

Early Childhood Policy Council Annual Report

2023

Table of Contents

Introduction	2
Background	4
2023 Standing Meeting Topics	6
2023 In-Depth Discussion Topics	6
March 30, 2023	7
Progress on the Master Plan for Early Learning and Care	7
June 20, 2023 Addressing the Unique Needs of California’s Diverse Infants and Toddlers	11
An Overview of California’s Infants and Toddlers	12
Need for and Supply of Child Care	15
Effects of Trauma and Racism on Children	18
Mental Health of Infants and Toddlers	19
Reducing Racial Disparities in Infant and Maternal Health.....	23
Open Comment Period	25
September 19, 2023	26
Supporting Young Multilingual Learners and their Families	26
The Importance of Culturally and Linguistically Affirming Care and Learning	26
State Policies that Support California’s Young Multilingual Learners	32
Lived Experiences from Tribal, Early Educator, and Parent Perspectives	35
Policy Recommendations that Support Multilingual Learning.....	38
December 21, 2023	41
Advising on State Budget Investments	41
Revisiting the Year and Looking to the Future	43



Introduction

Completing its fourth year of work in 2023, the Early Childhood Policy Council (the Council) and its Parent and Workforce Advisory Committees continued to elevate the needs and voices of California’s youngest residents, their families, and the providers who care for them.

The Council focused on supporting and improving the early learning and care (ELC) system in California amidst an impending budget shortfall for Fiscal Year 2023–24. Despite that deficit, Governor Gavin Newsom and the California Legislature enacted a state budget with historic investments in ELC. The Council celebrates these investments, which include the following:

- Allocating \$1.4 billion over two years to supplement reimbursement for all subsidized child care providers, remain consistent with bargaining negotiations.
- Establishing a new family fee structure, effective October 1, 2023, that ensures fees do not exceed one percent of a family’s monthly income and eliminates fees for families whose adjusted monthly income is below 75 percent of the state median family income.
- Providing temporary rate increases to child care providers.
- Authorizing the California Department of Social Services to develop an alternative methodology to determine the true cost of care, allowing California to implement a more equitable reimbursement rate for state-subsidized child care providers.

2023 Early Childhood Policy Council Annual Report

- Mitigating the shortage of qualified bilingual teachers by providing grant funding to support bilingual teachers to receive their authorization to teach in bilingual classrooms.
- Continuing the commitment to make preschool free for all four-year-olds by funding the expansion of Transitional Kindergarten.

Prioritizing the use of state dollars in these ways underscores California's firm commitment to its youngest learners and the adults who support them.

Within this context, the Council convened quarterly in 2023 to advise the Governor, Legislature, and California Department of Social Services on ELC policy. Council meetings were held on March 30, June 20, September 19, and December 21. The Council's two advisory committees—the Parent Advisory Committee and Workforce Advisory Committee—also convened to give voice to these two essential constituency groups. The advisory committees met jointly on August 29 and November 16.

All Council meetings were well attended, with an average of 700 members of the public registered for each meeting. Meeting summaries and materials can be found on the [Early Childhood Policy Council web page](#).

Background

The Council was established in law under the Child Care and Development Services Act ([California Welfare and Institutions Code Section 10320](#)) to advise the Governor, Legislature, and the California Department of Social Services (CDSS) on statewide ELC policy, including the planning for and the implementation and evaluation of the state's Master Plan for Early Learning and Care (Master Plan) and the 2019 California Assembly Blue Ribbon Commission on Early Childhood Education Final Report. Specifically, the Council's role consists of the following duties:

- Advise the Governor and perform activities required pursuant to Title 42, Section 9837b of the United States Code.
- Prepare a formal public annual report on the work of the Council.
- Provide specific recommendations directly to the Governor, Legislature, and CDSS on all aspects of the state's ELC system, including the following topics:
 - Equity, with consideration for demographic, geographic, and economic diversity, and a focus on family-centered, two-generation approaches.
 - Opportunities to incorporate a support model of accountability, as opposed to a compliance model, into the state's ELC system.
 - Ways the Master Plan and the 2019 California Assembly Blue Ribbon Commission on Early Childhood Education Final Report can be updated and improved.

The Council is a 27-member body, with members appointed as follows:

- Fourteen members appointed by the Governor, including those required pursuant to Title 42, Section 9837b of the United States Code. One of the Governor's appointees is chair of the Council.
- Four members appointed by the Speaker of the Assembly.
- Four members appointed by the Senate Committee on Rules.
- One member appointed by the Superintendent of Public Instruction.
- Two members of the Workforce Advisory Committee, appointed by that committee.

- Two members of the Parent Advisory Committee, appointed by that committee.

The members of the Council serve three-year terms, and no member may serve more than two terms, or six years. Members of the Council include interest holders and representatives of the comprehensive child care system who reflect the geographic, ethnic, racial, and linguistic diversity of the state, including those communities separated from opportunity due to poverty, bias, isolation, disability, and other factors.

2023 Standing Meeting Topics

The Council addressed four standing agenda items at each meeting of 2023:

- Voices from the Field: At the start of each meeting, the Council invited members to elevate the voices and lived experiences of parents and ELC providers.
- Child Care Transition Quarterly Report: CDSS reported on progress related to the transition of child care programs from the California Department of Education (CDE) to CDSS.
- CDE Updates: The CDE apprised Council members of program and policy developments related to early childhood care and education.
- Advisory Committee Briefings: Chairs of the Parent Advisory Committee and Workforce Advisory Committee summarized the recent committee meetings and shared their reflections on the discussions.

2023 In-Depth Discussion Topics

Council members, with input from attending members of the public, selected four topics for in-depth discussions:

- Tracking Progress of the Master Plan for Early Learning and Care
- Addressing the Unique Needs of California's Diverse Infants and Toddlers
- Supporting Young Multilingual Learners and their Families
- Advising on State Budget Investments

Detailed summaries of these discussions are provided below.

March 30, 2023

Progress on the Master Plan for Early Learning and Care

Council Chairperson Kim Johnson delivered an assessment of the state’s progress in implementing the [Master Plan for Early Learning and Care](#). Published in December 2020, the Master Plan was developed with contributions from the Council. The effort was driven by a desire for quality, equity, social justice, improved life outcomes for all young children, and the social and economic well-being of families. The four overarching goals of the Master Plan are based on recommendations made by the Assembly Blue Ribbon Commission on Early Childhood Education, the Lifting Children Out of Poverty Taskforce, Transforming the Workforce for Children Birth Through Age 8 Rate Reform Workgroup, and many other voices.

Chairperson Johnson shared a summary of progress to date, organized by Master Plan goal and related strategies (Table 1).



