya, E., & Kim, Y. (2022, January 13). Demographics of the California ECE workforce. Center for the Study of Child Care and Employment at University of California, Berkeley. <https://cscce.berkeley.edu/publications/data-snapshot/demographics-of-the-california-ece-workforce/>
118. Powell, A., Chávez, R., Austin, L. J. E., Kim, Y., Muruvi, W., & Petig, A. C. (2022, February 16). “The forgotten ones” — The economic well-being of early educators during COVID-19. Center for the Study of Child Care and Employment at University of California, Berkeley. <https://cscce.berkeley.edu/publications/brief/the-forgotten-ones-the-economic-well-being-of-early-educators-during-covid-19/>
119. Leung-Gagné, M., Wang, V., Melnick, H., Mauerman, & C. (2023, April). How are California school districts planning for universal prekindergarten?: Results from a 2022 survey. Learning Policy Institute. https://learningpolicyinstitute.org/media/4009/download?inline&file=CA_UPK_Implementation_REPORT.pdf
120. Choo, Y. Y., Agarwal, P., How, C. H., & Yeleswarapu, S. P. (2019). Developmental delay: identification and management at primary care level. Singapore medical journal, 60(3), 119–123. <https://doi.org/10.11622/smedj.2019025>

121. U.S. Department of Education. (2023, June 23). 2023 SSP/APR and state determination letters, part B — California: Grant year 2021-2022. <https://sites.ed.gov/idea/spp-apr-letters?selected-category=&selected-year=&state=California>
122. U.S. Department of Education. (2023, June 21). 2023 SSP/APR and state determination letters, part C — California: Grant year 2021-2022. <https://sites.ed.gov/idea/spp-apr-letters?selected-category=&selected-year=&state=California>
123. California Health Interview Survey. (n.d.). Doctor/other professional referred child to specialist regarding development, asked for children 1 year or older – 2019, 2020, & 2021 pooled. University of California, Los Angeles. <https://ask.chis.ucla.edu>
124. Patrick, S. K., Darling-Hammond, L., & Kini, T. (2023). Educating teachers in California: What matters for teacher preparedness? Learning Policy Institute. <https://doi.org/10.54300/956.678>
125. Ondrasek, N., Carver-Thomas, D., Scott, C., & Darling-Hammond, L. (2020, February). California’s special education teacher shortage. Learning Policy Institute. https://learningpolicyinstitute.org/media/395/download?inline&file=PACE_Special_Education_Teacher_Shortage_REPORT.pdf
126. DataQuest. (n.d.). 2022-23 Absenteeism data. California Department of Education. <https://dq.cde.ca.gov/dataquest/>
127. California Department of Education. (n.d.). English learners in California schools. <https://www.cde.ca.gov/ds/sg/englishlearner.asp>
128. Lavadenz, M., Armas, E. G., & Jáuregui Hodge, S. (n.d.). In search of equity for English learners: A review of the 2021-24 Local Control and Accountability Plans (LCAP). California Strong Together. <https://californianstogether.org/wp-content/uploads/2022/09/21024-LCAP-2022-Report-FINAL.pdf>
129. For example, English learner 8th graders in Texas scored nearly 20 points higher than English learner 8th graders in California on both math and reading National Assessment of Educational Progress assessments in 2020. <https://www.nationsreportcard.gov/>
130. Migration Policy Institute. (2022, October). Learning more about dual language learners. <https://www.migrationpolicy.org/content/learning-more-about-dual-language-learners>
131. California Department of Education. (2023, November 8). 2022-23 List of districts and schools participating. <https://www.cde.ca.gov/sp/el/er/sealofbiliteracy.asp>
132. Najarro, I. (2023, June 30). Earning Seals of Biliteracy are beneficial to students. Here’s what the research shows. EdWeek. <https://www.edweek.org/teaching-learning/earning-seals-of-biliteracy-are-beneficial-to-students-heres-what-the-research-shows/2023/06>
133. Buenrostro, M., & Maxwell-Jolly, J. (2021). Renewing our promise: Research and recommendations to support California’s long-term English learners. Californians Together. https://californianstogether.org/wp-content/uploads/2021/10/Renewing_Our_Promise_to_LTEls.pdf
134. DataQuest. (n.d.). 2022-23 “Ever-ELs” by years and reclassification (RFEP) status and grade. California Department of Education. <https://dq.cde.ca.gov/dataquest/longtermel/EIYears.aspx?cds=00&aggllevel=State&year=2022-23>
135. California Legislative Analyst’s Office. (2023, February 9). The 2023-24 budget: Child care proposals. <https://lao.ca.gov/Publications/Report/4672>
136. California Legislative Analyst’s Office. (2023, February 14). The 2023-24 budget: Transitional Kindergarten and state preschool proposals. <https://lao.ca.gov/Publications/Report/4682>
Note: An 8% cost-of-living adjustment was applied to the \$29.7 billion actual funding needed to bring the estimate to current dollars.

