

**Meeting the Child Care Needs
of
San Diego County Families**



**A Report to the San Diego County Child Care Development
and Planning Council**

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Prepared by:
Betty Z. Bassoff, D.S.W.
Monica Brown, M.P.H., Ph.D.C.

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We Wish To Thank

San Diego Child Care Planning Council Needs Assessment Committee

Jim Bumiller, Happy Time Education Center
Susana Eubank, San Diego County Child Care Section
Kim Frink, CYF Assessment & Planning, Health & Human Services Agency
Paula Leard, YMCA/Childcare Resource Service
Gene Merlino, Episcopal Community Services Head Start
Nan Mitchell, Ecumenical Council
Barrie Owens, Child Development Associates
Karen Reed, Neighborhood House Association
Doug Regin, MAAC Project
Sue Rye, Walden Family Services
Mary Shea, Kids Included Together San Diego, Inc.
Karen Shelby, YMCA/Childcare Resource Service

Contributions from:

Charles Ryerson and Tim Craig, San Diego Association of Governments
Larry Johnson, United Way
Nina Garrett, Regional Center
Lois Pastore, Hope Infant Program
Deb Ferrin, City of San Diego
Charlene Tressler, Child Development Associates
Lupe Rojas-Sanchez, Christine Kidwell, Patty Gordon, Exceptional Family
Resource Centers
Debra Boles, San Diego County Family Child Care Association
Many people at YMCA Childcare Resource Service: Kathleen Ferenchak,
Carmen Mitra, Kate Page, Karen Shelby
Staff, Migrant Education Program
Kate Hoepke, San Mateo County, Child Care Coordinating Council
Sandy Willis and Jesus Estrada, California Department of Education

Research, Writing and Production by:

Betty Z. Bassoff, D.S.W.
Monica Brown, MPH, Ph.D.C.

The analysis of child care availability for families moving from welfare to work was based on a previous study completed by The Walker Group of San Diego and was revised and updated for this report.

For further information contact:
Dr. Bassoff at 6505 Alvarado Road, Suite 108
San Diego, CA 92120
Ph: 619-594-4373, fax: 619-594-3377

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Meeting the Child Care Needs of San Diego County Families

Executive Summary



In 1998 a Phase I report on the child care needs of TANF recipients was carried out for the San Diego County Child Care Development & Planning Council (the Walker Report). A year later a Phase II report was completed which focused on the child care needs of families not eligible for subsidies and on special populations (the Bassoff Report). Both of these reports to the Child Care Council were combined and updated in the present documents, meeting the full mandate of the Education Code Section 8499.5(B)(2), items G through L. All relevant sources of data were contacted and are listed in each section. The researcher and the report writer were assisted in some resources by the Needs Assessment Committee of the Council. The major findings of the study follow.

Current Capacity of Child Care County-Wide

A total of 4,479 child care facilities can serve an estimated 86,697 children in San Diego County at this time. This figure represents the licensed capacity which is available, not the actual number who are being served. There is no way at this time to obtain accurate utilization data. As of March 1999, 8895 children are also estimated to be in the care of Alternative Payment (publicly subsidized) providers, at least 40% of whom are license exempt relative or friends. Facilities are not unevenly distributed across the county, clustered in mid to high income areas and sparse in low income communities. The predominant source of licensed, traditional care is taking place in centers, with family child care homes caring for the majority of infants and toddlers.

Recommendations

8. In the short run, outreach training and education efforts need to be concentrated on license-exempt AP providers who are serving many welfare-to-work families. It is estimated nationally that 20 to 30% of the children being cared for by publicly subsidized relatives and neighbors have special needs which should be

identified and referred appropriately. No studies are currently available about this provider population. We would support research which would investigate the level of care being provided and which would reveal best approaches to assure quality standards with this provider population which is receiving public dollars.

Child Care Needs and Eligibility for Subsidies for All San Diego Children

Need was estimated by using a formula based on labor force participation created by the California Department of Education which will be applied to all counties. Using this formula, 353,968 children would be eligible for subsidies at the 75% federal cut-off level and 323,969 children age 0 to 14 would be eligible at the 84% state cut-off level, using 1989 family income data in 1997 dollars and 1998 child care population estimates. At the present time first priority for subsidies is given to children referred for abuse or neglect or at risk of abuse or neglect. Second priority is reserved for TANF families participating in welfare to work activities. Currently San Diego families of four who do not fit the first two priority categories are only receiving subsidies if their income is a maximum of \$1,400 a month although they may qualify at \$2,781 and stay on subsidy until their income reaches \$3,708.

It is estimated that 50% of children under the age of 5, and 20 % up through age 12 will need formal child care services (139,830 and approximately 60,000 children). National trend data appear to favor increasing use of centers, but unlicensed providers are the major choice of welfare-to work families. These trends need further study.

Recommendations

1. Planning for new child care facilities should focus non-profit and publicly funded resources in low income areas and work with the Health & Human Services Child Care Division and the CalWORKs contractors to direct families to high quality child care in their own communities (see Community Planning Model).
9. Many child care agencies use a sliding fee scale and/or scholarships which can benefit low income families. That information needs to be made widely available in the communities across the county, not only through YMCA Childcare Resource Service but also through community-based and ethnic organizations at the local level. Efforts should be made to develop information strategies (web-site, brochure, flyer) which can reach low income families.
10. In the past year Delaine Eastin, California State Superintendent of Public Instruction, launched a legislative campaign to provide universal preschool

services for all families who wish to use them. The child care field should stand solidly behind such an effort and help educate the public in every way possible.

11. In setting priorities for funds which become available under Proposition 10, every effort should be made to create a pool to expand subsidies for children of working poor families.
12. Long-term planning for child care capacity should be based on the 1.5% annual growth rate estimate for San Diego County.

Child Care Needs of TANF Recipients

Of the total CalWORKs population in the county which now stands at 35,150 persons, 25% (8,788) are children only cases and therefore are not included in the child care priority group as their parents are not included in the welfare-to-work requirement, and 8.3% (3,217) are totally exempt for reasons of special circumstances; 33.3% of cases (12,000) in all. Each “case” represents an average of 1.9 children under the age of 18 years. All estimates for child care needs of welfare-to-work families must be based on this formula. Accordingly, 11,669 children 0-2, 12,030 children 3 to 5, and 26,651 children age 6 to 12 of welfare-to-work families will need some form of care for their children. There is no way to know how this remaining population (66.7%) is distributed across the county except to assume they are heavily concentrated in the low-income communities of central, east and south San Diego County.

The major barriers to the successful match between child care and TANF families moving from welfare to work are seen as poor system information (CalWORKs), transportation, lack of experience TANF parents bring to the use of organized child care, and the absence of supports to weather the contingencies of employment and parenting. By definition, TANF families have few if any resources to fall back on when unexpected life events take place such as a break down of transportation, an ill child, personal and/or family crises, clothing and incidental needs such as a diaper supply for an infant’s child care provider. No allowances have been made in the welfare-to-work contracts for life contingencies. Equally important, the county of San Diego CalWORKs system has been built on a false assumption that child care is a “commodity” to be bought for the TANF client. In fact, if CalWORKs is ever to succeed, child care providers must be seen as **PARTNERS** in helping the parent back, or into, the world of work. The child care provider is the only element in the plan who has daily contact with **parents**.

Recommendations

1. Training of Employment Case Managers (ECM's) must include, at minimum, an orientation to the key context issues in the child care field e.g. licensing, training, quality care, and must be helped to understand the partnership potential.
2. ECM's must have lists of resources and guidelines for use of all forms of child care.
3. A consulting service for ECM's should be created within YMCA Childcare Resource Service by the CalWORKs program of San Diego County.
4. The Training Consortium should create and offer workshops on "Partnering With CalWORKs to Help Families Back to Work."
5. Some Prop 10 funds should be allocated for the creation of a "support services" emergency fund for families moving from welfare to work.
13. License-exempt AP providers should be targeted for outreach education on health, safety and child development.

Child Care Needs of Children Not Eligible For Subsidies

According to data obtained from the California Department of Education, between 192,265 (state) and 194,405 (federal) children ages 0 - 14 are not eligible for child care subsidies in San Diego County. In addition, most children who are eligible cannot access funds due to inadequate funding for children who are not abused, neglected and at-risk, or in CalWORKs families. Using the state's formula for estimating child care need based on labor force participation (see Table B5), between 34,339 and 38,332 zero to two year olds need care; between 37,109 and 41,269 three to five year olds need some form of care; and between 114,804 and 120,817 six to fourteen year olds need care.

Recommendations

1. The California Department of Education, Child Development Division needs to review and overhaul the way in which funding is allocated to the counties to make more subsidies available to the working poor for child care services.
2. Funds should be allocated to child care subsidies from the County of San Diego General Fund.

3. A proportion of Prop 10 funds should be targeted for child care subsidies for the working poor at the county level.

Child Care Needs of Children Referred for Abuse, Neglect or At-risk of Abuse and Neglect

Reports from the three Alternative Payment (AP) programs that are required to provide child care for referred abused, neglected and at-risk children as a first priority, indicate that 1,449 children were served during 1998. Need was therefore assumed at this level currently, while noting that the county's population has been growing at the average rate of 1½% annually, to be calculated for future need.

Recommendations

4. Children who are referred for abuse, neglect or at risk of abuse and neglect should remain the first priority for subsidized child care slots.
5. Child care facilities which provide care for these children should have access to quality mental health consultation and on-site staff support and training.

Child Care Needs of Migrant Worker Children

Data on this fluid population could only be obtained from two sources: the county Migrant Education program and the federally funded Migrant Child Development Program (2 sites). According to these sources, there is a total of 4,325 children between the ages of 0 and 14 years participating in Migrant Education Programs: 101 zero to 17 months; 335 eighteen to thirty-five months; and 2,811 six to fourteen year olds. As there is no way to estimate real need for this population, all of those children known to the programs were declared to be in need of child care services.

Recommendations

1. Better information is needed about the child care needs and practices of migrant workers families. In view of the fact that public transportation is minimal to non-existent in the areas where these families are concentrated, access to before and after school programs which exist in the region may be largely out of their reach.

Children with Special Needs

Two sets of definitions were used to collect data on children with special needs: the California Department of Education, Office of Special Education and the Regional Center under California Developmental Disabilities. In addition, information was sought from the community-based Exceptional Family Resource Centers and the County Office of Education's HOPE Infant Program. The County Office of Education lists 35,654 children who currently receive special education services. Regional Center reported a total of 3,998 who are known to their agency. These children listed by the two agencies are overlapping but not the same.

Using the 10% nationally established estimate of the incidence of special needs in a child population, San Diego County should have 13,643 zero to two year olds, 14,323 three to five year olds, and 36,249 six to thirteen years who have special needs. As there are no baseline data on the inclusion of these children in child care, and no information on what percentage of parents seek child care services, need cannot be determined.

Recommendations

1. The Child Care Planning Council should contract for a careful study of inclusion in San Diego county child care facilities, representing all parts of the field (infant, toddler, preschool, school-age before and after hours, non-traditional hours). Such a study would need to include a review of intake or registration forms and possible contact with parents where no information exists. Without such a baseline study there is no way to measure improvements in inclusion practices.
2. The newly formed San Diego County Training Consortium should review the availability of training on special needs, including the content of training.
3. All community colleges and adult education programs offering child development courses should be required to offer a least a one unit module on working with children with special needs. We would suggest that the newly formed organization called KIT (Kids Included Together) should be asked to provide consultation on training.
4. A dialogue should be initiated between the child care community, the Regional Center, California Children's Services and other health service provider groups to promote the practice of on-site services and training in child care settings to allow

for more inclusion of children with special health needs. The recent federal decision to require school districts to pay for aides in the class-room for technology dependent children will have implications for child care.

Child Care Needs of Children from All Identifiable Linguistic and Cultural Backgrounds

Data obtained from SANDAG list 174,744 children in San Diego County whose families speak a language other than English. The major language groups in the county are English (464,331), Spanish (115,529), Tagalog (18,059) and Vietnamese (5,443). Thirty-six languages in all make up the primary languages of children enrolled in San Diego public schools as of 1998.

Only the following large-category ethnic group data were collected on children 0 to 14 years, based on the 1990 census proportions applied to the 1998 estimated child population. Non-Hispanic whites constituted 366,862 children; Hispanics totaled 170,539; non-Hispanic blacks were 43,229 in number; and Asian/other made up the remaining 61,529 children.

Recommendations

1. The concepts of sensitivity to the culture of each family and knowledge about diverse linguistic and ethnic groups should be frequently and regularly offered in trainings across the county.
2. Focused efforts should be undertaken to recruit child care providers in the ethnic communities, particularly those that represent large populations.
3. In targeting resources which are made available for child care capacity building, the county and the Child Care Council should focus on expanding services in the ethnic communities. These planning resources would need to be used to assist those desiring to enter the field, such as family home providers, in equipping their facility safely, not only for training and mentoring.
4. The child care preferences of Hispanic families in San Diego County should be explored in greater depth, and the implications for service addressed.

Other Special Needs Based on Geographic and Access Considerations

The special needs chosen for inclusion in this report were focused on rural needs and access issues to child care. Particular note was made on the needs for non-traditional hours care for families of the three Indian tribes who operate the casinos; for the residents of the far-flung east county; and for people who cross the border to work in San Diego or who place their children in day care in Tijuana due to cost.

