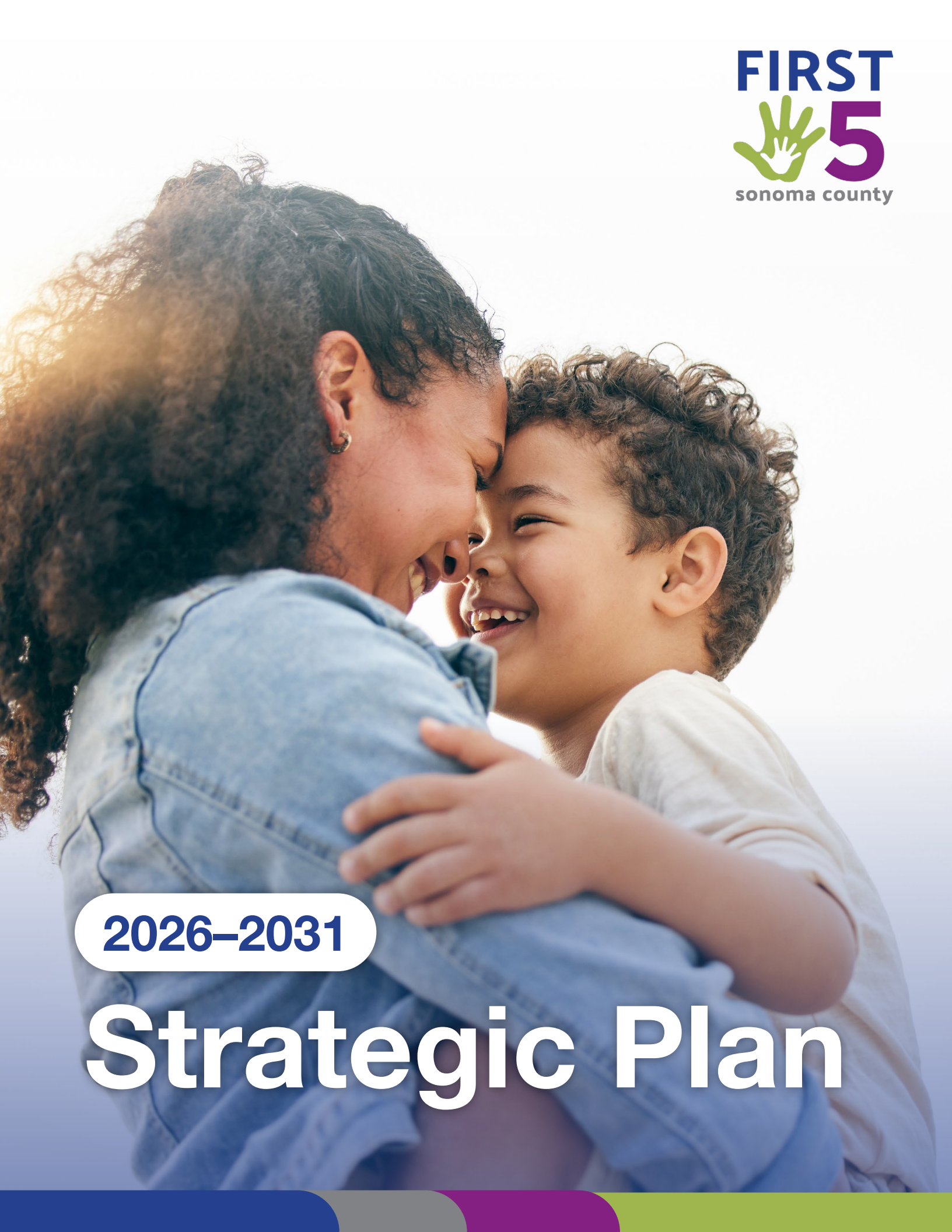
FIRST 5 sonoma county



2026–2031

Strategic Plan

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Leadership Note

Dear Sonoma County Community,

I am proud to present the First 5 Sonoma County 2026-2031 Strategic Plan. This plan builds on our long history of supporting children and families while responding to a very different landscape than when our last plan was written.

The previous plan was developed in the midst of the COVID-19 pandemic, when many of our most marginalized families faced economic instability and dire threats to their health and well-being as frontline workers. Today, while the pandemic has receded, so many families continue to navigate serious challenges. Immigrant communities are experiencing renewed threats from federal policies and actions that are creating legitimate fear of separation and trauma. Nationally, shifting policies around health, safety net programs, and child care create a great deal of uncertainty, not only for families but for community based organizations and systems leaders working to serve them. In California, child care rate reform, ECE workforce unionization, and Medi-Cal transformation are actively reshaping both early learning and health systems.

What sets the 2026-2031 Strategic Plan apart is the opportunity created by Measure I. Thanks to Sonoma County voters who overwhelmingly supported the measure in November 2024, our county now has a sustainable local funding stream to expand access to child care, early education, pediatric care and perinatal mental health services. Combined with diminishing but ongoing Proposition 10 revenue, Measure I allows us to make bold, coordinated investments. Yet we know these dollars cannot address every need. We must carefully balance long-term systems change with the ability to respond to urgent and emerging issues, while advocating for policies and resources that meet the moment for children and families.

Amidst all of this change, one thing remains constant: First 5 Sonoma County's steadfast commitment to equity. Guided by our Framework on Diversity, Equity, Belonging, and Anti-Racism, we will continue to design with and for those furthest from opportunity. When systems work for those on the margins, they work better for all children and families.

This plan reflects not only funding priorities, but also our values: to lead with integrity, to steward public resources responsibly, and to remain guided by the voices of families, providers, and partners. We will use this moment to innovate, think creatively, and stay true to our mission of ensuring that every child in Sonoma County has the strongest possible start in life.