Table 1. Master Plan Goals and Strategies Progress as of March 2023

Goals	Strategies	Progress
<p>Goal 1: Programs</p> <p>Unify and strengthen programs and services to support children’s learning and development.</p>	<ul style="list-style-type: none"> ▪ Infant and Toddler Care ▪ Universal Preschool ▪ Paid Family Leave ▪ Equitable Treatment of Children 	<p>Fiscal Years 20–21, 21–22, and 22–23</p> <ul style="list-style-type: none"> ▪ Paid Family Leave extended to Californians who work for an employer with five or more employees. ▪ More than doubled slots for subsidized child care and development programs. ▪ Universal Preschool <ul style="list-style-type: none"> ○ FY 21–22 Budget: establish Universal Transitional Kindergarten in 2022–23, with full implementation by 2025–26. ▪ Equitable Treatment of Children <ul style="list-style-type: none"> ○ Assembly Bill (AB) 321: added dual language learners into the second priority for child care and development programs. ○ AB 210: Aligns the term and definition of dual language learning across child care and development programs. ○ AB 2806: Requires contractors to reduce the suspension and expulsion of children. ○ FY 22–23: \$250 million one-time investment in the Early Education Expansion Program which funds infrastructure for inclusive preschool settings.
<p>Goal 2: Workforce</p> <p>Support children’s learning and development by enhancing educator competence, incentivizing, and funding career pathways, and implementing supportive program standards.</p>	<ul style="list-style-type: none"> ▪ Workforce Competency ▪ Career Pathways ▪ Program Standards 	<p>FYs 21–22 and 22–23</p> <ul style="list-style-type: none"> ▪ Workforce Competency <ul style="list-style-type: none"> ○ \$40 million Joint Child Care Providers United/State of California Training Partnership Fund. ○ \$25 million for the Child Care Initiative Project to help providers acquire a license and start a family child care home. ○ \$10.6 million for the California Infant and Early Childhood Mental Health Consultation Network to expand services to underserved home-based

		<p>providers. (American Recovery Plan Act [ARPA] funded).</p> <ul style="list-style-type: none"> ○ \$100 million for local education agencies to train and increase the supply of Transitional Kindergarten educators. ○ Commission on Teacher Credentialing authorized to issue a one-year emergency specialist teaching permit for Transitional Kindergarten. ○ Quality Counts California Equity Project (Preschool Development Grant [PDG] funded). ○ The Office of Surgeon General published a module on trauma-informed care (PDG funded). ○ Workforce Development Pathways for Tribal child care providers (PDG funded). ○ Online modules for center- and home-based providers (PDG funded).
<p>Goal 3: Funding</p> <p>Unify funding to advance equity and opportunity.</p>	<ul style="list-style-type: none"> ▪ Sliding Scale Fee ▪ Reimbursement Rate 	<p>FYs 21–22 and 22–23</p> <ul style="list-style-type: none"> ▪ Rate and Quality Reform ▪ Rate Increases <ul style="list-style-type: none"> ○ 75th percentile of the 2018 Regional Market Rate survey for licensed child care providers. ○ 70% of family child care home rate for license-exempt, family, friend, and neighbor child care providers. ○ Direct service contractors reimbursed at the Regional Market Rate in counties where it exceeds the Standard Reimbursement Rate. ▪ Supplemental Rate Payments and Stipends <ul style="list-style-type: none"> ○ \$291 million in reimbursement rate supplements for family child care providers. ○ \$65 million in reimbursement rate supplements for direct-service, center-based programs. ○ \$43.4 million in reimbursement rate supplements for licensed centers accepting subsidy vouchers.

		<ul style="list-style-type: none"> ○ \$600 per-child stipends and \$1442 per-child stipends for providers serving children receiving subsidies.
<p>Goal 4: Administration</p> <p>Streamline early childhood governance and administration to improve equity.</p>	<ul style="list-style-type: none"> ▪ Streamlined Eligibility ▪ Integrated Data System ▪ Data Use ▪ Facilities ▪ Shared Services Networks 	<ul style="list-style-type: none"> ▪ Governance and Administration <ul style="list-style-type: none"> ○ Child Care and Development and Nutrition transition from the CDE to CDSS. ○ Direct deposit payment option. ○ \$4.8 million to develop Brilliant Beginnings. (ARPA funded) ▪ Streamlined Eligibility <ul style="list-style-type: none"> ○ SB 1047 expanded eligibility for subsidized child care and development programs to families who have a family member who is eligible for means-tested benefit programs. ▪ Facilities <ul style="list-style-type: none"> ○ \$350.5 million towards the Child Care and Development Infrastructure Grant Program. ○ \$300 million in one-time funding for Local Education Preschool Planning and Implementation Grants. ○ \$250 million one-time investment in the Early Education Expansion Program, which funds infrastructure for inclusive preschool settings.

Chairperson Johnson invited Council members to share additional strides communities have made that advance the Master Plan and its goals for children and their support networks. Council members added the following:

- Ongoing advocacy from both CDE and CDSS that put a focus on special needs inclusion and dual language learners (DLLs), two major subgroups in the educational system.
- Convenings of a diverse group of interest holders over the last few years, including the Master Plan and Blue Ribbon Commission.
- Legislation passed for DLLs, including tracking and supports, marking an important win for California.

- Improved discussions and shared ideas, facilitated by the development of the Master Plan, about quality and the desire for universal preschool in California.
- Opportunities for family child care providers to organize and unionize.

Chairperson Johnson invited Council input on additional priority focus areas for the Master Plan. Council members raised the following areas for more focus:

- Understanding the impact of Universal Transitional Kindergarten on the child care workforce and enrollment.
- Continuing conversations about the needs of home-based providers, including extending reimbursement flexibility and continuing hold harmless funding.

June 20, 2023

Addressing the Unique Needs of California's Diverse Infants and Toddlers

Council member Kim Pattillo Brownson moderated a panel about the unique needs of California's diverse infants and toddlers, underscoring the importance of ensuring the youngest Californians have a healthy and supported start to life.

The following panelists participated in the discussion:

- Stacy Lee, Chief Learning Officer and Senior Managing Director of Early Childhood, Children Now
- Chana Wynne-Swan, Assistant Program Administrator, CDSS Community Child Care Licensing Division
- Lisa Wilson, Director of Equity and Outreach, ZERO TO THREE
- Jennifer Miller, Director of the California Infant and Early Childhood Mental Health Consultation (IECMHC) Network, WestEd
- Niambi Lewis, Chief, Perinatal Section, California Department of Public Health (CDPH) Black Infant Health Program

Chairperson Johnson introduced the panel by acknowledging the central focus of equity in the discussion and highlighted and appreciated CDPH's Black Infant Health program. Chairperson Johnson recognized the recent death of three-time Olympian Tori Bowie as just one example of continued disparities in maternal health care outcomes that disproportionately affect the Black community. Affirming CDSS' healing-informed approach to its systems and services, Chairperson Johnson pointed out major CDSS

investments, including \$8 million in interactive training modules to support trauma-informed care and \$14 million for infant and early childhood mental health consultation, providing services, coaching, and support to the workforce.

An Overview of California's Infants and Toddlers

Stacy Lee, of Children Now, provided an overview of California's infant and toddler population—who they are, what is known about their well-being, and the challenges they are facing.

Lee enumerated characteristics of the State's child population including infants and toddlers:

- California has over 8.8 million children, and that population is extraordinarily diverse.
- 70 percent of the state's children are identified as children of color.
- 5.4 million people are enrolled in Medi-Cal, and the State's health systems are involved in making sure that children are healthy and well-supported from the very start.
- Over 60 percent of children are enrolled in Medi-Cal.
- Over 50 percent of births happen under Medi-Cal.
- 37 percent of children are in families with low incomes.
- There are more than one million English learners in K–12 schools.
- 60,000 children in California are in foster care.
- 47 percent of children are in immigrant families.
- 420,000 births occurred in California to date in 2023, compared to an average of 600,000 at the same time in past years. This is the continuation of an ongoing downward trend.
- The population of infants and toddlers in the state (birth through age two) is 1.25 million, greater than the total population of nine other states.

Lee asserted that more work is needed at the state level to collect data about how infants and toddlers are doing and how pregnant people fare before, during, and after their pregnancy.

Lee reviewed data available via the most recent CDPH Maternal Infant Health Assessment data snapshot, covering 2016–2018:

- 82 percent of 15- to 19-year-olds who are pregnant, or parenting participated in WIC (Special Supplemental Nutrition Program for Women, Infants, and Children). Young parents need a lot of support like that provided by WIC.
- 27 percent of 15- to 19-year-olds who are pregnant experience prenatal depressive symptoms. This highlights the need for mental health support for young people who are pregnant.
- 7 percent of 15- to 19-year-olds who were pregnant were also experiencing homelessness or housing instability. This is double the average rate for all pregnant people, which means housing efforts should be considered.
- 11.2 percent of those pregnant at age 35 or older had a higher use of alcohol in the third trimester. Alcohol can have health impacts for the fetus during pregnancy and is especially dangerous because of its addictive potential and easy availability.

