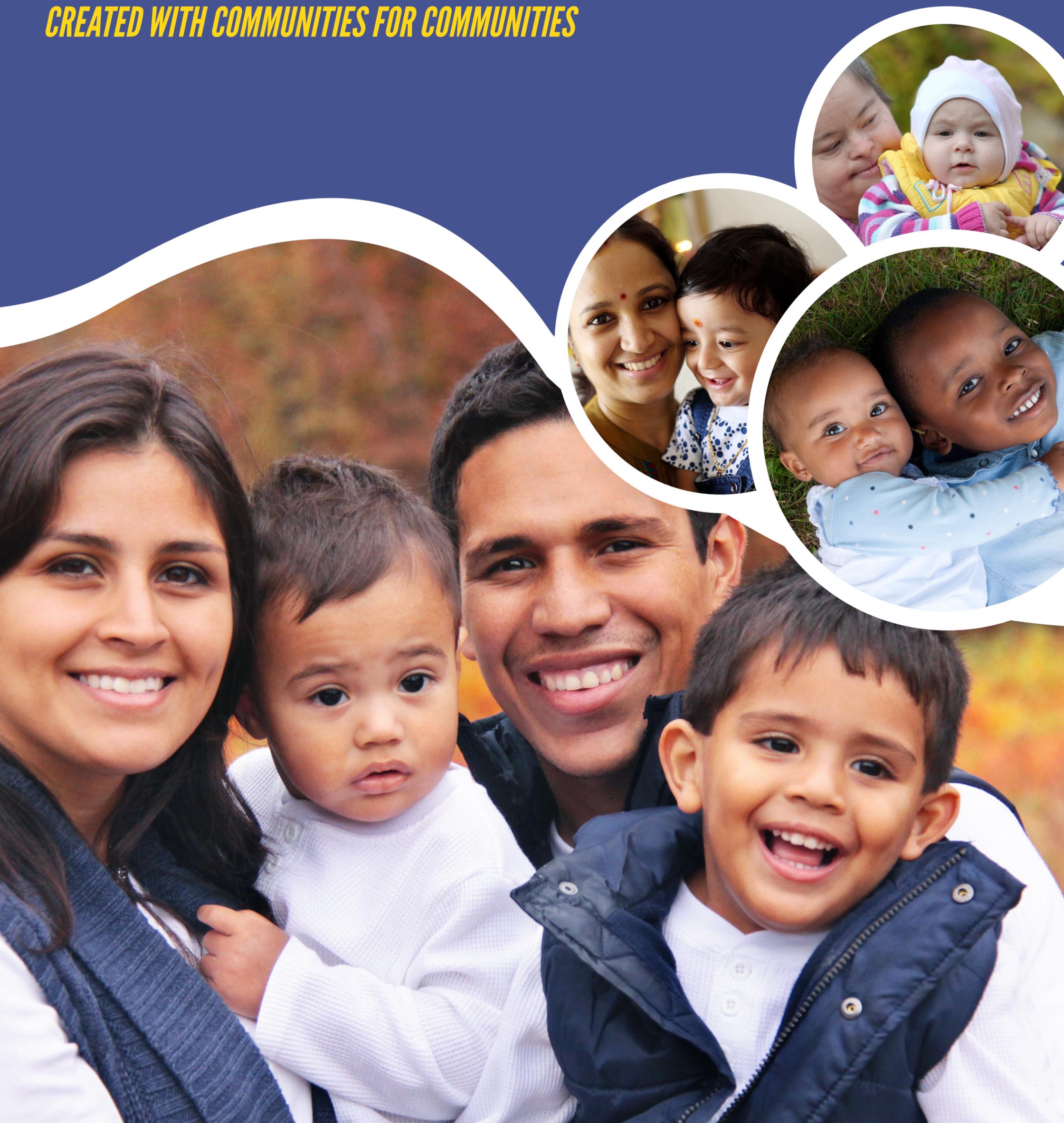


WASHINGTON'S STATEWIDE EARLY LEARNING NEEDS ASSESSMENT



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Washington Statewide Early Learning Needs Assessment

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Contact:

Kelli Bohanon, Director of Early Learning Programs
Washington State Department of Children, Youth, and Families
PO Box 40970, Olympia, WA 98504-0970
Tel: 350-407-3651 Email: Kelli.Bohanon@dcyf.wa.gov

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ABBREVIATIONS

ACE	adverse childhood experience
ACS	American Community Survey
ALICE	Asset Limited, Income Constrained, Employed
CCQB	Child Care Quality Baseline
CFC	Caseload Forecast Council
CPS	Child Protective Services
CRI	Community Resilience Initiative
DCYF	Department of Children, Youth, and Families
DEL	Department of Early Learning
DOH	Department of Health
DSHS	Department of Social and Health Services
ECEAP	Early Childhood Education and Assistance Program
ECLIPSE	Early Childhood Intervention and Prevention Services
ELAA	Early Learning Action Alliance
ELAC	Early Learning Advisory Council
ELDS	Early Learning Data Store
ELMS	Early Learning Management System
ERDC	Education Research & Data Center
ESA	Economic Services Administration
ESIT	Early Support for Infants and Toddlers
FFN	Family, Friend and Neighbor
FPL	federal poverty level
HVSA	Home Visiting Services Account
IDEA	Individuals with Disabilities Education Act
IECMHC	Infant/Early Childhood Mental Health Consultation
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IPEL	Indian Policy Early Learning
MERIT	Managed Education and Registry Information Tool
MIECHV	Maternal, Infant, and Early Child Home Visiting
OIAA	Office of Innovation, Alignment, and Accountability
OSPI	Office of Superintendent of Public Instruction
PAG	Parent Advisory Group
PAT	Parents as Teachers
PBC	Performance-Based Contracting

PPI	Partnership for Pre-K Improvement
QRIS	quality rating and improvement system
RETOC	Racial Equity Theory of Change
SICC	State Interagency Coordinating Council
SNAP	Supplemental Nutrition Assistance Program
SSPS	Social Service Payment System
TANF	Temporary Assistance for Needy Families
WAC	Washington Administrative Code
WaKIDS	Washington Kindergarten Inventory of Developing Skills
WCAP	Washington Comprehensive Assessment Program
WCCC	Working Connections Child Care
WCFC	Washington Communities for Children
WELP	Washington Early Learning Partnership
WELS	Web-Enabled Early Learning System
WIC	Women, Infants, and Children
WISe	Wrap Around with Intensive Services
WSIPP	Washington State Institute of Public Policy

CONTRIBUTORS

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While we have captured many names here, we know that there are many others who contributed, directly or indirectly; who deserve recognition; and whose name may have been missed. If your name has been missed, please know it does not reflect our intention.

Steering Committee

Nina Anderson, Family Child Care Owner, Life Academy Child Care Center

Susan Anderson-Newham, Early Learning Supervising Librarian, Pierce County Library; Washington Library Association

Renae Antalán, Parent Involvement and Engagement Committee Member, Statewide Interagency Coordinating Council

Tyler Bass, Field Director, Service Employees International Union 925

Samantha Bowen, Early Childhood Education Director, Walla Walla Community College, Washington State Board for Community and Technical Colleges

Alicia Brender, Child Development Coordinator, Bellevue School District (former); Member, Early Learning Advisory Council

Sally Brownfield, Education Advocate, Squaxin Tribe; Chair, Indian Policy Early Learning Committee

Nimco Bulale, Education Program Manager, One America

Gary Burris, Visions for Early Learning, Washington Communities for Children

Jill Bushnell, Policy Manager, Washington State Department of Commerce

Sarah Clarke, Early Learning Policy Director, Children's Alliance

Diana Cockrell, Chief Office of Children's Behavioral Health and Prevention Section, Washington Health Care Authority

Rene Denman, Member, Statewide Interagency Coordinating Council

Representative Tom Dent, 13th District

Katie Eilers, Office Director, Family and Community Health Improvement, Washington State Department of Health

Jamie Elzea, Executive Director, Washington Infant Mental Health Association

Sydney Forrester, Senior Policy Advisor, Office of the Governor

Sheryl Fryberg, Executive Director, Tulalip Early Learning Academy; Vice Chair, Indian Policy Early Learning Committee

Leo Gaeta, Parents as Teachers Manager, Columbia Basin Health Association

Barbara Geiger, Office Chief, Child Welfare Office, Washington State Department of Children, Youth, and Families

Christie Glassy, Family, Friends, and Neighbors Provider

Becca Graves, Executive Director, Perigee Fund

Ryan Guzman, Early Childhood Education, Part B Coordinator, Office of Superintendent of Public Instruction

Amber Healy, Member, Parent Advisory Group

~~Victoria Hilt, Co-chair of National Parent Trust Fund Council, Strengthening Families Washington~~

Contributors

Lauren Hipp, Policy, Communication, and Advocacy Program Officer, Perigee Fund
Karma Hugo, Director of Early Learning, Office of Superintendent of Public Instruction
Kevin Jacka, CEO, Rural Alliance of Eastern Washington
Luc Jasmin, President, Washington Childcare Centers Association; Owner, Parkview Early Learning Center
Tammie Jensen-Tabor, Executive Director of Special Education at Centralia School District; Chairperson, Special Education Advisory Council
Cristyn Kelly, Parent Ambassador, Washington State Association of Head Start and ECEAP Parent Ambassadors
Allison Krutsinger, Former Early Learning Policy Director, Children's Alliance
Vicki Lowe, Executive Director, American Indian Health Commission
Sandy Maldonado, Director of Early Learning, Child Care Aware of Washington
Joel Odimba, Regional Administrator, Child Welfare, Washington State Department of Children, Youth, and Families, Region 5
Kyle Paskewitz, Co-Champion, Interagency Fatherhood Council
Christina Pease, Pediatrician, Sea Mar Community Health Centers; Member, Washington Academy of Pediatrics
Tara Reynon, Puyallup Tribe, Co-Founder, Native American Community & Child Welfare Advocates
Rio Romero-Jurado, Policy Manager, National Policy, Start Early (formerly The Ounce of Prevention Fund)
Nicole Rose, Director of Eligibility and Provider Supports, Washington State Department of Children, Youth, and Families
Julie Schroath, Owner, Creative Kids Learning Center; Westside Representative, Washington Childcare Centers Association
Jill Sells, Washington Academy of Pediatrics; Clinical Director of Early Childhood Initiatives, National Institute for Children's Health Quality
Representative Tana Senn, 41st District
Paula Steinke, Director, SOAR, King County Early Learning Coalition, Washington Communities for Children
Director and Washington Interagency Fatherhood Council Director, Economic Services Administration,
Anne Stone, System and Policy Director, Washington State Frontiers of Innovation; Early Childhood Innovation
Washington State Department of Social and Health Services
Rekah Strong, Executive Director, Educational Opportunities for Children and Families
Emiko Tajima, Executive Director, Partners for Our Children
Katy Warren, Deputy Director, Washington State Association of Head Start and ECEAP
Senator Lisa Wellman, 41st District
Senator Claire Wilson, 30th District
Judy Ziels, Whatcom County Child and Family Health Supervisor, Association of Local Public Health Officials

Community engagement

Susan Barbeau, Executive Director, First 5 FUNdamentals, Washington Communities for Children
Lindsay Boswell, Regional Lead for Investing in Children Coalition, Washington Communities for Children
Rachel Haas, Regional Lead for Project Child Success, Washington Communities for Children
Debbie Ham, Regional Lead for Southwest Washington Early Learning Coalition, Washington Communities for Children
Jill Johnson, Regional Lead for Inland Northwest Early Learning Alliance, Washington Communities for Children

Candy Lester, Regional Lead for Olympic-Kitsap Peninsula Early Learning Coalition, Washington Communities for Children

Cindy Morris, Regional Lead for Southeast Early Learning Coalition, Washington Communities for Children

Nancy Spurgeon, Regional Lead for North Central Early Learning Collaborative, Washington Communities for Children

Emily Wilson-Edge, Regional Lead for Visions for Early Learning, Washington Communities for Children

Bess Windecker-Nelson, Regional Lead for Northwest Early Learning, Washington Communities for Children

Additional contributors

Angela Abrams, Administrator, Professional Development, Eligibility and Provider Supports, Washington State Department of Children, Youth, and Families

Laura Alfani, Administrator, Strengthening Families Washington, Washington State Department of Children, Youth, and Families

Valerie Arnold, Strategic Innovations Administrator, Early Support for Infants and Toddlers (ESIT), Washington State Department of Children, Youth, and Families

Kerry Beymer, Family Innovation Specialist, Early Childhood Education and Assistance Program, Washington State Department of Children, Youth, and Families

Rachael Brown-Kendall, QRIS Administrator, Eligibility and Provider Supports, Washington State Department of Children, Youth, and Families

Adassa Budrevich-Ryan, Preschool Development Grant Program Evaluator, Office of Innovation, Alignment, and Accountability, Washington State Department of Children, Youth, and Families

Lacy Fehrenbach, Assistant Secretary, Washington State Department of Health

Karin Ganz, Pre-K ECEAP Administrator, Early Childhood Education and Assistance Program, Washington State Department of Children, Youth, and Families

Cathy Garland, Administrator, Head Start Collaboration Office, Washington State Department of Children, Youth, and Families

Darin Goff, Intake and Case Management Supervisor, Department of Corrections, Washington State

Jennifer Helseth, Health Systems Analyst, Washington State Department of Children, Youth, and Families

Michelle Hoffman, Childrens Intensive In Home Support Program Manager, Washington State Department of Social and Health Services

Sarah Holdener, Help Me Grow Lead, Family Support Division, Washington State Department of Children, Youth, and Families

Tleena Ives, Director, Office of Tribal Relations, Washington State Department of Children, Youth, and Families

Courtney Jiles, Home Visiting Project Manager, Strengthening Families Washington, Washington State Department of Children, Youth, and Families

Katie Kaiser, Program Manager, Family Services, Child Care Resources

Joyce Kilmer, Data Manager, Early Childhood Education and Assistance Program, Washington State Department of Children, Youth, and Families (former)

Bradley Klos, Epidemiologist, Maternal and Child Health Epidemiology Unit, Washington State Department of Health

Amanda Krotke-Crandall, Innovation Coordinator, Washington Frontiers of Innovation, Office of the Assistant Secretary, Washington State Department of Social and Health Services

Michel Nelson, Director of Community Engagement, Child Care Aware of Washington and Families

Debra O'Neil, Senior Administrator, Workforce Development, Washington State Department of Children, Youth,

Kristopher Klabsch Peters, Tribal Early Learning Liaison, Office of Tribal Relations, Washington State Department of Children, Youth, and Families (former)

Christine Rosenquist, Shared Services Coordinator, Washington State Department of Children, Youth, and Families (former)

Karen Sampson, Director of Data and Evaluation, Child Care Aware of Washington

Sara Schwartz Jewell, Data and Analysis Manager, Early Childhood Education and Assistance Program, Washington State Department of Children, Youth, and Families

Sharon Shadwell, Infant and Early Childhood Mental Health Consultation and Trauma-Informed Care Manager, Washington State Department of Children, Youth, and Families

Grace Ssebugwawo, Program Specialist, Early Childhood Education and Assistance Program, Washington State Department of Children, Youth, and Families

Gretchen Stahr Breunig, Kindergarten Transition Specialist, Office of Superintendent of Public Education

Mari Taylor, Kindergarten Transition Specialist, Early Childhood Education and Assistance Program, Washington State Department of Children, Youth, and Families

Laurie Thomas, Administrator, Early Supports for Infants and Toddlers, Washington State Department of Children, Youth, and Families

Justin Weisser, Epidemiologist 2, Maternal and Child Health/Oral Health, Washington State Department of Health

Vickie Ybarra, Director, Office of Innovation, Alignment, and Accountability, Washington State Department of Children, Youth, and Families

Washington State Department of Children, Youth, and Families Leadership

Jody Becker, Deputy Secretary of Programs for Children and Families

Luba Bezborodnikova, Assistant Secretary of Licensing

Steven Grilli, Director, Child Welfare Programs

Ross Hunter, Secretary

Evette Jasper, Racial Equity Administrator

Tleena Ives, Director of Tribal Affairs

Frank Ordway, Chief of Staff

Vickie Ybarra, Director, Office of Innovation, Alignment, and Accountability

Washington State Preschool Development Grant Birth through Five Management Team Members

Washington State Department of Children, Youth, and Families

Abbey Bergquist, Preschool Development Grant Specialist

Kelli Bohanon, Director of Early Learning Programs

Delta Heiberg, Preschool Development Grant Integration Specialist

Tracie Kenney, Preschool Development Grant Administrator

Judy King, Director of Family Support Programs

Cedar River Group

Dawn McCarra Bass (via the Mightier Network)

Robert Feldstein, Partner

John Howell, Partner

National Equity Project

Stephen Chang, Managing Director

Melia LaCour (via Becoming Justice)

Tom Malarkey, Director, Northwest Region, and Co-Director, Research, Design, and Learning

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1 INTRODUCTION

Washington has a long history of sustained support for early learning. Over the last decade, that investment has led to real progress for children and families across the state. Many of the strategies outlined in the 2010 Early Learning Plan — the state’s first comprehensive formal plan for early learning — have been implemented, including the expansion of the state’s Early Childhood Education and Assistance Program (ECEAP), expansion of home visiting services, implementation of a quality rating and improvement system (Early Achievers), and creation of a statewide network of regional early learning coalitions. Families have more access to high-quality services that promote healthy development and school readiness for children than ever before.

Washington’s early learning strategy is driven by two goals: (1) achieve a 90% statewide kindergarten readiness rate and (2) eliminate race and income as predictors of readiness. As the statewide system prepares to implement a new set of early learning strategies for the next five years, the state is also making a powerful commitment to advance an equity-focused early learning system that builds on existing strengths and eliminates persistent disparities in educational, health, and resiliency outcomes for children and families (appendix A).

Washington’s vision for early learning requires the active collaboration of state-level, regional, and community partners across all programs, services, and supports that contribute to the physical, cognitive, and social-emotional development of Washington’s children. Reflecting that collaborative approach, this needs assessment was developed in partnership with many organizations, tribal governments, agencies, and individuals (parents, caregivers, providers, and others) across the state. It reveals the rich diversity of the state’s children, families, communities, and providers. It shows the strength of community support for early learning and the strength of leadership across the field — from families, providers, tribal communities, advocates, organizations, schools, state agencies, legislators, and more.

The needs assessment also shows that there is still much work to be done to support children and families, particularly those most vulnerable. There is deep disproportionality related to race and ethnicity in accessing services and achieving positive outcomes. There are striking economic limitations in the current child care system, for both families and providers. There are areas of extremely limited access to services and supports in rural communities. There are still gaps in the breadth of supports needed by parents, caregivers and early learning professionals.

This report will serve as a foundational document for the design and implementation of Washington State’s next statewide early learning aspirational plan. It will provide a valuable resource for state and local partners as they create the next generation of improvements and enhancements to the state’s early learning system. It is also important to note that the needs assessment is a snapshot in time. The current economic, public health, and political landscape is changing rapidly, and that will demand dynamic collaboration and adaptability from all.

2 EXECUTIVE SUMMARY

2.1 Approach

This needs assessment was created for several reasons: in response to guidance from the federal Preschool Development Grant Birth through Five (which provided funding support for this work), to take stock of the progress made at the end of the state's ten-year early learning plan, and to provide guidance for the creation of a new early learning plan. This report includes both quantitative and qualitative data.

Quantitative data are from existing sources, both from Washington State agencies and other partners. As much as possible, data are drawn from the last three years (per federal guidance). However, in some cases, the document includes data that are critical to understanding need but that are only available from four years or more in the past. To support the state's expanding vision for early learning, this needs assessment focuses on prenatal through age 8 years.

Qualitative data have been collected through community outreach to more than 2,000 participants. The breadth of this outreach reflects the state's vision of an early learning system that encompasses not only programs, services, and supports that meet the more traditional definition of early learning, but a broader array of services and supports that contribute to the physical, cognitive, and social-emotional development of young children and provide assistance for their families. (See appendices B and C for summaries of qualitative data from this outreach.)

The qualitative data also reflect the state's deep commitment to eliminating disproportionalities related to race/ethnicity and to economic and geographic barriers. Community outreach assessed need through the experiences of parents, caregivers, providers, and other professionals who care for children, including and especially those from communities of color and tribal and rural communities. The data gathered resulted in analysis of unique strengths and unique challenges for these groups and communities.

The project's community-focused Steering Committee developed a five-part framework for organizing the very large volume of data. That framework provides a structure for presenting data in this document that reflects the broad outcomes most prominent for Washington State as it develops its new plan for early learning: the health of children and families; the role of families in supporting and nurturing their children's development; access to a range of positive early learning experiences for children and families; the power of communities and the ability of the early learning system to respond to their needs; and the strength of a supported early childhood workforce. In addition to those five topic areas, the needs assessment begins with an overview of contextual data about the state's children and families.

2.2 What we know about Washington's children and families

Washington State is home to more than 800,000 children between the ages of birth and 8 years. Access to programs and services that promote healthy development (and predict later

opportunity) for these children is affected by multiple factors, including institutional/systemic racism, historical trauma, geographic isolation, poverty, and more.

Among groups recognized as vulnerable or underserved in Washington State:

- More than half of children 8 years of age or younger are children of color.
- More than 35,000 children aged 9 years or younger live in rural communities; just over 16,000 are younger than 5 years old.¹
- Washington’s Office of Financial Management estimates that at least 22,000 of Washington’s children age birth through 9 years live in tribal communities. Washington State recognizes the unique cultural and legal status of tribal governments and the government-to-government relationship between the State and federally recognized tribes.
- More than one-third of all children 8 years and younger live in households with income at or below 200% of the federal poverty level (FPL).
- One-third of children in Washington who are 5 years or younger live in households where English is not the primary language.
- 12% of children in Washington State who are 5 years or younger have special health care needs.
- Nearly 50,000 children in Washington State ages birth through 8 years have been involved with the child welfare system.
- An estimated 7.2% of children under age 6 years in Washington State are homeless;² almost half of the children in shelters are younger than 6.³

Inequities related to race/ethnicity, income, geography, and the other factors noted above create greater challenges for some families in accessing services for their children.

Some parents of color report not knowing about available services, choosing not to access them because of fear or distrust of the system, or feeling that their children may be unfairly treated or inaccurately assessed because of their race or cultural differences. Community members say that challenges faced by families in rural areas and families facing income inequities need to be addressed before the early learning system can truly support every child’s healthy development.

The impact of disproportionate access to services and supports appropriate to the needs of individual children can be seen in data on kindergarten readiness and opportunity gaps later in life. In the 2019–2020 school year, 81,694 students entered Washington’s public kindergartens. Overall, 51.5% met the Washington Kindergarten Inventory of Developing Skills (WaKIDS) standards for kindergarten readiness,⁴ but only 40% of children of color, and only 24.7% of children experiencing homelessness, met the WaKIDS standards.⁵ Many of these gaps persist as children grow, particularly for Black children, children from tribal communities, and children with developmental disabilities.

2.3 Healthy children and families

Washington State’s investments in child and family health, including the introduction of Apple Health, have driven improvements in access to health care and in outcomes for key indicators of

child and family health. Washington has one of the lowest infant mortality rates in the nation, at 4.9 per 1,000 live births. Rates of low birth weight are consistently lower than the national average, at around 5% (compared to just over 8% nationally).

While Washington has made impressive progress in some aspects of child and maternal health, there is still substantial need among Washington’s infants and children — and their families.

More than 10% of children aged birth to 5 years and almost 20% of children aged 6 to 11 years have special health care needs.⁶ Maternal diabetes and hypertension, both of which increase the risk of birth defects, stillbirth, and preterm birth, have increased in Washington over the past decade: from 9.5% to 10.0% and 8.0% to 8.9%, respectively.

The burden of poor health does not rest on all populations equally.

Infant mortality rates among Black/African American and American Indian/Alaska Native children are 8.5 and 7.8 per 1,000 live births, respectively, vs. 4.09 per 1,000 live births among white children. Black/African American children experience low birth weight at almost twice the rate of children across Washington State (9.1% vs. 5.1%).

Preterm birth disproportionately affects American Indian/Native American, Native Hawaiian/Pacific Islander, and Black/African American women (ranging from 10.2% to 12.9%, vs. 7.7% among white women). Similar trends along racial/ethnic lines are seen for dental health and key indicators of maternal health (diabetes, hypertension).

Many children under the age of 5 years are still in need of the protection of health insurance and greater access to care.

Apple Health, which provides insurance at no cost for all children in households \leq 210% of FPL and a sliding scale of premiums for other income levels, has helped Washington State achieve one of the lowest rates of uninsured children between birth and 5 years in the nation.⁷ However, 11,000 children birth to age 5 years are without insurance. Families report a variety of barriers to access, including difficulties navigating the enrollment process.

Despite the high rate of coverage, rates of well-child visits in Washington State (ranging from 39% to 69%, depending on age) remain lower than the national average (just above 70%).⁸ Families who do not already have access to health care describe a need for access to free or affordable health care coverage and for assistance securing it.

Access to mental and behavioral health care and trauma-informed care is an important gap with a powerful impact on Washington’s children and families.

Mental and behavioral health is also an important factor in outcomes for children. In 2016, the National Survey of Children’s Health reported that 18.9% of children in Washington State had experienced one or more adverse childhood experiences (ACEs; a key risk factor for trauma),

and 14.8% had experienced two or more ACEs.²⁵ Children in tribal communities are also vulnerable to the impact of historical trauma, and children and families of color experience trauma related to systemic racism and may face higher barriers to accessing culturally relevant mental health services.⁷

Trauma early in life can affect the brain during a period of rapid growth. Mental health support can increase a child’s capacity to form and maintain stable relationships, increase the likelihood of positive educational outcomes, and lower the risk of health issues.⁹ Communities frequently cite mental health services for both children and adults as a significant gap in the existing system.

Children who have experienced trauma may also be more likely to display behavioral and other issues in child care settings, where they may be at greater risk of expulsion and other exclusionary disciplinary practices.

Similarly, children with developmental delays or disabilities face a disproportionate risk of suspension and expulsion — a staggering 75% of preschool expulsions are of children who are receiving special education services. These children may experience traumatic stress as a result of receiving care that is not tailored to their needs, as well as from interruptions in their relationships with caregivers.

Substantial gaps remain in developmental screening.

Developmental screening to identify a child’s delays and disabilities can increase the likelihood that families connect with services that support them and reduce the need for services later in life. However, currently only 27.7% of Washington’s children receive such screening, compared with a national average of 31.1%. Washington has committed to implementing universal developmental screening and is working with tribes and with stakeholders across a broad range of sectors to create a comprehensive and integrated screening system.

2.4 Strong, stable, nurturing, safe, and supported families

Parents and caregivers in Washington have immense resilience, knowledge, and commitment to the healthy development of their children. They feel strongest when that resilience is bolstered by external support: resources that help them meet basic needs, support from health care providers, support from early learning organizations and agencies. Washington State has implemented an array of services to support families across all their needs.

Young children who are in stable housing and whose parents have access to financial support are more likely to be healthy, to meet developmental milestones, and to be ready for kindergarten and successful in school.^{10,11} But many families in Washington are exposed to a variety of risk factors that threaten stability and success. Some families struggle to simply meet basic needs for housing, food, and transportation, and the cost of child care is an additional and often overwhelming burden.

The early learning system can be a key support, helping families connect to resources and services they need, but state programs are not yet closing the gap for all low-income and other vulnerable families.

Washington's Early Childhood Education and Assistance Program (ECEAP) and home visiting services are both two-generation programs that offer support for family stability as part of their overall support for children and their families. ECEAP's Mobility Mentoring program helps families identify and work toward tailored goals, including economic independence. Many home visiting models help connect families with services that meet economic and other needs.

Working Connections Child Care (WCCC) Subsidy helps low-income families pay for child care. Approximately 27,000 families received payments every month in 2019, representing only about 15% of those eligible. While the subsidy program plays a critical role, subsidy may not be enough to cover costs for lower-income families, and some families with income too high to be eligible may still not have the resources needed to pay privately for child care.

The state's Paid Family and Medical Leave program, available as of January 1, 2020, also provides economic support to families, helping employees who have experienced a serious health condition or who have a family member with a new baby or child. However, it does not provide coverage to all workers, and self-employed people must opt in to receive coverage.

There is a growing need for a coordinated information, resource, and referral system that families and providers can access.

A number of programs and systems are in place to serve distinct populations or needs, including the Accountable Communities of Health coalitions, which support care coordination for Medicaid-eligible populations, and Child Care Aware of Washington, which links families with high-quality child care. As Washington's early learning system expands, both families and providers need a more robust system that will allow families to connect, and allow providers to effectively connect families, to resources.

The continued engagement of families in the design of the early learning system has been, and will be, critical to its success.

To inform its understanding of families' strengths and needs, Washington State has worked to engage parents in decision-making around early learning programs, services, and supports. The Department of Children, Youth, and Families (DCYF) relies on the Parent Advisory Group, which includes parents and family caregivers of children 9 years and younger. Other parent-driven groups amplify the voices and influence of fathers, mothers, families participating in ECEAP and Head Start, and others at the policy and strategy table.

2.5 Positive early learning experiences

Washington State's early learning system is designed to effectively support children, families, and communities during key developmental stages through a broad range of programs, supports,

and services. The breadth of options for programs and services (both formal and informal) available to families translates into greater flexibility and choice for the care and development of children.

During the past ten years, Washington State has made considerable progress in delivering a broad range of high-quality early learning experiences to Washington’s children.

Options for families have increased across settings-based, home-based, and informal programs, services, and supports, helping maximize access to and availability of high-quality services throughout the state. Some of those services and supports include the following:

- As of early 2020, there were approximately 5,200 **licensed child care** sites in Washington (including traditional child care, ECEAP, and Head Start), providing care to more than 40,000 infants and toddlers and 82,608 preschoolers.
- **Head Start** (including Head Start, Early Head Start, Migrant Seasonal Head Start, and American Indian/Alaska Native Head Start) provide services to 19,904 children in the state in families with incomes at or below 130% FPL.
- Washington’s **ECEAP** program has steadily expanded since its launch in 1985, with 14,000 slots available in 2019–2020. ECEAP serves families with incomes at or below 110% FPL and/or families that are experiencing risks or stressors known to impede healthy child and family development. Washington is also launching **Early ECEAP** with the goal of expanding services for Washington’s youngest children.
- The **Working Connections Child Care subsidy** provides a monthly benefit to families with income at or below 200% FPL who are seeking child care. The majority of subsidized child care is provided by licensed child care centers and family homes.
- Washington State offers **developmental preschool** to children who have special needs. In 2019, the state’s developmental preschool program served 18,256 children ages 3 to 5 years. Many children also receive Individualized Education Program (IEP) services in other ways, including through ECEAP, private therapy, and other supports.
- **Early Support for Infants and Toddlers (ESIT)** provides early intervention services to children birth to age 3 years who have disabilities or developmental delays. The program served more than 17,000 children cumulatively in 2017, with approximately 8,000 children receiving services at any given time.
- **ECLIPSE** serves children ages birth through 5 years who have experienced complex trauma and who may experience behavioral health issues as a result. Currently there are 225 slots available at two sites in the state, with 746 children served in 2018.
- Washington current has capacity to deliver **home visiting** services to families through 7,323 slots. Services are delivered through a number of standard models and funded both through the state’s Home Visiting Services Account and through other funding sources (e.g., Best Starts for Kids, Early Head Start Home Based Services).
- **Family, Friend, and Neighbor Care (FFN)** — child care provided by relatives or other members of a family’s community outside of formal settings — is a preferred source of care for many families in Washington State. Although the exact number of children receiving FFN care is unknown, in 2018, 26,524 children received care from subsidy-eligible FFN providers alone.

- Between July 2018 and June 2019, approximately 20,000 children, parents, and caregivers participated in **Play & Learn groups**, which give children the opportunity to engage in culturally and developmentally appropriate play and give parents and caregivers a place to come together for peer learning and mutual support.
- Parents also rely on **informal community resources** to support and nurture their children — for example, parks, libraries, swimming pools, and churches.

While the availability of culturally responsive options has been increasing, there is still a large unmet need.

The large and growing portion of children between birth and 8 years who are from communities of color, from tribal communities, or are in households where English is not the primary language, reflects the intense need for culturally responsive services and support. A number of comments from community outreach confirmed that while the options for culturally responsive services have improved, there is still significant unmet need. Examples frequently mentioned include use of assessment tools that do not stigmatize children of color, access to materials on child development in multiple languages, and hiring and retaining early childhood providers who reflect the cultures of the children in their care.

There is still room for Washington State to enhance and expand access to important services and supports to reach those furthest from opportunity.

Parents, caregivers, providers, and others in the early learning community say that programs like ECEAP, Head Start, ECLIPSE, and ESIT make powerful contributions to the community — but their impact is limited by availability in communities, long wait lists, and other barriers to access.

For example, while ECEAP and Head Start programs reach a large number of children — 42,500 in 2019, an estimated 19,083 children are in need of ECEAP/Head Start services but do not have access. Early Head Start has even less saturation, with 3,501 slots available and an estimated 84,000 in need. Home visiting programs are currently operating in all but seven counties in Washington State, but only four of these counties have capacity to offer services to more than 15% of low-income families who have children of an appropriate age.

Child care for children birth through 5 years is perhaps the most challenging. There are 112,000 children in licensed child care in Washington State. Another 139,000 children have all available parents in the labor force but are not in the formal licensed child care market. The extent to which this reflects family choice or challenges with availability, affordability, or access is unknown. Some of these children are served by Family, Friend, and Neighbor care, but not all. ECLIPSE, which focuses on children 5 years and under who have experienced significant trauma, has limited slots available, with an estimated 2,846 children in the top 1% of risk in need of services.

Affordability of child care is a major concern for many families. The cost of child care continues to outpace the ability of working families to pay.

The high cost of child care makes it difficult for many families to access services. In Washington State, the annual cost of high-quality full-time care for a single infant in a licensed child care center ranges from \$9,240 to \$16,200, more than the annual cost of in-state tuition at Washington’s public universities.⁹ For a single parent with one infant, the cost is prohibitive — 51.6% of average their annual income. For a married family with two children who live at the poverty line, the cost is impossible: 101.6% of their average annual income.⁹

The high cost of child care is distributed disproportionately across regions within Washington State. Smaller counties experience more instability in costs, because changes in the availability of child care (for example, when a facility closes) have a greater impact on the relationship between supply and demand. Urban centers with larger populations have more stable costs, but also higher costs.

The growth of ECEAP, home visiting, and other early learning services places pressure on support for those services.

Families across the state have access to a range of preschool opportunities for their children, including ECEAP and Head Start, developmental preschool, child care, and private preschool. Recently, some school districts in Washington began offering transitional kindergarten, a classroom experience for 4-year-olds that is intended to support school readiness for children who are experiencing a multitude of risk factors that can impede their development before kindergarten entry.

While access has increased over time, the demand for high-quality preschool remains. In addition, each preschool offering comes with its own set of programmatic, eligibility, and funding requirements, which can create implementation barriers for providers and access barriers for families needing services for their 3- and 4-year-olds.

It is the vision for Washington to create an integrated approach to serving 3- and 4-year-olds that ensures increased access and more sustainable, more inclusive programming across program type. An integrated model would be built on the strong foundations of quality and research of programs like ECEAP and Head Start, both known for their effectiveness in contributing to school readiness and healthy development.

Home visiting is recognized as a very effective strategy for improving child health and development, especially in populations with limited resources. Currently, there are more than 7,000 home visiting slots available in Washington. A 2019 report to the Washington State Legislature suggested the addition of 20,500 slots, focusing on the highest-risk communities. The report also calls for deep community involvement and the engagement of parent voices in the expansion process.

There are still gaps in high-quality services and supports for infants and toddlers.

High-quality early learning opportunities in Washington are more limited for infants and toddlers than for any other age group. This is an extremely vulnerable group, more vulnerable to health

risks and more likely to encounter the child welfare system than any other age group. Although families in Washington have access to home visiting and Early Head Start, current systems reach only 7% of the state’s toddlers in income-eligible families.

Children who have developmental disabilities or delays or who have been exposed to trauma also may not be served well by the system.

Children with developmental disabilities or delays are substantially less likely to meet the WaKIDS criteria for kindergarten readiness than their typically developing peers (22.4% vs. 54.5%, respectively). Parents and caregivers say that there is an overall lack of appropriate programs and services and of providers who have the knowledge to support children that have experienced high levels of trauma or that have special needs. They also say that health insurance often does not cover or has limited coverage for necessary services, or there can be barriers to accessing needed services. In some communities, professionals with needed specialized skills (e.g., speech pathology) are simply not available.

ESIT provides early intervention to families with infants and toddlers who have developmental delays or disabilities; however, without consistent developmental screening, children miss out on critical early intervention services. ECLIPSE, a specialized program to support children who have been exposed to complex trauma, is currently offered in only two communities, leaving many children and families unserved.

The access gap grows significantly for children of color or from tribal communities who have developmental disabilities or delays. Relatively few tribes offer Part C services, and of those that do, some report difficulties accessing these services.

Families need an integrated system that provides greater support for transitions — both across the age continuum and among the broad range of available services and supports.

As children move from child care to preschool to kindergarten and beyond, each transition creates the need and opportunity for the family and for providers to be well supported by the system. A fully integrated early learning system includes effective transition practices that support all those engaged in a child’s emotional well-being and education success. Washington State has several initiatives that support these transitions: the WaKIDS framework provides guidance to connect preschool and kindergarten providers; ECEAP and Head Start support families during the transition to kindergarten in multiple ways; and transitional kindergarten is opening the door to a broader effort toward integrated preschool services, which should further strengthen collaboration and improve transition practices.

However, children from lower-income families and those experiencing multiple challenges are less likely to have access to comprehensive transition support, as are those from historically underserved populations. Parents still report the need for support through transitions across the early learning system. Parents also expressed a desire for better support through the transition between early intervention and an Individualized Education Program.

The establishment of Early Achievers has helped embed a foundation for quality care in child care settings.

Early Achievers, Washington’s quality rating and improvement system, is designed to help participating early learning providers reach a level of quality that promotes strong child outcomes¹² and, by aligning with ECEAP and Head Start standards, to streamline quality across Washington State. As of June 2020, there were 3,803 child care centers, family child care homes, and ECEAP/Head Start providers participating in Early Achievers. Early Achievers provides continuous improvement for programs serving infants to programs for entering kindergarteners; DCYF is currently developing a quality improvement system for school-age programs.

While many providers value the quality standards and support provided by Early Achievers, they also say that there are significant pressures, economic and otherwise, associated with the system — for a workforce already under significant strain. In tribal early learning programs, tools are needed to meet the culturally specific needs of the communities they serve. DCYF is working with tribes to explore alternate quality assessment resources.

2.6 Powerful communities and a responsive early learning system

Washington has prioritized investment in and growth of the state’s early learning system and has strengthened the role that communities play in developing policies and implementing programs and services. This system strength was broadly acknowledged during community outreach, which highlighted better-aligned licensing standards, some strong regional early learning coalitions, increased awareness among policymakers about the value of early learning, and increased advocacy from parents and caregivers. Continuing to advance that infrastructure will be key to success over the next ten years.

Outreach participants emphasized the potential for increased coordination of services across sectors, among state agencies, and among state and regional efforts.

A number of agencies, coalitions, and collaborations work to coordinate programs, services, and supports. At the state level, DCYF brings all of the state’s juvenile rehabilitation, child welfare and early learning efforts together and provides a strong focal point for collaboration among state agencies. Two advisory bodies, the Early Learning Advisory Council and the Indian Policy Early Learning Committee, guide and advise DCYF on early learning strategy and implementation, ensuring that the experience and expertise of parents, providers, Tribal nations, and others are central to the decisions made by DCYF about the state system.

At the regional and community level, there are a number of strong coordinating bodies that link the early learning system. Washington Communities for Children, for example, links early learning coalitions from every region in Washington State; other regional and community-level initiatives address ACEs and coordinate services for children with disabilities. However, the

need for a formal structure to facilitate coordination across *all* local, county, regional, and state organizations and agencies is growing as rapidly as the early learning system itself.

Lack of an integrated early learning data system presents a substantial barrier to understanding community needs and service effectiveness.

Washington State has data systems that provide a wealth of information about families and children. However, without a single system to integrate and manage data related to early learning programming, understanding of community needs and service effectiveness is limited.

Washington State has made substantial investments in systems for collecting, managing, and analyzing data, with the dual goals of understanding the needs of the families and children who live here and continuously improving the quality of the systems and services that support them. These systems include data from children and families, the early learning workforce (i.e., individual providers), and early learning programs.

At DCYF, early learning data are maintained in multiple, program-specific data systems. This presents significant barriers to coordination between systems, and even to fully understanding where the state's mixed-delivery early learning system is succeeding and where there are still opportunities for growth. In particular, there are needs for the ability to disaggregate data for individual communities of color and for better reporting data for tribal communities. Communities describe a strong need for disaggregated data for local planning purposes and to be able to monitor state or regional goals regarding elimination of disproportionate outcomes for children.

DCYF envisions strengthening internal capacity for data analysis, bringing together data not only from across the early learning system but also from child welfare and juvenile justice. Because of the urgency of the need, DCYF is building interim solutions that link data across programs for analytic purposes.

Parents, caregivers, early learning providers, advocates, and other professionals who work with children and families highlight the need for stronger financing of the state's early learning system

Currently, funding for early learning in Washington State comes from multiple sources with distinct and different regulations. Although this can enhance the availability of funding, it can be challenging to create a coherent, integrated system of services that does not confuse families about eligibility and other program requirements or overburden the early learning workforce with compliance requirements. Funding structures that ensure multiple funding streams and can be coordinated and maximized will enable providers to offer services that are responsive, equitable, inclusive, and sustainable.

In addition, there is a need for sustained funding through public or private sources that would allow the state to expand effective programs and services to meet the needs of Washington's children, families, and early childhood providers — for example, home visiting, trauma-

informed care, mental health services and supports, and child care health consultation. Funding limitations make large-scale expansion across multiple services challenging, despite the recognized need and potential benefit to the state.

Alignment of standards across programs is both a challenge and an opportunity for providers.

Washington State has been working toward alignment across child care licensing, Early Achievers, and ECEAP requirements for early childhood providers to create a simpler and more supportive set of regulations. The new standards, rolled out in 2019, updated child care licensing, Early Achievers, and ECEAP requirements to emphasize children’s health and safety and created a quality progression across the three sets of requirements that better supports continuity and efficiencies for providers.

It is still early to assess the impact of these changes. At the outset, some providers have voiced appreciation for both the work to align three sets of standards and the support they’ve received in implementing the new standards, while others have expressed concerns about the additional financial and other resources required to meet and progress through the revised qualifications. Washington continues to work hard to find ways to support providers in adapting to and, for those who choose to do so, advancing through the new systems.

2.7 A strong and supported early childhood workforce

Communities across Washington describe the early childhood workforce as deeply caring and committed — but challenged by low pay and lack of opportunity in the field. In 2018, there were 38,000 early childhood providers at licensed centers and family homes captured in the Managed Education and Registry Information (MERIT) database,^{13,14} and this is only a small portion of all the providers across formal, home-based, and informal settings.

The well-being, skills, and knowledge of the early childhood workforce directly correlate to the quality of children’s experiences in early learning programs.^{13,4} However, early childhood providers are among the lowest-paid child educators in Washington. The median annual salary for child care teachers is so low that it meets the threshold for the Supplemental Nutrition Assistance Program (SNAP). Early childhood providers seek parity (compensation and professional opportunities) with their peers at K–12 educational levels.

There is a gap between the need for licensed early childhood providers and the number of skilled staff available and working.

Recruitment and retention are significant challenges. In 2018, a range of 18.7% to 28.4% of licensed child care centers had unfilled positions, and the range for licensed family homes was similar, at 12.8% to 33.3%.**Error! Bookmark not defined.** As Washington rolls out its planned expansion of the ECEAP program, the state is estimated to need at least an additional 800 new early learning educators, adding to the shortfall.

Turnover rates among kindergarten teachers are high. In 2017–2018, the turnover rate was 24%. Among K–3 teachers, approximately 25% to 28% have fewer than 5 years of teaching experience, 16% have endorsements in areas other than elementary education, and approximately 6% have a limited certificate (substitute certificate, conditional certificate, emergency certificate).¹⁵

Washington’s investments in supporting the early childhood workforce cover a broad range of needs. These efforts are informed by groups working on employer-supported child care (Child Care Collaborative Task Force) ; progressive professional development (Early Childhood Education Workforce Council); and improvements in wages, turnover, and recruitment (the Compensation Technical Working Group) , among others. Early Achievers provides a variety of support and resources for providers to help them engage in continuous quality improvement.

Family, Friend, and Neighbor (FFN) providers offer crucial support to families and children.

Many FFN providers have challenges navigating a system that is siloed, have limited access to services and supports that assist in their care, and/or have limited financial resources. Because the majority of FFN providers do not receive the WCCC subsidy, and thus are not connected to the state’s data systems, it is more difficult to fully understand those challenges and ways the state might better support this important group of caregivers.

However, Washington is one of only a few states that have committed state funding specifically to support FFN providers. There is a need for policy changes that continue and expand on that support, including ideas such as expanding home visiting to support FFN providers; expanding Community Cafés where FFN providers can come together as a community; and creating networks and shared services or hubs through which FFN providers can advise and support each other.

The resilience of the home visiting workforce is a key strength to be supported.

The home visiting workforce supports families with complex needs; 76.0% of home visitors reported working with families with low income; 34.8%, families with mental or physical health challenges; 21.0%, families with domestic violence; and 17.8%, children with special needs. Compensation for home visitors does not consistently reflect the difficulty and importance of the work. Although some home visitors (e.g., nurses) are well compensated, wages are low for many, and there are wide variances in health benefits. Approximately 23% of Washington’s home visitors access two or more public assistance supports.

Home visitors enter the field with varying skills, level of education, and backgrounds. Although close to 88% of home visitors held Associate, Bachelor, or graduate degrees, more than 36% of these degrees are unrelated to the work. However, workers in the field report a strong learning environment and that they seek and receive support from one another.¹⁶

The racial and ethnic diversity of the early learning workforce should reflect the communities that workforce serves.

Currently, approximately 30% of early learning teachers are people of color, whereas almost half of the state’s population of children under 5 are children of color. The demographics of K–12 students and K–3 teachers demonstrate a predominantly white teaching workforce with an increasingly diverse group of students: 1.3% of students are American Indian/Alaskan Native vs. 0.7% of teachers; 4.5% of students are Black/African American vs. 1.4% of teachers; and 1.1% of students are Native Hawaiian/Pacific Islanders vs. 0.3% of teachers.¹⁷

Washington is investing to support a racially diverse workforce in which providers reflect the culture and language of the children they serve, including providing training in cultural responsiveness.

- ECEAP and Early Achievers include training and professional development to increase the skills of educators serving dual-language learners and Early Achievers coaches.
- DCYF provides scholarship support to non-English-speaking educators seeking to complete college education.
- Child Care Aware of Washington, which provides coaching for Early Achievers, has adopted culturally relevant practices and is strengthening the capabilities of its coaches to support a diverse workforce. Approximately one-third of coaches speak languages in addition to English.

Privately owned child care facilities need greater support to achieve sustainability.

Most child care facilities in Washington State are private businesses, often owned by child care providers or early childhood educators. This brings a unique set of financial and managerial challenges. In an assessment of child care businesses in King County, which has the largest population among counties in Washington State, Washington nonprofit Child Care Resources notes that “the cost of operating a quality child care business ... does not currently equal the amount families are able to pay (either personally or using subsidy).”¹⁸

These small businesses may also be restricted in their ability to provide high-quality early learning because they lack economies of scale for delivering specialized services. To address this issue, DCYF is establishing “shared services” hubs that offer financial and administrative capacity-building around fiscal management, administration, and information technology, program supports, among other needs.

¹ United States Census Bureau, American Community Survey, 2018: 2013–2017 5-Year Estimates, Table S0101, “Age and Sex,” <https://data.census.gov/cedsci/table?q=Table%20S0101&hidePreview=false&tid=ACST5Y2018.S0101&vintage=2018>.

² As defined by the federal [McKinney-Vento Homeless Assistance Act](#), which is the primary federal legislation related to the education of children and youth experiencing homelessness.

³ U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service, *Early Childhood Homelessness State Profiles 2019*, June 2019.

⁴ Washington Office of Superintendent of Public Instruction, *Washington State Report Card* (data for 2019–2020 school year), <https://washingtonstatereportcard.ospi.k12.wa.us/>.

⁵ Project Education Impact workgroup, *Children, Youth and Young Adults in Foster Care and/or Experiencing Homelessness* (joint agency report to legislature), January 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FosterHomelessEducation.pdf>. Based on 2017 data.

⁶ The federal [Maternal Child Health Bureau](#) defines children with special needs as “those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type of amount beyond that required by children generally.”

⁷ Annie E. Casey Foundation, KIDS Children without health insurance by age group in Washington, ages 0–5, 2017 data [table], KIDS COUNT Data Center, <https://datacenter.kidscount.org/data/map/10184-children-without-health-insurance-by-age-group?loc=49&loct=2#2/any/false/false/871/17/19709/Orange/>.

⁸ Washington State Department of Health, Systems Transformation team, and University of Washington’s School of Medicine, Primary Care Innovation Lab, “Well Child Visits” (web page), Healthier Washington Collaboration Portal website, <https://waportal.org/population-health-health-focus-areas/well-child-visits>.

⁹ Infant & Early Childhood Mental Health Landscape Memos, https://gallery.mailchimp.com/4da69b9277cc81f50e8e403eb/files/218b846b-8e1f-40c7-b0f0-008e9d3eb696/IECMH_Landscape_Memos.01.pdf.

¹⁰ K. M. Ziol-Guest and C. C. McKenna, “Early Childhood Housing Instability and School Readiness,” *Child Development* 85, no. 1 (Jan/Feb 2014): 103–13. <https://doi.org/10.1111/cdev.12105>.

¹¹ G. A. Aarons, S. James, A. R. Monn, R. Raghavan, R. S. Wells, and L. K. Leslie, “Behavior Problems and Placement Change in a National Child Welfare Sample: A Prospective Study,” *Journal of the American Academy of Child & Adolescent Psychiatry*, 49, no. 1 (Jan. 2010): 70–80. <https://doi.org/10.1016/j.jaac.2009.09.005>.

¹² Washington State Department of Children, Youth, and Families, *The Early Start Act 2018 Annual Report*, 2019, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf.

¹³ Washington State Department of Children, Youth, and Families, *Compensation Technical Workgroup Report to the Washington State Legislature*, April 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/CompensationTechWrkgrpRprt.pdf>.

¹⁴ Washington State Department of Early Learning, *2018 Child Care Market Rate Survey Final Report*, July 2018, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Washington_State_Market_Rate_Survey.pdf.

¹⁵ Washington Office of Superintendent of Public Instruction, *Title II, Part A and Special Programs, Educator Growth and Development*.

¹⁶ Butler Institute for Families, University of Denver, *The Region X Home Visiting Workforce Study: Brief 1, Demographic and Educational Characteristics of the Region X Home Visiting Workforce*, 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/RegXWorkforceStudyBrief1.pdf>.

¹⁷ Washington Office of Superintendent of Public Instruction, *Washington State Report Card*, <https://washingtonstatereportcard.ospi.k12.wa.us/>.

¹⁸ Child Care Resources, *Impact of Public Investment in Early Learning Facilities on the Child Care Business Model in King County*, 2019.

3 APPROACH

This needs assessment was created for several reasons: in response to guidance from the Federal Preschool Development Grant Birth Through Five, to take stock of the progress made at the end of the state’s ten-year early learning plan, and to provide guidance for the creation of a new early learning plan.

The project’s community-focused Steering Committee developed a five-part framework for organizing the very large volume of data. That framework provides a structure for presenting data in this document that reflects the broad outcomes most prominent for Washington State as it develops its new plan for early learning: the health of children and families; the role of families in supporting and nurturing their children’s development; access to a range of positive early learning experiences for children and families in the state; the power of communities and the ability of the early learning system to respond to their needs; and the strength of a supported early childhood workforce. In addition to those five topic areas, the needs assessment begins with an overview of contextual data about the state’s children and families.

3.1 How needs and strengths were assessed for this report

Data for this report were gathered in two ways: existing quantitative data and qualitative data collected through community outreach. The following chapters provide an overview of both types of data.

3.1.1 Quantitative data

The Department of Children, Youth, and Families (DCYF) and other state agencies, including the Department of Health, the Department of Social and Health Services, and the Office of Superintendent of Public Instruction (OSPI) have access to a large body of existing quantitative data that have been reported in other recent, program-specific needs assessments and documents. When necessary, this assessment has also drawn on national data (primarily from the US Census Bureau) to provide context or to fill gaps in state-level reports.

As much as possible, data are drawn from the last three years (per federal guidance). However, in some cases, the document includes data that are critical to understanding need but that are only available from four years or more in the past. To support the state’s expanding vision for early learning, this needs assessment focuses on prenatal through age 8 years.

3.1.2 Qualitative data

Qualitative data have been collected through a community outreach effort that included:

- Meetings with established groups, associations, and organizations, including the Indian Policy Early Learning Committee, the Early Learning Advisory Council, the Association of Rural Superintendents of Schools, the Washington State Fatherhood Network, and numerous others.
- A survey of Tribal members conducted by the Indian Policy Early Learning Committee.

- Small group meetings conducted by Washington Communities for Children (WCFC) in nine of the ten regions across the state, and review of summary reports describing recent community outreach in King County.
- A statewide online survey conducted by DCYF.

The breadth of this outreach reflects the state’s vision of an early learning system that encompasses not only programs, services, and supports that meet the more traditional definition of early learning, but all programs, services, and supports that contribute to the physical, cognitive, and social-emotional development of young children and provide assistance for their families.

The qualitative data also reflect the state’s deep commitment to eliminating disproportionalities related to race/ethnicity and to economic and geographic barriers. Community outreach included approximately 2,300 participants from all parts of the early learning system: parents, caregivers, foster parents, child care providers, teachers, health care providers, physicians, advocates, and state agency employees, among others — with an emphasis on including those from communities of color and from tribal and rural communities. The data gathered resulted in analysis of unique strengths and unique challenges for these groups and communities. Quotes from outreach participants are used throughout this document to provide a sample of the comments received.

Appendices B and C include a detailed description of the community engagement process and summaries of what was learned.

3.1.3 Limitations and gaps in data

The production of this needs assessment required the compilation and correlation of data from more than a hundred published sources and public and private databases to describe the wide swathe of influences and services that affect the health and development of children in Washington State. Although the available information is substantial and often robust, there are gaps and limitations that significantly affect the ability of the early childhood community to understand the needs of Washington’s families.

The most prominent limitations in the available data include:

- **Limitations in the ability to disaggregate data by vulnerable populations, including age, family income, and race/ethnicity.** Although many state agencies and early learning programs collect and report disaggregated data on children and families served, there are still some programs and services for which disaggregated data are not yet available. To identify gaps, measure progress, and develop culturally responsive programs and supports that begin to dismantle entrenched disparities, especially those related to systemic and institutional racism, all sectors must be able to assess their work using disaggregated data. The cultural appropriateness of certain types of data collection is an associated limitation.

- **The relative lack of data on home-based and informal support (including both the workforce and the children and families that rely on such support) and on the needs of infants and toddlers and their families.** Many of Washington’s children and families access services that lie outside the “formal” early learning system, and thus interact much less with Washington’s formal data collection systems. Their strengths, needs, and context are underrepresented in the quantitative data.
- **The difficulty of correlating data sets across different sources.** For example, one entity or organization may collect data for children from birth to 8 years old, while another focuses on birth through age 9 years. Some reports combine data from Head Start and the Early Childhood Education and Assistance Program (ECEAP), while others combine Head Start and Early Head Start. Data on Family, Friends and Neighbor providers are available only for those who participate in the Working Connections Child Care (WCCC) subsidy program, which we know to be a limited share of the whole.

We know that the story of Washington State’s families is bigger than data. The information collected through community outreach is as important as the quantitative data in helping to create a comprehensive picture of what families experience in supporting their children’s development. At the same time, the Department of Children, Youth, and Families is working steadily to improve the integration of its own data systems as well as its connections with other significant data sources in the state.

Chapter 8, “Powerful communities and a responsive early learning system,” discusses the primary data systems used by Washington State and efforts to integrate them in more detail. Specific gaps and limitations in data are described where topically appropriate throughout the document.

3.2 Definition of terms used in this needs assessment

3.2.1 Definition of “early learning system”

Washington State defines “early learning system” broadly, encompassing the intersecting set of statewide systems, regional and local efforts, and community and family strengths that influence the development of children from birth through 5 years and from 5 through 8 years old.

State agencies operate a mixed-delivery system that includes geographically diverse providers spread across urban, suburban, rural, and frontier locations. Washington offers settings- and home-based care through a range of provider types, including tribal communities, state-staffed programs and services, community-based organizations, center and family home child care, nonprofits, school districts, and faith-based organizations.

However, the state is only one agent among many. Local and regional efforts and community and family strengths play a powerful role in early learning and early childhood experiences, as do agencies and organizations working in mental health, housing stability, economic support, public transportation and similar areas of need.

3.2.2 Definition of “quality”

How quality is defined (and supported) varies depending on the type of service, the funder, and the unique needs of the children and families served. Washington’s Early Start Act (HB 1491), enacted in 2015, established a quality standard for publicly funded child care and preschool by establishing the Early Achievers Quality Rating and Improvement System. The Early Start Act establishes level 3 as the quality threshold for licensed child care serving children on state subsidy who are not yet school age, and level 4 as the quality threshold for publicly funded preschool.

The Early Achievers system was established based on empirical research linking high-quality child care with positive outcomes for children. This finding exists nationally, as well as in Washington State’s own programs. For example, outcomes of Washington’s state-funded high-quality preschool program, ECEAP, show positive and substantial effects on improvement in children’s educational outcomes, even into sixth grade. ECEAP also defines quality services based on measurable outcomes for children and families, ranging from health to school readiness to family stability.

Other programs may assess quality based on fidelity to national models, community experience, or compliance with federal regulations.

3.2.3 Definition of “availability”

In Washington State, “availability” of child care (and other needed services) describes the extent to which high-quality child care is accessible and available to families at a reasonable cost and using reasonable effort (see “Glossary”).

Washington formally assesses need for subsidized child care using the US Census Bureau’s American Community Survey questions about parent workforce participation. As is common in the field of child care research and analysis, families in “need” of care are defined as those with children in identified age groups for whom all available parents are working (one parent working in a single-parent household, or two parents in the workforce in a two-parent household).

It is important to note that the majority of children who have all available parents working are not receiving care in the formal licensed child care system, indicating that many families receive care outside the formal system. It is assumed that a portion of those families would like to receive care in the formal licensed care system but are unable to access it, but that a portion also prefer the care they receive in the informal system. Thus, the definition of “need” should be viewed as a straightforward quantitative definition, given the available data, and not a judgment about parent preferences for care.

DCYF identifies areas of extreme shortage of access using the methodology developed by the Massachusetts Child Care Research Partnership.¹ A neighborhood is considered to be an “extreme access desert for child care” if it has extreme unmet need (relatively high number of

eligible children in excess of children served by subsidies living in the neighborhood) *and* highly constrained supply (relatively high number of eligible children in excess of neighborhood subsidized seats).

Less formally, availability and unmet need may be assessed by comparing the number of children and families who are eligible for (or, based on a given set of criteria, likely to benefit from) a particular program. The fidelity of these assessments may vary among programs, services, and supports. DCYF recognizes that the ability to identify availability vs. need more broadly and consistently across different programs and services is an important gap.

3.2.4 Definition of “vulnerable or underserved children”

For the purposes of this needs assessment, "vulnerable" or "underserved" children are defined as:

- Children in low-income households (<200% of the federal poverty level).
- Children of color.
- Children in non-English-speaking households.
- Children with disabilities or developmental delay.
- Children involved in the child welfare system.
- Children experiencing homelessness (as defined by McKinney-Vento) or housing insecurity/instability.

3.2.5 Definition of “children in rural areas”

This report derives data on rural areas using [the US Department of Agriculture rural–urban continuum codes classification scheme](#), which distinguishes metropolitan counties by the population size of their metro area, and nonmetropolitan counties by degree of urbanization and adjacency to a metro area.

3.2.6 Analysis of definitions and challenges

The creation of this needs assessment emphasized (and in some cases revealed) a number of definitional challenges. Inconsistency in the use of terms across data sources makes it challenging to compare data across programs and populations. For example, terms such as “child care,” “early learning workforce,” and “special needs” are used differently by different data sources. While “rural” is clearly defined by the US Department of Agriculture, communities do not necessarily define themselves by the same criteria — and “remote” communities, which face many similar challenges, are not formally defined.

One significant definitional challenge is “communities of color,” which includes multiple populations with unique assets and unique needs. Although the term is useful and reflects a set of common challenges, it does not account for the very real differences between these groups. In addition, data on tribal communities are often captured as part of “communities of color,” which does not reflect the unique strengths and challenges of these communities or the unique government-to-government relationship that tribal communities have with Washington State.

3.3 How Washington assesses quality and availability of early learning programs and services

3.3.1 Quality

Washington State is intentional in its efforts to achieve and sustain high-quality programming for children and families. The quality standards vary depending on the type of service, source of the underlying funding, and guidance from the state legislature.

Washington State's quality rating and improvement system (QRIS), known as Early Achievers, was launched as a voluntary system in 2012 after a successful pilot from 2009 to 2011. Early Achievers helps child care centers, family child care homes, and ECEAP and Head Start programs reach a level of quality that promotes strong child outcomes. These providers progress from level 1 ("meets licensing requirements") to level 5 ("achieved a quality level of excellence," demonstrated through an on-site assessment).

The Early Start Act (HB 1491), enacted in 2015 by the Washington State Legislature was based on national research demonstrating a strong and positive relationship between high quality child care and long-term outcomes for children, especially those living in poverty.² The initial [Early Achiever's Validation Study](#), completed by the University of Washington in 2016, established an empirical relationship between Early Achiever's ratings and near-term child functioning.³

As directed by Washington's legislature in the Early Start Act (2015), the Washington State Institute of Public Policy (WSIPP) is evaluating the long-term outcomes of Early Achievers. The WSIPP report on the first phase of that three-phase strategy, which describes the research design, was published in December 2019. WSIPP will produce three more reports on Early Achiever's outcomes for children expected in December of each year 2020 through 2022.⁴

Washington State uses aligned standards across child care licensing, Early Achievers, and ECEAP to identify opportunities to refine regulation and to monitor functions that support high-quality early childhood care and education.

The quality of developmental preschool, which is operated by local school districts, is assessed relative to a different set of standards. These programs are accountable to federal regulations for Individuals with Disabilities Education Act (IDEA) Part B, which require annual growth monitoring to assess academic gains of students compared with typically developing peers.

The majority of home-visiting programs in Washington State are implemented in accordance with evidence-based models that have been assessed for their effectiveness across a set of outcomes described by the federal Maternal, Infant, and Early Child Home Visiting (MIECHV) Program. The quality of home visiting programs is assessed in part by fidelity to these models. Support for quality assurance is provided by the Home Visiting Services Account, which sits within DCYF and funds almost one-third of home visiting programming in the state. Washington

State is also, increasingly, investing in community-designed home visiting models. The quality and effectiveness of these models is based on community experience and expertise.

FFN providers who apply for WCCC subsidy must meet certain baseline criteria, including age, employment status, background check, and for some providers, health and safety training and a yearly check-in.

ESIT and early intervention are implemented in compliance with federal regulations. Research demonstrates that early intervention for children who experience early developmental delays, as well as those who are at risk for delays, is effective in reducing the need for special education later in life for some groups of children. The quality of Early Childhood Intervention and Prevention Services (ECLIPSE) programs is supported through staffing by licensed mental health experts with appropriate training.

State programs that are funded through DCYF, including ECEAP, home visiting, ESIT, ECLIPSE, and others, also participate in the agency's outcomes-oriented performance-based contracting initiative, which requires evaluation of program quality and outcomes. DCYF's agency-wide performance-based contracting initiative is an important tool to support contractors to reach ever-improving outcomes for children, youth, and families served by the agency.

3.3.2 Availability

Washington State uses a number of resources to assess early learning availability. In addition to program-level data (see "Selected resources"), three primary sources support the needs assessment.

Washington State Caseload Forecast Council (CFC). The CFC is responsible for annual forecasts of caseloads within the state. These forecasts are used by the Governor's Office in the preparation of budget documents, as well as in the legislature's creation of the omnibus biennial appropriations act. In addition to forecasts for ECEAP, the CFC provides caseload projections for ESIT, WCCC, foster care, and adoption support.

Child Care Aware of Washington. Child Care Aware is the state's hub of child care information for parents and child care providers and an affiliate of Child Care Aware of America. They provide county-level data drawn from both state and federal sources, including supply-side information on availability, quality, and costs and demand-side information.

Targeting Underserved Populations Analysis. DCYF is developing new strategic analytic capability to identify demand, supply, and the gap between the two for child care and preschool. This work includes the use of new modeling capacity with the ability to filter higher-level population data by indicators like geography, income, and family employment status and then overlay those numbers with current service data by program. The enhanced modeling, drawing on public sources of population-level data and internal DCYF programs and services data, will provide the most accurate, comprehensive picture to date of children being served by early

learning programs and services and those awaiting services. DCYF's Office of Innovation, Alignment, and Accountability is tasked with moving this initiative forward.

¹ E. Hardy. *Child Care Deserts: Advancing Measures to Better Understand Issues of Equity* (presentation), <https://www.researchconnections.org/files/meetings/ccprc/2018/B21.pdf>.

² Washington State Department of Children, Youth, and Families (DCYF), "Positive Outcomes for Children Linked With Early Achievers" (web page), DCYF website, May 7, 2019, <https://www.dcyf.wa.gov/news/positive-outcomes-children-linked-early-achievers>.

³ Center for Research and Professional Development, *Early Achiever's Standards Validation Study: Final Report*, May 2016, https://www.dcyf.wa.gov/sites/default/files/pdf/EarlyAchievers_Validationstudy.pdf.

⁴ Washington State Institute for Public Policy, *Early Achievers Evaluation Report One: Background and Research Design*, December 2019, https://www.wsipp.wa.gov/ReportFile/1712/Wsipp_Early-Achievers-Evaluation-Report-One-Background-and-Research-Design_Report.pdf.

4 WHAT WE KNOW ABOUT WASHINGTON'S CHILDREN AND FAMILIES

Washington State is home to more than 800,000 children between the ages of birth and 8 years¹— a critical period for physical, emotional, and cognitive development. The state's early learning system is designed to effectively support children, families, and communities during this key time.

For more than a decade, the Washington State government, Washington tribes, and community partners have worked to put in place a system of public and private care for young children and supports for families that offers a wide range of options to meet their needs. These programs and services, described in the following chapters, are designed to serve diverse families at all incomes. But a deeper look at the demographic data, and listening to the voices of many parents, caregivers, and providers in communities across the state, tells the story of children and families who are still not receiving the supports they need.

A variety of factors may influence access to programs and services and create unequal outcomes for Washington's children, including institutional and systemic racism; historical trauma; geographic isolation; poverty; housing instability; involvement in the child welfare system; insufficient resources to support programs; and more. Analysis of who arrives at kindergarten ready and able to succeed and who does not, suggests that the early learning system still has the opportunity to better serve many of the state's children, and that those who are less likely to receive services are also those who are most in need of support.

As part of the community outreach for this needs assessment, more than 2,300 families, caregivers, and providers commented about their experiences caring for young children in Washington State. Some prominent themes — discussed in detail in later chapters — recurred repeatedly in those conversations: the strength and resilience that parents, caregivers, and providers bring to their role in caring for children; the need for greater access to affordable child care; the challenges faced by rural and remote communities; and the inequities and barriers experienced by tribal communities and communities of color.

Many Hispanic communities, African American communities, tribal communities and refugees and immigrants of color report that inequities — systemic, institutional, and otherwise — affect their ability to access high-quality and culturally responsive services. For some families, race, geography, economic status, and other factors intersect to heighten disparities.

While Washington State's data systems do not currently support an assessment of the unduplicated number of children who fall into one or more of the categories commonly considered "vulnerable" or "underserved," data are available on specific populations that face barriers to access.

4.1 The composition of families in Washington State

In 2019, there were 1,882,896 family households in Washington State. Of these, 23.3% included children 6 years or younger, and 55.3% included children 6 to 17 years old, with an average household size of 3.09.² This represents a dramatic decrease in family size from 50 years ago but relative stability over the past two decades, with the size of Washington families keeping pace with national averages.

In 2019, more than half of family households were headed by married couples (table 4-1), though the share of single-parent family households was still substantial.³ Changing social and cultural norms have alleviated some of the stigma associated with single parenthood, but many single parents still face substantial challenges. For example, children in single-parent households are more likely to have all available parents working and thus more likely to need child care, while having a smaller income to support the high costs of child care.

Parent custodial status is an additional factor that can affect families’ and children’s access to services and supports. For example, custodial parents may have greater access to resources than noncustodial parents, even when both are making a significant financial contribution to the child’s well-being. In 2019, an estimated 7.5% of Washington residents were noncustodial parents; of those, 83.9% were male, and 15.9% were female.⁴

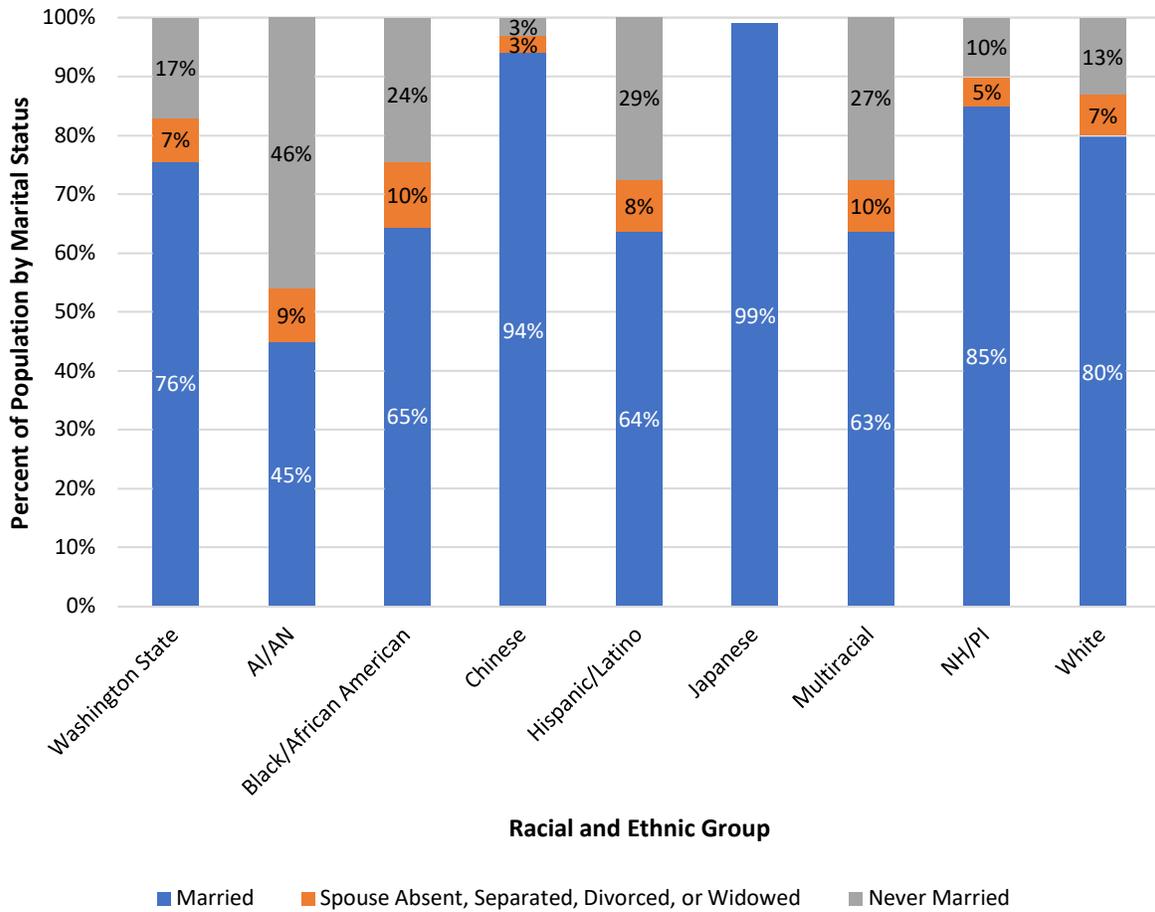
LGBTQIA+ parents, regardless of marital status, may also face challenges in accessing resources for their families and children. As one of only four states that has adopted all or some of the provisions of the Uniform Parentage Act, Washington has expanded protections for families formed by LGBTQIA+ couples under Senate Bill 6037, which went into effect on January 1, 2019.

Table 4-1. Population by household type, 2019

Household type	Washington State	United States
Family household	80.8%	82.6%
Married-couple	61.6%	59.6%
Female householder, no spouse present	12.9%	16.4%
Male householder, no spouse present	6.6%	6.6%
Non-family household	19.2%	17.4%

Data from: United States Census Bureau, American Community Survey, 2019: 1-Year Estimates, Table B11002, “Household Type by Relatives and Nonrelatives for Population in Households,” <https://censusreporter.org/data/table/?table=B11002>.

Figure 4-1. Marital status among parents in Washington State. AI/AN, American Indian/Alaska Native; NH/PI, Native Hawaiian/Pacific Islander.



Data from: IPUMS USA, Microdata for 1970, 1980, 1990, 2000, 2010, and 2016. IPUMS USA, University of Minneapolis, 2020, <https://doi.org/10.18128/D010.V10.0>.

4.2 Population-specific demographics and factors

4.2.1 Communities of color

In Washington State, almost one-half of children birth through age 8 years are children of color (table 4-2), and the proportion is growing. Throughout this needs assessment, both quantitative data and qualitative feedback show that children of color experience disproportionate challenges related to economic status, housing stability, and risk for poor health outcomes (see also chapter 5, “Healthy children and families,” and chapter 6, “Strong, stable, nurturing, safe, and supported families”). The long-term early learning outcomes of the Department of Children, Youth, and Families (DCYF) center on the goal of eliminating race and income as predictors of school readiness.

"[I want] my son to get a fair shot at life and opportunities despite him being a Black child."

—Parent

One challenge in understanding the needs of children and families of color in Washington is the inability to disaggregate data by individual racial/ethnic groups across all data sources. While certain themes, including the experience of historical trauma, are common across communities of color, their impact manifests in different ways, and the needs of communities and individuals differ. Lessons from community outreach, distributed throughout this report, help to shed light where quantitative data are not available.

Current data collection on race/ethnicity include American Indian/Native American. Where possible in this needs assessment, the story of tribal communities is treated separately, acknowledging tribal sovereignty and the unique experiences of this population.

Table 4-2. Number of children in Washington State, 2013–2017, by race/ethnicity

Age	No. of children, by race/ethnicity								Total
	AI/AN	Asian	Black/African American	Hispanic/Latino	Multiracial	NH/PI	White	Unknown	
B–8 years	10,352	53,175	29,929	178,032	77,491	6,122	457,270	1,643	814,014
B–5 years	6,835	34,572	20,051	116,811	51,760	3,550	301,444	1,123	536,146
6–8 years	3,517	18,603	9,878	61,221	25,731	2,572	155,826	520	277,868

Notes: All race categories reported as non-Hispanic. AI/AN, American Indian/Alaska Native; B, birth; NH/PI, Native Hawaiian/Pacific Islander.

Data from: United States Census Bureau, American Community Survey, 2013–2017: 5-Year Public Use Microdata Sample, 2017, <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2017>.

4.2.2 Families facing poverty

Experiencing poverty early in life may be particularly harmful; the rapid development of young children’s brains leaves them sensitive (and vulnerable) to environmental conditions.⁵ Research nationally and in Washington State demonstrates a graded relationship between childhood poverty and outcomes for children, with children experiencing the deepest household poverty experiencing the worst outcomes.

The US Census Bureau estimates that 38.3% of children age 8 years and younger in Washington State lived in households with an income at or below 200% of the federal poverty level (FPL) in 2017.⁶ The share is almost the same among children 5 years or younger as among those aged 6 through 8 (38.7% and 37.6%, respectively) (tables 4-3 and 4-4).

"I also believe that the stress our families have today from lack of housing, not enough money to cover required expenses, lack of child care and other things are creating unintended trauma on children."

—Provider

Table 4-3. Number of students in Washington State who are eligible for free and reduced school lunch

School year	Total enrollment	No. (%) of children eligible for	
		Free lunch	Reduced lunch
2014–2015	1,071,042	416,477 (39%)	73,024 (7%)
2015–2016	1,084,517	412,127 (38%)	71,514 (7%)
2016–2017	1,097,705	405,921 (37%)	71,165 (6%)
2017–2018	1,107,153	369,664 (36%)	73,061 (7%)
2018–2019	1,111,411	406,941 (37%)	75,861 (7%)

Notes: Free lunches are available to children in households with income \leq 130% of the federal poverty level; reduced lunches are available at \leq 185% of the federal poverty level. Children from households with income $>$ 185% are not eligible for free or reduced lunch.

Data from: Washington Office of Superintendent of Public Instruction, *Washington State Report Card* (data for 2019–2020 school year), <https://washingtonstatereportcard.ospi.k12.wa.us/>.

Table 4-4. Number of children in Washington State, 2013–2017, by household income level

Age	No. (%) of children in families with given household income, by age group			
	\leq 100% FPL	100–200% FPL	$>$ 200% FPL	All
B–8 years	137,355 (16.9%)	174,788 (21.5%)	501,871 (61.7%)	814,014
B–5 years	91,510 (17.1%)	116,114 (21.7%)	328,522 (61.3%)	536,146
6–8 years	45,845 (16.5%)	58,674 (21.1%)	173,349 (62.4%)	277,868

Note: B, birth; FPL, federal poverty level.

Data from: United States Census Bureau, American Community Survey, 2013–2017: 5-Year Public Use Microdata Sample, 2017, <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2017>.

American Indian/Alaska Native, Black/African American, Hispanic, and Native Hawaiian/Pacific Islander children are more likely to live in households with incomes \leq 200% FPL, and children reported as white or Asian race are more likely to live in households with incomes $>$ 200% FPL (table 4-5).

Table 4-5. Children birth through age 8 by race/ethnicity and economic status, Washington State, 2013–2017

Race/ethnicity	No. of children	No. (%) of children in families with given household income		
		<100% FPL	100%–200% FPL	>200% FPL
All	814,014			
AI/AN	10,352	3,086 (29.8%)	2,764 (26.7%)	4,502 (43.5%)
Asian	53,175	4,250 (8.0%)	7,346 (13.8%)	41,579 (78.2%)
Black/African-American	29,929	9,996 (33.4%)	7,783 (26.0%)	12,150 (40.6%)
Hispanic/Latino	178,032	53,998 (30.3%)	57,356 (32.2%)	66,678 (37.5%)
Multiracial	77,491	13,306 (17.2%)	15,052 (19.4%)	49,133 (63.4%)
Native Hawaiian/Pacific Islander	6,122	1,590 (26.0%)	1,585 (25.9%)	2,947 (48.1%)
White	457,270	51,054 (11.2%)	82,705 (18.1%)	323,511 (70.7%)
Unknown	1,643	75 (4.6%)	197 (12.0%)	1,371 (83.4%)

Notes: All race categories reported as non-Hispanic. AI/AN, American Indian/Alaska Native; FPL, Federal Poverty Line; NH/PI, Native Hawaiian/Pacific Islander.

Data from: United States Census Bureau, American Community Survey, 2013–2017: 5-Year Public Use Microdata Sample, 2017, <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2017>.

The overall share of children with foreign-born parents who are living in households with income \leq 100% FPL is greater than among children with United States–born parents (table 4-6). Language often is an indicator that a family is foreign-born, and those foreign-born groups who come to this country with average low education levels often work in low-wage labor or service sectors.

Table 4-6. Distribution of household income level among 227,543 children ages birth through 8 years with foreign-born parents in Washington State, 2013–2017

Place of birth	No. of children	No. (%) of children in families with given household income, by place of birth		
		<100 FPL	100–200% FPL	>200% FPL
Foreign-born	17,671	4,414 (25.0%)	4,045 (22.9%)	9,212 (52.1%)
US-born	209,872	44,138 (21.0%)	55,715 (26.6%)	110,019 (52.4%)

Note: B, birth.

Data from: A United States Census Bureau, American Community Survey, 2013–2017: 5-Year Public Use Microdata Sample, 2017, <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2017>.

However, household income is only one piece of the puzzle. The United Way’s ALICE (Asset Limited, Income Constrained, Employed) report provides a valuable lens on the true impact of poverty on families in Washington (and other states) by correlating household income to cost of living in the region.

The most recent ALICE report notes that in 2016, 1 million households in Washington could not afford basic needs, including housing, child care, food, health care, and transportation.⁷ While

the proportion of Washington households with income below the federal poverty level dropped slightly between 2010 and 2016 (from 12% to 11%), the cost of basic needs has increased dramatically. As a result, the proportion of “ALICE” households—households with income *above* the FPL but *below* the basic cost of living—has increased by 22% in the same time frame. Outreach participants reported that existing financial supports are a great assistance in creating a stable family environment.

“Adequate and equitable housing and basic needs first and foremost. No child can learn and develop without these needs addressed.”

—Agency Leader

“State subsidies are a huge help for our rural families!”

