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Our deepest gratitude to the thousands of families who made this report possible by giving their time to share their lived experiences and invaluable expertise through the family survey and focus groups. Their participation was essential to this report as they helped provide a fuller understanding of the true needs of California families with young children.
Partner Organizations that Provided Insight and Focus Group Support

Abriendo Puertas/Opening Doors
Ascend at the Aspen Institute
California Child Care Resource & Referral Network
California Native Vote Project
Community Coalition
Corazones Especiales
East Yard Communities
El Nido Family Centers
Faith in the Valley
Inland Empire Community Collaborative
InnerCity Struggle
Lideres Campesinas
Kidango
Orange County Congregation Community
Pacific Islander Health Partnership
Parent Engagement Academy
Partnership for the Advancement of New Americans
Secure Beginnings/Comienzos Seguros
Social Justice Learning Institute
St. Anne's Family Services
True North
A Special Thank You to Our Partners for Offering Their Insight, Expertise and Support

Richard Bernard, Partner, Fairbank, Maslin, Maullin, Metz & Associates
Justin Blakely, Public Policy Associate, Crystal Stairs
Maria Brenes, Executive Director, InnerCity Struggle
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Adam Sonenshein, Vice President, Fairbank, Maslin, Maullin, Metz & Associates
Melina Irais Zarate Santos, Parent Leader, Lideres Campesinas

WestEd commissioned this work as research to support the work of the California Rate and Quality Workgroup. Our thanks for their partnership to ensure the voices of families were included in the California Rate Reform and Quality discussion.
About Us

This report was produced by Catalyst California (formerly Advancement Project California) and the project design and report were informed and guided by our Core Partners: Abriendo Puertas/Opening Doors and California Child Care Resource and Referral Network. We are incredibly grateful for the time and care they dedicated to share their expertise to uplift and honor family voices for this report.

Catalyst California

Catalyst California (formerly Advancement Project California), alongside partners, dismantles racial injustice and redesigns systems for access and equity. We do this by shifting and building power with movement leaders in communities of color who are making real change. With the collective impact of community, data, and policy, we make the California Dream inclusive and available to all.

With a mix of audacity, analysis, and action, we foster justice and create equitable futures for everyone in our state. We translate complex ideas about communities into narratives that inspire action with the racial equity movement. To achieve our vision of a world where justice thrives, we uphold the truth through deep research, turn policies into actionable change, and shift money and power back into our communities.

We are a catalyst for systems transformation, ensuring that community-driven action, research, and policy foster an equitable future. We are willing to venture into the unknown for a cause, because to get to where we need to go, we need to do things in ways we have never done before.

CORE PARTNERS

Abriendo Puertas/Opening Doors

The mission of Abriendo Puertas/Opening Doors (AP/OD) is to honor and support parents as leaders of their families and as their child's first and most influential teacher. AP/OD uses a two-generation approach that builds parent leadership skills and knowledge to promote family wellbeing and positive outcomes for children. AP/OD provides space for parents/caregivers to build knowledge and social capital with information, resources, and activities they can use daily. AP/OD parents participate in local programs to strengthen their leadership, knowledge and support systems – all key in preparing their young children for school success.

California Child Care Resource & Referral Network

The California Child Care Resource & Referral Network (Network) works to inspire, inform, and advocate for a quality child care system that supports all families in California by advocating for policies that support working families and their children’s healthy development. The Network uses data and research as a key part of advocacy, communicating and advocating on behalf of the R&Rs with state departments and elected officials, creating innovative partnerships to serve the diverse needs of California’s families, and empowering parents and communities to be their own advocates.
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Introduction

The global COVID-19 pandemic has made clear that child care is not only vital for children and families, but for California’s economy. While many schools and businesses moved online at the start of the pandemic, child care providers put their lives on the line by keeping their doors open so that first responders, essential workers, and families could work and support their communities. Child care providers worked longer hours, responded to increased safety protocols, and continued to care for children despite many families’ inability to afford care during this time. The pandemic exacerbated inequities in a historically underfunded early learning and care (ELC) system founded in systemic racism and sexism, which started with the practice of forced caregiving during slavery. Today, women of color and immigrant women comprise the majority of the ELC workforce that continues to be undervalued, reflected in poverty wages (with racial wage gaps), and a lack of labor protections. The pandemic has driven over 10,000 ELC programs to either temporarily or permanently close, adding to the severe shortage of spaces and making it more challenging for families to find child care.

The California Department of Social Services (CDSS), in consultation with the California Department of Education (CDE), engaged the California Rate Reform and Quality Stakeholder Workgroup (Workgroup) to develop recommendations for a single reimbursement rate structure that advances equity and accessibility. The current policy focus on rate reform and quality offers a historic opportunity to design a system rooted in racial equity and economic justice that can bolster children’s healthy development and their early educators’ well-being. It is critical that decisions about rate reform, quality structures, and policies:

• are designed for California’s diverse children to thrive;
• redress systemic racial and economic inequities;
• build authentic partnerships with families as the foundation for quality; and
• utilize a whole child equity approach to support the holistic needs of children and families.

As the state engages in this work, the needs of low-income communities and families of color must be at the forefront. More than two-thirds of California’s young children are children of color, and approximately sixty percent of children under age five are dual language learners (DLLs), or from homes in which languages other than English
are spoken. Black and Latinx children, and children with single, young, and/or immigrant parents are more likely to experience poverty. Thus, any effort to address the early childhood system must center racial equity, which prioritizes improved outcomes for marginalized groups, thus lifting outcomes for all. To do so, the state must employ a targeted universalism approach, or targeted, tailored strategies for different groups of children on the path to providing universal quality ELC. It is essential to recognize that some children face additional, compounding barriers that stem from structural inequities based on their race, ethnicity, and socioeconomic status.

In order to design an ELC system that best serves California families, particularly those most impacted by historic inequitable access to high-quality services, it is critical that their lived experiences and perspectives are embedded in policy decisions. This report uplifts the voices of families with young children, including those from Black, Latinx, Pacific Islander, South Asian, and Indigenous/Native American communities, as well as rural, low-income, farmworker, immigrant, and refugee communities. These voices, alongside research, offer insights to inform decisions on rate reform and quality that can eradicate systemic barriers rooted in racism, sexism, and classism, and ensure the system is fully resourced to support children, families and the workforce that serves them to thrive.

Context for the Single Reimbursement Rate Structure

California currently compensates early childhood programs with the Regional Market Rate (RMR) and Standard Reimbursement Rate (SRR). This bifurcated reimbursement system fails to account for the true cost of care because current subsidy rates reflect the price of care (what families can pay) rather than the cost of care (the actual expenses incurred by providers). Because providers who serve children and families in low-income communities cannot charge more, it perpetuates economic and racial inequities by institutionalizing low reimbursement rates, and forces providers to subsidize the cost of care through uncompensated work and covering costs out-of-pocket. This can disincentivize participation in the subsidy system, further decreasing access to services for low-income families.

This report aims to inform the state’s efforts to assess the methodology for establishing reimbursement rates and existing quality standards for child care and development programs and preschool programs. The Workgroup proposes a cost estimation model, a dynamic tool that can be used to understand the true cost of care, or the cost of operating a high-quality program that meets specific family needs and adequately supports the ELC workforce. This model will allow policymakers to move beyond the current system to one that can meet the needs of the whole child and family, along with the early educators that support them. The Workgroup provides recommendations related to setting a base rate that reflects the true cost of care, and proposes a two-phase approach to assess, define, and align quality standards with the single quality reimbursement rate.

* Final workgroup report can be accessed here: “A Report by the Rate and Quality Workgroup,” (August 15, 2022)
Methodology

Catalyst California, in collaboration with Core Partners—Abriendo Puertas/Opening Doors and the California Child Care Resource & Referral Network—engaged in a process to bring the voices of families to the Workgroup through 14 focus groups of 110 parents and a family survey with nearly 3,900 respondents across California. In this report, “families” are defined as a child's parent(s), guardian(s), or primary caregiver(s).

Focus Groups

Between April and June, 2022, 14 focus groups were conducted and 110 parents were engaged to intentionally elevate the voices of families of color and historically underserved communities in California. This was done with the goal to understand families’ lived experiences with the ELC system. To begin this work, Catalyst California consulted with organizing and power building partners, such as California Calls and the Million Voters Project, and partners from the Birth to Twelfth Grade Water Cooler Network. These conversations facilitated connection to partners who directly supported focus group engagement. Focus group outreach was guided by data on the state’s highest-need communities, which involved examination of various indices that considered the holistic needs of young children and families across multiple indicators relevant to supporting the whole child to identify communities that experience compounding barriers. All focus group participants had children ages 0 to 5, reflected a diverse and historically underrepresented set of voices, and were conducted in English, Spanish, or Somali. Figure 1 represents the geographies in which the focus groups took place.
The design of focus group discussions was informed by and involved collaboration with consultant Fairbank, Maslin, Mullan, Metz & Associates (FM3), Core Partners—Abriendo Puertas/Opening Doors and the California Child Care Resource & Referral Network—and other early childhood partners that work directly with families. Catalyst California partnered with more than 20 organizations (see Figure 2) to carry out the focus groups, which were conducted by FM3 and observed by Catalyst California. Focus groups reflected the following voices: Black, Latinx, Pacific Islander, South Asian, and Indigenous/Native American families, including those from rural, low-income, farmworker, immigrant, and refugee communities. In focus groups, parents/guardians discussed their child care needs, experiences with finding child care, aspects of quality child care they wanted for their children, and what support was needed.

Figure 1: Focus Group Participants by Geography

![Figure 1: Focus Group Participants by Geography](image-url)

- Black Families – Bay Area & LA County
- Latinx Families – Orange County & LA County
- Pacific Islander Families – Bay Area & Orange County
- Hmong Families – Central Valley
- Indigenous/Native American Families – Statewide
- Farmworker Families – Statewide
- Somali Refugee Families – San Diego County
- Young Parents (ages 18 to 24) – LA County
- Families from Rural Communities – Del Norte/Humboldt & San Bernardino/Riverside
- Families from San Joaquin County
- Families from Central Coast
Survey

Building on the focus group discussions, from June 10th to 23rd, 2022, an online survey asked families of children ages 0-12 across the state to answer questions related to child care. The survey was available in English, Spanish, Farsi, Simplified Chinese, Traditional Chinese, and Tagalog. Participants were recruited through email and social media outreach from Catalyst California, partners that supported the focus group engagement, CDE, CDSS, and other partners. While the survey provided a breadth of insights, the survey participants do not reflect a statistically representative sample of California parents with children ages 0-12, and the results cannot necessarily be extrapolated to reflect the opinions of all such parents in California.
A total of 3,867 families completed the survey. Respondents were primarily Latinx (38 percent) and White (36 percent), followed by Asian (13 percent) and Black (12 percent). In terms of gender, the vast majority of respondents were female (78 percent). Most were ages 25-34 (47 percent) and 35-44 (42 percent). Over 43 percent of respondents reported making under $40,000 a year and 37 percent of parents made over $40,000 to $80,000. 16 percent indicated that they have a child with a disability/special needs. In terms of regions, Los Angeles was almost one-third (29 percent) represented, followed by the Bay Area (23 percent), counties surrounding Los Angeles (16 percent), and the Central Valley/Coast (13 percent). Overwhelmingly, 60 percent of respondents said that they themselves and/or their child’s other parent were responsible for child care during work hours.