With gratitude,

ANGIE DILLON-SHORE
Executive Director
First 5 Sonoma County

Acknowledgements

The First 5 Sonoma County Commission would like to thank and acknowledge:

First and foremost, the countless families, community partners, leaders, and broader public who contributed their expertise, time, and lived experience to shaping this strategic plan.

First 5 Sonoma County Strategic Planning Committee members, including:

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First 5 Sonoma County Staff for their enormous work over the past eight months, and for their deep commitment to center the needs of young children and their families in this plan

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Community needs assessments and reports, led by numerous partners, whose data and insights contributed greatly to understanding the needs of young children and their families: *2024-2025 Sonoma County Early Learning & Care Needs Assessment*, Sonoma County Child Care Planning Council; *Early Care & Education Workforce of Sonoma County*, Center for the Study of Child Care Employment at UC Berkeley, 2024; *Annual Sonoma County Data Report 2024*, Partnership HealthPlan of California; *2024 State of Housing in Sonoma County* and *Making the Rent: The Human Price of Housing Cost Burden,* Generation Housing; *The Real Cost Measure in Sonoma County*, United Ways of California.

Christina Bath Collosi and Iris Elent, from VIVA Social Impact Partners, for their wise counsel, thoughtful design, and facilitation of this inclusive strategic planning process enabling First 5 Sonoma County to continue having an impact for Sonoma County's children and families over the next five years.

About First 5 Sonoma County

Commission of Children and Families: First 5 Sonoma County

ABOUT PROPOSITION 10

In November 1998, California voters passed Proposition 10, the *California Children and Families First Initiative*. The act placed a tax on tobacco products and directed the revenue to fund county-level services that support early childhood development and school readiness.

Eighty percent of the tax revenue is distributed to California's 58 counties to promote early health, learning, and family support for children from the prenatal stage through five years of age. Locally, the nine members of the First 5 Sonoma County Commission administer and allocate the county's Proposition 10 tax revenue. Commissioners include County government representatives from the Board of Supervisors, Department of Health Services and Human Services Department, as well as a parent representative and representatives of community-based organizations, K-12 education, health care, and the private sector.

Since its founding in 1999, First 5 Sonoma County has invested in initiatives aligned with Proposition 10's strategic goals:

- **All children ages 0-5 are healthy and developing optimally**: Children who are healthy in mind, body, and spirit grow up confident in their ability to live fulfilling, productive lives. Healthy children have access to good nutrition, health care, nurturing relationships and stimulating play and learning. They live in families and communities that value them.
- **Early learning opportunities are diverse and high quality**: Preparing children to succeed in school is critical. High-quality, developmentally aligned early childhood learning settings build problem-solving and creative thinking skills, which are nurtured through community and parental reinforcement.
- **Parents and caregivers are resilient and nurturing**: Strong families support children's physical, mental, and emotional growth. As a child's first and most important teachers, parents and caregivers lay the foundation for healthy relationships, problem-solving, and ongoing learning.
- **Systems of care are integrated and coordinated**: Navigating complex services,

benefits, and programs can be challenging for families with young children. Clear eligibility criteria, convenient locations, coordination across funders and providers, culturally responsive and linguistically accessible services, flexible funding, and many other factors help make systems easier to navigate and access.

WHY IT MATTERS

The passage of Proposition 10 in 1998 signaled California's lasting commitment to the health and well-being of children perinatal through age five. Neuroscience, research, and lived experience show that the earliest years are a period of rapid brain development, with 90% of brain architecture being developed by age five. When children experience nurturing relationships and positive daily interactions, they build a strong foundation for lifelong health, learning, and behavior.

Research also shows that trauma, adverse childhood experiences (ACEs), and systemic inequities, such as racism and poverty, are detrimental to early childhood development and create lasting disparities in children's health, well-being, and kindergarten readiness. These findings underscore the urgency of aligning programs and policies with what science tells us about early childhood.

For more than 27 years, First 5 Commissions and their partners have worked to close gaps and reduce disparities across California by raising awareness and investing in developmentally appropriate and culturally responsive early childhood programs. Evidence shows these investments help families build resilience, improve school readiness, and produce long-term social and economic benefits. Research by Nobel laureate James Heckman and his colleagues found that every dollar invested in high-quality early childhood programs can yield returns of up to $14. This highlights the value of prioritizing early childhood as the foundation for thriving communities.[1]

1 García, Jorge Luis, James J. Heckman, Duncan Ermini Leaf, and María José Prados. "The Life- cycle Benefits of an Influential Early Childhood Program." (2016)

PAST 27 YEARS OF ACHIEVEMENTS

Over 27 years of collaboration, advocacy, and over $120 million in investments, First 5 Sonoma County has become a pillar of optimal early childhood development for the county's youngest residents. Since 1999, First 5 Sonoma County has focused on building effective, collaborative, and culturally responsive programs and systems to ensure Sonoma County's youngest children enter kindergarten ready to succeed in school and life.

First 5 Sonoma County has advanced lasting systems change by piloting, investing in and fostering collaborative efforts to address children's mental health, family financial stability and perinatal mental health needs. In addition, First 5 Sonoma County's investments led to the establishment of the county's Quality Rating and Improvement System (QRIS) and have expanded and maintained early learning facilities throughout the county. The Commission has invested in critical local research such as the READY project, assessing and raising awareness around disparities in children's readiness to succeed in kindergarten and has mobilized cross-sector partnerships to strengthen child care, family resource centers, and nonprofit capacity. In addition, First 5 has played a pivotal role in disaster and pandemic response and has helped shape state policy and funding priorities for young children and families. Together, these achievements demonstrate First 5 Sonoma County's critical role as a catalyst, collaborator, capacity builder, and policy advocate for children and their families.