Recommendations

1. Exploration should be initiated by the Council with the three Indian tribes who run the casinos to see how they could be assisted in increasing their non-traditional hours capacity. The casinos are on federal land, therefore exempt from licensing restrictions. However, the navy child care sites offer a good model in their self-required training and registration of family home providers.
2. Child care needs of families in the sparsely populated areas can only be addressed for each family. A mailed, zip-code targeted survey could be undertaken as a first step to responding to needs.
3. In relation to families crossing the border, centers serving the population near the border (San Ysidro, Chula Vista) could explore the possibility of linking their resources to jointly serve this population. Specifically, training of staff, continuing education and mentoring would be possible ways to link.
4. A study should be undertaken to estimate the unmet child care needs for non-traditional hours of hospital workers and other large 24 hour facilities.

Other Factors to Be Considered

Those factors selected for review in this section were quality care; findings from the 1998 United Way study; systems barriers: special needs; before and after school programs; the ill child; behavioral/ mental health consultation; data standardization.

Recommendations

1. Quality Care
 - The Child Care Planning Council should undertake a media campaign to promote excellence in child care across the county, using special newspaper recognition and cash rewards as incentives. Parents can submit names of excellent providers to the Union-Tribune which would join as a

partner. The campaign should include the promotion of an annual quality review which would employ one of several available check-list reviews, and client satisfaction feed-back.

- Outreach efforts to improve quality should be targeted to newly licensed providers, alternative payment caretakers, and providers who have been cited for deficiencies.
2. The United Way Study
- The Child Care Planning Council should delegate a representative(s) to meet with Larry Johnson of the United Way to discuss how this newly initiated annual tracking survey can be expanded to meet some of the Council's needs.
4. Systems Barriers: Special Needs
- Conduct a careful survey among San Diego County community child care facilities to determine the extent of existing inclusion of children with special needs. This will provide a baseline from which efforts to increase inclusion practices can be tracked.
 - Create a plan to expand special needs training, mentoring and on-site services by collaborating with the local Academy of Pediatrics child care committee, Regional Center, California Children's Service and other significant child health providers.
4. Before and After School Programs
- Create a listing of all before and after school programs in each community of the county by school district, to be disseminated to all Child Care Council members and other referral sources.
2. The Ill Child
- Train all child care providers in the management of mildly ill children who will always be present.
 - Train all providers to conduct a daily health check.
 - Emphasize exclusion of the child who is highly infectious at the point of entry as mandated by state licensing.

- Encourage the training of a “Health Advocate” (staff person who carries special responsibility for the best preventive health practices) in each child care center.
 - Promote the sick child model currently in use in Escondido and available to city employees and employees of Palomar-Pomerado Health System.
11. Mental Health/Behavioral Health Consultation
- Reopen discussions about funds to staff at least a mental health consultant for the child care community similar to the health consultant service located at YMCA Childcare Resource Service.
 - Revisit County Mental Health to see if new resources can be identified.
7. Data Standardization
- A standardized set of child care data should be defined and collected by the agency which has most contact with facilities across the county.
 - All subsidized funding sources should require uniform reporting.
 - Data on all forms of child care should be included and summarized by each community for distribution to families seeking care and to agencies referring families to care.
 - Welfare-to-work contractors (CalWORKs) must report standardized data on child care usage annually (see uniform application for child care subsidy).

I. Introduction



Child care in the United States, as in all industrialized countries, is no longer a matter of choice for families. Due to the increasing pressures of economic necessity in maintaining a decent standard of living. By the end of the century it is estimated that 75% of families with children under the age of 14 will be in the workplace, whether two parent or single parent. Welfare reform now mandates that TANF (Temporary Assistance for Needy Families) recipients enter the workplace within at least the first year of receiving their welfare benefits. In San Diego County, that option has been translated into 12 weeks. At the present time the state of economic recovery permits this burgeoning female work force; the future is unknown.

In the face of these massive changes in our society the most critical support service which has emerged is that of child care. As the state-wide planning agency, the California Department of Education, Child Development Division has charged the counties with the task of planning for the child care needs of the local communities and reporting back to the state. This report combines two needs assessments carried out for the Child Care Development and Planning Council of San Diego County between 1997 and 1999 and updates the earlier report which focused only on subsidies for child care and the welfare-to-work population, families who were receiving TANF. They will be referred to as Phase I (The Walker Report) and Phase II (the Bassoff Report). The findings, conclusions and recommendations of this report are intended for the Child Care Development and Planning Council's consideration in determining future directions for child care in San Diego County.

The goals of Phase I were to:

- identify geographic areas of high need for subsidized child care;
- recommend standards for child care data collection and reporting;
- provide a methodology for community-based planning to address the child-care needs of low-income families.

The goals of Phase II were to:

- address the needs of families not eligible for subsidized child care;
- address the needs of special populations of children as mandated in the California Education Code Section 8499.5(b)(2), items G through L;
- investigate other factors deemed relevant by the San Diego County Development and Planning Council;
- make recommendations for specific actions to be undertaken to address current deficiencies.

II. Study Design: The Populations



The San Diego County Health Services Regions were used to organize the data in Phase I and Phase II of the needs assessment. The table displaying the regions by zip codes is to be found in Appendix 1. Several of the data sources were also analyzed by zip code across the county. The data sources for the populations were multiple in several instances and are specified at the beginning of each section. Every effort was made to obtain the different perspectives available on a particular population. The following is a listing of all sources:

- SANDAG
- Child Development Division, California Department of Education
- San Diego Regional Center
- YMCA Childcare Resource Service
- San Diego County Department of Social Services
- County Office of Education, Special Education
- HOPE Infant Program
- San Diego Family Child Care Association
- City of San Diego, Child Care Coordinator's Office
- City of San Diego, Department of Recreation
- Exceptional Family Resource Center (4 units)
- Chicano Federation
- United Way of San Diego County
- San Diego County, Office of Education
- California Department of Education, Demographics Unit
- Critical Hours Program
- Child Development Associates
- Boys and Girls Clubs
- Head Start programs
- San Diego County Family Child Care Association
- State of California Department of Social Services, Community Care Licensing Division

Most recent data were sought, sometimes meaning 1990 census data which has been projected to 1997 or 1998. Local data from non-census sources is current, up to the end of 1998 in most cases. In order to obtain some data on the inclusion of children with special needs a small survey was carried out among San Diego County Child Care Planning Council members. All other data were obtained from the source by mail, phone or personal interview.

Age groupings varied by source and are therefore not consistent across populations. Wherever possible data were collected, and child care needs projected, on the age groupings used by the Child Development Division: infant, toddler, preschool, school-age up to age 12.

The data for Phase I of the study focusing on the needs of TANF families moving from welfare to work was collected in 1997 and reported in May of 1998. The data on special populations for Phase II were collected in 1998 and 1999, and reported in March of 1999. For this report the key data on TANF families moving from welfare to work was updated to the present time. This is of particular importance because, at the time of original collection, CalWORKs was just getting under way, therefore estimates of need and utilization were made without prior experience and before many welfare recipients dropped off the TANF rolls.

In each section of the report the quantitative data have been analyzed for their implications regarding access and current capacity for a number of sub-population users. Finally, the authors have attempted to estimate need and make recommendations for planning purposes.

III. Study Findings and Analysis



Part 1

Availability and Access to Child Care

A. Current Capacity of Child Care County-Wide

1) Data Collection Sources and Analysis

Capacity data were collected from the YMCA Childcare Resource Service in June of 1999 on licensed and license-exempt centers in San Diego County and family child care homes. Analysis was carried out by health services region and child's age group where information permitted, to determine availability of spaces. Capacity figures were based on the number of full and part-time licensed child care spaces. See Appendix 1 for zip codes included in each health services region.

2) Findings

A total of 4,479 child care facilities serve San Diego County's children. These sites are not evenly distributed throughout the county, as to be expected. North central has the most sites and South San Diego has the least, clearly seen in the two summary charts on the following page. Table A1 shows the potential capacity to be 86,697 children, specified by program type, age group and Health Services Region. However, the figures only represent licensed capacity which is available, not the actual number who are being served. A facility frequently chooses to accept fewer children than their license would allow. In the same vein, programs like Health Start may serve 1½ times the number for

which they are licensed, on a part-day basis. There is no way to obtain actual utilization data at this time.

Note: Most tables are to be found in the Appendix.

Total Sites & Spaces by HHS Region ¹

Health Services Region	Total Child Care Sites	Number of Spaces
1. Central	722	7,074
2. North Central	972	13,928
3. South	601	7,049
4. North Coastal	652	8,928
5. East	801	9,099
6. North Inland	725	8,669
7. Federal	6	265
Total	4,479	55,012

3) Summary and Needs

It has been well established in a number of studies that the least users of licensed and formal child care services are families who make up the working poor and welfare recipients ². The maldistribution of sites is to be expected and will be the primary reason for the use of exempt providers by the CalWORKs population.

¹Number of spaces may be over-estimated as many facilities accept fewer children than the number for which they are licensed.

²National Educational Goals Panel study 1997, found that families earning over \$75,000 enrolled their children in pre-school programs at twice the rate of families with \$10,000 or less income.

There is no marketplace incentive for expansion of licensed facilities in low income areas, and those that exist are likely to be administered by non-profit or publicly funded agencies.

The predominant source of care in San Diego County is center-based (55,012): the smallest source of care is in 31,685 family child care homes. These numbers assume that all facilities are serving the total number of children for which they are licensed. There are no reliable data on the actual number served. In addition to formal care, a network of Alternative Providers exists for the care of children in one family, as an option for families who are eligible for publicly funded subsidies.

B. Child Care Needs and Eligibility for Subsidies for All San Diego County Children

1) Data Collection Sources and Analysis

Data were obtained from SANDAG on the number of children in San Diego County by designated age groups, family size, zip code and household income. These data derive from census projections and represent 1998 figures. Data were also obtained directly from the 1990 census summary tape file which gave 1990 family income in 1997 dollars. The California Department of Social Services provided data on trend changes in licensed capacity.

2) Findings

Table B1 Estimated Number and Percent of Child Residents by Age Group and Health Services Region, San Diego County, January 1998

Table B2 Estimated Number of Households Within Given Income Ranges by Health Service Region, San Diego County, January 1998

Table B3 Estimated Number of Households Within Given Income Ranges by Zip Code, San Diego County, January 1998

Table B4 1989 Family Income in 1997 Dollars for Related Children 13 and Under by Age of Child and Family Size for San Diego County, California: 1990 Census of Population

Table B5 A Summary of the Estimated Number of Children Eligible and Not Eligible for Subsidized Care by Age Group, 1989 Family Income in 1997 Dollars for 1990 and Estimated 1998 Child Population, San Diego County

3) **Summary and Needs**

Table B1 profiles the child resident population across the county. The central region has the largest number of children, followed closely by north inland. Otherwise, the child populations are evenly distributed across the county.

Tables B2 and B3 provide the estimated number of households (not families) within given income ranges in the county health services regions and further expands that data by zip codes across the county. Central has the lowest household income average, and 31% of the households earn \$9,000 or less. North Central has the highest household income range with an average of \$48,672. Surprisingly, 16% of that region's households earn \$9,000 or less. The average income in the county is estimated to be \$42,030. The San Diego Housing Authority also estimates that the population of the region has grown by an average annual rate of 1.5% over the past decade, and sees a continuing trend for the future (*Info*, January 1, 1998: Population and Housing Estimates). A very recent national survey showed San Diego to be the third fastest growing city in the country. **Long-term planning for capacity and needs should be based on this growth rate.**

Table B4 combines several data factors on the San Diego family population with children 13 years and under: total family (not household) income in 1997 dollars by age of child and family size. This table delineates the total number of children under age 13 who are theoretically eligible or not eligible for subsidized child care, using 75% and 84% of state family median income as cut-points. The 1998 publication, *Prosperity and Poverty In the New Economy* (Center on Policy Initiatives) notes that San Diego County's poverty rate was 2.2% higher than California's and 5.7% higher than the country as a whole in 1997. This implies a diminution or lower than expected relative standard of living in the region. The center also documents the fact that, between 1980 and 1997 there has been an

increase of 10.86% in San Diego's female workforce. That increase is attributed mostly to white women (15.6%), and underscores the increasing pressures on the child care field.

Table B5 estimates the number of children in the county, by age group, who are either eligible or not eligible for child care subsidies at both the 75% federal cut-off level and the 84% state cut-off level. This table uses 1989 family income data in 1997 dollars for the 1990 and 1998 estimated child population in San Diego County.

The data show that a total of 194,405 children are eligible for and need some form of non-subsidized care at the 75% cut-off level and 192,265 if the 84% cut-off level is used. For subsidized care, 172,772 children are eligible for support at the 75% level and 92,934 are eligible at the 84% level.

Need was estimated by using a formula created by the California Department of Education which will be applied to all counties and which is based on labor force participation (see Table B5). The reader is reminded that "need" refers to the labor force issue of caretaking parents who are in the work force and will therefore have to make arrangements for the care of their children. The way in which this care is made varies in several ways. The chart below is taken from the document *The State of America's Children Yearbook* published by the Children's Defense Fund in 1995.

Nationally, it is estimated that 50% of children under the age of five years and 20% of school-age children up through age 12 use formal licensed child care (center and family home). For San Diego County, that would mean that 139,830 of children age 0 to 5 and approximately 60,000 school-age children age 6 to 12 will use some form of care.

