



**Early Childhood Policy Council**  
**Agenda and Transcripts**  
**Virtual Meeting**

Wednesday, February 28, 2024  
9:00 a.m. – 12:00 p.m.

**Physical Meeting**

1000 G Street, Sacramento, CA 95814  
WestEd, 5<sup>th</sup> floor, Old Towne Room

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**Agenda:**

**1. Welcome and Introduction**

- Welcome
- Voices from the field
- Public comment

**2. Child Care Transition Quarterly Report**

- Update from the California Department of Social Services on the transition of child care programs
- Council questions
- Public comment

**3. Early Childhood Updates from CDE**

- Presentation
- Council questions
- Public comment

**4. Birth Equity in California**

- Presentation
- Council discussion
- Public comment

**5. Adjourn**

**Attendance:****ECPC Council Members:**

Carola Oliva-Olson, Dean Tagawa, Donna Sneeringer, Janet Zamudio, Kim Johnson, Kim Pattillo Brownson, Lissete Fraustro, Lupe Jaime-Mileham, Mary Ignatius, Mayra Alvarez, Miren Algorri, Natali Gaxiola, Robin Layton, Sarah Neville-Morgan, Sonia Jaramillo, Tonia McMillian

**Parent Advisory Committee Members:**

Cherie Schroeder, Deborah Corley-Marzett, Lissete Fraustro, Mary Ignatius, Patricia Lozano,

**Workforce Advisory Committee:**

Debra Ward, Miren Algorri, Tonia McMillian, Zoila Toma,

**Guests:**

Brenda Majano (Parent), Candice Charles (Public Health Institute), Erin Dubey (CDE), Eva Rivera (The Children's Partnership), Nikki Helms (San Diego Community Birth Center), Raenna Granberry (California Black Women's Health Project), Shanna Birkholz Vasquez (CDE), Solaire Spellin (UCSF), Stephen Propheter (CDE).

**Public Comment:**

Andrew Avila, Cristian Corona, Crystal Jones, Francisca Ramirez, Justine Flores, Laura Andrade, Micaela Mack, Rebecca Grasty, Sandra Vega, Yolanda Thomas.

**Hosts:**

Diana Yactayo, Gina Morimoto, Giovanna Wormsbecker (SP), Karin Bloomer, Ramee Serwanga, Sarah Sun (CN), Veronique Baumbach, Ya-Nan Chou (CN), Yelka Vargas (SP).

**Meeting Transcripts:****Karin Bloomer:**

Good morning, everyone. Some feedback. Let's try this again. Okay, wonderful. Good morning, everyone. Before we begin the meeting, I'd like to review a few Zoom features with you. We'll enable these features after providing this instruction. In a few moments, we'll be offering the closed captioning feature in Zoom. To access this feature, you will need to locate the live transcript button at the bottom of your Zoom screen and then click show subtitle. This will allow you to view closed captions in English throughout the meeting. In a moment, we'll also offer language interpretation services. I will now turn things over to our interpreters to describe how you can listen to this meeting in English, Spanish, or Mandarin.

**Spanish Interpreter:**

[Foreign language]. Thank you.

**Mandarin Interpreter:**

[Foreign language]. Thank you.

**Karin Bloomer:**

We'll now enable the language channels. Please select your language of choice at this time. And two more items of note. We'll be opening up the chat feature to invite written public comment at the end of each agenda item today. And during the final comment period, we'll also invite verbal public comment. And finally, the slides that are shared in today's meeting will be posted on the ECPC webpage within the next week. And with that, I will turn things over to our chair.

**Kim Johnson:**

Great, thank you. Good morning and welcome all. Really appreciate you being here with us for the first early Childhood Policy Council meeting of 2024. I'm Kim Johnson. A pleasure to serve as the chair of the council and also as the director of the Department of Social Services. It's kind of fitting this week that we are meeting in between celebration of Black History Month and Women's History Month and just encourage everyone and recognition of all that have been accomplished to just learn something new in that space of some of our phenomenal ancestors and elders and contributions made by both black and African Americans, as well as women in California in particular. So just appreciate the celebration of those two events. For roll call today for council members, we will have our fabulous support team take note of the council members who are both here in the room and on the Zoom. And again, appreciate all members of the public in taking time to join us and engage with us in the work that we do together.

Before I preview ahead of what year looks like together, I just want to have a quick backward look of where we've been and want to announce to all that the 2023 Early Childhood Policy Council annual report will be posted to the California Health and Human Services website this week. So, we will make sure you have that link and please be on the lookout to take a look at all that we've been working and focused on in 2023. I also just want to say for those members of the public who might be joining and for council members who might have good referrals and recommendations, we do currently have some vacancies on the ECPC and encourage others to join us in this work that we are doing together. The council is actually appointed in part by the governor of the state of California as well as by the leadership in the state Senate and the California State Assembly.

If you are interested in being seated by the governor, there is a website that we will post in the chat now where you can apply for participating on the council. And we encourage you again to send those recommendations and referrals and to join us in this work. So, we as we have in the past, will continue on in 2024 at starting off our work together and grounding with voices from the field. We are going to continue that where we're hearing firsthand about the experiences of members of the workforce and families participating in engaging in services in this work. We also, as a requirement in the law, a statutory requirement, will continue to hear about the childcare transition and the reporting that we're doing in the space and the great work of both the Department of Social Services

and the Department of Education. And of course, given the significant focus of 2024 for social services, that will also include a report out and updates related to rate reform.

And again, just want to put a pin in that as many, many members of this council, of this workforce, those who have been here for some time, we've been looking at rate reform for quite some time in this field and work. And so, we're just grateful for the continued recommendations and advisement that you're all putting forward to look at a structure that is built on the recognition and understanding of the cost of care as opposed to the regional market rate surveys that we've done historically. And we at the Department of Social Services are grateful to be engaging with many on that front and all of you as we continue that work. So, we will have those updates coming in to these meetings as well.

I want to just note the next rate and quality advisory panel conversation will take place on March 13, March 13. So, if you want to dig into the detail of that rate reform, we do encourage you to participate and engage with us on March 13, our next meeting there.

We'll also be including again relevant updates from the Department of Education as a standing item going through our meetings in 2024 and the phenomenal work happening on all fronts, transitional, kindergarten, community schools plus, plus, plus. So those will be continuing through this year. We'll also, of course, continue to utilize the great work that's happening in our subcommittees. We have workforce and parent advisory committees, and that'll be a standing item to hear the focus conversations they're having, recommendations they have to the fuller council as well. So that covers our standing agenda items. For the in-depth meeting topics, we typically have one each meeting. As you'll recall, the council members were asked to submit their recommendations for suggested topics to focus in on in December of last year. And so, I'd like to share the results of the four most highly scored and indicated topics.

Those include birth equity, which we will be talking about today. And thank you council member Myra Alvarez for supporting and facilitating that conversation. The impact of transitional kindergarten on the mixed delivery system, disrupting poverty and neglect with concrete supports. And finally, the workforce development initiatives.

So those were the, again, four topics that members wanted to focus in on. Again, our work is statutorily mandated to focus in also on master plan recommendations. So, where we can, we'll be making those connections so we can see the progress we are making over time there as well. So that's what our focus topics will look like going forward in 2024.

So again, today's focus and topic will be examining birth equity, and then we will go to those other topics through the course. We have also, as we are all continuing to adapt to our changing environments, having hybrid environments in many spaces and where we're going, we'll continue that. But we have had some additional updates to the Bagley Keen Act, which basically gives us our rules and how we're proceeding as a public meeting. So, we do have some slides and I'm going to ask Karin if she'll review some of

those changes that council members are aware of how we'll utilize Bagley Keen in 2024 for our meetings.

**Karin Bloomer:**

Thank you, Chairperson Johnson. As you'll see on the screen here, these are the updates, some of which have been standard practice for ECPC, but others are new. First that the state body must provide notice to the public at least 24 hours before a meeting of the council members who are participating remotely. And so, you will now see for this meeting and for all future meetings, a link on the ECPC webpage of council members who are attending virtually. And in the case of committee meetings, committee members who are attending virtually. It's also a new update that members who are participating remotely must be visible on camera during the open portion of the meeting unless it's technologically impractical to do so. So again, we thank you and see that council members are on camera except in those cases where you don't have the technological capability to do so.

These remaining rules are familiar to you that our notice must include information on how the public can observe the meeting remotely and also identify a primary physical meeting location for the public to attend in person if they wish. Those are always on our agendas and notices that the primary physical meeting location must also be disclosed in the agenda, which is to be posted at least 10 days before the meeting. That has also been a standard practice of ours. At least one staff member of the state body must be present at the primary physical meeting location and the agenda posted at that location. That is the case, and we will always have a staff person here, even if all members are attending virtually. And finally, members who participate remotely must be listed in the minutes of the meeting. And again, that has been our practice thus far. So those are the updates.

**Kim Johnson:**

Great. And feel free to send any questions you have, council members, about that in the chat. If we need to, we will certainly follow up. So, thank you Karin for that. I also just want to appreciate the council who has continued year after year to provide some recommendations related to the state budget process and the investments that are being made in that process going forward. And clearly, we are here at the end of February. The governor has proposed on January 10th, the budget for the 2024-25 fiscal year. So just very quickly just to level set and want to share a very, very quick update that likely many, many are tracking as we're heading into budget hearings. The 2024-25 governor's budget includes a proposal for \$6.7 billion in total funds for childcare and development programs for 24-25. No proposed reductions in the budget. We do have an update to maintain our commitment for 200 new childcare subsidies by the end of 26-27.

It's a little slower than what we originally anticipated. The governor's budget proposes to fund roughly 146,000 of those 200,000 new subsidy slots by 24-25. So that's the only change I want to highlight. As you're also likely tracking, and a little different than years

prior, we're actually facing tens of billions of dollars of a deficit this year, and that is obviously significant.

Legislative analyst's office and the governor's Budget Department of Finance have slightly different numbers about how many tens of billions of dollars of deficit that exists. But certainly, that is the instance in both cases. We again are proceeding, just please [assembly.ca.gov](http://assembly.ca.gov), [senate.ca.gov](http://senate.ca.gov) give you the information about upcoming budget hearings where we will be talking with legislative members about the proposals and giving updates on prior investments that have been made. So obviously public is invited and encouraged to participate in those conversations. That all leads us to May revise and that's when the governor's updated budget proposal will come out in May.

And of course, more conversation to come. And again, I just want to note that in May not only will we look at what the revenue and deficit numbers, the forecast, look like at that point, that'll be updated, but also our caseload numbers, what we're actually seeing in terms of families participating and engaging in our programs. All of that gets updated in May. So that'll be the next time there'll be any specifics out. And of course, then that'll go point to the June timeframe for the legislature and governor to agree on finalized budget. So just quickly, I know that many are tracking that, but just wanted to add that in terms of context of what we have looking ahead. I just also want to say as a person who has been in this field for many, many years, as I was sharing with deputy director Jaime-Mileham pictures of my grandchildren as I started.

I think I had an infant in this space who's now 25. I just want to really, really appreciate where we are. I know that it's not... Again, that we have work to do, and we have more to do together, and we need more investments in terms of the work together. But for those of you who have been around a while, you know that in a year with significant deficit, it has been past practice that the childcare and development field has taken many, many proposals for reduction in this space. So, I'm just again grateful to all of you continuing to lift up your voice of the importance of these supports to children and families and the workforce as well. And certainly, more broadly, we do have some proposed reductions within the Department of Social Services in CalWORKs and in some of the other spaces that are significant that we will also be discussing.

But overarchingly, when we look across California Health and Human Services, we are overarchingly grateful that the reductions that are proposed are nothing like what they had been in past practice in years where there's been a deficit. So again, just appreciate the continued elevation of the importance of investing in children and families in the workforce in this space. So, with that, I am going to turn to a member of our workforce advisory committee, Deborah Ward, who has agreed to ground us in our voices from the field this morning and has also invited a parent from her community to share her perspective as well. So good morning, Deborah. Thanks for joining us and feel free to both introduce yourself and the person that you've invited join us.

**Deborah Ward:**

Thank you. Thank you very much. Thank you for this opportunity. And I'd like to share my screen to share a little bit about who we are. So let me take a moment to do that. Can you see my screen?

**Kim Johnson:**

Yes.

**Deborah Ward:**

Okay, great. So welcome to Cerritos College Child Development Center. And my name is Deborah Ward, and I am the director of the Child Development Center at Cerritos College. Our program is a little different. The organization of the school is based on a strong collaboration among the college community that forms the school, the children, and the adults. So, we believe in the importance of sharing different points of view through ongoing exchange of dialogue, resources, and values of equity, diversity, and having an inclusive environment for all children.

We receive California state preschool funds from the State Department of Ed. We also receive general childcare funds from the Department of Social Services. We participate in the childcare and adult food program and is a member of Quality Start LA as a five star program. We have a licensed capacity of 125 and serve a maximum of 24 children in each classroom with four teachers to each room. The four classrooms of children range from ages two to five years, and our system is designed in the context of continuity of care. As children go through our program, they remain with their teachers and classmates for the time they are with us until they go off to TK or kindergarten.

We also are open year round, and this next year we will be starting a night program because of the need of our students here on campus. The staff is composed of a director, which is myself, an office specialist, and pedagogical coordinator. We have 12 teachers, four teacher assistants that support children with special rights, a chef and two kitchen assistants. From its beginnings in 1973, the center was established as a laboratory school for students on campus seeking an education in child development. As a laboratory school, the teachers mentor students and guide opportunities for them to perform practicum hours onsite when enrolled in a practicum fieldwork course. The students prepare and facilitate experiences with children under the direct supervision of a mentor teacher or myself, the director. We also are open to students from other surrounding colleges and universities and other disciplines where they come and conduct observations for their classwork.

So, with that responsibility to train and educate the next generation of teachers in our community, we ventured on a quest to seek what possibilities might we find in regard to quality care and education for our youngest children. So, we read many, many programs and curriculums and we came upon the preschools in Reggio Emilia, Italy and how they were hailed to being of the highest quality of early care and education in the world.