Measure I

ABOUT MEASURE I

In November 2024, voters approved Measure I, the *Sonoma County Child Care & Children's Health Initiative* following a multi-year effort led by a group of community champions that built a coalition, qualified the measure for the ballot and ran a robust electoral campaign. The countywide sales tax establishes a dedicated local funding source in perpetuity to expand access to early care and education, children's health and mental health services including perinatal mental health.

The priorities for Measure I expenditures were based on policy recommendations from the First 5 Sonoma Commission, engagement from the community and local data that highlights declining kindergarten readiness, a severe shortage of affordable child care exacerbated by the COVID-19 pandemic, low wages for early childhood educators that undermine workforce stability, and limited access to pediatric and perinatal mental health care. It was also developed amidst the ongoing steep decline of state Proposition 10 tobacco tax revenue, which has supported programs serving children ages 0–5 since 1999.

The ballot measure and subsequently established local Measure I ordinance names First 5 Sonoma County as the *administrator* of Measure I funds due to its many years of experience administering public funding and close alignment with the intent of Prop 10. The Measure I ordinance mandates that the strategic planning process for Measure I be integrated into First 5's existing strategic planning approach, coordinating the planning for Prop. 10 expenditures.

This 2026-2031 Strategic Plan is the Commission's first plan to formally bridge both Measure I and Proposition 10 funds into one coordinated approach for children, from prenatal to age five.

COMMUNITY ADVISORY COUNCIL (CAC)

As per the ordinance, the Sonoma County Board of Supervisors has appointed an eleven-member Community Advisory Council that is staffed by and provides input and guidance to First 5 Sonoma County on the implementation of Measure I. The CAC has 11 members, including parents, providers, and health professionals, who make recommendations to the First 5 Sonoma County Commission regarding:

a. The Child Care and Children's Health Plan and Annual Expenditure Plan.
b. Initiatives to improve service provider quality and build capacity.
c. Efforts to improve access to programs, including using technology to streamline referral, navigation, linkage, and service integration.
d. Strategies to enhance community engagement in the planning and implementation of services.

The CAC also promotes transparency by gathering public input and testimony, and by reviewing an annual audit of Measure I.

OUR VISION

Children in Sonoma County, from the prenatal stage to age five, will develop to their fullest potential.

OUR MISSION

To maximize the healthy development of every child in Sonoma County from the prenatal stage through age five by providing equitable support, education, and advocacy.

The Foundational Principles & Frameworks

First 5 Sonoma County is guided by core beliefs about what young children and families need to thrive. These beliefs reflect early childhood research and the lived experiences of parents and caregivers in our community. They emphasize prevention and early intervention, address structural inequities, and recognize the critical importance of a child's earliest years.

What We Believe

1. Parents and caregivers are a child's first and most important teachers, and their voices are essential to the design and planning of services that their children receive.
2. The best investment of resources is in proven and community-informed approaches to early prevention and intervention.
3. To address structural gaps in opportunity due to racial and economic inequities, some

children and families need more resources to eliminate barriers and to target root causes.

4. A child's first two years, including the prenatal phase, provide the greatest opportunity to maximize the critical and long-lasting impact on a child's developing brain.
5. The entire community benefits from optimal child development.

How We Approach Our Work

Diversity, Equity, Belonging, and Anti-Racism (DEBAR)

First 5 Sonoma County supports young children and their families using a framework centered on diversity, equity, belonging, and anti-racism. The DEBAR framework focuses on:

- Healing and restoration
- Targeted universalism and designing for the margins
- Centering the whole child and whole family
- Place-based supports (meeting needs where people live, learn, and receive care)
- Community engagement and power-sharing

Using this framework helps ensure that resources and strategies respond to needs as experienced and described by community members, strengthen family and child well-being, and foster collaboration across systems. This framework and values guide all priority areas, goals, and strategies outlined in this plan.

Defining Health & Thriving Families: Early Relational Health

First 5 Sonoma County defines child health and thriving families through the framework of *early relational health*. Early Relational Health (ERH) refers to the emotional well-being that develops *in the context of* nurturing, responsive, and consistent relationships between infants or young children and their parents and caregivers. It emphasizes the quality of these early relationships as the foundation for a child's lifelong health, development, and resilience. Early relational health is built through simple, daily interactions between parents and children starting at birth. These interactions are informed by the environments where they take place: family, early learning settings, health care and other community settings, and neighborhoods. Everyday moments, like feeding, play, reading, or just being together, shape a child's emotional, cognitive, and physical development and strengthen the caregiver-child bond.[2] This positive bonding and co-regulation (helping each other regulate their emotions) can also decrease symptoms of stress, anxiety, and depression for caregivers, which in turn creates a calmer and safer environment for children to grow and develop.[3] There is a strong body of research that demonstrates that the quality of early caregiver–child relationships is one of the strongest predictors of lifelong health and well-being.[4,5]

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2 Li, J., & Ramirez, T. (2023). Early Relational Health: A Review of Research, Principles, and Perspectives. The Burke Foundation.

3 ibid

4 ibid

5 National Scientific Council on the Developing Child (2020). ***Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined Working Paper No. 15.*** Retrieved from www.developingchild.harvard.edu.

Defining "Access" to Early Care and Education

Drawing on the "Multi-dimensional Framework of Access to Child Care and Early Education"(Paschall & Maxwell, 2022), First 5 Sonoma County defines *access to early care and education* to mean that services and programs:

1. Meet families' location needs and have space available,
2. Are affordable,
3. Effectively support each child's development, and
4. Fit families' logistical and cultural needs (e.g., hours of operation, language and communication, preferred site type, and transportation when needed).[6]

Authentic Collaboration

First 5 Sonoma County cannot achieve its mission alone. Because systems are interdependent, First 5 Sonoma County leverages diverse funding sources, available data, broad cross-sector community partnerships, and 27 years of experience to advance its mission in pursuit of a Sonoma County where every child can develop to their fullest potential.

