FIRST 5 PLUMAS
Plumas County Children and Families Commission

Community Needs and Parent Survey Report 2026

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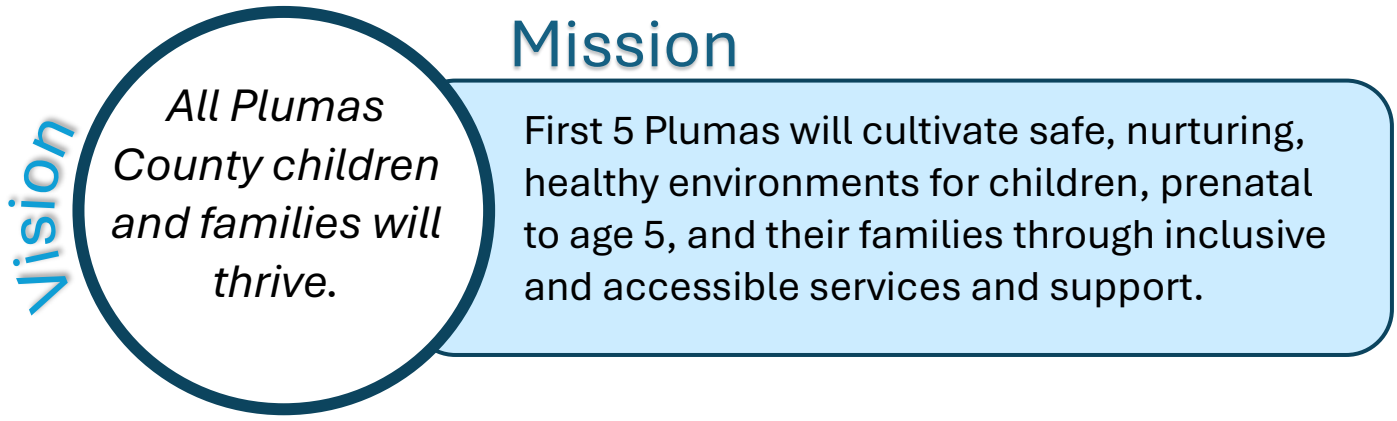
INTRODUCTION

First 5 Plumas works closely with county agencies and community-based partners, leveraging local resources to increase the value of its investments. Primary investments of the Commission include direct services including services that support home visiting, playgroups, Help Me Grow service navigation, early intervention, parent education, and support for a county-wide network of family service providers. First 5 Plumas' Help Me Grow helps to promote and support effective early identification and intervention systems, with the goal of contributing to a locally developed resource and referral system that identifies a family's child development needs.



First 5 Plumas uses the Strengthening Families Protective Factors framework, which includes five research-based, family-centered factors and supports that ensure thriving children. The Five Protective Factors framework also guides investments, collaborations, and partnerships, communications, and initiatives.

First 5 Plumas adjusts or modifies its investments based on evaluation results and input from the community. First 5 Plumas conducted county-wide needs assessments in 2026 which has helped to identify service gaps. The community needs assessment included a parent survey and focus groups. The objectives of the Parent Survey and Focus Groups are to: assess priority needs of families with 0-5 year olds; understand barriers to accessing services; and gather recommendations from community members to share with service providers, community leaders, and policy makers. Findings from the parent survey and focus groups will inform First 5 Plumas's future strategic planning efforts, funding allocations, program development, partnerships and collaborations, communication, initiatives and advocacy.

GOALS AND OBJECTIVES

Improved Family Functioning

Goal

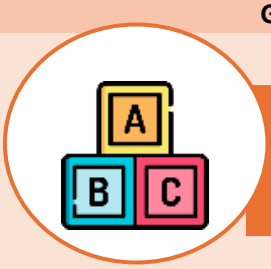
First 5 Plumas will expand opportunities for all families to access social connections, knowledge, and resources through

Objective(s)

- Families have access to information, quality early education opportunities, social connections, and support to protect and promote their children's social and emotional development.

Improved Child Development

Goal



First 5 Plumas will increase exposure to parent education and knowledge of child development and resources.

Objective(s)

- Children have access to quality early education opportunities.
- Children with disabilities are identified early and receive support.
- Schools are prepared for children, and the community is linked with the schools.

Improved Child Health

Goal

First 5 Plumas will provide support and advocacy to increase access to whole child health care.

Objective(s)

- Families with children prenatal through 5 have access to oral health, social and emotional health, and health education opportunities.

Improved Systems of Care

Goal

First 5 Plumas will facilitate a coordinated effort to connect children and families to resources.

Objective(s)

- Services are responsive to the needs of children and their families.
- Identify unserved families with children in all areas of county.

COMMUNITY NEEDS ASSESSMENT METHODS

The Parent Survey was conducted from March through May 2026, followed by three focus groups in June 2026. The survey was promoted through a variety of community channels, including the First 5 Plumas newsletter and website, the Alternative Payment Program's monthly mailing, Transitional Kindergarten/Kindergarten open houses, Head Start and Feather River College Child Development Center programs, community flyers, playgroups, and the Children's Fair. To encourage participation, a $25 incentive was offered to the first 100 survey respondents, and focus group participants received a $50 incentive.

71 Total Survey Respondents

Geographic Distribution of Respondents

Portola area: 30 **Quincy area: 28**

Indian Valley area: 6 **Chester area: 7**

The survey was administered digitally through Jotform and was available in both English and Spanish. A total of 71 families with children ages 0–5, from nine Plumas County ZIP codes participated: 96020, 95947, 95983, 95971, 95956, 96103, 96106, 96122, and 96105. Respondents represented four primary community areas: Chester (7), Indian Valley (6), Quincy (28), and Portola (30). The geographic distribution of survey respondents was generally reflective of the geographic distribution of Plumas County's population (Figure 1.1). The Parent Survey conducted in 2024 had a dispoportionate number of Quincy respondants.

The survey included 41 questions related to First 5 Plumas' 2025–2030 Strategic Plan goals and objectives. Respondents were also invited to participate in one of three one-hour focus groups conducted via Zoom. Of the 56 survey respondents invited to participate, 12 agreed to participate and 6 ultimately attended. Each focus group included two participants. Focus group participants represented Chester area (1), Quincy area (3), and Portola area (2).

The focus groups included 10 open-ended questions designed to explore the underlying reasons behind trends identified in the survey data, add context and personal experiences to the quantitative findings, and identify additional needs that may not have been captured through the survey.

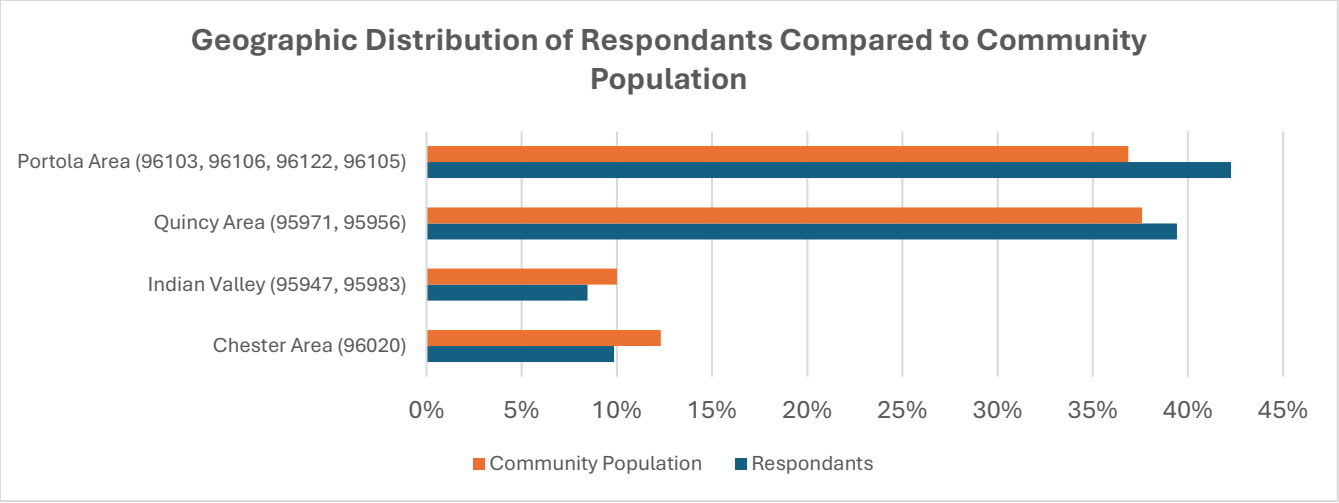


FIGURE 1.1 NUMBER OF SURVEY RESPONDENTS FROM EACH GEOGRAPHIC AREA OF PLUMAS COUNTY COMPARED TO THE POPULATION OF EACH GEOGRAPHIC AREA. HTTPS://DATACOMMONS.ORG/PLACE/ZIP/95971

Participants were recruited through convenience sampling, meaning respondents self-selected into the survey and were reached through the readily accessible channels described above rather than being recruited through random selection. Although the geographic distribution of respondents closely reflected the distribution of the Plumas County population, the sample may not be fully representative of the county population with respect to other characteristics such as age of

caregiver, socioeconomic status, or level of community engagement. As a result, the findings may not fully represent the views of all Plumas County families with children 0-5 years old.

In addition, there was significant data cleaning required due to high volumes of spam responses, likely due to the online advertising of the survey's incentive. Duplicate responses, all responses from zip codes not in Plumas County, and all respondents whose Plumas County residency could not be verified were excluded from analysis.

Respondent Descriptions

Families may have reported on more than one child, and as a result, the following percentages are not expected to total 100%. Among respondents' children, 56% were school-age (6–17 years), 44% were preschool-age (3–4 years), 44% were toddlers (1–2 years), and 34% were infants (birth–12 months).

Families with infants have historically been a more difficult demographic to reach. The 34% of respondents reporting an infant therefore represents a notable increase in participation compared with the 2024 Parent Survey, in which only 8% of respondents were families with infants.

Survey respondents were predominantly mothers (63 total). Among respondents, five were fathers, one was a stepmother, one was an adoptive mother, and one was another relative.

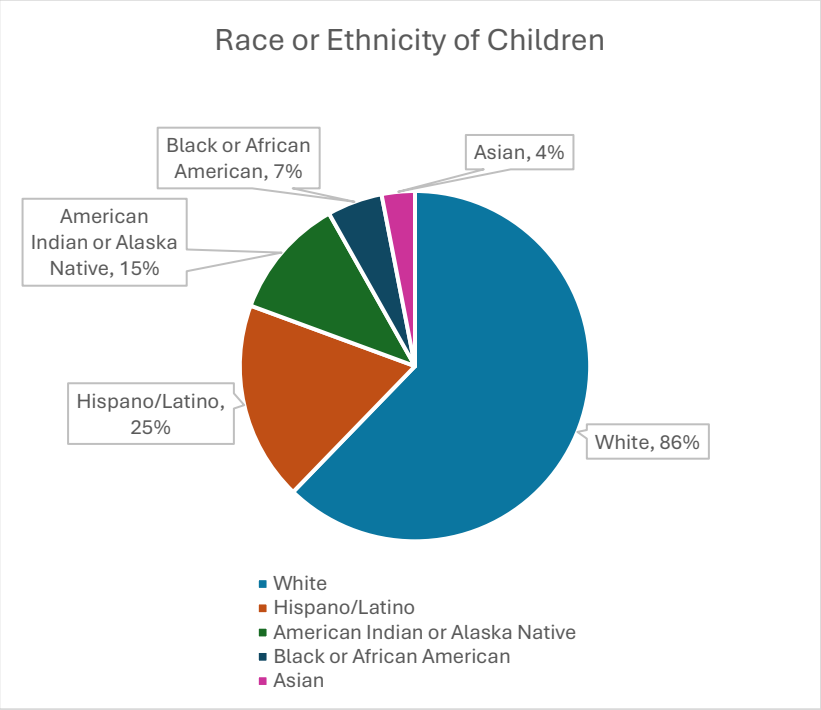


Figure 1.2 Distribution of the race or ethnicity of the children of the survey respondents.

The racial and ethnic distribution of respondents and that of their children was generally representative of the countywide distribution with a slight overrepresentation from minority groups (Figure 1.2 and Figure 1.3). The race or ethnicity of respondents closely mirrored that of their children.

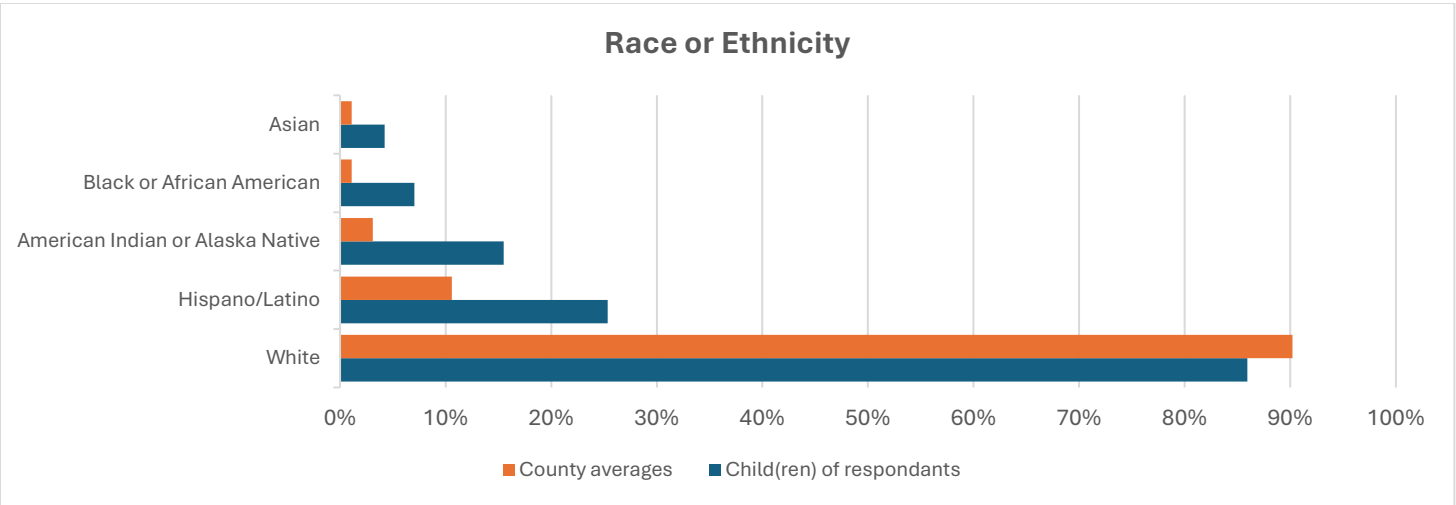


Figure 1.3 Distribution of the race or ethnicity of the children of the survey respondents compared to the distribution of race or ethnicity of Plumas County. https://www.census.gov/quickfacts/fact/table/plumascountycalifornia/PST045225

Sixty percent of respondents reported participating in SNAP and/or WIC, while 40% reported participating in neither program. This suggests that families with lower incomes may have been represented at a higher rate in the survey sample than in the county overall, where approximately 33% of Plumas County's total population participates in Medi-Cal or 53% of children under age 1 (Medi-Cal qualifies families for WIC through adjunctive eligibility).

The majority of respondents' children (76%) live in two-parent households. Additionally, 14% live with other children or siblings over the age of 5, 11% live with adult relatives, 11% live in single-parent households, and 11% split their time between two households in a co-parenting arrangement.

The Parent Survey 2026 respondents' demographics reflect the demographics of Plumas County families.

SUMMARY

A central finding of the report is that parents appreciate existing direct services, particularly home visiting programs, playgroups, and the Imagination Library literacy initiative. These programs help reduce parental isolation, promote child development, and offer practical emotional and navigational support but there are several service gaps and challenges that vary across different geographic areas of Plumas County.

Foremost among parental challenges is having places where young children can play and develop social-emotional skills. Forty-four percent of respondents, countywide, cited this as a challenge. Families expressed a desire for more frequent, structured, and indoor community activities—especially during the winter months when outdoor options are limited.

Limited local capacity continues to generate difficulty in accessing childcare, health care, and dental services. Over forty percent of surveyed families identified childcare availability and affordability as a challenge, pointing out long waitlists and a shortage of care during school breaks and last minute/emergency care. Seventy percent of families rely on informal Family, Friend, and Neighbor (FFN) care. In healthcare, the lack of dedicated local pediatric specialists and high provider turnover force many families to travel long distances out of the county for routine checkups and specialized providers. Parents described significant frustration when navigating the referral and evaluation processes for developmental delays or for children with disabilities, including long waits and a lack of in-person therapy.

The report also emphasizes a need to refine community outreach. While families express a preference for text-based updates and calendars, many remain unaware of vital programs like the ASQ developmental screenings or mistakenly assume certain supportive services are strictly reserved for low-income brackets. Additionally, the data points to opportunities for targeted programming, such as father-specific events to boost male caregiver engagement and expanding localized emergency preparedness resources. First 5 Plumas aims to bridge these gaps. The ultimate goal remains clear: cultivating safe, nurturing, and equitable environments so that all Plumas County children and families can truly thrive.

The key findings from the survey and focus groups were:

- Families expressed the importance of building stronger connections among parents
- Families need places where their children can play and develop social connections
- Access to affordable childcare, dental care, and health care are persistently difficult
- Families value their children receiving academic learning and social-emotional development
- Families expressed the need for better outreach and information

Parenting and Raising Young Children in Plumas County

Question	Answer Type/Options
Question 9: What are the biggest challenges and concerns you are experiencing in raising a young child(ren) in Plumas County? Select top three.	30% Access to a health provider for child(ren)
	31% Access to a dental provider for child(ren)
	44% Safe play spaces where child(ren) can form social connections
	28% Access to childcare and/or to early child education (preschool)
	18% Direct financial assistance including access to healthy food for child(ren)
	14% Managing your child(ren)'s behavior
	3% Transportation
	4% Not listed, please specify (lack of diversity in social and school settings; lack of affordable extracurricular activities; None)
Question 10: What are the biggest challenges in your parenting experience of a 0-5 year old in Plumas County? Select top three.	15%- Accessing mental health supports
	14%- Accessing supports for spouse/partner/co-parenting challenges
	15%- Accessing social connections with people who help me when I need it
	18%- Accessing parenting supports (child development knowledge, trainings, support groups)
	31%- Accessing stable and affordable housing
	30%- Accessing stable employment with sufficient income
	10%- Help with applying for government benefits
	10%- Not listed, please specify (accessing special needs resources; indoor play spaces; balancing work and parenting; meeting childcare needs)

Question 9 focuses on children's needs and Question 10 focuses on the responsibilities of parents. As shown in Figure 2.1, 44% of respondents countywide identified access to safe play spaces where children can develop social connections as one of the greatest challenges of raising young children in Plumas County.

Reported challenges included:

- Access to safe play spaces where child(ren) can form social connections
- Access to a dental care provider for children
- Access to a health care provider for children
- Access to childcare and early childhood education

When responses were analyzed by community (Appendix A Figure 2.2), priorities varied somewhat across the county. Among respondents from the Portola area, access to childcare and early childhood education was the most commonly reported concern, followed closely by access to safe play spaces where children can develop social connections. Respondents from the Indian Valley area most frequently identified direct financial assistance and access to childcare and early childhood education as their primary concerns. Responses from the Chester and Quincy areas were generally consistent with the overall countywide findings.

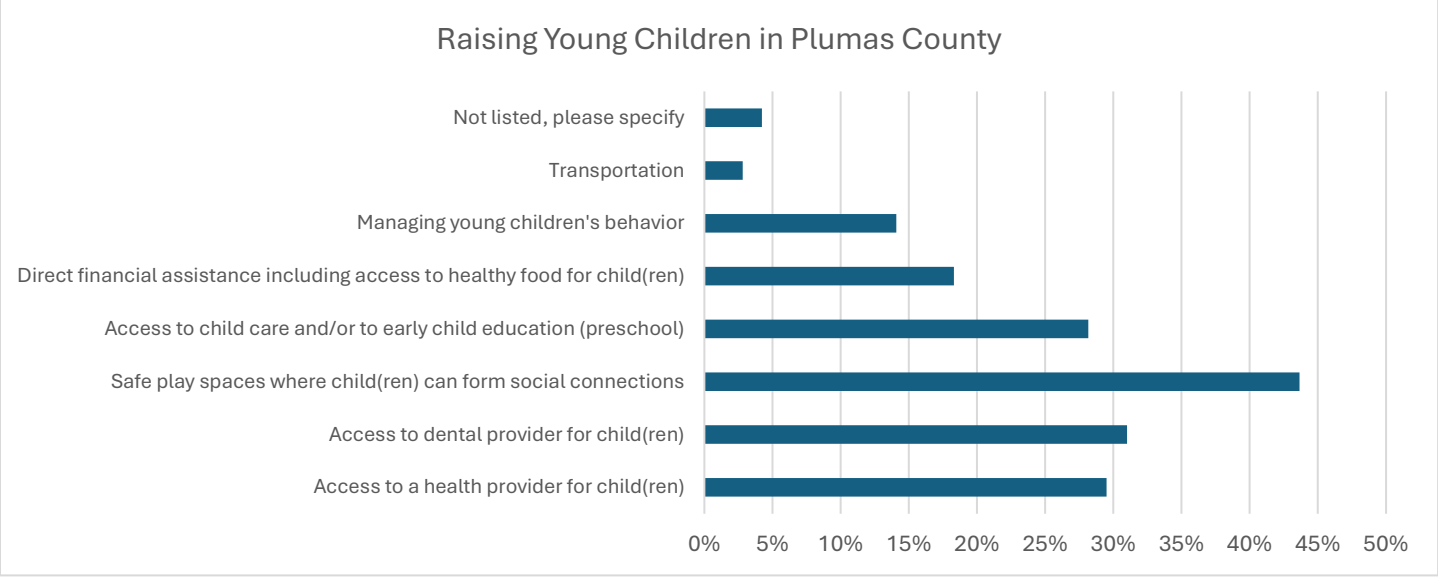


FIGURE 2.1 BIGGEST CHALLENGES AND CONCERNS OF RAISING YOUNG CHILDREN IN PLUMAS COUNTY FOR ALL RESPONDENTS.

As shown in Figure 2.3, 31% of respondents countywide identified accessing stable and affordable housing as the greatest challenge of being a parent in Plumas County. Other commonly reported challenges included accessing stable employment with sufficient income (30%), accessing parenting supports (child development knowledge, training, support groups) (18%), accessing mental health supports (16%), and accessing social connections with people who can help when needed (15%). When responses were analyzed by community (Appendix A Figure 2.4), some differences emerged across the county. Respondents from the Chester area most frequently identified access to mental health supports and parenting supports as their primary challenges, distinguishing their responses from those of the other communities. Among respondents from the Portola area, assistance with applying for government benefits was identified as a greater concern than access to parenting supports. Responses from the Indian Valley and Quincy areas were generally consistent with the overall countywide findings.

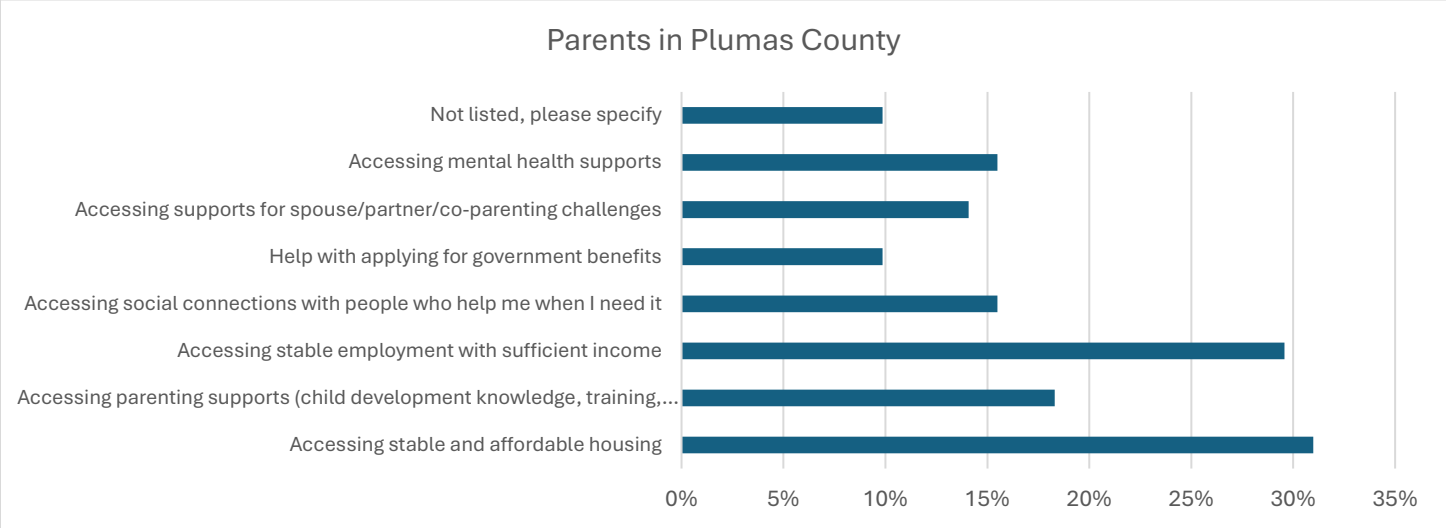


FIGURE 2.3 BIGGEST CHALLENGES OF BEING A PARENT IN PLUMAS COUNTY FOR ALL RESPONDENTS.

