



Early Childhood Policy Council

Meeting Agenda, Attendance, and Summary Report

Wednesday, February 28, 2024

9:00 a.m. – 12:00 p.m.

Physical Meeting: 1000 G St, Sacramento, CA 95814, WestEd, Floor 5, Capitol Room

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
 - Update on the California Child Care Development Fund
 - Update on rate reform
 - Council questions
 - Public comment
3. Early Childhood Updates from the California Department of Education
 - Presentation
 - Council questions
 - Public comment
4. Report Out From Chairs of Advisory Committees (*Not fully covered due to time constraints*)
 - Public comment (*Not covered due to time constraints*)
5. Birth Equity in California
 - Presentations
 - Council discussion
 - Public comment
6. Adjourn

Attendance:

Council Members: Antoinette Jacobs, Carola Oliva-Olson, Cheryl Polk, Dean Tagawa, Donna Sneeringer, Kim Johnson, Kim Patillo Brownson, Lupe Jaime-Mileham, Mayra E. Alvarez, Mary Ignatius, Miren Algorri, Natali Gaxiola, Robin Layton, Sarah Neville-Morgan, Sonia Jaramillo, Tonia McMillian, Janet Zamudio

Parent Advisory Committee Members: Deborah Corley-Marzett, Lisette Frausto, Mary Ignatius, Patricia Lozano, Patrick MacFarlane, Yenni Rivera, Cheryl (Cherie) Schroeder

Workforce Advisory Committee Members: Patricia Alexander, Miren Algorri, AnnLouise Bonnitto, Virginia Eigen, Tonia McMillian, Amelia Soto, Zoila Toma, Debra Ward, Latonda Williams

Panelists: Candice Charles (CACBBJ), Raena Granberry (CABWHP), Nikki Helms (SD Community Birth Center), Brenda Majano (community member), Leslie McFarlane (SD Community Birth Center), Stephen Prophet (CDE), Eva Rivera (The Children's Partnership), Solaire Spellen (UCSF)

Summary Report:

Welcome and Introduction: Kim Johnson, Chair

Full welcoming remarks are recorded in pages 2–11 of the [ECPC February 28 meeting transcript](#).

Kim Johnson, Director of the California Department of Social Services (CDSS), opened the first Early Childhood Policy Council (ECPC) meeting of 2024.

She welcomed attendees, expressed appreciation for public engagement, and pointed out that today's meeting falls between the celebration of Black History Month and Women's History Month. She encouraged attendees to proactively learn something new about our ancestors and elders, and the contributions Black Americans and women have made, particularly in California.

Johnson announced the release of the [2023 Early Childhood Policy Council Annual Report](#). She encouraged public attendees to consider applying for ECPC vacancies, and asked Council members to make referrals and recommendations. The Council is appointed in part Governor and State Senate and Assembly leadership. Interested parties are encouraged to submit an [application on the Office of Governor website](#).

Johnson explained that ECPC meetings consist of standing agenda items and in-depth conversations on varying topics. For there is typically one in-depth topic selected for each meeting. Council members were asked to submit topic suggestions for 2024 in December of last year. The four topics receiving the highest level of interest were birth equity, the impact of transitional kindergarten on the mixed delivery system, disrupting poverty and neglect with concrete supports, and workforce development initiatives. She underscored that statute requires ECPC's work to focus on the Master Plan for Early Learning and Care's (Master Plan) recommendations.

Reviewing the agenda, Johnson noted that the Council has been looking at rate reform for some time and the CDSS is grateful to be engaging on that topic. The next [Rate and Quality Advisory Panel meeting](#) will take place on March 13 from 9 a.m.-11:30 a.m., and rate reform updates will be included in future ECPC meetings.

Johnson invited Karin Bloomer to review updates to the Bagley-Keen Act that impact rules for public meetings. ECPC will adhere to the changes required.

Johnson thanked the Council for the work done to date to review and make recommendations on the fiscal year 2024–25 state budget process. She provided a snapshot of the Governor’s proposed budget, which was released January 10. The Governor’s budget includes a proposed \$6.7 billion for childcare and development programs for 2024–25. There are no proposed reductions in the budget. The commitment for 200,000 new slots in subsidized childcare by the end of 2026–27 is slower than originally anticipated. The governor’s budget would fund roughly 146,000 slots by 2024-25.

The state is facing a deficit of tens of billions of dollars this year per the Legislative Analyst’s Office. ECPC members will be attending upcoming budget hearings to share updates on prior investments. Information about budget hearings is available on the [State Assembly](#) and [State Senate](#) websites, and the public is invited and encouraged to participate in those conversations.

The governor’s revised budget proposal will be released in May, and the revenue and deficit will be assessed to determine how it will impact the CDSS’s work. It is expected that the Legislature and Governor will agree to a finalized budget in June.

Johnson reflected on two generations of her family’s children in the California early education and childcare (ECE) system. She expressed appreciation for its evolution and acknowledged there is work still to do and more investments needed. ECE has historically been one of first areas facing reductions when there are budget cuts. While there have been recent reductions, they are not as extreme as in the past. Johnson expressed appreciation to participants for “the continued elevation of the importance of investing in children and families in the workforce in this space.”

Voices From the Field

At Johnson’s invitation, Deborah Ward, Workforce Advisory Committee member and Director of the Child Development Center (the Center) at Cerritos College, introduced Brenda Majano, the speaker for Voices From the Field.