Additional data sets from the Maternal and Infant Health Assessment are available on the [California Department of Public Health website](#).

Lee shared a data source tool called the [California County Scorecard](#) (Scorecard) developed by Children Now, which contains over 30 indicators of child well-being. Most data sets are available at the county level, with rankings assigned to each county. The data is also broken out by race. However, Lee noted that specific communities—particularly Native American, Asian, and those who have or had refugee status—are so diverse that outcomes may be missed when combined in larger racial categories. Lee demonstrated how to navigate the Scorecard, noting that both statewide and county-specific data is available to download.

Lee highlighted Scorecard indicators relevant for infants and toddlers:

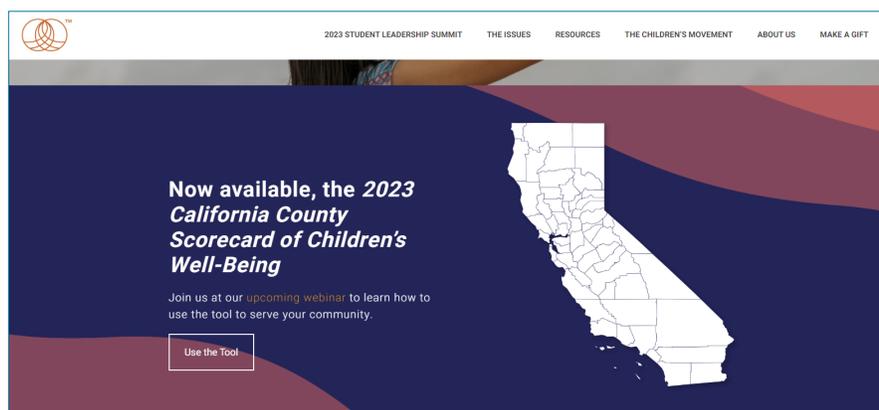
- Percentage of newborns who are not born at low birth weight.
 - Birth weight is an important indicator for child health, and lower weights are linked to higher risk of infant mortality or chronic health conditions. This is an area of concern due to racial disparities, particularly for Black newborns.
- Percentage of children within the Medi-Cal system who were screened for lead by their second birthday.

- Exposure to lead can affect brain development, and no amount of lead is safe for children. Currently screening rates are highest among Asian and Latino communities.
- Percentage of children in families with low incomes who have visited a dentist in the last year.
 - Dental care is a covered benefit for children in Medi-Cal, but among families with low incomes, only 34 percent of children aged birth to five had visited dentists. Dental health has impacts for overall health, so it is very important to have children seen by dentists as early as possible. While there are racial disparities, this indicator is low for all communities.

Lee pointed out the importance of looking at California in comparison to other states to see what has been successful and where there is room for improvement, including recommending these additional infant and toddler data sources:

- [Kidsdata.org](https://kidsdata.org) provides high-level data on different populations geographically, by issue, or by age.
- [The Strong Start Index](#), maintained by the First 5 Center for Children’s Policy, uses information collected at birth from every child in the state.
- The National Institute of Early Education Research’s [State of Preschool Yearbooks](#) provide annual state-by-state data on preschool enrollment and funding.
- ZERO TO THREE’s [State of Babies](#) shares state-level data on children ages birth to three.
- The National Center for Children in Poverty provides [Early Childhood State Profiles](#) that highlight states’ two-generation policy choices.

Figure 1. Childrennow.org website screen capture



Need for and Supply of Child Care

Chana Wynne-Swan, of the Community Care Licensing Division at CDSS, described licensing as the foundation for an equitable, high-quality early learning and care system. The Child Care Licensing Program's mission is to provide preventive, protective, and quality services to children. The program monitors child care facilities, provides technical assistance, and establishes partnerships with providers, parents, and the child care community to ensure licensees meet established health and safety standards.

The CDSS has made a concerted effort to provide tools to help families connect with a variety of child care options in California. The CDSS partnered with the Child Care Resource and Referral Network to develop [MyChildCarePlan.org](https://www.mychildcareplan.org). Building on decades of work by Resource & Referral (R&R) agencies, MyChildCarePlan.org is designed to provide California's families with the information they need to find child care that meets their unique needs and enable providers to easily promote their services to families.

Licensed child care providers anywhere in California can claim their profile on the website. Providers can update their information by contacting their local R&R.

Wynne-Swan provided a breakdown of the state's current licensed providers and their capacity, as of April 2023:

- Child care licensees: 40,572
 - Capacity: 1,067,917

2023 Early Childhood Policy Council Annual Report

- Licensed family child care homes (FCCHs): 26,085
 - Capacity: 280,140
- Licensed infant centers: 2,354
 - Capacity: 56,576
- Licensed child care centers: 10,138
 - Capacity: 676,000

While there had been a decrease in number of licensed centers and homes even before the COVID pandemic, there was a 5 percent increase in centers and licensed family child care homes serving infants from 2022 to 2023.

Wynne-Swan also identified two patterns in licensed capacity trends that emerged during the pandemic:

- A decrease in the number of small family child care homes occurred because providers increased their capacity and transitioned to large family child care homes.
- A geographical cluster of rural counties in Northern and Eastern California experienced the greatest overall percentage loss of child care capacity.

The Child Care Licensing Program instituted three key efforts to help support programs:

- Temporarily permitted licensees to increase their capacity and approve emergency placements to help meet community needs through a temporary waiver of regulatory requirements, also known as the Popup Waiver Program. As of March 10, 2023, more than 50 previously unlicensed child care facilities completed licensure under the program, adding almost 2,500 licensed program slots. Additionally, over 200 licensed child care facilities added nearly 1,800 new slots in their programs.
- Issued over \$150 million in licensing stabilization and incentive stipends for licensed child care providers, understanding the infant and toddler age group as the most vulnerable served.
- Partnered with the California Child Care Resource and Referral Network and local R&R partners to distribute tens of millions of COVID-19 personal protective equipment items and at-home test kits. This was made possible because of the statewide and local relationships within the child care infrastructure.

Wynne-Swan thanked R&R staff who worked additional hours mailing and delivering kits and holding off-hour events to help child care providers access resources, as well as the child care programs that stayed open and worked diligently to keep children and families safe.

Child Care Program Mission Statement

The core mission of the California Department of Social Services' Community Care Licensing, Child Care Licensing Program (CCP) is to ensure the health and safety of children in care and to improve the quality of their care through regulation and consultation. The CCP strives to provide preventive, protective, and quality services to children in care by ensuring that licensed facilities meet established health and safety standards through monitoring facilities, providing technical assistance, enforcing licensing requirements, and establishing partnerships with providers, parents, and the child care community. A child's physical and emotional well-being are foundational to a quality early learning and child care system.

The Child Care Licensing Program promotes healthy development and relationships and leverages evidence-based practices that protect children's health and safety while in care. One practice area the program focuses on is safe sleep requirements. Collaboratively developed with partners and aligned with the American Academy of Pediatrics Recommendations for Preventive Pediatric Healthcare, the safe sleep requirements for both family child care homes and child care centers include an individual sleeping plan for infants up to 12 months of age. This encourages open communication about safe sleep standards between parents and caregivers. The CCLD website also provides [resources and FAQs on safe sleep-in child care](#).

Wynne-Swan stated that part of the Child Care Licensing Program's role is to provide technical assistance to licensees whenever possible. Wynne-Swan encouraged providers to reach out to their Licensed Program Analyst or local regional manager with questions and suggestions.