The question to be asked is how this expanding need is being met. Data were obtained from the California Department of Social Services on trends in number of facilities and capacity state-wide. The California Department of Social Services data show only a small increase in facilities over the last three years (1%) but show a larger increase in capacity (8%). Both data sources illustrate the fact that expansion is taking place in the size of existing programs and facilities, but not in the number of facilities.

Capacity Growth Since July 1996

- Overall licenses have increased only 1% since 7/96 (now 54,500)
- Overall licensed capacity has increased 8% (now over 975,000)
- All facility types are getting larger (average capacity has increased from 16.9 to 19.2)
- Application rate increased by 10% over the 1996 rate (1,347 in December, 1998)

An unknown factor at this time is the extent of use of largely license-exempt, alternative payment care provided as a result of the "parental choice" requirement of child care subsidies. In part due to the shortage of licensed providers in low-income areas (see Section A), and probably influenced both by lack of experience in using formal child care services and by lack of transportation, a significant number of CalWORKs parents are electing to use the alternative payment resource of exempt providers at this time. As these families move through the system to stage 3, they may opt for center and family home care in their transition off welfare.

3. Child Care Needs and Capacity of Subsidy Programs

1) Data Collection Sources and Analysis

Alternative payment programs provide subsidies in the form of "vouchers" to low-income parents. The parent is then able to choose their own provider of service. Most of the providers under the AP program are license-exempt individuals (neighbors, friends, or family members).

The California Department of Education was the primary data source for data on subsidized programs offering slots for low-income families. The sources of funding in San Diego County are various. Contracts are administered by the Child Development Division of the Department of Education and are displayed in Table C1.

2) Findings

California Department of Education, Child Development Contracts Division, administers the following contracts with agencies in San Diego County:

- 70 State-funded Preschools
- 8 Campus Child Care Centers (state)
- 6 School Age Parenting (state)
- 36 General Child Care and Development (state)
- 31 Federal Block Grant Child Care and Development (federal)
- 74 State Head Start (federal)
- 21 others: SD District General Fund, School Age Child Care, GAIN, Transitional Child Care (TCC), Life Line, CalWORKs (city, county, state).

State Preschools

Seventy (70) state-funded preschools have a total of 3,400 subsidized spaces. Of the 27 programs that completed the survey, 12 have vacancies. Ten of those with vacancies have wait lists ranging from 3 to 153 children, and wait times range from 2 to 6 months.

Head Start

Seventy-four (74) Head Start sites have a total of 5,984 day-time preschool subsidized spaces, both full and part time. There are 276 vacancies among 19 of these programs. Wait list information was not available.

Preschool Programs (other than State Preschools)

There are 62 other subsidized preschool programs not classified as State Preschools. Thirty-one (31) of these responded to the survey. Of the 31, 12 had wait lists ranging from 1 to 467 children, and wait times ranged from 2 to 18 months, with an average wait of 6 months.

School Age Centers

There are 118 state-subsidized school age care programs; 111 before and after school programs and 7 child care centers. Ninety-three (93) of the 118 completed surveys. Four programs reported wait list of 1 to 2,500 children, with an average wait of 6 months.

Infant Centers

Twenty-five (25) state-subsidized centers serve infants: 9 child development centers, 7 teenage parenting programs and 9 other types of centers. There are a total of 450 subsidized spaces provided by the 20 programs which responded to the survey. Programs had wait lists ranging from 2 to 155, with wait times ranging from 4 to 12 months.

Table C1 shows that facilities contracted for subsidized care include federally funded centers such as Head Start, state-funded preschools and centers, campus child care, Housing & Urban Development preschools and centers, latchkey programs, Migrant Child Care, and state-funded school-age parenting and infant care. These facilities are located in school districts and areas where there are concentrations of low-income families. Currently, a total of 10,483 spaces are available in these programs for subsidized care plus an additional 1,224 for non-subsidized care.

Alternative Payment Programs

Alternative payment programs also provide subsidies in the form of “vouchers” to low-income parents. The parent is then able to choose their own provider of service. Most of the providers under the AP program are license-exempt individuals (neighbors, friends, or family members).

In Table C2 the three county Alternative Payment (AP) Program contractors (County of San Diego Health & Human Services Agency; Child Care Division; YMCA Childcare Resource Service; Child Development Associates) provided information on their current AP providers, and the number of families and children served.

3) Summary and Needs

It is clear from Table C2 that the Alternative Payment Program makes a dent in providing a resource for low-income families. However, it and other public subsidies will need to be significantly expanded if they are to meet the demands of TANF families for child care services.

There is a notable lack of subsidized infant spaces. In the regions most heavily impacted by welfare reform (Central, South, East), there are only 140 subsidized infant spaces, all located in Central. County-wide, there are _____ subsidized child care spaces overall, and over 76,000 children on TANF who would be eligible for subsidized child care if they met the priorities. In addition, most subsidized programs have substantial wait list, making it difficult for families to access care.



Part 2

The Child Care Needs of Special Populations

D. Child Care Needs of TANF Recipients

1) Data Collection Sources and Analysis

Data for this analysis were obtained from the San Diego County Health & Human Services agency Child Care Division, from the California Department of Education, Child Development Division (see Section C on Subsidy Programs) and from the three alternative payment programs (YMCA Childcare Resource Service, Child Development Associates, County Health & Human Services Agency Child Care Division).

2) Findings

As of June 1999 the total CalWORKs population for San Diego County stands at 35,150 cases. It is important to note that 25% of this population are child only recipients, for example U.S. born children of non-citizen parents who are not included in the welfare-to-work group because they do not receive welfare benefits for themselves. In addition, 8.3% of the remaining population are totally exempt from work requirements for special conditions such as care of a disabled child, or chronic illness. The remaining 27,400 cases make up the welfare-to-work participant group. For purposes of child population estimates, each case represents 1.9 children between the ages of 0 & 17 years.

This means that estimates of TANF child care needs cannot be based on the total TANF population but must be drawn only from that part which is included in the back-to-work requirement. Figures which were reported earlier in the Walker Report have been modified to reflect this new data base as well as the over-all CalWORKs population that has declined significantly since 1997. For this study the data represent the TANF population as of December 1998.

3) Summary and Needs

E. Child Care Needs of Children Referred for Abuse, Neglect or At-Risk of Abuse and Neglect

1) Data Collection Sources and Analysis

Data were collected from the three Alternative Payment Programs: San Diego Health and Human Services Agency (HHSA), YMCA Childcare Resource Service, and Child Development Associates. All state and federal funded Child Development programs (except CalWORKs) are mandated to serve families whose children are receiving child protective services or families whose children are at risk of being neglected, abused or exploited. Children served are referred both from the Child Protective Services Unit of the San Diego Health and Human Services Agency and from private (mostly non-profit) agencies which provide family counseling and assistance. These children are served on an as needed basis and, if no funds are available, when funding is available.

2) Findings

Table E1 below presents the data from the three program sites listed above. A total of 1,449 children were served in 1998. No waiting lists were in existence at the time of data collection. Figure B1 summarizes the latest (1997-98) data on child abuse and neglect from the County of San Diego Health and Human Services Agency, Children's Services.

Table E1

Neglected, Abused or At-Risk of Neglect and Abuse Children Referred to Alternative Payment Child Care Programs by Agency and Educational Level, San Diego County, 1998

Source	Infant	Pre-School	School-Age	Total
YMCA, Child Care Resource Service	1	32	63	96
row percent (%)	1.1	33.3	65.6	100
County of San Diego, Health and Human Services Agency, Child Care Section	346	324	668	1,338
row percent (%)	25.9	24.1	50.0	100
Child Development Associates	1	5	9	15
row percent (%)	6.7	33.3	60.0	100
Grand Total	348	361	740	1,449
row percent (%)	24.0	24.9	51.1	100

3) Summary and Needs

The Health and Human Services agency, Child Care Services reports that there is a small amount of overlap (degree unknown) for children who may exit the system and later re-enter, therefore this is not to be taken as a fully unduplicated count.

We are projecting real need as the sum total of all service given plus an estimate of unfunded services. Therefore we estimate that there is a need for over 1,500 child care slots for abused, neglected and at-risk children.

6. Child Care Needs of Migrant Worker Children

1) Data Collection Sources and Analysis

Data were collected from two sources in order to determine the needs of migrant worker children as no one source listed this population county-wide. The County Migrant Education Program provided data on children attending state-funded school or school-linked programs. The federally funded Migrant Child Development Program funds programs in San Diego County for migrant family children.

2) Findings

Children known to the county Migrant Education Program are presented in Table F1 below, county-wide by the age groupings used by that office. According to that figure, 10% (436) of children served are under three years of age, 25% (1,078) are three through five, and 65% (2,811) are six through fourteen. The migrant population is clustered in the North Inland (47.8%) and North Coastal (46.3%) regions of the county where the growing fields are located.

Table F1
Children Participating in Migrant Education Program by Age Group
and Health Services Region, San Diego County, 1998

	0-17 months	18-35 months	3-5 years	6-14 years	Total
County Total	101	335	1,078	2,811	4,325
row percent (%)	2.3	7.7	24.9	65.0	100

SOURCE: San Diego County Office of Education Migrant Education Program, 1999

The Migrant Child Development Program funds two programs, one in San Ysidro and one in Encinitas, with a total licensed capacity of 79 pre-kindergarten and kindergarten children, 29 infant and toddler slots, and 16 places for school-age children. Three additional programs which previously existed have now been closed: Oceanside, Vista and Fallbrook.

1) Summary and Needs

There is no way to estimate real need for child care services for this fluid population group other than to say that all children of migrant workers could benefit by good quality child care to help offset the instabilities in the lives of migrant farm families. Therefore, for purposes of this report we will state that all children who could be counted through existing sources should be considered “in need” of some type of child care service, including A.M./P.M. and recreational after-school. Resources to meet this need should be concentrated in the North Inland and North Coastal regions of the county. Transportation would be a critical issue in allowing access to these children of migrant families and a study should be undertaken in the two critical areas above to determine the current status of access to local programs.

7. Children With Special Needs: Child Care Needs

1) Data Collection Sources and Analysis

Children with special needs were defined by the Child Development Division, California Department of Education as “those who are eligible for services from Regional Center and local education agencies”. Data were obtained from the County Office of Education, from Regional Center, from the County Office of Education’s Hope Infant Program (9 classrooms, early intervention for 0-2), from the Exceptional Family Resource Centers (5 in the county) and from the CRS Respite Program. In addition, as there are no data on the inclusion of children with special needs in non-governmental child care settings an effort was made, in the brief time available, to survey the programs represented by the San Diego County Child Care Planning Council members (see Appendix 2 for data collection instrument).

2) Findings

The County Office of Education lists a total of 35,654 children in Table G1 who receive special education services and who are between the ages of 0 to 13 years. Of those children, 5,642 are between the ages of 0 to 5 and would be attending either government funded preschools for low income families or early intervention programs such as Hope Infant Program which may be funded by Regional Center or individual school districts.

Children are categorized by disability in accordance with state mandate: mental retardation, hard of hearing, deaf, speech and language impaired, visually impaired,

seriously emotionally disabled, other health impaired, specific learning disability, deaf-blind, multi-handicapped, autistic, traumatic brain-injury, non-categorical (infants who are at developmental risk not yet categorized). Disability categories vary greatly among the three age groups: for 0-2, the non-categorical classification is predominant (33%); for 3-5 the speech and language impaired counts for 66% of disabilities; for 6-13 specific learning disabilities constitute 48% of the special needs.

Regional Center is a network of private, non-profit agencies throughout the state contracted by the California Department of Developmental Services. In order to be eligible for Regional Center children must be diagnosed with the following conditions: mental retardation, Down's Syndrome, cerebral palsy, autism, or any syndrome which mocks the foregoing conditions. Therefore their criteria are more restrictive than those of the education code. On the other hand, clients accepted for case management service at Regional Center may be eligible for their lifetime, unless circumstances change their eligibility.

Regional Center lists in Table G2 on the following page, a total of 3,998 children who are known to their agency. They were also able to provide us with a listing of those children who are receiving services which they would consider child care in some form or another: respite, nursing respite, day care, and socialization after school programs (see Table G3).

Table G2
 Children Known to the San Diego Regional Center by Age Group and
 Health Services Region, San Diego County, 1998

Health Services Region	0-2 years	3-4 years	5-12 years	total	column percent (%)
Central	212	122	516	850	21.3
North Central	135	93	403	631	15.8
South	144	103	356	603	15.1
North Coastal	168	97	315	580	14.5
East	137	89	437	663	16.6
North Inland	119	122	363	604	15.1
region unknown	11	10	46	67	1.7
Grand Total	926	636	2436	3998	100.0
percent (%)	23.2	15.9	60.9	100.0	

Table G3
 Children with Special Needs Referred by the San Diego Regional Center for Child Care by
 Age Group, San Diego County, 1998

	0-2 years		3-4 years		5-12 years		total	
children with special needs referred for child care	212	10%	314	15%	1,574	75%	2,100	100%

HOPE Infant Program is the County Office of Education's Early Intervention service for 0-2 children with special needs requiring remediation. The federal mandate, Individuals with Disabilities Education Act (IDEA) requires that these children be served in "natural environments" in the community wherever possible, not segregated facilities. The nine program sites HOPE maintains currently serve 348 children and their families. They are one of Regional Center's contract services under the state-wide Early Start program which focuses on young children

with disabilities. Table G4 on the following page shows the number of children who are also included in child care programs.