How We Fund

The Commission allocates funds generated from both Proposition 10 and Measure I in accordance with statutory requirements and allowable uses based on voter intent.

Proposition 10

All strategies funded with Prop. 10 revenue are in alignment with the intent of Proposition 10[7]:

- Promote, support, and improve the early development of children from the prenatal period through age five.
- Create and implement an "integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development and to ensure children are ready to enter school."[8]

Measure I

In accordance with Measure I (the *Sonoma County Child Care and Children's Health Initiative*),[9] funded strategies will be used to:

- Increase access to high-quality child care, preschool, and early education for low- and middle-income children and families.
- Improve wages and compensation for child care providers and early educators.
- Maintain and protect local health and mental health care services tailored to infants,

6 Paschall, K, & Maxwell, K. (2022). Defining and Measuring Access to Child Care and Early Education with Families in Mind. OPRE Report #2021-232. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

7 California Proposition 10 Statute - Health and Safety Code Section 1301100-130155

8 California Proposition 10 Statute

9 Sonoma County Child Care and Children's Health Initiative (2024).

toddlers, and pediatric patients, and perinatal mental health.

- Support efficient administration of the tax proceeds.

As the Measure I funds administrator, First 5 Sonoma County will allocate funds in a "60/40 split" as mandated, with 60% allocated to early care and education and 40% to children's health and mental health care, including perinatal mental health.

Additional Funding Priorities

To prioritize equity, proposals will be assessed by the use of inclusive methods and the target audiences prioritized based upon populations experiencing the greatest inequities.

Procurement of Contractors

First 5 Sonoma County procures all contractors, vendors and funded partners based on the elements of the First 5 Sonoma County Commission's Procurement Policy, which defines parameters for and exceptions to competitive funding processes.

The Strategic Planning Process

Proposition 10 requires each local First 5 Commission, as well as the state Commission (First 5 California), to have a strategic plan focused on achieving its mandate to support an integrated system of care for children and their families. Over the past five years, First 5 Sonoma County has followed its 2021-2025 plan, which was updated in 2023 to address the changing landscape.

As that plan nears its end, First 5 Sonoma County launched a procurement process in late 2024 to select a consultant to design and lead a comprehensive strategic planning process for the 2026-2031 plan.

The Process Design

In March 2025, the First 5 Sonoma County Commission engaged VIVA Social Impact Partners (VIVA), a social impact consulting firm, to co-design and implement an eight-month strategic planning process. The design of the process was grounded in First 5's commitment to diversity, equity, belonging and anti-racism, which includes listening to those closest to the issues and designing for the margins. It combined extensive community input with a comprehensive review of relevant data to align priorities and select strategies for the greatest positive impact.

DATA LANDSCAPE

The process began with an in-depth review of community-level data on the strengths, needs, and barriers facing young children and their families in Sonoma County. Topics included children's health, behavioral health, family well-being and basic needs, early care and education (ECE), and the ECE workforce. Findings were shared with First 5 Sonoma County staff and the Measure I Community Advisory Council (CAC) to support data-informed strategies.

COMMUNITY ENGAGEMENT

In addition to community-level data, First 5 Sonoma County gathered input from individuals across Sonoma County to help prioritize strategies for investment and implementation. Community Engagement began with a needs assessment conducted by Equity First Consulting that included eleven focus groups, inclusive of families, ECE providers, and health

service providers, as well as community interviews. VIVA supplemented this as needs arose and included one listening session with ECE providers, one listening session with health community partners, and one focus group of Federally Qualified Health Centers.

PLANNING GROUPS

To synthesize insights and prioritize where to allocate Proposition 10 and Measure I funding, several planning bodies contributed:

1. Measure I Community Advisory Community
2. Strategic Planning Committee
3. Ad-hoc Joint Committee (Measure I CAC & Strategic Planning Committees)
4. First 5 Sonoma County Commission
5. First 5 Sonoma County staff

Measure I CAC: This Board of Supervisors-appointed group is made up of 11 members, which include representatives from the ECE workforce, parents or guardians of children under the age of six, the local Child Care Resource and Referral agency, and representatives from pediatric and/or perinatal health and/or mental health care systems. This body met six times in 2025. Members reviewed relevant community data about child health and early care and education in Sonoma County, received in-depth and detailed proposals from First 5 senior staff and then formalized recommendations about health and ECE-related strategies and funding allocations for the First 5 Sonoma County Commission's consideration. Additionally, at each CAC meeting, there were multiple opportunities for community participation, including providing formal public comment on the Early Care and Education and Health strategies proposed for funding.

Strategic Planning Committee: The Strategic Planning Committee included two current First 5 Sonoma County Commissioners, four community partners, the First 5 Sonoma County Executive Director and First 5 Sonoma County Deputy Director. The Committee met four times to provide feedback on the Strategic Plan framework, including the *Thriving Families* and *Communities as Champions* priority areas.

Ad-hoc Joint Committee: An ad-hoc group made up of two members from the Measure I CAC and three members of the Strategic Planning Committee (including one First 5 Sonoma County Commissioner) met once in September to review the draft strategies and ensure alignment across priority areas.

First 5 Sonoma County Commission: During the August 2025 Commission meeting, the First 5 Commission shared input on the draft priority areas and goal language. Then, at a November 2025 Special Commission meeting, Commissioners reviewed the full draft plan and provided feedback.

First 5 Sonoma County Staff: The full program staff met seven times, and various groupings of staff met at least two dozen times to synthesize input and develop draft plan components for review and feedback by the various planning bodies.