Effects of Trauma and Racism on Children

Lisa Wilson of ZERO TO THREE described the organization as a national, research-based advocacy organization committed to the collective and collaborative movement towards supporting infants and toddlers. It is a resource to parents, professionals, policymakers, and the workforce. ZERO TO THREE advocates at the federal level in policy areas affecting millions of babies, young children, families, and providers, and calls for change in larger systems. ZERO TO THREE works with federal, state, and local policymakers; Tribes; and US territories to make an impact for babies everywhere. Examples of its efforts include (1) [Think Babies](#), a campaign that prioritizes infant brain health and development across key policy areas and (2) [Safe Babies](#), a wraparound program using a transformative approach to child welfare to support children and families, including those in California. Infant and early childhood mental health is a thread across the organization's work and issue areas.

Wilson addressed the significance of applying an equity lens to child care spaces to achieve "just early childhood development." Wilson affirmed ZERO TO THREE's commitment to acknowledging the traumatic effects of racism on children and families and factoring in social conditions that impact children when they are born. In recent years, ZERO TO THREE has increasingly focused on children of color, recognizing the lasting impacts that intergenerational trauma and lived experiences have on babies' development and growth.

Wilson explained that Nadine Burke Harris, former Surgeon General of California, produced work that brought adverse childhood experiences (ACEs) to the surface. Research has shown that many ACEs are linked to institutionalized and structural racism. One example can be seen in research by the University of California, Berkeley's Othering & Belonging Institute on the impacts of redlining—federal policies that pushed people of color out of home ownership and into under-resourced neighborhoods, which remain under-resourced to this day. Over-policing is another example of institutionalized and structural racism contributing to ACEs.

Wilson explained that “racism is that groundwater of America. So, it's something that's in our system, and it's going to take a lot of time to undo the effects of it. Because back in the day, during enslavement, people that took care of children were the Black women, were the Brown women. And they weren't paid. So, the roots to racism in child care and providing child care goes all the way back to slavery. We recognize that, too.”

Wilson outlined ZERO TO THREE's racial equity work. [HealthySteps](#) is a dynamic program providing early childhood development support to families in pediatric primary care offices and Safe Babies is working to transform child welfare. As the Director of Equity and Outreach of ZERO TO THREE's National Center on Early Childhood Development and Teaching and Learning, Wilson oversees a program called [Supporting the School Readiness and Success of Young African American Boys](#). The Center has partnered with Never Whisper Justice, the social justice film company that produced the documentary BLACK BOYS, to host screenings and panel discussions of the film across the United States. Attendees are invited to join a community of practice to understand the impacts of the over-expulsion and soft expulsion of African American boys in early childhood settings.

Additional resources on promoting racial equity in early childhood, including Walter Gilliam's work on school readiness and preschool expulsion, are available on the [ZERO TO THREE website](#).

Mental Health of Infants and Toddlers

Jennifer Miller, of the [IECMHC Network](#) at WestEd, spoke about how the mental health of infants and toddlers can be profoundly shaped by the mental health of the adults in their lives. Infant and early childhood mental health is an interdisciplinary field of study, research, and clinical practice supporting young children's social, emotional, and relational health and development. Supports span a continuum of promotion, preventive intervention, and treatment.

Miller expanded on the three continuum areas and where they intersect with the young child and the ecosystem of the child's providers or caregivers:

- Promotion: All people who work with young children and their families have opportunities to foster the social, emotional, and relational health of young children and families. As described in ACEs literature, these are positive childhood experiences that serve as buffers for supporting and promoting strong social, emotional, and relational health.
- Preventive intervention: This space may include more targeted interventions and support for children, families, and providers who may be vulnerable, experiencing toxic stress, or facing other environmental and social stressors.
- Treatment and intervention: This is more clinical intervention and services with official mental health diagnoses.

According to Miller, infants' and toddlers' experiences shape their social, emotional, and relational health during this developmental phase of their life by providing them with answers to the following questions:

- How do I get my needs met?
- How do I feel safe?
- How do I get a caregiver's attention?
- How do I explore the world?
- How do I express my feelings in a healthy way?
- How do I solve problems?

When adult caregivers are emotionally available, attuned, and responsive to children's needs and cues, they provide a safe base that allows children to explore and learn about their world, primarily through play. Ideally, there is a trusted, reliable adult in every child's life to provide comfort and help them make meaning of their experiences. This type of trust is fostered through consistency and predictability.

Infants, toddlers, and young children's social and emotional well-being is directly connected to relationships, attachments, and the security and safety they feel with their caregivers. This is the foundation for providing infant and early childhood mental health consultation.

Miller described consultation as "an indirect mental health service that's aimed at increasing equitable practices; social, emotional and relational awareness; and confidence and competence in caring for young children and their families." The IECMHC Network works specifically with early learning and care programs, child care

providers, and early education programs across the state of California, and consultation happens in a variety of early childhood contexts.

Based on the theory that change happens within the context of relationships, a consultation differs from some other professional learning opportunities like training and coaching. Young children's social and emotional development is occurring in the context of important adult caregiver relationships. Likewise, adult learning and change is best facilitated and fostered through the relationships providers and caregivers have with their consultants.

Miller provided an overview of foundational practices and principles of infant early childhood mental health consultation. The IECMHC model uses diversity-informed tenets and relationship practices that recognize caregivers as the experts of their own experience and the primary relationship they have with children and families. Miller reports provider and caregiver feedback most often mentions “the value of feeling seen and heard; having time to recognize and honor their own experiences, traditions, and practices; and being given the space and support to think about the power of those.”

Diversity-Informed Tenets

- History and experience shape assumptions and interactions.
- Mismatches and conflict between practitioner and family perspectives affect engagement.
- Our emotional state influences our ability to hold in mind another's perspective.
- Reflective practice is critical to integrating a diversity-informed approach.

Consultative Stance

- Consultant's 'way of being'
- Authentic partnerships
- Holding varied viewpoints
- Leaning into difficult topics
- Parallel process
- Consultant's 'way of being'
- Authentic partnerships
- Holding varied viewpoints
- Leaning into difficult topics
- Parallel process

Miller highlighted the significance of the relationship between the consultant and the consultee, referred to as the “consultative alliance.” There is a growing body of evidence on the efficacy of mental health consultation as a disruptor of bias and an evidence-based practice shown to increase caregivers' sense of their competence, agency over their work, and impact on children and families in their care, leading to

lower rates of staff turnover. Having a predictable, consistent caregiving relationship promotes and supports social, emotional, and relational health and brain development. Conversely, a high rate of turnover in programs both impacts the workforce and has direct repercussions on children.

Some findings around the provider–consultant relationship have emerged when the provider's concerns are around African American boys. For example, consultants with expertise in equity, diversity, and culture who match the provider's ethnicity and race, show a stronger alliance, and the provider reports a meaningful and effective consultation experience. The IECMHC Network is considering this finding in terms of composition of the Network and some statewide capacity building efforts.

The Network uses a tiered system of supportive services and has worked to increase the availability and accessibility of services in a way that meets providers where they are. Services include a helpline that offers providers an immediate touchpoint with a Network consultant or mental health specialist, monthly virtual drop-in sessions, an ongoing communities of support series, and mental health consultation services.

Table 3. Consultant Workforce Capacity by Race/Ethnicity

Race/Ethnicity	Number of Participants All Cohorts
Native American/Native Alaskan	5
African American	15
Asian	16
Hispanic or Latino	78
Mixed Heritage	2
Pacific Islander	1
Caucasian	55
Other	5

Table 4. Consultant Workforce Capacity by Language

Language	Number of Participants All Cohorts
English Only	82
Bilingual Spanish	65
Multilingual Other	13

Reducing Racial Disparities in Infant and Maternal Health

Niambi Lewis, of the Black Infant Health (BIH) program at CDPH, spoke about racial disparities in prenatal care access, birth weights, and infant and maternal mortality.