—Agency Leader

As of the 2016 point in time count, 301,493 of Washington’s 2,767,682 households earned less than the FPL, and another 766,753 earned more than the FPL but fell below the ALICE threshold. The annual Household Survival Budget (actual costs of basic necessities) for a family of two adults, one infant, and one preschooler in Washington State in 2016 was \$62,472 (table 4-7), significantly higher than the FPL of \$24,300 at the time.⁷

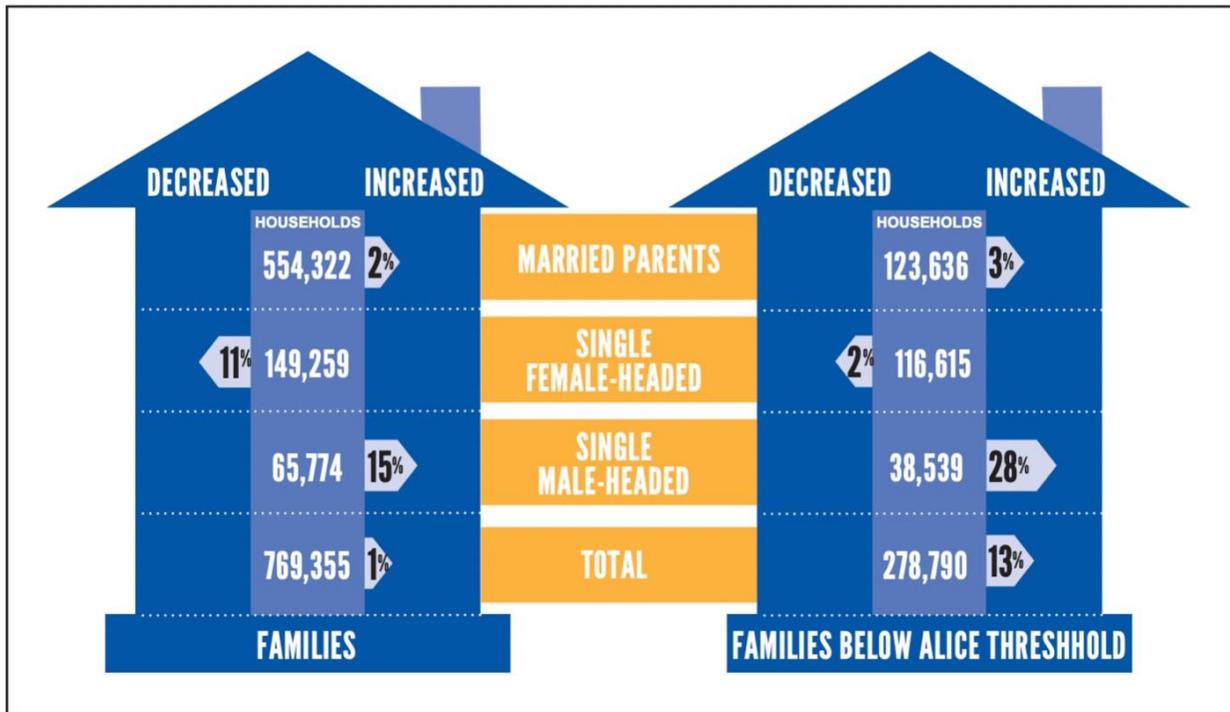
Table 4-7 Average costs of basic necessities for two different household sizes, Washington State, 2016

Monthly cost	Single adult	2 adults, 1 infant, 1 preschooler
Housing	\$592	\$871
Child care	NA	\$1,278
Food	\$177	\$586
Transportation	\$361	\$721
Health care	\$203	\$755
Technology	\$55	\$75
Miscellaneous	\$161	\$473
Taxes	\$222	\$447
Monthly total	\$1,771	\$5,206
Annual total	\$21,252	\$62,472
Hourly wage needed	\$10.63	\$31.24

Notes: Hourly wage reflects the full-time wage required to support this budget.
Data from: American Community Survey; U.S. Department of Housing and Urban Development; U.S. Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; and Washington Child Care Aware®; 2016.

Figure 4-2 shows the change over time in the percentage of families living under the ALICE threshold by family type. The largest increase is in families headed by a single male: total families headed by a single male increased by 15%, but total ALICE families headed by a single male increased by 28%.⁷

Figure 4-2. Change in income between 2010 and 2016 for Washington State families with children



Reproduced from: United Way, *ALICE: A Study of Financial Hardship in Washington, 2018 Report*, September 2018, https://www.unitedforalice.org/Attachments/AllReports/18UW_ALICE_Report_WA_Refresh_Lowres_9.7.18.pdf.

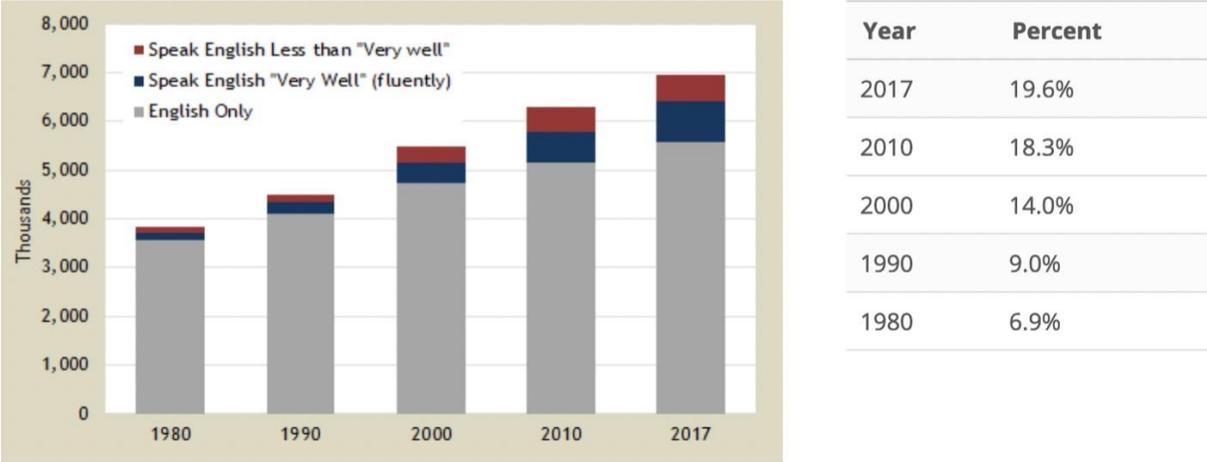
4.2.3 Families whose primary language is other than English

Families may find it hard to access or fully utilize services if those services are not accessible in their language or are provided by educators (or others) who aren't able to provide culturally or linguistically responsive services. In 2017, almost one-fifth (19.6%) of Washington State residents older than 5 years lived in a household where a language other than English was spoken, and the number has been steadily increasing (from 6.8% in 1980). The percentage of the population living in households where English is spoken “less than very well” is also rising (from 2.7% in 1980 to 7.7% in 2017) (figure 4-3).⁸

“[We need] information in native language, active partnerships between service providers, and access to services and supports.”

—Parent

Figure 4-3. Persons living in households where a language other than English is spoken, ages 5 years and older



Reproduced from: Washington State Office of Financial Management (OFM), “Language Spoken at Home” (web page), OFM website, last modified May 21, 2019, <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/language-spoken-home>.

Almost one-third — 32.8% — of children in Washington who are younger than 5 years live in households where English is not the primary language (table 4-8).⁹

Table 4-8. Household language among children younger than 5 years, Washington State, 2016

Language group	All
English only	67.2%
Spanish	15.5%
Other Indo-European language	7.0%
Asian/Pacific-Islander language	7.5%
Other	2.9%

Data from: United States Census Bureau, American Community Survey, 2016: 1-Year Public Use Microdata Sample, 2016, <https://data.census.gov/mdat/?#/search?ds=ACSPUMS1Y2016>.

The proportion of children served by Washington State’s child care subsidy program whose primary household language is not English is not representative of the eligible population. Approximately 90% of children under 5 years of age participating in child care subsidy in licensed care are from households where English is the primary language (table 4-9).

Table 4-9. Household language for children younger than 5 years who are receiving subsidized licensed child care, Washington State, 2018

Language group	Percent of children receiving subsidized licensed child care
English	89.6%
Spanish	7.8%
Somali	0.6%
Other	2.0%

Data from: Washington State Department of Children, Youth, and Families, tabulation of data from Washington State Department of Social and Health Services, Economic Services Administration (ESA), Barcode document management system.

4.2.4 Families with children who have developmental disability or delay

Children with developmental disabilities or delays are at greater risk because of a number of factors. Services that are tailored to their needs may be more expensive or these children may have developmental or behavioral needs that are poorly understood by educators and others.

The National Survey of Children’s Health¹⁰ reports the number of children with special health care needs, including developmental delays or disabilities, in Washington State. The 2016–2017 survey of Washington households reported that 12.1% of children in Washington State between birth and age 5 years, or an estimated 65,615 children, have special health care needs¹¹ (table 4-10).

Table 4-10. Proportion of children with special health care needs, Washington State, 2016–2017

Age range	Percentage of children with special health care needs	
	Washington State	United States
B–5 years	12.1%	10.4%
6–11 years	18.7%	21.1%
12–17 years	25.3%	24.4%

Notes: B, birth.

Data from: Child and Adolescent Health Measurement, 2016–2017 National Survey of Children’s Health data query, accessed 2018, <https://www.childhealthdata.org/browse/survey/results?q=5355&r=49&r2=1&g=646>.

4.2.5 Rural communities

Washington is home to 36,294 children aged 9 years or younger who live rural communities (as defined by the US Department of Agriculture) (table 4-11 and figure 4-4). Just over 16,000 of these children are under the age of 5 years, and almost 20,000 are between the ages of 5 and 9.¹² The Office of Superintendent of Public Instruction (OSPI) considers a school district to be rural if it is “located entirely within counties with a population density less than 100 persons per square mile or counties smaller than 225 square miles.” By this definition, 117 of Washington’s 294 school districts are considered rural.¹³ Data on this population are limited, even more so for communities considered “remote.”

Families who live in rural communities report a number of unique challenges, including lack of access to housing, child care, and other supportive services. Diffuse population placement and geographic distance can make transportation to services difficult, and parents and caregivers report an overall lack of available resources and fewer choices for families. Early learning professionals in rural areas say that there are unique challenges for them, as well, especially in earning a living wage, access to education and professional development opportunities and the ability to refer families to other needed services.

Rural areas are by definition sparsely populated, and without a strong tax base, often face special challenges to funding. Rural school districts may not be able to provide services that other school districts can (see chapter 9, “Strong and supported workforce,” for more on the challenge of establishing a diverse early childhood talent pool in rural areas).

“We live in a very rural community; the towns are dying, no businesses, no jobs ... how can the children be given hope, when their parents are struggling so hard?”

—Parent

“We need resources for low-income daycare providers so they can continue providing quality care in rural areas where pay is substantially lower than average. I don't even make enough money to be able to buy new toys or buy preschool curriculum.”

—Provider

A 2018–2019 report on education in rural areas throughout the United States suggests that, nationally, children in these areas are more likely to be exposed to trauma through adverse childhood experiences. They are more than twice as likely to experience abuse and neglect, and rates of opioid and other drug use, both closely related to adverse childhood experiences (ACEs), are increasing at higher rates in rural areas than in any other setting.¹⁴ However, access to mental health supports is limited in many rural areas.

“In rural areas barriers include lack of special needs services, parenting support, language barriers, lack of transportation, workforce wages still cannot afford limited available housing stock.”

—Provider

The impact of these challenges is apparent in key developmental factors for rural children. For example, rural and mixed urban–rural counties in general have higher rates of infant mortality than do urban counties (see chapter 5, “Healthy children and families”). Reaching these communities will require creative approaches that are designed for the needs of rural families and children and that are, quite likely, significantly different from the strategies used to deepen access in more urban areas.

Table 4-11. Number of children ages birth to 9 years living in rural, urban, or mixed geographic locations in Washington State, 2013–2017

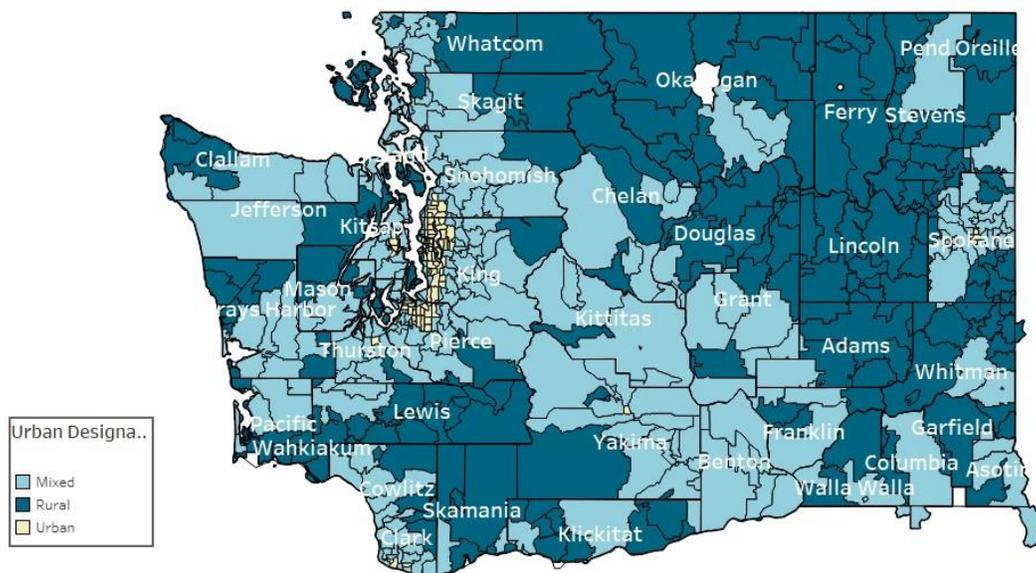
Age	Rural	Urban	Mixed rural–urban
All	36,294	269,761	598,381
B–5 years	16,916	138,541	292,688
5–9 years	19,378	131,220	305,693

Note: Because of the expanded age range provided by this data source, the total number of children included in this table is greater than shown elsewhere.

Data from: United States Census Bureau, American FactFinder, Table S0101: 2013–2017 American Community Survey 5-Year Estimates,

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>.

Figure 4-4. Distribution of rural, urban, and mixed geographic regions by zip code, according to the US Census Bureau definition



4.2.6 Tribal communities

There are 29 federally recognized tribes in Washington State and an additional seven tribes without federal recognition (table 4-12; some of these seven, including the Duwamish and Chinook tribes, are seeking federal recognition). Each of these tribes is a sovereign entity with responsibility for and governance over its members. Tribal sovereignty has a number of implications for early learning programs, services, and supports for tribal communities, including differences in how programs are funded and the need to align tribal and State policies, protocols, and laws.

The Washington State government prioritizes partnership with tribal governments to support tribal children and their families. The Indian Policy Early Learning Committee (IPEL) ensures tribal sovereignty and provides a clear government-to-government relationship between DCYF and all of Washington’s federally recognized tribes (see chapter 8, “Powerful communities and a responsive early learning system”).

Table 4-12. American Indian/Alaska Native tribes in Washington State

Tribal nation
Chehalis Confederated Tribes
Chinook Nation*
Colville Confederated Tribes
Cowlitz Indian Tribe
Duwamish Tribe*
Hoh Tribe
Jamestown S’Klallam Tribe
Kalispel Tribe
Kikiallus Indian Nation*
Lower Elwha Klallam Tribe
Lummi Nation
Makah Tribe
Marietta Band of Nooksack Tribe*
Muckleshoot Tribe
Nisqually Tribe
Nooksack Tribe
Port Gamble S’Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Indian Nation
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Skokomish Tribe
Snohomish Tribe of Indians*
Snoqualmie Tribe
Snoqualmoo Nation*
Spokane Tribe
Squaxin Island Tribe
Steilacoom Tribe*
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribes
Upper Skagit Tribe
Yakama Nation

* Tribe is not currently federally recognized.

Tribal communities have a long history of providing high-quality early childhood programs and services to ensure that children in their communities are getting off to a strong start. There are tribally operated Head Start and Early Head Start programs, Early Childhood Education and Assistance Program (ECEAP), home visiting, and more (see chapter 7, “Positive early learning experiences”). As the number and reach of these programs have grown, so has the need for partnerships that support more seamless and coordinated systems of care, especially across programs operated by tribes and those operated by Washington State government.¹⁵

Tribes also offer their own unique services and supports for their children and families. Tribal communities draw from the strength of shared belief systems related to family, community, and love of their children, making these values the foundation for tribal early childhood programs. These communities have made the most of their resources to support children and families over time in the midst of years of historical trauma and disparity.

Washington’s Office of Financial Management estimates that more than 22,000 of Washington’s children age birth through 9 years live in tribal communities.¹⁶ DCYF also recognizes challenges associated with this number, including undercounting and differences in how individual tribal nations identify the number of children in their communities.¹⁷ It is a priority for future updates to this needs assessment to work with tribal nations to align how data are reported.

Tribal communities have a powerful voice in this report through community outreach and a separate survey of tribal communities organized by IPEL. The needs expressed through those dialogues are represented through this report, centering on better information for parents and caregivers on mental health resources; help for children who are exposed to early childhood trauma and to address the effects of exposure to substances in utero; and progress toward a transparent, culturally aware, consistent working relationship with schools and teachers.

The long history of oppression experienced by tribal communities is reflected in a variety of health, economic, and access challenges (see chapter 5, “Healthy children and families,” and chapter 7, “Positive early learning experiences”) and in opportunity gaps that persist as children grow into kindergarten and beyond (described later in this chapter). The journey to move beyond this must begin with recognizing the persistent impact of historical trauma — and supporting tribal resilience and leadership to build responsive, coordinated systems of care for tribal children and their families.

“[We need] greater support for Tribal families — health care, child care, home visiting, Head Start and Early Head Start.”

—Agency leader

4.2.7 Families with permanent or temporary immigrant status

In 2018, 14.7% of those living in Washington State population were born outside the United States (or “foreign born”). The share has been increasing steadily, from 10.4% in 2000 and 6.6% in 1990.¹⁸ Among children 8 years or younger, the overwhelming majority of children with

foreign-born parents were born in the United States (table 4-13). This very broad group includes permanent immigrants and refugees, among others.

Table 4-13. Children ages birth through 8 years who are living with foreign-born parents, by age

Age	No. of children living with foreign-born parents		
	All	Child is foreign born	Child is US born
B-8	227,543	17,671	209,872
B-2 years	69,482	2,704	66,778
3-4 years	52,262	4,408	47,854
5 years	24,973	2,436	22,537
6-8 years	80,826	8,123	72,703

Data from: United States Census Bureau, American Community Survey, 2013–2017: 5-Year Public Use Microdata Sample, 2017, <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2017>.

Some children whose families have immigrated to the United States face challenges related to language, citizenship status, or stigmatization associated with their status as immigrants, their country of origin, or cultural differences. Families from countries where English is not the primary language, for example, may need support navigating systems designed for English speakers or accessing support from health care providers, early learning professionals, and others who do not share their language. Children who do not speak English fluently may need additional support to become fluent English speakers while maintaining a needed language connection to their families.

The nature of the welcome that immigrants receive in local communities is also consequential for family and child outcomes. Research suggests that outcomes are generally more positive in communities that are more welcoming, compared with outcomes in communities that are less so.

Families may have trouble finding child care providers who understand their children’s needs and behaviors. Systems for assessing developmental progress that are geared to the dominant culture may not accurately assess children from other cultural backgrounds.

Families who have immigrated without legal documentation may have difficulty accessing services they need. During community outreach, families with members who have undocumented status report additional stress and anxiety, compounded by the uncertainty of federal immigration policy. Participants described how this often leads to mistrust and fear of government agencies and public programs. Many immigrant families said they choose not to access services such as child care subsidies for fear of deportation and/or family separation.

“[I hope] that immigrant families stop living in fear of deportation, that everyone feels a part of their community.”
 —Provider

3.3.3 Families in which one or both parents are migrant workers

The most recent estimate of the migrant and seasonal worker population in Washington is from 2009. At that time, the statewide estimate was 274,757 (189,844 for farm workers only). Among children and youth (under 20 years of age), 27.3% were younger than 5 years, and 43.1% were 5 through 12 years old.¹⁹

The challenges for migrant farmworker families overlap significantly with those for immigrants, including challenges with linguistic responsiveness and undocumented status. Some migrant families also report facing issues including low pay/greater exposure to poverty, housing instability, and non-traditional work schedules. Agricultural work schedules and lack of affordability often prevent families from accessing child care, which is already scarce in the rural areas where agricultural work takes place.

I often translate for other Spanish-speaking parents, so I know that families don't know how to navigate the system, especially when they don't speak English well. Many families I know are migrant and field workers and have to miss their child's therapy appointments because appointments are not offered after work. This leads to them dropping services until after the work season. Families shouldn't have to choose between work or their child's health, but I see it all the time. We love our services, but there are not enough providers to accommodate Spanish-speaking families.

—Parent

4.2.8 Families experiencing involvement with the child welfare system

Many of Washington State's youngest children interact with the child welfare system at critical times in their development. Involvement with child welfare is associated with both benefit and risk: It represents an opportunity to connect children and families with needed resources and services. It also reflects children's exposure to circumstances that can cause trauma that affects their ability to succeed in school and, over the long term, in life.

Involvement with the child welfare system itself may be a traumatic experience for children and families. Children who are placed in out-of-home care experience separation from their family and community during a critical time of development. Children may experience stress of multiple transitions and disruption of routines, as well as potential placement in an unfamiliar setting. Some parents who participated in outreach voiced fear of losing their children to the child welfare system as a result of economic or other challenges. In a few instances, parents said they felt that separation of families was unwarranted.

Washington's child welfare system makes focused efforts to offer families the services and supports that they need so that their children remain in their care. Providing stable, high-quality early learning experiences simultaneously is an opportunity to further support biological parents, kinship caregivers, and/or foster parents who are providing supportive care for a child in out-of-home placement. Recent work to create linkages and referral pathways into early learning programs can help provide stability and promote healing for children that have experienced the early trauma associated with child welfare system involvement. For children who may be

expressing feelings or behaviors associated with these experiences, there is a need for trauma-informed services and adherence to non-expulsion policies.

In 2019, 47,341 children ages birth through 8 years in Washington State had some form of involvement with the child welfare system — they were either referred to the system, they were referred and “screened in” (passed screening and formally entered into the system) , and/or they were referred, “screened in,” and then placed in out-of-home care (table 4-14). While out-of-home placements affect a small share of the overall young child population in Washington, the trauma these children experience produces a high rate of mental health, substance abuse, and other challenges later in life.

The state’s youngest children are particularly vulnerable. Almost one-third of all children referred to child welfare are 5 years or younger; almost one-fifth are 3 years or younger. For out-of-home placements, the share rises dramatically in both age groups: children 5 or younger make up almost 50% of all out-of-home placements, and children 3 or younger make up almost 35%. Removal from the home for these very young children can disrupt early attachment and affect the development of the stress response system, permanently setting the child’s stress response system on high alert.²⁰

Table 4-14. Number of children in Washington State with some form of involvement in the child welfare system, by age group, 2019

Age	No. of children (% of “all ages”)		
	Referred	“Screened-in”	Placed out-of-home
All ages	95,238	52,198	8,164
B–3 years	19,827 (20.8%)	13,368 (25.6%)	2,836 (34.7%)
B–5 years	30,419 (31.9%)	19,762 (37.9%)	3,836 (47.0%)
B–8 years	47,341 (49.7%)	29,316 (56.2%)	5,070 (62.1%)

Note: “All” includes children birth under 18 years. “Screened-in” indicates that the child has passed screening and been formally entered into the system. “Out-of-home” placements are children who were placed in a new home. B, birth.

Data from: Washington State Department of Children, Youth, and Families, *Relative vs. Non-Relative and Child Protection Services victims by CA/N*, FamLink database, accessed December 31, 2019.

Parent risk factors for involvement with the child welfare system include presence of a mental health condition (66%), substance use disorder (40%), homelessness/housing instability (25%), and criminal justice involvement (23%).**Error! Bookmark not defined.**²¹ State-funded programs can play a role in offsetting the negative outcomes associated with these risk factors — and also in connecting families to other programs and services they need. To be successful, however, requires training and coaching for the professionals who staff these programs, especially in trauma-informed/healing-centered care (see “A strong and supported early childhood workforce”).

Many of these risk factors, as noted elsewhere in this chapter, are more prevalent in communities of color and tribal communities — communities that feel the greatest impact of systemic racism and historical trauma. This may help explain why children of color experience out-of-home placements at a disproportionately high rate. More than 51% of out-of-home placements are children of color, whereas this group accounts for only 44% of all children birth through 8 years in Washington State (table 4-15).

Table 4-15. Number of children ages birth through 8 years with some form of involvement in the child welfare system, by race/ethnicity, 2019

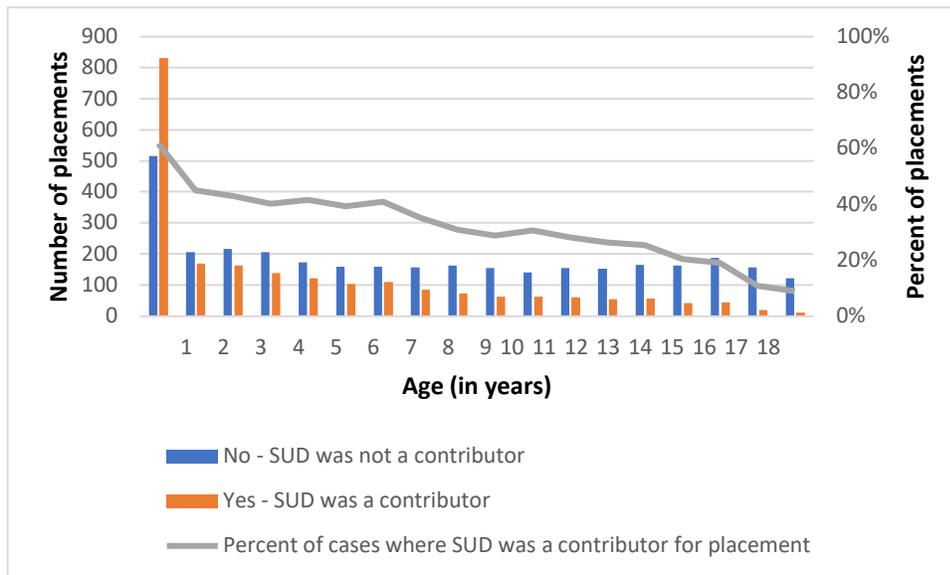
Race/ethnicity	Washington State	No. (percentage) of children in racial/ethnic group		
		Referred	“Screened-in”	Placed out of home (as of 6/7/19)
American Indian/Alaska Native	10,352 (1%)	1,931 (4.08%)	1,254 (4.28%)	203 (4.00%)
Asian/Pacific Islander	59,297 (7%)	1,590 (3.36%)	927 (3.16%)	98 (1.93%)
Black/African American	29,929 (4%)	3,515 (7.42%)	2,246 (7.66%)	426 (8.40%)
Hispanic/Latino	178,032 (22%)	5,690 (12.02%)	3,698 (12.61%)	693 (13.67%)
Multiracial	77,491 (10%)	5,143 (10.86%)	3,469 (11.83%)	1,125 (22.19%)
White	457,270 (56%)	22,972 (48.52%)	14,196 (48.42%)	2,475 (48.82%)
Total no. of children	814,014	47,341	29,316	5,070

Note: “Screened in” indicates that the child has passed screening and been formally entered into the system. “Out of home” placements are children who were placed in a new home. B, birth. “Unknown/other” was a small category and was omitted.

Data from: CY2019 FamLink database; United States Census Bureau, American Community Survey, 2013–2017: 5-Year Public Use Microdata Sample, 2017.

These risk factors may also be more likely to lead to child welfare system involvement when they are experienced by children and families of color and in tribal communities, compounding the impact of racism and trauma, especially among the youngest and most vulnerable children. For example, a relationship between parental substance use disorder and out-of-home placement is reported among infants at a higher rate than any other age group (60% for infants vs. 40% among all children birth through 8 years) (figure 4-5).

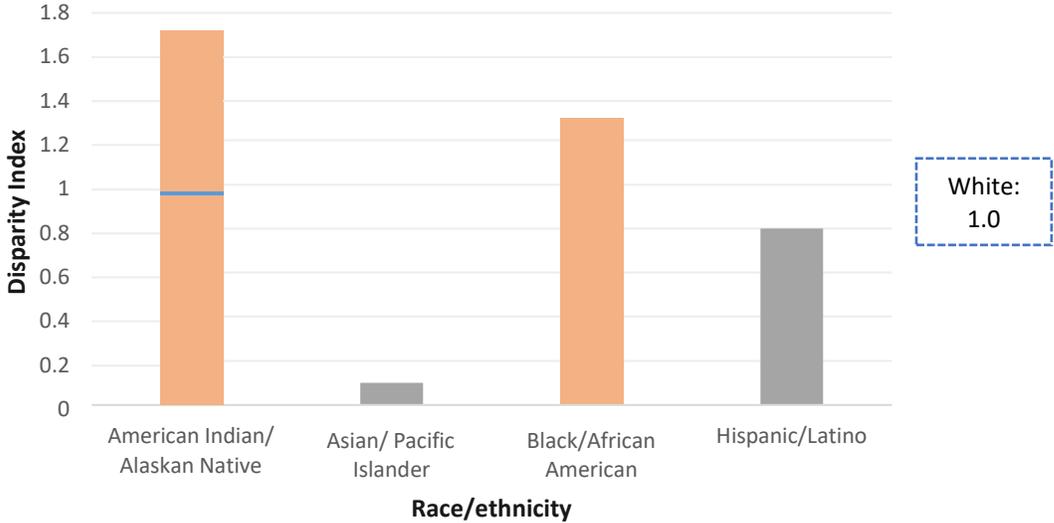
Figure 4-5. Relationship between parental substance use disorder (SUD) and out-of-home placement among Washington children, by age, 2019



Data from: Washington State Department of Children, Youth, and Families, *Relative vs. Non-Relative and Child Protection Services victims by CA/N*, FamLink database, accessed December 31, 2019.

We also know that rates of out-of-home placement due to parental substance use disorder are relatively high among infants from Black, tribal, and multiracial communities (figure 4-6). Communities of color and tribal communities are more likely to experience poverty as a result of historical marginalization, and national research suggests that Black women, in particular, may be more likely to be screened for substance use during pregnancy and more likely to be reported to child welfare after delivery.²² Communities of color nationally are also more affected by poverty as an outcome of historical marginalization.^{23,24}

Figure 4-6. Disparity index for infant placements with caregiver alcohol or substance abuse



Note: Multiracial = 52% AI/AN-multi; 34% Black-multi; 14% Other-multi
Data from: Washington State Department of Children, Youth, and Families, FamLink database, accessed March 2020; Washington State Office of Financial Management, “General Child/Youth (0-17) Population of Washington State,” accessed November 13, 2019.

To eliminate these inequities in infant placement in the child welfare system, parental substance use disorder experienced by pregnant women, and diagnosis of substance use disorder among women of color in particular, needs to be addressed on a systemic and individual level.

The type of care into which a child is placed has a significant impact on health and development. Kinship care is recognized to be generally better for children than non-kin foster care; it is associated with a lower instance of developmental delays, better behavioral and mental health outcomes, fewer placement disruptions, and stronger ties to siblings, community, and culture.^{25,26,27}

The proportion of placements in kinship care (out of home but with a relative or other individual with whom the child has a trusting relationship)²⁸ varies across Washington. Statewide, 32% of out-of-home placements among children of all ages are into kinship care, on par with the national average but well below the best-performing states. Younger children are more likely to be placed in kinship care (in 2020, the rates were 42% for children younger than 1 year, 38% for children ages 1 to 5 years, 35% for children ages 6 to 12 years, and 31% for children ages 13 to 17 years).²⁹

While the likelihood that children from different race/ethnicity groups will be placed in kinship care is very close, there is greater disparity among placement with licensed kin, with Black and multiracial children less likely to be placed with a licensed provider. This is significant because licensing opens the door to a variety of supports, including financial support and training.³⁰

Ensuring that these supports are available to a wide range of kinship care providers could lead to an increase in the number of kin placements.

In 2018, nearly 9,200 children in Washington were in out-of-home placements through the child welfare system. Forty-five percent of the 9,200 children in out-of-home placements are living with relatives instead of traditional foster care parents; however, thousands of foster homes are still needed to care for the state’s most vulnerable children — most critically, children and youth with intense behavioral needs.

As of June 2018, DCYF had 5,109 licensed foster homes. Some outreach participants noted that the child welfare system needs more foster parents. DCYF noted that while shortages did not exist in foster homes overall, there was a shortage of certain types of foster homes— for example, those able to take larger sibling groups and those able to care for adolescents with high behavioral needs.

Participants also said that more support is needed for foster parents who participate in the system. When foster parents receive proper training and consistent communication, they are more likely to play a positive role for the children in their care — as well as in the recruitment of other foster and kinship parents.³¹

Black/African American and American Indian/Alaska Native children are both overrepresented in foster care — 2.2 and 2.9 times more likely to be in foster care than white children, respectively, as of 2017 data.³² During community outreach, some tribal parents and elders said that abuse in foster care remains a problem for tribal children. DCYF monitors and is required to report abuse occurring in foster care as a key performance measure. The trend in these rates can be viewed on the agency’s Performance Dashboard.³³ In 2017, the rate of victimization of children in out-of-home care was 6.2 per 100,000 days in care, just under the federal target of 6.8.

4.2.9 Families experiencing housing instability

Families participating in outreach say that housing instability — including homelessness — is a major challenge. The lack of affordable housing affects the overall stability of their families, and this is especially acute in some urban centers and rural areas. Homelessness leads to a cascade of effects beyond housing, such as limiting their ability to access and apply for various services.

“Supported parents can support their children, and the issue that comes up most after child care with the parents I’ve talked to is affordable housing.”

—Provider

Children who do not have stable housing are at risk, physically, developmentally, and emotionally. Child Trends notes that “Children who are homeless may suffer from hunger, poor physical and emotional health and missed educational opportunities. They are more likely than other children to have moderate to severe acute and chronic health problems, and less access to medical and dental care. Children without stable homes are also more than twice as likely as

others to repeat a school grade, be expelled or suspended or drop out of high school.”³⁴ Lack of a high school diploma or GED is the number one risk factor for experiencing homelessness as an adult, increasing the likelihood of repeating the cycle of homelessness by 346%.³⁵

In 2016, an estimated 39,641 children (or 7.2%) under age 6 years in Washington State were homeless; almost half of the children in shelters were younger than 6 years.³⁶ During the 2017–2018 school year, OSPI’s data system identified 40,365 students in Washington State as homeless, or 3.4% of students statewide.³⁷

Data for the student population show that homelessness disproportionately affects American Indian/Alaska Native, Black/African American, and Native Hawaiian/Pacific Islander students (table 4-16).

Table 4-16. Homeless student enrollment during the 2017–2018 school year, preschool through grade 12, by race/ethnicity and other demographic characteristics

Characteristic	Total student population	No. (%) experiencing homelessness
Race/ethnicity		
AI/AN	16,447	1,214 (7.4%)
Asian	91,297	966 (1.1%)
Black/African American	53,750	4,536 (8.4%)
Hispanic/Latino	278,430	12,689 (4.6%)
Multiracial	96,240	4,042 (4.2%)
Native Hawaiian/Pacific Islander	13,431	1,016 (7.6%)
White	644,171	15,890 (2.5%)
Special linguistic, cultural, or other needs		
Special education	183,427	8,792 (4.8%)
Low income	562,731	39,215 (7.0%)
English learner	141,030	7,137 (5.1%)
Migrant	23,727	1,987 (8.4%)

Data from: Washington Office of Superintendent of Public Instruction, *Update: Homeless Students Data, 2018*, <https://www.k12.wa.us/sites/default/files/public/homeless/pubdocs/2018-12homelessstudentoutcomes.pdf>.

KidsCount estimates that in 2018, 31% of families in Washington State with children younger than 18 years spent 30% or more of their income on expenses related to housing. This leaves fewer resources for other family needs (e.g., food, health care, child care)³⁸ — basic needs that must be met before children can achieve educational success.

Washington’s early learning system can mitigate the developmental and other risks that children affected by homelessness and housing insecurity may experience by providing responsive support for children and by connecting families with financial and housing resources. But these systems reach only a small percentage of homeless children and families. In 2016–2017, only 11 percent of young children experiencing homelessness were participating in ECEAP, Early Head Start, Head Start, or school district programs, despite the fact that children experiencing homelessness are prioritized for ECEAP enrollment.³⁹

4.2.10 Families experiencing engagement with the criminal legal system

Children with incarcerated parents are separated from one of the most important supports in their lives. Incarceration disrupts family relationships, and parental incarceration is associated with poverty, behavioral health issues, and poor academic outcomes for children.⁴⁰

A snapshot of the Washington State prison population in early 2020 shows that the proportion of incarcerated parents with children younger than 18 years is high for both mothers and fathers. Overall, 43% of those incarcerated in state prison are parents; the proportion of mothers among incarcerated women is higher (54%) than the proportion of fathers among incarcerated men (42%). However, the number of fathers is much higher: 6,740 compared to 691 mothers.

A substantial share of these parents will still have at least one child under 18 when they leave state prison (5,527 fathers and 624 mothers). Of the estimated 14,477 children whose parents are incarcerated,⁴¹ 28% (4,109) are 5 years or younger, and 47% (6,758) are 8 years or younger.⁴²

Similar data are not available for county jails in Washington State. An estimate based on the data for state prisons, however, suggests that there may be an additional 6,000 to 7,000 parents of children younger than 18 years who are incarcerated in county jails.⁴³

Individuals in Juvenile Rehabilitation who are also parents is a small but important group. Of 397 individuals in Juvenile Rehabilitation in 2019, 33 (8.3%) were parents. Seventeen of these were older than 18 years. Five were serving adult sentences.⁴⁴

4.3 Kindergarten readiness

DCYF's early learning strategy is driven by two outcomes: (1) achieve a 90% statewide kindergarten readiness rate and (2) eliminate race and income as predictors of readiness. Washington defines kindergarten readiness as meeting the standard for developmental progress on all six domains of the Washington Kindergarten Inventory of Developing Skills (WaKIDS) whole-child assessment tool. This whole-child observational assessment is carried out by kindergarten teachers over a six-week period at the beginning of a child's kindergarten school year.

On a state level, the percentage of children who are "kindergarten ready" is a valuable measure of progress over time and a way to identify disparities among different populations. At a population level, it can point to where additional services may be needed. This indicator can also inform the readiness of families, communities, early learning programs, and schools to support the individual needs of each child. During community outreach, both parents and providers talked about the important role they play in helping children be ready for kindergarten.

In the 2019–2020 school year, OSPI reported a readiness rate of 51.5% among the 81,694 students who entered Washington's public kindergartens.^{45,46} Kindergarten readiness is not evenly distributed throughout the population of Washington's entering kindergarteners (table 4-17). Children from lower-income households, children from tribal communities, children of

color, children with disabilities, and children in foster care or whose families are experiencing homelessness all have lower rates of readiness than their peers.

“My hope is that we would have parenting classes available for all parents no matter their income. I would love to see resources available as families have needs. I would love to see all children ready for kindergarten as well as schools ready for these children in a developmentally appropriate way.”

—Agency Leader

Table 4-17. Snapshot of kindergarten readiness among Washington State children entering kindergarten in the 2019–2020 school year

Population group	Kindergarten readiness
All children	51.5%
Household income <185% FPL	35.4%
Children of color	44.9%
English language learners	35.8%
Migrant households	21.6%
Housing instability	30.3%
Students with disabilities	22.4%
Children in foster care	29.3%*

* This category is based on 2017 data.

Source: Project Education Impact workgroup, *Achieving Educational Success for Washington’s Children, Youth and Young Adults in Foster Care and/or Experiencing Homelessness* (joint agency report to legislature), January 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FosterHomelessEducation.pdf>.

Data from: Washington Office of Superintendent of Public Instruction, *Washington State Report Card* (data for 2019–2020 school year), <https://washingtonstatereportcard.ospi.k12.wa.us/>.

Some parents of color have expressed concern with the concept of kindergarten readiness and said it may be too focused on academic achievement and too standards-oriented. Some participants questioned the cultural relevance of tools used to assess kindergarten readiness — and whether early learning approaches in general take cultural differences into account. Researchers examining the reliability and validity of the WaKIDS assessment found some concerns related to the validity of the assessment among children with disabilities and among English language learners, but also found it to be a valid assessment for most groups of children.⁴⁷ OSPI and others continue to conduct research on the WaKIDS whole-child assessment to improve the system.

Kindergarten readiness is recognized to have an impact beyond the first few months of kindergarten. Children who are assessed as having higher levels of school readiness at age 5 years are generally more successful in grade school, are less likely to drop out of high school, and earn more as adults, even after adjusting for differences in family background.⁴⁸ Children who are assessed as lacking the prerequisite skills are unlikely to catch up with their peers over time. In fact, the reverse is true: children who are assessed with lower levels of school readiness generally “do not progress at the same rate as their more advantaged peers, so achievement gaps tend to widen over time.”⁴⁹ Recent analysis by OSPI has found an association between the results of kindergarten assessment and assessment at third grade.⁵⁰

“It would have been nice if they would have helped me understand the importance of kindergarten. What do I teach them? What do I need to know?”

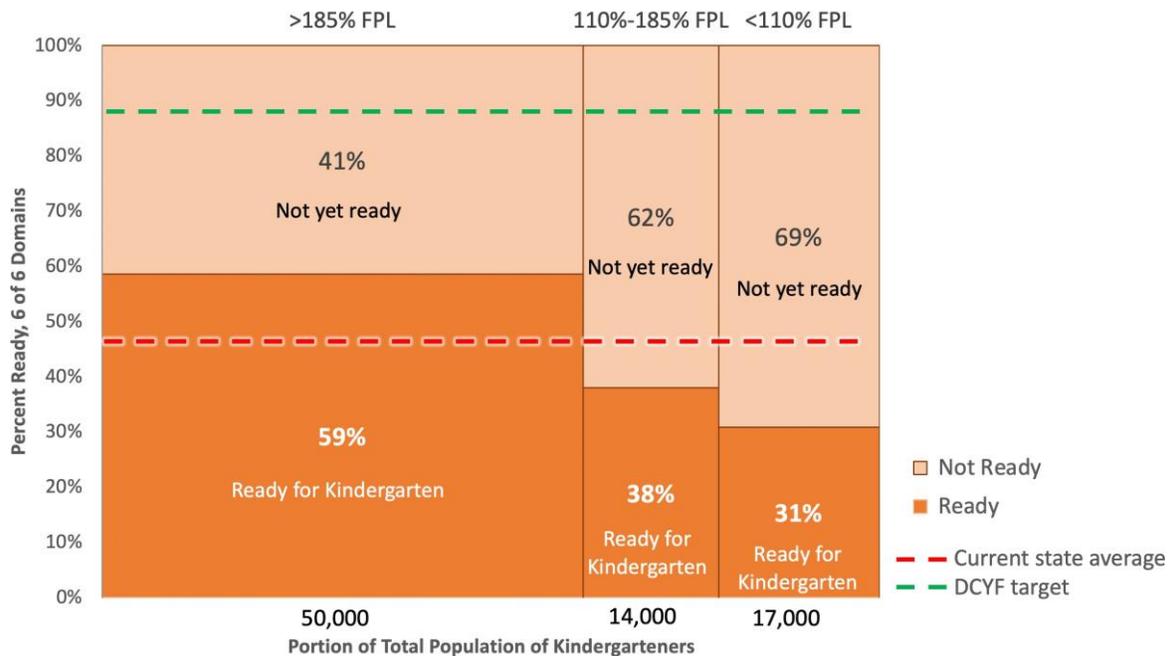
—Parent

4.3.1 Kindergarten readiness and opportunity gaps among children from lower-income households

To assess the interaction between lower family income and kindergarten readiness, DCYF describes differences among children in households <110% FPL (the income threshold for ECEAP eligibility) and <185% FPL (the income group that subsidized child care primarily serves, and the income threshold for reduced lunch in the K–12 system).

Figure 4-7 shows that entering kindergarteners in households above 185% FPL (the eligibility threshold for the free/reduced lunch program) demonstrate the highest rate of readiness, at 59%, vs. 38% of children from households with incomes from 110% to 185% FPL and 31% of children from households with incomes below 110% FPL (the threshold for ECEAP eligibility). DCYF estimates that without current ECEAP and Head Start preschool programs, only about 28% of children in households below 110% FPL would arrive at kindergarten ready for success.⁵¹

Figure 4-7. Kindergarten readiness by household income group, Washington State, 2017–2018

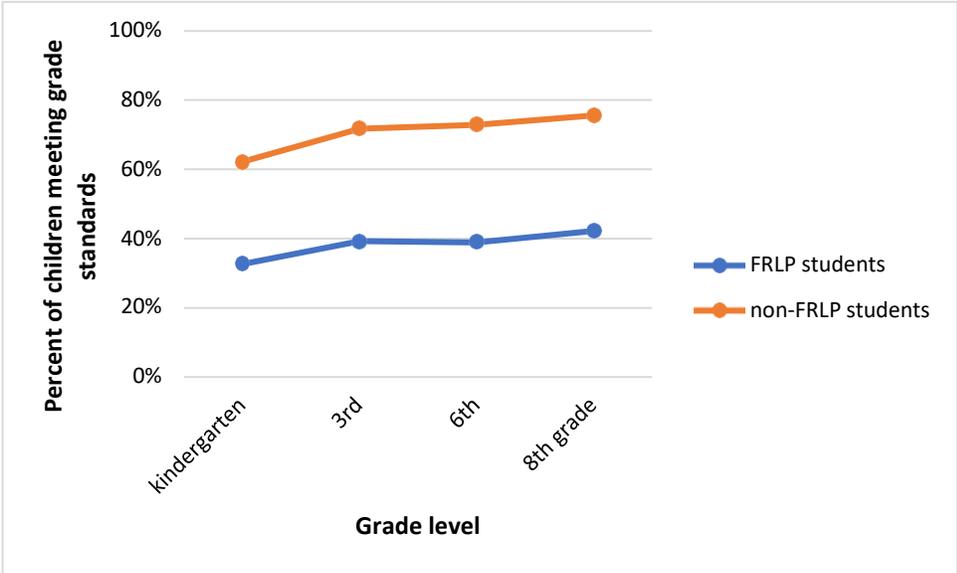


Note: Applying known subgroup rates to the estimated whole population in each group allows estimation of the percentage of all children ready for kindergarten, not only those who have been tested. FPL, federal poverty level.
Data from: 2017–2018 WaKIDS 6/6 readiness rates and kindergarten enrollment; 2013–2017 Public Use Microdata

Sample (PUMS).

The resulting opportunity gap between Washington children from low-income households and those from higher-income households is evident at kindergarten entry and persists through 8th grade and beyond (figure 4-8).

Figure 4-8. Opportunity gap among students eligible for and not eligible for Washington State’s free/reduced lunch program (FRLP). Y axis shows percentage of children meeting grade standards.



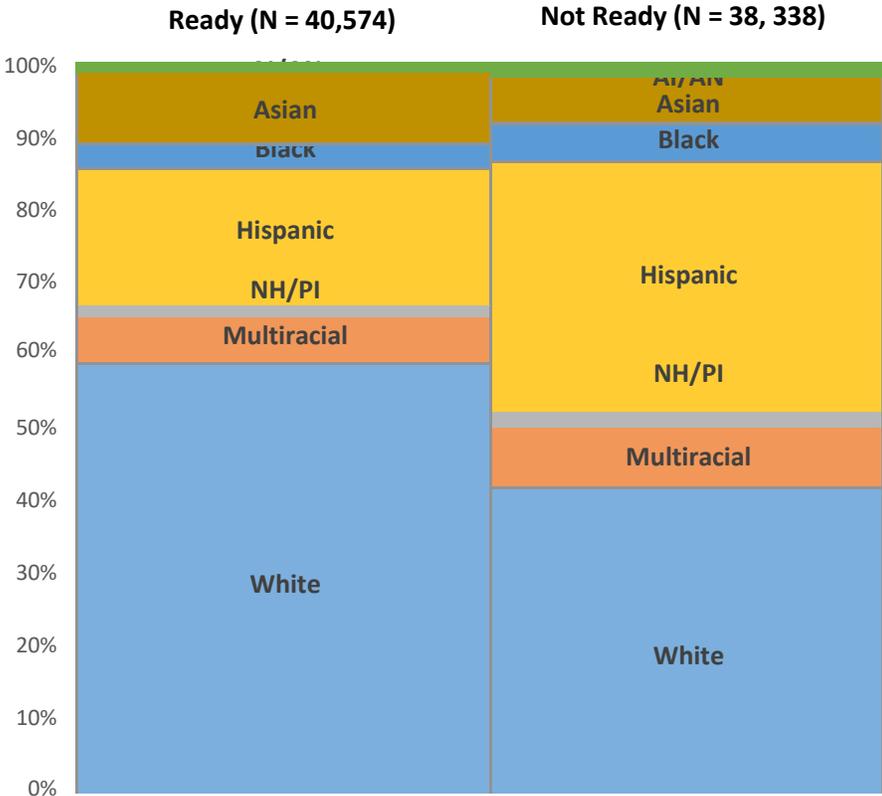
Data from: Washington State Department of Children, Youth, and Families, *The Early Start Act 2018 Annual Report*, 2019, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf.

4.3.2 Kindergarten readiness and opportunity gaps among tribal children and children of color

Children of color and tribal children made up 47.3% of the class of entering kindergarteners in Washington’s public schools in 2019 and are expected to make up a greater share in future years. Yet children of color and children from tribes are under-represented among children who arrive ready for kindergarten (41% of children who arrive ready are from tribal communities or communities of color) and over-represented among children who are not yet ready (54% of children who are not yet ready are from tribal communities or communities of color) (figure 4-9).

There are likely many reasons for this gap. For example, a higher portion of children of color are from low-income households and thus may face adversities associated with poverty, such as less access to high-quality early learning environments. Lower-income parents possess lower levels of education, on average, a strong predictor of children’s academic input. In addition, there may be linguistic barriers in the way the WaKIDS assessment is administered that may prevent teachers from learning about the skills and strengths of the children in their classrooms so they can meet the needs of each child. This may prevent some children from demonstrating what they know and can do.⁵¹

4-9. Kindergarten readiness by race/ethnicity, 2019



Notes: AI/AN, American Indian/Alaska Native; NH/PI, Native Hawaiian/Pacific Islander.
Data from: 2018–2019 WaKIDS 6/6 readiness rates and kindergarten enrollment.

As with children from low-income households, many children of color and tribal children demonstrate opportunity gaps that persist throughout their time in the public school system. Figure 4-10 illustrates the opportunity gap between children of different racial/ethnic groups that persist from kindergarten through eighth grade.

On average, Asian, white, and multiracial children are more likely to be ready for kindergarten and persistently demonstrate higher achievement throughout their public school experience. On average American Indian/Alaska Native, Black/African American, Hispanic, and Native Hawaiian/Pacific Islander children are less likely to be ready for kindergarten and consistently demonstrate lower achievement throughout their public school experience. Taken together, these data demonstrate how imperative it is that Washington’s early learning system is designed and implemented to support success for all children and families *no matter their readiness at any given point in the system.*⁵¹

These data, which show the persistence of disparities in achievement over time, demonstrate that the pipeline as a whole is not effective at ameliorating low achievement, but rather is passing along low achievement to each subsequent level. This pattern is unlikely to change until every point in the service system embraces its role in not simply maintaining existing levels of achievement but supporting children and families so that children’s achievement is enhanced at every level.

Outreach participants expressed frustration about these gaps for children of color. The need to address this disparity was frequently cited in public comments, and some participants said that the system has inherent institutional bias that must be addressed. This view is supported by the relationship seen between lower levels of kindergarten readiness and opportunity gaps later in life. Disparities persist over time, and public systems do not successfully mitigate early inequities — a failure of the fundamental purpose of these systems.

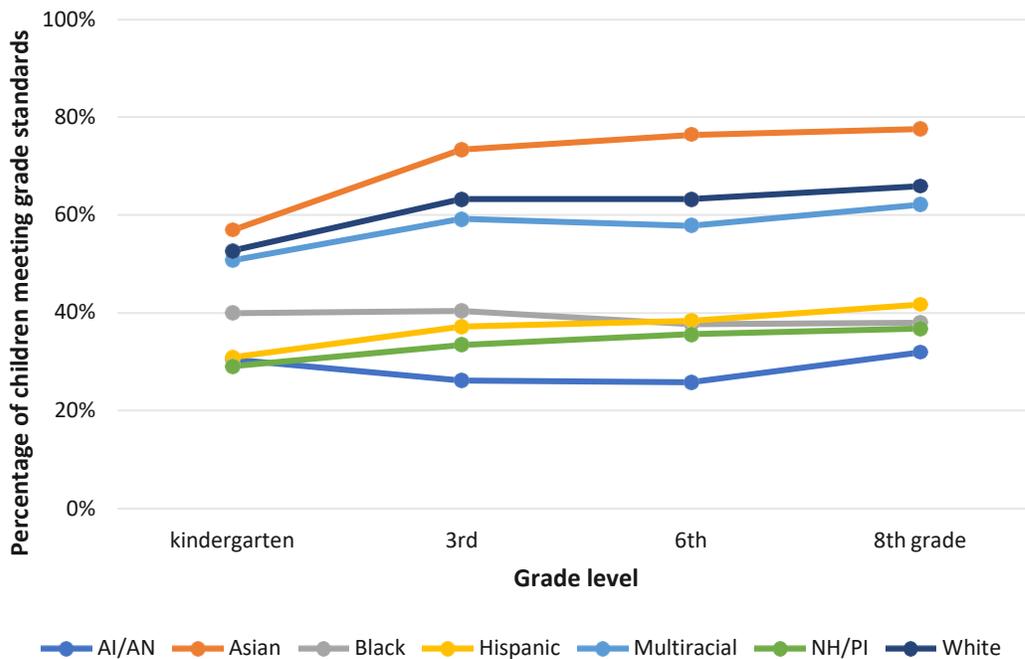
“I want to see children of color and low-income backgrounds given opportunities to excel in academics.”

—Parent

“Early learning is a system not created for Black children.”

—Parent

Figure 4-10. Opportunity gap by race/ethnicity during the 2017–2018 school year. AI/AN, American Indian/Alaska Native; NH/PI, Native Hawaiian/Pacific Islander.



Data from: Washington State Department of Children, Youth, and Families, *The Early Start Act 2018 Annual Report*, 2019, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf.

4.3.3 Kindergarten readiness among children in families experiencing housing insecurity/instability

Project Education Impact found that children who experience homelessness are less likely to meet the standard on any of the six WaKIDS domains than children who were not homeless (table 4-18). Only 24.7% of children experiencing homelessness in the 2017 kindergarten cohort were considered ready on all six domains, compared with 46.6% for their peers (table 4-19).⁵²

Table 4-18. Kindergarten readiness in the 2017 cohort among children experiencing homelessness, compared with children not experiencing homelessness

Standard	Percentage of children meeting any standard		
	All	Homeless	Non-homeless
Social-emotional	69.5%	55.5%	70.0%
Physical	77.9%	67.1%	78.3%
Language	79.4%	66.2%	79.8%
Cognitive	75.8%	58.0%	76.3%
Literacy	80.7%	60.9%	81.4%
Math	65.6%	41.4%	66.4%
All domains	45.9%	24.7%	46.6%

Data from: Project Education Impact workgroup, *Children, Youth and Young Adults in Foster Care and/or Experiencing Homelessness* (joint agency report to legislature), January 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FosterHomelessEducation.pdf>. Based on 2017 data.

Table 4-19. Kindergarten readiness in the 2017 cohort among children experiencing homelessness, compared with children not experiencing homelessness, by race/ethnicity

Race/ethnicity	Percentage of children meeting standards in all six WaKIDS domains	
	Homeless	Non-homeless
American Indian/Alaska Native	21.7%	31.9%
Asian	39.3%	55.6%
Black/African-American	28.2%	41.7%
Hispanic/Latino	18.0%	30.7%
White	28.2%	53.0%
Other	27.8%	48.3.4%

Data from: Project Education Impact workgroup, *Children, Youth and Young Adults in Foster Care and/or Experiencing Homelessness* (joint agency report to legislature), January 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FosterHomelessEducation.pdf>. Based on 2017 data.

The impact of homelessness on school performance in later grades is also clear. Homeless students were less likely to meet standards for English Language Arts, Math, and Science (table 4-20), less likely to graduate (55.5% of homeless students, vs. 80.9% statewide), and more likely to drop out (28.3% vs. 11.2%, respectively) (table 4-19).

Table 4-20. Homeless student performance on English Language, Math, and Science standards, 2017–2018

Student group	Grade						
	3rd	4th	5th	6th	7th	8th	10th
Met standard in English Language Arts							
Statewide	55.5%	57.3%	59.2%	55.9%	59.6%	58.9%	69.5%
Homeless	31.1%	31.9%	32.3%	29.3%	33.4%	32.6%	37.3%
Met standard in Math							
Statewide	57.5%	53.8%	48.5%	48.2%	49.0%	47.5%	40.6%
Homeless	33.4%	27.6%	23.1%	21.8%	21.0%	19.6%	11.6%
Met standard in Science							
Statewide			55.1%			52.9%	
Homeless			31.3%			27.4%	

Data from: Washington Office of Superintendent of Public Instruction, *Update: Homeless Students Data*, 2018, <https://www.k12.wa.us/sites/default/files/public/homelessed/pubdocs/2018-12homelessstudentedoutcomes.pdf>.

The Project Education Impact report found that youth in foster care and youth experiencing homelessness are also absent on one-third of school days every year (61 days of missed classes for homeless students) and are 22% to 30% less likely to stay enrolled in the same school throughout the year than their non-foster and non-homeless peers (tables 4-21 and 4-22). They are less likely to meet math and English standards than their peers, more likely to need special education services (21% of homeless youth by ninth grade), less likely to graduate with a high school diploma across all racial/ethnic groups (figure 4-11), and less likely enroll in higher education within two years after high-school graduation (figure 4-12). Those who did enroll were more likely to enroll in a two-year, vs. four-year, education program than peers who did not experience foster placement or homelessness.⁵²

Table 4-21. Impact of foster placement and homelessness on school attendance among children in Washington State

Grade level	School days attended by children with or without foster placement		School days attended by children experiencing or not experiencing homelessness, in days	
	Placed in foster care	Not placed in foster care	Homeless	Not homeless
Kindergarten	138	162	131	152
Third grade	149	159	146	159
Ninth grade	123	153	119	153

Notes: Data are number of days present in a single 180-day school year.

Data from: Project Education Impact workgroup, *Children, Youth and Young Adults in Foster Care and/or Experiencing Homelessness* (joint agency report to legislature), January 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FosterHomelessEducation.pdf>. Based on 2017 data.

Table 4-22. Impact of foster placement and homelessness on stable school enrollment during the academic year among children in Washington State

Grade level	Percentage of children enrolled in a single school, by foster placement		Percentage of children enrolled in a single school, by housing status	
	Placed in foster care	Not placed in foster care	Homeless	Not homeless
Kindergarten	77.6%	92.5%	64.4%	92.5%
Third grade	80.8%	93.3%	64.4%	93.4%
Ninth grade	71.0%	90.4%	62.7%	90.2%

Data from: Project Education Impact workgroup, *Children, Youth and Young Adults in Foster Care and/or Experiencing Homelessness* (joint agency report to legislature), January 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FosterHomelessEducation.pdf>. Based on 2017 data.

Figure 4-11. Four-year high school graduation rates among Washington students who were in ninth grade in 2012, by foster care status and race

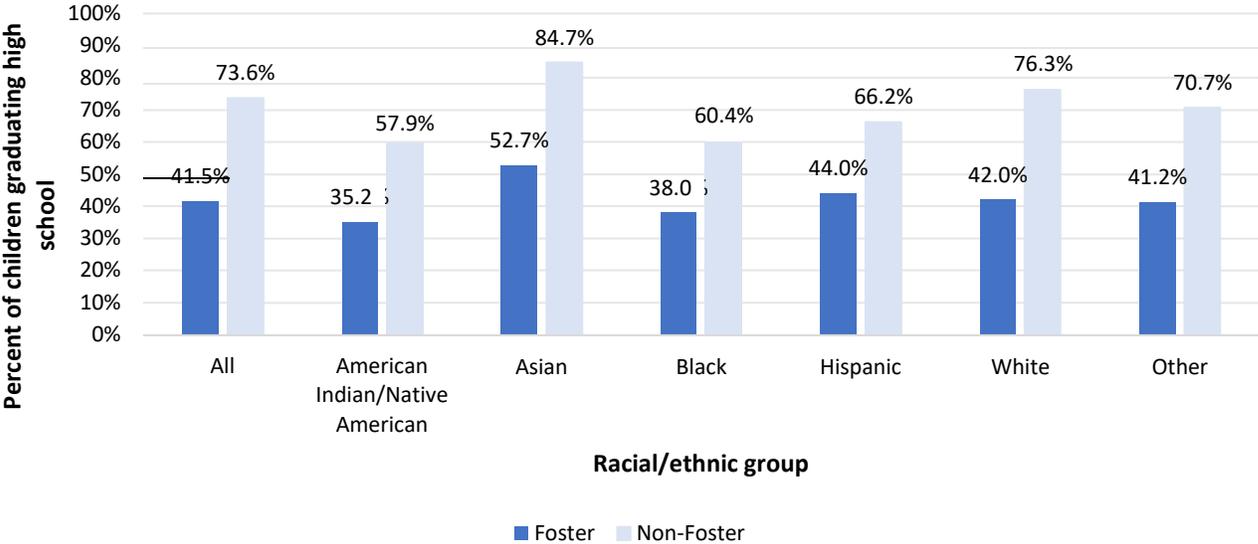
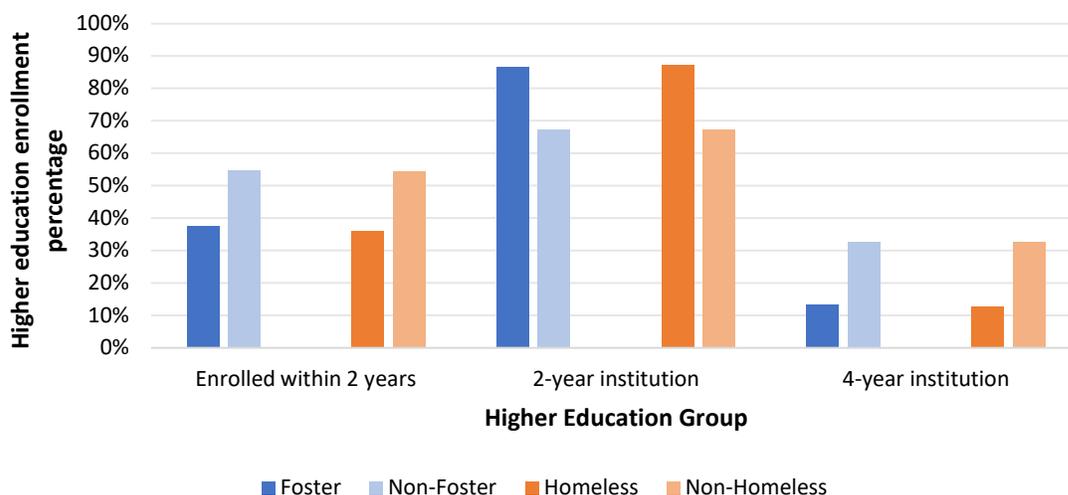


Figure 4-12. Higher education enrollment among Washington students who were in ninth grade in 2012, by foster care status and race



4.3.4 Kindergarten readiness and opportunity gaps among children with developmental delays or disabilities

Data also demonstrate opportunity gaps in meeting grade-level standards for students with developmental delays or disabilities. The performance gap for students with disabilities, compared with their typically developing peers, on entry to kindergarten and at third grade is 30%. By tenth grade, the performance gap increases to 50%.^{53,54}

¹ United States Census Bureau, American Community Survey, 2013–2017: 5-Year Public Use Microdata Sample, 2017, <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2017>. Data are based on five-year average.

² United States Census Bureau, American Community Survey, 2019: 1-Year Estimates, Table S1101, "Households and Families," <https://data.census.gov/cedsci/table?q=household%20size&g=0400000US53&tid=ACSST1Y2019.S1101&hidePrevious=true>.

³ Washington State Department of Social and Health Services, Economic Services Administration (ESA), ESA Management and Accountability Performances Statistics (EMAPS) data, 2018.

⁴ Washington State Department of Social and Health Services, *Economic Services Administration Briefing Book, State Fiscal Year 2019*, January 2020, <https://www.dshs.wa.gov/esa/manuals/briefing-book>.

⁵ National Center for Children in Poverty (NCCP), "Early Care and Learning" (web page), NCCP website, <http://www.nccp.org/topics/earlycareandlearning.html>.

⁶ In 2020, a family of two with household income below the federal poverty level lives in less than \$17,240 per year; a family of four lives on \$26,200.

⁷ United Way, *ALICE: A Study of Financial Hardship in Washington, 2018 Report*, September 2018, https://www.unitedforalice.org/Attachments/AllReports/18UW_ALICE_Report_WA_Refresh_Lowres_9.7.18.pdf.

⁸ Washington State Office of Financial Management (OFM), “Language Spoken at Home” (web page), OFM website, last modified May 21, 2019, <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/language-spoken-home>.

⁹ Washington State Department of Children, Youth, and Families, *The Early Start Act 2018 Annual Report*, 2019, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf.

¹⁰ Child and Adolescent Health Measurement, 2016–2017 National Survey of Children’s Health (NSCH) data query, accessed 2018, <https://www.childhealthdata.org/browse/survey/results?q=5355&r=49&r2=1&g=646>.

¹¹ Defined by the Maternal and Child Health Bureau as “those who have one or more chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.”

¹² United States Census Bureau, American FactFinder, Table S0101: 2013–2017 American Community Survey 5-Year Estimates, <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>.

¹³ Data from Karma Hugo, Washington Office of Superintendent of Public Instruction, email message, August 27, 2019.

¹⁴ The Rural School and Community Trust, *Why Rural Matters 2018–2019*, November 2019, <http://www.ruraledu.org/WhyRuralMatters.pdf>.

¹⁵ ZERO TO THREE, *New Directions in Tribal Early Childhood Programs*, 2016, <https://theacademy.sdsu.edu/wp-content/uploads/2015/06/2016-01-Bohanon.pdf>.

¹⁶ Washington State Office of Financial Management, “Age, Sex, Race and Hispanic Origin, 2010–2019” data table, <https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/estimates-april-1-population-age-sex-race-and-hispanic-origin>.

¹⁷ Education Northwest, *Obscured Identities: Improving the Accuracy of Identification of American Indian and Alaska Native Students*, June 2017, <https://educationnorthwest.org/resources/obscured-identities-improving-accuracy-identification-american-indian-and-alaska-native>.

¹⁸ Migration Policy Institute, Washington State Immigration Data Profile [1990, 2000, and 2018 demographics data table], <https://www.migrationpolicy.org/data/state-profiles/state/demographics/WA>.

¹⁹ A.C. Larson. *Washington Update: Migrant and Seasonal Farmworker Enumeration Profiles Study: Final Report*, September 2009.

²⁰ Center on the Developing Child, *InBrief: The Impact of Early Adversity on Child Development*, 2007, <https://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development/>.

²¹ R.A. Huebner, N.K. Young, M.T. Hall, L. Posze, and T. Willauer, “Serving Families with Child Maltreatment and Substance Use Disorders: A Decade of Learning,” *Journal of Family Social Work* 20, no. 4 (2017): 288–305. <https://doi.org/10.1080/10522158.2017.1348110>.

²² K.L.H. Harp and A.M. Bunting. “The Racialized Nature of Child Welfare Policies and the Social Control of Black Bodies,” *Social Politics*, Summer 2020: 258–281.

²³ R. Stone. “Pregnant Women and Substance Use: Fear, Stigma, and Barriers to Care,” *Health & Justice* 3, no. 1 (2015). <https://doi.org/10.1186/s40352-015-0015-5>.

²⁴ Amnesty International, *Criminalizing Pregnancy: Policing Pregnant Women Who Use Drugs in the USA*, 2017, <https://www.amnesty.org/download/Documents/AMR5162032017ENGLISH.pdf>.

²⁵ D. Klinman, *ASQ and ASQ-SE Reliability and Validity*, June 2020.

²⁶ Children and Family Research Center, University of Illinois School of Social Work, *Conditions of Children in or at Risk of Foster Care in Illinois: 2013 Monitoring Report of the B.H. Consent Decree*, 2015, https://cfrc.illinois.edu/pubs/rp_20150101_ConditionsOfChildrenInOrAtRiskOfFosterCareInIllinois2013MonitoringReportOfTheB.H.ConsentDecree.pdf.

²⁷ M. Winokur, A. Holtan, and K.E. Batchelder. "Kinship Care for the Safety, Permanency, and Well-Being of Children Removed from the Home for Maltreatment," *Cochrane Database of Systematic Reviews* 1 (2014). <https://doi.org/10.1002/14651858.CD006546.pub3>.

²⁸ For the full definition of "kinship care" used by the Washington State Department of Children, Youth, and Families, see <https://www.dcyf.wa.gov/4500-specific-services/4527-kinship-care-searching-placing-and-supporting-relatives-and-suitable>.

²⁹ Casey Family Programs AFCARS analysis, prepared 6/4/2020.

³⁰ Data are from the Famlink database, relative vs. non-relative placement, 2015–2020.

³¹ Washington State Department of Children, Youth, and Families, "DCYF Plan to Improve the Foster Parent Experience" (media statement), September 10, 2019, <https://www.dcyf.wa.gov/about/media/media-releases/2019-09-10>.

³² Partners for Our Children, "Child Welfare at a Glance" (web page), Partners for Our Children website, <https://partnersforourchildren.org/data/quickfacts>.

³³ DCYF Performance Dashboard, Resilience Goals, Maltreatment and Out-of-Home Care. <https://www.dcyf.wa.gov/practice/oiaa/agency-performance/resilience>

³⁴ Child Trends, *When the Bough Breaks: The Effects of Homelessness on Young Children*, February 15, 2012, <https://www.childtrends.org/publications/when-the-bough-breaks-the-effects-of-homelessness-on-young-children>.

³⁵ Child Care Aware® of Washington, *Helping Families Experiencing Homelessness Navigate and Access Child Care Assistance: Final Report, July 1, 2018–June 30, 2019*.

³⁶ U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service, *Early Childhood Homelessness State Profiles 2019, June 2019*, <https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles-2019.pdf>.

³⁷ Washington State Office of Superintendent of Public Instruction, *Update: Homeless Students Data, 2018*, <https://www.k12.wa.us/sites/default/files/public/homeless/pubdocs/2018-12homelessstudentedoutcomes.pdf>.

³⁸ Annie E. Casey Foundation, KIDS COUNT Data Center, <https://datacenter.kidscount.org/>.

³⁹ Washington State Department of Children, Youth, and Families, *2018-19 ECEAP Outcomes Report*, 2019, <https://dcyf.wa.gov/sites/default/files/pdf/eceap/Outcomes.pdf>.

⁴⁰ U.S. Department of Health and Human Services, "Supporting Children and Families Affected by Incarceration" (web page), Child Welfare Information Gateway website, <https://www.childwelfare.gov/topics/supporting/support-services/incarceration/>.

⁴¹ Children may be duplicated in this count, if both parents are incarcerated and both report the child.

⁴² Data from Washington State Department of Social and Health Services Research and Data Analysis division. Data are from February 2020.

⁴³ Washington's population change over time was calculated using 2016 and 2019 population estimates from the US Census Bureau, divided by three to get the population growth estimate per year. This population growth estimate was used to approximate incarcerated population growth, assuming no changes in percent of population incarcerated (see Kaeble, D. & Cowhig, M. [2018], *Correctional populations in the United States, 2016. NCJ-251211*.

Washington DC: US Department of Justice [2016]). To get the total number in jail, the number in prison (Washington State Department of Social and Health Services, Research and Data Analysis Division, February 2020) was subtracted from estimated incarcerated population total. The percentage of total incarcerated parents of minors was used to estimate percentage of incarcerated parents of minors in jails based on estimated jail population. Range was added for margin of error due to using multiple estimates.

⁴⁴ Data source: Washington State Department of Children, Youth, and Families, Automated Client Tracking System, accessed August 13, 2019.

⁴⁵ Washington Office of Superintendent of Public Instruction, *Washington State Report Card* (data for 2019–2020 school year), <https://washingtonstatereportcard.ospi.k12.wa.us/>.

⁴⁶ As assessed by the Washington Kindergarten Inventory of Developing Skills (WaKIDS) whole-child assessment, described in more detail in chapter 7, “Positive early learning experiences.” DCYF and OSPI consider entering kindergarteners “ready for kindergarten” if they demonstrate readiness on all six WaKIDS domains.

⁴⁷ G. Joseph, J.S. Soderbergh, S. Stull, K. Cummings, D. McCutchen, and R.J. Han, “Inter-rater Reliability and Concurrent Validity Study of the Washington Kindergarten Inventory of Developing Skills (WaKIDS)” *Early Education and Development* 31, no. 5 (2020): 764–777. <https://doi.org/10.1080/10409289.2019.1674589>.

⁴⁸ Brookings Institution, *Starting School at a Disadvantage: The School Readiness of Poor Children*, March 2012, https://www.brookings.edu/wp-content/uploads/2016/06/0319_school_disadvantage_isaacs.pdf.

⁴⁹ RAND Corporation, *Children at Risk: Consequences for School Readiness and Beyond*, 2005, https://www.rand.org/pubs/research_briefs/RB9144.html.

⁵⁰ Washington Kindergarten Inventory of Developing Skills (WaKIDS) and Washington Office of Superintendent of Public Instruction, *Linking Kindergarten & 3rd Grade Assessment Results: Data Brief*, <https://www.k12.wa.us/sites/default/files/public/wakids/pubdocs/linkingkindergartenand3rdgradeassessmentresultsdatabrief2018.pdf>.

⁵¹ Washington State Department of Children, Youth, and Families, *The Early Start Act 2018 Annual Report*, 2019, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf.

⁵² Project Education Impact workgroup, *Children, Youth and Young Adults in Foster Care and/or Experiencing Homelessness* (joint agency report to legislature), January 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FosterHomelessEducation.pdf>. Based on 2017 data.

⁵³ Washington Office of Superintendent of Public Instruction, *FFY 2017 Washington State Annual Performance Report (APR)*, 2017, <https://www.k12.wa.us/sites/default/files/public/specialed/data/pubdocs/IndicatorSummaryFFY2017.pdf>.

⁵⁴ Washington Office of Superintendent of Public Instruction, *Washington State Report Card*, <https://washingtonstatereportcard.ospi.k12.wa.us/>.

5 HEALTHY CHILDREN AND FAMILIES

Washington State has invested steadily in programs to support the health of families and children, including the introduction of Apple Health and the ongoing expansion of home visiting services. Thanks to these initiatives, child health — as measured by key indicators like infant mortality, low birth weight, prevalence of tooth decay, and need for special health services — has improved steadily. The system is strengthened by the breadth and depth of parents' support for their children.

However, there is still substantial need among Washington's infants and children. In 2017, 48% of all births in the state were financed by Medicaid.¹ More than 10% of children aged birth to 5 years and almost 20% of children aged 6 to 11 years have special health needs, or health needs greater than that of most children. Within the population of children in Washington's Early Childhood Education and Assistance Program (ECEAP), access to oral health services has increased, but the proportion of children experiencing tooth decay has plateaued at a relatively high level.

In Washington, the burden of poor health for young children and their families does not rest on all populations equally. Disparities in health status and access to health care fall along race, income, and geographic lines. Children with developmental delay or disability, who have experienced trauma, or who have special health care needs, are less likely to receive the support they need for success, as are their parents, caregivers, and teachers.

“There are many challenges I know exist from my experience working closely with families and providers. But one challenge I often see families go through in our community is families navigating the early learning support systems (special services, starting conversations with doctors about child development concerns, access to child care, etc.) in a way that they feel understood, respected and acknowledged. Because of this they often choose not to reach out.”

—Physician

These disparities reflect the influence of environmental factors — economic stability, education, physical and social environment — that, in addition to health care, are determinants of child and family health. Children who are healthy in the first years of life are more likely to experience stability and success across all of these domains as they grow into adults.² The World Health Organization, the US Department of Health and Human Services (in their *Healthy People 2020* report), and many others recognize that resolving disparities across these factors is key to resolving inequities in health.^{3,4}

“My hope is that all children have access to a medical home in their community. In that home, there is a system in which screening for development, socioeconomic barriers, and relational health concerns can be conducted in an efficient way that does not jeopardize the time required to address all medical issues.”

—Physician

Washington’s approach to health in early childhood reflects this complexity. Support for early childhood services is a public health imperative — influencing not only the health of our state’s children today, but the physical, social, and economic health of Washington’s residents for years to come.

5.1 Prenatal, maternal, and child health

After a rapid decline associated with the 2008 economic recession, the number of infants born in Washington has been relatively stable over the past few years.⁵ In 2018, there were 103,557 pregnancies in Washington State and 86,046 live births (compared with 90,598 live births in 2016 and 87,508 in 2017). The unintended pregnancy rate in 2016 (the most recent year available) was 34%. Maternal demographic characteristics are shown in table 5-1.⁶

Table 5-1. Demographic characteristics of women who gave birth in Washington State, 2018

Characteristic	No. of women
Race/ethnicity	
American Indian/Alaska Native	1,206
Asian	8,843
Black	4,151
Hispanic/Latino	16,010
Native Hawaiian/Pacific Islander	1,195
Multiracial	3,772
White	49,513
Age	
<18 years	649
18–19 years	2,128
20–24 years	14,116
25–29 years	24,404
30–39 years	41,541
>40 years	3,176
Education	
Not high school graduate	9,667
High school graduate only	18,725
Any college	57,782

Data from: Washington State Department of Health, *Washington State Vital Statistics: 2018 Highlights*, 2019, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-099-2018-2010-VitalStatHighlights.pdf>.

An assessment by the Washington State Department of Health notes that on most indicators of maternal and child health, rates of poor health outcomes in Washington State are similar to or lower than national rates.⁵ However, specific outcomes (described below) show disparities by race/ethnicity, tribal status, economic status, rural vs. urban residence, and other factors. Washington’s goal is not to exceed national standards by improving the health of some at the cost of others, but to eliminate disparities and achieve equitable health outcomes for all.

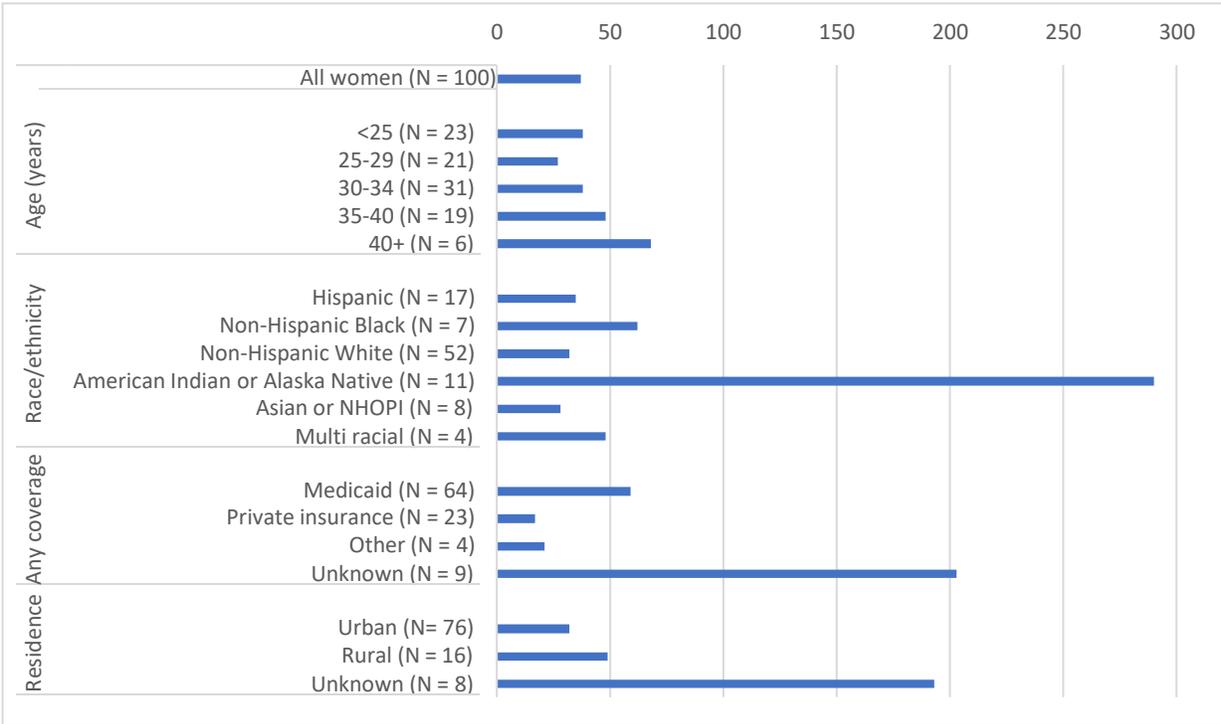
5.1.1 Maternal mortality

The most recent published report on maternal mortality in Washington State is from the Department of Health in 2019, with data from 2014–2016. This report found a total of 100 pregnancy-associated maternal deaths, or deaths that occurred during pregnancy or in the first year after birth.⁷ The maternal mortality rate in Washington has been relatively stable since 2000 and is lower than the national average.