**Family Voices**

Across the focus groups, families shared about the emotional struggle they experienced in deciding whether or not to leave their babies in the hands of others. Unsurprisingly, parents’ principal priority was children’s health and safety—which aligns with the priority of providers and the early childhood field at large. The initial experiences described required a leap of faith along with a process of building trust with their providers. Many struggled with guilt and stress for leaving their child to go to work or school, and worried about the “what-ifs,” especially for babies and toddlers not yet able to communicate their experiences:

- Concerns around children’s physical safety:
  - What if my baby isn’t fed well, their diaper isn’t changed frequently enough, or their other needs are not met?
  - What if the space isn’t childproofed and my baby gets hurt?
  - What if there isn’t enough staff and the adults are focused on other children when my baby needs help? What if my baby gets hurt when the adults are focused on the children going potty?

- Concerns around children’s emotional safety:
  - What if my baby experiences one of the horror stories about neglect or abuse I have heard about in the news or from others?
  - What if my child is not treated fairly?
  - What if my child faces the racism or discrimination I have faced?

In weighing the child care options available to them, parents looked for opportunities to console these fears, and engaged with providers who built trust with families through frequent, ongoing, and empathetic communication.
This report builds on WestEd’s interpretation of Maslow’s hierarchy of needs for child outcomes (See Figure 3). Within this framework, for a child to reach their learning and development needs, they must first have their physiological, physical, emotional, and psychological needs met. Both the focus groups and survey findings suggest an addition to this model—that in the early learning environment, authentic family engagement, partnership, and communication is foundational to meeting all of their needs. Moreover, families uplifted the need for children to have a sense of safety/belonging and a loving and nurturing environment, along with responsive interactions and instruction. In addition, findings elevated key areas of program structure and processes that are more broadly needed to support the whole child and family.

**Figure 3: Priorities for Families: Supporting Child Outcomes**

- **Individually tailored care & instruction**
- **Consistency & continuity**
- **Play-based, developmentally appropriate learning**
- **Loving & nurturing environment**
- **Linguistic competence & responsiveness**
- **Physiological, physical, emotional, & psychological needs**
- **Prioritizing socio-emotional development**
- **Authentic family engagement, partnership, and communication**
- **Access to quality child care**
- **Sense of safety & belonging**
- **Cultural competence & responsiveness**
Authentic Family Engagement, Partnership, and Communication

Key Findings

Authentic family engagement and communication that affirms the race, culture, and language of families are vital to building trust between families and providers, and serve as an important foundation for children’s success. Families in both the focus groups and survey overwhelmingly valued family engagement when looking for child care (See Figure 4). Families in focus groups shared their desire for frequent and ongoing communication to ensure children’s safety, progress, and development. Families wanted providers to share what children were learning and doing, and whether they were napping and eating well. Some mentioned their desire for near-immediate communication about any troubling incidents during the day. Young parents, who often felt judged and isolated by their families, valued the opportunity to learn from their providers and receive validation that they were making good choices for their children.
## Figure 4: Topics Parents Raised as Important to Discuss with their Providers

### Supporting child outcomes:
- Progress/challenges regarding their child’s learning, development, and basic needs
- Activities children are engaged in and any incidents during the day
- Unique strengths and needs of their child
- Sharing hopes/dreams for their child with providers to set goals for their child’s learning and development

### Ensuring cultural and linguistic access and support:
- Avenues to build an understanding of the children's family/cultural values, norms, and traditions
- Ability to communicate with families in the language(s) they understand
- Understanding of languages the child is exposed to at home and goals to support their child's language development

### Supporting community building:
- Ways families can support their child’s learning and development at home
- Resources, specialists, and workshops that can support child's learning/development
- Resources/activities in their community for their children
- Conversations to gain insight, guidance, and/or validation on supporting their child
- Opportunities to connect with other families
- Ability to visit their child's learning environment at any time
- Information about workgroups/training on how to advocate for their child

Ninety percent of survey respondents shared that offering a welcoming environment with strong communication with parents/families was extremely or very important (See Figure 5). Survey respondents highly valued multiple types of conversation with providers, which were also elevated in the focus groups. This includes: progress/challenges their child is making in their learning, development, and basic needs (82 percent); activities happening in the child care setting (81 percent); ways to support their child's learning and development at home (79 percent); and sharing hopes/dreams for their child to set goals with their provider for their child’s learning and development (78 percent). Three-fourths of parents with children in paid child care reported communicating with their providers at least once per week about their child’s growth and development, which suggests that the vast majority of survey respondents with access to child care are engaged in ongoing communication with their providers.
As communication with providers is vital to families, language and cultural barriers formed a central concern in the focus groups. Many parents did not want to take their children to providers who could not communicate in their own language. Many families of color in the focus groups expressed interest in opportunities to engage with their providers about their children’s cultural values, norms, and traditions in order to bring that understanding into the child care setting. Similarly, families in the survey (85 percent) also strongly valued a welcoming environment that embraced the language, culture, and identity of all children and families.
“He was learning how to count. So they provide with him the lessons that are necessary for him, and she communicates with me every day. Or sometimes she shares with me the progress book, and that is how she gets ready for me every time I show up.”

– Somali Parent

“As minorities, no matter where we go, we always have [racism] in the back of our mind. It doesn’t matter how well the English you can speak... That’s why communication is key. Communicating with caregivers or teachers [...] is really important because you want to make sure that you get to know that person, and there’s trust built within that.”

– Hmong Parent

“I currently have my youngest in a Native American preschool child care facility. I love it because they really are family oriented. Any of the events they do, they allow the family to participate. Not just the child but siblings, aunties, uncles, grandfathers. They do a graduation ceremony that is a cultural one.”

– Native American Parent

“What I love most is when they actually say, ‘My kid does that too. Don’t worry. You’ll be fine. You’re doing well.’ That type of validation helped me so much. It helps to get it from other people. You also want that closeness with the family that you’re with, that you wish you could have or that would want. For me, the only way that I can know that I’m doing well was through [WIC staff] and my daughter’s teacher.”

– Young Parent
Review of Research & Policy Considerations

Engaging families is an ongoing process and includes building authentic, reciprocal relationships with families as their children’s first and most important teachers. Parent engagement has been demonstrated to overwhelmingly support child outcomes, such as children’s academic achievement, language and literacy skills, and socio-emotional development. It fosters partnerships that support children’s growth and development, and helps families feel valued, supported, and welcomed. Research found “near universal agreement” that important ingredients for parent engagement are positive parent-educator relationships that build trust and maintain strong communication with families.

A strong parent/family relationship is a foundational aspect of quality that many child care providers cultivate with the families they serve, and it must be affirmed and resourced consistently to support providers in their efforts to provide the care families seek. To develop meaningful partnerships with families, it is critical that providers are supported through paid time, guidance, and resources to engage families in frequent and ongoing communication in parents’ preferred language and mode of communication (e.g., in-person/online conversations, calls, emails, text). This promotes stronger access to information and shared understanding around the goals and progress of children’s growth, learning, and development.

Providers need resources, support and infrastructure to:

- **Learn from families**: Proactively learn about a child’s home experiences and family, cultural, and community contexts (e.g., home language, cultural norms) to help children navigate and bridge home and early childhood environments, as well as make families feel welcome. This can be done through conducting family interviews to better understand the home experiences, linguistic and cultural backgrounds of children.
  - An example includes the tools to identify dual language learners (DLLs) in state preschool through AB 1363. This tool guides educators through meaningful parent interviews that integrate a strength-based framework to understand the background of children’s home languages, unique strengths and interests, and families’ goals and hopes for children. This process can be utilized across early childhood programs to support DLLs and meaningful partnerships with families.

- **Integrate family context to support children’s strengths and needs**: Integrate cultural knowledge and practices in the learning environment. This includes building on children’s strengths and needs to provide individualized care, and making connections with families’ cultural identities to support their learning and development.

- **Foster partnerships and build community**: Offer multiple and continued opportunities for family involvement that foster trust and partnership and create a supportive community. This can include sharing information and resources that help families to support their children’s learning and creating space for families to meet each other.
Sense of Safety/Belonging and Loving and Nurturing Environment

Key Findings

Above all, families in both the focus groups and survey prioritized children’s health and safety. Parents shared their hopes for an environment that fully embraced their children, including their home language and culture. Parents expressed the importance of a physically and psychologically safe, loving, and nurturing environment where their children felt a sense of belonging. Parents’ priorities included: health and safety; loving and nurturing environment and sense of belonging; culturally and linguistically affirming practices (See Figure 6).

Figure 6: Sense of Safety/Belonging and Loving and Nurturing Environment

<table>
<thead>
<tr>
<th>Health and Safety:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Overall physical, social, and emotional safety of children</td>
</tr>
<tr>
<td>• Access to information related to safety (e.g. licensing/background checks, childproofing, emergency preparedness training, and staffing protocols during potty training)</td>
</tr>
<tr>
<td>• Sufficient staff to give every child the attention they need (ratios)</td>
</tr>
<tr>
<td>• Near-immediate communication related to any incidents that occurred during the day</td>
</tr>
<tr>
<td>• Responsiveness to children’s food restrictions (e.g., allergies, medical conditions, cultural practices) and provision of nutritious meals/snacks aligned with family’s needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loving and Nurturing Environment and Sense of Belonging:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Creating spaces where children feel loved and a sense of belonging, as if these spaces were an extension of their home environment</td>
</tr>
<tr>
<td>• Affirming/embracing all children, and offering a place where they are free from discrimination and racism</td>
</tr>
<tr>
<td>• Supporting children to value diversity and treat people fairly, and using approaches to counter racism (e.g., anti-racist/anti-bias training and curricula)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Culturally and Linguistically Affirming Practices:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Integrating positive/empowering representations of children’s racial/ethnic/cultural identities into the learning environment and activities</td>
</tr>
<tr>
<td>• Recognizing diversity of cultures and languages among all racial and ethnic communities (Black, Latinx, Native American, Asian and Pacific Islander (API), and other communities)</td>
</tr>
<tr>
<td>• Learning about and integrating the different values/customs of the families into the learning environments (e.g., value of the natural environment or storytelling through dance/song)</td>
</tr>
<tr>
<td>• Meals/snacks that meet cultural (and religious) dietary practices and preferences</td>
</tr>
<tr>
<td>• Teaching and learning in multiple languages, including children’s family home languages</td>
</tr>
</tbody>
</table>
Health and Safety

Trust and a sense of safety were the highest priority for families in both the survey and focus groups. Families in the focus groups wanted providers to ensure children's physical, social, psychological, and emotional safety, and wanted access to tangible information (e.g., licensing and background checks), frequent and various options for communication (e.g., virtual or in-person visits, conversations during drop off and pick up times, sharing of photographs and updates via text or email). Eighty-nine percent of survey respondents shared that having a safe, loving, and nurturing environment for children was extremely or very important (see Figure 5). Many parents in the focus groups expressed the desire for a sufficient number of adults in the environment to ensure their children had enough attention. Some parents wanted personal attention for their child at a 1:1 ratio for at least one hour of the day. Some parents shared concerns with negative experiences in programs serving a large age range of children. Either infants were not cared for properly because the provider was focused on older children, or vice versa. When looking at the data by race (see Figure 7), Latinx respondents gave higher “extremely important” ratings to nearly all priorities, but the order of the items was fairly consistent across all racial/ethnic groups.