137. Gould, E., Whitebook, M., Mokhiber, Z., & Austin, L. (2019, July 23). Breaking the silence on early child care and education costs: A values-based budget for children, parents, and teachers in California. Center for the Study of Child Care Employment at University of California, Berkeley. <https://cscce.berkeley.edu/breaking-the-silence-on-costs/>
138. Education Law Center. (2022). Making the grade 2022: How fair is school funding in your state? <https://edlawcenter.org/research/making-the-grade-2022.html>
139. U.S. Bureau of Economic Analysis. (2023). Gross domestic product by state and personal income by state, 1st quarter 2023. <https://www.bea.gov/sites/default/files/2023-06/stgdppi1q23.pdf>
140. Cook, K. (2017, March). Higher education funding in California. Public Policy Institute of California. <https://www.ppic.org/publication/higher-education-funding-in-california/>
141. California Legislative Analyst's Office. (2023, July). EdBudget figures — Higher education. <https://www.lao.ca.gov/Education/EdBudget/2023/July>
142. California Legislative Analyst's Office. (2023, October 16). The 2023-24 budget: Overview of the spending plan. <https://www.lao.ca.gov/Publications/Report/4788>
143. National Center for Education Statistics. (2022, November). Table 306.10: Total fall enrollment in degree-granting postsecondary institutions, by level of enrollment, sex, attendance status, and race/ethnicity or nonresident status of student: Selected years, 1976 through 2021. https://nces.ed.gov/programs/digest/d22/tables/dt22_306.10.asp
144. California Budget. (n.d). 2020-21 Governor's budget — Department of Education. <https://ebudget.ca.gov/2020-21/pdf/GovernorsBudget/6000/6100.pdf>
Note: Funding for the Expanded Learning Opportunities Program, After School Education and Safety Program, and 21st Century Community Learning Centers are included.
145. California Budget. (n.d). 2023-24 Governor's budget — Department of Education. <https://ebudget.ca.gov/2023-24/pdf/GovernorsBudget/6000/6100.pdf>
Note: Funding for the Expanded Learning Opportunities Program, After School Education and Safety Program, and 21st Century Community Learning Centers are included.
146. Schwarzenegger Institute. (n.d). New research on California's Expanded Learning Programs since Proposition 49 passed in 2002. University of Southern California. <https://schwarzenegger.usc.edu/institute-in-action/article/californias-expanded-learning-programs-since-proposition-49-passed-in-2002>
147. Lugo, L. (2023, September). California's expanded learning workforce: State of the state of expanded learning in California brief. California Afterschool Network. https://www.afterschoolnetwork.org/sites/main/files/file-attachments/sots_2023_-_remediated_spreads.pdf?1695160149
148. Bohn, S., Danielson, C., Kimberlin, S., Malagon, P., & Wimer, C. (2023, October). Poverty in California. Public Policy Institute of California. <https://www.ppic.org/publication/poverty-in-california/>
149. Lugo, L. (2023, September). California's expanded learning workforce: State of the state of expanded learning in California brief. California Afterschool Network. https://www.afterschoolnetwork.org/sites/main/files/file-attachments/sots_2023_-_remediated_spreads.pdf?1695160149
150. Gao, N., DiRanna, K., & Chang Fay, M. T. (2022, June). The impact of COVID-19 on science education: Early evidence from California. Public Policy Institute of California. <https://www.ppic.org/publication/the-impact-of-covid-19-on-science-education/>
151. Gao, N., & DiRanna, K. (2022, September 13). Commentary: California must prioritize science education to stay competitive. Public Policy Institute of California. <https://www.ppic.org/blog/commentary-california-must-prioritize-science-education-to-stay-competitive/>