Health issues directly related to pregnancy (“pregnancy-related”) were the cause of death for 30 of these 100 persons. The most common among these were behavioral health conditions (including suicide and overdose; 30%), hemorrhage (20%), and hypertensive disorders in pregnancy (10%).⁸ Among pregnancy-related deaths, 60% were considered to be preventable.

Maternal mortality continues to disproportionately affect women from tribal communities and Black women. Women with Medicaid (vs. private insurance) and women in rural communities (vs. urban) are also more likely to die during pregnancy or within a year after birth than are their peers (figure 5-1). These disparities remain regardless of whether the cause of death is pregnancy-associated or pregnancy-related.

Figure 5-1. Maternal mortality ratios (deaths per 100,00 live births) and counts for pregnancy-associated deaths (N = 100), by various demographic characteristics, Washington State, 2014–2016



Data from: Washington State Department of Health, Prevention and Community Health Division, *Washington State Maternal Mortality Review Panel: Maternal Deaths 2014–2016*, October 2019, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-010-MMRPMaternalDeathReport2014-2016.pdf>.

As the report notes, the cohort of maternal deaths is relatively small — from a data perspective, not from the perspective of the impact on Washington’s families — which means that small changes in the numbers can dramatically change percentages. Washington continues to gather data that will allow the state to better understand the disparities that affect maternal mortality — and how to address them.

5.1.2 Maternal diabetes and hypertension

Diabetes during pregnancy can negatively affect the health of both mothers and their infants, increasing the risk of birth defects, stillbirth, and preterm birth. High blood sugar during pregnancy can increase the child’s risk of obesity and/or type 2 diabetes later in life.⁹

Diabetes has been rapidly increasing in Washington State over the past decade and is a growing issue for maternal and infant health. Since 2010, the rate of diabetes among pregnant women has increased at an average annual rate of 6.6%. Table 5-2 shows the increase in the rates of diabetes among pregnant women in the state between 2016 and 2018.

Table 5-2. Rates of diabetes among pregnant women in Washington State, 2016–2018

Year	No. (%) of births to women with diabetes	Total no. of births
2016	8,508 (9.5%)	89,389
2017	8,778 (10.0%)	87,391
2018	9,024 (10.5%)	86,037
2016–2018	26,310 (10.0%)	262,817

Data from: Washington State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, *Washington State Birth Certificate Data, Vital Registration System Annual Statistical Files, Births 2016-2018* (data file), 2020.

Hypertension, which correlates to maternal health risks (including stroke and heart attack) and increases the risk of low birth weight and preterm birth, is also increasing among Washington’s pregnant women. The share of women with hypertension has increased at a rate of approximately 5% per year since 2015 (table 5-3).

Table 5-3. Rates of hypertension among pregnant women in Washington State, 2016–2018

Year	No. (%) of births to women with hypertension	Total no. of births
2016	7,159 (8.0%)	89,389
2017	7,896 (9.0%)	87,391
2018	8,415 (9.8%)	86,037
2016–2018	23,470 (8.9%)	262,817

Data from: Washington State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, *Washington State Birth Certificate Data, Vital Registration System Annual Statistical Files, Births 2016-2018* (data file), 2020.

There are significant disparities in both of these conditions among racial and ethnic groups. Women of Hispanic/Latino, Asian, and Native Hawaiian/Pacific Islander background are

significantly more likely than any other racial or ethnic group to have diabetes, and Asian women are twice as likely as white women to have the disease. Rates of hypertension are also concentrated among certain racial/ethnic groups, with American Indian/Native American women, Black/African American women, and Native Hawaiian/Pacific Islanders more likely to experience the condition (table 5-4).

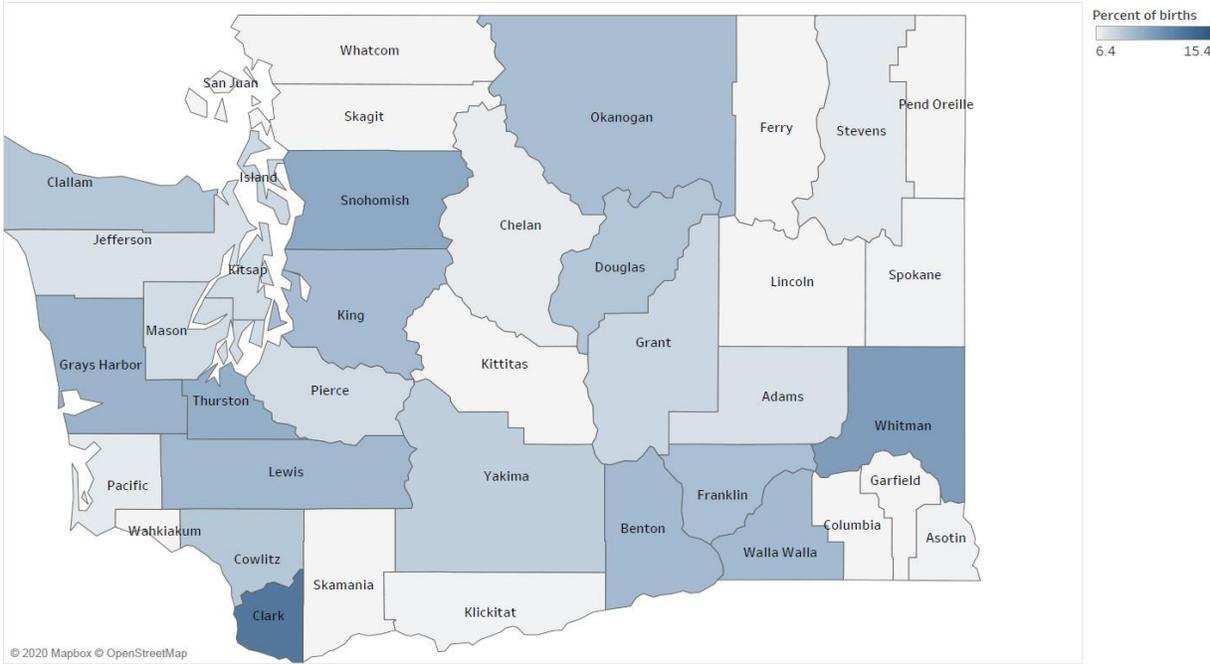
Table 5-4. Rates of hypertension among pregnant women in Washington State by race/ethnicity, 2016–2018

Race/ethnicity	No. (%) of births	
	Diabetes	Hypertension
American Indian/Alaska Native	354 (9.7%)	389 (10.7%)
Asian	4,535 (17.0%)	1,531 (5.7%)
Black/African American	1,170 (9.6%)	1,265 (10.3%)
Hispanic/Latino	5,514 (11.5%)	3,594 (7.5%)
Native Hawaiian/Pacific Islander	516 (14.4%)	401 (11.2%)
Multiracial	979 (9.0%)	1,133 (10.4%)
White	12,733 (8.4%)	14,732 (9.7%)

Data from: Washington State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, *Washington State Birth Certificate Data, Vital Registration System Annual Statistical Files, Births 2016-2018* (data file), 2020.

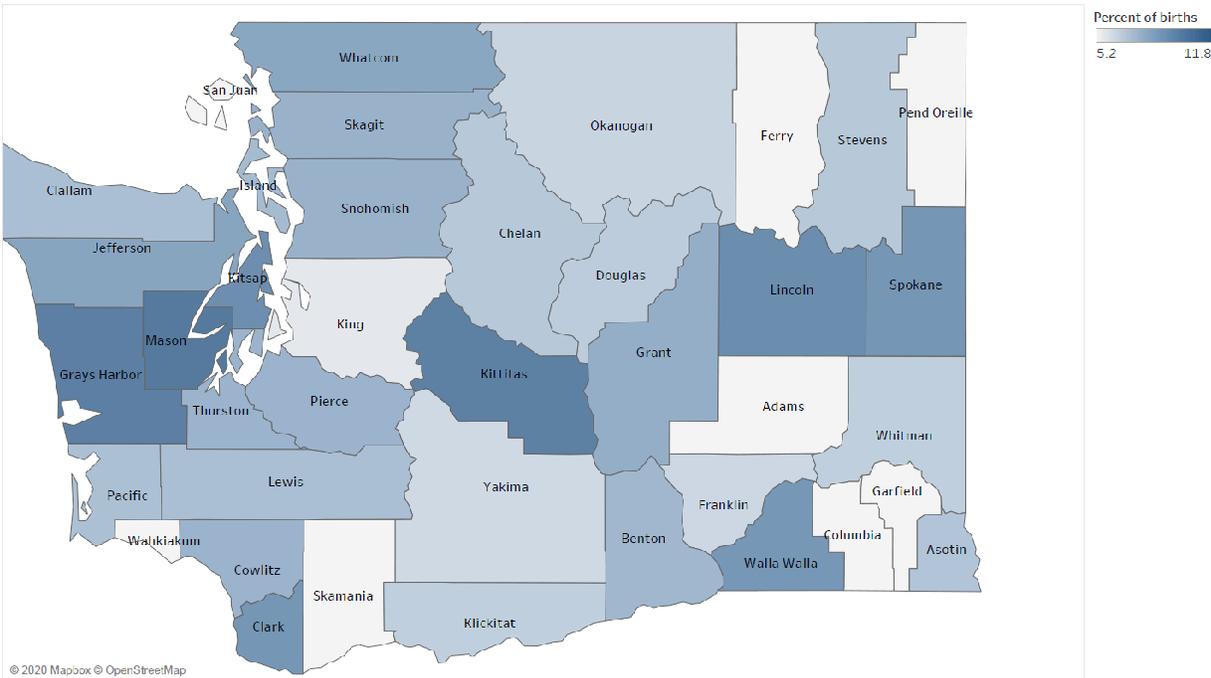
While there are differences in rates of both diabetes and hypertension when viewed by county, those differences do not break along clear rural or urban lines (figures 5-2 and 5-3).

Figure 5-2. Regional variations in rates of maternal diabetes in Washington State, 2018



Data from: Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2000-2018, Community Health Assessment Tool (CHAT), October 2019.

Figure 5-3. Regional variations in rates of maternal hypertension in Washington State, 2018



Data from: Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2000-2018, Community Health Assessment Tool (CHAT), October 2019.

5.1.3 Teen birth rates

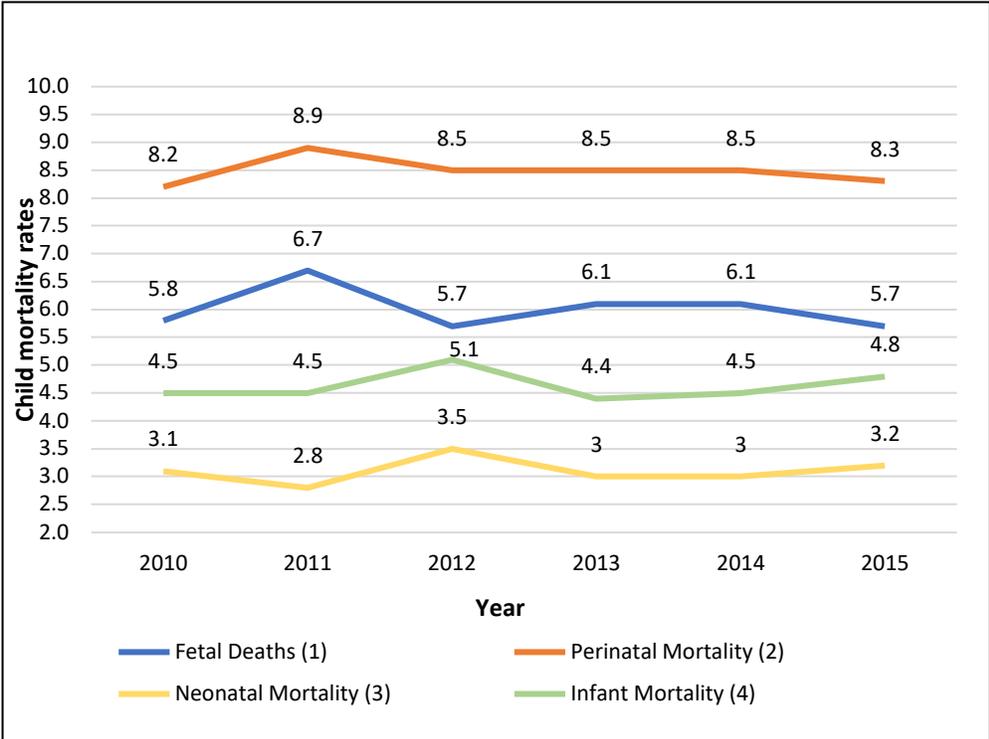
Teen (age 15 to 19 years) birth is an early predictor of negative health outcomes for children, including low birth weight and special health care needs. In Washington State in 2016, the teen birth rate was 16.2 among 1,000 births, for a total of 5,396 teen births.^{10,11} This is below the national teen birth rate (18.8 per 1,000 births in 2017 for mothers between the ages of 15 to 19 years).¹²

5.1.4 Infant mortality

Infant mortality — death before a child’s first birthday — is a significant indicator of the overall health status of children in Washington. It is closely associated with public health policy, access to high-quality health care, and social determinants of health that also affect the health of children later in life.¹³

Washington State has one of the lowest infant mortality rates in the nation, thanks to the state’s ongoing commitment to reduce infant mortality. In 2018, the infant mortality rate was 4.9 per 1,000 live births, which is consistent with the trend seen over the past decade (figure 5-4).¹⁴

Figure 5-4. Infant and fetal mortality rates in Washington State, 2010–2015 (deaths per 1,000 live births)



Notes: (1) Fetal death ratio = fetal deaths per 1,000 live births. (2) Perinatal mortality rate = fetal deaths plus deaths to infants within first 6 days of life per 1,000 live births plus fetal deaths. (3) Neonatal mortality rate = deaths to infants within first 27 days of life per 1,000 live births. (4) Infant mortality rate = deaths to infants under one year of age per 1,000 live births.

Data from: Center for Health Statistics, Washington State Department of Health, August 2017.

Infant mortality rates are highest in rural and mixed urban–rural regions, with very high rates in Pend Oreille and Wahkiakum Counties (table 5-5).

Table 5-5. Counties with highest infant mortality rates in Washington State

County	Infant deaths per 1,000 live births
Pend Oreille	16.76
Wahkiakum	12.35
Ferry	9.76
Clallam	9.38
Columbia	9.17
Pacific	8.83
Lewis	8.74
Jefferson	8.70
All Washington State	4.60

Data from: Washington State Department of Health, *Washington State Home Visiting Needs Assessment: 2017 Report*, 2017, https://www.dcyf.wa.gov/sites/default/files/pdf/OFCHI_HVNA_report.pdf.

As table 5-6 shows, there is a large disparity in infant mortality rates between white children and children of color, particularly for Black/African American and American Indian/Alaska Native children. The rate for black/African American children, at 8.5 deaths per 1,000 live births, is more than twice that for white children, at 4.09 deaths per 1,000 live births, and the rate for American Indian/Alaska Native children, at 7.80, is almost twice as high as for white children.

Table 5-6. Infant deaths by race/ethnicity in Washington State

Race/ethnicity	Infant deaths per 1,000 live births
American Indian/Alaska Native	7.80
Asian	3.54
Black/African American	8.50
Hispanic/Latino	4.54
Multiracial	5.96
Native Hawaiian/Pacific Islander	5.86
White	4.09
All Washington State	4.46

Data from: Washington State Department of Health, *Washington State Home Visiting Needs Assessment: 2017 Report*, November 2017, https://www.dcyf.wa.gov/sites/default/files/pdf/OFCHI_HVNA_report.pdf.

5.1.5 Low birth weight and preterm birth

Low birth weight (<2,500 grams, or <5.5 pounds) puts infants at a greater risk of dying within the first year of life and of developmental delays and disability throughout childhood.¹⁵ The rate of low-birth-weight infants remained relatively stable between 2015 and 2018 (table 5-7) and was consistently lower than in the United States as a whole.

Table 5-7. Rate of low birth weight in Washington State, 2016–2018, compared with national rates

Year	No. (%) of low-birth-weight infants among all live births*	
	Washington State	United States
2016	4,406 (5.0%)	321,839 (8.2%)
2017	4,385 (5.2%)	318,873 (8.3%)
2018	4,380 (5.3%)	313,752 (8.3%)
Roll-up for three-year period	13,171 (5.1%)	—

Note: Data are for singleton births and represent a minimum count.

Data from: Washington State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, *Washington State Birth Certificate Data, Vital Registration System Annual Statistical Files, Births 2016-2018* (data file), 2020. National numbers are from <https://www.cdc.gov/nchs/fastats/birthweight.htm>.

However, low birth weight is not distributed equally among racial/ethnic groups. The rate of low birth weight among Black/African American infants for the same three-year period is almost double that for Washington State as a whole, whereas non-Hispanic white women have lower rates than any other racial/ethnic group in Washington (table 5-8).

Table 5-8. Rate of low birth weight by race/ethnicity in Washington State, 2016–2018

Race/ethnicity	No. (%) of low-birth-weight infants among all live births
American Indian/Alaska Native	254 (6.6%)
Asian	1,792 (6.8%)
Black/African American	981 (9.1%)
Hispanic/Latino	2,098 (6.6%)
Multiracial	855 (7.5%)
Native Hawaiian/Pacific Islander	234 (6.6%)
White	6,990 (4.4%)
All Washington State	13,171 (5.1%)

Note: Hispanic is treated as a race for the purposes of this table.

Data from: Washington State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, *Washington State Birth Certificate Data, Vital Registration System Annual Statistical Files, Births 2016-2018* (data file), 2020.

Preterm birth (birth at less than 37 weeks’ gestation) is slightly less common in Washington State than nationally (table 5-9) and disproportionately affects women who are American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Black/African American (table 5-10).

Table 5-9. Rate of preterm birth in Washington State, 2016–2018, compared with national rates

Year	No. (%) of preterm births among all live births	
	Washington State	United States
2016	7,353 (8.1%)	388,218 (9.8%)
2017	7,313 (8.4%)	382,726 (9.9%)
2018	7,121 (8.3%)	379,777 (10.0%)
Roll-up for three-year period	21,787 (8.3%)	—

Data from: Washington State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, *Washington State Birth Certificate Data, Vital Registration System Annual Statistical Files, Births 2016-2018* (data file), 2020. National data from: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf.

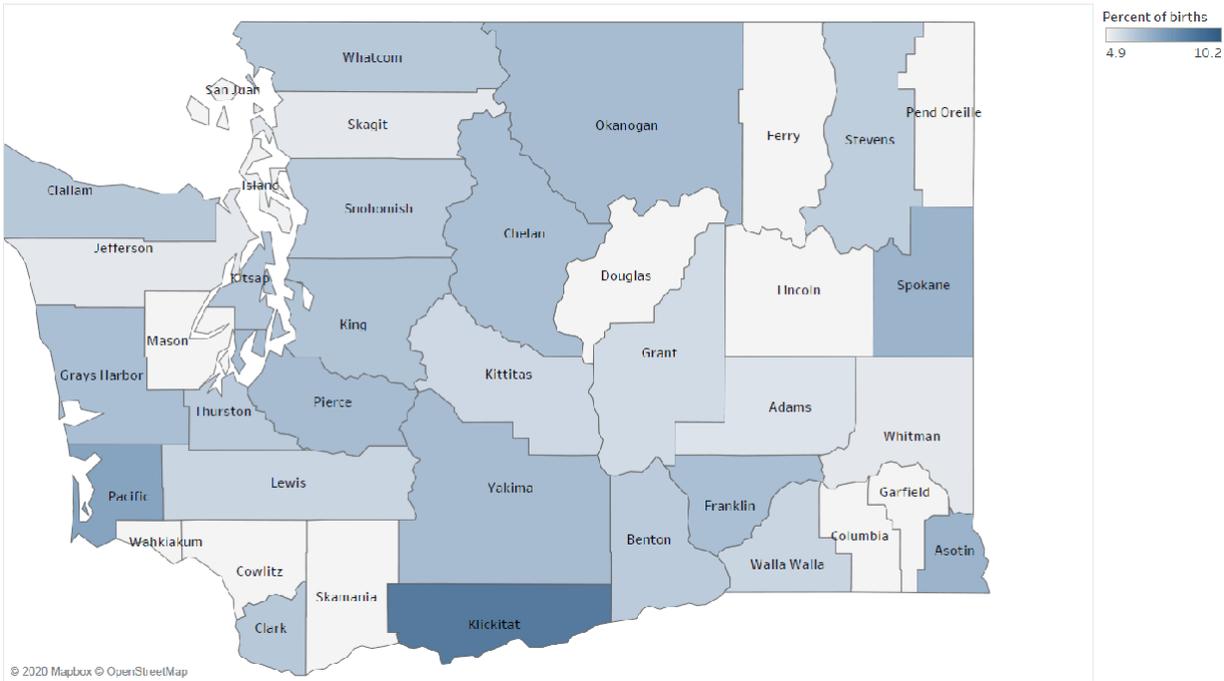
Table 5-10. Rates of preterm birth among pregnant women in Washington State by race/ethnicity, 2016–2018

Race/ethnicity	No. (%) of births
American Indian/Alaska Native	475 (12.9%)
Asian	2,200 (8.2%)
Black/African-American	1,256 (10.2%)
Hispanic/Latino	4,110 (8.5%)
Multiracial	1,039 (9.5%)
Native Hawaiian/Pacific Islander	369 (10.3%)
White	11,695 (7.7%)

Data from: Washington State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, *Washington State Birth Certificate Data, Vital Registration System Annual Statistical Files, Births 2016-2018* (data file), 2020.

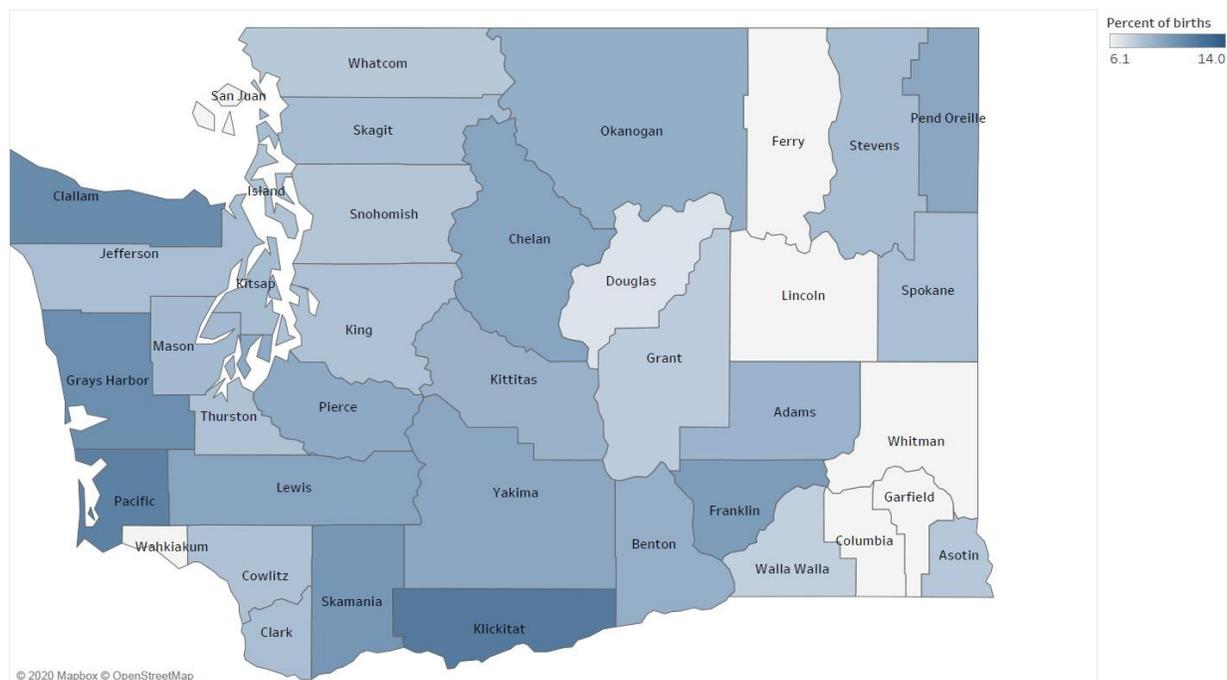
While some regional differences appear when these data are viewed by county, those differences are not clearly correlated to urban or rural status. However, Yakima County, for example, has rates of both preterm birth and low birth weight that are higher than the state average (figures 5-5 and 5-6).

Figure 5-5. Regional variations in rates of low birth weight in Washington State, 2018



Data from: Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2000-2018, Community Health Assessment Tool (CHAT), October 2019.

Figure 5-6. Regional variations in rates of preterm birth in Washington State, 2018



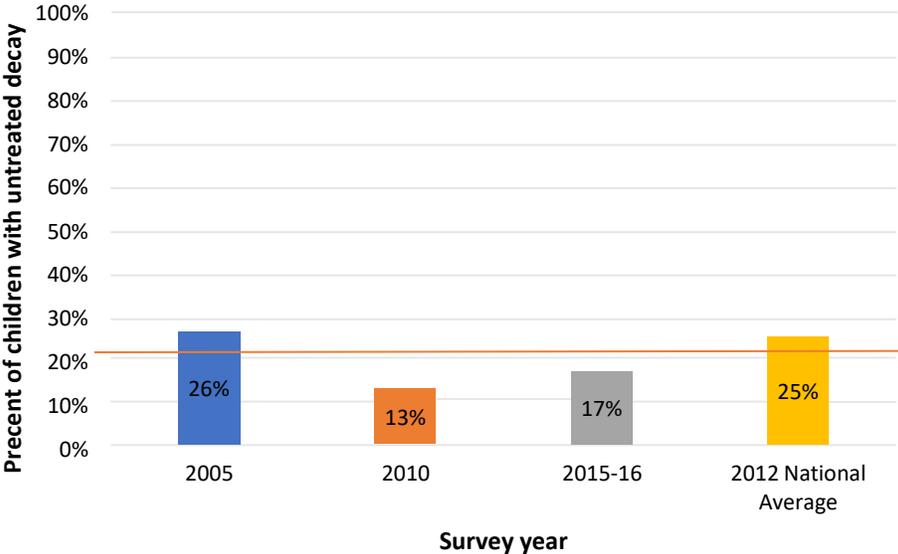
Data from: Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2000-2018, Community Health Assessment Tool (CHAT), October 2019.

5.1.6 Oral health

Poor oral health is correlated with reduced school attendance, lower academic achievement, and reduced psychosocial well-being.^{16,17} In its fifth annual Smile Survey, the Washington State Department of Health assessed oral health status and treatment needs among more than 1,400 preschool children from 47 Head Start and ECEAP programs during the 2015–2016 school year and more than 13,000 kindergarten and second- and third-grade children in 76 public elementary schools.¹⁸

These data show that Washington State continues to perform well in terms of the number of children who receive treatment for tooth decay — the percentage of children with untreated decay in Washington State was 17% among preschool children, compared with 25% nationwide (figure 5-7), and 12% among third-grade students, compared with a national average of 17% (figure 5-8). In both cases, the 2015–2016 numbers represent a significant improvement since 2005.¹⁹

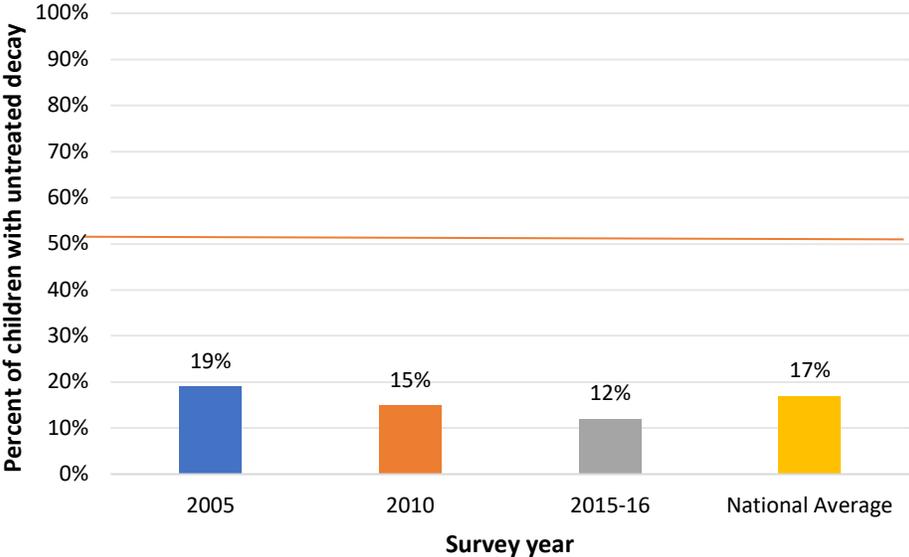
Figure 5-7. Untreated tooth decay, Head Start/ECEAP preschoolers



Notes: Healthy People 2020 goal is 21 percent (shown as dotted orange line). National average is specific to low-income 3- to 5-year-olds, while Healthy People 2020 goal is for all 3- to 5-year-olds, regardless of family income level.

Data from: Washington State Department of Health, *Smile Survey 2015–2016: A Report on the Oral Health of Washington’s Children*, 2016, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey>.

Figure 5-8. Untreated tooth decay, grade 3 students, by survey year, with US national average



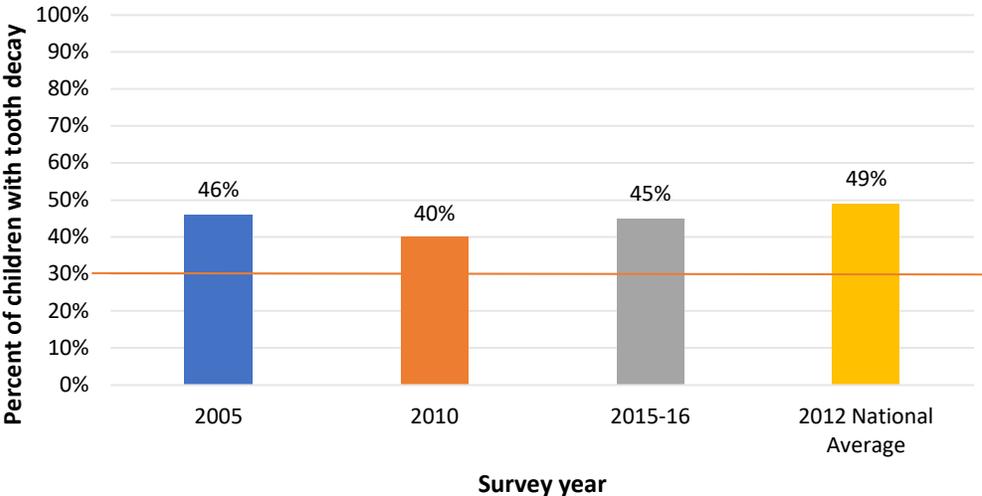
Note: Healthy People 2020 goal is 26 percent (shown by dotted orange line).

Data from: Washington State Department of Health, *Smile Survey 2015–2016: A Report on the Oral Health of Washington’s Children*, 2016, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey>.

However, 45% of preschool children, 38% of kindergarteners, 50% of second-grade children, and 53% of third-grade children had experienced tooth decay (or dental caries) at some point. For nearly half of preschool children, the decay was considered “rampant” (seven or more teeth with decay at any point, including teeth that had been extracted because of decay).

Rates among preschoolers have not changed significantly since 2005 (46%) and are only slightly better than the national average of 49% (figure 5-9). The prevalence among older children has decreased since 2005 (53% vs. 60%), but the rate still represents tooth decay among more than half of all third-graders (figure 5-10).²⁰

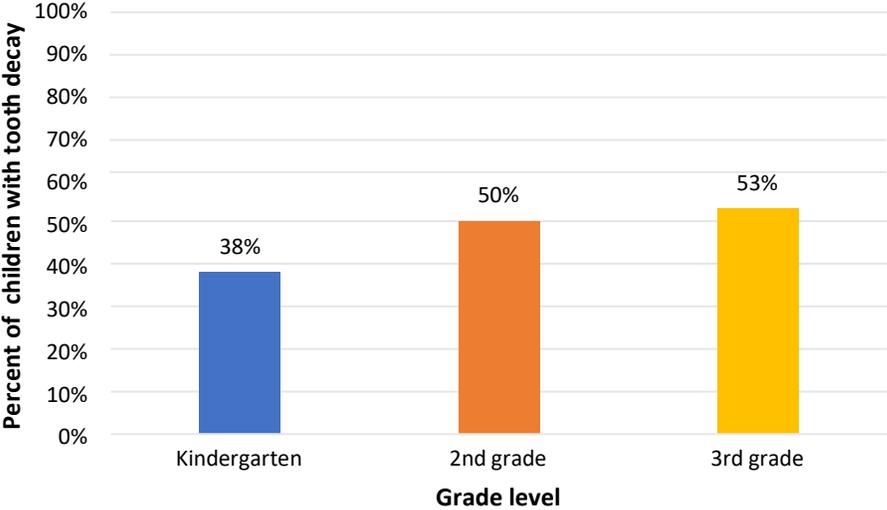
Figure 5-9. Tooth decay experience, all teeth, Head Start/ECEAP Preschoolers (2005, 2010, and 2015–2016 WA Smile Surveys)



Notes: Healthy People 2020 goal is 30 percent. National average is specific to low-income 3- to 5-year-olds, while Healthy People 2020 goal is for all 3- to 5-year-olds, regardless of family income level.

Data from: Washington State Department of Health, *Smile Survey 2015–2016: A Report on the Oral Health of Washington’s Children*, 2016, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey.pdf>.

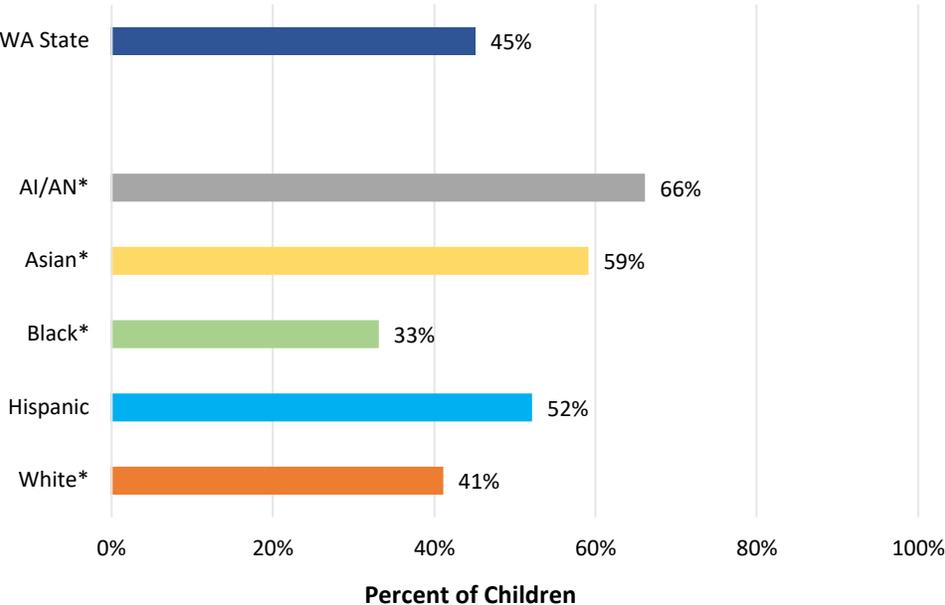
Figure 5-10. Tooth decay experience, any teeth, kindergarten, grade 2, and grade 3 (2015–2016 WA Smile Survey)



Data from: Washington State Department of Health, *Smile Survey 2015–2016: A Report on the Oral Health of Washington’s Children*, 2016, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey.pdf>.

As is true for many health measures, the burden of poor health is not shared proportionately among different racial/ethnic groups and among children from families with different income levels. American Indian/Alaska Native (66%), Asian (59%), and Hispanic (52%) preschoolers experienced tooth decay at a much higher rate than did white children (41%) (figure 5-11); similar trends are seen among older children, with Hispanic children experiencing almost double and Native Hawaiian/Pacific Islander and American Indian/Alaskan Native children experiencing two to two-and-a-half times the rate of severe decay as white children (figure 5-12).¹⁸

Figure 5-11. Experience of tooth decay, Head Start/ECEAP preschoolers by race/ethnicity

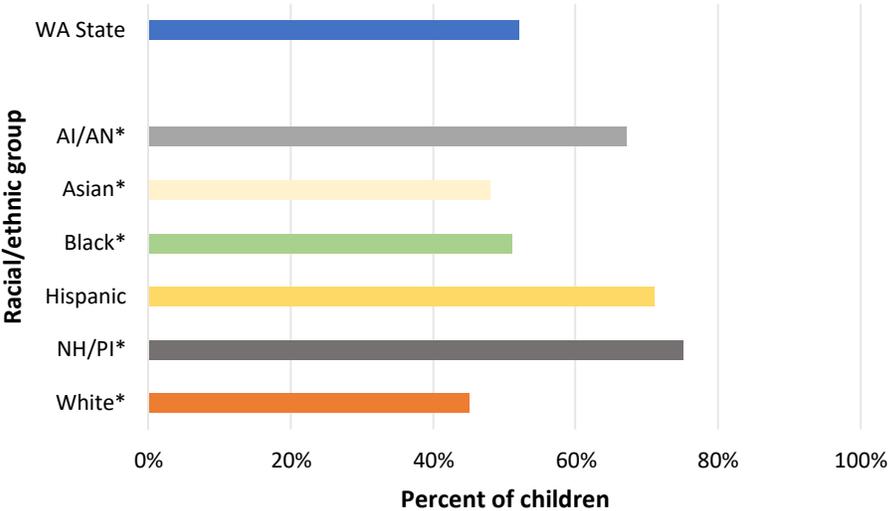


*Non-Hispanic

Note: AI/AN = American Indian/Alaska Native.

Data from: Washington State Department of Health, *Smile Survey 2015–2016: A Report on the Oral Health of Washington’s Children*, 2016, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey.pdf>.

Figure 5-12. Tooth decay experience, grades 2 and 3 combined, by race/ethnicity



*Non-Hispanic

Note: AI/AN = American Indian/Alaska Native, NH/PI = Native Hawaiian/Pacific Islander.

Data from: Washington State Department of Health, *Smile Survey 2015–2016: A Report on the Oral Health of Washington’s Children*, 2016, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey.pdf>.

5.2 Mental, behavioral, and social-emotional health

5.2.1 Maternal mental and behavioral health

Maternal health is critically linked to positive outcomes for children.²¹ It is essential that mothers experiencing adversity that may affect their child’s health, well-being, and educational success have access to support for mental and emotional health as well as physical health.

“Mental health consultants can be so impactful. I worked with one and I felt like she was there for me. I could talk to her and share without worry of who she was going to tell or if my co-workers would know. There was no judgment, just support. It felt real and it really helped me.”

—Parent

In one study of a cohort of 43,917 infants born to Washington mothers on Medicaid in 2016, an estimated 23.4% of mothers had experienced a mental health condition in the previous 12 months. In this same group, 11.2 % had experienced substance use in the 12 months before giving birth.²²

Data from the federal Pregnancy Risk Assessment Monitoring System indicate that 12.8% of women giving birth in Washington report depression in the 3 months before pregnancy. Twelve percent report depression during pregnancy, and 12.5% report experiencing postpartum depressive symptoms.²³

“[We need] routine screening for antepartum and postnatal depression for parents, with robust referral systems through perhaps the Help Me Grow connections.”

—Agency Leader

5.2.2 Infant and early childhood mental health

When children experience trauma early in life, it can have an impact that lasts a lifetime. In the first years of life, the brain is in a period of rapid growth, the foundation for physical, cognitive, and emotional development. Early childhood trauma disrupts this important period of growth.

“Parents [need] one-on-one support and assistance ... This means more infant mental health and pediatric mental health providers and long-term early childhood home visiting programs.”

—Physician

Children who receive infant and early childhood mental health support during this time are at lower risk of health issues, more likely to have positive educational outcomes, and have an easier time forming and maintaining stable relationships. Families that are able to foster resilience in

their children can alleviate the long-term impact of early childhood trauma on opportunity and success.²⁴

“One 3-year-old boy had been referred by his pediatrician for mental health services. He was aggressive at home and in the community. He arrived at school anxious and angry. He hit his mom, his brother and the teacher. For several months he did not participate in preschool activities. He did not pick up a toy, marker or food, nor talk or interact with anything or anyone...”

The ECEAP mental health consultant connected the family to a therapist who spoke their language. The family received weekly therapy and in-home support... In late winter, he began to eat in class, play with toys and participate in art projects. He started speaking to another child in his native language and was observed delighting in the interactions of others in the class.”

—Agency leader

5.2.2.1 Definition of trauma and assessment of need in Washington State

Washington State defines trauma as “an experience that overwhelms the body’s ability to make meaning of it during that developmental stage.”²⁵ Adverse childhood experiences (ACEs) such as poverty, involvement with the child welfare system, and housing instability all place children at risk.

In addition to specific traumatic events, children in tribal and Black communities are vulnerable to the significant, pervasive impact of historical trauma. The legacy of colonization, slavery, and bias that has persisted for hundreds of years takes a heavy toll on these communities, reflected in health (and other) outcomes for their children.

Tribal families who participated in community outreach reported the impact of a variety of stressors, including physical abuse of Native women, substance use, and anxiety and depression. Many participants described how the legacy of being colonized continues to play out for their children today.

Black families describe the impact of systemic racism on their children and families. The *Making the Case* memo on infant and early childhood mental health notes not only that families of color are at greater risk of trauma, but that structural racism can increase barriers to accessing culturally relevant supports and services.²⁶

“Some general systemic ways that inequities get promoted by us and other systems are the kids who don’t see their same provider as regularly for primary care visits, are less likely to have a screening happen thoroughly, and less likely for that screening to turn into connections to something ... Even with good intentions we create systems that are actually most available to the ones with the least amount of struggle. That is an across the system problem, and we are a part of that system, and a part of that problem.”

—Physician

In 2016, the National Survey of Children’s Health reported that 18.9% of children in Washington State had experienced one ACE and 14.8% had experienced two or more. As the *Expansion of Trauma-Informed Care Report* notes, the National Survey assessment used a limited number of ACEs and, thus, the actual number of children exposed to trauma is likely much higher.²⁵ Table 5-11 provides a snapshot of the impact of traumatic events on children and families in the state.

Table 5-11. Exposure to risk factors for trauma among Washington State’s children

Risk factor	Population affected	Year
Child welfare involvement	47,341 children birth through 8 years	2019
Out-of-home/foster care placement	2,836 children birth through 8 years	2019
Experience of homelessness	39,641 children birth through 5 years	2016
Experience of poverty (household income <200% federal poverty level)	137,355 children birth through 8 years	2017
Diagnosis of special health care needs	65,615 children birth through 5 years	2016–2017
Parent incarceration	4,109 children birth through 5 years	2020

The need for trauma-informed care to support children and families experiencing trauma is discussed in chapter 7, “Positive early learning experiences.”

5.2.2.2 Trauma and early learning settings

During outreach, some parents reported a lack of support for children with behavioral challenges. They also noted that culturally specific behavior can be misinterpreted as a behavioral challenge. For example, some parents and caregivers described the impact of community-specific historical trauma on their child(ren)’s development and behavior and comment that without an understanding of this connection, behavior can be mis-assessed and/or misinterpreted, and children falsely labeled. Other participants shared that behavior of children from non-white cultures is sometimes misinterpreted as problematic, rather than as resulting from different cultural norms.

“I have a client whose son is at home with dad because of his behavior. It is not ideal – very sad and exhausting situation.”

—Provider

In almost 60% of families in Washington with children age birth through 5 years, all parents work. As a result, many young children who have experienced trauma or who have neurodevelopmental issues are placed in care in an early care and education setting, where they are at greater risk of exclusionary discipline practices like expulsion (table 5-12). Pre-K students in Washington State are expelled three times as often as K–12 students, and children of color are expelled at disproportionate rates in both preschool and K–12 settings. According to 2018–2019

school year data from the Office of Superintendent of Public Instruction (OSPI), the Washington State average discipline rate (expulsion, long-term suspension, and short-term suspension) among non-special education children is 3.3%, compared with 8.5% among special education children in all public school districts.²⁷

Table 5-12. Birth through 5 years: Prevalence of adverse childhood experiences (ACEs), child care utilization, and child care problem impact on parental employment for Washington’s children, 2016

Children birth through 5 years old	2+ ACEs	Received child care from others at least 10 hours/week	Job change due to problems with child care
Washington State	14.8%	48.3%	11.2%
Nationwide	12.1%	53.5%	8.3%

Data from: Washington State Department of Children, Youth, and Families, *Expansion of Trauma-Informed Child Care in Washington State: Recommendations from the Trauma-Informed Care Advisory Group*, March 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/TICAG.pdf>.

Preschool expulsion is one of the strongest predictors that a child is on a developmental pathway for later adverse outcomes, and children who have experienced trauma are more likely to be expelled than those who have not. Data collected from Washington families participating in ECEAP show that children who had experienced expulsion were:

- 2.5 times more likely to have an Individualized Educational Program (IEP).
- 2.6 times more likely to have experienced household domestic violence.
- 2.7 times more likely to have a family member with substance abuse issues.
- 2.8 times more likely to have a parent with mental illness.
- 3.0 times more likely to have experienced Child Protective Services (CPS) involvement.²⁸

“Our mental health system is inadequate for Medicaid eligible children who are birth to age 5. Waitlists are too long, and certain modalities proven effective for young children are not available. Children with challenges require one on one support in the classroom. Funding does not allow for adequate staffing, especially for behavioral support, or for trained specialists. These kids get kicked out.”

—Agency leader

The full impact of expulsion from child care is difficult to assess. Private child care businesses are not required to report expulsion, and those that do report expulsions may not report “soft expulsions” (e.g., when a child is informally encouraged to leave). Children with special health care needs may also experience an uncounted version of soft expulsion (e.g., being asked to leave a facility at the transition point between infant room and waddler/toddler).

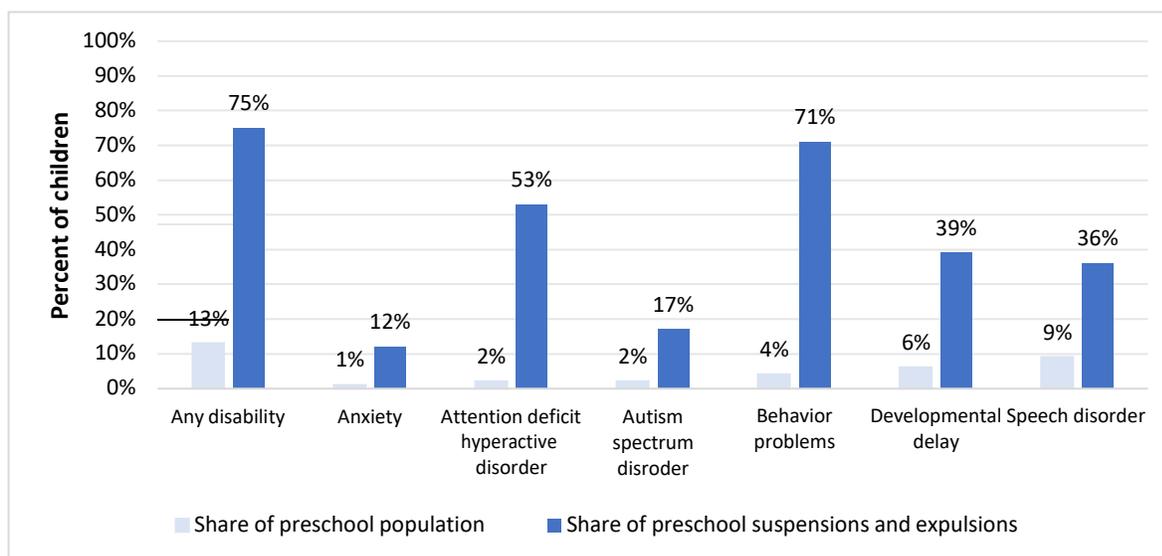
5.2.3 Developmental delays and disabilities

During FY 2018, 19,647 infants and toddlers and their families received early intervention through ESIT.²⁹ For the 2018–2019 school year, more than 11,000 children between the ages of 3 and 5 received special education services through Washington State’s educational system³⁰

— for a total of more than 30,000 children between birth and 5 years of age who received support for developmental delays or disabilities.

Children with developmental delays or disabilities face significant challenges in accessing early learning services. These children also face a disproportionate risk of suspension and expulsion from preschool; they represent 13% of the overall population and a staggering 75% of preschool suspensions and expulsions (figure 5-13).

Figure 5-13. Children with disabilities as share of preschool population and share of preschool suspensions and expulsions (Center for American Progress, 2018)



Data from: Washington State Department of Children, Youth, and Families, *Expansion of Trauma-Informed Child Care in Washington State: Recommendations from the Trauma-Informed Care Advisory Group*, March 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/TICAG.pdf>.

5.2.4 Impact of substance use disorder on Washington’s children

A needs assessment conducted by the Washington State Department of Health highlights concerns about the impact of substance use disorder on women, children, and families. Participants cited a number of substances, including alcohol and marijuana, with opioids and smoking during pregnancy most frequently mentioned.³¹

Opioid use is a complex public health problem. During 2000–2008, the rate of opioid-related overdose deaths in Washington State increased dramatically due to a rapid rise in overdose deaths involving prescription opioids. Since 2008, overdose deaths related to prescription opioids have steadily fallen — but overdose deaths related to heroin have increased resulting in a stable rate of overdose deaths due to any opioid.

Behind these deaths are thousands of non-fatal overdose events, tens of thousands of people with opioid use disorder and hundreds of thousands of individuals who are misusing prescription opioids. The implications of this public health issue are far-reaching and include a surge in

babies born with neonatal abstinence syndrome, increased out-of-home placements, and increased learning and behavioral health impact on children of parents with substance use issues.^{32,33,34}

“We used to hope and dream that the kids would grow up happy and well balanced and healthy. Now that the whole face of our children has changed, with a drug epidemic in the foster system and family care [system], we hope and dream that we get through the week without further damaging children unknowingly and dealing with their unique problems they bring that we did not have before!!”

—Provider

5.2.5 Children with special health care needs

More than 10% of children age birth through 5 years and almost 20% of children age 6 to 11 years in Washington State have special health care needs — a need for care for physical, developmental, or behavioral reasons that is greater than that of most children. As is visible in table 5-13, these needs vary widely.³⁵

The proportion of children with special health care needs in Washington sits close to the national rate for both of the age groups cited above (table 5-14). However, on the National Core Indicators Child Family Survey, families in Washington reported needing “extensive” support (vs. “some” or “none”) at a higher rate than national levels (36% in Washington vs. 26% nationwide).³⁶

Table 5-13. Distribution of ICD-10 diagnostic categories among children with special health care needs in Washington State, 2018

Diagnostic category	Example	No. of children and youth
Infectious conditions	HIV infection	18
Neoplasms	Acute leukemia	60
Blood and blood-forming organs	Anemia	228
Endocrine, nutritional, and metabolic disorders	Cystic fibrosis; metabolic disorder	203
Mental, behavioral, and neurodevelopmental	Speech and language disorders; autism	8,796
Nervous system	Cerebral palsy; epilepsy	541
Diseases of the eye and adnexa	Infantile and juvenile cataract	228
Diseases of the ear and mastoid process	Sensorineural hearing loss	271
Circulatory system	Cardiac arrhythmias	125
Respiratory conditions	Asthma	670
Digestive system	Gastroesophageal reflux disease	273
Skin conditions	Atopic dermatitis	174
Musculoskeletal and connective tissue conditions	Scoliosis	867
Genitourinary system	Renal failure	56
Pregnancy related		22
Perinatal conditions	Extremely low birth weight	2,907
Chromosomal and congenital anomalies	Cleft palate; Down syndrome	2,126
Symptoms, signs, and abnormal clinical findings	Delayed milestones in childhood	7,872
Injury, poisoning, and certain other consequences of external causes	Abuse and neglect; anaphylactic shock	342
Causes of morbidity		4
Factors influencing health	Tracheostomy	461

Source: Washington State Department of Health, 2018 *Children with Special Health Care Needs Data Report*.

Table 5-14. Children in Washington State with special health care needs, compared with United States, as a percent of total population

Age	Proportion of children (estimated number)	
	Washington State*	United States**
B–5 years	12.1% (65,615)	10.4% (2,465,061)
6–11 years	18.7% (100,170)	21.1% (5,242,276)

* **Data from:** Washington State Department of Health, DOH Demographic Tables, 1980–2016, Table A10, <https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Birth/BirthTablesbyTopic>. **Note:** 2016 figures; data not updated since 2017 report.

** **Data from:** Child and Adolescent Health Measurement Initiative, 2016–2017 National Survey of Children’s Health (NSCH) data query, Data Resource Center for Child & Adolescent Health website, <https://www.childhealthdata.org/browse/survey/results?q=7259&r=49&g=731>.

Table 5-15 outlines the age and race/ethnicity distribution among children from birth through 17 years with special health care needs in Washington State in 2017–2018.³⁷

Table 5-15. Children 0–17 years in Washington State with special health care needs, by race/ethnicity, 2017–2018

Race/ethnicity	Children with special health care needs
Black, non-Hispanic	2.2%
Other, non-Hispanic	16.7%
Hispanic/Latino	18.3%
White, non-Hispanic	62.8%
Total	100%

Data from: Child and Adolescent Health Measurement Initiative, 2017–2018 National Survey of Children’s Health data query, Data Resource Center for Child & Adolescent Health website, <https://www.childhealthdata.org/browse/survey/results?q=7259&r=49&g=731>.

Across Washington, data on children with special health care needs are inconsistent from county to county. Data on this population are entered into a central database by neurodevelopmental centers at the point of service. Because the number of centers providing services is higher in King County and Western Washington (16) than in Eastern Washington (3), data are skewed toward those communities.

5.3 Access to health insurance and health care

Washington is a national leader in the provision of health insurance for its families and children. Through the introduction of Apple Health, which offers full insurance at no cost for children in low-income households, the state has achieved one of the lowest rates of uninsured children in the nation.

However, not all families find it easy to use Apple Health or choose to do so. Some families, for example, may have household income too high to receive insurance at no cost but be unable to afford premiums. Others may need help navigating the process of securing coverage. Outreach participants cited barriers to access for families of color, (especially undocumented families). Others report a lack of coverage for specific needed services, such as home health, developmental delays, and special needs.

Outreach participants also said that health care presents greater challenges for communities of color, including barriers to access, gaps in language or cultural competence in service provision, and coordination across providers. These concerns are echoed in the quantitative data on access and uptake among vulnerable populations.

5.3.1 Health insurance

Washington State’s Apple Health program offers full insurance at no cost for all children in households \leq 210% of FPL and a sliding scale of premiums for households with incomes up to

312% of FPL. As of February 2019, 825,383 children (defined as under age 19 years) were enrolled in Apple Health for Kids.

Data for children birth to 5 years are not yet available for 2019. However, 2017 data for this age group demonstrate that 2% of Washington children in this age range were uninsured in 2017, compared with 4% nationwide.³⁸ While celebrating this achievement, Washington recognizes that 11,000 children between the ages of birth and 5 years were still without the protection of health insurance as recently as 2017, and another 35,000 between 6 and 18 years (table 5-16).

“I think this is why a lot of families avoid services ... you start talking insurance. The first question is ‘will my insurance cover it?’, and you see the panic in their eyes.”

—Provider

Table 5-16. Children without health insurance by age group, Washington, 2017

Age	No. (%) of children without health insurance
All	46,000 (3%)
B-5 years	11,000 (2%)
6–18 years	35,000 (3%)

Data from: Annie E. Casey Foundation, KIDS Children without health insurance by age group in Washington, 2017 data (table), KIDS COUNT Data Center, <https://datacenter.kidscount.org/data/tables/10184-children-without-health-insurance-by-age-group?loc=49&loct=2#detailed/2/49/false/871/17,20,21/19708,19709>.

Data on type of health insurance are available only for an undifferentiated age range of birth to 18 years, which may not reflect the actual proportion in the focal populations for this needs assessment. However, among that larger group, 35% were covered by public health insurance programs, compared with 59% by private sources (table 5-17).

Table 5-17. Children ages birth through 19 years who have health insurance by health insurance type in Washington

Type of health insurance	Proportion of children (estimated population)	
	Washington State	United States
Private (all types)	59% (1,014,000)	55% (43,676,000)
Employer-based only	51% (887,000)	49% (38,302,000)
Direct-purchase only	5% (91,000)	5% (4,229,000)
Other private coverage	2% (36,000)	1% (1,144,000)
Public only	35% (601,000)	35% (27,339,000)
Both public and private coverage	5% (80,000)	4% (3,137,000)

Data from: Annie E. Casey Foundation, Children who have health insurance by health insurance type in Washington, 2017 data (table), KIDS COUNT Data Center, <https://datacenter.kidscount.org/data/tables/10183-children-who-have-health-insurance-by-health-insurance-type?loc=49&loct=2#detailed/2/49/false/871/4847,4848,4849,4153,2807,2811/19706,19707>.

5.3.2 Prenatal and postnatal care

In 2019, Washington’s Department of Health conducted community outreach as part of a needs assessment on maternal and child health in the state.³⁹ Stakeholders included local health jurisdictions state and community leaders, staff at the Department of Health and its program partners, and (via survey) the general public. Recurring themes from the responses included:

- Women need competent seamless health services that easily progress through the milestones of having and raising a family. Access to care before, during and after pregnancy is essential
- Many of Washington’s least-populous counties report having no or only one provider to meet the need for access to health care for women.
- In more rural areas, access to both family practice care and obstetric care are scarce.
- Racial and ethnically diverse counties note that women of color have less access to services that meet their needs than do non-Hispanic white women.
- Parents with more financial resources have less difficulty in obtaining services than those without
- Parents giving birth have little postpartum support, which also represents a missed opportunity to check in with them about mental health and other health issues.
- Stakeholders reported a need for more ongoing support, and more culturally responsive support, for pregnant and new parents who are misusing drugs, such as opioids and marijuana, or dealing with addiction.
- Women and parents face challenges in accessing health care, caring for their families while maintaining equitable access to employment, and thriving.
- Prenatal care that is free or affordable, accessible to everyone in all parts of the state, and culturally responsive was identified is a need — and an opportunity for a good start for a family’s health.

Although the most recent available data on prenatal and postnatal care in Washington State are somewhat dated (2014–2016), they provide a valuable quantitative counterpart to more recent qualitative input. For example, the *Washington State Maternal Mortality Review Panel: Maternal Deaths 2014–2016* notes that factors contributing to the majority of pregnancy-related deaths include limitations on access to health care services, gaps in continuity of care (especially postpartum), gaps in clinical skill or quality of care (e.g., delays in diagnosis), and lack of coordination at the provider, facility, and systems level. Stigma and bias that influenced quality of care are also noted as a factor.⁸

Another Department of Health report found that while approximately 73% of pregnant people in Washington State received prenatal care during the first trimester, rates of care vary by county of residence, by race/ethnicity (with white and Asian pregnant persons most likely to receive care), and by economic status (with women who are not on Medicaid more likely to receive care).⁴⁰

5.3.3 Health care for infants and children

Washington’s parents and caregivers report being deeply invested in providing proper health care and nutrition to support their children’s growth and development. Parents, caregivers, providers,

and others feel an urgent need for *all* children to have access to *comprehensive* health care, ideally with a medical home and coordination of care across providers. Families who do not already have health care, described a need for access to free or affordable health care coverage — and assistance securing it.

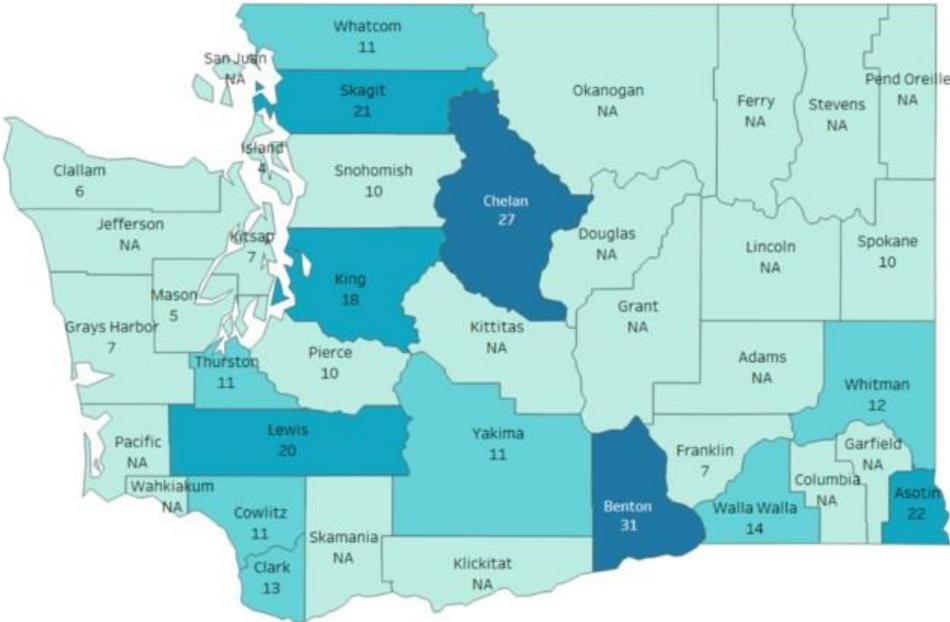
“I always take them to all their appointments, and they have all their vaccines. I take them to the doctor. I always feed them fruits and vegetables. I give them a lot of water and food that helps them grow, be strong, and healthy.”

—Parent

Healthier Washington tracks usage of health services, specifically well-child visits, among Washington’s children and documents that as of 2016, children covered by Washington State Apple Health (Medicaid) received their well child visits at a rate of 39% to 69%, depending on age. This is lower than the national average of just above 70%.⁴¹

Use of health services is, of course, closely tied to access. In 2018, the general pediatrician rate across Washington State was 13 pediatricians per 100,000 residents. Higher rates are concentrated in just a few counties, as seen in figure 5-14.⁴² While data on availability of pediatric care comparing rural and urban communities are not available, the majority of physicians in aggregate practice in urban areas — only 6% of all physicians practiced in rural areas in 2017 and 2018.⁴³

Figure 5-14. Pediatricians (general) in Washington State per 100,000 population, by county, 2018. Darker blue indicates rates higher than the state average; lighter blue indicates rates that are lower than the state average.



Data from: Washington State Office of Financial Management, Health Care Research Center, *2017–18 Physician Supply: Estimates for Washington State, Counties and Accountable Communities of Health*, October 2019, https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/workforce/physician_supply_2017-18.pdf.

During outreach, many parents and caregivers said they rely on their children’s health care provider, though some have negative experiences involving feeling judged or disrespected. Pediatricians have an increased understanding about young children’s developmental delays and behavioral issues and how to help parents find the resources they need. However, pediatricians also commented on the challenges of navigating a complex system of services and supports.

“As primary care providers who see children as many as ten times during their first two years of life for routine well child checks, we are in a prime position to share information with our young families. Yet the health care system is such that we have minimal time to be effective in this. Centralized resources/information in multiple language and/or support in care coordination is needed. We need to assure that families are following through and understand the value of programs such as Early Support for Infants and Toddlers (ESIT). The system is too confusing for us all and we are who the family comes to for guidance.”

—Physician

Through work done by the nonprofit Reach Out and Read Washington, some pediatricians are also playing a direct role in children’s intellectual development by helping parents understand the importance of reading with children at an early age.

5.3.4 Medical services for children with special health care needs

Children with specialized needs, including special health care needs, are served in a number of ways by both the health care and the early learning system. Early learning programs, services, and supports that serve this population are described in chapter 7, “Positive early learning experiences.”

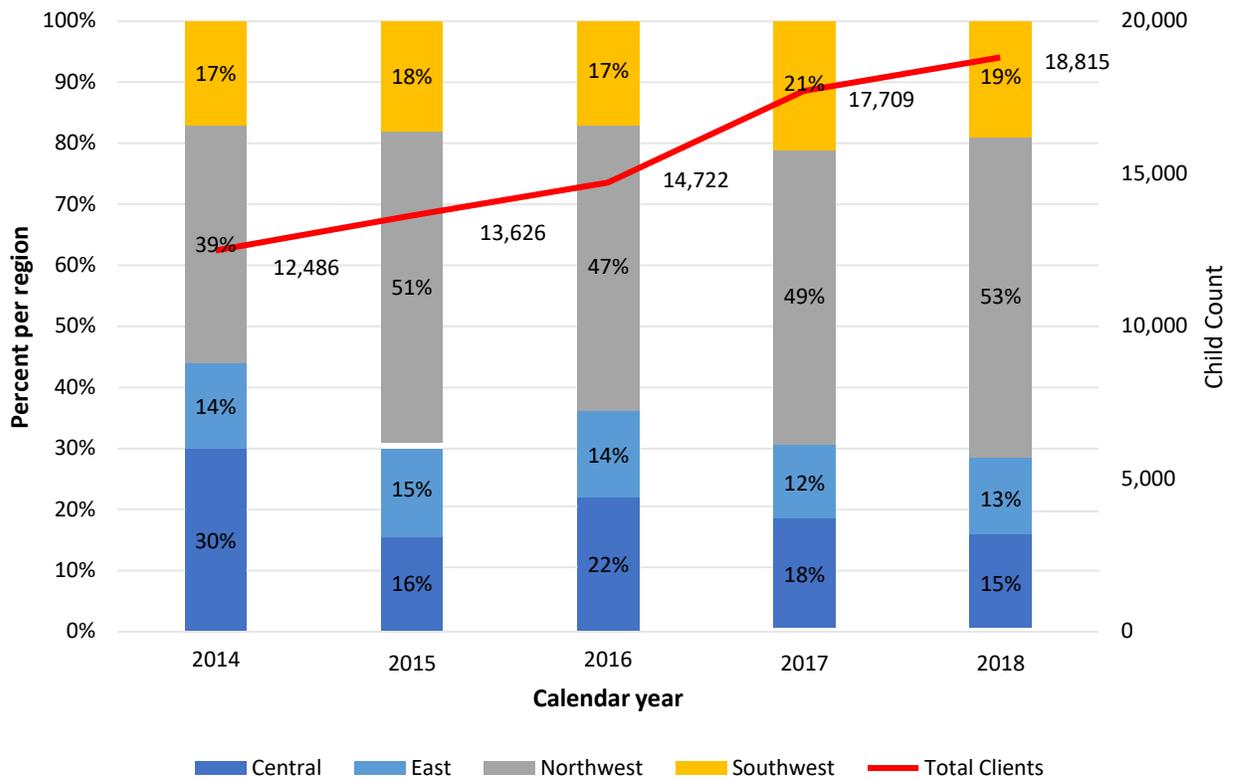
In Washington State, NDCs provide medical evaluation, diagnosis, coordinated treatment planning, and specialized therapies to children with developmental disabilities and a variety of special health care needs like Down syndrome, cerebral palsy, and autism. NDCs are private, nonprofit organizations that use a variety of funding sources to support their work. They are designated by the Department of Health through a competitive process wherein applicants must demonstrate a high level of professional skills and a commitment to pediatric specialty care, along with linkages to other child servicing systems, such as early intervention and the child’s medical home.

The number of children served by Washington’s NDCs is increasing rapidly (figure 5-15), in part as a result of an increase in the number of NDCs across the state. Between 2014 and 2018, the number of children served by NDCs increased by 51%.

“We have an increasing need for better child and family supports for children who are differently abled.”

—Provider

Figure 5-15. CHIF data trends, totals and percentage by region



Despite this growth, there is a need to identify new NDCs and support rural communities, especially in Central and Eastern Washington, to provide more local access to both screening and therapies — and even a need for additional data to fully understand the need in those regions.

“We need services that meet family’s needs where they are. I have a friend who has a severely autistic son. Locating services for him has been horrifically challenging.”

—Parent

5.3.5 Developmental screening

Developmental screening to identify delays and disabilities can increase the likelihood that families connect with services (e.g., referred to Part C [ESIT] or Part B [developmental preschool] services, or referred to ECLIPSE) that support them and help their children succeed in school. However, currently, only 27.7% of Washington’s children receive such screening (table 5-18) — compared with a national average of 31.1%. Although developmental screening is included in the pediatric standard of care in Washington State, families may face a variety of barriers to accessing it, including being unable or choosing not to participate in well-child visits.

Many parents who participated in community outreach said developmental screening is needed earlier in a child’s life, with shorter or no wait times, and should be more widespread. They also reported a need for delivery of appropriate referrals and information after screening.

Table 5-18. Children 9 to 35 months old who received developmental screening using a parent–completed screening tool in the 12 months before survey, 2016–2017

Developmental screening status	Proportion of children (estimated population)	
	Washington State	United States
Parent completed screening	27.7% (55,326)	31.1% (2,679,594)
Parent did not complete screening	72.3% (144,635)	68.9% (5,940,064)

Data from: Child and Adolescent Health Measurement Initiative, 2016–2017 National Survey of Children’s Health data query, Data Resource Center for Child & Adolescent Health website, accessed 2018, <https://www.childhealthdata.org/browse/survey/results?q=5355&r=49&r2=1&g=646>.

Washington has committed to implementing universal developmental screening and is working with tribes and with stakeholders across multiple sectors to create a comprehensive and integrated screening system.

5.3.6 Mental health and trauma-informed care

Outreach participants identified mental health care as the top unmet health care need. In particular, access to and availability of mental health services was reported to be a challenge for children with special needs and for infants, particularly in rural areas. Participants also said that some communities of color have cultural stigma and/or misperceptions about mental health that can lead to underutilization of needed services.

“In our culture, mental health is a taboo and [there is a] stigma to talk about it, so I wish we had more mental health support for pregnant women.”
 —Parent

Some participants said that mental health for children goes hand-in-hand with mental health supports for the family. This connection was reported to be particularly strong for families that have experienced trauma, such as historical trauma in communities of color, or where parents face life stressors such as substance abuse or involvement with the criminal justice system.

“I see that many changes are happening that promote positive change, but I feel that it is still very difficult to get help and training when it comes to trauma-based care and behavior issues.”
 —Parent

When children do not have adequate mental health support, it affects child care and early learning providers, who bear the burden of addressing mental health needs while children are in their care. Participants also expressed a need for more prenatal and postnatal education and better support for maternal mental health, especially as it relates to postpartum depression.

“I just remember bringing my son home from the hospital and he cried the entire way, and I was confused no one told me he wouldn’t like the car seat! Expectations and reality definitely collide. It’s not like it is on TV or social media.”

—Parent

As noted in chapter 4, “What we know about Washington’s children and families,” early trauma can have a substantial impact on intellectual, physical, and emotional development. Providers who are trained to provide trauma-informed care⁴⁴ can improve long-term outcomes for children and are better placed to respond to and nurture children facing behavioral and other issues in the child care setting. Many providers who participated in the community outreach process actively voiced a wish for more knowledge about trauma-informed practices.

Washington State is developing an Infant/Early Childhood Mental Health Consultation (IECMHC) system and has been advised by a Trauma-Informed Care Advisory Group to expand trauma-informed services and improve providers’ responses to vulnerable children. IECMHC services are currently available to children in ECEAP/Head Start settings, but practice differs widely from program to program.

Within Early Achievers, ten mental health consultants endorsed by the Washington Association for Infant Mental Health provide targeted classroom consultation after referral from Early Achievers coaches. This consultation uses a classroom-level approach to target classroom climate, expulsion prevention, universal child developmental screening, and classroom management to Early Achievers participants who provide early care and education to children between birth and 3 years of age. For children who may need more intensive services, consultants work with families and providers to navigate a referral to ESIT. This mental health consultation is funded through the infant–toddler quality set-aside of the Child Care and Development Fund, and all participants provide services to families receiving state subsidy. This service is not available to programs that do not accept state subsidy or do not provide services to infants and toddlers.

A 2019 report by the Trauma-Informed Care Advisory Group identified the following needs⁴⁵:

- Ongoing training in trauma-informed care for early childhood educators, administrators, and others. Because of the impact of historical trauma on children of color and children from tribal communities, training in equity and cultural responsiveness is a key element of this support.
- Improved systems to track expulsion, suspension, and other exclusionary practices across early learning programs statewide. The ability to disaggregate data by race and ethnicity is critical to understanding the impact of expulsion on communities of color, which experience exclusionary practices more frequently than others.
- Tiered care system to offer foundational trauma-informed care universally; enhanced trauma-informed care with higher subsidy rates and more favorable staffing ratios; and therapeutic trauma-informed care for children who qualify.
- Integration of trauma-informed practices into Early Achievers.

- Promotion of trauma-informed child care and training on trauma-informed care for families.

The report also suggests that many young children with neurodevelopment differences may experience traumatic stress as a result of receiving care from providers who are not equipped to respond to their unique needs, and that training on supporting the development of these children is also a critical need.

“Early learning staff at all levels should have a foundation of knowledge in trauma-informed early learning practices, early learning curriculum with an emphasis on the power of relationships, and early learning environments and the effects on families from institutional racism and systemic power and privilege.”

—Provider

Community input also suggests that, because some communities (communities of color, tribal communities) have historic trauma that affects families and children, there is a specific need for understanding those contexts as part of training in trauma-informed practices.

“Black parents with children who are special needs are not getting access to early intervention in this area. Black families are at the bottom for getting connected to these resources.”

—Parent

Closely linked to trauma-informed care, infant/early childhood mental health consultation is considered a strong need by Washington State. The state’s IECMHC system focuses on building the capacity of child care providers and other adults to support the emotional development of young children and prevent, identify, or reduce mental health challenges.

As of 2016 (the most recent data available), IECMHC services were available to children in Head Start and ECEAP settings, though with widely varying practices. Some health and mental health consultation was available through the infant/toddler consultation component of Early Achievers. However, despite these efforts, the majority of Washington’s licensed child care centers and family home child care did not have access to IECMHC services, and no data are available on the degree of service offered through Family, Friend, and Neighbor Care and other informal settings.⁴⁵

5.3.7 Child care health consultation

Approximately 5% to 10% of children in licensed child care in Washington State have special health care needs, ranging from asthma to autism.⁴⁶ Child care health consultation makes support from a health professional (e.g., a nurse) available to child care providers, including environmental, nutritional, health education, or inclusion consultation and is considered a best practice to support the health and safety of children in group care.

As of August 2019, child care health consultation is required by the Washington Administrative Code for all licensed child care centers that serve four or more infants. There are approximately 125,000 licensed nurses in the state but no common specialization to prepare nurses to serve as child care health consultants. Only an estimated fifteen work full time as consultants to child care centers.

In April 2019, the state estimated that between 50 and 195 additional full-time child care health consultants would be needed to expand nursing services to meet this requirement. DCYF has proposed systemically supporting the provision of child care health consultation in early learning settings in all regions across the state.

King County's Best Starts for Kids is funding both public health and community-informed models to support center-based and Family, Friend, and Neighbor care providers, which may inform the expansion of consultation services to other populations in Washington. Best Starts is also funding a systems development project to expand child care health consultation throughout King County. This project has the potential to inform and support implementation of the statewide system.

¹ Kaiser Family Foundation, "Births Financed by Medicaid" data from Medicaid Budget Survey, October 2019, <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

² Office of Disease Prevention and Health Promotion (ODPHP), "Early Childhood Development and Education" (web page), ODPHP website, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/early-childhood-0#18>.

³ Office of Disease Prevention and Health Promotion (ODPHP), "Social Determinants of Health" (web page), ODPHP website, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

⁴ World Health Organization (WHO), "Social Determinants of Health" (web page), WHO website, https://www.who.int/social_determinants/en/.

⁵ Washington State Department of Health, *Maternal and Child Health Services Title V Block Grant: Washington FY 2020 Application/FY 2018 Annual Report*, September 2019.

⁶ Washington State Department of Health, *Washington State Vital Statistics: 2018 Highlights*, 2019, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-099-2018-2010-VitalStatHighlights.pdf>.

⁷ Pregnancy-related deaths occur as the result of a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. Maternal deaths from other causes are considered to be pregnancy-associated but not pregnancy-related.

⁸ Washington State Department of Health, *Washington State Maternal Mortality Review Panel: Maternal Deaths 2014–2016*, October 2019, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-010-MMRPMaternalDeathReport2014-2016.pdf>.

⁹ Centers for Disease Control and Prevention (CDC), "Diabetes During Pregnancy" (web page), CDC website, last reviewed June 12, 2018, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm>.

¹⁰ [Washington State Department of Health](#). Demographic Tables, 1980–2016, Table A10. Note: 2016 figures. Data not updated since 2017 report.

- ¹¹ [Washington State Department of Health](#). Induced Abortion/Pregnancy Tables by Topic, 1997–2016, Table 16. Note: 2016 figures; data not updated since 2017 report.
- ¹² Centers for Disease Control and Prevention (CDC), “About Teen Pregnancy” (web page), CDC website, last reviewed March 1, 2019, <https://www.cdc.gov/teenpregnancy/about/index.htm>.
- ¹³ Washington State Department of Health, *Infant Mortality Reduction Report*, December 2017, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/140-157-InfantMortalityReductionReport.pdf>.
- ¹⁴ Washington State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, *Washington State Birth Certificate Data, Vital Registration System Annual Statistical Files, Births 2016–2018* (data file), 2020.
- ¹⁵ Annie E. Casey Foundation, Low birth-weight babies in Washington 2008–2017 data, KIDS COUNT Data Center, <https://datacenter.kidscount.org/data/tables/5425-low-birth-weight-babies?loc=49&loct=2#detailed/2/49/false/871,870,573,869,36,868,867,133,38,35/any/11984,11985>.
- ¹⁶ C.C. Guarnizo-Herreno and G.L. Wehby, “Children’s Dental Health, School Performance and Psychosocial Well-Being,” *Journal of Pediatrics* 161, no. 6 (June 2012): 1153–9. <https://doi.org/10.1016/j.jpeds.2012.05.025>.
- ¹⁷ S.L. Jackson et al. “Impact of Poor Oral Health on Children’s School Attendance and Performance,” *American Journal of Public Health* 101, no. 10 (October 2011): 1900–1906. <https://doi.org/10.2105/AJPH.2010.200915>.
- ¹⁸ Washington State Department of Health, *Smile Survey 2015–2016: A Report on the Oral Health of Washington’s Children*, 2016, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey.pdf>.
- ¹⁹ Washington State Department of Health, *Smile Survey 2015–2016: A Report on the Oral Health of Washington’s Children*, 2016, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey.pdf>.
- ²⁰ Washington State Department of Health, *Smile Survey 2015–2016: A Report on the Oral Health of Washington’s Children*, 2016, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey.pdf>.
- ²¹ Washington State Department of Social and Health Services, Research and Data Analysis Division, *Identifying Infants at Risk of Adverse Outcomes Using Administrative Data: Findings from Washington State*, January 2019, <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-115.pdf>.
- ²² Washington State Department of Social and Health Services, Research and Data Analysis Division, *Identifying Infants at Risk of Adverse Outcomes Using Administrative Data: Findings from Washington State*, January 2019, <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-115.pdf>.
- ²³ Pregnancy Risk Assessment System (PRAMS), *Prevalence of Selected Maternal and Child Health Indicators for Washington, 2016–2017*, <https://www.cdc.gov/prams/prams-data/mch-indicators/states/pdf/2018/Washington-508.pdf>.
- ²⁴ *Infant & Early Childhood Mental Health Landscape Memos*, https://gallery.mailchimp.com/4da69b9277cc81f50e8e403eb/files/218b846b-8e1f-40c7-b0f0-008e9d3eb696/IECMH_Landscape_Memos.01.pdf.
- ²⁵ Washington State Department of Children, Youth, and Families, *Expansion of Trauma-Informed Child Care in Washington State: Recommendations from the Trauma-Informed Care Advisory Group*, March 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/TICAG.pdf>.
- ²⁶ *Infant & Early Childhood Mental Health Landscape Memos*, https://gallery.mailchimp.com/4da69b9277cc81f50e8e403eb/files/218b846b-8e1f-40c7-b0f0-008e9d3eb696/IECMH_Landscape_Memos.01.pdf.
- ²⁷ Washington Office of Superintendent of Public Instruction, “Report Card: Discipline for 2018–19” (dataset), updated July 2020, <https://data.wa.gov/Education/Report-Card-Discipline-for-2018-19/t29s-ahtk>.

²⁸ Washington State Department of Children, Youth, and Families, 2015–2018 school year ECEAP risk factor data. In 2006, ECEAP implemented a no-expulsion policy; therefore these data reflect parent reports of expulsion *prior to* enrollment in ECEAP.

²⁹ Washington State Department of Children, Youth, and Families, *Early Support for Infants and Toddlers: Annual State Report Cards, FFY 2018–2019*, June 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ESITAnnualStateReportCardsFFY18.pdf>.

³⁰ Washington Office of Superintendent of Public Instruction, *Special Education Data Collection Summaries*, <https://www.k12.wa.us/student-success/special-education/special-education-data-collection/state-special-education-data-collection-summaries>.

³¹ Washington State Department of Health, *2020 MCH Needs Assessment Summary* (draft), October 2019, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-016-2020MCHBG-NeedsAssessmentSummary.pdf>.

³² Washington State Opioid Response Workgroup, *Washington State Opioid Response Plan*, DOH 140-182, July 2018, <https://www.doh.wa.gov/Portals/1/Documents/1000/140-182-StateOpioidResponsePlan.pdf>.

³³ M. Romanowicz et al. “The Effects of Parental Opioid Use on the Parent–Child Relationship and Children’s Developmental and Behavioral Outcomes: A Systematic Review of Published Reports,” *Child and Adolescent Psychiatry and Mental Health* 13, no. 5 (January 2019). <https://doi.org/10.1186/s13034-019-0266-3>.