Figure 7: Factors Families Found to be Extremely Important in Choosing Child Care

<table>
<thead>
<tr>
<th>Factor</th>
<th>All Parents</th>
<th>Parent Race and Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Asian and PI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Latinx</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native American</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White</td>
</tr>
<tr>
<td>Has a safe, loving and nurturing environment for children</td>
<td>72%</td>
<td>68%</td>
</tr>
<tr>
<td>Cares for children’s social and emotional development,</td>
<td>67%</td>
<td>63%</td>
</tr>
<tr>
<td>including helping them understand and work through their feelings</td>
<td></td>
<td>67%</td>
</tr>
<tr>
<td>Offers a welcoming environment and strong communication with</td>
<td>66%</td>
<td>59%</td>
</tr>
<tr>
<td>parents/families</td>
<td></td>
<td>64%</td>
</tr>
<tr>
<td>Has caregivers/educators who respond to the individual needs of each</td>
<td>64%</td>
<td>58%</td>
</tr>
<tr>
<td>child</td>
<td></td>
<td>61%</td>
</tr>
<tr>
<td>Offers age-appropriate learning activities that support literacy,</td>
<td>62%</td>
<td>56%</td>
</tr>
<tr>
<td>math, science and other subjects</td>
<td></td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>51%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>

Related to safety, many parents in the focus groups brought up concerns for providers’ capacity to attend to the health and cultural dietary needs of families. Families expressed interest in having nutritious meals provided to their children that were familiar and aligned with their culture. For example, one parent in a focus group shared their deep appreciation for their provider who went out of their way to cook Filipino food for their child. Somali parents in a focus group emphasized the importance of providers who understood the food that aligned with their religious practices that are central to their culture.
“My experience is that with the 1 to 12 ratio in the two-year old room is crazy and shouldn’t be acceptable…. You cannot watch 12 kids at the same time especially if those kids are going through potty training and you are focusing on one kid at a time. That is not a safe environment. You can’t really give them a learning and caring environment at that point.”

– Parent from Del Norte/Humboldt County

“My daughter was born with allergies […] So then there was certain things that [she] could not eat. […] One of the times […] she ate something that she was not supposed to eat […] they said it’s impossible to know what every child has [eaten …] ‘That’s the only thing that we could do, and this is what the government gave us that is sponsoring.’ So that was a red alert for me.[…] I want to feel safe. Wherever I drop my daughter off, I don’t want them to call me, ‘Your daughter has hives.’”

– Parent from Central Coast

“So I really like that daycare because they feed them nutritious food, and they even make soups, like the ones that you make at home… So then you go inside, and if your child is eating, you can observe whatever he is eating.”

– Parent from Central Coast

Loving and Nurturing Environment and Sense of Belonging

Families in the focus groups wanted a loving and nurturing environment that would foster their children’s confidence and sense of belonging, and feel like an extension of their home. While all children need affirming spaces, many families of color shared their desire for an environment that intentionally welcomed their children. Parents shared concerns about their children experiencing the racism they had faced, and wanted an environment for their children that was not only free of discrimination, but actively embraced their children’s background, valued diversity, and proactively integrated anti-racist approaches.

Although many in the focus groups had positive experiences with child care, some parents described negative experiences related to a lack of culturally affirming care and racism. Somali parents shared that because they taught their children to look away from authority figures out of respect, providers sometimes
viewed this as disrespectful and unfairly punished their children. Several Black parents reported that providers had tried to prevent them from enrolling their child. One parent was told there was no space to enroll her child, until a Black staff member informed her otherwise. Another was informed that there was space in a child care program over the phone, but was then told there was no space when they arrived in person. Native American parents explicitly valued child care led and designed by members of their own community and, when not available, providers with a deep understanding of their culture to prevent microaggressions. Consequently, many parents wanted providers to receive anti-bias and/or anti-racist training to ensure all children and families were treated fairly.

FAMILY VOICES: Focus Groups

“One of the things I love about my child care providers right now is they are really loving and caring. They really, really take care of my daughter in the best way that I could ever think of. I trust them and I am really glad that they are in our life.”

– Latinx Parent, Los Angeles and Orange Counties

“I would want him to also feel loved by the people that are taking care of him. Like, making sure that they’re eventually going to nurture him and be there for him emotionally.”

– Young Parent

“It’s very important to have a facility that is going to be anti-racist or at least be trained in a situation where you’re not being racist and [you are] treating everybody equally, including disability.”

– Hmong Parent

Culturally and Linguistically Affirming Practices

With respect to culture, families in the focus groups described the importance of ensuring their children see themselves reflected in their early learning environment through positive and empowering representations of their racial, ethnic, and cultural identities. Some families—such as Hmong and Pacific Islander parents—did not expect to find child care settings that reflected their cultural background (as they did not have experience with providers that shared their culture), but shared that they would find it valuable if they could. Examples of quality child care for families of color in the focus groups included the following:
• Black families spoke of the importance of providers who shared their culture and provided positive role models of successful Black leaders.

• Somali families wanted spaces which shared and/or provided an understanding and acceptance of their cultural values, including religious practices and dietary preferences fundamental to their identities.

• Native American families extensively shared the benefits of child care settings that promoted learning through the exploration of the natural world, and that were located at a Native American community center open to all families. They also wanted their culture to be presented as a strength, and for non-Native children to be taught that the Native community is not "extinct," but rather a living and thriving culture.

• Pacific Islander parents wanted their children to develop an understanding of where they came from specifically in Polynesia, Melanesia, and/or Micronesia, as well as traditional cultural dances and songs.

• Latinx families identified a desire to see the diversity of communities that exist in countries represented, for example, a representation of the different cultural practices that exist in Mexican communities, and provide cultural foods and celebrations in the child care setting.

With respect to language, families in the focus groups—particularly those who did not speak English as a first language—spoke of the importance of children learning their home languages (such as Spanish, Somali, or Tagalog) to stay connected to their family and culture, and to be able to fully communicate with their children. Hmong and Pacific Islander families shared similar sentiments, and while they did not have experience with finding child care settings that shared their language, they felt it would be valuable to have that opportunity. While native English speakers did not prioritize multilingualism to the same degree, parents in the focus groups overall were interested in their children learning other languages. Many parents expressed not wanting their children in a setting where they could not communicate with staff due to language barriers.
They shared concerns regarding being unable to ensure their children’s safety when they could not fully communicate with those caring for their children.

Similarly, families in the survey valued culturally and linguistically affirming practices as key elements to support the social, emotional, and psychological safety of their children. A staggering 85 percent of survey respondents said that a welcoming environment that embraces the language, culture, and identity of all children and families was extremely or very important. Over seventy percent of respondents rated specific factors related to language, culture, and identity as extremely or very important, including provider training on cultural, linguistic, and racial affirming practices and integration in the learning environment (see Figure 8).

**Figure 8: Factors Families Found to be Extremely Important in Choosing Child Care (Culturally and Linguistically Affirming Practices)**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Extremely Important</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Too Important</th>
<th>No Answer/Doesn’t Apply</th>
<th>Extremely and Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is welcoming and embraces the language, culture, and identity of all children and families</td>
<td>60%</td>
<td>25%</td>
<td>13%</td>
<td></td>
<td></td>
<td>85%</td>
</tr>
<tr>
<td>Has educators who are well-trained to create learning environments that build on the language, culture, and racial/ethnic identity of the children/families they serve</td>
<td>47%</td>
<td>30%</td>
<td>18%</td>
<td></td>
<td></td>
<td>77%</td>
</tr>
<tr>
<td>Has educators/caregivers who are well-trained to teach your child the language your family speaks at home (in addition to English), and/or more than one language</td>
<td>42%</td>
<td>30%</td>
<td>21%</td>
<td></td>
<td></td>
<td>71%</td>
</tr>
<tr>
<td>Has educators/caregivers who speak the same language that your family speaks at home and/or has understanding of your family’s culture/background</td>
<td>41%</td>
<td>33%</td>
<td>20%</td>
<td></td>
<td></td>
<td>74%</td>
</tr>
<tr>
<td>Takes the time to learn about your child’s family culture and home language</td>
<td>41%</td>
<td>32%</td>
<td>21%</td>
<td></td>
<td></td>
<td>73%</td>
</tr>
<tr>
<td>Incorporates and celebrates your child’s culture and the language(s) your family speaks at home into learning activities, materials, and overall environment</td>
<td>41%</td>
<td>32%</td>
<td>21%</td>
<td></td>
<td></td>
<td>74%</td>
</tr>
</tbody>
</table>

Across racial groups, what survey respondents valued most was educators who were well-trained in building on language, culture, and identity (See Figure 9). Upon closer examination of the survey data (see Figure 10), low-income parents of color more highly valued educators that were welcoming, and embraced the language, culture, and identity of all families and children when compared to those in higher income brackets. Low-income parents of color also most highly valued having providers who shared their children’s cultural/racial background, as well as providers that had other children in the program with the same cultural/racial background, in comparison to parents of color in higher income brackets. Generally, parents of color favored cultural and linguistic affirming practices slightly more than White parents surveyed.
**Figure 9: Importance of Culturally and Linguistically Affirming Practices - Factors Found to be Extremely Important and Very Important for Families**

<table>
<thead>
<tr>
<th>Factor</th>
<th>All Parents</th>
<th>Parent Race and Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Asian and PI</td>
</tr>
<tr>
<td>Has educators who are well-trained to create learning environments that build on the language, culture, and racial/ethnic identity of the children/families they serve</td>
<td>77%</td>
<td>78%</td>
</tr>
<tr>
<td>Has educators/caregivers who are well-trained to teach your child the language your family speaks at home (in addition to English), and/or more than one language</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>Has educators/caregivers who speak the same language that your family speaks at home and/or has understanding of your family’s culture/background</td>
<td>74%</td>
<td>65%</td>
</tr>
<tr>
<td>Takes the time to learn about your child’s family culture and home language</td>
<td>73%</td>
<td>75%</td>
</tr>
<tr>
<td>Incorporates and celebrates your child’s culture and the language(s) your family speaks at home into learning activities, materials, and overall environment</td>
<td>74%</td>
<td>74%</td>
</tr>
</tbody>
</table>

**Figure 10: Importance of Culturally and Linguistically Affirming Practices - Factors Found to be Extremely Important and Very Important for Parents of Color by Household Income**

<table>
<thead>
<tr>
<th>Factor</th>
<th>All Parents</th>
<th>Household Income (Parents of Color)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&lt;$20,000</td>
</tr>
<tr>
<td>Is welcoming and embraces the language, culture, and identity of all children and families</td>
<td>85%</td>
<td>92%</td>
</tr>
<tr>
<td>Has caregivers/educators who share the same cultural/racial background as your children</td>
<td>60%</td>
<td>66%</td>
</tr>
<tr>
<td>Has other children in the program who share the same cultural/racial background as your child(ren)</td>
<td>58%</td>
<td>61%</td>
</tr>
</tbody>
</table>
**Culturally Affirming Practices**

“When children are 0 to 5-years-old, that is the time that they learn about everything. So if they feel racism, that will stay with them forever. So if we want to make them feel good, we have to take them somewhere where they belong culture wise and everything they can relate to.”