So, in 2008, myself, teachers and the child development faculty here at Cerritos College participated in a study group in Reggio Emilia, Italy. We were so inspired by the Reggio Emilia principles and practices that we came back, and we recommitted ourselves to rethink the educational practices taught in the US and at our school here at Cerritos Child Development Center. Therefore, we learned everything we needed to learn about social constructivism, which is the cornerstone of the Reggio Emilia approach.

We found that social constructivism offered children the opportunity to construct knowledge through daily experiences and encounters with parents, teachers, peers, events, and objects in the world. So how does this happen? At the heart of the approach is the image of the child, and that image is one that sees a child as curious and capable and intellectual, and as such are treated that way. So, the way in which our teachers work with the children already acknowledges that what they have to say is important and is worthy of documenting and sharing with others. For teachers to work in this way is an empowering environment for a child to be in, one where they know that their opinion and their voice and their ideas are valued and important to our collective building of knowledge.

Another fundamental principle that we learned, and we use here carries through in our program, is that the teacher views themselves as a researcher. The teacher is therefore learning alongside our learners, whether they're in the 2-year-old classroom or the 5-year-old classroom. It's really in that relationship that they build with one another new ways of thinking where children feel empowered, they feel challenged, and they feel supported to take risks. We also view our environment as the third teacher. In this approach, which I mean by is that it is creating an environment that's inspiring, that is rich with materials and resources and that is transparent. There's nothing more powerful than children walking by classrooms that are filled with natural light and windows so that they can look in and view to see what other peers are doing and ask questions about what they see happening in those spaces.

We also have a dedicated art studio and a mini atelier. Our "atelierista" collaborates with the children and classroom teachers to support their project investigations. The indoor mini atelier and outdoor atelier is an inspiring space where our children use different types of materials to represent their understanding about big concepts that are around them in their world. They use these materials to represent an understanding of their ideas and theories from social justice issues or to a scientific experiment. Our children are learning how to use the materials in these spaces and again, showing and sharing their work with everyone is an important part of what happens in our classrooms and documenting that work.

Our curriculum is based on what they call negotiated curriculum. We focus on overarching big ideas that are not child centered or teacher directed. Instead, the curriculum is child originated and teacher framed. In the Reggio approach, they propose that negotiated curriculum better captures the constructive, continual and reciprocal relation among the teachers, children, parents, and better captures the negotiations among various subject matters such as the representational media and children's



current knowledge. So, every year we present a special event called Children's Voices. We invite parents, students, and other educators in the field of early childhood education.

This is an opportunity for teachers to present the project work that the children embarked on during the year. Large documentation panels and artifacts are carefully displayed and the panels of documentation shares with the reader what learning took place. It is an empowering way to show children that their work is valued. The teachers and "atelieristas" document the process so that the focus isn't on the end product, but that there is so much learning that took place in the process of learning. The documentation reflects the children trying out theories and presenting ideas to other children that gave them feedback throughout the year.

And of course, we would not be able to have a rich program without the participation of parents. We provide opportunities for parents to engage in meaningful moments with their child and others, working alongside parents and supporting their needs, benefits their child. We see parents as valuable partners in the educational process, and we encourage them to share their insights and perspectives on their child's learning and development. We hope that we can support and guide parents to raise a happy, caring, productive citizen of the world.

In the near future we are expanding our program to serve infants and toddlers. So, we're very excited about that. And lastly, I'd like to share this quote from Loris Malaguzzi, who was the founder of the Reggio Emilia approach and our inspiration for teaching young children. He said, "Stand aside for a while and leave room for learning. Observe carefully what children do and then if you have understood well, perhaps teaching will be different from before." So now I'd like to turn over my presentation to a special parent. Her name is Brenda Majano, and I think Brenda, you're on. So, I'm going to stop the share and turn it over to her.

### **Brenda Majano:**

Thank you, Deborah. Thank you for the introduction. Good morning, everyone. My name is Brenda Majano. And thank you for having me this morning as part of this meeting. I'll begin by sharing a bit about myself, especially focusing on a significant chapter in my life that unfolded after I became a single parent of two small children. This period has been shaped by my experiences at Cerritos College and the vital role played by the Cerritos Child Development Center that has influenced my personal, professional and parenting growth, and of course and my children's futures. So, I was born in El Salvador and at the age of 12, I had to leave behind my family and my life in El Salvador to come to the United States. It was a difficult transition for me, learning a new language, making new friends, and adapting to this new lifestyle I was experiencing where my mom was doing the best that she could to get us back. After graduating high school in 2008, I had to put my education on hold, and I started helping my mother financially. Fast forward to a few years ago, at the age of 27, I had my first child, Dominic. And a year and a half later, at the end of 2018, I had my second child, Mercedes. At the beginning of 2019, I had some issues and I found myself in an

unhealthy relationship with my children's father. So, I decided to return to school and leave that relationship. I decided to stop just existing and to start living, meaning I was starting from zero, and here's where my journey as a single mother begins. I had to keep moving forward for my children.

That year, I enrolled at Cerritos College for fall 2019. I can literally say Cerritos College took me in, especially when I was going through the custody proceedings. They had connected me with the right people that advocated for me as a domestic violence survivor and even helped me with my immigration status. One of my challenges attending school has been my immigration status, but here at Cerritos, I became a DACA student, which was a blessing since they paid for my classes. I joined the CalWORKs program, which works side to side with the LA County for needy families, and other departments here on campus like the Child Development Center. Here's where I got motivated to pursue my longtime dream of becoming a teacher. Because of COVID, CalWORKs delayed my work study placement, but when the opportunity was back on the table, they were able to place me in a department related to my field.

This is where my journey at the Cerritos Child Development Center starts. But at this point, I was facing a common dilemma among single parents, finding a dependable child care. During COVID while I was taking my online classes, I had turned to a family daycare, which did not provide the personal care and my speech delayed children needed. I also worry if my kids were hungry or crying in the middle of my class, and I wasn't able to focus on my studies. Thankfully, the Cerritos Child Development Center was accommodating, and I was able to enroll both my children where they were cared for, and I was able to have them in a place while I was in class and when I was at work.

So here at Cerritos, my primary major, how I started was in elementary education. But being here at the center as a work-study student motivated me to pursue a degree in early childhood education, so I double major. While working at the center, the group I was placed in provided me with valuable skills, and I was able to apply the concepts and theories I was studying in the classroom. I enjoy learning about the social constructivist approach that my children were also experiencing in the classroom. My children were learning social context by interacting with others and their surroundings. I remember Mercedes when she was four years old and became interested in butterflies after seeing one in the center's garden. Her teachers in her classroom began a long-term project similar to a hummingbird project I was doing in my group. Mercedes and her peers investigated caterpillars in the classroom and documented how they transformed into butterflies.

I really loved how their project included art, science, and literacy, with children drawing their observations, discussing the life cycle, and reading relevant stories. It was fantastic to witness how a child's curiosity became so strong in the classroom. My children's and my own transformative journey has been remarkable thanks to the excellent guidance provided by their teachers. Dominic grew into a confident individual thanks to his teachers respectful and supportive care. This new-found confidence carried him through that kindergarten where he excelled to such an extent, he was offered a placement in a

combined class with first graders. Now continuing in a similar arrangement with second-graders, Dominic has been considered for the GATE program, an opportunity that could potentially lead to him skipping a grade.

Similar, Mercedes has shown remarkable progress. Here at the center, she also became confident and independent, and now she's starting kindergarten this upcoming year. Just like Dominic, she no longer needs speech services. I firmly believe that the credit for my children's success lies largely with the dedicated teachers. Their commitment to nurturing each child's unique abilities while fostering an environment ideal for growth and learning was important in molding my children's education experiences. Now as I continue my education at Cal State Long Beach, pursuing my bachelor's and master's degrees, the Cerritos Child Development Center continues to make a significant difference in my life as a single parent and student. They have seen my value and have given me a permanent job, which I'm really thankful for. I am also grateful for everything they have done for my family as well as for all the other children, families, and students whose life they have impacted. With this in mind, I would like to thank you once more for the opportunity to share our experience, both mine and my children's. And on behalf of all the parents here at the center, thank you.

**Kim Johnson:**

Thank you so much Brenda and thank you for being willing to share your story with us. We wish you and Mercedes and Dominic continued opportunities and success in all that you're doing. And we greatly appreciate you being willing to share your experience in this space. Debra, thank you for sharing your experience, for the pictures that make the work come alive, and the approach that you're taking, being child centered and also clearly engaging family in the work. So, thank you both so much for being here and for sharing with the council this morning. We appreciate you. Thank you.

**Deborah Ward:**

Thank you, thank you.

**Kim Johnson:**

And I think we're going to go to public comment, is that next?

**Karin Bloomer:**

Yes. Thank you, Chairperson Johnson. We've now finished the first agenda item in the agenda, and so we'll be opening up the chat feature for members of the public to provide comment on that first agenda item. And of course, always welcome council and committee members to comment in the chat here as well about our first guests. And with that, I think we will turn to our next agenda item, agenda item two, which is child care program transition quarterly report. Oh, I do see Mary Ignatius has her hand up. And so... Oh. Yes.

**Mary Ignatius:**

Brenda. Did Brenda leave? I was trying to catch her before she left.

**Karin Bloomer:**

She may have.

**Deborah Ward:**

Hold on, let me see.

**Mary Ignatius:**

Okay, I just...

**Deborah Ward:**

Oh. She's here.

**Mary Ignatius:**

Oh, okay.

**Deborah Ward:**

I'll put her on my screen. She's in my office. Okay.

**Brenda Majano:**

Oh.

**Deborah Ward:**

Wait.

**Karin Bloomer:**

Yes.

**Deborah Ward:**

There you go.

**Mary Ignatius:**

Hi, Brenda. I just wanted to thank you for sharing all of that. And I don't think you give yourself enough credit for the beautiful butterfly you've become and how you've transformed, and your children are seeing that. And I just wanted to say that. And I hope that you're also using your CalWORKs child care voucher because that can follow your children until they're 13. And as you go to school and work, you may need child care nights and weekends, and I don't want you to lose that voucher either because you'll need that, I think.

**Brenda Majano:**

Yeah, thank you.

**Mary Ignatius:**

Congratulations on everything.

**Brenda Majano:**

Thank you.

**Karin Bloomer:**

Thank you, Brenda. I hope you'll have a chance to maybe look in the chat for all the kudos and reflections from everyone who's listening in and participating today. Okay. And with that, I will turn to Dr. Jaime-Mileham for the next segment.

**Lupe Jaime-Mileham:**

Perfect. So good morning, everyone, and it is always my great privilege to be able to present this update with everyone. And so as mentioned, we're going to provide an update on the CDSS progress towards the objectives of the child care and development transition. And today, I will provide you updates on the child care transition quarterly report, rate reform, and quality. And the 25-27 Child Care and Development State Fund Plan. So, let's go to the next slide. So, aligning with the purpose of the transition, CDSS continues to move towards a child care system that is equitable, comprehensive, accessible, and affordable to children and families statewide. The second quarterly report for the 23/24 fiscal year features updates that detailed the department's efforts to increase child care access for families and supports for the field. A recent ratification agreement between the state and Child Care Provider United of California, CCPU, solidifies the mutual goals and supports of the child care and development system, including reform of rate structure and how California measures the cost of care.

The department has continued to implement substantial grant funding, millions of dollars across programs such as the infrastructure grant program, which includes both the minor renovation as well as a new construction and major renovation. And the quarterly report was published to our CCDD transition website on January 2, 2023. We'll drop the link for your reference. I will now begin the presentation by providing some highlights about the new professional development modules for the early learning and care professionals that are available. Let's go to the next slide. So CDSS and the California Health and Human Services Agency in partnership with WestEd launched a free comprehensive series of online professional development modules designed for the early learning and care professionals in all roles and settings. These modules were funded from the Preschool Development Grant, the PDG. And each module series is free and covers different topics including health and safety, leadership and family child care home settings, supporting young children development, and becoming an early childhood and education professional.

As learners complete these modules, they'll earn professional development certificates. And to access these modules, you can visit our website, which we will drop it on the chat, which is California Early Childhood Online, we referenced as CECO, modules and the catalog. The modules were originally available in English and Spanish, and we're in exciting development that they are now available in Chinese. Let's go to the next slide. CECO is also available in English, Spanish, and Chinese, as we've referenced, for the

modules. The Chinese portal and the learning management system launched on November 13, is now open. And these three module series are currently available with either additional series rollouts this fiscal year and with others in the future years. The three module series is available in the Chinese language now. And the eight will be available by June of 2024, and they're listed in your screen. The next section of the slide, I will share an overview summary of the children who are served in fiscal year 22/23. So, some fun data facts regarding the children served. Let's go to the next slide.

Okay. So, the following graph depicts the numbers of children and families who were supported through access of CDSS subsidized child care and development programs over 22/23 fiscal year. Looking at this slide, it's the total programmatic enrollment summary, and the graph depicts on the slide display monthly averages for children enrolled for all programs and development programs that are administrated by CDSS. These numbers are based on unduplicated CCDF programs and estimates for stage 1 and bridge programs. For fiscal year of 22/23, we had approximately 250,000 children on a monthly average across 10 contract types. Our highest number was the Alternative Payment Program with about 92,000 or about 40% of the children. Next with Stage 3 CalWORKs with the 51,818. Stage 1, 48,095. General Child Care, which we reference as CCTR, 25,170. CalWORKs Stage 2, 24,497. General Family Child Care Home, that's the original network, CFCC, 2,759. Bridge, 2,549. Federal Migrant, CMAP, 1,826. And General Migrant, which you know as CMIG, 1,146.

And of course, just to reference that this information is pulled both from different multiple sources that we can provide. So, let's go to the next slide to continue with the data walk. So, this particular chart displays a percentage of children in the three age groups of zero to two, two to five, and six and above by child care and development program type. Most children enrolled in subsidized child care are between the ages of two to five. And the CCTR program has the oldest children enrolled of child care, and the CFCC program has the youngest caseload of all the different programs we have, or we administrate. Let's go to the next slide. This chart depicts the number of children served by child care and development through setting type. The most children enrolled in subsidized child care and development programs receive child care through a licensed family child care homes, which is reflected as 158,959. The centers are next, 124,708. And licensed exempt settings, which is 82,704.