³⁴ S.L. Yeoh et al. (2019). “Cognitive and Motor Outcomes of Children with Prenatal Opioid Exposure: A Systematic Review and Meta-analysis,” *JAMA Network Open* 2, no. 7 (2019). <https://doi.org/10.1001/jamanetworkopen.2019.7025>.

³⁵ “Children with special health care needs” are described by the US Maternal and Child Health Bureau as “those who have one or more chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.”

³⁶ National Core Indicators program, *2016–2017 Child Family Survey: Washington State Report*, 2017, https://www.nationalcoreindicators.org/upload/state-reports/WA_CFS.pdf.

³⁷ Child and Adolescent Health Measurement Initiative, 2017–2018 National Survey of Children’s Health (NSCH) data query, Data Resource Center for Child & Adolescent Health website, <https://www.childhealthdata.org/browse/survey/results?q=7259&r=49&g=731>.

³⁸ Annie E. Casey Foundation, KIDS Children without health insurance by age group in Washington, 2017 data [table], KIDS COUNT Data Center, <https://datacenter.kidscount.org/data/tables/10184-children-without-health-insurance-by-age-group?loc=49&loct=2#detailed/2/49/false/871/17,20,21/19708,19709>.

³⁹ Washington State Department of Health, *2020 MCH Needs Assessment Summary* (draft), October 2019, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-016-2020MCHBG-NeedsAssessmentSummary.pdf>.

⁴⁰ Washington State Department of Health, *Prenatal Care* (fact sheet), June 2014, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-015-MCHDataRptPrenatal.pdf>.

⁴¹ Washington State Department of Health, Systems Transformation team, and University of Washington’s School of Medicine, Primary Care Innovation Lab, “Well Child Visits” (web page), Healthier Washington Collaboration Portal website, <https://waportal.org/population-health-health-focus-areas/well-child-visits>.

⁴² Washington State Office of Financial Management, Health Care Research Center, *2017–18 Physician Supply: Estimates for Washington State, Counties and Accountable Communities of Health*, October 2019, https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/workforce/physician_supply_2017-18.pdf.

⁴³ Washington State Office of Financial Management, Health Care Research Center, *2017–18 Physician Supply: Estimates for Washington State, Counties and Accountable Communities of Health*, October 2019,

https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/workforce/physician_supply_2017-18.pdf.

⁴⁴ Trauma-informed care is defined by the Washington State Legislature as “child care in which providers recognize the signs and symptoms of trauma in children, incorporate an understanding of both the impact of trauma and the potential paths for recovery, and respond by fully integrating knowledge about trauma into policies, procedures, and practices while actively seeking to avoid re-traumatization.”

⁴⁵ Washington State Department of Children, Youth, and Families, *Expansion of Trauma-Informed Care in Washington State*, March 2019.

⁴⁶ Washington State Department of Children, Youth, and Families, *Child Care Health Consultation Report*, April 2019.

6 STRONG, STABLE, NURTURING, SAFE, AND SUPPORTED FAMILIES

Families have immense influence on a child’s physical, cognitive, and social-emotional development.^{1,2} Parents and caregivers influence nutrition and ensure that children receive appropriate health care; are a child’s first teachers; and provide responsive relationships that contribute to social-emotional growth.^{3,4}

Families are better able to provide an optimal environment for growth when they have access to financial and other types of support. And young children whose families receive the support they need are more likely to be healthy, to meet developmental milestones, and to be ready for kindergarten and successful in school.^{5,6}

“Parents are the first teachers. Kids need to know their culture and their history. The first 5 years are the most fundamental and they are going to learn the most. So instill those core values to have a sense of worth in the most precious times of a child’s learning and development. It’s important for them to know their true history, that they came from Kings and Queens.”

—Parent

Washington’s early learning system draws on the research-based Strengthening Families framework, developed by the Center for the Study of Social Policy, as a powerful approach to supporting families.⁷ Strengthening Families outlines specific protective factors that contribute to healthy child development:

- **Parental resilience:** parents and caregivers feel strong and have the capacity to respond to challenges facing their families — and to celebrate care and closeness with their children.
- **Social connections:** parents and caregivers have a network of positive and supportive relationships (friends, neighbors, relatives).
- **Knowledge of parenting and child development:** parents and caregivers have access to the information they need about their child’s development and how to support it.
- **Concrete support in times of need:** when families face challenges meeting basic needs, help is available — and parents and caregivers know how to access it and are comfortable doing so.
- **Social and emotional competence of children:** children learn from their families how to manage their emotions and build healthy relationships with other children and with the adults in their lives.

The state’s early learning system has embedded these protective factors across the range of services it offers to help families realize their hopes and dreams for their children. Training and self-assessment in the framework is a criterion for moving to higher Early Achievers levels, and the Washington State Early Learning and Development Guidelines (used by both early childhood professionals and parents) address many of these protective factors.

“I’m home with my kids because I think it is so important to be with them when they are young, before school, and I feel so blessed that I am able to do this.”

—Parent

There are limited quantitative data on outcomes for families related to these factors. Although this is beginning to shift, as the framework is more closely integrated into Washington’s systems, most of the data presented here is qualitative and reflects what parents, caregivers, and others reported during community outreach.

The Department of Children, Youth, and Families (DCYF) continues to build the Strengthening Families framework into its programs and services and is increasingly working with partners in other state agencies to ensure that families are supported across the spectrum of their strengths.

“At my daughter’s birth, I found myself wanting to be a good dad but I had no idea how. Having been raised half my life by an abusive mother and the other half around drug-using families, I had never been taught how to be a good parent.

“When my daughter was enrolled in [ECEAP], I was hesitant to get involved, but I did. Staff saw the potential I had as a parent and embraced it. They helped me receive my GED, get my driver’s license, and set goals. For the first time, I started to think about my future. I don’t know where I would be in my life right now if it wasn’t for this program.

ECEAP and Head Start are not just child care programs. They are family-oriented programs that strengthen families and help them to become better in their lives.”

—Parent

6.1 What families say they need

When asked what best supports them in caring for and educating their children, parents and caregivers expressed a range of desires: access to knowledge about parenting; support to bolster resilience; resources to help meet basic needs. Social connection, especially with other parents, is a major source of support and peer learning, though some parents of color reported choosing not to participate in mainstream parent groups because they felt the groups lacked cultural relevance.

“Sometimes I feel like my child acts different/worse than other children her age. It would be nice to know if how she acts is age-appropriate and to have the opportunity to talk to other parents.”

—Parent

While many communities offer opportunities for families to build on their strengths and encourage families to tap into specific programs, services, and supports that meet their needs, there are times that it is hard for families to find what they need or know how to get the right

kinds of support. Some families reported additional stressors — substance use, domestic abuse, incarceration, undocumented status, and involvement with the child welfare system — that decrease family stability and require specific policies, services, and supports.

Caregivers and families from tribal communities and communities of color reported additional layers of difficulty, both at the system level and the community level. For example, participants from Hispanic communities note that immigration status is a significant issue when it comes to accessing services, compounded by the fact that many of these families live in rural areas, where fewer services are available and fewer available services are culturally responsive and linguistically accessible.

The importance of culturally responsive support was a consistent theme in the community outreach. Communities of color, tribal families, and foreign-born families face unique challenges, but they also have unique strengths that should be supported. Currently, not all services and supports are aligned with the preferences — and needs — of Washington’s families.

“For American parents who grew up with the culture of reading to their children, they might be more natural and experienced in reading with their children. For us, we have to intentionally be aware of and remember to read to them because we did not have this experience from our parents.”

—Parent

Many parents said that knowledge of parenting and child development goes hand-in-hand with valuing, honoring, and preserving their culture of origin. They reported wanting providers and agencies to respect their knowledge of their children and respect culturally specific parenting approaches that may differ from the mainstream. To support Washington’s families, programs and services must be linguistically accessible and honor culture of origin. Participants emphasized that it is important that services and supports be designed and implemented *by* the communities that rely on them.

“Every parent or caregiver has their own unique past and present realities they bring into their childrearing, and the challenge is tailoring the right intervention at the right time within a ‘good enough’ relationship that can empower them to be the caregivers they want to be for their children.”

—Physician

6.1.1 The impact of changes to the shape of Washington’s families

The shape of the family has changed nationally in the past several decades, and Washington State has seen similar changes (see “What we know about Washington’s children and families”). Some of these changes have a direct impact on how the early learning system and other state systems provide support for families.

The number of single and noncustodial parents in Washington State is increasing, with more than 219,000 single-parent households in 2018.⁸ Fathers play an important role in healthy child development, and the proportion of Washington fathers who acknowledge their parental responsibility is also increasing, from 72% in 2015 to 76% in 2017.⁹

During community outreach, single parents, noncustodial parents, and fathers all described facing unique challenges related to parenting and family stability. Nontraditional family structures may have greater difficulty accessing services and supports. Custodial and noncustodial parents, for example, may have equal responsibility for the child, but are recognized differently by programs offering financial and other resources. Or a child's caregivers may live in different areas, with different and disconnected access to support. Some programs lack tools to adequately meet the needs of the families in their communities, given the changing landscape of family structures, preferences, and availability.

“The noncustodial parent may have the child equal time, but not be recognized by services like child care and food assistance that they need to provide for a child.”

—Parent

The important role of fathers as caregivers is increasingly recognized, especially with the establishment of new fatherhood leadership networks where fathers support and advocate for each other. At the same time, some fathers reported stigmatization of their role as caregivers, especially when they are the noncustodial parent — even if they have significant responsibilities for supporting the growth and learning of their children and providing economic support.

6.2 Promoting parental resilience, social connection, and knowledge

Comments from parents and caregivers during outreach demonstrate a close correspondence between the Strengthening Families framework and what Washington's families say they need to best support their children. Participants called out the extraordinary resilience of Washington's families in the face of economic and other challenges and the wealth of knowledge that parents bring to their children's growth. Many participants described the stability of their family, and loving interactions among family members, as a source of great strength. During times of stress, families describe going to extraordinary measures to overcome challenges and seek out support.

Over the last ten years, Washington has successfully rolled out approaches that build on family strengths. There has been an expansion of relationship-based services, such as home visiting, to support resilience when families most need it. Many of the state's early learning programs, services, and supports include strategies to bring parents together with other parents. Ongoing development of parent leadership opportunities and informal groups through which parents connect to each other break down isolation and strengthen supportive social connection.

Opportunities to strengthen knowledge about parenting and child development are woven throughout the early learning system. Parents and caregivers are invited to participate in

classrooms, given opportunities to watch how their children are developing and screen for developmental issues, and come together with other families to share child rearing experiences.

While these programs, services, and supports are having an impact, limitations in access, availability, and affordability (discussed in chapter 7, “Positive early learning experiences”) mean that they are not reaching all families who need them. There are also still important gaps in how well they serve tribal families, families of color, and families whose children have more intensive or specialized needs.

Parents and caregivers who participated in the outreach described a desire for additional assistance to maintain their resilience in addressing family needs and enhance their knowledge about parenting and child development. They also talked about how important social connection is for them, both as a source of emotional support and a way to learn. Entrenched disparities related to race and culture, long-standing economic inequities, and shifting public opinions that impact the political climate continue to affect families’ ability to provide a safe, stable, and nurturing environment in which their children can grow and thrive.

6.2.1 Community-based support for families

Many of the resources families draw on come from outside the formal early learning system. Family, Friend and Neighbor (FFN) care and many of the informal community supports described in chapter 7 (“Positive early learning experiences”) reflect direct links between parents/caregivers and relatives, neighbors, and community members to build resilience, learning, and connection.

Some communities in Washington are home to family resource centers (also called family centers, family success centers, family support centers, and parent child centers). These centers typically provide support to families at little or no cost, offering services like parenting support, access to resources, child development, and parent leadership development. While Washington does not currently have a fully integrated network of resource centers, a landscape analysis of available programs is planned for 2021.

Play & Learn groups (also described in chapter 7) are a powerful way for communities to support families and for parents/caregivers to support each other. These groups bring families and children together to connect and engage.

“I love my two boys and all the new things I am learning with them. I love that they are growing in a Mexican/American culture and teaching the importance of both.”

—Parent

Parents and caregivers learn from each other and from group facilitators, and children have a chance to interact positively with other children and with adults, learning critical social skills.

“There is more trust in other parents than in service providers or an expert, especially parents whose children have had the same issues, and somebody that looks like you.”

—Parent

Child Care Resources that there is considerable unmet need for these groups and that before the COVID-19 pandemic, several groups around the state were at capacity and turning families away. They also report that there is high need in specific geographic areas and cultural/language communities.

[Play & Learn] group facilitators have been some of the first responders to family need for information and connection to basic needs resources during the [COVID-19] pandemic, especially for families and communities that experience systemic barriers due to race, immigration status, and/or home language. Most groups are now meeting virtually over Zoom or Facebook Live in combination with being in contact with families by phone, text, and social media. Some groups are not able to meet because their facilitators are so focused on providing 1:1 support to families in need. It’s been a beautiful thing to see how groups are supporting families most in need and supporting each other.

—Agency leader

Other community resources — libraries, zoos and aquariums, parks, and others — are resources that parents/caregivers can access as needed. In many cases, because these settings are based in the family’s home community, they reflect the family’s culture and provide a sense of belonging that may be missing from more formal settings.

“Any written tool, even if it might be in their home language, might not be culturally responsive — especially for a culture that may prefer to do things orally. It’s a very middle-class, white, American thing to do to give someone a piece of paper to fill out.”

—Agency leader

6.2.2 Focused support for families within the early learning system

Within the formal early learning system, the Early Childhood Education and Assistance Program (ECEAP) and home visiting are two strong examples of programs that focus on the child and family in the context of their community. Specialized support for children with disabilities or delays are offered through the Early Support for Infants and Toddlers (ESIT) program and ECLIPSE. All of these programs focus on building the capacity of parents and caregivers to support their children’s healthy development. These programs demonstrate how the early learning system is continuing to build muscle based on what both research and families say is needed: relationship-based, family-centered, culturally responsive support that reinforces the strength of families; provides stability and safety; and reinforces resilience, allowing parents and caregivers to nurture their children and promote their healthy development.

“I was an ECEAP parent and learned so much about parenting and guiding my children.”

—Parent

ECEAP and Mobility Mentoring®

Family engagement and support for family stability is a core component of ECEAP. In 2018, Washington State added Mobility Mentoring®, an evidence-based family engagement approach designed to support planning and decision-making to assist families living in poverty to increase their economic security and resilience, to the ECEAP program statewide. Through Mobility Mentoring®, families are supported in ways that promote family stability (including housing), well-being (physical and mental health), personal and professional networks), financial management, education and training, and employment and career management. For example, parents might work toward returning to school, to reduce debt and begin saving, or to take steps to improve their own or their child’s health.

Mobility Mentoring® family engagement supports family resilience by focusing on strong relationships, trust, and respect between ECEAP staff and families. The approach assumes that economic independence takes a different path for every family; that it takes time and investment from both the individual and their social network; and that it must bridge “siloes” services and programs for a holistic approach. The focus is on self-sufficiency as defined by the individual, honoring cultural differences and the variety of barriers related to race/ethnicity, geography, and other factors that affect a family’s ability to achieve and maintain stability.

“While recently reviewing Mobility Mentoring notes for a family, I noticed the ECEAP family support staff had given the mother a mental health referral. I followed up by viewing the child’s file and saw that the teacher had noted serious behavior concerns. The mother was divorcing the father due to domestic violence and drug abuse and was now scared the father would take the child out of the country. It was obvious the family support staff had built a trusting relationship with this parent. They were able to refer the mother to help with safety planning, legal issues and counseling. ECEAP is working with the child using a trauma-informed approach. ECEAP family support plays a big role in helping parents make a better world for their children.”

—ECEAP staff

In 2018–2019, 9,873 families participated in Mobility Mentoring for the entire school year,¹⁰ with gains demonstrated on assessment in knowledge of community resources (32%), a ability to participate in and advocate for their children’s education (21%), healthy lifestyle (30%), and savings (29%). Many families improved their housing situation, improved their legal situation (e.g., established child custody or support or citizenship), increased their access to transportation, and/or increased their level of education. Data like these also provide a quantitative base to support what families report about their positive experiences with the program and the need for greater access and availability.

As a component of ECEAP, Mobility Mentoring® has the potential to reach an expanding number of children and families as the ECEAP system expands. Offering the program through

other early learning settings may potentially provide the benefit to a much larger population of families with young children living in poverty. The expansion of ECEAP and the introduction of Early ECEAP (see chapter 7, “Positive early learning experiences”) are also opportunities to expand the strategy’s impact).

Home visiting

Home visiting is broadly recognized as an effective form of multigenerational support for families. Home visitors support families across most elements of the Strengthening Families framework.¹¹ Relationships between home visitors and parents strengthen social connection; home visitors also support parental resilience by helping families identify and access services and supports they need, including mental health services and depression screening for caregivers. Coaching on parenting (breastfeeding, child development) is an essential element of the program. Home visitors encourage positive parent-child interactions and coach parents in activities like reading and singing to their children.

Home visiting is implemented across a range of national and community-designed models, each of which is tailored in different ways. Some models focus on partnership between a medical professional and the parent; others are specific to the needs of families experiencing challenges with substance use or mental health. Increasingly, Washington is supporting and promoting models that are designed by communities, ensuring that home visiting (and home visitors) match communities’ cultural and other needs — and, perhaps more important, leveraging community experience and expertise.

DCYF, in partnership with the Department of Health, is producing an updated statewide needs assessment (forthcoming October 2020) that will attempt to more precisely identify the highest-need populations in the state to aid in targeting expansion of this important support. See chapter 7, “Positive early learning experiences,” for a full description of home visiting programs in Washington State and the possibilities for expansion.

6.3 Providing concrete support in times of need

One of the most prevalent challenges expressed by families during outreach was addressing financial needs. Some families said they struggle to simply meet basic needs for housing, food, and transportation. A constant focus on meeting basic needs can also affect the mental and emotional health of the family and, in turn, a child’s development.

“We are all (adults and children) biologically wired as humans with the same social emotional needs, seeking stable relationships that bring love, security, safety and connection. Supporting the social emotional needs of a parent or caregiver is a prerequisite to them being able to pass this on to their child. The basic need of this mother is to help her meet both her own basic social emotional needs and her survival needs. And it is when those needs are met that she is able to meet the social emotional needs of her children and give them the life that she desires for them ...”

—Physician

Qualitative data confirm that a variety of economic factors, including poverty, food insecurity,¹² and housing instability, challenge family stability and success (see “What we know about children and their families”).

- 16.9% of Washington’s children younger than 8 years live at \leq 100% FPL.
- From 2016 through 2018, 4% of households in Washington State experienced food insecurity.¹³
- In FFY2018, 254,239 women and children (71,083 women and 183,156 infants/children) participated in Washington State’s Women, Infants, and Children (WIC) Nutrition Program. More than 48% of those women and 49.8% of infants/children were considered to be at high nutritional risk (meets criteria for risk factors identified by WIC).¹⁴
- The rate of homelessness among students in Washington’s schools is 3.4% overall — but almost double that among Black/African American, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native children.

“I’m working with three families right now experiencing homelessness, and there’s only so much we can do with referring them places. It is a huge recipe for disaster.”

—Agency leader

The cost of child care can be overwhelming, and families may face difficult choices — for example, balancing the income received from employment against the high cost of child care during the workday.

“Many families are often forced to make choices. Paying for childcare or paying for medication? Paying for childcare or paying for food? Paying for childcare or having a place to live? Quality childcare is a challenge for families to find and afford.”

—Agency leader

Some parents also described the need for more employer support/flexibility for parents with young children, and especially during and after pregnancy. Paid parental leave was also cited as a need.

“Having reliable child care is probably the hardest thing I have to deal with raising children. Not qualifying for child care stopped me from pursuing my career and retaining a job.”

—Parent

Washington has adopted a ten-year commitment to reduce poverty and inequality in Washington State. The 2020 report of the Governor’s Poverty Reduction Workforce is a call to action to dismantle poverty and build a future in which “all Washingtonians live with the dignity of having their foundational needs met and the building blocks of opportunity essential for reaching

their full potential in life so future generations can reach theirs.”¹⁵ When children and families have access to nutritious food, stable and affordable housing, medical services, and economic support when needed, they are able to thrive.

Early learning is part of the system that will achieve this. Early learning programs connect with families across some of their most important relationships and times of greatest change and need. Through child care, ECEAP, and other early learning programs, Washington’s families receive wraparound support to meet the basic needs that are foundational to a child’s future.

Families in Washington have access to a number of state-level programs, described below, that provide concrete support in times of need specifically to families with children. These programs are powerful, but they are not enough. Families and children in Washington continue to live in poverty, and tribal families and families of color continue to face economic inequities. Early learning is a chance to work directly with families and children to provide critical support in times of need and address the foundational elements of poverty that undermine Washington’s children and our collective future.

6.3.1 Financial needs

Temporary Assistance for Needy Families

Temporary Assistance for Needy Families (TANF) provides temporary cash assistance for Washington State residents who are responsible for the care of children or who are pregnant and who meet income and other requirements. The program is an important safety net for many; however, not all families can or choose to access these services. For some, immigrant or refugee status is a barrier to eligibility. For others, the requirements of participation (for example, the number of hours required for the WorkFirst Program) can be prohibitive.

A report from the Washington State Department of Social and Human Services¹⁶ highlights the complex situation of women who participate in the program. Almost 60% were 25 years or younger; 78% were unmarried. Forty-four percent had some indications of homelessness or housing instability, and approximately 15 percent had involvement with the child welfare or criminal legal system. More than half (54%) had received TANF before the age of 18 years, an indicator of poverty lasting multiple generations.

TANF provides referrals to the areas of greatest need for the program’s participants — health care and housing — and can require behavioral health treatment in some circumstances. However, the reach of TANF staff is limited, and in some regions, so is the capacity to provide needed support.

Responding to this need, the Department of Social and Human Services, DCYF, and Ounce Washington partner to bring home visiting services to families receiving TANF.¹⁷ The TANF home visiting program blends support for basic needs with relationship-based support for child rearing, responding to parent need for support in the hard role of raising children.

Paid Family and Medical Leave

The birth of a child is a time of dramatic change for families that can bring new economic and emotional challenges as well as great joy. Parents need time and support to adjust to these changes and form the new relationships with their children and each other that are foundational to family stability.

Washington State has adopted a Paid Family and Medical Leave program, available as of January 1, 2020, that allows most employees to receive up to 12 weeks off to bond with their child after birth or placement. This new program helps families reduce stresses that can lead to family instability and potential trauma for children. An analysis of data from California’s paid family leave program showed that “following the implementation of a paid family leave program, there was a significant decrease in 1- and 2-year-olds who were hospitalized for abusive head trauma compared with states that did not have this policy.”¹⁸

Washington’s plan currently does not cover employees who work for the federal government, whose employer provides benefits through a voluntary plan and has an approved exemption, or who are covered by a collective bargaining agreement that hasn’t been renegotiated since October 19, 2017. Self-employed people and members of tribal communities must opt in to be covered. In addition, small businesses — those with 50 or fewer employees — are not required to provide job protection in many circumstances, leaving an important population of Washington workers unprotected by the benefit.

“[It’s] hard to make the choice between staying home with your [sick] child or going to work.”

—Parent

Working Connections Child Care subsidy

The Washington State Working Connections Child Care (WCCC) s subsidy promotes family stability and access to high-quality care by providing significant assistance for families seeking child care. WCCC helps families with household income <200% of the federal poverty level (FPL) pay for child care while they work or meet WorkFirst participation requirements. The program also supports households experiencing homelessness by providing up to twelve months of coverage while the family secures permanent housing. In FY 2019, the average monthly benefit was \$954 (an increase of 7.9% over 2018).

Child care providers received payments on behalf of approximately 27,000 families and 46,000 children under WCCC each month in FY 2019. This makes up approximately 15% of the families that are income eligible across the state. Families with income under 137% of the federal poverty level (FPL) participate at a higher level than families with income between 137% and 200% of the FPL. Steep co-pays at the higher end of the eligible FPL distribution likely contribute to lower program uptake (see chapter 7, “Positive early learning experiences,” for a description of the so-called subsidy cliff). In addition, during family outreach in preparing this

report, some families suggested that the 200% FPL upper limit prevented some families in need from accessing the benefits.

“But I would change the federal poverty guidelines expectations. There are many families that do not qualify for FPL, but also cannot afford child care or private preschool.”

—Provider

“If you make a certain income, if you’re just a dollar over — you can’t get any help. How do you expect people to work and survive?”

—Parent

Demographics for families participating in WCCC are consistent with demographics for families with income below 200% of the FPL, with a few exceptions. Families identifying as Black/African American make up 16.7% of the WCCC caseload and about 5.4% of the general population of eligible families. Hispanic/Latino families are underrepresented, at 28.2% versus 36% in the eligible population. The most significant difference is for families who do not speak English as their primary language: 9.5% of the families receiving WCCC, and 40.2% of the eligible population, do not speak English as their primary language.

While the subsidy can be used for care at licensed family homes, licensed child care centers, and eligible FFN providers, only approximately one-half of all licensed centers in the state accept WCCC. At sites that have achieved Early Achievers level 2, approximately 55% of the total available child care slots are available at the subsidy rate. Increasing the subsidy reimbursement rate likely would increase provider participation in WCCC.

Some outreach participants said that child care subsidies actually contribute to family economic challenges: for lower-income families who qualify, the subsidies are often not enough to cover cost; and families who don’t qualify for the subsidies because of higher income may not have adequate resources to pay privately.

Families in which children have undocumented status are not served by the WCCC subsidy program because of restrictions on the use of federal funds. Additionally, and probably more impactful, there is a “chilling effect” for families where children may be citizens and eligible but parents are immigrants and fearful of accessing public services, including subsidized child care.¹⁹

“There are a lot of kids who also don’t have [citizenship] status and can’t access childcare subsidies, so can’t go into programs, and parents work so they have nowhere to go.”

—Provider

Alternative Solutions Program

As the number of noncustodial parents in Washington has grown, so has the need for supports that recognize the financial and other needs of the noncustodial caregiver. The Alternative Solutions Program assists noncustodial parents in meeting their child support obligations. The program connects parents to community resources that can help them remove barriers to paying child support, such as work-related training, education, and supportive services. Between July 2014 and August 2019, the voluntary program received 4,686 referrals; during SFY 2018, 1,125 parents were served. Of those seeking employment, 65% were successful in becoming employed, and 85% successfully connected with needed resources to address barriers to employment.

6.3.2 Housing

As described in chapter 4, “What we know about Washington’s children and families,” housing instability has a substantial negative impact on young children’s physical, cognitive, and social-emotional development. In 2016, an estimated 39,641 Washington children under the age of 6 years were homeless, and almost half of children in shelters were under 6 years old.²⁰

Housing instability also contributes to inequities centered on race and economic status. A report published in 2020 by Washington’s Dismantle Poverty Working Group, a collaboration between the Departments of Commerce, Employment Security, and Social and Health Services, cites the number of units of housing available for low-income families at 30 units per 100 families. The report notes that lack of affordable housing limits the opportunity for families with lower incomes to build economic stability over time and is a driver of the racial wealth gap, recommending targeted investment in communities historically excluded from wealth-building opportunities.²¹

In many communities across the state, the rapid rise in housing costs during the past decade (both rental and for-sale homes) has made housing unaffordable for many families. Since 2014, rent in Washington has gone up 42%, but wages have increased only 23%.²² According to the Washington Chapter of the National Low Income Housing Coalition, there is a shortage of rental homes affordable and available to extremely low-income households in Washington.²³ Many of these households are forced to spend more than half of their income on housing. These households (referred to as a “severely cost-burdened households”) are more likely than other renters to sacrifice necessities like healthy food, child care, and health care to pay the rent and more likely to experience unstable housing situations like evictions.

The Washington State Housing Trust Fund and the Washington State Department of Commerce provide a large network of local governments, nonprofit organizations, and community action agencies with funding and other tools to support affordable housing programs and projects, including financial assistance for first-time home buyers. Many of the state’s formal early learning programs provide referrals and help accessing these resources.

Despite the strong network of state, local, and nonprofit programs, the need for affordable family housing is high. Local housing authorities have traditionally provided housing for low-income

families, but the Association of Washington Housing Authorities estimates that only 26% of Washington families in need of Public Housing are served.²² There are simply insufficient affordable housing resources in Washington that are tailored specifically to the needs of families facing housing instability or experiencing homelessness. Co-location of early learning services within affordable housing (see chapter 7, “Positive early learning experiences”) is an opportunity to make multiple supports available and accessible to low-income families at a single site.

6.3.3 Food and nutrition

Almost half of all infants in Washington State are in families that participate in WIC. Available to pregnant women, new and breastfeeding mothers, and children under 5 years old, WIC provides monthly financial support, nutrition education, breastfeeding support, and health screenings and referrals. In 2017, more than 275,000 women, infants, and children in Washington benefited from the program.

6.3.4 Health care and coverage

Chapter 5, “Healthy children and families,” discusses the health status and health care resources for families and children in detail. Among other supports, Washington offers medical insurance (Apple Health) for all children in low-income families, reducing a major cost burden for families that choose and are able to access the system.

All of these resources provide critical support for families, meeting their most basic needs for physical well-being. Families can encounter many barriers to access, though: complex application processes, eligibility requirements that are difficult even for early childhood professionals to understand, eligibility “cliffs” that leave families whose income is inadequate to cost of living without the help they need. The bar to accessing this support is high, and it must be reached by families who are already struggling to maintain stability and provide their children with a safe and nurturing environment.

Restoring a bright future to Washington’s children and families requires a focused, state-wide effort to make these supports adequate to the need and accessible to those who need them.

6.4 Connecting families to resources that support strength, stability, and safety

Families with young children actively seek resources to meet their needs, whether for health care, high-quality early learning experiences, food assistance, or parent support services, and many families and providers benefit when they are supported in navigating Washington State’s complex early learning system to access those resources. During community outreach, many parents and caregivers said they need centralized information about available resources and assistance connecting to and navigating among those resources. Providers said they need to know what is available before they can make effective referrals and offer appropriate support for children and families.

“Families need to know where to go. Many communities have supports and resources for families but lack communication resources and so families are unaware of where to go. [There is a lack of] transportation, lack of resources in rural communities, lack of language diversity among resources or resource providers.”

—Provider

“I think that there are many resources for families available, but families don’t always know where to access them.”

—Provider

Some families reported particularly difficult challenges connecting with the range of services they need, and in navigating the different and distinct program requirements. These challenges are felt acutely by non-custodial parents, single parents, families with specific language and cultural competence needs, and families who are new to or unfamiliar with the system.

“Families [experience challenges] navigating early learning support systems in a way that they feel understood, respected and acknowledged. Because of this, they often choose to not reach out.”

—Provider

“Families don’t know how to navigate the [early learning] system, especially when they don’t speak English well. I want everyone to have a family resource coordinator.”

—Agency leader

A successful system for connecting families who need information and support should be responsive to these needs — including ensuring that providers are knowledgeable about culturally specific services. Parents of color who participated in the outreach said that community-specific local community resources may be especially effective — e.g., culturally responsive social service agencies and peer groups created by parents of color.

“I trust [community-based organization serving Hispanic communities] because it brings us support and trust.”

—Parent

A number of organizations and systems have been established to help families in Washington State navigate and access the resources and support they need. For example, Washington is home to nine **Accountable Communities of Health** regional health coalitions across the state. Seven of these have implemented a Pathways HUB model to support care coordination for Medicaid-eligible populations, helping to coordinate between physical health, behavioral health, and social support systems. The state Accountable Communities of Health regions have chosen different designs for care coordination, an environment that should produce opportunity for learning in the coming years.

Washington 2-1-1 (managed by United Way) provides information on utility assistance, food, housing, health, child care, and other support. 2-1-1 operates as seven regional units that cover the state, and their online database includes more than 27,000 services.

The **Child Care Aware of Washington Family Center** (managed by Child Care Resources, a Child Care Aware of Washington agency) also supports families in navigating the system, including information to help families in their search for high-quality child care that matches their needs, whether licensed child care or FFN. Through facilitated play groups, they reach families who experience systemic barriers to formal early learning settings because of geography, race, home language, and/or income.

Between January and July 2018, the Family Center received more than 20,000 requests for information and referrals for child care. Many of these requests were from parents with challenging economic or employment situations, reflected in the high proportion of requests for child care that accepts children using state subsidy and/or offers financial assistance (more than 50%) or seeking child care during evenings, weekends, or other non-standard times (approximately 20%).²⁴ Child Care Aware's Family Center has dedicated English and Spanish language phone lines and uses interpretation services that enable resources to be accessed in nearly any language. In FY 2018 alone, the Family Center was accessed by families speaking 20 languages other than English and Spanish.²⁴

[WithinReach](#) helps Washington State families find services in their communities and apply for health insurance, food assistance programs and more, through their [ParentHelp123](#) website and phone and in-person support. WithinReach serves 285,000 people every year in all 39 counties across Washington State; 89% of those served are low income, and 46% are people of color.

6.4.1 Help Me Grow Washington

While these systems offer needed support to families, many parents who participated in outreach expressed a need for *centralized* information about available resources, a single point of contact where they can determine what services are available and how to access them and tap into support to navigate processes and coordinate among different providers. To meet this need, Washington State and community partners are in the early stages of developing and testing a statewide, comprehensive, coordinated system of early identification and referral that is based on the national Help Me Grow model.

Help Me Grow builds on existing resources — like those described above — to support a comprehensive approach to connect families with early childhood, health, and family support resources in any given community. All aspects of the Help Me Grow system are designed to better respond to the cultural and linguistic preferences of families who use the system.

In a Help Me Grow system, families and providers have access to a coordinated point for resource help, and reference the same resource database, resulting in more uniform access to the service landscape. For example, a Somali family living in a rural area could more easily become aware of and be referred to a Somali-speaking specialist in Spokane.

Help Me Grow also provides vital infrastructure, not only for families to find resources, but to also connect service providers together, so that ideas and resources can be easily exchanged. This cross-sector infrastructure is missing in many communities and is needed in order to adequately respond to the challenges families face today.

¹ NICHD Early Child Care Research Network, “Child Care and Child Development: The NICHD Study of Early Child Care,” in *Developmental Follow-Up: Concepts, Domains and Methods*, ed. S.L. Friedman and H.C. Haywood (New York: Academic Press, 1994), 377–396.

² X. Ma, J. Shen, H. Y. Krenn, S. Hu, and J. Yuan, “A Meta-analysis of the Relationship Between Learning Outcomes and Parental Involvement During Early Childhood Education and Early Elementary Education,” *Educational Psychology Review* 28, no. 4 (2016): 771–801. <https://doi.org/10.1007/s10648-015-9351-1>.

³ A. S. Masten, K.M. Best, and N. Garmezy, “Resilience and Development: Contributions from the Study of Children Who Overcome Adversity,” *Development and Psychopathology* 2, no. 4 (1990): 425–444. <https://doi.org/10.1017/S0954579400005812>.

⁴ J. D. Bartlett and K. Steber, *How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma*, May 9, 2019, <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>.

⁵ K. M. Ziol-Guest and C. C. McKenna, “Early Childhood Housing Instability and School Readiness,” *Child Development* 85, no. 1 (Jan/Feb 2014): 103–13. <https://doi.org/10.1111/cdev.12105>.

⁶ G. A. Aarons, S. James, A. R. Monn, R. Raghavan, R. S. Wells, and L. K. Leslie, “Behavior Problems and Placement Change in a National Child Welfare Sample: A Prospective Study,” *Journal of the American Academy of Child & Adolescent Psychiatry* 49, no. 1 (Jan. 2010): 70–80. <https://doi.org/10.1016/j.jaac.2009.09.005>.

⁷ Center for the Study of Social Policy, “Strengthening Families: Increasing Positive Outcomes for Children and Families” (web page), Center for the Study of Social Policy website, <https://cssp.org/our-work/project/strengthening-families/>.

⁸ Washington State Department of Social and Health Services, Economic Services Administration (ESA), ESA Management and Accountability Performances Statistics (EMAPS) data, 2018.

⁹ Data from Washington State Frontiers of Innovation presentation shared at 2018 Fatherhood Summit.

¹⁰ Washington State Department of Children, Youth, and Families, *ECEAP Mobility Mentoring®: A Snapshot*, 2020.

¹¹ Washington State Department of Children, Youth, and Families, *Opportunities and Considerations for Expanding Home Visiting Services in Washington State*, March 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/HVReport2019.pdf>.

¹² Defined by the Washington State Department of Health as “the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in a socially acceptable way.” <https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-015-MCHDataRptFoodInsecHunger.pdf>

¹³ US Department of Agriculture, Economic Research Service, *Food Security in the United States: How Do States Compare, 2016–2018* (interactive data chart), last updated September 9, 2019, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#States>. Food insecurity is defined by the Washington State Department of Health (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-015-MCHDataRptFoodInsecHunger.pdf>) as “limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in a socially acceptable way.”

¹⁴ Washington State Department of Health, *Women, Infants and Children (WIC) Nutrition Program: Data by Agency, Federal Fiscal Year 2018*, April 2019, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/960-220-2018WICDataByAgency.pdf>.

¹⁵ Poverty Reduction Work Group, *Reducing Poverty and Inequality in Washington State*, January 2020, https://dismantlepovertyinwa.com/wp-content/uploads/2020/02/2020_Jan_21_PRWG_10_year_plan_COORDINATING_DRAFT.pdf.

¹⁶ D. Patton, Q. Liu, B. Lucenko, and B.E.M. Felver, *The Maternal Well-Being of Washington State's TANF Population. Report to DSHS Economic Services Administration, Office of the Assistant Secretary and the Community Services Division*, June 2019, <https://www.dshs.wa.gov/ffa/rda/research-reports/maternal-well-being-washington-state%E2%80%99s-tanf-population>.

¹⁷ D. Patton, Q. Liu, B. Lucenko, and B.E.M. Felber, *Home Visiting Services for TANF Families With Young Children: Report to the DSHS Economic Services Administration Community Services Division*, June 2020, https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-117_0.pdf.

¹⁸ J. Klevens, F. Luo, L. Xu, C. Peterson, and N.E. Latzman, "Paid Family Leave's Effect on Hospital Admissions for Pediatric Abusive Head Trauma," *Injury Prevention* 22 (2016): 442–445. <https://doi.org/10.1136/injuryprev-2015-041702>.

¹⁹ See for example K.M. Brabeck, E. Sibley, P. Taubin, and A. Murcia, "The Influence of Immigrant Parent Legal Status on US-Born Children's Academic Abilities: The Moderating Effects of Social Service Use," *Applied Developmental Science* 20, no. 4 (2016): 237–249; and Z. Hill, L.A. Gennetian, and J. Mendez, "A Descriptive Profile of State Child Care and Development Fund Policies in States with High Populations of Low-Income Hispanic Children," *Early Childhood Research Quarterly* 47 (2019): 111–123.

²⁰ U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service, *Early Childhood Homelessness State Profiles 2019*, June 2019, <https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles-2019.pdf>.

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²² Association of Washington Housing Authorities (AWHA), "Housing Affordability Crisis" (web page), AWHA website, <https://www.awha.org/wa-housing-crisis.html>.

²³ National Low Income Housing Coalition (NLIHC), "Housing Needs by State: Washington" (web page), NLIHC website, <https://nlihc.org/housing-needs-by-state/washington>.

²⁴ Washington State Department of Children, Youth, and Families, *The Early Start Act 2018 Annual Report*, 2019, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf.

7 POSITIVE EARLY LEARNING EXPERIENCES

Over the past ten years, considerable progress has been made in delivering high-quality early learning experiences for Washington’s children and families. The growth of the Early Childhood Education and Assistance Program (ECEAP), the expansion of home visiting services, an increasing variety of child care options (both formal and informal), and investments and commitments on the part of local communities have all created an environment that is full of potential and opportunity for many children and families. The establishment of Early Achievers, Washington’s quality rating and improvement system (QRIS), has helped embed a foundation for quality care in child care settings. Work to align licensing, Early Achievers, and ECEAP standards is removing barriers for child care providers and other early learning professionals.

At the same time, Washington continues to face disparities across developmental and educational outcomes for children of color, children in tribal communities, children with disabilities, and children that speak a language other than English as their first language. There are also pronounced gaps for children in migrant families and families who are experiencing homelessness, and there are geographic regions within the state that have significant shortages of services and supports for families.

There are still significant gaps, as well, in high-quality services and supports for infants and toddlers, the very youngest children in the state. And the cost of child care continues to outpace the ability of many working families to pay for it. Many programs and services are working to incorporate what has been learned about the effect of early childhood trauma, including generational and historic trauma, on children’s development, which remains a work in progress.

Comments from participants in the public outreach reflected a combination of appreciation for the progress that has been made, and concerns about the disparities that need to be addressed. There is also a strong desire for more high-quality affordable care options.

“I think Washington has a healthy early learning system compared to many states. We tend to be a leader in things like QRIS, and there are some notable experts and authors who live in our state. There are also some big concerns that are not restricted to our state: inadequate pay for staff, retention, outcomes, etc.”

—Agency leader

Addressing these and other gaps is a significant opportunity for Washington State to serve its children and families better through the next decade and beyond.

7.1 Overview of the early learning system

Washington State’s mixed-delivery early learning system encompasses a statewide network of cross-system, cross-sector partners working to deliver safe, responsive, and positive early learning experiences that promote healthy development, school readiness, and lifetime success for every child. This broad system brings together professionals, caregivers, and communities in formal and informal settings to respond to the diverse and nuanced needs of families and children from different communities and backgrounds.

- **Settings-based** programs, services, and supports are delivered in a setting other than the child’s or family’s home. Services may be delivered by licensed or accredited providers, staff with specialized skill sets, or practitioners offering a particular program or model.
- **Home-based** programs, services, and supports are delivered in the child’s or family’s home, often by a licensed or accredited provider; a family member, friend, or neighbor selected by the family; or a practitioner implementing a specific model.
- **Informal** services and supports are provided by community caregivers and/or delivered in a community setting not specifically tailored for child care and education — a public library, for example — by professionals or paraprofessionals outside the early learning sector.
- Programs, services and supports designed to **meet specialized needs**, including children exposed to complex trauma, children with developmental delays or disabilities, and children with behavioral issues, may be delivered in formal settings, at home, or in communities, depending on the child’s needs.

Many parents report making intentional choice about when and how they engage with others to support their child’s care and growth, even when constrained by work demands and other commitments. They choose the mix of home- and center-based care and of formal and informal supports that is right for their child and family. Some parents report that they lack suitable choices because of costs, language, or cultural barriers.

“Telling people at an early age — your culture is not as valuable — stifles ability to learn. [It creates] an emotional block.”

—Parent

The increasing variety of options in Washington offers growing choice to families, helping maximize access and availability to high-quality services throughout the state (table 7-1).

Table 7-1. Programs, services, and supports in Washington State’s mixed-delivery early learning system

Program, service, or support	Services provided	Who is eligible	
		Age and need	Economic status
Licensed child care	Care and education for children provided in centers and family homes that have been licensed to ensure a standard of safety and care. Additional services vary; examples include kindergarten preparedness, family events, and health screenings.	Children age four weeks to 12 years, or older for some children with specialized needs	NA
Early Childhood Education and Assistance Program (ECEAP)	State-funded comprehensive nutrition, health, education, and family support services.	Children age 3 to 4 years	<p>Eligible: Family income \leq110% FPL <i>or</i> Family income >110% FPL if child has specific risk factor exposure</p> <p>Allowable, if space is available: Family income >110% FPL but \leq130% FPL <i>or</i> Family income >110% FPL but \leq200% FPL if child has specific risk factor exposure</p> <p>Children on an Individualized Education Program are eligible regardless of economic status.</p>
Early ECEAP	New pilot of federally funded services that support healthy prenatal outcomes, healthy development of infants and toddlers, and healthy family functioning.	Children age birth through 3 years	Same as for ECEAP
Head Start	Federally funded comprehensive nutrition, health, education, and family support services.	Children age 3 to 4 years	Family income \leq 130% FPL, with a priority on families <100% FPL
Early Head Start	Federally funded services that support healthy prenatal outcomes, healthy development of infants and toddlers, and healthy family functioning.	Pregnant women and children birth through 3 years	Same as for Head Start
Transitional	A model that provides young children on the	Children who are	Determined by

kindergarten	brink of kindergarten eligibility with support to build the skills they need to succeed.	nearly, but not yet, 5 years old	school district
Early Support for Infants and Toddlers (ESIT; Part C)	Early intervention services defined by an Individualized Family Service Plan, with a focus on the family’s role as the most important influence on their child’s learning and development.	Children birth to age 3 years who have disabilities or developmental delays	None
Preschool special education (Part B)	Services for children with special needs, as defined by an Individualized Education Program. These services may be provided through developmental preschool.	Children age 3 to 5 years	None
ECLIPSE (Early Childhood Intervention and Prevention Services)	Comprehensive, healing-focused services offered through therapeutic classroom environments and wraparound services for the family, with mental health supports available.	Children birth through 5 years who have experienced complex trauma	None
Home visiting	A voluntary, family-centered service that provides intensive, foundational support to families at home and in community settings.	Varies depending on model	Varies depending on model
Family, Friend, and Neighbor care	Child care provided by relatives or community members outside of formal settings.	NA	NA
Play & Learn groups	Facilitated opportunities for children to engage in culturally and developmentally appropriate play activities and for parents and caregivers to engage in peer learning.	NA	NA
Tribal programs, services, and supports	Tribes provide many opportunities for early learning to their children, including child care, American Indian/Alaska Native Head Start (Tribal Head Start), ECEAP, Early ECEAP, home visiting, and others.		

7.1.1 Licensed child care

As of early 2020, there were approximately 5,200 early learning programs and school-age sites in Washington licensed by the Department of Children, Youth, and Families (DCYF). These programs provide care to more than 40,000 infants and toddlers and 82,608 preschoolers in formal settings and licensed family homes.

Licensing is a requirement for child care businesses wishing to serve children who are eligible for the Working Connections Child Care subsidy program (WCCC; see chapter 6, “Strong, stable, nurturing, safe, and supported families,” for more on this program). Licensed providers care for four of every five children whose care is subsidized. Among all children whose care is subsidized, 55% are served at child care centers, and 24% are served at licensed family homes. (The remaining children with subsidized care are served by Family, Friend, and Neighbor (FFN) providers who meet specific eligibility criteria).¹ Licensed child care providers may also offer ECEAP, Head Start, or Early Head Start as part of services.

The standards for licensing described in the Washington Administrative Code ([WAC 110-300](#)) set out requirements for both center-based programs and family homes. Those requirements, and recent changes, are described in detail in chapter 9, “A strong and supported early childhood workforce”).

7.1.2 Early Childhood Education and Assistance Program (ECEAP)

Washington launched ECEAP in 1985 as a comprehensive preschool program to prepare 3- and 4-year-old children who are furthest from opportunity for success in school and in life. ECEAP has become a popular child care option for many families.

Children are eligible for ECEAP if the family’s income is at or below 110% of the federal poverty level (FPL; \$28,325 annually for a family of four), if the child qualifies for special education or, for up to 10% of ECEAP slots, if the family is above 110% FPL but the child has exposure to specified risk factors (e.g., involvement with the child welfare system). Expanded eligibility criteria for the 2019–2020 school year also allow enrollment of children with family income above 110% FPL up to 130% FPL, or up to 200% FPL if the child has exposure to specified risk factors, when space is available.

The Washington State Institute for Public Policy has evaluated academic outcomes for children who participate in ECEAP, and found significant improvements for ECEAP participants into third, fourth, and fifth grade compared with similar children not participating in ECEAP. Of particular note, the size of these outcomes is about twice those seen in other state-funded preschool programs in other states.²

“For very low income, the ECEAP programs care for families and children.”

—Parent

Modeled after the federal Head Start program, ECEAP focuses on the well-being of the whole child by providing comprehensive nutrition, health, education, and family support services to young children from Washington’s lowest-income households. These comprehensive services work together to increase kindergarten readiness and the likelihood of long-term positive outcomes in life. The program is aligned with nationally researched programs that have shown strong returns on investment. In the short-term, ECEAP is effective at:

- Increasing children’s social-emotional, physical, and pre-academic skills.
- Helping families move toward self-sufficiency and build their capacity to support their children’s success.
- Ensuring that each child receives medical and dental care.

“We thank the preschool staff and the management for providing humanitarian service and education for my child. We are an Iraqi family, and we got to America just eight months ago. We speak Arabic and did not know the English language. Now we are all in school. My wife and I are studying English as a Second Language in community college. We have twin daughters in kindergarten.

My son is in ECEAP, which caused a major change in his personality, ideas and social balance. Thanks to this program, he learned his numbers and letters. He writes his name, knows colors, and speaks English. I now consider this the greatest achievement of my son and a great achievement of the educational staff, which played a major role in record time too.”

—ECEAP parent

Family engagement is an essential component of ECEAP. ECEAP provides opportunities for parents and guardians to volunteer in the classroom and participate in parent education and parent leadership development activities. Of the 3,213 parents who responded to the 2018–2019 ECEAP family satisfaction survey:

- 25% volunteered in their children’s class.
- 28% participated in DCYF’s Families Moving Forward training
- 8% served on the Parent Policy Council, receiving leadership training.
- 2% served on the Health Advisory Council, shaping ECEAP policy with community health partners.

ECEAP implements the Mobility Mentoring® approach as a central approach for engaging with families. Mobility Mentoring is an evidence-based approach that helps parents in poverty improve focus, planning and decision-making to support the overall economic security and well-being of families. It is designed to help people achieve future-oriented goals, despite immediate challenges related to poverty (see chapter 6, “Strong, stable, nurturing, safe, and supported families,” for additional description of Mobility Mentoring®).

In the 2019–2020 school year, 14,000 ECEAP slots were available, in 390 locations across the state, including school districts, educational service districts, community colleges, local governments, tribal organizations, child care centers and homes, and nonprofit organizations. Washington is on track to make ECEAP an entitlement by the 2022–2023 school year, which will make more than 4,700 additional slots available for eligible families who choose to participate. (See “ECEAP expansion,” in this chapter).

7.1.3 Early ECEAP

In mid-2020, Washington State will begin piloting Early ECEAP with funding from the federal Preschool Development Grant Birth Through Five. Based on the successful Early Head Start and ECEAP models, Early ECEAP will provide comprehensive early learning and family support services for an expected 144 infants and toddlers (birth through age 3 years) and their families annually. The ten selected sites include settings-based and tribal sites in a mix of urban,

suburban, and rural locations. Like ECEAP, Early ECEAP will incorporate Mobility Mentoring® to support family stability and independence.

7.1.4 Head Start, including Early Head Start

Washington is home to a total of 51 grantees providing services to 19,904 children in Head Start, Early Head Start, Migrant Seasonal Head Start, and American Indian/Alaska Native Head Start. This range of Head Start services is funded by the federal government.

- Like ECEAP, Head Start serves 3- and 4-year-old children. Head Start requires that family incomes be at or below 130% of FPL, with a priority on families at or below 100% of FPL.
- Early Head Start serves pregnant women and children from birth to age 3. It promotes healthy prenatal outcomes and enhances development of infants and toddlers.
- American Indian/Alaska Native Head Start (Tribal Head Start) serves native children from birth to age 5 years. Services are provided on or near reservations.
- Migrant Seasonal Head Start serves pregnant women and children from birth to age 5. Services are offered to families that qualify as seasonal and migrant workers.

Head Start provides early learning child care or preschool to support child's development and learning; family support and parent involvement; and child health coordination and nutrition support.

7.1.5 Transitional Kindergarten

A number of Washington State schools have begun offering Transitional Kindergarten as an option for families. The Transitional Kindergarten model provides young children on the brink of kindergarten eligibility with support to build the skills they need to succeed. Transitional Kindergarten is open to children who are nearly, but not yet, 5 years old and who the school district determines would benefit from additional preparation for success in school. A half-step between preschool and kindergarten, transitional kindergarten fills a gap for children who have not had access to high-quality learning experiences earlier in life. As of the 2019–2020 school year, 22 of Washington's 294 school districts have adopted the model, serving 795 children.

7.1.6 Early Support for Infants and Toddlers (ESIT)

Early Support for Infants and Toddlers (ESIT) provides early intervention services to children birth to age 3 years who have disabilities or developmental delays, with the goal of enabling them to be active and successful in the early childhood years and in the future in a variety of settings, from home to child care to schools. The program focuses on offering information and skills that support the family's role as the most important influence on their child's learning and development. Services are based on an Individualized Family Service Plan (IFSP) and may include (but are not limited to) specialized instructions, speech therapy, occupational therapy, and physical therapy.

Research demonstrates that early intervention with young children either experiencing or at risk for experiencing developmental delay can reduce the need for special education later in a child's life.³

Children are eligible for ESIT if they (1) demonstrate a 25% delay or at least 1.5 standard deviation below the mean in one or more specified areas of development (cognitive, physical, social or emotional, or adaptive) or (2) have a diagnosed physical or mental condition that has a high probability of resulting a developmental delay (e.g., Down syndrome or cerebral palsy). Children may also be deemed eligible based on the clinical opinion of the IFSP team, if developmental concerns are equivalent to these criteria but aren't readily captured using standardized tools. In 2017, ESIT served more than 17,000 children cumulatively, and approximately 8,000 at any given point in time.

This federal- and state-funded program is administered in accordance with the federal Individuals with Disabilities Education Act (IDEA), Part C. Services are family centered and individualized to the child. Families are strongly engaged through IFSPs, developed by IFSP teams that include families as key members to identify specific goals and services to support the family in helping their children meet developmental goals.

7.1.7 Developmental preschool

Washington State offers developmental preschool to children who have special needs in accordance with IDEA, Part B. Through the program, certified special education teachers, speech therapists, and other professionals support children in learning skills that help prepare them for success in kindergarten and beyond.

The Office of Superintendent of Public Instruction (OSPI) monitors the special education program, and individual school districts implement federal IDEA Part B developmental preschool and special education services for kindergarten through age 21 years through each child's Individualized Education Program (IEP). Services offered and criteria for participation differ from district to district, but in general, the goal is to provide a developmentally appropriate classroom experience for every child, including the opportunity to learn and grow alongside other children at a similar level of development.

In 2019, 18,256 children aged 3 to 5 years were found eligible for IDEA, Part B; had an IEP; and were enrolled in either a preschool or kindergarten program.

7.1.8 ECLIPSE

ECLIPSE (Early Childhood Intervention and Prevention Services) serves children ages birth through 5 years who have experienced complex trauma, such as fetal exposure to alcohol and drugs or other types of abuse and neglect, and who may experience behavioral health issues as a result. This type of trauma can have a significant impact on a child's ability to form secure attachments, regulate emotions, and relate well to others, all of which affect educational

potential. ECLIPSE emphasizes social-emotional learning, self-help, and self-regulation — skills critical to success in kindergarten/school and other settings.

“I am a Desert Storm Army Veteran and GrandParent with a capital P because I have been raising my two grandchildren, ages 5-1/2 and 4-1/2, since the youngest was a day old. Their parents’ drug addiction turned my life upside down.

I noticed something was just not right, and my grandkids were not developing along with their peers. I knew they needed help and I had to find resources to assist them. I started researching, sought out and found [a local agency].

I walked into their office alone, with many questions and little sleep. I walked out two hours later, with a pep in my step, fully alert, and having a motivated early intervention team at my shoulders. Within 45 days, I had my first home visit and therapy referrals, and our home schedule and appointments just blew up from there.

The support services we received and the compassionate and knowledgeable professionals behind them have just been truly amazing, uplifting, and tremendously beneficial. It has set my kids and their peers on the path to success! My grandkids are now attending a combination of kindergarten, Head Start, and preschool, leading very busy, productive, and educational lives. I could have been the parent who did not see, or the parent who saw, and did not do. But I am the parent that knew something had to be done and did!

I am now one of the many advocates to be there for those who need guidance, help, and in some cases, a gentle nudge in the right direction. Just as it was my honor to have served our country, it is just as important that I serve and protect the littlest voice!

Thank you for your time and attention in allowing me to share my story.

—Grandparent and guardian

Services are provided year-round by two programs, one in Western Washington (serving 150 children) and one in Central Washington (serving 70 children). These programs offer comprehensive, coordinated care through therapeutic classroom support, including developmental and behavioral screening, assessment and planning for meeting a child’s needs across all developmental domains, and tailored wraparound supports for families, with mental health services accessible when needed.

ECLIPSE serves very-high-risk children who have an intense need for support. Children are referred to ECLIPSE by “safety net” providers: DCYF social workers, primary care physicians, public health nurses, or Department of Social and Health Services social workers. ECLIPSE program staff are professionally licensed mental health experts trained in trauma-informed care and specifically on providing support for children who have experienced adverse childhood experiences and their families. One of Washington’s ECLIPSE programs has been recognized by the [California Evidence-Based Clearinghouse for Child Welfare](#) as a research-based model.

In 2019, Washington’s two ECLIPSE contractors are enrolling families in Wrap Around with Intensive Services (WISe) to provide more intensive therapeutic mental health supports for

families who are eligible and enrolled. These tailored services assist the family in specialized treatment and support plans.

7.1.9 Home visiting

Home visiting is a voluntary, family-centered service offered to expectant parents and families with new babies and young children. Families are voluntarily matched with trained professionals who visit families in their homes or community settings to provide information and support related to healthy pregnancies, children’s healthy development, support parent–child relationship, and provide information on the importance of early learning and connections to other information, services, and supports in the community.

This two-generational approach can be an effective strategy for improving child health and development, especially in populations with limited resources. It also supports parents who are dealing with domestic violence, substance use, or mental health issues. Research has found that benefits of home visiting services include healthier births, improved school readiness, and increased self-sufficiency for families. Home visiting can also decrease the risk of child abuse and neglect.⁴

“It is so helpful having a nurse come to my house.”

— Parent

Parents and caregivers reported during outreach that home visiting services provide much needed support in addressing family needs at a time when a new family is most vulnerable. For many families, particularly low-income families without extended family support, home visiting helps address the stress of caring for a newborn baby and provides connections to needed community resources.

“[We have an] incredibly strong home visiting system.”

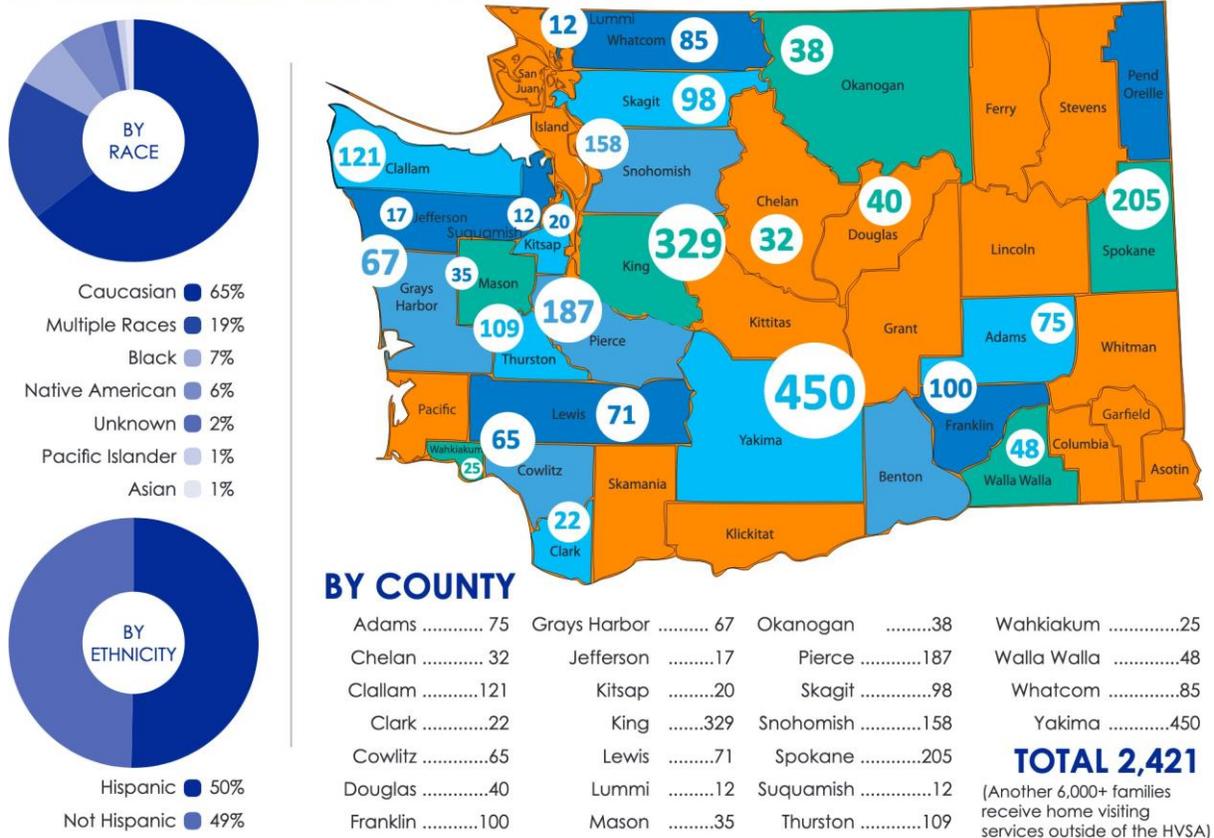
— Provider

Washington State's capacity to provide these valuable services has steadily expanded since the creation of the Home Visiting Services Account (HVSA), significant private investment, and establishment of the federal Maternal, Infant, and Childhood Home Visiting Program (MIECHV) in 2010. Since its inception, the HVSA has been managed by DCYF in partnership with the state’s public–private partner, Ounce Washington (previously known as Thrive Washington). Federal and state funding flows through the account to fund long-term, early childhood home visiting programs.

In fiscal year 2019, approximately 2,400 Washington families were served through Washington’s HVSA. Additional funders, with King County's Best Starts for Kids and the federal Head Start/Early Head Start — Home Based Services being the two largest, provide resources to serve another approximately 5,000 families. Figure 7-1 provides a snapshot of families served by HVSA-supported home visiting programs in 2018 across the state. A proposed expansion of home visiting services is described below.

Figure 7-1. Washington State families served by the Home Visiting Services Account (HVSA) in 2018, by race and by county

FAMILIES SERVED BY HVSA IN 2018



Reproduced from: Thrive Washington and Washington State Department of Children, Youth, and Families, *Home Visiting in Washington State*, January 23, 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/HomeVisitinginWashingtonState.pdf>.

Home visiting services are most commonly delivered under one of several evidence-based models that outlines program goals, priority populations, what services are delivered, how services are delivered, and who may deliver them.⁵ More than half of all home visiting services in Washington State are delivered through one of four models:

- Early Head Start — Home Based Services is a home-based model that focuses on children's physical, social, emotional and intellectual development; prioritizes low-income pregnant women and children up to age three years; and is delivered by trained home visitors.
- Nurse-Family Partnership focuses on pregnancy outcomes, child health and development, and economic self-sufficiency, prioritizes women with low incomes who are pregnant with their first child, and requires that the home visitor be a nurse, with a preference for nurses with a Bachelor of Science in Nursing.
- Parent-Child Home Program focuses on parent-child interaction and early literacy, prioritizes at-risk parents and children between two and four years old, and is delivered by trained home visitors, with a focus on matching the home visitor to the family's culture.
- Parents as Teachers focuses on parenting skills and school readiness, early detection of health issues, and prevention of child abuse and neglect; prioritizes families with children between prenatal and kindergarten; and is delivered by parent educators.

Other promising models funded through Washington's HVSA include Child-Parent Psychotherapy; Steps Toward Effective, Enjoyable Parenting; Family Spirit, a culturally tailored model developed with tribal communities; the Outreach Doula Program, which links trained doulas with families of the same community; Early Steps to School Success, which focuses on school readiness; and Cherish, which promotes social-emotional well-being of children in out-of-home care.

DCYF and Ounce Washington play a coordinating role for HVSA-funded programs, but they do not have oversight of non-state-funded service delivery, limiting access to data on non-HVSA-funded programs. Ounce Washington also hosts the Home Visiting Implementation Hub, which supports communities and home visitors in offering high-quality services to families and children (see "Home Visiting Implementation Hub," in chapter 8, "Powerful communities and a responsive early learning system").

7.1.10 Family, Friend, and Neighbor care

FFN describes child care provided by relatives or other members of a family's community outside of child care centers, licensed family homes, or other formal settings. FFN providers may be eligible to accept state child care subsidies if they meet certain criteria, including passing a background check conducted by DCYF and meeting health and safety requirements outlined in the Washington Administrative Code.

Nationwide, FFN is one of the most common forms of child care for children birth through age 4 years. An estimated 41.3% of 0- through 4-year-olds receive FFN care, while an estimated 27.8% receive settings-based care.⁶

There is not a precise estimate for the number of children receiving care from FFN in Washington State. However, FFN is the preferred source of care for many families in Washington State, and not only for financial reasons: although some parents say that relying on informal help is a necessity, others say it is a choice.

“I want my children to be at home with their mom. It’s worked out well and I wouldn’t change it.”

—Parent

FFN providers include grandparents, aunts and uncles, elders, older siblings, friends, and neighbors — people who share a cultural context with families and who are trusted by parents and caregivers to provide safe and invested care. In communities of color, cultural values may include a deep respect for extended family, particularly the role of elders. When some families of color rely on kinship care, they do so not just from a place of accessing help, but from a place of seeing elders as a source of generational strength and wisdom.

“My grandson is everything to me. I care for him full time, 3 days per week. He has brought life back to me. I love it. I smile.”

—Grandparent

Families may also rely on older children for support when other options are not available.

We’re hearing lots of stories from families and schools that youth are missing online classes and homework because their child care responsibilities at home have increased [during the COVID-19 pandemic].

—Agency leader

Although FFN is considered an “informal” source of child care, it has many potential benefits for families: it offers care that is tailored to the needs of an individual family and the child (for example, some families say they rely on FFN because it offers child care outside the hours when formal care is available); it reduces stress on parents and guardians and supports them in their parenting role; and, ultimately, it can support the health and educational achievement of the child.⁶

7.1.11 Play & Learn groups

Play & Learn groups offer children the opportunity to engage in culturally and developmentally appropriate play activities alongside their parents and caregivers. Through facilitator guidance and modeling, conversation, peer learning, and hands-on experience, parents and caregivers learn what they can do at home to support children’s learning and healthy development.

Four models are most prominent in Washington State: Kaleidoscope Play & Learn, 1-2-3 Grow & Learn, Early Connections, and Play to Learn. Held in neighborhood settings (e.g., libraries, apartment buildings, schools), the groups reach children who are not enrolled in the formal early learning programs described above.⁷

[Play & Learn] group facilitators have been some of the first responders to family need for information and connection to basic needs resources during the pandemic, especially for families and communities that experience systemic barriers due to race, immigration status, and/or home language. Most groups are now meeting virtually over Zoom or Facebook Live in combination with being in contact with families by phone, text, and social media. Some groups are not able to meet because their facilitators are so focused on providing 1:1 support to families in need.

—Agency leader

Comprehensive data on the number of children served by or needing Play & Learn programs are not available. However, between July 2018 and June 2019, these four prominent models reached approximately 20,000 children, parents, and caregivers.⁸

7.1.12 Informal community resources

Many parents and caregivers say that engaging children in activities outside of school — for example, at parks, libraries, swimming pools, and churches — is an important way of supporting their development. Many report participating in a wide range of free or low-cost community programs and want help identifying resources and opportunities for community-based informal activities.

“Play centers, libraries, museums — they have become more and more of a hub for arts and crafts and outside the box learning opportunities that weren’t there before. There is so much innovation going on and they’ve started offering Saturdays and more flexible times.”

—Parent

Although these settings are not commonly thought of as sites for early childhood education, parents and caregivers report that community resources play a significant role in the development and education of Washington’s children. Many families consider these opportunities part of the broader early learning system.

7.1.13 Early Achievers

Early Achievers is Washington State’s quality rating and improvement system (QRIS). Quality standards encompass external evaluations of learning environment, adult-to-child interactions, and much more. These standards align with ECEAP and Head Start performance standards,

streamlining quality metrics across Washington State. Child care centers, family homes, and ECEAP and Head Start programs may progress from level 1 (“meets licensing requirements”) to level 5 (“achieved a quality level of excellence,” demonstrated through an on-site assessment). The impact of Early Achievers on quality and availability in Washington State is described in more detail below.

7.1.14 Washington Kindergarten Inventory of Developing Skills

The Washington Kindergarten Inventory of Developing Skills (WaKIDS) is a transition process managed by OSPI to help ensure children have a successful start to the K–12 experience. WaKIDS is required for all schools offering full-day kindergarten or transitional kindergarten; as of the 2017–2018 school year, 293 of Washington’s 294 school districts were implementing the process. WaKIDS involves three components:

- **Family connection:** Teachers meet individually with each entering student’s parents or guardians to welcome them into the K–12 system as partners in their child’s education. These conferences enable the family to get to know the teacher, and the teacher to get to know the child and family, before any assessment or instruction.
- **Whole-child assessment:** The whole-child assessment helps kindergarten teachers learn about the skills and strengths of the children in their classroom, so they can meet the needs of each child. Teachers use an observational tool, TS GOLD™, to inventory each child’s developing skills in six areas: social-emotional, physical, language, cognitive, literacy, and mathematics. Students are assessed during everyday classroom activities.
- **Early learning collaboration:** Schools coordinate with existing district-based and community early learning programs to align practices ensure the best placement and services for the child and family. Practices include participating in shared professional development, sharing transition reports, and reviewing WaKIDS data.

“It is crucial for the children that we serve that we, as early learning educators ... meet with kindergarten teachers. It ... allows for the exchange of information, as well as a warm handoff to the traditional school setting.”

—Provider

7.1.15 Washington Early Learning Guidelines

The [Washington Early Learning Guidelines](#), developed collaboratively by DCYF, OSPI and community stakeholders, describe the behaviors and skills and developmental stages that children may demonstrate from birth through grade 3. It is a resource for helping parents, early learning professionals, K–12 teachers, and others who work with children to better understand and support children’s healthy development. The guidelines promote a whole-child philosophy in describing childhood development stages.

7.2 Community experience of the early learning system

Asked about their experiences with the programs, services, and supports available within Washington State’s early learning system, many parents, caregivers, providers, and others in the early learning community described the strong commitment to children and families among early childhood providers and organizations, many of which have outsized positive impact with limited resources. Programs like ECEAP, Head Start, ECLIPSE, and ESIT are described as making powerful contributions to families and the broader community.

“The Early ECEAP/ECEAP/Head Start system ... is a perfect example of enveloping a child and family in supportive relationships as development progresses.”

—Provider

Some outreach participant also report frustration with the system. The impact of successful programs like those described above can be limited by availability in communities, long wait lists, and other barriers. The cost of child care is cited frequently as a challenge for families. Parents describe the difficulty of navigating a complex early learning system, and providers describe a lack of information and resources to help parents find the range of services and supports they need.

“[We need] access to consistent affordable child care options!! So many no's when looking for care, there are barriers everywhere due to money, schedules, availability ... So few options parents feel stressed and trapped.”

—Parent

Many participants relate that children who have special needs are not served well by the system. Overall, participants say, there are too few appropriate programs and services and too few providers who have the knowledge to support these children. Often, health insurance doesn’t cover or has limited coverage for the necessary services. Some outreach participants said that teacher/student ratios too often don’t accommodate the extra time needed for working with children with special needs. Many providers said they do not have the training or resources to meet specialized or intensive needs. Other challenges, like coordination and integration across providers, affect many children but have a particular impact on children with special needs.

Native American parents suggested that Native youth need specialized support as a result of a history of discrimination, as well as teacher and provider understanding of the community’s historical context. Many families from communities of color, from tribal communities, and from immigrant and refugee communities cited a strong desire for services that are not only language- and culture-appropriate, but also based on respect and value for the unique culture of the communities served.

Some parents, caregivers and providers expressed concern about the use of WaKIDS as an assessment tool for kindergarten readiness, especially as it relates to tribal communities and communities of color. They felt that it does not adequately account for differences in cultural experience and norms, and that children assessed as not being ready can be labeled as poor performers at the very start of their K–12 experience.

And across all programs, supports, and services, many parents, caregivers, and providers report the need for greater cultural awareness and responsiveness. They suggest this is true for both large-scale programs, such as ECEAP, Head Start, and home visiting, and smaller-scale services such as Play & Learn groups. Some parents reported choosing not to participate in needed services or supports because of cultural or language barriers, or because they felt disrespected or judged.

“I feel intimidated not seeing anyone I can relate to and [being] looked at like I don’t belong there.”

—Parent

7.3 Access, availability, and affordability of high-quality early learning experiences

Many children and families in Washington still don’t have access to the state’s powerful early learning opportunities. This is especially true for populations that have historically faced marginalization or are otherwise isolated. Real disparities exist across racial, geographic, and economic lines.

“I’m also a mom of an 8-year-old and a 6-year-old. They and my family experience the issues we have been discussing every day...children experiencing racism at school, deciding about childcare.”

—Parent

There are ample data on the gap between the number of children and families with access to individual early learning programs and the number of children and families who need them. Table 7-2 provides an overview of access to early learning programs and services in Washington State.

Table 7-2. Current utilization of and estimated potential benefit from early learning programs and services among children and families in Washington State

Program/service	Estimated need/eligibility	Estimated access/availability	Gap between need and access/availability
Licensed child care ⁹	251,000 children	112,000 children	139,000 children
Early Childhood Education and Assistance Program/Head Start	42,500 children	23,114 slots	19,083 children
Early Head Start ¹	84,861 children	3,501 slots available	81,360 children
Early Support for Infants and Toddlers (ESIT) ¹⁰	No data available	17,658 children (cumulative annually)	No data available
Early Childhood Intervention and Prevention Services (ECLIPSE) ²	3,593 children in top 1% of risk	747 children	2,846 children
Family, friend, and neighbor care ¹¹	—	26,524 children	—

Notes:

The estimated need/eligibility for services is assessed using program-specific criteria or criteria described below, when no program criteria exist. Note that these definitions do not necessarily take into account parent preferences or estimates of parent voluntary uptake.

For licensed child care, children 5 years or younger in families where all available parents are in the workforce were considered to “need” services. Data on service availability include both subsidized and non-subsidized child care provided in centers and homes. Local and/or private pre-kindergarten programs are included with licensed child care, if licensed; no data are available for the number/service reach for unlicensed local and private pre-K. Data on the number of children receiving informal child care (family, friend, and neighbor care) are limited. The state subsidy program reports 26,524 children receiving Family, Friend, and Neighbor care in 2018. Because the scope of informal care beyond that subsidized by the state is unknown, all children considered in need of services, but not receiving services through licensed care or through informal care subsidized by the state, are considered unserved.

Play & Learn Groups also support early learning in Washington State. However, no data are currently collected/available on the number of children served or needing these programs.

However, measuring the true depth of need is more challenging.

In Washington State, 57% of children younger than 5 years live in households where all available parents are in the labor force. By this measure, at least 251,000 children under 5 are in need of child care in some form. Of those, approximately 112,000 are served in licensed child care settings and another 26,524 are served through subsidized FFN care — leaving 112,476 children who need but may not have access to child care services.¹² An unknown proportion of the unmet need is filled by unsubsidized FFN care and other informal supports. It is unknown what portion of the use of informal care may be due to lack of access/affordability, and what portion may be due to parent/family preference.

¹ Data are from 2017 and include Medicaid births and Early Head Start slots funded in Region X and tribal grantees.

² "State and county estimates of the ECLIPSE-eligible population." Top 3% (vs. 1%) = 10,778. The number served is pulled from table 1 as the sum of the second and fourth columns.

The number of children and families eligible for and accessing individual early learning programs that are provided by the state or in which the state has significant involvement — ECEAP and Head Start, ESIT, ECLIPSE, home visiting — is known. However, it is not currently possible to obtain an unduplicated number of children in need of services but not receiving them. Washington is working toward a comprehensive data system that will allow analysis of data across programs and populations (see chapter 8, “Powerful communities and a responsive early learning system”).

Current data systems can obscure need in other ways. Some children need services from multiple programs; others fall into gaps between the requirements and restrictions of services. For example, the cutoff date for ECEAP enrollment is August 31 each year (the start of the school year). Children whose third birthday is after that cutoff date must wait for the following year’s enrollment, unless they are already enrolled in ESIT, Early ECEAP, or Early Head Start. For children from low-income families or who have developmental disabilities or delays, and who don’t have previous enrollment, there may be a gap of nearly a year before they can access the services they need.

While the quantitative data are imperfect, they are still compelling and actionable, and they largely match what is reported by parents, caregivers, providers, and others during community outreach. Some participants talked about barriers to access, including physical accessibility, wait lists, and eligibility requirements. Others reported issues related to affordability, especially for low-income families and for middle-income families who earn too much to be eligible for the WCCC subsidy but not enough to pay privately for child care. Some focused on lack of availability, especially for children with special needs, in rural and remote areas, and at the times when parents with non-traditional work schedules need support.

“Parents are getting off work late, after 5 which is after [child care] hours. Most of these programs aren't open late enough so that parents can come in at a later time and not miss out on work.”

—Agency leader

These access, availability and affordability challenges are greatest, participants said, for families in rural and remote areas, those with language-specific and culturally specific needs, and those with children who have special needs.

“Accessing ‘high quality’ — this is very dependent on equity geography. Rural poor have less ‘high quality.’”

—Provider

But reaching these communities is not enough — the services provided must be appropriate to the need. A strong theme from the community outreach is the need for greater cultural awareness, sensitivity and responsiveness across all types of early learning services — settings-

based services, home-based and informal services, and services for those with specialized needs. Some parents of color said they chose not to participate in programs because of the lack of diversity they experienced.

“Being bilingual is viewed as ‘language disadvantaged.’ Judged. What’s missing is recognition that the child has a capacity for language. Currently the burden is [on the] student — proven English competency. No burden on the school to prove student is bilingual.”

—Parent

Many participants suggested that greater staff diversity will help address these issues. While progress has been made to reduce disparities among children served and to diversify the workforce that serves those children, more work is needed. The diversity of the early childhood workforce relative to the children they serve is discussed in detail in chapter 9, “A strong and supported early childhood workforce.”

7.3.1 High-quality, accessible, and affordable settings-based early learning experiences

Families across Washington have access to a range of preschool opportunities for their children, including ECEAP and Head Start, developmental preschool, child care, and private preschool. But while access has increased over time, the demand for high-quality preschool remains (see table 2, above, and program-specific assessments, below). Parents and caregivers who use preschool services support those services strongly and express a desire for more access and more choices: universal services, free access, all-day preschool, and even a wider range of settings (e.g., outdoor).

Washington is expanding key preschool programs and services, including expanding ECEAP to entitlement levels and introducing Early ECEAP. However, increasing availability is only one piece of the puzzle. Every preschool offering comes with its own set of programmatic, eligibility, and funding requirements. These can create implementation barriers for providers and access barriers for families needing services for their 3- and 4-year-olds.

Recently, school districts in Washington began offering Transitional Kindergarten, a classroom experience for 4-year-olds that is intended to support school readiness for children who are experiencing a multitude of risk factors that can impede their development before kindergarten entry. Based on this, Washington’s Governor has directed DCYF and OSPI to provide recommendations on the integration of preschool/Transitional Kindergarten services. Integration of services across the two agencies could both expand access and improve service delivery to children and families.

Washington’s vision is to create an integrated approach to serving 3- and 4-year-olds that ensures increased access and more sustainable, more inclusive programming across program type. An integrated model would be built on the strong foundations of quality and research of programs

like ECEAP and Head Start, both known for their effectiveness in contributing to school readiness and healthy development.

“What’s also important ... is getting away from ‘all kids’ universalism, but with the most vulnerable kids in mind. Otherwise, ‘all kids in mind’ means kids of color are left out again and again and again.”

—Provider

7.3.1.1 Availability of and access to licensed child care

Outreach participants emphasized the need for high-quality, affordable child care for all children. Of the 251,000 children in Washington State in households where all available parents are working, 139,000 currently are not receiving care through a licensed provider. Some of that need is met by FFN care.

“Daycare is full; can’t find any child care for my toddler, so it’s hard to get a job. My parents are helping me, but that can’t go on forever”

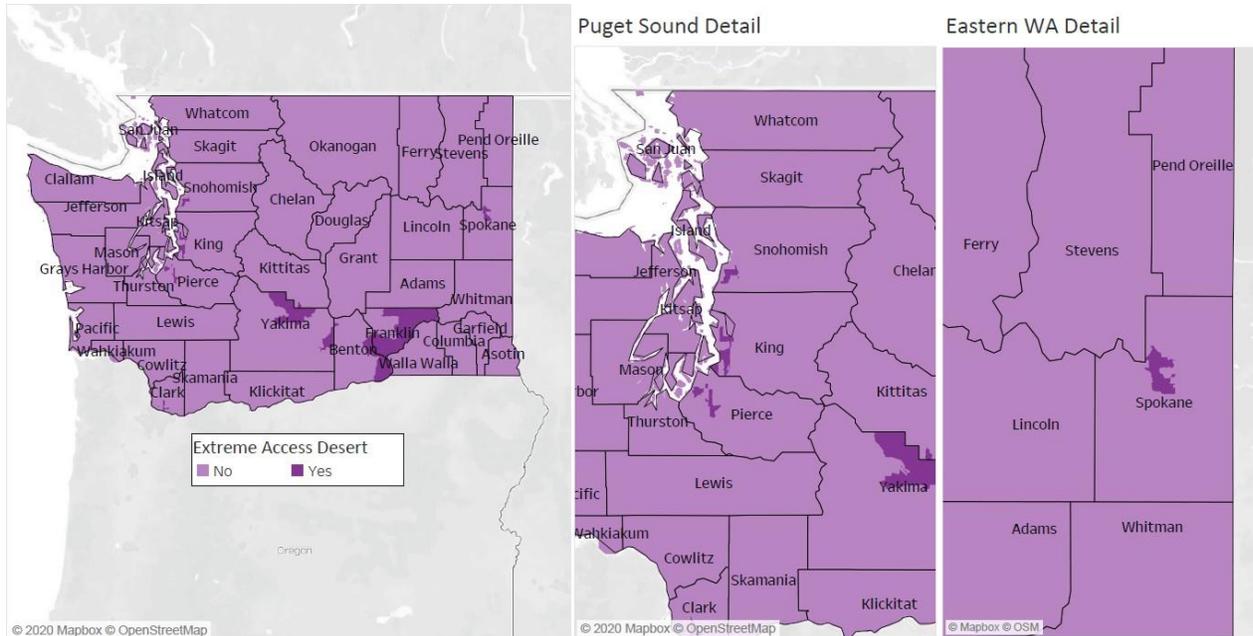
—Parent

The gap between availability and need is not spread equally across the state. There are communities and regions in Washington State where access to licensed child care is limited and the need is very deep (figure 7-2).