— Somali Parent

“[The child care provider] knows that our culture is eating rice, and their curriculum with feeding…is the cheeseburger and hot dogs… so she would cook rice just for him and give him Filipino food.”

— Young Parent in LA County

“If you started at a young age saying ‘This island is where you come from. This is a sister island…’ show their specific dances, their specific cultures. I feel more exposure for the Pacific Islands at a young age… so [children] can see people who look like them and they are learning something about themselves.”

— Pacific Islander Parent

“I think representation is really big, and we are coming out with a lot more books… that kind of show more [Black] kids. I think being surrounded by it too on a day-to-day basis is important.”

— Black Parent from Bay Area/LA County

**Linguistic Affirmations**

“He likes the assistant because she is bilingual. So, he knows how to ask for help…expresses himself more with her. So, I think it is very important also for the culture so they don’t lose the language, so the teachers understand them…add a little Spanish [book] for the children that speak Spanish in the class.”

— San Bernardino/Riverside County Parent

“So we want child care centers that speak our language and belong to our communities. It would be more comfortable to take my child all the time, and I wouldn’t worry about my children’s cultural differences. And the child will feel very good about it too.”

— Somali Families

“In the community that I am from, we speak another language, Mixteco. It’s very important for [caretakers] to speak that language to children, because then it creates confidence with parents… When children lose their language… [parents] lose confidence…”

— Central Coast Parent
Review of Research & Policy Considerations

Quality early learning environments have healthy physical environments and healthy emotional environments in which children feel safe, cared for, and loved. This includes ongoing communication that provides space for connection and transparency about the systems the programs have in place to keep children safe across multiple dimensions, including physical and emotional safety. Furthermore, it is important to promote healthy physical environments, where children have access to meals that are aligned with their familial and cultural backgrounds as they are more likely to eat those foods. Access to these meals provides the consistency and the comfort needed to cultivate a sense of belonging for children. Yet, providers may not be equipped with the necessary supports to provide such meals as they only receive 75% reimbursement for the meals they do serve. Nationally and in California, there is a lack of policy guidance to facilitate their ability to incorporate cultural food preferences into the meal plans they provide.

For children of color, an important element of emotional safety includes combatting racism which requires anti-racist approaches involving “direct and intentional action against racist behaviors, practices, policies, and beliefs to dismantle and interrupt racism” to fully embrace children for who they are. It is during these early years through play and engagement that young children develop ideas about race, gender, culture, and naturally engage with these ideas during play. National research shows that there is a prevalence of implicit bias among early educators towards Black boys (41 percent) and Black girls (53 percent) who experience a disproportionate number of suspensions in preschool, even though they each make up less than 19 percent of enrollment. It is important to note that there is no evidence to suggest that Black children exhibit more misbehavior compared to their peers. Educators must receive support to access anti-bias training as this disproportionate use of disciplinary action is often unintentional and can be associated with long-term consequences such as increased rates of substance abuse, mental health issues, and entry into the criminal justice system.
Although many educators currently support children's behavioral and socio-emotional learning, adequate support is needed so that this can continue to be fostered across the mixed delivery system. Providers must receive paid planning time, support (e.g., ongoing and sustained training, professional development, coaching, peer mentor programs, learning communities), and resources to build a loving and nurturing environment that fosters a sense of safety and belonging. This includes support and resources for the following areas:

• **Proactive sharing of health and safety information with families:** It is important for providers to share tangible information regarding health and safety with families, such as licensing, background checks, CPR certifications, and other protocols for health and safety. Communication should be language accessible for families and be in multiple modalities (e.g., in-person and virtual conversations and written materials). To give parents confidence in the safety of the learning environment, ongoing communication should be provided in relation to any incidents that occurred during the day. This is particularly important in the context of the COVID-19 pandemic, which has limited in-person access to providers.

• **Sufficient staffing and intentional recruitment:** Early learning environments should have sufficient staff to give every child the attention they need (e.g., additional assistants/aides, substitutes to allow for planning/professional development time, non-classroom staff such as coaches). It is also critical that programs/providers be supported with resources to implement diversity policies to maintain the field's rich diversity (e.g., hiring bilingual staff and staff that reflects the community they serve, self-assessment of culturally affirming practices). It is important that the state supports the ELC system to incentivize providers of color to enter and/or remain in the field. This includes expanding access to resources, such as conveniently scheduled and located classes, apprenticeship, career, and technical education programs, education advisors, multilingual trainings and resources, debt repayment or scholarships.

• **Anti-racist/anti-bias training and curriculum (e.g., trainings on implicit bias, understanding of anti-Blackness across communities, and the cross section of race, ethnicity, and poverty):** Early educators should be supported to deepen their efforts toward creating emotionally healthy environments. They should also be supported to integrate anti-bias approaches to implement positive reinforcement practices as alternatives to exclusionary practices that disproportionately impact children of color (e.g., suspensions, expulsions).

• **Culturally and linguistically affirming care:** Support providers to deepen their work to offer affirming environments for children's cultural and linguistic diversity. Children's cultural and linguistic traditions should be reflected in the environment (e.g., pictures, posters, or artwork) and integrated into activities that foster their racial, ethnic, and cultural identity formation. Implement evidence-based curriculum and plans to create environments where children's home languages and culture are seen and supported, alongside English language development. Access to DLL-specific professional development meaningfully supports participation of children with a home language other than English. To further cultivate a sense of belonging within child care settings, children should be provided with meals that are aligned with their familial and cultural backgrounds.
Responsive Interactions and Instruction

Key Findings

Families in the focus groups and survey shared that a quality child care setting is one that provides responsive and individualized care. Families’ desire for responsive and interactive learning supports were reflected in four main themes (see Figure 11): individualized care and instruction; prioritizing socio-emotional development; play-based, developmentally appropriate learning; and consistency, continuity, and structure.

**Figure 11: Responsive Interactions and Instruction**

<table>
<thead>
<tr>
<th><strong>Individualized Care and Instruction:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understanding/supporting children’s different experiences, learning styles, and personalities</td>
</tr>
<tr>
<td>• Supporting children with disabilities</td>
</tr>
<tr>
<td>• Building an understanding of the children’s family/cultural context, values, norms, and traditions to be able to respond to children’s needs</td>
</tr>
<tr>
<td>• Leading with practices and strategies that support learning and engagement of children of color (e.g., culturally and linguistically affirming practices) and children with disabilities (inclusion)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Prioritizing Socio-emotional Development:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Helping children to “work through their feelings,” de-escalate challenging situations (e.g., tantrums, disagreements), and support them to express their emotions and needs by offering personalized care and attention</td>
</tr>
<tr>
<td>• Understanding children’s personal sensitivities in order to support them through challenging circumstances and opportunities for growth</td>
</tr>
<tr>
<td>• Developing social skills and interacting well with others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Play-based, Developmentally Appropriate Learning:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Knowledge of how children learn and grow and how to support holistic child development with patience and understanding</td>
</tr>
<tr>
<td>• Opportunities for play-based learning and interactions</td>
</tr>
<tr>
<td>• Providing early literacy and early math activities and experiences</td>
</tr>
<tr>
<td>• Providing engaging outdoor space to support learning, development, and mental and physical health</td>
</tr>
<tr>
<td>• Limiting screen time to maximize engagement with adults, other children, and the learning environment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Consistency, Continuity, and Structure:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consistency in staffing to support long-term and nurturing connections between children and their providers</td>
</tr>
<tr>
<td>• Set structures and routines that support learning</td>
</tr>
<tr>
<td>• Child care settings that provide full hours of care needed</td>
</tr>
</tbody>
</table>
Individualized Care and Instruction

Parents from the focus groups and survey valued providers who had the training and experience to provide individualized support and care for their children. Parents in the focus groups shared that all children have different experiences, learning styles, and personalities, and need to be supported in feeling special and validated. Parents wanted providers with experience in child development who could provide individualized approaches to build on their strengths and respond with expertise and compassion to each child’s challenges (e.g., behavior, tantrums). Parents also spoke of environments that reflected their child’s cultural contexts, including dietary preferences, and support for their linguistic needs. Similarly, 87 percent of parents surveyed reported that responding to children’s individual needs was extremely or very important (See Figure 5).

Many focus groups discussed the overall lack of support for children with disabilities. Parents in the focus groups shared significant challenges with finding providers that were appropriately trained and equipped to provide the level of support their child needed, and wanted providers to have access to resources and training. For instance, at least one parent of color reported that their provider did not listen to their concerns about their child having a developmental delay. Many parents reported that they had stopped working or curtailed their hours to care for their child themselves. Families’ experiences were similar in the survey, in which many families of children with disabilities found it hard to find an inclusive learning environment that supported their child (45 percent).
FAMILY VOICES: Focus Groups

“Just like in nursing, you have to individualize your plan based on the patient. That’s what I think child care is as well…you have to really think outside the box on how you would approach it... I see that they don’t treat everyone the same. I’m not saying that it’s inequality. I’m saying it’s individualized based on the child.”

– Young Parent

“So my little boy is peaceful…and my little girl is not...she has a stronger personality, and she is full of emotions, and someone that can look at their different personalities and looking into that and to see how they can support them as well so that they can feel good.”

– Central Coast Parent

“From my experience I had a daughter who—she has autism...I also have my oldest son who had ADHD and made finding child care and keeping child care very difficult. Having somebody who caters to my kid’s needs meant that I could go to work and not stress about child care. From my experience as a parent you are not going to be able to keep a job if every day you go to take your child to child care and they are unhappy. If they are crying or they are unhappy... you think about that all day.”

– Del Norte/Humboldt County Parent

Prioritizing Socio-Emotional Development

Parents from the focus groups and survey felt strongly about the importance of promoting socio-emotional development. Parents from the focus groups passionately discussed the need to help children “work through their feelings,” understand their personal sensitivities, and support their need for positive socialization and interactions with others. They placed value on an experienced provider who could support their children to navigate through their feelings and needs in challenging circumstances, and guide them through how to respond to similar situations in the future. Parents valued learning environments in which their children had individualized opportunities for this kind of growth. Eighty-nine percent of survey responses similarly said that caring for a child’s social and emotional development was extremely or very important, including helping them understand and work through their feelings (see Figure 5).
“When you care for their emotional needs, they can feel it and they know who to trust and who to rely on, and who to depend on for emotional support.”

