DRAFT:
Washington State
Early Learning
Needs Assessment
DRAFT TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>0  Executive Summary</td>
<td>TK</td>
</tr>
<tr>
<td>0  Introduction</td>
<td>TK</td>
</tr>
<tr>
<td>0  Approach</td>
<td>TK</td>
</tr>
<tr>
<td>1  What we know about our children and families</td>
<td>12</td>
</tr>
<tr>
<td>2  Healthy children and families</td>
<td>34</td>
</tr>
<tr>
<td>3  Strong, stable, nurturing, and supported families</td>
<td>62</td>
</tr>
<tr>
<td>4  Positive early learning experiences</td>
<td>73</td>
</tr>
<tr>
<td>5  Empowered communities and responsive early learning system</td>
<td>125</td>
</tr>
<tr>
<td>6  A strong and supported early childhood workforce</td>
<td>137</td>
</tr>
<tr>
<td>0  Strengths and Gaps in Data</td>
<td>TK</td>
</tr>
<tr>
<td>0  Appendices</td>
<td>TK</td>
</tr>
</tbody>
</table>
Department of Children, Youth, and Families

3.2.2 Home visiting ................................................................. 65
3.3 Economic support provided by state early learning programs ........................................ 65
   Paid Family and Medical Leave ........................................... 65
   Working Connections Child Care subsidy .................................. 65
3.4 Connecting families, providers, and communities to needed services ............................... 66
   3.4.1 Existing systems that serve specific populations or needs ........................................ 66
      Accountable Communities of Health ..................................... 66
      Child Care Aware of Washington Family Center .................... 66
      Within-Reach ........................................................................ 66
      Washington 2-1-1 ............................................................... 67
      ECEAP/Head Start .............................................................. 67
   3.4.2 The need for a coordinated referral system ......................................................... 67
   3.4.3 Populations most affected by the lack of a coordinated referral system ....................... 68
   3.4.4 The role of fathers .......................................................... 68

4 Positive early learning experiences .................................................................................... 73
4.1 Overview of the early learning system ........................................................................... 73
4.2 Settings-based programs, services, and supports ........................................................... 75
   4.2.1 Licensed child care ....................................................... 75
   4.2.2 Working Connections Child Care Subsidy ...................... 75
   4.2.3 Head Start/Early Head Start ............................................ 75
   4.2.4 ECEAP ........................................................................ 76
      ECEAP eligibility and participation ........................................ 76
      ECEAP quality ..................................................................... 78
      Child development and learning outcomes .......................... 78
      Child health outcomes ....................................................... 81
   4.2.5 Developmental preschool .............................................. 82
      Developmental preschool quality ......................................... 82
      Child development and educational outcomes ....................... 83
      Inclusive classrooms ......................................................... 83

Source: Special Education Federal Child Count and Educational Environment Data for Nov 2018
........................................................................................................................................................................ 84
4.3 Home-based programs, services, and supports ............................................................... 85
   4.3.1 Home visiting ............................................................. 85
      Home visiting eligibility and participation ........................... 86
      Home visiting models ....................................................... 86
      Home Visiting Implementation Hub ...................................... 87
4.4 Informal programs, services, and supports ................................................................. 88
   4.4.1 Family, Friend, and Neighbor Care .................................. 88
   4.4.2 Play and learn groups ..................................................... 90
   4.4.3 Other community resources .......................................... 90
4.5 Combination programs, services, and supports ......................................................... 91
   4.5.1 Early Support for Infants and Toddlers .......................... 91
      ESIT eligibility and participation ......................................... 91
      Child development and educational outcomes ....................... 92
   4.5.2 ECLIPSE ................................................................. 94
      ECLIPSE eligibility and participation ................................... 94
      ECLIPSE quality ............................................................. 96
      Outcomes of ECLIPSE .................................................... 97
4.6 Availability of early learning programs and services .................................................. 97

DRAFT needs assessment
4.6.1 Availability of ECEAP relative to need ................................................................. 98
4.6.2 Availability of licensed child care (homes and centers) relative to need ............. 98
4.6.3 Early learning facilities ......................................................................................... 104
4.6.4 Availability of home visiting relative to need ....................................................... 106
4.7 Initiatives to improve quality and availability: Early Start Act .................................. 106
4.7.1 Early Achievers .................................................................................................... 106
4.7.2 Specific targets for high-quality early learning ................................................... 107
4.7.3 Children served by rated providers ..................................................................... 108
4.7.4 Ratings by provider type ..................................................................................... 108
4.7.5 Impact of Early Achievers on early learning professionals .................................. 109
4.7.6 The cost of succeeding in Early Achievers ......................................................... 109
4.7.7 Impact of Early Achievers on diverse providers .................................................. 109
4.7.8 Impact of Early Achievers on parental choice .................................................... 112
4.7.9 Impact of Early Achievers on access to care ....................................................... 112
4.7.10 Expansion of ECEAP ......................................................................................... 112
4.7.10.1 Considerations related to ECEAP models ..................................................... 114
4.7.10.2 Trauma-informed care ................................................................................. 114
4.7.10.3 Correlation in student outcomes between WaKIDS and Smarter Balance assessments ................................................................. 118
4.8 Addressing the need for additional early learning facilities .................................... 115
4.9 Expansion of home visiting .................................................................................... 116
4.10 Transition supports and gaps ................................................................................. 117
4.10.1 WaKIDS ........................................................................................................... 118
4.10.2 Age transitions ................................................................................................. 119
4.10.3 Correlation in student outcomes between WaKIDS and Smarter Balance assessments ................................................................. 121
5 Empowered communities and responsive early learning system ............................. 125
5.1 Coordination between state and local efforts ......................................................... 125
5.2 Strong and integrated data systems ......................................................................... 128
5.3 Flexible and sustainable financing .......................................................................... 131
5.4 Aligned and supportive standards .......................................................................... 132
5.5 Governance ........................................................................................................... 133
5.6 Public awareness of and support for the system ..................................................... 134
6 A strong and supported early childhood workforce .................................................. 137
6.1 The landscape for Washington State’s early learning workforce ............................. 137
6.1.1 Providers working in licensed child care settings ................................................. 137
6.1.2 Workforce compensation, including wages, benefits, and pay equity ................ 139
6.1.3 Professional development and training ............................................................... 140
Characteristics, including race/ethnicity and language, that affect providers' ability to provide culturally responsive early learning services ................................................................. 142

6.1.2 Providers working in home-based and informal settings .......................................................... 145
- Home visiting workforce compensation ......................................................................................... 145
- Professional development and training for home visitors ............................................................. 146
- Equity and diversity in the home visiting workforce ..................................................................... 146

6.1.3 Kindergarten through third grade educators ............................................................................ 147

6.2 Washington State initiatives that support the early childhood workforce .................................. 148
- Child Care Collaborative Task Force ............................................................................................ 148
- Early Childhood Education Workforce Council ............................................................................ 149
- Compensation Technical Workgroup ............................................................................................ 149

6.2.1 Support for a diverse early learning workforce ....................................................................... 150
- Within ECEAP .............................................................................................................................. 150
- Within Early Achievers .................................................................................................................. 150
- Relationship-based professional development .............................................................................. 151
- Professional growth and facility management .............................................................................. 152
- Quality improvement tools and incentives .................................................................................... 152
- The Imagine Institute .................................................................................................................... 154

