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# **California's Birth Through 3: Program Purpose and Design**

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# California's Birth Through 3 Program<sup>1</sup>

## I. Purpose of Birth Through 3

The primary purpose of the program will be to increase the number of the most vulnerable children birth through age three<sup>2</sup> in California receiving high quality comprehensive services that meet their needs for early learning, health and family support.

The concept is to build on, transform and expand the existing Title 5 General Child Care to meet standards similar to those of Early Head Start and other high quality, research-based programs found to improve child outcomes. This translates to better trained and compensated teachers/providers, stepped up family support, and partnerships with other agencies which offer health, mental health, economic support, nutrition, and early intervention services.

Birth Through 3 will also build on the existing California State Preschool Program, expanding access to quality services for eligible three-year-olds, and combining or aligning those services with General Child Care for infants and toddlers. Birth Through 3 will thereby offer continuity of care to a vulnerable population up to the age for prekindergarten.

## II. Background

The Birth Through 3 design assumes access to an additional \$350 million in projected savings from Title 5 part-day California State Preschool Program expenditures for four-year-olds; these funds would become available upon implementation of the proposed Kindergarten Readiness Act of 2014, which would within five years provide prekindergarten services to all four-year-olds. Of these savings, it is estimated that half might be spent on extending the day or wraparound services for four-year-olds attending part-day prekindergarten, and that the remaining \$175 million would be available to strengthen and expand programs for children from birth through the age of prekindergarten eligibility.

With these freed up Title 5 funds, Birth Through 3 could upgrade the quality of Title 5 early learning and care programs to deliver the kind of responsive caregiving and

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<sup>1</sup> Note: This paper was developed by the American Institutes for Research on behalf of Early Edge California. The paper is based on AIR's review of relevant research as well as input from a workgroup composed by Early Edge California and from an expert advisor, Joan Lombardi. For the members of the workgroup, please see the Acknowledgments.

<sup>2</sup> "Birth through age three" is defined as birth through the age of 47 months, or the age eligible for prekindergarten.

continuity of care associated with improved child outcomes. There is also a potential within five years to as much as double the number of infants, toddlers and three-year-olds served in quality programs. Redirecting some of the Title 5 funds previously used for four-year-olds would help finance this expansion to younger children; an anticipated shift in enrollment from four-year-olds to three-year-olds in the federally funded Head Start program could also play a role. Finally, by positioning Birth Through 3 to qualify for Early Head Start-Child Care Partnerships and anticipated new requirements for the federal Child Care and Development Fund, the state could attract new federal dollars to support the expansion of services. A fiscal model illustrating phase-in scenarios for upgrading and expanding services is forthcoming.

The proposed Birth Through 3 represents one key piece of a broader high-quality birth-to-five system in California that would help ensure that all children develop the social-emotional and learning skills tied to long-term success in school and life. As outlined in the *California Comprehensive Early Learning Plan* prepared by the Governor's State Advisory Council on Early Learning and Care, the broader system should include some components that benefit all young children and their families, regardless of income, in California.<sup>i</sup> One such component, California's Paid Family Leave (PFL), already exists and has helped both low- and middle-income employees take time off to be with a new baby, has contributed to a longer period of breastfeeding, which has in turn been linked to reductions in infant mortality.<sup>ii</sup> Another frequently recommended component, "welcome baby" home visits by a trained professional, is expanding though far from universally available. Finally, all families need better information about early childhood opportunities and family support services, and all income groups would benefit from improvements in out-of-home child care, especially for infants and toddlers.<sup>iii</sup>

However, as the Governor's State Advisory Council on Early Learning and Care concludes, state investments in more intensive quality early learning and care for infants and toddlers should prioritize those who are "most at risk and/or have the highest financial need".<sup>iv</sup> As defined by the federal Race-to-the-Top Early Learning Challenge Grant, "high needs" children include children from low-income families, children with disabilities or developmental delays, children who are English language learners, children who are homeless or in foster care, children who are migrants or reside on Indian lands, and children who are at risk of developmental delay. Birth Through 3 thus gives priority to children and their families at risk while proposing to deliver services in a manner that does not stigmatize families and does not discontinue services just when a family begins to make progress.

Building on the existing Title 5 programs, Birth Through 3 policies could ultimately serve as a basis for integrating and enhancing the quality of all child development programs in California and connecting these programs to the broader infrastructure of agencies supporting children and families.

### **III. The Importance of Quality Infant/Toddler Care**

Research shows that the first three years of life are critical to long-term brain development and that the quality of a child's environment has a significant impact on brain development. Rather than being complete at birth, the "wiring" of the human brain continues to grow and organize itself throughout childhood, with particularly dramatic development during the first year of life.<sup>v</sup> Thus, how parents and other caregivers interact with their infants and toddlers can actually affect the wiring of the child's brain.<sup>vi</sup>

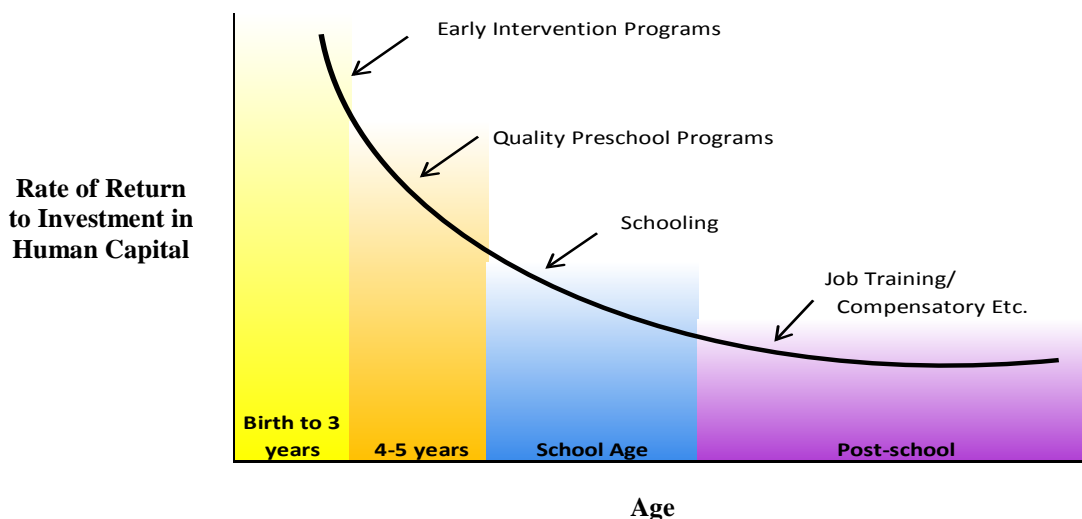
Research in neuroscience helps explain the persistence of the achievement gap in education, and why children who start behind tend to stay behind. Researchers from Stanford University have found that by the age of two years, there is already a six-month gap between lower- and higher-income children in language proficiency.<sup>vii</sup> This research builds on earlier findings that very poor children typically hear 30 million fewer words addressed to them by age 3 than do children from higher income families.<sup>viii</sup>

The Stanford study found that, while there is great variation among low-income parents themselves, they, as a group, appear more likely to lack awareness about the importance of talking directly to babies and engaging toddlers in conversation to build their vocabularies.<sup>ix</sup> And the gap between lower- and higher-income children is compounded by lack of access to child care settings featuring a language-rich environment and engaging parents with tips on what they can do at home to support their child's development.