– Black Parent from Bay Area/LA County

“Sometimes, he talks too fast...He couldn’t get his emotions out into words. She would tell me she’s here for him, and one of her goals is communication, respect with other children. She says that if they don’t get along with the teachers and their peers, they can’t learn. That was a huge part of learning. It’s when you’re having fun. You can retain it more. That’s what I really like about this specific teacher.”

– Young Parent

“We were always taught to stuff our emotions in. Be quiet, be still, don’t talk. Children are to be seen and not heard. That is why most of us have therapists right now. I just really envision a way of allowing them to experience the fullness of what they have to get out and still being able to focus them and channel them and direct them.”

– Native American Parent

Play-Based, Developmentally Appropriate Learning

Parents in the focus groups wanted their children to learn early reading and math, alongside an environment that provided loving care, play, and opportunities for interaction with other children. Many parents discussed that play and learning are not incompatible, and that, in fact, play was a helpful way for young children to learn. While there were some conversations that regarded play and learning as distinct activities (i.e., that children needed to learn more and play less, or vice versa), parents generally were not supportive of child care at any age that was solely focused on academic preparation. Similarly, in the survey, 78 percent of respondents found that offering age-appropriate learning activities that supported literacy, math, science, and other subjects to be extremely or very important. This was particularly rated higher amongst Latinx respondents and households who earned under $20,000.
FAMILY VOICES: Focus Groups

“They should have the opportunity to play and learn. But it should be fun for the child. I believe because of that age, the first years, 0 years to 5 or 6-years-old, they absorb most of the information... You can use blocks for many things—for math, for colors to form things.”

– Latinx Parent, Los Angeles and Orange Counties

“You definitely want your kids to learn. [But] when they’re little, between 2 and 5, you want them to learn social skills. You want them to be kids, to play, to learn how to interact with other kids. You want them to start their academic learning, but not that young.”

– Young Mother

“We have to remember that kids, they learn a lot through play... for imagination play. You’re pretending to do things. That kind of stuff also sets up for social skills. So, if you want kids to learn social skills, you’ve got to have those toys and books age-appropriate-wise.”

– Hmong Parent

Consistency, Continuity, and Structure

Parents in the focus groups discussed the desire for their children to have consistent, long-term, and nurturing relationships with their providers. Some described the sadness and challenges children can face when that consistency is disrupted, and the struggle to build a relationship with a new adult. They mentioned the importance of a child care setting that provided the full hours of care needed, along with set structure and routines. This would allow for children to feel at ease and comfortable, and understand and predict what was happening around them. Some parents who could not get all the hours of care they needed in one child care setting struggled to navigate transportation coordination and access between programs.
“Yes, for the teachers I think it is very important the consistency, that they are the same teachers because the children begin to form a relationship with the provider, the teachers, or the personnel so when there are changes it is like the child has to start over again with something—how do you say it—forming—reforming the relationship that was forming. I think it is very important the consistency with the personnel. Because the children feel safe with their teacher. When my son’s teacher isn’t there…there is change; my son gets sad because it is a person, he sees daily even though it is a teacher they are part of their routine and part of their family.”

— San Bernardino/Riverside County Parent

“[Consistency is important] because then there is a link with your family and your culture…it’s consistency…with the children, knowing that that family, that person is consistent in their own lives, and it’s important for them to feel safe as well.”

— Central Coast Parent

“…my son has autism… he’s 4-years-old…He doesn’t like hats or anything on his head. On Easter, they do little ears and stuff like that. There was a substitute that… was trying to put the ears to my son. She kind of tried to force him. He had a tantrum. He doesn’t know how to talk, so he doesn’t explain anything at all…They had to call me. She told me what she was doing. The teacher didn’t tell you that he doesn’t like this? If he has a tantrum or anything, to calm him down, you just have to say, ‘It’s okay.’ If he did anything, you don’t say no. Not because he’s not disciplined. He is…Even if it’s not okay. It’s okay can sound confusing for other kids, but not for my son…The okay word helps a lot for him.”

— Latinx Parent from Los Angeles and Orange Counties
Review of Research & Policy Considerations

Understanding children’s various needs is vital to offering individualized and affirming instruction. For children with disabilities, failure to identify developmental delays can affect their long-term outcomes. In California, only 28.5 percent of children receive developmental screenings. For DLLs, the ability to foster their home language is not only central to developing multilingual proficiency, but is foundational for their cognitive and socio-emotional development, evolving sense of self, and overall academic achievement. Home language loss has been linked to a loss in children’s ability to communicate and culturally connect with family members, along with a lack of respect and sense of shame for their heritage. Support for home language development in early childhood is crucial as the brain is most receptive to language learning in the earliest years of life and is able to process multiple languages. Lack of appropriate support for DLLs impedes not only their language development but also interferes with their access to the full range of learning opportunities being offered in child care settings.

Socio-emotional development and play-based learning are also essential to creating affirming environments. Research shows that supporting socio-emotional development not only promotes the acquisition of important life skills (e.g., cooperation, conflict resolution, and emotional regulation) but cognitive skills that promote later academic success. To effectively help school readiness, curriculum and activities must be play-based, developmentally appropriate, and support holistic child development. This involves interactive approaches that allow children to explore, experiment, and problem-solve to develop oral language, social skills, independence, creativity, and early literacy, math, and other cognitive skills. The push for “rigor” is too often imposed in the name of school readiness, which can lead to an overemphasis on academics, whole-
group instruction, and rigidity, none of which foster a love of learning nor leverage the innate curiosity of young children.\textsuperscript{63} There is often an absence of “strong, developmentally aligned curricula...[for] low-income children,” so it is critical to ensure providers are supported to provide this type of high quality early learning.\textsuperscript{64}

Providers must have the paid time, support (e.g., professional development, training, and coaching), and resources to provide affirming interactions and instruction. This can be built through conversations with families to learn about each child’s unique strengths and needs. Using this information, providers can design and implement individualized plans and activities, and meaningfully observe and reflect on their progress. To provide individualized care and instruction, providers should be supported in the following areas to deepen their expertise:

- **Culturally and linguistically affirming practices**: See Culturally and Linguistically Affirming Practices section under Sense of Safety/Belonging and Loving and Nurturing Environment.

- **Routine developmental screenings**: It is crucial that families are engaged in routine developmental screenings that are appropriate to the age, culture, and language of the child, that include family input, and that cover multiple developmental domains (e.g., physical/motor, cognitive, linguistic, social and emotional development) to identify possible delays/concerns and intervene early.\textsuperscript{65} Providers, and those supporting them, should be made aware of approaches to address inequities, such as the simultaneous under-identification of Black children in early intervention services and later disproportionate placement in special education categories.\textsuperscript{66}

- **Trauma-informed care and instruction**: Early educators need systems of support to connect families to trauma-informed approaches that support children in need, including families facing housing insecurity and homelessness, foster youth, and children who have experienced trauma or toxic stress (ACEs).\textsuperscript{67} Providers need compensated time for healing-centered engagement with families and connection to systems of support that they can count on for guidance, resources and referral for families. This requires that providers have access to mental health professionals who they can consult with and that they are also given the support needed to offer healing practices that promote child and family resiliency and to address the trauma that they may be facing as well.

- **Play-based, developmentally appropriate learning, including in outdoor spaces**: Providers need resources such as incentive grants to create outdoor spaces\textsuperscript{68} for children. The process for providers to secure the resources should be easy for them to navigate.
**Program Structure that Support Families’ Needs**

**Key Findings**

Families in both focus groups and the survey shared that they want access to affordable, quality child care that provides the full hours of care needed, basic needs, and programmatic supports for specific child care populations (See Figure 12). Many parents in the focus groups shared struggles with navigating, finding, and affording care.

**Figure 12: Program Structure that Support Families’ Needs**

<table>
<thead>
<tr>
<th>Actual Hours of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Flexible and Extended Hours:</strong></td>
</tr>
<tr>
<td>• Provide the full hours of care that families need (i.e., early morning, evening, night, and weekend hours) to support families’ long commute times and work schedules</td>
</tr>
<tr>
<td>• Offer flexible days of care and pick-up and drop-off times for families that have variable work/school schedules</td>
</tr>
<tr>
<td><strong>Continuity of Care:</strong></td>
</tr>
<tr>
<td>• Provide care consistently in a single location or locations to minimize the patchwork of care for families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provision of Basic Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Needs:</strong></td>
</tr>
<tr>
<td>• Provide transportation between child care, school, and before- and after-school programs</td>
</tr>
<tr>
<td>• Serve nutritious and individually and culturally affirming meals/snacks</td>
</tr>
<tr>
<td>• Incentivize support for potty training</td>
</tr>
<tr>
<td>• Provide necessary supports for specific child populations, including children with disabilities and DLL children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to Quality Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Simplify enrollment processes, expand eligibility requirements, and ensure continuous eligibility for families</td>
</tr>
<tr>
<td>• Expand facilities for the mixed delivery system, starting with child care deserts</td>
</tr>
<tr>
<td>• Support families as they navigate through systems to access child care and other family support services, including information about child care options, eligibility, and enrollment processes</td>
</tr>
</tbody>
</table>
Although there were not major discrepancies in the survey data between families by race, parents of color were more likely to rate aspects of child care as hard to find especially in areas such as affordability, transportation and location. While finding child care options that have an inclusive learning environment to support children with disabilities was a challenge for all families, a higher level of White families (53 percent) reported having a hard time finding this factor in child care. (See Figure 13). When analyzing survey data by age of children, parents with children ages 0-2 were more likely to experience several challenges, including high costs to secure space for an early learning environment and access to basic needs support (See Figure 14).