Focus group participants described being a parent and raising young children in Plumas County as a rewarding experience shaped by strong community connections and rich outdoor opportunities, but not without its drawbacks and challenges. In addition to specific gaps in support services, such as health care, dental care, and childcare, focus group participants identified a strong desire for more opportunities for young children and parents to form social connections: connect, play, and participate in community activities. Participants valued existing programs such as playgroups and library activities, but felt that more frequent and varied opportunities are needed, particularly during winter months and other times when outdoor activities are limited. Participants suggested activity-based groups such as arts and crafts, sensory play, and parent-led activities, as well as more indoor, child-centered spaces.

What parents are saying about parenting and raising children in Plumas County:

- "...directed activity group, whether it is sensory play or... water or art, something like that...a directed activity would be really cool."
- "...what we need... it's definitely places where kids can get together, maybe more than just once a week."
- "I think mainly our biggest challenge is just finding warm places to go during the winter... I would love to see our playgrounds a little more robust... our park doesn't even have woodchips... and just to see maybe a little bit more kid centered spaces in the community."
- "I would love to see more forest school-type things, and more outdoor education. I know we have some, I'd love to see even more, because we live in such a beautiful area and I think our number one resource is that."
- "...something in the winter, I think, is absolutely needed here, and I get that that's really difficult."
- "I think there needs to be more opportunities for kids around here. When I was raised here, we had gymnastics, we had tap dance, we had ballet, you know, we had the bowling alley... there were places to have birthday parties, because a lot of people can't afford to go out of town."
- "A list of activities for each community and what age they can start signing up would be helpful."
- "...more community-centered socialization."

Participants also highlighted the need for more accessible recreational and educational opportunities, including improved playgrounds, gymnastics and other extracurricular activities, and more opportunities for outdoor learning that take advantage of Plumas County's natural environment and resources. They emphasized that these opportunities should be inclusive and affordable for families, including children with special needs. Some parents also noted that it can be difficult to know what activities are available, suggesting that a centralized, community-specific list of activities with age requirements would be helpful.

A recurring theme was the importance of building stronger connections among parents. Participants described parenting young children as isolating at times and expressed interest in more opportunities to socialize with other parents while their children play. They suggested facilitated parent groups could help families build supportive networks without relying solely on social media to find activities.

Overall, participants described existing community programs and services as valuable. Their suggestions focused on expanding the frequency, variety, accessibility, and visibility of activities for young children and creating more opportunities for parents to build supportive relationships within their communities.

Challenges of Parenting Findings	Challenges of Parenting Recommendations
Finding 1: The biggest challenge was access to safe play spaces where children can develop social connections.	Parents are concerned with their children having places to develop social connections. They express desires for more opportunities including a variety of times and places, though we have found that often parents will express a desire to attend while not having taken advantage of current similar offerings. **Action:** Create a variety of parent support resources, groups and/or events that enable families to meet and connect with other local families.

Finding 2: Accessing Health and Dental Care is a challenge for families.	**Action:** Advocate for and develop collaborations that support more pediatric health, dental, mental health and specialized health providers in Plumas County.
Finding 3: Housing and Income are significant barriers, but accessing parent supports and mental health are also ranked as challenges to families.	**Action**: Provide mental health supports through information dissemination and coordinated improvements to systems to address parent stressors.

Plumas County Services for Families

Question	Answer Type/Options
Question 18: What are the gaps in services for families with child(ren) 0-5 years in Plumas County? Select all that apply.	30%- Access to Health Care
	41%- Access to Dental Care
	42%- Access to childcare
	10%- Access to support with basic needs including diapers, food, etc…
	32%- Birthing, postnatal supports, and home visits
	15%- Access to parenting education/support or child development information
	27%- Opportunities for social connections with other families, such as playgroups
	11%- I don't know who to contact in the community when I need help
	17%- Early identification and support for children with disabilities
	13%- None
	3%- Not listed, please specify (Access to parent support groups; Access to mental health support for children)
Question 19: What services have you or your child(ren), birth through 5 years, received that you feel provided the most value?	Open-ended short answer
Question 20: How can local support services for you and your child(ren), birth through 5 years, be improved?	Open-ended short answer

Gaps in Services

Respondents identified access to childcare (42%) and dental care (41%) as the two most significant gaps in services for families with children ages 0–5 in Plumas County, followed by birthing, postnatal support, and home visiting services (32%). Other reported gaps included access to health care (30%), opportunities for social connections (27%), early identification and support for children with disabilities (17%), access to parenting education and support (15%), knowing

who to contact for help (11%), and assistance with basic needs (10%). Nine respondents reported that there were no gaps in services, while one respondent identified a need for mental health support for children (Figure 3.1).

Some differences emerged when responses were analyzed by community (Figure 3.2 and Appendix B Figure 3.7).

- In Chester, access to dental care was the most frequently reported gap (86%), followed by access to childcare (57%) and health care (57%).
- In Quincy, birthing, postnatal support, and home visiting services and opportunities for social connections were the most frequently reported gaps (32% each), followed by access to dental care (29%) and childcare (25%).
- In Indian Valley, respondents most frequently identified opportunities for social connections; early identification and support for children with disabilities; and birthing, postnatal support, and home visiting services as gaps (50% each).
- Portola responses closely reflected the overall countywide findings, with access to childcare identified as the most frequently reported gap (60%), followed by access to dental care (47%), and access to health care (33%) was reported slightly more often than birthing, postnatal support, and home visiting services (27%).

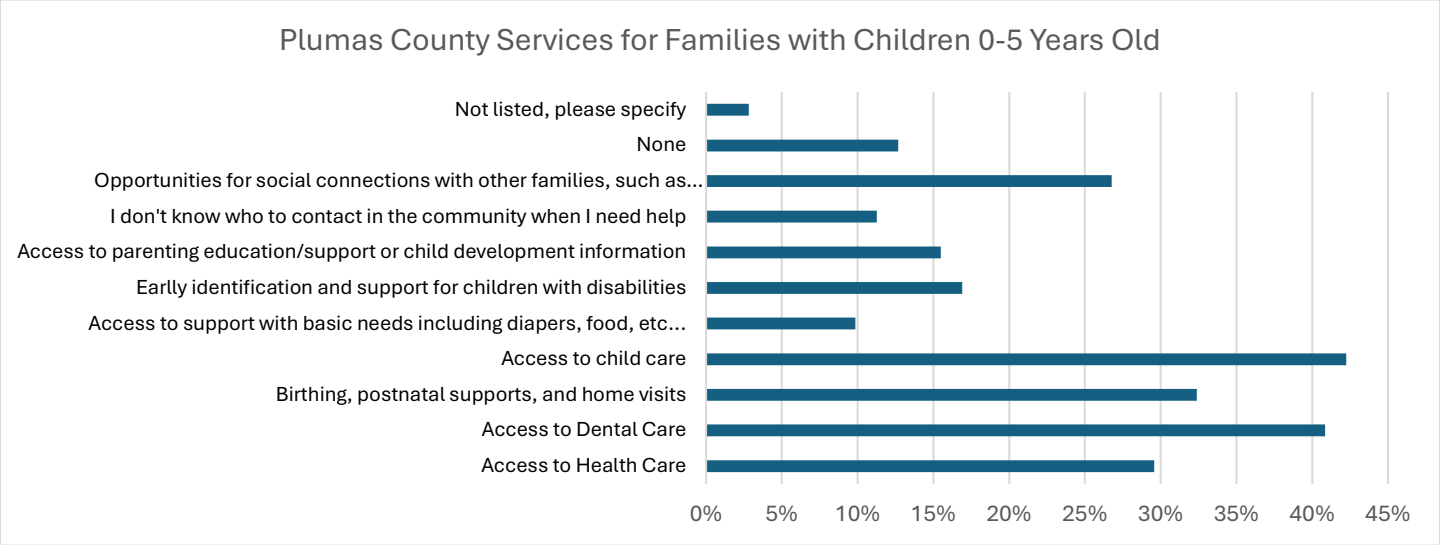


FIGURE 3.1 REPORTED GAPS IN SERVICES FOR FAMILIES WITH CHILDREN 0-5 YEARS OLD IN PLUMAS COUNTY FOR ALL RESPONDENTS

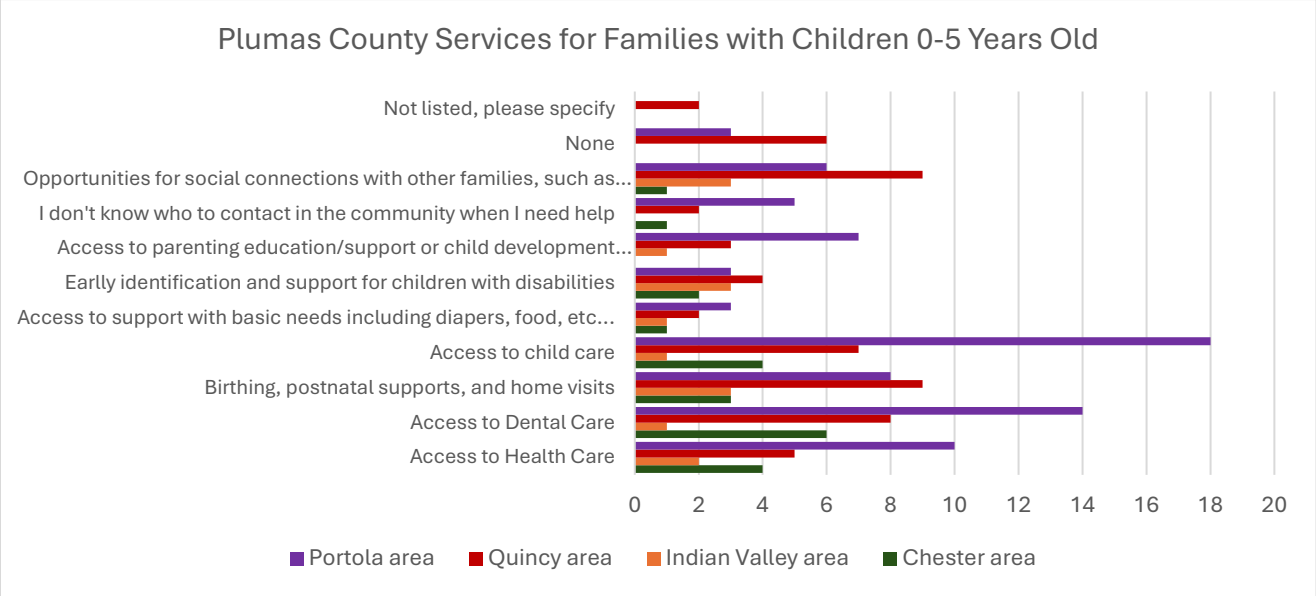


FIGURE 3.2 REPORTED GAPS IN SERVICES FOR FAMILIES WITH CHILDREN 0-5 YEARS OLD IN PLUMAS COUNTY ANALYZED BY COMMUNITY.

Valued Services

Countywide, the services that respondents identified, in an open-ended question, as providing the most value are (Figure 3.3):

1. **Home visiting (32%).** Respondents specifically identified support from a nurse, doula, infant massage, breastfeeding, and Nourishing Newborns.
2. **Women, Infants, and Children (WIC) (23%).**
3. **Playgroups (18%)**
4. **Literacy programs (8%).** Respondents specifically identified Imagination Library and Story Time.
5. **Early Intervention services (7%).**
6. **Plumas Rural Services (PRS) (7%).** Respondents specifically identified the Alternative Payment Program and the Childcare Resource and Referral Program.
7. **Preschool and childcare (4%).**
8. **Head Start (4%).**
9. **SNAP/Medical (4%)**
10. **Free diapers (1%).**

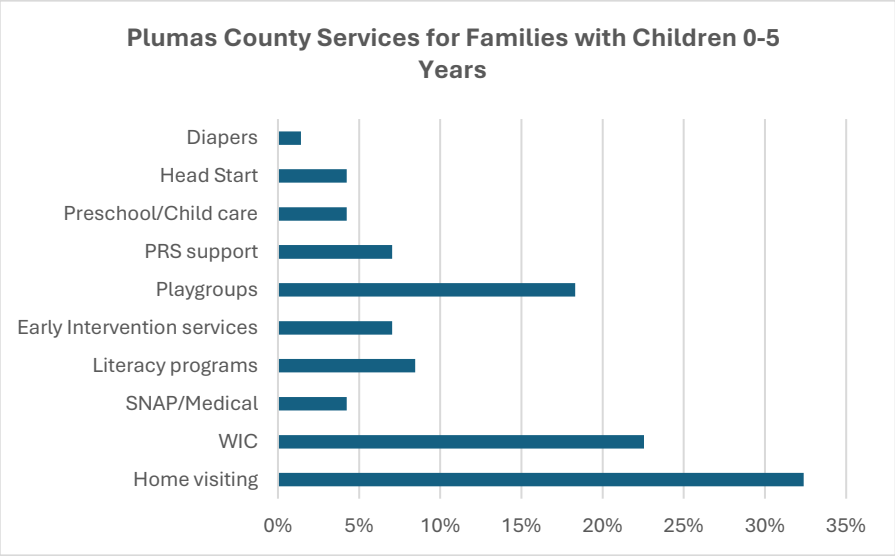


FIGURE 3.3 SERVICES FOR FAMILIES OF CHILDREN 0-5 YEARS OLD IN PLUMAS COUNTY THAT RESPONDENTS REPORTED PROVIDE THE MOST VALUE.

Some differences emerged when responses were analyzed by community (Figure 3.4 and Appendix B Figure 3.8).

- Quincy was the only community in which home visiting was not the most highly valued service; respondents there identified playgroups (32%) slightly more often than home visiting (29%) and WIC (21%).
- In Chester, home visiting, literacy programs, and Early Intervention services were the most frequently identified valued services (29% each), followed by WIC and playgroups (14% each). Chester respondents also reported PRS supports (14%) as a valued service more frequently than respondents in the other communities.
- Respondents from Indian Valley generally reflected the three most highly valued services identified countywide—home visiting (50%), WIC (50%), and playgroups (17%)—and additionally identified SNAP/Medical as a valued service (17%).
- Responses from Portola also closely aligned with the countywide findings, with home visiting (33%) and WIC (20%) identified as the two most highly valued services. Respondents in Portola were evenly divided among Head Start, PRS supports, playgroups, and literacy programs as the next most highly valued services (7% each).

Home visits are provided by a variety of service providers including Family First Public Health Home Visiting Program, PUSD Early Intervention, Nourishing Newborns, and First 5 Plumas Home Visiting. The First 5 Plumas Commission partially funded Family First until last year (2024-25), partially funds PUSD Early Intervention, and will be funding one program for Nourishing Newborns (2026-27), but we did not try and separate out which program families were referring to when they identify home visiting as a valued service. Also, the Diaper Bank program did not start until 2026 so most families would not have participated.

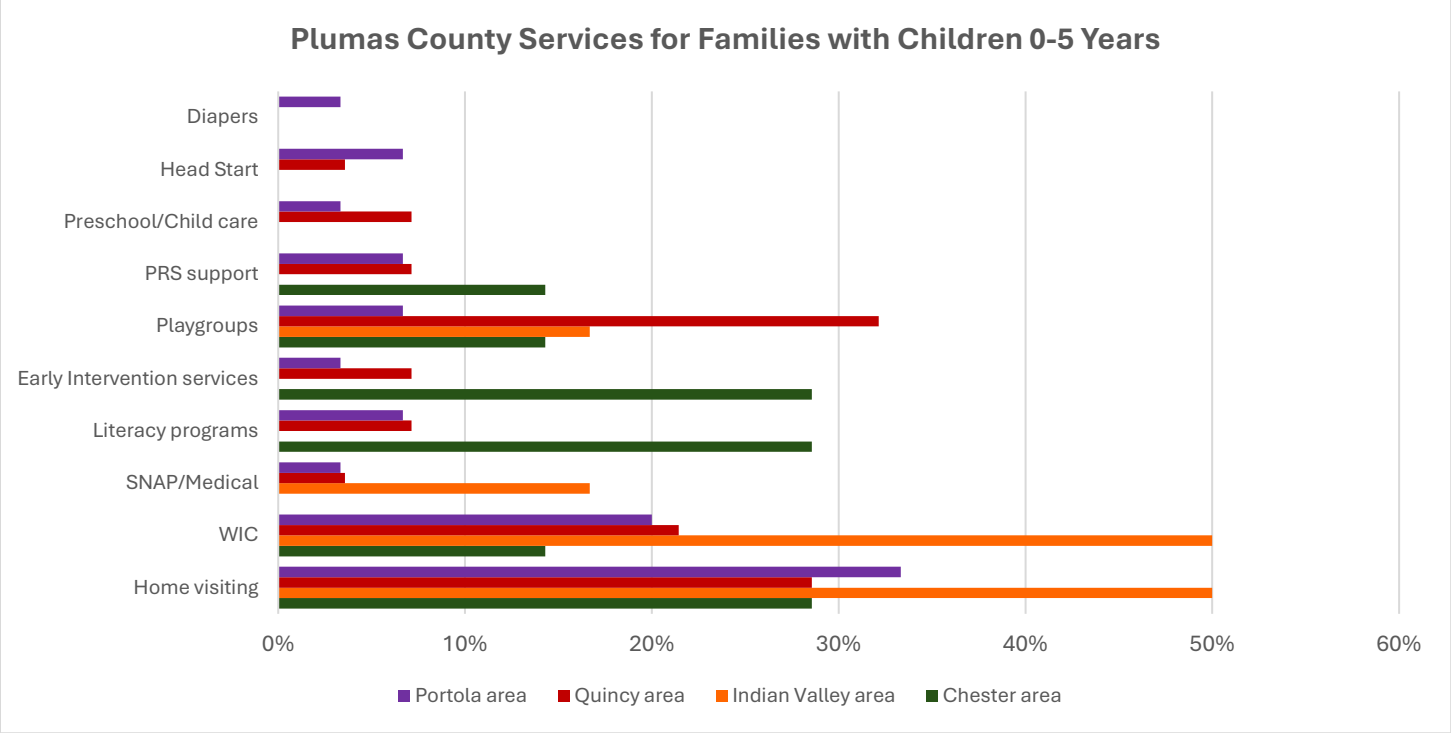


FIGURE 3.4 SERVICES FOR FAMILIES OF CHILDREN0-5 YEARS OLD IN PLUMAS COUNTY THAT PROVIDE THE MOST VALUE ANALYZED BY COMMUNITY.

Services that Could Be Strengthened

Countywide, respondents identified, in an open-ended question, several areas in which local support services for families with children ages 0–5 could be strengthened (Figure 3.5):

1. **Increase opportunities for social connection (14%).** Respondents suggested expanding indoor play spaces that are open to families throughout the week, creating more opportunities for children to socialize during the winter, offering playgroups more than once a week and at different times, and providing parent-focused classes that combine learning and social connection, such as exercise or cooking classes. Respondents also expressed a need for additional play spaces designed for toddlers.
2. **Improve outreach and communication (10%).** Respondents identified a need for better outreach and communication about available services, resources, and how families can access them.
3. **Expand concrete supports for families (8%).** Respondents highlighted the need for greater assistance with basic needs, including diapers, financial support, transportation, and affordable housing.
4. **Expand childcare options (7%).** Respondents called for more childcare options, including care during school breaks, such as childcare-based day camps.
5. **Improve access to dental care (6%).** Respondents suggested increasing the number and capacity of dental providers who accept Medi-Cal, as well as expanding access to pediatric dental services.
6. **Improve access to health care (4%).** Respondents identified a need for greater access to health care providers, particularly pediatric providers.
7. **Improve community infrastructure and play spaces (4%).** Respondents suggested making communities safer and more walkable, improving local parks, and creating additional play spaces for young children.

8. **Expand mental health supports (3%).** Respondents identified a need for increased access to counseling, therapy, and support groups for families and children.
9. **Expand birthing and prenatal/postpartum supports (1%).** Respondents expressed a need for local birthing options and additional prenatal and postpartum resources, including lactation and childbirth education.
10. **Expand early intervention services (1%).** Respondents identified a need for more local early intervention providers and greater access to occupational, physical, and mental health therapies.
11. **Increase support in early elementary classrooms (1%).** Respondents suggested providing more hands-on support in transitional kindergarten (TK) and kindergarten classrooms.

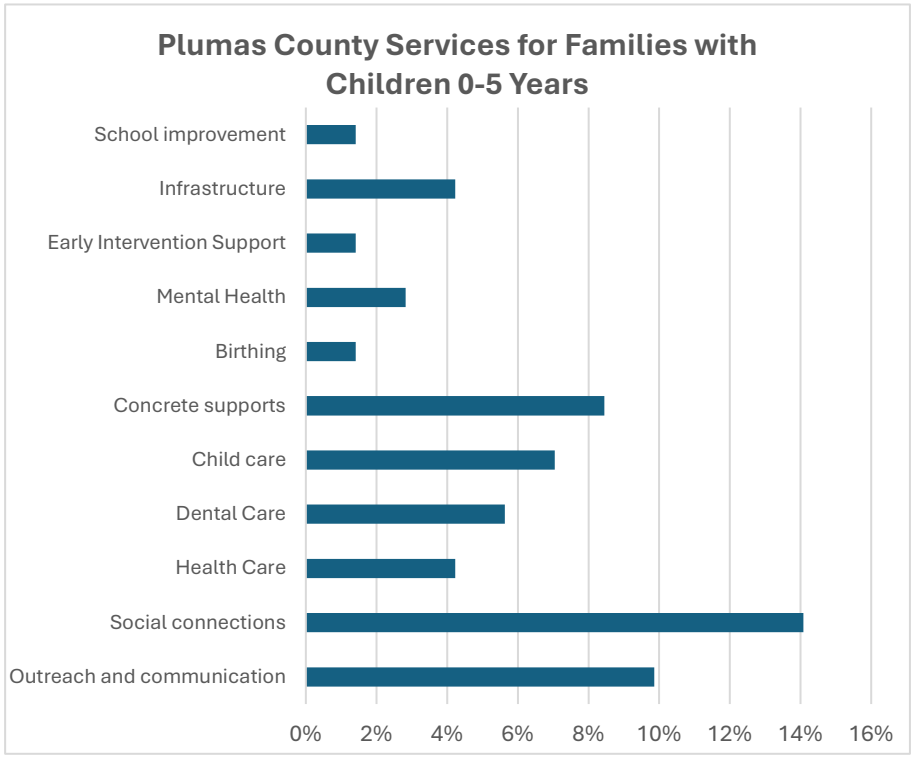


Figure 3.5 Identified improvements of local support services for families with children 0-5 years old.