Table G4
HOPE Infant Program Clients, December 1998

Total Children Receiving Child Care		54 (15%)	
Total Receiving Early Intervention in the Community Child Care Setting		21 (6%)	
Total Children in HOPE	348		
By Region		In Community Toddler/ Child Care Program	Early Intervention Provided in Community Setting
North Coastal	136	31 (22%)	15 (11%)
North Inland	101	16 (16%)	2 (.019%)
South County	111	7 (6%)	4 (.036%)

The YMCA Childcare Resource Service Respite Program currently serves 261 families with children between 0 & 12 years. These families are referred under contract from Regional Center and vary in their use of child caring services. Families approved can use up to 16 hours of service a month. Most services are carried out in the home. There are also other contractors in the county who were not contacted.

The effort to survey the members of the San Diego County Child Care Planning Council members on the inclusion of children with special needs in child care settings produced a small amount of data which varied greatly in quality. Among the 14 usable responses there was a total of 925 infants and toddlers, 5,745 preschoolers, and 30,113 school-age children with special needs. The percentage of children in care who have special needs varied from 0% to 33%. Table G5 summarizes data we were able to obtain and is not to be viewed as definitive, merely suggestive.

Table G5
Children With Special Needs: San Diego Child Care Council
Survey Respondents: N = 14

Respondent	Total Enrollment			Special Needs			% Special Needs
	Infant/ Toddler	Preschool	School Age	Infant/ Toddler	Preschool	School Age	
1	-	807	-	-	59	-	7%
2	-	33	295	-	10	42	16%
3	-	6,035	-	-	691	-	11%
4	-	74	15	-	4	2	7%
5	-	496	34	-	80	7	16%
6	-	-	12	-	-	4	33%
7	-	968	-	-	139	-	14%
8	-	-	950	-	-	34	4%
9	15	74	-	0	18	-	20%
10	21	13	10	5	4	3	27%
11	-	174	141	-	0	0	0
12	175	507	828	4	8	7	1%
13	18	78	50	1	5	2	5%
Total	229	9,259	2,335	10	1,018	101	

The Exceptional Family Resource Centers (5) are funded by the California Department of Developmental Services, augmented by private foundation grants and in-kind services. Their purpose is to assist families who have children with special needs in locating resources and services in the community. All of the centers were reached for this study; the following summarizes information from staff regarding access to child care for children with special needs.

- After-school programs for middle school age and above children are difficult to access county-wide.
- Children with behavioral difficulties are generally refused access to both center and family homes. This would include autistic children.
- Some child care facilities still claim they "don't know" about the mandates of ADA (both centers and family homes).
- Parents of children with special needs tend to be very protective, and don't see adequate supervision when they visit facilities.

- Cost of care is a serious barrier on top of other medical/treatment related expenses, therefore many parents opt to stay home.
- In the East County there are no recreation department "inclusion" programs as in San Diego (eligibility stops at the city boundaries).
- Most parents are seeking family child care placements, but would accept centers if the former are not available.

Overall, access to needed child care services was reported to be difficult, at best for this population.

Over the past three years the Jewish Community Center of San Diego has been carrying out a privately funded model inclusion program for children in all programs: preschool, after school and week-ends, and day camps. Mary Shea, who coordinated the federally funded Mainstreaming Project at San Diego State University from 1991 to 1994, has provided exemplary leadership for that program which offers a template for duplication. Mary is now the director of Kids Included Together, San Diego Inc. (KIT).

3) Summary and Needs

The national estimate which has been used for many years to determine the presence of children with special needs in the total population is 10%. That figure is applied to all federally funded programs such as Head Start and Children with Special Health Needs services (formerly Crippled Children's Services and known in this state as California Children's Services). However, many children with special needs such as speech and language, hearing, learning disabilities are not discovered until they begin school. Many other young children with physical or medical disabilities are denied access to child care through the reluctance or unwillingness of some providers to accept responsibility for their care, and through the barriers created by Title 22 of California's Health Services Act which restricts any form of medical intervention to trained health professionals. Recent challenges to the law have resulted, in 1998, in the opening up of access to children who depend upon inhaled medication such as nebulizers (SB 1663) and to diabetic children who require daily monitoring by finger-stick testing by way of state licensing non-enforcement of existing policy. New guidelines are being prepared at the state level (D.S.S. Licensing Division) which will broaden access further.

The larger context which affects child care is the federal Americans With Disabilities Act (ADA), passed in 1990. This law mandates access for disabled children and adults to all "public accommodation" services, of which child care facilities are a specific example. Facilities (family homes or centers) can be cited and even sued for non-compliance unless "reasonable" accommodations cannot be made.

Using the 10% estimate, we should expect to find 13,643 of 0 to 2 year olds, 14,323 of 3 to 5 year olds, and 36,249 of 6 to 13 year olds among the San Diego child population who have special needs and will require some type of remediation. Unfortunately, we only have data from Regional Center and from Special Education regarding inclusion of these children in child care related services; the vast majority of care facilities are missing. We also do not know to what extent parents are seeking care. We know that many parents stay home, both because they cannot find appropriate care and because they are very protective of these children. Cost of care is another important factor. Research must be mounted to answer both the question about the degree to which children with special needs are included in child care, and the degree to which parents are seeking care. Anecdotally we have heard reports and received calls over the years about the desperate need for child care for children with special needs, most often from single parents. Severity of the disability and care requirements are obviously related to inclusion outcomes.

8. Child Care Needs of Children From All Identifiable Linguistic and Cultural Backgrounds

1) Data Collection Sources and Analysis

Data were obtained from SANDAG, the California Office of Education Demographics Unit and the County Office of Education on ethnicity and all languages spoken in the families of San Diego County school children.

2) Findings

Table H1 displays the language categories spoken among San Diego County families by age group of the children used by the U.S. Census. Table H2 reclassifies the data using only the top four languages spoken and distributing them by region of the county: English, Spanish, Tagalog and Vietnamese.

Table H3 presents all of the primary languages of children enrolled in San Diego public schools by age group. Children by age and ethnic group membership are shown in Table H4 for the major census categories. Part of the ethnic group data has been collapsed under "other."

Table H4b below is a county summary for children 0 to 14 years of age by ethnicity.

Table H4b

Estimated Distribution of Children 0-14 years by Ethnicity, San Diego County, 1998

ethnicity	n	percent
white, non-Hispanic	419,859	65.4
black, non-Hispanic	38,534	6.0
Hispanic	13,1304	20.4
Asian, non-Hispanic	44321	6.9
American Indian or Alaskan Native	3,869	0.6
Native Hawaiian or Pacific Islander	32,928	5.1
other	993	0.2
Grand Total	642,152	100

SOURCE: SANDAG, 1999

3) Summary and Needs

It is obvious from the data that San Diego County's population is highly diverse, linguistically and ethnically. Substantial in-migration has occurred over the last 10 to 15 years and promises to continue. The four largest non-English language groups remain Spanish, Tagalog, Vietnamese and other Asian. Child care access should reflect these growing populations through targeted encouragement and assistance for facility development to these populations. Diversity and multi-cultural training should be given high priority in the newly formed training consortium.

I. Other Special Needs Based on Geographic and Access Considerations

1) Data Collection Sources of Analysis

San Diego County covers an enormous area across a diverse topographical landscape. It is also home to the largest number of Indian tribes of any county in the state, 18 in all. Maps were obtained from SANDAG to highlight rural areas, and knowledgeable child care related individuals were interviewed about their impressions of access barriers. Particular inland mountain communities were of special concern. Urban versus Rural areas are defined based on 1990 census designations. The Chicano Federation was also contacted for their input on special issues relating to the border.

2) Findings

Table II shows the estimated mixed urban and rural child population as of 1998. The rural child population is concentrated in the North Coastal, East County, and North Inland regions of the county. This distribution can be seen clearly on the county map in Figures 2a and 2b. Long distances across rough mountain and desert terrain, coupled with an absence of public transportation and sparse population concentrations make access to child care all but non-existent.

Residents of the county's Indian reservations and 18 tribes have particular difficulty finding non-traditional hours child care, especially where casinos are being operated as in Barona, Viejas and Sycuan. These jobs require night availability for which reliable child care services are almost non-existent. In general, East County residents report almost no availability of non-traditional hours care.

In addition, for even daytime care few centers are available across the mountain communities. For those seeking infant care, center spaces are at times available but families prefer family child care homes which are said to be short in supply and seldom have openings.

Erendira Abel of the Chicano Federation makes several points about the preferred use of child care on the Tijuana side of the border for:

- parents who live in Tijuana but work in San Diego
- parents who live in San Diego but work in Tijuana and earn Tijuana wages

- parents who are United States citizens or legal residents choosing to live in Tijuana because of the high cost of living in San Diego

All of these practices relate to the cost of child care for low-earning working families.

3) Summary and Needs

Capacity building efforts for child care are being concentrated for the most part, in areas of density and for CalWORKs Clients. Targeted efforts should be made to recruit small family child care providers among those Indian tribes who operate casinos, offering incentives for training and for non-traditional hours. For the sparsely populated rural fringe, more information is needed about what informal arrangements families are making to accommodate child care needs. More information is also needed about the population that crosses the border daily and that uses child care in Tijuana. Could they be jointly served? Would there be benefits to such an arrangement?

10. Other Factors To Be Considered

1) Quality Care

Reports of deficient quality of care have been circulating for many years; however, an important study reported in 1995 focused the attention of the public and the field on this critical issue. This study, called *Cost, Quality, and Child Outcomes in Child Care Centers* (1995) was conducted in four states, one of which was California. Among the most salient findings from all four states were those affecting infant and toddler care. The researchers concluded that, while child care at most centers was found to be generally poor to mediocre, almost half of all infant and toddler care was poor. Forty percent of care to this group was found to endanger children's health and safety. Only 1 in 12 provided developmentally appropriate care.

2) Findings from the 1998 United Way Study

In 1998 the United Way of San Diego County launched a new “Outcomes and Community Impact Measurement Program” funded by local agencies and foundations, with the intent to track changes in services key to the public over a number of years. One section of that survey focused on child care, and offers some important insights for the child care field in San Diego.

A carefully administered random sample of 6,011 people was drawn from four areas in the county: City of San Diego, Chula Vista, Escondido, and San Diego County (not included in the four cities). Data obtained were extrapolated to represent the entire county’s population. A copy of the section of the questionnaire pertaining to child care can be found in Appendix 3. Interviews were conducted by phone and yielded 3,621 completed responses from the sub-sample of families with children under the age of 12 years, estimated to represent 131,733 households.

A number of findings are relevant to this study, some of which are already known:

- child care needs were similar across areas of the county
- child care needs were greatest for Caucasian and African-American families; least for Asian and Hispanic families
- child care needs increased with income and with education
- child care needs were greatest for parents between 21 and 34, least over 44 and under 21

Families were questioned about how well their child care needs were being met:

- 68% said all needs were met; 32% said part or all of their needs were not met.
- Caucasian families were most satisfied (77%); African-American and Hispanic families were less satisfied (62-64%).
- needs met was positively correlated with income, education and employment status.

Families were asked about their choice of child care providers. Forty-nine percent (49%) left their children with away-from-home child care providers (an estimated 57,118 households) who constitute the known array of licensed and license-exempt facilities. Some population variations were noted:

- family members were used most by Hispanic households and households earning \$20,000 or less a year.
- predominant users of away-from-home facilities were Caucasian, African-American, over age 35, college graduates, and earners over \$45,000. The following chart, taken from the study, shows who provides child care in San Diego County .

Reasons for not receiving all or some of needed child care were given by those who responded negatively. This group made up 32% of households with children, representing an estimated 41,805 households. The two most common reasons were inability to afford (51%) and lack of knowledge about where to obtain or who to ask (36%). Cost affected all regions, age categories, ethnic groups and incomes under \$45,000. Other reasons given were: no openings, time constraints, no transportation, can't meet special needs.

Satisfaction with child care services was very encouraging: 84% (estimated 97,317 households) reported positively and was similar in all regions and age categories. Some differences were noted:

- slightly higher satisfaction rates were registered for Caucasian and Hispanic respondents versus African-Americans
- satisfaction rate was positively correlated with income level.

Reasons given for satisfaction were also gratifying in view of national concern with quality. The highest marks were accorded to quality of care, 89% of satisfaction responses. The next highest reason for satisfaction was given to the hours meeting needs of the family (38%), followed by convenient location (31%). The lowest rank was given to price (28%) which we indicated earlier is a universal concern, with the exception of the highest earners. The group who answered negatively was too small to analyze. Larry Johnson of the United Way indicates that this community “report card” will become an annual effort and that corrections and additions are already being made to improve the data.

3) Systems Barriers: Special Needs

The extent to which children with special needs are included in (have access to) child care programs and services is unknown at this time. No credible study has been done to answer this question, and is sorely in need. Between 1991 and 1994 the California Child Care Health Program (CCHP) located at San Diego State University trained 420 child care providers and 57 trainers, under a federal three year grant. Three curricula on children with special needs were created for that purpose, and subsequently disseminated to other areas of the state. Some of those trainers are still offering workshops: the degree to which the need is being met is unknown, but it is doubtful that many providers in the county have attended these classes.