COMMUNITY INPUT

Understanding the needs of Sonoma County's youngest children and their families is crucial for developing equitable and responsive early childhood systems. While there was a wide range of perspectives, several themes emerged as top priorities for First 5 Sonoma County:

Early Childhood Education

1. Access & Affordability: Universal high-quality care and family scholarships
2. Workforce: Compensation, education, and recruitment
3. High quality care: Professional development and coaching
4. Facilities: Grants for facilities and high-quality learning environments

Child Health & Perinatal Mental Health

1. Reduce isolation and create emotional and systemic safety: Connection and peer support
2. Wraparound and place-based care: One-stop shops, service hubs, trusted locations, and support for resource navigation
3. Culturally responsive care: Support providers to honor culture and language justice
4. Continuum of multiple modalities: Whole families, parent choice, inclusive supports for children with disabilities, different levels of intensity
5. Diverse workforce: Build and support diverse clinical and peer providers

Family Supports

1. Parent power-building, leadership, and advocacy
2. Economic stability
3. Access to programs and services
4. Strengthening coordination and leadership of Family Resource Centers
5. Wraparound family supports: Parent education workshops, peer groups, stipends for families

Communications, Outreach, & Advocacy

1. Outreach to raise awareness of what is available, especially for families at the margins
2. Advocacy for resources that families need (i.e., affordable housing, legal support, etc.)
3. Elevation of community voice and engagement of communities
4. Strengthen transformative partnerships

COMMUNITY-LEVEL DATA

The following community-level data presents a snapshot of the county's children ages 0-12, with a focus on ages 0-5 where data is available. Unless otherwise noted, data is drawn from the 2025 Sonoma County Early Learning and Care Needs Assessment.[10] The data points below highlight the range of challenges families face.

Basic Needs & Income

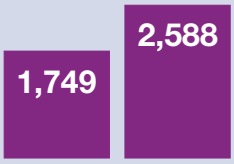
Many families with young children experience significant economic strain due to the high cost of living, especially the dual cost burden of housing and child care. Housing costs, food insecurity, and persistently low wages in core sectors of the workforce create conditions that make it difficult to meet basic needs, even for two-parent working families. Families with children under five, especially those led by a single parent, face these pressures more acutely than the general population, putting young children at greater risk of instability. These pressures intersect with systemic inequities related to employment, race, and geography. As financial pressures rise, basic needs insecurity becomes a barrier to child development and family well-being.

Families with young children are twice as likely to be

SEVERELY COST BURDENED

(spending more than 50% of income on housing)

In addition, **over 50%** report difficulty affording food, double the rate of other households.[11]



The number of children ages 0-5 living **below the federal poverty** line in Sonoma County

INCREASED BY 44%

from **1,794** children in 2021 to **2,588** children in 2023.[12]

federal poverty wage ($12.81/hour)

county minimum wage ($16.50/hour)

How much a single adult with two children must earn to cover basic needs ($60.14/hour)

10 Sonoma County Office of Education. (2025). Sonoma County 2024-2025 Early Learning and Care Needs Assessment.

11 Generation Housing. (2023). Making the Rent: The Human Price of Housing Cost Burden. Retrieved from https://generationhousing.org/wp-content/uploads/2023/03/2023_0322-Making-the-Rent-The-Human-Price-of-Housing-Cost-Burden.pdf

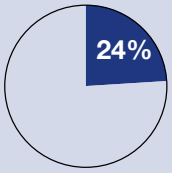
12 Resource and Referral Network. (2024, April 28). Sonoma County child care data snapshot. https://rrnetwork.org/assets/general-files/Sonoma_2025-04-28-172401_qbfd.pdf

Kindergarten Readiness

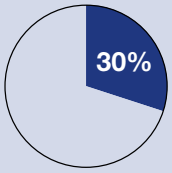
In Sonoma County, most children enter kindergarten without being fully prepared. Early learning gaps tend to reflect broader inequities across racial and socioeconomic groups. Access to quality early childhood education plays a significant role in children's readiness, yet participation and availability vary. These early disparities can have long-term impacts on academic achievement and social development. Addressing readiness requires expanding access and ensuring culturally responsive supports that meaningfully engage parents and caregivers.[13]

Only 32% of Sonoma County kindergarteners were screened as "ready to succeed" in 2024.

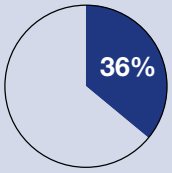
Racial disparities in kindergarten readiness are persistent and growing. In 2024, the lowest readiness rates were found among **Latine/Hispanic children (24%), Indigenous/Native American children (30%), and Black children (36%)**.



Latine/Hispanic

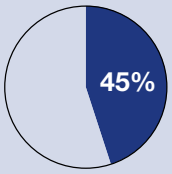


Indigenous/Native American

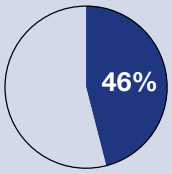


Black

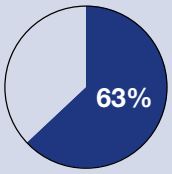
Higher readiness rates were found among White children (45%), Asian children (46%), and Pacific Islander/Native Hawaiian children (63%)



White



Asian



Pacific Islander/Native Hawaiian

Children who attended early childhood education (ECE) programs (**35%**) were more likely to be ready than those who did not attend ECE programs (**22%**). This included informal ECE programs like weekly playgroups.

13 Doherty, N. (2024). Sonoma County Road to Early Achievement and Development of Youth (READY) annual report, 2023–24. Sonoma County Human Services Department, Upstream Investments, & First 5 Sonoma County. https://first5sonomacounty.org/about/strategic-plan/

Child Care Landscape

According to the Sonoma County 2024–2025 Early Learning and Care Needs Assessment, the availability of child care has declined across the county, limiting access for working families.[14] Most programs have fewer available slots, especially for infants and toddlers. Large family child care homes have expanded slightly, but not enough to meet overall demand. Geographic differences also contribute to unequal access, with some communities facing severe shortages. These gaps make it harder for families to maintain employment and for children to receive early learning support.