Figure 13: Aspects/Factors Found by Families as Hard to Find in Finding Child Care that Met Their Needs (by Parent Race and Ethnicity)

<table>
<thead>
<tr>
<th>Aspect/Factor</th>
<th>All Parents</th>
<th>Parent Race and Ethnicity</th>
<th>Asian and PI</th>
<th>Black</th>
<th>Latinx</th>
<th>Native American</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an inclusive learning environment including support for children with disabilities</td>
<td>45%</td>
<td></td>
<td>43%</td>
<td>44%</td>
<td>45%</td>
<td>37%</td>
<td>53%</td>
</tr>
<tr>
<td>Is affordable for you</td>
<td>42%</td>
<td></td>
<td>47%</td>
<td>47%</td>
<td>46%</td>
<td>49%</td>
<td>37%</td>
</tr>
<tr>
<td>Provides transportation between the child care and a school or a before/after school program</td>
<td>33%</td>
<td></td>
<td>38%</td>
<td>36%</td>
<td>34%</td>
<td>38%</td>
<td>29%</td>
</tr>
<tr>
<td>Has a convenient/desired location</td>
<td>31%</td>
<td></td>
<td>33%</td>
<td>33%</td>
<td>32%</td>
<td>38%</td>
<td>29%</td>
</tr>
<tr>
<td>Supports potty training</td>
<td>26%</td>
<td></td>
<td>28%</td>
<td>28%</td>
<td>27%</td>
<td>38%</td>
<td>21%</td>
</tr>
<tr>
<td>Has staff that share your family’s cultural/racial background</td>
<td>25%</td>
<td></td>
<td>35%</td>
<td>31%</td>
<td>20%</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>Has educators/caregivers/staff who speak the same language(s) that your family speaks at home</td>
<td>20%</td>
<td></td>
<td>32%</td>
<td>19%</td>
<td>17%</td>
<td>21%</td>
<td>18%</td>
</tr>
</tbody>
</table>
**Figure 14: Aspects/Factors Found by Families as Hard to Find in Finding Child Care that Met Their Needs (by Age of Children)**

<table>
<thead>
<tr>
<th>Aspect/Factor</th>
<th>All Parents</th>
<th>0-2</th>
<th>3-5</th>
<th>6-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an inclusive learning environment including support for children with disabilities</td>
<td>45%</td>
<td>52%</td>
<td>43%</td>
<td>45%</td>
</tr>
<tr>
<td>Is affordable for you</td>
<td>42%</td>
<td>53%</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Has space to enroll your child(ren)</td>
<td>37%</td>
<td>47%</td>
<td>37%</td>
<td>36%</td>
</tr>
<tr>
<td>Provides meals, diapers and other essential supplies to take care of your child's basic needs free of charge</td>
<td>33%</td>
<td>42%</td>
<td>32%</td>
<td>33%</td>
</tr>
<tr>
<td>Has a convenient/desired location</td>
<td>31%</td>
<td>38%</td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Actual Hours of Care**

Families in both the focus groups and survey reported difficulties finding child care. Families in the focus groups indicated that the hours of child care were not flexible enough to meet their needs, resulting in families relying on multiple types of care. Many used informal networks of family, friends, and neighbors (FFNs) to care for their children while they worked or ran errands. It was particularly difficult for families who needed nontraditional hours for child care, such as early mornings, evenings, late nights, or weekends. Focus group parents in rural areas struggled to find care close to home, and parents with fluctuating work or school schedules and migrant workers whose child care needs changed often or seasonally, also struggled to find child care that met their needs. Parents found inconsistent child care with FFNs and often acknowledged that they were the only options available to them.

In the survey, 85 percent of parents said that receiving child care for all the hours they needed at a single location was extremely or very important. The most typical time frame needed by families was 8 am to 6 pm, with 6 am to 8 am being the second most-needed time frame (See Figure 15). Half of respondents needed care at times other than 8 am to 6 pm, and 15 percent of respondents needed care on weekends (See Figure 16). The income level data from the survey indicated the need for nontraditional hours did not vary greatly, suggesting this was a basic need for the majority of parents. Families who needed care in the evenings, nights, and/or weekends were most likely to rely on a family member, partner, or themselves for child care.
Figure 15: Child Care Need by Families (by Hours)

Hours Child Needed (Multiple Responses Accepted)

- 8am-Noon: 56%
- Noon-3pm: 46%
- 3pm-6pm: 43%
- 6pm-8pm: 16%
- 8pm-Midnight: 11%
- Midnight-6am: 3%
- 6am-8am: 29%
- Prefer not to answer: 5%

8am-6pm (Unduplicated) 68%

Other Hours (Unduplicated) 50%

Figure 16: Child Care Need by Families (by Days)

Days Child Needed (Multiple Responses Accepted)

- Monday - Friday: 90%
- Saturday: 14%
- Sunday: 9%
- Prefer not to answer: 3%

Weekend (Unduplicated) 15%
Uplifting Family Voices: Family Engagement in California’s Rate Reform & Quality Initiative

FAMILY VOICES: Focus Groups

“Oh my goodness. My kids’ daycare...I have to be at work at 7:30. But my kids’ daycare, it had to be at 7:30. So I had to find somebody to take them, and I had to pay for somebody to be able to take them on time.”

— Parent from San Joaquin County

“Having to find nighttime child care is really difficult because most places are closed by like 5:30 and that is when I start going to work. Right now I usually just ask my mom to watch my son. I usually work anywhere from 6:00 to midnight.”

— Native American Parent

“My husband is a caregiver right now, and we get along with his boss. They let our son stay there for a couple of hours... but I don’t want to take advantage of that too much. That’s why it’s hard to find child care that’s very flexible with our time.”

— Young Parent

Basic Needs

Families expressed their need for support with basic needs within the child care setting such as transportation, nutritious food, potty training, and individualized care for DLLs and children with disabilities. In the focus groups, many families shared that they relied on a patchwork of care, and those who worked full-time either had to take time off work to transport children between child care settings—such as a preschool to a Family Child Care Home (FCCH)—or ask (and sometimes pay) others to do so for them. Those in rural and tribal communities, child care deserts, and other communities with systemic barriers to access child care struggled with finding transportation solutions. Families expressed that they highly valued nutritious, culturally aligned food for their children. Additionally, families spoke of the difficulty of finding child care that would accommodate their young children who were not potty trained, and expressed that they desired for providers to support this developmental task. Of the families surveyed, 60 percent did not have access to child care (outside of their home) and 40 percent had children enrolled in care. Of the families that had care, 26 percent found it hard to find child care that supports potty training, while 33 percent found it hard to access child care that provides transportation between child care, school, and before- and after-school programs. More than a third of families (33 percent) found it hard to find child care that provides meals, diapers, and other supplies to care for a child’s basic needs (that is free of charge).
Access to Quality Child Care

Along with reporting difficulties in accessing affordable child care, many families were not aware that they were eligible for subsidized child care, and those who had received referrals from an agency were not always able to take advantage of them. Few were aware of resources to help them find and evaluate options, and primarily relied on internet searches and word-of-mouth recommendations to find child care. Even those who knew struggled to navigate the system, and spoke of the need for additional support. Some were dissuaded from applying at all due to the bureaucracy and amount of paperwork required to fill out without proper assistance. One parent shared that she had a difficult time trying to get her child enrolled in a program because she did not get called back to complete her paperwork and that the documentation she was required to upload online was confusing. Several low income parents reported that they made slightly too much to qualify for public programs but did not earn enough to pay for care out of pocket. As such, many found themselves pushed out of employment, either because their salaries did not or hardly covered the cost of care or they could not find care that covered all of the hours they needed.

Some families in the focus groups opted to have their children at home with them, a partner, or family member, and had not even considered searching for out-of-home child care options because they were too
expensive. This was particularly true for parents of infants and toddlers. One parent shared how she had no other option but to take her infant with her to work, holding her in a baby carrier all day so she could work, which is not an option for most families. Many families used informal networks of family, friends, and neighbors for care, often sharing that these options were suboptimal but they didn’t have alternatives. Many families mentioned the need to have additional facilities nearby, such as family child care homes and centers. Families experienced a lack of child care options nearby which was further exacerbated because they did not have family that could assist them with providing child care. Through all these struggles, many parents felt isolated, unsupported and had difficulty making child care arrangements. Similarly in the survey, when looking at the data by ages of children, parents with children ages 0-2 stated it was very or somewhat hard to find affordable child care (53 percent).

**FAMILY VOICES: Focus Groups**

“I didn’t go to work for both of my sons for about a year or a year and a half, because I could not get any type of child care. Because I guess I wasn’t low income enough, but then I didn’t have any money at the same time.”

– Black Parent from Bay Area/LA County

“...I even tried to get child care through the...County...and through my welfare... and between those two it took me four months... I gave up after four months of being sent through hoops. It just sucks, like, now I am just relying on other people and paying out of pocket.”

– Parent from Del Norte/Humboldt County

“... when I had just my two...and I was a single mom at the time...it was hard to look for child care that was affordable where I could pay for that and pay for my living expenses with two kids under the age of 3.”

– Pacific Islander Parent

**Review of Research & Policy Considerations**

In California, only 31.2 percent of children ages 0-5 are enrolled in a licensed ELC program while 94 percent of infants and toddlers who are income-eligible for ELC subsidies do not have access. According to research, parents experience difficulty finding child care for several reasons. The cost of care is the primary reason why it is difficult for parents to find child care. Parents also seek reliable care and often do not find child care slots available for their children. This is even more challenging for families with infants and toddlers. Some parents also found it difficult to find quality care. This research aligns with the focus group findings because families overwhelmingly shared that they found it difficult to find the child care they needed. However, there is divergence with survey respondents who predominantly indicated that it was easy or
somewhat easy to find affordable, quality child care, during the child care days and times they desired. This is likely because survey respondents had already found child care arrangements that met their needs; 60 percent of respondents said that they and/or their child's other parent were responsible for child care during work hours.

Improving access to quality child care requires sustainable funding that can address the financial burden on low-income working and middle class families. The average price of center-based care accounts for nearly 30 percent of the median family income nationally. In California, the average annual cost for an infant in a center is $17,384 and costs vary widely by region ($9,746 in Trinity County to over $23,114 in San Francisco County). Due to high costs, many parents are pushed out of the workforce, a process which accelerated during the pandemic. In a 2019 landscape for ELC facilities, the children most in danger of being left out of future ELC investments were disproportionately the very children who are presented as the most compelling reason to provide the program in the first place. There was an increase of Asian, Black, Latinx, and Native Hawaiian and Pacific Islander children in neighborhoods with the highest need for facilities and access to publicly-funded programs. Moreover, babies and toddlers experienced the largest disparities and overall gaps in access to ELC.

The state needs to increase resources and update policies to provide families with greater access. The following elements must be incentivized:

- **Flexible and extended hours/continuity of care:** Families need child care with extended hours to meet their need for year-round care with variable hours. Hours and locations of care should be aligned with the schedules and commutes of low-income families, including shift and seasonal work. This is important for parents with low-wage jobs who often do not get their schedules in a timely manner, work early mornings, evenings, and late nights, and have schedules that change every day, week, or month.

- **Support for families’ basic needs (e.g., transportation, nutritious meals/snacks):** Families need transportation between child care settings (e.g., between child care, school, and before- and after-school programs), particularly for those in rural and tribal communities, child care deserts, and other communities that experience systemic barriers to accessing child care. Other basic needs related to ELC programs include nutritious meals/snacks and those that accept children who are not yet potty trained.

- **Programmatic supports and resources for specific children:** Additional resources and supports for providers to adequately support DLLs and children with disabilities.

- **Expanded eligibility requirements and streamlined enrollment process:** Families need access to more affordable ELC and enrollment processes with continuous eligibility that remove unnecessary barriers (e.g., easy, non-intrusive forms and multiple methods of enrollment). Information should emphasize that enrollment does not require sharing of citizenship status, immigration status, or work status of family members. Parents and families deserve to be treated with dignity and respect as they go through the process of sharing their information across multiple systems, and need access to culturally and linguistically competent staff.