152. California Assessment of Student Performance and Progress. (n.d.). 2022-23 California Science Test results for 8th grade. California Department of Education. <https://caaspp-elpac.ets.org/caaspp/>
153. California Assessment of Student Performance and Progress. (n.d.). 2022-23 Smarter Balanced Summative Assessments results for 8th grade mathematics. California Department of Education. <https://caaspp-elpac.ets.org/caaspp/>
154. University of California. (2023, June 16). UC STEM degree pipeline — Undergraduate diversity over time. <https://www.universityofcalifornia.edu/about-us/information-center/uc-stem-degree-pipeline>
155. California Commission on Teacher Credentialing. (2023, April). Teacher supply in California, 2021-22: A report to the Legislature. https://www.ctc.ca.gov/docs/default-source/commission/agendas/2023-04/2023-04-5c.pdf?sfvrsn=79721b1_3
156. California Commission on Teacher Credentialing. (2022, December 9). 2020-21 Assignment monitoring dashboards. <https://www.ctc.ca.gov/commission/reports/data/california-educator-assignment-monitoring>
157. California Department of Education. (2023, April 19). State Superintendent Tony Thurmond leads effort to confront the California teacher shortage. <https://www.cde.ca.gov/nr/ne/yr23/yr23rel25.asp>
Note: This data reflects the top and bottom 15% of districts with regard to clear teacher FTEs.
158. California Department of Education. (n.d.). 2021-22 Cumulative enrollment data. <https://www.cde.ca.gov/ds/ad/filesenrcum.asp>
Note: Children Now analysis.
159. California Department of Education. (2023). 2021-22 Teaching AMO downloadable data files. <https://www.cde.ca.gov/ds/ad/filestamo.asp>
Note: Children Now analysis.
160. California Commission on Teacher Credentialing. (2023, April). Teacher supply in California, 2021-22: A report to the Legislature. https://www.ctc.ca.gov/docs/default-source/commission/agendas/2023-04/2023-04-5c.pdf?sfvrsn=79721b1_3
161. Hart Research Associates. (2022, September 15). Voices from the classroom: Developing a strategy for teacher retention and recruitment. California Teachers Association; University of California, Los Angeles Center for the Transformation of Schools. <https://www.cta.org/wp-content/uploads/2022/09/Voices-from-the-Classroom-CTA-Survey-Report.pdf>
162. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey: 2019-21. California Department of Education. <https://calschls.org/reports-data/>
163. National Center for Education Statistics. (2022). Table 213.20: Staff employed in public elementary and secondary school systems, by type of assignment and state or jurisdiction: Fall 2021. https://nces.ed.gov/programs/digest/d22/tables/dt22_213.20.asp
164. National Center for Education Statistics. (2022). Table 208.40: Public elementary and secondary teachers, enrollment, and pupil/teacher ratios, by state or jurisdiction: Selected years, fall 2000 through fall 2021. https://nces.ed.gov/programs/digest/d22/tables/dt22_208.40.asp
165. National Center for Education Statistics. (2022). Table 213.50: Staff, enrollment, and pupil/staff ratios in public elementary and secondary school systems, by state or jurisdiction: Selected years, fall 2000 through fall 2021. https://nces.ed.gov/programs/digest/d22/tables/dt22_213.50.asp
166. The Hun School. (2019, December). Everything you need to know about student-teacher ratios. <https://www.hunschool.org/resources/student-teacher-ratios>
167. California Department of Education. (2019). Staff assignment and course data. <https://www.cde.ca.gov/ds/ad/filesassign.asp>