In 2024, there were **559** ECE programs:

99 license-exempt centers

146 licensed centers

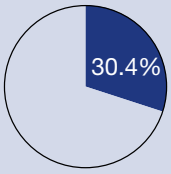
138 large family child care (FCC) homes

176 small FCC homes

Except for large family child care homes, which increased their total number of slots by 436 to 1,476 total slots in 2024, all other provider types experienced a sharp decline:[15]

Centers and exempt centers combined declined by 34% to 12,047 slots

Small FCC homes declined by **22%** to 1,236 slots



Only **30.4%** of child care needs for ages 0 - 12 are currently met.

Ages 0-2: **86%** unmet need
Ages 5-12: **79.1%** unmet need
Ages 3-4: **8.8%** unmet need

Regions with the highest unmet need ("child care deserts"):

- Sonoma Valley (74.1%), Santa Rosa (73.5%), Cotati/Rohnert Park (71.6%), North County (66.6%), South County (63.4%), West County (58.1%)
- Rural areas like Cloverdale and the River region have especially limited access, particularly for subsidized infant/toddler care.

14 Sonoma County Office of Education. (2025). Sonoma County 2024-2025 Early Learning and Care Needs Assessment.

15 The child care landscape data does not take into account new children served by Transitional Kindergarten (TK).

Subsidized Child Care Access

The Sonoma County 2024–2025 Early Learning and Care Needs Assessment also found that access to subsidized child care remains limited, with long waitlists and significant unmet demand. Families with infants and toddlers experience the largest gaps, leaving many without affordable options during critical years of development. Even when subsidy programs are available, eligibility does not guarantee access due to provider shortages. Families without subsidies often spend a disproportionate share of their income on child care. These challenges impact children's early learning and families' economic stability.

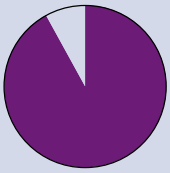
2,895

children ages 0–4 are enrolled in subsidized programs (Jan 2025)

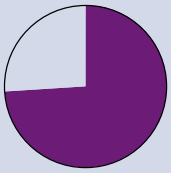
995

children ages 0-5 are on the Centralized Eligibility List (CEL)

Ages 0-2 (42.4%)
Ages 5-12 (34.0%)
Ages 3-4 (23.5%)



91.8% unmet need for subsidized care of Sonoma County's subsidy-eligible population of **infants**



73.6% unmet need for subsidized care of Sonoma County's subsidy-eligible population of **3-5 year olds**

Families without subsidies spend **8.5-19.8%** of their income on infant care, **exceeding the 7% federal affordability benchmark**.[16]

Early Care & Education Workforce

Sonoma County's early childhood workforce is experienced and culturally diverse, yet ongoing challenges undermine stability and quality across the system. The majority of providers are women, and nearly half identify as Latina; however, leadership positions do not reflect this diversity, as about 74% of center directors are white, compared to a workforce that is almost 50% Latina. Many educators bring long-term commitment to their work: over half of family child care providers and nearly 80% of center directors have more than 15 years of experience.

Despite this depth of expertise, compensation remains low, and many educators rely on public benefits to meet basic needs. Average annual earnings range from approximately $62,000 for center directors to between $34,000 and $46,500 for family child care providers and teachers. Assistant teachers often earn less than $40,000 per year. These wages, combined with rising living costs, contribute to high turnover and make recruitment difficult.[17]

16 Sonoma County Office of Education. (2025). Sonoma County 2024-2025 Early Learning and Care Needs Assessment.

17 Powell, A., Muruvi, W., Austin, L., & Petig, A. (2024). The Early Care and Education Workforce of Sonoma

Child & Perinatal Health

Health indicators show generally high access to prenatal care, but disparities persist in birth outcomes. Racial inequities affect rates of hypertension, severe complications, and preterm births. These differences reflect broader patterns in the health system that disproportionately impact Indigenous, Black, and Asian/Pacific Islander families. Mental health needs have also grown, especially during and after the COVID-19 pandemic. The widening gap between local and statewide perinatal mental health rates signals increasing demand for care and early intervention.

Birth Outcomes & Prenatal Care:

- 91% of birthing individuals begin prenatal care in the 1st trimester across all racial groups.[18] However, disparities persist by race.[19]
    - Highest hypertension in pregnancy: Black, American Indian, and Alaska Native mothers.
    - Highest severe maternal morbidity: Asian/Pacific Islander mothers.
    - Black mothers experience preterm birth at nearly double the rate of white mothers.

Perinatal Mental Health:

- The prevalence of perinatal mental health conditions in Sonoma County has increased from around 13% in 2016–2018 to just over 20% in 2020–2022. Statewide rates rose more modestly from ~6% to ~8%. The local-state gap has widened, signaling unmet need for screening and support.[20]

In conclusion, Sonoma County's community-level data highlights the pressing challenges and significant opportunities within Sonoma County's early care and education, child health, and perinatal mental health systems. While there are clear strengths—including high rates of prenatal care and a network of dedicated providers—critical gaps remain in child care availability, affordability, and access to preventive services, particularly for low-income and historically underserved communities. Addressing these disparities requires coordinated investment, culturally responsive services, and system-level strategies to strengthen infrastructure and workforce stability.

County. Center for the Study of Child Care Employment, University of California, Berkeley.