6.3 Shared services .......................................................................................................................... 154

0 Strengths and Gaps in Data ........................................................................................................... TK

0 Appendices ..................................................................................................................................... TK
[[Executive Summary]]
[[Approach]]
DRAFT: Washington State early learning needs assessment: What we know about our children and families
What we know about our children and families

1.1 Overview
1.2 Children of color
1.3 Families facing poverty
1.4 Families whose primary language is other than English
1.5 Children with developmental disability or delay
1.6 Families that interact with the child welfare system
1.7 Families experiencing housing instability
1.8 Rural communities
1.9 Tribal communities
1.10 Kindergarten readiness
   1.10.1 Kindergarten readiness and opportunity gap among children from lower-income households
   1.10.2 Kindergarten readiness and opportunity gap among children of color
   1.10.3 Kindergarten readiness among children in families experiencing housing insecurity/instability
1.11 Access to early learning programs and services
1 What we know about our children and families

1.1 Overview

Washington State is home to more than 800,000 children between the ages of birth and 8 years — 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.

A variety of factors may influence access to programs and services that best support positive outcomes for Washington’s children, including institutional/systemic racism; geographic isolation; poverty; and more. When we look at who arrives at kindergarten ready and able to succeed and who does not, it is clear 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.

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,” we do have data on the specific populations that we know face barriers to access.

1.2 Children of color

Children of color experience disproportionate challenges related to economic status, housing stability, and risk for poor health outcomes (see “Healthy children and families” and “Strong, stable, supported, and nurturing families”). In Washington State, almost half of the children are children of color.

In Washington State, 44.9% of children are children of color and 56.1% are white.

| Table X. Number of children in Washington State, 2013–2017, by racial and ethnic group |
|----------------------------------|----------------|----------------|-------------|-------------|-------------|----------|-------------|---------------|
| Age                              | No. of children, by race/ethnicity |
|                                 | AI/AN | Asian | Black/African-American | Hispanic | Multiracial | NH/PI | White | Unknown/other | Total        |
| 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.
1.3 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. Of all children documented by the US Census in 2013–2017, almost two-fifths (38.3%) lived in households with an income at or below 200% of the Federal Poverty Level (FPL). The proportion is almost the same among children 5 years or younger as among those aged 6 through 8 (38.7% and 37.6%, respectively).

<table>
<thead>
<tr>
<th>Age</th>
<th>No. (% of children in families with given household income, by age group</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;100% FPL</td>
<td>100%–200% FPL</td>
</tr>
<tr>
<td>B–8 years</td>
<td>137,355 (16.9%)</td>
<td>174,788 (21.5%)</td>
</tr>
<tr>
<td>B–5 years</td>
<td>91,510 (17.1%)</td>
<td>116,114 (21.7%)</td>
</tr>
<tr>
<td>6–8 years</td>
<td>45,845 (16.5%)</td>
<td>58,674 (21.1%)</td>
</tr>
</tbody>
</table>

Notes: B, birth; FPL, Federal Poverty Level.

Race/ethnicity is closely linked to household economic status, with American Indian/Alaska Native, Black/African-American, Native Hawaiian/Pacific Islander, and Hispanic children most likely to live in households with incomes <200% FPL and children reported as white or Asian race most likely to live in households with incomes >200% FPL.

59% of Black/African American children in Washington State live in poverty vs. 29% of white children.

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>No. of children</th>
<th>No. (% of children in families with given household income, by race/ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;100% FPL</td>
<td>100%–200% FPL</td>
<td>&gt;200% FPL</td>
</tr>
<tr>
<td>All</td>
<td>814,014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>10,352</td>
<td>3,086 (29.8%)</td>
<td>2,764 (26.7%)</td>
</tr>
<tr>
<td>Asian</td>
<td>53,175</td>
<td>4,250 (8.0%)</td>
<td>7,346 (13.8%)</td>
</tr>
</tbody>
</table>

1 http://www.nccp.org/topics/earlycareandlearning.html
Like race/ethnicity, household language and culture may correlate with economic status (table X, “Distribution of household income level among children with foreign-born parents”).

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

<table>
<thead>
<tr>
<th>Place of birth</th>
<th>No. of children</th>
<th>No. (%) of children in families with given household income, by place of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&lt;100 FPL</td>
</tr>
<tr>
<td>Foreign-born</td>
<td>4,414 (25.0%)</td>
<td>4,045 (22.9%)</td>
</tr>
<tr>
<td>US-born</td>
<td>44,138 (21.0%)</td>
<td>55,715 (26.6%)</td>
</tr>
</tbody>
</table>

Note: B, birth.

1.4 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 from educators (or others) who understand their cultural needs. 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) (table X, “Persons living in households where a language other than English is spoken”).
households where a language other than English is spoken").

Persons Living in Households Where Language Other Than English Is Spoken

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. Disaggregating data by household income reveals that language diversity is even more common in lower-income households (table X, “Household language for Washington children”).

<table>
<thead>
<tr>
<th>Language Group</th>
<th>All</th>
<th>&lt;200% FPL</th>
<th>&lt;110% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Only</td>
<td>67.2%</td>
<td>59.8%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Spanish</td>
<td>15.5%</td>
<td>26.0%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Other Indo-European Language</td>
<td>7.0%</td>
<td>4.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Asian/Pacific Islander Language</td>
<td>7.5%</td>
<td>5.1%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Other</td>
<td>2.9%</td>
<td>4.7%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

Table X. Household Language for Washington Children <5 Years of Age, 2016

Data Source: American Community Survey PUMS 2016 1-year data


3 2018 ESA report
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 X, “Household language, licensed subsidy children”).

### Table X. Proportion of children with special health care needs, Washington State, 2016–2017

<table>
<thead>
<tr>
<th>Age range</th>
<th>Percentage of children with special health care needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Washington</td>
</tr>
<tr>
<td>8–5 years</td>
<td>12.1%</td>
</tr>
<tr>
<td>6–11 years</td>
<td>18.7%</td>
</tr>
<tr>
<td>12–17 years</td>
<td>25.3%</td>
</tr>
</tbody>
</table>


Notes: B, birth.

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1.5 Children with 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 are more expensive; they may have behavioral needs that are poorly understood by educators and others; and they are more likely to have experienced trauma.

The National Survey of Children’s Health from Johns Hopkins provides the closest approximation for the number of children with developmental delays or disabilities in Washington State. The 2016–2017 survey of randomly selected households across the United States 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 needs (table X, “Proportion of children with special health care needs”).

In Washington State, 21.1% of children birth through 5 years have special health care needs

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4 https://www.childhealthdata.org/browse/survey/results?q=5355&r=49&r2=1&g=646

5 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.”
Families that interact 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.

In 2018 49,389 children in Washington State had some form of involvement with the child welfare system — they were referred to the system, they were referred and passed the screening process for intake, and/or they were referred, passed screening, and then were placed out of home.