A study was recently completed in Pennsylvania through ECEL (Early Childhood Education Links) which is directed by Dr. Susan Aaronson, the American Academy of Pediatrics' consultant to the national child care agencies. Asthma was found to be the most prevalent health problem among children in out-of-home child care settings. Until the end of 1998, child care providers in California could not administer inhaled medications, therefore excluding such children from care. As noted earlier, new regulations are currently being prepared which will expand access to children needing special assistance, including those who may be technology dependent. All of these developments raise the issue of organized accessible training for providers at times they may be available. A plan to bring this about needs to be undertaken in collaboration with the San Diego chapter of the American Academy of Pediatrics which has a child-care committee.

Another important element in expanding access for children with special needs is technical support from community-based services. The concept of "in-home" services such as occupational, physical or speech therapy needs to be expanded to include a child care setting wherever possible. Children should be able to receive these services in the natural setting of the child care facility, where providers would benefit by consultation and could provide valuable information to therapists. Discussions need to be held with the public and private agencies responsible for these services such as Regional Center and California Children's Services.

4) Before and After School Programs

Data on the spectrum of before and after school programs for children was not included in the Walker report, therefore contact was made for this report with recreation departments, the Critical Hours Program, and the 6 to 6 programs. Tables J1 and J2 display the data we were able to collect on location, number of children registered and/or attending, and school level (elementary or middle). Added to these data is a list of all known informal programs in the county as of January 1998 by provider name and location which will be found in Table J3. All of these form an important network in the county for the older elementary and middle school child. In addition, the city of San Diego recreation department also offers a "Tiny Tots" program across the city system for preschoolers who can attend a part-time play group up to three times a week. The city also has inclusion programs for children with special needs.

It would be helpful to local agencies and programs to have a listing of all before and after school programs in each community of the county, by school district. Such a listing could be compiled and distributed to council members. An organization should be sought to undertake this task.

1) The Ill Child

The issue of the ill child in child care has been discussed extensively over the years. In California a special license was created for sick child care centers, but experience over the years has demonstrated the impracticality of this approach. Expensive nursing staff is required as well as a particular kind of facility arrangement. As a result, the number of licenses for such centers have declined in the state to 33 at this time. In San Diego, only one license was ever issued, to a facility in north county. That program has since closed its doors, never having found a clientele that could ensure solvency.

In 1991 and 1992 Dr. Howard Taras and Dr. Betty Bassoff conducted a three season survey among a sample of San Diego family child care providers, with the help of the Child Development Associates. The purpose of the study was to determine the incidence of illness and injury in family child care facilities. The information would be used to support the case for mandated health and safety training which the California Child Care Health Program was pursuing at that time. That legislation became law in 1995 with the help of Dede Alpert and the child care community, and is now familiarly known as AB243.

Seventeen percent of all children currently in attendance were reported to be mildly ill at any given time, 81% were known to be ill at the time of arrival, and 9% became ill during the day. Medications were being administered in the child care home to 28% of all ill children of whom 54% were known to be currently under a physician's care. The findings of the study confirmed our conviction that child care providers should be trained in the management of the mildly ill child, particularly respiratory problems which constituted over 80% of the illnesses across the three seasons (summer, fall, winter). That study has since been published in the Journal of Community Health, *A Seasonal Study of Illness in Day Care*, 1993.

The creation of the Child Care Health Consultant program at the YMCA Childcare Resource Service of the YMCA has contributed substantially to the support for child care providers in the management of infectious disease and the mildly ill child. That program provides a toll-free HealthLine for the county and on-site trainings throughout the county. Health advocates have been recruited regionally to assist in dissemination of information and training.

Other services which have come to our attention for the mildly ill child are:

- Not To Worry, operated by Ellen Brown of Del Mar. A "back-up" care in-home service of either R.N.'s or well-trained child care providers. Clients are typically working parents or new mothers. Care is provided for a minimum of four hours a day at a cost ranging from \$19 to \$25 an hour. The agency employs several people and screens carefully.
- A Service for Kids, Lynn Salsberg of Del Mar. A private in-home R.N. service available on an emergency basis only at about \$20 an hour. Lynn is the only provider, and is not publicizing her work now. She does, however, see a real need in the community for such a service, and also feels strongly (as does this writer) that the best solution is liberalization of workplace policies to allow parents use of sick time for their children and flexible use of benefits.
- Health Concerns of Palomar-Pomerado Health System. A trained staff of health aides and child care workers provide the 3,000 employees of the health system and the employees of the city with an in-home service. Availability is seven days a week and 24 hours a day. Costs to employees are \$12 to \$15 an hour. Focus is on mildly ill children and on post surgery patients. The system is heavily subsidized by the employers (75% employers to 25% employees). It was modeled after a very effective venture in Tucson, Arizona located in the resource

and referral agency and available to three adjacent counties and two cities. It merits serious consideration for the whole of San Diego County.

6) Behavioral Health/Mental Health Consultation Needs

In January of 1997 the San Diego County Child Care Planning Council empaneled a task force to study a troubling issue brought to the table by an agency providing several 6 to 6 programs for the school-age child, that of behavior management. In particular, the ADHD (Attention Deficit Hyper-activity Disorder) child was frequently seen as unmanageable in the 6 to 6 program in the light of the large staff ratio (1 to 20) and the lower level of qualifications for staff. As the task force met the issue was broadened to include all of child care, and refocused on the absence of behavior management and mental health consultation services available throughout the county (with the exception of Escondido where a program called Childnet provides some of the desired services). Efforts were made to design a regional system which would be co-located with existing child care organizations. That effort was shelved at the point of funding discussion due to the significant cost which would be entailed and the lack of mental health funding resources at the county level. The need identified is still there, and will probably be heightened by the influx of many children brought to child care through CalWORKs.

7) Data Standardization

In order to facilitate future analyses of the demand, utilization, and supply for child care services in San Diego, the following recommendations are being made:

- A standardized set of child care data should be defined by the San Diego County Child Care Development and Planning Council. Standard data elements for each site should include:
 - 1) total “real” capacity (subsidized and non-subsidized), full and part time, by age groupings³
 - 2) current enrollment (subsidized and non-subsidized) full and part time, by age groupings
 - 3) vacancies (subsidized and non-subsidized), full and part time, by age groupings

³ “Real” capacity is defined as the desired number of children in facilities, not the licensed number.

- 4) size of waiting list by zip code for children and families eligible for subsidies
 - 5) children in the program who are subsidized by AP
- Mandatory reporting should be required of all providers as a condition of subsidy awards. Every effort should be made to collect above data (#1) from all licensed and license-exempt providers.
 - The child care utilization patterns of CalWORKs Welfare-to-Work recipients should be determined by requiring the contractors to make annual reports by designated data categories.
 - Standardized community profiles should be designed and updated annually to assist families in identifying child care resources, and to assist planners and advocates in addressing the needs of low-income families for services. Information should include the number of residents by age, median income, TANF Welfare-to-Work participation, the number and capacity of licensed child care providers by age group and by subsidy slots, a list of all publicly subsidized programs, and a list of license-exempt programs. Individualized assistance should be made available at the community level to families regarding their child care options, and to assist them in facilitating application processes.
 - The uniform application for child care subsidy assistance should be one source point for standardized data. Training should be available to those assisting families in the application process.



Part 3

The Child Care Profiles of 18 San Diego County Cities

In response to the data standardization recommendations made in Phase I of the county child care needs assessment, the following 18 community profiles have been developed for planning purposes.

- Carlsbad
- Chula Vista
- Coronado
- Del Mar
- El Cajon
- Encinitas
- Escondido
- Imperial Beach
- La Mesa
- Lemon Grove
- National City
- Oceanside
- Poway
- San Diego
- San Marcos
- Santee
- Solana Beach
- Vista

Applying A Community Planning Model

In their 1998 report the Walker Group designed a collaborative planning process that can be used to develop a community-based child care system for low-income and TANF families. This process was successfully used to develop the National City Child Care Plan⁴ that is being implemented by a broad-based community collaborative in San Diego County. National City is one of the lowest income communities in California. Work done in this community to respond to the needs of its residents for affordable and quality child care can provide a model for communities throughout the country facing similar challenges.

- Engage stakeholders in the community.
 - 1) Involve representatives of education, child care, business, social services, family advocates and others in the planning process.
- Understand the environment.
 - 1) Research the demographics of your community.
 - 2) Know the basics such as income, ethnicity, number of families receiving public assistance, total number of working families and children, major employers, etc.
 - 3) Become knowledgeable regarding the mechanisms of welfare reform as it relates to your specific community.
- Listen to parents and providers to project supply and demand.

⁴ Walker, Chris and Robyn, Brenda Jo, The Walker Group. *Taking Care of our Children: National City's Child Care Plan*, December, 1997.

- 1) Survey parents and providers to gain a clear understanding of their needs, perceptions, resources, and concerns.
 - 2) Identify the capacity of the community's existing child care providers.
 - 3) Project the need for child care from community demographics and parent surveys.
 - 4) Door-to-door surveys, phone surveys, and public forums are viable mechanisms for gaining community input. Ensure that responders are representative of the community's demographics.
- Identify community assets, resources, gaps and barriers.
 - 1) Educate stakeholders regarding the findings of surveys and community input.
 - 2) Use the planning group to identify community assets and resources that can be used to develop child care capacity.
 - 3) Use group "think" to identify appropriate ways that gaps and barriers can be overcome.
 - Identify and prioritize strategies.
 - 1) Use the community's strengths and resources to maximize assets, address barriers, and fill gaps in the child care system.
 - 2) Rank strategies based on the availability of resources to implement them.
 - 3) Develop an action plan and identify who, what, where, and when it will be implemented.
 - Implement the plan.
 - 1) Tackle short-term, quick-win actions first to build confidence in the group's ability to succeed.
 - 2) Call attention to these activities, and obtain resources needed for effective plan implementation.
 - 3) Celebrate successes. Continue to listen to the community, and revise and adapt the plan as needed.

Community involvement in planning will invest parents, providers, and policymakers in an active process to ensure that the community's child care system meets the needs and concerns of families. The plan will become "owned" by those who have created it, and as it is implemented they will ensure that this "living" document can adapt to ever-changing community conditions. Good data is only the first step.

IV Conclusion: How To Estimate Real Need?



Through this second part of the report, prepared for submission to the Child Development Division of the California Department of Education, we have focused first on the needs of families not eligible for child care subsidies, and secondly on special populations of children and families and tried to estimate their child care needs. In the process, a number of principles have emerged.

1. Critical Infant/Toddler Shortage Can't Be Solved By Child Care

At this point in time when two parents, and surely a single parent, must work to make family ends meet, requests for infant and toddler care exceed all others (The California Child Care Portfolio, 1997). Added to the problem in San Diego County is the decision to require CalWORKs recipients to enter job training, employment or education by the time an infant has reached 12 weeks of age. Safe and appropriate care must be found for the infant in an environment where such care is least available. Efforts to increase availability may put a small dent in the problem, but part of the currently promoted solution, the funded use of "alternative payment"

providers, many of whom are unlicensed, untrained and unmonitored is of great concern to child care advocates.

The fact is that this is a public policy issue: infants and toddlers are best cared for by their parent(s). Long after all western industrialized countries had addressed the problem and created solutions, the United States Congress passed the Family and Medical Leave Act of 1993 giving twelve weeks of unpaid leave to families, and affecting only businesses with 50 or more employees (San Diego is a region made up of largely small businesses). The crisis of infant/toddler child care has been created by the absence of social policies which support family life. Parents need options: unless they are high earners, they essentially have none today. We need partially paid leave options and guarantee of a job upon return to allow parents to stay home, if possible, at least during the critical infant period. The important new research information on early brain development underscores this issue. We need to also apply this principle to mothers who are dependent upon public welfare and who have no other choice. The child care field should be at the forefront of advocacy and demand for change, as they understand it well.

In their 1996 excellent publication, *The Future of Children: Financing Child Care* (1996), the Packard Foundation's Center for the Future of Children propose an expansion of the 12 weeks to 12 months, and the creation of a parental leave account combined with a line of credit from the federal government through taxes. Other solutions are suggested: the new millennium with many more women in the workplace is sure to bring new approaches to the problem.

In order to test the availability of infant care Debra Boles, President of the San Diego Family Child Care Association, conducted a study of current availability in family child care across the county, through her area referral coordinators. The results of that study are included in Appendix 4. The observer can conclude that availability of infant and toddler spaces in family child care is minimal in all areas of the county, except for South County where the Hispanic community is concentrated and where it is traditional to use family members for care of small children. No effort was made to separate infants, but it is likely that less than half of the slots could be filled by infants as many providers will not take babies.

2. Supply Does Not Equal Quality re: Need

Both parts of the needs assessment prepared for the Child Development Division have focused essentially upon supply. However, it is clear that supply does not equal quality. The results of the first year's United Way community assessment are encouraging: San Diego child care providers can be rightfully proud of the generally good marks they received from parents who used out-of-home care. It is also clear that quality care is directly correlated with ability to pay. Those at the highest income levels can be very selective, while working poor families can only select what they can afford to pay, including neighbors and other family neighbors. This fact was confirmed by the United Way study and other studies of the working poor. For this reason, efforts to improve quality should be targeted to alternative providers, new center and family child care providers, and facilities known to offer below-standard care through licensing reviews. Quality care assessment instruments are available in the child care field and should be widely promoted for annual reviews. Attention to quality care versus the current concern for capacity building will require serious deliberation on the part of the child care community and its allies in the health arena. Training is only one route; it is an old axiom in community outreach that the people who sign up for classes or workshops are not, for the most part, the ones we wish to reach most.