- **Facilities expansion, with prioritization in historically underserved communities:** Expansion of ELC facilities which strengthens the mixed delivery system, including family, friend, neighbor (FFN) care. This expansion should prioritize rural and tribal communities, and other communities that experience systemic barriers to accessing child care.
Whole Child, Whole Family Support

Key Findings

A whole child equity approach recognizes that a child’s development is embedded in the healthy functioning of their family and communities. Families in the focus groups shared challenges that have impacted their family, such as social isolation, being a single parent, mental health issues (e.g., postpartum anxiety and depression), food insecurity, unemployment and housing instability, immigration status, navigating the foster care system, and not having family nearby or anyone other than a partner/spouse they could depend on for help. Specifically:

- Some parents mentioned overcoming traumatic childhood experiences, and wanted to break away from how their parents raised them and offer more love and support to their children.
- Mothers of color, Latinx mothers in particular, referenced that mental health issues were not discussed in their communities, which made it more difficult for them to seek out the help they needed as parents.
- Somali parents expressed that their immigrant status made it more difficult to access services in their community, and felt their needs were often ignored by government officials they engaged with when seeking support/resources.
- Single parents, without the parenting support of a partner due to separation or divorce, reported stress and difficulties maintaining employment. These challenges were exacerbated if they did not have close relationships with or lived far away from family.
- Many of those without familial support found that they did not have anyone else they could count on to watch their children, even for a short period of time.
Overall, there was a significant sense of isolation expressed by many parents, possibly exacerbated by the COVID-19 pandemic. Most parents had difficulty connecting to resources and services to address these broad-based challenges. Across nearly all focus groups, many parents expressed the desire to form bonds with other parents and saw the potential for this community to be fostered by their child care provider.

Survey respondents overwhelmingly indicated their need for whole child, whole family support. More than 70 percent of parents reported that it would be helpful to have resources, specialists, and workshops for their children’s development, as well as support and guidance to access resources and services (See Figure 17). Many parents asked for affordable physical health (69 percent) and mental health (68 percent) care and assistance with basic needs (64 percent) such as food, water, clothing, and household goods. Others expressed interest in connections with other parents who could be a source of support (62 percent), along with assistance with job training, finding employment and affordable housing, and financial planning (around 60 percent).

**Figure 17: Whole Child, Whole Family Support Found to be Helpful for Families**

<table>
<thead>
<tr>
<th>Service</th>
<th>Extremely Helpful</th>
<th>Very Helpful</th>
<th>Somewhat Helpful</th>
<th>Not Too Helpful</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources, specialists, and workshops that can support your child's learning/development</td>
<td>44%</td>
<td>29%</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guidance or support on accessing resources and services for your children and family</td>
<td>41%</td>
<td>30%</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable doctors, dentists and other medical care available for your children and family</td>
<td>41%</td>
<td>27%</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable mental health services available for your children and family</td>
<td>40%</td>
<td>28%</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with basic needs such as food, water, clothing, and household goods</td>
<td>38%</td>
<td>25%</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connections with other parents who can be a source of support</td>
<td>32%</td>
<td>29%</td>
<td>22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with finding affordable housing</td>
<td>37%</td>
<td>23%</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with financial planning</td>
<td>35%</td>
<td>26%</td>
<td>19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job training and assistance with finding work</td>
<td>32%</td>
<td>25%</td>
<td>19%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When looking at the data by income level, the majority of parents across income groups reported it would be extremely or very helpful to have resources, specialists, and workshops to support their child’s learning and development. Those in the lowest income group (<$20,000) reported the most significant need across all the elements (see Figure 18), with need for support for resources, specialists, and workshops to support children’s learning/development (86 percent), guidance on accessing resources for children/family (86 percent), affordable medical care (85 percent) and mental health services (78 percent).
Figure 18: Topics of Whole Child, Whole Family Support Found to be Extremely and Very Helpful for Families (by Household Income)

<table>
<thead>
<tr>
<th>Topic</th>
<th>All Parents</th>
<th>&lt;$20,000</th>
<th>$20,000-$40,000</th>
<th>$40,000-$60,000</th>
<th>$60,000-$80,000</th>
<th>$80,000-$100,000</th>
<th>$100,000+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources, specialists, and workshops that can support your child’s learning/development</td>
<td>74%</td>
<td>86%</td>
<td>76%</td>
<td>71%</td>
<td>65%</td>
<td>72%</td>
<td>64%</td>
</tr>
<tr>
<td>Guidance or support on accessing resources and services for your children and family</td>
<td>71%</td>
<td>86%</td>
<td>77%</td>
<td>67%</td>
<td>61%</td>
<td>71%</td>
<td>51%</td>
</tr>
<tr>
<td>Affordable doctors, dentists and other medical care available for your children and family</td>
<td>69%</td>
<td>85%</td>
<td>74%</td>
<td>65%</td>
<td>62%</td>
<td>64%</td>
<td>43%</td>
</tr>
<tr>
<td>Affordable mental health services available for your children and family</td>
<td>68%</td>
<td>78%</td>
<td>71%</td>
<td>66%</td>
<td>64%</td>
<td>71%</td>
<td>51%</td>
</tr>
</tbody>
</table>

When looking at the data by race and ethnicity, parents/guardians of children ages 0-5 reported more need for the whole child, whole family supports than parents/guardians of school-aged children. And while parents across all racial/ethnic groups said that it would be most helpful to have resources, specialists, and workshops for their children’s learning and development, families of color (Latinx, Black, Native American, and Asian/Pacific Islanders) indicated a greater need for all elements compared to White families (See Figure 19).

Figure 19: Topics of Whole Child, Whole Family Support Found to be Extremely and Very Helpful for Families (by Parent Race and Ethnicity)

<table>
<thead>
<tr>
<th>Topic</th>
<th>All Parents</th>
<th>Asian and PI</th>
<th>Black</th>
<th>Latinx</th>
<th>Native American</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources, specialists, and workshops that can support your child’s learning/development</td>
<td>74%</td>
<td>71%</td>
<td>75%</td>
<td>86%</td>
<td>79%</td>
<td>61%</td>
</tr>
<tr>
<td>Guidance or support on accessing resources and services for your children and family</td>
<td>71%</td>
<td>70%</td>
<td>71%</td>
<td>82%</td>
<td>75%</td>
<td>59%</td>
</tr>
<tr>
<td>Affordable doctors, dentists and other medical care available for your children and family</td>
<td>69%</td>
<td>68%</td>
<td>67%</td>
<td>79%</td>
<td>73%</td>
<td>57%</td>
</tr>
<tr>
<td>Affordable mental health services available for your children and family</td>
<td>68%</td>
<td>67%</td>
<td>68%</td>
<td>77%</td>
<td>73%</td>
<td>61%</td>
</tr>
<tr>
<td>Assistance with basic needs such as food, water, clothing, and household goods</td>
<td>64%</td>
<td>62%</td>
<td>68%</td>
<td>74%</td>
<td>71%</td>
<td>52%</td>
</tr>
<tr>
<td>Connections with other parents who can be a source of support</td>
<td>62%</td>
<td>62%</td>
<td>59%</td>
<td>68%</td>
<td>62%</td>
<td>54%</td>
</tr>
<tr>
<td>Assistance with finding affordable housing</td>
<td>61%</td>
<td>54%</td>
<td>62%</td>
<td>73%</td>
<td>65%</td>
<td>51%</td>
</tr>
<tr>
<td>Assistance with financial planning</td>
<td>61%</td>
<td>59%</td>
<td>66%</td>
<td>70%</td>
<td>70%</td>
<td>49%</td>
</tr>
<tr>
<td>Job training and assistance with finding work</td>
<td>57%</td>
<td>57%</td>
<td>57%</td>
<td>65%</td>
<td>61%</td>
<td>46%</td>
</tr>
</tbody>
</table>
“Something that I really liked about Head Start. During the pandemic, there was a program to give psychological help to every parent. That is very important. When we express our emotions, it is the doorway to a healthy environment. It has to be a requirement for a person. A care center should have something like that where they are looking into that for children.”

— Farmworker Parent

“...My youngest child...was diagnosed with type 1 diabetes, and that threw a huge curveball, especially with the child care at the actual daycare center, because they weren’t able to really take care of him...[and] the prices [for child care] because of his diabetes skyrocketed. They doubled the amount per week...It just made it impossible... so I ended up having to be unemployed for quite some time because of that.”

— Young Parent

“Talking about postpartum, the depression, it’s difficult, and not knowing, not having enough education that (postpartum depression) is real... I believe that you don’t have a lot of support... Also, just breaking the chain... Maybe our parents were not educated, and they did not raise us the right way. Maybe they beat us and they yelled at us. You say, ‘this is where this stops, I am going to be different with my children.’ But you have to have support to be able to do that.”

— Central Coast Parent

Review of Research & Policy Considerations

Child development is shaped by multiple, interrelated systems, from the individual level (e.g., family) to the governmental, societal, and environmental levels (e.g., economy, legal system, and cultural attitudes and practices), as shown in Figure 20. Adversity across the different systems, such as severe or chronic poverty, racism, or violence, can cause toxic stress. Toxic stress is the “prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive development, well into the adult years.”

Young children are particularly vulnerable to the physiological and psychological consequences of toxic stress.
Research demonstrates that children of color and DLLs are more likely to experience financial stress, live in racially segregated, low opportunity communities, and experience higher levels of adverse childhood experiences (ACEs) which are causally linked to toxic stress. ACEs include abuse, neglect, and household challenges and are associated with severe health conditions from childhood (e.g., asthma, developmental delay, learning and/or behavioral problems) to adulthood. Poverty, for instance, leads to high rates of food insecurity, which harms children’s development and can cause behavioral and mental health problems. Mass incarceration, anti-immigrant policing, and racist rhetoric and policies have been connected to racial disparities in children’s birth weights, mental health, and other adverse health outcomes.

An ELC system that recognizes these structural barriers for families and children of color can foster their well-being by providing the care and resources needed to prevent and treat toxic stress with early intervention. Multiple studies have demonstrated the physiological benefits of high-quality and responsive caregiving, social support, balanced nutrition, and mental health care. Policy considerations include:

- **Wraparound support services with staff trained on trauma-informed approaches** that include critically-needed health services (e.g., medical, mental/behavioral, dental, and vision), early intervention, screenings and developmental assessments, home visiting, child welfare, social services, and legal services. This can be provided through promotoras via community health worker programs, who can support families to access family support services, or Whole Family Wellness Hubs, a comprehensive approach to ensure the entire family thrives by providing wrap-around services (e.g., physical and mental health, child care, legal) all in one location.