Table X. Number of children with some form of involvement in the child welfare system, 2018

<table>
<thead>
<tr>
<th>Age</th>
<th>No. of children</th>
<th>All intakes</th>
<th>All screened-in intakes</th>
<th>Out-of-home placements (as of 6/7/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5</td>
<td></td>
<td>49,389</td>
<td>24,854</td>
<td>4,287</td>
</tr>
<tr>
<td>0–17</td>
<td></td>
<td>150,739</td>
<td>65,028</td>
<td>9,040</td>
</tr>
</tbody>
</table>

Note: “Intake” describes the referral of a child to the welfare system; “screened-in intake” 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.

Also prevalent among parent risk factors for involvement with the child welfare system were presence of a mental health condition (48%) and criminal justice involvement (39%). Error! Bookmark not defined. Both involvement with the child welfare system and these risk factors are associated with negative educational outcomes. State-funded programs can play a role in offsetting those outcomes — 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 care (see “Workforce” CROSSREF).
1.7 Families experiencing housing instability

Experiencing homelessness or housing instability in early childhood is associated with poor educational and developmental outcomes. During the 2017–2018 school year, Washington’s Comprehensive Education Data and Research System (CEDARS) identified 40,365 students in Washington State as homeless, or 3.4% of students statewide — almost double since 2008–2009. By comparison, the national rate for children younger than 6 years is 5%. Though this increase may reflect in part improved data quality and reporting, the impact of homelessness on Washington’s children is undeniable.6

The rate of homelessness among specific racial/ethnic groups is much higher than for students overall; Black/African-American, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native students have homelessness rates of 8.5%, 8.4% and 7.4%, compared with 2.5% among white students (table X, “Homeless student enrollment by student group”).

### Table X. Homeless student enrollment by race/ethnicity and other demographic characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total student population</th>
<th>No. (%) experiencing homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>16,447</td>
<td>1,214 (7.4%)</td>
</tr>
<tr>
<td>Asian</td>
<td>91,297</td>
<td>966 (1.1%)</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>53,750</td>
<td>4,536 (8.4%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>278,430</td>
<td>12,689 (4.6%)</td>
</tr>
<tr>
<td>Multiracial</td>
<td>96,240</td>
<td>4,042 (4.2%)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>13,431</td>
<td>1,016 (7.6%)</td>
</tr>
<tr>
<td>White</td>
<td>644,171</td>
<td>15,890 (2.5%)</td>
</tr>
<tr>
<td>Special education</td>
<td>183,427</td>
<td>8,792 (4.8%)</td>
</tr>
<tr>
<td>Low income</td>
<td>562,731</td>
<td>39,215 (6.9%)</td>
</tr>
<tr>
<td>Special linguistic/cultural needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English learner</td>
<td>141,030</td>
<td>7,137 (5.1%)</td>
</tr>
<tr>
<td>Migrant</td>
<td>23,727</td>
<td>1,987 (8.4%)</td>
</tr>
</tbody>
</table>

Source: CEDARS, 10/1/2018, via Foster Homeless Education report

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Only a small percentage of pregnant women and caregivers (both male and female) utilizing the home visiting system were homeless between October 1, 2018 and September 30, 2019 (table X, "Adult participants by housing status").

<table>
<thead>
<tr>
<th>Adult Participants</th>
<th>Total Not Homeless</th>
<th>Total Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>525</td>
<td>30%</td>
</tr>
<tr>
<td>Female Caregiver</td>
<td>1024</td>
<td>59%</td>
</tr>
<tr>
<td>Male Caregiver</td>
<td>42</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>1591</td>
<td>92%</td>
</tr>
</tbody>
</table>

Note: Data are from NFP and PAT programs only. Source: Laura Alfani, DCYF.

In Washington State, 31% of families with children under 18 years of age have a high burden of housing costs — spending 30% or more of income on housing expense, putting families and children at risk of housing instability.

In addition, nearly one-third of all Washington families are living with a high housing cost burden (spending more than 30% of their income on housing related expenses), which leaves less for other family needs (e.g., food, health care, child care). These basic needs must be met before children can achieve educational success.

1.8 Rural communities

Washington is home to 36,294 children aged 9 years or younger who live rural communities (as defined by the US Census Bureau) (table X, “Children living rural, urban, or mixed geographic areas” and figure X, “Distribution of rural, urban, and mixed geographic regions”). 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. 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.

These communities face a number of challenges, including pervasive poverty, diffuse population placement and geographic distance that makes transportation to services difficult or impossible (especially for working parents), and in some regions, lack of

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7 Kids Count
8 Census Table S0101 (ACS 2017 5-yr estimate)
9 Data provided by Karma Hugo, email of 8/27/2019
accessible early learning or child care services within several hours’ drive. Families can feel isolated from services, from other families, and from a sense of community support.

Participants in the 19th Rural Alliance Conference reported the following challenges and opportunities in providing support for early learning and school success to these children:

- Child care opportunities for infants are extremely limited in rural communities, especially because of the additional expense associated with providing care for that age group.
- Child care licensing is particularly challenging in rural areas. During the 3- to 6-month licensing period, many children remain unserved.
- Schools, which have experience with background checks, supervision, and monitoring, may be positioned to increase access to and improve the licensing process for rural child care providers.
- Schools may also be able to serve as a hub for other supports (e.g., mental health services, dental health).
- Parents and communities are essential, and their partnership and leadership should be cultivated and acknowledged.
- Unlike in urban and mixed urban–rural communities, in rural areas, services may be unavailable in multiple adjacent districts, leaving parents with few options.
- Rural areas are relatively sparsely populated, and without a strong tax base face special challenges to funding.
- Because so few children receive services in rural areas, data on need are very limited.

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. 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 X.** Number of children ages birth to 9 years living in rural, urban, or mixed geographic locations in Washington State, 2013–2017

<table>
<thead>
<tr>
<th>Age</th>
<th>Rural</th>
<th>Urban</th>
<th>Mixed rural–urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>36,294</td>
<td>269,761</td>
<td>598,381</td>
</tr>
<tr>
<td>&lt;5  years</td>
<td>16,916</td>
<td>138,541</td>
<td>292,688</td>
</tr>
<tr>
<td>5–9 years</td>
<td>19,378</td>
<td>131,220</td>
<td>305,693</td>
</tr>
</tbody>
</table>

Source: Census table S0101 (ACS 2017 5-year estimate).
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.

**Figure X.** Distribution of rural, urban, and mixed geographic regions by zip code, according to the US Census Bureau definition (see “Approach,” above).
1.9 Tribal communities

More than 10,000 of Washington’s children age birth through 8 live in tribal communities. Some 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. In fact, Head Start programs were some of the first tribally operated programs in the United States.

To serve their children and families, tribal communities lean on the strength of cultural 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 disparity.

However, understanding the journey to build responsive, coordinated systems of care for young children and families in tribal communities must begin with recognizing the long tribal history of societal, cultural, geographical, and other barriers. These persistent barriers have decreased the tribes’ ability to create effective systems that address the unique needs, assets, and landscapes of their communities.10

10 New Directions in Tribal Early Childhood Programs Kelli Bohanon ZERO TO THREE Washington, DC
Tribal communities face a number of specific challenges that affect young children, including the impact of historical trauma (and a lack of understanding of that impact among public school educators) and higher rates of adult alcohol and substance use that can affect child health and development both before and after birth. More than half of children in tribal communities live in households with income ≤200% FPL. Many of these children also live in rural communities, placing them at additional risk of negative outcomes related to lack of access to services.