The good news is that quality early childhood education and parent support services can help put low-income infants and toddlers and their families on a better developmental path. Early Head Start (EHS), a federal program created in 1994 to address the comprehensive needs of low-income children under age three and of low-income pregnant women, has demonstrated positive impacts on children's cognitive, language, and social-emotional development, and family self-sufficiency.<sup>x</sup> Compared to a control group, EHS parents were found to be more emotionally supportive, less detached, and less negative toward their children. They also read more to their children, and talked to and played with them more frequently.<sup>xi</sup>

State investments in high-quality early care and learning programs for low-income children have been found to return \$7 for every \$1 invested, because the children who attend the programs are more apt to graduate from high school, be employed, and less likely to be involved in crime.<sup>xii</sup> Reviewing the evidence, Nobel laureate economist James Heckman concluded that the earlier the investment in these quality child development services for low-income children and their families begins, the greater the success for the participants and the greater the return in benefits to society<sup>xiii</sup>.

## Rates of Return to Human Capital Investment at Different Ages: Return to an Extra Dollar at Various Ages



While research is clear that programs for infants and toddlers make the greatest long-term impact, infants and toddlers are the most underserved age group.<sup>xiv</sup> Only 12 percent of infants and toddlers in California are receiving any kind of licensed child care.<sup>xv</sup> Infant care is the most often requested form of child care, according to the California Child Care Resource and Referral Network.<sup>xvi</sup> Meanwhile, while home visiting services to families of young children are expanding, a 2011/12 survey found that only 11 percent of families with children under age three in California have received one or more home visits.<sup>xvii</sup>

### IV. Why Focus on the Title 5 Programs? The Opportunity

To expand access to a range of quality services found to support high-needs infants, toddlers and their families, the Birth Through 3 design focuses on building on and transforming the state’s existing Title 5 General Child Care program into a program more similar to the federally administered Early Head Start. In addition, Birth Through 3 would align standards and resources for the California State Preschool Program with the revamped Title 5 General Child Care so that providers could more easily serve these children in the same programs to offer continuity of care from as early as birth through the child’s eligibility for prekindergarten. The rationale for building on and enhancing Title 5 General Child Care and State Preschool is as follows:

- (1) The California Department of Education regulations for programs receiving Title 5 funds are already the state requirements closest to meeting the Early Head Start and other quality standards associated with improving child and family outcomes.***

The California Department of Education Title 5 regulations aim to promote child development and are considerably more stringent than the Title 22 licensing requirements, which focus on health and safety and are considered relatively weak in comparison to those in other states.<sup>xviii</sup> Title 5 requirements for staff-child ratios, for example, are similar to those for Early Head Start.

Title 5 requirements also pioneered the use of developmental assessments (The Desired Results Developmental Profile), and program quality assessments using the Environment Rating Scales (ERS). As will be discussed in more detail in the section on proposed design elements, however, the Title 5 regulations for infant/toddler care still do not meet EHS requirements or standards recommended by the National Association for the Education of Young Children (NAEYC). The Title 5 State Preschool regulations receive a “5” out of “7” elements rated by the National Institute for Early Education Research (NIEER).<sup>xix</sup>

***(2) Title 5 programs are major building blocks of several existing quality improvement initiatives in California, representing an important step up from the basic licensing standards, and a logical starting point for continuous program quality improvement.***

For example, the First 5 California Child Signature Program-1 (CSP-1, formerly Power of Preschool Program), made Title 5 standards the first rung of its program quality improvement initiative. In the counties with CSP-1 initiatives, and where both First 5 California and local First 5 commissions have made major investments in enhancing program quality, Title 5 programs represent a vital and, in some cases, the primary CSP-1 participants. Seventy-six percent of the programs participating in CSP-1 in nine counties are Title 5 General Child Care or State Preschool Programs.<sup>xx</sup>

On California’s Race-to-the-Top Early Learning Challenge (RTT-ELC) Quality Rating and Improvement System (QRIS) Hybrid Matrix being implemented in 16 counties<sup>3</sup>, there are three common benchmarks or tiers for such elements as staff-child ratios and teacher qualifications and effectiveness. The first tier is composed essentially of the Title 22 licensing standards; the second common tier is similar to Title 5 regulations, and the third common tier is closest to the Head Start and Early Head Start Performance standards.

***(3) Forty-nine California counties have Title 5 General Child Care Programs serving infants and toddlers from low-income or otherwise at-risk families, and in some rural counties they represent the only center-based care available.***

Funded through the federal Child Care Development Funds (CCDF) and state general funds, Title 5 child development programs have been providing services to young children and their families in California since 1945, with many adaptations and quality improvements in the intervening years. Title 5 General Child Care reimburses providers for part-time or full-time care, with “full-time” defined as more than six and up to 12 hours, and full-year as up to 246 days. Eligible children include those whose families are public assistance recipients, income-eligible, homeless, or where the child is at risk of abuse or neglect or receiving child protective services. Families on public assistance or those who are income-eligible must be employed, seeking employment, in vocational training, homeless or incapacitated. While most of the children enrolled are under the age of three, the program provides some care for school-age children and those with severe disabilities. Children receiving child protective services or families whose children are at risk of abuse and neglect are given first priority. After that, the lowest income families are admitted first.

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<sup>3</sup> The 16 participating counties represent 1.9 million children birth through age four.



Data from California Department of Education, Early Education and Student Support Division

**49 counties have General Child Care programs serving Infants and toddlers.**

Alameda	Marin	Santa Barbara
Amador	Mendocino	Santa Clara
Butte	Merced	Santa Cruz
Colusa	Modoc	Shasta
Contra Costa	Monterey	Siskiyou
Del Norte	Napa	Solano
El Dorado	Nevada	Sonoma
Fresno	Orange	Stanislaus
Glenn	Plumas	Tehama
Humboldt	Riverside	Trinity
Imperial	Sacramento	Tulare
Kern	San Bernardino	Tuolumne
Kings	San Diego	Ventura
Lake	San Francisco	Yolo
Lassen	San Joaquin	Yuba
Los Angeles	San Luis Obispo	
Madera	San Mateo	

***(4) Title 5 General Child Care programs, despite a proud history, have for many years been suffering from low reimbursement rates which make it difficult to retain teachers and maintain program quality.***

The Standard Reimbursement for Title 5 General Child Care has been frozen at the same level, \$34.38 per day for full-day care, since 2006. An independent analysis in 2009 estimated that the Title 5 General Child Care program was significantly underfunded, with the state reimbursement for full-day, full-year for preschool-age children representing less than half the hourly rate offered for part-day State Preschool Programs.<sup>xxi</sup> While the rate for Title 5 General Child Care for infants is higher (1.7 X \$34.38 = \$58.45 per day), the staff-child ratio requirements for this age group are more than twice those for preschool-age children (i.e., one adult for every three infants, as opposed to one adult for every eight preschool-age children).