Lewis defined “health disparity” as the differences in health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, education or income, disability or functional impairment, geographic location, or any combination of any of these factors.

Lewis shared that the state has done a tremendous job of reducing health disparities at birth: “That includes maternal mortality, infant mortality, the preterm birth rates, and the infant mortality rates, but our disparities exist and persist. African American women are three to four times more likely to die from pregnancy related causes than are women of other racial or ethnic groups, and African American infants are nearly three times as likely to die than white infants and four times as likely as Asian infants before their first birthday.”

African American women are three to four times more likely to die from pregnancy-related causes than are women of other racial/ethnic groups.

African American infants are nearly three times as likely to die than White infants and four times as likely as Asian infants before their first birthday.

Reinforcing information shared by others, Lewis noted these disparities persist despite prenatal care or socioeconomic status, and they are rooted in structural racism and toxic stress. Lewis cited Joia Crear-Perry: “Race is not a risk factor in maternal health. Racism is.” The challenge is finding ways to eliminate racial disparities through social and policy changes that promote equitable access to healthy communities, economic resources, social support and, most importantly, opportunities to provide for babies.

The BIH program is working to improve health among Black women and babies, reduce the disparities in maternal and infant health, and empower women to make healthy choices for themselves and their families. The program works with Black women, 16 years of age or older, who are pregnant or up to six months postpartum at the time of enrollment. Women can enroll in a prenatal or postpartum group or enter one-on-one case management. Clients can switch between group and one-on-one services based on their needs. There is no income limit to participate. Anyone who self-identifies as a Black woman and is pregnant is welcome to join. Like many public health programs, BIH includes traditional health promotion topics like smoking cessation, nutrition education, and child safety, but the main focus is three programmatic pillars designed to mitigate the effects of racism: social support, stress reduction, and empowerment. The program fosters social support through the group model and focuses on empowering women to make better, healthier choices for their families and their communities. Additionally, BIH ensures Black birthing people are provided information about the other disparities that are more likely to impact them, such as hypertension, the risk of asthma, breastfeeding difficulties, and Sudden Infant Death Syndrome.

Clients are assessed at intake and receive support from a mental health professional to be connected to the right services. A public health nurse conducts prenatal and postpartum visits to act as a sounding board and provide support when clients may feel less empowered about issues they are having with their providers. The BIH aims to match hiring choices with client demographics. With difficult or sensitive conversations, this helps participants feel more willing to share, which makes it possible for them to be referred to appropriate services.

Table 5. Black Infant Health Program Pillars and Goals

Pillars	Goals
<ul style="list-style-type: none"> • Social Support • Stress Reduction • Empowerment 	<ul style="list-style-type: none"> • Promote social support and healthy relationships. • Develop effective stress reduction strategies. • Empower Black birthing people and build resiliency. • Promote health knowledge. • Promote healthy behaviors.

Open Comment Period

Pattillo Brownson invited comments and reflections, summarized as follows:

- Following through on permanent changes to reimbursement rates and the family fee schedule will be an important strategy to address structural oppression and racism.
- There is much to be done to ensure a stable child care workforce in order to provide the support families need, access to mental health consultation, and consistent caregiving with meaningful attachment.
- Investing in caregivers is a prevention service. All the supports discussed today enable parents to be successful in their parenting and enable children to thrive in school and in life.
- So much of brain development happens before a child turns three, so it is imperative for child care providers—who are mostly women of color—to have adequate compensation because they are nurturing the brains of our very youngest children and setting the stage for their future.
- Brain development of three- and four-year-olds raises the question of what standards should be expected in these settings. Standards and ratios of Transitional Kindergarten settings are concerning in this regard.

September 19, 2023

Supporting Young Multilingual Learners and their Families

In this meeting, Council member Carola Oliva-Olson, Vice President of Early Childhood Studies at EDvance College, moderated a panel on supporting young multilingual learners and their families. The panel included:

- Carolyne Crolotte, Director of Dual Language Learner Programs, Early Edge California
- JunHee Doh, Senior Manager of Early Childhood Policy, Catalyst California
- Sarah Neville-Morgan, Deputy Superintendent, CDE Opportunities for All Branch
- Stephen Propheter, Director, Early Education Division, CDE Opportunities for All Branch
- Ted Hernandez, Chairperson, Wiyot Tribe and Vice Chairperson, Tribal Child Care Association of California
- Nicole Baitx-Kennedy, Executive Director, Westminster School District Infant Toddler Spanish Dual Immersion Program
- Ana Herrera, Center-based Educator, Educare Head Start Santa Clara
- Ivania Hernandez, Parent Representative

Oliva-Olson provided a brief overview of what it means to be a multilingual learner (MLL). Children learning two or more languages are learning how to communicate, as well as building upon concepts and skills, in each language. MLLs and their families represent a variety of cultures, races, levels of ability, and linguistic backgrounds. MLLs include those who use nonverbal dialects, Tribal languages, and vernacular. Young MLLs have the right to a learning environment that values their cultural wealth, strengthens their linguistic capital, and leads to academic success. Oliva-Olson highlighted the value of the diverse panelists' voices and insights.

The Importance of Culturally and Linguistically Affirming Care and Learning

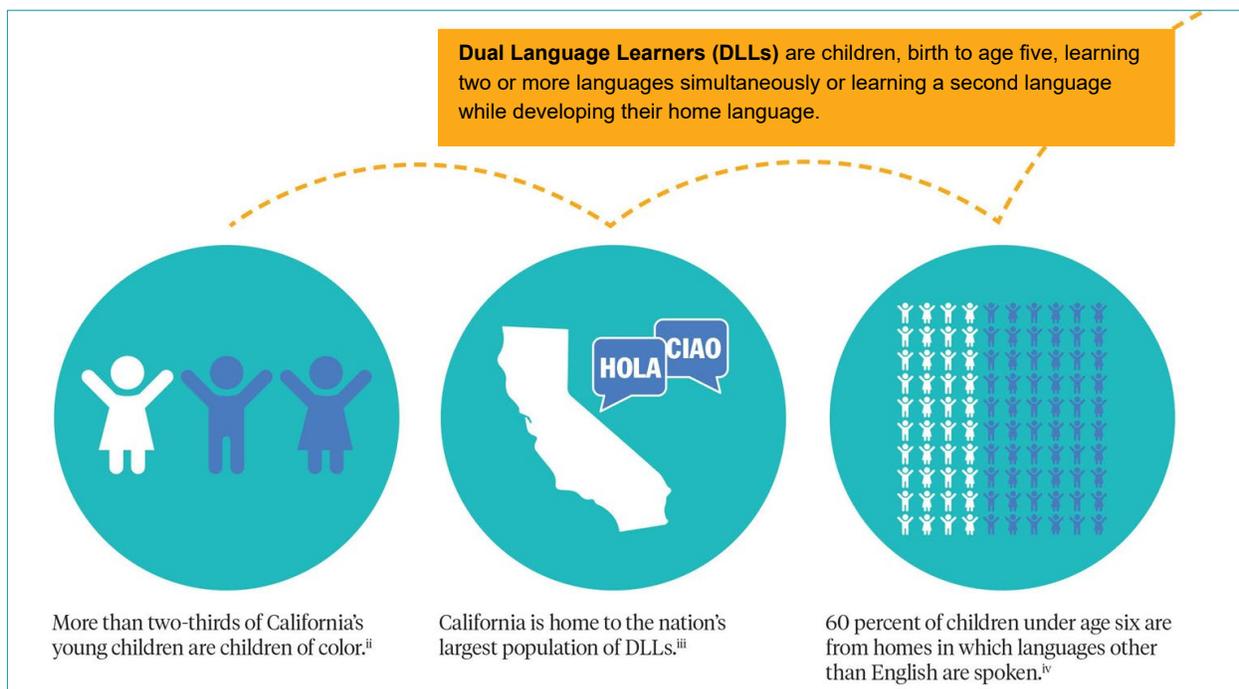
Carolyne Crolotte of Early Edge California and JunHee Doh of Catalyst California provided context about California's MLLs and why it is critical to provide culturally and linguistically affirming care and learning in the earliest years. They explained that California Education Code defines dual language learners (DLL) as children whose first

language is a language other than English or those who are developing in two or more languages, one of which may be English.