These social determinants have a powerful impact on both health and education among children living in tribal communities:

- On the Washington Kindergarten Inventory of Developing Skills (WaKIDS) assessment, American Indian/Alaska Native children scored lower than all other racial/ethnic groups at every age tested.
- American Indian/Alaska Native children have the second-highest rate of infant mortality (7.8%) among all racial/ethnic groups.
- American Indian/Alaska Native children have the highest rate of tooth decay (66%) among all racial/ethnic groups.

Data on the health and development of children from birth through 8 years in tribal communities are relatively slender. Early learning data systems are fairly young in Washington State, and tribal communities are not required to report into them. In addition, this population may be chronically undercounted through mis-reporting or self-reporting in other race/ethnicity categories.

In a survey of tribal communities organized by the Indian Policy Early Learning Committee conducted as part of this needs assessment, respondents voiced a need for a wide range of support: 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.

In fiscal year 2018, 1,343 children under 5 years whose parents identified them as American Indian/Alaska Native participated in Early Childhood Education and Assistance Program (ECEAP) and subsidized child care programs — about 2.7% of the total.\(^\text{11}\)

Washington State respects the sovereign status of federally recognized tribes and prioritizes partnership with tribal governments to support children and families from tribal communities and support high-quality early learning opportunities. (See “Positive early learning experiences” and “Empowered communities,” below, for an overview of the early learning partnership between tribal governments and Washington State.)

\(^\text{11}\) 2018 ESA report.
1.10 Kindergarten readiness

School readiness also has effects beyond the first few months of kindergarten. Children with 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. Children entering school without the prerequisite skills are unlikely to catch up with their peers over time. In fact, the reverse is true, and children entering kindergarten with lower skill 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.”

One of the tools used by the state to assess kindergarten readiness in Washington State is the Washington Kindergarten Inventory of Developing Skills (WaKIDS) whole-child Assessment, which includes six domains: cognitive development, language, literacy, math, physical development, and social-emotional development. DCYF and OSPI consider entering kindergarteners “ready for kindergarten” if they demonstrate readiness on all six of these domains. This measure is an important predictor of a successful transition between preschool and kindergarten.

In the 2017–2018 school year, 80,956 entering kindergarteners in Washington participated in the WaKIDS whole-child assessment. The Office of the Superintendent of Public Instruction (OSPI) reports that 46.7% demonstrated readiness by this measure. But kindergarten readiness is not equally distributed throughout the population of Washington’s entering kindergarteners. Children from lower-income households, children of color, and children in foster care or whose families are experiencing homelessness all have lower rates of readiness than their peers in higher income brackets, of white race, and whose families have greater housing stability.

Table X. Snapshot of kindergarten readiness among Washington State’s entering kindergarteners in the 2017–2018 school year

<table>
<thead>
<tr>
<th>Population group</th>
<th>Kindergarten readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children</td>
<td>47%</td>
</tr>
<tr>
<td>Household income &lt;200% FPL</td>
<td>32%</td>
</tr>
<tr>
<td>Children of color</td>
<td>39%</td>
</tr>
<tr>
<td>Limited English proficiency</td>
<td>31%</td>
</tr>
<tr>
<td>Housing instability</td>
<td>27%</td>
</tr>
</tbody>
</table>

* Data source: OSPI report card via PDG grant application

13 RAND, 2005, Children at Risk: Consequences for School Readiness and Beyond”.
14 2018 ESA report; reference to OSPI data TK from that document.
1.10.1 Kindergarten readiness and opportunity gap among children from lower-income households

Most demographic data for Washington State use an economic threshold of 200% FPL. For purposes of kindergarten readiness, however, DCYF looks at children in households ≤110% FPL (the group that ECEAP primarily serves) and ≤185% FPL (the group that subsidized child care primarily serves).

Figure X ("Kindergarten readiness by household income") 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.15

Figure X. Kindergarten readiness by household income group, 2017.

The resulting opportunity gap between Washington children from low-income households (those eligible for the free/reduced lunch program) and those from higher-income households is evident at kindergarten entry and persists through 8th grade and beyond (figure X, "Opportunity gap among students eligible for and not eligible for Washington State’s free/reduced lunch program").

Figure X. Opportunity gap among students eligible for and not eligible for Washington State’s free/reduced lunch program (FRLP). Y axis shows percentage of children ...
1.10.2 Kindergarten readiness and opportunity gap among children of color

Children of color made up 46.9% of the class of entering kindergarteners in Washington’s public schools in 2017 and are expected to make up a greater share in future years. Yet children of color entering Washington’s public kindergartens are under-represented among children who arrive ready for kindergarten (40%) and over-represented among children who are not yet ready (53%) (figure X, “Kindergarten readiness by race/ethnicity”).

The reasons for this gap are likely many; for example a higher portion of children of color are from low-income households and thus may face adversities, such as less access to high quality early learning environments. In addition, there may be linguistic and/or cultural 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 prevents some children of color from demonstrating what they know and can do.\(^\text{15}\)

Figure X. Kindergarten readiness by race/ethnicity, 2017. Al/AN, American Indian/Alaska Native; NH/PI, Native Hawaiian/Pacific Islander.

\(^{15}\) 2018 ESA report
As with children from low-income households, many children of color demonstrate opportunity gaps that persist throughout their time in the public school system. Figure X ("Opportunity gap by race/ethnicity during the 2017–2018 school year") 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.15

**Figure X.** Opportunity gap by race/ethnicity during the 2017–2018 school year. Y axis shows percentage of children meeting X standard.
1.10.3 Kindergarten readiness among children in families experiencing housing insecurity/instability

The *Foster Homeless Education* report found that children who were experiencing homelessness were less likely to meet the standard on any of the six WaKIDS domains than children who were not homeless. 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 X, “Kindergarten readiness in the 2017 cohort among children experiencing homelessness, compared with children not experiencing homelessness”).

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Percentage of children meeting standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
</tr>
<tr>
<td>Social-emotional</td>
<td>69.5%</td>
</tr>
<tr>
<td>Physical</td>
<td>77.9%</td>
</tr>
<tr>
<td>Language</td>
<td>79.4%</td>
</tr>
<tr>
<td>Cognitive</td>
<td>75.8%</td>
</tr>
<tr>
<td>Literacy</td>
<td>80.7%</td>
</tr>
<tr>
<td>Math</td>
<td>65.6%</td>
</tr>
<tr>
<td>All domains</td>
<td>45.9%</td>
</tr>
</tbody>
</table>

*Source:* Foster Homeless Education.
Table X. Kindergarten readiness in the 2017 cohort among children experiencing homelessness, compared with children not experiencing homelessness, by race/ethnicity

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Percentage of children meeting standards in all six WaKIDS domains</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Homeless</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>21.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>39.3%</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>28.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.0%</td>
</tr>
<tr>
<td>White</td>
<td>28.2%</td>
</tr>
<tr>
<td>Other</td>
<td>27.8%</td>
</tr>
</tbody>
</table>

Source: Foster Homeless Education.