As a result, many center-based programs have closed, including at least 17 infant/toddler programs in lab schools in community college<sup>xxii</sup> and other higher education settings that had featured the internationally acclaimed Program for Infant Toddler Care (PITC) training. Overall, services for infants and toddlers in Title 5 General Child Care have dropped from 17,036 in 2008 to 10,513 in 2013.<sup>xxiii</sup>

***(5) The proposed Kindergarten Readiness Act of 2014, if enacted, provides an opportunity to use funds and capacity previously dedicated to four-year-olds to enhance the quality of Title 5 General Child Care, and to extend the continuum of services to more three-year-olds, thereby investing in the most vulnerable children at an age where that support will have the most dramatic impact.***

Based on an analysis of the 2005 National Household Education Survey and the 2007 RAND California Preschool Study, subsidized programs of all types served about one-third of eligible three-year-olds, and just 8 percent of infants and toddlers from income-eligible families in California.<sup>xxiv</sup> If enacted, the Kindergarten Readiness Act of 2014 would, over a period of five



years, free up the funding from 95,000 spaces in Title 5 State Preschool that are currently occupied by four-year-olds. Half of the estimated \$350 million in savings is needed to provide wraparound care for the part-day prekindergarten program. The remaining \$175 million can help upgrade the quality of existing Title 5 General Child Care, and also expand the number of children served. Initial efforts might focus on upgrading the quality of infant/toddler programs, and expanding services to three-year-olds. But the precise mix would also depend upon local needs and Title 5 provider capacity.

## **V. Birth Through 3 Program Design Elements**

Based on the findings regarding the importance of quality early learning and care for children birth through the age of prekindergarten entry, the Birth Through 3 design builds upon and strengthens the current Title 5 General Child Care and State Preschool programs. The proposed design focuses on research-based elements to:

- Strengthen family engagement and parent-child relationships;
- Focus workforce development on provider-child relationships;
- Promote teacher-child interaction and a language-rich environment;
- Support dual language learning;
- Serve as a gateway to comprehensive services; and
- Promote a choice of quality program options.

Strengthening programs already struggling to maintain services after a series of budget reductions, however, must be accompanied by additional resources and careful planning and implementation. Therefore the Birth Through 3 design depends upon the following state-level systemic changes to:

- Create incentives for continuous program quality improvement over a five-year period, beginning with an overdue increase in the Title 5 Standard Reimbursement Rate and the Regional Market Rate, and including plans for more support and higher compensation for the workforce;
- Position Birth Through 3 programs to qualify for federal Early Head Start-Child Care Partnerships and other state and federal funding streams; and
- Simplify the eligibility determination system to be more cost-effective and to promote continuity of care.

It is important to stress that all of the recommended Birth Through 3 quality elements depend upon adequate state reimbursements, and, without them, the system of infant/toddler care will further deteriorate. Many of the recommended improvements will take time to accomplish, and state-level leadership is needed to simplify the eligibility determination system.

### **A. Strengthen Family Engagement and Support Parent-Child Relationships:**

The most effective way to help babies and toddlers is to promote positive parent-child relationships. Currently, California's Title 5 regulations include appropriate language to support

parent education and involvement, but lack the specificity and, more importantly, the resources for trained staff to put these principles into practice.

Specifically, the Education Code (8203; 5CCR 18275, General Child Care and Development Program Requirements) calls for a program approach that is “developmentally, culturally and linguistically appropriate” and requires contractors to:

- Provide an orientation for parents,
- Conduct at least two individual conferences with parents per year,
- Hold parent meetings with program staff,
- Have an open door policy that encourages parents to participate in the daily activities whenever possible,
- Establish a parent Advisory Committee, and
- Share information between staff and parents concerning their child’s progress.<sup>xxv</sup>

In addition, each Title 5 contractor is required to distribute the Desired Results Parent Survey to obtain parent input in order to plan and conduct activities to help parents support their child’s learning and development and to meet the family’s needs.

However, the Title 5 General Child Care Program still lacks several core, research-based components. First, while licensing standards require the development of Infant Needs and Services Plans, there is no counterpart provision for a family service plan. EHS, by contrast, offers parents an opportunity to develop and implement individualized family service agreements that describe family goals and strategies to meet them {45 CFR 1306.33 (b)}. While not every family of a child enrolled in Title 5 program will be interested in or need such a plan, the program should offer this option and have the capacity to develop these plans.

Second, Title 5 does not require, and the current State Reimbursement Rate does not support, family service workers who could help support family engagement and parent involvement, develop family service agreements, and conduct home visits, or train center staff and family child care providers in how to support parent-child relationships. EHS supports provisions for family service workers, typically with caseloads of no more than 50 families. Educare, a high quality early care and learning program for low-income children and their families, requires one family service worker for every 30 families, with the caveat that their primary role is not just to manage cases and track referrals but to support parent-child attachment.<sup>xxvi</sup> First 5 California’s Child Signature Program (CSP), operating in 34 counties, implements some components of Educare in its quality enhanced programs, with a required ratio of one family support specialist per 30 families in participating programs.

Unlike EHS, Title 5 does not provide for parents to participate in or volunteer in classrooms, one approach to ensuring that parents have an opportunity to learn along with their children.

Finally, Title 5 does not contain many specifics on how programs should work with families whose primary language is not English.

## Recommendations:

1. Map the current local access to family service workers, either employed by Title 5 programs or by other entities, to ensure adequate caseloads. Provide funds to support a caseload of a minimum of one family service worker per 50 families.
2. Require Birth Through 3 to offer individualized family service agreements, and provide adequate time for teachers or family service workers in coordination with teachers to develop them. For children with disabilities, collaborate with Part B and Part C, IDEA family coordinators in particular. Restore funding to Regional Centers in order to ensure timely assessments and more flexible definitions to help children with special needs qualify for services.
3. Provide for two home visits, as is required by Head Start center-based Performance Standards.
4. Offer opportunities for parents of children in Birth Through 3 to volunteer in the classroom, and pursue the possibility of having their participation count as a CalWORKS experience.
5. Require Birth Through 3 programs to submit plans for how they will partner with families and meet their cultural and linguistic needs, and how they will recruit and retain staff members who reflect the community.

### **B. Strengthen Provider-Child Relationships and Continuity of Care**

“What is the most important thing you would wish for all children?” the late Dr. Sally Provence, Professor Emeritus at Yale University’s Child Study Center, was once asked. “Continuity of care from birth to three years old” was her response.<sup>xxvii</sup>

Research supports this emphasis on close, ongoing relationships with non-parental caregivers as well as with parents. Children take a significant amount of time to form attachments to caregivers, so they are less likely to form attachments if frequent caregiver changes occur. More frequent changes in caregivers have been associated with negative child outcomes, including withdrawing behaviors and higher levels of aggression as preschoolers.<sup>xxviii</sup> On the other hand, time spent with a responsive caregiver has been positively associated with secure attachments in infant day care.<sup>xxix</sup> One study found that 91 percent of infants who spent more than one year with the same teacher were securely attached to the teacher.<sup>xxx</sup>

EHS assigns infants to primary caregivers and makes the continuation of that primary relationship, when possible, a program standard until age three. In Educare, children ages birth to three remain with the same teaching team from entry until transition into Head Start/preschool. When needed, either the entire group moves with the caregiver to another space more appropriate for older infants, or the caregiver modifies the environment to meet the children’s changing needs.