So, it kind of gives you an idea of where that is. And just a noting that a child may be placed in multiple settings depending on the need of the contract, right. So, they could have, I'm making this up, a family child care home Monday through Friday, 8:00 to 5:00. And then a family friend and neighbor, evenings and weekends, et cetera. Let's go to the next slide. This pie chart depicts the number of and percentage of children, sorted by race and ethnicity. Most children enrolled in subsidized child care and development are identified as Hispanic, 55.5% or 163,234 of the children, followed by White, which is 20%, 50,780, and African American, referenced as Black, 18.7%, 55,086. So, this chart are based on CDMIS enrollment data, and it excludes bridge and stage 1 data. So, let's go to the next slide.

Okay. So, this particular chart also shows primary languages other than English that families self-identify. So, of the 290,429 total children served in subsidized child care and development in 22/23, 48,561 are identified as speaking as primary language that is non-English or 15.5% of the total children served in CCDF programs. Among these, 48,561 of the children, the largest majority are 74%, are Spanish speakers. And this chart below is based on CDMIS enrollment data, that excludes bridge and stage 1 data. So, I am now going to pivot and go to our next slide, which is going to focus on an update in regard to our state plan.

**Kim Johnson:**

Thank you.

**Lupe Jaime-Mileham:**

So, the draft of 25-27 CCDF State Plan was released for a 30-day comment period from February 1, 2024, via our CCDF Listserv. The last day to provide written comments based on that draft is 5:00 PM on March 1, 2024, so coming up. Additionally, CCDF is hosting as an in-person public hearing on Wednesday, March 6, 2023, from 10:00 AM to 12 in the CDSS headquarters room 235 and 237. A notice of those hearings went out on February 8, 2024, via the CCDF Listserv and the CCDF Office of Regulations Listserv to ensure that we reached a broad group of interest partners that are aware of these upcoming dates.

The final version will be submitted to the Administration for Children and Families, ACF, no later than January 1, 2024. And after approval, it will be in effect October 1, 2024, through September 30, 2027. Thank you everyone who continues to provide us feedback both in these learning journey that we had done prior to the release of the draft plan, as well as continuing to provide us feedback in all the different spaces that we've been in attendance in. Let's go to the next slide, which now I'm going to pivot again and provide some highlights regarding rate reform. So, progress to date on the cost estimation model. CDSS continues to make progress towards historic changes in California's reimbursement rate system and towards a single rate structure based on the cost of care.

CDSS is working with national experts, as you remember, Prenatal to Five Fiscal Strategies, to design and implement the proposed alternative methodology. P5 in collaboration with CDSS and CDE has now developed a cost estimation tool based on the engagement that we received in the work group advisory focused on this as well as other spaces where we continue to receive feedback. Data collection and analysis conducted from July through October of 2023. The cost estimation tool offers insights into the cost of providing child care, including how different variables and characteristics impact cost. And the cost estimation tools will help states make decisions on how to set rates through the budget process and based on policies and equity goals. So big timeline or deadline that just passed was the February 15 deadline that SB140 and the state agreement with Child Care Provider United, CCPU, charged a joint labor management committee, which is referenced as JLMC, comprised of representatives from both the state and CCPU with using information from the cost estimation model to

define the elements of the base rates and any enhancements rates to inform the state's single rate structure and rate setting.

While this process was not complete by February 15 statutory deadline, good progress had been made. And the state and CCPU are actively continuing this work on this piece. And of course, the state continues to be fully committed to this work. Once the JLMC arrives at definitions, they will be subject to mandatory public engagement, which includes the state plan process. And following the February 15, 2024, deadline, CDSS will statutory required to report to the Senate Health and Human Service Budget Subcommittee assembly, and Senate Education Subcommittees, and the Legislative Analyst's Office on the progress that we've made to conduct the alternative methodology and the cost estimated model. That report will be submitted soon and will be publicly posted on the CDSS rate and quality website for those of you that are interested in reading into the details of the progress that we have made up to that date. So, the next piece in regard to this slide is the alternative methodology timeline, as we're still wanting to make sure that we review that with everyone, noting that on our website for rate reform, the timeline has been posted also.

And so, there is an infographic there that you can also look at. By April 1, 2024, a revised draft of the Child Care Development Fund, CCDF, State Plan is required to be submitted to the Department of Finance and the Legislative Fiscal Committee for review. CDSS anticipates that the version will contain some updates to the version that is currently posted for public comment, including information regarding adjustment rates to the current reimbursement rates that will continue to be in effect until new rates under the single rate structure are negotiated. No later than May 15, 2024, CDSS must report the status of the draft CCDF State Plan and the proposed single rate structure to specify budget subcommittees and the LAO. And no later than July 1, 2024, the state will submit necessary information to support use of a single rate structure utilizing the alternative methodology for center based as well as licensed family child care home providers, and family, friend, and neighbor to the Administration of Child Care and Families, ACF, in the state plan or in agreement or in amendment to the state plan.

The state July 1 submission will conform to the requirement SB140, and federal guidance issued by the Office of Child Care. The July submission will include an alternative methodology status update and timeline, and the inflation adjustment to current reimbursement rates, and a plan to set a new payment rate under alternative methodology, no later than July of 2025. Within 60 days of ACF approval of the state plan, the state will provide the legislator and CCPU an outline of the implementation components of the approved single rate structure, and they will have 30 days to comment. And within 90 days of ACF approval, we'll reopen the rate and cost of care rate selection of the MOU to negotiate the restructuring of the current subsidy rates and associated funding implementation. Like I've mentioned, this timeline, there is actually an infographic that will probably be easier to follow than my narrative that I provided. That is listed on the website too. Let's go to the next slide.



So, the next Rate and Quality Advisory Panel meeting will occur on Wednesday, March 13, 2024. Please visit the rate reform and quality website for more information. The agenda for this meeting will be focused on center-based programs. Let's go to the next slide. And so, this concludes our presentation. Thank you so much for having me present. And please visit our child care transition webpage to learn more about the transition itself, and we'll place that in the chat so that's available for everyone to access. Yeah.

**Kim Johnson:**

Thank you very much, Deputy Director Jaime-Mileham. Questions first from the council members. Any questions? Please, Donna.

**Donna Sneeringer:**

I have a question. And I will go back and look at the infographic because I'm sure it will help. And I know there's a rate and quality conversation on the 13. I'm curious, there's an update and revised draft to the legislature on April 1. Is there another public comment period in the state plan as we start to see more details of the actual characteristic study and what's being considered? Because what's in there now is very much "we're in progress," which is understood, but I'm just curious where the timeframe is for public comment once those amendments have been made.

**Lupe Jaime-Mileham:**

Yeah. So, we will continue to access the Rate and Quality Advisory Work Group as a way of continuing to collect that information to inform us. And our plan at this point is to continue to meet monthly on that.

**Donna Sneeringer:**

Okay.

**Lupe Jaime-Mileham:**

Past even to rate setting to make sure that we are lifting up all the voices as you're noting that it is a living document.

**Donna Sneeringer:**

Yeah.

**Lupe Jaime-Mileham:**

So.

**Donna Sneeringer:**

Yeah, no. And it is clearly a work in progress, and I know it's very complicated. But as we're trying to put comments in on the overall state plan, but that portion, because it's definitely a draft, there's not much to say. So, I appreciate that there will be continued discussion.

**Karin Bloomer:**

I see that council member Robin Layton has her hand up next, and then Deborah Corley-Marzett. So, Robin.

**Robin Layton:**

Thank you so much. That was a great presentation. I just had a quick question for clarification. On the chart that that showed the percent of where children were attending, and it had 34% of children in centers, I was curious if those centers were a combination of direct contractors and students that are there through the voucher program.

**Lupe Jaime-Mileham:**

That is correct.

**Robin Layton:**

Is there a way to break that down as well at some point?

**Lupe Jaime-Mileham:**

Yeah. We can definitely desegregate it a bit more. But you're right, for purposes of this presentation, we took, with the exception of bridge and stage 1, all the other programs, and the exception of state preschool of course, we took the data and lumped it up into these three different categories. But we could definitely disaggregate it further per your request.

**Robin Layton:**

Thank you so much.

**Karin Bloomer:**

All right. Miren Algorri, council member, please go ahead.

**Miren Algorri:**

Thank you. I know that Deborah was before me. Excuse me.

**Karin Bloomer:**

Oh, I thought we... I think we lost her hand. I apologize. Deborah, did you want to comment?

**Deborah Corley-Marzett:**

Oh, I wanted to hear my sister Miren speak. Thank you so much.

**Karin Bloomer:**

Okay.

**Miren Algorri:**

Thank you, Deborah. Good morning, everyone. I'm a little under the weather, so bear with me if I get a bad cough. So, thank you for the presentation, Dr. Lupe Jaime. And it's highly appreciated. What I want to highlight is that we as members of the Joint Labor Management Committee, CCPU has been working hard to get to these new payment methodology. And as a union, we have a priority to make sure that all providers, both license and license exempt, that we're valued for the important contributions that we make to Californian families. And that through this process we make sure that all providers get fair and just compensation for the work that we provide, and that all the hidden and unhidden costs that we currently bear, such as transportation because we serve families who work non-traditional hours who rely on us to provide transportation for their children to and from school, and oftentimes to different appointments and after school activities, that is taken into account. Also, the planning and prepping time to make each day successful for the children, and the different ways that we engage the families, and that we better compensate all the significant additional costs.

Such evening care that we provide, night care, care for children with different abilities, and care for non-English speaking families, we want to make sure that these are things that are kept front, and center as we move into these new payment methodology because we want to move away, of course, from the RMR. And we're so proud that we have been able to harness the support from providers, from parents, thank you so much, from advocates, from the legislators, and of course, from Governor Newsom to drive these to a process that has clear timelines, and that these results, and better pay, and that reflects the experience, the value, and the dedication that providers give every day. So, thank you.

**Karin Bloomer:**

I see council member Mary Ignatius's hand next.

**Mary Ignatius:**

I'll also go back to Deborah since she was in queue before.

**Karin Bloomer:**

Deborah Corley-Marzett, please go ahead.

**Deborah Corley-Marzett:**

Thank you, Mary. Good morning, everyone. As usual I'm glad to be here. Thank you for that information that you gave us, Dr. Lupe, and thank you, Miren for the highlights and putting the importance and the hard work at CCPU, that JLMC that has worked with the rate reform. When I looked at the agenda, I was somewhat disappointed because I think that, and not to just I think, but I know that everyone's here that's listening that wants that rate reform should have been on the agenda, because everyone wants to be informed personally and upfront on why the deadline wasn't reached, why it passed. So I just think that it's disappointing that that was not on the agenda because it should have been as I feel.

And Dr. Lupe, I do have another question, and the reason why I keep putting this question out there because it's very important to providers. Providers are asking about the deadline, again, for the block grant. June is soon to be here and as providers who still have not received their funds, they have to line these dates up with contractors, and getting things done and ordered, and that deadline may pass. So, I'm asking if you can, once again, let's get that deadline pushed back, hopefully to December of 2024. But providers in the field are asking is the state going to extend the deadline-and we really need an answer? Thank you.

**Lupe Jaime-Mileham:**

So, thank you Deborah again for that feedback. Appreciate both the feedback in regard to rate reform and continuing to make it front and center of all discussions and definitely agree with you on that. And then the second thing in regard to the infrastructure grant, recognizing that there is still a small group of providers that are pending the final payment in regard to those awards.

As we're processing as soon as we can, we are looking into doing, for those that requested once they receive their contract, a possible amendment to their contract, kind of hearing what you're saying, where we had to take it back, and was not able to provide anything as quickly as we'd like is that 9/30 2024 is the end of the stabilization funds. And so, we believe that that is as far as we can go, as far as an amendment for those that require it, but we do want to make sure that we get that clarified, and make sure that we provide that as an option because even a few months is much more critical than like you said, around the corner with June 30th. So, more information forthcoming.

**Deborah Corley-Marzett:**

Thank you, Dr. Lupe.

**Karin Bloomer:**

Thank you. Okay, council member, Mary Ignatius, I see your hand next, and then Janet Zamudio.

**Mary Ignatius:**

Yeah, thank you. Just co-signing everything that Miren and Deborah just discussed that I know if parents don't get documentation in at the right time, they get terminated from subsidies. If attendance records don't get in on time, providers don't get paid, and so deadlines and timelines are things that parents and providers know all too well, and we hope the state does everything they can, too. I wanted to switch topics to slots back to what was presented in the presentation.

We've talked about it before, but I think just the amount of new slots that are in the system is just really incredible. And to many people who hear those numbers, those are numbers, but to us at parent voices, those are names of people. That's Dory, that's Antoinette who waited 10 years for a subsidy, and finally just got it, Liliana who waited three years. We have members up and down the state who are still on waiting lists, and

so the talk about delays and pauses to meet the commitment that the legislature and the governor made is painful. Senator Mitchell always said babies don't get do-overs.

And so, every delay has an actual real impact on children's development, on families' ability to make ends meet, and for providers to make ends meet to fill their programs. So, for me, the math isn't matching. If the deadline to meet the 200,000 slots is 26, 27 and we paused 20,000 last year, there's a proposal to pause another 20 this year, of the 146,000 that went out, not all of those are accounted for. In fact, we understand for the center-based slots, some of those applications in April or coming up are now being rescinded. So how does the administration think they can meet the promise that they made in to cover over 50,000 slots in what? Two years?

I just feel like we need to understand what the plan is because every delay means just making that number bigger and bigger and bigger in a shorter amount of time. And we want to hold the administration and the legislature accountable to that promise both for slots and for rate reform. And it would just be good to hear what that plan is. And how do we not sweep dollars that are dedicated to child care that have been agreed upon, and allocated in the budget that because of administrative barriers of why those center applications aren't going out in a timely manner, that then those dollars are getting swept back to the general fund? And I just think we need to have an honest conversation to stop that from happening.

**Kim Johnson:**

Let me say a couple things first. Yeah, thank you council member Ignatius. And let me just say a couple things in opening then I'll turn it over to Lupe. A good challenge for us in the past few years has been being able to better understand what it takes to operationalize significant new subsidies infused into our system, right? It's a great experience and opportunity for us to think through, and certainly through the course of that experience as it relates to alternative payment program vouchers, we have learned and recalibrated that it actually takes people to help do the enrollment and more people.