The impact of homelessness on school performance is also clear. Homeless students were less likely to meet standards for English Language Arts, Math, and Science (table X, “Homeless student performance on standards”), 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 X. Homeless student performance on English Language, Math, and Science standards, 2017–2018

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


A report on the impact of foster placement and homelessness on school success found that youth in foster care and youth experiencing homelessness are 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 (table X, “Average days present per school year,” and X, “Enrolled in a single school”). 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), and less likely to graduate with a high school diploma and enroll in higher education (table X, “Four-year high school graduation rate,” and X, “Higher education enrollment”). Error! Bookmark not defined.
Average days present per school year

<table>
<thead>
<tr>
<th></th>
<th>FOSTER</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade level</td>
<td>Kindergarten</td>
<td>3rd grade</td>
<td>9th grade</td>
<td></td>
</tr>
<tr>
<td>Foster</td>
<td>138</td>
<td>149</td>
<td>123</td>
<td></td>
</tr>
<tr>
<td>Non-Foster</td>
<td>162</td>
<td>159</td>
<td>153</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>HOMELESS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade level</td>
<td>Kindergarten</td>
<td>3rd grade</td>
<td>9th grade</td>
<td></td>
</tr>
<tr>
<td>Homeless</td>
<td>131</td>
<td>146</td>
<td>119</td>
<td></td>
</tr>
<tr>
<td>Non-Homeless</td>
<td>152</td>
<td>159</td>
<td>153</td>
<td></td>
</tr>
</tbody>
</table>

*180 school days per year for Washington state schools*

Enrolled in a single school during the academic year

<table>
<thead>
<tr>
<th></th>
<th>FOSTER</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade level</td>
<td>Kindergarten</td>
<td>3rd grade</td>
<td>9th grade</td>
<td></td>
</tr>
<tr>
<td>Foster</td>
<td>77.6%</td>
<td>80.8%</td>
<td>71.0%</td>
<td></td>
</tr>
<tr>
<td>Non-Foster</td>
<td>92.3%</td>
<td>93.3%</td>
<td>90.4%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>HOMELESS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade level</td>
<td>Kindergarten</td>
<td>3rd grade</td>
<td>9th grade</td>
<td></td>
</tr>
<tr>
<td>Homeless</td>
<td>64.4%</td>
<td>66.4%</td>
<td>62.7%</td>
<td></td>
</tr>
<tr>
<td>Non-Homeless</td>
<td>92.5%</td>
<td>93.4%</td>
<td>90.2%</td>
<td></td>
</tr>
</tbody>
</table>

Four year high school graduation by foster care status and race, 2012 9th graders
1.11 Access to early learning programs and services

Although Washington State does not yet have a comprehensive data system that allows analysis of data across programs and populations (see “Empowered communities,” below), there are ample data to represent the gap between access to critical early learning programs and services and the number of children and families who need them. Determining an unduplicated number is challenging with current systems.

Table X, “Estimated need for and access to early learning services,” provides an overview of access to early learning programs and services in Washington State. More detailed information on access is provided in “Positive early learning experiences,” below.

Table X. Estimated need for and access to early learning services among children 5 years or younger in Washington State

<table>
<thead>
<tr>
<th>Program/service</th>
<th>Age of children included</th>
<th>Total no.</th>
<th>Unserved (in need but not receiving)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In need of services</td>
<td>Served</td>
</tr>
<tr>
<td>ESIT (infants and toddlers)(^{17})</td>
<td>Birth through 3 years</td>
<td>No data available</td>
<td>17,658 children (cumulative annually)</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>Birth through 2 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{17}\) 2018 ESA report
### Notes:

ESIT = Early Support for Infants and Toddlers

ECEAP = Early Childhood Education and Assistance Program

HS/EHS = Head Start/Early Head Start

ECLIPSE = Early Childhood Intervention and Prevention Services

Home visiting includes both services supported through the Washington State Home Visiting Services Account and those funded through other sources, including Early Head Start and Best Starts for Kids. Number provided is total available slots. "Eligible" families are those at or below 200% of the federal poverty level.

Licensed child care includes 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 informal child 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 and 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.

Typically, rural areas have shortages of child care/early learning options. For example, of the 60 children estimated to be eligible for and wanting subsidized child care in Skamania County, only 7 currently receive it. Child care service coverage varies dramatically by county, and tends to be lower for rural regions (although urban areas, where percentages of coverage are higher, have much larger numbers of unserved children and families).

---

18 “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.

19 Expansion report. Figure 2 provides a breakdown by age if we want it.

20 Results Washington review

21 Subsidy estimates via Vickie Ybarra
DRAFT: Washington State early learning needs assessment: Healthy children and families
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Healthy children and families</td>
</tr>
<tr>
<td>2.1</td>
<td>Maternal, prenatal, and child health</td>
</tr>
<tr>
<td>2.1.1</td>
<td>Infant mortality</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Low birth weight and preterm birth</td>
</tr>
<tr>
<td>2.1.3</td>
<td>Maternal health</td>
</tr>
<tr>
<td>2.1.4</td>
<td>The impact of trauma on infant and early childhood mental health</td>
</tr>
<tr>
<td>2.1.5</td>
<td>Oral health</td>
</tr>
<tr>
<td>2.1.6</td>
<td>Special health care needs</td>
</tr>
<tr>
<td>2.1.7</td>
<td>Developmental delays and disabilities</td>
</tr>
<tr>
<td>2.1.8</td>
<td>Teen pregnancy and teen birth rates</td>
</tr>
<tr>
<td>2.2</td>
<td>Access to health insurance and health care</td>
</tr>
<tr>
<td>2.2.1</td>
<td>Health insurance</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Health care</td>
</tr>
<tr>
<td>2.2.3</td>
<td>Medical services and screening for children with developmental delays or disabilities</td>
</tr>
</tbody>
</table>
2 Healthy children and families

Child health and family health are intimately connected to success in school and to opportunity later in life. Washington State has invested steadily in programs to support the health of families and Children, including ongoing expansion of home visiting services and the introduction of Apple Health. 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.

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. 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 Early Childhood Education and Assistance Program (ECEAP) population, access to oral health services has increased, but the proportion of children experiencing tooth decay has plateaued at a relatively high level.

The burden of poor health 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.

2.1 Maternal, prenatal, and child health

In 2018, there were 103,557 pregnancies in Washington State and 86,046 live births. Maternal demographic characteristics are shown in table X, “Maternal characteristics.”

<table>
<thead>
<tr>
<th>Race/Ethnicity*</th>
<th>Number</th>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White NH1</td>
<td>49,513</td>
<td>&lt;18</td>
<td>649</td>
</tr>
<tr>
<td>Black NH</td>
<td>4,151</td>
<td>18-19</td>
<td>2,128</td>
</tr>
<tr>
<td>Asian NH</td>
<td>8,843</td>
<td>20-24</td>
<td>14,116</td>
</tr>
<tr>
<td>NHOPI2 NH</td>
<td>1,195</td>
<td>25-29</td>
<td>24,404</td>
</tr>
<tr>
<td>AIAN3 NH</td>
<td>1,206</td>
<td>30-39</td>
<td>41,541</td>
</tr>
<tr>
<td>Multi-Race NH</td>
<td>3,772</td>
<td>40+</td>
<td>3,176</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16,010</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

*Non-Hispanic
*Native Hawaiian/Pacific Islander
#American Indian/Alaska Native

*1,356 had unknown race/ethnicity.

https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22%22Location%22,%22sort%22:%22%22asc%22%7D
2.1.1 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.23

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 X, "Child mortality rates").24

---

**Figure X. Child mortality rates in Washington State, 2010–2015 (deaths per 1,000 live births)**

- **Fetal Deaths (1)**
- **Perinatal Mortality (2)**
- **Neonatal Mortality (3)**
- **Infant Mortality (4)**

*Source: Center for Health Statistics, Washington State Department of Health, 08/2017*

(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.