Current Title 5 policy does not contain such a standard, and high rates of teacher turnover linked to low compensation exacerbate disruptions in the continuity of care. Teacher turnover is high, hovering more than 28 percent among centers serving infants<sup>xxxi</sup>. Early

educators of preschool children earn less than half of what kindergarten teachers earn, with compensation for those in infant/toddler settings even lower.

Recommendations:

1. Assign infants to primary caregivers and make the continuation of that primary relationship, when possible, until age three a Birth Through 3 program standard.
2. Raise the Standard Reimbursement Rate for infant/toddler care and increase teacher compensation to reduce turnover.

### **C. Focus Workforce Development on Responsive Care**

Of course, it is important that care not only be continuous but also responsive. Practices to support responsive caregiving are central to improving the quality of non-parental as well as parental care.<sup>xxxii</sup> Plans and curricula are important tools to help children learn, but the younger the child, the more the caregiver needs to adapt to the temperament and interests of the child. Thus, as noted on the Program for Infant/Toddler Care (PITC) website, “For infant care to be good, it must explore ways to help infant/toddler care teachers to get “in tune” with each infant.<sup>xxxiii</sup>

Currently, EHS requires its teachers to have at least six units specializing in infant/toddler development and care. In contrast, Title 5 requires only the Title 22 licensing standard that infant/toddler center directors and teachers have three units in Infant/Toddler coursework. While the PITC curriculum is internationally acclaimed, the course is treated as an elective, and some community colleges may not count credits in PITC toward a transfer.

Through the Curriculum Alignment Project (CAP), faculty from the California community colleges are pursuing a goal of aligning a full course of study for professionals in early childhood education, with the intent of addressing the full content of the CDE *Infant-Toddler and Preschool Early Learning Foundations and Framework*. In addition to the core eight courses, two courses specific to infancy, that incorporate the learning objectives of the PITC have been added, along with courses on special needs and administration. However, financial support is needed to help campuses make the two new Infant/Toddler courses – Infant and Toddler Development and Care and Education of Infants and Toddlers) -- available on a regular basis and to offer more sections of the classes.

As the CAP project continues, faculty hope to align a course specific to social-emotional development, that would incorporate the learning objectives of the California Center on the Social and Emotional Foundations for Early Learning (CCSEFEL) to provide training and coaching on supporting social and emotional development of young children. Many community colleges currently offer such in a unit-based content tied to certificates and degrees, but some colleges may not count these course credits toward a transfer degree.

Overall, on-site coaching has consistently been found to be one of the best ways to help teachers and family child care providers learn responsive caregiving.<sup>xxxiv</sup> While coaching related to a practicum counts toward a degree, many field-based coaching experiences do not provide units leading toward a degree.

Currently, each EHS program develops a professional development plan and encourages staff to get further education. In California, of 1,199 infant/toddler teachers in EHS, half have a bachelor's or associate's degree in early childhood education, and more than one-fifth have a Child Development Associate (CDA), a competency-based credential.<sup>xxxv</sup> In Title 5 programs, a series of budget reductions have eliminated access to paid release days for professional training, compounding difficulties in accessing any form of workforce development.<sup>xxxvi</sup> Because Title 5 providers are reimbursed by attendance, they may be penalized if they reduce hours of service to allow time for training.

#### Recommendations:

1. Increase funding to community colleges so that both of the CAP Expansion Infant/Toddler courses can be offered. When the courses are available, require six units of infant/toddler courses, similar to the EHS requirement.
2. Transform early childhood offerings to include more in-classroom coaching/practicum involving unit-bearing coursework, and expand on the already existing coursework involving PITC and CCSEFEL. Continue work to embed PITC and CCSEFEL in college courses, and to align a course specific to social and emotional development as part of the Curriculum Alignment Project. Develop standards for coaching, including best practices for the duration and dosage necessary to improve outcomes in teacher effectiveness.<sup>xxxvii</sup>
3. Create aligned sequences of courses that lead toward degrees, and invest in community colleges to develop the work.<sup>xxxviii</sup>
4. Focus more training on directors, master teachers, and lead teachers who can then model best practices.<sup>xxxix</sup>
5. Re-establish and build on the capacity of the community college instructional lab schools to serve as models for delivery of appropriate care and education of children birth to five, with a special focus on responsive infant/toddler care.
6. Deliver supervised practicum and invest in the community colleges to develop networks of community-based mentors, with the potential of pairing in-classroom coaching to field-based college credits.
7. Provide at least five paid professional development days for center staff or family child care providers in networks to obtain training promote training that builds toward degrees.<sup>xl</sup>
8. Require that the 21-hour annual training requirement in the RTT-ELC QRIS Hybrid Rating Matrix be guided by an individual professional development plan, which would also detail any coaching that the early educator is receiving.<sup>xli</sup>
9. Require providers to receive key health and safety training offered annually related to Safe Sleep, proper hand washing/hygiene for infants and toddlers.
10. Provide special support for family child care providers, including help with registering for courses, access to tutoring and in-person coaching in the provider's home language, connections to professional development communities and cohorts, and opportunities and

assistance in tapping distance learning. At a minimum, increase funding for FTE at community colleges so that the required 12 units for the Associate Teacher Level Permit are available online and weekends to accommodate the schedules of family child care providers.

11. Offer Professional Coordinators at every community college to advise students. Consider housing the coordinators at the lab school programs, serving as the “professional development hub” providing the environments and experiences for the workforce. Increase funding for the lab schools to be open longer, allowing for students who cannot complete their supervised field experience to do so in evenings and weekends.

#### **D. Promote Teacher-Child Interaction and a Language Rich Environment**

Language development is a strong predictor of children’s school performance, yet many early childhood settings need additional support in this area in order to lead to the kind of thinking skills which have been linked to improved child care outcomes.<sup>xlii</sup> The issue here is not instructing infants and toddlers in the ABC’s, but encouraging teachers and other caregivers to respond to children’s cues and interact with them--to talk with, read to, and sing and play with them.

Title 5 regulations appropriately call for promoting interaction and language use among children and between children and adults; and supporting emerging literacy and numeracy development.<sup>xliii</sup> They also require a self-assessment with the Environmental Rating Scale and independent monitoring every three years, although the California Department of Education has never had a sufficient number of regional staff to conduct full ERS assessments of program quality.

However, since the writing of this language in the code, new research-based tools for measuring teacher-child interaction, such as the Classroom Assessment Scoring System (CLASS), have been developed. Extensive research on the CLASS has shown a relationship between higher CLASS scores and improved child outcomes.<sup>xliiv</sup> A CLASS tool to measure interaction between caregivers and toddlers is now available, and a tool measuring interaction with infants is expected to be available in 2014. Head Start requires utilization of the CLASS for preschool classrooms to measure teacher-child interaction and teacher promotion of language skills, and the RTT-ELCQRIS Hybrid Matrix calls for an independent CLASS assessment to inform a program’s professional development/improvement plan beginning with Tier 3, the tier level most similar to the current Title 5 program regulations.