And whether it's the ramp-up capacity of those enrolling families into subsidies, especially given workforce, larger workforce contexts, and issues that we know are real to and certainly we've put additional investment recognizing that more was needed there. I think to your point, as it relates to some of our Title V and direct contract programs, we also know facilities, and I think that were just comments around facilities, what else do we know about the time that it takes to either renovate, to expand capacity, or to build new in terms of actual bricks and mortar and new established programs for those capacity too?

And how do the facilities components fit with the program elements and then of course all of the other workforce pieces that go with it. So, I just want to appreciate the heavy lifting that's happening across the state and really being focused and intentional on making sure, to your point, that all of the families, you name names, who are waiting for those opportunities have as access to them as quickly as possible. So, I just want to just

name the learnings that we've had in the opportunity we've had to have these significant investments going forward.

And certainly, I think to your point, there's a little question, what is the number? Can we stand up access to 50 new subsidies in one year, two year three... That's the experience that we're learning together and what does it take to do that? So just want to give that overarching context I think in terms of specificity on program types and actual enrollment, I think is what was part of your question, I think that's something we can follow up with related to the last few years of investments, but anything else you'd like to add?

**Karin Bloomer:**

No, I think you've covered it. Yeah. Thank you.

**Kim Johnson:**

Sure.

**Karin Bloomer:**

Thank you. I see the queue. Janet Zamudio, then Lisette, then Deborah Corley-Marzett, and then we'll try to be mindful of time to move on to our next segments, and big speaker panel that we have later in the meeting. And with that, Janet.

**Janet Zamudio:**

Yes, thank you. Good morning to everyone. I appreciate the presentation on the data that you went over and reviewed with us. Lupe, I have some questions on that and then I actually have a comment that I wanted to bring up given some of this stuff that's coming up in chat, but I'll start with the report. I agree with Robin about the setting type, and disaggregating some of that data by age, but also the ethnicity and race. And one of the things I felt was missing was understanding overall total enrollments by age group, just total across the board kind of feels like it's missing so it was hard to follow along.

I don't know if that was another data point that's online and, in the report, but I felt like that enrollment by age group was missing. And then I'll refer to specific page that's online in the quarterly reports, page nine, "It disaggregates percent of children by childcare program." It'd be helpful that in a slide like this to include what was previously included, which is on page eight, which is the total number of children enrolled by each of these programs. Because one thing I found super fascinating is that, in FCCHEN, Family Child Care Home Education Network, 51% of children were infants and toddlers.

And so, I had to go back to previous side to see what's the difference between overall child enrollment by age group and program. I think it's just helpful to have those numbers side by side when looking and reviewing at the data, but kudos to FCCHEN for serving that amount of children with the number that they have enrolled. On rate reform, I do have questions. I appreciate Deborah bringing up the fact that this wasn't

agendized. I am wondering why we missed the deadline. I mean it's inherent. There's good progress being made. I appreciate that update, but I think I'm not really understanding totally what's happening there, so more information would be helpful on that one.

And then lastly, just a comment for all of us. I saw in chat some comments made about how long it takes to license programs, and it does take a while to open new family child care providers, and it feels like when we lose programs that just happens from one day to the next. So, I want to bring that up in light of potential centers, losing leases, centers closing their doors, family child care providers not being able to expand, needing help with expansion or even getting licensed. So continued efforts in that area, and as we hear that child care programs are being closed, I'm not so sure that there's even a way to identify that or support in helping programs to keep their doors open to continue business.

I know a lot of you, and I work at Stanford University now after working in child care R&R for 20 years, there were a couple of programs that recently closed, and one smaller program that's going to be closing fairly soon, and we've tried to engage to find a place where that smaller program can go to, and even raised it to our county supervisor. So, I mean when a program loses a lease it's impactful to the community. So, you just want to flag for us that the importance of continuing to think about, and noting, and finding ways of supporting programs. So, when we do have viable programs in the community that they don't close their doors, and if there's a way to step in and help them then we can do that. Thank you.

**Karin Bloomer:**

All right, next hand I see Lisette and her beautiful child.

**Lisette Frausto:**

Good morning, everyone. Yes, I just wanted to make a comment in regard to the 200,000 child care slots that I know is being said they're being hold until 2026, 2027, but as you can see here, I have my infant with me this morning. One because she's sick. Actually, one because I have no child care, two because she's sick, but I'm so fortunate that I have an employer that's very understanding, and I can work around that, but there's not a lot of families that have this opportunity, and to be honest with you, I am having the hardest time ever finding child care for my infant.

It's very frustrating, and it's very sad to see that we are struggling through this, and I'm speaking for my own self, but I can attest that there's even more families out there that are struggling the same way, but they're not able to speak up or be here so I'm here to speak up for them, and just say that we have a demand of child care and we need to make sure that we don't have any child care funding cut or we also need to make sure that we have enough more slots for children, but especially our babies. I feel like we're going through a lot of things and we're doing a toddler preschool, TK, and now being a mom to an infant, I'm like, "Where's our babies?" So, I'll leave it at that because she's just not doing so great this morning but thank you.

**Karin Bloomer:**

Thank you, Lisette. Deborah Corley-Marzett, take your hand and move on to the next segment.

**Deborah Corley-Marzett:**

Thank you so much, Karin, and thanks for allowing me to speak once again. I guess I just want to say something such as to DSS as well as CDE as far as providers want to know, how does DSS, and again, as well as CDE, communicate with the contractors on policy and reform? On policy and regulations. Excuse me. Because what happens is that when a provider has an issue and a question and ask the network or the agency, the contractor, the network or the contractor tends to throw DSS under the bus and say they don't know. So, when a provider calls, they don't get a clear answer of what's going on.

They'll say DSS did not inform them, and in our eyes, we know you had to inform the contractor on the policy and regulations that they are supposed to be following. And when this happens, it leaves the provider, the families we serve, and the children vulnerable without any type of explanations. I truly feel that there should be an open forum as far as a conversation to where the state can hear those voices from the field on their concerns on the relationships that networks and all contractors have with family daycare providers. There is a poor connection that needs to be fixed.

There's things that are going on out in that field that are just being left alone, and providers are filling that brunt, and it's not a positive thing. When we have networks threatening providers if you don't do this or do that, we're going to cancel your contract. I think the state needs to hear those providers' voices, and those providers should not feel vulnerable. I am bringing this up because I think it's important to be a part of the transition. Because these are things when you're transitioning from one to another, things tend to fall apart in between, and there's something going on in between, providers are suffering, and we got to get this taken care of. So, I'm asking the state, DSS and CDE, to please hold a meeting with the family daycare providers and find out directly their issues and what's going on because that's very important. Thank you.

**Karin Bloomer:**

Thank you, Deborah. We're going to take public comment through the chat feature now, so we'll open that up and keep that open for the next five minutes as we turn to the next agenda item number three of the early childhood updates from CDE. Sarah Neville-Morgan, would you like to introduce your team or?

**Sarah Neville-Morgan:**

Sure. Thanks Karin. So good morning, everybody. Sarah Neville-Morgan. I'm a deputy superintendent with CDE, and with me today we have some of the team members from our early education division. As you can imagine, our early ed efforts are mainly concentrated in that division, but actually span across multiple other divisions in CDE. Today we're focusing on the early ED one. So, I'm going to hand it over to Stephen



Propheter, who is our director of early education so he can share some of the current work and efforts from his division. Thanks, Stephen.

**Stephen Propheter:**

Great. Thank you, Sarah, and thank you. Can we get the next slide? And yeah, as Sarah mentioned Stephen Propheter, I'm the director of the Early education division, and in light of our agenda here I'll be kind of covering the slides fully from CDE or from the early ed division. So, starting off with the Preschool and TK Learning Foundation. Many of you already may know, but the original Preschool Learning Foundations were published in 2008, so it's been a minute. In 2021, the CDE was charged with updating these foundations to reflect in part among a number of things, and provided in the budget, but a year of pre-kindergarten in a school setting as well as updated research.

So, the revised, the revisions to what was formally called the Preschool Learning Foundations are now the Preschool and TK Learning Foundation, and the updated or PTKLF, I'll just say for brevity, the updated PTKLF will describe the development of three to five and a half year old children, in center-based, in home-based, as well as transitional kindergarten settings across nine domains of learning. The PTKLF also reflects recent research on child development, and an increased focus on diversity, equity, and inclusion with more culturally and linguistically responsive examples, and examples of children with disabilities.

We also added a new domain of approaches to learning, which if you're familiar with the desired results, developmental profile is aligned to the DRDP now in that respect. The revisions will be released in summer of 2024. We're really looking forward to having those out and sharing more. We did post a recorded webinar, a brief recorded webinar, about 18, 19 minutes or so to the CDE website, and that's available for anybody to get to access, and get a summary, kind of the overview of the coming updates.

Next slide. And I'm going to take just a couple slides here on an update for where we are with the UPK Mixed Delivery Quality and Access Workgroup. You may know, I may recall, we've been holding these workgroup meetings. I think we've held about 13. We held our last work group meeting earlier this month, and this is a workgroup that the state superintendent of public instruction in consultation or collaboration with the Department of Social Services, and the State Board of Education, and in partnership with the Commission on Teacher Credentialing, convened to address some very specific tasks.

So one, providing recommendations on best practices for increasing access to high quality universal pre-K for three and four-year-old children through a mixed delivery model that provides equitable learning experiences across a variety of settings, providing recommendations on how to update pre-K standards pursuant to education code section 8203 which addresses the quality elements of California preschool programs to support equitable access to high quality pre-K, and transitional kindergarten programs through that mixed delivery model, and across all appropriate settings and funding sources, all of the while ensuring that recommendations are in

alignment with the work of the master plan for early living in care, and again, supporting access across that next delivery system.

Next slide, please. Perfect. So, I was just going to touch on this briefly because we are in kind of the final stages of the workgroup, and the workgroup which will manifest in a report that goes to the legislature and the Department of Finance at the end of March. The final draft of the report was posted for final public feedback from February 9th through 19th. So, I appreciate everybody who has provided such feedback to the report. And finally, we're going to be holding a celebratory meeting, and I don't know if we'll be doing that in April or May, but we are looking at dates, but really to celebrate everything that the workgroup did in informing those recommendations, and reports, and just also acknowledging we need to continue to push for access to high quality programs for all of our children.

Next slide. I'm going to talk a little bit about the Inclusive Early Education Expansion Program. We are really happy to say that we released a request for applications for the second iteration of the Inclusive Early Education Expansion Program or IEEEP, as we like to call it. This round of funding provides 116 million to local grantees. The purpose of the IEEEP grant is to increase access to inclusive early learning and care programs for children with disabilities, including children with severe disabilities. So specifically, this is a birth of five opportunity, and it is funded through Proposition 98.

So, it's available for LEAs to apply for funding, but we are encouraging partnerships in this round of IEEEP, and I'll talk in the next slide about how we're working to support access across all early learning or more early learning and care settings. So just for some background on this, the IEEEP funds will not only support state funded, subsidized early learning and care programs, but also include a focus on collaboration, and partnerships for professional development. Partnerships can provide valuable regional training opportunities to programs within the grantees program service area through collaboration with Quality Counts California, which is inclusive of state preschool quality rating improvement system block grantees.

Programs that will benefit from these trainings include, but certainly are not limited to early care and education staff. Family child care, home education, network staff, subsidized community-based organization staff, subsidized tribal child care staff, as well as special education administrators, and staff. We encourage community-based organizations to connect with LEAs to determine if they're eligible to participate in a consortium or a community partnership. This round of funding opened up the beginning of this month, February 1, and we'll close on March 15th, 2024. We are eagerly awaiting to see who's applied, and to work through the funding process so we can expand inclusive access to more of our children.

Next slide. Final slide here. The state level systems building and local practice piece. So, in addition to the 116 million for local grants, there's about 45 million that's available to address state level systems building and align local practice with the research and practice based strategies that best promote child outcomes, and program quality

throughout California. Some preliminary results from the children with disabilities survey that CDE administered and the IEEEP evaluation results.

I'm sure there's a high level of need from programs for additional professional development, especially in instructional practices to support inclusion, including coaching, and support from special education experts as well as support techniques. So, in collaboration with County Offices of Education, the CSBG QIS Block Grantees, and Quality Counts California, state level work will include a variety of elements that will improve inclusion, increase positive teacher-child interactions in the classroom, and many pieces will be available to early education programs across the state.

To support the need for resources and training around challenging behaviors, a task from another investment we're looking at will focus on teaching pyramids. The goal is to train regional leads with trainers and coaches, which will in turn increase the number of participants and programs trained with skills in working with challenging behaviors. Or rather we like to say behaviors that challenge adults, as well as inclusive practices. It not only supports working with children with disabilities but can also decrease suspension and expulsion rates.

And so just in summary, the goal of this piece of the EEP funding is to build sustainability within the state, reach many programs, as many programs as possible across California, and provide supports to the field to help with the increase, not just of supporting all children in inclusive settings, but noting that state preschool has a mandated set-aside of 10% for children with disabilities that kicks in a couple of years. We're working up to it, but so the EEP funding is really critical to supporting all of our children in accessing inclusive settings. I think that is, those are the updates that we've got here from CDE.

**Karin Bloomer:**

Thank you, Steve. Just looking for any pertinent questions from council members. And my apologies, we are running behind and we do have quite a hefty discussion still in front of us, but also want to accommodate. And so, with that we see Natalie, your hand is up. Please go ahead.

**Natalie Gaxiola:**

Yes. So, a couple of things. One of the things I did want to recognize and thank and because I'm remembering a few discussions, but the fact that they've added into more of that coaching piece and the training and the support for teachers in that way. So, I am very happy to see that. I also kind of have questions when I'm hearing this and I think of the practice and implementation of it. We keep hearing the mixed delivery system and we see the mixed delivery system. Yet I'm a little curious as to how are we going to sustain a mixed delivery system when the role of TK and the fact that they're servicing the same age group and we see that, for example, in some programs, the ratios are completely different while we're servicing the same age group.