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

**Table X.** Counties with highest infant mortality rates in Washington State

<table>
<thead>
<tr>
<th>County</th>
<th>Infant deaths per 1,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pend Oreille</td>
<td>16.76</td>
</tr>
<tr>
<td>Wahkiakum</td>
<td>12.35</td>
</tr>
<tr>
<td>Ferry</td>
<td>9.76</td>
</tr>
<tr>
<td>Clallam</td>
<td>9.38</td>
</tr>
<tr>
<td>Columbia</td>
<td>9.17</td>
</tr>
<tr>
<td>Pacific</td>
<td>8.83</td>
</tr>
<tr>
<td>Lewis</td>
<td>8.74</td>
</tr>
<tr>
<td>Jefferson</td>
<td>8.70</td>
</tr>
<tr>
<td>All Washington State</td>
<td>4.60</td>
</tr>
</tbody>
</table>

**Source:** Washington State Home Visiting Needs Assessment 2017 Report, Washington Department of Health

As table X (“Infant deaths by race/ethnicity”) 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 children. The rate for black/African American children, at 8.50 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 children, at 7.80, is almost twice as high as for white children.

**Table X.** Infant deaths by race/ethnicity in Washington State

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Infant deaths per 1,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African-American</td>
<td>8.50</td>
</tr>
<tr>
<td>American Indian</td>
<td>7.80</td>
</tr>
<tr>
<td>Multiracial</td>
<td>5.96</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>5.86</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.54</td>
</tr>
<tr>
<td>White</td>
<td>4.09</td>
</tr>
<tr>
<td>Asian</td>
<td>3.54</td>
</tr>
<tr>
<td>All Washington State</td>
<td>4.46</td>
</tr>
</tbody>
</table>

**Source:** Washington State Home Visiting Needs Assessment 2017 Report, Washington Department of Health

2.1.2 Low birth weight and preterm birth

Low birth weight (<2,500 grams) puts infants at a greater risk of dying within the first year of life and of developmental delays and disability throughout childhood. The rate of low-birth-weight infants remained relatively stable between 2015 and 2018 (table X, “Rate of

---

low birth weight among women in Washington State”) and was consistently lower than in the United States as a whole.

**Table X. Rate of low birth weight in Washington State, 2016–2018, compared with national rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>No. (percentage) of low-birth-weight infants among all live births*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Washington State</td>
</tr>
<tr>
<td>2016</td>
<td>4,406 (5.0%)</td>
</tr>
<tr>
<td>2017</td>
<td>4,385 (5.2%)</td>
</tr>
<tr>
<td>2018</td>
<td>4,380 (5.3%)</td>
</tr>
<tr>
<td>Roll-up for three-year period</td>
<td>13,171 (5.1%)</td>
</tr>
</tbody>
</table>

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


However, low birth weight is not distributed equally among different 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 X, Rate of low birth weight by race/ethnicity in Washington State).

**Table X. Rate of low birth weight by race/ethnicity in Washington State, 2016–2018**

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


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

Preterm birth (birth at less than 37 weeks’ gestation) is slightly less common in Washington State than nationally (table X, “Rate of preterm birth”) and disproportionately affects women who are American Indian/Native American, Native Hawaiian/Pacific Islander, and Black/African American (table X, “Rate of preterm birth by race/ethnicity”).

**Table X. Rate of preterm birth in Washington State, 2016–2018, compared with national rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>No. (percentage) of preterm births among all live births*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Washington State</td>
</tr>
<tr>
<td>2016</td>
<td>—</td>
</tr>
<tr>
<td>2017</td>
<td>—</td>
</tr>
<tr>
<td>2018</td>
<td>—</td>
</tr>
<tr>
<td>Roll-up for three-year period</td>
<td>—</td>
</tr>
</tbody>
</table>

DRAFT needs assessment: Healthy children and families (opened 1.27.20)
Table X. Rates of preterm birth among pregnant women in Washington State by race/ethnicity, 2016–2018

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

Source: Washington State Birth Certificate Data, Vital Registration System Annual Statistical Files, Births 2016-2018 [Data File]. WA State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, Olympia Washington 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 has rates of both preterm birth and low birth weight that are higher than the state average (figures X and X, “Regional variations in rates of low birth weight” and “Regional variations in rates of preterm birth”).

2.1.3 Maternal health

[[NOTE: Additional information on parent health to come.]]

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

*Maternal physical health*

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.

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 X, “Rates of diabetes”).

**Table X.** Rates of diabetes among pregnant women in Washington State, 2016–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>No. (%) of births</th>
</tr>
</thead>
</table>

26 https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-115.pdf
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 — at a rate of approximately 5% per year since 2015 (table X, “Rates of hypertension”).

### Table X. Rates of hypertension among pregnant women in Washington State, 2016–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>No. (%) of births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>7,159 (8.0%)</td>
</tr>
<tr>
<td>2017</td>
<td>7,896 (9.0%)</td>
</tr>
<tr>
<td>2018</td>
<td>8,415 (9.8%)</td>
</tr>
<tr>
<td>2016–2018</td>
<td>23,470 (8.9%)</td>
</tr>
</tbody>
</table>

There are significant disparities in both of these conditions among racial and ethnic groups. Women of Hispanic, 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 X, “Rates of hypertension by race/ethnicity”).

### Table X. Rates of hypertension among pregnant women in Washington State by race/ethnicity, 2016–2018

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>No. (%) of births</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diabetes</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>1,170 (9.6%)</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>354 (9.7%)</td>
</tr>
<tr>
<td>Multiracial</td>
<td>979 (9.0%)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>516 (14.4%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5,514 (11.5%)</td>
</tr>
<tr>
<td>White</td>
<td>12,733 (8.4%)</td>
</tr>
<tr>
<td>Asian</td>
<td>4,535 (17.0%)</td>
</tr>
</tbody>
</table>

Again, 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 X and X, \[Data File\]. WA State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Surveillance and Evaluation Section, Olympia Washington 2020.)
“Regional variations in rates of maternal diabetes” and “Regional variations in rates of maternal hypertension”.


![Map of Washington State showing regional variations in rates of maternal diabetes](image)

**Women With Diabetes During Pregnancy (All Causes)**

- Dark=Higher Than State Average
- Light=Lower Than State Average

Maternal mental and behavioral health

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.  

Data from the federal Pregnancy Risk Assessment Monitoring System demonstrate 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.

2.1.4 The impact of trauma on infant and early childhood mental health

When children experience trauma early in life, it has an impact that can last 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.

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28 https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-115.pdf
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.30

Definition of and risk factors for trauma

Washington State defines trauma as “an experience that overwhelms the body’s ability to make meaning of it during that developmental stage.” 31 Poverty, involvement with the child welfare system, and housing instability all place children at risk (table X, “Risk profile of children enrolled in ECLIPSE and potentially eligible children”).