According to the latest census data, California is home to the nation's largest population of DLLs. Sixty percent of Californian children birth to age five are DLLs.

Until recently there was no consistent way of identifying DLLs in California's early learning programs. This made it difficult to have an accurate picture of the large and growing population of DLLs, and more importantly, to make informed decisions about allocating resources to support these children. The implementation of Assembly Bill (AB) 1363 makes California the first state to develop an assets-based process for identifying DLLs in state preschool programs.

Figure 2. Defining DLL children (birth to five) population in California¹



Doh described the importance of having an understanding of DLLs that is grounded in the lived experiences and priorities of families. Doh provided background on Catalyst

¹ Early Edge California. (2020). [The dual language learner policy platform: Informing California's early learning and care policies and investments in 2020–21 and beyond.](#)

California’s research project [Uplifting Family Voices: Family Engagement in California’s Rate & Quality Reform Initiative](#) (2022). Catalyst California partnered with over 20 community-based organizations across the state and, through a statewide survey and 14 focus groups, engaged with roughly 4,000 families of young children from historically underrepresented groups.

Figure 3. Uplifting family voices: Family engagement in California’s rate & quality reform initiative²

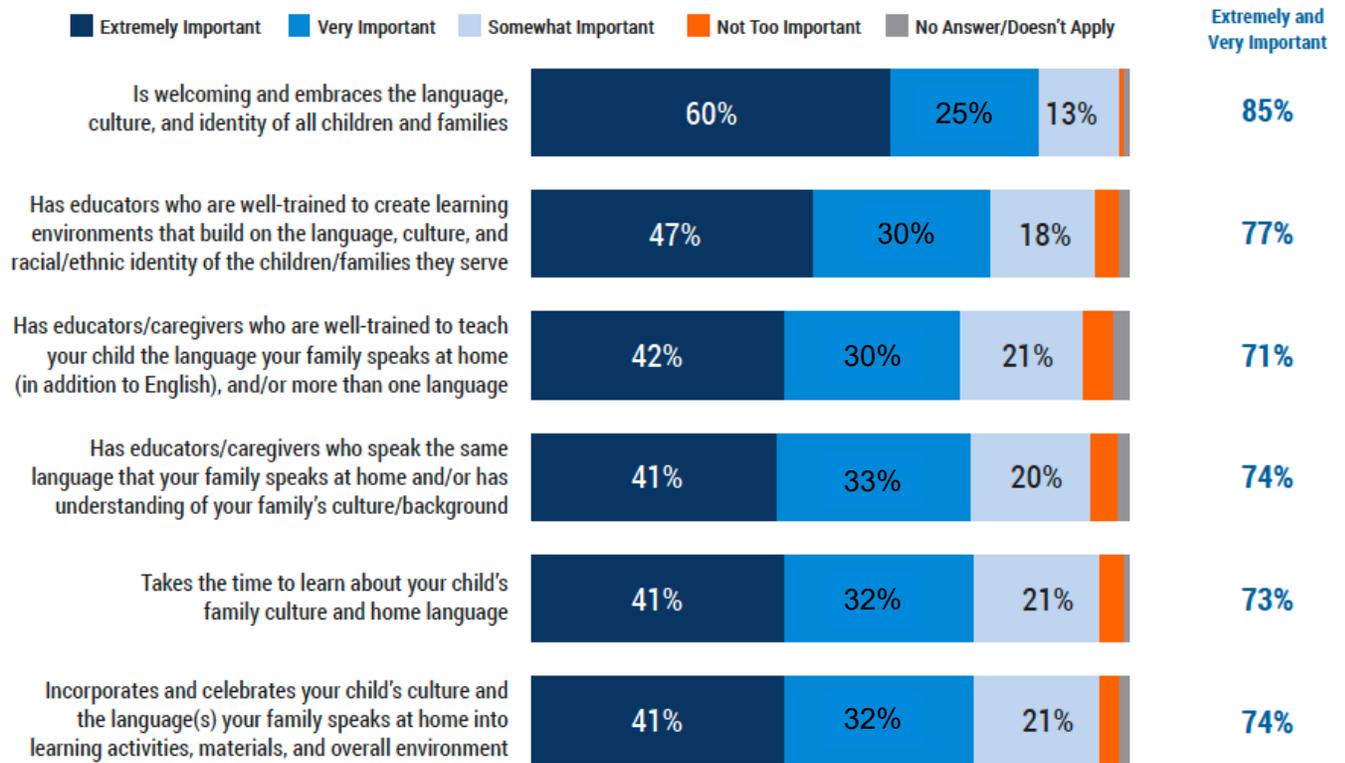


Results from this work showed the tremendous value families place on culturally and linguistically affirming early learning and care.

² Catalyst California. (2022).



Figure 4. Factors Families Found to be Extremely Important in Choosing Child Care (Culturally and Linguistically Affirming Practices)³



³ Catalyst California. (2022).

Family Voices

“It’s important for the children to speak more than one language [...] Also, their own mother tongue [...] if they learn English and their mother tongue, that will keep them to stay within their culture and learn more about other cultures and their identities too.” — Somali Parent

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.” — Latinx Parent

Crolotte noted that research around dual language development and supporting home language aligns with what families shared and requested. This is underscored in *Promoting the Educational Success of Children and Youth Learning English*, a 2017 report from the National Academies of Sciences, Engineering, and Medicine. The findings of this report provided multiple insights:

- Illumination of the importance of the first five years of life for brain development, including language development.
- Emphasis of the first three years of life as an even more critical period of growth that sets the foundation for children’s cognitive, social-emotional, and language development.
- Corroboration of the critical role that home language plays in English development. When children have a strong foundation in their home language, it makes it easier for them to learn English.

This research showed that DLLs who receive home language support are more likely to match or exceed the academic performance of their monolingual peers. They are also better able to maintain strong ties with their family and community as well as improve their social, behavioral, and emotional regulation. Conversely, children who

do not receive home language support face many challenges in academic achievement and completion and are at risk for language loss and family disconnection, which can be extremely detrimental.

“All the research, from birth to age 21, tell us that in order (for DLLs) to succeed in English, we have to support that first language. That is going to be the foundation upon which the second language will.”

Linda Espinosa,
National DLL Expert

Crolotte shared an [infographic from the U.S. Department of Education's Office of English Language Acquisition](#) that highlights the cognitive, educational, economic, and sociocultural benefits of supporting bilingualism throughout life.

Crolotte also highlighted a key takeaway from the September 2023 *Los Angeles Times* article [“Reading by 9: 3 reasons why language is your child's secret superpower,”](#) which states that children can only reap the many benefits of bilingualism when they continue to develop and maintain their home language as they are developing English. Finally, Crolotte offered a resource for additional information on home language support: the [Office of English Language Acquisition's Multilingual Learning Toolkit](#).