For example, for state preschool it's one to eight versus in TK it's 1-to-12 currently for most. And I know that some, the goal is 1-to-10, so I was wondering if that had been taken into consideration also with the inclusion part of it, the need for more support and rethinking of those ratios and what that's going to look like and the impact that that would have or if it's feasible to support more with more bodies in the classroom. So, I think those were the things that kind of stood out to me.

**Karin Bloomer:**

Thanks Natalie. And keeping in mind too, that our next meeting with a real focus on this topic, so it'd be helpful to dive in there as well. CDE, is there anything in particular in response to Natalie? Otherwise, we'll move on to Debra.

**Sarah Neville-Morgan:**

This is Sarah. I think there's a few things and that's why it's so important to stay tuned to the legislative process. So, for TK, the ratios are part of the legislative process. So right now, what they have been funded to do is a 1-to-12 ratio and the governor's budget moves forward with the 1-to-10. But I will say that was addressed in a budget hearing yesterday that during a time of significant budget restrictions, and I think Director Johnson raised that earlier, we heard so many times in yesterday's budget hearing how the fiscal situation is not positive. And so, we're expecting to see across all sorts of areas some reductions or holds instead of moving forward into deeper quality. So, there's that piece.

We always look towards what they do with state preschool program while they're doing TK as part of those budget hearings and are interested to see as part of sort of a pause or a hold and not expansion of budget, what that would do then to our California state Preschool program, which is a mixed delivery model, but tends to get more Prop 98 funding than it does general fund non 98. And you all probably know the Prop 98 funds can only go through a local educational agency.

And so that really restricts what CDE is then able to do. And you'll see with the inclusive early ed expansion program that is fully funded through Proposition 98. And so one of the ways we were able to work with the Legislature and Department of Finance and Administration this past time was to pull some of those funds at the state level so that we can have trainings and coaching and pieces that would go to community based programs so that those funds wouldn't just be supporting our local education agency operated programs. So that's something that we always just raise up too, so that when we're looking at funding sources that people who want a more mixed delivery system ensure that there are funds that are non-Prop 98 included in any action that the legislature and administration is taking.

**Stephen Propheter:**

And just to add on about the ratios, I think Sarah's exactly right. There's things that are in statute that CDE can't say prescribed, and so the legislature did in this year's budget update statute for TK to require a 1-to-10 ratio at full implementation of 25-26. I'll also note there's a new section in education code this year that addresses TK classrooms,

which children whose birthdays are between June, or fifth birthday is between June 3rd and September 1st, and those classrooms have a 1-to-10 ratio.

**Karin Bloomer:**

Thanks, Steve. I see Deborah Corley Marzett's hand.

**Deborah Corley-Marzett:**

Okay, thank you once again. If you can help me understand please, Steven, in the slide that you presented under Universal Pre-kindergarten UPK mixed delivery quality access work group, it's noted here that to ensure that recommendations are in alignment with the work of the master plan without recommending new system changes that create increased state or local costs to other pre-K across mixed delivery system. So, my question here is what if the recommendations from some of the work groups are fair and equitable? Does that mean that you're not going to consider them because it might cost a little bit more? Because we know that an investment in change is an investment in the UPK system. So, when I read that I felt like, well, what if work groups don't feel that this completely aligns up and there should be some recommendations of changes? Are you going to ignore those changes? Are you going to consider them?

**Stephen Propheter:**

I think you bring up a great point, Deborah, and we definitely saw that. I think this was probably one of the more challenging aspects of writing a report around addressing equitable access and how do you do that with no cost. And so, there is a section of the report that is, I believe it's titled, "Other Considerations," that addresses items that the legislature, the administration could address if there's funding, should funding become available. So, I think we definitely recognize that, Deborah.

**Sarah Neville-Morgan:**

To be clear for everyone, those were the parameters that were put in the budget through the legislative and administrative process to determine the budget. So it wasn't like CDE decided, "Hey, we don't want any additional costs." My team can come up with all sorts of amazing ideas and they all cost a lot. And that work group came up with some amazing ideas that had costs. So that restriction was really part of what was approved through the budget process that put requirements around that work group. And so that's within staying within state law for the charge of that work group. That was part of what we were told we had to do as we wrote the report, which is why we then sort of navigated our way and as Steve said, created a section for other considerations where we put a lot of really more innovative, interesting ideas that all cost money.

**Deborah Corley-Marzett:**

And I think it'd be great if the public, and when you all get the recommendations, that you make that public so we can actually see what was all recommended and again, what was accepted and what was not and what was overlooked. Thank you.

**Stephen Propheter:**

I think we'll make sure we drop the link in the chat to the version that's out on the California Educators Together. You know. Happy to do.

**Karin Bloomer:**

Thank you, Stephen. Thank you CDE. Robin, we will take your comment or question and then we'll move on. Thank you.

**Robin Layton:**

Okay, thank you. I do really appreciate at these meetings that we have updates from both CDE and CDSS and I have a couple questions. One is regards to the TK ratios. I wonder how they're enforced both in CCTR and CSPP. They're enforced by CDE and CDSS and licensing. So, I was hoping to get that answered. And then while I was paying attention to the presentation, I also review the chat and I just want to bring forward one question for my colleague that he doesn't know I'm asking this, but Eric Peterson is asking two questions.

Can this group, and I'm bringing it forward, I think it's really important to ask, can this group do anything to help unify guidance between CDE and CDSS when they issue management bulletins and CCBs on identical regulations? And how can this group help with the challenges around distributing monies through CDSS? We are still having a difficult time getting specific information about the money we receive. For example, we are due to receive more cost of plus money and the remittance will only say SB 140 and he's also thanking you or all of us. So, I think that's three questions.

**Karin Bloomer:**

CDE, would you like to take the first one?

**Stephen Propheter:**

I'm sorry.

**Sarah Neville-Morgan:**

Was that the TK and how we do the oversight? Yeah, we actually do. There's pretty extreme levels of oversight for looking at them with penalties. So, Steve, do you want to share a little bit about the audit process?

**Stephen Propheter:**

Yeah, yeah. So, there is, one of the things that school auditors are required to look at are these ratios. The ratio, teacher qualifications are in, or more specifically I guess the ratios are in the audit guide and it's part of one of the things that auditors look at. And so when they go through that process, there's an assessment of penalties that occurs. There's a formula that the auditors have to follow in assessing those penalties when LEAs don't meet the ratio requirements.

**Karin Bloomer:**

Then in regard to Robin's, other questions, I don't know if there's quick answers given the time, but in regard to coordinating the management bulletins that go out, guidance.

**Lupe Jaime-Mileham:**

Okay, so I'll start and say that we do have some level of coordination regarding both of us reviewing each other's management bulletin and CCDs. That is done also as part of the process as well as when we release our CCPs as it goes out also for community input, that includes many of you. So, if for some reason you notice that CD had released theirs before ours, then a lot of times you're able to note that during that process before we send the final CCD out and then we can circle back to connect with our CD partners in regard to where the alignment can continue and et cetera. So, there is currently, but obviously we always can improve the process, so appreciate the feedback on that. Stephen, anything you want to add that I missed.

**Stephen Propheter:**

I think I know exactly what you said. We have a similar process where we share draft guidance with interest holders as well as, which is inclusive of CDSF, and so our teams review each other's guidance, provide feedback, and then as needed connect to work through maybe where implementation might look a little different so we can smooth out or address anything that's possible there.

**Karin Bloomer:**

Thank you. I do want to announce now that we're opening up the chat feature for public comment for this latest agenda item from CDE and we'll move on to the in-depth meeting discussion. Chairperson Johnson, I just want to apologize where our speakers, I think had expected about 25 more minutes than we have at this point and just want to apologize in advance for that and hope you can accommodate speakers the time that we do have. So, with that.

Select Public Comments

"Why is 1:10 for the new 'school age' ratio groupings okay in UPK but not in FCCH?"

"You are shutting us down. What is the state prepared to do when there is no more licensed centers or FCC? UPK does not have full inclusion of all fcc. There are not a lot of individuals who will or are willing to partner. THIS IS NOT MIXED DELIVERY SYSTEM."

"I feel UPK divides FCC's from the ECE field because all county's do not have a FCCHEN established and needs to actively include all counties through this process of establishing one to include all aspects of Early Child Educator's and is not fair and not equitable. With in your programs you have families that need additional evening/weekend/night care, care for children with special needs, and care for non-English speaking families and in most families a desperate need of programs that can shift with their needs altogether. We FCC's have not only the training to work with this age group, but most have degrees upwards to PHD's. FCC's are equipped because we taught and worked with this age group that was long forgotten when the focus was only

on school-age! Now that more state dollars are needed TK and UPK now exist taking away necessary money from a field that is mainly a minority and woman lead work force.”

“When joining the UPK with FCCHEN they should not be taking a large percentage of the pay the provider receives.”

“When the field provides input on CCB's, can we get a better understanding of why input was not included?”

“Very disappointing that TK programs are legislated to have 1:12 ratio and actually have 1:24 ratio as the 2nd "teacher" in the classroom is not mandated to have any teacher qualifications. Also, the teacher of record's requirement to have ECE units is being pushed off once again. So the 1:12 is adult to child and not teacher to child.”

“We build up our community and parents we need the same equitable resources secured like our LEAs and school Districts. We need to be a priority as mix delivery beginnings!!! Start EARLY START WITH FCC.”

“The irony in the new UPK system is that I am qualified to teach the credential course work to the new TK teachers, but not qualified to be a TK teacher. The systems of qualifications has created barrier for the workforce to continue to care and educate 4 year olds in CA.”

“I would be willing to add more special needs children to my program if I had more support for the child and teachers in my program.”

“I operate a licensed home based preschool program in San Jose. Much of what has been mentioned is what I experience as well. I have applied for the Valley Health Foundation grant which prioritizes funding eligibility based on equity criteria. My self and a network of providers, especially Black providers, have endured being denied round 1 consideration despite our programs centering in diversity, equity and inclusion. Our students, families and programs have been negatively impacted as a result of not residing within a census tract or zip code. This issue is a pattern that has recurred over the past several years including other grants such as the construction and expansion grant. As a result of this, funding that we as providers have needed has not come thus low enrollment, no enrollment and program shut down. Not all families that we serve qualify for subsidized care and are left with no child care which is a disruption to them as working citizens.”

“We deserve flourishing wages and sustainability like it was written in our Equity statements and Master Plan.”

“In regards to TK ratios, TK when it was first promoted at the state level, was promised to be a quality option with 1-10 ratios and teachers with ECE training and instruction. Teachers that work for San Diego Unified School District, one of the districts that fully expanded TK to all 4-year-olds have reported the following:

“There are not enough staff to take care of children during recess when teachers should be taking breaks.”

“A lot of schools have 4-year-olds go out of the classroom by themselves to find a bathroom on campus.”



“The curriculum is not developmentally appropriate for 4-year-olds and bears more resemblance to that of a kindergarten.”

“This is a problem. And this problem is exacerbated by the system that does not fully integrate community based organizations to help serve these 4 year old children in a developmentally appropriate way.”

“We are losing our enrollment of TK students to public school programs. Then we have to deal with lots of high turn over as staff coming out of colleges are severely impaired in knowledge and practical skills to handle children.”

**Kim Johnson:**

Yeah, absolutely. Thank you so much. And I think just given today's comments so far, both in the chat and vocalized related to how we continue to think about things holistically, that families experience these things together, how do we break down silos, even that last conversation and comment, how do we work together in our mixed delivery system? How do we think broader about the needs of families? I just want to appreciate, again, council member Alvarez, also inviting some others and giving us some local examples on how we think about that for birth equity. And I think Lisette gave us a visual of the babies, the people that we're here to serve and how we serve them is just so critical and the real stark inequities that exist today for families. So, with that, I want to invite council member Alvarez to kick us off with this conversation. Thank you so much.

**Mayra Alvarez:**

Thank you so much for the opportunity. Good morning, everybody. I'm honored to be here. Again, my name is Mayra Alvarez, I'm president of the Children's Partnership and

I'm a member of this council. Even just from the conversation this morning as a member, I really value the space for the continued learning opportunities it provides and the community it creates in moving forward our shared goals for strengthening our early childhood systems. And when reflecting on the conversation this morning, I want to emphasize something I think we all know to be true, and that is that right now we do not have an early childhood system that works for families. We have broken segments, whether that be systems focused on child care or housing supports or social services or what we'll talk about today, healthcare. But all of us here, and again, I want to emphasize this, the advocates that have spoken, the providers, the families, our government colleagues, we're all here as part of this conversation to change that.

So, I'm proud to represent in our collective work to make this state the best state to have, raise and be a child. We are proud to be here with the whole Child Equity partnership. That's a multiracial multi-sector coalition of organizations including us, Catalyst California, and the tremendous partners you'll hear from today that are proposing a set of goals that speak to our work as a unified coalition that includes partners, families, and communities, so that all families, I have five goals, five areas access to navigation and peer support, adequate financial resources, quality prenatal care, social supports to support their early learning development, and affordable, reliable, and high quality health coverage and care.

But within that, it's underscored by a commitment to advancing pro-Black policies and deepening understanding of anti-Blackness and how it impacts the ability for our families to thrive via a commitment to belonging and creating accessible, inclusive and culturally affirming resources, a commitment to uplifting community to find successful models, and a commitment to streamlining systems that meet families with dignity, and finally, a commitment to ensuring a supportive infrastructure and thriving wages for all the types of providers that help families in those first few years of their child's life.

We talked a lot about in this council that those first few years of life, that 90% of brain development occurs. And as we've also discussed at this council providers, again of all types, play an incredible role for families often having their trust and offering critical connections to services despite they themselves facing harsh inequities. The birthing process for families has immense impact on a parent or a caregiver's ability to care for their baby, to connect them to the resources and to get that family on the best path for healthy early childhood development. And yet for far too many California birthing people, particularly black and indigenous women, too many are robbed of that opportunity.