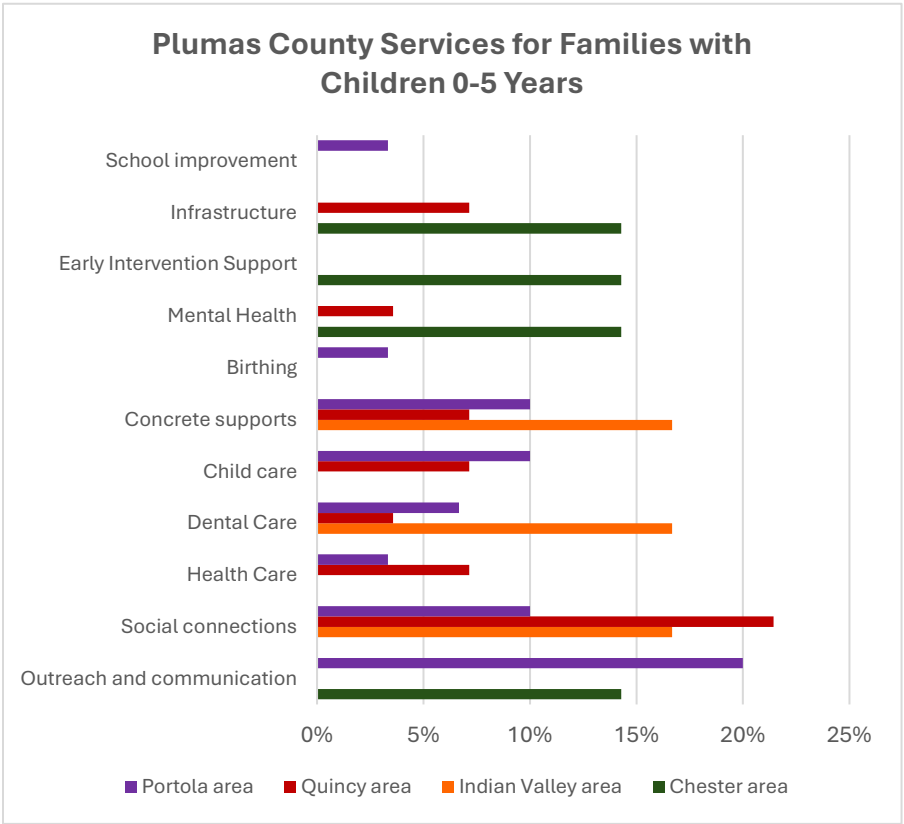


Figure 3.6 Identified improvements of local support services for families with children 0-5 years old analyzed by community.

When analyzed separately, responses revealed some community-specific priorities for improvement (Figure 3.6 and Appendix B Figure 3.9).

Respondents from **Chester** most frequently identified:

- Improving community infrastructure and play spaces
- Expanding early intervention services
- Expanding mental health supports
- Improving outreach and communication

Respondents from **Indian Valley** most frequently identified:

- Increasing opportunities for social connection
- Improving access to dental care
- Expanding concrete supports for families

Respondents from **Portola** most frequently identified:

- Outreach and communication
- Increasing opportunities for social connection
- Expanding childcare options
- Expanding concrete supports for families

Respondents from **Quincy** most frequently identified:

- Increasing opportunities for social connection
- Improving access to childcare
- Improving access to health care
- Expanding concrete supports for families
- Improving community infrastructure and play spaces

Focus group participants expressed appreciation for local programs and service providers, while also describing how the rural geography and limited provider capacity poses significant gaps in accessing health care, dental care, and childcare.

What parents are saying about health care:

- "The hardest part for me living in Chester, a provider doesn't stay for very long. Every time we find a good one and we get set the provider leaves." "My son, he has seizures and so constantly having to find a new primary care doctor in order to get his referrals to UC Davis is mind boggling."
- "I think one of the challenges in our community is that nobody is actually a pediatrician. And so while they're family doctors, and that's great, I know the providers we have care a lot and have experience, but it would be really nice to be able to have somebody who actually specializes in children and children's medicine instead of being super general."
- "When I just tried to schedule a newborn appointment and follow-up, the normal cadence for newborn well-child visits, the first visit I got was a number of months out."
- "[After our child was born] we had some concerns and it wasn't hard for us to get in to see a healthcare provider, but it was hard to get our concerns acknowledged as something real. We have since found a provider in Reno, and she's really helped us with it and now [child] doesn't suffer with any of those issues anymore."
- "…I think the biggest barriers to families finding access is that it is so small, so rural, it doesn't really lend to having a pediatric specialist and so families end up having to travel really far, which is a hardship." "…if somebody had a magic wand and was able to have all the money in the world, I would love for there to be a qualified pediatric specialist locally and then also have a partnership with somebody like [UC] Davis so that they could telehealth that person, I think that would be really great for our community and potentially could really help a lot of families out."

Health Care

For health care, focus group participants identified access to consistent, specialized pediatric health care as a significant challenge for families with young children in Plumas County.

Participants described frequent provider turnover, particularly in Chester, making it difficult for families to establish and maintain relationships with trusted health care providers. This can be especially challenging for children with complex or ongoing medical needs, as families may need to repeatedly establish care with a new primary care provider to maintain referrals to specialists outside of the county.

Limited pediatric provider capacity was also described as a barrier, particularly for infants. One participant reported difficulty obtaining a routine newborn appointment within the recommended timeframe because of the limited number and availability of providers who see infants.

Participants also identified a lack of pediatric-specific expertise as a gap in local health care. One participant reported that their child's significant health concerns were not fully recognized or addressed by their child's doctor. The family ultimately sought care from a pediatrician outside the county who was able to address the concern successfully. This suggests that families sometimes travel outside the county because they are seeking providers with greater pediatric expertise or who they feel will more fully understand and respond to their child's needs.

Across the focus groups, the rural nature of Plumas County was identified as an underlying barrier to expanding pediatric services. Participants recognized that the county's small population makes it difficult to sustain pediatric specialists locally but described the resulting need to travel long distances as a significant hardship for families. Participants suggested solutions that could bring more pediatric expertise closer to home, such as local health care providers being supported by telehealth partnerships with larger health systems such as UC Davis.

Well-Child Visits

Focus group participants generally viewed well-child visits as an important resource for families, particularly for monitoring children's development, identifying concerns early, and providing parents with opportunities to ask questions and learn what to expect**.** Participants appreciated having the opportunity to ask questions to providers with experience who could recognize potential concerns and connect families with services, with one parent describing how developmental monitoring led to timely speech and physical therapy for their child. However, some participants felt that well-child visits could be more educational and family-centered. They described some appointments as overly routine or "cookie-cutter", with a focus on collecting information about the child rather than explaining developmental milestones and providing guidance about children's health and development.

Participants also identified well-child visits as a potential opportunity to connect families more proactively with local community resources and services.

What parents are saying about well-child visits:

- "I think it's an opportunity to ask the questions that you have about your concerns regarding children.
- "I always have a side list of questions that I want to address that I've prepared in advance… I find that it segues into kind of a deeper conversation and I think the most beneficial thing for me that I get out of well-child visits is just, like, somebody who's seen a lot of babies,… a lot of different families and a lot of different kids, and knows things to look for."
- "…I was hoping maybe they [well-child visits] would tell us kind of how to keep our child healthy and well, I assumed it would be the weighing and kind of checking their milestones, but I think it was a lot more clinical than I would have expected, just put them on, take them off, do this, this, this. And I think that could have been maybe a good opportunity to have some information, like pamphlets about resources…"
- "To me I would think a well-child visit is maybe just a little bit more about educating us and even sharing what the information is like when they're hitting the markers, what that means and it just felt kind of like I was taking my [child] in and they just took information and that was it and actually I did stop taking [child] because I was like I don't really need to know how much [child] weighs. It just didn't feel helpful to our family."

Focus group participants identified access to pediatric and specialized dental care as a significant gap in Plumas County. While some families reported being able to access routine cleanings and basic dental care locally, participants described substantially greater challenges accessing specialized pediatric dental services, providers accepting Medi-Cal, and care for children with developmental or sensory needs. Some families traveled to Chico, Reno, and Sacramento for care, or paid out of pocket for care when providers did not accept their insurance. Participants also described long wait times for routine care among the limited local providers accepting Medi-Cal. Participants identified several opportunities to improve access to oral health care. These included expanding local pediatric dental capacity, increasing providers' training in pediatric and inclusive care, developing a reliable referral directory for pediatric dental specialists and insurance-accepted providers, and continuing or expanding mobile dental services.

Participants also emphasized the importance of early oral health education and identified Head Start and pediatricians as particularly effective sources of preventive education. Finally, participants encouraged providers to use less shame-based approaches when discussing children's oral health, recognizing that even well-informed parents can face significant challenges with at home oral health care or dental health challenges.

Child Care

Focus group participants identified childcare availability, affordability, reliability, and inclusivity as significant challenges for families in Plumas County. Participants described limited availability at local childcare centers, long waiting lists, and difficulty finding reliable in-home providers and babysitters. These challenges are particularly pronounced when families need care unexpectedly, during evenings or weekends, or during school breaks, as few flexible or emergency options are available. Participants also described childcare as financially challenging, including for families who do not qualify for subsidies but still find care difficult to afford. For many families, finding an available childcare slot is only part of the challenge; finding care that families trust and that is inclusive and aligns with their family's needs and values is equally important. Participants described concerns about previous negative childcare experiences and the limited availability of trusted providers. Families often rely on grandparents, friends, or other informal caregivers when formal care is unavailable, but these arrangements are not always sustainable. Participants noted that childcare shortages can also affect parents' ability to work, particularly when work schedules do not align with available care. Participants highlighted Head Start as a significant strength in the local early childhood system, describing the program as highly valuable to their families.

What parents are saying about childcare:

- " So, I opened my own childcare business for my first kids, just because there wasn't really anywhere that I trusted to leave my kids. I've only had one of my kids ever go to a different day care and it was a really bad experience."
- "We have looked for in-home providers, kind of more like babysitter, nanny side of things, and we have found that to be pretty challenging, most everyone that we have been able to get for that has been pretty short-term."
- "I don't think we qualify for anything subsidized, but then thinking about enrolling [child] for something, it is a little expensive for families that are kind of median range [income]."
- "I first and foremost have to say that I cannot sing my praises for Head Start more. The Head Start program has been invaluable to our family…".
- "There are definitely times where it has been a hardship for us and her [grandmother] for her to be our only other childcare available, but availability here in Portola is pretty hard."

Focus group participants described parenting in Plumas County as rewarding but challenging, particularly because families often have to navigate limited local services, geographic isolation, and a small pool of providers. Across discussions about health care, oral health, and childcare, participants repeatedly described having to travel outside the county to access specialized services or care that meets their children's individual needs. Families with infants, children with complex medical needs, developmental differences, or other specialized needs may face particularly significant barriers.

Plumas County Services Findings	Plumas County Services Recommendations
Finding 1: Gaps in services include childcare, dental care, birthing, postnatal support, and home visiting services, access to health care, and opportunities for social connections.	The gaps in services identified are persistent issues and the First 5 Plumas Strategic Plan addresses gaps and works to invest in grantee programs and direct services that build capacity in the county to address those gaps. **Action:** The First 5 Plumas Commission annual reviews its Strategic Plan to assure that the desired results and activities align with the needs of families.
Finding 2: The percentage of parents who identified gaps in services for early identification and support for children with disabilities (17%), access to parenting education and support (15%), and knowing who to contact when they need help (11%), may represent the percentage of parents	The population that identifies these gaps may represent a vulnerable population (for example, statistically, we would expect about 15 -20% of children to have a disability or a developmental concern). First 5 Plumas prioritizes hard to reach families and children with disabilities. **Action:** First 5 Plumas will continue to invest in inclusive early education programs and projects that include parent education and support.

who have concerns, but have not received assistance navigating services.	

Birthing and Postpartum

Question	Answer Type/Options
Question 21: In which facility/location was your child(ren) ages 0-5 born? Select all that apply.	54%- Tahoe Forest (Truckee)
	7%- Renown (Reno)
	11%- Banner (Susanville)
	8%- Home Birth
	13%- Not living in Plumas County at the time of birth
	17%- Not Listed, please specify (Plumas District Hospital; Paradise; Chico; Sacramento; Roseville; Saint Mary's Reno; Sierra Medical Center; Sutter Health)
Question 22: Please describe your birth experience at this location and anything you would like First 5 to know about your experience or ways you could have been better supported.	Open-ended short answer
Question 23: What types of support do you feel would be most helpful in the first 2 months after giving birth?	Open-ended short answer
Question 24: How did your feed your infant(s)? Select all that apply.	37%- Breast fed less than one year
	46%- Breast fed longer than one year
	21%- Breast milk from bottle
	42%- Formula
	1%- Not listed, please specify (Breast fed 1 year)
Question 25: How did you feel supported or not supported in the journey of feeding your infant(s)?	Open-ended short answer

Countywide, the majority of respondents (54%) reported giving birth at Tahoe Forest in Truckee. Smaller proportions reported giving birth at Banner in Susanville, Renown in Reno, or another hospital in Paradise, Chico, Sacramento, Roseville, or Reno. A small number also reported having a home birth, having previously given birth at Plumas District Hospital (PDH), or living outside Plumas County at the time of their child(ren)'s birth (Figure 4.1).

Birthing locations varied somewhat by community. Chester was the only community in which respondents did not primarily give birth at Tahoe Forest; respondents there more frequently reported giving birth at Banner or at hospitals in Chico or Paradise. Respondents from Portola and Quincy primarily reported giving birth at Tahoe Forest. In Indian Valley, respondents were equally likely to report giving birth at Renown, Banner, or Tahoe Forest.

Among respondents who described their birthing experiences, the majority reported positive experiences at:
Tahoe Forest (67%)
Banner (50%)
Renown (40%)
Home births (83%).

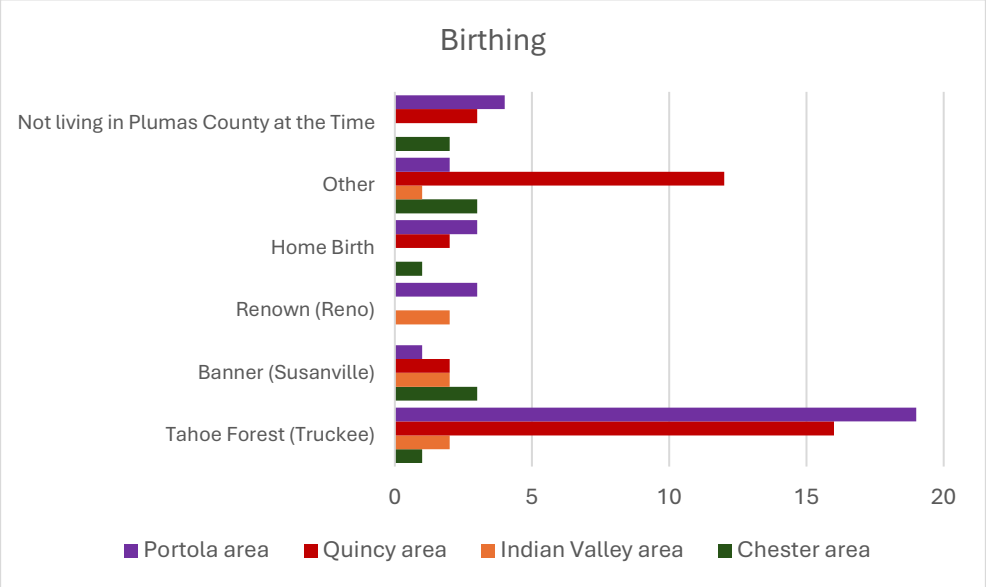


FIGURE 4.1 BIRTHING LOCATION ANALYZED BY COMMUNITY.

Travel distance and times were among the challenges reported by respondents who gave birth at Tahoe Forest (8%), Banner (13%), and other hospitals in Chico, Paradise, Roseville, or Sacramento (25%). Among respondents who had previously given birth at Plumas District Hospital (PDH), 50% reported a negative experience, while 33% identified the lack of high-risk care capabilities as a challenge. One respondent who had a home birth described the experience as positive but noted that it was very expensive (Appendix C Figure 4.2).

Most Helpful Supports in First Two Months After Birth

Countywide, respondents identified several supports they felt would be most helpful during the first two months after giving birth (Figure 4.3):

1. **Lactation and feeding support (25%).** Respondents identified a need for in-person support and education related to breastfeeding and other infant feeding options.
2. **Postpartum support (15%).** Respondents identified mental health support, assistance with postpartum depression, and support from a postpartum doula as helpful resources.
3. **Prepared meals (10%).** Respondents identified access to prepared meals as a helpful form of support during the postpartum period.
4. **Social support (8%).** Respondents identified regular check-ins and opportunities for social connection, such as outings for mothers with newborns in safe outdoor settings, as helpful.
5. **Concrete supports (8%).** Respondents identified assistance with groceries, diapers and wipes, formula, and gas costs for travel to out-of-town appointments as helpful.

6. **Home visiting (8%).** Respondents identified nurse check-ins, in-home weight and health checks, and support with newborn care as helpful.
7. **Newborn care education (6%).** Respondents identified resources, education, and hands-on support for first-time parents learning to care for a newborn as helpful.
8. **Childcare support (6%).** Respondents identified assistance with caring for older children, including opportunities for parents to take a break or attend to basic needs such as taking a shower, as helpful.

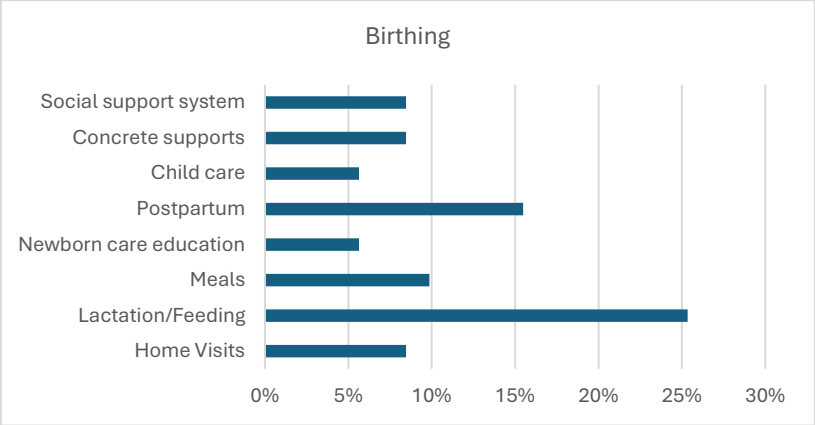


FIGURE 4.3 POSTPARTUM SUPPORT IDENTIFIED BY RESPONDENTS AS MOST HELPFUL IN THE FIRST 2 MONTHS FOLLOWING BIRTH.

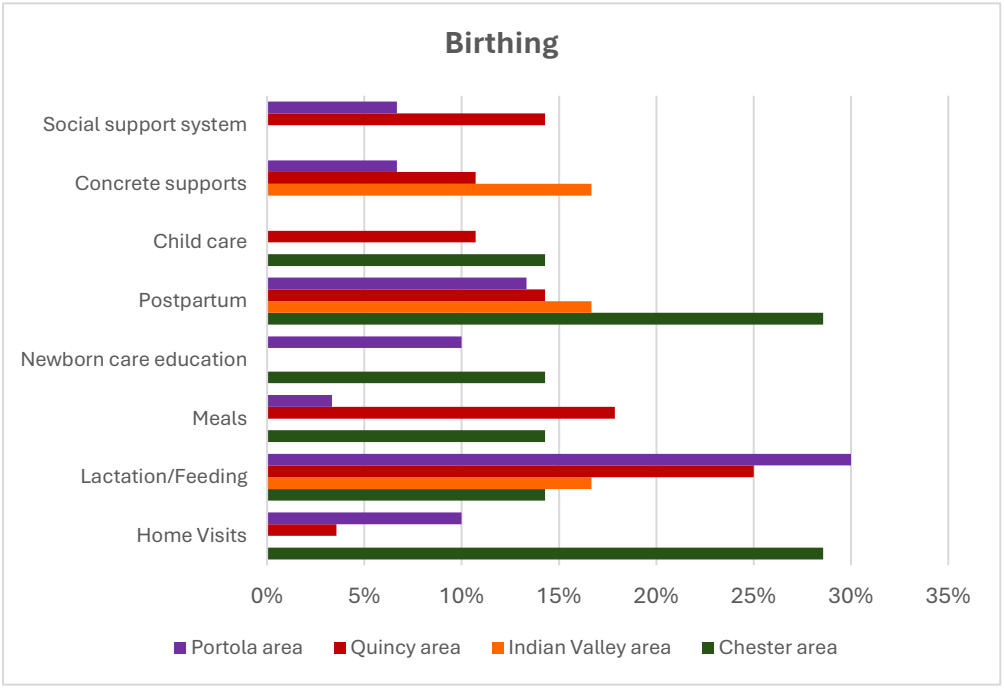


FIGURE 4.4 POSTPARTUM SUPPORT IDENTIFIED BY RESPONDENTS AS MOST HELPFUL IN THE FIRST 2 MONTHS FOLLOWING BIRTH BY COMMUNITY.

As shown in Figure 4.4, the types of support identified as most helpful during the first two months after giving birth varied by community. In Chester, respondents most frequently identified postpartum support and home visiting as helpful (29% each), followed by lactation and feeding support, prepared meals, newborn care education, and childcare support (14% each). In Indian Valley, lactation and feeding support, postpartum support, and concrete supports were identified most frequently (17% each). In Portola, lactation and feeding support was the most frequently identified support (30%), followed by postpartum support (13%) and home visiting and newborn care education (10% each). In Quincy, lactation and feeding support was most frequently identified (25%), followed by prepared meals (18%) and social support and postpartum support (14% each).

Breastfeeding Rates

As shown in Figure 4.5, 46% of respondents reported breastfeeding their infant(s) for more than one year, while 37% breastfed for less than one year. Additionally, 42% reported using formula, and 21% reported feeding their infant(s) expressed breast milk from a bottle.

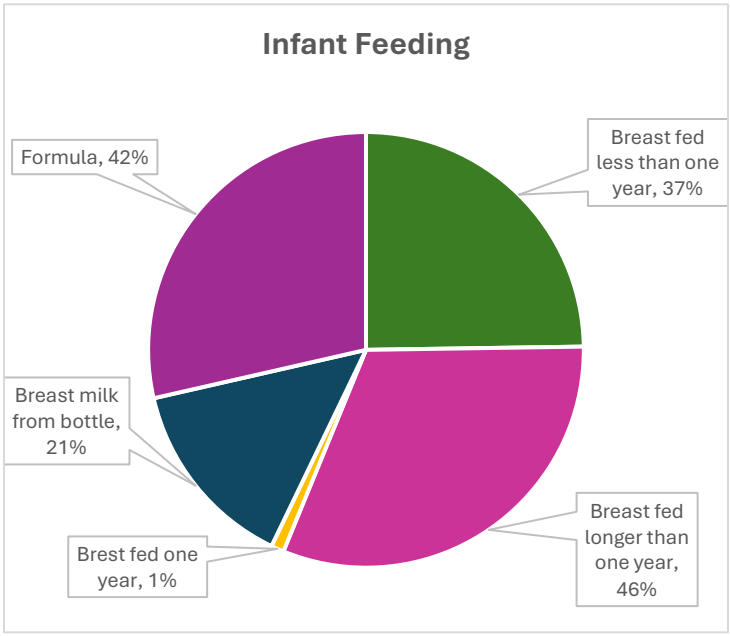


Figure 4.5 How respondents fed their infant(s).

Nearly half of respondents (48%) reported feeling supported in their infant-feeding journey, while 10% did not feel supported and 4% reported being unaware of local support resources (Figure 4.6).

Experiences differed among respondents who received WIC compared with those who did not (Figure 4.7). Respondents who received WIC were more likely to respond to the question about feeling supported (87%, compared with 78% of those who did not receive WIC) and were substantially more likely to report feeling supported in their infant-feeding journey (59%, compared with 25%). Conversely, respondents who received WIC were less likely to report not feeling supported (8%, compared with 19% of respondents who did not receive WIC).