3. The Economic Realities of Care: A Dilemma

Cost is consistently the leading factor cited by families for their inability to obtain part or all of the child care they need, including quality. In San Diego County at this time the average costs are shown on the following page.

Table IVC
CRS Provider Market Rate Study, 1/7/99
Weekly Mean Rate

Inf	Toc	Pres	Kinder	Scho
All Child Care Centers				
n = \$14	n = 140 \$131.86	n = 413 \$100.91	n = 409 \$84.86	n = 351 \$76.63
All Child Care Homes				
n = 2,574	n = 2,805	n = 2,918	n = 2,199	n = 2,072

\$107.35	\$103.89	\$99.74	\$94.13	\$92.02
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In the 1995 quality study referred to earlier, the best quality of care was delivered by those facilities which had funding resources available to them beyond basic costs, i.e. those that were publicly funded. However, these services tended to offer only part-time care and care specific to preschoolers. Infant care is the most expensive to provide due to the low staff/child ratio (1:4), and as noted, was cited for the poorest overall quality.

The dilemma concerns the tension between what families can afford to pay for care, already estimated to be 49 to 69% of a minimum wage worker's income (Little Hoover Commission, *Caring For Our Children*, 1998) and the increase in earnings for child care providers promoted by the Worthy Wage Campaign and by widening efforts to unionize the child care field. According to the study California Child Care Health Program (CCHP) completed in 1998 for the Child Development Division, California Department of Education, the average gross earnings of center workers is \$1,426 a month; the average gross earnings of family home providers is \$1790 a month (The California Child Care Provider Health Insurance Study, 1998). In addition, 16% of center workers and 21% of family home providers do not have health insurance coverage, adding to the compensation dilemma. This issue is critical from a quality of care point of view, as it underlies the excessive turnover rate of staff in the field, estimated to be as high as 40% or more. Turnover is lowest among publicly funded programs tied to school district or federal benefit guidelines, and highest among for-profit and non-profit facilities.

Funding for child care services comes from a combination of federal block grant and state sources. In recent years funding has grown rapidly, especially with welfare reform. Currently in San Diego County, the majority of new funds are being targeted to CalWORKs families. The low income/working parents, who qualify for most of the funded programs, are on long eligibility waiting lists. In California a family of four, earning a monthly income of \$2,781 qualifies for subsidized child care services and may stay on the program until their monthly income reaches \$3,708. Due to limited funding and the enrollment guidelines, which place children who are abused or at risk of abuse or neglect as the first priority and CalWORKs families as the second priority, very few low income working parents are being

enrolled at this time. Those who are being enrolled in San Diego County earn a maximum of \$1,400 a month.

A careful study is needed to determine how low income working families (by income definition) are currently obtaining needed child care, how well this care is meeting their needs and how this affects the supply and demand for traditional child care.

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Attachments

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Tables

Table A1

Estimated Number and Percent of Child Residents by Age Group and Health Services Region, San Diego County, January 1998

Health Services Region	0-17 months			18-35 months			3-5 years			6-14 years			total	
	n	column	row	n	column	row	n	column	row	n	column	row	n	column
		percent	percent		percent	percent		percent	percent		percent	percent		percent
	(%)	(%)		(%)	(%)		(%)	(%)		(%)	(%)		(%)	
Central	13,419	20.1	11.1	13,937	20.1	11.5	28,113	19.6	23.2	65,938	18.2	54.3	121,407	18.9
North Central	10,923	16.3	10.6	11,344	16.3	11.0	23,298	16.3	22.5	57,754	15.9	55.9	103,319	16.1
South	10,457	15.6	10.7	10,859	15.6	11.2	22,057	15.4	22.7	53,976	14.9	55.4	97,349	15.2
North Coastal	11,330	16.9	10.6	11,766	16.9	11.0	24,197	16.9	22.6	59,810	16.5	55.8	107,103	16.7
East	10,300	15.4	9.8	10,698	15.4	10.2	22,542	15.7	21.4	61,605	17.0	58.6	105,145	16.4
North Inland	10,494	15.7	9.7	10,899	15.7	10.1	23,026	16.1	21.4	63,410	17.5	58.8	107,829	16.7
Grand Total	66,923	100.0	10.4	69,503	100.0	10.8	143,233	100.0	22.3	362,493	100.0	56.5	642,152	100.0

SOURCE: SANDAG, JANUARY 1998 ESTIMATES, 1999

Table A2
 Estimated Number of Households within Given Income Ranges by Health Services Region, San Diego County, January 1998

Health Services Region	\$9,000 and less	\$10,000-\$14,999	\$15,000-\$24,999	\$25,000-\$34,999	\$35,000-\$49,999	\$50,000-\$74,999	\$75,000-\$99,999	\$100,000 or greater	total number of households	median household income
Central	21471	14529	29981	26573	29429	23495	8062	5611	159151	\$29,607
column percent (%)	31	26	23	20	16	12	9	6	17	
row percent (%)	13	9	19	17	18	15	5	4	100	
North Central	10651	8855	24219	28433	38894	46121	23926	28710	209809	\$48,672
column percent (%)	16	16	19	21	22	24	26	30	22	
row percent (%)	5	4	12	14	19	22	11	14	100	
South	9431	8155	17063	17290	20809	22555	9681	9191	114175	\$47,492
column percent (%)	14	15	13	13	12	11	11	10	12	
row percent (%)	8	7	15	15	18	20	8	8	100	
North Coastal	8219	7245	20332	20903	29525	32646	16177	19652	154699	\$46,872
column percent (%)	12	13	16	15	16	17	18	20	16	
row percent (%)	5	5	13	14	19	21	10	13	100	
East	10553	8621	20431	22554	31972	35303	15108	12674	157216	\$44,852
column percent (%)	15	16	16	17	18	18	16	13	17	
row percent (%)	7	5	13	14	20	22	10	8	100	
North Inland	8224	7440	17738	19143	28484	36135	18845	20723	156732	\$41,477
column percent (%)	12	14	14	14	16	18	21	21	16	
row percent (%)	5	5	11	12	18	23	12	13	100	
Grand Total	68549	54845	129764	134896	179113	196255	91799	96561	951782	\$42,030
row percent (%)	7	6	14	14	19	21	10	10	100	

**Health Services
Region**

\$9,000 and less	\$10,000- \$14,999	\$15,000- \$24,999	\$25,000- \$34,999	\$35,000- \$49,999	\$50,000- \$74,999	\$75,000- \$99,999	\$100,000 or greater	total number of households	median household income
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SOURCE: SANDAG, 1999

Table D1
 Children Participating in Special Education Program, Unduplicated Enrollment, San Diego County, April 1, 1998

region	Special Need or Disability														
	MR	HI	Deaf	SI	VI	SED	OI	OHI	SLD	DB	MH	AUT	TBI	N/CAT	Total
0-2 years															
East County	16	2	3	40	4	0	27	22	0	1	2	3	0	94	214
North Coastal	17	3	4	31	7	0	46	28	0	0	2	5	0	0	143
North Inland	5	4	2	75	5	0	33	35	0	0	2	5	1	0	167
Poway Unified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
San Diego Unif.	1	4	10	2	37	0	12	14	0	1	0	0	0	205	286
South County	14	6	5	23	7	0	30	15	0	1	3	1	0	0	105
total, 0-2 years	53	19	24	171	60	0	148	114	0	3	9	14	1	299	915
percent (%)	5.8	2.1	2.6	18.7	6.6	0.0	16.2	12.5	0.0	0.3	0.9	1.5	0.1	32.7	100
3-5 years															
East County	56	7	6	919	5	5	46	37	4	1	2	45	1	0	1,134
North Coastal	58	23	7	909	10	1	47	21	5	0	9	53	2	0	1,145
North Inland	31	2	2	683	4	1	23	8	23	0	0	19	0	0	796
Poway Unified	19	8	0	232	2	0	8	14	0	1	0	10	0	0	294
San Diego Unif.	141	14	40	763	18	11	64	21	294	1	48	27	1	0	1,443
South County	55	7	10	573	2	0	37	16	34	0	3	24	2	0	763
total, 3-5 years	305	58	69	3,162	73	13	191	94	356	3	60	133	5	205	4,727

region	Special Need or Disability														
	MR	HI	Deaf	SI	VI	SED	OI	OHI	SLD	DB	MH	AUT	TBI	N/CAT	Total
percent (%)	6.5	1.2	1.5	66.9	1.5	0.3	4.0	2.0	7.5	0.1	1.3	2.8	0.1	4.3	100
6-13 years															
East County	314	51	32	1,954	29	239	150	309	2,291	0	24	58	7	0	5,458
North Coastal	224	95	33	2,602	35	145	137	311	2,811	1	13	109	11	0	6,527
North Inland	84	18	13	915	18	44	60	70	1,135	1	4	37	9	0	2,408
Poway Unified	74	31	5	736	12	31	41	181	585	0	3	36	1	0	1,736
San Diego Unif.	457	135	97	2,142	42	560	235	247	4,249	4	51	81	12	0	8,312
South County	233	47	33	1,623	20	105	115	97	3,238	1	14	43	2	0	5,571
total, 6-13 years	1,386	377	213	9,972	156	1,124	738	1,215	14,309	7	109	364	42	0	30,012
percent (%)	4.6	1.3	0.7	33.2	0.5	3.7	2.5	4.0	47.7	0.1	0.4	1.2	0.1	0.0	100
Grand Total	1,744	454	306	4,305	285	1,137	1,077	1423	14,665	13	178	511	48	504	35,654
row percent (%)	4.9	1.3	0.9	12.1	0.8	3.2	3.0	4.0	41.1	0.1	0.5	1.4	0.1	1.4	100

SOURCE: SAN DIEGO COUNTY OFFICE OF EDUCATION, APRIL 1, 1999

abbreviation key:

MR = mentally retarded

HI = hearing impaired

SI = speech impaired

VI = visually impaired

SED = seriously emotionally disturbed

OI = orthopedically impaired

OHI = other health impaired

SLD = specific learning disability

DB = deaf-blind

MH = multi-handicapped

AUT = autistic

TBI = traumatic brain injury

NONCAT = non-categorical (ages 0-2 only)

Table E1
 Estimated Number of Children by Language, San Diego County, 1998

Language	0-5 years	6-14 years	total	column percent (%)
Arabic	717	953	1670	0.26
Chinese	1826	2369	4195	0.66
French or French Creole	1193	1529	2722	0.43
German	1495	1939	3434	0.54
Greek	251	326	577	0.09
Hungarian	111	146	257	0.04
Italian	955	1226	2181	0.34
Japanese	1206	1543	2749	0.43
Korean	578	767	1345	0.21
Khmer (Mon-Khmer)	608	693	1301	0.20
Native North American	118	151	269	0.04
Other and unspecified	3248	4075	7323	1.15
Portuguese or Portuguese Creole	312	392	704	0.11
Polish	398	519	917	0.14
Russian	159	197	356	0.06
Spanish or Spanish Creole	51294	64235	115529	18.08
Tagalog	7730	10329	18059	2.83

Language	0-5 years	6-14 years	total	column percent (%)
Vietnamese	2418	3025	5443	0.85
Other Languages*				
English (only)	201330	263001	464331	72.66
Indic	297	412	709	0.11
Scandinavian	299	384	683	0.11
South Slavic	227	295	522	0.08
Yiddish	95	114	209	0.03
Other Indo-European	1030	1350	2380	0.37
Other Slavic	178	224	451	0.07
Other West German	334	425	759	0.12
Grand Total	46692	53279	639075	100

source: 1990 Census, SANDAG, 1999

* The languages listed in this table follow the format of that requested by the Child Care Planning Council. Languages that are uniquely counted by the U.S. Census are listed as other.

Table E2
 Estimated Number of Children In Four Major Language Groups by Health Services Region,
 San Diego County, 1998

Health Services Region	total	regional percent (%)
Central		
English	71452	58.9
Spanish	33757	27.8
Tagalog	5405	4.5
Vietnamese	2270	1.9
North Central		
English	83074	80.4
Spanish	6654	6.4
Tagalog	2842	2.8
Vietnamese	1892	1.8
South		
English	51005	53.1
Spanish	35612	37.8
Tagalog	6211	6.5
Vietnamese	159	0.2
North Coastal		
English	83141	78.8
Spanish	15871	15.1
Tagalog	1043	1.0
Vietnamese	272	0.3
East		
English	90818	86.5
Spanish	8623	8.2
Tagalog	866	0.8
Vietnamese	237	0.2
North Inland		
English	84841	78.7
Spanish	15012	13.9
Tagalog	1692	1.6
Vietnamese	613	0.6
County of San Diego		
English	464331	72.7
Spanish	115529	18.1
Tagalog	18059	2.8
Vietnamese	5443	0.9

SOURCE: SANDAG, 1999

Note: These estimates were calculated by applying the 1990 census derived language information to 1998 zip codes and estimated child population. Rounding error may result in the cell sums that do not match other estimations.