These “extreme child care access deserts” are created by a combination of factors, including high population density, concentrations of poverty, and concentrations of populations that experience disparities related to race, ethnicity, or citizenship status. In many of these access deserts, there simply are not enough early learning facilities to accommodate need (see “Early learning facilities,” below).

While the data that reveal these deserts focus on children served by providers who are licensed and eligible for subsidy, it is unlikely that unsubsidized and/or unlicensed child care is closing the gap. Families in extreme access deserts have limited options for care, especially for children who have specialized needs.

Figure 7-2. Extreme child care access deserts in Washington State, 2019. This map includes all zip codes in Washington State identified as extreme access deserts for high-quality child care (see chapter 3, “Approach,” for a definition of this term). Extreme access deserts are an indicator of extreme need and do not represent the full unmet need for child care in a community.



Data: Washington State Department of Children, Youth, and Families, Office of Innovation, Alignment and Accountability, Early Learning Data Store, March 2019; The United States Census Bureau American FactFinder, 2017, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

In addition to the extreme access deserts described above, some populations face specific barriers to accessing licensed, subsidized child care. Families in rural and remote regions often have fewer care options to choose from and longer distances to travel to secure care. For example, of the 60 children estimated to be eligible for and wanting subsidized child care in Skamania County, only 7 currently receive it. In 2019–2020, ECEAP was offered within the boundaries of 177 of the 295 school districts in the state, and an additional 33 districts were served by Head Start — but currently, there are no ECEAP or Head Start services in 86 smaller districts. Some children are transported from their homes to a nearby district to receive the services they need.

“We need to think more broadly and effectively about how we can reach rural communities — [for example] mobile services, home visiting services.”

—Agency leader

During community outreach, families with children who have special needs reported more difficulty finding child care, because fewer providers are willing to accept their children.

Undocumented families report not being able to secure child care subsidies, adding to overall family economic struggles. All of these challenges are amplified for families who also live in rural areas.

Families juggling non-traditional work schedules, such as shift workers and migrant farmworkers, have a very difficult time finding child care with flexible or non-traditional open hours. Although approximately 23% of child care providers are willing to care for children during non-traditional hours, almost all of these are family child care providers, and thus represent only 10% of overall capacity.¹³ Some families choose unlicensed care when they can't access licensed care; some (but not all) are concerned about what that means for quality of care.

"Many families I know are migrant and field workers and have to miss their child's therapy appointments because appointments are not offered after work. This leads to them dropping services until after the work season. Families shouldn't have to choose between work or their child's health but I see it all the time. We love our services but there are not enough providers to accommodate Spanish-speaking families."

—Provider

7.3.1.2 Availability of key early learning programs

During outreach, many families expressed a need to expand ECEAP, Head Start, and ECLIPSE. Many participants reported difficulties accessing these programs because of long wait lists, particularly for ECEAP and Head Start. As of 2019, there were 42,500 children in Washington State who were eligible to participate in ECEAP and/or Head Start, with 23,114 slots available.

"The needs of the community are greater than what providers can offer . . . high-quality child care and preschools are full."

—Parent

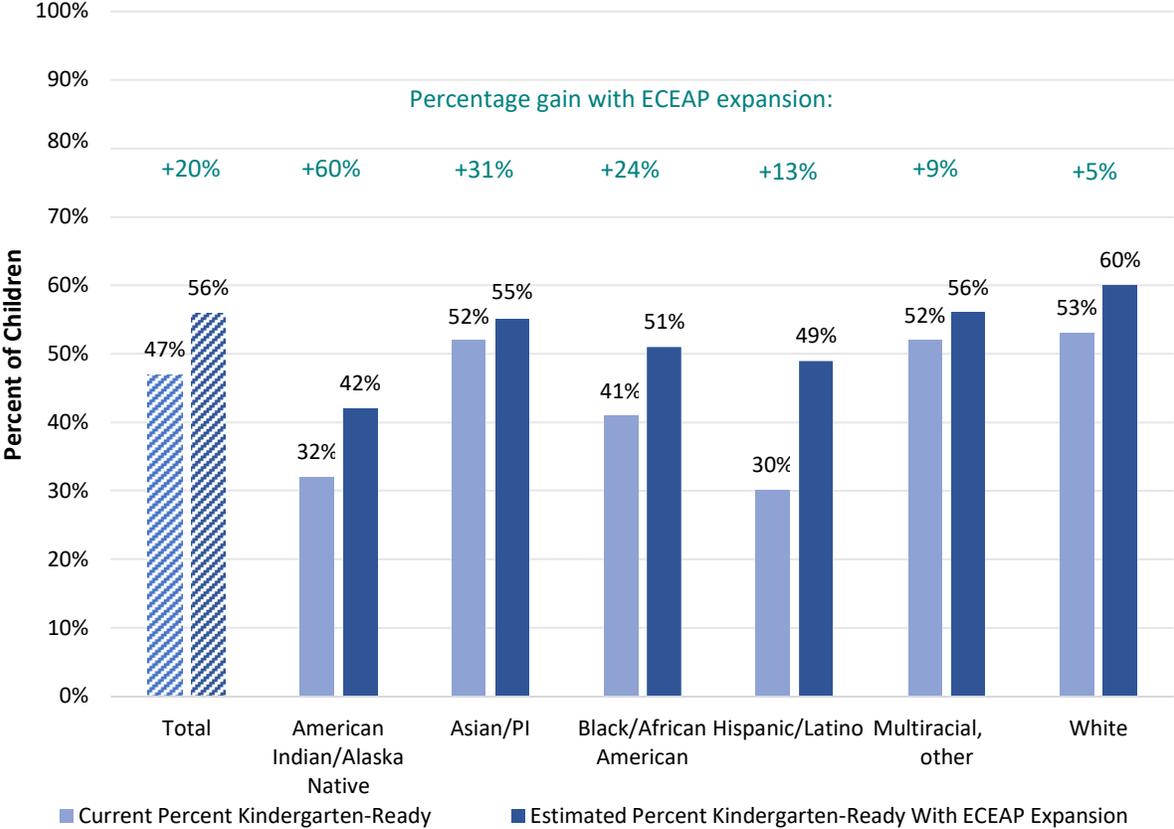
In its first 33 years, ECEAP has gradually expanded from serving 1,000 children per year in the 1985–1986 school year to 14,000 in the 2019–2020 school year. Between 2012–2013 and 2019–2020 alone, ECEAP added 5,609 slots in communities around the state, including within the boundaries of 32 new school districts. However, there is still a gap between need and availability.

KIDS COUNT, a partnership between the Children's Alliance and the Washington State Budget and Policy Center, examined how expanding ECEAP to serve 23,000 unserved Washington children could affect readiness for kindergarten. Their research brief concluded¹⁴:

- Expanding ECEAP could increase Washington's overall kindergarten readiness from 47% to 56%. This is 7,900 more children who would be ready in all six developmental domains.

- While children across all races and ethnic groups would benefit, ECEAP expansion could especially help many children of color who have not had equal access to opportunities that promote kindergarten readiness. Latinx, American Indian, and Black children would benefit the most from expansion (figure 7-3).
- Families in rural communities and metropolitan areas across the state would benefit, with the largest percentage increases in counties in central and eastern Washington: Yakima, Adams, Franklin, and Chelan.

Figure 7-3. Percentage of kindergarten-ready children before (2016) and estimated percentage after expansion of the Early Childhood Education and Assistance Program (ECEAP), by race and ethnicity



Data from: Budget & Policy Center estimates using data from the Washington State Department of Early Learning’s 2017 Estimated Eligible and Unserved by County Saturation Study and 2016 Spring GOLD Readiness for Kindergarten Entry (for Pre-K Children) by Race and Ethnicity, Washington Office of Superintendent of Public Instruction’s 2016–17 Washington Kindergarten Inventory of Developing Skills (WaKIDS) Kindergarten Readiness by County, and IPUMS’s 2016 American Community Survey (ACS) 5-Year File.

Washington State has committed to expanding ECEAP to entitlement levels by the 2022–2023 school year. The state Caseload Forecast Council estimates that to serve all children who are

eligible and whose families will voluntarily participate, while continuing to support existing high-quality services, the state must¹⁵:

- **Expand access to ECEAP to all eligible children** whose families choose to participate by the 2022–2023 school year. This involves adding more than 4,700 more slots for children, while securing facilities and qualified staffing.
- **Increase the dosage of classroom time to enhance child development outcomes** and meet the needs of working families. In 2014–2015, 19% of ECEAP slots were in the School Day and Working Day models. In 2019–2020, this is increased to 26% of slots. While there is still parent interest in part day programming, there is unmet needs for care and education provided in longer days.

“ECEAP is really good but 3 hours is not enough. If it [were] full day that would be very beneficial.”

—Parent

To expand ECEAP’s scope to reach the estimated need, expansion planning must address not only funding, but an increase in the number of facilities and well-trained staff in the early learning workforce, with a focus on addressing disparities in access for families related to race, geography, and economic status.¹

Expanding ECEAP will also expand access to Mobility Mentoring®, a successful approach for engaging and supporting families across the Strengthening Families protective factors (see chapter 6, “Strong, stable, nurturing, safe, and supported families.” Some ECEAP contractors and partners have voiced concerns related to the implementation of Mobility Mentoring® with racial and ethnically diverse families. ECEAP is responding by implementing two workgroups: one that brings together tribal early learning leaders (including tribal ECEAP contractors and subcontractors) to learn about implementation of Mobility Mentoring® in the context of tribal culture and values, and another that includes ECEAP contractors who have expressed an interest in sharing their ideas and concerns related to Mobility Mentoring® implementation in relation to the wide variety of families and communities they serve.

7.3.1.3 Affordability of child care for working parents

Both quantitative data and qualitative input confirm that the high cost of child care makes it difficult for many families to access services — the cost of child care was the most cited barrier throughout the community engagement process. Working families who don’t qualify for subsidies but don’t have the means to pay out of pocket face a significant burden. Some parents say they choose to forego jobs and careers to qualify for subsidies or to stay home to care for their children (although others choose to stay home and consider it a privilege to do so).

“Access and equity. We must focus on providing access to all families. We have many families who aren’t at the poverty line who cannot afford early access to school.”

—Provider

Child Care Aware of America estimates that, as a national average, the annual cost of child care is \$9,000 to \$9,600 — more than 10.6% of the national median income for married couples with children under 18 years.¹⁶ In Washington State, the annual cost of high-quality full-time care for a single infant in a licensed child care center ranges from \$9,240 to \$16,200, which at the high end is more than the annual cost of in-state tuition at Washington’s public universities. For a single parent with one infant, the cost is prohibitive — 51.6% of average annual income. For a married family with two children who live at the poverty line, the cost is impossible: 101.6% of average annual income.¹⁷

Washington continues to be ranked among the least affordable state for child care in the nation (all rankings are from 2017):¹⁶

- Ranked 6th least-affordable for center-based infant care.
- Ranked 4th least-affordable for family child care of an infant.
- Ranked 10th least-affordable for center-based toddler care.
- Ranked 5th least-affordable for family child care of a toddler.
- Ranked 10th least-affordable for center-based care of a 4-year-old.
- Ranked 7th least-affordable for family child care for a 4-year-old.

“I stopped working in order to be with my daughter. I can’t afford to pay for preschool, so I am doing a program at home.”

—Parent

Costs of child care are highest for infants and decrease steadily with age — though costs remain unaffordable for almost all families (table 7-3).¹⁸ The Washington Department of Commerce estimates that 49% of Washington parents find it difficult or very difficult to find, afford, and keep child care.¹⁹

Table 7-3. Monthly cost of child care in Washington State in 2018, by provider type and age of child

	Child care centers		Family child care homes	
	Median	75 th Percentile	Median	75 th Percentile
Infants	\$1,135	\$1,440	\$888	\$1,105
Toddlers	\$966	\$1,275	\$823	\$984
Preschoolers	\$867	\$1,101	\$702	\$880
School age (before and after school care, ~20 hours/week)	\$498	\$650	\$390	\$550

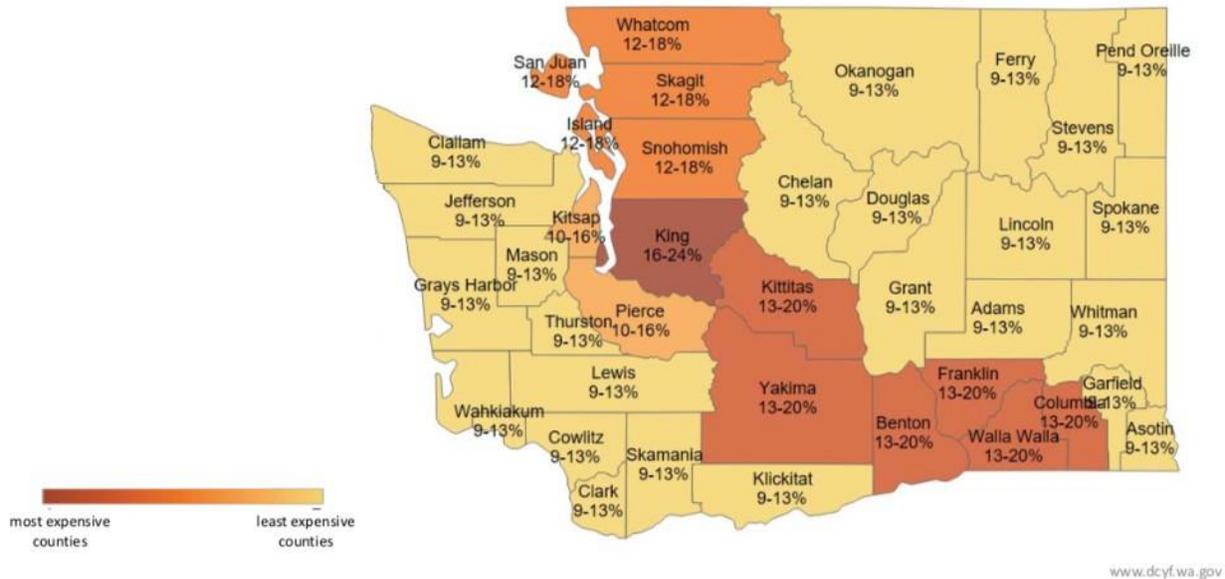
The high cost of child care is also distributed disproportionately across regions within Washington State. Smaller counties experience more instability in costs, because changes in the availability of child care (for example, when a facility closes) have a greater impact on the relationship between supply and demand. Urban centers with larger populations have more stable costs, but also higher costs (for a detailed report of regional variation in child care costs, see the *2018 Data Report by Child Care Aware of Washington and the Washington State 2018 Child Care Market Rate Survey Final Report*).^{18,20}

Figures 7-4 and 7-5 show the relationship between costs of child care for infants and toddlers and family income across Washington State at two different household income levels. For low-income families in the counties with the highest costs, child care can demand as much as 50% of household income. For middle-income families, the costs can still be prohibitively high, at 20% or more for counties with the highest child care costs.

Figure 7-4. Cost of center-based care for Washington State infants and toddlers in low-income families, as percentage of family income. “Low income” is defined as <200% of the federal poverty level, or less than \$50,200 for a family of four. Adapted from “Accessible and Affordable Child Care,” Washington State Department of Children, Youth, and Families, presented at Results Review, October 24, 2018.

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Figure 7-5. Cost of center-based care for Washington State infants and toddlers in middle-income families, as percentage of family income. “Middle income” is defined as 300% to 400% of the federal poverty level, or \$75,300 to \$100,400 for a family of four. Adapted from “Accessible and Affordable Child Care,” Washington State Department of Children, Youth, and Families, presented at Results Review, October 24, 2018.

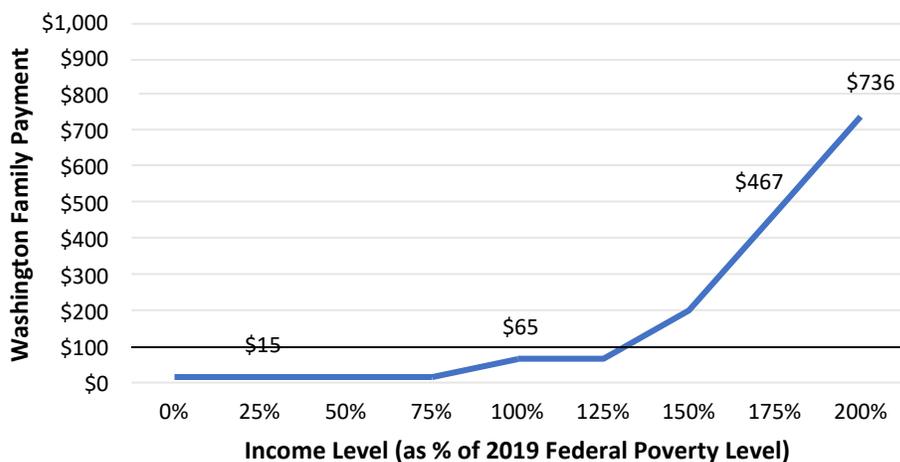


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Changes implemented in 2011 in how Washington administers WCCC, such as increases in co-pays for higher-income eligible families and an end to eligibility for some Temporary Assistance for Needy Families client groups, may have affected the demand for subsidized child care. Co-pays in Washington’s child care subsidy program are flat, at \$15 per month for household incomes up to 82% of FPL and \$65 per month for families with household incomes between 82% and 137.5% of FPL. However, above 137.5% of FPL, co-pays increase steeply — by 50% for every dollar of income above 137.5% of FPL.

As illustrated in figure 7-6, the co-pay for a family of three rises from \$65 per month for a family earning \$30,000 to \$467 per month for a family earning \$37,000. The share of co-pays jumps from less than 3% of family income at the \$30,000 income level to more than 15% of family income at the \$37,000 income level.²¹

Figure 7-6. Amount of co-pay associated with subsidized child care at different household income levels, Washington State, 2019



Data from: Washington State Department of Children, Youth, and Families, *The Early Start Act 2018 Annual Report*, 2019, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf

When Washington’s economy recovered from the 2008 recession, families with incomes in the low end of eligibility for subsidized child care moved up to higher levels of income. While these families were still eligible to receive subsidized care, not all were able to afford higher co-pays (which may contribute to the decrease in demand for subsidized services).

DCYF estimates that as many as 38% of eligible children in families with household income between 75% and 150% FPL are receiving subsidized child care. For families with household income of 150% to 174% FPL, that number drops to 16%, and in families with household income between 175% and 199% FPL, only 7% of eligible children are receiving subsidized care. As families with incomes below 200% FPL move up the income distribution, Washington’s steep co-pay structure discourages many of those families from participating.

ECEAP household income requirements create a similar gap. In many families, household income is high enough to disqualify children for ECEAP, but too low to pay for unsubsidized child care. In others, family income may be low enough to qualify the child for ECEAP, but high enough that the copay for subsidized care is more than the family can afford.

These subsidy structures create a so-called subsidy cliff, with the result that some families make too much to be eligible for state support, but not enough to pay their child care costs.

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7.3.1.4 Size of the child care workforce relative to need

As of 2018, Washington State continued to experience a decline in the number of providers who offer subsidized care for children younger than 5 years and among licensed providers overall.²²

This trend has been seen in both child care centers and licensed family homes. The number of centers serving children on subsidy increased slightly in 2018, but not enough to reverse the trend.

Research nationally has described similar decreases in licensed child care. For example, the National Center on Child Care Quality Improvement reported a 19% decline in the number of total licensed facilities nationally between 2008 and 2014, including a 22% decrease in the number of licensed family homes accompanied by a small 3% increase in the number of licensed centers.²³

Possible contributors to the continued reduction in the number of licensed child care providers in Washington are discussed in detail in chapter 9, “A strong and supported early childhood workforce.”

7.3.1.5 Availability of early learning facilities

Child care and other early learning programs and services in Washington State are housed in a variety of spaces, including dedicated facilities owned by providers, space leased from school districts, and space donated by community facilities. For at least the last ten years, the early learning community has watched the need for early learning space rapidly outpace availability and has been working to address this critical shortage.²⁴

Partnerships between state agencies, local government, community development financial institutions and private donors have resulted in new initiatives and opportunities to create, renovate, and purchase additional early learning facilities. However, while all of these efforts are making an impact, the need for additional resources is still rising.

With the current shortage of child care options and the legislatively mandated expansion of ECEAP to entitlement levels, both current and potential early learning providers need education, technical assistance, outreach, and financial support to expand access to facilities to meet the growing need.

Several shifts will place additional pressure on the system between now and the 2022–2023 deadline for ECEAP entitlement:

- Any changes in capacity of district facilities in response to social distancing requirements associated with the COVID-19 pandemic. This is a concern especially for ECEAP programs, 58% of which are housed in school district settings.
- Washington State’s Transitional Kindergarten program has been expanding, which is creating pressure on classroom availability, reducing availability of classrooms in public schools.
- Starting in 2019, Washington reduced class sizes for kindergarten to third grade classrooms, reducing availability further.

- In addition to increasing the number of ECEAP slots, the planned expansion will increase classroom time from three hours to six hours, requiring more facility time to meet the need.

The full impact of these changes has not yet been assessed. Currently DCYF anticipates that Washington will need an additional 259 new classrooms by 2022–2023 to serve the 4,769 anticipated new ECEAP enrollment slots alone.

As the early learning community looks at strategies to meet this gap, existing inequities in access must be addressed. A 2018 analysis by the Early Learning Facilities Stakeholder Group reports that more than 4,500 eligible children in King County do not have access to subsidized early learning and that this is largely due to geographic pockets of King County that lack early learning facilities. Children of color disproportionately live in these “extreme access deserts” — geographic areas where children who qualify for subsidized early learning are systematically underserved.²⁵

The expansion of ECEAP is an opportunity to ensure that availability of early learning facilities more closely matches need. The *2019–2020 ECEAP and Head Start Saturation Study* shows estimated need by school district, which offers the chance to prioritize areas that have disproportionately low access to high-quality early learning facilities — for example, communities of color, rural areas, and others.²⁶

The limited availability and affordability of real estate is one barrier to establishing new early learning facilities — especially in King County and other counties where the cost of real estate and competition in the market have increased dramatically over the past ten years. Profit margins for early learning providers are slim, due in part to low subsidy rates (see chapter 9, “A strong and supported early childhood workforce”), which limits their ability to compete in the real estate market and increases dependence on public school facilities, donated space, community facilities, and other spaces that are available at less than market price.²⁵ Early learning providers also may not have the capacity or access to the experience and skills required to oversee and manage facility expansion and development.²⁷

There are also limitations related to how ECEAP, Head Start, and other early learning programs are funded. ECEAP, for example, is provided by DCYF through annual contracts based on the state’s biannual operating budget, and Head Start grants are funded in five-year increments. These relatively short commitments increase risk for service providers who make long-term investments in capital projects, for landlords who invest in improvements for tenants (providers) whose revenue comes from a sole source, and for lending institutions that loan to borrowers (again, providers) whose income is based on relatively short-term contracts. Washington State currently does not have dedicated funding (state or federal) to support providers (and others) in bridging these barriers.

The state has identified many possible sources of funding — including federal, state, school districts, and private sources — and is building a strategy that accounts for the opportunities, restraints, and capacity of each potential funding stream.

Early learning facilities grant

In 2017, the Washington State legislature (RCW 43.31.565) created a grant and loan program to increase the availability of early learning opportunities for the state’s lowest-income children. Collaboratively managed by the Department of Commerce and DCYF, the program provides state financial assistance to enable ECEAP contractors and child care providers who accept WCCC subsidy to expand, remodel, purchase, or construct early learning facilities and classrooms necessary to support state-funded early learning opportunities.

The program relies on the *2018–2019 ECEAP and Head Start Saturation Study*, the locations of extreme child care access deserts, and the *Facility Needs Assessment for ECEAP Expansion* to allocate funding to facilities across Washington State. The first round of funding (2017–2019) provided grants to 17 organizations; in addition, nine school districts received early learning facilities grants through direct appropriations. In the second round (2019–2021), 39 organizations received funding through the competitive process. Between 2017 and 2020, the program created approximately 2,070 early learning spaces, in early learning facilities and other locations, for children.

The greatest challenge facing this program is that the demand for facilities is far greater than the available financial resources. Since the program launched, more than 300 organizations have applied for grants. In the 2019–2021 funding round, the total amount requested was \$34 million, compared with available funding of \$17 million. There is also a need for technical support for organizations submitting grant applications and to help successful applicants prepare for capital investments.

Co-location with affordable housing

One way in which Washington State is working to increase the availability of subsidized early learning facilities, especially in “access deserts,” is by encouraging co-location of early learning centers within mixed-use affordable housing developments. This has many advantages for working families — not least reducing the burden of transportation associated with child care — and benefits both the community and the housing developer, who gains a potential revenue stream.

A partnership with a housing developer can ease the difficulty that many early learning providers have in securing financing to build and operate new facilities. To encourage partnerships between housing developers and early learning providers, Washington State is establishing a number of programs to support the creation of early learning facilities. In 2019, the Washington Department of Commerce introduced a fund to support the establishment of new facilities.

In addition, Home and Hope, led by the nonprofit Enterprise Communities in collaboration with a multisector array of partners, seeks to accelerate the creation of co-located affordable housing and early learning. The project facilitates the development of affordable housing and early childhood education centers on underutilized, tax-exempt sites owned by public agencies and nonprofits in King County, Washington.²⁷²⁷

District facilities inventory

Through the Information and Condition of Schools database maintained by OSPI, Washington is able to identify buildings that are no longer used as K–12 instructional space and can be made available to eligible organizations as early learning facilities. In 2019, the Department of Commerce, in consultation with DCYF and OSPI, identified 25 such buildings. The state continues to work to develop a complete and accurate list of potential sites.

7.3.2 High-quality, responsive, and available home-based and/or informal services

A strong and trusting relationship between families and professionals or others who provide care and support is essential to a child’s well-being. This is especially critical in the context of the feedback received during community engagement about the barriers created by differences in culture and language, and about long-standing issues of trust between many families of color and care offered in institutional settings, whether a child care center or a public school

This places a high importance on services that are based in a family’s home, that meet families where they are (e.g., offered in the family’s own home or community settings where they feel comfortable), or that are provided by trusted community members. Relationship-based services like home visiting; Family, Friend, and Neighbor care; and other community supports offer families a way to connect with the early learning system on their own terms. This type of support is also more likely to be delivered by people who share the family’s culture, one reason that some families choose FFN over settings-based child care, even when settings-based care is available to them.

DCYF has limited understanding of parental preferences as they relate to the informal market (unlicensed or informal care). Understanding why parents choose informal care, whether that choice is by preference or necessity, and how their preferences differ by geography, household income, and race/ethnicity is critical to understanding how limitations in choice affect children and how to improve developmental outcomes.

A 2008 survey of parent needs conducted by the then-new Washington State Department of Early Learning was an excellent example of trying to assess parental needs broadly.

7.3.2.1 Availability of home visiting and proposed expansion

Washington has a nearly decade-long track record of success in expanding home visiting services, and home visiting programs are currently operating in all but seven counties. Expansion of home visiting services has the potential for a high impact on Washington’s children and

families, because the service is very effective at meeting the needs of communities that are otherwise underserved, including communities of color, rural communities, and low-income communities. Families facing homelessness, those involved in the child welfare system, those with mental health and/or substance use disorder challenges, and those who have experienced domestic violence also benefit from services.²⁸

“The J. family enrolled in Parents as Teachers (PAT) when their baby was 3 months old. Before participating in PAT, the parents were homeless and residing at the Salvation Army. They were placed into emergency housing after the birth of their daughter and referred for TANF and the PAT program.

The PAT parent educator worked with both parents: supporting positive parenting, teaching about developmental stages and domains, helping with goal-setting, offering resources and referrals, and generally giving support to help cope with the many stressors and challenges of having a newborn.

After the birth of a second child, the family faced issues with domestic violence and mental health that resulted in the removal of both children from the home. The parent educator continued supervised PAT visits with the mother, supported her visits with her children, and helped prepare her to get them back, reinforcing the importance of structure and routines both for the mother and the children’s successful reunification.

The children are on track developmentally, and the mother is continuing with mental health counseling and has integrated meditation and mindfulness exercises to deal with her stress. The mother repeatedly stated she and her children could not have been successful without the help and support of their parent educator.”

—Agency leader

The state is well positioned to expand home visiting services funded through the HVSA and to improve coordination across all entities supporting home visiting in Washington. There is an opportunity to build on the effective systems that have been created to support service delivery, technical assistance, data management and evaluation, and quality assurance.²⁹

In a report to the Washington Legislature on a proposed expansion to home visiting in Washington State, as of 2018, the total number of home visiting slots funded by all federal, state and local sources was 7,323. The report suggests a three-phase expansion of home visiting that would increase the number of slots by 20,500, nearly tripling the number of families currently served. This expansion would focus on the highest-risk communities (as identified in the statewide home visiting needs assessment). In addition, the report recommended that a portion of the new slots be reserved for tribal communities.

Families who receive services report that it provides stability and support in the early years of a child’s life.²⁹

The report also notes:

- Stakeholders identified rural and low-income communities, especially Black, tribal, and Hispanic communities, as having the greatest unmet need for home visiting services.
- Stakeholders also strongly prioritized services that are culturally responsive to the communities where they are.
- A specific approach to support less-established, innovative models as well as established models (a portfolio approach) can improve service to vulnerable communities, with additional support to maintain quality and efficiency.
- With limitations to the current sources of funding for home visiting, both in terms of the volume of funds available and what existing sources do and do not cover (e.g., evidence-based models vs. promising practices), any significant expansion will require alternate approaches to funding, and exploration of potential changes to reimbursement approaches as well.
- Universal voluntary in-home screening combined with a coordinated entry approach could increase the use of — but does not replace — longer-term, more intensive home visiting services. This approach would meet the need for coordinated intake and referral, though that need can also be met independently, as part of the expansion strategy.
- Community planning, leadership and organizational capacity development are critical to expansion. Capacity at the local implementation level will need to grow, which means an expansion strategy must consider current challenges to workforce development.
- Expansion will require state administrative capacity and funds dedicated to continuing long-term data system planning.
- To be effective at scale, state agencies need enhanced coordination and governance both within and beyond the HVSA-funded home visiting system.
- Appropriate public outreach and engagement of families' voices are both necessary to shift attitudes and practices and to ensure the impact of expanded services.
- Implementation of the recommended carve-out for American Indian and Alaska Native populations of 2,000 slots should consider the unique government-to-government relationship between federally recognized tribes and Washington State government.

Another key finding from both the report and outreach is the importance of creating a system of home visiting services that can incorporate promising community-designed models. Options that build on community experience and expertise have the potential to meet community needs in important and effective ways. Given its agency-wide performance-based contracting initiative and other imperatives of the new agency, DCYF is building substantial capacity to partner with communities to support rigorous evaluation of a priority group of promising models.

“...there’s also an opportunity ... for [home visiting] expansion to think about the level of evidence needed for community-designed programs, to adapt/shift models to meet their needs. To value evidence in communities like evidence from universities.”

—Agency leader

7.3.2.2 Availability of Family, Friend, and Neighbor care

Washington is still determining how best to support children, families, and providers participating in FFN care. The large majority of FFN providers do not receive the WCCC subsidy, making it difficult to collect data about those caregivers, and to determine what supports might be useful and how to best provide those resources or supports. Many FFN providers have challenges navigating a system that is siloed, have limited access to services and supports that assist in their care, and/or have limited financial resources.

“Majority of families are with FFN. Want to see a robust plan for supporting FFN.”

—Family caregiver

FFN providers are unlicensed and not regulated by the state. However, Washington recognizes the value of FFN care as a preferred form of care for many families, and the federal Child Care and Development Fund (which provides funding for WCCC) includes eligibility for relatives to receive child care subsidies. The WCCC subsidy program provides subsidies to family members who are 18 years or older, have legal employment status, and pass a background check as described in the Washington Administrative Code (110-15 and 110-06). Providers who are not related to the child in their care must also complete health and safety training and participate in a yearly check-in with DCYF.

In FY 2018, 8,854 FFN providers requested and received subsidy, serving 26,524 children. No data are available on the number of FFN providers and children served who are not receiving subsidy from the state.³⁰

The BUILD Initiative has outlined a number of specific actions states can take to expand and support FFN care.³¹ Washington is one of only a few states that have committed state funding specifically to support FFN providers. Other policy changes that continue and expand on that support could include expanding home visiting to support FFN providers; expanding Community Cafés where FFN providers can come together as a community; and creating networks and shared services or hubs through which FFN providers can advise and support each other.

FFN providers may also benefit from receiving the same types of concrete support that are available to parents and from access to information on developmentally appropriate care and child development. Providing those materials in a culturally responsive format (e.g., language) is critical. FFN caregivers also can be valuably engaged by other professionals who are supporting the child’s development (e.g., child welfare system).

7.3.2.3 Availability of Play & Learn groups and community resources

Play & Learn groups are highly utilized by families. In early 2020 (before the COVID-19 pandemic), several groups in Washington were at capacity and turning families away. There are also geographic areas and cultural or language communities where the need is high.

Families also say that availability of and access to community resources — libraries, parks, museums, zoos, and other places where children play, learn, and interact with each other and the world — is essential. However, some communities, such as rural and/or impoverished communities, have fewer options. Some community resources charge fees for entry and are less accessible for low-income families. Transportation can be an issue, as well as families' cultural comfort with some resources.

"It would be wonderful to have a more affordable way to go to the zoo or aquarium."

—Parent

7.3.3 Partnerships with tribal communities

Establishing productive relationships with tribes to support high-quality early learning in tribal communities within the context of government-to-government relationships, is a priority for DCYF. Early Achievers is an important tool for engaging in discussions with tribal communities about accessible, high-quality care. In fiscal year 2018, 1,343 children younger than 5 years whose parents identified them as American Indian/Alaska Native participated in ECEAP and subsidized child care programs (about 2.7% of the total).³²

DCYF has identified 61 tribal child care program sites across the state, with the licensed capacity to serve up to 2,882 children. These sites include private child care centers and family child care homes operating as private businesses under tribal licensing authority (certified for subsidy payment), as well as tribally sponsored child care centers and Head Start programs. Of the 61 tribal child care facilities, 33 are enrolled in Early Achievers — eight are rated at a level 4, four are rated at a level 3, and 21 are not yet rated.³³

The Early Start Act makes provision for inter-local agreements between tribes and DCYF for participation in Early Achievers. In 2018–2019, 12 ECEAP sites are operated by tribes or tribal organizations. All are participating in Early Achievers; one is rated level 3 and eight are rated as level 4. Two contract directly with DCYF for ECEAP services (Lummi Nation and Suquamish Tribe). Ten tribes or tribal organizations are ECEAP subcontractors (Kalispell Tribe, Nisqually Tribe, Puyallup Tribe, Sauk-Suiattle Tribe, Swinomish Tribe (La Conner), Salish School of Spokane, Spokane Tribe of Indians, Squaxin Island Tribe, Tulalip Tribes, and Upper Skagit Tribes).³⁴

DCYF's Director of Tribal Relations and Early Achievers staff provide individualized consultation to support tribal providers, based on the needs of providers and relevant tribal

government context. DCYF is working to build a toolkit for its staff and partners working with tribes, including sample participation agreements, options for modifying quality standards, assessment tools, and coaching methods to enhance cultural relevancy.

Other DCYF activities to enhance access, availability, and affordability of high-quality care in tribal communities include:

- STARS Training: 30-hour and 10-hour STARS trainings are offered annually to tribal child care providers. DCYF reimburses \$250 per year for eligible professionals, for state-approved training costs.
- Tribal certification process: A certification process for child care licensing is available for tribes, allowing tribal providers to access child care subsidies while respecting the alternative licensing procedures of sovereign tribal governments.
- University of Washington Cultivate Learning Tribal Liaison: Cultivate Learning's Community and Tribal Liaison Lead is responsible for direct support to tribal programs once they enter the Early Achievers rating queue.
- Early Achievers Government and Tribal Partnerships Liaison: DCYF has hired a liaison on the Early Achievers team responsible for partnering with tribes to move forward on the Early Start Act mandate to explore using alternate quality assessment tools that meet the culturally specific needs of tribal children.
- Conferences: DCYF sponsors Tribal Early Care and Education Conferences for early learning professionals who work with tribal children and families every two years.
- Language Summit: DCYF partnered with the Muckleshoot Indian Tribe and the Region XI American Indian/Alaska Native Head Start Collaboration Office to host the 2nd Annual Washington State Tribal Early Learning Language Summit.
- Curriculum supports: DCYF supports the implementation of the Since Time Immemorial curriculum for preschool and conducted four workshops in FY 2018.
- Early Head Start: DCYF supports the Early Head Start ChildCare Partnership grantees, including the tribal grantee, the Nisqually Tribe.
- Parenting activities: DCYF funds parent support and education projects that provide hands-on parent-child activities, parent education, and family support services to tribes. The American Indian Community Center in Spokane and the Lummi Nation are two of four recipients in Washington receiving a Community Based Child Abuse Prevention grant. Through this funding these two programs are offered: Fatherhood Is Sacred and Positive Indian Parenting.
- Tribal home visiting: DCYF contracts with the American Indian Health Commission to advise the agency of ongoing maternal and child health needs and capacity in tribal communities for home visiting and other critical early learning services to support the healthy development of American Indian/Alaska Native children and families. This contract is also to support trainings for addressing historical trauma and adverse childhood experiences. DCYF provides home visiting grants in tribal communities; the Lummi Nation and Suquamish Tribes are the recipients of two-year start-up grants, and United Indians of All Tribes also receives Maternal Infant Early Childhood Home Visiting funding from DCYF.

7.3.4 Inclusive and responsive early learning settings and services for infants and toddlers and for children with specialized needs

7.3.4.1 Availability of services for infants and toddlers and their families

Early learning opportunities in Washington State are more limited for infants and toddlers than for any other age group, and the unmet need is particularly acute for the most vulnerable families. From birth through age 3 years, children experience the most rapid brain development of their lives,³⁵ forming cognitive and social-emotional skills that will last the rest of their lives. They are more physically vulnerable, more likely to experience child maltreatment, and more likely to come into contact with the child welfare system than any other age group.

“The system appears to be focused more on the education of 3- to 5-year-olds. I would like for it to be reinforced to the toddlers so we can give better quality.”

—Provider

Yet during this time, families are often left alone. Although some Washington parents have access to home visiting from prenatal through age 3 years, early intervention services through ESIT, and federally funded Early Head Start programs, the state still has a substantial shortage. Families have needs and preferences about child care for their infants and toddlers, but they encounter major challenges meeting those needs. Increasing provider costs and limited ability to recoup through increasing rates have created an “age desert” for infant and toddler child care.

Complicating this picture, few data are available on the service needs of infants and toddlers (and their families). Because this age group is underrepresented in formal care settings, the state’s understanding of unmet need is limited.

“Infant child care is rare. This fact affects the ability of local foster parents to care for local foster children, especially if there is an infant. Instead the infant and/or other children are sent to wherever.”

—Parent

Washington is piloting an Early ECEAP program to address significant needs for families with infants and toddlers. Early ECEAP will build on the comprehensive Early Head Start and ECEAP models, leveraging the Early Head Start Performance Standards and ECEAP infrastructure to create a high-quality, comprehensive, cost-effective program.

The pilot phase of this program will include operation at ten settings-based sites for 3 years, with each site serving 144 infant and toddler slots annually. These pilots will incorporate the Mobility Mentoring® evidence-based approach to parent engagement, which has been shown to be effective within ECEAP for supporting families to promote economic mobility and goal achievement (see chapter 6, “Strong, stable, nurturing, safe, and supported families”).

Income eligibility for Early ECEAP is modeled on Early Head Start and ECEAP, allowing providers to enroll families with household income up to 110% FPL and, if the child meets at least one risk factor criterion, above 110% FPL, with additional criteria that allow enrollment of children at higher income levels when space is available.

Washington is committed to addressing disparities in access and opportunity, and the selection of Early ECEAP pilot sites will bend services toward children in tribal communities, in extreme child care access deserts, and in communities with high rates of child maltreatment, infant mortality, and other risk factors.

7.3.4.2 Availability of services for children with developmental disabilities or delays and children exposed to complex trauma

Washington's early learning system strives to provide positive experiences for children with specialized needs in the environment in which those needs can best be met — whether in a formal setting, the child's home, or elsewhere.

- ESIT (Part C) offers early intervention for children up to age 3 years who have developmental delays or disabilities and their families.
- Developmental preschool (Part B) supports children between 3 and 5 years with developmental delays or disabilities.
- Home visiting can support families whose children have specialized needs and connect them to information and services.
- ECEAP provides specialized support for children and families experiencing high levels of stress and risk.
- ECLIPSE is designed to reach children who have experienced complex trauma and need intensive services in a therapeutic early learning environment with tailored wraparound supports for the family, including mental health supports if needed.
- The Neurodevelopmental Centers of Washington, a group of 19 community nonprofit and hospital-based agencies (many of which are ESIT providers), provide therapy and related services to young children with neuromuscular or developmental disorders.
- Families may also choose to access individual therapies at home or in another setting through their private insurance.

IFSPs and IEPs, designed in collaboration with the family for children with disabilities, help families identify and access the services they need and transition between programs as their children grow.

Although Washington has invested in expansion of these specialized services, there continue to be unmet needs. During outreach many parents, caregivers and early learning providers commented that existing supports for children with disabilities or developmental delays fall far short of the needs for these services. Some parents described a sense of helplessness at their inability to find sufficient resources in their community for their child. Parents also say that

health insurance often doesn't cover or has limited coverage for necessary services, or there can be other barriers to accessing needed services.

Only 9% of Washington families who responded to the 2018–2019 National Core Indicators Child Family Survey (of families with children served by the state Developmental Disabilities agency) said they had received early intervention services or support, compared with 12% nationally.³⁶ Families in rural communities in particular have limited access to both screening and therapies.

“My youngest son was diagnosed with Trisomy 21, most commonly known as Down Syndrome, at birth. He was born at 41 weeks and weighted 8 lbs. 13 oz. A few minutes after I gave birth, my doctor pulled up a chair and held my hand and said, ‘Vanessa, do you see anything wrong with E.?’

At that point, all my fears and doubts came true and my heart felt as if it broke into several pieces and there was not enough glue in this world to help fix it.

At our one-month well-child check, our provider referred us to Children’s Village in Yakima to receive Early Intervention services..... E. was enrolled in the Birth to Three program and qualified for water therapy, speech therapy, occupational therapy, physical therapy, and feeding therapy. All these therapies helped with his cognitive, physical, sensory, and motor skills.

I am forever grateful for these therapies and Children’s Village. I strongly believe that if it had not been for Children’s Village and their amazing team, E. would not be where he is now. They will always hold a special place in my heart.”

—Parent

The need to expand ECLIPSE

The gap is largest for the most vulnerable. There are no comprehensive data on the number of children with intensive needs, or who have been exposed to complex trauma, and who are in need of services like those provided by ECLIPSE. However, in 2018, ECLIPSE served 746 children in just two communities. A report from the Department of Social and Health Services Research and Data Analysis Division estimates that there are thousands of children statewide whose families fit the risk profile for ECLIPSE and that expansion of the program to reach those in greatest need would require an additional 2,847 to 10,032 children served each year.³⁷

Support for providers serving children with intensive needs

Families also cite a lack of providers in some communities who have the knowledge and expertise to support children that have experienced high levels of trauma or that have specialized needs. Early learning providers reported that it can be difficult to meet the specialized needs of children in early learning settings because of a lack of resources, training, or supports.

“Many children ... can’t access early intervention services because services don’t exist or people don’t know about [them].”

—Provider

This can have a long-term impact; children with developmental delays or disabilities, or exposure to trauma, have more intensive needs that require understanding, training, and greater investment of time. As noted in chapter 5, “Healthy children and families,” children with such needs have high rates of expulsion, suspension, and other exclusionary punishments, with lasting negative outcomes for both educational and social-emotional development. Providers, too, ask for access to training in trauma-informed care (see chapter 9, “A strong and supported early childhood workforce”).

Washington is piloting a number of programs and models, including support for providers through shared services hubs (chapter 8, “Powerful communities and a responsive early learning system”), and infant and childhood mental health consultation and child care health consultation (chapter 5, “Healthy children and families”).

Inclusive classrooms

Research demonstrates better student outcomes when students spend a greater percentage of the day in inclusive settings, in lieu of being pulled out for therapy or receiving instruction in self-contained classrooms.³⁸ Inclusive classrooms also benefit typically developing peers, who have the opportunity to learn among students with a wider range of developmental levels.³⁹ In Washington State, some school districts offer inclusive preschool in a few or all classrooms. However, more than half of pre-K and kindergarten students with disabilities currently receive services separate from their peers (7,125 of 18,256 children with an IEP), creating disproportionality among children who are not receiving inclusive services.⁴⁰

There are several barriers to closing this gap. First, the capacity to offer high-quality, inclusive services — to maintain lower staff-to-child ratios, hire more highly qualified certificated teachers and para-educators, purchase inclusive curricula, and integrate therapeutic support (e.g., adaptive devices) — is dependent on funding. Outreach participants confirmed that teacher/student ratios do not accommodate the extra time needed for working with children with special needs.

Some school districts with both ECEAP/Head Start and IDEA Part B programming brain program funds to create developmentally appropriate inclusive classrooms where children with development delays or disabilities learn side by side with typically developing peers. This practice holds promise for extending the benefits of high-quality preschool with inclusive learning environments for more children. However, the benefits of these relationships can be complicated by the requirements of overlapping but not truly integrated systems and funding streams. Small, rural communities may not have ECEAP or Head Start, making funding even more difficult to access. Communities with ECEAP/Head Start contracts may have very few

available slots, putting children with disabilities in competition with children from the lowest-income families.

Providers may also face barriers related to different requirements for background checks (e.g., DCYF requirements vs. school district requirements) and other qualifications for certification among different programs. This is a disincentive for skilled providers to pursue positions in inclusive classrooms.

7.4 Support for children and families during transitions

Each transition into a new educational environment is a big milestone for children and their families. When children arrive feeling welcomed and excited, they are more likely to find success.

An integrated system with effective transition practices is key to smoothing the path to success for all children entering kindergarten. The quality of a child's transition will sway how the child experiences their first year of formal schooling. Though we know that all children benefit from a comprehensive approach to transition, children furthest from opportunity receive the greatest benefit. Yet children from lower-income families are less likely to have access to comprehensive transition practices, and schools with historically underserved student groups are less likely to provide effective transition practices.⁴¹

During community outreach, both parents and providers cited the need for support for transitions across the age continuum: from infant–toddler programs into preschool settings, into kindergarten and beyond. Outreach participants also said there is a need to support children and families through the transition from home therapy to programs outside the home, and among different types of services.

“Transition from early intervention to preschool is inconsistent and extremely difficult for the families.”

—Provider

Successful transitions focus not just on the child, but on the family, the community, the provider, and the setting. Throughout community engagement, parents talked about their deep involvement in preparing their children for kindergarten and their desire for information and support on how best to do so.

By focusing on family strengths and creating tightly integrated systems that meet child and family needs across the full range of services, Washington can create better outcomes for all of the state's children.

7.4.1 Institutional support for effective transitions

In the 2020 report *Successes and Challenges of Early Learning Transitions in Washington*, a collaboration between DCYF and OSPI,⁴² stakeholders identified a number of barriers to effective kindergarten transitions. The barriers most frequently mentioned related to systems challenges: divergent program requirements, funding sources, staff salaries, educational requirements, and locations. Because school attendance boundaries and early learning service areas rarely align, feeder patterns from early learning programs into kindergarten classrooms can seem untenable. In urban areas, early learning settings transfer children to multiple elementary schools and districts. The siloed nature of Washington’s mixed delivery early learning system adds a layer of complexity.

Deeper collaboration between early learning settings and K–12 schools has been developed in the past ten years. However, some comments from the public outreach suggest there is an opportunity to enhance that collaboration by sharing best practices and ensuring that children are enrolled in the settings that best meet their needs. Several efforts toward integration are already under way.

“Early learning continues to not be given the attention in K–12 systems that it deserves. Early learning ‘has happened’ to school districts. It started with Part B, then partnerships with ECEAP. But there is still a lack of understanding about the importance of early learning. Some districts are resistant to it. There has never been an overall philosophy about the importance of these partnerships. What would it take to shift K–12 perspectives to see early learning as an important priority? Not just an ‘add on’?”

—Provider

7.4.1.1 WaKIDS

The WaKIDS framework supports kindergarten transitions across the state. While there have been many successes in its implementation, it is designed to support “kindergarten readiness” in a limited sense by measuring the developmental progress of an individual child. We know from decades of child development research that children’s assessed “readiness” is not always a reflection of their own abilities as much as it is a reflection of the support available in their environments and relationships. Shifting the focus to the readiness of the family, community, and school to support the child’s success opens up opportunities to think in new ways about how the early learning system can serve Washington’s families, including inviting leadership from families and communities to create culturally specific approaches to transition. (For a fuller description of WaKIDS, see the opening of this chapter.)

7.4.1.2 ECEAP and Head Start

ECEAP providers support families in the transition to kindergarten in multiple ways, including creation of a formal kindergarten transition plan. Plans may include activities to help children

and families in the transition from ECEAP to kindergarten, information about local kindergartens, and discussions during parent–teacher conferences about the child’s progress toward kindergarten readiness. Providers also coordinate with schools to plan joint family events, ensure families have information about the kindergarten registration process, build relationships with kindergarten teachers, and, with parent permission, share information about the child’s needs. Of the 3,213 parents who responded to the 2018–2019 ECEAP family satisfaction survey, 94% said the support they received from ECEAP makes it easier to transition to kindergarten.⁴³ Head Start follows similar transition practices.

7.4.1.3 Early ECEAP and Early Head Start

Early ECEAP and Early Head Start support families through the transition into the program and from the program into preschool. The programs emphasize continuity of care in relationships, alignment between the home and program setting, and consistent information-sharing, recognizing that these may be the child’s (and the parents’) first experiences with a care setting outside the home. Common practices include reassuring the child by keeping family photos or beloved stuffed animals in the new care setting, providing a consistent contact point while the family adjusts to new routines, and eliciting and adopting caregiving practices from the home. Early transition practices can start as early as the prenatal stage; what parents and children experience early sets expectations, positive or negative, for the family’s experience of early learning settings.

7.4.1.4 Early intervention

Early intervention services end at a child’s third birthday. However, new services and supports are available based on need. For families with children in ESIT, the transition process begins six to nine months before the child turns 3. Families work with resource coordinators to develop a plan for transition to preschool special education services or other supports. The outcomes of this process are documented in a transition meeting, held at least three months before the child’s third birthday, during which families and their early intervention teams create a written transition plan. Staff from the local school district staff are always invited and are key to supporting a smooth, seamless, and effective transition. Some parents and caregivers described inconsistent provision of these services and the challenges with making a smooth transition for services after children turn 3.

“My son has a trache and ventilator. He requires a nurse all the time. [We are] going to lose in-home therapy services when he turns three. How am I going to get him to school when it takes two people to move him at all times? Logistical nightmare.”

—Parent

7.4.2 Equity in transitions

Inequities in education begin before the start of kindergarten and may persist far into a child’s K–12 experience and beyond. Many children who experience this opportunity gap — including children of color, English language learners, tribal children, children whose families are involved with the child welfare system, and those receiving special services — face barriers that are created by the system that is meant to support them as they move within it. In rural areas, there are even fewer options and resources for transitions, especially for children with special needs.

The 2020 report on early learning transitions in Washington notes that strengthening kindergarten transitions may reduce the need for remediation, behavioral supports, special education, and other interventions services. The report recommends that work to support effective transitions be guided by the voices of historically marginalized families, focusing on the cultural assets that those communities bring.

The most common transition practices in the Washington State educational system, based on input from stakeholders in roles across early education, including early learning providers, kindergarten teachers, administrators, and families is informational (e.g., sending flyers home with children). However, participants also provided many examples that focused on the relationship between early learning programs and schools and strategies to improve communication among providers, schools, and families.

Prioritizing practices and approaches that are within reach of schools and programs, the report makes a number of recommendations, including practices that foster relationships between early learning professionals, K–12 educators, and families; that promote continuity from preschool to kindergarten; that focus on family strengths; and that tailor practices to individual needs, with a special emphasis on children with disabilities. The report notes a lack of evidence on culturally specific transition practices and practices that build on parent/family strengths. DCYF and OSPI have committed to work in close partnership to offer Washington’s children more equitable transitions, to support transitions that lift up practices identified by parents and communities, and to support families as leaders and advocates for their children’s well-being.

7.5 Initiatives that support quality

Washington State is intentional in its efforts to achieve and sustain high-quality programming for children and families. The quality standards vary depending on the type of service, source of the underlying funding, and guidance from the state legislature.

DCYF has limited ability to link data across its many early learning data systems. This poses challenges for more complex analyses of which programs or collection of services might be most effective for different groups of children.

7.5.1 Early Achievers

Early Achievers, Washington State's QRIS, is designed to help participating early learning providers reach a level of quality that promotes strong child outcomes.⁴⁴ By aligning with ECEAP and Head Start standards, Early Achievers streamlines quality metrics across Washington State. Early Achievers brings families, early learning professionals, and supports and resources together to enhance the quality of early learning in Washington state and ensure that:

- Early learning professionals have access to the resources and supports they need to provide quality care that supports each child's development.
- Children have access to high-quality early learning experiences.
- Families can find high-quality child care and early learning programs that fit their needs.

Early Achievers helps providers increase quality through engaging environment and teacher child interactions that support the development of the whole child. Early Achievers standards are aligned with Child Care Licensing and ECEAP and include indicators in Child Outcomes, Interactions and Curriculum, Environment, Professional Development and Family Engagement.

Through Early Achievers, early learning programs (including Head Start, ECEAP, and tribal and military early learning sites) achieve progressive levels based on external evaluation of the learning environment. Quality ratings are assessed by the University of Washington. Child Care Aware of Washington provides technical support to providers participating in the program, help navigating the system, and individualized coaching to sites, as well as other relationship-based professional development support.

Participants earn points toward each level by meeting criteria in a set of standards areas (e.g., child outcomes, professional development, family engagement):

- **Level 1:** Licensing or certification. This includes child care centers and family home child care, as well as military, tribal, Head Start, and ECEAP programs. Early learning programs must register in the Managed Education and Registry Information (MERIT) database to participate in Early Achievers.
- **Level 2:** Professional growth and program management. Level 2 is designed to help early learning programs understand and prepare for successful participation and evaluation in Early Achievers.
- **Levels 3–5:** Evaluation and rating. Early learning programs that choose to pursue rating will earn points during an on-site evaluation. Final ratings are determined by the number of points earned in each quality standard area.

The Early Start Act defines "at quality" as Early Achievers level 4 for ECEAP sites and a Early Achievers level 3 for other licensed care.

As of June 2020, there were 3,803 child care centers, family child care homes, and ECEAP/Head Start providers participating in Early Achievers, serving an estimated 78,142 children from birth to 5 years old. The majority of these children (76%) were being served by licensed child care centers; 13% by family child care homes, and 11% by ECEAP or Head Start sites.^{1,3}

The initial [Early Achiever's Validation Study](#), completed by the University of Washington in 2016, established an empirical relationship between Early Achiever's ratings and near-term child functioning.⁴⁵ As directed by Washington's legislature in the Early Start Act, (2015), the Washington State Institute of Public Policy is evaluating the long-term outcomes of Early Achievers, including the relationship between quality ratings and kindergarten readiness.⁴⁶

Early Achievers is giving tens of thousands of children a high-quality early start. The program provides continuous improvement for programs serving infants to entering kindergarteners, and DCYF is currently piloting quality improvement for school-age programs.

7.5.1.1 Impact on quality

One goal of Early Achievers is to support providers to attain a high level of quality. Of providers required to be rated by the end of 2019, 93% of centers and 84% of family homes met this deadline. Among those, 96% and 94%, respectively, were rated at a Level 3 or higher.⁴⁷

Early Achievers has increased professional development and training opportunities and incentives for early childhood providers. The 2015 Early Start Act (HB 1491) instructed DCYF (formerly the Department of Early Learning) to implement Early Achievers supports and monitor data in a way that ensured Early Achievers provided opportunities for success for providers of color and non-English speaking providers.

Overall, at each of the Early Achievers deadlines between 2016 and 2019, providers of color and non-English dominant providers as a group have performed as well or better than white and English-only providers.⁴⁸ In addition, the data show higher retention rates for the initial large 2016 cohort of providers who were the first to navigate the new system deadlines. Overall, 75.1% of providers of color were retained from the 2016 cohort through the December 2019 deadlines, compared with 60.2% of white providers; and 86.4% of non-English dominant providers were retained, compared with 52.7% of English-dominant providers.

DCYF will complete this analysis, including the final 2020 Early Achievers deadline, and will include it in the forthcoming 2020 Early Start Act Annual Report.

³ For licensed centers and family child care homes, these numbers represent the total number of children 0-5 that providers report is in their care, regardless of payment source (non-subsidy child numbers estimated).

Table 7-4. Early Achievers statutory deadlines, 2016–2019

	2016 Enrollment	2017 Level 2	2019 Rated	2019 Rating Level 3
Race/Ethnicity				
White	89.3% (N=1,356)	90.5% (N=1,294)	87.8% (N=929)	95.0% (N=816)
Providers of Color	97.5% (N=1,363)	90.1% (N=1,499)	88.9% (N=1,152)	94.3% (N=1,024)
Unknown/Missing	81.5% (N=653)	89.5% (N=448)	86.9% (N=269)	97.0% (N=234)
Primary Language				
English	100% (N=2,193)	89.8% (N=1,977)	87.1% (N=1,400)	94.7% (N=1,155)
Non-English	100% (N=830)	90.6% (N=1,039)	89.5% (N=801)	95.0% (N=717)

Note: In all cases the denominator is limited to only those providers required to meet the requirement on or before the deadline, so does not include all Early Achievers-enrolled providers. Does not include providers for whom race/ethnicity or language data was unreported (estimated >600 providers).

Data from: Early Achievers Monitoring Reports.

As DCYF continues to look at the characteristics that reflect quality in different communities, there is ongoing work to ensure that the system is responsive to and reflective of the communities who rely on it.

“[The] system has high expectations for quality standards. We want this for children. We feel it is often underfunded and unsupported to meet those expectations.”

—Provider

7.5.1.2 Impact on parental choice and access to care

Early Achievers has given parents in Washington State a new resource to identify high-quality child care in licensed centers and family homes. Early Achievers is an important tool to help parents assess the quality of care at a particular center or home and make decisions about their investment in child care. Outreach participants noted that there are still many private child care services that are not voluntarily participating in Early Achievers and thus may not meet high-quality standards.

“There is a lot of help for families, but it would be better if more families could access the early learning system since a lot of families do not access it and put their kids at risk in an involuntary manner. Leaving kids with someone that does not have a license. That is why I describe the early learning program as defective.”

—Provider

The success observed with Early Achievers implementation to date indicates that in the short term, Early Achievers implementation does not appear to have created new gaps in services. However, there are concerns in some communities about lack of adequate access for subsidy-eligible children, reflecting a decline especially of licensed family home providers serving young children on subsidy, a trend that began well before the 2015 Early Start Act that required implementation of Early Achievers for licensed providers serving subsidy children not yet school age. Planned ECEAP expansion, efforts to convert unlicensed care to licensed care, and encouraging private providers to accept subsidy may help address part of this need.

7.5.1.3 Impact on early childhood providers

The impact of Early Achievers on early childhood providers is described in chapter 9, “A strong and supported early childhood workforce.”

7.5.2 ECEAP Outcomes

While Early Achievers supports quality from the perspective of the setting, ECEAP measures developmental, health, and other child- and family-facing outcomes to assess the effectiveness of ECEAP programs.

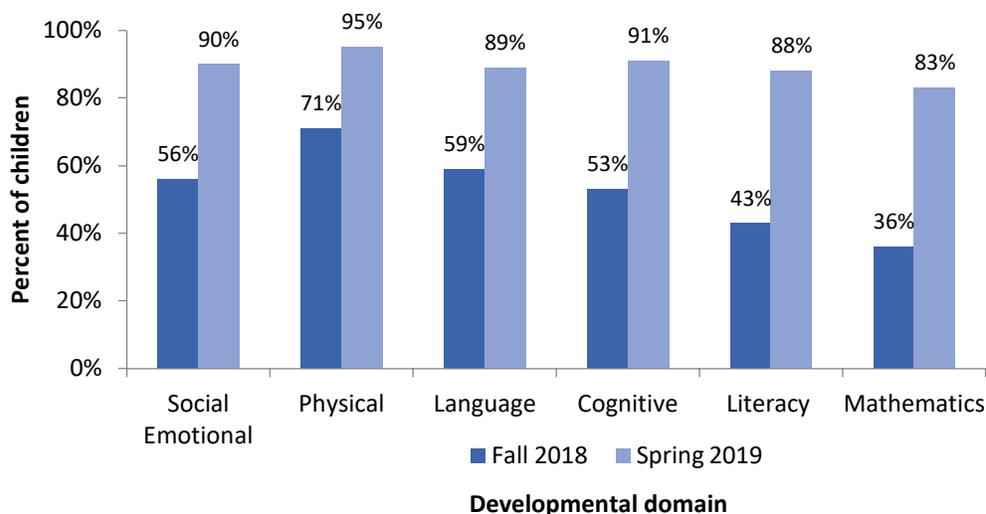
7.5.2.1 Developmental outcomes

All ECEAP children are assessed quarterly to track their early literacy and math skills and their cognitive, language, physical and social-emotional development using Teaching Strategies GOLD® (GOLD®) Birth to Third Grade. This is a valid, reliable seamless assessment system that meets the assessment standards of the National Association for the Education of Young Children and the National Association of State Early Childhood Specialists in State Departments of Education.

Teachers observe children in the context of everyday activities and natural settings over time, record their observations and use them to rate 36 objectives, plus two more for children learning the English language, in six domains. Teachers use the data to plan curricula and individualize instructional supports and child guidance. DCYF uses the data to determine areas of focus and statewide training.

The *2018–19 ECEAP Outcomes Report* compares fall 2018 and spring 2019 Teaching Strategies GOLD® results for the 10,349 3- and 4-year-old children who were present for both ratings (figure 7-7).⁴⁹

Figure 7-7. Percentage of children at or above age level by developmental domain, 2018–2019 school year (*n* = 10,349)



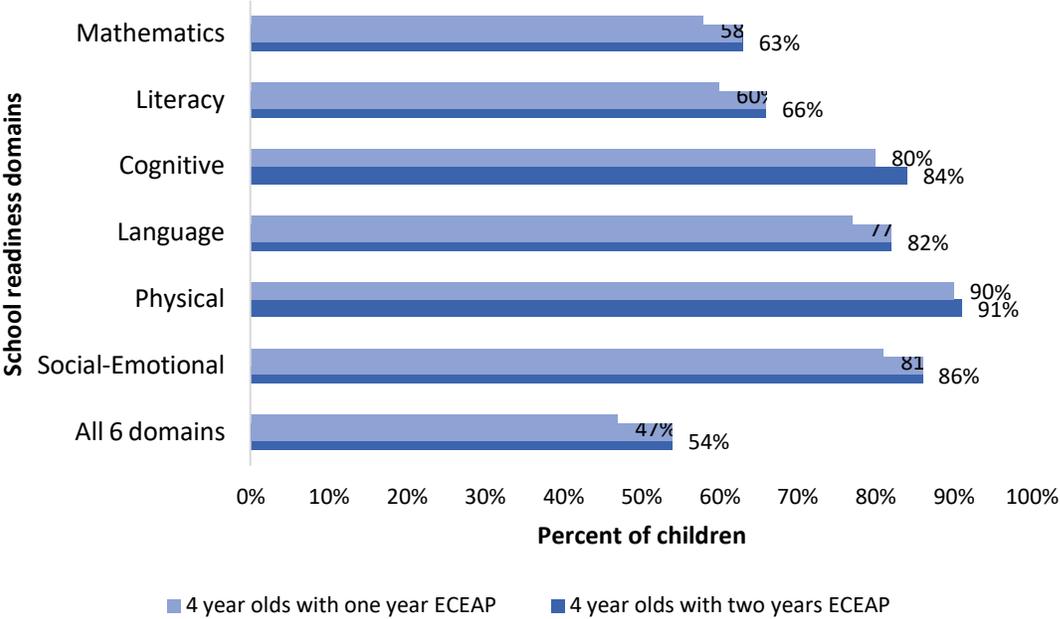
Source: Washington State Department of Children, Youth, and Families, *2018-19 ECEAP Outcomes Report, 2019*, <https://dcyf.wa.gov/sites/default/files/pdf/eceap/Outcomes.pdf>.

The greatest gains are in math — only 36% of ECEAP children were at age level in the fall, yet 83% reached or exceeded their age level by spring. The percentages of children reaching the widely held expectations for their age increased impressively in all domains. This is notable especially because 81% of those children were in families at or below 110% of FPL (which was \$27,610 annually for a family of four in 2018), on IEPs for development delays or disabilities, or in families with high levels of complex trauma.

By the end of the program, 47% of 4-year-olds who had participated in ECEAP for one year were ready for kindergarten in all six developmental areas. The greatest gains in GOLD® ratings were in math and literacy — the domains that are most likely to be lowest when children begin ECEAP.

Fifty-four percent of children who participated in two years of ECEAP were fully ready for kindergarten, based on the GOLD assessment (figure 7-8). The largest gains in the second year were in pre-academic literacy and math skills.

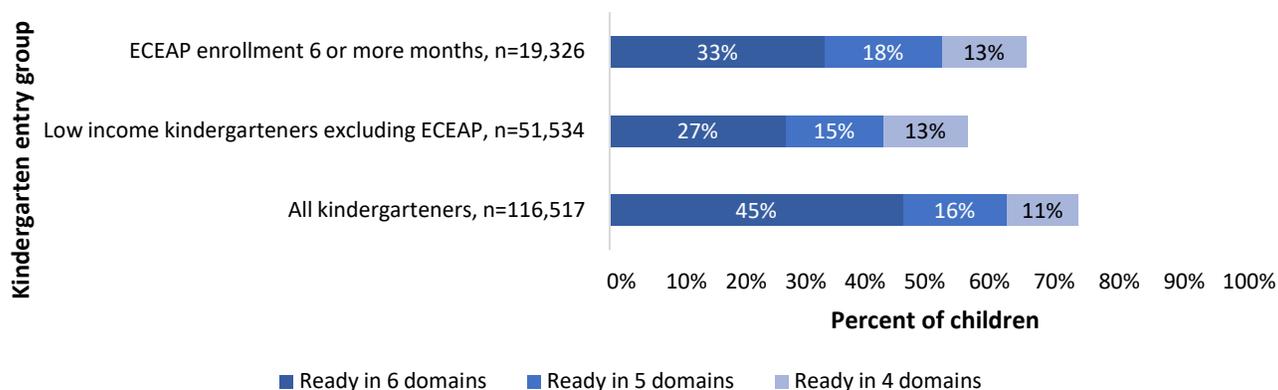
Figure 7-8. Children meeting end-of-ECEAP kindergarten readiness benchmarks by developmental domain and length of attendance, spring 2019. This figure compares 3,574 four-year-old children who completed one year of ECEAP and 3,285 who completed two years, using the GOLD® Readiness for Kindergarten for Pre-K Children benchmark.



Data from: Washington State Department of Children, Youth, and Families, *2018-19 ECEAP Outcomes Report*, 2019, <https://dcyf.wa.gov/sites/default/files/pdf/eceap/Outcomes.pdf>.

When children enter kindergarten, they are assessed again using a subset of GOLD® through the WaKIDS whole-child assessment. WaKIDS results show that children who participate in ECEAP are more likely to be ready for kindergarten than children from low-income households in general — even though the family income standard for ECEAP is lower ($\leq 110\%$ FPL) than for the larger group ($\leq 185\%$ FPL), and even though the larger group includes children who participated in a similar Head Start program (figure 7-9).

Figure 7-9. Children meeting kindergarten readiness benchmarks at kindergarten entry, fall 2018. ECEAP, Early Childhood Education and Assistance Program



Data from: Washington Education Research & Data Center, *Early Learning Feedback Report*, July 2018, <https://erdc.wa.gov/data-dashboards/early-learning-feedback-report-0>.

Note that 50% of children demonstrate kindergarten readiness in all six domains at the end of ECEAP (figure 9), while only 33% percent demonstrate readiness in all domains at kindergarten entry. While the precise reasons for the observed drop-off in scores are not known, local experts believe it may be due to a number of contributing factors, including:

- There are differences in the use of GOLD® in ECEAP and WaKIDS assessment. While the WaKIDS assessment reflects the same six domains, it contains only a subset of the items included in the full TS GOLD® assessment. This affects the potential to compare between the two assessments.
- ECEAP teachers know children very well by the spring assessment, and the children are generally more comfortable with interactions with teachers by spring, whereas kindergarten teachers are rating children when they are just getting to know them.
- There are differences in how English language-learning students are assessed in the two systems, which may play a role for some children.
- Summer learning may play a role; however, dropoff is observed even among children who attend ECEAP during the summer months.

To a lesser degree, the discrepancy may reflect some summer learning loss for the children. The discrepancy is the greatest for children with IEPs, which supports the possibility that teachers’ familiarity with the children, and vice versa, may influence the difference in ratings.

In a longer-term study of ECEAP, the Washington State Institute for Public Policy found that children who participated in ECEAP for six or more months had higher third, fourth, and fifth grade test scores than similar children who had not participated in the program. By fifth grade, ECEAP children were 23% more likely to meet reading standards and 16% more likely to meet math standards than their peers. The study also found that ECEAP’s impact on elementary

school test scores is almost twice as large as the average effect of publicly funded preschool programs in other states.⁵⁰

WaKIDS shows disparities among ECEAP participants at kindergarten entry by race and ethnicity. These disparities may represent an opportunity gap in preparation for kindergarten that is only partially mediated by early learning services; race, language and cultural differences between kindergarten children and teachers that prevent teachers from learning about children's skills and strengths in the early weeks of kindergarten; or other factors. Washington is committed to continuing to study and address this disparity.

7.5.2.2 Child health outcomes

ECEAP improves health outcomes for participating children by working with families to ensure children have medical and dental coverage and a medical and dental "home." Children who participate in ECEAP receive vision, hearing, and height/weight screenings, most often at their ECEAP center, and ECEAP providers follow up with families to ensure children receive further diagnosis or treatment when indicated.

"I want to thank you for giving my youngest daughter an eye exam. If it wasn't for y'all testing her and taking the time to do it, I don't think I would have noticed her needing glasses.....My daughter's eyes were so bad the doctor told me it was a good thing that y'all tested because she could develop a lazy eye if not corrected in time Because of [ECEAP], my oldest daughter has glasses [too]..... No matter how perfect we think our kids are to us we always need to do our best so they can be the best. SO thank you so much from the bottom of my heart for doing these exams on my children. ECEAP is a wonderful program. It puts my faith back into the programs that the state has for our kids."

—ECEAP parent

On the 2018–2019 ECEAP family satisfaction survey, 90% of the 3,213 parents who responded said ECEAP providers helped them access medical services so their child's health care needs were met.⁵¹

ECEAP is highly successful at improving children's access to health care and participation in recommended well-child scheduled visits. The *2018–19 ECEAP Outcomes Report* found that:

- 93% of children participating in ECEAP were up to date on well-child exams by the end of the school year, compared with only 65% of similar 3- to 6-year-olds on Medicaid.
- 95% of children participating in ECEAP received dental screenings or exams and follow-up care as indicated, compared with 65% of all eligible young children ages 2 to 5 years in Washington Health Care Authority Dental Services.

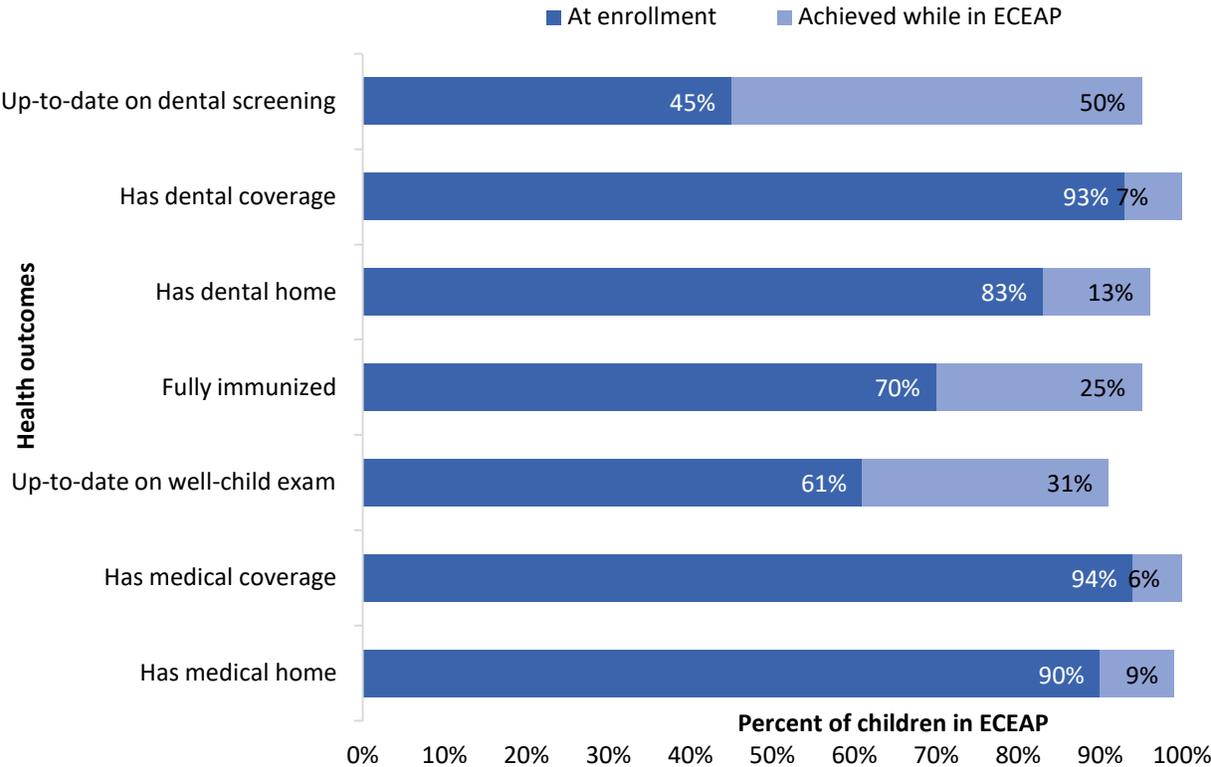
As a result of ECEAP health services coordination in the 2018–2019 school year:

- 820 participating children received an individualized health plan for chronic illness.
- At least 132 received medical treatment.

- 809 received dental treatment.
- 334 received vision care.
- 58 received hearing care.

Figure 7-10 shows gains in health care access and treatment among children participating in ECEAP during 2018–2019.

Figure 7-10. Health outcomes among children participating in the Early Childhood Education and Assistance Program (ECEAP), 2018–2019 (n=13,247 children enrolled in ECEAP for 120 days or more)



Data from: Washington State Department of Children, Youth, and Families, *2018-19 ECEAP Outcomes Report*, 2019, <https://dcyf.wa.gov/sites/default/files/pdf/eceap/Outcomes.pdf>.

7.5.2.3 ECEAP continuous quality improvement

ECEAP Outcomes depend on high-quality comprehensive programming, which DCYF pursues through interstate shared learning and collaboration, internal monitoring and participation in Early Achievers (see “Early Achievers,” above).

Partnership for Pre-K Improvement

ECEAP participates in the Partnership for Pre-K Improvement (PPI), a three-state initiative in collaboration with the Ounce of Prevention Fund, Cultivate Learning at the University of Washington, the Alliance for Early Success, and the Bill & Melinda Gates Foundation. The PPI is focused on advancing a vision for high-quality preschool and examining the concepts essential to continuous improvement of essential elements of pre-kindergarten quality and the infrastructure needed to improve it.

During 2018–2019, DCYF’s PPI work included:

- Enhancing dual language learner data collection, reporting and training.
- Evaluating the Mobility Mentoring® tool for racial equity.
- Supporting research-based curricula.
- Preventing expulsion.
- Increasing data availability, analysis and use for decision making.
- Enhancing supports for the inclusion of children with special needs.
- Expanding instructional leadership and the professional learning system.

DCYF monitoring

DCYF monitors ECEAP contractors for compliance with more than 150 performance standards through data review, evaluation of deliverables, monthly phone conversations and on-site visits. During 2018–2019, ECEAP contractors were fully aligned with 92% of program requirements, up from 81% the previous year. The requirements most frequently needing attention were staff qualifications, which reflects known workforce issues, and maintaining full enrollment which is a factor of ECEAP’s rapid expansion. ECEAP contractors were successful in enrolling the state’s most vulnerable young children, based on ECEAP’s priority point system.

7.5.3 Other ways quality is supported

The majority of home-visiting programs in Washington State are implemented in accordance with evidence-based models that have been assessed for their effectiveness across a set of outcomes described by the federal Maternal, Infant, and Early Child Home Visiting (MIECHV) Program. The quality of home visiting programs is assessed in part by fidelity to these models. Support for quality assurance is provided by the HVSA, which sits within DCYF and funds almost one-third of home visiting programming in the state. Washington State is also, increasingly, investing in community-designed home visiting models. The quality and effectiveness of these models is based on community experience and expertise.

Washington is still determining how best to support FFN providers, who are unlicensed and not regulated by the state but who are preferred and valuable support for families. FFN providers who apply for WCCC subsidy must meet certain baseline criteria, including age, employment status, background check, and for some providers, health and safety training and a yearly check-in.

ESIT and early intervention are implemented in compliance with federal regulations, as is developmental preschool. The quality of ECLIPSE programs is supported through staffing by licensed mental health experts with appropriate training.

¹ Washington State Department of Children, Youth, and Families, *The Early Start Act 2018 Annual Report*, 2019, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf.

² Washington State Institute for Public Policy, *Outcome Evaluation of Washington State's Early Childhood Education and Assistance Program*, 2014, http://www.wsipp.wa.gov/ReportFile/1576/Wsipp_Outcome-Evaluation-of-Washington-States-Early-Childhood-Education-and-Assistance-Program_Report.pdf.

³ See for example H.J. Jeon et al., "Predicting School Readiness for Low-Income Children with Disability Risks Identified Early," *Exceptional Children* 77, no. 4 (2011): 435; and J.P. Shonkoff and P. Hauser-Cram, "Early Intervention for Disabled Infants and Their Families: A Quantitative Analysis," *Pediatrics* 80, no. 5 (1987): 650–658.

⁴ National Home Visiting Resource Center, *2017 Home Visiting Yearbook*, 2017.

⁵ Washington State Department of Early Learning, *Home Visiting Scan: Fall 2017*, <https://www.dcyf.wa.gov/sites/default/files/pdf/HVScan.pdf>.

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⁷ Best Starts for Kids, *Save the Date! Upcoming Kaleidoscope Play & Learn Funding Opportunity*, February 20, 2018, <https://beststartsblog.com/2018/02/20/save-the-date-upcoming-kaleidoscope-play-learn-funding-opportunity/>.

⁸ Early Connections Impact Report, 123 Grow and Learn report, Play to Learn report, Summary of Year-End *Kaleidoscope Play & Learn* Washington State Affiliate Participant Survey Results *December 2019*

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¹⁰ Washington State Department of Children, Youth, and Families, *The Early Start Act 2018 Annual Report*, 2019, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf.

¹¹ Washington State Department of Children, Youth, and Families, Office of Innovation, Alignment and Accountability, tabulation of FY 2018 Social Service Payment System (SSPS) payment data for Family, Friends, and Neighbor Care.

¹² Washington State Department of Children, Youth, and Families, "Accessible and Affordable Child Care," presented at Results Review, October 24, 2018, <https://results.wa.gov/sites/default/files/2016LeanConference/October%20Results%20Review%20FINAL.pptx.pdf>.

¹³ Child Care Aware® of Washington, *2018 Data Report: Trends, Child Care Supply, Cost of Care, & Demand for Referrals*, January 2019, <https://childcareawarewa.org/wp-content/uploads/2019/03/2018-Data-Report.pdf>.

¹⁴ KIDS COUNT in Washington, *Early Learning Improves Kindergarten Readiness for All Kids in Washington State and Dramatically Reduces Disparities for Kids of Color*, April 2017, http://kidscountwa.org/wp-content/uploads/2017/05/KIDS_COUNT_ECEAP_Research_Brief.pdf.