Majano thanked Ward for the introduction. She shared her background as a child immigrant from El Salvador and single mother of two who returned to school at Cerritos College. The Center has influenced her personal and professional life, and her children’s futures.

Enrolling at Cerritos College enabled Majano to connect to social services for domestic violence survivors and receive DACA (Deferred Action for Childhood Arrival) status and tuition support. Majano’s longtime dream was to become a teacher, and she pursued an elementary education major. She joined the CalWORKs work study program and was

placed in the Center. As a single mother, she experienced challenges finding child care while pursuing her studies, especially as her children needed support for speech delays. The Center was able to enroll her children to accommodate her need for child care to complete her work study. Her experience at the Center motivated Majano to double major, adding a degree in early childhood education.

Majano described the positive impact of the Center's dynamic and creative environment on both her and her family. Her children graduated out of the need for language services. Her daughter is starting kindergarten this year, and her first-grade son has been placed in a combined first- and second-grade class. He is also being considered for the Gifted and Talented Education program.

"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."

Johnson thanked Majano for sharing her experience and continued family success. She also thanked Ward for sharing her experience and commended her child-centered approach and focus on family engagement.

Selections From Public Comment and Chat

"Debra [Ward], thank you for reminding us [about] the important and critical task of centering children!"

"Thank you for sharing about your center. This could serve as a wonderful model for other programs to experience quality settings."

"Amazing Center curriculum and family focus!!! What an inspiring story to build community!!!!"

"Appreciate the ECE Voice space to share the huge impact of Brenda (Majano's) story! Thank you, Brenda! ❤️ 🌟 Also, to Debra [Ward] and her ECE Team!"

Child Care Transition Quarterly Report:

Update from the CDSS on the Transition of Child Care Programs

Karin Bloomer asked Dr. Lupe Jaime-Mileham, Deputy Director of the CDSS Child Care and Development Division, to provide an update on the child care and development transition to the CDSS. Full remarks begin on page 13 of the [ECPC February 28 transcript](#)

Dr. Jaime-Mileham shared that [the CDSS second quarter report for fiscal year 2023–24](#) was published in January. The report details efforts to increase child care access for families and supports for the field.

As underscored in the report, the recently ratified second agreement between the state and Child Care Providers United of California (CCPU) solidifies the mutual goals and supports of the child care and development system. These goals include reform of rate structure and how the state measures the cost of care. The CDSS has continued to implement substantial grant funding across programs such as the Child Care and Development Infrastructure Grant Program (IPG), including both the Minor Renovation and Repair and New Construction and Major Renovation.

Dr. Jaime-Mileham reviewed additional highlights:

The CDSS and CalHHS, in partnership with WestEd, launched free online professional development modules for the early learning and care professionals in all roles and settings. These modules were funded from the Preschool Development Grant and are available on the [California Early Childhood Online \(CECO\) website](#). The module series covers topics including health and safety, leadership in family child care home settings, supporting young children’s development, and becoming an early childhood and education professional. Learners earn certificates of completion for each module.

Modules are available in English, Spanish, and now, also in Chinese. The Chinese CECO portal launched on November 13 and currently features three PD module series in Chinese. Eight additional Chinese language modules are expected by June 2024. See slide 4 of [CDSS Child Care and Development Transition Update, February 28, 2024 PPT \(Chinese Language CECO Modules\)](#).

Dr. Jaime-Mileham reported on children and families served via CDSS subsidized child care and development programs over fiscal year 2022–23:

- Total programmatic enrollment shows monthly averages for children enrolled in all programs administrated by the CDSS, based on unduplicated Child Care Development Fund (CCDF) programs and estimates for Stage 1 and Bridge programs. For fiscal year 2020–23, there were approximately 250,000 children monthly across ten contract types. The highest enrollment number was the Alternative Payment Program (CAPP) at about 92,000 (40 percent). Enrollment across other contracts was as follows:
 - CalWORKs Stage 3 (C3CAP): 51,818
 - CalWORKs Stage 1 (C1AP): 48,095
 - General Child Care (CCTR): 25,170
 - CalWORKs Stage 2 (C2AP): 24,497
 - Family Child Care Home Network (CFCC): 2,759
 - Bridge: 2,549
 - Federal Migrant Alternative Payment (CMAP): 1,826
 - General Migrant (CMIG): 1,146
 - Children with Severe Disabilities (CHAN): 72

- Age caseload statistics by program type show that most children enrolled in subsidized child care are between the ages of two to five. The CCTR program has the oldest children enrolled, and the CFCC program has the youngest caseload CDSS programs.
- Child care and development setting caseload statistics indicate that the most children (158,959) receive care through a licensed family child care home (FCCH), followed by 124,708 in center settings, and 82,704 in licensed exempt settings. Jaime-Mileham noted that children may be placed in multiple settings depending on the need of the contract.
- Race and ethnicity caseload statistics on subsidized care enrollment show most children (163,234 or 55.5 percent) are identified as Hispanic, followed by White (50,780 or 20 percent) and Black (55,086 or 18.7 percent).
- Languages caseload statistics show that 48,561 (15.5 percent) of children in CCDF programs are identified as having a primary language other than English. Of this group, 74 percent are Spanish speakers.

Details on FY 2022–23 subsidized child care enrollment available [CDSS Child Care and Development Transition Update February 28, 2024](#), slides 5–9, and pages 12–13 of the [ECPC February 28 transcript](#).