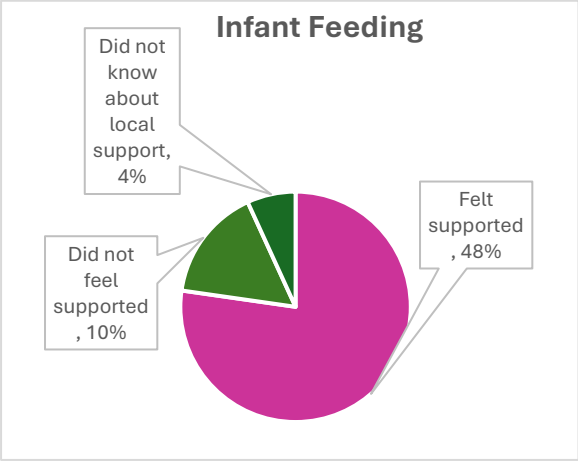


Figure 8.6 How well respondents felt supported in feeding their infant(s).

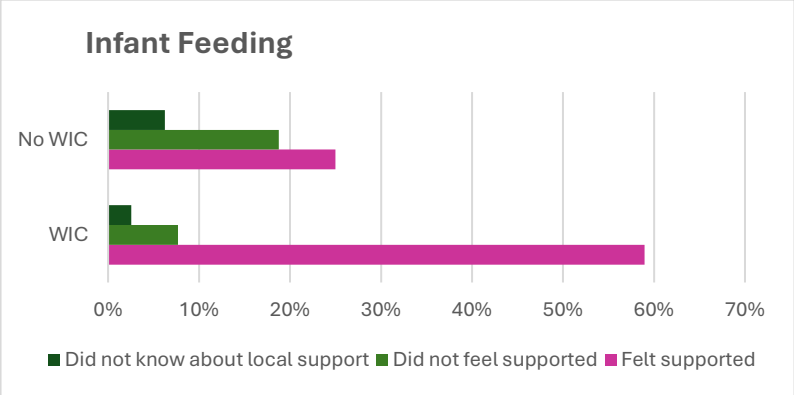


Figure 4.7 How well supported respondents felt in feeding their infant(s). Comparison between respondents who receive WIC and respondents who do not receive WIC.

Postpartum Supports

Focus group participants described the postpartum period as a time when families can experience isolation, uncertainty, and a strong need for in-home support. Participants emphasized that new parents may be hesitant to leave home with a newborn and may not know what resources are available.

In-home support was viewed particularly positively. Focus group participants described home visiting through Family First and Nourishing Newborns as highly valuable sources of practical guidance, ongoing reassurance, emotional support, support navigating health concerns, and connecting families to additional resources. Multiple participants relied on regular home-visits to help navigate their child's complex health needs, with one participant describing the support as feeling "like family".

Social connection was another important need. One participant described feeling "really alone" postpartum and wished they had known about playgroups earlier. Participants suggested that small, low-pressure opportunities for new parents to connect with one another could help reduce isolation while still accommodating families who may be hesitant to attend larger gatherings with a newborn.

Participants also identified a need for more educational opportunities about what to expect after birth, including newborn care, feeding, available local services, and what is considered normal during the postpartum period. Birthing classes and lactation support through Tahoe Forest were viewed as helpful, but participants noted that some valuable services were difficult to access because they were located outside the county or because families didn't know they existed or who qualified to receive them.

What parents are saying about postpartum:

- " ...another thing that I struggled with was I felt, like, really alone postpartum... I felt like I didn't have a whole lot going on, like I was always at home with the baby and I think I would have enjoyed Playgroup had I known about it sooner."
- "...the traveling nurses are incredible... and I really think that something that could be improved on is making sure that everybody knows that that is available to everyone."
- "...we used Nourishing Newborns and that was amazing... we learned a lot and the in-home offerings are I think the most valuable thing for me after giving birth."
- "I would have loved to have known maybe a little bit about what's normal and what was not even like pamphlets."
- "...I think it would be beneficial to know if that is a care that can be given to anybody, like not knowing which services are for everybody and which are just for maybe lower income... I think it feels kind of embarrassing to ask."

A recurring theme was uncertainty about who qualifies for services. Some parents assumed programs were only available for low-income families or families with significant needs and therefore did not pursue them. Participants suggested that outreach should clearly communicate who services are for, what they provide, and that seeking support does not mean a parent is struggling or inadequate.

Overall, participants described a need for a more connected postpartum support system that combines practical assistance, health and feeding support, education, home visiting, and opportunities for social connection. Participants particularly valued services that were welcoming, nonjudgmental, and available in the home, and suggested that expanding awareness of existing programs and adding postpartum doula support could further strengthen support for new families.

Birthing and Postpartum Findings	Birthing and Postpartum Recommendations
Finding 1: Participants suggested that small, low-pressure opportunities for new parents to connect with one another could help reduce isolation	**Action:** First 5 Plumas plans to contract with Nourishing Newborns to support Baby Cafes to fill this need (2026-27).
Finding 2: Participants also identified a need for more educational opportunities about what to expect after birth, including newborn care, feeding, available local services, and what is considered normal during the postpartum period.	**Action:** Welcome Baby outreach materials will be distributed to local and outlying areas to connect families with local resources. The Welcome Baby program includes Welcome Baby kits and community health worker home visits, or referrals to other home visiting programs, based on families' preferences.

Childcare

Question	Answer Type/Options
Question 5: Does anyone other than you or the child(ren)'s other parent watch your child on any occasion?	70%- Yes
	30%- No
Question 6: Who helps watch your child(ren)? Select all that apply. (Logic: Only answered if Yes, on Question 5)	62%- Family member who is not the parent
	15%- Friend
	7%- Family childcare provider
	10%- Childcare center
Question 7: Please tell us about your experience finding and using childcare, or if you did not use childcare, why not?	**Open-ended short answer**

Family Friend and Neighbor Care Providers

Seventy percent of respondents said that they have someone other than a parent watch their child(ren) at least some of the time, whereas 30% said they do not. Respondents of Portola, Quincy, and Indian Valley areas answers mirrored these overall results, however, a slight majority (57%) of respondents from the Chester area said they DO NOT have someone other than a parent watch their child(ren) on any occasion (Appendix D Figure 5.1 and Figure 5.2).

Among respondents who use non-parental childcare at any time, the most common caregivers were family members (62%) other than parents. This pattern was consistent across all four communities when analyzed separately. Friends (15%) were the second most common type of caregiver. A small number of respondents in Quincy and Indian Valley reported using a family childcare provider (7%) and a small number of respondents in Quincy and Portola reported using a childcare center (10%) (Appendix D Figure 5.3 and Figure 5.4).

Finding and Using Childcare

When respondents were asked to describe their experiences finding and using childcare—or, for those who do not use childcare, to explain why they do not—responses reflected five primary themes:

1. **Availability:** Respondents reported difficulty finding available childcare, particularly during school breaks and one-time or emergency situations.
2. **Childcare not needed:** Some respondents indicated that they did not need outside childcare because a parent preferred to provide care and early learning at home, a parent was a stay-at-home parent, family members or friends were available to provide care as needed, or the parent is a home-based childcare provider.
3. **Affordability:** Some respondents reported that childcare was too expensive or otherwise unaffordable for their family.
4. **Trust and comfort with childcare providers:** Some families expressed a preference for parent-provided care or reported that they did not feel comfortable leaving their child with someone other than a parent. Others

described previous negative experiences with childcare providers or preferred an alternative early learning setting that was not available through existing childcare options.

5. **Positive experiences:** Respondents also described positive experiences with childcare and related supports. These included receiving assistance from Plumas Rural Services (PRS) through its Childcare Resource and Referral Program, positive experiences with Head Start, priority enrollment at the Plumas District Hospital Childcare Center, and successfully securing a spot with a highly recommended childcare provider.

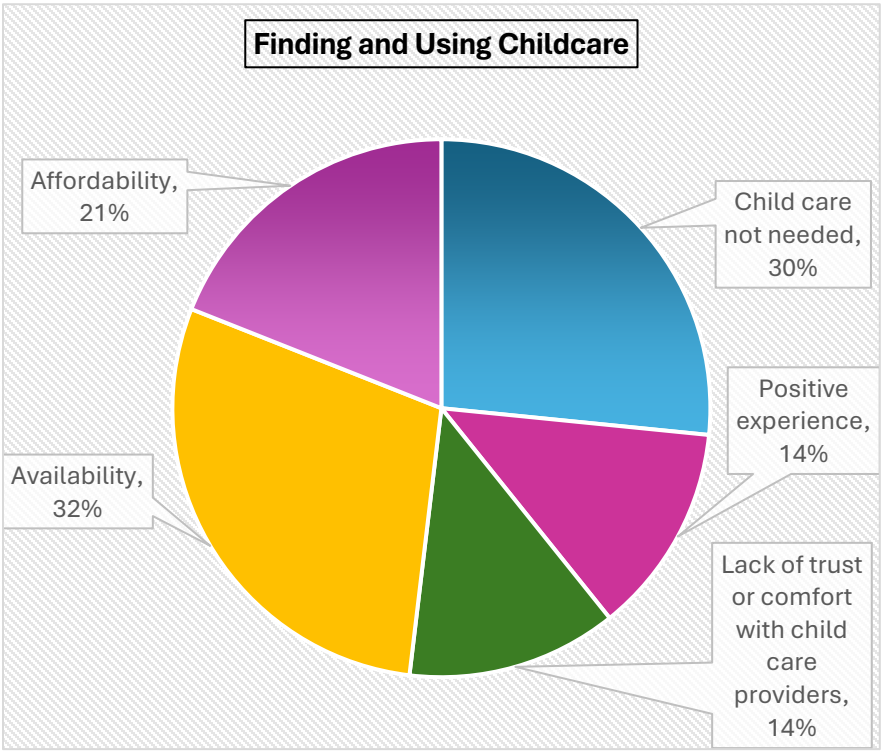


FIGURE 5.5 ALL RESPONDENTS' EXPERIENCE FINDING AND USING CHILDCARE.

Figure 5.5 shows the majority of respondents (32%) experienced lack of availability, while 30% of respondents did not have a need for childcare. When responses were analyzed by community, lack of childcare availability ranked among the top three experiences reported in all four communities (Figure 5.6).

- Respondents from the Chester and Quincy areas were more likely than those in Portola and Indian Valley to report that they did not need childcare for one of the reasons listed above.
- In contrast, respondents from the Portola and Indian Valley areas more frequently reported challenges related to childcare availability, affordability, and trust in childcare providers.
- Respondents from the Quincy area were more likely than those from the other communities to report positive experiences finding and using childcare.

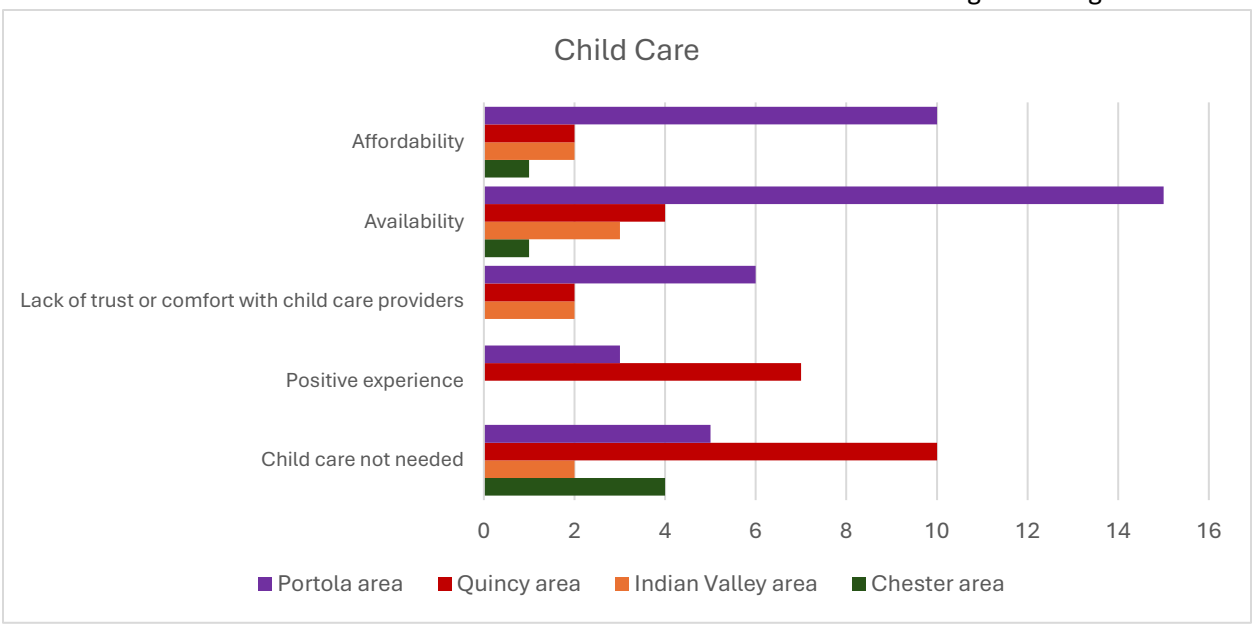


FIGURE 5.6 RESPONDENTS' EXPERIENCE FINDING AND USING CHILDCARE ANALYZED BY COMMUNITY.

Childcare Findings	Childcare Recommendations
Finding 1: The most common caregivers, other than parents, were Family Friend or Neighbor (FFN) care providers	77% of childcare is being provided by family or friends
	It is not clear from responses how often or if this care is occasional or if it supports families to work and go to school, for example. It is unclear if FFN care providers receive needed supports (e.g. pediatric CPR training, etc.) **Action:** First 5 Plumas or their partners may want to consider surveying both families and FFN care providers to understand FFN providers' needs. It may also be helpful to understand where FFN care providers turn when they have questions.
Finding 2: Availability and Affordability were themes that emerged from open-ended questions about childcare.	Parents said they had difficulty finding available childcare, particularly during school breaks and one-time or emergency situations
	Parents also said that income security was a challenge and affordability is sometimes tied to income.

Transitional Kindergarten

Question	Answer Type/Options
Question 3: If your child(ren) attends/ed or will be attending Transitional Kindergarten (TK), what factors helped support this decision? Select all that apply.	27% - Not applicable (My child has not/will not attend TK)
	25% - To promote my child's academic skills
	31% - To promote my child's social-emotional development
	17% - My child is/was academically and social-emotionally ready
	15% - I like the school and trust they will/would do a good job helping my child learn
	20% - I want/ed my child to learn about structure and routines
	14% - My child has/had siblings at the school
	4% - I needed childcare
	10% - Cost (TK is free)
	2% - I thought TK was mandatory
	0% - Liked the teacher
Question 4: If you chose NOT to enroll your child(ren) in Transitional Kindergarten (TK) what factors helped support this decision? Open text answer.	24%- Not applicable (My child is enrolled/will be enrolled in TK)
	4%- My child wasn't academically and/or social-emotionally ready for TK
	3%- I felt the campus was too big and/or I was concerned about my child being around older children

	3%- I didn't want to give up a licensed year round childcare spot
	15%- I was happy with my child's current early learning setting
	1%- TK was not available
	10%- My child is not age eligible
	6%- I did not want my child to receive required immunizations
	3%- Homeschool

The 3 primary factors that helped support families' decision to enroll their child(ren) in TK were:

- To promote the child's social-emotional development (31%)
- To promote the child's academic skills (25%)
- Wanting the child to learn about structure and routines (20%).

Thirty-eight percent of respondents did not answer this question and 27% said that their child has not/will not attend TK (Figure 6.1).

The 3 primary factors that helped support families' decision NOT to enroll their child(ren) in TK were:

- They were happy with the child's current early learning setting (15%)
- The family did not want the child to receive the required immunizations (6%)
- The child wasn't academically or social-emotionally ready for TK (4%)

Fourty-one percent of respondents did not answer this question (question was skipped for families without a TK aged child), 24% said that their child(ren) is/will be attending TK, and 10% said their child(ren) was/were not age eligible for TK (Figure 6.2). Although each community was analyzed individually, response patterns were largely consistent with the overall survey results for these questions (Appendix E Figure 6.3 and Figure 6.4).

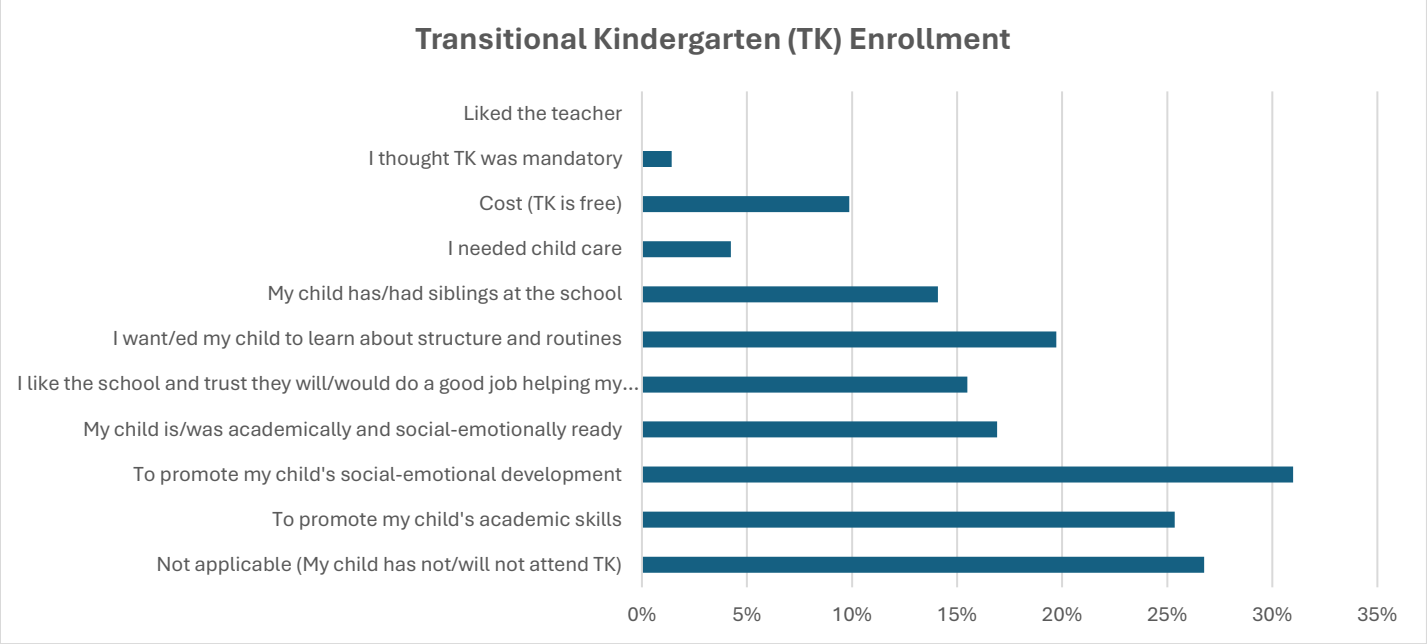


FIGURE 6.1 FACTORS THAT HELPED SUPPORT THE DECISION OF ALL RESPONDENTS TO ENROLL THEIR CHILD(REN) IN TK.

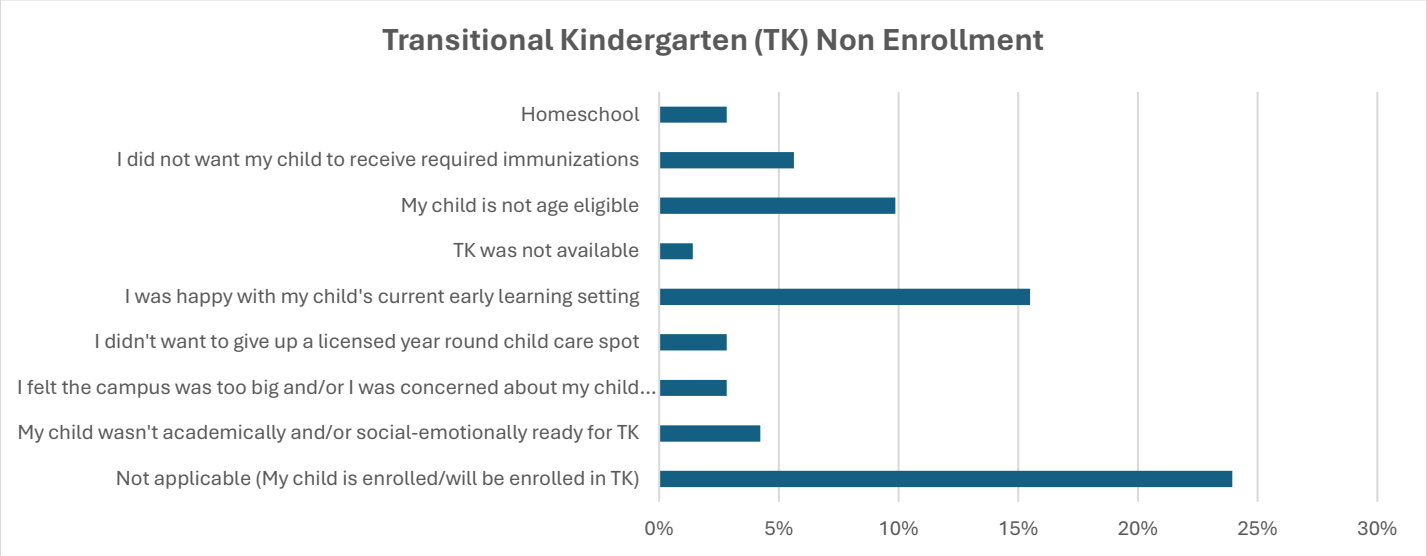


FIGURE 6.2 FACTORS THAT HELPED SUPPORT THE DECISION OF ALL RESPONDENTS NOT TO ENROLL THEIR CHILD(REN) IN TK.

TK Findings	TK Recommendations
Finding 1: The primary reason that families decided to enroll their child in TK was to promote the child's social-emotional development (31%), yet parents do not often complete social-emotional screenings to improve their understanding of social emotional development.	TK and ASQ – SE Developmental Screenings The ASQ-SE is seldomly completed by parents, childcare providers, or health care providers, yet this could provide insight and social-emotional support to children. 48% of parents said that they did not complete an ASQ because they did not know about it or they did not understand what the screening was for. **Action:** First 5 Plumas will promote ASQ as a tool to support families with social emotional development.

Finding 2: Not wanting to receive required immunizations represented a small number of families.	Pop-up preschool was started to help parents with TK aged and preschool aged children who did not plan to attend school. **Action:** First 5 Plumas will continue to offer both structured and unstructured programming.
Finding 3: Families are interested in their children receiving academic learning, practicing a routine, and social emotional development.	Knowledge of child development is a Strengthening Families Protective Factor and a key goal for offering literacy programs, ASQ developmental screenings, and parent trainings. **Action:** First 5 Plumas will focus programming on activities that support families with child development awareness.

Outreach and Communication

Question	Answer Type/Options
Question 8: What is the best way to reach you, as the parent of a child(ren), birth through 5 years, about services, resources, and local events? Select top three.	31% Facebook
	13% Instagram
	45% Email
	63% Text
	10% Website
	18% Flyers
	11% Connect with parents at events
	6% Newspaper

The data shows that 63% of families indicate that they prefer to communicate through text (63%), email (45%), and Facebook (31%). However, when analyzing each community separately, Chester prefers flyers over email (Appendix F Figure 7.1).

Outreach	Outreach Recommendations
Finding 1: Families generally prefer text messaging to all other forms of communication	First 5 staff often do not communicate with text messaging until families have attended a playgroup or otherwise connected with services. **Action:** First 5 Plumas should maintain closer communication with WIC, which communicates regularly by text. Chester families also prefer flyers and Facebook. **Action:** First 5 Plumas staff can prioritize using a text service to communicate with parents.
	Portola, Quincy, and Indian Valley families also prefer email. **Action:** First 5 Plumas can prioritize distribution of the newsletter in Portola, Quincy, and Indian Valley and create a method for texting the newsletter.
	In all communities, families also prefer put reach through Facebook, Quincy families prefer connecting at events, and Chester families prefer flyers

	Action: First 5 Plumas can connect with families at events in Quincy and use Facebook to promote events and the newsletter and hang flyers in Chester.

Since the last Parent Survey in 2024, several of the recommendations have been implemented including starting a monthly newsletter and creating a Parent Page with all information about services for young families in one location, including an events calendar, local children's activities, information for parents who have a child with a disability, and service providers.