- ¹⁵ Washington’s Caseload Forecast Council currently estimates that 71% of families with 3-year olds and 85% of families with 4-year olds offered state-funded preschool would voluntarily participate. See http://www.cfc.wa.gov/Education_ECEAP.html.
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8 POWERFUL COMMUNITIES AND A RESPONSIVE EARLY LEARNING SYSTEM

Creating successful outcomes for young children and families requires strong community engagement and coordinated action at the state, regional, and local levels that responds to community needs. To accomplish these goals, the early learning system must establish equity-focused, trusting, and adequately resourced partnerships with individuals, organizations, and tribal communities who contribute to young children’s development.

In 2010, the first Washington State Early Learning Plan broke new ground by providing a comprehensive description of needed enhancements to the infrastructure of the early learning system. During the past ten years, Washington has put many of these foundational building blocks in place, including improvements in financing, governance and coordination, data systems, aligned quality standards, support for the early learning workforce, and stakeholder and partner engagement.

“Depending on [a family’s] specific need, our early learning system is amazing for all it does.”

—Provider

During the process of community engagement for this needs assessment, participants echoed this sense of progress. They described multiple strengths in the early learning system that can be built upon, including increased alignment in the early learning quality standards; the emergence of powerful regional coalitions; and increased awareness of early learning among policymakers and in advocacy among parents. They also identified opportunities to improve system infrastructure, including creation of an early learning system that responds to and lifts the power and voices of communities and families.

“The system has good intentions and passion for quality learning environments and holistic supports to children and families. But it falls short in meeting the logistics to make it happen equitably and consistently.”

—Provider

Many participants in the outreach suggest that a system-wide approach is needed to respond intentionally to tribes and communities of color (vs. a universal approach, in which all are treated the same) and for the proactive application of an equity lens throughout the early learning system. This means looking at policies, definitions, standards, evaluation tools, and training (among other foundational system elements) with the goal of acknowledging cultural bias and integrating cultural beliefs, norms and practices into early learning policies and practices. It also means involving the communities affected by policies, definitions, standards, tools, and training in the development and design process.

“Undoing inequitable systems is as important as creating new ones ... new strategies will fail if built on inequitable systems.”

—Agency leader

Continuing to advance the infrastructure that unites the early learning system’s diverse participants will be key to future success. This work will include building upon state and community-level coordination efforts; further enhancements to data systems; creation of flexible and sustainable funding sources; implementation of the aligned licensing standards across the state’s child care licensing regulations, Early Achievers, and the Early Childhood Education and Assistance Program (ECEAP); and sustained efforts to strengthen public awareness about the importance of strong early learning services and systems.

8.1 Coordination across the early learning system

Early learning programs and services are provided by a wide range of departments and agencies across multiple disciplines (e.g., physical and mental health, K–12 education, child welfare, early learning, human services). Services are provided through a combination of federal, state, and local programs, often with different requirements for the ages of the children served or the eligibility of families. Creating successful partnerships that can work with communities to address local needs, and can also enhance coordination across services, is essential to fully support Washington’s families.

“Have incredible state collaboration, but have different governance structures and regional systems, so it can be challenging for families. Need more clear shared governance across our approaches.”

—Agency leader

The consolidation of services in the new Department of Children, Youth, and Families (DCYF) was an important step in improving coordination of services across the early learning, child welfare, and juvenile rehabilitation systems. But families still report feeling that many federal, state, and local early learning programs and services are siloed, without the coordination that would provide seamless transitions from one service to another, or from age group to another. For children to thrive, the partnerships among the Governor, Legislature, state agencies, tribal nations and local partners must work together to ensure communities have the resources they need to design and implement strategies that lead to successful outcomes for children and families.

“Parents are often left doing the legwork of communicating from one care setting to the next. This is a big barrier to children getting the care they need.”

—Parent

Local and regional collaborations also play a critical role in identifying community needs, helping to design strategies to meet those needs, and coordinating services. The 2010 Washington State Early plan prioritized investment in and the growth of regional partnerships, and this emphasis is still important.

8.1.1 Design and coordination of state-level strategies

In 2018, a long-standing early learning governance and coordination structure, the Washington Early Learning Partnership (WELP), dissolved. Established in 2009, the WELP was a collaboration between the Department of Early Learning (now DCYF), Office of Superintendent of Public Instruction (OSPI), and Thrive by Five Washington (in a role now held by Ounce Washington) that brought together public and private funding and broadened the scope of early learning to include kindergarten through third grade.

WELP was not a formal decision-making body but led the development of the 2010 Washington State Early Learning Plan and was responsible for monitoring progress on the plan and collectively advancing the strategies it laid out. In the later years of the WELP, the state Department of Health and the Department of Social and Health Services also joined the partnership meetings. The dissolution of the WELP resulted in re-thinking new ways to bring together all the diverse public- and private-sector partners that manage different elements of the state's complex early learning system.

Department of Children, Youth, and Families

Washington State launched its newest cabinet-level agency, DCYF, in 2017. DCYF oversees programs formerly implemented by the Children's Administration and Juvenile Rehabilitation (both seated within the Department of Social and Health Services) and the Department of Early Learning, for the first time bringing together all the state's child welfare and early learning efforts into a unified agency to better serve children and families, especially those furthest from opportunity.

"There is effort to reflect, evaluate, and move the needle. Appreciate that about DCYF."

—Provider

The creation of DCYF has provided a strong focal point for collaboration among state agencies, as well as stakeholders across the state via the Early Learning Advisory Council (ELAC) and the Indian Policy Early Learning Committee (IPEL). Despite the efforts to align state services that support children, some outreach participants reported that programs and services can still be challenging to navigate.

"Still fragmented, even though it is under a single agency and has been for a while. A lot of services considered early learning, a lot going on that is great for children, but it is hard to see how they feed into each other."

—Parent

Early Learning Advisory Council

ELAC, created by the Washington State Legislature in 2007, engages representatives from around the state to provide DCYF with input and recommendations to inform DCYF's work on policy development and program implementation. ELAC's membership reflects Washington's regional, racial, and cultural diversity and includes parents, child care providers, health and safety experts, legislators, representatives of Tribal Nations, independent schools, K–12 and higher education, among others. The council has adopted a Racial Equity Framework through which it conducts its business as an advisory board to DCYF.

Indian Policy Early Learning Committee

IPEL was established in 2013 at the recommendation of native leaders in Washington State. IPEL's objective is to support the needs of the Tribal governments and other American Indian organizations to ensure high-quality and comprehensive service delivery to all American Indians and Alaska Natives in Washington. Each Federally Recognized Tribe of Washington State is entitled to determine one delegate by tribal resolution. IPEL plays a critical role in advising and guiding the Washington State early learning strategy and implementation, as well as ensuring that the needs and perspectives of sovereign tribal governments are integrated into statewide programming.

8.1.2 Coordination with and among community efforts

The Washington State Early Learning Plan 2010 established guidance for the state to pursue a consistent way for communities to stay linked to one another and to state-level efforts. These initiatives range from the establishment of advisory bodies through which communities advise on and influence DCYF to state-level support for early learning coalitions already established in many communities. During outreach, the importance of lifting diverse voices and perspectives in local communities was noted as both a necessity and a challenge.

“Most of the families that I know, are low-income families, ...some (or most of them) didn't even finish elementary school in their countries. As a consequence, it is hard for them to become the voice of their children. Another barrier for them to be their children's voice, is the language (a lot of those parents don't speak English.)”

—Provider

A number of strong coordinating bodies help link the early learning system across the many programs, services, and supports available throughout Washington State; some of the most prominent are described below. Participants in the outreach expressed trust in local organizations embedded in communities, where they receive services and supports. Some suggested that a formal structure to facilitate coordination across all local, county, regional, and state organizations and agencies can strengthen these relationships further, especially as the early learning system grows.”

“Encourage partnering with community-based organizations who are led by and for communities that have been traditionally left out, and providing appropriate supports for their participation — including compensation/stipends, etc”

—Agency leader

Washington Communities for Children

Over the past decade, communities across Washington worked with DCYF and Thrive Washington (then the Department of Early Learning’s implementation partner) to create ten early learning regional coalitions to support implementation of the state’s first early learning plan and Racial Equity Theory of Change (RETOC; see appendix D). The coalitions have helped ensure that local and statewide organizations work together to take actions that help all children thrive.

In 2019, these regional coalitions came together as a network dedicated to improving the well-being of children, families, and communities, collectively called [Washington Communities for Children](#) (WCFC). As WCFC, the regional coalitions work with [communities and families to facilitate](#) collaboration and coordination, co-create solutions, and advocate for systems and policies that support children and families.

There are ten WCFC Regions across the state, with trusted relationships with more 600 organizations and individuals, including early learning providers, social service agencies, early intervention services, child welfare organizations, libraries, juvenile courts, school districts, public health agencies, higher education, families, and many others.

Collectively, the coalitions participating in WCFC provide services and support to all of Washington’s counties:

- Inland Northwest Early Learning Alliance (Ferry, Stevens, Pend Orielle, Lincoln, Spokane, Adams, and Whitman counties).
- Investing in Children Coalition (Kittitas and Yakima counties).
- King County Early Learning Coalition (King County).
- North Central Early Learning Collaborative (Okanagon, Chelan, Douglas, and Grant counties).
- Northwest Early Learning (San Juan Island, Skagit, Snohomish, and Whatcom counties).
- Visions for Early Learning (Grays Harbor, Mason, Thurston, Lewis, Pacific, and North Pacific counties).
- Southeast Early (Benton, Franklin, Walla Walla, Columbia, Garfield, and Asotin counties).
- Southwest Washington Early Learning Coalition (Wahkiakum, Cowlitz, Clark, Skamania, Klickitat, and South Pacific counties).
- Project Child Success (Pierce County).
- Olympic–Kitsap Peninsula Early Learning Coalition (Kitsap, Jefferson, and Clallam counties).

WCFC supports coordination between early learning coalitions statewide and provides a consistent framework for working with communities to understand the needs of families and children and identify and implement solutions. Its “Path to Success” model connects local and statewide early learning efforts by:

- Gathering and mobilizing communities and families to share, listen, learn, and discuss.
- Creating shared language, understanding, and knowledge through professional development and skill-building with communities and families.
- Collecting and analyzing data with communities and partner with them to design solutions.
- Working collectively on projects that directly improve outcomes for children and families.
- Champions systems and policies that support children and families; raises and create pathways for community voices.

Given many organizational and leadership shifts in the last few years, coupled with a lack of coordination among state, regional, and local partners, funding for these coalitions is at risk — leaving a significant gap in both financial support and technical assistance for the coalitions’ critical work to coordinate services at the local and regional levels and to build public support for early learning. Building strong bridges among state, regional and local partners is essential to the vitality of the early learning system moving forward.

“We need capacity funds to fund coordination in order to grow and diversify coalitions. We need fully functional statewide regional coalitions with the capacity to support and be known throughout the communities.”

—Agency leader

First 1,000 Days Initiative

Seated in the Temporary Assistance for Needy Families (TANF) office of the Economic Services Administration of Washington State, the [First 1,000 Days Initiative](#) supports communities in designing strategies to reduce the impact of adverse childhood experiences (ACEs) on their families and children. The initiative centers community experience and expertise, providing a supportive framework through which communities can develop early childhood strategies that fit their needs.

For example, in Cowlitz County, the initiative has facilitated community design of a program that connects families to basic needs services, beginning with the birth of the child and continuing through the first years of life. This frees parents to focus on nurturing and supporting their child’s success. Universal risk screening at the community’s only birthing hospital helps identify new parents who could benefit from the program and will provide a better sense of overall population risk, allowing the community to create a more comprehensive system of early childhood supports.

In Walla Walla, the [Community Resilience Initiative](#) (CRI) has collaborated with First 1,000 Days by expanding their focus on resilience for adolescents to include early childhood. CRI

engages a range of partners, from public schools to faith-based organizations to the chamber of commerce. Training to and teaching tools provided by the initiative enhance understanding of trauma-informed care among educators, health care providers, and others who work closely with children exposed to ACEs.

The [Building Community Resilience Collaborative](#) engages communities in Yakima, South King County, Whatcom County, and Pierce County to design multi-generational resilience strategies that consider the needs of both children and their parents, focusing on reducing the impact of trauma associated with poverty.

Essentials for Childhood Initiative

The Washington State [Essentials for Childhood Initiative](#), coordinated by the Washington State Department of Health, convenes a statewide community of practice to support collaboration focused on promoting safe, stable, and nurturing relationships for children in Washington State. Through the community of practice, participants share language, models, resources, and approaches, creating an opportunity to learn from peers deeply engaged in the work of building resilience and reducing adverse childhood experiences. A statewide steering committee learns from these communities and engages with government and philanthropy in a collective impact approach to improve outcomes for children, families, and communities in Washington.

Washington State Interagency Coordinating Council

The [Washington State Interagency Coordinating Council](#) (SICC) works with communities to increase access to early intervention services for children birth to age 3 who have disabilities or are at risk for developing disabilities and their families. Through a model called “Pathways to Success,” SICC works with families and communities to build connections, support understanding of community needs and strengths, and design and implement projects that have direct impact on outcomes for children.

SICC promotes and supports family involvement and family-centered services.

In support of its mission, SICC advises and assists DCYF and other state agencies on the broad range of early intervention policy and coordination issues and advocates for early intervention services.

8.2 Strong and integrated data systems

Data from children and families, the early learning workforce (e.g., individual providers), and early learning programs are all necessary to understand the needs of Washington’s families and to measure progress on outcomes for children. Washington State has made substantial investments in robust systems for collecting, managing, and analyzing data, with an eye to understanding the needs of the families and children who live here and continuously improving the quality of the systems and services that support them.

“[We need a] central database of family information and services so there is no repetition of information and providing greater accessibility to information.”

—Parent

These state’s early learning data systems include:

- **Early Learning Management System (ELMS).** The ELMS system is populated by ECEAP contractors and teachers and collects data on children and their experiences in ECEAP. This includes data on site, program, classrooms, staff, monthly reports, and enrollment. Pre-screening and application information is stored along with eligibility requirements for all children enrolled. These data support the overall management and compliance of the ECEAP program and its contracted providers.
- **Managed Education and Registry Information Tool (MERIT).** The MERIT database collects self-reported data from the early learning workforce throughout the state. MERIT is an online tool used to document and recognize the professional achievements of early learning professionals in the State of Washington. It contains data about work locations, position titles, credentials, training and awards. Sensitive information includes information for providers and their portable background check status, individual training records, and verified education. MERIT is also the entry point for child care and early learning providers interested in participating in Early Achievers. Early Achievers application data are stored through the MERIT system.
- **WELS.** The WELS system captures rating and coaching information that is part of Early Achievers, Washington’s quality rating and improvement system. Data in WELS is input by Early Achievers evaluators and coaches. There are also automated feeds from the MERIT system. All Early Achievers participants must use MERIT to track professional records; facility information; staff education, verification, and employment; Early Achievers registration; and completion of Level 2 required activities. Rating levels (only) are auto-fed from WELS back into MERIT.
- **Early Support for Infants and Toddlers (ESIT) data management system.** ESIT’s data management system contains data related to Individualized Family Service Plans (IFSPs) for children from birth to 3 years old who are enrolled in the Part C early intervention program. This database provides case management resources as well as local, state, and federal reporting capabilities. Data is input by contractors. Sensitive data includes identity and demographic information for children and families.
- **WaCompass.** A new early learning management system with a differential monitoring approach that allows data informed monitoring and technical assistance to Washington’s early learning providers. A centralized database where DCYF staff can record, report, and monitor activities related to early learning providers, such as licensing status, quality rating level and more.
- **Subsidy child care data.** This is a consolidation of all the DCYF child care subsidy data including data on Working Connections Child Care (WCCC), Seasonal Child Care, Homeless Child Care, and ECLIPSE (Early Childhood Intervention and Prevention Services). Source data comes from BARCODE (housing the Washington Comprehensive Assessment Program, or WCAP), SSPS (Social Service Payment System) and a variety

of in-house electronic sources. DCYF is collaborating with WaTech to explore replacing the functionality of the SSPS in child care subsidy payments.

- **Home visiting databases.** Key variables measured in Washington’s home visiting programs and databases include caregiver depression and family retention. Contracted evaluators from the Washington Department of Health facilitate data downloading. DCYF has annual extraction rights to download data from Nurse-Family Partnership/Parents as Teachers. Other home visiting models provide data on shared measures directly to the Department of Health.
- **TS GOLD.** DCYF has a license agreement with TS GOLD to provide assessment and enrollment data for children in the state-funded ECEAP program. As an incentive to encourage other early learning providers in the state to use TS GOLD, DCYF allows other Washington early learning providers to access TS GOLD assessment, pricing, and data systems through the DCYF license. DCYF also executes data sharing agreements with these providers to allow DCYF to access the TS GOLD and associated enrollment data. In the 2019–2020 school year, over 80% of Head Start/Early Head Start providers in the state have such an agreement with DCYF. Rather than a DCYF-owned data system, these data are downloaded from the external TS GOLD system.

The most important gap in the available data relates to the fragmented nature of the early learning data systems and the limited ability to combine early learning data systems with each other and across systems. DCYF lacks a single system to warehouse and manage data related to early learning programming. Instead, data are maintained in multiple, program-specific data systems that are, for the most part, unlinked. This presents significant barriers to coordination between systems, or even to fully understanding where the state’s mixed-delivery early learning system is succeeding and where there are still opportunities for growth.

“We need a measurement system that holds us accountable and collects data to measure that. Then we can know where we fall short.”

—Agency leader

Siloed, unlinked, and especially longitudinally unlinked data systems also prevent DCYF from conducting research to answer important questions. For example, what early learning services, alone and in combination, are most effective for which populations of vulnerable children? What is the mix of programs and services that would best address disproportionalities and disparities? Where are the best and strongest opportunities to produce the greatest gains for vulnerable children and families?

“[We need] more disaggregated data to help strengthen racial equity and cultural relevance.”

—Provider

Outreach participants also reported a need for better tracking of and data collection for children of color, in particular, and to be able to disaggregate data for individual communities of color.

Some expressed a need for state agencies to share data with local communities, to better inform community-level planning and program decisions.

“Data are often not disaggregated, [and] experience out in the field looks different. [We] want to make sure what communities of color are experiencing is reflected.”

—Agency leader

To best serve the children of Washington State, DCYF envision strengthening internal capacity for data analysis, bringing together data not only from across the early learning system but also from child welfare and juvenile justice. Partial funding for this project has been secured through the Preschool Development Grant Birth to Five, awarded in late 2019.

Because of the urgency of the need, DCYF has built interim data solutions, including complex data products that link data across programs and make them available to analysts, researchers, and others. The Early Learning Data Store (ELDS) is the first of these products. Updated quarterly with data from across DCYF’s service delivery programs and census data that reflect need within communities, the ELDS is already a significant advance.

In addition:

- DCYF is working on building capacity (integrated data systems are likely two to three years away) and building interim capacity (working on cloud-based infrastructure). Strengthening DCYF’s internal data analysis capacity is the long-term solution to fragmented data. In addition, the Office of Innovation, Alignment, and Accountability (OIAA) Data Innovation team is working to develop interim solutions (data products) that provide data linkage access to analysts and researchers in the short term.
- DCYF’s outcomes-oriented Performance-Based Contracting (PBC) initiative has provided support and focus on quality and outcomes for contracted services — including ECEAP, ESIT, and home visiting. Additional resources for analysis focus to create logic models connecting services, quality, and outcomes to long-term outcomes for children. DCYF’s PBC framework provides a platform for thinking about how these services support the agency’s outcome goals for children, youth, and families, and focused analytic resources to examine the data from that perspective. With integrated data, DCYF will be able to conduct retrospective analyses of evaluating the effectiveness of programs in order to set targets for improvement. For example, with ECEAP’s contract, DCYF can set observable targets for improvement for the whole program based on the PBC framework, which is the type of data we need for all programs.
- DCYF makes use of data integrated by other agencies (e.g., the Education Research & Data Center [ERDC] and Research and Data Analysis). In fact, there is legislature that requires DCYF to share ECEAP and ESIT data with ERDC in order for Washington to have a more robust data system. While this is helpful for large research projects, the lag on the data can be substantial.

8.3 Flexible and sustainable financing

Providing families with options for high-quality early learning requires flexible and stable funding from multiple sources that is reliable over time. Currently, funding for early learning in Washington State comes from many sources with distinct and different rules and regulations. Although this maximizes available funding, it can be challenging to create a coherent, coordinated system of services and one that does not overburden the families receiving more than one service or the early learning workforce with compliance requirements.

“[We need] consistent, multi-year funding, and the will of the legislature to put families first.”

—Parent

Many parents and caregivers who participated in outreach recognized the significant need for more financing of the early learning system as a whole. Participants described the lack of sufficient funding as affecting families and providers in a variety of ways, including insufficient child care subsidies, lack of support for the costs of operating child care businesses, and the need for additional funding to support expansion of needed and valued services, such as ECEAP, Head Start, and home visiting.

“We are teaching our children about, and grounding them in, their culture. This takes money. There are many grants and other funding sources out there, but every time we accept them it comes with strings attached and we’re forced to sign away a piece of our sovereignty. There needs to be a greater understanding and more understanding of what tribal sovereignty means. Tribes shouldn’t have to jump through a thousand hoops or give up a piece of our sovereignty in order to get funds.”

—Tribal leader

One of the single greatest needs in offering fully integrated and sustainable programming is the creation of opportunities to braid or blend multiple funding streams. This will enable programs and services to provide supports to families that are seamless, responsive, equitable and inclusive. To accomplish this goal policymaking bodies must acknowledge the existing barriers and create funding structures that ensure that multiple funding streams can be coordinated and maximized.

There are a number of programs and services that, if expanded to meet the needs of Washington’s children, families, and early childhood providers, could have a significant positive impact — for example, home visiting, trauma-informed care, child care health consultation, and others. However, such expansion would require sustained funding through public or private sources. Funding limitations make large-scale expansion across multiple services challenging, despite the recognized need and potential benefit to the state. (See chapter 7, “Positive early learning experiences,” for more on availability of early learning facilities.)

“Space is an issue too. You could have all the money in the world and not have facilities. Rural areas don’t have the tax base. We’re not going to ever have the resources to build facilities or meet the licensure requirements unless there’s money provided for that part.”

—Provider

Table 8-1 shows the private and public funding sources that are leveraged to support Washington’s mixed-delivery system.

Table 8-1. Some funding sources for early learning programs, services, and supports in Washington State, as of January 2019

Program or initiative	Funding source		
	Federal	State	Private
Child Care and Development Fund	X	X	
Home visiting	X	X	
State pre-kindergarten (Early Childhood Education and Assistance Program)		X	
ECLIPSE program		X	
IDEA Part C	X	X	
Head Start Collaboration Office	X	X	
Early Achievers	X	X	
Preschool Development Grant Birth Through Five	X		
Community Based Child Abuse Prevention	X		
Quality Initiatives Funding (multiple special projects)		X	
Partnership for Pre-K Improvement (Ounce of Prevention Fund)			X
Pre-K Infrastructure and Quality Improvement Grant (Gates Foundation)			X
Head Start (Head Start, Early Head Start, American Indian/Alaska Native, Migrant and Seasonal Worker Head Start)	X		
IDEA Part B Section 619	X	X	
WaKIDS (kindergarten assessment)		X	
TANF (home visiting)		X	
TANF (child care)	X	X	
Title V (Maternal Child Health Block Grant)	X	X	
.Project LAUNCH	X		
Essentials for Childhood	X		X
State grants for improving services for children with autism spectrum disorder	X		
.Title IV-E	X	X	
Infant and Early Childhood Mental Health Consultation	X	X	X
Help Me Grow	X	X	X

Notes: Private philanthropic partners include Bill & Melinda Gates Foundation, Balmer Group, Perigee Foundation, Boeing, Microsoft, and others. ECLIPSE, Early Childhood Intervention and Prevention Services; IDEA, Individuals with Disabilities Education Act; WaKIDS, Washington Kindergarten Inventory of Developing Skills; TANF, Temporary Assistance for Needy Families.

Washington State currently has very limited data on the true cost of high-quality services. Some data are available for home visiting as of early 2019, and studies on the cost of high-quality ECEAP and child care costs are under way.

8.4 Aligned and supportive standards

Licensing and quality standards support high-quality services and provide a pathway for professional advancement for providers. Washington has completed an effort to transform three linked but separate standards (child care licensing, Early Achievers, and ECEAP) into an aligned and progressive set of regulations.

The 2015 Early Start Act mandates that standards alignment address two bodies of work:

- Update child care licensing, Early Achievers, and ECEAP requirements, with an emphasis on children’s health and safety.
- Create a progression of standards and regulations between licensed child care, Early Achievers, and ECEAP, so that the early learning system has a unified set of regulations that are easy for providers to understand.

The process also incorporates new requirements under federal child care law and DCYF priorities around racial equity and cultural responsiveness, focusing on “clear, consistent language that increases transparency, eliminates duplication, and creates common ground for providers, licensors, and parents.”¹

A large, engaged, and diverse group of stakeholders participated in designing the new revised Washington Administrative Code (WAC) rules through a process that included 45 community meetings; ten multi-day negotiated sessions with parents, providers, and licensors; and more than 2,000 public comments. Expert staff from all three programs worked to identify and resolve overlap, duplication, and inconsistencies.

Standards were reviewed and aligned across seven areas:

- Intent and authority: the authority and intent behind licensing regulations; types of programs requiring licenses.
- Child outcomes: expectations about developmental screening, school readiness, and kindergarten transition.
- Family engagement and partnerships: how early learning providers partner and communicate with families; expectations for self-assessment in this area.
- Professional development: staff qualifications, training, program policies and procedures, and recordkeeping.
- Environment: expectations and requirements for providing a safe, healthy, and educational environment in both family homes and early learning center settings.
- Interactions and curriculum: how personnel engage and interact with children.
- Program administration and oversight: licensing process and regulations around maintaining and recording licensing.

The resulting changes to the WACs outline a clear progression:

1. Meets licensing requirements for a shared set of foundational child development, health, safety, and quality standards.
2. Enrolled in Early Achievers; rated at Early Achievers level 2.
3. Rated at Early Achievers levels 3 through 5.
4. ECEAP providers meet ECEAP standards.

Developmental screening provides a good example of how this progression works. Before the standards alignment process, developmental screening was required for Early Achievers enrollment and ECEAP certification, but not for licensing. Under the aligned standards, the progression is as shown in table 8-2.

Table 8-2. Aligned standards for developmental screening

Licensing	Early learning provider must inform caregivers about the importance of development screening for all children through age 5 years. If screening is not available on site, the provider must offer information about organizations that do conduct developmental screening.
Early Achievers	Early learning provider is awarded points for completing developmental screening, as follows: <ul style="list-style-type: none"> • Policy in place to ensure that all children birth through kindergarten entry receive developmental screening using a valid and reliable screening tool: 1 point. • Results of developmental screening are on file for all children: 2 points. • Results of annual developmental screening are on file for all children: 2 points. • Results of valid screening tool are shared with families: 2 points.
Early Childhood Education and Assistance Program (ECEAP)	Early learning provider must conduct developmental screening within 45 calendar days of a child’s first day attending class.

The new WACs went into effect on August 1, 2019.

8.5 Public awareness of and support for the system

The Washington State Early Learning Plan 2010 identified increasing public awareness to deepen understanding, action, and support for early learning as an important strategy. Outreach participants for this needs assessment confirmed that this is still a need. Enhancing the public’s understanding of the value of early learning programs and services in child development is a key step in building support for sustainable funding and expansion of services. It’s also critical to ensuring that parents, caregivers, and providers are aware of the resources available to them.

“We have great programs and opportunities, but if the public doesn’t hear about them, what does it matter?”

—Parent

Successful individual campaigns and initiatives led by various statewide and local early learning organizations helped create the environment in which the Governor and Legislature decided to increase the number of children served by the state’s ECEAP program and developed a system to establish quality standards for early learning programs (Early Achievers).

There are many individual efforts to expand public awareness of and advocate for early learning. To name just a few:

- The Children’s Alliance has convened the [Early Learning Action Alliance](#) (ELAA), a broad coalition of 60 organizations representing a diverse array of Washington nonprofits, professional associations, businesses, and industries. These advocates have become an effective voice for the early learning system both with policymakers and with the public, pressing for support across a range of issues, from child care to home visiting to early learning facilities. While ELAA does not receive state funding, state agencies work collaboratively (e.g., through information sharing) to support its efforts.
- The Washington State Home Visiting Coalition is committed to supporting increased investments for a portfolio of home visiting models, primarily through advocacy for funding and policy change. Members include home visiting programs; national home visiting models; nonprofit organizations; community-based organizations; and representatives from city and county government, among others.
- The Ounce Washington supports Washington State as a public partner on policy and advocacy, providing research and program support throughout the state to enact policies and build systems that support children and families.
- The Council for a Strong America is a national organization with a Washington state office that works with business leaders, law enforcement and retired military leaders to advocate for the expansion of access to high-quality early learning programs like pre-kindergarten, home visiting and afterschool programs they believe have proven long-term benefits of reducing crime and building a highly skilled workforce, as well as addressing barriers that prevent young adults from serving in the military.
- The Washington State Association of Head Start and ECEAP provides advocacy on key issues or initiatives affecting children and families at the state and federal level. It has played a pivotal role in support for ECEAP and improvements to the child care subsidy system and has expanded early learning for children in the child welfare system.

Coalitions like those described at the start of this chapter also play an important role in building support at the local level. Washington State has not yet implemented a comprehensive, unified, and collective public awareness effort, but such an effort could significantly influence the landscape for future expansion of essential services and the infrastructure to support them. Washington’s parents and caregivers are also powerful advocates (see chapter 6, “Strong, stable, nurturing, safe, and supported families”).

8.6 Involvement of families in design and implementation of the early learning system

Parents and caregivers have been leaders throughout this process, lending their voices and expertise to the ongoing transformation of Washington’s early learning system. Parental involvement in planning and decision-making is the key to having policies and programs that are responsive to families’ strengths and needs.

“Lots of families are nervous to advocate at first, and then when they leave, they are advocating on their own, and it’s fantastic.”

—Agency leader

Washington is home to many parent-driven groups with significant influence on the early learning system. For example:

- The [Washington State Family and Community Engagement Trust](#), a statewide association of parents, educators, students, advocates, public officials, and practitioners working to center the participation and inclusion of parents in their children’s education and well-being.
- The [Washington State Association of Head Start and ECEAP Parent Ambassadors](#) program, which provides advocacy and leadership training for parents to participate in advocacy efforts on both the state and federal level.
- King County’s Parents for Parents, which provides peer mentoring, early outreach, and education for families in the dependency court system.
- [Parent to Parent](#), a program of The Arc Washington, which provides support and information to families of children with special needs and/or disabilities.
- [Moms Rising](#), which brings more than 40,000 moms, dads, and families across Washington together to advocate and influence policies that affect their children.
- The [Washington State Fathers Network](#), which connects fathers to information and resources that support them in helping their children thrive (see “The role of fathers,” above).

This list is not exhaustive but provides a lens into the variety and breadth of engagement in early learning among parents in Washington State.

At the state level, DCYF invites parents to participate in decisions, ideas, and questions that shape the future of the agency via the Parental Advisory Group (PAG). The PAG is made up of parents and family caregivers of children from birth through nine years old. PAG members represent the unique experiences and perspectives of their families, including but not limited to families that:

- Represent cultural, linguistic, and ethnic diversity.
- Are in rural, remote, urban, and military communities.
- Are accessing a variety of early learning services for their children or that are not currently connected to services.

- Have diverse structures (e.g., headed by both or single parents, grandparents, kinship care, foster parents, or blended families).
- Have experience with immigration and being new to a community.
- Are affected by incarceration.
- Have children with varying developmental and special needs.

Both ECEAP and Head Start invite parent voices through Parent Policy Councils. Through these councils, parents have an opportunity to guide the programs and contribute their leadership and expertise. These groups are often a first step toward deeper advocacy on behalf of Washington’s children through participation in the groups described above.

When I enrolled two of my children in ECEAP, I met my family support person who was very helpful. She told me about Parent Policy Council and went with me to the orientation. At first, I was hesitant — I hadn’t really been involved in things. From there, I joined the parent panel for negotiated rulemaking for Washington state early learning programs. We did nearly two years of work on safe sleep. That was life-changing for me. I lost one of my daughters to SIDS so I’m passionate about safety. Using my voice and sharing it with others was part of my self-growth and healing. I’ve had so many opportunities — I presented Senator Patty Murray with an award, I became a Parent Ambassador, and I just accepted an invitation for a racial equity think tank. I would not have had these huge milestones without the support of ECEAP. The parents and staff lift you up, make you feel like you are somebody. They care about every single parent that comes through that door. Not even five years ago, I was homeless with six kids and my daughter had just passed away. I never would have imagined where I am today. I advocate not only for myself but for other parents. I want them to know that if their needs aren’t met or if they are treated unfairly, they have a voice they can use.

— ECEAP Parent

¹ Washington State Department of Children, Youth, and Families, *Foundational Quality Standards for Early Learning Programs (WAC Chapter 110–300) Guidebook*, January 2020, <https://www.dcyf.wa.gov/sites/default/files/pdf/FoundationalQualityStandardsAwarenessGuide.pdf>.

9 A STRONG AND SUPPORTED EARLY CHILDHOOD WORKFORCE

Washington State is home to a strong, diverse, and highly committed early childhood workforce. Communities across Washington describe the workforce as deeply caring and committed to the development of children in their care and to supporting parents and caregivers. The National Academy of Sciences finds, regarding the adults who work in the early care and education field, “These professionals represent one of the most important channels available for improving the quality of early care and education.”¹

In 2018, there were 38,000 early childhood providers at licensed centers, licensed family homes, and Early Childhood Education and Assistance Program (ECEAP) and Head Start facilities and family homes captured in the Managed Education and Registry Information database (MERIT; the Department of Children, Youth and Families [DCYF] workforce registry),^{2,3} and this is only a small portion of the professionals across all formal, home-based, and informal settings who are delivering high-quality experiences and transformative opportunities for young children.

DCYF’s understanding of the early childhood workforce has been limited by the functioning of the agency’s workforce registry. Until recently, participation and data entry into the registry was voluntary; thus, there were substantial missing and outdated data. Work carried out in 2019 and 2020 is expected to lead to some improvements.

The well-being, skills, and knowledge of the early childhood workforce directly correlate to the quality of children’s experiences in early learning programs.^{13,4} However, early childhood educators are among the lowest-paid child educators in Washington. As the *Early Childhood Workforce Index 2018*⁴ notes, nationwide, “our system of preparing, supporting, and rewarding early educators . . . remains largely ineffective, inefficient, and inequitable.”

“Too many people think of the workforce as the TOOL through which the state delivers high quality early learning services. Instead we need to recognize that people in the workforce ARE what we deliver. The relationship between children and educators is where high quality early learning opportunities live. I think that wrestling with the distinction between these things is worthwhile.”

—Agency leader

The low levels of compensation influence the high turnover rates and large number of vacant positions in the field. The continued expansion of ECEAP (discussed in chapter 7, “Positive early learning experiences”) and a state vision to expand access to high-quality, integrated preschool environments will increase the need for highly qualified staff and the pressure on recruitment and retention.

Washington State is working to ensure that the early learning workforce is diverse, professionalized, and supported. A great deal of work has been done to create quality standards, align licensing standards across regulatory and program requirements, and provide access to

training and other supportive resources needed to ensure positive outcomes for all the children in early learning settings.

Some child care providers and business owners reported during outreach that balancing new requirements puts pressure on a business model that is already functioning on very slender margins. Some suggested that this makes it more challenging to serve children and families from different cultural backgrounds. Washington is also working to address the persistent gaps and disproportionalities in the early childhood workforce to make sure it is reflective of and responsive to the communities and families it serves.

9.1 The landscape for Washington State’s early childhood workforce

During community outreach, many members of the state’s early childhood workforce, as well as many parents, commented on the loving, committed, and profound impact early learning providers have on children and families. Providers are among the most influential adults who nurture a child’s development, and they provide support and knowledge for parents and caregivers working to understand the early years of their child’s growth.

“I love that at the end of the day I know I supported the healthy and positive social and emotional growth of a child. And I believe they will pass that forward, into their relationships and communities, which is the best possible outcome for everyone.”

—Provider

Washington State has put foundational building blocks in place to support providers and ensure that early learning services are of the highest quality. The state has worked to enhance professional development and training resources, improve the rules and regulations governing the field, and provide support from Early Achievers coaches.

However, many providers report that they are challenged by low pay and lack of opportunity in the field. Many outreach participants said that comparatively lower wages and educational requirements for early childhood providers make it harder to recruit and retain high-quality staff. Providers report facing stress from the nature of the work, the cost and time burden of continuing educational requirements, and in some areas, a high cost of living. High student/teacher ratios, especially for children with special needs and infants, add to compassion fatigue, secondary trauma, and burnout for some providers. All of these challenges are compounded in rural areas.

The impact of these challenges is felt not only by providers, but by children and their families. Parents, caregivers, and providers all noted the need for strategies to reduce the rate of turnover and stabilize this important workforce.

Early childhood providers seek parity (compensation, professional opportunities) with their peers at K–12 educational levels and have a high desire for ongoing professional development and training — both for themselves and for those in related professions. Both families and providers

recognize the need for training, with particular interest in support for working with children who have special needs, trauma-informed practices, cultural competence, and technology. They also recognize a need for providers to understand available resources for other support that families might need, so they can help connect families to those services.

9.1.1 Licensed child care providers

In 2018, MERIT⁴ reported 38,000 early childhood providers at licensed child care centers and family homes. Approximately 32,000 of these providers are employed full time in early childhood education.**Error! Bookmark not defined.**^{14,5}

The landscape for these providers is complex. Private businesses are the primary source for delivery of services, and market forces have an outsized impact on the industry. There are few resources for compensation, professional growth, and mentorship — all key to a highly trained and competitive workforce. Finding a balance between providers' needs as business owners, state involvement in developing regulations and policies, and the needs of families is difficult. During community engagement, parents, caregivers, and providers all noted the need for strategies to stabilize the workforce.

A number of recent changes have affected this landscape both positively and negatively, including an increase in Washington's minimum wage and the launch of Early Achievers, Washington's quality rating and improvement system (see chapter 7, "Positive early learning experiences"). At the same time that Early Achievers is improving quality and professional development opportunities that can lead to higher salaries and professional advancement, some early learning providers say it places new pressure on a workforce that already has a relatively high rate of turnover and low rate of new hires. While the increase in minimum wage means higher pay for many early learning providers, their wages still fall below other educators, with a wide compensation gap even between preschool and kindergarten teachers.

The expansion of the ECEAP program is placing additional pressure on recruitment and retention of both entry-level and experienced early learning staff. To serve all families who will be included under the planned expansion of ECEAP (see chapter 7, "Positive early learning experiences"), the state estimates it will need at least an additional 800 new early learning educators with at least an associate degree. And the actual need may be significantly greater; as new positions open within the ECEAP system, it is anticipated that educators may leave other roles to shift to more highly compensated ECEAP positions.**Error! Bookmark not defined.**

⁴ MERIT is a statewide tool to document and recognize the professional achievements of early care and education and school-age professionals. The online tool helps professionals find training opportunities, access information on career pathways, and track their individual career progress. MERIT also identifies approved trainers who provide education to professionals.

⁵ This includes staff at licensed child care centers, licensed family homes, and ECEAP facilities, regardless of whether the setting provides services to children on subsidy. Staff at sites serving only school-age children are excluded, as are sites that only provide Head Start services. However, staff at sites with both early learners and school-age children are included, as are staff at sites offering both ECEAP and Head Start.

Given all the factors above, child care staff recruitment and retention are significant challenges in terms of closing the gap between the need for high-quality early childhood education and capacity to provide it. In 2018, from 18.7% to 28.4% of licensed child care centers had unfilled positions, and the range for licensed family homes was similar, at 12.8% to 33.3% (table 9-1). On a 2018 survey by the Economic Opportunity Institute, 53% of programs reported unfilled positions, and 32% reported the need to limit enrollment because of staffing challenges.⁵

“We need our profession to be on the same level as K–12. We need compassionate people who want to work with children. People need to be able to see early childhood as a viable career option.”

—Provider

Table 9-1. Proportion of early learning facilities with unfilled positions in Washington State, 2018, by staff position

Staff position	Percentage of facilities with openings within the last year	
	Centers	Family homes
Program manager	26.8% (N = 303)	33.3% (N = 27)
Administrator	18.7% (N = 234)	38.6% (N = 43)
Additional staff	28.8% (N = 366)	12.8% (N = 127)
Lead teacher	26.8% (N = 618)	29.5% (N = 167)
Assistant teacher	29.4% (N = 575)	25.4% (N = 164)

Notes: N values represent the number of survey respondents. Data for family homes represent only those family homes that hire staff.

Data from: Washington State Department of Children, Youth, and Families, *Compensation Technical Workgroup Report to the Washington State Legislature*, April 2019,

<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/CompensationTechWrkgrpRprt.pdf>.

Staff turnover in early learning settings also makes it difficult to maintain high-quality services, disrupting the important relationship between providers and children that are the basis for building trust. The 2015 Department of Early Learning (now the DCYF) Market Rate Survey found average turnover of 21% among directors, 11% among supervisors, 24% among teachers, and 43% among assistants in early learning facilities.⁶ This compares with about 16% turnover among K–12 teachers in the 2015–2016 school year (most recent available).⁷

“Head Start has had to reduce slots in some communities — not for lack of children and families who qualify, but because we could not find qualified staff.”

—Agency leader

Based on available data, it is difficult to tell how many providers transition to another facility, where they can be better supported, and how many leave the field completely. Regardless, providing competitively compensated professional opportunities for the early childhood workforce is an urgent need.

Workforce compensation, including wages, benefits, and pay equity

Early childhood providers face a huge gap in wages and benefits that discourages both entry into and longevity in the field. As documented in a 2019 report from DCYF's Compensation Technical Workgroup, compensation for Washington's early childhood educators is considerably below other, similar occupations.⁸ According to that report:

- Washington's early childhood educators rank near the bottom (in the third percentile) of occupational wages.
- Thirty-nine percent of Washington's early childhood educators rely on one or more sources of public assistance support programs, costing \$34.7 million annually.
- Students who graduate from college with degrees in early childhood education have the lowest projected earnings of all college graduates.

"I have 30 years' experience in [early childhood education] and a college degree, yet I make below-poverty wages with no retirement benefits."

—Provider

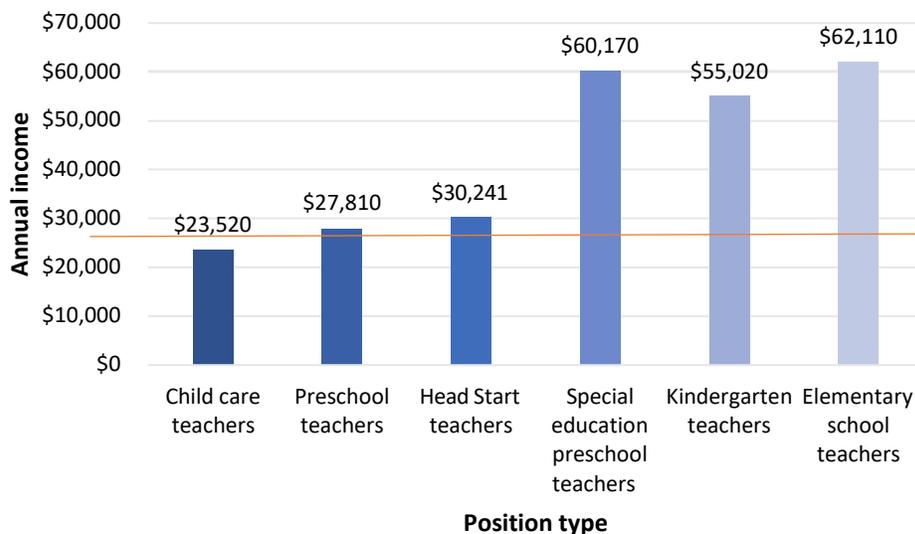
The median annual salary is dramatically lower for early learning educators (\$23,520–\$30,241) than for kindergarten and elementary school teachers (\$55,020–\$62,110).⁹

"We wish that there was more or better recognition that we are early leaning professionals, not babysitters."

—Provider

The median annual salary for child care teachers is so low that it meets the eligibility threshold for Supplemental Nutrition Assistance Program (SNAP) — almost \$40,000 less than the median salary for elementary school teachers (figure 9-1). Other roles fall just above the threshold, leaving providers to choose between working full time and receiving critical benefits.^{10,11}

Figure 9-1. Median annual workforce earnings for early childhood professionals in Washington State, 2018. Orange line indicates cutoff for Supplemental Nutrition Assistance Program (SNAP) eligibility. In 2019, this was \$26,124 for a family of three.



Data from: Washington State Department of Children, Youth, and Families, *Compensation Technical Workgroup Report to the Washington State Legislature*, April 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/CompensationTechWrkgrpRprt.pdf>.

The Early Childhood Workforce Index 2018 tracks increases in wages over time. Between 2015 and 2017, the median wage increased:

- By 6%, to \$12.32, for child care workers.
- By 7%, to \$14.69, for preschool teachers.
- By 12%, to \$22.17, for child care center directors.

In Washington State, only staff at licensed child care centers are required to receive paid time off for professional development; staff at licensed family homes do not, and neither centers nor family homes are required to maintain a schedule of salary and benefits. Both, however, are required to offer paid time for planning and preparation.

Washington State offers relatively little support for the early learning workforce in terms of salary parity and financial relief. A 2018 national report comparing policy and program tools used by different states to support the early learning workforce found that Washington:

- Does not mandate salary parity for publicly funded pre-K teachers with K–3 teachers (three states — Alabama, Oklahoma, and Tennessee — do).
- Does not require compensation standards (no states set required compensation standards for early childhood education settings outside of preK).
- Does not include earmarks for salaries in public funding (two states — Massachusetts and Montana — designated funding specifically for early childhood education teacher salaries).

- Does not provide financial relief in terms of a stipend or tax credit (thirteen states — Delaware, Georgia, Illinois, Kansas, Louisiana, Maryland, Minnesota, Nebraska, New Mexico, North Carolina, Pennsylvania, Utah, and Wisconsin — do) (Washington does provide some financial relief via bonuses).¹²

Although the Washington State Legislature has adopted legislation to increase wages for child care workers, this legislation is currently unfunded.

Licensing and standards

Washington is committed to support its early childhood providers as professionals and to ensure that all children have equitable access to high-quality services. Anyone in Washington who provides care to a child or children who are not related to them on an ongoing, regularly scheduled basis for the purpose of business is required to be licensed by the State and to meet licensing guidelines outlined in the Washington Administrative Code.

The licensing process begins with a required orientation to the licensing process, requirements, and resources to support providers in successfully navigating the process. After completing orientation, providers submit an application, and a DCYF licensor will work with the provider to review their business plan, visit their facility, and complete the process. A decision must be made within 90 days. During that time, the applicant should sign up for any required classes or other training (e.g., cardiopulmonary resuscitation), start the process of getting a background check for themselves and any staff, get tuberculosis tests for all center staff, and create a personnel file.

These steps are required for both child care centers and family home child care providers, though timelines may differ slightly. Once they have been completed (assuming the application is approved), an initial license is issued; once a provider fully meets state licensing rules, DCYF may issue a full, non-expiring license, which lasts as long as the provider remains in good standing and submits all fees and forms on time.

Licensed child care providers are eligible to accept the Working Connections Child Care (WCCC) subsidy and required to participate in Early Achievers. Child Care Aware of Washington offers pre-enrollment support for providers entering the Early Achievers system, such as help completing necessary tasks in MERIT and addressing barriers to enrollment. This assistance can clarify enrollment in Early Achievers while beginning a trusting relationship by paving the way for success on the Early Achievers journey.

Washington State’s highly skilled early childhood workforce is reflected both in education attainment and in professional experience. State regulations attempt to honor this diversity of qualifications by setting flexible standards that recognize both formal educational qualifications and rich experience developed outside formal educational settings (see chapter 8, “Powerful communities and a responsive early learning system,” for a description of licensing standards).

While licensing standards have helped establish standards for the provision of consistent, high quality, professional services for children, some outreach participants raised concerns about the costs to meet licensing requirements and the cultural sensitivity of those standards.

“Licensing standards are driving costs up, especially in rural and isolated communities.”

—Provider

“We do not think the state recognizes cultural differences when it comes to its standards and requirements.”

—Provider

In 2015, the state launched a standards alignment process in which family home providers, center providers, and other stakeholders worked together to update Washington’s child care licensing rules (see chapter 8, “Powerful communities and a responsive early learning system”). The resulting Foundational Quality Standards help ensure children in licensed care are in safe, healthy, and nurturing environments.

During community outreach for this needs assessment, some providers said that meeting the multiple requirements of licensing, Early Achievers, and specific programs and models (e.g., ECEAP) creates a time and cost burden that can be overwhelming to fulfill. Others voiced concerns about the complexity of the licensing process and the inconsistency in its application, and the need for greater cultural responsiveness. Policies, procedures, and requirements that are not responsive to the needs of providers from all of Washington’s communities limit access to high-quality and culturally responsive services for children of color, tribal communities, and others.

“Currently, we providers feel that the new guidelines are placing too much pressure on us, and they are forcing us to close because people like me who don’t know English feel like we can’t deal with so many changes.”

—Provider

“I would like for them to not enforce as many rules. That they let us work with the families of our community, who are mostly people from the country. That they let us provide service without so much stress from the many rules and trainings that they are imposing.”

—Provider

In addition to providing a set of foundational quality standards, the standards alignment process sought to streamline requirements across state licensing, Early Achievers, and ECEAP. It is too early to determine whether the newly implemented aligned standards will address these concerns.

The goal of the new standards is to ensure streamlined pathways for early childhood educators to grow in their careers and progress into leadership (or other) roles — while also ensuring the availability of high-quality early learning options for families and children. By

“professionalizing” qualifications, the state also hopes to position the early learning workforce for pay equity with their peers in kindergarten and later education.

Washington supports members of the workforce seeking to meet the new qualifications through Early Achievers. The state continues to seek other options for providing support, such as the Points of Contact program, which offers peer advising at community colleges throughout the state.

Culturally responsive early learning services

Washington aspires to create an early learning system that addresses the needs of the most vulnerable of the state’s children and families and seeks to address the specific needs of children and families from racially/ethnically and linguistically diverse backgrounds. This means ensuring the system itself is culturally and linguistically responsive.

Many outreach participants expressed a need for a more diverse early learning workforce. A racially diverse workforce in which early childhood providers reflect the culture and language of the children they serve is a powerful lever for educational success. Educational environments in which providers speak the family’s language and that are reflective of the child’s cultural context are more likely to be comfortable, respectful, and nurturing, and less likely to present barriers to learning and development (e.g., provider’s inability to communicate in the child and parents’ language or difficulty interpreting behavioral context).

“Child care centers need to be able to welcome ALL children and families so that they experience belonging in the community that is created through an early learning center... Early learning professionals need to be able to understand and empathize with families of differing backgrounds and experiences.”

—Parent

Almost half of the state’s population of children under 5 years are children of color (American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, multiracial, or Pacific Islander). Available data on the early childhood workforce show that there is still a gap to be filled: of the active early learning workforce working in licensed facilities statewide, 35.9% are people of color. However, this workforce displays greater racial/ethnic diversity than the state workforce as a whole (table 9-2).

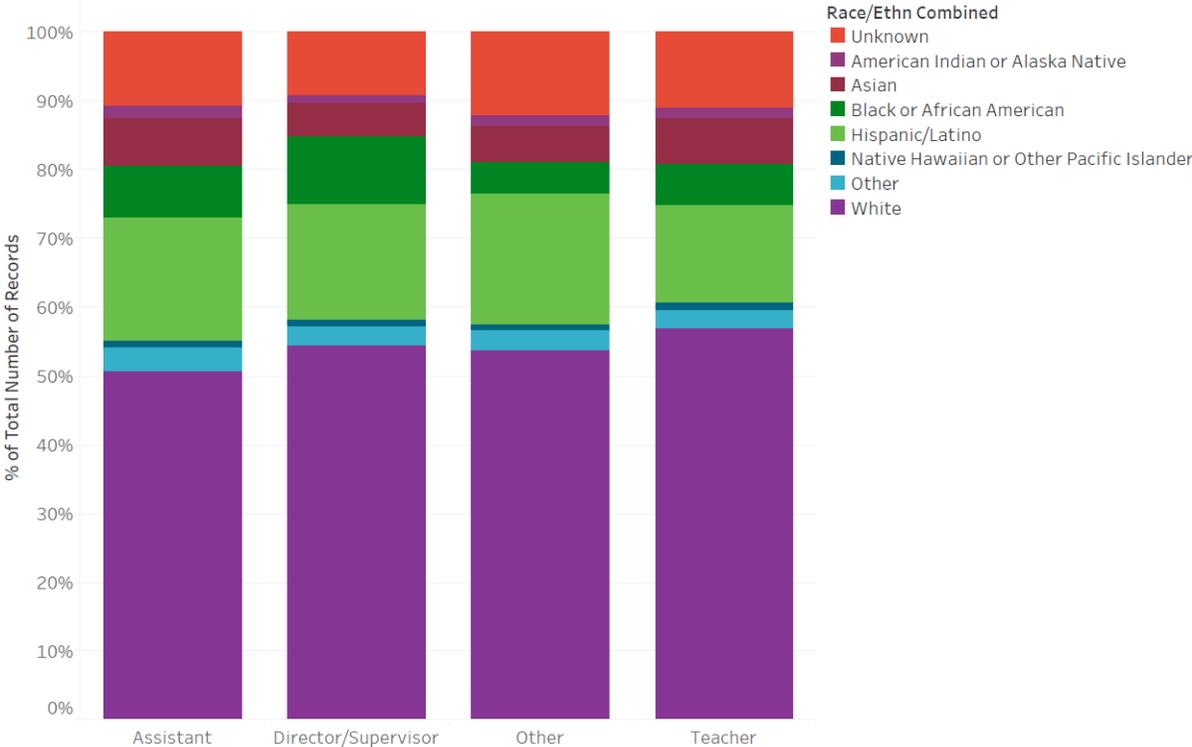
Table 9-2. Racial/ethnic diversity among Early Childhood Education and Assistance Program and subsidy-eligible child care providers, compared with overall Washington State workforce, 2017

Racial/ethnic group	State workforce	Early learning workforce
American Indian or Alaska Native	NA	1.5%
Asian	10.1%	6.3%
Black or African American	3.6%	7.2%
Hispanic/Latino	12.7%	16.8%
Multiracial/other	NA	3.0%
Native Hawaiian/Pacific Islander	NA	1.1%
White	73.6%	53.4%
Unknown	NA	10.7%

Data from: State workforce data are from U.S. Bureau of Labor Statistics, Expanded State Employment Status Demographic Data, 2018. Early learning workforce data are from the Managed Education and Registry Information Tool (MERIT).

The gap is even greater among providers who work most closely with children: for example, only 32.1% of teachers (or primary staff working with children) are people of color (figure 9-2). (Note that these data, drawn from the state’s MERIT database, may be limited in important ways: for example, race and ethnicity are optionally self-reported.)

Figure 9-2. Racial/ethnic diversity among Early Childhood Education and Assistance Program and subsidy-eligible child care providers, by job title, 2017. “Other” on the X-axis represents those in job titles other than assistant, director/supervisor, and teacher. In the key, “other” represents individuals who selected “other” as a racial/ethnic category. All race categories are non-Hispanic.



Data from: Managed Education and Registry Information Tool (MERIT), 2017 Workforce Dataset.

The racial/ethnic makeup of the settings-based early childhood workforce also varies by region. People of color are a greater proportion of the workforce in the Central Washington (59.3%), King County (43.6%), and Tacoma/Pierce County (33.4%) regions. The workforce has greater diversity in regions where there is a higher concentration of diverse children and families (table 9-3; see also chapter 4, “What we know about Washington’s children and families”).

Table 9-3. Racial/ethnic diversity among Early Childhood Education and Assistance Program and subsidy-eligible child care providers, by region, 2017

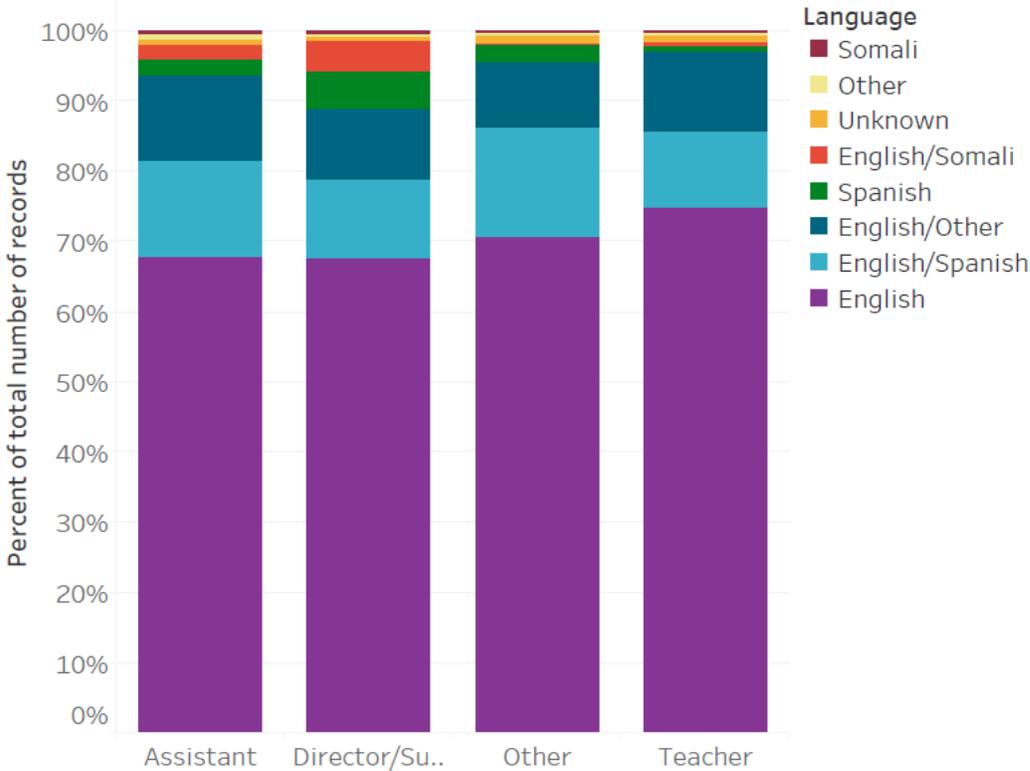
Race/ethnic group	Region							
	Central	Eastern	King County	Northwest	Olympic Peninsula	Southwest	Tacoma/Pierce County	Region unknown
All groups	4,111	6,343	16,674	6,283	4,035	3,510	4,420	96
American Indian/Alaska Native	<1%	2.3%	<1%	2.2%	3.1%	1.6%	1.5%	1%
Asian	<1%	1.7%	12.3%	5.5%	3%	2%	3.7%	10.4%
Black/African American	<1%	2.2%	13.1%	3.1%	2.7%	1.6%	11.5%	28.1%
Hispanic/Latino	56.3%	20.9%	12.2%	13%	8.4%	9.1%	11%	6.25%
Native Hawaiian/Pacific Islander	<1%	<1%	1%	<1%	1.9%	1.3%	2%	1%
Multiracial/other	<1%	2%	4.4%	2.4%	2.7%	1.7%	3.7%	1%
White	32.3%	60.4%	44.6%	61.5%	68.1%	73.3%	56.3%	42.7%
Unknown	8.5%	9.9%	11.8%	11.5%	10.1%	9.4%	10.27%	9.4%

Note: All racial groups are reported as non-Hispanic.

Data from: Managed Education Registry and Information Tool (MERIT).

Another 32.8% of young children in Washington live in households where English is not the primary language. Washington’s settings-based early childhood providers speak more than twenty languages, reflecting the language diversity of the children and families they serve (figure 9-3; see also chapter 4, “What we know about Washington’s children and families”). English and Spanish are most frequently reported overall, which correlates to the most commonly reported household language for children served by licensed subsidy child care. In the Central Washington region, 38.3% of early learning educators speak a second language, and in the King County region, 56.7% of early learning educators speak a second language.

Figure 9-3. Language diversity among Early Childhood Education and Assistance Program and subsidy-eligible child care providers, 2017



Data from: Managed Education Registry and Information Tool (MERIT, 2017 Workforce Dataset).

Despite Washington’s commitment and the obvious need, some outreach participants said that communities of color face even greater challenges in recruitment and retention. For example, some Hispanic child care providers shared positive responses to training they had received and expressed a desire to continue learning, but some also said that trying to gain new knowledge and skills across the barrier of language was a challenge.

Both white early childhood professionals and professionals of color said there is a need for greater cultural competence in both the system/processes and content of professional development and training, which is tied directly to recruitment, retention, and the ability of providers to serve diverse communities. Some providers also described concerns that standards may not effectively take into account cultural differences in child care and may create “cookie cutter” models that reduce choice for families.

“Those who work with immigrants/refugees in school need better training. They often misinterpret how [to] interact. For example, teachers/personnel who don’t understand the culture and differences in language have a disadvantage — e.g., a pause is misinterpreted. They assume the child is not respectful. A pause can be for many reasons.”

—Parent

Washington is working to overcome these barriers. For example, Child Care Aware of Washington, which provides coaching support for Early Achievers, has developed a number of targeted approaches to reach communities that may benefit from additional outreach and support, including:

- Hiring bilingual Early Achievers staff when and where possible.
- Developing cohorts of non-English speaking providers to support learning together in their primary language and to facilitate peer learning and community building among providers.
- Hiring staff in rural areas who are able to focus their time in a specific area or county.
- Contracting for special language services.
- Offering trainings in rural areas, to both Early Achievers and non-Early Achievers facilities.
- Collaborating with partner organizations and licensors on how to work together to reach these communities.
- Coaching staff attending the Dual Language Immersion trainings.
- Partnering with community-based organizations currently working with target populations.

9.1.2 Providers working in home-based and informal settings

In addition to staff in formal child care settings, home visitors, family, friend, and neighbor (FFN) providers, and others provide care in homes and in informal settings. These providers provide crucial support to families and children, including the advantage of care that comes from within the community and with a deep understanding of cultural context, language, and other issues.

Although the proportion of children in FFN care is likely large — nationally, 24% of children under 6 years were regularly in care provided by relatives, compared with 35% in center-based care — few data are available on FFN providers who are not receiving child care subsidies for children in their care.¹³

Richer data are available on the home visiting workforce, especially through a 2019 survey of home visitors across Region X (Alaska, Idaho, Oregon, and Washington).¹⁴

Home visiting workforce compensation

Although some home visitors (e.g., nurses) are well compensated, wages are low for many, and there are wide variations in employer-provided health benefits. There are significant economic

parallels between many home visitors and the children and families they serve. In Washington state's home visiting workforce, approximately 23% of home visitors access two or more public assistance supports.

Patterns of public assistance utilization in the home visiting workforce also suggest needs that are parallel to the families this workforce serves, especially the need for two-generation approaches that reach both the workers and their children. For example, the two public assistance services most frequently accessed by professionals in the home visiting field are Children's Medicaid/subsidized health insurance and reduced-cost or free lunches.

Professional development and training for home visitors

Home visitors navigate a complex role that requires multifaceted knowledge and skills. Yet they enter the field with varying skills, level of education, and backgrounds. Although close to 88% of home visitors held Associates, Bachelor's, or graduate degrees, more than 36% of these degrees are unrelated to the work.

Like child care professionals, home visitors need to have significant capacity to form, nurture, and maintain trusting relationships with adults and children both. And, like other sectors of the early childhood workforce, they need access to professional development opportunities that are trauma informed and that include mentorship and support for implementation of what they've learned.

Like other members of the early childhood workforce, home visitors work with families that are experiencing difficult circumstances and are vulnerable to stress and burnout related to their engagement. In Washington, 76.0% of home visitors reported working with families with low income; 34.8%, mental or physical health challenges; 21.0%, domestic violence; and 17.8%, children with special needs. The workforce study cited here includes a strong recommendation for psychologically supportive workplaces for home visitors that include reflective supervision. Among the home visitors surveyed, positive experiences with reflective supervision were correlated with an intent to remain in their current positions.

Home visiting staff reported strong learning cultures within their work environments and that they seek and receive support from one another. They work together to find new and better ways to meet the needs of families, take time together to reflect on their work, and feel comfortable seeking support from colleagues.

Approximately 62% of the home visiting workforce has worked in other early childhood sectors, despite low wages across the broader early childhood sector — a tribute to the commitment of these professionals to the well-being of children and families. The resilience of the early childhood workforce is a key strength that lays a strong foundation for workforce development.¹⁵

Equity and diversity in the home visiting workforce

The survey specifically investigated the extent to which the demographic characteristics of home visitors (and home visiting supervisors) matched those of the families they served. In

Washington State, 70.6% of home visitors reported sharing a common language with the families they served, and 46.9% reported sharing a common race, ethnicity, or cultural traits. However, only 4.2% of home visitors in Washington State self-reported as Black/African American. By comparison, 59.4% of children under 5 years who live in families with household income less than 200% of the federal poverty level, the eligibility cutoff for home visiting services, are Black/African American.

There are significant pay and benefits disparities in the home visiting workforce related to race/ethnicity and geography. In the Region X Home Visiting Workforce Study, being a home visitor of color was a significant indicator of lower wages, with hourly pay at \$1.35 less than peers. In a research memo examining the study’s findings by geography, rural home visitors had access to eight professional benefits, compared to urban and suburban home visitors, who had access to an average of nine. Only 25% of home visitors working in rural and remote areas received paid family leave, compared with 45% of home visitors in other areas.¹⁶

Figure 9-4. Significant predictors of hourly pay among home visitors in Region X



Data from: Butler Institute for Families, University of Denver, *The Region X Home Visiting Workforce Study: Brief 5, Predicting Job Role, Pay, Intent to Stay, and Health Status, 2019*, <https://www.dcyf.wa.gov/sites/default/files/pdf/RegXWorkforceStudyBrief5.pdf>.

9.1.3 Kindergarten through third grade educators

The demographics of K–12 students and K–3 teachers demonstrate a predominantly white teaching workforce with an increasingly diverse group of students (table 9-4):

- 1.3% of students are American Indian/Alaskan Native vs. 0.7% of teachers.
- 4.5% of students are Black/African American vs. 1.4% of teachers
- 1.1% of students are Native Hawaiian/Pacific Islanders vs. 0.3% of the teachers.¹⁷

Table 9-4. Race/ethnicity of state-level teachers in Washington State by grade level, 2017–2018

Race/ethnicity	All grades		K–3	
	No.	Percent	No.	Percent
All groups	65,310	100.0%	20,632	100.0%
American Indian/Alaskan Native	461	0.7%	149	0.7%
Asian	1,753	2.7%	571	2.8%
Black/African American	903	1.4%	232	1.1%
Hispanic/Latino of any race(s)	2,932	4.5%	1,064	5.2%
Multiracial	997	1.5%	314	1.5%
Native Hawaiian/Pacific Islander	177	0.3%	54	0.3%
White	57,196	87.6%	18,010	87.3%

Data from: Washington Office of Superintendent of Public Instruction, *Washington State Report Card*, <https://washingtonstatereportcard.ospi.k12.wa.us/>.

Turnover rates among kindergarten teachers remain consistently high. In 2017–2018, the turnover rate was 24%.

Among K–3 teachers, approximately 25% to 28% are inexperienced (fewer than 5 years of teaching experience), 16% have endorsements in areas other than elementary education, and approximately 6% have a limited certificate (substitute certificate, conditional certificate, emergency certificate).¹⁸

Kindergarten educators are supported in delivering high-quality early learning by the Washington Kindergarten Inventory of Developing Skills (WaKIDS) transitional process (see also “Transition supports and gaps,” in “Positive Early Learning Experiences,” above). All school districts are required to offer full-day kindergarten and implement three components of WaKIDS:

- **Family connection** establishes the relationship between the kindergarten teacher and each entering kindergartner and their family. Individual conferences enable the family to get to know the kindergarten teacher and the kindergarten teacher to get to know the child and family prior to any assessment or instruction. Conferences take place in the first few weeks of school and typically last 20 to 40 minutes for each family.
- The **whole child assessment** uses 31 dimensions within 20 objectives in GOLD®, as compared with use of all 58 objectives in ECEAP, and is required by October 31 of each year to inform instruction and family communication.
- **Early learning collaboration** takes place at the regional level (led by educational service districts), the district level, or the school level, and each district takes a different approach. Thrive Washington funded this third component with grants to early learning coalitions (now Washington Communities for Children) until 2014. Depth and breadth of implementation depends entirely on grant support and priority level at educational service districts.

The Office of Superintendent of Public Instruction (OSPI) monitors completion of the whole child assessment, but not of early learning collaboration or family connection. The Legislature budgets for training of new teachers, but OSPI receives no funding or staff capacity for robust, continuous support of administrators, especially principals, to understand the purpose and use of WaKIDS to support individualized instruction.

OSPI created and contracted for an array of tools and resources, but many principals and district administrators are unaware of the support available to create developmentally appropriate learning environments. Specifically, OSPI created the [Washington State Full-Day Kindergarten Guide](#) and professional development modules and WaKIDS checklists and tools. OSPI contracts with Teaching Strategies to provide teachers with access to GOLD® for the academic year.

Recently, OSPI shifted professional development to an online Canvas platform for teachers and administrators. Almost all new teachers completed required training (WaKIDS 101); twenty-four administrators took this training in person, and twelve completed the training online. OSPI designed a Canvas training specific to principals and other administrators, and only five administrators completed it statewide.

9.2 Washington State initiatives that support the early childhood workforce

In the past five years, Washington State has invested in understanding and supporting its early childhood workforce through a number of coalitions, workgroups, and initiatives.

[Child Care Collaborative Task Force](#)

The Child Care Collaborative Task Force has been tasked by the Washington State Legislature with developing recommendations to encourage employer-supported child care and improve affordability of child care for employees. While the primary goal of the task force is to improve affordability and accessibility for parents and caregivers, there are also opportunities to support the workforce by providing financial and educational assistance with opening child care centers on site, and making policy recommendations that improve diversity among early learning providers.

The scope of the Child Care Collaborative Task Force has been broadened by HB 1344 enacted in 2019 (Child Care Access)¹⁹ to require delivery of an additional report that includes:

- Developing a child care cost estimate model to determine the full costs providers would incur when providing high quality child care. (There are a lot of pieces that the task force must consider in this.)
- Evaluate recommendations from the Compensation Technical Workgroup, including consideration of pay scale changes, to achieve pay parity with K–12 teachers by January 1, 2025.
- Policy recommendations around the following:

- Preserve and increase racial and ethnic equity and diversity, recognizing the value of cultural competency and multilingualism.
- Include a salary floor to support recruitment and retention of a qualified workforce.
- Index salaries against the salary for a typical preschool lead teacher, differentiating base compensation for varying levels of responsibility.
- Incentivize advancements in relevant credentials and credential equivalencies, training, years of experience — increasing compensation for these.
- Consider credential equivalencies.
- Consider provider’s years of experience in the field and years of experience at their current site.
- Provide targeted investments for providers serving a high proportion of WCCC families, providers demonstrating linguistic/cultural competency, and providers serving populations furthest from opportunity.

The task force must submit its findings and required implementation plan to the governor and legislature by June 2021.

Early Childhood Education Workforce Council

The [Early Childhood Education Workforce Council](#) supports the development of Washington’s qualified, diverse, and competitively compensated educators across all early learning settings. The council focuses on ensuring that the degrees, certificates, and endorsements for early learning are progressive, valued, and transferable. This Council was established in 2017 and is convened by DCYF.

Compensation Technical Workgroup

In 2017, at the direction of the Washington State Legislature, the DCYF (then the Department of Early Learning) launched the Compensation Technical Workgroup. This group was charged with developing recommendations around wages, turnover, recruitment, and diversity, with the goal of retaining experienced and attracting new early learning educators, sustaining the diversity of the workforce, and professionalize the field of early learning in preparation for future growth. To ensure coordination across the efforts of the Early Childhood Education Workforce Council and this workgroup, a representative from the Workforce Council participates on the Compensation Technical Workgroup.

The workgroup released its [final report](#) in April 2019, including detailed data on wages and other forms of compensation among staff at licensed child care centers and family homes. Its recommendations include:

- Early childhood educators receive a competitive compensation package comparable to K–3 educators.
- Early childhood educators have access to the state-sponsored substitute pool to provide classroom coverage when taking time off.

- Expand WCCC eligibility to include parents who are enrolled in an early childhood education degree program, waiving employment requirements for this group of participants.

9.2.1 Support for a diverse early learning workforce

Ensuring that early learning programs, services, and supports are culturally and linguistically responsive and serve diverse communities well is both a priority and an area for growth and development for DCYF and its partners.

“There should be...more work on how to develop a cross cultural competency so people are prepared for the range of issues for children whose home language is not English.”

—Provider

ECEAP is collaborating with the Partnership for Pre-K Improvement to address equity and support for dual-language providers. Key strategies of the action plan created through this collaboration include strengthening data on dual-language learners and supporting ECEAP contractors in working with those children; increasing training on dual-language learners for ECEAP teachers and coaches; increasing access to anti-bias resources among ECEAP teachers; and creating a set of dual-language learner standards that are inclusive of tribal language preservation.

The collaboration also seeks to improve inclusion practices in ECEAP and special education classrooms to provide responsive and inclusive classroom environments to children with disabilities. For example, OSPI and DCYF are working to align inclusive practices across the programs they fund and to improve the reliability of data on inclusive service provision.

With the passage of [Substitute House Bill 1445](#) in 2017, which created additional funding for dual-language programs, DCYF has developed training and professional development resources to increase the knowledge and skills of educators serving dual language learners and of coaches working within Early Achievers (see chapter 7, “Positive early learning experiences”). DCYF also provides support for non-English-speaking educators seeking scholarships to complete college education (e.g., certification, Associate degree, Bachelor degree) through community and technical colleges, including instruction in languages other than English and weekend and online classes.

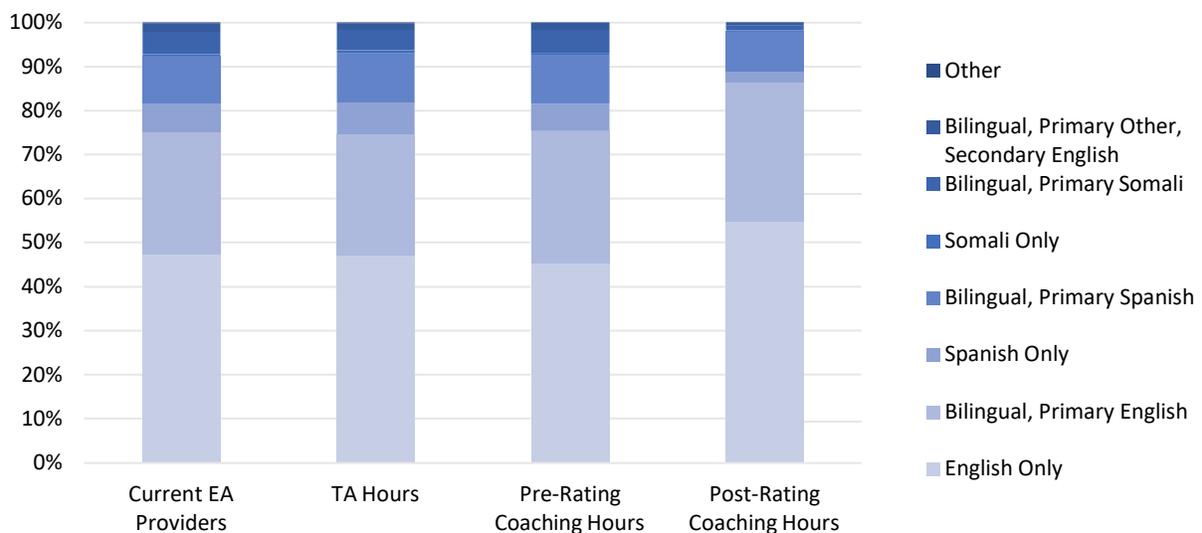
The Early Childhood Education Workforce Council, described earlier, focuses on increasing the diversity of the early learning workforce by exploring pathways to meet the diverse needs of providers and making recommendations for the early childhood development system. This includes apprenticeship models and other strategies. Child Care Aware of Washington, the primary provider of relationship-based professional development for Early Achievers, has adopted culturally relevant practices to better serve diverse educators from a wide range of backgrounds.

Child Care Aware is also strengthening the capabilities of its Early Achievers coaches to support a diverse workforce. Approximately one-third of the 165 Child Care Aware staff that provide coaching through Early Achievers speak languages in addition to English, including Spanish, Somali, Russian, Arabic, Ukrainian, and Japanese. Coaches that meet the cultural and linguistic needs of the provider community, but who do not yet meet the educational requirements for the role, can be offered professional development support, including scholarships and grants. Child Care Aware also offers ongoing professional development opportunities for coaches to learn anti-bias strategies and enhance cultural relevancy.

The coaching workforce is fairly new and still developing. DCYF has established a scholarship program for coaches and recognizes that additional efforts are needed in order to continue the work to expand the workforce pipeline and preparation programs to meet community needs for bilingual coaches.

Finally, Child Care Aware supports tailored services for unique regional populations, such as specific communities or language groups. Regions with high language diversity have the highest percentage of bilingual staff, including Central (82% of staff bilingual in Spanish), Eastern (32% staff bilingual in Spanish), Northwest (22% of staff bilingual in Spanish), and King and Pierce Counties (19% of staff bilingual in Spanish, Somali, or Amharic, with additional staff covering half a dozen languages in total). As illustrated in figure 9-5, Child Care Aware’s provision of relationship-based professional development services largely reflects the language diversity of the Early Achievers provider base.

Figure 9-5. Language diversity of Early Achievers (EA) coaching, compared with early childhood workforce, in Washington State. Y axis shows percentage of Early Achievers participants in different linguistic categories against percentage of coaching hours provided in a given language.



Data from: Efforts to Outcomes; PRISM; and Washington State Department of Children, Youth, and Families, Managed Education Registry and Information Tool (MERIT), <https://apps.dcyf.wa.gov/MERIT/>.

Relationship-based professional development

Washington State also provides support to child care providers in Early Achievers through relationship-based professional development from Early Achievers coaches, including:

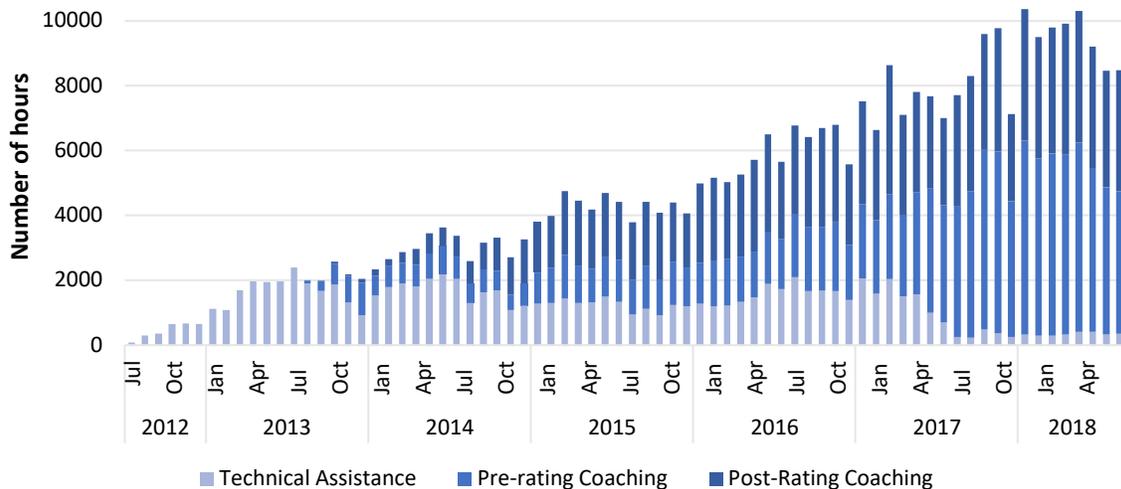
- **Technical assistance** to complete activities required to achieve a quality level of 2.
- **Pre-rating coaching** to help facilities prepare for a quality rating of level 3 or above. This coaching may also be offered to classroom teachers.
- **Post-rating coaching**, a long-term continuous service available to all rated facilities through Child Care Aware of Washington to maintain quality gains.

“I like the great support the coaches give and the Early Achievers program because if I have a question, she gets in contact with me and it is more accessible for me. Personally, that is the best.”

—Provider

In a given month, the majority of Early Achievers participants will receive some type of coaching (figure 9-6).

Figure 9-6. Number of relationship-based professional development hours provided to Early Achiever participants, by training type, 2012–2018



Data from: PRISM; Washington State Department of Children, Youth, and Families, Managed Education Registry and Information Tool (MERIT), <https://apps.dcyf.wa.gov/MERIT/>.

Professional growth and facility management

Facility leaders (primary providers in a licensed family home or directors of licensed child care centers) are required to complete standard training through Early Achievers within 12 months of enrollment. Support for this process includes the Early Achievers Professional Training Series, a

free training series that covers core competencies, cultural competence, the Washington State Early Learning Guidelines, and training in the MERIT system.

"[I am] getting support from Early Achievers and licensing. Everything is falling together. Everything is aligning. It's easier."

—Provider

Some providers who participated in outreach described the strong support they are getting from these initiatives, while others expressed concern about their ability to participate in training activities.

"Lots of early learning providers want the training but can't afford it. No time, no ability to do it when it's offered because they are working. SO many barriers for them getting that education that they want and we know is important for them to provide the best environment for their kids."