168. National Center for Education Statistics. (2021). Table 233.70: Percentage of public schools with security staff present at least once a week, and percentage with security staff routinely carrying a firearm, by selected school characteristics: 2005–06 through 2019-20. https://nces.ed.gov/programs/digest/d21/tables/dt21_233.70.asp
Note: The National Center for Education Statistics shows that 65% of all schools had at least one security staff person in 2019-20. According to the California Department of Education, there are 10,559 schools in the state, so if 65% of those schools have just one security officer, there are at least 6,863 school security personnel in the state.
169. California Department of Education. (2023). 2021-22 Enrollment/number of schools by grade span & type. <https://www.cde.ca.gov/ds/ad/cefenrollgradetype.asp>
170. Cha, P. (2020, September 4). Do schools have enough nurses to fight the pandemic? Public Policy Institute of California. <https://www.ppic.org/blog/do-schools-have-enough-nurses-to-fight-the-pandemic/>
171. DeGuzman, C. (2023, October 13). A third of schools don't have a nurse. Here's why that's a problem. California Healthline. <https://californiahealthline.org/news/article/school-nurses-shortage-mental-health/>
172. DataQuest. (2023). 2022-23 Suspension rate. California Department of Education. <https://dq.cde.ca.gov/dataquest/dqCensus/DisSuspRate.aspx?year=2021-22&aggllevel=State&cds=00>
173. DataQuest. (n.d.). 2018-19 Chronic absenteeism rate. California Department of Education. <https://dq.cde.ca.gov/dataquest/DQCensus/AttChrAbsRate.aspx?cds=00&aggllevel=State&year=2018-19&initrow=Eth&ro=y>
174. DataQuest. (n.d.). 2022-23 Chronic absenteeism rate. California Department of Education. <https://dq.cde.ca.gov/dataquest/DQCensus/AttChrAbsRate.aspx?aggllevel=State&cds=00&year=2022-23>
175. Toness, B. V. (2023, August 10). Millions of kids are missing weeks of school as attendance tanks across the US. EdSource. <https://edsources.org/2023/millions-of-kids-are-missing-weeks-of-school-as-attendance-tanks-across-the-us/695460>
176. Attendance Works. (n.d.). Chronic Absence. <https://www.attendanceworks.org/chronic-absence/the-problem/>
177. DataQuest. (n.d.). 2020-21 College-going rate for California high school students by postsecondary institution type. <https://dq.cde.ca.gov/dataquest/DQCensus/CGR.aspx?aggllevel=State&cds=00&year=2020-21>
178. State Higher Education Finance. (n.d.). State profile: California. State Higher Education Executive Officers Association. <https://shf.sheeo.org/state-profile/california/>
179. Lumina Foundation. (n.d.). We're tracking educational attainment by race and ethnicity. https://www.luminafoundation.org/stronger-nation/report/#/progress/racial_equity&equity-time-state=CA
180. Zinshteyn, M. (2022, July 12). Cal State's Black students are falling behind other groups — and poor graduation data obscures the crisis. CalMatters. <https://calmatters.org/education/higher-education/2022/07/black-students-graduation-csu/>

Family Supports

181. State Health Access Data Assistance Center. (2023, July 20). Interventions likely prevented childhood poverty from rising during the pandemic. <https://www.shadac.org/news/child-pov-pandemic>
182. Stavely, Z. (2023, July 17). Families with young children face increased hardship after pandemic relief policies end. EdSource. <https://edsources.org/2023/families-with-young-children-face-increased-hardship-after-pandemic-relief-policies-end/693962>
183. Anderson, C. (2023, October 20). How cash payments are helping Yolo County families reduce depression and improve childhoods. The Sacramento Bee. <https://www.sacbee.com/news/equity-lab/representation/article280661400.html>