30 https://gallery.mailchimp.com/4da69b9277cc81f50e8e403eb/files/218b846b-8e1f-40c7-b0f0-008e9d3eb696/IECMH_Landscape_Memos.01.pdf
The impact of historical trauma

In addition to specific traumatic events, children are vulnerable to the significant, pervasive impact of historical trauma for Native American communities and the impact of systemic racism on children and families of color. A 201X report on infant and early childhood mental health notes that families of color not only are at greater risk of trauma, but that structural racism can increase barriers to accessing culturally relevant supports and services.30

Assessment of need in Washington State

An early 2018 report, State and County Estimates of the ECLIPSE Eligible Population, estimates that there are more than 3,500 children throughout the state who are at risk of...
complex trauma (e.g., child abuse or neglect). In 2016, 18.9% of children nationwide from birth to 5 years of age had experienced at least one adverse childhood experience (ACE), and 14.8% had experienced two or more. The actual rate is likely significantly higher than reported; the National Survey of Children’s Health, from which these data are drawn, did not include child abuse or neglect among the ACEs assessed on the survey.

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

**Trauma and early learning settings**

In almost 60% of families in Washington with children age 0 to 5 years, all parents work. As a result, many young children who have experienced traumatic experiences 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 X, “Birth through five years: ACEs prevalence”). Preschoolers 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 2017 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 2.9%, compared with 7.1% among special education children in all public school districts.34

### Table 1. Birth through five years: ACEs prevalence, child care utilization, and child care problem impact on parental employment (2016 National Survey of Children’s Health)

<table>
<thead>
<tr>
<th>Children 0 – 5 years old</th>
<th>Indicator 6.13: 2+ ACES</th>
<th>Indicator 6.21: Received child care from others at least 10 hours/week</th>
<th>Indicator 6.17: Job change due to problems with child care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington State</td>
<td>14.8%</td>
<td>48.3%</td>
<td>51.7%</td>
</tr>
<tr>
<td>Nationwide</td>
<td>12.1%</td>
<td>53.5%</td>
<td>46.5%</td>
</tr>
</tbody>
</table>

**Source:** "EXPANSION OF TRAUMA-INFORMED CHILD CARE IN WASHINGTON STATE Recommendations from the Trauma-Informed Care Advisory Group Engrossed House Bill 2861"

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


33 U.S. Census Bureau, 2012 – 2016 American Community Survey.

34 [http://www.k12.wa.us/DataAdmin/PerformanceIndicators/DisciplineRates.aspx](http://www.k12.wa.us/DataAdmin/PerformanceIndicators/DisciplineRates.aspx)
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 Plan (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.35

See table X, “ECEAP enrollment risk factor data.”

| Table 2. ECEAP Enrollment Risk Factor Data (Combined 2015-2016, 2016-2017, 2017-2018 School Years) |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                                 | Count | Domestic Violence | Substance Use | Parent Mental Illness | On IEP | CPS Involvement |
| No Prior Expulsion               | 33,356 | 12% | 9% | 16% | 10% | 11% |
| Prior Expulsion                  | 285 | 30% | 24% | 42% | 25% | 33% |

Source: "EXPANSION OF TRAUMA-INFORMED CHILD CARE IN WASHINGTON STATE Recommendations from the Trauma-Informed Care Advisory Group Engrossed House Bill 2861"
https://www.dcyf.wa.gov/sites/default/files/pdf/reports/TICAG.pdf

2.1.5 Oral health

Poor oral health is correlated with reduced school attendance, lower academic achievement, and reduced psychosocial well-being.36,37 In its fifth annual Smile Survey, the

35 2015-2018 SY ECEAP risk factor data, Washington State Department of Children, Youth, and Families (DCYF). In 2006, ECEAP implemented a no-expulsion policy; therefore these data reflect parent reports of expulsion prior to enrollment in ECEAP.


Washington State DOH 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.38

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 X, “Untreated decay”), and 12% among third-grade students, compared with a national average of 17% (figure X, “Untreated decay, 3rd grade students). In both cases, the 2015–2016 numbers represent a significant improvement since 2005.38


10.2105/AJPH.2010.200915)
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 X, “Caries experience, all teeth”). 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 X, “Caries experience, any teeth”).

*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.*
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 X, “Experience tooth decay”); 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 X, “Caries experience, all teeth”).

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**Figure 1: Caries Experience, Any Teeth**

Kindergarten, 2nd and 3rd Grades (2015–2016 WA Smile Survey)
2.1.6 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 (table X, “Collection of ICD 10 diagnostic categories”). Washington sits close to the national rate for both age groups (table X, “Children in Washington State with special health care needs”). However, on the NCI Child Family Survey, families in Washington reported needing “extensive” support (vs. “some” or “none”) at a high rate (36% in Washington vs. 26% nationwide).

39 “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.”