—Provider

Quality improvement tools and incentives

Washington State also provides support for quality improvement through Early Achievers, including child care quality baseline assessments, quality improvement plans, and scholarships and other financial incentives.

Child Care Quality Baseline (CCQB): Between 2014 and August 2018, Washington State conducted more than 5,596 CCQB assessments in individual classrooms. These assessments take place before Early Achievers rating to provide baseline quality data that providers can use to prepare for the rating process and improve the facility's chances of success.²⁰

Quality improvement plans: After rating, participants work with their coaches to develop a quality improvement plan that serves as a roadmap for continuous quality improvement. These plans address the facility's strengths, and potential areas of growth, based on the results of the Early Achievers assessment.

Scholarships and grants: Two programs support students employed in Early Achievers facilities who are pursuing state stackable certificates,²¹ Associates degrees, and Bachelors' degrees in early childhood education, or other specialized certificates, such as Montessori credentials.

- **Child Care Aware of Washington Scholarships:** Since July 1, 2012, the WA Scholarships program has awarded over 3,421 scholarships to more than 2,298 early childhood professionals. The majority of scholarships have funded students pursuing degrees and certificates at community and technical colleges. Scholarships are also available for coaches to participate in the University of Washington Certificate in Practice-Based

Coaching program. WA Scholarship recipients have completed over 40,165 credits of coursework from Washington colleges and universities and earned more than 1,100 degrees, certificates, and credentials.

- **Early Achievers Grants:** The Early Achievers grant program, launched in 2012 and administered by State Board of Technical and Community Colleges, helps employees at Early Achievers facilities pursue state stackable certificates and Associate degrees in early childhood education. The number of participating colleges has increased from 18 in 2013–2014 to 28 in 2017–2018, and the number of grant recipients has increased from 555 to 1,534 annually.

Other financial incentives available to Early Achievers include:

- **Needs-based grants.** Licensed family child care homes and child care centers working on Early Achievers level 1 or 2 activities are eligible to receive a needs-based grant (up to \$750 and \$1,000 respectively) for the purpose of improving program quality (e.g. purchasing curriculum development and instructional materials, supplies and equipment). In 2018, these grants were awarded to more than 250 family child care home participants and more than 100 child care centers (table 9-5). In 2019, eligibility expanded to include licensed homes and centers working on all rating levels.

Table 9-5. Needs-based grants awarded in Washington State, 2018

Region	Child care centers		Family child care homes	
	Amount awarded	No. of providers	Amount awarded	No. of providers
Central	\$ 19,934	20	\$ 46,451	62
Eastern	\$ 13,622	14	\$ 16,437	22
King County	\$ 15,000	15	\$ 49,132	66
Northwest	\$ 23,999	24	\$ 34,970	48
Olympic Peninsula	\$ 11,724	12	\$ 13,475	18
Southwest	\$ 3,979	4	\$ 6,602	9
Pierce County	\$ 15,964	16	\$ 24,660	33
TOTAL	\$ 104,222	105	\$ 192,728	258

- **Quality Improvement Awards.** Licensed child care centers and family homes that meet specific criteria (Early Achievers level 3 through 5 or 2 through 5, respectively, and serving at least 5% children receiving state or other qualifying child care subsidies) are eligible for cash awards that support progress toward coach-approved, facility quality improvement plans. These cash awards range from \$750 to \$2,750 for family child care homes and from \$5,000 to \$9,000 for child care centers. However, providers report that, because of the very low subsidy rates in Washington State, they may lose, rather than gain, by reserving the number of slots necessary to receive Quality Improvement Awards.
- **Tiered reimbursement.** Providers enrolled in Early Achievers receive an additional 2% increase above the base rate paid for children on subsidy to support the cost of quality,

with the requirement that they achieve level 3 or higher within 30 months of enrollment. Additional increases are available to facilities rated at level 3 through 5.

The Imagine Institute

The Imagine Institute is a nonprofit organization that provides grassroots professional development opportunities to early care and education professionals throughout Washington State. Established in partnership with the Service Employees International Union (SEIU) Local 925 through the collective bargaining process, Imagine is a vendor contractor to the state and provides professional development to licensed family home child care providers and Family, Friend, and Neighbor caregivers.

DCYF also partners with Imagine on the administration of a statewide early care and education substitute pool that is available to both licensed centers and family homes for personal time off or time to pursue professional development opportunities. This provides support for sick leave, vacation time, planning time, and more.

9.3 Child care business model

Child care business owners in Washington State are committed and passionate professionals who face a number of challenges in addition to those shared by all early learning providers. Business owners are caught between the high costs of child care to parents and the pressures of compensation for the early childhood workforce. Affordable facility space is limited, especially in the face of dramatic increases in real estate costs in the central Puget Sound area and other urban centers. And many child care business owners come from the early childhood workforce, with an immense wealth of experience in child care but less experience with business management.

“We would all love to compensate staff what we believe they are worth. We are balancing that with keeping rising costs to families reasonable in their struggle to make budget. Unfortunately, both groups are struggling — parents and staff.”

—Provider

9.3.1 Cost of doing business

What works as a sustainable model for child care businesses varies across Washington State. In urban areas, where the cost of living is high, operational expenses are correspondingly high. In rural and remote communities, the cost of living is lower — but it can be more challenging to attract trained, skilled providers, and lower family incomes can make it difficult to charge rates that will support a sustainable business.

Many outreach participants saw the substantial gap between the cost of providing child care and the availability of funding to support families who need child care services as *the* underlying issue restricting access to affordable, high-quality child care. Even with minimum wage

requirements and a desire to pay staff fairly, pay remains too low to attract and retain staff — while these investments drive up costs for business owners.

A number of child care providers from all backgrounds described major cost burdens in operating their child care programs. They reported that these costs stem from licensing requirements and regulations that are perceived to change frequently over short spans of time; educational requirements and training for staff; additional time and supports needed for children with special needs; student/teacher ratio requirements; and insufficient facilities space, materials and supplies. Child care subsidies do not cover these operating costs, forcing many providers to charge higher rates, accept only higher-income families, or close.

For providers of color, all the challenges above are amplified if there are language barriers and/or lack of familiarity with the system and requirements, in addition to trying to meet culturally specific needs of the families they serve.

In an assessment of child care businesses in King County, which has the largest population among counties in Washington State, Washington nonprofit Child Care Resources notes that “the cost of operating a quality child care business ... does not currently equal the amount families are able to pay (either personally or using subsidy).”²² Their analysis tested staff compensation and benefits, facility costs, administrative costs and program expenses against revenue from both private pay and subsidized service to children in preschool, toddler, and infant age groups.

After running multiple scenarios that take into account facility and staff composition (number of classrooms, children at different ages, and professionals in different roles), they found substantial barriers to operating with a majority or even equal allotment of subsidized slots: the cost of doing business is more than \$150,000 greater than revenue at a 50%/50% split. They also show the strong financial disincentives to serving infants in the current child care market, with negative net income estimated at almost \$60,000 even with all slots reserved for private pay.

Additional pressures on this system include the acknowledged high costs of child care relative to income in Washington State (see chapter 7, “Positive early learning experiences”) and the low compensation for early childhood providers (described in this chapter). Some providers also report that the cost of doing business has been affected by state minimum wage requirements. Since 2018, Washington’s minimum wage has increased \$2.50 per hour. Child care business owners understand the benefit to their employees but many report the increased wage standard places further pressure on creating a sustainable business model.

“[We] have to raise prices to compensate for the minimum wage.”

—Provider

Child Care Resources also considered the risks and benefits associated with a variety of options for improving the sustainability of child care businesses (table 9-6). As this table shows, there is a strong need for options that increase access to child care to low-income and middle-income families without placing additional pressure on already undercompensated staff or leaving the

youngest children without care. Not included, but frequently cited by providers and caregivers, is the option to increase the amount of state subsidies.

Table 9-6. Options for improving sustainability for child care businesses

Cost-reduction options		Resulting impact on community
Reduce employee wages/benefits	Early learning professionals tend to earn lower wages than kindergarten teachers, yet the positions require a similar level of education.	Lowering employee wages decreases the quality of a child care program and creates retention challenges.
Reduce infant and toddler slots	Licensing standards set specific limits on the ratio of staff to children based on age—the younger the children, the higher the required staff ratio, and the higher the cost.	Lowering staff ratios limits the number of slots available for infants and toddlers due to fiscal considerations (see budget below).
Reduce occupancy costs with a Puget Sound Taxpayer Accountability Act grant/subsidy	Full or partial occupancy subsidy would save child care businesses up to 20% of their overall annual expenses.	Occupancy cost alleviation would allow child care programs to improve quality by investing more in personnel, and/or to improve access by increasing slots for infants/toddlers and for children using subsidy.
Revenue-generating options		Resulting impact on community
Reduce the number of slots for children using Working Connections Child Care (WCCC) subsidy	Child care providers lose income when they accept children using WCCC subsidies to pay for care, as they are reimbursed between 50% to 75% of their tuition rate.	Fewer child care slots for children using subsidy decreases access to care for low-income families, keeping most in the cycle of poverty.
Raise tuition rates	The market rate for an infant slot in Seattle is currently between \$1,800 and \$3,000/month. Especially for families with more than one child, the burden of child care far outweighs the burden of rent.	Raising child care rates sends our community further down a critical spiral, leading to job loss and career/economic regression for parents, settling for low-quality care, or potentially even homelessness in the worst cases. Raising rates also exacerbates the inequity of our current crisis, widening income-based opportunity and learning gaps.

Adapted from: Child Care Resources, *Impact of Public Investment in Early Learning Facilities on the Child Care Business Model in King County*, 2019.

9.3.2 Shared services initiative

DCYF is establishing “shared services” hubs that offer financial and administrative capacity-building and responsive, comprehensive services for child care and early learning providers.

Through shared services hubs, providers can access business services ranging from enrollment to human resources to training and coaching, making it easier for them to start a new business and remain in business. Access to these business services also allows providers to spend more time focused on teaching and learning strategies in the classroom — increasing the quality of the early childhood services delivered to families and children. Shared services hubs also offer providers a resource through which they can offer a range of comprehensive services to families: mental health, health coordination, developmental screening, and more. Finally, providers can access the comprehensive resources to support them in responding to various needs of children in classroom settings.

“[It is] becoming increasingly difficult for any provider (center or home) to build a sustainable business model. [It] would be great to spend more time with providers to assist them in business model planning.”

—Provider

Services may be offered to providers a la carte or in tiered packages; typically, the cost to providers is none to minimal until they begin to see savings as a result of implementing the services. Only then does their cost share increase. This model reflects the successful model in use through the Educational Service District system. Early prototypes of this system established hubs for mental health consultation and business training/coaching. Now, Washington is establishing the first hubs that include all services at specific locations.

The hubs will promote the diversity of services and supports critical to strengthening Washington’s mixed-delivery system, enabling providers to offer more equitable, more accessible, and higher-quality services to a larger number of families and children. For family child care providers, small early learning centers, small nonprofits, and remote school districts, shared services hubs may be a key component of creating a sustainable business model.

¹ Institute of Medicine and National Research Council, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation* (Washington, DC: National Academies Press, 2015), 2.

² Washington State Department of Children, Youth, and Families, *Compensation Technical Workgroup Report to the Washington State Legislature*, April 2019, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/CompensationTechWrkgrpRprt.pdf>.

³ Washington State Department of Early Learning, *2018 Child Care Market Rate Survey Final Report*, July 2018, https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Washington_State_Market_Rate_Survey.pdf.

⁴ Center for the Study of Child Care Employment, *The Early Childhood Workforce Index 2018*, June 27, 2018, <https://csce.berkeley.edu/early-childhood-workforce-2018-index/>.

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⁶ Washington State Department of Early Learning, *Washington State 2014 Child Care Survey: Child Care Rate and Resources in Washington State*, June 2015, <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2015MarketRateSurveyReport.pdf>.

- ⁷ Institute of Education Sciences, Regional Educational Laboratory Program, *Visualizing Washington's Teacher Workforce: Understanding the Trends Impacting Teacher Recruitment and Retention*, 2017, <https://ies.ed.gov/ncee/edlabs/regions/northwest/wamaps/teacher-turnover.asp>.
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- ¹¹ Special education preschool teachers are the exception, with pay on par with teachers for older age groups.
- ¹² Center for the Study of Child Care Employment, *The Early Childhood Workforce Index 2018*, June 27, 2018, <https://cscce.berkeley.edu/early-childhood-workforce-2018-index/>.
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GLOSSARY

Definitions marked with an asterisk (*) are from the [Research Connections Child Care and Early Education Glossary, 2018](#). Washington State-specific information has been added to some of these national definitions.

**Adverse childhood experiences*

Potentially traumatic events that can have a negative, lasting effect on an individual's health and well-being. Adverse childhood experiences can include physical, emotional, or sexual abuse to the death or incarceration of a parent or guardian.

**Affordability*

The degree to which the price of child care is a reasonable or feasible family expense. States maintain different definitions of “affordable” child care, taking various factors into consideration, such as family income, child care market rates, and subsidy acceptance, among others.

**At risk*

Describes children who are considered to have a higher probability of non-optimal child development and learning.

**Blended funding*

A financing strategy that combines funding sources to pay for an integrated set of program services to a group of children. With blended funding, costs do not have to be allocated and tracked by the individual funding source.

**Braided funding*

A financing strategy used to coordinate funds from two or more sources to support the total cost of integrated services for individual children. With braided funding, costs must be attributed and tracked by the particular funding stream. Cost allocation methods are required to assure that there are no duplicate funding of service costs and that each funding source is charged its fair share of program and administrative costs.

**Career pathway*

A progression of educational qualifications, credentials, and training that build upon one another and enable early childhood practitioners to advance in their careers. Career pathways can be flexible, with multiple entry and exit points, to allow the workforce, made up of diverse learners and non-traditional students, to acquire the necessary career-related skills and knowledge.

**Child care access*

The ability of families to find quality child care arrangements that satisfy their preferences, with reasonable effort and at an affordable price.

**Child care availability*

Whether quality child care is accessible and available to families at a reasonable cost and using reasonable effort.

**Child care provider*

An organization or individual that provides early care and education services.

**Child development*

The process by which children acquire skills in the areas of social, emotional, intellectual, speech and language, and physical development, including fine and gross motor skills. Developmental stages describe the expected, sequential order of gaining skills and competencies that children typically acquire.

**Comprehensive services*

An array of coordinated services that meet the holistic needs of children and families enrolled in a given program, from health and developmental screenings to family literacy trainings and parent education.

**Continuity of care*

Refers to the provision of care to children by consistent caregivers in consistent environments over a period of time to ensure stable and nurturing environments. Research shows that maintaining continuity and limiting transitions in a child's first few years of life promotes the type of deep human connections that young children need for optimal early brain development, emotional regulation, and learning.

**Cost of care*

The monetary cost of providing early care and education services. Major contributors to the cost of care include staff wages and salaries, benefits, rent, supplies, professional development, and training. The cost of care can be different from the actual price of care charged by the provider.

**Cultural responsiveness*

A term that describes what happens when special knowledge about individuals and groups of people is incorporated into standards, policies, and practices. Cultural responsiveness fosters an appreciation of families and their unique backgrounds and has been shown to increase the quality and effectiveness of services to children.

**Developmental screening*

The practice of systematically measuring a child’s development across multiple domains and looking for signs of developmental delays. Screening and assessment tools are typically administered by professionals in health care, community, or school settings with children and families and can consist of formal questionnaires or checklists that ask targeted questions about a child’s development.

**Developmentally appropriate*

Practices, behaviors, activities, and settings that are adapted to match the age, characteristics, and developmental progress of a specific group of children.

Disaggregated data

Data that have been broken down by detailed sub-categories (e.g., by marginalized group, gender, race, region, or level of education). Disaggregated data can reveal deprivations and inequalities that may not be fully reflected in aggregated data.

**Equity*

Each and every person receives the necessary resources he/she needs individually to thrive, regardless of national origin, race, gender, sexual orientation, first language, ability, or other characteristics.

Extreme child care access desert

An "extreme child care access desert" is a neighborhood where there is both extreme need area, defined as a relatively high number of children who are eligible for subsidized child care in excess of the number of children who are receiving subsidized care, and highly constrained supply, defined as a relatively high number of children who are eligible for subsidized child care in excess of the number of subsidized seats.

**Evidence-based practice*

A practice, regimen, or service that is grounded in evidence and can demonstrate that it improves outcomes. Elements of evidence-based practice are standardized, replicable, and effective within a given setting and for a particular group of participants. Washington State also values promising practices and community-designed practices, reflecting the expertise and experience of the communities in which the practices are developed and used.

**Family engagement*

Refers to an interactive process of relationship-building between early childhood professionals and families that is mutual, respectful, and responsive to the family’s language and culture. Engagement in the early years prepares families to support their children’s learning throughout their school years and support parent/family–child relationships that are key to healthy child development, school readiness, and well-being.

Furthest from opportunity

Describes groups that are the furthest from having their needs met in a particular situation. These groups are usually defined by race, socioeconomic status, gender or sexual orientation, geography of residence, housing status, ability, immigration status, language, and mental or behavioral health status.

Homeless

As defined in the McKinney-Vento Act, "individuals who lack a fixed, regular, and adequate nighttime residence."

**Individualized Education Program*

A written document that is developed for each child who is eligible for special education services. The Individualized Education Program is created through a team effort and reviewed at least once a year and is required by the federal Individual with Disabilities Education Act (IDEA).

**Individualized Education Program Team*

The members of the multidisciplinary team who write a child's Individualized Education Program.

**Individualized Family Services Plan*

A written plan that outlines the special services children ages birth through two years and their families will receive if found eligible for Early Intervention services. The plan is mandated by the federal Individuals with Disabilities Education Act (IDEA), Part C. See related: Early Intervention.

Institutional racism

Intentional or unintentional programs, policies, practices, and organizational culture that work to benefit white people and disadvantage people of color.

**Kindergarten readiness*

Describes the skills, knowledge, and attitudes necessary to successfully transition to, and perform well in, kindergarten (or, for "school readiness," the early school years). In Washington State, kindergarten readiness is assessed using Teaching Strategies GOLD™ and the Washington Kindergarten Inventory of Developing Skills whole-child assessment (which is based on TS GOLD™). These tools inventory each child's developing skills in six areas: social-emotional, physical, language, cognitive, literacy, and mathematics.

**Kindergarten transition*

Refers to a process or milestone in which a child moves from a preschool setting to kindergarten.

**Linguistic competence*

The ability of an organization and its staff to communicate effectively with, and provide information to, people who may have limited English skills, low literacy, or disabilities.

**Mentoring*

A form of professional development characterized by an ongoing relationship between a novice and an experienced teacher or provider to deliver personalized instruction and feedback. Mentoring is intended to increase an individual's personal or professional capacity, resulting in greater professional effectiveness.

**Mixed-delivery system*

An integrated system of early childhood education services that are offered through a variety of programs and providers (e.g., the Early Childhood Education and Assistance Program, licensed child care, public schools) and are supported with a combination of public and private funding.

**Parent choice*

Refers to families' ability to access child care that they choose.

**Pre-Kindergarten/pre-K*

Programs designed for 3- and 4-year-olds that focus on school readiness. Though the term is sometimes used interchangeably with "preschool," pre-K programs are typically government funded and stipulate compliance with quality and accountability standards that exceed regulatory requirements for other types of early learning settings.

Preschool

Programs that provide early education and care to children before they enter kindergarten. Preschools may be publicly or privately operated and may receive public funding.

**Protective factors*

Characteristics that reduce the impact of risk factors on children's learning and development. Protective factors can exist at the family, child and community level, such as attending high-quality early childhood programs and having strong family engagement

**Quality rating and improvement system*

A system typically administered by a state or local jurisdiction used to assess, improve and communicate the quality of early care and learning settings. Most incorporate some variation of the following elements: quality standards; a system for rating/measuring and monitoring program quality; resources to improve quality such as grants for classroom materials and staff scholarships; and outreach services to educate and communicate with key stakeholders about choosing high-quality early education. Early Achievers is Washington State's quality rating and improvement system.

**Retention (staff)*

Refers to the ability of programs to retain their employees over time. Staff retention is a well-documented problem in early childhood programs that affects program quality.

**Risk factors*

Circumstances that increase a child's susceptibility to a wide range of negative outcomes and experiences. Risk factors for low school readiness may include parental/family characteristics such as low socioeconomic status and education, children's characteristics, such as whether the child has special needs, or community conditions and experiences, such as whether the child has access to high-quality early care and education.

**Slots*

The number of openings that a child care setting or home visiting program has available as dictated by its licensed capacity. The desired capacity of a facility is often lower than its licensed capacity. Slots may be filled or unfilled.

**Social-emotional development*

The developmental process in which children learn to identify and understand their own feelings, accurately read and comprehend emotional states in others, manage and express strong emotions in constructive manners, regulate their behavior, develop empathy for others, and establish and maintain relationships.

**Special needs*

A need for special education services, or other specialized services and supports, by a child with an identified learning disability or physical or mental health condition.

**Subsidized child care*

Child care that is at least partially funded by public or charitable resources in order to decrease the cost to families.

**Subsidy*

Private or public assistance that reduces the cost of child care for families. In Washington State, child care is subsidized through the Working Connections Child Care program.

**Trauma-informed care*

An approach used in working with children exposed to traumatic events or conditions. Children exposed to trauma may display heightened aggression, poor social skills, and impulsivity; they also may struggle academically or engage in risk-taking or other challenging behaviors. Service providers and family members that are trained in trauma-informed care learn effective ways to interact with these children, such as helping them cope with traumatic "triggers," supporting

their emotion regulation skills, maintaining predictable routines, and using effective behavior management strategies.

**Two-generation programs*

Programs that provide comprehensive services for both parents/families and children in order to simultaneously promote healthy child development and economic self-sufficiency. In two-generation programs, services such as job training, parent education and housing assistance are provided along with early education programs.

**Workforce*

The broad range of individuals engaged in the care and education of young children. Members of the early childhood workforce may include teaching, caregiving, and administrative staff, as well as consultants, learning specialists, and others that provide professional development, training and technical assistance to programs.

**Wrap-around services*

A team of providers collaborate to improve the lives of the children and families they serve by creating, enhancing, and accessing a coordinated and comprehensive system of supports. Supports might include formal services and interventions, such as enrichment and academic supports outside of regular child care programming; community and health services, such as doctor visits; and interpersonal assistance, such as family counseling.

APPENDIX A. COMMITMENT TO EQUITY IN THIS NEEDS ASSESSMENT

The Washington State Department of Children, Youth, and Families (DCYF) has made a commitment to advance racial equity in its work. To ensure that these values were reflected in this report, the agency invited a broad coalition of partners and stakeholders to participate in its creation through a process designed with support from the National Equity Project.

As part of this process, DCYF partnered with Washington Communities for Children (WCFC) to carry out a deep community engagement effort. This effort included almost 2,300 stakeholders.

- **Meetings with established groups.** The Department of Children, Youth and Families met with over twenty early learning groups or organizations who meet regularly. They devoted a portion of their meetings to discussing questions about the current early learning system and strengths, gaps and needs in the system. A total of approximately 530 people participated in those meetings.
- **Community meetings.** WCFC supports ten regions across the state, each of whom convenes individuals and organizations in their respective regions to work collaboratively on early learning issues. Nine of the regions conducted outreach meetings with groups that included parents, caregivers, early learning professionals, and others who work with children. The groups were asked what services they access, what would make it easier to support the development and health of their children, and their hopes and dreams for the early learning system. Over 100 meetings were conducted, with nearly 1,000 participants. This effort included thirteen meetings focused on Hispanic community members with all or nearly all participants from Hispanic communities.
- **Review of previous King County outreach reports.** In the past several years, the King County region has conducted different types of outreach and data analysis to assess strengths, needs, and gaps in the local early learning system. Those reports and documents were reviewed for this analysis, several of which focused on communities of color, particularly African American and Native American communities.
- **Online Survey.** An online survey was posted on the DCYF website asking similar questions to those posed in the community meetings. Over 700 individuals responded to the survey including a sub-set completed by Spanish-writing respondents which DCYF translated. There was also a separate survey designed and administered by the Indian Policy Early Learning Committee to solicit input from tribal community members.

This co-creation process points the direction forward for DCYF: collaboration with communities to dismantle the inequities inherent to existing systems and embed anti-racist values and commitments that will result in better outcomes for all. This needs

assessment, and the accompanying process to design the 2021–2025 Washington Statewide Coordination Plan, both embody that goal and are an opportunity to learn and grow toward it in partnership, and humility, with the communities we serve.

APPENDIX B. SUMMARY OF QUALITATIVE DATA FROM COMMUNITY OUTREACH

**OVERALL SUMMARY REPORT
PDG QUALITATIVE DATA ANALYSIS FOR ALL NEEDS ASSESSMENT COMMUNITY OUTREACH
DECEMBER 23, 2019**

Introduction

The work to create a statewide early learning needs assessment included two methods of collecting data about needs, gaps and current services for children and families: collection of existing quantitative data from a wide variety of sources, and outreach to parents, caregivers, providers and other professionals to collect their qualitative stories about how they care for children, the services they access, and the gaps in the existing array of services and supports. This document provides a summary of the outreach conducted in September and October in 2019.

There were several different types of outreach conducted.

- Meetings with Established Groups – The Department of Children, Youth and Families met with approximately twenty early learning groups or organizations who meet regularly. They were willing to devote a portion of their meetings to discussing questions about the current early learning system and the strengths, gaps and needs in that system. Approximately 530 people participated in the meetings
- Community Meetings – Washington Communities for Children (WCFC) supports ten regions across the state that convene individuals and organizations within that region to work collaboratively on issues related to the early learning system. Nine of the regions conducted outreach meetings with groups that included parents, caregivers, early learning professionals, and others who work with children. The groups were asked what services they access, what would make it easier to support the development and health of their children, and their hopes and dreams for the early learning system. Approximately 80 meetings were conducted, with nearly 1,000 participants.
- Review of Previous King County Outreach Reports and Summaries – In the past several years the King County region conducted different types of outreach and data analysis to assess the early learning strengths, needs and gaps. Those reports and documents were reviewed for this analysis
- Online Survey – An online survey was posted on the DCYF web page asking similar questions to those posed in the community meetings. Nearly 700 individuals responded to the survey.

Every comment from every participant was reviewed and “coded” based on the five elements in the Strategic Organizing Framework. This framework was developed in collaboration with the project Steering Committee. The Framework will be used as the organizing structure

for the Needs Assessment and the development of a statewide Strategic Plan. The five elements in the Strategic Organizing Framework include the following:

- 🕒 Empowered Communities and Responsive Early Learning System
- 🕒 Healthy Children and Families
- 🕒 Positive Early Learning Experiences
- 🕒 Strong and Stable Families
- 🕒 Supported Early Learning Workforce

In addition, some comments from participants were coded as “Cross-Cutting” because they reflected overarching themes that transcend any of the five Framework categories (i.e. access, affordability, equity, language, rural and remote communities, etc.).

For each of the five Framework categories, and the Cross-Cutting themes, 10 – 20 specific codes were developed in order to consistently identify the subject of every comment. The codes were developed based on the issues being addressed in the Needs Assessment, and in collaboration with Washington Communities for Children (WCFC).

It's important to note that these results are not representative of a statistically valid sample of opinions, since all groups were self-selected participants. However, given the large volume of comments, and the diversity of those who participated (caregivers and professionals, as well as racial, ethnic and geographic diversity), it does represent an interesting cross-section of viewpoints for consideration.

Executive Summary

The following provides a high-level summary of the major themes and issues that emerged. They are summarized as either being cross cutting themes that touch on many early learning issues, programs or services, or themes that relate to one of the five elements of the strategic organizing framework.

ELEMENT	THEME/MAJOR ISSUE
1. CROSS CUTTING	ACCESS, AFFORDABILITY, AVAILABILITY
	EQUITY AND COMMUNITIES OF COLOR
	RURAL/REMOTE

Synopsis

- Access to and affordability and availability of services came up frequently and were often interconnected.
- These challenges played out across a wide range of needs, from childcare to healthcare to housing and other needs.
- Issues of equity, particularly racial equity, were a major theme in the experience of communities of color. Inequities manifest in a multitude of ways both at institutional- or system-level and at program/service-level.
- Communities in rural or remote areas also reported unique challenges with access to the early learning system.
- Strengths noted included: an early learning workforce committed to children, parents and families’ love for and support of their children’s growth, increasing public awareness of the importance of early childhood development, growing conversation about and commitment to equity; and continued improvement of the early learning system in Washington state.

ELEMENT	THEME/MAJOR ISSUE
2. EMPOWERED COMMUNITIES AND RESPONSIVE EARLY LEARNING SYSTEMS	SYSTEM NAVIGATION AND REFERRALS
	COORDINATION
	FINANCING/FUNDING
	OTHER ISSUES

Synopsis

- System navigation challenges impact both parents/families and providers. Parents and caregivers said they need centralized information about available resources and assistance connecting to and navigating through them, while providers said they need to know what is available in order to make effective referrals and provide assistance.

- There is a need for coordination of services and supports on multiple levels, and the current lack of it manifests in different ways. When coordination is lacking, families must take on greater burdens to navigate and coordinate the services they seek.
- There is a significant need for more financing of the early learning system as a whole, especially to address the complex multifaceted funding gap for expansion of affordable childcare.
- Strengths noted included: strong coordination at the local level in some locales, greater alignment in standards, the work of regional coalitions, increased awareness of early learning among policy makers, and increased parent engagement in advocacy.

ELEMENT	THEME/MAJOR ISSUE
3. HEALTHY CHILDREN AND FAMILIES	COMPREHENSIVE HEALTH CARE
	HEALTH CARE COVERAGE
	MENTAL HEALTH – FAMILY & KIDS

Synopsis

- Many participants expressed a need for all children to have comprehensive health care, ideally with a medical home and coordination of care across providers.
- Many families need access to free or affordable health care coverage and assistance securing it.
- Ensuring proper health care and nutrition were frequently mentioned by parents as ways they support their children’s growth and development.
- Within health care, mental health services (for children and adults) were the most significant and most frequently reported need/issue/gap.
- Children without adequate mental health supports in turn impacts childcare and early learning providers, who bear an additional burden of trying to address mental health needs when children are in their care.
- Strengths noted included: the breadth and depth of actions that parents take to support their children’s growth, increased understanding about early learning by providers in related professions, and increasing integration of mental health supports in general healthcare.

ELEMENT	THEME/MAJOR ISSUE
4. POSITIVE EARLY LEARNING EXPERIENCES	CHILDCARE
	INFORMAL ACTIVITIES
	SPECIAL NEEDS/SPECIAL EDUCATION
	EARLY LEARNING PROGRAMS

Synopsis

- The top issue that emerged during this outreach across all participants was the need for quality affordable childcare for all children. However, provision of private childcare comes with a huge cost gap that deeply impacts both families and childcare providers .
- Parents and caregivers reported that engaging their child(ren) in activities outside of childcare or school is a major way they support their childrens’ development. They participate in a wide range of activities both at home and out in the community.
- Parents, caregivers and providers said that children with special needs require additional supports that are missing in many parts of the system. Challenges include general lack of programs and services (e.g. long wait lists), lack of providers with specific knowledge/need for specific training, coordination and integration across providers, health care that doesn’t include coverage or has limited coverage for specific needed services, and teacher/student ratios that don’t accommodate extra time needed for working with special needs children.
- A number of existing early learning programs, including ECEAP, Head Start, ECLIPSE and ESIT, were frequently cited as resources that children and families depend on, but many participants reported difficulties accessing these programs due to long wait lists.
- An issue that cuts across pre-K, K-12 systems is the need for more seamless transitions among them.
- Strengths noted included: the strong commitment to children and families on the part of many providers and organizations especially those going above and beyond with limited resources; the array of community-based informal activities for children and families in some locales; public programs that are highly utilized such as Head Start, ECEAP, Play and Learn groups, and Home Visiting.

ELEMENT	THEME/MAJOR ISSUE
5. STRONG, STABLE, NURTURING AND SUPPORTED FAMILIES	FAMILY ECONOMIC & BASIC NEEDS
	FAMILY STABILITY
	PARENTS & CAREGIVERS

Synopsis

- The most prevalent challenge families reported was addressing their financial needs. Some families struggle just to meet basic needs for housing, food and transportation.
- The struggle to meet basic needs means that the cost of childcare becomes an additional and often overwhelming cost burden, resulting in families having to make difficult choices between jobs/income and childcare.
- When families are forced to focus so much on basic needs, there can be an impact on family mental health and in turn, on child(ren)’s development.

- Parents bring both a wealth of knowledge and commitment to supporting their child(ren)’s growth. They shared a wide range of approaches they take, from ensuring health of their child to supporting their social emotional development to engaging with providers.
- At the same time, most parents also wish to gain more parenting knowledge, both informally by connecting with other parents and formally through classes. Social connection, especially with other parents, is a major source of support and peer learning.
- Many parents reported their reliance on family, friends and neighbors to provide care for their children. Some parents said they couldn’t afford or access childcare, while others preferred care to be provided by family members.
- Parents bring a lot of resilience to supporting their children and families, especially when faced with major challenges and family stressors. But they also need supports to bolster their resilience.
- Strengths noted included: the strength and resilience of parents; the family support provided by kinship caregivers; community resources to meet families’ basic needs like WIC, food banks, and health care providers, as well as early learning organizations, agencies and coalitions.

ELEMENT	THEME/MAJOR ISSUE
6. SUPPORTED EARLY LEARNING WORKFORCE	COST OF DOING BUSINESS
	PROFESSIONAL DEVELOPMENT AND TRAINING
	STAFF RECRUITMENT AND RETENTION/COMPENSATION

Synopsis

- As described in a previous section, access to affordable quality childcare is the top need/gap participants identified. Many participants see the underlying cause of that is the substantial gap between the cost of providing childcare and the availability of funding to support families who need childcare services.
- Many providers described a significant need and desire for ongoing professional development and training for staff working in both early learning and related professions and sectors.
- In particular, training is needed to expand provider knowledge in several specific areas: working with special needs children, trauma-informed practices; cultural competence; technology; and available resources so that providers can refer children and families to supports that meet their needs.
- The multifaceted funding challenges described in earlier sections, including the low levels of compensation for staff, have a substantial bearing on childcare providers’ ability to attract, hire and retain staff.
- Strengths noted included: caring and committed childcare providers and staff; existing professional development and training resources; efforts to create ongoing improvement in rules and regulations; and support from Early Achievers coaches.

DETAILED SUMMARY

The following provides descriptions of the major themes and issues that emerged from each of the five elements of the framework, as well as overarching (or cross cutting) themes that were raised by participants. The following provides data on the number of comments received about a topic, as well as a sample of quotes from participants.

CROSS CUTTING THEMES/MAJOR ISSUES

The themes described in this section were ones that cut across the other five elements that follow.

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
ACCESS, AFFORDABILITY, AVAILABILITY	ACCESS	528
	AFFORDABILITY	725
	AVAILABILITY	434
<p>Synopsis</p> <ul style="list-style-type: none"> • Access to and affordability and availability of services came up frequently and were often interconnected. • These challenges played out across a wide range of needs, from childcare to healthcare to housing and other needs. • The challenges were also amplified for certain families, including those in rural and remote areas, those with language and culturally-specific needs, and those with children with special needs. • Access included issues of physical accessibility, wait lists or wait times, and eligibility for certain services. • Affordability included issues of cost for low income families as well as higher income families who don't qualify for subsidies but are challenged to pay privately for services. • Availability included issues of inadequate supply for certain services (especially for those with special needs), in remote areas, and flexible/available hours to meet family work schedules for childcare. 		
<p>Selected Quotes</p> <p><i>“The needs of the community are greater than what providers can offer...high quality childcare and preschools are full. There are waiting lists of two years or more for highly desired childcare options....ECEAP are [sic] only serving half of those who qualify. Plus, income levels for qualifying for ECEAP is so low it leaves a huge gap of children who do not qualify...and cannot afford preschool.”</i></p> <p><i>“Money. Always money. The ‘best’ schools cost too much....Providers do not get paid enough. The person fixing your toilet gets \$25+ an hour, but the person raising your kid barely gets a living wage....It's a mess.”</i></p>		

“Cost of care is huge...we were paying more than our mortgage in child care costs.”

“There are so many families with children who have special needs...my son’s ASD [autism spectrum disorder] diagnosis, that’s the one I am most attuned to. Parents who have concerns about their children are having to wait upwards of 12-18 months to get into [sic] for an evaluation, with little to no supports during that wait. There are too few properly trained professionals to help all of the families in need.”

“The cost and difficulty in finding quality child care. I have been under-employed since my first child was born 4.5 years ago because I could not find affordable quality childcare. All the centers I called or toured were too expensive, had hundreds-long waiting lists, seemed small and cramped and low quality, and/or did not provide any flexibility whatsoever in offering half-day or part-time childcare.” – a parent on the biggest challenge in meeting their child’s needs

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
EQUITY AND COMMUNITIES OF COLOR	COMMUNITIES OF COLOR	56
	EQUITY	282
	IMMIGRANT/REFUGEE	43
	LANGUAGE AND CULTURAL COMPETENCE	157
	TRIBAL COMMUNITIES	19

Synopsis

- Racial inequities experienced by communities of color was a cross-cutting issue raised by participants. It impacts many aspects of the early learning system as a whole and in programs and services. In particular, families with language needs, refugee and immigrants, families with undocumented status, migrant farmworkers and tribal communities, described unique challenges that exacerbated their experience of racial inequities.
- Institutionalized or system-level inequities included the need for greater understanding of and inclusion of cultural differences in system-level definitions/standards/evaluation tools/frameworks (e.g. assessment of child development or kindergarten readiness, parenting and family norms, etc.); and more cultural competence in the development of and content for professional development and training.
- Inequities in programs and services included needs for: valuing multilingualism and multiculturalism instead of viewing it as a deficiency or inferior to dominant white culture; increased cultural competence among providers; responding to family-level or

community-level stressors that disproportionately effect communities of color (e.g. poverty, substance abuse, historic trauma, incarceration); content/subject matter knowledge in both interpretation and translation; eliminating judgment of different parenting and early learning approaches, including supporting parents who wish to connect their children to their culture; unlocking barriers to accessing services for undocumented families; recognizing and responding to the impacts of historic marginalization on specific communities.

- Some of the impact of these inequities on families has been greater challenges accessing services for their children, choosing not to avail themselves of services, misinterpretation or inaccurate assessment of children or families, mistrust or fear of the system.
- In addition to racial inequities, participants also described other inequities: rural areas with unique challenges, income inequities (e.g. working families who don't qualify for subsidies and don't have means to pay for services privately), and pay inequities (e.g. childcare workforce wages sub-par to teachers in K-12 systems).

Selected Quotes

“What’s also important...is getting away from “all kids” universalism, but with the most vulnerable kids in mind. Otherwise, “all kids in mind” means kids of color are left out again and again and again.”

“Latino community members and other immigrant communities [need] access to child care services. It’s not fair that we have to stay at home because there’s no place to leave the children, practically all that we do as parents or neighbors is illegal. It can’t be that 90% of my wage goes towards paying daycare and I don’t qualify for the subsidy. Nobody speaks Spanish and when people want to open a daycare they can’t because it’s too difficult. I would like the situation to improve for everyone. The state has created a crisis that didn’t exist before. My experience living in a country where the government creates problems to solve them themselves tells me that this is going to happen here too.” – a parent when asked about their hopes and dreams for young children in their life or community

“Primarily that my son gets a fair shot a life and opportunities despite him being a black child.” – a parent when asked about their hopes and dreams for young children in their life or community

“Education that will get them career, housing, and safety (for Muslims, especially Muslim girls).” – a parent when asked about their hopes and dreams for young children in their life or community

“Early Learning is a system not created for Black children.” – a parent participant in the Black Family Voices Project in King County

“Telling people at an early age – your culture is not as valued. Stifles ability to learn. An emotional block.” – leader of an agency serving refugees and immigrants

“I’m also a mom of an 8-yr old and a 6-yr old. They and my family experience the issues we have been discussing every day...children experiencing racism at school, deciding about childcare, we have families who have lost their husbands and having to write quality improvement stuff while also dealing with immigration issues, etc.” – a parent and childcare provider describing challenges

“‘Professionalism’, as it is often interpreted, can also be white supremacist and elitist. We should really evaluate how we conceive of professionalism.”

“Most of the families that I know, are low income families, which some (or most of them) didn't even finish elementary school in their countries, as a consequence, it is hard for them to become the voice of their children. Another barrier for them to be their children's voice, is the language (a lot of those parents don't speak English.)” –a provider/professional, describing challenges facing families they work with

“From my field of work, I see that most of the challenges come from families with agricultural backgrounds. Parents are getting off work late after 5 which is after work hours. Most of these programs aren't open late enough so that parents can come in at a later time and not miss out on work. I also see lots of issues with transporting children to services. Some parents need more education when it comes to riding public transportation.” –a provider/professional, describing challenges facing families they work with

“Teachers in public schools are not informed enough about historical trauma and the way it impacts a child's identity in school.” – respondent to tribal early learning survey, when asked if current system meets their child's needs

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
RURAL/REMOTE	RURAL/REMOTE	146
<p>Synopsis</p> <ul style="list-style-type: none"> • Many participants said that families in rural or remote areas face unique challenges across many issues that impact families’ lives. • Access to and the lack of availability of transportation, housing and childcare providers and other supportive services were described as especially significant challenges. • Some felt that the lack of available resources and fewer choices for families results in lower quality services. 		

- Because our state’s agricultural workers are largely Hispanic immigrants, the challenges also intersect with unique needs of this community.
- Early learning providers/professional in rural areas also face unique needs, especially in access to educational and professional development opportunities and referrals to other family services.

Selected Quotes

“Because we live in a small rural area the availability and consistency of some of these resources are not always available or quality. There are limited resources and options to choose from. Parents education is not easily accessible or available without travel.”

“In rural areas, barriers include lack of special needs services, parenting support, language barriers, lack of transportation, and with low workforce wages we still cannot affordable limited available housing stock.”

“That their generation can overcome the society of drugs, homelessness and all the ills that come with it. Our children are seeing a horrible way of life with little hope. We live in a very rural community, the towns are dying, no businesses, no jobs or the few have little pay and no benefits. So I guess how can the children be given hope when their parents are struggling so hard to encourage hope?” – a participant, when asked about their hopes and dreams for young children in their life or community

EMPOWERED COMMUNITIES AND RESPONSIVE EARLY LEARNING SYSTEMS

This element of the Early Learning Strategic Plan framework is about Empowered Communities and Responsive Early Learning Systems. The vision is that: “Communities are partners in helping to create an early learning system that is equity-focused, responsive, coordinated, adequately resourced and builds on the strengths of families and providers – supporting them to help children thrive.”

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
SYSTEM NAVIGATION AND REFERRALS	SYSTEM NAVIGATION/RESOURCE REFERRALS	434
	REFERRALS/HELP ME GROW	77
<p>Synopsis</p> <ul style="list-style-type: none"> • System navigation challenges impact both parents/families/caregivers and providers. • Parents reported needing centralized information about available resources, whether their family is eligible and how to access them; as well as how to navigate through processes and coordinate among different services and providers. • Facing these obstacles, some parents described choosing not to access resources, including services for which they would be eligible. • These challenges are especially difficult for certain families, including non-custodial parents, single parents, families with language and cultural competence needs, and families new to or unfamiliar with the system. • Providers said they often lack awareness of or information about other resources and eligibility criteria in order to accurately refer their clients. And when referrals are made, they are often not completed. Many suggested there is a need for a coordinated referral and tracking system. 		
<p>Selected Quotes</p> <p><i>“There are many challenges I know...from my experience working closely with families and providers, but one challenge I often see families go through in our Yakima Valley Community is...navigating the early learning support systems (special services, starting conversation with doctors about child developmental concerns, access to child care, etc.) in a way that they feel understood,</i></p>		

respected and acknowledged. Because of this, they often chose [sic] to not reach out.” – a provider/professional describing challenges facing families they work with

“When everything is so fragmented, it’s a giant time sink. It’s hard to actually be a parent when you’re trying to juggle all these different things. I had the resources to pay but couldn’t find things.” – a parent on challenges in meeting their child’s needs

“Even as a professional who is pretty sophisticated at navigating systems, that even when we call DCYF, we also get conflicting information, are asked for different information from the same representative on different days. And we have a lot more experience, and yet still are in this position. This complexity and difficulty translated into barriers not just for families but also for service providers assisting those families.” – a provider/professional describing challenges facing homeless families they work with

“As Primary Care Providers who see children as many as 10 times during their first two years of life for routine well child checks, we are in a prime position to share information with our young families. Yet the health care system is such that we have minimal time to be effective in this. Centralized resources/information in multiple languages and/or support in Care Coordination is needed. We need to assure that families are following through and understand the value of programs such as Early Support for Infants and Toddlers...The system is too confusing for us all and we are who the families come to for guidance.” – a provider/professional describing challenges facing families they work with

“That families can spend less time going through system after system in order to access services, or completely miss some services because they don't know they exist or are eligible. If we have a coordinated system for linking families to services, they can spend less time navigating multiple systems and more time helping their children grow and thrive.” – a provider when asked about their hopes and dreams for young children in their life or community

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
COORDINATION	COORDINATION	359
	COALITIONS	41
Synopsis <ul style="list-style-type: none"> Many commented that work of agencies and providers often seems to be done in silos. There is a need for coordination on multiple levels: across sectors (e.g. childcare, early learning system, schools and health care), among state agencies (i.e. DCYF and 		

OSPI), between local and state-level government agencies, among public agencies and providers, and among local agencies and organizations.

- Participants said that the lack of coordination manifests in multiple ways: varied eligibility criteria for programs, requirements (e.g. for childcare licensing), differences in interpretations of rules and regulations (e.g. acceptance of special needs children), sharing data across agencies
- The lack of coordination among agencies, providers and various support services also impacts families, who then must take on greater burden to navigate and coordinate among providers and services, or experience greater challenges facing inconsistent eligibility criteria or program requirements.

Selected Quotes

“[There are] lots of silos and nobody is talking to each other. Need to think about how to create a system that surrounds and supports people and what are the values behind that?” –a participant, describing challenges facing families

“Parents are often left doing the legwork of communicating from one care setting to the next. This is a big barrier for the children getting the care they need.” –a participant, describing challenges facing families

“There is not really an Early Learning ‘system.’ It is a collection of a lot of individual programs and services.” –a participant, describing challenges facing families

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
FINANCING/FUNDING	FINANCING/FUNDING	368
<p>Synopsis</p> <ul style="list-style-type: none"> • There were many comments about the significant need for more financing of the early learning system as a whole. • Participants described the lack of sufficient funding as having impacts on families and providers in a variety of ways, including: insufficient childcare subsidies, lack of support for the costs of operating childcare businesses (wages, licensing and educational requirements, professional development), and the need for additional funding to support needed and valued services, such as ECEAP, Head Start, Home Visiting, etc. 		
<p>Selected Quotes</p>		

“Stretched – not enough providers or funding for the needs of how many children need to be served.” –a provider/professional, describing the early learning system in the state

“FUNDING, FUNDING, FUNDING. It feels like no matter how much money we have, there's always more we could be doing for our families and our children. (Money still applies for families - raising a child is EXPENSIVE!)” –a provider/professional, describing challenges in the early learning field

“Money. Money for education especially with increased WAC requirements. Money for staff- \$ to recruit, train and maintain strong employees.” –a provider/professional, describing challenges in the early learning field

“Rising childcare costs have made making our rates affordable to any but the upper middle class impossible. We have to keep our rates as high as they are (currently \$2325 a month for a full time infant) in order to support working wages for our staff (most are making \$16-18 an hour). With education requirements coming into place, we will be paying staff with degrees even higher wages, resulting in higher tuition for families yet again. What started as affordable daycare to support local moms who needed to go back to work, has turned into private school education that only the rich white families can afford. I don't see a solution outside of money and other supports from the state. This is not the center we want to be, but we cannot see a way out.” –a provider/professional, describing challenges in the early learning field

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
OTHER ISSUES	INFRASTRUCTURE/DATA	51
	ADVOCACY AND PUBLIC AWARENESS	30
<p>Synopsis</p> <ul style="list-style-type: none"> Some said there is a general need to continue raising public awareness of and advocating for both early learning (what it is, why it's important) and what families need. Some commented about data: needing comprehensive data, using data effectively to measure progress, and disaggregating data on communities of color and by regions. 		
<p>Selected Quotes</p>		

“First we must have awareness! I am recommending a huge public awareness campaign that informs parents and partners about DCYF and our mission/vision! We have great programs and opportunities, but if the public doesn't hear about them, what does it matter?” –a provider/professional, describing challenges in the early learning field

“Also, the story told about Early Achievers is different from what’s often provided by the state. Data is often not disaggregated. Experience out in the field looks different. Want to make sure what communities of color are experiencing are reflected.” –a provider/professional, describing challenges in the early learning field

HEALTHY CHILDREN AND FAMILIES

This element of the Early Learning Strategic Plan framework is about Healthy Children and Families. The vision is that: “Children’s overall health and well-being are central to their development; responsive systems of care exist to ensure they have access to comprehensive and integrated health care (physical, mental and oral health), developmental screening, and key social and emotional supports.”

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
COMPREHENSIVE HEALTH CARE	COMPREHENSIVE CARE	91
	PHYSICAL HEALTH CARE	434
	ORAL HEALTH	80
	MATERNAL HEALTH	50
<p>Synopsis</p> <ul style="list-style-type: none"> • Many parents and caregivers mentioned the reliance they have in their children’s health care provider. • Some parents and caregivers said that children need comprehensive health care, ideally with a medical home and coordination of care across providers. • Parents frequently reported that they support their children’s growth and development by ensuring their children’s health needs are met, including physical, mental and oral and nutritional health. • Within health care, mental health services (for children and adults) was the most significant and frequently reported need/issue/gap. • Participants shared both positive and negative experiences with health care providers. Many had experiences that were helpful and supportive, while some reported feeling "talked down to," judged, or otherwise disrespected. • Maternal health was often cited as important, with needs for more prenatal and postnatal education, and maternal mental health/post partum depression. 		
<p>Selected Quotes</p> <p><i>“I support his health 100%. I am on top of his checkups. Both medical and dental. My son is up to date with immunizations. The same with his development at nine months old. I noticed that he was behind in his motor skills and I consulted with his</i></p>		

pediatrician to have him referred to the proper resources. Soon after he started physical therapy.” -parent participant describing how they support their child’s development

“I will focus primarily on the medical home since that is where I work. We need clinics who have appropriate levels of access to care for all families, health care providers who have the knowledge and time/resources to appropriately assess family needs, the ability to connect families to support services in a streamlined and effective way, and efficient bidirectional communication between the medical home and family services.” –a provider/professional, describing what is needed in the early learning field

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
HEALTH CARE COVERAGE	HEALTH CARE COVERAGE	166
<p>Synopsis</p> <ul style="list-style-type: none"> • Some families reported needing access to free or affordable health care coverage. • In particular, there is a lack of coverage for certain needed services: home health, developmental delays, special needs, and therapies. • Families also need help navigating the process of securing coverage/insurance. 		
<p>Selected Quotes</p> <p><i>“For a lot of our families, this is a huge barrier... Insurances are finding lots of fun ways to get around this. We just had a family decline a visit because older brother needs all the visits.” –a provider/professional, describing challenges facing families they work with</i></p> <p><i>“Children who have special healthcare needs don't have access to care or not to the full resources they need.” –a participant, describing challenges facing families</i></p> <p><i>“Access to healthcare and education is essential at all ages. Within the healthcare and education systems informed referral sources are essential to get children to specialty services, care and special instruction/early intervention when things aren't going right in any area of the child's development.” – a participant when asked about what services or supports are needed for young children in their community</i></p>		

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
MENTAL HEALTH – FAMILY & KIDS	MENTAL HEALTH	256
	ACES/TRAUMA/TOXIC STRESS	71
	PARENTAL RISK FACTORS	50

Synopsis

- Mental health was the top unmet health care need identified by participants, with multiple related issues.
- Access to and availability of mental health services is a challenge, especially in rural areas, for children with special needs and for infants.
- Children without adequate mental health supports in turn impact childcare and early learning providers, who bear an additional burden of trying to address mental health needs when children are in their care. However, providers don't have the necessary training to provide that care.
- Mental health for children also often goes hand-in-hand with mental health supports for the family. This connection was particularly strong for families that have experienced trauma, such as historical trauma in communities of color, or where parents face life stressors such as substance abuse or involvement with the criminal justice system.
- Some communities of color have cultural stigma and/or misperceptions about mental health that can lead to underutilization of needed services.

Selected Quotes

“I try to be open with my children about our situation and yet I also know they are young and don’t understand why their dad isn’t around right now. My therapist is helping me, and I don’t know what I would do without her.” – a parent on challenges in meeting their child’s needs

“Mental health and use of illegal substances are challenges facing families in our community, directly impacting children. Lack of foster homes resulting in children reunified with bio parents who are not ready for the responsibility to successfully care for their children.” –a provider/professional, describing challenges facing families they work with

“Families unaware of the trauma and ACEs [adverse childhood experiences] that have impacted their own development and upbringing. The need for parents to have one-on-one support and assistance so they have opportunities to make different parenting choices. This means more infant mental health and pediatric mental health providers and long-term early childhood home visiting programs.” –a provider/professional, describing challenges facing families they work with

“I also believe that the stress our families have today from lack of housing, not enough money to cover required expenses, lack of child care and other things are creating unintended trauma on children. We are seeing a trend of extremely challenging behaviors in children that are attending our programs. As well, children coming from families who have drug addictions or other issues such as a parent in jail or prison, parents not providing basic needs for their children, and a lack of parenting skills. Teachers are struggling to meet the needs of these children who do not trust and have trauma. It is very difficult in a classroom of 17 to 20 children when you have 5 to 7 who cannot function in this type of group setting and create safety issues for other children and teachers. This also affects our school districts, who have higher expectations for kindergarten and children are often delayed in social emotional development when entering kindergarten and this creates a setback for learning academic skills.” –a provider/professional, describing challenges facing families they work with

POSITIVE EARLY LEARNING EXPERIENCES

This element of the Early Learning Strategic Plan framework is about Positive Early Learning Experiences. The vision is that: “Every child has access to safe, engaging and positive early learning experiences that promote school readiness and lifetime success; families are valued as the most important partners in children’s early experiences.”

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
CHILDCARE	LICENSED CHILDCARE	726
	NON-LICENSED CHILDCARE	640
	EARLY ACHIEVERS	86
	FACILITIES	84

Synopsis

- One of the issues most frequently raised across all outreach participants was the need for quality affordable childcare for all children.
- Participants noted that the provision of private childcare is very costly to purchase and to operate, which deeply impacts both childcare providers and families.
- Childcare providers reported facing multiple costs including licensing requirements and regulations that change over time; educational requirements and training for staff; additional time and supports needed for children with special needs; student/teacher ratio requirements; minimum wage requirements for staff, and facilities space, materials and supplies. At the same time, participants said that low reimbursement rates for child care subsidies do not cover costs, exacerbating the funding gap and causing some providers to close over time, leading to a reduction in the supply of childcare services.
- For childcare, many families said they are faced with challenges regarding both availability and affordability. In particular, working families who don’t qualify for subsidies, yet don’t have the means to pay out of pocket for childcare services, face a significant, and for some insurmountable, cost burden. Parents sometimes make choices to forego jobs and careers in order to qualify for subsidies or to stay home to care for their child(ren).
- In addition to cost, lack of flexible childcare open hours means many families juggling non-traditional work schedules (such as shift workers or migrant farmworkers) cannot access care.
- Families with special needs children reported having more difficulty finding childcare because fewer providers are willing to accept their children.

- Participants said that all of these challenges are amplified for families and providers in rural areas, where families face less choice and greater transportation challenges, and providers must hire staff from a smaller labor pool with less choice in qualifications and education.
- The challenges and lack of quality licensed childcare effected the comments about non-licensed and informal care. Some families who need childcare have to choose unlicensed care when they can't access licensed care, with some concerns expressed about the quality of unlicensed care. Families also often must tap informal care from family members, friends or neighbors to get the needed care for their children.
- Among partner entities, Early Achievers was cited as both a a strength (with some providers reporting positive experiences with Early Achievers coaches), and a concern (in terms of stringent requirements)..

Selected Quotes

“Biggest gap is lack of childcare in the state. Parents can’t find childcare.” –a participant, describing challenges facing families

“Families challenged in finding a provider when child may not come every time. Leads to seeing instances when moms have their toddlers in their cars because feel safer than leaving them at home, and that’s when CPS gets called. Yet people are trying the hardest to make it work. System isn’t set up for the kind of hours that families work.” –a participant, describing challenges facing families

“We need more quality childcare and childcare providers BADLY. The barriers to this are mainly class and income related - not just to the families seeking care, but to the providers who have to pay endlessly out of pocket to even start their first day. Background checks have been taking up to three months to clear...state pay is often late and doesn't follow our programs payment schedule...and something as simple as having the money to buy a birth certificate are preventing the most vulnerable kids from receiving even the most basic of services.” –a provider/professional, describing challenges facing families they work with

“Sometimes increasing quality has led to less available childcare, which leads to more child abuse because children [sic] being left with people who are unsafe. There are connections between quality and access and available choices for families.” –a participant, describing challenges facing families

“Child care is open 8-5, and that’s when people are working, especially dads. Schools open at 8 and are done at 3. How do we go to talk to somebody about our kid? How do we access resources when the people giving them aren’t available?” – a parent on challenges in meeting their child’s needs

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
INFORMAL ACTIVITIES	INFORMAL ACTIVITIES	686
	PLAY AND LEARN	112
<p>Synopsis</p> <ul style="list-style-type: none"> • Many parents and caregivers said that engaging their child(ren) in activities outside of school is an important way of supporting their childrens’ development. They participate in a wide range of activities both at home and out in the community. The latter include parks, libraries, play groups, community centers, church, museum, pool, cultural places, art or dance classes, YMCA, Boys and Girls Clubs and many more. • Many participants reported that availability of and access to these resources is essential for families, but some communities, such as rural and/or impoverished have comparatively fewer resources/options. • In particular, many parents noted Play and Learn groups as a useful resource for both their children and for them as parents to connect with other parents. • Some parents expressed a desire for help identifying resources and opportunities for community-based informal activities. 		
<p>Selected Quotes</p> <p><i>“Free, indoor places for families to connect and learn. Play to Learn is huge in our community, as are drop in play groups at churches and senior centers. Children learn through play and parents learn from other parents. Educational materials in non-English languages - BEYOND SPANISH!” – a participant when asked about what services or supports are needed for young children in their community</i></p> <p><i>“Library is a ‘yes’ place for kids in [sic] world of ‘no’”. -a participant, describing supports for child development</i></p> <p><i>“Access to playgrounds, play structures and play facilities is important for my son's growth and development. My community only has one play structure within close proximity to our home. I would like to see closer play areas. It would also be great to have other facilities for child play in my neighborhood other than one athletic club. Lastly, I would want to find child playgroups or clubs for two and three-year-olds. I found that most programs won't take my son until he is three and four years old.” – a parent when asked about what services or supports are needed for young children in their community</i></p>		

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
SPECIAL NEEDS/SPECIAL EDUCATION	BEHAVIORAL CHALLENGES	76
	DEVELOPMENTAL SCREENING	87
	DEVELOPMENTAL PRESCHOOL	91
	SPECIAL EDUCATION/SPECIAL NEEDS	239

Synopsis

- Many parents, caregivers and providers said that children with special needs require additional supports that are missing in many parts of the system. Challenges include general lack of programs and services (e.g. long wait lists), lack of providers with specific knowledge/need for specific training, coordination and integration across providers, healthcare that doesn't include coverage or has limited coverage for specific needed services, and teacher/student ratios that don't accommodate extra time needed for working with special needs children.
- Some participants reported that school districts can vary greatly in how they interpret policies for accepting children with special needs, while childcare centers can similarly be hesitant to accept special needs children because of the additional care/cost/time required.
- Parents and providers expressed a need for more information and knowledge about how best to support children with special needs. And some parents expressed a desire to have supports and services be provided without a judgmental tone.
- More broadly, some participants said that supports for children with behavioral challenges are also lacking – provider knowledge, needs for training, and the knowledge/capacity/skills to understand the connection between behavior and family trauma or other origin issues. Participants also shared that sometimes culturally-specific behavior can be misinterpreted as behavioral challenges.
- Many participants voiced a need for developmental screening to take place earlier in a child's life, with less or no wait times, and be more widespread. They also identified a need after screening for providers to make appropriate referrals and share relevant information with parents. Some participants shared a need to examine the cultural appropriateness of developmental screenings.

Selected Quotes

“I have a dream that little boys and girls with disabilities and the little boys and girls without disabilities will grow up together and learn in the same rooms of their local school.”

“IEP meetings are also very difficult to manage with finding childcare, affording that care, or taking children with me causing the IEP teams to struggle to focus. I have 3 children with IEPs.” – a participant when asked about their hopes and dreams for young children in their life or community

“I would like to receive more education about the kids with special needs to be able to help them. I can have more training on what is needed for those kids and be able to help the parents with their kids.” –a provider/professional, describing what is needed in the early learning field

“I find that children with behavioral difficulties that could benefit from these programs don't always qualify. We, as a community, are missing opportunities to help children at a young age that struggle with behaviors but are developmentally on track in other areas. There needs to be more services for young children with behavior or mental health challenges.” –a provider/professional, describing what is needed in the early learning field

“Training for the EL [early learning] teachers – regarding Refugees/ immigrants. There should be more than a main goal of learning English but also learning cultural competency. More work on how to develop a cross cultural competency so people are prepared for the range of issues for children whose home language is not English. Misinterpreting behavior... can lead to label behavior issues that are not accurate.” –a provider/professional, describing what is needed in the early learning field

“The biggest gap is in mental health and behavioral health support for families with young children.” –a provider/professional, describing challenges in the early learning field

“There are so many behavioral challenges with children right now that providers have not been trained to handle nor do they have the resources to learn what to do when they need help.” –a provider/professional, describing challenges in the early learning field

“Black parents with children who are special needs are not getting access to early intervention in this area. Black families are like at the bottom for getting connected to these resources.” –a participant, describing challenges facing families.

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
EARLY LEARNING PROGRAMS	ECEAP	119
	ECLIPSE	42
	ESIT	73
	HEAD START	158
	HOME VISITING	104

Synopsis

- Key early learning programs including ECEAP, Head Start, ECLIPSE and ESIT, were frequently cited as being valuable assets for children and families, and that there is a need to expand those resources.
- Many participants reported difficulties accessing these programs due to long wait lists, particularly for ECEAP and Head Start.
- Some providers described a need for greater family awareness of ECLIPSE and ESIT and coordination between childcare providers and health care providers in implementing these programs.
- Some parents and providers also expressed a desire to see ESIT go beyond 3 years of age.
- Home visiting was seen as a helpful resource for parents and caregivers.
- Across all these programs, some participants identified a need for greater cultural competence, especially in ECEAP, Head Start and home visiting, given the larger number of families participating in these programs.

Selected Quotes

“Barriers for migrant families – access to Head Start and ECEAP. They have waiting lists that migrant families can’t access.” –a participant, describing challenges facing families

“Families who are enrolled in ESIT face a transition and limited support for their child’s developmental needs after they turn 3.” –a participant, describing challenges facing families

“There are many children who can’t access early intervention services because 1) services don’t exist or 2) people don’t know about services.” –a participant, describing challenges facing families

“Incredibly strong Home Visiting system. But there’s also an opportunity with State dollars for expansion to think about level of evidence needed for community-designed programs, to adapt/shift models to meet their needs. To value evidence in community like evidence from university.”

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
PRE-K, K, K-12 & TRANSITIONS	PRESCHOOL/PREK	166
	KINDERGARTEN READINESS/WAKIDS	77
	K-12 SYSTEM	277
	SEAMLESS TRANSITIONS	55

Synopsis

- Some participants cited an issue that cuts across pre-K and K-12 systems – the need for more seamless transitions between early learning programs and the K-12 school system.
- Parents and caregivers who use Pre-K programs expressed support for those services. Pre-K issues mentioned include a desire for universal services, free access and all-day pre-K. Some participants also expressed interest in outdoor preschool.
- Issues related to kindergarten readiness included thoughts about how both parents and providers can help children be ready for kindergarten. Conversely, some also shared concern with the concept of kindergarten readiness and whether it was too focused on academic achievement and standards-oriented. Some participants questioned the cultural relevance of the WAKIDS assessment tool and whether early learning approaches in general take cultural differences into account.
- Many parents shared how they are involved in preparing their children for kindergarten, even as they also sometimes need information and support on how best to do so.
- Issues raised that were connected to the K-12 system included a need for more emphasis on whole child development and social emotional learning, and the need for more before and after school programs. Many families also find it challenging to manage school and parent work schedules.
- Overall it was reported that there are fewer options and resources in rural areas, especially for children with special needs.
- Some participants suggested that other important transition points that need improvement include from early intervention to IEPs, from home therapy to programs outside the home, and transitions among different types of services.

Selected Quotes

“In the early learning field, as teachers, we need to have the state see that it is crucial for the children that we serve that we as early learning educators need to meet with kindergarten teachers because it creates a link and allows for the exchange of information as well as the warm handoff to the traditional school setting.” –a provider/professional, describing challenges in the early learning field

“Preschool for all would be great, especially to get them ready for full day kindergarten.”

“Look at a preschool child moving to a kindergarten. There are problems with the assessment process. Being bilingual is viewed as ‘language disadvantaged.’ Judged. What’s missing is recognition that the child has a capacity for language.” –a provider/professional, describing challenges in the early learning field

“Gaps: Using assessment tools that are based on white American norms. WaKIDS (as example of tool based on white American norms). Kids have a difficult [time] learning to read as Native Americans because parents do not read with their children in their early years. English is their second language and more needs to be done to bring native language at an earlier age.” –a participant, describing challenges facing families

“Kindergarten readiness is huge. But also wanting the children in a fun, loving environment. Social skills is huge for young children.”

“It would have been nice if they would have helped me understand the importance of kindergarten. What do I teach them? What do I need to know?” – a parent on challenges in meeting their child’s needs

“My pipe dream is an entire community invested in the whole child from birth to 18. I don’t just want help for my grandson, I want help for all children. I’m a former secretary at the High School and I have watched as we reduced our programs in the arts, P.E., shop, even what used to be Home Economics – these programs were helpful to the whole person, but it’s not valued anymore. We focus on ‘academic’ and forget about the child/adolescent. Our elementary kids are expected to spend too much time in a seat.” – a provider/professional, describing challenges in the early learning field

“Transition from Early Intervention (IFSP) to Special Education (IEP) gap. Preparation for families isn't there. They don't know what to expect. Need a better hand off so they don't get lost in the system.” – a provider/professional describing challenges facing families they work with

STRONG, STABLE, NURTURING AND SUPPORTED FAMILIES

This element of the Early Learning Strategic Plan framework is about Strong, Stable, Nurturing and Supported Families. The vision is that: “Families, including kinship care, extended families and expectant families, have the resources and supports they need to support overall family health and stability, including children’s healthy development/school readiness, well-being, and success.”

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
FAMILY ECONOMIC & BASIC NEEDS	FAMILY ECONOMIC NEEDS	457
	POVERTY/FPL/HOUSEHOLD INCOME	96
	FOOD NUTRITION	407
	HOUSING	144
	TRANSPORTATION	137
	WORKING CONNECTIONS	96

Synopsis

- The most prevalent challenge families reported was addressing their financial needs. Some families struggle just to meet basic needs for housing, food and transportation.
- Many parents and caregivers reported being attentive to the importance of nutrition in a child’s development. Food insecurity affects many families, especially in food deserts, even as parents recognize the importance of nutrition for their child(ren)’s development and seek additional information and learning about it. Support from Women, Infants and Children (WIC) program was frequently cited not only for food support, but also a broader community resource. Families also use food banks.
- Housing instability – including homelessness – is a major challenge. Lack of affordable housing is especially acute in some urban centers and rural areas. Homelessness leads to a cascade of effects beyond housing, such as families’ ability to access and apply for various services.
- Participants reported that like housing, transportation (both availability and affordability) is particularly challenging in rural areas.
- Some parents and caregivers said that the struggle to meet basic needs means that the cost of childcare becomes an additional and often unreachable cost burden, resulting in families having to choose between jobs/income and childcare.
- Some participants said that child care subsidies contribute to family economic challenges in two ways: for lower income families who qualify, the subsidies are often not enough to cover cost. And families who don’t qualify for the subsidies may not have adequate resources to pay privately.

Selected Quotes

“Poverty. Many families are often forced to make choices. Paying for childcare or paying for medication? Paying for childcare or paying for food? Paying for childcare or having a place to live? Quality childcare is a challenge for families to find and afford.” –a participant, describing challenges facing families

“Being a parent isn’t hard, but sometimes I wish that I made more money every month. Living paycheck to paycheck can be very stressful when something happens, and I have to ask to borrow money from someone.” – a parent on challenges in meeting their child’s needs

“Quit building these billion dollar casinos and build homes for people that need it. And if you make a certain income, if you’re just a dollar over – you can’t get any help. How do you expect people to work and survive?” –a participant, describing challenges facing families

“Gap between eligible families and those using benefits in King and Pierce County. Need to adjust the eligibility requirements. Have families with both parents working who are living in their cars. Example: a working mom who makes \$18/hr and is above cut-off of \$2,000 for a family of two – but with paying for rent, childcare, etc – isn’t enough and is living in the parking lot of her employer with a toddler, and she’s doing everything right. We can’t pretend it costs the same thing to live in King County as it does in Yakima.” –a participant, describing challenges facing families

“I also see lots of issues with transporting children to services. Some parents need more education when it comes to riding public transportation.” –a participant, describing challenges facing families

“Families with immigration issues – there are a lot of kids who also don’t have status and can’t access childcare subsidies so can’t go into programs and parents work so they have nowhere to go.” –a participant, describing challenges facing families

“I hope that DCYF will increase state subsidies to a higher level more equal to what a private pay family does. This would help to increase staff pay which would help retention which would then help the children we serve.” –a provider/professional, describing what is needed in the early learning field

“It would be helpful if the Washington State assistance that is helping to pay for childcare and other supportive financial resources be available without making the family hit rock bottom in order to be eligible.” –a participant, describing challenges facing families

“We have created a no-mans land for the middle income families. They make too much, but not enough.”

“Depends on the season. There are times when there is less work and there is not enough food.” – a parent on challenges in meeting their child’s needs

“No, especially in the winter it gets hard to pay the rent and buy clothes for my kids.” – a parent on challenges in meeting their child’s needs

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
FAMILIES STABILITY	OVERALL FAMILY STABILITY/FAMILIES IN CRISIS	434
	CHILD WELFARE SYSTEM	51
	BUSINESSES	19
	SINGLE PARENTS	11
	FATHERHOOD	57
	PAID FAMILY LEAVE	26

Synopsis

- Many participants described the stability of their family, and the loving interactions they have among family members as a source of great strength and resilience.
- Parents and caregivers said that there is a cumulative stress on families of addressing and trying to balance multiple major challenges: family economic needs, child/childrens’ developmental needs, household tasks, and work.
- When families are forced to focus so much on basic needs, there can be an impact on family mental health and in turn, on child(ren)’s development.
- In the workplace, some parents described the need for more employer support/flexibility for parents with young children, and especially during and after pregnancy. Paid parental leave was cited as a need by some parents.
- Unique challenges related to parenting and family stability are experienced by single parents, non-custodial parents, and fathers.
- Some parents shared fears about losing their children to the child welfare system due to the combination of these challenges. In a few instances, parents reported unwarranted separation of families. At the same time, some participants said the child welfare system needs more foster parents and supports for those parents.

Selected Quotes

“I love how much fun my family and I all have together when we set everything else aside and focus on each other.”

“When you’re just starting a job and you don’t have leave and you’re not allowed to bring a sick child to child care. Especially when you’re a single parent ... it’s hard to juggle. Hard to make the choice between staying home with your child or going to work.” – a parent on challenges in meeting their child’s needs

“Lack of foster homes resulting in children reunified with bio [sic] parents who are not ready for the responsibility to successful [sic] care for their children.” –a participant, describing challenges facing families

“I can’t describe how much stress the gap between work and school hours causes us on a daily basis, and we are extremely privileged with enough money to pay for babysitters and grandparents nearby. Without those, I would not have had a second child and I have absolutely no idea how anyone manages without those supports.” – a parent on challenges in meeting their child’s needs

“I was financially worse off at that time, so I accessed WIC, Head Start, preschool, day care, quite a few services ... and I was constantly questioned. It’s a stigma we need to get over. While still statistically most moms are primary caregivers, we need to steer away from making that assumption — that mothers are the primary caregiver or that dads aren’t involved that much.” – a parent on challenges in meeting their child’s needs

“The noncustodial parent may have the child equal time, but not be recognized by services like child care and food assistance that they need to provide for the child.” – a parent on challenges in meeting their child’s needs

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
PARENTING AND CAREGIVERS	KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT	654
	PARENTAL RESILIENCE	329
	KINSHIP CARE	280
	FFN	64

	PARENTAL CHOICE/FAMILY ENGAGEMENT	392
	SOCIAL CONNECTION/ISOLATION	291

Synopsis

- Parents and caregivers reported bringing both a wealth of knowledge and commitment to supporting their child(ren)’s growth. They shared a wide range of actions they take, from ensuring health of their child to supporting their social emotional development to engaging with providers.
- At the same time, most parents and caregivers also wish to gain more parenting knowledge, both informally by connecting with other parents and formally through classes. Social connection, especially with other parents, is a major source of support and peer learning, though some parents of color reported choosing not to participate in mainstream parent groups because they felt the groups lacked cultural relevance.
- Parents also want providers and agencies to respect their knowledge of their children, especially parents of color, some of whom have cultural backgrounds, norms and values that they want to honor in raising their child.
- Parents bring a lot of resilience to support their children and families, especially when faced with major challenges. But they also said they need supports to bolster their resilience, including mental health supports, respite care, drop-off child care, and peer/social connections. Faith and spirituality are also important in nurturing family resilience for some cultures.
- A frequently cited source of support for many parents is help from grandparents, other family members, friends and neighbors. For some parents, relying on informal help is out of necessity while for others it is by choice.
- Parents make choices about when and how they engage with others to support their child’s care and growth. Some are constrained by work demands and other commitments. They also choose the mix of home vs. center-based care that is right for their child and family. Some parents choose to stay home and consider it a privilege to do so, while others do so because the cost of care is too high.

Selected Quotes

“I follow 25 different blogs that I get ideas and find information when there are ‘issues’ like potty training and temper tantrums.” - a parent, describing how they support their child’s development

“Currently I believe that there is a great lack of supports and resources for parents of children that display needs that are quite often chalked up by the schools as ADHD, and or a behavior issue. Parents don’t have a good hold on digging their feet in and

advocating. All too often parents are treated as uneducated and unknowing.” – a parent on challenges in meeting their child’s needs

“Less mommy shaming. Sometimes moms are the hardest on each other. Social media, like Facebook and Instagram make it appear that other parents and moms are having an easy time of it. It makes it hard to feel I’m no measuring up.” – a parent on challenges in meeting their child’s needs

“I have 3 children with IEPs [individualized education program]. I’m very involved with my children at school and check in with teachers, staff and my children at the school daily. I bring meds to my 1st grader and preschooler every day about noon. Pick my junior up for lunch as he suffers anxiety so bad that he is unable to eat at school so I take him home to eat and then take him back. My 1st grader is without the help he needs by a para [paraeducator] for about 1.5 hours after lunch so I’m requested to stay and help him regulate and work on his reading and spelling. Many issues and beyond....I had to quit my job as a care provider for disabled clients...this made us a 1 income household which has been hard financially. Our family is NOT at risk! Do not use this to make it something it's not. Just trying to be helpful with ideas.” – a parent on challenges in meeting their child’s needs

“The military community is very open because we have such diversity. Each family does their own way of parenting, and it seems to be acceptable that there isn’t too much judgement [sic].”

“I’m new to this area and finding mom friends has been hard. This leaves me feeling alone.” – a parent on challenges in meeting their child’s needs

“Yes, it is a challenging thing for me because I’m an older mommy so all my girlfriends children are so much older and so I need to find somewhere for me to go to get out of the house.” – a parent on challenges in meeting their child’s needs

SUPPORTED EARLY LEARNING WORKFORCE

This element of the Early Learning Strategic Plan framework is about a Supported Early Learning Workforce. The vision is that: “Early learning educators and professionals have access to training, supports and compensation necessary to sustain high quality practices and services, and to maintain a strong, stable workforce.”

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
COST OF DOING BUSINESS	COST OF DOING BUSINESS	165
	EARLY ACHIEVERS REQUIREMENTS	124
	EDUCATIONAL REQUIREMENTS	151
	LICENSING/WAC/ECEAP STANDARDS	207
	STANDARDS ALIGNMENT	19

Synopsis

- As described in a previous section, access to affordable quality childcare is the top need/gap participants identified. Many participants see the underlying cause of that is the substantial gap between the cost of providing childcare and the availability of funding to support families who need child care services.
- Childcare providers reported facing multiple costs in operating their business, including licensing requirements and regulations that change over time; educational requirements and training for staff; additional time and supports needed for children with special needs; student/teacher ratio requirements; minimum wage requirements; materials and supplies; and meeting facility space needs. At the same time, low reimbursement rates for child care subsidies do not cover operating costs. Taken together, participants said that these factors force many providers to either charge higher rates and/or take only higher income families who can pay out of pocket, or to close, exacerbating the lack of supply.
- Minimum wage requirements and a desire to pay staff fairly (and on par with school districts) drive up costs, but pay still remains too low to attract and retain staff.
- Multiple requirements also create cost and time burden that some providers find overwhelming to fulfill. Multiple rounds of updates to Early Achievers, WAC and ECEAP regulations were cited by providers as challenging to keep up with.
- Besides the financial cost of meeting requirements, some providers also expressed concern about the complexity of the licensing process, and inconsistency in its implementation. Providers also described power dynamics in the relationship with licensors who

come to evaluate childcare businesses, and what they experienced as subjectivity or even punitive behavior from licensors. This also may be amplified by language or cultural differences.

- Some providers believe that standards create “cookie cutter” models and are concerned that reduces choices for families. Others view standards and requirements as not effectively taking into account cultural differences in childcare.
- Educational requirements for staff also come with time and cost burden, which can make it harder to retain staff.

Selected Quotes

“The biggest challenge for providers is finding skilled staff who will work for low pay. Small centers cannot stay in business with the low rates that state subsidized care pays. It forces us to raise the rates of private clients to make up the difference. The increase is a hardship on working families. I have 30 years experience in ECE [early childhood education] field and a college degree yet I make below poverty wages with no retirement benefits. It is challenging to try to recruit new teachers when they will be paid low wages for a high stress job. The shortage of childcare in our area is a concern to businesses and families. Many providers have left the field because of Early Achievers and WAC changes.” –a provider/professional, describing challenges in the early learning field

“Professionalize the field. We are NOT babysitters.” –a provider/professional, describing challenges in the early learning field

“Seems disconnected between licensing, Early Achiever’s, and best practices. Does not seem cohesive at times and leads to confusion and frustration.” –a provider/professional, describing challenges in the early learning field

“A vital and crucial issue that needs to be tackled is the ability for the state and licensors to create/have partnership relationships with providers so every move/moment/conversation doesn’t feel like an adversarial relationship with the ability to use fear, intimidation and unequal power status ...Our families would be served so much better without licensees consistently feeling under the gun. Instead, if licensors would enter a licensors home more like old work buddies rather than hopped up ICE enforcers so much positive would be available for kids to be in the best care possible.” –a provider/professional, describing challenges in the early learning field

“I would change for the licensors to consider that it is a home daycare because when they visit the licensors are very aggressive because we have kids that are newborns and they come asking for papers and we need to supervise the kid at the same time which “makes it stressful.” –a provider/professional, describing challenges in the early learning field

“The house visits happen too often and they do not have a reason to come. They are not professional. They intimidate you.” –a provider/professional, describing challenges in the early learning field

“We providers feel that the new guidelines are placing too much pressure on us, and they are forcing us to close because people like me who don’t know English feel like we can’t deal with so many changes.” –a provider/professional, describing challenges in the early learning field

“My dream for the future is to be able to sensibly meet licensing requirements without dedicating so much time to "keeping up" with the huge changes licensing constantly makes. We want the children in our care to be treated with kindness, compassion and love. Teachers should not feel that the licensor is "out to get them" on something. They should feel comfortable in their setting when she comes.” –a provider/professional, describing challenges in the early learning field

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
PROFESSIONAL DEVELOPMENT AND TRAINING	PROFESSIONAL DEVELOPMENT AND TRAINING	450
	KNOWLEDGE OF CHILD DEVELOPMENT/SOCIAL EMOTIONAL	138
	TRAUMA-INFORMED PRACTICES	47
	TRAINING/SUPPORTS FOR RELATED PROFESSIONALS	50

Synopsis

- Providers expressed a significant need and desire for ongoing professional development and training for staff working in both early learning and related professions and sectors.
- In particular, training is needed to expand provider knowledge in several specific areas: working with special needs children, trauma-informed practices; cultural competence; technology; and available resources so that providers can refer to needed services.
- Many providers described a need for related professionals in the K-12 system and healthcare sector, including pediatricians, to have more knowledge of social emotional development of children and other available early learning services.

- Participants from rural areas cited a lack of available professional development opportunities, especially in-person trainings. There is a need for training at more flexible hours and onsite.