In addition, the California Department of Education has compiled a rich set of guidelines for early learning programs in the *California Infant/Toddler Learning and Development Foundations* and in the *Early Childhood Educator Competencies*. While many Title 5 programs in fact use the Foundations, Title 5 regulations do not require programs to do so.

## Recommendations:

1. Add the use of the CLASS for preschool-age children to the Birth Through 3/Title 5 regulations, and consider adding the CLASS for measuring interaction between providers and toddlers and providers and infants once the latter is available. Ensure that the tool has complete construct validity for use with DLL populations and supplement it with additional tools if necessary.<sup>xlv</sup> At least initially, limit the use of the CLASS for infants and toddlers to professional development purposes.
2. Contract for a statewide pool of qualified assessors to conduct ERS and CLASS assessments. The pool should consist of trained, reliable assessors in every region to conduct the assessments. Potential applicants for the contract include but are not limited to child care resource and referral agencies, community colleges, county offices of education, and child care licensing units.
3. Reference the *Infant/Toddler Learning and Development Foundations*,<sup>xlvi</sup> the *Early Childhood Educator Competencies*, and *Preschool Learning Foundations and Frameworks* in the Title 5 regulations.

## E. Support Dual Language Learning

Across the nation, more than a quarter of all young children under age six have a parent who speaks a language other than English. California is home to the largest population of Dual Language Learners (DLL), with more than one in four DLL's in the nation living in the state. At least 36 percent of children entering kindergarten in California are designated as English learners,<sup>xlvii</sup> and the proportion of infants and toddlers who are dual language learners may be higher.

California was the first state in the nation to include English Language Development within its *Preschool Learning Foundations*.<sup>xlviii</sup> The CDE has also published *Preschool English Learners: Principles and Practices to Promote Language, Literacy and Learning*.<sup>xlix</sup> Currently, the state is updating the *California Prekindergarten Learning and Development Guidelines*, which address best program practices for preschool DLLs and highlight the advantages of bilingualism.

In the past two decades, studies have provided new insights into how young children acquire language, and how this affects their brain development. Researchers have found that babies have an innate capacity to learn two languages from birth, and that this early exposure to both languages does not cause confusion, or delay development in either one.<sup>1</sup> In fact, neuroscientists who studied images of the human brain have found that learning a second language actually increases brain density.<sup>li</sup> Findings from a multi-state study show that Spanish-speaking preschoolers' reading and math scores were higher when they received more instruction in Spanish, especially when they attended high-quality programs.<sup>lii</sup>

Title 5 regulations appropriately state that the program goals and objectives "shall reflect the cultural and linguistic characteristics of the families served by the contractor," and

that the education program must be “developmentally, linguistically, and culturally appropriate.” But there is little detail on how these goals are to be accomplished.

Recommendations:

1. Incorporate the following principles in any legislation on the definition of high-quality infant/toddler programs:
  - a. Programs for children who speak languages other than English require continued development of the first language while the acquisition of English is promoted;
  - b. Teachers and providers demonstrate an understanding of the child’s family culture, and whenever possible, speak the child’s language; and
  - c. The primary goal is to promote positive verbal interaction between parents and other caregivers with infants and toddlers, not just to encourage English acquisition for this age group where parent-child relationships are paramount.
2. Encourage the development of dual language pilot programs, such as are being implemented in a family child care network of 43 predominantly Spanish-speaking providers in Santa Clara County supported by a local community college. Provide additional funding to community colleges to facilitate offering CAP Core 8 coursework in other languages.
3. Ensure that screening and assessment systems, such as the Desired Results Developmental Profile, continue to meet the needs of children whose home language is not English.

## **F. Serve as a Gateway to Comprehensive Services**

Currently, Early Head Start is the publicly funded early childhood program that comes closest to supporting comprehensive services. Federal law stipulates that EHS grantees provide, directly or through referral, early continuous, intensive, and comprehensive child development and family support services<sup>liii</sup>. Comprehensive services include child physical, dental and mental health; nutrition; family partnerships; services to pregnant women; developmental screening within 45 days of the child’s enrollment; and services for children with disabilities. As stated above, EHS also provides funding to employ family service workers and social service staff who help connect families to the services they need, including establishing medical and dental homes within 90 days and staying on schedule for immunizations. Based on analysis of federal Program Information Reports, as much as 40 percent of the typical Head Start program budget is typically allocated for comprehensive services.

Title 5 regulations include a brief mention of health and social services, including that the program:

- Identify the needs of the child and the family for health or social services
- Refer a child and/or family to appropriate agencies in the community based on the health or social needs
- Conduct follow-up procedures with the parent to ensure that the needs have been met.



However, as indicated above, child care subsidy reimbursement rates have been frozen at 2006 levels, and the Standard Reimbursement Rate was determined to be inadequate even before recent budget cuts.<sup>liv</sup> Hence, Title 5 programs have difficulty covering the salaries of educational staff, much less dedicating half of their budgets to the provision of comprehensive services.

Completion of the Desired Results Developmental Profile (DRDP) is required for each child within 60 days of enrollment to plan and conduct age and developmentally appropriate activities; however, Title 5 does not require developmental screening for identification of possible disabilities or delays, a standard component of EHS required within 45 days of the child's enrollment and which in turn may generate major future cost savings.<sup>4</sup>

High quality early childhood education for children is most effective when accompanied by education, economic support and other efforts to improve the outcomes for the whole family. However, early learning and care programs cannot be expected to be the sole vehicle for addressing all the service needs of both children and families.<sup>lv</sup> Birth Through 3 programs thus should serve as an important "gateway" to other child- and adult-serving services, but not necessarily the direct provider of comprehensive services.

#### Recommendations:

1. At the state level, convene state agencies such as the California Departments of Developmental Services, Education, Public Health, and Social Services, along with the First 5 Children and Families Commission to promote linking access to the provision of comprehensive services for children birth to prekindergarten age.
2. At the local level, incentivize partnerships between local First 5 commissions, Head Start, Early Head Start, CalWORKS, mental health, Early Start Program (Part C of IDEA) provider/service coordinators, Regional Centers, child welfare agencies, child care resource and referral agencies, county offices of education, and other child- and adult-serving entities. The goal should be to develop in every county a single point of contact accompanied by a "no wrong door" strategy for access to services.
3. Build on the local First 5 county commission strategic plan needs assessments, Early Head Start and Head Start needs assessments, and other local information to map the availability of comprehensive services for young children and their families in every county.
4. Within Birth Through 3 programs, build capacity to support monitoring access to such services as developmental screening and follow-up services, well-child preventive health visits, dental homes, or other social services for children by either providing or linking to family service workers. Explore possibilities for working with public health nurses to conduct targeted case management and to bill these services to health care.
5. Pay special attention to aligning Birth Through 3 with Early Start (Part C), so that service delivery is seamless and begins as early as possible and the family service coordinator helps the family understand the array of services they can access to promote their child's well-being.

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<sup>4</sup> Part C of IDEA requires a 45-day timeline for receipt of services.

6. Provide support for Birth Through 3 programs to contract for mental health consultation and an inclusion specialist to provide hands-on support to teachers. First 5 California and local First 5 commissions have played this role in many counties.
7. Increase funding to community colleges so that more campuses can offer both of the two CAP Expansion courses on Children with Special Needs.