184. Rapid Survey Project. (n.d.). Material hardship over time. Retrieved December 4, 2023, from <https://rapidsurveyproject.com/latest-data-and-trends>
Note: Figures reflect national-level data.
185. Children Now. (2023, September). A statewide approach to strengthen home visiting in California. <https://www.childrennow.org/portfolio-posts/a-statewide-approach-to-strengthen-home-visiting-in-california/>
186. Children Now. (2023, September). A statewide approach to strengthen home visiting in California. <https://www.childrennow.org/portfolio-posts/a-statewide-approach-to-strengthen-home-visiting-in-california/>
187. National Home Visiting Resource Center. (2022). 2022 yearbook: California state profile. https://nhvrc.org/state_profile/california-2022/
188. Office of Governor Gavin Newsom. (2022, September 30). California expands support for working families. <https://www.gov.ca.gov/2022/09/30/california-expands-support-for-working-families/>
189. Kuang, J. (2022, September 30). Newsom signs bill making family leave affordable to more workers. CalMatters. <https://calmatters.org/california-divide/2022/09/paid-family-leave/>
190. Shabo, V. (2023, September 30). Explainer: Paid leave benefits and funding in the United States. New America. <https://www.newamerica.org/better-life-lab/briefs/explainer-paid-leave-benefits-and-funding-in-the-united-states/>
191. California Employment Development Department. (2022). Overview of California’s paid family leave program. https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2530.pdf
192. Schumacher, K. (2022, February). Paid family leave payments don’t add up for California workers. California Budget & Policy Center. <https://calbudgetcenter.org/resources/paid-family-leave-program-is-out-of-reach-for-many-californians/>
193. UC Berkeley Labor Center. (2022, May 12). Low wage work in California data explorer. <https://laborcenter.berkeley.edu/low-wage-work-in-california-data-explorer/>
194. Danielson, C., & Bohn, S. (2014, September). Child poverty and the social safety net in California. Public Policy Institute of California. <https://www.ppic.org/publication/child-poverty-and-the-social-safety-net-in-california/#:~:text=We%20estimate%20that%20about%202.3,used%20to%20assess%20economic%20need.>
Note: The researchers estimated that over 2 million children lived in poverty, and 1 million more would, if not for state safety nets.
195. Public Policy Institute of California. (2021, January). California’s future: Safety net. <https://www.ppic.org/wp-content/uploads/californias-future-safety-net-january-2021.pdf>
196. Fass, S., Dinan, K. A., & Aratani, Y. (2009, December). Child poverty and intergenerational mobility. National Center for Children in Poverty. <https://www.nccp.org/publication/child-poverty-and-intergenerational-mobility/>
197. Pryor, L. (2023, November). Poverty rapidly increased for California’s youngest children. California Budget & Policy Center. <https://calbudgetcenter.org/resources/poverty-rapidly-increased-for-californias-youngest-children/>
Note: Between 2021 and 2022, poverty rose by 49% for all Californians, but it rose by 121% for children 0-12.
198. United Ways of California. (2023, May 28). The real cost measure in California. <https://public.tableau.com/app/profile/hgascon/viz/TheRealCostMeasureinCalifornia2023/RealCostDashboard?publish=yes>
199. Davis, C. & White, E. (2019, October). Who receives the Earned Income Tax Credit in California? California Policy Lab. <https://www.capolicylab.org/wp-content/uploads/2019/10/Who-receives-the-EITC-in-California-Oct-2019.pdf>
200. California Legislative Analyst’s Office. (2021, February 2). Budget & policy post: Estimating the CalWORKs take-up rate. <https://lao.ca.gov/Publications/Report/4340>

201. Bohn, S., Danielson, C., Kimberlin, S., Malagon, P., & Wimer, C. (2023, October). Poverty in California. <https://www.ppic.org/publication/poverty-in-california/#:~:text=More%20than%20a%20quarter%20of,down%20from%2034.0%25%20in%202019.>

Child Welfare

202. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Children maltreatment substantiation rates. <https://ccwip.berkeley.edu/childwelfare/reports/SubstantiationRates/MTSG/r/rts/l>
Note: Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.
203. Putnam-Hornstein, E., Ahn, E., Prindle, J., Magruder, J., Webster, D., Wildeman, C. (2021). Cumulative rates of child protection involvement and terminations of parental rights in a California birth cohort, 1999–2017. *American Journal of Public Health*, 111(6). <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2021.306214>
204. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Entries to foster care. <https://ccwip.berkeley.edu/childwelfare/reports/Entries/MTSG/r/ab636/>
Note: The data reflect first entries for youth in care for 8 days or more, across January-December intervals for each year. Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures. Figures were rounded to the nearest whole number.
205. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Placement stability. <https://ccwip.berkeley.edu/childwelfare/reports/P5/MTSG/r/Fed/l>
Note: The data reflect January-December intervals for each year for youth who were in care for 8 days or more. Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.
206. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Exits from foster care. <https://ccwip.berkeley.edu/childwelfare/reports/Exits/MTSG/r/ab636/l>
Note: Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.
207. Turney, K. & Wildeman, C. (2016, November). Mental and physical health of children in foster care. *Pediatrics*, 138(5). <https://doi.org/10.1542/peds.2016-1118>
208. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Timely health and dental exams. <https://ccwip.berkeley.edu/childwelfare/reports/5B/MTSG/r/sd/l>
Note: Children Now averaged out the January-March, April-June, July-September, and October-December intervals to get one annual figure of youth who did not receive a timely medical exam. Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.