18 Children Now. (2025). 2025 California Scorecard of Children's Well-being: Sonoma County. Retrieved from https://www.childrennow.org/portfolio-posts/2025-california-county-scorecard-of-childrens-well-being/

19 2025 California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Severe Maternal Morbidity Dashboard; Preterm Birth Dashboard; Maternal Health Conditions Dashboard

20 California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Perinatal Mental Health Conditions at Delivery Dashboard, Last Modified December 2024. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Perinatal-Mental-Health-Conditions-at-Deliver y.aspx

First 5 Sonoma County 2026-2031: 5-Year Strategic Priorities

Priority Area 1: Healthy Children

GOAL

Children's physical, emotional, and developmental needs are met starting prenatally to promote a healthy start in life.

OUTCOMES

1. Families have expanded access to an integrated and coordinated system of culturally concordant[21], community-based and clinical pediatric care and perinatal mental health services, including screening, assessment, referral, and treatment.
2. A specialized, culturally diverse and expanded workforce, both community-based and clinically trained, effectively meets Sonoma County's pediatric and perinatal mental health needs.

STRATEGIES

To achieve these outcomes, First 5 Sonoma County will:

1. **Strengthen service coordination, and expand access to dyadic, wraparound care in support of children's health.**

   1a Ensure pediatric and perinatal screening, referral and resource connection, mental health services, including play-based, and nutrition provided in trusted, child friendly, maternal-child, place-based, geographically accessible service delivery sites.

   1b Fund a centralized hub to triage referrals for perinatal mental health and promote resource connection to perinatal support and clinical perinatal mental health therapy.

21 *Culturally Concordant: When patients can see themselves as similar to their care provider in their beliefs, communication/language, identity, experience, or values.

1c Support efforts that bring health and social service providers together to develop and implement strategies for a coordinated continuum of care for family health.

2. **Bolster the county's workforce in perinatal and early childhood health, lactation support, and doula care.**

2a Support career pathways and expand a culturally and linguistically diverse clinical and community-based workforce specialized in lactation support, as well as perinatal, infant, and early childhood mental health.

2b Support the development of an umbrella entity to develop a system of trained, mentored, and supported doulas.

3. **Fund services that are provided where children and families live, work and play.**

3a Ensure that clinical health and holistic health options are available via mobile or pop-up clinics to provide maternal health and pediatric health services including developmental screenings, vaccinations, nutrition supports, and well-child services.

3b Fund early intervention supports for children with disabilities, behavioral concerns, developmental concerns, and/or medically complex needs in the setting, modality, and language that meet the family's needs (i.e., early learning sites, home visits, playgroups, meetups, phone call).

3c Support families to meet their infant feeding goals as they return to work, enroll their child in childcare and access services in the community.

Priority Area 2: Thriving Families

GOAL

Families of young children have their basic needs met, experience safety and connection to the community and support systems, and are resourced as advocates for their children.

OUTCOMES

1. Families have safe, trusted, and place-based access points for resources to meet their child's basic needs, especially in times of crisis, natural disasters and other emergencies.
2. Parents and other primary caregivers are supported as their child's first teacher with the knowledge, tools, experiences, and connections to provide their children with a nurturing, safe, and joyful environment.
3. Parents and caregivers have the skills and resources to confidently advocate on behalf of their children, and build social and political capital.

STRATEGIES

To achieve these outcomes, First 5 Sonoma County will:

1. **Invest in place-based resource hubs and networks**

   1a Expand accessibility, leadership, and a coordinated network of Family Resource Centers and other place-based hubs that, as elements of the larger system of social service and health-related safety-net supports, provide culturally responsive and trusted navigation and linkage to services for families of young children.

2. **Build on local infrastructure and programming to strengthen parent leadership**

   2a Provide opportunities for parents and caregivers to develop skills, knowledge, and confidence to lead, advocate and organize to effectively advocate for their children, contribute to positive community change, and advance social justice.

3. **Support community-based programming that promotes nurturing caregiving and mitigates the impacts of stress and trauma.**

   3a Advance culturally-responsive efforts and programs that equip parents with knowledge and skills related to child development and parenting, and build social connections and networks.

Priority Area 3: Early Care and Education

GOAL

Sonoma County's early care and education (ECE) system is well-resourced, with a supported and stable workforce, to ensure equitable, high-quality early learning that meets family needs and prepares children for success in TK/kindergarten and beyond.

OUTCOMES

1. Working families, including those historically excluded or underserved, can find and afford ECE that meets their needs.
2. A diverse and stable early childhood workforce has access to ongoing education, professional development, and career advancement.
3. Early learning environments are equitable, inclusive, culturally responsive, and deploy trauma-informed practices that support children.
4. Sonoma County's ECE infrastructure is expanded and sustained to provide safe, high-quality facilities, especially in under-resourced communities.
5. The early learning system is informed and strengthened through meaningful data, family voice, provider experience, and community awareness.

STRATEGIES

To achieve these outcomes, First 5 Sonoma County will:

1. Expand access to high quality early learning for families

- **1a** Invest in non-traditional and two-generation learning models that promote family literacy and language-rich home environments, and build parents' skills as their child's first teacher.
- **1b** Provide culturally responsive outreach, guidance, and scholarships to help families access high quality early care and education, especially those facing challenges like housing instability, language or affordability barriers.

2. Strengthen and support the early childhood workforce

- **2a** Increase compensation for teachers and caregivers in child care centers, family child care homes, and licensed-exempt programs.
- **2b** Create equitable career pathways by removing barriers to education and professional development.

2c Build flexible resources tailored for Family, Friend, and Neighbor (FFN) caregivers.

3. Improve quality of early learning environments

3a Fund mini-grants to improve classrooms, learning materials, and play spaces.

3b Invest in tools and multilingual coaching to help providers create safe, welcoming, and high-quality learning environments by strengthening trauma-informed, inclusive, and culturally responsive practices in center and home-based settings.