- **Support for building parent communities** that connect parents with similar attributes (e.g., age, language, or culture) to build a support system to share resources, help navigate challenges, and provide emotional support. Research shows that mentoring workshops for parents of color not only improved their sense of belonging through community strengthening, but allowed them to advocate for their children against racial inequities—such as disproportionate disciplining of Latinx and Black students.
Policy Considerations for Advancing Equity

California has the opportunity to recognize and redress historic racial and economic inequities in early childhood. Policy considerations and investments should follow a targeted universalism and whole child approach to holistically support those with the greatest need first. This report offers concrete considerations for state leaders to include in the rate structure and discussions on quality. The policy considerations offered throughout the report are summarized below. To support the elements of quality ELC uplifted by families, the state must ensure adequate resources and a supportive infrastructure so that providers across the mixed delivery system can deepen their expertise in and prioritize the following areas:

- **Authentic Family Engagement, Partnership, and Communication:**
  - **Learn from families** about a child’s home experiences and family, cultural, and community contexts (e.g., home language, cultural norms) to help children navigate and bridge home and early childhood environments. This can be done through conversations such as family interviews.
  - **Integrate family context and build on the children’s strengths and needs** by incorporating the family’s cultural practices into the child care setting. This includes leveraging the child’s assets and individualizing the care, so it supports each child’s individual learning and development.
  - **Foster partnerships and build community** by offering numerous and continual opportunities for family involvement that fosters trust. This entails creating spaces for families to convene and share resources to support children’s learning.

- **Sense of Safety/Belonging and Loving and Nurturing Environment:**
  - **Proactive sharing of health and safety information with families**, such as licensing, background checks, CPR certifications, and other protocols. Ongoing communication about incidents that occurred during the day should be provided in multiple modalities (e.g., in-person and written materials).
  - **Sufficient staffing and intentional recruitment** to give every child the attention they need (e.g., additional assistants/aides, substitutes to allow for planning/professional development time, non-classroom staff such as coaches). It is important to implement diversity policies (e.g., hiring bilingual staff, self-assessment of culturally affirming practices) and incentivize providers of color to enter or remain in this field to keep the field’s rich diversity.
  - **Anti-racist/anti-bias training and curriculum** to create emotionally healthy environments and integrate anti-bias approaches, such as positive reinforcement practices as an alternative to exclusionary practices (e.g., suspensions and expulsions) that disproportionately impact children of color.
  - **Culturally and linguistically affirming practices** should be reflected in the child care environment (e.g., pictures, posters, or artwork) and integrated into activities that foster their racial, ethnic, and cultural identity. Evidence-based curriculum and plans will create environments where children’s home languages are seen and supported, alongside English language development.
Responsive Interactions and Instruction:

- **Culturally and linguistically affirming practices**: See above.
- **Routine developmental screenings** which are crucial for early identification and intervention. Providers should partner with families to engage in routine developmental screenings that are appropriate for the age, culture, and language of the child, and that cover multiple developmental domains. Providers, and those supporting them, should be made aware of approaches to address inequities, such as the over or underidentification of children of color.
- **Trauma-informed care and instruction** to support children who have experienced trauma or toxic stress. Providers need compensated time for healing-centered engagement and connection to systems of support to provide guidance, resources, and referrals for families. It is also important for providers to have access to mental health professionals to support them as they continue to care for children.
- **Play-based, developmentally appropriate learning, including in outdoor spaces**, must be encouraged through incentive grants. Providers need resources to create outdoor spaces for children, and the process for providers to secure the resources should be easy for them to navigate.

Program Structure that Support Families’ Needs:

- **Flexible and extended hours/continuity of care** to meet parents’ year-round needs with variable hours (e.g., early mornings, evenings, late nights). Hours and locations of care should be aligned with the schedules and commutes of low-income families, including shift and seasonal work.
- **Support for families’ basic needs** such as transportation (e.g., between child care settings, and solutions for families in rural and tribal communities or or child care deserts), nutritious meals/snacks, and settings that support potty training.
- **Programmatic supports and resources for specific children**, such as DLLs and children with disabilities, who may require additional staffing, training, and resources to adequately meet their needs and build on their strengths.
- **Expanded eligibility requirements and streamlined enrollment processes** should support access to more affordable ELC and remove unnecessary barriers (e.g., easy, non-intrusive forms and multiple methods of enrollment). Information should emphasize that enrollment does not require sharing of citizenship status, immigration status, or work status of family members. Parents and families deserve to be treated with dignity and respect as they go through the process of sharing their information across multiple systems, and need access to culturally and linguistically competent staff.
- **Facilities expansion for ELC, with prioritization for historically underserved communities** such as rural and tribal communities, child care deserts, and other communities that experience systemic barriers to accessing child care. Expansion of facilities should strengthen the mixed delivery system.

Whole Child, Whole Family Support:

- **Wraparound support services with staff trained on trauma-informed approaches** that include critically-needed health services, early intervention, screenings and developmental assessments, home visiting, child welfare, social services, and legal services. This can be provided through promotoras via community health worker programs or Whole Family Wellness Hubs.
- **Support for building parent communities** that connect parents with similar attributes (e.g., age, language, or culture) to build a support system where they can share resources, help navigate challenges, and provide emotional support.
Conclusion

The California rate reform and quality initiative provides an important moment to take a deeper look at the root causes of how the Early Learning and Care field has come to be immensely undervalued and underresourced. It has shined a bright light on the historic and lingering systemic racism and sexism that have plagued this field, elevated the needs of children, families, and the child care providers that serve them, and created space for policy discourse that can lead to the transformation needed in this field.

As the state continues the California rate reform and quality process, it is imperative that decisions about rate reform, quality structures, and policies are designed for California’s diverse children to thrive; redress systemic racial and economic inequities; build authentic partnerships with families as the foundation for quality; and utilize a whole child equity approach to support the holistic needs of children and families.

The rich findings from the parent focus groups and survey that informs the California Rate Reform and Quality Workgroup recommendations highlight critical perspectives and lived experiences of families that the Early Learning and Care system aims to serve. This report uplifts the voices of Black, Latinx, Pacific Islander, South Asian, and Indigenous/Native American families, including those from rural, low-income, farmworker, immigrant, and refugee communities.

To ensure that the rate structure and quality standards are anchored in equity for families and their child care providers, the following elements must be factored into the base rate and adequately resourced:

- **authentic family engagement, partnership, and communication** where providers can learn from families, integrate family context, and foster partnerships;
- **sense of safety/belonging and a loving and nurturing environment** that ensures health and safety, and culturally and linguistically affirming practices;
• **responsive interactions and instruction** that support individualized care and instruction, prioritize socio-emotional development, are play-based and developmentally appropriate, and provide consistency, continuity, and structure for children;

• **program structures** and processes to support the whole child and whole family.

Ensuring that these factors are fully supported for all providers across the mixed delivery system will set a strong foundation for all children to thrive through the K-12 system and beyond.

This body of research intentionally sought the voices of families of color, especially those that have been traditionally underrepresented and historically underserved, to provide an opportunity for these voices to help shape the policy-making that directly impacts their lives and livelihoods. To ensure equity, the state must continue to intentionally include the voices of such families throughout the process of elevating recommendations to the Governor and Legislature, and as the rate structure is implemented and conversation on access to quality programs continue. Moreover, this process provides a tangible and replicable example of authentically engaging families in state policy discussions. It is imperative that the state continue to build opportunities for families to inform policy decisions that directly impact them by engaging these families through mutually respectful, culturally and linguistically responsive, and accessible engagement. This engagement and dialogue provide the important nuances that strengthen policy and provide critical information to state leaders to ensure our public systems are serving California’s families and supporting our children to thrive.
Endnotes

1 In this report, the terms child care providers and early educators are used interchangeably.


4 In this report, the terms child care workforce and early learning and care workforce are used interchangeably.


11 Targeted universalism requires setting universal goals pursued by targeted processes to achieve those goals. Universal goals are established for all groups concerned, but the strategies to achieve those goals are targeted and based upon how different groups are situated in structures, cultures, and across geographies. See https://belonging.berkeley.edu/targeted-universalism
Very few states set rates at the recommended percentile of the current market rate, decreasing the value of the voucher even further.

The following partners supported with focus group questions development: Child Care Resource Center, Parent Academy, InnerCity Struggle, UC Berkeley, Child Care Alliance of Los Angeles, Promesa Boyle Heights, and Crystal Stairs. The focus group questions around the different components of quality were built on elements also uplifted in the Pandemic Experiences, Persistent Challenges, and Workforce Needs of Los Angeles County Early Care and Education Professionals survey. Evidence Brief – Ideal Learning Environments for Young Children by the Trust for Learning along with an extensive literature review of documents on quality in early care and education.; Elsa Jacobsen et al., Pandemic Experiences, Persistent Challenges, and Workforce Needs of Los Angeles County Early Care and Education Professionals, (First 5 LA, Child360, and Early Edge California, 2022), https://child360.org/wp-content/uploads/2022/04/ECE_Policy_Report_2022_Final.pdf.; “Evidence Brief – Ideal Learning Environments for Young Children,” Trust for Learning, 2022, https://trustforlearning.org/evidence-brief.

The term “baby” is inclusive of all children in this report.


 Indices such as The Child Opportunity Index (COI), COVID Index, Healthy Places Index (HPI), Human Development Index, Social Vulnerability Index, Strong Start Index were reviewed.

The term “baby” is inclusive of all children in this report.


38 Trust for Learning, “Evidence Brief.”


43 Ramos Harris and Doh, Building Quality Improvement.


48 Blue Ribbon Commission, Final Report, 81.; Gillispie, Young Learners.


52 Gillispie, Young Learners.


Tennessee Department of Education, Quality Matters.

Tennessee Department of Education, Quality Matters.; "The Benefits of Play-Based Education," Kimberton Waldorf School, updated January 31, 2019, https://www.kimberton.org/play-based-education/#.---text=Play%20can%20provide%20children%20with%20primary%20school%20and%20beyond. "Because children are naturally motivated to play, intentionally using this approach allows children to explore, experiment, discover and solve problems in imaginative and playful ways. The teacher can encourage children's learning and inquiry through interactions that aim to stretch their thinking to higher levels. Teachers can take an active role in guiding children's interactions in the play. This ultimately allows children to be supported in developing social skills such as cooperation, sharing and responding to ideas, negotiating, and resolving conflicts.”


Blue Ribbon Commission, Final Report.

68 Tennessee Department of Education, Quality Matters.


73 Gould and Blair, Who’s Paying Now?.

74 Workman and Ullrich, Quality 101.


81 DiMatteo and California Child Care Resource & Referral Network Research Department, Nontraditional Hours.


86 Shonkoff, Slopen, and Williams, “Early Childhood Adversity,” 115-134.


Devika Bhushan et al., “Roadmap for Resilience.” For instance, one randomized control study found that “high-quality nurturant caregiving showed normalization of the developmental trajectory in white matter structures.”

Gillispie, Young Learners.

“Promotores or Promotoras de Salud is a Spanish term used to describe trusted individuals who empower their peers through education and connections to health and social resources in Spanish speaking communities.” “Promotores or Promotoras de Salud,” Our Initiatives, MHP Salud, last modified 2022, https://mhp.salud.org/our-chw-initiatives/promotoras-de-salud/.