### **G. Support Choice of Quality Early Learning and Care Options:**

Family choice regarding selection of a quality setting is a primary principle in publicly funded early learning and care systems. However, as stated in the California Comprehensive Early Learning Plan,<sup>lvi</sup> “families need good information about what each choice entails, and more than one high-quality choice that actually meets the child’s and family’s needs”. Proposed new federal CCDF rules emphasize the importance of quality, and some states actually require that CCDF vouchers only be used in setting reaching a 3-star or above on their QRIS ratings.<sup>lvii</sup>

While center-based care is the norm for preschool-age children, it is the exception for infants and toddlers.<sup>lviii</sup> There is evidence that the use of informal, home-based arrangements for infants and toddlers by working parents reflects at least in part parental preference. Parents with non-traditional work hours may have difficulty finding a licensed child care center which provides care that accommodates their work schedule. However, the high cost of center-based care also inhibits the supply. In 2011, according to data collected by the California Child Care Resource and Referral Network, center-based care for infants in California averaged \$11,823, while the average cost of licensed family child care was \$7,187.<sup>lix</sup> Full-day, full-year infant care meeting very high (Educare) standards for a center in Santa Clara County has been estimated at \$28,000 per year.<sup>lx</sup>

Longitudinal evaluations linking high-quality infant/toddler care with improved child outcomes have typically focused on center-based programs. However, a recent study by the University of California, Columbia University and Stanford University of more typical centers and non-parental home settings in several states, including California, found that the quality varied greatly. Centers displayed higher quality than home-based settings as measured by provider education and the intensity of structured learning activities, but did not consistently display more positive adult-child interactions.<sup>lxi</sup>

Currently, Title 5 General Child Care contractors have two program delivery options – center-based care or family child care networks, with Title 5 contractors increasingly turning to family child care network option because the expenditure per child for family child care is lower than that in center-based care. Federal EHS grantees can apply to offer center-based programs, home-based programs, a combination program, family child care or a locally designed option. Fifty-two percent of services provided nationally are center-based, 41 percent are home-based; 4 percent are a combination, 2 percent are family child care, and 1 percent is locally designed.<sup>lxii</sup> In California, nearly 60 percent of the children served in EHS are enrolled in home-based programs, with the next largest group in center-based and the remainder in family child care or a combination program.<sup>lxiii</sup>

Under the EHS center-based option, children receive at least two home visits per year, as well as other child health and family support services. Under the home-based program, they receive at least 32 home visits lasting at least 90 minutes per visit per 9-month program year and at least 47 home visits for a 12-month program year from a qualified home visitor as well as bimonthly parent/child interaction groups. Under the combination option, children receive both services in a center-based setting and intensive work with their families at home. Under the family child care option, a child development specialist supports the family child care provider and retains responsibility for meeting the Program Performance Standards.<sup>lxiv</sup> An evaluation of EHS found that a combination of home-based and center-based services provided the strongest results.<sup>lxv</sup>

If the proposed Kindergarten Readiness Act of 2014 is enacted, school districts may contract with community-based programs to provide prekindergarten for four-year-olds, and some Title 5 providers may continue to serve four-year-olds. In cases where the school district does not contract with community-based programs, Title 5 centers will need time and resources to convert existing classrooms to serve a younger population. To serve infants and toddlers, center-based providers will typically need to meet new licensing standards, re-design classrooms, purchase cribs, and re-design playgrounds. Even serving three-year-olds may require purchase of some different furniture and equipment.

#### Recommendations:

1. Build on the local First 5 county commission strategic plan needs assessments, Early Head Start and Head Start needs assessments, Local Child Care Planning Council, local child care resource and referral information, and other local information to compile a community needs assessment to help inform Title 5 and other providers on the range of early learning and care options currently available and the gaps in service. Identify the population to be served, including the number of Dual Language Learners, the population density, the work hours of the families to be served, the need for full vs. part-day services.
2. Promote linkages with the local home visiting programs, such as those supported by First 5's, and the California Visiting Program through the California Department of Public Health.
3. Provide an umbrella of support for family child care. Encourage the expansion of family child care networks accompanied by the provision of coaching in the provider's home by a family service/education coordinator. Explore models where a center shares services with a family child care provider.
4. Provide start-up costs to help current Title 5 providers who do not receive contracts from school districts to administer prekindergarten for four-year-olds to convert spaces currently designed for that age group to serve infants and toddlers, three-year-olds, or mixed age groups.

#### **H. Require Continuous Program Quality Improvement**

California has undertaken major work to create a process of continuous program quality improvement for early childhood programs, with benchmarked tiers to measure the progress.<sup>lxvi</sup> As noted above, under the RTT-ELC grant, regional consortia in 16 counties<sup>5</sup> have developed research-based common elements from a Quality Continuum Framework, including three common tiers. These tiers focus on measurable elements, such as ratios and group size, staff education and training, and program leadership, as well as family involvement and validated tools for measuring teacher-child interactions and the quality of the program environment. See tables below for the requirements in the three common tiers (as well as two tiers left to local option) on staff-child ratios, staff educational qualifications and program leadership qualifications.

RTT-ELC QRIS Hybrid Matrix on Staff-Child Ratios				
Tier 1 (Common Tier)	2 Points (Local Option)	3 Points (Common Tier)	4 Points (Common Tier)	5 Points (Local Option)
Title 22 regulations: <u>Infant (center only)</u> Ratio – 1:4 <u>Toddler (center only)</u> Ratio – 1:6 <u>Preschool (center only)</u> Ratio – 1:12 <u>FCCH: Title 22</u> (excluded from point values in ratio and group size)	<u>Infant/Toddler</u> 1:4 with a group size of 16 <u>Toddler</u> 1:6 with a group size of 18 <u>Preschool</u> 1:12 with a group size of 36	<u>Infant/Toddler</u> 1:4 with a group size of 12 <u>Toddler</u> 1:6 with a group size of 12 <u>Preschool</u> 1:12 with a group size of 24	<u>Infant/Toddler</u> 1:4 with a group size of 8 or 12 <u>Toddler</u> 1:5 with a group size of 10 <u>Preschool</u> 1:8 with a group size of 24 <b>or</b> 1:10 with a group size of 20	<u>Infant/Toddler</u> 1:3 with a group size of 9 <u>Toddler</u> 1:4 with a group size of 12 <u>Preschool</u> 1:7 with a group size of 20

RTT-ELC QRIS Hybrid Matrix on Staff Educational Qualifications				
Tier 1 (Common Tier)	2 Points (Local Option)	3 Points (Common Tier)	4 Points (Common Tier)	5 Points (Local Option)
Meet Title 22 regulations	Center: 24 units of ECE (core 8), family child care: 12 units of ECE (core 8), and 21 hours of professional development annually	24 units of ECE (core 8) and 16 units of General Education and 21 hours of professional development annually	AA in ECE or 60 degree-applicable units, including 24 units of ECE or AA in any field plus 24 units of ECE and 21 hours of professional development annually	BA degree in ECE (or closely related field) with 48 or more units of ECE or master's degree in ECE and 21 hours of PD annually