Update on Child Care and Development Fund State Plan

Jaime-Mileham discussed the status of the CCDD State Plan. Administered by the Administration for Children and Families (ACF), this federal block grant provides funding for most of the state’s subsidized child care development programming and quality initiatives. Full remarks begin on page 15 of the [ECPC February 28 transcript](#).

The draft fiscal year 2025–27 Child Care and Development Fund (CCDF) State Plan was released to the CCDD listserv for a 30-day comment period on February 1. Written comments were to be accepted through 5:00 p.m. on March 1, 2024. The CCDS also facilitated an in-person public hearing at their headquarters on March 6. To ensure awareness among interest partners, notice of the hearing went out to the CCDD listserv on February 8, 2024. The final version of the 2025-27 CCDF State Plan will be submitted to the Administration for Children and Families (ACF) no later than July 1, 2024, and will be effective October 1, 2024 through September 30, 2027.

Jaime-Mileham thanked everyone who provided feedback to the CDSS prior to the release of the draft State Plan as well as those who continue to offer feedback.

Update on Rate Reform

Jaime-Mileham provided an update on rate reform and quality efforts. Full remarks begin on page 14 of the [ECPC February 28 transcript](#).

The CDSS continues to make progress towards reforming California’s reimbursement rate system to single rate structure based on the cost of care. Jaime-Mileham spotlighted progress towards implementation:

- The CDSS is working with national experts Prenatal to Five Fiscal Strategies (P5) to design and implement the proposed alternative methodology (AM). Working with the CDSS and CDE, P5 has developed a cost estimation tool based on engagement from the Rate and Quality Workgroup and other feedback. Data collection and analysis were conducted July–October 2023. The cost estimation tool offers insights into the cost of providing child care, including the impact of variables and characteristics. The cost estimation tool will support state decision-making on rates throughout the budget process, based on policies and equity goals.
- The deadline for the Joint Labor Management Committee (JLMC) to use the cost estimation model to define the elements of base and enhancements rates to inform the single rate structure was February 15. While the process was not complete by this statutory deadline, good progress had been made. The JLMC is actively continuing this work, and once complete, definitions will be subject to mandatory public engagement, which includes the CCDD State Plan process.
- Following the February 15 deadline, the CDSS must report progress on AM and cost estimated model to the Senate Health and Human Service Budget Subcommittee, Assembly and Senate Education Subcommittees, and the Legislative Analyst’s Office (LAO). This report will be submitted soon and publicly posted on the [CDSS Rate and Quality website](#).
- By April 1, 2024, a revised draft of the CCDD State Plan must be submitted to the Department of Finance and the Legislative Fiscal Committee for review. The CDSS anticipates that the version will contain updates from the public comment draft, including adjustments to the current reimbursement rates, which will continue to be in effect until the single rate structure is negotiated.
- The CDSS must report the status of the draft CCDD State Plan and the proposed single rate structure to specify budget subcommittees and the LAO no later than May 15, 2024.
- The state will submit information to support use of an AM single rate structure for center-based; licensed FCCH; and family, friend, and neighbors providers to the ACF in the CCDD State Plan (or amendment) no later than July 1, 2024. The July 1 submission will conform to the requirements of Senate Bill 140 and federal guidance issued by the Office of Child Care. It will include an AM status update and timeline, inflation adjustment to current reimbursement rates, and a plan to set a new AM payment rate no later than July of 2025.
- Within 60 days of ACF approval, the state will provide the Legislature and CCPU an outline of the implementation components of the approved single rate structure, allowing 30 days for comments.
- Within 90 days of ACF approval, the “Rates” and “Cost of care Plus Rates” sections of the CCPU agreement will be reopened to negotiate the restructuring of the current subsidy rates and associated funding implementation.

The next Rate and Quality Advisory Panel meeting is scheduled for March 13, 2024.

For more information on rate reform and quality efforts, access the following resources:

- [Rate Reform and Quality page on the CDSS website](#)
- [Alternative methodology timeline](#) on the CDSS website.

For more information about the CDSS, visit the [Child Care and Development Division website](#) or join the [CDSS list serv to receive updates](#).

Johnson thanked Jaime-Mileham for her presentation and invited questions from the Council.

Council Questions

(The full text of Council questions are on pages 17–24 of the [ECPC February 28 transcript](#).)

Donna Sneeringer asked if there will be a public comment period on the CCDD State Plan before the revised draft goes to the Legislature on April 1 “as we start to see more details of the actual characteristic study and what’s being considered.”

Jaime-Mileham noted that CDSS will continue to access the Rate and Quality Advisory Workgroup on a monthly basis as a way of collecting information and to make sure that they are lifting up all the voices.

Robin Layton asked a clarifying question about data showing 34 percent of children in subsidized programs attending centers-based programs: “I was curious if those centers were a combination of direct contractors and students that are there through the voucher program.” She also asked if there is a way to break down that data.

Jaime-Mileham confirmed that the data point on the composition of children in centers reflects a combination of direct contractors and students. She indicated that for purposes of this presentation—with the exception of Bridge, Stage 1, and state preschool—the data was lumped into these three different categories, but it could be disaggregated.

Miren Algorri expressed appreciation for the CCPU stance on a new payment methodology. “We have a priority to make sure that all providers, both licensed and license-exempt (are) 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.”