Table E3
 Primary Languages of Children Enrolled in Public Schools by Educational Level and Age Group,
 San Diego County, 1998

Language	Kindergarten (0-5 years)			School-Age (6-14 years)			total	
	n	column percent (%)	row percent (%)	n	column percent (%)	row percent (%)	n	column percent (%)
Arabic	58	0	10	514	1	90	572	1
Armenian	2	0	20	8	0	80	10	0
Assyrian	4	0	33	8	0	67	12	0
Burmese	0	0	0	2	0	100	2	0
Cantonese	43	0	12	324	0	88	367	0
Cebuano (Visayan)	3	0	12	22	0	88	25	0
Chaldean	41	0	9	406	1	91	447	0
Chamorro (Guamanian)	1	0	9	10	0	91	11	0
Chaozhou (Chachow)	0	0	0	7	0	100	7	0
Croatian	1	0	11	8	0	89	9	0
Dutch	4	0	29	10	0	71	14	0
Farsi (Persian)	43	0	11	343	0	89	386	0
French	9	0	15	53	0	85	62	0
German	8	0	12	58	0	88	66	0
Greek	0	0	0	10	0	100	10	0
Gujarati	6	0	21	22	0	79	28	0
Hebrew	1	0	6	17	0	94	18	0
Hindi	3	0	13	20	0	87	23	0
Hmong	62	1	11	495	1	89	557	1
Hungarian	0	0	0	19	0	100	19	0
Ilocano	18	0	15	105	0	85	123	0
Indonesian	3	0	60	2	0	40	5	0
Italian	3	0	6	47	0	94	50	0
Japanese	55	0	11	426	1	89	481	1
Khmer (Cambodian)	93	1	10	847	1	90	940	1
Khmu	0	0	0	2	0	100	2	0
Korean	59	1	13	407	1	87	466	1
Kurdish	21	0	9	226	0	91	247	0
Lahu	0	0	0	0	0	0	0	0
Lao	112	1	11	922	1	89	1034	1
Mandarin	53	0	20	212	0	80	265	0
Marshallese	0	0	0	1	0	100	1	0
Mien	0	0	0	1	0	100	1	0
Mixteco	0	0	0	2	0	100	2	0
Native American	1	0	11	8	0	89	9	0
Pashto	4	0	17	20	0	83	24	0

Language	Kindergarten (0-5 years)			School-Age (6-14 years)			total	
	n	column percent (%)	row percent (%)	n	column percent (%)	row percent (%)	n	column percent (%)
Polish	2	0	3	59	0	97	61	0
Portuguese	6	0	12	44	0	88	50	0
Punjabi	2	0	25	6	0	75	8	0
Rumanian	2	0	18	9	0	82	11	0
Russian	17	0	7	223	0	93	240	0
Samoan	13	0	9	124	0	91	137	0
Serbian	1	0	8	12	0	92	13	0
Serbo-Croatian	1	0	50	1	0	50	2	0
Spanish	10257	87	13	66534	86	87	76791	84
Tagalog	237	2	9	2482	3	91	2719	3
Taiwanese	3	0	12	23	0	88	26	0
Thai	12	0	15	67	0	85	79	0
Tongan	0	0	0	0	0	0	0	0
Turkish	1	0	6	16	0	94	17	0
Ukrainian	0	0	0	4	0	100	4	0
Urdu	3	0	11	24	0	89	27	0
Vietnamese	301	3	11	2327	3	89	2628	3
other languages of China	41	0	15	229	0	85	270	0
other languages of the Philippines	12	0	9	124	0	91	136	0
other Non-English	174	1	10	1558	2	90	1732	2
Grand Total of County LEP*	11796	100	13	79450	100	87	91246	100

SOURCE: CALIFORNIA DEPARTMENT OF EDUCATION, DEMOGRAPHICS UNIT, 1999

* Limited English Proficient

Table E4
 Estimated Number of Children by Age and Ethnic Group by Health Services Region,
 San Diego County, 1998

Health Services Region	0-17 months	18-35 months	3-5 years	6-14 years	total	
	n	n	n	n	n	column percent (%)
Central						
NH, white	3965	4116	8249	18664	34994	9.5
Hispanic	5192	5391	10869	25404	46856	27.5
NH, black	2457	2552	5175	12450	22634	52.4
Asian/other	1805	1875	3819	9420	16919	27.5
total	13419	13934	28112	65938	121403	18.9
North Central						
NH, white	7923	8226	16876	41621	74646	20.3
Hispanic	1195	1243	2544	6250	11232	6.6
NH, black	410	425	878	2206	3919	9.1
Asian/other	1395	1450	3005	7680	13530	22.0
total	10923	11344	23303	57757	103327	16.1
South						
NH, white	3584	3720	7590	18808	33702	9.2
Hispanic	5056	5249	10635	25756	46696	27.1
NH, black	535	555	1128	2732	4950	11.5
Asian/other	1283	1330	2707	6679	11999	19.5
total	10458	10854	22060	53975	97347	15.2
North Coastal						
NH, white	7287	7569	15603	39008	69467	18.9
Hispanic	2718	2824	5801	14237	25580	15.0
NH, black	692	718	1448	3277	6135	14.2
Asian/other	634	657	1347	3290	5928	9.6
total	11331	11768	24199	59812	107110	16.7

Health Services Region	0-17 months	18-35 months	3-5 years	6-14 years	total	
	n	n	n	n	n	column percent (%)
East						
NH, white	7788	8085	17052	46691	79616	21.7
Hispanic	1605	1671	3509	9555	16340	9.6
NH, black	401	416	869	2334	4020	9.3
Asian/other	508	529	1107	3018	5162	8.4
total	10302	10701	22537	61598	105138	16.4
North Inland						
NH, white	7211	7490	15847	43889	74437	20.3
Hispanic	2380	2469	5176	13810	23835	14.0
NH, black	153	159	335	924	1571	3.6
Asian/other	751	780	1671	4789	7991	13.0
total	10495	10898	23.29	63412	107834	16.8
Grand Total						
NH, white	37758	39206	81217	208681	366862	100
column percent (%)	56.4	56.4	56.7	57.6	57.1	
Hispanic	18146	18847	38534	95012	170539	100
column percent (%)	27.1	27.1	26.9	26.2	26.6	
NH, black	4648	4825	9833	23923	43229	100
column percent (%)	6.9	6.9	6.9	6.6	6.7	
Asian/other	6376	6621	13656	34876	61529	100
column percent (%)	9.5	9.5	9.5	9.6	9.6	
total	66928	69499	143240	362492	642159	100
column percent (%)	100.0	100.0	100.0	100.0	100.0	

SOURCE: SANDAG, 1999

* NH is non-Hispanic

Note: These estimates were calculated by applying the 1990 census derived ethnicity proportions to the 1998 estimated child population. Rounding error may result in the cell sums that may differ from other estimates.

Table F1

Estimated Number of Children by Age Group Residing in Urban, Rural and Mixed Urban and Rural Health Services Region, San Diego County, 1998

Health Services Region	0-5 years	6-14 years	total	regional column percent (%)	between region column percent (%)
Central					
urban total	55469	65938	121407	100	21.3
North Central					
urban	45564	57748	103312	99.9	18.1
rural	1	6	7	0.1	0.1
total	45565	57754	103319	100	16.4
South					
urban	38829	48747	87576	90.0	15.4
mixed	4544	5229	9773	10.0	20.5
total	43373	53976	97349	100	15.5
North Coastal					
urban	37436	49034	86470	89.6	15.2
rural	1644	1946	3590	3.7	30.6
mixed	3510	2913	6423	6.7	13.5
total	42590	53893	96483	100	15.3
East					
urban	41054	57293	98347	93.5	17.2
rural	1285	2426	3711	3.5	31.6
mixed	1201	1886	3087	2.9	6.5
total	43540	61605	105145	100	16.7
North Inland					
urban	30579	42804	73383	68.1	12.9
rural	2094	3947	6041	5.6	51.5
mixed	11746	16659	28405	26.3	59.6
total	44419	63410	107829	100	17.1
Grand Total					
urban	248931	321564	570495	90.6	100
rural	6026	6819	11740	1.8	100
mix	89877	113358	47688	7.6	100
total	344834	441741	629923	100	100

SOURCE: SANDAG, 1999

Note: These estimates were calculated by applying the 1990 census derived urban/rural designations to 1998 zip codes and estimated child population. Rounding error may result in the cell sums that may differ from other estimates.

Table G1
Children Served by After School Programs, Unduplicated Enrolled, San Diego County, 1998/1999

Programs	service sites	Health Services Regions						total
		Central	North Central	South	North Coastal	East	North Inland	
Programs Serving Elementary School-Age Children								
City of San Diego, 6-to-6 Program	31	1,443	691	0	0	0	0	2,134
County Department of Parks & Recreation, Elementary School Programs	28	445	417	0	0	0	40	902
“On Track” Escondido	1	0	0	0	0	0	700	700
subtotal	60	1,888	1,108	0	0	0	740	3,736
Programs Serving Middle School-Age Children								
County of San Diego, Critical Hours Program*	60	536	194	934	598	260	624	3,146
County Department of Parks & Recreation, Middle School Program**	6	125	70	0	0	0	0	195
City of San Diego, Parks & Recreation, Playgrounds	38	680	462	0	0	0	40	1,182
subtotal	104	1,341	726	934	598	260	664	4,523
Programs Serving Children of All Ages								
Solana Beach, Activity Sessions	1	0	0	0	900	0	0	900
Grand Total	165	3,229	1,834	934	1,498	260	1,404	9,159
row percent (%)	n/a	35.3	20.0	10.2	16.4	2.8	15.3	100

* This data represents a single quarter of activity for 1999 rather than 1998.

** Part of this programs funding is derived from the Critical Hours Program. Displayed data is mutually exclusive of Critical Hours.

Table G2
Average Daily Child Service Units in After School Programs, San Diego County, 1998/1999

Programs	Health Services Regions						total
	Central	North Central	South	North Coastal	East	North Inland	
Coronado Recreation After School Program	0	0	40	0	0	0	40
National City After School Program	0	0	150	0	0	0	150
Poway After School Program	0	0	0	0	0	20	20
"Creative Kids Club", San Marcos	0	0	0	0	0	60	60
Oceanside Community Center	0	0	0	0	18	0	18
Grand Total	0	0	190	0	18	80	288
row percent (%)	0	0	66.0	0	6.3	27.7	100

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Figures

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Appendices

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References

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Walker Report Updates

Children Enrolled in Alternative Payment Programs by Funding Source, Agency and
Age Group of Children Served, San Diego County, 1998

Agency Name	Infants	Toddlers	Preschooler	School-Age	total
Federally Funded					
San Diego County, Health and Human Services Agency	5	48	186	262	501
Child Development Associates	20	53	82	192	347
YMCA Childcare Resource Service	33	78	127	299	537
subtotal	58	179	395	753	1385
column percent (%)	54.2	36.8	34.1	44.3	40.2
State Funded					
YMCA Childcare Resource Service, North County	18	36	120	111	285
San Diego County, Health and Human Services Agency	9	27	37	102	175
subtotal	27	63	157	213	460
column percent (%)	25.2	13.0	13.6	12.5	13.3
CalWORKs Stage 3					
San Diego County, Health and Human Services Agency	6	218	537	664	1425
YMCA Childcare Resource Service	16	26	69	68	179
subtotal	22	244	606	732	1604
column percent (%)	20.6	50.2	52.3	43.1	46.5
Grand Total	107	486	1158	1698	3449

Agency Name	Infants	Toddlers	Preschooler s	School-Age	total
column percent (%)	100.0	100.0	100.0	100.0	100.0

Source: California Department of Education, Child Development Division, 1999

note: Alternative Payment Programs are those who offer subsidized child care but do not serve or care for children directly.

Children Enrolled in Child Care Facilities Contracted for Subsidized Care by Program Type, Funding Source and Age Group of Children Served, San Diego County, 1998

Programs Type	number of agencies	Subsidized Enrollment				total subsidized	Non- Subsidized Enrollment	Total Enrollment
		Infants	Toddlers	Preschoolers	School-Age			
Centers, Federally Funded	32	2	27	624	141	794	211	1,005
Centers, State Funded*	58	77	741	1,609	1,474	3901	274	4,175
Preschools, State Funded	82	0	0	4,308	0	4,308	0	4,308
Campus Child Care	5	8	73	196	0	277	60	337
Housing and Urban Development	1	2	4	20	10	36	0	36
Latchkey/After School	36	0	0	0	936	936	679	1,615
Migrant Child Care	2	12	34	50	0	96	0	96
School-Age Parenting & Infant Care	7	92	43	0	0	135	0	135
Grand Total	223	193	922	6,807	2,561	10,483	1,224	11,707
percent (%)	n/a	1.6	7.9	58.1	21.9	n/a	10.5	100

Source: California Department of Education, Child Development Division, 1999

note: Contracted facilities offer subsidized child care to all or most of the children under their care.

* Four of these sites are sub-contracted family child care homes.

Children Enrolled in Licenced and Exempt Child Care Facilities with Subsidized Spaces by Age Group of Children Served, San Diego County, 1998

	Infants/Toddlers	Preschoolers	School-Age	total
capacity				
number of sites	23	146	74	243
total spaces	511	8,632	4,337	13,480
average spaces per site (range)	22.2 (0-54)	59.1(13-240)	58.6 (10-130)	55.5 (0-240)
non-subsidized enrollment (n=183)*				
total children	77	383	829	1,289
average children per site (range)	3.9 (0-33)	3.2 (0-126)	19.3 (0-70)	7.0 (0-126)
average percent of capacity (%)	18.7	4.1	42.8	14.7
subsidized spaces (n=183)*				
total children	322	6,842	903	8,067
average children per site (range)	16.1 (0-32)	57.0 (6-384)	21.0 (3-50)	44.1 (0-384)
average percent of capacity (%)	81.3	95.0	57.2	85.2
Grand Total	399	7,225	1,732	9,356
average percent of capacity (%)**	- 4.8	- 0.7	- 34.4	- 12.2

Source: California Department of Education, Child Development Division, 1999

* Indicates the number of facilities with appropriate data.