First 5 Plumas Funded Services

Question	Answer Type/Options
Question 11: What First 5 Plumas funded services have you received? Select all that apply.	25%- Home visiting
	13%- Early Intervention services
	28%- First 5 Playgroups, Pop-Up Preschool, Walking Group
	51%- Imagination Library
	30%- ASQ developmental screening
	24%- First 5 Plumas Newsletter
	10%- Not sure
	17%- Did not receive services
	0%- Not listed, please specify
Question 12: What could we do to make the newsletter more valuable to you?	Open-ended short answer
Question 13: What about the newsletter is most helpful to you?	Open-ended short answer
Question 14: What are the main reasons you have not completed an ASQ Developmental Screening for your child(ren)? Select all that apply.	46%- I did not know about the ASQ
	7%- I did not understand what the screening was for
	1%- I was worried about how the information would be used
	4%- I do not feel that I need to track my child(ren)'s milestones
	8%- I prefer to discuss development directly with my child(ren)'s healthcare provider
	0%- I opened it, but could not complete it
	1%- I have concerns about labeling or stigma
	10%- Not listed, please specify (Child is too young; Already completed; Receiving special needs services; No concerns about development)

Question 15: How would you rate the First 5 Plumas funded services?	0%- 1 star 1%- 2 stars 1%- 3 stars 14%- 4 stars 54%- 5 stars
Question 16: Can you tell us about your experience with receiving services from First 5 Plumas?	Open-ended short answer
Question 17: If you haven't accessed any First 5 Plumas support services, what were the reasons? Select all that apply.	11%- I did not know about the services
	4%- Didn't feel services were needed
	0%- Privacy concerns or I didn't want anyone coming to my home
	0%- Transportation or services were not located close enough to me
	1%- The services I needed were not available
	0%- I assumed the services would cost money
	0%- There was a language barrier that prevented me from accessing services
	0%- Not listed, please specify

As shown in Figure 8.1, the most widely received First 5 Plumas services county wide were:

- 51% Imagination Library
- 30% ASQ developmental screening
- 28% First 5 playgroups
- 25% Home visiting
- 24% First 5 Plumas newsletter

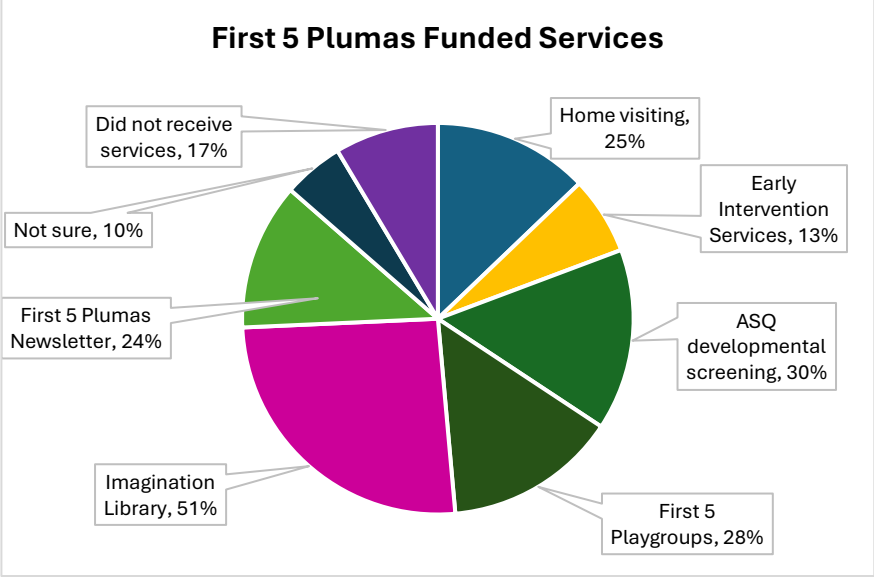


FIGURE 8.1 FIRST 5 PLUMAS FUNDED SERVICES THAT RESPONDENTS RECEIVE OR HAVE RECEIVED.

Although the top three services received were generally consistent across communities (Figure 8.2 and Appendix G Figure 8.3), there were some notable differences. Respondents from Indian Valley had the highest proportion of those who reported not receiving services (33%) as well as the highest reported participation in home visiting (50%). Chester had the highest proportion of respondents receiving Early Intervention services (43%) and participating in ASQ developmental screenings (43%). Quincy had a notably higher proportion of respondents participating in playgroups (46%) than the other communities.

ASQ Developmental Screenings

Among respondents who reported that their child had not completed an ASQ developmental screening, the most common reason was a lack of awareness of the ASQ (46%). An additional 30% of respondents did not provide a *Figure 8.4*

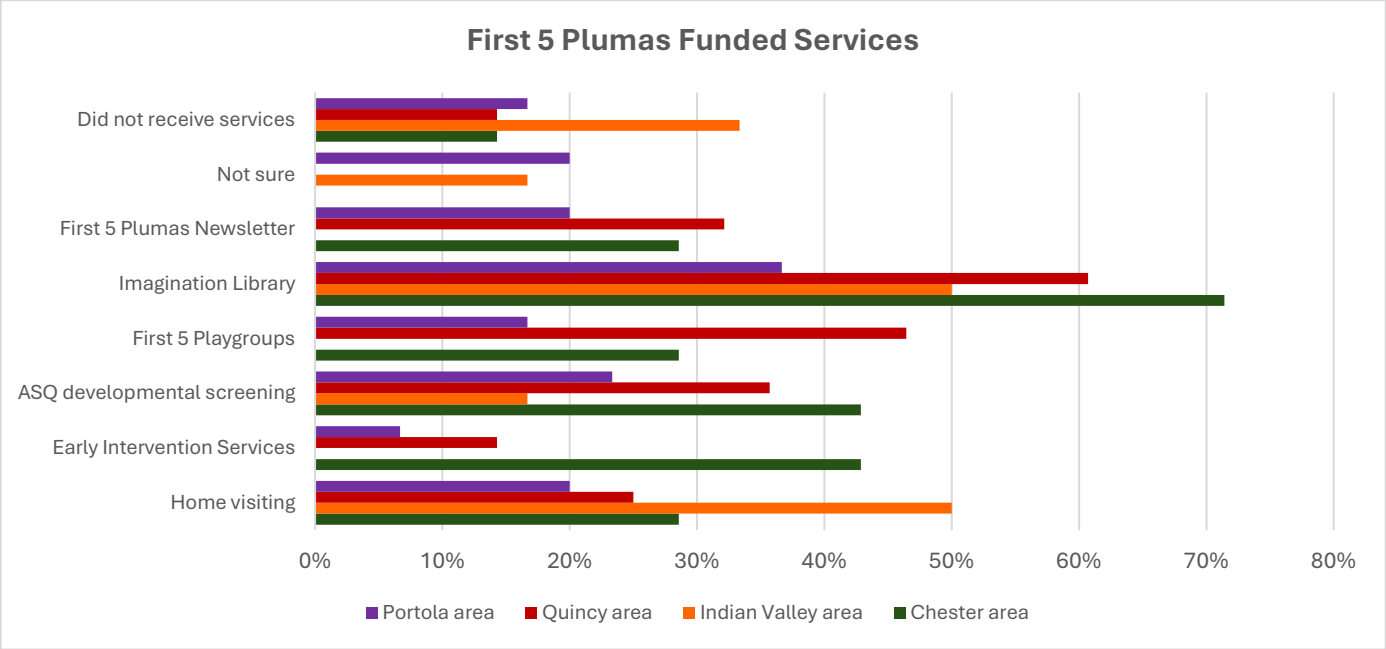
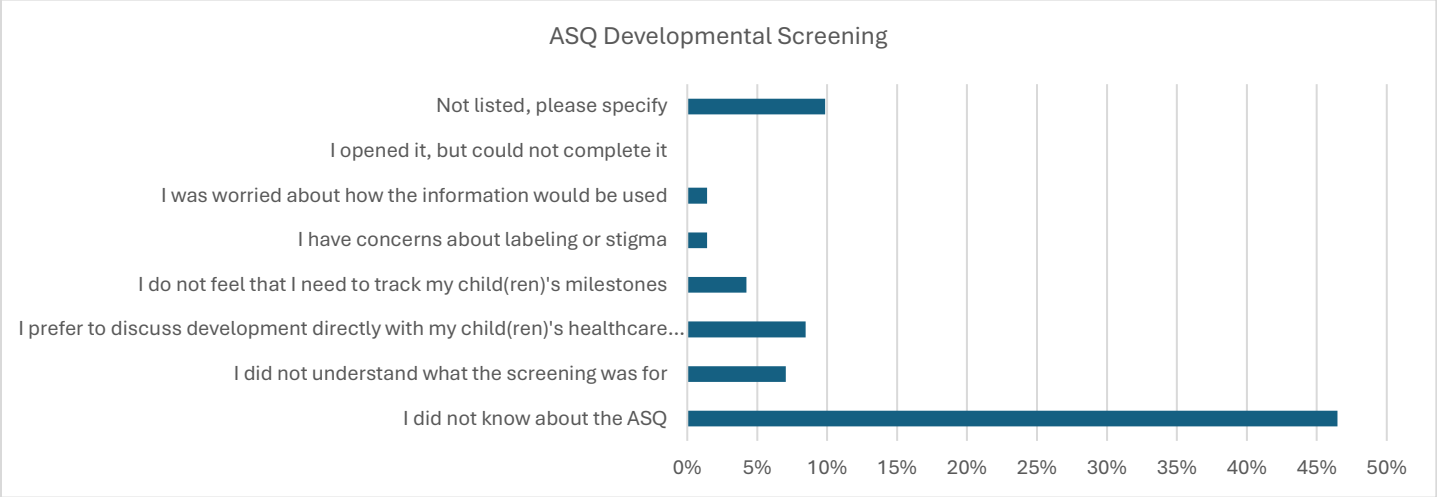


Figure 8.2 First 5 Plumas funded services that respondents receive or have received analyzed by community.



Reasons respondents did not complete an ASQ Developmental Screening with their child(ren).

response, while 8% preferred to discuss their child's development directly with their health care provider and 7% reported not understanding the purpose of the screening (Figure 8.4).

The respondents who reported receiving the First 5 Plumas Newsletter (17 total) said that the events and resources available for families are the most helpful part. Some suggestions for what could make the newsletter more valuable were to have more suggestions of easy things to do at home with young children, tips for first-time moms, and a feature article that highlights a service or resource.

First 5 Plumas Services

Of all participants who received First 5 Plumas services and gave a star rating, 95% gave 4 or 5 stars. Fifty-Four percent of all respondents across the county gave First 5 Plumas funded services 5 stars and 14% gave 4 starts.

Respondents described their experience receiving First 5 Plumas funded services as (Figure 8.5) in open-ended question responses:

1. **Helpful, useful, and informative.** Respondents described their experiences receiving information, the staff being helpful, and receiving help accessing services and programs.
2. **Positive experience with programs and services.** Respondents described positive experiences with the organization or programs in general.
3. **Positive experience with playgroups.** Respondents highlighted how playgroups have benefited them as parents and/or their child(ren).
4. **Positive experience with Imagination Library.** Respondents reported the free book program as being beneficial and positive for their family.
5. **Positive experience with staff.** Respondents described helpful and positive experiences they have had with playgroup staff and staff helping with navigating programs and services.
6. **Positive experience with home visiting.** Respondents highlighted how impactful home visits have been for their family and the positive experiences they have had with the home visitors from practical assistance to emotional support.
7. **Helpful accessing early intervention services.** Respondents described positive experiences with First 5 Plumas helping the family navigate the process of accessing early intervention services.

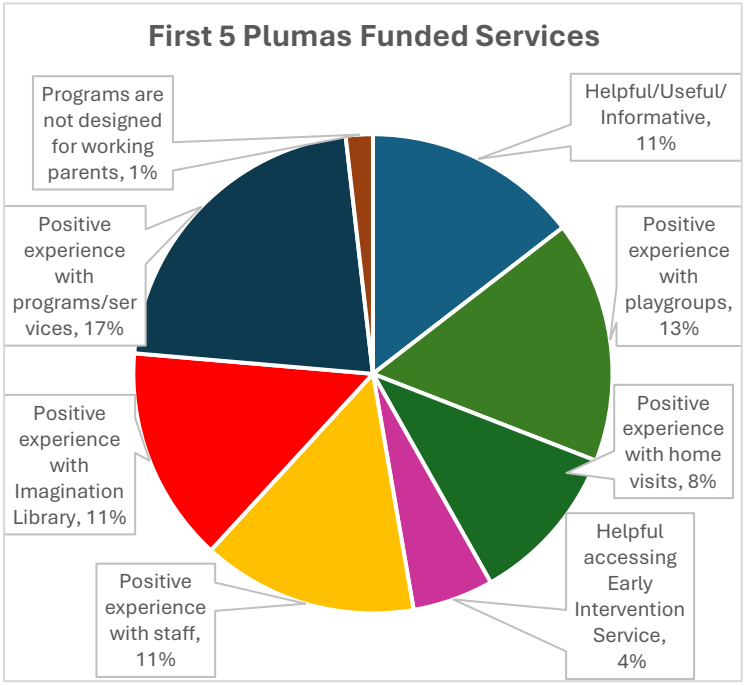


FIGURE 8.5 RESPONDENTS' EXPERIENCES RECEIVING FIRST 5 PLUMAS FUNDED SERVICES.

Experiences varied somewhat by community (Appendix G Figure 8.6). Among respondents of Indian Valley who shared their experiences receiving First 5 Plumas funded services (33%), all reported positive experiences with home visiting programs. Quincy respondents most frequently highlighted positive experiences with staff (25%) and playgroups (21%). Portola respondents most commonly reported positive experiences with programs and services in general (20%), the Imagination Library (17%), and the helpfulness, usefulness, or informativeness of the services (13%). In Chester, playgroups were most frequently identified as a positive experience (29%), while the remaining responses were evenly distributed across positive experiences with home visiting, early intervention services, the Imagination Library, and programs or services more generally, as well as finding the services helpful, useful, or informative.

What parents are saying about First 5 Plumas funded services:

- "Overall very helpful program."
- "They have been helpful with my younger son. As he has a speech delay and an IEP."
- "Our experiences have been priceless. From helping us navigate getting help with our neurodiverse eldest child, to support after our second medically complicated child arrived, to accessing the imagination library, and helping us navigate things whenever we have needed help. We have always been treated with dignity and respect. It's been a much needed and very helpful entity for us."
- "The in-home visits after the birth of my second child were very special and appreciated."
- "Very friendly and supportive staff."
- "It's helped my son with communication and encouraged healthy behavior."
- "It's amazing, my kid has so much fun playing and learning in the weekly playgroups."
- "I have enjoyed taking my daughter to playgroup and hearing about local child friendly events. The people are wonderful and it has helped being a stay at home mom feel less isolating."
- "We love all the services, especially Dolly Parton Library."

Among respondents who had not accessed First 5 Plumas funded services, the most commonly reported reason was a lack of awareness of available services (11%). Other reasons included not feeling that services were needed (4%) and needed services not being available (1%). Community-level responses showed similar patterns. All respondents from Chester (n=1) and Indian Valley (n=2) who had not received services reported that they were unaware of the services. In Quincy, three respondents reported that they did not feel they needed services, while one reported being unaware of available services. In Portola, four respondents reported that they were unaware of the services, while one reported that the services they needed were not available. No respondents reported that privacy concerns, transportation barriers, cost, or language barriers prevented them from accessing First 5 Plumas funded services (Appendix G Figure 8.7 and Figure 8.8). It is important to note that 85% of all survey respondents had already received at least one First 5 Plumas funded service. In 2024, 28% of parents either never received services or did not know if they received services (compared to 15% in 2026).

First 5 Plumas Services Findings	First 5 Plumas Services Recommendations
Finding 1: Access to First 5 Plumas funded services vary across communities	The Parent Survey accurately reflects the differences in service delivery across the county including higher rates of Early Intervention in Chester, higher playgroup attendance in Quincy, higher rates of home visiting in Indian Valley **Action:** First 5 Plumas will develop an outreach plan to address community needs, based on survey responses.
Finding 2: Portola had the lowest percentage of children enrolled in Imagination Library	Imagination Library is a touch point with parents that can help connect them to other services. **Action:** First 5 Plumas will implement an outreach effort in Portola including resources in Spanish.
Finding 3: 51% of families are receiving Imagination Library, but only 24% are receiving the newsletter	Families enrolled in Imagination Library also receive the newsletter by email, but families have expressed a preference for text communication. **Action:** First 5 Plumas will explore sending newsletters by text.
Finding 4: Among respondents who reported that their child had not completed an ASQ developmental screening, the most common reason was a lack of awareness of the ASQ (46%)	**Action:** First 5 Plumas will continue to work with childcare providers, center staff, and clinics to support increasing developmental screenings, which address child milestones, referrals for services, and parent knowledge of child development.

Early Intervention

Question	Answer Type/Options
Question 28: Currently, do you have any concerns about your child(ren)'s learning or development?	82%- Not at all
	13%- Somewhat
	6%- Very much
Question 29: Currently, do you have any concerns about your child(ren)'s behavior?	77%- Not at all
	18%- Somewhat
	4%- Very much
Question 30: Please tell us about any concerns you have about your child's behavior, learning, or development.	Open-ended short answer
Question 31: Does your child have a disability?	1%- Yes
	15%- No
	10%- Not sure
Question 32: Which services have you accessed for your child with a disability?	1%- Far Northern Regional Services
	1%- Early Intervention
	0%- Special Education
	0%- Early Start or Family Empowerment
	0%- None
	0%- Specialized Services, please specify
Question 33: Can you tell us about your journey with accessing services, screenings, and diagnosis? Please share anything you would like First 5 Plumas to know.	Open-ended short answer

As shown in Appendix H Figure 9.1, the majority of respondents (82%) reported no concerns about their child(ren)'s learning or development, while 13% were somewhat concerned and 6% were very concerned. Similarly, 77% of respondents reported no concerns about their child(ren)'s behavior, while 18% were somewhat concerned and 4% were very concerned (Appendix H Figure 9.2).

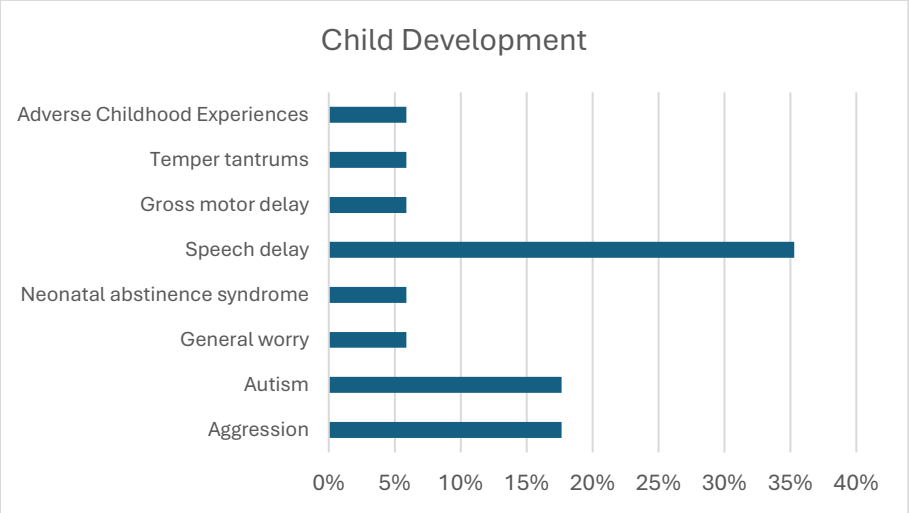


FIGURE 9.3 RESPONDENTS' REPORTED CONCERNS ABOUT THEIR CHILD(REN)'S DEVELOPMENT.

Among respondents who identified specific concerns, speech delay was the most frequently reported concern (35%), followed by autism (18%) and aggression (18%). Other reported concerns included the impacts of adverse childhood experiences, temper tantrums, gross motor delays, neonatal abstinence syndrome, and general worry (6% each) (Figure 9.3).

One respondent (1%) reported that their child(ren) has a disability, 7 (10%) were not sure, and 11 (15%) said their child did not have a disability. It is important to note that 52 respondents (73%) did not answer this question.

The respondent who reported their child had a disability had accessed both Far Northern Regional services and Early Intervention services. Four respondents who reported that they were unsure if their child(ren) had a disability described their experiences accessing services, screenings, and diagnosis for their child. Three of these respondents described challenges related to getting a diagnosis, one identified challenges navigating the process, one reported receiving help from Head Start, two reported challenges working with Far Northern Regional Center, and one reported challenges working with Plumas County Office of Education (Figure 9.4).

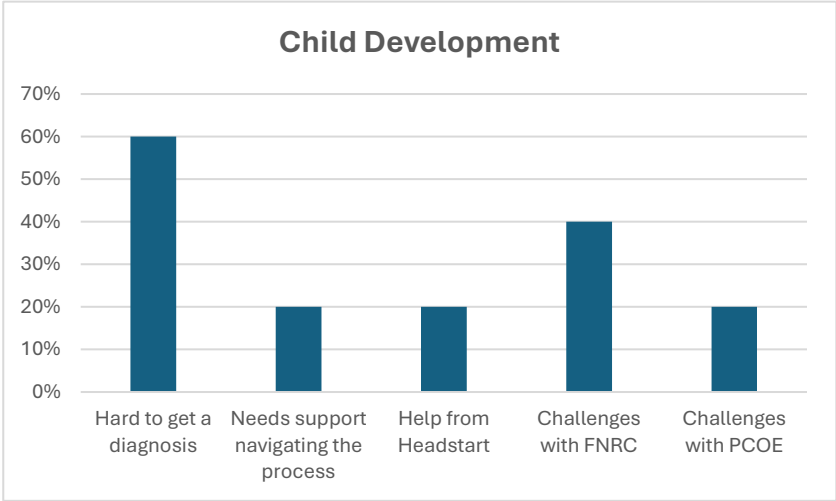


FIGURE 9.4 RESPONDENTS' EXPERIENCE ACCESSING EARLY INTERVENTION SERVICES, SCREENINGS, AND DIAGNOSIS.

Service Navigation

Focus group participants described early intervention as highly valuable when families were able to access it, but reported difficulty navigating the process. Parents repeatedly emphasized the importance of recognizing developmental concerns early and listening to parents' observations of their child(ren), while describing barriers related to delayed responses, limited local providers, insurance coverage, and uncertainty about where to turn for evaluation and support.

What parents are saying about Early Intervention:

- "...Especially finding the services up here for kids. Like, over the summer, they're offering speech, but they want kids that are 2 and 3 to sit in front of a screen... and then for the younger kids, the speech pathologist has been out, I believe, for 5 months now, so none of those kids are getting any of the services they need."
- "...in a world where we are constantly advocating for early intervention, being told that it's too early to intervene is conflicting information and I think that that needs to be researched and clarified, because I think that there is a lot of early intervention support that can be provided to children if we paid attention to this and valued what parents see and supported those families."
- "I'm so grateful for [home visiting nurse], who made me feel like this was not insurmountable, that we would find answers, and that we would find solution, and that it would be ok."
- "I think there needs to be a better understanding for children who have special needs about inclusion."

Participants reported significant difficulty navigating the referral and evaluation process, including long delays in receiving responses from Far Northern Regional Center and inconsistent experiences with case workers. Some parents felt their concerns were not taken seriously because their children were considered too young for evaluation or because behaviors were viewed as age-typical. Several parents ultimately had to self-advocate or seek private evaluations and alternative pathways to obtain diagnoses and access services. One parent described being particularly frustrated by the disconnect between the emphasis on early intervention and being told that their child was too young for intervention.

Limited availability of local services was another major concern. Participants described gaps in speech, occupational, and physical therapy, including provider shortages and services offered remotely when parents felt in-person care was more appropriate for their young child(ren). Insurance, particularly Medi-Cal, was also identified as a barrier to accessing needed therapies. These limitations can require families to travel outside the community or go without services.

Despite these challenges, participants described home visiting nurses and Head Start as important sources of support. Parents particularly valued service providers who listened to their concerns, helped them navigate the system, and connected them with appropriate resources. One parent described a home visiting nurse as "amazing and invaluable" in helping their family navigate early intervention needs.

Overall, participants emphasized that early intervention depends not only on having services available, but on identifying concerns early, taking parents seriously, and providing clear pathways to evaluation and support. Their experiences suggest opportunities to strengthen coordination among health care providers, schools, regional centers, and early intervention programs; expand local therapy capacity; improve responsiveness and communication; and provide more support to families in navigating developmental concerns.