She advocated to keep the myriad ways that providers contribute to children’s success and engage families “front and center as we move into the new payment methodology because we want to move away, of course, from the [regional market rate]...[and] better compensate all the significant additional costs.”

She expressed pride that the CCPU has been able to harness the support “from providers, from parents, 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.”

Deborah Corley-Marzett thanked Jaime-Mileham for her presentation and Algorri for her summary on the JLMC and CCPU. She expressed that she, too, was disappointed that rate reform was not on today’s agenda and was curious why the deadline wasn’t reached.

She noted that provider grantees who have not yet received funds from the IGP block grant are asking if the deadline to complete renovations related to the block grant can be pushed out from June to December 2024 to align with grant disbursement.

Jaime-Mileham acknowledged Algorri’s feedback regarding rate reform and continuing to make it front and center of all discussions.

She recognized that a “small group of providers” are still awaiting payment. The CDSS is processing the disbursements and described the possibility of making contract amendments “for those that requested (IGP extensions) once they receive their contract.” She explained that September 30, 2024 is the end of the stabilization funds. They are working on getting clarification if extension options exist.

Mary Ignatius concurred with Algorri and Corley-Marzett, underscoring the impact of deadlines to file paperwork on maintaining and receiving services, respectively: “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.”

Ignatius speculated on the state’s commitment to rollout more slots and impact the field in the 2024–25 budget. “How does the administration think they can meet the promise that they made to cover over 50,000 slots in what? Two years?”

She advocated for a conversation to understand the plan around the administration’s and the Legislature’s “promise both for slots and for rate reform...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?”

Johnson thanked Ignatius and characterized the efforts to integrate new subsidies into the system as opportunities to learn, respond and recalibrate, and make additional investments. She referenced learnings around the Alternative Payment Program vouchers, ramp-up capacity of those enrolling families into subsidies with awareness of larger workforce contexts, the Title V and direct contract programs, and facilities’ renovation and expansion capacity: “How do the facilities components fit with the program elements and then of course all of the other workforce pieces that go with it?” Further, she posed a question about operationalizing significant new subsidies in the system: “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?"

Johnson expressed appreciation for focused and intentional efforts to make sure "that all of the families...who are waiting for those opportunities have access to them as quickly as possible."

Janet Zamudio concurred with Layton's request for disaggregated data on children enrolled in subsidized programs by age and expressed a desire for further disaggregation by ethnicity, race, and overall total enrollments by age group in the CDSS update and the quarterly report. She expressed interest in a rate reform update.

She noted comments in the chat about how long it takes to license programs and open new FCCs, and the apparent frequency of losing programs: "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...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."

Pointing to her 20 years of experience in the child care resource and referral agency space she observed "when a program loses a lease, it's impactful to the community. ...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."

Lisette Frausto shared her opinion about the impact of the child care slots being held until 2026–27. She shared her lived experience of struggling to find child care for her ill infant daughter. "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...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. ...we're doing a toddler preschool, transitional kindergartner, and now being a mom to an infant, I'm like, 'Where's our babies?'"

Corley-Marzett asked the CDSS and CDE to explain how they communicate with contractors on policy and regulations because "when a provider has an issue and a question and ask the network or the contractor, the network or the contractor tends to ...say they 'don't know'. ...They'll say CDSS 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... it leaves the provider, the families we serve, and the children vulnerable without any type of explanations...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 think it's important to be a part of the transition."

She advocated for an open forum with family child care providers where the state, CDSS, and CDE, can hear 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.”

Selections from Public Comment and Chat

“I provide care in Contra Costa County. I am calling on the state to move with both urgency and proper valuing of all providers to address the child care crisis that providers are better compensated for the care that we know has significant additional costs and is therefore harder to find—evening/weekend/night care, care for children with special needs, and care for non-English speaking families and in most families in desperate need of programs that can shift with their needs all together. We need a BETTER COMPENSATED RATE OF CARE!!!”

“I’d like to know of the centers, which are Title 22 vs Title 5? FCCHs need more respect. Parents choose FCCH and license-exempt over centers. [Universal Prekindergarten] mixed delivery does not include a parent’s authentic choice since they prefer FCCHs but FCCHs not enrolled in a FCCHEN aren’t included.”

“Related to the need for infant care - we have had infant teacher positions open for two years and cannot get the staff we need. I think that should be taken into consideration of the Cost of Care. We need to be able to increase the wages, not just use what we pay staff now, so that we can increase our pool of applicants.”

“What is the state’s plan to strengthen the workforce of child development centers and family care centers? Sites are struggling because they can’t pay teachers a living wage and teachers are leaving the field in droves. What is the plan to keep them in the field?”

“I feel like the fact that early education is still trying to divide family child care from the field with the way these meeting agendas are organized is the very definition of inequity.”

“We provide care for children with special needs, however it kills our ratios, and we can’t maintain them, because we can’t pay teachers what they need to be paid.”

Early Childhood Update from California Department of Education:

Bloomer welcomed Sarah Neville-Morgan, Deputy Superintendent, Opportunities for All branch, to provide an update on early childhood from the CDE. Neville-Morgan’s full remarks begin on page 24 of the [ECPC February 28 transcript](#).

Neville-Morgan introduced her colleague in attendance, Stephen Propheter, Director, Early Education Division to share the current work and efforts from his division.