** The negative sign indicates that facilities were under capacity.

Table A2a
 Estimated Number of Households within Given Income Ranges by Zip Code, San Diego County, January 1998

Health Services Region, Zip Code and Community Name	\$9,000 and less	\$10,000- \$14,999	\$15,000- \$24,999	\$25,000- \$34,999	\$35,000- \$49,999	\$50,000- \$74,999	\$75,000- \$99,999	\$100,000 or greater	Median Income (\$)
Central									
92101 Downtown	3021	1339	1777	1052	1221	910	533	452	19460
92102 Golden Hills	2351	1604	3240	2356	2147	1516	386	220	24120
92103 Hillcrest	1342	1328	2825	2878	3079	2534	1206	1552	34997
92104 North Park	2476	1869	4414	3934	3998	2743	907	492	29213
92105 East San Diego	3846	2348	4701	3538	3717	2483	636	355	24823
92113 Southeast/Logan Heights	2865	1522	2578	1955	1605	1044	243	95	21076
92114 Encanto	964	938	2042	2502	4155	4008	1469	686	41989
92115 College Grove	2912	1905	3749	3340	3736	3125	1055	681	30046
92116 University Heights/ Normal Heights/ Kensington	1435	1282	3252	3100	3169	2482	805	726	31956
92139 Paradise Hills	259	394	1403	1917	2602	2650	822	352	42071
North Central									
92037 La Jolla	1193	753	1740	1909	2132	2822	2065	5381	61255
92106 Point Loma	324	375	901	691	1065	1256	896	1507	53016
92107 Ocean Beach	834	830	2393	2168	2366	2309	1090	1173	37260
92108 Mission Valley	223	294	520	1092	1295	1314	451	280	42014
92109 Pacific/Mission Beach	1964	1407	3484	3660	4464	4010	1877	2254	38511
92110 Morena/Old Town/ Bay Park	909	696	1764	1711	1999	1888	995	793	37232
92111 Linda Vista/Clairemont/ Kearney Mesa	1238	936	2386	2876	3405	3730	1634	994	40126
92117 Clairemont	955	967	2598	3002	4412	4782	1985	1434	43654
92119 Navajo/San Carlos	341	317	777	1122	1759	2570	1206	1351	53945
92120 Grantville/Del Cerro	307	367	1089	1241	1805	2594	1436	1713	54501

Health Services Region, Zip Code and Community Name	\$9,000 and less	\$10,000- \$14,999	\$15,000- \$24,999	\$25,000- \$34,999	\$35,000- \$49,999	\$50,000- \$74,999	\$75,000- \$99,999	\$100,000 or greater	Median Income (\$)
92121 Mira Mesa/ Sorrento Valley	80	88	101	185	313	344	185	206	49233
92122 University City	847	680	1676	2067	2997	3278	1910	2324	48111
92123 Serra Mesa/ Mission Village	242	426	1398	1282	1650	1889	845	360	41345
92124 Tierrasanta	175	243	1314	1229	1965	2373	1384	1641	52486
92126 Mira Mesa	648	377	1614	3192	5294	7122	2531	1369	49854
92130 North City West	137	48	263	414	873	1719	1744	3361	86833
92131 Scripps Miramar Ranch	234	50	201	592	1099	2121	1691	2563	74747
South									
91902 Bonita	114	95	248	500	827	1330	1160	1562	71316
91910 Chula Vista	2057	1791	3494	3613	4177	5308	2309	2215	40484
91911 Chula Vista	1734	1493	3469	3805	4470	4818	1928	1305	38389
91913 Chula Vista	52	11	243	180	399	1125	635	760	68167
91914 Chula Vista	3	1	22	21	43	91	56	76	68269
91915 Chula Vista	8	27	20	91	177	270	206	180	65417
91932 Imperial Beach	934	735	1991	1984	1987	1177	404	206	30287
91950 National City	2113	1706	3010	2713	2649	2123	624	449	28187
92118 Coronado	298	226	616	770	1229	1595	1119	1738	60290
92135 North Island Naval Air Station	0	0	0	0	31	15	5	0	47339
92154 Nestor	1062	901	2408	2529	3811	3964	1072	592	39997
92155 Naval Amphibious Base	0	0	7	10	20	1	0	0	36500
92173 San Ysidro	1056	1169	1535	1074	989	738	163	108	22759
North Coastal									
92007 Cardiff	140	119	353	521	706	1069	555	872	57682
92008 Carlsbad	836	653	1675	1681	2901	3260	1749	1686	47283
92009 Carlsbad	345	373	1000	1196	2206	3625	2129	2969	62424

Health Services Region, Zip Code and Community Name	\$9,000 and less	\$10,000- \$14,999	\$15,000- \$24,999	\$25,000- \$34,999	\$35,000- \$49,999	\$50,000- \$74,999	\$75,000- \$99,999	\$100,000 or greater	Median Income (\$)
92014 Del Mar	288	76	229	627	984	1172	635	1955	66617
92024 Encinitas/Leucadia	776	650	1489	1709	2883	3609	2440	3526	57163
92054 Oceanside	1935	1684	3747	3368	4318	3175	1206	980	33434
92055 Camp Pendleton	55	204	1204	1070	1076	421	41	16	30425
92056 Oceanside	684	774	2237	2150	3588	4285	2065	1390	46461
92057 Oceanside	602	546	2305	2550	3161	3375	1317	844	41392
92067 Rancho Santa Fe	91	53	197	180	305	568	357	1546	92822
92075 Solana Beach	340	182	381	415	731	1158	636	1368	62014
92083 Vista	906	862	2837	3006	4026	4199	1820	1463	42260
92084 Vista	1189	1004	2292	2098	2344	2634	1215	1037	37070
92672 San Onofre/San Clemente	32	65	386	332	296	96	12	0	28810
East									
91901 Alpine	249	358	597	626	927	1072	646	727	47476
91905 Boulevard	51	53	67	85	85	52	25	11	30118
91906 Campo	122	111	156	199	181	103	65	46	30151
91916 Descanso	44	33	48	84	123	170	62	86	49146
91917 Dulzura	15	18	36	39	48	63	33	34	45938
91931 Guatay	9	9	10	27	44	39	15	32	47784
91934 Jacumba	42	24	38	67	60	31	14	8	30672
91935 Jamul	115	72	169	165	344	601	495	568	66618
91941 La Mesa	1247	908	2424	2759	3402	4061	1888	1963	43765
91942 La Mesa	820	535	1495	1562	2391	2370	882	461	40307
91945 Lemon Grove	668	399	1044	1419	1923	2000	688	420	40854
91948 Mt. Laguna	6	4	6	2	16	30	12	5	55417
91962 Pine Valley	39	27	30	35	118	149	72	59	52601
91963 Potrero	22	22	35	45	41	26	26	23	34111
91977 Spring Valley	843	773	1798	2289	4087	4505	2075	1562	46976
91978 Spring Valley	120	135	260	362	594	811	368	228	49192

Health Services Region, Zip Code and Community Name	\$9,000 and less	\$10,000-\$14,999	\$15,000-\$24,999	\$25,000-\$34,999	\$35,000-\$49,999	\$50,000-\$74,999	\$75,000-\$99,999	\$100,000 or greater	Median Income (\$)
91980 Tecate	10	9	7	17	12	10	2	2	30000
92019 El Cajon	745	582	1338	1640	2307	3216	1710	1870	50715
92020 El Cajon	1986	1696	3456	3329	3464	3412	1409	1566	34075
92021 El Cajon	1832	1311	3792	3512	4398	3793	1302	1049	35162
92040 Lakeside	779	717	1872	1893	3066	3401	1250	983	43412
92071 Santee	789	825	1753	2398	4341	5388	2069	971	47101
North Inland									
92003 Bonsall	53	88	164	183	198	282	167	234	49886
92004 Borrego	124	105	240	252	279	75	59	42	29722
92025 Escondido	1214	1025	2429	2088	2545	2088	1060	1148	35250
92026 Escondido	793	883	2141	2160	3222	3625	1538	1414	43897
92027 Escondido	1063	1062	2258	2006	2863	2955	1144	1225	39710
92028 Fallbrook	864	614	1876	1775	2290	2824	1290	1635	44531
92029 Escondido	301	244	692	723	1134	1215	886	1299	53148
92036 Julian	142	164	252	212	298	260	93	84	34175
92059 Pala	20	38	47	75	56	53	29	65	38080
92060 Palomar	7	21	26	32	22	25	18	40	41477
92061 Pauma Valley	69	73	116	110	165	167	82	109	42045
92064 Poway	327	371	928	1253	2559	3835	2495	3019	62748
92065 Ramona	558	332	793	1075	1865	2749	1327	1294	53397
92066 Ranchita	8	19	25	21	16	19	8	14	31190
92069 San Marcos	1044	1083	2864	3084	3727	4141	1539	1444	40586
92070 Santa Ysabel	32	43	51	41	79	63	29	16	36899
92082 Valley Center	271	259	406	488	763	1014	572	757	51923
92086 Warner Springs/ Agua Caliente	18	43	65	56	33	31	31	47	31429
92127 Rancho Bernardo	221	161	368	541	855	1464	815	1142	60886
92128 Rancho Bernardo	650	518	1285	1856	3054	4437	2449	3302	57959

Health Services Region, Zip Code and Community Name	\$9,000 and less	\$10,000- \$14,999	\$15,000- \$24,999	\$25,000- \$34,999	\$35,000- \$49,999	\$50,000- \$74,999	\$75,000- \$99,999	\$100,000 or greater	Median Income (\$)
92129 Rancho Penasquitos	432	269	678	1088	2434	4791	3201	2371	64251
92536 Temecula	13	25	34	24	27	22	13	22	32500

source: SANDAG, 1999

Note: Several zip codes were without information on household income and were not included in this table.

Appendix 1
Health Services Regions, San Diego County, 1999

Central	
Downtown	92101
Golden Hills	92102
Hillcrest	92103
North Park	92104
East San Diego	92105
Southeast/Logan Heights	92113
Encanto	92114
College Grove	92115
University Heights/Normal Heights/Kensington	92116
Naval Medical Center	92134
Pier Area	92136
Paradise Hills	92139
North Central	
La Jolla	92037
Point Loma	92106
Ocean Beach	92107
Mission Valley	92108
Pacific/Mission Beach	92109
Morena/Old Town/Bay park	92110
Linda Vista/Clairemont/ Kearney Mesa	92111
Clairemont	92117
Navajo/San Carlos	92119
Grantville/Del Cerro	92120
Mira Mesa/Sorrento Valley	92121
University City	92122

Serra Mesa/Mission Village	92123
Tierrasanta	92124
North Central (continued)	
Mira Mesa	92126
North City West	92130
Scripps Miramar Ranch	92131
Naval Training Center	92133
Miramar	92145
South	
Bonita	91902
Chula Vista	91910
Chula Vista	91911
Chula Vista	91913
Chula Vista	91914
Chula Vista	91915
Imperial Beach	91932
National City	91950
Coronado	92118
North Island Naval Air Station	92135
Nestor	92154
Naval Amphibious Base	92155
San Ysidro	92173
North Coastal	
Cardiff	92007
Carlsbad	92008
Carlsbad	92009
Del Mar	92014
Encinitas/Leucadia	92024

Oceanside	92052
Oceanside	92054
Camp Pendleton	92055
North Coastal (continued)	
Oceanside	92056
Oceanside	92057
Rancho Santa Fe	92067
San Luis Rey	92068
Solana Beach	92075
Vista	92083
Vista	92084
San Onofre/San Clemente	92672
East	
Alpine	91901
Boulevard	91905
Campo	91906
Descanso	91916
Dulzura	91917
Jacumba	91934
Jamul	91935
La Mesa	91941
La Mesa	91942
Lemon Grove	91945
Mt. Laguna	91948
Pine Valley	91962
Potrero	91963
Spring Valley	91977
Spring Valley	91978
Tecate	91980

El Cajon	92019
El Cajon	92020
El Cajon	92021
Lakeside	92040
Santee	92071
North Inland	
Bonsall	92003
Borrego	92004
Escondido	92025
Escondido	92026
Escondido	92027
Fallbrook	92028
Escondido	92029
Julian	92036
Pala	92059
Palomar	92060
Pauma Valley	92061
Poway	92064
Ramona	92065
Ranchita	92066
San Marcos	92069
Santa Ysabel	92070
Valley Center	92082
Warner Springs/Agua Caliente	92086
Rancho Bernardo	92127
Rancho Bernardo	92128
Rancho Penasquitos	92129
Anza/Imperial	92259
North Palomar	92390

Temecula	92536
Rainbow	92592

HHS Region	Children < Age 13 Receiving TANF		Licensed Centers and FCCH Open Spaces
	Numb	% Child	
1. Central	29,745	28.3%	2,298
2. North Central	5,293	5.1	3,868
3. South	15,533	18.6	2,078
4. North Coastal	6,144	6.9	2,075
5. East	13,632	15.0	2,823

6. North Inland	5,869	7.5	2,039
Total	76,225	13.8%	15,181