4. Invest in safe and sustainable early learning settings

4a Fund new construction, renovations, and improvements for child care facilities to meet safety and licensing standards, prioritizing under-resourced communities.

4b Fund emergency grants and/or bridge loans to help child care providers remain open during natural disasters, funding delays, or other crises.

Priority Area 4: Community as Champions

GOAL

Community members and leaders across Sonoma County's public, private, and nonprofit sectors are champions and change agents for young children and their families.

OUTCOMES

1. Community members understand the importance of early childhood development and the role of First 5 Sonoma County, leading to increased and sustained community engagement and support.
2. Local government, education systems, businesses and employers across sectors dedicate resources to ensuring that the needs of children and families are prioritized in policies, investments, practices, and programs in areas that impact child development, including housing, employment, recreation and economic development.
3. Communities and systems across Sonoma County are resourced to respond to the emerging needs of young children and their families in times of crisis and uncertainty.

STRATEGIES

To achieve these outcomes, First 5 Sonoma County will…

1. Implement culturally responsive communications and awareness building strategies

1a On an annual basis, develop a robust and high-quality communications plan that employs diverse communications and outreach strategies to build community awareness, foster ongoing engagement, and share timely, relevant information.

1b Implement outreach and communications efforts that focus on a range of topics, including:

- The importance of brain development
- Significance of quality early interactions to support child development
- Informing families and ECE providers of quality initiatives
- Informing families of local resources and services that support perinatal and pediatric health and development
- Impact of the local dedicated revenue stream, Measure I.

2. **Sponsor community events and special projects**
   Provide sponsorships for community events and time-limited special projects that are aligned with strategic priorities that support:

   - Child and family-serving nonprofit sustainability and visibility
   - Engagement of families with young children, especially those inclusive of and reaching marginalized communities

3. **Address barriers to engagement through stipends and reimbursements**

4. **Advance and sustain cross-sector advocacy and partnerships**
   Through funding and collaborative partnerships with advocacy organizations, business associations, Chambers of Commerce and other organizations, ensure that the needs of young children and their families are centered in policies, practices, and investments by employers, cities and towns, the County of Sonoma and the State of California, including:

   - Expansion of affordable housing
   - Family-friendly workplace policies
   - Access to affordable, quality child care
   - Economic development
   - Poverty mitigation

5. **Funding to respond to unforeseen community needs**
   Sustain a robust allocation for the Responsive Grants program to ensure First 5 Sonoma's nimble capacity to meet urgent, critical and/or emerging needs that are not addressed elsewhere in the Strategic Plan that, if not addressed, negatively impact children's well-being and healthy development.

Measuring Outcomes

Measuring results and learning from them are core parts of both Proposition 10 and Measure I. As such, First 5 Sonoma County has allocated a portion of Measure I funds to cover staffing, infrastructure, data systems, and external evaluation so First 5 Sonoma County can measure outcomes, improve over time, and stay accountable.

DATA INFRASTRUCTURE, EVALUATION, AND LEARNING

As an agency committed to continuous improvement, impact, and accountability, First 5 Sonoma County will regularly monitor and measure progress across all investments and activities. Though not an exhaustive list, the measures below are examples of the program-level indicators that First 5 Sonoma County will track over the course of this strategic plan:

Focus Area 1: Healthy Children

- 1A. Number of children ages 0-5 and their families who use place-based child and maternal health hubs and the services offered, by race, ethnicity, language, and other critical demographics.
- 1B. Number of children ages 0-5 and their families receiving services from mobile/pop-up health clinics and nutrition supports.
- 1C. Number of service providers receiving training in topics such as lactation support, perinatal, infant, and early childhood mental health, and culturally concordant care.

Focus Area 2: Thriving Families

- 2A. Number of families of children ages 0-5, self-reporting a felt sense of belonging and connectedness in their communities and with the supports they receive
- 2B. Number of parents of young children receiving training and support in parent leadership and advocacy.
- 2C. Number of parents of young children participating in parent education and skill-building programs.
- 2D. Number of service providers receiving training to provide culturally responsive parent education.

Focus Area 3: Early Care and Education

- 3A. Number of early care and education providers participating in capacity-building and professional development opportunities.
- 3B. Number of high-quality early care programs
- 3C. Numbers of families of young children self-reporting knowledge and awareness of options in the mixed-delivery system.
- 3D. Number of families of young children self-reporting that cost is not a barrier for early care and education.

- 3E. Number of child care slots

Focus Area 4: Communities as Champions

- 4A. Number of families of young children self-reporting awareness of resources.
- 4B. Communications and campaign analytics such as impressions, reach, and engagement.
- 4C. Number of family-friendly workplace policies among employers in Sonoma County.
- 4D. Number of advocacy opportunities that First 5 Staff and Commission contribute to related to children ages 0-5 and their families.

These indicators serve as a continuous feedback loop to ensure accountability and support continuous improvement.

POPULATION INDICATORS

Understanding that it takes a community to create measurable change for children and their families, First 5 Sonoma County recognizes that its contributions are one part of a broader ecosystem of public, private, and nonprofit programs and initiatives. To ensure that First 5 Sonoma County is informed of and responsive to emerging needs, population-level indicators will be monitored by the Commission. These population-level indicators may include data such as:

1. HEDIS measures and other public health data
2. Number of children enrolled in Medi-Cal receiving timely well-child visits and developmental screenings
3. Numbers of policies at City and County levels around issues impacting children and families, including but not limited to affordable housing, family-friendly work places, child care, economic development
4. Numbers of child care facilities
5. Percentage of entering Kindergarten students who are ready to succeed in the classroom

Sources

2025 California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Severe Maternal Morbidity Dashboard; Preterm Birth Dashboard; Maternal Health Conditions Dashboard

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