Propheter provided status updates on [Preschool/Transitional Kindergarten Learning Foundations \(PTKLF\)](#), the Universal Prekindergarten (UPK) Mixed Delivery Quality and Access Workgroup, and the Inclusive Early Education Expansion Program (IEEEP).

Originally published as *Preschool Learning Foundations* in 2008, the CDE was charged with updating the foundations 2021 to reflect updated research and address transitional kindergarten (TK)—a year of pre-kindergarten in a school setting.

The updated PTKLF will describe the nine domains of learning and development for children three- to five-and-a-half-years-old, in center-based, home-based, and TK settings. The update features increased focus on diversity, equity, and inclusion, providing more examples of children with disabilities as well as more examples of culturally and linguistically responsive practices. A new domain, Approaches to Learning, is aligned with the Desired Results Developmental Profile. The PTKLF will be released in Summer 2024. [A recorded webinar introducing the revisions at a high level is available via the CDE website \(CDE, slide 2\)](#)

CDE has been holding [UPK Mixed Delivery Quality and Access Workgroup \(UPK Workgroup\)](#) meetings. The Workgroup met over a dozen times and held its final meeting in February. The UPK Workgroup was convened by the State Superintendent of Public Instruction, in consultation with the Department of Social Services and the State Board of Education and in partnership with the Commission on Teacher Credentialing. Propheter reviewed the UPK Workgroup's statutory charge, including making recommendations around access and standards and maintaining alignment with the Master Plan ([CDE, slide 3](#)).

The UPK Workgroup is in its final stages, and their report will go to the Legislature and the Department of Finance at the end of March. The final draft of the UPK Workgroup's report was available for public feedback February 9–19. Propheter expressed appreciation to everybody who has provided feedback on the report. A celebratory meeting will be held in April or May to recognize the UPK Workgroup's efforts and the need to continue to push for access to high quality programs for all of our children ([CDE, slide 4-6](#)).

Propheter announced that the CDE released a request for applications (RFA) in early February for the second iteration of the IEEEP. The RFA deadline is March 15. 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 birth through five with disabilities, including children with severe disabilities. The IEEEP is funded through Proposition 98. The RFA is available for local educational agencies but partnerships are encouraged this round ([CDE, slide 7](#)).

In addition to the \$116 million for local grants, approximately \$45 million in IEEEP grant funds are available for state-level systems building and professional development to align local practice with the research- and practice-based strategies that best promote child outcomes and program quality throughout California. This takes into account preliminary results from a children with disabilities survey administered by the CDE administered and the IEEEP evaluation results. These funds will support a high level of need from programs in the California State Preschool Program (CSPP) and additional professional development, especially instructional practices to support inclusion, such as coaching, special education experts, and support techniques. In collaboration with county offices of education, the Community Service Block Grantees Quality Improvement System, and Quality Counts California, state-level work will include elements to improve

inclusion and increase positive teacher-child interactions in the classroom. Many pieces will be available to early education programs across the state ([CDE, slide 8](#)).

Propheter pointed out that the CDE is looking at a separate investment in needed support for resources and training around challenging behaviors. This investment will focus on the California Teaching Pyramid, based on the California Collaborative on the Social and Emotional Foundations for Early Learning. The goal will be “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...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.”

The goals of the \$45 million of IEEEP funding are to build sustainability within the state, reach as many programs as possible across California, and provide supports to the field to help increase inclusive settings. Propheter noted that a mandated CSPP set-aside of 10 percent for children with disabilities kicks in the coming years.

Bloomer thanked Propheter and opened the floor for questions from the Council.

Council Questions

(The full text of Council questions are on pages 27-31 of the [ECPC February 28 transcript](#).)

Natalie Gaxiola expressed appreciation that the \$45 million IEEEP funding specifically identifies coaching as an important component. She speculated on how to sustain the mixed delivery system given ratio fluctuations servicing the same age group. “The (state) preschool (is) 1-to-8 versus in TK, it’s 1-to-12, currently for most. And I know that (for) 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.”

Neville-Morgan explained that TK ratios are part of the legislative process, and they have been funded at the 1-to-12 ratio. The Governor’s budget moves forward with the 1-to-10 ratio. The topic was addressed in a budget hearing the previous day, and Neville-Morgan noted “...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.”

Neville-Morgan shared that the CDE always looks to what is happening with funding in budget hearings (for example, TK resources and Prop 98 funding only allocated to local education agencies) to leverage supports for as many as possible, including ways of funneling resources to community-based programs.

Propheter stated that, the Legislature included the 1-to-10 ratio for TK to be fully implemented in [fiscal year] 25–26 in this year’s budget update statute. Further, he noted “there’s a new section in education code this year that addresses TK classrooms, which children whose...fifth birthday is between June 3 and September 1, and those classrooms have a 1-to-10 ratio.”

Corley-Marzett asked for clarification on the UPK Workgroup's charge around ensuring recommendations align with the Master Plan. She specifically asked if recommendations for system changes investing in UPK would be taken if they create increased state or local costs across the mixed delivery system: "If the recommendations from some of the workgroups are fair and equitable? Does that mean that you're not going to consider them because it might cost a little bit more?"

Propheter acknowledged Corley-Marzett's point: "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...there is a section of the [Workgroup's] report...titled 'Other Considerations' that addresses items that the Legislature, the administration could address...should funding become available. So, I think we definitely recognize that."