Figure 5. Multilingual Learning Toolkit (2024). Starter Guide⁴



State Policies that Support California’s Young Multilingual Learners

Sarah Neville-Morgan and Stephen Propheter, of the CDE, spoke about current state policies that support young DLLs. First, Neville-Morgan provided background on the [California English Learner Roadmap: Strengthening Comprehensive Educational Policies, Programs and Practices for English Learners \(Roadmap\)](#). The Roadmap was adopted by the State Board of Education in 2017 and establishes a coherent vision for the experiences and outcomes of MLLs, both DLLs and English learners. The Roadmap invites schools, districts, and early education programs to envision how MLLs will “fully and meaningfully access and participate in a 21st century education from early childhood through grade 12 that results in their attaining high levels of English proficiency, mastery of grade level standards, and opportunities to develop proficiency in multiple languages.”

The Roadmap is grounded in Universal Prekindergarten,⁵ recognizing that high-quality early learning and care and families both “play a really critical role in language

⁴ [Multilingual Learning Toolkit](#). (2024).

⁵ Universal Prekindergarten. (California Collaborative for Educational Excellence, n.d.)

development, especially in those early years.” This echoes an emphasis on assets-oriented perspectives around home language and culture. An appropriate identification of a learner’s strengths and needs continues through to reclassification.

Reclassification is part of a system that supports students who enter the education system speaking limited or no English. Reclassification ensures these students have full access to the educational continuum and curriculum through graduation.

California’s Vision of Success for English Learners

Multilingual learners will “fully and meaningfully access and participate in a twenty-first century education from **early childhood through grade twelve** that results in their attaining high levels of English proficiency, mastery of grade level standards, and opportunities to develop proficiency in multiple languages.”

The California Department of Education has developed an English Learner Roadmap to provide guidance to local educational agencies (LEAs) on welcoming, understanding, and educating the diverse population of students who are dual language learners and English learners attending California public schools.

Propheter described the Opportunities for All Branch’s work on equity, diversity, and inclusion in supporting DLLs in early childhood, which also aligns with a recommendation from the Master Plan to create equitable learning and focus on supporting MLLs in their early childhood education.

Propheter then provided a status update on the implementation of [AB 1363](#), signed by the Governor in October of 2021. The purpose of the bill is to develop a systematic approach for educators to identify and support multilingual children in state preschools.

Propheter summarized progress on DLL identification efforts. With support from the Universal Prekindergarten research design team and partners such as Early Edge, Catalyst California, and First 5 California, the CDE developed a standardized process for California State Preschool Program (CSPP) contractors to (1) better identify children learning multiple languages, (2) support relationship building with families of children

who are identified as multilingual learners, and (3) learn more about each child's experiences with language.

The implementation of this bill is helping California move to a more inclusive and equitable universal preschool system, by ensuring the necessary data and information is collected to support DLLs and address barriers to multilingual program models.

Propheter identified relevant CDE resources:

- [Management Bulletin 23-03](#)
- [MLL support website](#)
- [Three-part DLL support webinar series](#)

Propheter discussed the importance of data collection and the tools used for DLL identification. The Family Language Instrument and the Family Language and Interest Interview help providers and educators learn more about a child's languages, background, strengths, and interests.

To support CSPP contractors with the costs of supporting DLLs, the Legislature increased the DLL adjustment factor to 1.2. This means that a contractor receives 20 percent above the base rate for DLL children. Funds can be used to cover the cost of fulfilling Management Bulletin requirements and providing needed supports as identified in family interviews. At the preschool level, educators may need more developmentally appropriate materials in the target language. They may also need professional learning to prepare them to provide hands-on experiences that aid in building language. AB 1363 also requires contractors to report MLL data to the CDE and CSPP. The goal of this data reporting is to improve program quality and to support informed decision-making at the state and local level.

Additional information on the DLL identification and MLL supports is available:

- [Early Edge California's CA's DLL Identification Process Helps Teachers Support Young Children & their Families video \(English\)](#)
- [Early Edge California's CA's DLL Identification Process Helps Teachers Support Young Children & their Families video \(Spanish\)](#)
- [Example AB 393 Letter of Support](#)
- [Resources for Pre-K-3 on the Multilingual Toolkit website.](#)

Considerations and Next Steps

The Family Language Instrument and the Family Language and Interest Interview are helping contractors in the following ways:

- Learning about the student's language background and needs.
- Building a relationship with families.
- Helping parents support their child's language development at home.

To support contractors with the costs of serving DLLs, the 2022-23 Budget Act increased the DLL adjustment factor for full-day CSPP to 1.2.

Access to data on DLLs in the CSPP supports informed policy decisions.

Lived Experiences from Tribal, Early Educator, and Parent Perspectives

Oliva-Olson welcomed the remaining panelists and asked them to speak to the following questions:

- What community do they serve?
- What does supporting multilingual learning look like in their programs?
- What impact has multilingual learning had on children, families, and the community?

Ted Hernandez, Chairperson of the Wiyot Tribe, began by offering a greeting in their community's traditional language and described the continuity of Indigenous languages in America, emphasizing the multi-faceted role of language in their community: "...I just want to state it was Indigenous people's language that was here first. And that is where we stand as Indigenous people, is to continue to teach our younger generation the language, the stories, and the songs. Because language... it's who we are, it's what makes us a Wiyot people. Our language is a part of our prayers, our songs, our ceremonies."

Chairperson Hernandez explained that the Wiyot experienced language loss as elders were taken to boarding schools where Indigenous language was not allowed. Now, there are ongoing efforts to relearn the language from archival sources and teach future generations. "For the Wiyot people, we had tremendous tragedy in our lifetimes, but our healing process is by teaching and moving forward. And having our

children know our language, having the children know the songs and the stories...it's important for them to learn."

Chairperson Hernandez detailed the structure of the community's multilingual program and the familial language learning taking place. A linguist works with the children two days a week, and the children take the language home and learn with their parents. Chairperson Hernandez shared: "So, it's not just the children's learning, but the parents are learning as well. The children are taking stories home and they're reading to their parents these stories and language. And the parents are picking the language up as well."



Chairperson Hernandez summarized the reason why Wiyot are pursuing multilingualism: "...All the Indigenous people have been here since time immemorial. We just had to adopt to the English language. ...And it's also important that the children are multilingual because there is a lot that's happening in this world. ...they need to speak because we as older generations, we don't do that. But it's going to be the seventh generations that are going to continue this for us."

Nicole Baitx-Kennedy of the Westminster School District Infant Toddler Spanish Dual Immersion Program described the language makeup of the district. The Westminster District is predominantly English, Vietnamese, and Spanish speakers. There are two dual language programs in the district: an elementary Spanish program and the first elementary-level Vietnamese dual language program in the state. Middle school-level

programs for both languages are under development. There is also a dual Spanish program at the infant/toddler level. The district is working hard to have dual language and multilingual classrooms and programs including their preschool and infant/toddler program.

Baitx-Kennedy shared the district's vision for DLLs and MLLs: "...our children need to have that ability to be empowered to show who they are and where they are going. And that's what we want, and it is what's best for all of our children...." Baitx-Kennedy called for increased compensation for DLL and MLL educators, recognizing the amount of work they do. Baitx-Kennedy emphasized the proactive work being conducted to reduce obstacles between programs and local education agencies and identified opportunities to address barriers:

- Funding professional development.
- Setting up frameworks.
- Creating pathways to cross-utilize learning tools to support children in all care and education programs.
- Expanding types of educators and programs.

Ana Herrera, of Educare Head Start Santa Clara, is a coach educator with past experience as a lead teacher in a multilingual preschool classroom serving children who speak Vietnamese, Spanish, and English. Herrera discussed specific experiences of being Spanish-English bilingual and working alongside Vietnamese-English bilingual teachers, along with details of the intentional strategies employed to holistically support students and connect with families.

Herrera and other teachers observed pride in their students: "We noticed that children are all learning, and they feel proud. What was the most important part? That they feel proud about who they are and their families." They reported seeing stronger intergenerational communication within families and a desire by families to continue enrolling their children in dual language education such as immersion schools.