209. KidsData. (n.d). Emergency department visits. Population Reference Bureau.
Note: This data was converted into a rate by dividing the KidsData figure by the California Department of Finance estimates (Table P1-B) for the total number of children 0-17 in 2020 (9,148,444) and multiplying by 100,000.
210. KidsData. (n.d). Hospital discharges. Population Reference Bureau.
Note: This data was converted into a rate by dividing the KidsData figure by the California Department of Finance estimates (Table P1-B) for the total number of children 0-17 in 2020 (9,148,444) and multiplying by 100,000.
211. California Department of Healthcare Services. (2022, December). COVID-19 impact on Medi-Cal utilization among children in foster care: Reported through August 2022. https://www.dhcs.ca.gov/dataandstats/reports/Documents/COVID-19_Impact_Reports/Foster-Care-Utilization-Pandemic.pdf
212. DataQuest. (n.d.). 2021-22 Stability rates. California Department of Education. <https://dq.cde.ca.gov/dataquest/DQCensus/StbStudentReport.aspx?cds=00&aggllevel=State&year=2021-22&ListReportRows=Sub&subgroup=-&ro=1>
213. DataQuest. (n.d.). 2021-22 Absenteeism data. California Department of Education. <https://dq.cde.ca.gov/dataquest/DQCensus/StbStudentReport.aspx?cds=00&aggllevel=State&year=2021-22&ListReportRows=Sub&subgroup=-&ro=1>
214. DataQuest. (n.d.). 2021-22 Four-year cohort graduation rates and outcomes. California Department of Education. <https://dq.cde.ca.gov/dataquest/dqcensus/CohRate.aspx?cds=00&aggllevel=state&year=2021-22>
215. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). In care – Point in time count for July 2023. <https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/l>
Note: Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.
216. California Franchise Tax Board. (n.d.). Foster youth tax credit. Retrieved October 18, 2023 from <https://www.ftb.ca.gov/file/personal/credits/foster-youth-tax-credit.html>
217. John Burton Advocates for Youth. (n.d.). 2022-23 state budget: Higher monthly payments for foster youth in the Supervised Independent Living Placement (SILP). <https://jbay.org/wp-content/uploads/2023/07/2023-Implementation-Fact-Sheet-SILP-Housing-Supplement.pdf>
218. DataQuest. (n.d.). 2021-22 Four-year cohort graduation rates and outcomes. California Department of Education. <https://dq.cde.ca.gov/dataquest/dqcensus/CohRate.aspx?cds=00&aggllevel=state&year=2021-22>
219. Courtney, M. E., Okpych, N. J., Harty, J. S., Feng, H., Park, S., Powers, J., Nadon, M., Ditto, D. J., & Park, K. (2020). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 23. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf
220. Courtney, M. E., Okpych, N. J., Harty, J. S., Feng, H., Park, S., Powers, J., Nadon, M., Ditto, D. J., & Park, K. (2020). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 23. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf

Cross-Sector Issues

221. Los Angeles Homeless Services Authority. (2019, July 31). Briefing on youth homelessness key messages. <https://www.lahsa.org/documents?id=3567-2019-youth-homelessness-briefing-key-messages>
222. California Business, Consumer Services and Housing Agency. (n.d.). People experiencing homelessness who California served in 2022. <https://bcsh.ca.gov/calich/hdis.html>