Neville-Morgan explained that the cost parameters referenced in the UPK Workgroup's charge "were put in the budget through the legislative and administrative process to determine the budget" not at the CDE's discretion: "...[the CDE] created a section for other considerations where we put a lot of really more innovative, interesting ideas that all cost money."

Corley-Marzett requested that the recommendations be made public so "we can actually see what was all recommended...what was accepted, and what was not, and what was overlooked."

Propheter directed interested parties to view the [UPK Workgroup's draft report on the California Educators Together website](#).

Layton expressed appreciation for the CDE and CDSS updates and posed a question:

- "How [are TK ratios] enforced both in General Child Care and Development and California State Preschool Program? They're enforced by the CDE and CDSS and [Community Care] Licensing."

She also brought forward a set of questions from the chat:

- "Can this group...do anything to help unify guidance between the CDE and CDSS when they issue Management Bulletins and Child Care Bulletins on identical regulations?"
- "How can this group help with the challenges around distributing monies through the 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."

Neville-Morgan confirmed that there is a TK oversight audit process with levels of oversight for looking at them with penalties.

Propheter explained that school auditors are required to look at ratios. The teacher-child ratios are in the audit guide, and the audit process assesses penalties using a formula that auditors must follow when LEAs don't meet ratio requirements.

Jaime-Mileham said that the CDSS and CDE review each other's Management Bulletins and Child Care Bulletins. If the CDE Bulletin is released before the Child Care Bulletin, the process allows the CDSS to circle back with CDE partners about alignment of information. She expressed appreciation for the feedback.

Propheter affirmed that the CDE has a similar process to the CDSS to “share draft guidance with interest holders as well as, which is inclusive of CDSS...” The teams review each other's guidance, provide feedback, and connect as needed to work through where implementation might look a little different.

Johnson thanked Neville-Morgan and Propheter.

Bloomer moved the group to public comment.

Selections from Public Comment and Chat

The full text of public comments are on pages 31–33 in the [ECPC February 28 transcript](#).

“Why is [1-to-10] for the new ‘school age’ ratio groupings okay in UPK but not in FCCH?”

“Very disappointing that TK programs are legislated to have [1-to-12] ratio and actually have [1-to-24] ratio as the second ‘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-to-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.”

“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.”

“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-to-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 four-year-olds have reported the following:

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

Johnson highlighted the emerging theme of maintaining a shared approach to the ECPC work. She posed the question “...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?”

Birth Equity in California:

Panel Discussion

The full presentation slides and remarks of the panel discussion are available:

- [Birth Equity in California slides](#)
- [ECPC February 28 transcript, pages 31-42](#)

Panelists, in order of presentation:

- Mayra Alvarez, President, Children’s Partnership
- Nikki Helms, Owner and Lead Midwife, The San Diego Birth Education Center
- Raena Granberry, Director, Maternal and Reproductive Health, California Black Women’s Health Project
- Solaire Spellman, Interim Executive Director of the California Preterm Birth Initiative, University of Southern California-San Francisco (UCSF)
- Candice Charles, Research and Evaluation Manager, California Coalition for Black Birth Justice

Johnson introduced ECPC member Mayra Alvarez, President of the Children’s Partnership. She thanked Alvarez for moderating the panel discussion.

Alvarez opened by acknowledging the value of today’s meeting in creating continued learning opportunities and community and moving forward shared goals to strengthen early childhood systems: “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.”

She described the Child Partnership’s as “a multiracial multi-sector coalition of organizations,” including partners, families and communities focused on five goal areas for families: (1) access to navigation and peer support, (2) adequate financial resources, (3) quality prenatal care, (4) social supports to support their early learning development, and (5) affordable, reliable, and high quality health coverage and care.

The Children’s Partnership has a commitment to advancing pro-Black policies and deepening understanding of anti-Blackness and how it impacts families’ ability to thrive. The Partnership approaches this work through commitments to belonging; creating accessible, inclusive, and culturally affirming resources; uplifting community to find successful models; streamlining systems that meet families with dignity; and ensuring supportive infrastructure and thriving wages for all the providers who help families in the first years of a child’s life.

Alvarez pointed out that providers of all types play “an incredible role” in child’s first years of life and development, often having the family’s trust and offering critical connections to services despite facing harsh inequities themselves. She spotlighted the birthing process as having “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.”

She introduced **Nikki Helms, Raena Granberry, Solaire Spellen, and Candice Charles.**

Helms, Owner and Lead Midwife at The San Diego Birth Education Center, defined *birth equity* in the context of America’s maternal outcomes. According to CDC data, the United States maternal mortality rate in 2020 was 23.8 deaths per 100,000 births, placing the U.S. 54th in maternal mortality outcomes. Helms noted the concerning trend in the data: “In 2021, the figure goes from 23.8 per 100,000 births, to 32.9 per 100,000 births”.

In Helms’ opinion, the United States is facing a difficult to explain maternal health crisis: “this country is in sad, sad shape with regards to our maternal outcomes...we are a wealthy developed nation with lots of resources, with childbirth being one of the most simple things on the planet... It doesn't make sense, doesn't add up.”

The mortality gap shows 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 which translates to 40 maternal deaths per 100,000 for Black women and women of color versus 12 deaths per 100,000 for non-Hispanic white women ([Birth Equity in California, slide 3](#)).