Early Intervention Findings	Early Intervention Recommendations
Finding 1: 1 out of 5 families report being concerned or very concerned about their child's development or behavior	Despite very few families identifying as having a child with a disability, those families with a concern may benefit from support. **Action:** Promote Help Me Grow Plumas in outreach materials.
Finding 2: Families continue to identify challenges in navigating services.	First 5 Plumas' Help Me Grow is an effective way to connect families with support and service navigation. **Action:** Promote Help Me Grow Plumas for service navigation

	Action: Continue to refer families to Far Northern Regional Center, Early Start, and the Family Empowerment Center

Equitability

Question	Answer Type/Options
Question 37: Do you feel equitably served in Plumas County? Please explain.	Open-ended short answer

The majority of respondents (57%) reported feeling that families are equitably served in Plumas County, while 21% (15 respondents) did not feel that services and opportunities were equitable (Figure 10.1). Among those who reported feeling less equitably served, several themes emerged:

1. **Limited access to specialized services:** Some respondents reported having to travel outside their community to access specialized services for children, such as care for lip or tongue ties.
2. **Differences in services and opportunities across communities:** Respondents noted that communities such as Chester may have fewer services and opportunities than larger communities such as Portola and Quincy.
3. **Barriers to accessing mental health services:** One respondent reported that county mental health services are only available when a family's needs are considered sufficiently severe.
4. **Limited childcare and preschool options:** Respondents identified a lack of licensed childcare providers and preschool options, particularly in the Portola area.
5. **Concerns about access to assistance based on race:** One respondent expressed concern that assistance may be more difficult to access depending on how race is reported on an application.
6. **Income eligibility requirements:** Respondents reported that income eligibility thresholds for some support services may be too restrictive.
7. **Limited employment opportunities for parents who stay home with their children:** Respondents identified a lack of job opportunities that accommodate parents who provide care at home.
8. **Limited opportunities for working parents:** Respondents reported that some services and opportunities may not adequately meet the needs of working parents.
9. **Limited support for single parents:** Respondents identified a need for greater support for single-parent families.

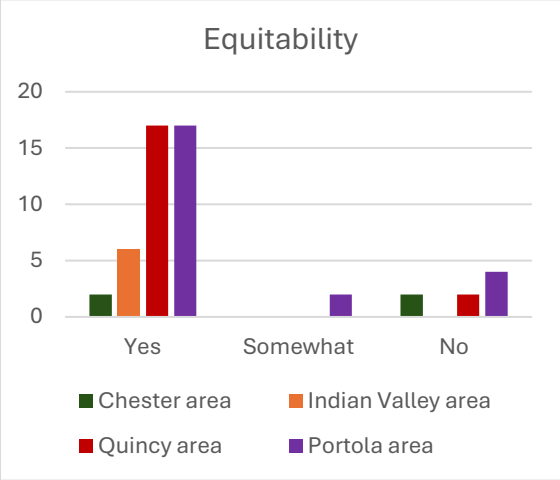


FIGURE 10.1 EQUITABILITY OF SERVICES IN PLUMAS COUNTY FOR FAMILIES WITH 0-5 YEAR OLDS REPORTED BY RESPONDENTS.

Equity Findings	Equity Recommendations
Finding 1: Difference in services and opportunities across communities was identified.	First 5 Plumas offers and funds community specific services (like playgroups at times and locations that parents express an interest and attend), but service gaps remain, especially in Chester. **Action:** First 5 Plumas is currently working with the Chester Wellness Center to make sure that Diaper Bank and Welcome Baby will be available, even when roads, inclement weather, or other barriers exist.

Emergency Preparedness

Question	Answer Type/Options
Question 38: Please tell us how prepared your family is to evacuate in a disaster. Select all that apply.	28%- You each have a go bag
	37%- You have an evacuation plan
	51%- You are registered for Genasys Alerts from Plumas County
	48%- You have a place to go during an evacuation that is not a county shelter
	79%- You have reliable transportation during an evacuation
	4%- None of the above
Question 39: What types of resources would be most helpful to your family when evacuating during a disaster.	Open-ended short answer

The majority of respondents reported having reliable transportation during an evacuation (79%) and being registered for Plumas County's Genasys Alerts (51%). However, fewer than half reported having an emergency "go bag" (28%), an evacuation plan (37%), or a designated place to go during an evacuation other than a county shelter (48%). Three respondents reported having none of these emergency preparedness measures in place (Appendix I Figure 11.1 and 11.2). Responses across individual communities were generally consistent with the countywide findings.

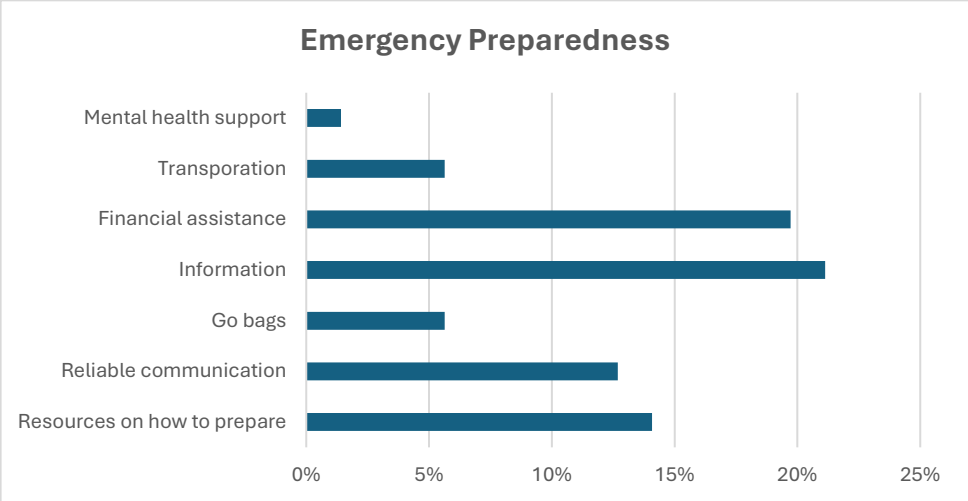


FIGURE 11.3 RESOURCES THAT WOULD BE MOST HELPFUL TO FAMILIES DURING AN EVACUATION AS REPORTED BY RESPONDENTS.

Respondents identified several resources that would be most helpful to families during an evacuation (Figure 11.3 and Figure 11.4):

1. **Information and resource directories (21%).** Respondents identified the need for a centralized list of phone numbers and information about where to access resources such as food banks, shelters, and child-friendly spaces. They also identified information about programs available during evacuations, pet-friendly accommodations and animal boarding, sources for infant supplies, and places for children to play as helpful.
2. **Financial and material assistance (20%).** Respondents identified gas cards, motel vouchers, food, water, formula, and diapers as helpful forms of assistance during an evacuation.
3. **Emergency preparedness resources (14%).** Respondents identified resources to help families prepare in advance, including packing checklists, assistance developing an evacuation plan, and guidance on caring for infants during an evacuation.
4. **Reliable communication (13%).** Respondents identified a need for timely alerts and early warnings, current information about the status of homes and communities, and communication methods that do not rely on cellular or Wi-Fi service.
5. **Emergency "go bags" (6%).** Respondents identified preassembled emergency kits containing essential supplies as a helpful resource for families during an evacuation.
6. **Transportation assistance (6%).** Some respondents identified a need for alternative transportation options for families without reliable vehicles, as well as access to helicopter transportation in emergency situations.

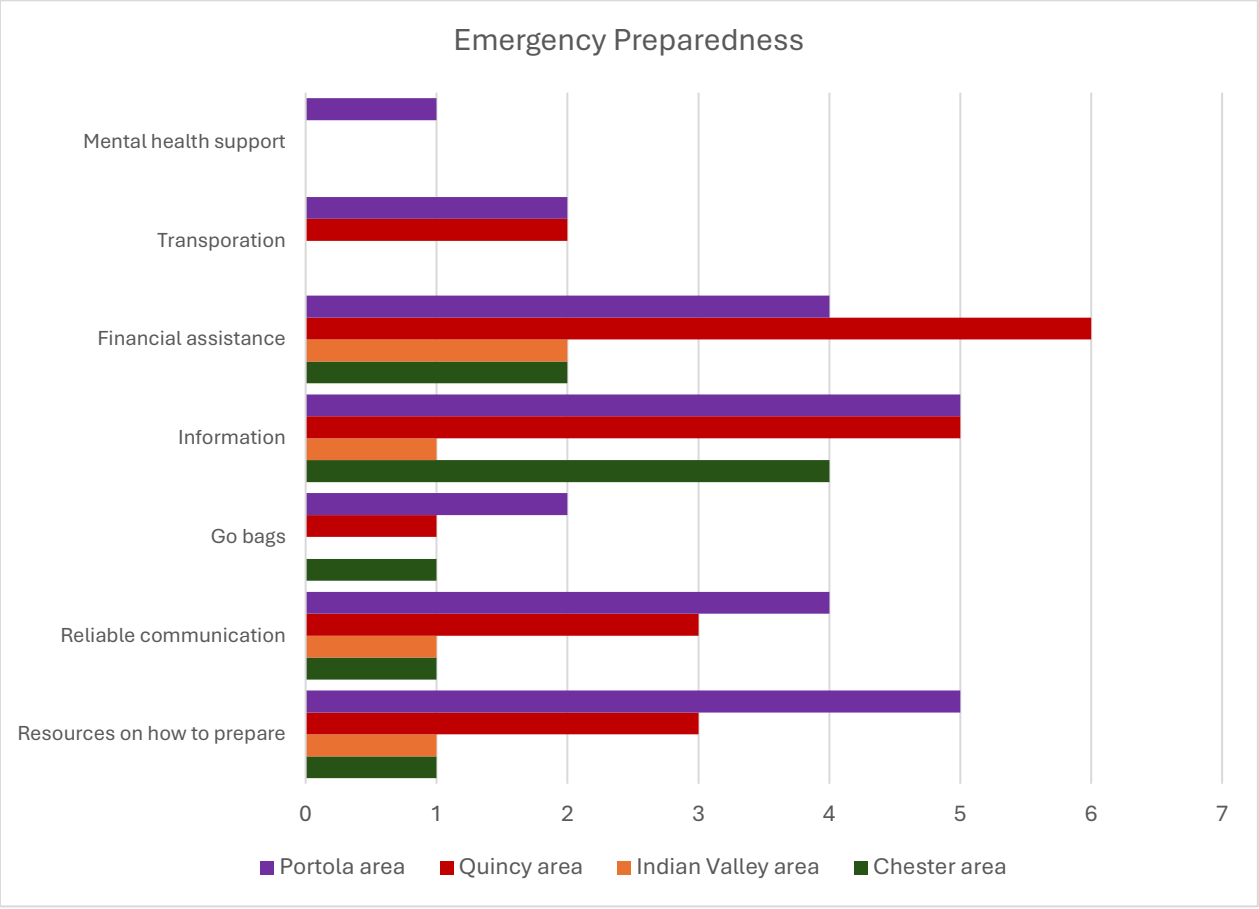


FIGURE 11.4 RESOURCES THAT WOULD BE MOST HELPFUL TO FAMILIES DURING AN EVACUATION AS REPORTED BY RESPONDENTS BY COMMUNITY.

Emergency Preparedness Findings	Emergency Preparedness Recommendations
Finding 1: Only half of families have Genasys Alerts from Plumas County emergency alerts.	First 5 Plumas distributes newsletters and other materials about how to sign up for emergency alerts. **Action:** First 5 Plumas will work with emergency agencies to support families in signing up for alerts and creating "Go Bags." Continue to distribute information for families with young children.
Finding 2: Families express the need for more information, resources, and reliable communication.	First 5 Plumas will continue to collaborate with emergency services and disaster planning. **Action:** First 5 Plumas will collaborate with emergency services to offer information specific to families with young children and children with disabilities.

Father Engagement

Question	Answer Type/Options
Question 40: What do you think is the best way to increase father engagement? Select no more than three.	49%- Fathers are invited to participate
	44%- Services are offered at a time when fathers can attend
	28%- Fathers feel their input is valued
	49%- Provide father specific events/programs
	25%- Staff are trained on working with men or have male staff
	0%- Not listed, please specify

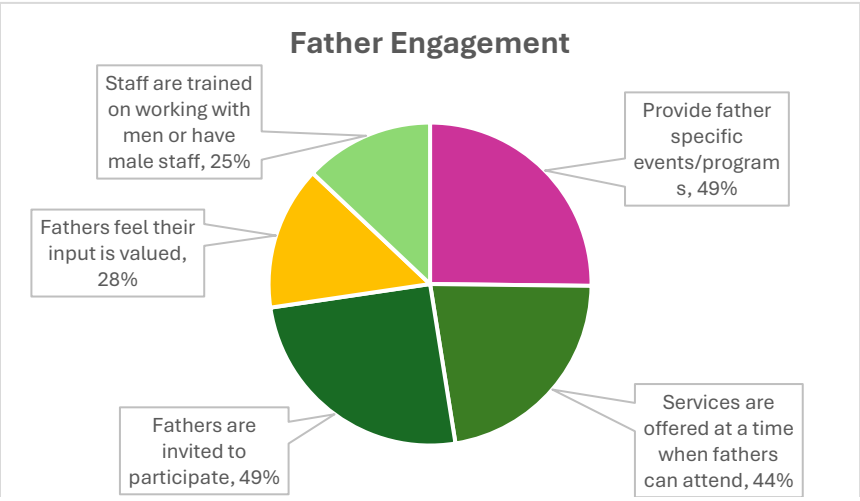


FIGURE 12.1 STRATEGIES TO INCREASE FATHER ENGAGEMENT AS IDENTIFIED BY RESPONDENTS.

Countywide, respondents identified several strategies for increasing father engagement (Figure 12.1). The most frequently identified approaches were offering father-specific events or programs and actively inviting fathers to participate (49% each). Other strategies included offering services at times when fathers are able to attend (44%), ensuring that fathers feel their input and perspectives are valued (28%), and having male staff or staff trained to work with men (25%).

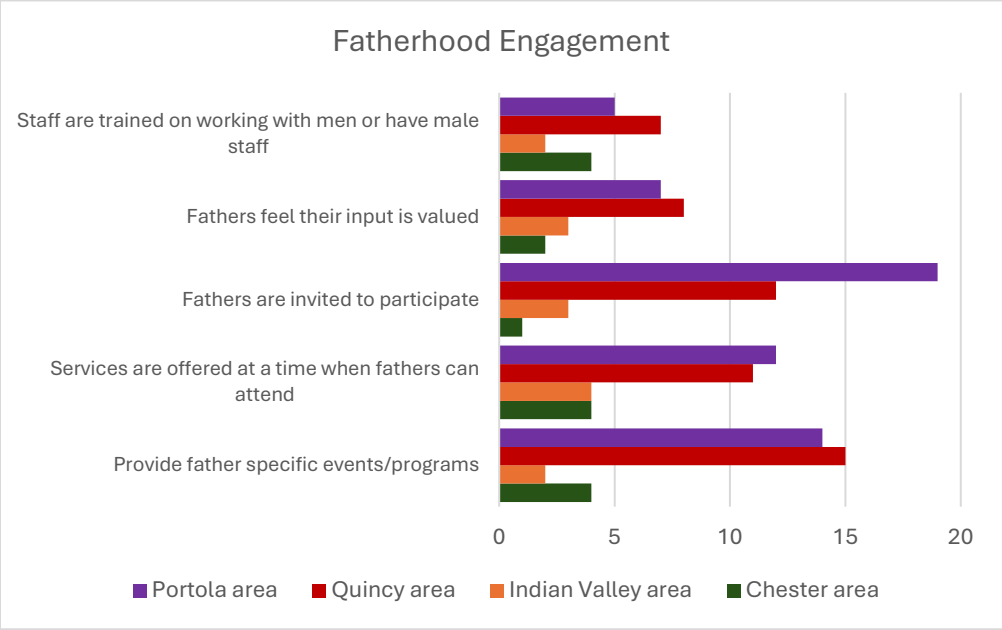


FIGURE 12.2 STRATEGIES IDENTIFIED BY RESPONDENTS TO INCREASE FATHER ENGAGEMENT ANALYZED BY COMMUNITY.

As shown in Figure 12.2, the strategies identified as most important for increasing father engagement varied somewhat by community. Responses from Portola and Quincy generally reflected the countywide findings. In Indian Valley, respondents identified ensuring that fathers feel their input and perspectives are valued as one of the two most important strategies for increasing engagement. In Chester, respondents identified having male staff or staff trained to work with men as a top priority for increasing father engagement.

Father Engagement Findings	Father Engagement Recommendations
Finding 1: The need for father specific programming, at times fathers can participate, could improve father engagement.	Parent Surveys were primary answered by mothers, so an additional outreach effort may include gathering more responses from fathers. **Action:** First 5 Plumas can work with the Children's Council and other partners to offer father specific groups or messaging specifically for fathers and male caregivers.

Conclusion

The 2026 First 5 Plumas Community Needs Assessment, encompassing both the parent survey and focus groups, provides a data-driven roadmap for future First 5 Plumas investments and activities. By directly engaging parents, this report has identified the priority needs of families with children ages 0 to 5, identified barriers to accessing services, and captured recommendations. These insights offer a reflection of how families view available services and where service gaps persist.

Central to the findings is that parents value First 5 Plumas' direct services as well as those of their partners. Programs such as home visits, WIC, Head Start, PRS, and Early Intervention continue to be viewed as essential and valued services for families. The survey results show that strengthening families requires a continuous effort to provide information about and opportunities for families to connect to one another and to services that are available in Plumas County. Parent input will inform adjustments to future strategic planning, funding allocations, and targeted program development. By aligning investments with the gaps in services identified by parents, First 5 Plumas can move closer to its primary goals. This means ensuring that families across the county have equitable access to information, support networks, and quality early education, health and dental education, and social opportunities that allow children and their families to thrive.

Beyond individual programs, the conclusions of this report serve as a call to action for systemic improvements in dental care, health care, childcare, and communication with families. First 5 Plumas cannot achieve these outcomes in isolation; the value of its investments is leveraged through its relationships with county agencies and partners. The

findings from this report will be actively shared with families, service providers, community leaders, and policy makers to advocate for county-wide initiatives. The voices of Plumas County parents are the key to making sure the First 5 Plumas Commission is well-positioned to foster a more responsive, inclusive, and effective early childhood system.

Appendix A: Parenting and Raising Young Children in Plumas County

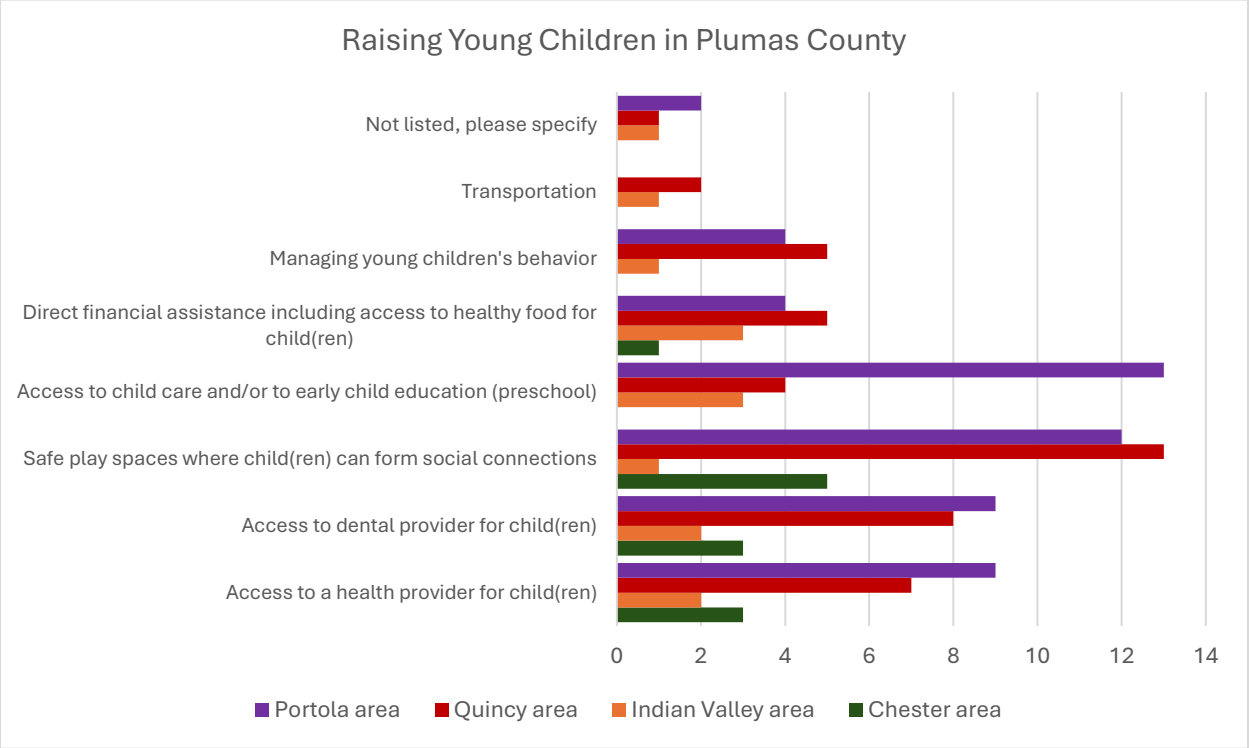


FIGURE 2.2 BIGGEST CHALLENGES AND CONCERNS OF RAISING YOUNG CHILDREN IN PLUMAS COUNTY ANALYZED BY COMMUNITY AS NUMBER OF RESPONDENTS.

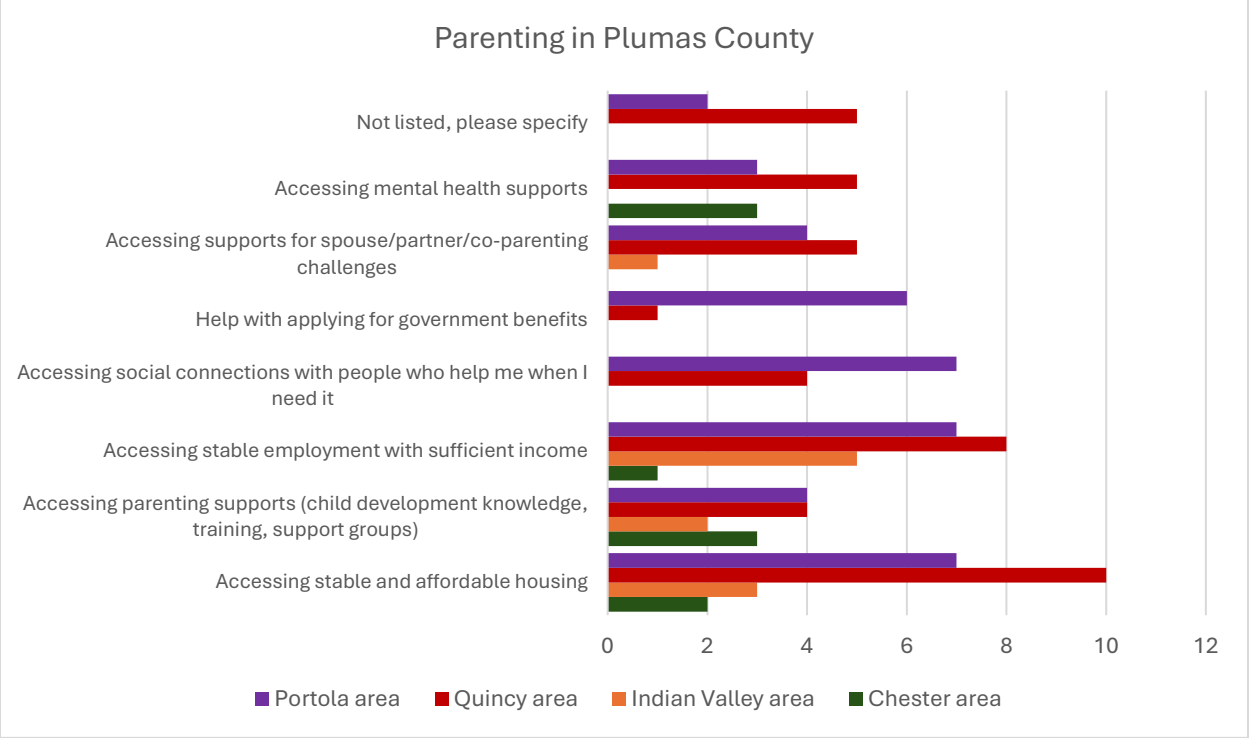


FIGURE 2.4 BIGGEST CHALLENGES OF BEING A PARENT IN PLUMAS COUNTY ANALYZED BY COMMUNITY AS NUMBER OF RESPONDENTS.