<sup>5</sup> In January 2013 a network of RTT\_ELC Grant Consortia in 16 counties began implementing QRISs that expanded and strengthened pre-existing quality improvement initiatives. There are a total of 17 Consortia members with two of them in Los Angeles County,

RTT-ELC QRIS Hybrid Matrix on Program Leadership Qualifications				
Tier 1 (Common Tier)	2 Points (Local Option)	3 Points (Common Tier)	4 Points (Common Tier)	5 Points (Local Option)
12 units of ECE or related field, 3 units of management/administration	24 units core ECE, 16 units general education, 3 units management/administration	AA degree with 24 units core ECE, 6 units supervision, and 21 hours of PD	BA degree with 24 units core ECE, 8 units management/administration, and 21 hours of PD annually	Master's degree with 30 units core ECE including specialized courses, 8 units management/administration or administrative credential, and 21 hours of PD annually

RTT-ELC Continuum Hybrid Matrix for Program Quality Assessments				
Tier 1 (Common Tier)	2 Points (Local Option)	3 Points (Common Tier)	4 Points (Common Tier)	5 Points (Local Option)
Program Environment Rating Scale not required; CLASS not required	<p>Familiarity with ERS and every classroom uses ERS as a part of a Quality Improvement Plan</p> <p>Familiarity with CLASS by one representative from the site (online or face-to-face via facilitator)</p>	<p>Independent ERS assessment with all subscales averaged to meet 4.0</p> <p>Independent CLASS by reliable observer to inform the program's professional development/improvement plan</p>	<p>Independent ERS assessment with all subscales averaged to meet 5.0</p> <p>Independent CLASS assessment by reliable observer with minimum scores:</p> <p><u>Preschool</u> 5.0 on Emotional Support, 3.0 on Instructional Support, and 5.0 on Classroom Organization</p> <p><u>Toddler</u> 5.0 on Emotional &amp; Behavioral Support and 3.5 on Engaged Support for Learning</p>	<p>Independent ERS assessment with all subscales averaged to meet overall score of 5.5</p> <p>Independent assessment with minimum scores:</p> <p><u>Preschool</u> 5.5 on Emotional Support, 3.5 on Instructional Support, and 5.5 on Classroom Organization</p> <p><u>Toddler</u> 5.5 on Emotional &amp; Behavioral Support and 4.0 on Engaged Support for Learning</p>

As stated earlier, the common Tier 3 point values of the RTT-ELC QRIS matrix essentially represent the Title 5 regulations for staff-child ratios and teacher qualifications for infants and toddlers. The criteria for the common Tier 4 point values are similar to those elements for Early Head Start.

However, Title 5 regulations do not specifically address group size. By requiring one teacher for every 18 infants (with one adult for every three infants), and one teacher for every 16 toddlers (with one adult for every four toddlers), they could be construed as allowing as many as 18 infants or 16 toddlers in a room. The RTT-ELC QRIS matrix places a group size limit of 12 infants for Common Tier 3 or Tier 4, still considerably less protective than the EHS requirement of a maximum group size of 8 infants or the same standard recommended by the National Association for the Education of Young Children

(NAEYC).<sup>lxvii</sup> The greater the divergence between EHS and the standards for Birth Through 3, the less likely that EHS programs will be able to partner with them.

As of September 2010, all center-based Early Head Start teachers were required to have a minimum of a Child Development Associate and training or coursework in early childhood development. Title 5 requires 24 units of ECE and 16 units of General Education, with 105 hours of professional development over a 5-year period (i.e., typically 21 hours annually). The RTT-QRIS Hybrid Matrix sets that level as Tier 3, with Tier 4 calling for an AA for teachers and a BA for program directors, and Tier 5 requiring a BA in ECE or a related field and at least 48 units of ECE and 21 hour of professional development annually.

Programs such as the First 5 Power of Preschool (PoP), now called the First 5 Child Signature Program (CSP), have demonstrated that linking enhanced funding benchmarked by tiers to Title 5 State Preschool Programs can help improve the quality of the programs, with many of the programs in the CSP counties now having effectively reached Tier 4 or 5 on the quality continuum.<sup>lxviii</sup> However, First 5 investments in enhancing the quality of Title 5 programs serving infants and toddlers have begun more recently and are on a much smaller scale.

Ultimately, as stated in the California Comprehensive Early Learning Plan, “all early learning programs that utilize federal, state, or local governmental funding should be required to participate in a continuous improvement process – one that has benchmarked tiers of quality rating and actions plans for improvement, with resources tied to improvement plans.”<sup>lxix</sup>

#### Recommendations:

1. Align Birth Through 3 standards with the Race to the Top-Early Learning Challenge Grant Quality Rating and Improvement System as an evolving framework for continuous program quality improvement.
2. Require early learning programs that utilize federal, state, or local funding to participate in a continuous improvement process with benchmarked tiers of quality rating and action plans and resources tied to improvement plans.<sup>lxx</sup>
3. Structure the reimbursement system for publicly funded infant/toddler programs and programs for three-year-olds to reflect the true cost of care.<sup>lxxi</sup> Begin by increasing the reimbursement rate to support current standards. Provide higher reimbursement rates for centers or family child care homes meeting higher tiers on the RTT-ELC QRIS Hybrid Rating Matrix.<sup>lxxii</sup>
4. For center-based programs, aim for the RTT-ELC QRIS Tier 4 point value of a staff-child ratio of 1:4 and group size of 8, as opposed to the current Title 5 required ratio of 1:3 but which allows a significantly larger group size.
5. Birth Through 3 educational qualifications should reflect a high level of quality on the RTT-ELC QRIS Hybrid Rating Matrix. All center-based programs should meet at least Tier 3 point values. Over a 5-year-period, and providing the Standard Reimbursement Rate has been increased to allow for improved teacher compensation,

- require at least half of center-based teachers to have an Associate’s degree with 24 ECE units, which would qualify for Tier 4 on the RTT-ELC QRIS matrix, with higher reimbursement rates for programs that meet the Tier 5 point values.
6. For family child care providers in a Title 5 network, allow entrance at Tier 2, and within five years aim to have half meet the Tier 3 point value of 24 units of ECE and 16 units of General Education, thereby also enabling the providers who achieve this to have the status of “teacher” on the Child Development Teacher Permit Matrix.
  7. Require licensing inspectors to have 24 units of training in ECE and at least 3 units in infant/toddler care.
  8. Contract for the development of a statewide pool of regionally based assessors certified to be reliable to conduct program quality assessments.<sup>lxxiii</sup>

### **I. Position Birth Through 3 Programs to Qualify for Early Head Start-Child Care Partnerships and Other New Federal Funds.**

One source of federal funds to support continuous program quality improvement benchmarked to quality is the \$500 million approved by Congress for Early Head Start-Child Care Partnership grants. These grants are intended to help Early Head Start partner with other child care programs to expand access to quality services, extend the day and/or serve additional children. Birth Through 3 programs should be good candidates to work with EHS grantees and delegate agencies in California to apply for these grants. Even Birth Through 3 programs which do not obtain the grants might benefit from being better positioned to blend funding with Early Head Start and to meet anticipated new federal CCDF requirements.