223. U.S. Department of Housing and Urban Development. (n.d.). 2022 Housing inventory by state. Annual Homelessness Assessment Report. <https://www.hudexchange.info/resource/6802/2022-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>
224. Jain, J. P., Santos, G. M., Hao, J., Leonard, A., Miller, A. M., Cuca, Y. P., & Dawson-Rose, C. (2022, March 17). The syndemic effects of adverse mental health conditions and polysubstance use on being at risk of clinical depression among marginally housed and homeless transitional age youth living in San Francisco, California. *PLOS One*, 17(3), e0265397. <https://doi.org/10.1371/journal.pone.0265397>
225. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey 2019 - 21. <https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/>
Note: Data provided and prepared by CalSCHLS and WestEd staff by special request.
226. Yurcaba, J. (2022, September 30). California governor signs bill offering legal refuge to transgender youths. NBC News. <https://www.nbcnews.com/nbc-out/out-politics-and-policy/california-governor-signs-bill-offering-legal-refuge-transgender-youth-rcna50240>
227. Gallegos, E. (2023, September 25). Newsom vetoes bill on transgender acceptance in custody disputes, before signing other LGBTQ bills. EdSource. <https://edsources.org/updates/newsom-vetoes-bill-on-transgender-acceptance-in-custody-disputes-before-signing-other-lgbtq-bills#:~:text=Newsom%20vetoes%20AB%20957%2C%20a,actor%20in%20any%20custody%20dispute.>
228. Peele, T., Lambert, D., Tadayon, A. (2023, July 21). State superintendent's ouster from Chino Valley school board meeting unwarranted, expert says. EdSource. <https://edsources.org/2023/state-superintendents-ouster-from-chino-school-board-meeting-unwarranted-expert-says/694574>
229. The Trevor Project. (2022). 2022 National survey on LGBTQ youth mental health: California. <https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-California.pdf>
230. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey 2019 - 21. <https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/>
Note: Most recent (2017-19) state data shows that 63% of 11th graders who are transgender and 51% of 11th graders who are lesbian, gay, or bisexual said that they had been harassed at school in the past 12 months.
231. The Trevor Project. (2022). 2022 National survey on LGBTQ youth mental health: California. <https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-California.pdf>
232. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey 2019 - 21. <https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/>
233. Gender and Sexualities Alliance Network. (n.d.). FAQ: How many GSAs are there? <https://gsanetwork.org/faq/>
234. Baams, L., & Russell, S. T. (2021). Gay-straight alliances, school functioning, and mental health: Associations for students of color and LGBTQ students. *Youth & Society*, 53(2), 211-229. <https://doi.org/10.1177/0044118X20951045>
235. Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: findings from the National Child Traumatic Stress Network. *European journal of psychotraumatology*, 4, 10.3402/ejpt.v4i0.20274. <https://doi.org/10.3402/ejpt.v4i0.20274>
236. California Department of Justice (2021). Juvenile justice in California, 2021. https://data-openjustice.doj.ca.gov/sites/default/files/2022-08/Juvenile%20Justice%20In%20CA%202021_0.pdf
237. The Sentencing Project. (2023, March 1). Why youth incarceration fails: An updated review of the evidence. <https://www.sentencingproject.org/reports/why-youth-incarceration-fails-an-updated-review-of-the-evidence/>

238. U.S. Department of Agriculture. (2023, October 25). Definitions of food security. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/>
239. U.S. Census Bureau. (2023, August 23). Measuring household experiences during the Coronavirus pandemic. <https://www.census.gov/data/experimental-data-products/household-pulse-survey.html>
240. U.S. Census Bureau. (n.d). Household Pulse Survey data. <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>
241. Nourish California. (2023, March). Food hardship & opportunities for change: Key findings from statewide research conducted in fall 2022. <https://nourishca.org/wp-content/uploads/2023/03/FoodHardshipAndOpportunitiesForChange-March2023-Final.pptx.pdf>
Note: This statewide panel survey does not draw from a representative sample.
242. Danielson, C., Thorman, T., & Bohn, S. (2020, December). The importance of CalFresh and CalWorks in children's early years. Public Policy Institute of California. <https://www.ppic.org/wp-content/uploads/the-importance-of-calfresh-and-calworks-in-childrens-early-years-december-2020.pdf>
243. Lee, M. & Call, J. (2022, August 17). New policy brief: Bridging gaps in CalFresh enrollment among newborn infants. <https://nourishca.org/fresh/blog-category/new-policy-brief-bridging-gaps-in-calfresh-enrollment-among-newborn-infants/>
244. Zuercher, M. D., Cohen, J. F. W., Hecht, C. E., Hecht, K., Ritchie, L. D., & Gosliner, W. (2022). Providing school meals to all students free of charge during the COVID-19 pandemic and beyond: Challenges and benefits reported by school foodservice professionals in California. *Nutrients*, 14(18), 3855. <https://doi.org/10.3390/nu14183855>
245. Food Research & Action Center. (2023, November). Raise your hand for healthy school meals for all. <https://frac.org/healthy-school-meals-for-all>
246. California Cradle to Career Data System. (n.d.). Roadmap & progress. <https://c2c.ca.gov/roadmap-progress/>
247. California Cradle to Career Data System. (n.d.). Data elements by provider. <https://c2c.ca.gov/resources/data-elements-by-provider/>
248. California Cradle to Career Data System. (n.d.). Crade-to-career dashboards. <https://c2c.ca.gov/resources/data-elements-by-provider/>

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