On behalf of my colleague Eva Rivera of the Children's Partnership and all of us in the WCEP, I'm honored to introduce our panelists today to talk a bit more about the importance of investing in birth equity in the workforce that enables it. With us, we have Nikki Helms of the San Diego Community birth Center. Nikki serves as the owner and lead midwife, Raena Granberry, director for Maternal and Reproductive Health for the California Black Women's Health Project, and Solaire Spellens, executive director and Candice Charles, research and evaluation manager of the Preterm Birth Initiative,

organizers of the Coalition for Black Birth Justice. We at the Children's Partnership and at the WCEP learn every day from these brilliant leaders and as Nikki says it, hopeful change makers. And I'm honored to hand the mic over to them. So, Nikki, take it away.

**Kim Johnson:**

Hello everyone. Thank you for welcoming us here today. We are getting our slides put up just now and I am here to talk to you all about what we mean by birth equity. What does that mean? What does that entail? So, birth equity means, if you would move to the next slide there, we are in a crisis in this country. Okay, first and foremost. This country is in sad, sad shape with regards to our maternal outcomes. If you look at the chart that I provided, this was in 2020, we were 23.8 deaths for 1000 births. Now, birth is something that has been happening since time immemorial and we know that there are better ways to do things. However, we're finding that the United States is I think 54th in rank for maternal mortality outcomes. So that was 2020. What you're looking at in 2021, the figure goes from 23.8 per hundred thousand births, to 32.9 per 100,000 births.

And this is a, it says highly incredible number, but it's kind of ridiculous because we are a wealthy developed nation with lots of resources, with childbirth being one of the most simple things on the planet. It's just not, it doesn't, someone said earlier, the math is not matching. It doesn't make sense, doesn't add up. We could go to the next slide. So we're talking about the mortality gap for women in the United States. What we are finding and what has been the case for quite some time is that black birthing people in the hospital system are three to four times more likely to die from pregnancy related complications in the United States. The work that has been done is finding that, if you look at the graphic here, we're looking at 40 maternal deaths per a hundred thousand for black women and women of color versus 12%, 12 per 100,000 for non-Hispanic white women. That is a stark and terrifying number. So, I'm going to hand it over to Ms. Raena Granberry to speak about the California specific numbers that we're seeing.

**Raena Granberry:**

Thank you. It looks like, yeah, we do have California specific numbers, but because of the order of the slides, it looks like we're going to go to Solaire and Candice first.

**Solaire Spellen:**

Okay, thank you. Hi everybody. My name is Solaire Spellen. I'm the interim executive director for the California Pre-Birth Initiative at UCSF. I'm also a co-founder of the California Coalition for Black Birth Justice. I'm here with my colleague Candice. We're really excited to talk with you all today about our coalition, about our agenda that was released last year and our plans for action, which I'm hoping folks will plug into. Next slide please. So the California Coalition for Black Birth Justice was conceptualized in 2021, and started in 2022 by black women leaders in northern and southern California to unify and strengthen the black birth justice movement across the state. And we like to start by acknowledging that while California is a leader in the nation for its investment and commitment to birth equity and justice, there really was no unified vision or strategy to make this a reality for black families in the state.

And so as black women with roots across the diaspora and deep expertise in public health research policy, community organizing, clinical care and more, we came together to help meet what we saw as a critical need, especially at a time where we were deep, deep in the midst of COVID and on the heels of a national racial reckoning. And one question we've been asked quite a bit is, "Aren't there already statewide groups?" And the answer is yes. And those groups are all doing really great work and they have different focuses and strategic approaches. Our work is really about strengthening the network of the various organizations and grassroots leaders to build power and not work in silos. And so our work is led by black women, its interest experiences with them and practices of black people. And we like to make it really clear that we lead with a deep love for all black people.

And that matters because it influences and impacts the way that we do our work and why we do our work. We don't take the positionality of protecting institutions that perpetuate harmful practices, but instead we call for systems transformation, accountability and transparency. Next slide please. So currently the coalition's work falls into three areas. The first being the Black Birth Justice Connector and Convener of California. We have a group of amazing strategic advisors who have helped us develop our first agenda for black birth justice that details the priorities that we believe need action on now to improve health outcomes for black families. And Candice will talk about the agenda shortly. The second area is supporting the black birth justice workforce. We hear over and over and over again how there needs to be more attention and resources on the black birth workforce in this space. This work is highly taxing and a statewide approach to this challenge could really help streamline the solution that will allow us to maintain a full cup and remain energized to continue this work.

And area three is about strengthening and scaling systems change efforts in healthcare, working collaboratively with hospitals, clinics, and CBOs. Next slide please. And in the interest of time, I won't go into detail, but I'll put our website in the chat. I just wanted to say, like I said, our coalition brings together birth equity and reproductive justice experts from various California regions and the nation to drive these efforts forward. And all of them are absolutely incredible. I really encourage you to please take a look at our website and you can also download the agenda that Candice is about to talk about there as well. I'll hand it to Candice.

**Candice Charles:**

Thank you Solaire. As my colleague Solaire foreshadowed, we recently released our California Black Birth justice agenda. And I'll talk a little bit about the process of that. We took about a year to develop this agenda with our strategic advisors that Solaire also mentioned, as well as with the input of black community members across California through the means of surveying folks. And the vision of this, as you can see in the title here, it's on the left side of the slide, unifying the vision for systemic change in California. That was the goal. And so, I'll go through some of our recommended actions that we collectively came up with, but really what undergirds the process here was that there's so many organizations doing amazing work in California across the state around advancing Black birth justice and equity.

But we might all be moving in different directions and different spaces, not knowing what other people are doing. Maybe we are doing some of the same work, but we just don't know that. And so, the feeling is that we're clearly stronger together, and if we're kind of moving in the same direction together, we can make a bigger impact. And so, you'll also see in the chat, Solaire put our website. You can also download the agenda on our website if you want to look at it in more detail. But next slide please.

Again, I won't harp on this slide too much in the interest of time, but we know as the coalition and as folks engaged in this work, that structural racism has impacted the development of scripts and protocols in healthcare settings. Even though in California black babies only account for about 6% of births, we as a collective group experience a disproportionate rate of fetal and maternal complications and existing birth justice efforts in California are siloed. Next slide please.

So, to the agenda to our action areas, the first agenda action area that we have collectively came up with our strategic advisors and with community input is institutional accountability and data accessibility. We know that there's a lack of access to quality data, especially community defined data, and that perpetuates mistrust in our health system. So, we call for that. We call for better access and centralized access for community to be able to access themselves. Despite recent efforts to expand healthcare coverage for patients, we know that Medi-Cal has some of the lowest reimbursement rates in the country, unfortunately, especially for obstetric services. And we see that with the closing of maternal wards in California presently. And then we also know that partnerships with community members evolve. So, there should just be more accountability efforts around that and how healthcare systems and institutions engage with community, especially when it comes to decision making. Next slide.

Under this area, this identified area for action, we have these steps that we recommend that the use of community defined measures to monitor progress in reducing Black maternal and infant health disparities to produce a publicly accessible Black birth equity monitoring and evaluation system, and to incentivize provider actions to advance Black birth equity through more innovative Medi-Cal payment models. Next slide.

Action Area two is centered around the Black birth justice workforce development and sustainability. We know there are high levels of burnout among folks in this work. Just a note, when we say the Black birth justice workforce, that's a holistic category of folks. We're talking about midwives, physicians, nurses, lactation professionals, doulas, community organizers, social workers, researchers, therapists, advocates, all these folks that engage in this work vis-a-vis their different professions, but nonetheless are a part of the team that's advocating for this issue. We know that Black patients experience higher quality of care when they're cared for by folks that have shared experiences and shared histories as them. We also know that expanding and retaining and nurturing the Black birth justice workforce is a central way to address this issue.

Next slide please. Our recommended actions for this section here is to strengthen the recruitment and retention of Black clinical and nonclinical workforce folks through

offering financial support and developing additional training and support programs, as well as investing in the next generation of Black birth justice advocates and workers. We also want to establish mechanisms for supporting the joy and wellbeing of the workforce.

Next slide. Then our last action area here is community-based care. We know that relationship based care is where it's at. We know that birth centers, which are really important for addressing this crisis right now, unfortunately aren't reimbursed at the rates that traditional hospitals are. That is an issue in terms of sustainability. We also know that it's important to call on philanthropic organizations to invest in this holistic approach to care and to really build this approach to care more and to respect it more as an alternative model.

Next slide please. Our recommended actions for community-based care are to expand coverage for community-based care, to increase access to holistic support for the community, and also to invest in Black-led birth centers and organizations as well as birth workers. Next slide please. Thank you. I know I just ran through that, but again, you can download the agenda on our website and look at those in more detail on your own time. Thank you.

**Raena Granberry:**

All right, folks. My name is Raena Granberry. I'm the Director of Maternal and Reproductive Health at the California Black Women's Health Project. Our project concerns itself with the 1.2 million Black women and girls across California from conception to aging. We do a lot around advocacy and training, so I will get to that in the next slide. First, I'll go through this quickly too because I think we've made the case, but we often have to really drill down on data because everywhere we go, folks are very, they're pretty against centering or focusing on Black people. You get this visceral reaction when you say we've got this Black coalition, or this Black organization and Black is in the name. We always have to really lay into this data to say, "Don't you think we should? Look at this data here?" You look at the pregnancy-related mortality that my sis Nikki talked about, and this is a graph that can show it to you very clearly. A New York Times reporter actually reported that birth outcomes for Black folks are worse now than it was a year before slavery was eradicated in the country.

Next slide please. Again, just drilling down on the data. Again, every time you look at these different... This is around low birth weight and preterm. So not just infant mortality and maternal mortality, but around low birth rates and preterm birth rates. Then we typically get this reaction, "Well, is it because black women are overweight? Is it because folks are low income? Is it because the education is low?" The data points to educated Black women have worse outcomes than white women who have not graduated high school. We can always go back to these points and say, "This is not about race." A lot of times it's about racism and it doesn't start at the doctor's office. A lot of times it starts in the community. A lot of these communities are underserved, under cared for, and it causes a lot of pre-pregnancy issues that aren't cared for once

we are in hospital settings, et cetera, which is why I can't wait for Nikki to tell you more about birth centers, which we love.

Next slide, please. Again, we can go through this slide. Actually, let's pause here because I do want to mention our Indigenous and Native sisters and folks who also have some really high disparate rates in a lot of these categories. I just want to stop here and acknowledge that we deal with that. Also, in some cases you can see Pacific Islanders as well. Next slide.

The California Black Women's Health Project attacks this in a lot of different ways. We do a lot of birth worker support, which means a lot of trainings and we don't just train them on becoming doulas in the actual care, we train them on business. I think it was Candace mentioned Medi-Cal rates, Medi-Cal reimbursement rates, even though they're low and we need to improve that, we also want people to enroll as Medi-Cal providers, and sometimes they don't know how to do that. We provide one-on-one assistance around that. We fiscally sponsor folks who don't have 501c3s, and they're doing amazing work in the community. We know that these big foundations don't give them a chance. They're looking for them to be so tightly packaged, and we're just looking for people who the community trusts and they do the work, so we fiscally sponsor them. We also have a lot of different workforce trainings.

I want to, just before we go to the next slide, just look at the agency support. We do a lot of systems change work in which we're working directly with hospitals, in which we're working directly with public health departments, the Department of Child Services, to really get folks to investigate and look at the data around who they're serving and how they're serving. We look at another program like home visiting, which is awesome. Black folks don't participate in that in high numbers. When we did the research, it shows that it's because there's no Black workforce there. We're sending people into folks' homes that they do not identify with. We're talking to systems about that, challenging them, but also offering them support. Next slide. I think we're back to my sis, Nikki.

### **Nikki Helms:**

Okay. Yeah. What do we do? What do we do as a nation, a wealthy, industrialized nation, what do we do to change the outcome of this appalling maternal mortality rate and these low birth weights for Black birthing bodies? According to our sister Saraswathi Vedam, she is a lead researcher and associate professor at the Birthplace Lab at the University of British Columbia. She says that we've been able to establish that midwifery care is strongly associated with lower interventions, cost effectiveness, and improved outcomes. Jenny Joseph, who is also a midwife, mentions that if a model somewhat mitigates the impact of any systemic racial bias, you listen. If you're practicing the midwifery model care, you're mitigating this without even realizing it. Dr. Neil Shaw lets us know that licensed midwives like myself could be used to solve shortages of maternity care that disproportionately affect rural and low income mothers, many of them women of color growing the workforce and integrated team-based care are parts of the solution. Next slide, please. This is what we do.

**Karin Bloomer:**

Nikki Helms, I'm going to pass it over to another tech team member who will show the video.

**Nikki Helms:**

Okay, great.

**Intro instrumental music video**

**Jasmine Creighton:**

Historically, we're seen as we don't feel pain. They can do whatever, and it's fine because we're resilient. Our bodies are different. But we know based on research, based on the latest disparities that we are seeing, that Black women are dying.

**Raena Granberry:**

Whether you are poor or rich as a Black woman, your outcomes are still less than a white woman who doesn't even have her high school diploma.

**Nikki Helms:**

The Black maternal health crisis is something that's been going on for years and in the past three to five years, it's gotten worse.

We're dying out here.

The Black maternal health crisis affects all of us. The Black women that are at the forefront of this are just the bellwether for the way that it will go for the rest of the country.

We need to be able to take action and take action quickly. Opening a birth center was really the best way I could think of to make that happen.

Midwives don't view birth as a medical event. It's a natural process. Not everybody needs to have a lot of medical intervention in order to have a lovely undisturbed vaginal delivery. We pride ourselves on midwifing the entire family, meaning that we expect the toddlers to come to the appointment, we expect the partners to come to the appointment. Valerie came to the birth center because she had had a prior experience with an obstetrician that was fairly negative. She did her research, and she did read the studies and she decided that this was what she wanted to do.

As the baby's head starts to emerge, I find myself in the back of my head realizing that I'm holding my breath. If you don't know me, and if you're not a midwife, you don't know that that's what I'm doing. But once I'm able to get that baby out and put that baby on its mother's chest and hear that baby cry, that's when I'm allowed, I'm able to make space in my heart for that joy.

**Jamaica Rich:**

My husband was all hesitant like, "I don't know if we should do this." And 10 minutes in of meeting Nikki, he was like, "I love her."