Already, two-thirds of Early Head Start grantees/delegate agencies in California also administer Title 5 General Child Care, the Alternative Payment Program, and/or CalWORKS.<sup>lxxiv</sup> Many EHS and Title 5 General Child Care programs blend funding streams to support comprehensive, unified services for a full day. Examples of the funding streams blended include General Child Care, Early Head Start, CalSAFE, and First 5.

However, there are challenges to blending funding streams. Some of the funding stream building blocks, such as CalSAFE for school-age parents, have been reduced to a third of their previous size and consolidated with other programs. Also, some providers voice concern that there is a risk of not earning the full amount of their Title 5 contract if they obtain funding from other sources. In short, providers have difficulty using the extra funds they acquire to improve the quality of service or extend the day, as opposed to expanding the number of children served. At the federal level, layering of funds to improve the quality of service and ensure that providers are reimbursed at a livable wage is strongly encouraged.

Finally, differences in the Title 5 regulations and Early Head Start standards pose a challenge to partnerships between the two programs.<sup>lxxv</sup> Nine states have initiatives that either extend the day or year of existing services by making additional funding available or by implementing policies to ease the process of layering federal EHS funds with other

funding sources.<sup>lxxvi</sup> Some states, such as Illinois and Oklahoma, provide grants to help child care providers meet the EHS standards; providers estimate that it takes an average of 18 months for child care programs to meet EHS standards. Illinois provides child care rule exceptions to make it easier to blend funds to extend the day and year.

Recommendations:

1. To make it easier to blend Birth Through 3 and EHS funds, Birth Through 3 programs, as stated above, should aim for a maximum group size of eight infants, and the Early Head Start standard.
2. For the purpose of encouraging partnering between state programs and EHS, consider the Illinois procedure of determining eligibility annually and offering a 90-day job loss grace period.
3. Convene a meeting with the California Child Care and Development Administrators Association, the California Head Start Association, the California Alternative Payment Program Association and other stakeholders to develop a strategy to maximize the receipt of Early Head Start-Child Care Partnership grants, ensure eligibility for anticipated new rules for CCDF funds, and promote layering of funding streams to ensure quality.

**J. Simplify the Eligibility Determination System to be More Cost-Effective and to Promote Continuity of Care.**

The Governor's State Advisory Council on Early Learning and Care and a high percentage of the 2,700 stakeholders who participated in the development of *California's Comprehensive Early Learning Plan* agreed that low-income and otherwise at-risk infants and toddlers should have priority for the limited public funds currently spent on early learning and care.

However, the "at risk" population is very large in California. The official federal poverty level was \$23,550 for a family of four in 2013. In reality, an adequate living standard requires far more than this income in California, where the cost of living is more than four times higher in metropolitan areas of the California than in, for example, Iowa.<sup>lxxvii</sup>

Until 2011, perhaps in recognition of California's high cost of living, children were eligible for the Title 5 General Child Care Program of State Preschool if their family earned less than 75 percent of the Standard Median Income, or \$57,291 for a family of four. In 2011, given the state's budget restraints, the eligibility was reduced to 70 percent of the SMI, or \$53,472 for a family of four. In addition, family fees were added to the part-day State Preschool Program.

The California Education Code Title 5 regulations contain extensive requirements (at least 15 pages) for the family's income eligibility determination, verification of need for service (e.g., a child under child protective services, at risk of abuse and neglect or homeless, or of a family on public assistance, or of the parent's employment or



engagement in vocational training). Many of these provisions may be required to meet the requirements for receipt of federal funds, and to prevent fraud. However, it is notable that the provisions for eligibility determination and fee collection far outweigh the few pages devoted to program quality.

In an effort to ensure sufficient duration of the program to impact child outcomes, the federal Early Head Start program grants “presumptive eligibility”; that is, once infants or toddlers are deemed eligible, they are determined to be eligible until they reach their third birthday. No fee is imposed on families even if their incomes improve.

The current state Title 5 eligibility determination process raises the following concerns:

- The process can be stigmatizing, posing a barrier to many families whose children would benefit.
- The process impedes continuity of care. For example, the need for service for a child under protective custody must be re-documented at least every six months. A child who is no longer under supervision – or a child whose parent is no longer employed-- may have to leave the program that is the child’s main source of stability.
- The provisions pose a barrier to blending funds with EHS. A Title 5 center receiving EHS funds is required to keep the EHS-funded child until the child’s third birthday. But if the family is no longer state-eligible, the provider then has no choice but to discontinue center-based services or to raise funds to make up for the Title 5 money lost.
- While a sliding fee scale may be appropriate for full-day child care for employed parents at the upper end of the income eligibility for the program, the imposition of fees poses a barrier to low-income families seeking a part-day program for purposes of school readiness.
- Finally, the eligibility determination process is not free, and is administratively cumbersome. A Massachusetts study found that changing from a six-month to a 12-month subsidy redetermination policy led to administrative savings, fewer terminations of service, and shorter periods of program vacancy.<sup>lxxviii</sup>

Recommendations:

1. Review the Title 5 regulations for eligibility determination for General Child Care and other state-subsidized programs for possible streamlining.
2. Consider a place-based system, where infants, toddlers, and three-year-old children who live in a Title 1 school district catchment area would automatically qualify for Birth Through 3<sup>lxxix</sup>. This approach would reduce the stigma and bureaucracy associated with checking family income. In addition, many children slightly above the income eligibility requirements are still at risk by virtue of living in poor communities.
3. For families living outside Title 1 neighborhoods, consider eligibility for Food Stamps or MediCal or Free and Reduced Price Lunch sufficient proof of income eligibility.

4. To promote continuity of care, aim for no more than annual redetermination of need.
5. Eliminate the fee for the part-day State Preschool program for three-year-olds.
6. After streamlining the regulations for eligibility determination, re-direct some of the money saved from reducing the many and oft-repeated hours of eligibility determination to hire family service workers needed to perform case management.

## **Summary:**

By combining part-day and full day State Preschool for three year olds with the General Child Care program for infants and toddlers, and increasing its funding with savings from current expenditures for State Preschool for four-year-olds, California may establish a nation-leading early learning and care program for the state's most vulnerable children.

High quality services in the program will include:

- Full and part-day state preschool for three- year- olds;
- Full and part-day infant-toddler care delivered in a variety of options meeting the needs of the community;
- Family engagement and support;
- Linkage to comprehensive services.

The proposed Birth Through 3 is designed to be flexible to allow local communities to more easily coordinate with other programs such as Early Head Start, First 5- and federally funded home visitation programs, child health and mental health services, nutrition, Early Start, child welfare, and an array of adult-serving agencies that provide health, economic assistance, and job training.

While the Birth Through 3 design begins with contracted Title 5 programs, it can be expanded to include voucher programs such as the Alternative Payment Program and CalWORKS or, in effect, any publicly funded early learning and care program. Aligned with California's RTT-ELC QRIS and other quality improvement efforts, Birth Through 3 can ultimately serve as the foundation for unifying California's subsidized child care and development programs.

The proposed enactment of the Kindergarten Readiness Act of 2014 creates a rare opportunity to redirect \$175 million in savings from current expenditures for four-year-olds to improve and expand early learning and care services for a younger population of children with the highest needs and the most to gain from a quality Birth Through 3 program.

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