Appendix B Plumas County Services for Families

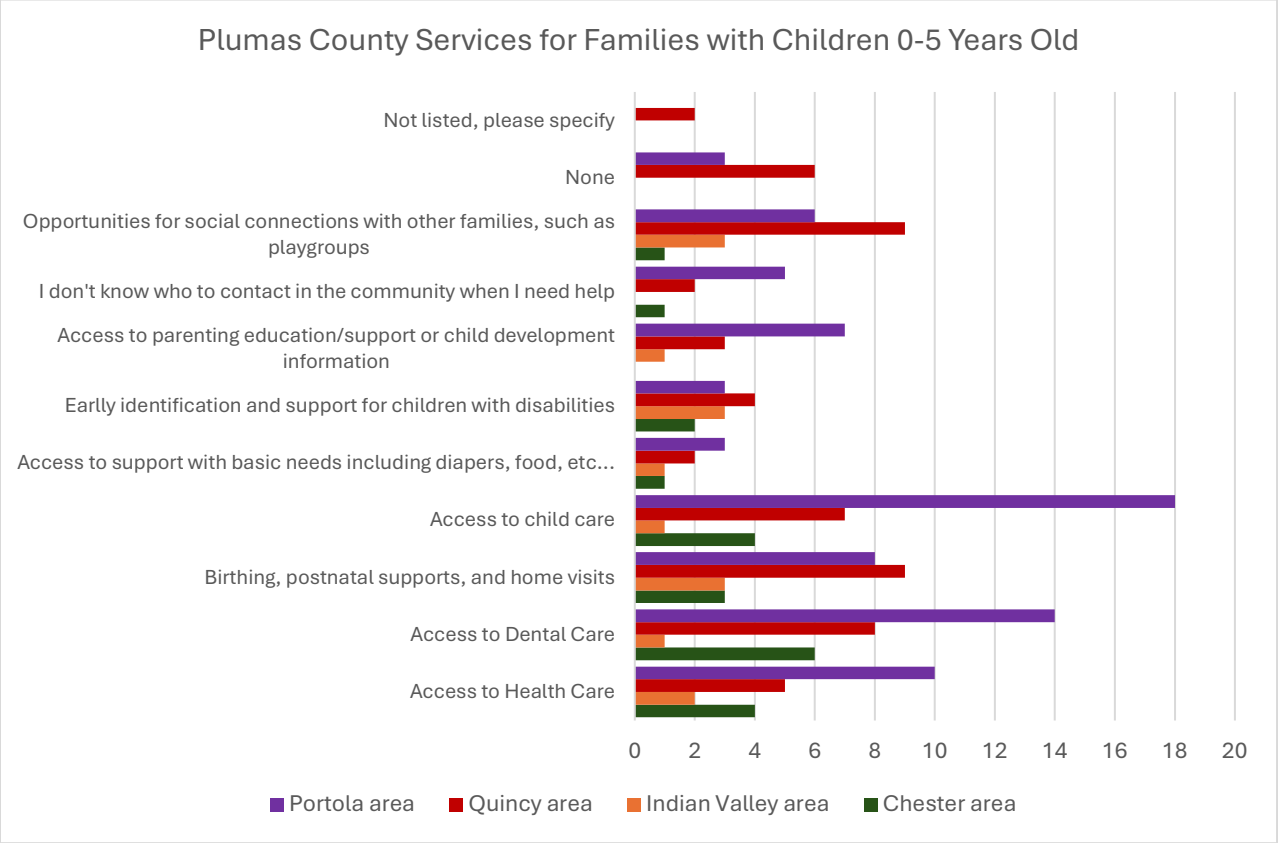


FIGURE 3.7 REPORTED GAPS IN SERVICES FOR FAMILIES WITH CHILDREN 0-5 YEARS OLD IN PLUMAS COUNTY ANALYZED BY COMMUNITY AS NUMBER OF RESPONDENTS.

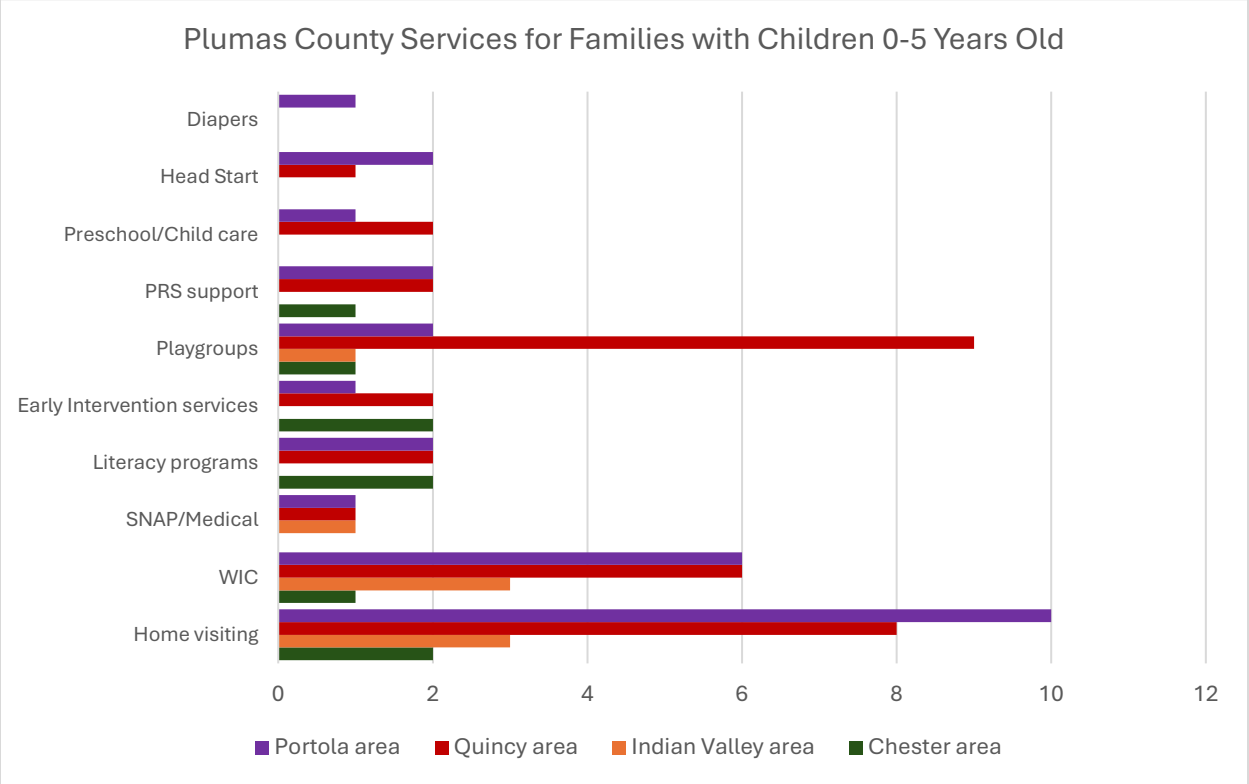


FIGURE 3.8 SERVICES FOR FAMILIES OF CHILDREN0-5 YEARS OLD IN PLUMAS COUNTY THAT PROVIDE THE MOST VALUE ANALYZED BY COMMUNITY AS NUMBER OF RESPONDENTS.

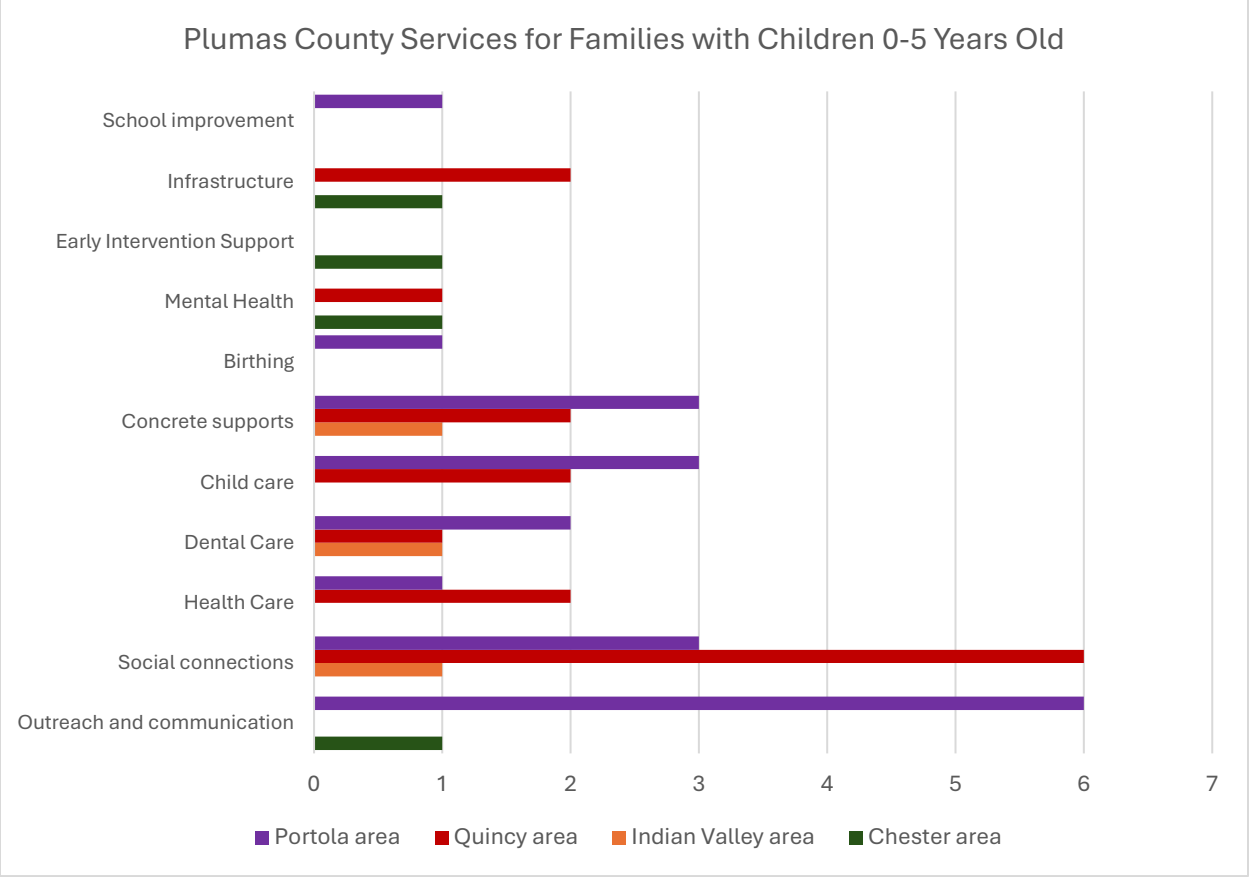


FIGURE 3.9 IDENTIFIED IMPROVEMENTS OF LOCAL SUPPORT SERVICES FOR FAMILIES WITH CHILDREN 0-5 YEARS OLD ANALYZED BY COMMUNITY AS NUMBER OF RESPONDENTS.

Appendix C Birthing and Postpartum

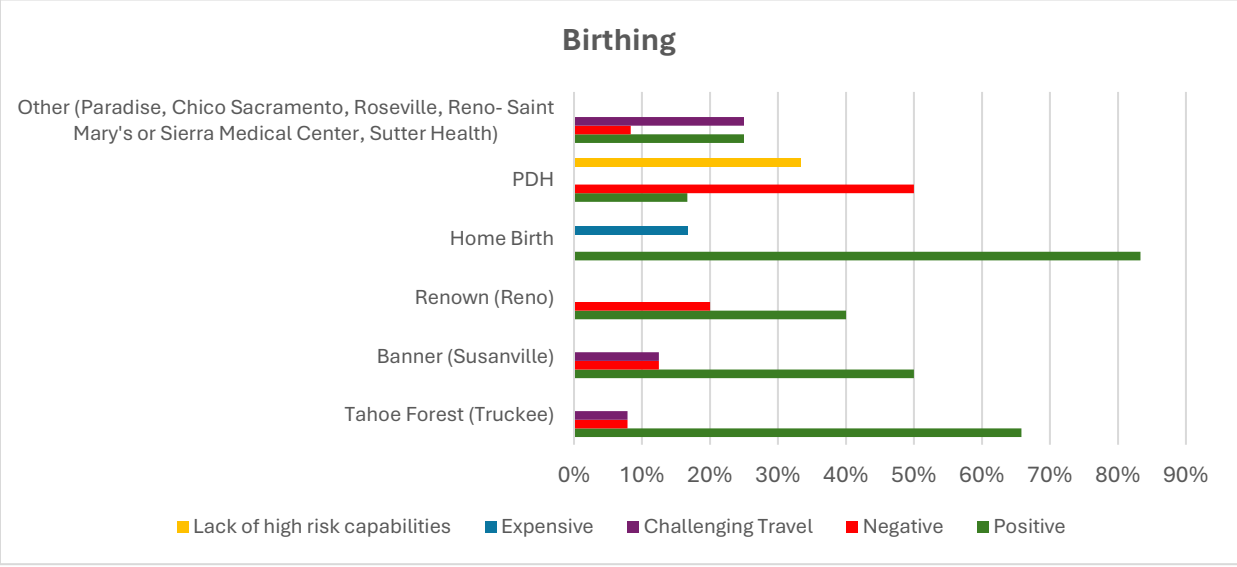


FIGURE 4.2 BIRTH EXPERIENCE BY LOCATION.

Appendix D Childcare

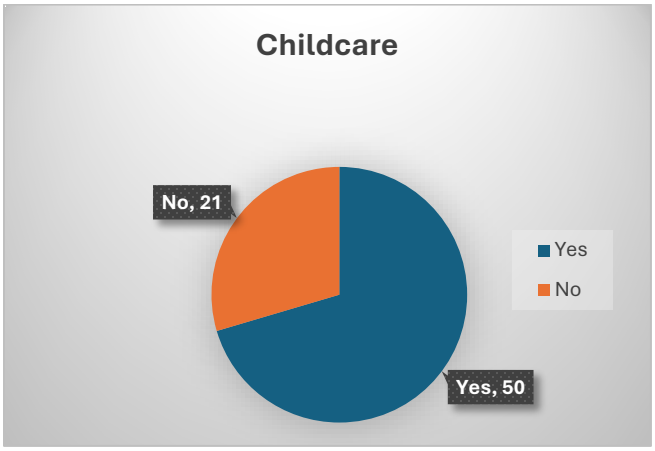


Figure 5.1 Respondents who do or do not have anyone other than a parent watch their child(ren) on any occasion.

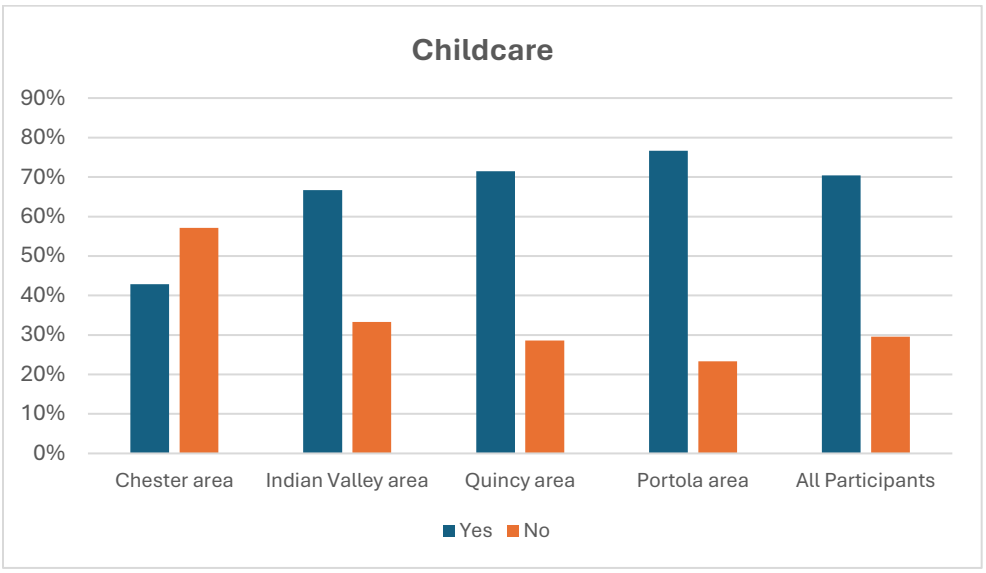


Figure 5.2 Respondents who do or do not have anyone other than a parent watch their child(ren) on any occasion analyzed by community.

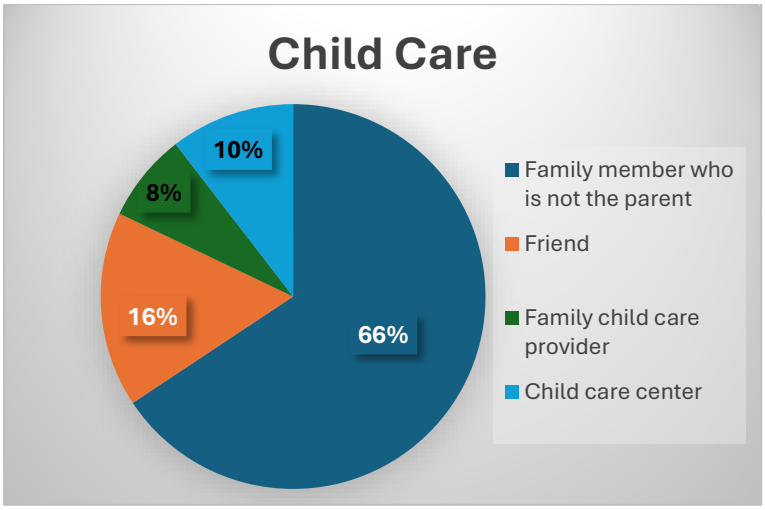


Figure 5.3 Type of Child Care used.

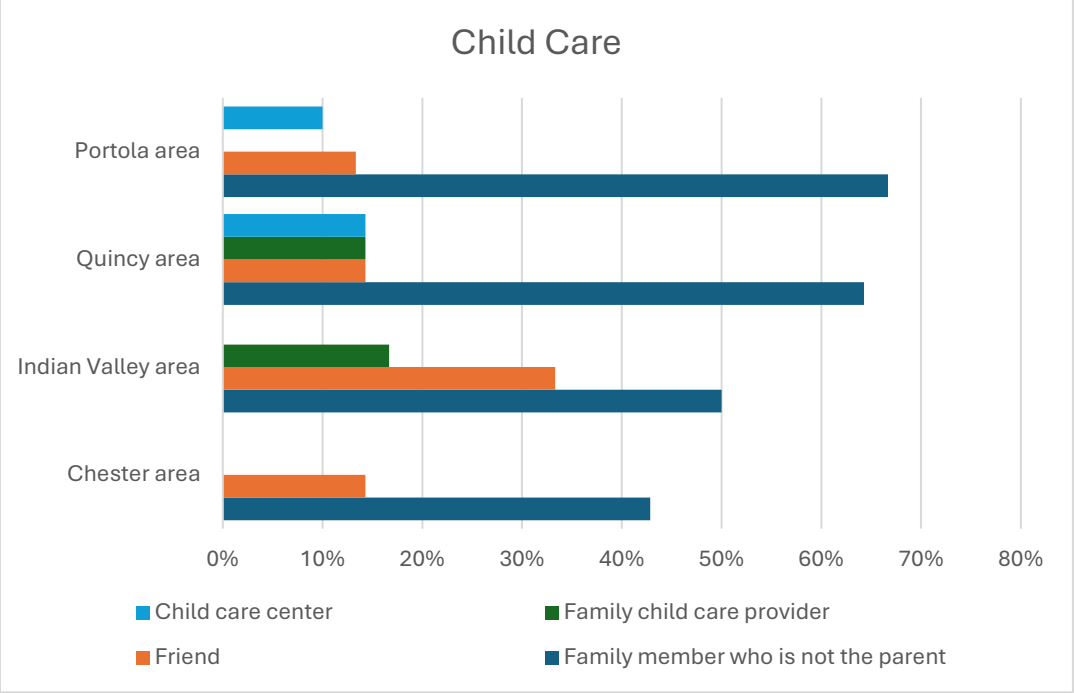


FIGURE 5.4 TYPE OF CHILD CARE USED ANALYZED BY COMMUNITY.

Appendix E Transitional Kindergarten

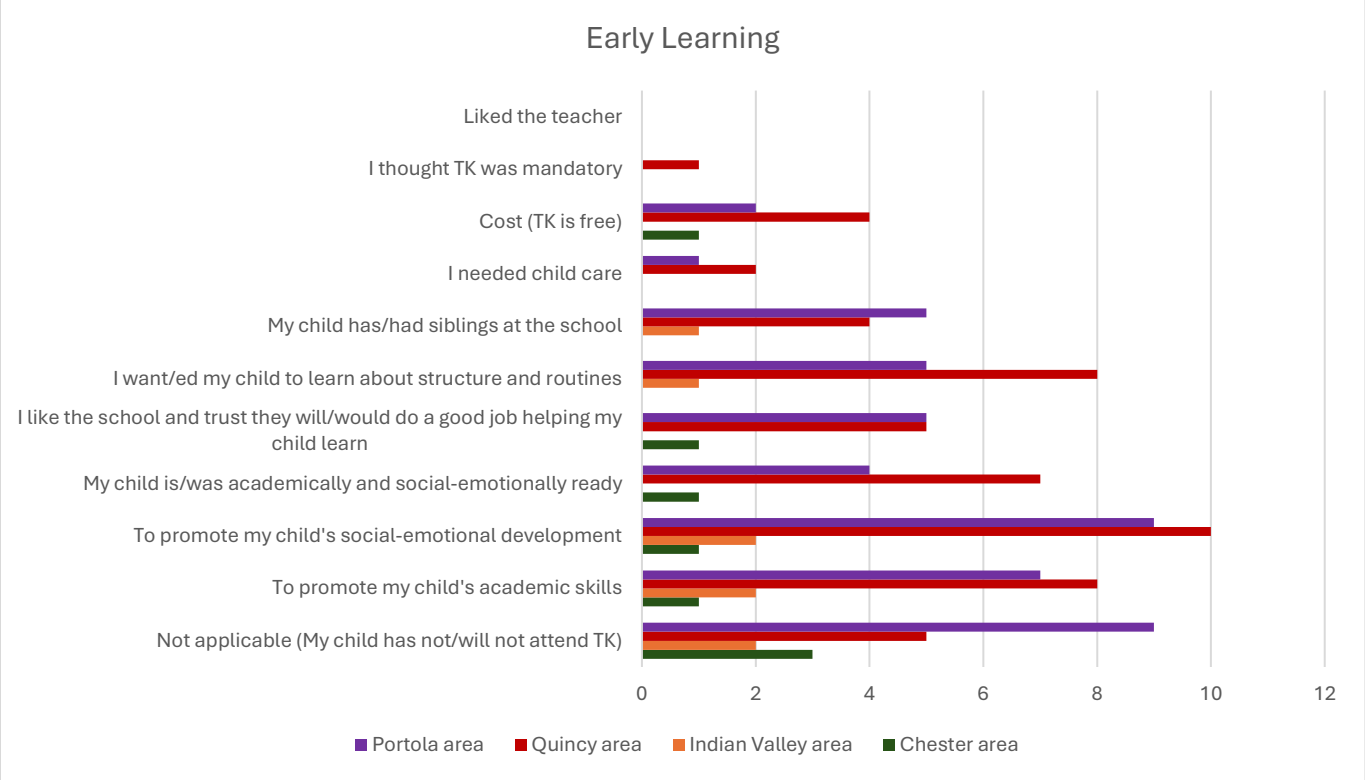


FIGURE 6.3 FACTORS THAT HELPED SUPPORT RESPONDENTS' DECISION TO ENROLL THEIR CHILD(REN) IN TK ANALYZED BY COMMUNITY.