Solaire Spellen, Interim Executive Director, California Pre-Birth Initiative at University of California-San Francisco (UCSF) is also a co-founder of the California Coalition for Black Birth Justice (the Coalition). The Coalition was founded by Black women leaders in California in 2022 to unify and strengthen the Black birth justice movement in the state ([Birth Equity in California, slide 5](#)).

The Coalition acknowledges that “California is a leader in the nation for its investment and commitment to birth equity and justice, [but] there really was no unified vision or strategy to make this a reality for Black families in the state.” The Coalition’s was formed by Black women with roots across the diaspora and expertise in public health research policy, community organizing, clinical care, and more coming together to help meet a critical need “deep in the midst of COVID and on the heels of a national racial reckoning.” The Coalition’s work is “about strengthening the network of the various organizations and grassroots leaders to build power and not work in silos...our work is led by Black women, its interest experiences with them and practices of Black people.” The Coalition’s commitment to “lead with a deep love for all Black people” influences and impacts the organization’s vision and values: “We don't take the positionality of protecting institutions that perpetuate harmful practices, but instead we call for systems transformation, accountability, and transparency.”

Spellen reviewed the Coalition’s three areas of work including (1) being the Black Birth Justice Connector and Convener of California (2) supporting the black birth justice workforce, and (3) strengthening and scaling systems-change efforts in healthcare. The Coalition hears frequently how there needs to be more attention and resources on the Black birth workforce. Birthing work is highly taxing and a statewide approach to this challenge could help streamline the solution that will allow the workforce to remain energized to continue the work ([Birth Equity in California, slide 6](#)).

The Coalition brings together birth equity and reproductive justice experts from various California regions and the nation to drive these efforts forward ([Birth Equity in California, slide 7](#)).

Candice Charles, Research and Evaluation Manager of the Coalition, provided background on the development of the Coalition's [California Black Birth Justice Agenda](#) with its strategic advisors as well as with the input of Black community members across California through surveys ([Birth Equity in California, slide 7](#)).

The vision and goal of the agenda is reflected in its subtitle: Unifying the Vision for Systemic Change in California." Charles expounded on the spirit of the Coalition's collective agenda development process: "...there's so many organizations doing amazing work in California across the state around advancing Black birth justice and equity... we're clearly stronger together, and if we're kind of moving in the same direction together, we can make a bigger impact" ([Birth Equity in California, slide 8](#)).

The Coalition's takes the stance 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 percent 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" ([Birth Equity in California, slide 9](#)).

Charles reviewed three key action areas along with recommended strategic actions that can be used to advance Black birth justice across the state:

- Action Area 1: Institutional accountability and data accessibility ([Birth Equity in California, slides 10-11](#))
- Action Area 2: Black birth justice workforce development and sustainability ([Birth Equity in California, slides 12-13](#))
- Action Area 3: Community-based care ([Birth Equity in California, slides 14-15](#))

For additional resources on the Coalition and birth equity, access the following resources:

- [California Coalition for Black Birth Justice website](#)
- [California Coalition for Black Birth Justice Agenda 2023](#)
- [California Coalition for Birth Justice Instagram](#)

Charles reviewed data by race and ethnicity, including pregnancy-related maternal mortality, low-birthweight, preterm birth rates. She reported that responses to the data typically involve speculating that causes are related to Black women's weight, income level, or education. This speculation is not supported by the data: "...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" ([Birth Equity in California, slides 18-19](#)).

Data on rates of several maternal morbidity by race and ethnicity also reflect similar trends.

Raena Granberry, Director, Maternal and Reproductive Health, California Black Women's Health Project (CBWHP), noted that Indigenous and Native populations also have "really high disparate rates in a lot of these categories...in some cases you can see Pacific Islanders as well" ([Birth Equity in California, slide 20](#)).

The CBWHP addresses these issues via different routes including (1) policy and advocacy, (2) family advocacy and education, (3) birth worker support that includes practice and business training for doulas (e.g., how to enroll as Medi-Cal providers) and, (4) agency and community based organization (CBO) support by way of fiscal sponsorship and workforce training ([Birth Equity in California, slide 22](#)).

Granberry shared that CBWHP does "a lot of systems-change work in which we're working directly with hospitals...with public health departments, the CDSS, 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."

Helms posed a question for the group to contemplate around birth equity: "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?" She presented quotes from leaders in the field on the effectiveness of the *midwifery model care* and shared a video excerpt illustrating the San Diego Community Birth Center's work ([Birth Equity in California, slide 23](#)) and shared a [video excerpt illustrating The San Diego Birth Education Center's](#) work ([Birth Equity in California, slide 25](#)).

She explained that The San Diego Birth Education Center provides group and individual prenatal care, as well as labor and delivery care: "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." The Center's staff and holistic practitioners are all women of color. Helms notes that "We are doing our best to stand out and highlight the Black birth workers that are in our community...the Black birth worker burnout is real and the lack of support for Black birth workers is real." Furthermore, she said, "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" ([Birth Equity in California, slide 25](#)).

Helms delineated actions that could be taken to support the Center's mission "to mitigate the crisis that's happening here in San Diego," including state funding and helping to change perceptions so midwifery care is "recognized, respected, and integrated into our current healthcare system." She pointed out that other developed nations with much better maternal and birth outcomes 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.”

She gave a current example of loss in the field: “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.”