Selected Quotes

“Biggest challenge is adapting to special needs children, their needs are challenging. Had a student with autism and had to go to Google to get information on how to help this child.” – a provider/professional describing challenges facing families they work with

“‘Professionalism’, as it is often interpreted, can also be white supremacist and elitist. We should really evaluate how we conceive of professionalism.” – a provider/professional describing challenges facing families they work with

“Those who work with immigrants/refugees in school need better training – they often misinterpret how they interact. For example: Teachers/Personnel who don’t understand the culture and differences in language...the pause is misinterpreted. They assume the child is not [sic] disrespectful. A pause can be for many reasons.” – a provider/professional describing challenges facing families they work with

“There are so many families with children who have special needs. There are too few properly trained professionals to help all of the families in need. I just learned today that my sons social/emotional coach at school (who was professionally trained to help children like my son) has been replaced by a paraeducator who took a training over the summer on how to help high anxiety children. There just aren’t enough trained professionals in our schools to help the children adequately.” – a parent on challenges in meeting their child’s needs

“We need training, but can't shut down to attend these off-site. If someone could come to our centers and provide things like positive behavior support or mandated reporter training, it would be extremely beneficial.” –a provider/professional, describing challenges in the early learning field

“There should be...more work on how to develop a cross cultural competency so people are prepared for the range of issues for children whose home language is not English.” –a provider/professional, describing challenges in the early learning field

THEME/MAJOR ISSUE	RELATED SUB-ISSUES	CODE COUNT
STAFF RECRUITMENT AND RETENTION	STAFF RECRUITMENT, RETENTION, TURNOVER	115
	COMPENSATION/WAGES	289
	STAFFING CAPACITY	164
	STAFFING LEVELS	111

Synopsis

- Parents, caregivers and providers noted the need for strategies to reduce the rate of staff turnover and stabilize the workforce.
- Compensation/wages for childcare staff was cited by both parents and providers as a significant issue that needs to be resolved.
- Many providers said that the comparatively lower wages and educational requirements make it harder to recruit and retain quality staff. Once on the job, staff face stress from the nature of the work, cost and time burden of continuing educational requirements and high cost of living in some areas. This leads to high turnover, creating added cost for the business owner.
- Participants reported that high student/teacher ratios, especially for children with special needs and infants, adds to compassion fatigue, secondary trauma and/or burnout.
- These challenges are compounded in rural areas.

Selected Quotes

“...every time my children get attached to a teacher they leave cause [sic] they pay them \$12 an hour. It needs to be professionalized and people need to be paid like professionals. The same goes for having more training, education for them. If they were paid like the teachers that they are, that would be a good model.” – a parent on challenges in meeting their child’s needs

“Biggest challenge is the staffing, it is the challenge we have the most. Now with the WAC minimum education rule, the wages, finding the correct staff, the good ones, the ones that want to be there for the kids is hard.” –a provider/professional, describing challenges in the early learning field

“We need our profession to be on the same level as K-12. Financially, professionally, the whole thing. We need compassionate people who want to work with children. People need to be able to see early childhood as a viable career option.” –a provider/professional, describing challenges in the early learning field

“The ability to hire high quality teachers is nearly impossible. We need an early learning work force and placing more and more restrictions and qualifications and demands for educations and trainings makes the field too difficult. Our great folks are leaving for careers in health care or the elementary schools, even just as para educators.”

“Many more children are presenting with a high need for one-on-one specialized support which cannot be met with high teacher: child ratios.”

“There is a lack of candidates within the Early Childhood career path. The newest WAC's detour probable candidates as funding is not readily available for those wanting to attend college, and the amount of expenses the candidate would incur versus wages of the industry. pushes people toward other career paths.” –a provider/professional, describing challenges in the early learning field

“Education requirements can be an impediment. After spending time getting staff educated and trained, they leave and we have to start all over.” –a provider/professional, describing challenges in the early learning field

“I want the importance of the profession to be recognized, but more importantly I want the recognition to come with more funding and a more diverse and educated hiring pool.” –a provider/professional, describing challenges in the early learning field

APPENDIX C. SUMMARY OF QUALITATIVE DATA FROM COMMUNITIES OF COLOR

SUMMARY REPORT
PDG QUALITATIVE DATA ANALYSIS FOR COMMUNITIES OF COLOR
JANUARY 9, 2020

1. PURPOSE AND STRUCTURE OF REPORT

In mid-2019, the Washington State Department of Children, Youth and Families (DCYF) undertook a statewide early learning needs assessment to identify needs, gaps and current services for children and families across the state. The assessment included both quantitative and qualitative data: 1) quantitative data was collected from a wide variety of existing sources, and 2) qualitative data was gathered through outreach to parents, caregivers, providers and other professionals who shared perspectives about how they care for children, services they access, and gaps in the existing array of services and supports.

The outreach engaged stakeholders around the state using multiple methods:

- **Meetings with Established Groups** – The Department of Children, Youth and Families met with over twenty early learning groups or organizations who meet regularly. They devoted a portion of their meetings to discussing questions about the current early learning system and strengths, gaps and needs in the system. A total of approximately 530 people participated in those meetings.
- **Community Meetings** – Washington Communities for Children (WCFC) supports ten regions across the state, each of whom convenes individuals and organizations in their respective regions to work collaboratively on early learning issues. Nine of the regions conducted outreach meetings with groups that included parents, caregivers, early learning professionals, and others who work with children. The groups were asked what services they access, what would make it easier to support the development and health of their children, and their hopes and dreams for the early learning system. Over 100 meetings were conducted, with nearly 1,000 participants. This effort included thirteen meetings focused on Hispanic community members with all or nearly all participants from Hispanic communities.
- **Review of Previous King County Outreach Reports** – In the past several years the King County region conducted different types of outreach and data analysis to assess strengths, needs and gaps in the local early learning system. Those reports and documents were reviewed for this analysis, several of which focused on communities of color, particularly African American and Native American communities.
- **Online Survey** – An online survey was posted on the DCYF web page asking similar questions to those posed in the community meetings. Over 700 individuals responded to the survey including a sub-set completed by Spanish-writing respondents which DCYF translated. There was also a separate survey designed and administered by the Indian Policy Early Learning Committee to solicit input from tribal community members.

An overall report was produced that synthesized and summarized all outreach data collected. Given the Department’s priorities on equity, particularly racial equity, there was a desire to produce a companion report that analyzed input from communities of color. This is that report. The purpose of it is to complement the overall summary report and provide a “deeper dive” analysis of issues and needs specific to communities of color who participated in this outreach effort.

This report consists of three sections:

- **Cross Cutting Themes** includes issues unique to communities of color and that were common across communities of color who participated. The broader themes include system-level challenges, community-level challenges and family strengths.
- **Issue-specific Needs** highlights specific issues in the early learning system for which families of color reported barriers.
- **Community-specific Needs** includes issues connected to specific individual communities of color. The groups for which data was available to analyze included refugee and immigrant, Hispanic, African American and Native American communities.

Disparities analysis. A review was also completed to identify differences between the responses from communities of color and white communities. The purpose of this was to surface disparities by looking at community data side-by-side. It should be noted that this was not an exhaustive or deductive analysis, but an inductive one where differences observed during data review were further analyzed for patterns and prevalence. Where those differences were identified they are described in the following summary.

2. DATA COLLECTION AND ANALYSIS

Data sources were a mix of primary and secondary data. Primary sources included: DCYF outreach meetings, WCFC outreach meetings, SurveyMonkey and tribal survey data. Secondary sources included reports summarizing outreach to Native American and African American caregivers and families in King County, and reports on research efforts for the general population that included participants of color.

As part of the overall data analysis, every comment from every participant was reviewed and “coded” based on the five elements in DCYF’s Strategic Organizing Framework. This framework was developed in collaboration with the project Steering Committee. The Framework will be used as the organizing structure for the Needs Assessment and the development of a statewide Strategic Plan.

The five elements in the Strategic Organizing Framework include the following:

- 🕒 Empowered Communities and Responsive Early Learning System
- 🕒 Healthy Children and Families

- 🕒 Positive Early Learning Experiences
- 🕒 Strong and Stable Families
- 🕒 Supported Early Learning Workforce

In addition, some comments from participants were coded as “Cross-Cutting” because they reflected overarching themes that transcend any of the five Framework categories (i.e. access, affordability, equity, language, rural and remote communities, etc.).

For each of the five Framework categories, and the Cross-Cutting themes, 10 to 20 specific codes were developed in order to provide a more granular analysis of each comment. The codes were developed based on the issues being addressed in the Needs Assessment, and in collaboration with Washington Communities for Children (WCFC).

Once comments were coded, source data about communities of color was re-reviewed and re-analyzed with a more focused lens. The analysis included several steps:

1. integration across each major source of data: outreach meetings, survey data, tribal survey, and secondary reports
2. review of comments by codes, grouped by each of the five Framework categories
3. analysis of code counts to identify prevalent issues
4. analysis and synthesis of inter-related codes to surface prevalent macro-issues or broader themes
5. grouping of codes into major themes and writing narratives/synopses for each,
6. comparative analysis to explore emergent patterns of differences between communities of color and white communities, and
7. analysis and selection of direct quotes.

It should also be noted that input summarized for this report includes perspectives both from members of communities of color and others who work closely with families of color, such as childcare providers and healthcare professionals who spoke about their experiences supporting families of color.

The table below describes sources of data on communities of color.

Community(ies)	Type of Data	Source	Type of Data	input from or about community	Sample Size/# participants
Hispanic	notes from targeted meetings	DCYF	primary	from	172 participants/13 meetings
Hispanic	Surveymonkey data	DCYF	primary	from	23 respondents
Native American	tribal survey data	DCYF	primary	from	28 respondents
Native American	IPEL meeting notes	DCYF	primary	from	20 participants/1 meeting
Refugee and immigrant communities	notes from interview with Refugee Coalition Executive Director	WCFC	primary	both	n/a
Multiple/general	comments/codes related to communities of color across all DCYF/WCFC meeting notes	Mixed	primary	both	n/a
Multiple/general	comments/codes related to communities of color across all SurveyMonkey data	DCYF	primary	both	n/a
Multiple/general	Report: Best Starts for Kids (2018)	WCFC/ King Co	secondary	Both	n/a
Multiple/general	Report: Prenatal to Five Developmental Screening (2019)	WCFC/ King Co	secondary	both	More than 950 participants
Multiple/general	Report: Help Me Grow Community Cafes (2019)	WCFC/ King Co	secondary	both	300 participants/13 Community Cafes
Multiple/general	Report: Maternal Support Services (2018)	WCFC/ King Co	secondary	both	128 participants

African American	Report: Black Family Voice Project (2017)	WCFC/ King Co	secondary	from	n/a
Native American	Report: United Indians of All Tribes Ina Maka Family Program Community Needs and Readiness Assessment (2017)	WCFC/ King Co	secondary	both	102 participants

3. LIMITATIONS OF DATA

Overall

Participant self-selection. Since all input came from participants who chose to participate the demographics of participants was not proportionate to the population across the state or in specific regions. However, there was a large volume of comments as a whole and the different dimensions of diversity represented (caregivers/professionals, race and ethnicity, rural/urban, geographic locales), provide an interesting cross-section of viewpoints.

Identifying information. Because participants were not consistently asked for information such as race or ethnicity, zip code/geography, and caregiver/professional across all outreach, descriptive information is partial and an underestimate.

Mix of individuals and groups. Data sources included a mix of individual data (i.e. surveys, family home visit notes) and group data (i.e. group meetings). The analysis used a qualitative data analysis (QDA) software whose functionality forced individual and group data to be treated the same way. In this way, one individual survey response was treated the same as one set of notes from a group meeting. The “apples and oranges” data made it difficult to equally weight and normalize data. However, given the large volume of comments, we believe the major themes and issues that rose to the top were accurate even with this limitation.

Mixed methods and issue selection. Different questions were asked in each of the three main outreach efforts: DCYF meetings, WCFC meetings, and surveys. This set up a different focus/frame for responses (for example, asking specifically about a particular topic tends to channel responses to focus on that, whereas that topic may not surface as a major issue when asked as an open-ended question). The analysis attempted to normalize this by analyzing comments according to the five categories of the Early Learning Strategic Planning Framework.

Varying detail in note taking. Group meetings relied on different facilitators and note takers. Each was provided flexibility in note taking method, so the data collected had a wide variation in level of detail (for example, some word for word, and some high-level summaries). This potentially limited the robustness and level of detail of analysis of certain results.

Communities of Color Focus

Identifying information. As mentioned in the previous section, participants were not consistently asked for identifying information, including race or ethnicity, so the available information is partial and likely an underestimate. This report is based on data from group meetings or individual survey responses that were clearly identified as related to the perspective of individuals of color. In instances where individuals of color participated in a group meeting, the comments from any participants that were about communities of color were identified and included in this analysis.

Participant self-selection. Participants self-selected, so racial and ethnic representation was not proportionate to the general population in the state. However, specific regions did focus especially on communities of color. Notable were WCFC's Investing in Children and North Central regions, who facilitated over a dozen meetings for Hispanic community members. This resulted in primary data from nearly 200 Hispanic participants, which allowed for a more robust analysis of that population.

Limited data and sample size. For other communities of color, the volume of data available was much smaller, and in some cases, the analysis relied on secondary reports from other research efforts. In particular, the analysis for African American communities relied almost wholly on secondary data. While secondary data has the disadvantage of not being directly acquired from this outreach effort, and not being current, it offers the benefit of leveraging other efforts. The secondary reports reviewed for this analysis were both rigorous and credible, so they are included and integrated into the findings of this report.

Limitations in outreach process. The analysis also surfaced limitations about the data based on how outreach was structured and implemented. Some comments showed patterns of differences/disparities between white participants and those from communities of color, particularly parents/caregivers of color and those for whom English is not their first language. For some issues, this appeared to be evidence of actual differences. But in some cases, it was less clear if it was that, or limitations of the process, or both. Below is additional analysis related to limitations of the process for communities of color:

Meeting context and set-up. It's unclear if all participants had a clear understanding of the purpose and context of the outreach, including role of facilitator/host organization, role of incentives, and whether there were any perceived power dynamics that could have influenced their responses (such as being asked/hosted/facilitated by an organization that provides help to their family(ies) and/or they perceive as a government agency).

Additionally, some responses indicated that some participants had less or insufficient background knowledge to answer questions accurately and/or in an informed way. For example, some demonstrated less background knowledge of the early learning system, which appeared to have influenced the responses they were able to provide to certain questions.

Facilitation. Specific aspects of facilitation may have factored into limitations of the data. These included accuracy of in-meeting interpretation, cultural norms around giving feedback (especially expressing criticism or need), and misunderstanding questions that are asked without adequate explanation of intent or context.

Another consideration is undocumented immigration status possibly making participants more reticent to speak. This was less evidenced from the data directly but could have been a factor given the frequency with which undocumented status was cited as a challenge for families in accessing early learning resources generally.

Reporting and analysis. The analysis also revealed a number of challenges with how input was reported. Responses from participants with less fluency in English tended to be short and/or less detailed. It's not clear if this was a function of less knowledge, more reticence, or details being lost in note taking and/or translation (where comments were translated). The result was less detail to analyze compared with comments from native English speakers.

Additionally, some group notes recorded individual responses verbatim that had a series of consecutive responses that were very similar or identical. This wasn't observed among white groups. It's not clear if these responses represented actual agreement or a "piggybacking" dynamic due to other reasons.

Finally, some participants used words and phrases to express their thoughts that were different from the typical professional terms used in the early learning field. Some responses translated to English were difficult to comprehend and it's not clear if that was from the original comment, or from translation challenges, or both. In both cases, this analysis attempts to infer meaning where doing so was deemed reasonable, but where it was not reasonable to infer, some comments were discarded.

Taken as a whole, these limitations in the communities of color could be addressed in future outreach efforts in a number of ways. A separate report has been prepared on suggested process improvements. Despite the limitations of the data, this report reflects a useful summary of the comments received during the project outreach from communities of color.

4. OVERVIEW OF FINDINGS

In analyzing comments across all participants in the study, and comparing those with comments from families of color, the most significant overall finding is that caregivers and families from communities of color face many of the same problems as all families, but also struggle with additional layers of challenges.

The challenges for families of color are compounded because community-level issues intersect with system-level shortcomings, resulting in many families of color grappling with a host of needs different from those for the population overall.

Participants shared experiences on a wealth of issues. For example, some participants feel that for refugee children their home languages are devalued. And some caregivers of color feel that the behavior of children from non-white cultures is frequently misinterpreted as problematic, when it is the result of different cultural norms. Many caregivers talked about community-level trauma in communities that have been historically oppressed, and that trauma is handed down from parents to children. Many parents and caregivers reported a lack of mental health supports to specifically address this.

Undocumented immigrants said they choose not to access services like child care subsidies, for fear of deportation and family separation. Migrant farmworkers said their non-traditional work schedules prevent them from accessing childcare, which is already scarce in rural areas. Black parents anticipate the system will label their child from early on, and brace themselves for unjust disciplinary policies. Native American children are deemed behind on literacy by mainstream assessment tools because their culture emphasizes oral tradition, and the disproportionate placement of Native kids in the foster system and the abuse they experience while in it.

The data also indicated differences between families of color and white families which were revealed more explicitly when compared side-by-side. These patterns surfaced for issues related to expressing needs, defining needs, and describing what kinds of assistance or resources would help parents and caregivers.

In the midst of these challenges, there are also many parents and caregivers who demonstrate resilience, a willingness to sacrifice for their children, and rely on unique strengths from their cultures that help them respond to challenges. Many described cultural knowledge and wisdom that they value and wish to honor and instill in their kids, despite a system that often devalues that cultural diversity.

The following sections provide additional details about the unique needs and strengths of families of color.

THEME	MAJOR ISSUE
1. CROSS CUTTING	SYSTEM-LEVEL CHALLENGES
	COMMUNITY-LEVEL CHALLENGES
	FAMILY STRENGTHS

This section summarizes themes and issues that cut across communities of color who provided input. The following pages provide more detail about each of the three “Major Issues” described above.

Synopsis

- Caregivers and families from communities of color reported facing many of the same problems as all families, but they also struggle with additional layers of difficulty, at both the system-level and community-level. At the same time, communities of color also have unique strengths that help families respond to challenges.
- Caregivers of color described several ways in which the system is not designed to meet their specific needs, compounding the challenges they face. System-level challenges include the pervasive impact of racism and racial inequities; gaps in language and cultural competence in programs and services; and barriers to access, affordability and availability of services.
- System-level or institutionalized inequities that participants commented about focused on the need for a system-wide approach that responds intentionally to needs of communities of color and proactively applying an equity lens throughout the system.
- Program/service-level inequities often were about the need for language and cultural competence across early learning programs.
- Community-level challenges include endemic poverty, external stressors that contribute to family instability, barriers of being in rural/remote areas (for some), and historical trauma that, while different for specific communities, was a common legacy for all.
- Even though some parents of color were reluctant to express needs, when they did it was often in terms of basic survival: money, food, housing, language classes, and basic supplies for their children.
- Some families of color also struggle with additional stressors such as substance abuse, domestic abuse, incarceration, undocumented status and involvement with the child welfare system.
- Communities of color also have unique strengths that parents tap to support their children’s growth and their family’s well-being. These interconnected strengths include knowledge of parenting and child development, valuing culture, and resilience.
- For many parents, knowledge of parenting and child development goes hand-in-hand with valuing, honoring and preserving their culture of origin. Many expressed a strong desire and commitment to instilling cultural knowledge in their children.
- Parents also want providers and agencies to respect the cultural knowledge they bring in raising their child(ren), including culturally-specific parenting approaches that may differ from mainstream approaches.

MAJOR ISSUE	RELATED SUB-ISSUES
SYSTEM-LEVEL CHALLENGES	RACISM AND RACIAL INEQUITIES
	LANGUAGE AND CULTURAL COMPETENCE
	ACCESS, AFFORDABILITY, AVAILABILITY
<p>Synopsis</p> <ul style="list-style-type: none"> • While participants as a whole described an array of systemic challenges, communities of color described additional barriers and ways in which the system is not designed to meet their specific needs, compounding the challenge for parents and families of color. • These inter-related systemic issues include racism and racial inequities; language and cultural competence; and access, affordability and availability of programs and services. • Racism and racial inequities were a major theme in the experience of communities of color, particularly for refugees and immigrants, Hispanic communities, African American communities, tribal communities, and surfaced in multiple ways, both at a system-level and at a program/service-level. • System-level or institutionalized inequities that participants commented about focused on the need for a system-wide approach that responds intentionally to communities of color (vs. a universal approach of treating all the same), and proactively applying an equity lens throughout the early learning system including for policies, standards, regulations, evaluation tools, subject matter/content and other system-wide implementations. • Program/service-level inequities often were about the need for language and cultural competence across the range of early learning programs. Specific needs included: increased cultural competence among providers, including having more providers who share the same language and/or cultural background; increased cultural competence in subject matter content (for example, information that is provided to families or used by providers); and ensuring that interpreters and translators have subject matter knowledge. • Participants also expressed a need for valuing multilingualism and multiculturalism as beneficial for all (not viewing language and cultural differences as deficiencies or inferior to white culture) and ensuring language access at a program level. • At a program-level, participants also shared experiences of racial bias, prejudices, and discrimination, with some reporting feeling "talked down to," judged, or otherwise disrespected by service providers. • Taken together, these inequities result in families of color experiencing greater barriers to access, affordability and availability for early learning services and supports. • Many parents of color reported not knowing about available services for their children, having difficulty accessing those services, choosing not to avail themselves of services, and/or being less able or not knowing how to self-advocate for services. • The data also showed many parents from Hispanic communities, including migrant farmworkers, saying they don't have needs, which was not a response heard from white parents who participated. This could be an indication of family reluctance to access 	

services, different notions of need, reluctance to express needs, and/or limitations in the research process leading to non-candid and/or inaccurate responses.

Selected Quotes

RACIAL INEQUITIES

“What’s also important...is getting away from “all kids” universalism, but with the most vulnerable kids in mind. Otherwise, “all kids in mind” means kids of color are left out again and again and again.” –a participant, describing challenges facing families

“Undoing inequitable systems is as important as creating new ones...new strategies will fail if built upon inequitable systems.” –a participant, describing challenges facing families

“[Early learning is] a system – [where] people with money can send their kids to places where they learn another language. That’s advantage.” –a participant, describing challenges facing families

“Would love to see DCYF apply a racial equity tool to every decision that is made.” –a participant, describing challenges facing families

“In my work here, see racial equity as an afterthought. For example, translating at the last minute, training system always has new updates due to educational requirements. In catch up mode. Impacts many of their providers, which impacts families and children.” –a provider/professional, describing challenges facing families

“Advocates to help navigate suspected injustices, biases, mistreatment. Who do we turn to for support when we feel our child is being targeted by the school system.” –a Native American caregiver, describing challenges facing families

LANGUAGE AND CULTURAL COMPETENCE

“Telling people at an early age – your culture is not as value. Stifles ability to learn. An emotional block.” – leader of an agency serving refugees and immigrants

“We are enhanced by having a bilingual child in the system.” – leader of an agency serving refugees and immigrants

“Most of the families that I know, are low income families, which some (or most of them) didn't even finish elementary school in their countries. As a consequence, it is hard for them to become the voice of their children. Another barrier for them to be their children's voice, is the language (a lot of those parents don't speak English.)” –a provider/professional, describing challenges facing families they work with

“Professionalism’, as it is often interpreted, can also be white supremacist and elitist. We should really evaluate how we conceive of professionalism.” –a provider/professional, describing challenges in the early learning field

“My hopes and dreams is an educational system that is culturally responsive which will help close the opportunity gap.” –a participant, describing challenges in the early learning field

“Interpreters are not trained in the area so it’s difficult for parents to understand what’s going on in between the therapies.” –a participant, describing challenges facing families

“Notion of lifelong stigma – when parents speak another language at home. Systematic intolerance for any other language or culture. Break this. More services to non-English speaking families. Translations may not be enough.” – leader of an agency serving refugees and immigrants, describing what is needed in the early learning field

“Look at a preschool child moving to a kindergarten. There are problems with the assessment process. A result that shows 50% in Spanish; 50% English: ‘language knowledge capacity’ is viewed as secondary. Being Bilingual is viewed as ‘language disadvantaged.’ Judged.” What’s missing is recognition that the child has a capacity for language. Better assessment and knowledge that being bilingual is an asset to the system rather than a handicapped [sic]. ‘English only’ blocks us from learning from other cultures.” – leader of an agency serving refugees and immigrants, describing what is needed in the early learning field

“Training for the EL [early learning] teachers – regarding refugees/ immigrants. There should be more than a main goal of learning English but also learning cultural competency. More work on how to develop a cross cultural competency so people are prepared for the range of issues for children whose home language is not English. Misinterpreting behavior... can lead to label behavior issues that are not accurate.” –a provider/professional, describing what is needed in the early learning field

MAJOR ISSUE	RELATED SUB-ISSUES
COMMUNITY-LEVEL CHALLENGES	POVERTY
	PARENTAL RISK FACTORS/FAMILY STABILITY
	RURAL/REMOTE
	HISTORICAL TRAUMA

Synopsis

In addition to system-level challenges, families of color face community-level challenges. These include endemic poverty, external stressors that contribute to family instability, barriers of being in rural/remote areas (for some communities), and historical trauma that, while different for specific communities of color, was a common legacy for all. Taken together, and in combination with system shortcomings, these exacerbate the challenges for parents and families of color.

- Even though some parents of color commented that they have everything they need (as described in the previous section), for those whose needs are not being met it is often basic survival needs: money, food, housing, language classes, and basic supplies for their children. In contrast, white parents, in addition to describing family economic needs, also tended to describe different items such as self-care (e.g. yoga, massage, physical therapy, time to themselves, pedicure). Viewed side-by-side, the data gives a picture of differential privilege across different communities.
- Some families of color also struggle with additional stressors such as substance abuse, domestic abuse, incarceration, undocumented status and involvement with the child welfare system, that disproportionately affects communities of color and impact family stability, which in turn influences child development.
- Some communities of color, such as Hispanic agricultural workers, have significant concentrations in rural or remote areas. This presents additional barriers: lack of availability of many services, especially culturally-specific services; language barriers; lack of transportation; lower wages; and limited housing stock.
- Historical trauma from being marginalized and oppressed is also a community-level challenge. Participants described trauma differently for specific communities of color (African American, Hispanic, Native American, and refugee and immigrant communities). But the common thread was that the impact remains, is carried through from parents to children, and manifests itself in many ways, whether it be generational fear and mistrust of institutions or mental health issues.
- At the same time, participants reported inadequate supports to specifically address historical trauma. A survey of tribal parents showed 43% saying the current system does not meet their child’s needs (especially children born with historical trauma and drug affect). When the same group was asked if they know if their childcare provider/teacher has been trained in historical trauma, 71% said no or not sure. African American parents expressed concerns about adequately preparing their children for kindergarten, including anticipating race-based labeling and other forms of racial bias, unjust school discipline, and parents not being welcome.

Selected Quotes

POVERTY AND BASIC NEEDS

“No, especially in the winter it gets hard to pay the rent and buy clothes for my kids.” – a migrant farmworker parent when asked “Do you have everything you need?”

“Affordable childcare, resources for diapers, food and parenting classes that included maternal mental health care. Also, support with clothing as seasons change.” – a migrant farmworker parent when asked “Do you have everything you need?”

“Just food” – a migrant farmworker parent when asked “Do you have everything you need? If not, what would be helpful?”

“Depends on the season. There are times when there is less work and there is not enough food.” – a migrant farmworker parent when asked “Do you have everything you need?”

“Help for the winter (clothes, food, and medicine for when the kids get sick).” – a migrant farmworker parent when asked “Do you have everything you need?”

“Help with buying a present for my kid with special needs.” – a Hispanic parent when asked “Do you have everything you need?”

“I have everything I need. Sometimes gasoline is an issue.” – a Hispanic parent when asked “Do you have everything you need?”

PARENTAL RISK FACTORS/FAMILY STABILITY

“Parents who have stressors that include substance use, or are in the criminal justice system, or have issues related to poverty, inadequate resources, immigration threats (parents who are deported or fear of this), parents who have MH [mental health] issues, divorce or separation and children not getting to see their parents, kids not wanting to go to school, also their being affected by concerns about the environment & violence, intolerance of LGBTQ issues, etc.” –a provider/professional, describing challenges facing families they work with

RURAL/REMOTE

“To listen to families, we often want them to come to us at schools. Where we know huge numbers of families are working in the fields, so may look at going to them during their half-hour. A gap is finding more ways to go to families where they are at.” – a provider/professional describing challenges supporting families

HISTORICAL TRAUMA

“Issue with immigrant communities – issues of incredible trauma – e.g., families where parents are undocumented asking if people will take children if they’re deported and the issue is huge.” – a provider/professional describing challenges facing families they work with

MAJOR ISSUE	RELATED SUB-ISSUES
FAMILY STRENGTHS	KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT
	VALUING CULTURE
	PARENTAL RESILIENCE
<p>Synopsis</p> <ul style="list-style-type: none"> • Communities of color also have unique strengths that parents tap to support their children’s growth and their family’s well-being. These interconnected strengths include knowledge of parenting and child development, valuing culture, and resilience. • For many parents, knowledge of parenting and child development goes hand-in-hand with valuing, honoring and preserving their culture of origin. Many expressed a strong desire and commitment to instilling cultural knowledge in their children. • Parents also want providers and agencies to respect the cultural knowledge they bring in raising their child(ren), including culturally-specific parenting approaches that may differ from mainstream approaches. They spoke of their desire to not be judged by providers and to have cultural differences reflected in children’s educational programs as well as system elements such as developmental assessments, childcare evaluation criteria, and kindergarten readiness assessments. • Cultural values also include a deep respect for extended family, particularly the role of elders. When some families of color rely on kinship care, they do so not just from a place of accessing help, but from a place of seeing elders as a source of generational strength and wisdom. • As with most parents in general, parents of color also wish to gain more parenting knowledge, both informally by connecting with other parents and formally through classes. But they expressed a desire for more resources such as parent groups, with others who share the same language or culture. Some parents of color noted that they chose not to participate in groups for parents in general because they didn’t feel a sense of belonging and/or affinity. • Parents bring a lot of resilience to support their children and families, especially when faced with major challenges. But they also need supports to bolster resilience. For parents of color, community-specific resources were noted as especially effective. Examples included Chief Seattle Club, Daybreak Star Indian Cultural Center, and parents-of-color-created peer groups. • For some cultures, faith and spirituality are also important in nurturing family resilience. • A difference noted between Hispanic parent participants and white parents is that when asked what would make parenting easier, Hispanic parents tended to focus on more internal self-development actions or things they could do such as learning about parenting or improving themselves. In contrast, white parents tended to cite external sources of help or what others could provide for them, such as babysitters, housekeeper/home help, counseling and healthcare. This could be an indication of different familiarity with what is available/accessible, different levels of comfort with asking for external help, and/or limitations of the research process such as inaccurate understanding of the question. 	

Selected Quotes

“Taking care of them, listening to them, offering them healthy foods, taking them to medical check-ups, informing us as parents and giving them the information, limiting electronic games, and giving them games from our culture and our childhood.” – a Hispanic parent

“I love my two boys and all the new things I am learning with them. I love that they are growing in a Mexican/American culture and teaching the importance of both.” – a Hispanic parent

“I trust [community-based organization serving Hispanic communities] because it brings us support and trust. [Other organizations] I need to talk to them so see if they are reliable.” – a Hispanic parent when asked what organizations parents rely on the most

“I would need them to orient me more to be able to work with more security in myself that I can work and have experience. I want to learn English.”

“I don’t think there is something to make it easier, but there is a lot of resources in the community to teach and let you know more about parenting.” – a Hispanic parent when asked what would make parenting easier

“For American parents who grew up with the culture of reading to their children, they might be more natural and experienced in reading with their children. For us, we have to intentionally be aware of and remember to read to them because we did not have this experience from our parents.” – Chinese American caregiver

“Parents are the first teachers, kids need to know their culture and their history. The first 5 years are the most fundamental and they are going to learn the most. So instill those core values to have a sense of worth in the most precious times of a child’s learning and development. It’s important for them to know their true history that they came from Kings and Queens.”

“Who determines the terminology? My interpretation of resilience is different. We have to be careful when we have people writing questions for our culture.” – Black/African American Caregiver

THEME	MAJOR ISSUE
2. ISSUE-SPECIFIC NEEDS	SYSTEM NAVIGATION AND REFERRALS
	HEALTH CARE
	CHILDCARE
	EARLY LEARNING PROGRAMS AND K-12
	SPECIAL NEEDS/SPECIAL EDUCATION
	INFORMAL ACTIVITIES
	WORKFORCE
	OTHER ISSUES

This section includes specific needs related to programs or services within the early learning system. While each issue presents challenges for families in general as described in the overall report, families of color experience additional challenges.

Synopsis

- System navigation is difficult for families of color when there is newness to or lack of familiarity with the early learning system, language and cultural barriers, undocumented immigration status, and/or judgmental or disrespectful behavior from providers.
- Families of color reported a significant cross-cutting need for more cultural competence across different types of services, whether in healthcare, childcare, or early learning programs. This gap was described as a need among service providers of all backgrounds but also as a need for more diversity in the provider/workforce.
- Many participants emphasized the need to ensure that translators and interpreters have content or subject matter knowledge so that they can capture substance and nuance accurately in what is being translated or interpreted.
- Families also commented on the difficulty of accessing services, in particular mental health supports given community-level historic trauma and stigma of mental health in some communities of color.
- Another common theme was the need for more respect for and less judgment of different cultures in interactions with some providers, whether it be home visiting, childcare, healthcare, licensors or other professionals.
- Besides direct interactions, participants also expressed concern about the cultural relevance of various tools, frameworks and approaches used in the early learning system. Tools mentioned include the WAKIDS assessment tool, developmental screening, approaches to behavioral challenges, and childcare licensing requirements. Respondents questioned if these tools adequately account for cultural differences and therefore can lead to inaccurate and/or inequitable results for children and families of color.
- Participants also shared the need for cultural competence in professional development and training for the early learning workforce in order to strengthen the cultural competence of services provided.

MAJOR ISSUE	RELATED SUB-ISSUES
SYSTEM NAVIGATION AND REFERRALS	SYSTEM NAVIGATION AND REFERRALS
<p>Synopsis</p> <ul style="list-style-type: none"> • Parents expressed needs for centralized information about available resources; whether they're eligible and how to access them; as well as how to navigate through processes and coordinate among different providers. Some participants suggested that a "resource person" or "navigator" would be helpful to connect families to a full range of services. • System navigation is difficult for families of color when there is newness to or lack of familiarity with the system, language and cultural barriers, undocumented immigration status, and/or judgmental or disrespectful behavior from providers. • Facing these obstacles, some families choose not to access resources, including services for which they may be eligible. • System navigation challenges impact both parents/families and providers. • Providers often lack awareness of or information about other resources in order to refer their clients. And when referrals are made, they are often not completed. Families of color are more impacted when providers are less knowledgeable about culturally-specific resources, those resources are unavailable, or the lack of a tracking system makes families less likely to complete referrals. 	
<p>Selected Quotes</p> <p><i>"There are many challenges I know exist from my experience working closely with families and providers, but one challenge I often see families go through in our Yakima Valley Community is families navigating the early learning support systems (special services, starting conversation with doctors about child developmental concerns, access to child care, etc.) in a way that they feel understood, respected and acknowledged. Because of this, they often chose to not reach out." – a provider/professional describing challenges facing families they work with</i></p> <p><i>"Families need to know where to go--many communities have supports and resources for families but lack communication resources and so families are unaware of where to go. Transportation, lack of resources in rural communities, lack of language diversity among resources or resource providers." -- a participant, describing challenges facing families</i></p> <p><i>"Families don't know how to navigate the system, especially when they don't speak English well. I want everyone to have a family resource coordinator." – a provider/professional describing challenges facing families they work with</i></p>	

MAJOR ISSUE	RELATED SUB-ISSUES
HEALTH CARE	COMPREHENSIVE HEALTH CARE
	PHYSICAL HEALTH CARE
	MATERNAL HEALTH
	HEALTH CARE COVERAGE
	MENTAL HEALTH
<p>Synopsis</p> <ul style="list-style-type: none"> • Health care presents a number of additional challenges for communities of color. • As with parents in general, parents of color also support their children’s growth by ensuring their health needs are met, including physical, mental and oral health. But they reported facing barriers including access to free or affordable health coverage (especially for undocumented families), challenges navigating the process of securing coverage/insurance, gaps in language or cultural competence in service provision, and coordination across providers. • Families of color also have a significant need for mental health supports. But some communities have cultural stigma and/or misperceptions about mental health that can lead to underutilization of needed services. When services are accessed, some participants noted lack of cultural competence. Others underscored the need for more providers who share the same language or cultural identity. • Mental health support for children often goes hand-in-hand with supports for the family. This connection was particularly strong for families that have experienced trauma, such as historical trauma in communities of color, or where parents face life stressors such as substance abuse or involvement with the criminal justice system. • Maternal health was often cited as important, with needs for more prenatal and postnatal education, and maternal mental health/post-partum depression. 	
<p>Selected Quotes</p> <p><i>“As Primary Care Providers who see children as many as 10 times during their first two years of life for routine well child checks, we are in a prime position to share information with our young families. Yet the health care system is such that we have minimal time to be effective in this. Centralized resources/information in multiple languages and/or support in Care Coordination is needed. We need to assure that families are following through and understand the value of programs such as Early Support for</i></p>	

Infants and Toddlers...The system is too confusing for us all and we are who the families come to for guidance.” – a provider/professional describing challenges facing families they work with

"In our culture, mental health is a taboo and [there is a] stigma to talk about, so I wish we had more mental health support for pregnant women.” – Meeting participants

MAJOR ISSUE	RELATED SUB-ISSUES
CHILDCARE	LICENSED CHILDCARE
	NON-LICENSED CHILDCARE
	WORKING CONNECTIONS
	EARLY ACHIEVERS REQUIREMENTS
	LICENSING/WAC/ECEAP STANDARDS
<p>Synopsis</p> <ul style="list-style-type: none"> • As with families in general, parents of color also face major difficulties accessing quality affordable childcare. But they also have additional needs. • Undocumented families reported not being able to secure childcare subsidies, adding to overall family economic struggles. Families juggling non-traditional work schedules, such as migrant farmworkers, have a very difficult time finding childcare with flexible or non-traditional open hours. • The challenges are amplified for families and providers of color in rural areas, where many face less choice and greater transportation challenges, and providers must staff from a smaller labor pool with less choice in qualifications and education. • Childcare providers from all backgrounds describe major cost burdens in operating their childcare programs. These costs stem from licensing requirements and regulations that are perceived to change frequently over short spans of time; educational requirements and training for staff; additional time and supports needed for children with special needs; student/teacher ratio requirements; and insufficient facilities space, materials and supplies. • Besides the financial cost, some providers also expressed concerns about non-financial aspects, like being overwhelmed by the complexity of the licensing process, with changes to WAC and Early Achievers requirements in particular. • For providers of color, all the challenges above are amplified if there are language barriers and/or lack of familiarity with the system and requirements, in addition to trying to meet culturally-specific needs of the families they serve. • Among Hispanic providers who participated, many described concerns about their interactions and relationship with licensors who come to evaluate childcare businesses. They described confusing and difficult communication, inconsistent and subjective application of childcare rules and criteria, and interactions that for some are aggressive, intimidating and punitive. They also noted needs for additional funding and space. 	

Selected Quotes

“From my field of work, I see that most of the challenges come from families with agricultural backgrounds. Parents are getting off work late after 5 which is after work hours. Most of these programs aren't open late enough so that parents can come in at a later time and not miss out on work. I also see lots of issues with transporting children to services. Some parents need more education when it comes to riding public transportation.” –a provider/professional, describing challenges facing families they work with

“We feel that the state is attempting to hold us all to the same standards when we know there are centers who scored a level 4 in Early Achievers, just like we did, but we would not send our child to the other center. We do not think the state recognizes cultural differences when it comes to its standards and requirements.” –a Hispanic childcare provider, describing challenges in the early learning field

“Currently, we providers feel that the new guidelines are placing too much pressure on us, and they are forcing us to close because people like me who don't know English feel like we can't deal with so many changes.” –a Hispanic childcare provider, describing challenges in the early learning field

“I would like for them to not enforce as many rules. That they let us work with the families of our community, who are mostly people from the country. That they let us provide service without so much stress from the many rules and trainings that they are imposing.” –a Hispanic childcare provider, describing challenges in the early learning field

“I would describe it as a lot of failure. For example: the providers are not on the same page they say one thing and then the next time they change it. The house visits happen too often and they do not have a reason to come. They are not professional. They intimidate you.” –a provider/professional, describing challenges in the early learning field

“I would change for the licensors to consider that it is a home daycare because when they visit the licensors are very aggressive because we have kids that are newborns and they come asking for papers and we need to supervise the kid at the same time which makes it stressful.” –a Hispanic childcare provider, describing challenges in the early learning field

“That it is good because we have a lot of help to continue teaching the kids that we take care of and Early Achievers has enriched us with their trainings. It has been very beneficial. Thank you.” –a Hispanic childcare provider, describing challenges in the early learning field

“In this moment we are improving. We are training ourselves and studying to continue to get better. We have help for everyone that wants to learn. Knowing the development of the kids is the most important.” – a Hispanic childcare provider

“We would need more scholarships and resources for our center. More trainings, more communication with the licensors.” –a Hispanic childcare provider, describing challenges in the early learning field

“I would like more scholarships to continue studying a little about early education, but for the resources to be for everyone in the same manner and to not give different requirements to some people.” –a Hispanic childcare provider, describing challenges in the early learning field

“I would change the way the revisions that the licensors do so it can be the same way each time and they do not use their criteria.” – a Hispanic childcare provider, describing challenges in the early learning field

“I feel comfortable to ask the people at Early Achievers.” – a Hispanic childcare provider

MAJOR ISSUE	RELATED SUB-ISSUES
EARLY LEARNING PROGRAMS AND K-12	ECEAP
	ECLIPSE
	ESIT
	HEAD START
	HOME VISITING
	KINDERGARTEN READINESS/WAKIDS
	K-12 SYSTEM
<p>Synopsis</p> <ul style="list-style-type: none"> • Key early learning programs including ECEAP, Head Start, ECLIPSE and ESIT, were frequently cited as needed resources for children and families. Home visiting was largely seen as a helpful resource. • Wait lists are often long, particularly for ECEAP and Head Start. Some participants reported barriers to access for migrant families. • For families of color, the top issue relating to these programs is ensuring cultural competence, especially in ECEAP, Head Start and home visiting, given the larger number of families of color participating in these programs. • With home visiting in particular, some participants of color noted that rather than being seen as a source of help, visits can be seen as having a punitive purpose based on prior community experience/trauma with other programs. Others described experience with home visitors who bring a judgmental tone. • An issue that cuts across pre-K, K-12 systems is the need for more seamless transitions between them, even moreso for families of color. • Some participants questioned the cultural relevance of the WAKIDS assessment tool and whether early learning pedagogy and approaches in general take cultural differences into account. • Some parents of color, particularly African American parents, described concerns with the K-12 system. Specific issues include: negative labeling of both the parent and child, unjust disciplinary policies, misinterpretation of behavior, lack of ability of school staff to build relationships with children, and lack of teachers with shared cultural identity. 	

Selected Quotes

“Barriers for migrant families – access to Head Start and ECEAP. They have waiting lists that migrant families can’t access.” –a participant, describing challenges facing families

“Gaps: Using assessment tools that are based on white American norms. WaKIDS (as example of tool based on white American norms). Kids have a difficult [time] learning to read as Native Americans because parents do not read with their children in their early years. English is their second language and more needs to be done to bring native language at an earlier age.” –a participant, describing challenges facing families

“They're not saying, "Okay, we're going to teach you parenting skills," because that's such a negative, colonized concept. It doesn't look through a Native lens. [Instead, with[organization],] Auntie's at the door and she's coming here to support us and maybe even bringing us a few cans of food.” – a participant describing home visiting services to a Native family.

MAJOR ISSUE	RELATED SUB-ISSUES
SPECIAL NEEDS/SPECIAL EDUCATION	BEHAVIORAL CHALLENGES
	DEVELOPMENTAL SCREENING
	SPECIAL EDUCATION/SPECIAL NEEDS
<p>Synopsis</p> <ul style="list-style-type: none"> As with numerous other issues, families of color who have children with special needs are subject to the same challenges as the population as a whole, including lack of specialized supports in many parts of the system and healthcare that doesn't adequately cover certain special need. However, they also reported additional and unique challenges specific to communities of color, such as language/cultural competence barriers, lack of providers of color, lack of diverse pedagogy and best practices, etc so the challenge is compounded. Parents of color expressed a need for services that both address special needs and are linguistically and culturally appropriate. For example, some participants see a need to examine the cultural appropriateness of developmental screenings, noting that it is important not just to provide translation and interpretation but to have culturally-specific modifications in the content of screening tools. Some caregivers described positive experiences when the provider was someone who was aware of how culture relates to the unique ways children display growth and development. More broadly, with behavioral challenges, there is also a need for cultural relevance in provider knowledge. For example, some caregivers described the impact of community-specific historical trauma on their child(ren)'s development and behavior. They commented that without an understanding of this connection, behavior can be mis-assessed and/or misinterpreted, and children falsely labeled. Distinct from the impact of community-level trauma, some participants also shared that sometimes behavior of children from non-white cultures is misinterpreted as problematic when it is because it comes from different cultural norms. 	
<p>Selected Quotes</p> <p><i>“Those who work with immigrants/refugees in school need better training – they often misinterpret how they interact. For example: Teachers/Personnel who don’t understand the culture and differences in language...the pause is misinterpreted. They assume the child is [not] [sic] disrespectful. A pause can be for many reasons.” – a provider/professional describing challenges facing families they work with</i></p> <p><i>“Any written tool, even if it might be in their home language, might not be culturally responsive, especially for a culture that may</i></p>	

*prefer to do things orally. It's a very middle class, white, American thing to do to give someone a piece of paper to fill out.”
–a participant, describing challenges facing families*

“Some general systematic ways that inequities get promoted by us and other systems [are] the kids who don't see their same provider as regularly for primary care visits, are less likely to have a screening happen thoroughly, and less likely for that screening to turn into connections to something... Even with good intentions, we create systems that are actually most available to the ones with the least amount of struggle. That is an across the system problem, and we are a part of that system, and a part of that problem.”

“My experience working with the early learning has been very good because throughout the years I have qualified more and I hope that we continue to have your support to improve our job. Personally I would like to learn about special needs.” – a provider/professional

MAJOR ISSUE	RELATED SUB-ISSUES
INFORMAL ACTIVITIES	INFORMAL ACTIVITIES
	PLAY AND LEARN
<p>Synopsis</p> <ul style="list-style-type: none"> • Like many others, caregivers of color also engage their child(ren) in activities outside of school to support their development. They participate in a wide range of activities both at home and out in the community. • Many caregivers of color expressed particular needs for being connected to others with shared racial or cultural backgrounds, both for children and for parents. • Social connection, especially with other parents, is a major source of support and peer learning, though some parents of color said they chose not to participate in mainstream parent groups because they felt they didn't belong and/or they needed more cultural affinity with other participants. • As a result of this, some caregivers of color have started their own peer groups, but many also expressed a need for more culturally- or community-specific groups and activities. 	
<p>Selected Quotes</p> <p>“Rarely any of us are in there. I feel intimidated not seeing anyone I can relate to and looked at like I don’t belong there.” -Parent describing experience with classes for infants and moms.</p> <p>“We tried them and we all know Rainier Beach is very different now, but they just weren’t for us. I felt like they weren’t culturally relevant.” -parent describing experience with classes for infants and moms.</p>	

MAJOR ISSUE	RELATED SUB-ISSUES
WORKFORCE	PROFESSIONAL DEVELOPMENT AND TRAINING
	TRAUMA-INFORMED PRACTICES
	STAFF RECRUITMENT AND RETENTION/COMPENSATION
	STAFFING CAPACITY
<p>Synopsis</p> <ul style="list-style-type: none"> • Many participants in general reported a significant need and desire for ongoing professional development and training for staff working in both early learning and related professions and sectors. • In particular, they cited a need for more cultural competence in both the system/processes and content of professional development and training. This was heard from both white early learning professionals and professionals of color. • Cultural competence in training systems includes, for example, providing trainings in multiple languages, diversity in who provides trainings, whether and how the cultural knowledge of providers of color is valued such as in educational requirements and in peer trainings, and how providers interact with and engage families of color such as in parenting classes. • Cultural competence in training content includes expanding provider knowledge about equity and cultural competence, and how these intersect with early learning knowledge. • Trauma-informed practices is also area subject that many providers wish to gain knowledge about. Since certain communities of color have historic trauma impacting families and children, both parents and providers expressed a specific need for understanding those contexts as part of training in trauma-informed practices. • Some Hispanic childcare providers shared positive sentiments about trainings they have received and expressed a desire to continue learning. Some also expressed challenges of trying to gain new knowledge and skills, compounded by language barriers. • Staff recruitment and retention across early learning in general is a major challenge. Many participants expressed a need for a more diverse early learning workforce, for which the challenges are even greater given the smaller labor supply. 	
<p>Selected Quotes</p> <p><i>“Early Learning staff at all levels should have a foundation of knowledge in trauma informed early learning practices, early learning curriculum with an emphasis on the power of relationships, early learning environments and the affects on families from institutional racism and systemic power and privilege.” –a participant, describing challenges in the early learning field</i></p>	

“Child care centers need to be able to welcome ALL children and families so that they experience belonging in the community that is created through an early learning center. In order to create a welcoming atmosphere, Early Learning professionals need to be able to understand and empathize with families from differing backgrounds and experiences.” –a participant, describing challenges in the early learning field

“‘Professionalism’, as it is often interpreted, can also be white supremacist and elitist. We should really evaluate how we conceive of professionalism.” – a provider/professional describing challenges facing families they work with

“There should be...more work on how to develop a cross cultural competency so people are prepared for the range of issues for children whose home language is not English.” –a provider/professional, describing challenges in the early learning field

“I would describe it as challenging to learn the technology, to educate myself to learn new vocabulary, and to model so the parents can comply with the policies. Now we have to educate ourselves to become more professional.” –a Hispanic childcare provider, describing challenges in the early learning field

“No, they do not. Teachers in public schools are not informed enough about historical trauma and the way it impacts a child's identity in school.” – respondent to tribal early learning survey, when asked if current system meets their child's needs

MAJOR ISSUE	RELATED SUB-ISSUES
OTHER ISSUES	INFRASTRUCTURE/DATA
	ADVOCACY/PUBLIC AWARENESS
<p>Synopsis</p> <ul style="list-style-type: none"> • Participants reported a need for better tracking of and data collection for children of color. Related to this is a need for disaggregating data for individual communities of color so that information about disparities is more explicit. • Some participants also described how families of color face more difficulty with self-advocacy/empowerment. 	
<p>Selected Quotes</p> <p><i>“Also, the story told about Early Achievers is different from what’s often provided by the state. Data is often not disaggregated. Experience out in the field looks different. Want to make sure what communities of color are experiencing are reflected.” –a provider/professional, describing challenges in the early learning field</i></p> <p><i>“We have a difficult time hearing back from rural or minority communities. Most of the feedback we receive is from King or Pierce county.” –a participant, describing challenges in the early learning field</i></p>	

THEME	COMMUNITY(IES)
3. COMMUNITY-SPECIFIC ISSUES	REFUGEE AND IMMIGRANT
	HISPANIC
	AFRICAN AMERICAN
	NATIVE AMERICAN

In addition to issues that cut across all communities of color as described in previous sections, there are also needs specific to individual communities. These are described in this section.

Synopsis

- Refugee and immigrant community members highlighted additional challenges for those who are undocumented, lack familiarity with or are new to the early learning system, and/or have experienced trauma as refugees or immigrants.
- Participants from Hispanic communities also identified immigration status as a significant issue, as well as the challenges for many living in rural areas, especially agricultural workers. Hispanic participants who were childcare providers also described unique challenges operating their childcare businesses.
- Members of African American communities shared struggles with the legacy of historic oppression and trauma that continues to impact families’ lives today. They described how experiences with racism and racial bias impact their children, and emphasized the need for more racial representation and affinity in various early learning venues.
- Native American families spoke of several major factors influencing their communities, including poverty and family instability, the impact of and trauma from colonization, high risk factors for Native children, and the need for specific cultural competencies in the system in order to address those issues effectively.

COMMUNITY(IES)	COMMUNITY-SPECIFC-ISSUES
REFUGEE AND IMMIGRANT	IMMIGRATION STATUS
	LACK OF FAMILIARITY WITH SYSTEM
	COMMUNITY-LEVEL TRAUMA
<p>Synopsis</p> <ul style="list-style-type: none"> Refugee and immigrant community members described additional challenges for those who are undocumented, lack familiarity with or are new to the early learning system, and/or have experienced trauma as refugees or immigrants. Families with members who have undocumented status reported additional stress and anxiety, compounded by the uncertainty of federal immigration policy. Participants described how this often leads to mistrust and fear of government agencies and public programs, even just for information requests, let alone applying for services or participating in programs. Many choose not to access services such as childcare subsidies, for fear of deportation and/or family separation. This level of fear has a significant impact on families and children, both directly in the missed opportunities for supports and services, and in terms of emotional well-being of the family as a whole. Some participants reported family trauma from being undocumented and fears associated with that. Refugee and immigrant participants also commented on the challenge of navigating a new and different system in the U.S. Participants in one group said that immigrant women in particular need a tailored approach, with proactive support that does not rely on them to understand what resources are available and to be able to ask for those resources. 	
<p>Selected Quotes</p> <p><i>“I’m also a mom of an 8-yr old and a 6-yr old. They and my family experience the issues we have been discussing every day...children experiencing racism at school, deciding about childcare, we have families who have lost their husbands and having to write quality improvement stuff while also dealing with immigration issues, etc.” – a parent and childcare provider describing challenges</i></p> <p><i>“Families with immigration issues – there are a lot of kids who also don’t have status and can’t access childcare subsidies so can’t go into programs and parents work so they have nowhere to go.” –a participant, describing challenges facing families</i></p> <p><i>“Thinking about current chilling effect of federal policy around immigration. Threats around public charge and detention. Hearing from families about reluctance to apply for childcare subsidies because of uncertainty on federal policies.” – a provider/professional describing challenges facing families they work with</i></p>	

“That immigrant families stop living in fear of deportation, that everyone feels a part of their community.” –a participant, when asked their hopes and dreams for children and families in their life/community

“Each has the opportunity and the encouragement to live in a stable, safe childcare and learning environment that engages the whole family as part of the child care team. Access without regard to immigrant or legal status.” –a participant, when asked their hopes and dreams for children and families in their life/community

“Issue with immigrant communities – issues of incredible trauma – e.g., families where parents are undocumented asking if people will take children if they’re deported and the issue is huge.” –a participant, describing challenges in the early learning field

COMMUNITY(IES)	COMMUNITY-SPECIFIC ISSUES
HISPANIC	IMMIGRATION STATUS
	RURAL AND AGRICULTURAL
	CHILDCARE PROVISION
<p>Synopsis</p> <ul style="list-style-type: none"> • Participants from Hispanic communities also highlighted immigration status as a significant issue, as well as the challenges for many who live in rural areas, especially agricultural workers, gaps in culturally-relevant childcare provision, and language access. • As described in the previous section, families with members who have undocumented status reported additional stress and anxiety, compounded by the uncertainty of federal immigration policy. Participants described how this often leads to mistrust and fear of government agencies and public programs. Many choose not to access services such as childcare subsidies, for fear of deportation and/or family separation. This level of fear has a significant impact on families and children, both directly in the missed opportunities for supports and services, and in terms of emotional well-being of the family as a whole. • For many in the agricultural workforce, including significant migrant farmworker communities, the nature of the work means that the workforce is also largely concentrated in rural areas. The confluence of these factors results in unique challenges for farmworker families, with issues reported including low pay/greater exposure to poverty, housing instability, and non-traditional work schedules. Many caregivers shared that the agricultural work schedules, along with lack of affordability, often prevent families from accessing childcare, which is already scarce in rural areas. • Among Hispanic participants who responded to the state survey, the top needs cited were for quality affordable childcare, including better access to childcare subsidies and more providers who speak Spanish and/or are from Hispanic backgrounds. • In some areas, Hispanic childcare providers have established programs to meet these needs, but they too face challenges. Many described needs for more language and cultural competence in early learning education and training opportunities. They also noted the cost burdens of operating childcare businesses, as did other operators, requesting additional funding and/or scholarships, and need for more space. • In particular, many Hispanic childcare providers have challenges with childcare licensing rules and regulations, and how they are implemented. For some, especially those with language barriers, fulfilling requirements is overwhelming. • Among Hispanic providers who participated, many described concerns about their interactions and relationship with licensors who come to evaluate childcare businesses. They described confusing and difficult communication, inconsistent and subjective application of childcare rules and criteria, and interactions that for some are aggressive, intimidating and punitive. They also noted needs for additional funding and space. 	

Selected Quotes

IMMIGRATION STATUS

“My child has more stamps on his passport than I will ever have. I try to tell myself that that is a good thing (they visit Dad in Mexico 4 times a year because he doesn’t have permission to return. After 10 years, the US government will consider readmitting him to the US.” – a parent/caregiver

“That the Latino community members and other immigrant communities can have access to child care services. It’s not fair that we have to stay at home because there’s no place to leave the children, practically all that we do as parents or neighbors is illegal. It can’t be that 90% of my wage goes towards paying daycare and I don’t qualify for the subsidy. Nobody speaks Spanish and when people want to open a daycare they can’t because it’s too difficult. I would like the situation to improve for everyone. The state has created a crisis that didn’t exist before. My experience living in a country where the government creates problems to solve them themselves tells me that this is going to happen here too.” – a participant when asked about their hopes and dreams for young children in their life or community

RURAL AND AGRICULTURAL

“Depends on the season. There are times when there is less work and there is not enough food.” - a parent on challenges in meeting their child’s needs

“From my field of work, I see that most of the challenges come from families with agricultural backgrounds. Parents are getting off work late after 5 which is after work hours. Most of these programs aren't open late enough so that parents can come in at a later time and not miss out on work. I also see lots of issues with transporting children to services. Some parents need more education when it comes to riding public transportation.” –a provider/professional, describing challenges facing families they work with

CHILDCARE PROVISION/LANGUAGE ACCESS/AGRICULTURAL WORK

“The families are worried because many home daycare centers have closed, which were more affordable and they could have all their children there together, and they had hours that met their work needs, like for those in agriculture who start work really early around 3 or 4 in the morning. And they have been obligated to leave these children with elderly neighbors who sometimes don’t even know first aid nor have the appropriate space, or alone in their home not knowing if their neighbor is a trustworthy person or not. But they don’t have any alternatives. Currently, we providers feel that the new guidelines are placing too much pressure on us,

and they are forcing us to close because people like me who don't know English feel like we can't deal with so many changes." –a Hispanic childcare provider, describing challenges in the early learning field

"I would change for the licensors to consider that it is a home daycare because when they visit the licensors are very aggressive because we have kids that are new borns and they come asking for papers and we need to supervise the kid at the same time which makes it stressful." –a Hispanic childcare provider, describing challenges in the early learning field

LANGUAGE ACCESS

"Having access to child care services, and the possibility to pay for them so we won't need the state subsidy. Also that there are enough providers of these services and that they speak Spanish." –a Hispanic childcare provider, describing challenges in the early learning field

"I have what I need. I would like English classes, cooking classes, somewhere where they can take care of my baby while I am in class." – a parent/caregiver

COMMUNITY(IES)	COMMUNITY-SPECIFIC ISSUES
AFRICAN AMERICAN	HISTORIC OPPRESSION AND TRAUMA
	RACIAL BIAS
	RACIAL AFFINITY
<p>Synopsis</p> <ul style="list-style-type: none"> • Secondary data sources that reached out to African American families reported that they voiced unique challenges stemming from historic oppression and the traumatic effect that continues to have today. • Families shared concerns borne of direct experience of racism and racial bias, particularly highlighting ways in which black children are not equitably supported, at both system- and program-levels. • Black/African American caregivers described mistrust of white systems, making it difficult for public institutions such as those in the early learning system to build trust and transparency with them. • Black parents noted how they anticipate the system will negatively label their child from early on, which results in their children being subject to unjust disciplinary policies. • Caregivers expressed a need for more racial diversity and racial affinity across many early learning venues, including schools, childcare, parent groups, and informal or community-based activities. 	
<p>Selected Quotes</p> <p><i>“Early Learning is a system not created for Black children.” – a parent participant in the Black Family Voices Project in King County</i></p> <p><i>“Primarily that my son gets a fair shot at life and opportunities despite him being a black child.” – a parent when asked about their hopes and dreams for young children in their life or community</i></p> <p><i>“A lot of follow up (after developmental screening) and it’s terrible. When you are Black your best interests is not in their mind. No one built a bridge to help me properly know how to support him.” – a parent participant in the Black Family Voices Project in King County</i></p> <p><i>“Black parents with children who are special needs are not getting access to early intervention in this area. Black families are like at the bottom for getting connected to these resources.” –a participant, describing challenges facing families</i></p>	

“My son took up for someone who was getting bullied and he got in trouble. The counselor and teacher are in a punishing mode, they didn’t even ask him what happened. They made assumptions about him. There was no apology, what I am supposed to do if my kid is being bullied?” – a parent participant

“Can we get some Black teachers in these classrooms? Black men? There are too many white women teaching our children.” – a parent participant

COMMUNITY(IES)	COMMUNITY-SPECIFIC ISSUES
NATIVE AMERICAN	POVERTY AND FAMILY INSTABILITY
	HISTORIC OPPRESSION AND TRAUMA
	AT-RISK CHILDREN
	CULTURAL COMPETENCE IN SYSTEM

Synopsis

- Participants said that Native American communities have specific historic and contemporary challenges that add to families’ struggles. These include endemic poverty and family instability, historic oppression and trauma that then links to significant risk factors for Native children, who also face cultural competence gaps in the early learning and school system.
- It was suggested that many Native communities experience deep poverty, with many families forced to focus on basic survival. Common problems voiced by participants include not having sufficient money to pay for basic needs, unemployment, food insecurity, housing instability (lack of housing or poor housing conditions) and inadequate health care (especially maternal health care and mental health care).
- Additionally, families struggle with other stressors, including physical abuse of Native women; substance abuse and addiction; and anxiety and depression. Parents expressed a need for therapists and counselors who are supportive and non-judgmental, and treatment facilities that offer culturally competent care.
- Families described how the legacy of being colonized continues to play out for them today, including the impact on their children. In a survey of tribal members, caregivers described toxic stress, trauma and adverse childhood experiences (ACEs) as their top concern. Many expressed mistrust and generational fear of institutions.
- Parents suggested that Native youth need specialized support due to the history of discrimination, both in terms of behavioral health and substance abuse support, as well as teacher and provider understanding of the community’s historical context.
- Parents also expressed serious concerns about the Indian Child Welfare system, including abuse. Participants said that Native children are referred into the foster care system and placed in foster care at a higher rate than white children. Parents and elders said that abuse in foster care remains a problem.
- In the context of these challenges, participants described a need for greater cultural competence in the early learning/school system. Survey respondents’ two biggest concerns were the need for trauma-informed practices and cultural competence among teachers and providers.
- When survey participants were asked “Do you know if your childcare provider/teacher has been trained in ACES, historical trauma or healing from it?”, 71 percent said no or they were not sure. When asked “Does the current system meet your child's needs (especially children born with drug affect, historical trauma, etc.)?”, 43 percent said no, with another 18 percent saying somewhat

or unsure. When asked “What supports do you need to help your child and family be successful?”, top answers included: access to information and resources, trained staff, advocacy support and faster, earlier diagnosis for special needs.

- Parents also shared how mainstream assessment tools sometimes do not adequately account for historic trauma in the child’s development and/or mis-assess their children and deem them behind, particularly on literacy, because their culture emphasizes oral tradition.

Selected Quotes

“Hard conversations to have with families when they are just trying to survive. Books? How about keeping the lights on?” –a participant on challenges facing Native American families

“Generational fear of institutions. Young families feel people are being judgmental.” –a participant on challenges facing Native American families

“Information on what to be aware of and look for for children exposed to substances in utero, services for all at-risk children and their families, not just those that are currently delayed.” –a respondent to DCYF tribal survey

“I think that we are very fortunate to have a supple amount of resources and trained staff to be able to direct us there. But with the current drug epidemic and the effects on some of our youth, increased support to be able to provide additional care may be needed.” –a respondent to DCYF tribal survey

“No, they do not. Teachers in public schools are not informed enough about historical trauma and the way it impacts a child's identity in school.” –a respondent to DCYF tribal survey

“Some teacher have been [trained]. The standard of training should be the same for all teachers. Some teacher have been trained and other have not.” –a respondent to DCYF tribal survey

“No, some Early Achievers assessments and requirements are not supportive of children with needs around drug effects and historical trauma--still trying to fit all children in the same boxes.” –a respondent to DCYF tribal survey

“Advocates to help navigate suspected injustices, biases, mistreatment. Who do we turn to for support when we feel our child is being targeted by the school system.” –a respondent to DCYF tribal survey

***“Kids have a difficult [sic] learning to read as Native Americans because parents do not read with their children in their early years.”
—a participant, describing challenges facing families***

“Gaps: Using assessment tools that are based on white American norms. WaKIDS (as example of tool based on white American norms). Kids have a difficult learning to read as Native Americans because parents do not read with their children in their early years. English is their second language and more needs to be done to bring native language at an earlier age.” —a participant, describing challenges facing families

APPENDIX D. RACIAL EQUITY THEORY OF CHANGE



CREATING AN ENVIRONMENT TO ADVANCE RACIAL EQUITY

IN WASHINGTON STATE'S EARLY LEARNING SYSTEM

Programs, policies, and funding decisions to implement the Early Learning Plan are well informed and prioritized in response to the experiences, perspectives, and needs of people of color



Increase community voice and influence for those furthest from opportunity

Diverse parents, professionals, and community leaders provide insight, wisdom, and expertise in serving children and families

Decision making processes genuinely engage individuals, organizations, and tribes to participate

Members of diverse communities are supported, coached, and mentored as they participate in decision making processes



Inform practice with diverse measures and diverse stories

Data is gathered and interpreted in ways that build trust and insight among diverse communities

Approaches accommodate the diverse racial, cultural, tribal, and language needs of children and the professionals who serve them

Communities of color are genuinely engaged in defining credible and relevant data and approaches



Make decisions that genuinely meet the requirements of communities of color

Value of, and insight about, diverse community needs are the foundation of the decisions made

Coordinated decision making is transparently and consistently inclusive of diverse communities

People of color are intentionally represented in the hiring, appointment, and election of decision makers



Design and implement systems that respond to children's diverse situations

State, tribal, and local agencies work together to support children's success

Programs are designed and refined to promote access and relevance to children's race, culture, and situation

Cultural competence and linguistic relevance are seen as hallmarks of quality

HOW WE CAN LEAD FOR RACIAL EQUITY

- 1 Start conversations about why equity and opportunity matters to everyone
- 2 Listen, learn, and partner with communities of color to improve policies
- 3 Cultivate and mobilize diverse advocates to champion racial equity
- 4 Build relationships and invest resources that will result in lasting change



Advancing Racial Equity in Early Learning

Vision

There is a new sense of urgency about ensuring that all children are ready for — and successful in — school. The Washington *Early Learning Plan* (ELP), adopted in 2010, has energized early learning stakeholders at the state and local levels, and driven increased investment to implement critical strategies and programs as part of the 10-year roadmap. The plan describes what is necessary to support the healthy development of children and outlines a universal implementation approach, but it does not fully address the impact that race, culture and language have on child outcomes — particularly for children of color. Nor does the plan identify specific strategies to implement the *ELP* to intentionally remove and reduce these barriers keeping children from opportunity. To address those gaps, a committed group of parents, professionals and policymakers developed this *Racial Equity Theory of Change (RE-TOC)* to identify steps to intentionally change policies, practices and systems to implement the ELP in a meaningful way that gives historically marginalized communities access to opportunity.

Developing a Racial Equity Theory of Change

Thrive led a group of over 100 early learning stakeholders in a year-long process to develop a Racial Equity Theory of Change to inform the implementation of the ELP. This series of meetings was designed to be a conversation of stakeholders from across the state, including parents, practitioners, researchers, and community leaders, as well as partners at the Department of Early Learning (DEL) and the Office of Superintendent of Public Instruction (OSPI), to closely examine the “opportunity gap” and how it manifests itself in the early learning system. By bringing together a broad and diverse group of partners committed to this work, we have collectively generated a roadmap that:

- Provides a collaborative vision and approach that supports concerted action among decision-makers at all levels of Washington’s early learning system, from parents and child care providers interacting with individual children, to policy makers and funders who influence how the early learning system is designed
- Identifies ACTIONS that allow us to act on WHAT WE KNOW about the best way to implement the POLICIES, PRACTICES, and CULTURAL PERSPECTIVES that support the BUILDING BLOCKS we believe are necessary to realize the OUTCOME we envision for children of color
- Articulates how individuals, organizations and institutions can take both individual and collective action to reduce the opportunity gap

Next Steps

Thrive by Five Washington, with support from the W.K. Kellogg Foundation and in collaboration with partners, intends to develop a grant strategy to fund and support targeted and innovative projects that work to make the aspirations of the RE-TOC a reality. Thrive will continue to work with partners to identify the most effective ways to support this community as we individually and collectively take action. We believe that these combined efforts undertaken by early learning stakeholders will collectively create greater momentum and commitment to ensure a future in which race is eliminated as a predictor of progress and success for children birth through 3rd Grade.

For More Information

Please contact Dan Torres, Community Partnership Manager at Thrive by Five with any questions or comments. Dan can be reached at dan@thrivebyfivewa.org or 206.621.5554.

Advancing Racial Equity in Early Learning DRAFT Outcome Map Early learning, and all things that are related (prenatal care, maternal health, healthy families), are seen and valued as foundational to a healthy, fair and equitable society.			
OUTCOME: Programs, policies and funding decisions to implement the <i>Early Learning Plan</i> are well informed and prioritized in response to the experience, perspective and needs of people of color.			
<p>A Community Voice and Influence There are expanded pathways for voice and influence of those furthest from opportunity</p> <p><u>Policies:</u> 1 Pathways exist for community voices to exercise influence and power in discourse and decision-making processes 2 Funding and support are available to allow/honor individual (e.g. parents/guardians), organizational and tribal capacity to participate equally in decision-making processes</p> <p><u>Practices:</u> 3 There are planned processes to connect decision makers with members of diverse communities 4 Communities of color are intentionally reached and engaged by meeting in places convenient to them, providing interpretation services and using varied solutions to promote access 5 Leadership coaching or mentoring is available within organizations to support racial equity advocates 6 Local communities engage a broad array of parents and professionals in local work and receive support and guidance as to how.</p> <p><u>Cultural Representations:</u> 7 Those who serve children are valued as experts in the field 8 Tribal nations, communities of color, and families are viewed as having important insight and wisdom 9 It is readily acknowledged that one cultural voice does not represent all 10 Children see people who are like them as teachers and community leaders</p>	<p>B Deliberative Bodies - Decision makers and funders at organizational, regional, tribal and state-levels make funding and policy decisions that genuinely reflect and meet the requirements of communities of color</p> <p><u>Policies:</u> 1 Important questions about impacts on communities of color are candidly shared during the deliberation process 2 Programs and policies value, enable and define appropriate customization to meet individual child and family requirements 3 People of color are intentionally represented in hiring, appointment and s/election of decision makers</p> <p><u>Practices:</u> 4 A consistent, collaborative and transparent approach to decision-making is intentionally and honestly inclusive of people of color 5 Decision making bodies actively engage with members of diverse communities before making impactful decisions 6 Policy making is underpinned by the coordinated action of diverse players, including the racial/ethnic Commissions, the Governor's Office, agency leaders and legislative caucuses 7 Regular thought provoking experiences exist to help decision makers be insightful about how structures impact those furthest from opportunity 8 Ensure decision do not broaden the opportunity gap</p> <p><u>Cultural Representations:</u> 8 Advancing racial equity at organizational, local and state levels is a strategic approach for reducing the opportunity gap and enriching society 9 Decision makers value and are able to individualize strategies in ways that target the unique strengths and requirements of different communities</p>	<p>C Practice Informed by Multiple Diverse Stories and Measures – Decision-makers and practitioners use qualitative, quantitative, and experiential data to make decisions that consider the perspective, experiences and requirements of children and families of color</p> <p><u>Policies:</u> 1 Accountability processes and measures evolve with and are adaptable, holistic and consider the requirements and successes of children and families of color 2 Education, experience, demonstrated commitment and reflection of children's culture are valued in assessment of quality of early learning programming and professional qualifications 3 Educational equivalency and/or competency assessment processes exist to honor the importance and support the development and progression of early learning professionals who reflect children's language and cultures as part of the early learning workforce</p> <p><u>Practices:</u> 4 Decisions are aimed to consider the experience and meet the self-identified requirements of communities of color 5 Data are gathered, analyzed and presented with intentional consideration of the cultural belief and framing in which the data is defined, collected and interpreted 6 Decisions affecting the early learning workforce identify a corresponding plan/pathway/monetary incentive to ensure that implementation is equitable and serves children and families in ways that genuinely meet the diverse interests of children of all races/ethnicities</p> <p><u>Cultural Representations:</u> 7 Communities of color are engaged in determining what is credible and relevant data, how data is collected, and how data is used before decisions are made 8 Community stories are treated with equal importance in the development of approaches that are reflective of the requirements of communities of color 9 Promising practices specific to communities of color are recognized as a critical strategy for meeting diverse needs</p>	<p>D Early Learning System Design and Implementation State, local & tribal agencies consider historical and current realities of children of color in program design, implementation and coordination</p> <p><u>Policies:</u> 1 Interactions and relationships among state, tribal and local agencies are coordinated to deliver results for children of color 2 Services, structures and supports are planned and implemented to encourage effective transition among care settings and along each child's development path that are aligned with the family's values and cultural beliefs</p> <p><u>Practices:</u> 3 State, tribal and local entities work in concert to ensure effective coordination of decision making and action 4 Decisions are informed by a deep awareness of the different situations of children and families and systems are designed to ensure access and choice 5 Feedback loops provide information and knowledge about the experiences and perspectives of people of color that informs design and refinement of early learning systems</p> <p><u>Cultural Representations:</u> 6 Cultural competency and linguistic relevance are seen as hallmarks of quality</p>
Race is eliminated as a predictor of progress and success for children from birth through eight			

What We Must Know--Mapping the Local Change Landscape

A Community Voice and Influence There are expanded pathways for voice and influence of those furthest from opportunity	B Deliberative Bodies - Decision makers and funders at organizational, regional, tribal and state-levels make funding and policy decisions that genuinely reflect and meet the requirements of communities of color	C Practice Informed by Multiple, Diverse, Stories and Measures – Decision-makers and practitioners use qualitative and quantitative data to make decisions that consider the perspective, experiences and requirements of children and families of color	D Early Learning System Design and Implementation State, local & tribal agencies consider historical and current realities of children of color in program design, implementation and coordination
<p><u>Advocacy and Community Organizing Groups</u> (e.g. Children’s Alliance; el Centro de la Raza; League of Education Voters; Moms Rising; One America)</p> <ul style="list-style-type: none"> authentically engage and partner with people of color focus activity on priorities raise awareness of diverse requirements promote common message <p><u>Service Providers</u> (e.g. Housing Authorities; Refugee Federation(s); Within Reach; Washington State Migrant Council; SeaMar Community Health Centers)</p> <ul style="list-style-type: none"> consistently and genuinely engage and partner with people of color focus activity on priorities raise awareness of diverse requirements help to cultivate champions <p><u>Existing Formal Pathways</u> (e.g. American Indian Health Commission; Cultural Commissions; Head Start/ECEAP Policy Councils; School Boards; State Boards)</p> <ul style="list-style-type: none"> consistently engage and partner with people of color focus activity on priorities raise awareness of diverse requirements ensure opportunities for feedback <p><u>Associations & Collaborations</u> (e.g. Assn of Washington School Principals; Early Learning Action Alliance; Early Learning Regional Coalitions; Tribal Leaders Congress on Education; Parent Teacher Associations)</p> <ul style="list-style-type: none"> reliably engage and partner with people of color develop staff to strengthen leader advocacy focus activity on priorities raise awareness of diverse requirements promote common message help to cultivate champions 	<p><u>Decision-Making Bodies</u> (e.g. Legislature; City Councils; ELAA; Early Learning Regional Coalitions; State Boards; Tribal Councils)</p> <ul style="list-style-type: none"> frame the decision process focus activity on priorities promote common message raise awareness of diverse requirements choose the people who testify <p><u>Funders</u> (Department of Early Learning; Office of the Superintendent of Public Instruction; Thrive by Five Washington; DOH; DSHS)</p> <ul style="list-style-type: none"> frame the decision process focus activity on priorities promote common message raise awareness of diverse requirements <p><u>Private Funders</u> (Gates Foundation; Multicare; Robert Wood Johnson; Kellogg; Corporations)</p> <ul style="list-style-type: none"> frame the decision process focus activity on priorities promote common message raise awareness of diverse requirements <p><u>Advisors/Staffers</u> (City of Seattle; Congressional and State Caucus staff people; Governor’s Policy Staff; Governor’s Council on Disparities; Nonpartisan Committee Staff; ELAC)</p> <ul style="list-style-type: none"> focus activity on priorities raise awareness of diverse requirements promote common message choose the people who testify share racial equity tools and approaches 	<p><u>Sources of Data</u></p> <ul style="list-style-type: none"> establish a baseline collect ongoing data disaggregated by race/ethnicity to measure progress identify qualitative sources of data <p><u>Education</u> (e.g. OSPI; DEL; Washington Federation of Independent Schools; ESDs)</p> <ul style="list-style-type: none"> provide a measure of school readiness provide a measure of progress <p><u>Early Learning</u> (e.g. Working Connections Child Care; Child Care Aware; KidsCount; WaKIDS; Early Achievers)</p> <ul style="list-style-type: none"> provide measures of service need provide measure of access/utilization provide measure of quality provide data on the impact quality measures have on culturally responsive service provision <p><u>Home Visiting Programs/Intensive Service Organizations</u> (e.g. DOH; DEL; Thrive by Five; Wellspring; REWA)</p> <ul style="list-style-type: none"> provide measure of service need provide measure of access/utilization provide outcome measures <p><u>Public Assistance Agencies</u> (e.g. DSHS; WIC)</p> <ul style="list-style-type: none"> provide measures of access and utilization fund access to needed supports 	<p><u>State Collaborations</u> (e.g. State Local Coordination effort; Interagency coordination: DEL, DSHS, OSPI, DOH, Thrive; Washington Early Learning Partnership; Early Learning Action Alliance; ELAC)</p> <ul style="list-style-type: none"> provide venues to incorporate the perspectives of people of color in program design include historical and current context in planning and deliberations suggest and implement coordination strategies ensure opportunities for feedback <p><u>Local Collaborations</u> (e.g. Early Learning Regional Coalitions / Infant/Toddler Regions (merging); WaKIDS Early Learning Collaboration and Family Connection components; PTSA s)</p> <ul style="list-style-type: none"> provide venues to incorporate the perspectives of people of color in program design include historical and current context in planning and deliberations suggest and implement coordination strategies ensure opportunities for feedback <p><u>Community Representatives</u> (e.g. Tribes early learning coalition; Tribes early learning governance structure; Cultural Commissions; Urban League)</p> <ul style="list-style-type: none"> collaborate to represent the voice of Tribes and other communities of color connect groups with state and local collaborations

What We Must Do-- Assessing Your Capacity, Planning, & Gearing Up for Action

A. RAISE AWARENESS

1. Shift the discourse about race and opportunity, providing information, education experiential/shared learning and reflection, and mentoring about racial equity
2. Develop and share communication materials to raise awareness about what racial equity is and is not and why it is important
3. Develop and share tools to support champions advance racial equity
4. Provide opportunities for shared conversations on lived experiences that impacted individuals from communities of color

B. ADVOCATE

1. Advocate with and for the requirements/interests of people of color
2. Advocate for RETOC strategies to be implemented/used in policy agendas, grant strategies, etc.
3. Advocate for capacity and funding in communities
4. Develop and use disaggregated school district-level birth through eight information to identify ways to improve opportunity for children and families far from it
5. Cultivate champions for racial equity among colleagues and community members
6. Engage, educate and mobilize communities to advocate.
7. Solicit and use stories and other data to focus attention on and illustrate how decisions (will) effect communities of color

C. LISTEN, ENGAGE & LEARN

1. Partner with communities in making decisions about defining outcomes for their community
2. Create feedback loops that allow community participation to continuously improve practice
3. Partner with tribal leadership in defining desired outcomes and participating in decision-making processes/entities, from the beginning
4. Partner with people of color (particularly parents and educators) in defining desired outcomes and participating in decision-making processes/entities, from the beginning
5. Develop methods for engagement and partnership other than "meeting participation" or "membership", resulting in a broad community member participation
6. Ensure access by creating flexible tables/venues/locations/methods of participating in meetings and other decision-making conversations in order to create access

D. BUILD RELATIONSHIPS AND TAKE ACTION

1. Provide mentoring in leadership
2. Actively recruit a diverse group of professionals who are knowledgeable about and take action for racial equity
3. Initiatives and decision making bodies use a racial equity lens as a foundation in the creation of work plans and demonstrate racial equity as a priority
4. Actively engage and partner with school districts, using WaKIDS data and other information to implement racial equity strategies
5. Invest in projects that promote race equity for children birth through eight. Provide funding and support to remove barriers to participation by communities of color in processes that impact children and families