**Emry Davidson:**

It just made me really comfortable being here. As you can see, the birthing suite here, it feels like home. I had all of my prenatal care in this room. When I came here to have her, it wasn't like I was in a new territory or had a new doctor delivering my baby because something happened. No, Nikki was here with my whole birth team, and she coached me through it. She's like, "You're not going to panic." I didn't panic. Well, I started to, but she calmed me down. Overall, my experience was so amazing. I decided to start volunteering. Then she was like, "Do you want a job?" Now I work here, and it makes me so happy.

**Leslie McFarlane:**

We love our community, and we hope that shines through even the darkness of the crisis.

**Outro song video****Nikki Helms:**

Oh, back to me. Sorry. We are always really excited to share our little video that was made about our little birth center. I think if we do have one or two slides left to talk about exactly what it is that we do here. What we do at the birth center is group and prenatal care. We do individual care; we do labor and delivery here at the birth center. My upstairs neighbors can't believe it, but we do. People actually have babies right here. We have become sort of a doula hub. We've become a care location and resource for the marginalized populations, people of color in San Diego County. These are all of the things that we do.

I don't know of any one particular practice that does all of these things with a staff of all women of color, holistic practitioners that are all women of color. We are doing our best to stand out and highlight the Black birth workers that are in our community. Like Candice said, the Black birth worker burnout is real and the lack of support for Black birth workers is real. We are doing this work out here and we are doing it in such a way that it feels like we're trauma bonding, all of us that are helping these families have these babies. The realization that the hospital system does not necessarily have their best interest in mind is definitely a continuing theme throughout meeting these different families and helping their babies into the world. We're working hard and we are few and far between, which is unfortunate. I believe that Ms. Raena has a call to action for all of you. After the statement, we're going to ask if you have any questions. Ms. Raena, if you would.

**Raena Granberry:**

Thank you. Actually, I'm going to bounce back to you for one second, Nikki, because our call to action slide is basically asking you, Solaire and Candace, what are the things this body, the community members that are here listening and, in the chat, do to support us? I want to start with you and then I can go and then we can pass to Solaire and Candace.

**Nikki Helms:**

Okay. Well, I think that the things that people in the community that you guys' as legislative persons can help us with is funding. It's hard to be out here with all of the way that people have to pay for things, especially in San Diego. It's a lot of money to do business here. It's a lot of money to live here. It's a lot of money to get care here. Right now, we are mitigating, I am helping to mitigate the crisis that's happening here in San Diego. We had one of our oldest birth centers just close its doors yesterday because of the fact that they can't get enough nurse midwives credentialed for their program. They can't keep people long term. They were one of the few centrally located birth centers that accepts Medi-Cal, as well as TriCare. Now it's an arduous process for me to get through the Medi-Cal care provider system, as well as TriCare won't even talk to me.

What I would love to see, and I know that this is, I may be barking at the wind, but it would be amazing if midwifery care was recognized, respected, and integrated into our current healthcare system. All of other developed nations that have much better health outcomes and birth outcomes are industrialized nations that have midwives at the forefront of obstetric and maternity care in their countries: France, Europe, Sweden, Norway, places that have educated people, places that have people that do and don't have money. All of these places have midwives at the forefront of the teams that are helping these families deliver one of the most important pieces of their family.

**Raena Granberry:**

Thank you, Nikki. I will add that there are a lot of people here who are in systems connected to systems, programs, agencies, et cetera. I think my call to action would be to look at your existing data, dig into who you're serving, how you're serving. When you look at those numbers, look at them in a broad range. If you notice that there's one population that isn't utilizing the services or is displeased with the services, dig deep and ask yourself why. Examine your workforces. Look into your workforces and see, do you have people of color? Do you have Black folks on staff? Sometimes we fill our staffs on the low levels, and we don't have any of them in executive and high level leadership.

That is something that also needs to be examined and look at satisfaction. Sometimes we may have good numbers and good data around who's coming to us, but really survey your parents, have focus groups. Ask them how they feel about the services. Ask them are they respected, are they able to use it? Is there anything else that needs to happen? I think that is a really helpful thing you can do across not just in the perinatal through three space, but across all of this early childhood space. Lastly, as we examine our systems and examine our data, is to examine ourselves, look at our internal biases, examine our existing anti-Blackness, anti-Native ideologies, and be educated. Educate yourself on the disparities, on the data, et cetera, and listen to Black folks because that is a thread that we are seeking across all programs, not being listened to and not being respected. Thank you very much.

As always, support midwifery. I have to just double down on what she's saying. In birth centers, we are seeing in data that those are the places where people are being treated

with respect, where they have the highest satisfaction and the best outcome. Thank you very much and I'll pass to Solaire and Candace.

**Solaire Spellin:**

Thank you, Rena. I want to just echo what Nikki and Raena shared and really say again, yes, please listen to Black women. Please a specific action item that you all can do download the agenda on our website. Nikki and Raena spoke to actions that are in that agenda. You can read through it. They're very specific. Think about your work and the decision making and the power that you have. Try to identify what actions on our agenda you can do or you're adjacent to, share the agenda with your network. Those are things that will absolutely help advance the work that we're trying to do, strengthen our voice, strengthen our reach. Please again, download the agenda, look at it and really figure out if there are ways that you can operationalize the actions that are listed in that agenda and listen to Black women.

**Candice Charles:**

Only thing I'll add is I'm just dropping some links in the chat. The first link is the agenda, the second link is to the link to our Instagram. If you want to keep up with the California Coalition for Black Birth Justice, please follow that as well. But echo everything that my esteemed colleagues on this panel have said.

**Nikki Helms:**

I will step in and ask council members if there are any questions that any of us can answer for you.

**Kim Johnson:**

Well, let me just start here in the room. Kim Johnson, and I appreciate your pronouns. Queen Helms, thank you for your remarks. I'm noting that and all of you, first and foremost for what you do. I just really want to appreciate the attention and the focus of the effort that you just shared. I think for the council, as we've talked a lot about addressing inequities, addressing structural racism and how that informs our work, when you don't disaggregate data, you miss really, really important ways in which we need to be intentional in our focus. I think you have demonstrated that, and I think probably a dozen slides of what it means to be clear when you disaggregate data and look at what that means for outcomes and how we need to be looking at that over time in terms of the change over time that projects that you outlined achieve in terms of having greater and better outcomes.

I think you also highlighted, which I can imagine you can speak to it, but I can imagine that the relationships you are building with those that you are serving far outlast the birthing experience. Having that support and connection I know is so critical. Just want to just start with some appreciation for each of you for spending your time with us and lifting this up. I know other council members have some additional comments here.

**Karin Bloomer:**

Yeah, I'm looking at the raised hands in the queue here. Council member Sonia Jamarillo, would you like to go next?

**Sonia Jamarillo:**

Yeah, mine is quick, but I just wanted to thank you for the information. Currently I'm working with the Office of Head Start. I oversee the Head Start services for Monterey County, and one of the things we're doing is to advance our equity practices and do a better job reaching out to our students. One of the things we're doing is we're developing an equity plan. It's not until I went through the process, I know the benefit and the impact, but going through the process really helped me understand that by focusing on advancing the agenda of the African Americans in general will impact the other minority groups. So, it's like seeing it with that lens and looking at the research and the benefit for our Latino families as we focus on meeting those needs. It has been a process and it's been a wonderful experience and I believe our plan will be enhanced. I thank you for the information provided.

**Karin Bloomer:**

Thank you. We've got hands up in this physical room as well, so I'll turn to one here and then back to Tonia. It would be Donna Sneeringer, please go ahead.

**Donna Sneeringer:**

Yes. Thank you so much for all the amazing information. I couldn't agree more about the data and how important it is to really understand the impacts in the community. I did want to follow up on the question related to home visiting and my organization runs home visiting programs and share your concern about making sure that we have Black representation in our home visitors. We have been working on an apprenticeship project to try to grow our own from the community, but it is really a difficult area to recruit folks into. Just curious if you've seen any good examples in your work where folks have been brought into being home visiting professionals. I may follow up with you after because I would love to chat about how maybe we could work together on some of that.

**Raena Granberry:**

I would love to chat with you, please. I'm going to put my email here in the chat. One of the things, I know First Five LA did a deep dive in Los Angeles around the recruitment issue and had some of the same challenges initially, and then they had to look to who was recruiting. That was a big thing. Sometimes folks can't be recruited from a system that they haven't really used or trust without getting that trusted messenger. Even if there weren't trusted messengers doing the recruiting, they reached out to community organizations where those messengers were and really utilized the community organizations to say, "Bring us together with your base. Can you help us spread this message?" That was one of the things that was really helpful in Los Angeles, as well as a bunch of other things that I'd love to share with you. I hope that was, at least for now, a sufficient example.

**Donna Sneeringer:**

I will definitely follow up because I would love to just chat about how we could be more intentional.

**Raena Granberry:**

My pleasure. Thank you.

**Donna Sneeringer:**

Yeah, thank you.

**Nikki Helms:**

I'd like to add in too to the comment that we were talking about the things that community home visiting staff would be doing and the responsibilities that they have, especially around maternity and newborn care. I think if we were to really take a look at it, California already licenses midwives. Midwives are already very capable, used to and integrated into going to homes to visit them. When you engage with your local midwives, you get a whole other population of people that you get connected to. Now in San Diego, I'm the only Black midwife that owns a birth center, and I'm only one of three Black midwives in the county. Again, promoting midwifery, promoting midwifery education and integration is going to provide you with some of those community health workers tomorrow if you wanted them.

**Donna Sneeringer:**

Yeah. That's a great suggestion. Thank you.

**Karin Bloomer:**

Council member Tonia McMillan, please go ahead.

**Tonia McMillan:**

Thank you. First shout out to Leslie McFarlane, one of our partners with the Whole Child Equity Group. Ladies, you guys have really lifted my spirit. You guys have touched my soul today, especially with me being a member of-

**Karin Bloomer:**

Tonia you're cutting out. Okay. Maybe if you turn off your video, I've heard maybe that helps with bandwidth. Oh, okay. Although we hate to lose you that way but try that.

**Tonia McMillan:**

That's okay.

**Karin Bloomer:**

All right. That's better. That's better.

**Tonia McMillan:**

Is it... Oh, okay. So, I was saying that me being a member of Black ECE, Black Californians United for Early Childhood Education, hearing what you guys share today and the questions that you're asked about the work that you're doing and why, I can, 100%, relate to it because we deal with the same thing.

But what we do know is that, in black community, when we learn about opportunities and programs like what you guys just presented with us today, word of mouth, word of mouth travels, and it is so critical, and it is so important in the black community. And being a black early educator, working with black families, black mothers who...

**Karin Bloomer:**

Tonia, you're cutting out.

**Tonia McMillan:**

Come to our childcare. Okay. Just the education and having somewhere to send a black mother is important.

I'm just so grateful to you guys. I'm grateful for the awareness that you guys have presented today and thank you so much. And we will, 100%, be in contact with you guys. So, thank you. And I'm going to turn my video back on.

**Karin Bloomer:**

Thank you. Deborah Corley Marzett, please, go ahead.

**Deborah Corley-Marzett:**

Thank you so much. I just want to say amen, amen, amen. And what a beautiful blessing you ladies are doing, making sure that our babies are born, survive, and their families are supported. So, thank you for that. Thank you.

**Karin Bloomer:**

Council member, Mary Ignatius.

**Mary Ignatius:**

Thank you, Queen Nikki. I birthed two babies with a midwife, and both at home and in the hospital. And without my midwife, I would've been wheeled into getting my C-section. So, huge love and respect and admiration for the midwives, the doulas, the birth workers, and everybody deserves access to them.

As I was watching your presentation, I felt like wherever you said like hospital system, this group could replace that with like TK or the K through 12 system or where you talked about black birth workers, we could replace it with black childcare workers. We are often so separated by silo, by industry, and by system, but these systems are all operating together, and they are all harming the same women over and over and over. And so, when black mothers are coming to the childcare system, it's often after years of already being traumatized from other systems.

We have one member who was telling the story of how... She's a black mother from Contra Costa County, and how she dressed because she was dressed too good when she went to the welfare office, she was denied services. And then, when she went to go give birth at the hospital because she wasn't dressed properly enough and her hair was a mess, she was traumatized by her birthing experience.

And so, just how she walks out the door and how she's dressed is determining the dignity the world is going to give her. And I think us as being as a part of the system, if we aren't starting to be honest and having these hard conversations and recognizing our contributions to perpetuating these systems, like we are complicit, and we have to really have these hard conversations.

And so, thank you for all the work that you do, and hope we can stand together as strong allies. And I know we have a lot of work to do, but...

**Kim Johnson:**

I just want to, thank you for that. And I just want to remind the council of a couple of things. One, we last year, as you'll recall, had conversations related to home visiting. We had conversations related to Black infant health. I think to the speakers who have spent their time with us this morning, that piece around silos and coordination and connection, and the Department of Social Services funds a pilot for guaranteed income that is focused on pregnant individuals. And we are funding Expecting Justice, who's also focused on black women and black parents in San Francisco.

So, just, again, want to say that, at least, within the California Health and Human Services Agency, we are taking that charge to heart, that we have to make sure these things are connected, that we're asking these same questions again to the point on data, how we're reporting outcomes and progress, and the strategies that we're investing in. I just really want to appreciate and take that.

And I think as council members, I would ask that we continue to think about this presentation, and how we go forward in future presentations, right? That additional questions that we should be asking. I know, in our presentations this morning, there was already questions around breaking down our data that was provided by social services, by age, by demographics, those kinds of things. We have to continue to do that to be intentional in the strategies and interventions that we work towards.

And so, I just, again, want to appreciate you all for spending this time with us this morning. Council member Alvarez, anything else you'd like to share to close this out this morning.

**Mayra Alvarez:**

Yes. Just deep appreciation to the leaders on this panel and to everyone for the open heart and open mind to move forward this conversation for our babies in California together. Thank you. Deep gratitude.

**Kim Johnson:**

Thank you, all. Thank you so much. Very impactful.

**Karin Bloomer:**

All right. It is time to take final public comment, at which time, we invite both chat written comments. So, we'll be opening up the chat feature now and keeping it open until we adjourn. And we'll also be inviting members of the public who would like to speak verbally, to also please get in a virtual line by using the raised hand feature, so that we can see you in the queue and call on you.