Granberry made a call to action to ECPC members to examine their data and workforce makeup through a lens of birth equity: “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...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.”

Granberry further recommended looking at service satisfaction indicators in perinatal through three and early education spaces: “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?” She also highlighted the importance of self-reflection—examining internal biases such as anti-Blackness and anti-Native ideologies—and education: “Educate yourself on the disparities, on the data... 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.”

Finally, she spotlighted the importance of supporting midwifery: “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.”

Spellen encouraged participants to download the [Coalition's agenda](#) and “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.”

Johnson thanked Helms and the other panelists and expressed appreciation for the attention and the focus of the birth equity effort—in particular their disaggregation of data: “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...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.”

She also noted that the relationships panelists build with the clients they serve likely “far outlast the birthing experience. Having that support and connection, I know, is so critical.” She opened the floor for questions from the Council.

Council Questions

(The full text of Council questions are on pages 42-45 of the [ECPC February 28 transcript](#).)

Sonia Jamarillo thanked the panelists. She shared that Head Start services for Monterey County is working to advance its equity practices and do a better job reaching out to students via the development of an equity plan. She shared an epiphany she experienced: “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.”

Donna Sneeringer thanked the panelists and expressed agreement with the importance of understanding how birth equity data impacts the community. She shared that her organization runs home visiting programs and shares the panelists’ concern about having Black representation among home visitors: “We have been working on an apprenticeship project...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.” She offered to connect with the Coalition to discuss the project.

Granberry accepted the offer to connect. She shared an example of home visitor recruitment efforts: “[First 5 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...Sometimes folks can't be recruited from a system that they haven't really used or trust without getting that trusted messenger... they reached out to community organizations where...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...”

Helms highlighted that California’s licensed midwives are positioned to conduct home visits and advocated for their involvement in this capacity: “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.”

Tonia McMillian expressed that the birth equity panelists had an impact on her: “[you have] lifted my spirit and have touched my soul today, especially with me being a member of BlackECE, Black Californians United for Early Childhood Education... because we deal with the same thing.” Further, she explained that in the 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.” She said that BlackECE will be in contact with the birth equity organizations.

Deborah Corley-Marzett concurred with Ms. McMillian's statement and expressed thanks to the panelists: "What a beautiful blessing you ladies are doing, making sure that our babies are born, survive, and their families are supported."

Mary Ignatius thanked Helms and shared her experience as a mother who had midwife support twice: "Huge love and respect and admiration for the midwives, the doulas, the birth workers, and everybody deserves access to them."

Ignatius shared her opinion that hospital systems are akin to TK, or the K-12 systems, and Black birth workers' issues are analogous to 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."

She noted that "Our BIPOC members told us that calling it home visiting already conjures up connection to the child welfare system that has traumatized and broken up Black families. Let's come up with a new name that is inviting!"

Johnson recalled the Council's conversations last year related to home visiting and Black infant health. The CDSS funds a pilot for guaranteed income that is focused on pregnant individuals, as well as Expecting Justice, a program focused on Black women and Black parents in San Francisco. She emphasized that CalHHS is dedicated to birth equity efforts: "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."

She proposed that Council members continue to think about the birth equity presentation when approaching future presentations in terms of additional questions that the Council should be asking "to be intentional in the strategies and interventions that we work towards."

Alvarez expressed appreciation to the leaders on the panel and "to everyone for the open heart and open mind to move forward this conversation for our babies in California together."

Robin Layton noted that the Council needs to vote or approve that it has a group together that can draft the budget letter response to the May Revision. ECPC should plan to approve the letter at the May 20 ECPC meeting.

Karin Bloomer stated that two Council volunteers are required to work together under the Bagley-Keene Act to shepherd that. She invited interested members to email her and moved the group to public comment.

Selections from Public Comment and Chat

"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... along with Tonia (McMillian), 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.”

“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.

“Early Edge California would 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 license-exempt caregivers, and ensure their true costs of care are reflected in the new methodology. For transitional kindergarten, we appreciate the expansion of the learning foundations to specifically include TK and alongside 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.”

“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.”

“I've been an operational for three (years), 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... 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.

“... 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...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.”

“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.”

“Thank you so much for affording time on the agenda for the advocates who provided insight into the disparity for our black families impacted by extremely high mortality rates.”

“Thank you for these presentations and data that shows the needs of our community in this area. The distrust of many systems due to systemic racism and continuous discrimination specifically health systems needs to be addressed and acknowledged and rectified! Thank you, Queens, for your representation, dedication and ADVOCACY!!!”

“The Black infant and maternal mortality rates are an epidemic and needs attention from the CDC as well as CDE & DSS.”

“I am a license-exempt provider and currently a preschool teacher in the back country area of San Diego County. Been part now of small communities like Warner Springs, Ranchita, Borrego Springs, Santa Ysabel, and Julian I have noticed there is an extreme need for child care from infancy to 5-year-olds. Borrego Springs has one of three licensed child care center within those communities and the director was not sure if they could make it to this year...what is the help and focus back country communities and families have to be able to be provided with financial assistance and quality child care centers/home day cares?”

Johnson expressed appreciation for public comments. She thanked the Council and the public for engaging and advising as the parties continue to work together.

She thanked the presenters for taking part in a very rich and powerful discussion this morning. The next ECPC meeting is scheduled for May 20 and details will be posted on the [CalHHS website](#).

Meeting adjourned.