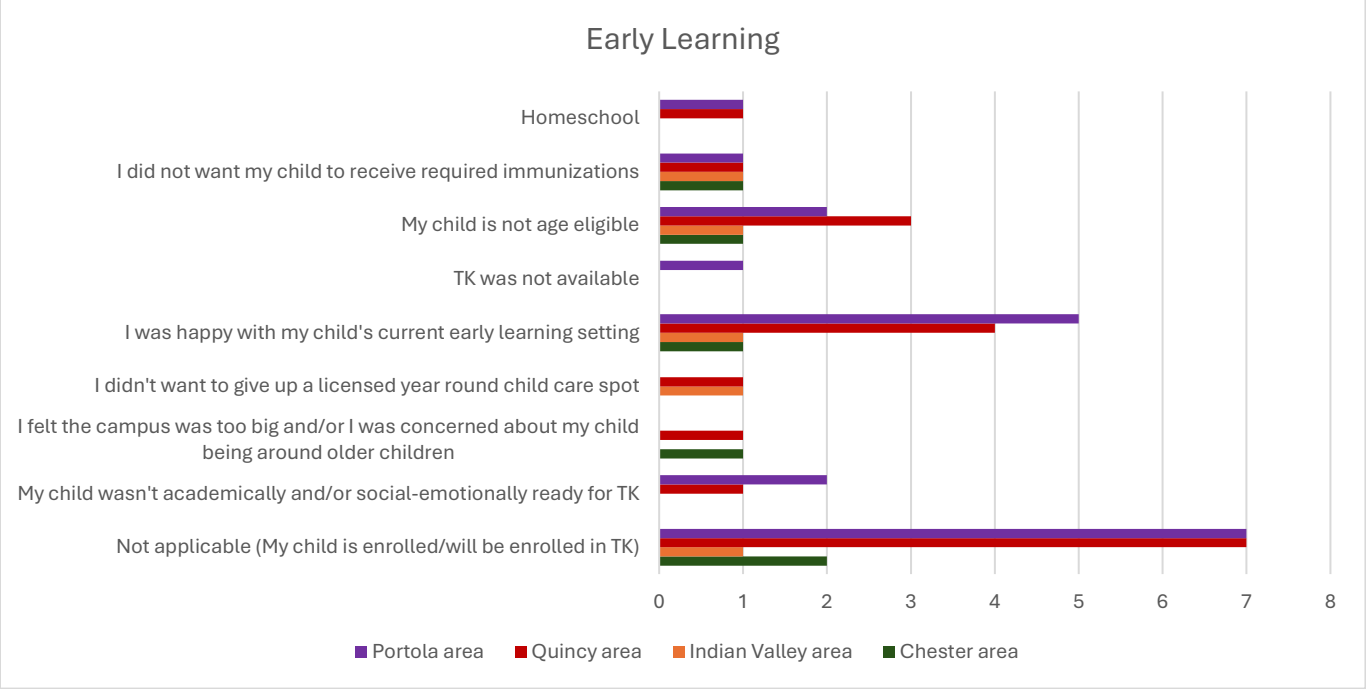


FIGURE 6.4 FACTORS THAT HELPED SUPPORT RESPONDENTS' THE DECISION NOT TO ENROLL THEIR CHILD(REN) IN TK ANALYZED BY COMMUNITY.

Appendix F Outreach and Communication

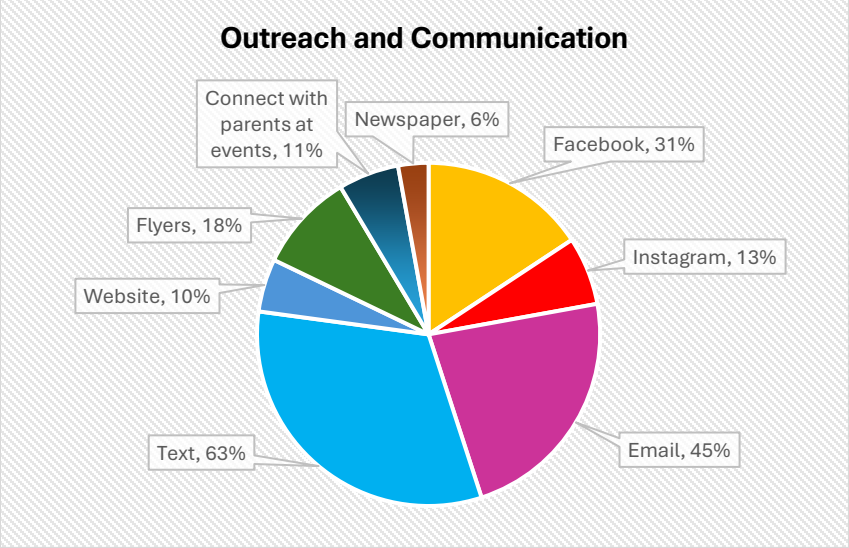


FIGURE 7.1 ALL RESPONDENTS' PREFERRED OUTREACH AND COMMUNICATION METHODS.

Appendix G First 5 Plumas Funded Services

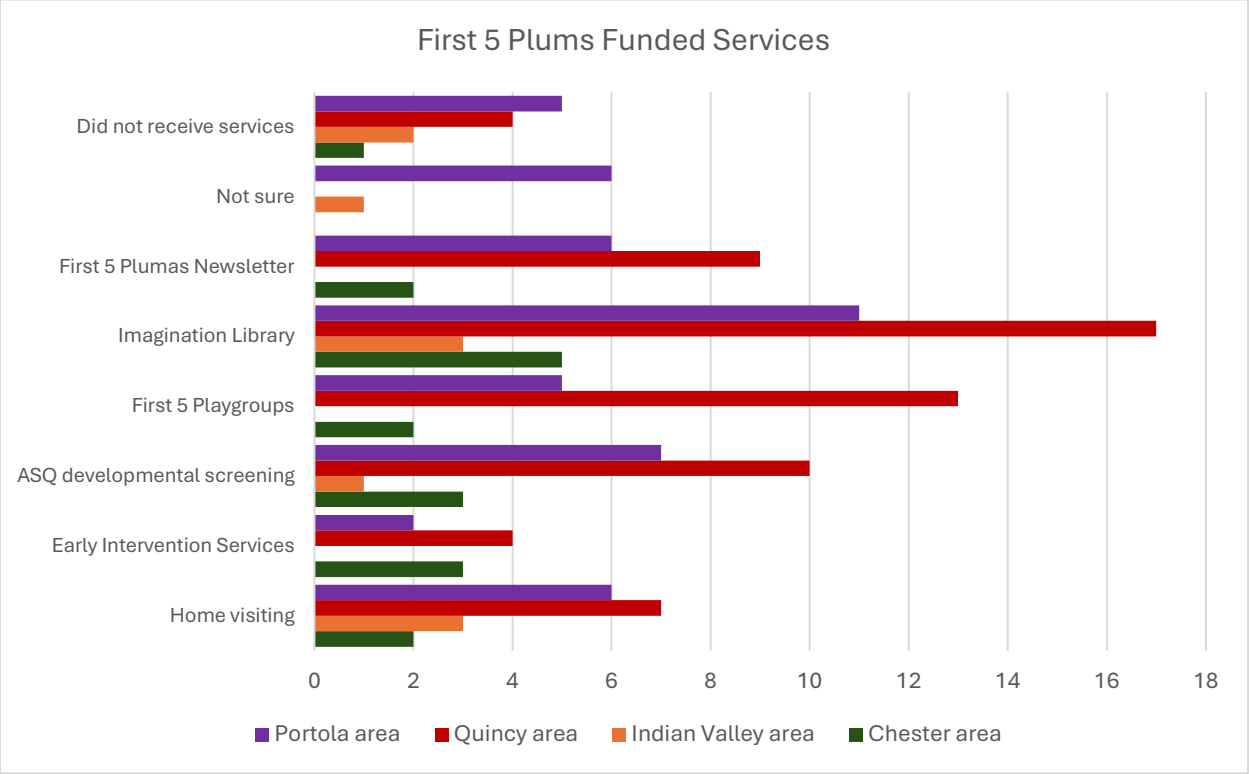


FIGURE 8.3 FIRST 5 PLUMAS FUNDED SERVICES THAT RESPONDENTS RECEIVE OR HAVE RECEIVED ANALYZED BY COMMUNITY AS NUMBER OF RESPONDENTS.

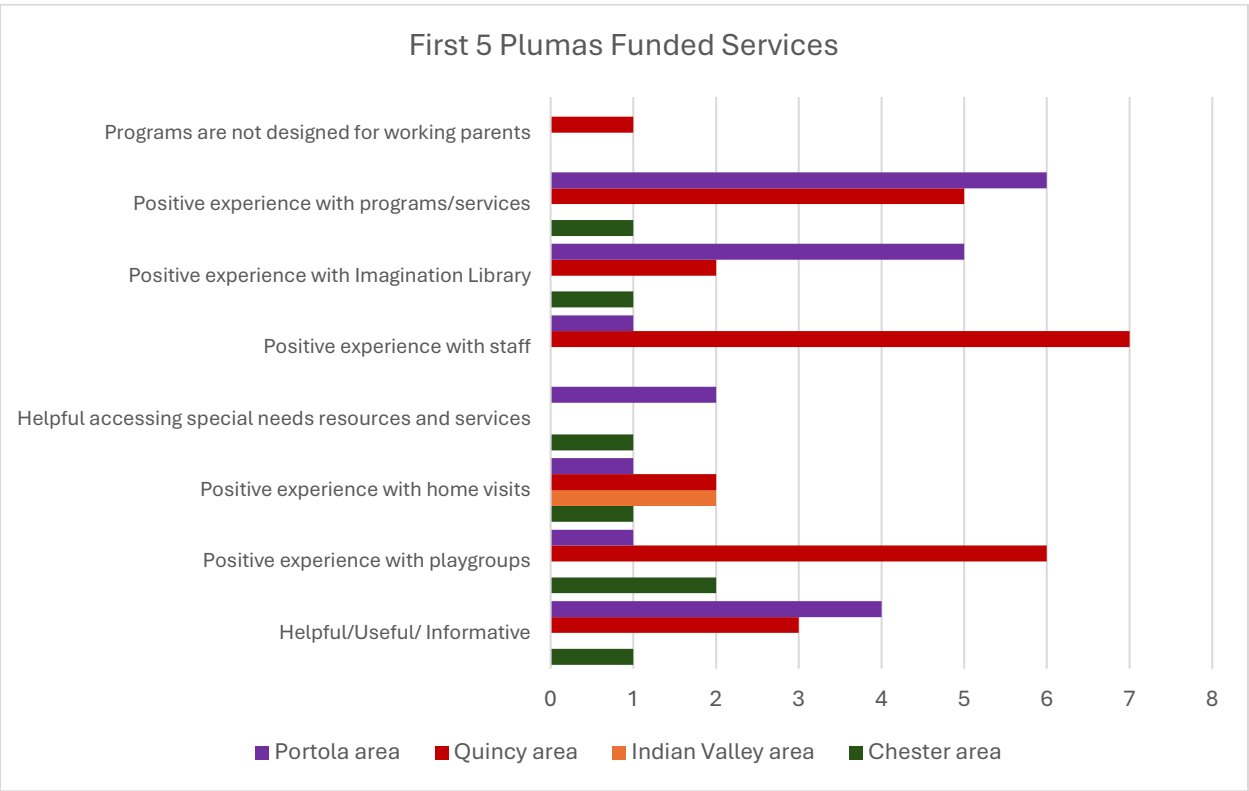


FIGURE 8.6 RESPONDENTS' EXPERIENCES RECEIVING FIRST 5 PLUMAS FUNDED SERVICES ANALYZED BY COMMUNITY AS NUMBER OF RESPONDENTS.

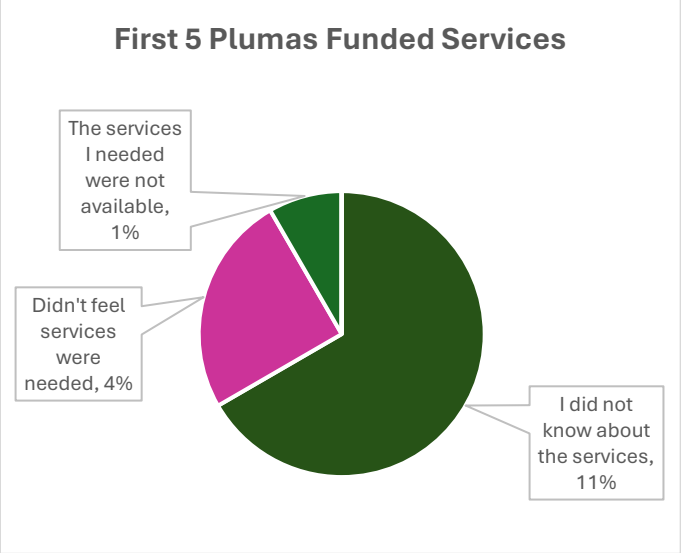


FIGURE 8.7 RESPONDENTS' REASONS FOR NOT ACCESSING FIRST 5 PLUMAS FUNDED SERVICES.

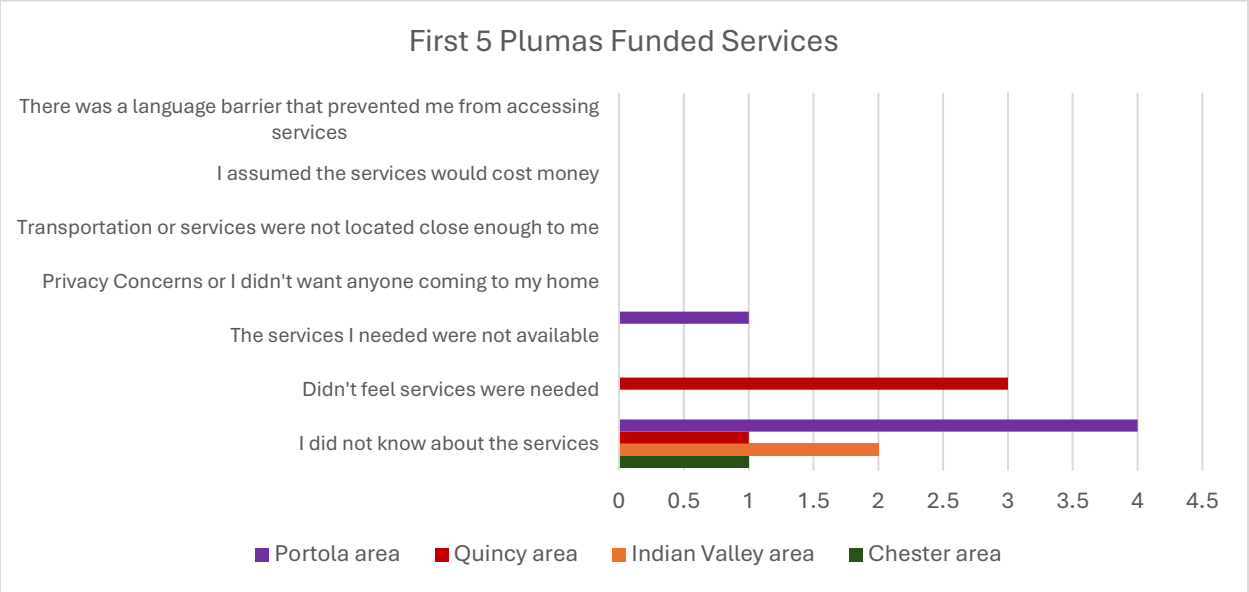


FIGURE 8.8 RESPONDENTS' REASONS FOR NOT ACCESSING FIRST 5 PLUMAS FUNDED SERVICES ANALYZED BY COMMUNITY.

Appendix H Early intervention

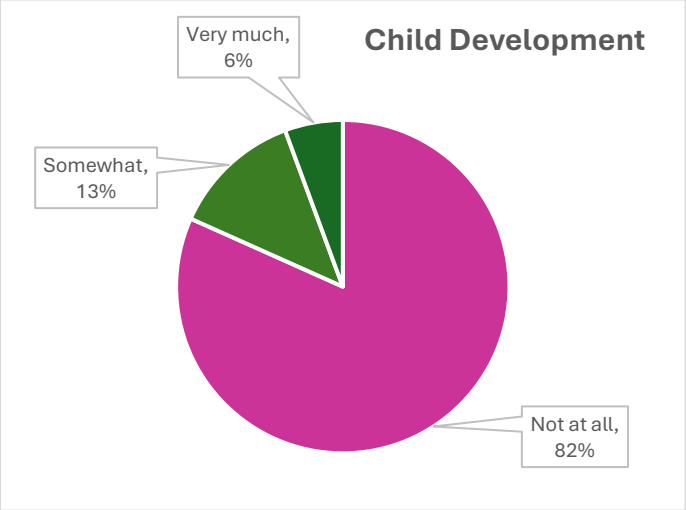


FIGURE 9.1 REPORTED CONCERN ABOUT RESPONDENTS' CHILD(REN)'S LEARNING OR DEVELOPMENT.

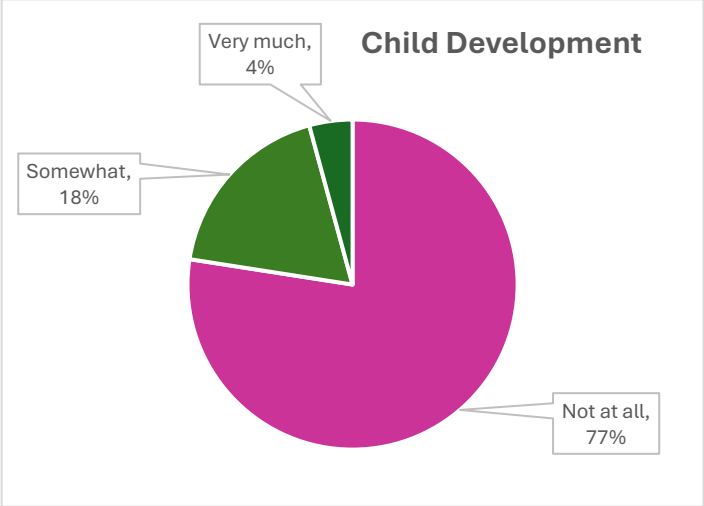


FIGURE 9.2 REPORTED CONCERN ABOUT RESPONDENTS' CHILD(REN)'S BEHAVIOR.

Appendix I Emergency Preparedness

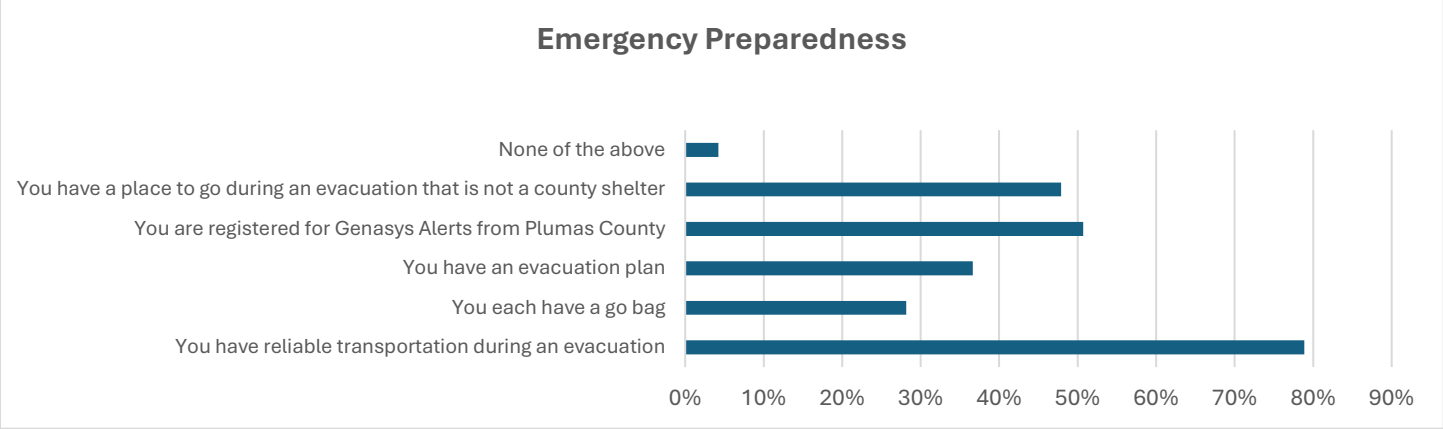


FIGURE 11.1 EMERGENCY PREPAREDNESS MEASURES IN PLACE AS REPORTED BY RESPONDENTS.

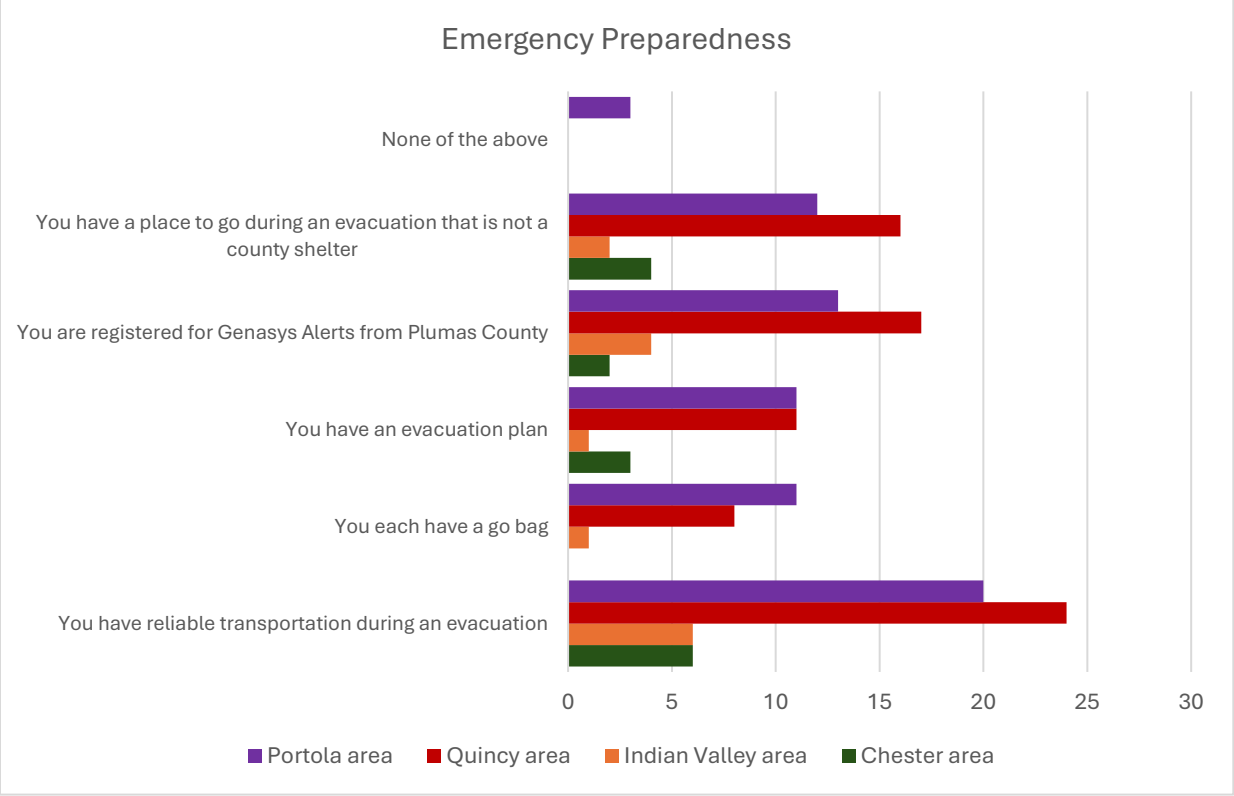


FIGURE 11.2 EMERGENCY PREPAREDNESS MEASURES IN PACE AS REPORTED BY RESPONDENTS ANALYZED BY COMMUNITY AS NUMBER OF RESPONDENTS.