We do ask that you try to keep your comments to a minute or less, just to make sure we have enough time for as many verbal speakers as possible. I want to remind council members, that we do take public comment as just part of the public record, and so, we won't be engaging in conversation or dialogue, but we just be taking the comment and putting it as part of the public record, and also, again, continue to welcome chat, and also, any other forms of comment you'd like to provide.

So, with that, we will start looking to names in the queue on the attendance list. Yolanda Thomas, we are going to unmute you now, and we invite you to unmute.

**Yolanda Thomas:**

Hello.

**Karin Bloomer:**

Hello.

**Yolanda Thomas:**

Can you hear me?

**Karin Bloomer:**

Yes, thank you.

**Yolanda Thomas:**

I would just like to comment these ladies, because I'm a family home childcare provider, and I believe that care for the child starts in the womb. I have many parents that are pregnant with second, third, fourth children, and I'm able to care for them and I'm able to help start that care for the children in the womb.

And me, personally, my grandchildren were born at home, and this is something that the moms and dads felt strongly about, because of how they were represented in the hospitals, in the medical field. They didn't get that equity. So, that's all, and along with Tonia, part of the Black ECE, I'm glad to know that we will be in touch and just to get the word out. Thank you so much for being here this morning.



**Karin Bloomer:**

Thank you. Now, we're turning to Laura Andrade. We're going to unmute you and we invite you to unmute. Please, go ahead.

Laura, we may have just lost you. I don't see your raised hand or your name. Oh, please, go ahead. If you want to unmute, we're ready to go.

**Laura Andrade (Spanish interpreter):**

Yes. Can you hear me?

**Karin Bloomer:**

Yes, we hear you. And I'm hoping some Spanish interpreter in the Spanish channel can translate. Please, go ahead.

**Laura Andrade (Spanish interpreter):**

This is the first time I'm here at a meeting, and the truth is it's a lot of information. The information is really good. I've been working as a provider for a month and a half, and this is a work that I really have enjoyed, and I really enjoyed this because, as a beginner, I need more information and I really like this meeting a lot.

**Karin Bloomer:**

Thank you so much, Laura. And forgive me, I don't know if the Spanish interpreter can also repeat that public comment. If not, we certainly will be translating it in the transcript of the public record.

Okay. I'm going to move on, and I'll find out if we're able to also provide that in English. Thank you so much, Laura.

We're going to turn next to Crystal Jones. We'll unmute you, and Crystal, please, go ahead and unmute.

**Crystal Jones:**

Thank you. Hi, everyone. Happy Wednesday. I'm a child care provider and proud union member and mentor now for CCPU from Los Angeles County.

And as we work to change the current page structure, we demand that all providers both licensed, unlicensed and exempt, are valued for the important contributions, excuse me, we make to California families.

I want to thank you all, especially our black birth center representatives and representation for showing up and showing out today in this presentation, showing how it could be done, the importance of putting money where we could meet the needs of our most vulnerable families and children.

And it starts in the womb. It starts at birth, so you to be the solution, and actually, bring that to a city where it's wealthy, but yet, it has as they're representing us the need for Medi-Cal, and medical assistance. I applaud you, I honor you, and you have inspired my push, so thank you. Keep up the great work and thank you for being bold.

As us black educators, you guys keep hearing it repeatedly, even Head Start was created to solve war on poverty, we could not make it without the investments to be sustained and push for more operations that's needed to represent our own families and stand in unity with the community to be a positive resource and pour it back into our families.

Thank you for allowing it a place to be for us to go to be received and loved and cared for and nurtured. That's so important, and I highlight that, and thank you so much. You guys have a great day. Thanks again.

**Karin Bloomer:**

Thank you. Francisca Ramirez. We're going to unmute you now and we invite you to unmute on your end. Please, go ahead. Francisca, if you could unmute Zoom on your end.

**Francisca Ramirez:**

You see that...

**Karin Bloomer:**

Yes.

**Francisca Ramirez:**

Can you hear me now? Okay. Hi. I'm sorry. Thank you so much for having us. It's a lot of information, important information. I've been in it for three times already. I'm a childcare provider in Los Angeles County. I've been doing it for 20 years. I've based in a home daycare, child educator for 27 years.

I myself was a single mom, and I did ask for help, so I know how important it is for us to help the community. We do need the support as much as we can. I can't not even think about me being closed. I was open during COVID time. It was very hard. Thank God we're essential now, but I just want to let you guys know that it's very important for our families to keep... We need that support. We really need the support.

There's a lot of families, like one of the ladies said, we have provided for two, three children, and then, I just feel that families do need, also, the support. It's a little circle, or a little... We have to have each other and we're here to help the community and we start with home daycare from birth to up to older age. Even special needs children. And we can keep going.

But thank you so much for letting me speak. I'm a Spanish lady, too, so we do need a lot of support. Thank you.

**Karin Bloomer:**

Thank you. Sima Safi, we're unmuting you now. If you could, please, unmute on your end. Go ahead. Sima, can you try unmuting on your end, please? Sima, one more try, if you can find your Zoom microphone button and unmute. I'm so sorry, we'll move on just for the sake of time and please feel free to get back in the queue if you've found a way to unmute. We're going to need to move on to Andrew Avila. Andrew, we're unmuting you. Please, unmute on your end and go ahead.

**Andrew Avila:**

Hi, good morning. So, my name is Andrew Avila, Early Edge California. We'd like to thank the council for its ongoing work and commitment to supporting California's diverse families and children, by moving towards the goals of the master plan for early learning and care.

For rate reform, we want to stress the importance of including all caregivers within our state's mixed delivery system, including licensing exempt caregivers and ensure that their true cost of care are reflected in the new methodology. For transitional kindergarten, we appreciate the expansion of the preschool learning foundations to specifically include TK alongside other childcare settings, while focusing on the early ages of three to five. Lastly, we recognize the need to collaborate and develop policies to support black families and their children in California. Thank you all.

**Karin Bloomer:**

Thank you so much. Next, we'll turn to Justine Flores. Justine, we're unmuting you on our end. Please, go ahead.

**Justine Flores:**

Hi. I'd like to thank you for having us here today. I appreciate all the hard work and dedication that you guys have invested into us to make all this in alignment. I have a recommendation for you. The recommendation I have is to align the infant toddler age range definitions across all of California subsidized early care and education programs, to increase the ability for childcare and education programs, to blend and brand funding. The reason why I'm asking for this particular ask is because of the fact that we are losing licensed family childcare providers, as well as center-based care. We need to fix this before our system ends up in a collapse.

The way to do that is by aligning the age range definitions. I don't know if you're familiar that family childcare is currently defined as zero, which is newborn, newborn to 24 months. As center-based care, it is defined as zero to 18 months. This needs to be fixed. It's a simple fix. It will not cost you anything. It is something that'll help improve our system and should be brought to the table at a higher level with our governor and

with other legislators as well, because you can, and you will make the difference if you hear our voices.

My second recommendation to you is to revise the regulations to ensure that infant, toddlers, then, the care of workforce be eligible for subsidies, regardless of their household incomes. This is another thing that you guys are making slots, but if their household income is a key factor, these are a working force. These are individuals that have to choose between whether they continue to send their child to care, or whether they're going to have to stay at home and take care of those two parent households. That's a loss to our economy of financial revenue. I need you to really realize that and bring this to a higher table. And I appreciate your time and your energy and all that you are doing for us. Thank you very much, and you guys have a wonderful day. Goodbye.

**Karin Bloomer:**

Thank you. Sandra Vega. We'll turn to you next. We're going to unmute you. Please, unmute on your end.

**Sandra Vega:**

Yes. Got it. Unmute. All right. Listening?

**Karin Bloomer:**

Yes, we can hear you. Thank you.

**Sandra Vega:**

All right, great. Yeah, I just want to emphasize the importance of having clarity on all of these policies and suggestions and changes. When are providers truly included in all of this? Because from what we've seen there's a lot of confusion in loops and whistles where center-based, of course, have the benefit of grants and whatnot, and providers are excluded from a lot of this.

Lately, it's changed and it's better, it's positive, but there's still a lot of lack of clarity and lack of, where we are truly included. Not only through Department of Ed, but Department of Social Services, given the fact that we do provide social services for community. When we work with our less privileged community, I'm sure you guys know the situations that we have to address. And when it comes to partnership, there is a lack, there is a lack in wanting to participate and include providers in all of this. That's it. Thank you.

**Karin Bloomer:**

Thank you so much. Cristian Corona, we invite you to unmute on your end.

**Cristian Corona:**

Hi, everyone. I just wanted to say thank you for all of the information that we received today. And believe me, we family childcare providers are more than grateful to have

these meetings where we can express, and we can also learn more. I just want to remind you guys that we need a rate reform now, and have...

**Karin Bloomer:**

Cristian, you've cut out. We don't hear you.

**Cristian Corona:**

... to support the family that we work with, but also, the agencies that...

**Karin Bloomer:**

Cristian, you're cutting out. We can't hear you.

**Cristian Corona:**

Can you hear me now?

**Karin Bloomer:**

Yes, better. Please, go ahead.

**Cristian Corona:**

I just want to...

**Karin Bloomer:**

Oh, you've cut out again.

**Christiane Corona:**

Sorry. Thank you. I'll try it again. Thank you.

**Karin Bloomer:**

Okay. Thank you. So sorry. Let's turn to Micaela Mack. We're going to unmute you, Micaela. We invite you to unmute. Please, go ahead.

**Micaela Mack:**

Hello. Thank you for posting and including those of us on Zoom that are not able to attend locally. I just want to reiterate some of the things that have been mentioned in terms of providers. Many providers, there's a misconception about home-based preschool that many providers are not educated in the area of early childhood education.

Many of us hold degrees, associates, bachelors, master's, and have been established in early childhood education, whether it be center-based or home base. Personally, I chose to open a home base program after working in center-based programs for the past 20 years.

I've been an operational for three, and with the intention of really opening up the space to be inclusive, that is working with children and families with individual needs and making sure to incorporate the services that the families desire. As I always tell my families, you're the experts in what your child's needs are and educational abilities, or disabilities are.

So, that, and also, opening equity, making sure that, especially black students are included and not excluded. We know that there's a disproportionate rate of black children being expelled from schools, and it is due to the way that our children learn are very much different from the way that the traditional standard of education is set.

So, myself and a network of colleagues of black providers, we have chosen to do this work of operating a home-based program. And one of the issues that I mentioned in the chat that is a recurring issue is the need for funding. Many of us are connected to programs like Quality Matters, and we do exercise professional development. In terms of serving the families that we do, there are a lot of needs that are not provided because they don't qualify for subsidies, because they don't qualify for other services, but there is still a gap.

So, something to take into consideration in terms of meeting the needs that, we as providers have and the families that we serve, is to have a conversation directly with us as providers, and to see that we are operating in a capacity which is professional and a capacity in which our children are learning and developing. And when they enter into school, they are more than prepared.

Again, we as providers, pull from our own financial resources, and today, many providers are suffering from not having the funding and adequate resources to provide what we want to do, what we are here to do, and purpose to do. So, if there is any space to open up the conversation so that we can have a meeting just like this, but cater to family childcare providers, and really, hear from... And have an exchange and dialogue and what we can do to work together.

So, I, again, appreciate and thank you. Please, excuse my dog. I will get off of this call now. Thank you.

**Karin Bloomer:**

Thank you. We're going to turn to... I think the last hand in the public comment queue, Rebecca Grasty, we invite you to unmute on your end.

**Rebecca Grasty:**

Hi. I just wanted to echo something that has been said and what Justine touched on, was just the alignment of ratios across the system. A lot of the UPK talks about having equality across various types of avenues for UPK, and if UPK is talking about having eight to ten three year old in a classroom because either there's not enough staff to put more in, or if there's not enough building space to combine classrooms, family childcare should also be given that opportunity.

And currently, in this... With the current regulations for three year old, it's only three three year old in a small family childcare home with a ratio of one to six, versus in a classroom one to eight or one to 10. We need alignment across the system for age groupings, to really preserve a parent's authentic choice as to where they would choose for them to go.

As the references that were shown in the beginning, parents generally would choose family childcare over a UPK, public institutionalized preschool if it wasn't free, if they had the opportunity and money wasn't an option to save in that area. Thank you.

**Karin Bloomer:**

Thank you. And that concludes public comment. I'll turn it back to Chairperson Johnson.

**Kim Johnson:**

Yes. Thank you so much all who just made comments both verbally and in the chat. Appreciate you being here. I think we were up to close to 500 individuals from the public this morning, so just really appreciate you engaging in these conversations with us, lifting your voice to the areas that you see. We have three more minutes. I see two council members with comments. Council member Layton.

**Robin Layton:**

Oh, really fast. Really appreciate today, great presentations, really, just amazing. This is going to sound weird, but we need to vote or approve that we have a group together that can do the budget letter response to the May revise. We need to be ready now, because our next ECPC meeting is May 20, and that's when we would want to approve the letter.

**Kim Johnson:**

Thank you.

**Robin Layton:**

Otherwise, we won't have a response.

**Karin Bloomer:**

Thank you. Council Member Layton, if we can have two volunteers work together under the Bagley-Keene Act to shepherd that. So, if you could, please, email me with your interest from the council, I'd appreciate that.

**Kim Johnson:**

Council member, Gaxiola

**Natalie Gaxiola:**

And then, the only thing I just wanted to kind of elevate and acknowledge is, what we hear over and over again, that we do need more of an alignment from the zero to five,

and really, rethink like the ratios and what we're providing for all children. So, just kind of wanted to elevate that, being something that I'm hearing consistently.

**Kim Johnson:**

Thank you very much. Thank you all for being here, for engaging, for advising, for activating as we are continuing to work together in support of those that were here and have the privilege to serve. So, appreciate you all.

Again, our next council member is May 20, May 20. All information from this meeting. And again, thank you to our presenters for joining us in that very rich discussion and powerful discussion this morning. May 20th, and all of those information materials are on the California Health and Human Services Agency website. And a lot will happen in between the next time we meet. And appreciate everyone being here. Thank you so much. Thank you all. Take care.