Herrera has carried these learnings into coaching work: "I am able to support all classrooms to improve their teaching and ensuring their influence, all dual language teaching and strategies, and collaborate with families... it's a pleasure for me to share this with other teachers, with all other colleagues, to share and continue the work to support those dual language children for a better future and education in life. We are all committed to this work."

Ivania Hernandez, a parent of children in Educare Head Start Santa Clara, shared their experience as a bilingual child and a parent to four bilingual children: “I am Mexican born but brought here as a child. I was brought here when I was five, so I had to learn English myself. I went to a dual language immersion school... as a parent, I was very proud to have my children go to a bilingual school and continue to learn their second language, which for us is English, because Spanish is our primary language.” Hernandez noted that their daughter was “fortunate to go to Educare...and had the privilege of having Ms. Herrera and Ms. Tammy as teachers.”

Hernandez shared about the significant positive impact of a multilingual environment on their daughter’s sense of culture and social-emotional learning.

Oliva-Olson thanked the panelists and recapped themes emerging from the diverse stories of multilingual education programs and MLLs:

- Centering children
- Collaborating with families
- Delivering micro- and macro-level supports (programmatic, community, district, state, and beyond)

Oliva-Olson acknowledged the panelists’ knowledge: “We need to learn from all of you. We continue to work hard to spread the word, to learn together, to build capacity and infrastructure.”

Policy Recommendations that Support Multilingual Learning

Oliva-Olson invited panelists to offer policies and strategies that would further support multilingual learning in California.

Panelists pointed to the following key policies that are foundational to multilingual learning:

- Continuing to implement related recommendations from the Master Plan, specifically:
 - Ensuring DLLs are identified across the mixed delivery system.
 - Establishing an ELC and P–3 infrastructure that includes an explicit focus on meeting DLLs’ needs.

- Providing early educators with access to training/professional development focused on serving DLLs.
- Supporting institutions of higher education to effectively prepare the ELC workforce to support DLLs.
- Effectively implementing AB 1363 in state preschools.
- Engaging families in implementation and using the Family Language Instrument and Family Language and Interest Interview to build stronger partnerships with families.
- Passing AB 393, which reinforces the Master Plan’s recommendations to expand asset-based identification of DLLs to general child care and migrant child care programs.
- Using assets-based practices for language identification in early education.
- Ensuring P–3 alignment infrastructure includes an explicit focus on supporting DLL needs.

Panelist Carlyne Crolotte punctuated the importance of focusing on DLL supports by noting: “DLLs represent a majority of the children in California. So, it’s really critical that the early learning and care workforce have the tools and resources and training to really support these children’s not only bilingual development but overall development.”

Council Discussion

Council members shared their perspectives on and support for the policy recommendations, summarized as follows:

- Voicing support for developing a deeper understanding of DLLs and their needs.
- Voicing support for asset-based approaches and tools for DLLs and their families.
- Voicing support for prioritizing the preservation of home languages.
- Acknowledging the DLL expertise within family, friend, and neighbor (FFN) and licensed FCCH settings and the need for their inclusion in these discussions and efforts.

- Identifying the need for more targeted professional development approaches that support the ELC workforce.
- Advocating for continuing to “myth bust” the idea that dual language learning confuses children when it, in fact, builds confidence and accelerates development.
- Spotlighting Los Angeles Unified School District’s 39 different dual language programs in early education beginning with the Seal of Literacy. In its fourth cohort, the program supports children as they progress through early education centers, state preschool programs, and Transitional Kindergarten programs, for successful learning in elementary school and beyond.
- Posing the following questions about current and potential supports for multilingual education provided by early childhood providers:
 - What are we doing in the state to support our FFN and FCCH caregivers as they support multilingualism?
 - What are we doing to collect information about the multicultural services happening in ages birth to three and articulating that to our partners in public education so they can be more prepared for communities that are evolving?
 - What policy work could be done to assist providers in supporting multilingual education?
 - What can be done to create a more integrated approach to collecting data and building better systems across CDSS and the CDE?
- Supporting Assembly Bill 393, currently awaiting the Governor’s signature, which is a vehicle to expand data collection to include the Title V portion of CDSS programs.
- Noting additional investments, including a language lab in Fresno that is currently supporting and training Resource and Referral agencies across the state so they can provide training to FFN and FCCH providers.
- Identifying the need for more opportunities for collaboration and knowledge sharing among providers about DLL approaches and supports.

December 21, 2023

Advising on State Budget Investments

In its final meeting of 2023, the Council finalized a letter to the Governor and Legislature outlining its recommendations regarding State Budget Act investments in ELC. Council members Robin Layton and Mary Ignatius had shepherded the process, inviting input from the Parent and Workforce Advisory Committees and drawing upon themes from the quarterly Council discussions to draft a letter for the Council's discussion and endorsement. The [Budget Letter](#) is posted in full on the Council's web page and key excerpts are included below:

We are writing to express our appreciation for the Administration's and Legislature's commitment to California's youngest members, their families, and early childhood care providers, as demonstrated in the 2023-24 State Budget.

Specifically, we want to acknowledge the state's historic investments that made a significant impact on children, families, and early educators – predominantly from communities of color – which include transforming the family fees, extending the hold harmless policy, and providing increased funding to child care providers and programs to keep their doors open. In addition, with your leadership, California adopted in the 2022-23 Budget a continuous Medi-Cal coverage protection for young children ages 0-5.

We also recognize and appreciate the Administration's establishment of the Rate and Quality Workgroup – and now the Rate and Quality Advisory Panel – to address the state's woefully inadequate reimbursement rate structure. We look forward to the Administration's and Legislature's adoption of the Panel's recommendations in the forthcoming report, expected July 1, 2024, to establish a regionalized reimbursement rate that:

- 1. Compensates all teachers and child care providers for the true cost of providing care by reimbursing them at rates that reflect the economic diversity of California.*
- 2. Recognizes the costs of meeting varying quality standards and regulations; and,*
- 3. Strengthens the ability of the state's mixed delivery system to provide quality options.*

As you embark on the State Budget development process for State Fiscal Year 2024-25, we look forward to the Administration and Legislature upholding the investments cited above, as well as:

- *Removing the “pause” on slot expansion by keeping the promise to fund 200,000 child care slots by Budget Year 2025-26.*
- *Providing ongoing financial support to attract and retain members of the ELC workforce; and,*
- *Funding and greenlighting the Medi-Cal continuous coverage policy in the January Budget so that DHCS can make this protection operational by January 2025.*

We must ensure there is equitable access to services and supports for families and the workforce, particularly marginalized populations including Black, Tribal, and People of Color families, immigrant families, homeless families, foster children, children of incarcerated or formerly incarcerated parents, children with disabilities, dual language learners, and low-income families, including those experiencing generational poverty.

As your partners in helping California families with young children navigate the challenges of today and supporting the early care and learning workforce that provides essential services that support California’s economy, we look forward to working with you to ensure our children remain a top priority.

Revisiting the Year and Looking to the Future

Before the Council adjourned for the year, Chairperson Johnson acknowledged the seminal topics the Council engaged in discussing in 2023, including reviewing progress in implementing the Master Plan, examining the unique needs of California's diverse infants and toddlers, supporting California's youngest multilingual learners and their families, and taking stock of the State Budget and its investments in children and the workforce that educates and cares for them.

Looking ahead to 2024, Chairperson Johnson shared a list of 14 proposed topics submitted by Council members for future discussion; the suggested topics relate to child and family well-being, disparities and disproportionality, and workforce and programming. Chairperson Johnson thanked the Council in advance for responding to a forthcoming survey to narrow the list. Most significantly, Chairperson Johnson thanked the Council members, Advisory Committee members, and members of the public for their sustained leadership and commitment to strengthening the state's early childhood system.

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*Director, California Department of Social
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