<table>
<thead>
<tr>
<th>Order by ICD10 Codes</th>
<th>Diagnostic Categories*</th>
<th>DX Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00-B99</td>
<td>Infectious Conditions</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>e.g. Human Immunodeficiency virus (HIV)</td>
<td></td>
</tr>
<tr>
<td>C00-D49</td>
<td>Neoplasms</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>e.g. Acute Leukemia</td>
<td></td>
</tr>
<tr>
<td>D50-D89</td>
<td>Blood &amp; Blood-Forming Organs</td>
<td>228</td>
</tr>
<tr>
<td></td>
<td>e.g. Anemia</td>
<td></td>
</tr>
<tr>
<td>E00-E89</td>
<td>Endocrine, Nutritional &amp; Metabolic Diseases</td>
<td>203</td>
</tr>
<tr>
<td></td>
<td>e.g. Cystic Fibrosis or Metabolic Disorder</td>
<td></td>
</tr>
<tr>
<td>F01-F99</td>
<td>Mental, Behavioral &amp; Neurodevelopmental</td>
<td>8,796</td>
</tr>
<tr>
<td></td>
<td>e.g. F80 to F89.9 - Speech and Language Disorders (4,579)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e.g. F84 to F84.9 - Pervasive Developmental Disorders; e.g. Autism (720)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e.g. F89 - Unspecified Disorder of Psychological Development (359)</td>
<td></td>
</tr>
<tr>
<td>G00-G99</td>
<td>Nervous Systems</td>
<td>541</td>
</tr>
<tr>
<td></td>
<td>e.g. Cerebral Palsy or Epilepsy</td>
<td></td>
</tr>
<tr>
<td>H00-H59</td>
<td>Diseases of the Eye and Adnexa</td>
<td>228</td>
</tr>
<tr>
<td></td>
<td>e.g. Infantile and juvenile cataract</td>
<td></td>
</tr>
<tr>
<td>H60-H99</td>
<td>Diseases of the Ear and Mastoid Process</td>
<td>271</td>
</tr>
<tr>
<td></td>
<td>e.g. Sensorineural hearing loss</td>
<td></td>
</tr>
<tr>
<td>I00-I99</td>
<td>Circulatory System</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>e.g. Cardiac Arrhythmias</td>
<td></td>
</tr>
<tr>
<td>J00-J99</td>
<td>Respiratory Conditions</td>
<td>670</td>
</tr>
<tr>
<td></td>
<td>e.g. Asthma</td>
<td></td>
</tr>
<tr>
<td>K00-K95</td>
<td>Digestive System</td>
<td>273</td>
</tr>
<tr>
<td></td>
<td>e.g. Gastroesophageal Reflux Disease</td>
<td></td>
</tr>
<tr>
<td>L00-L99</td>
<td>Skin Conditions</td>
<td>174</td>
</tr>
<tr>
<td></td>
<td>e.g. Atopic Dermatitis</td>
<td></td>
</tr>
<tr>
<td>M00-M99</td>
<td>Musculoskeletal &amp; Connective Tissue Conditions</td>
<td>867</td>
</tr>
<tr>
<td></td>
<td>e.g. Scoliosis</td>
<td></td>
</tr>
<tr>
<td>N00-N99</td>
<td>Genitourinary System</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>e.g. Renal Failure</td>
<td></td>
</tr>
<tr>
<td>O00-O9A</td>
<td>Pregnancy Related</td>
<td>22</td>
</tr>
<tr>
<td>P00-P96</td>
<td>Perinatal Conditions</td>
<td>2,907</td>
</tr>
<tr>
<td></td>
<td>e.g. Extremely Low Birth Weight</td>
<td></td>
</tr>
<tr>
<td>Q00-Q99</td>
<td>Chromosomal &amp; Congenital Anomalies</td>
<td>2,126</td>
</tr>
<tr>
<td></td>
<td>e.g. Q21 to Q21.9 Congenital malformations of cardiac speta (141)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e.g. Q35 to Q37.9 Cleft Palate with Cleft Lip (347)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e.g. Q67 to Q67.8 Deformities of head, face, spine, &amp; chest (236)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e.g. Q90 to Q90.9 Down Syndrome (222)</td>
<td></td>
</tr>
<tr>
<td>R00-R99</td>
<td>Signs &amp; Symptoms</td>
<td>7,873</td>
</tr>
<tr>
<td></td>
<td>e.g. Delayed Milestone in Childhood</td>
<td></td>
</tr>
<tr>
<td>S00-T88</td>
<td>Injury, Poisoning, &amp; Certain Other Consequence of External Causes</td>
<td>342</td>
</tr>
<tr>
<td></td>
<td>e.g. Abuse &amp; Neglect or Anaphylactic shock</td>
<td></td>
</tr>
<tr>
<td>V00-Y99</td>
<td>Causes of Morbidity</td>
<td>4</td>
</tr>
<tr>
<td>Z00-Z99</td>
<td>Factors Influencing Health</td>
<td>461</td>
</tr>
<tr>
<td></td>
<td>e.g. Tracheostomy</td>
<td></td>
</tr>
</tbody>
</table>

* The total number of ICD-10 codes exceeds the number of clients as there are up to 3 diagnostic codes allowed per client in CHIF.
Table X. Children in Washington State with special health care needs,* compared with United States, as a percent of total population

<table>
<thead>
<tr>
<th>Age</th>
<th>Proportion of children (estimated number)</th>
<th>Washington State*</th>
<th>United States**</th>
</tr>
</thead>
<tbody>
<tr>
<td>B–5 years</td>
<td>12.1% (65,615)</td>
<td>10.4% (2,465,061)</td>
<td></td>
</tr>
<tr>
<td>6–11 years</td>
<td>18.7% (100,170)</td>
<td>21.1% (5,242,276)</td>
<td></td>
</tr>
</tbody>
</table>


** Source: [2016-17 National Survey of Children’s Health](http://www.childhealthdata.org), Data Resource Center for Child and Adolescent Health

Table X outlines the age and race/ethnicity distribution among children from 0 through 17 years with special health care needs in Washington State in 2017–2018.41

Table X. Children 0–17 years in Washington State with special health care needs,* compared by race/ethnicity, 2017–2018

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Children with special health care needs</th>
<th>Children who do not have special health care needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black, non-Hispanic</td>
<td>2.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>16.7%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.3%</td>
<td>21.8%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>62.8%</td>
<td>54.5%</td>
</tr>
</tbody>
</table>

Source: [https://www.childhealthdata.org/browse/survey/results?q=7259&r=49&g=731](https://www.childhealthdata.org/browse/survey/results?q=7259&r=49&g=731)

2.1.7 Developmental delays and disabilities

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 system.42 Children with development 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 X, “Children with disabilities as share of preschool population”).


2.1.8 Teen pregnancy and teen birth rates

Teen (age 15 to 19 years) pregnancy 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 rate of teen pregnancies among 1,000 births was 16.2, for a total of 5,396 teen pregnancies. This is below the national rate of teen pregnancies (18.8 per 1,000 births in 2017 for mothers between the ages of 15 to 19 years). In 2018, there were only 1,182 teen pregnancies in Washington State, or a rate of 8.9 per 1,000 births — a significant decrease.

2.2 Access to health insurance and health care

2.2.1 Health insurance

Washington State’s Apple Health program offers full insurance at no cost for all children in households at or below 210% of the federal poverty level and a sliding scale of premiums for households with incomes up to 312% of the federal poverty level. Thanks in part to this

---

45 https://www.cdc.gov/teenpregnancy/about/index.htm
program, Washington has one of the lowest rates of uninsured children between birth and 5 years in the nation; only 2% of Washington's children were uninsured in 2017, compared to 4% nationwide.47

Despite this, there were 11,000 children between the ages of birth and 5 years who were without the protection of health insurance in 2017, and another 35,000 between the ages of 6 and 18 years (table X, “Children without health insurance by age group in Washington, 2017”).

Table X. Children without health insurance by age group, Washington, 2017

<table>
<thead>
<tr>
<th>Age</th>
<th>No. (percentage) of children without health insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>46,000 (3%)</td>
</tr>
<tr>
<td>0–5 years</td>
<td>11,000 (2%)</td>
</tr>
<tr>
<td>6–18 years</td>
<td>35,000 (3%)</td>
</tr>
</tbody>
</table>


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 assessment. However, among that larger group, 35% were covered by public health insurance programs, compared with 59% by private sources (table X, “Children who have health insurance by health insurance type”).

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

<table>
<thead>
<tr>
<th>Type of health insurance</th>
<th>Proportion of children (estimated population)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Washington State</td>
</tr>
<tr>
<td>Private (all types)</td>
<td>59% (1,014,000)</td>
</tr>
<tr>
<td>Employer-based only</td>
<td>51% (887,000)</td>
</tr>
<tr>
<td>Direct-purchase only</td>
<td>5% (91,000)</td>
</tr>
<tr>
<td>Other private coverage</td>
<td>2% (36,000)</td>
</tr>
<tr>
<td>Public only</td>
<td>35% (601,000)</td>
</tr>
<tr>
<td>Both public and private</td>
<td>5% (80,000)</td>
</tr>
</tbody>
</table>

Source: 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

2.2.2 Health care

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. The rate is highest among children 3 to 6 years of age (62%) and children up to 15 months (68%) and lowest for children 12 to 21 years of age (39%). Rates of well-child visits in Washington State are lower than the national average of just above 70%. 48

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 X (“Pediatricians per 100,000 population”). 49 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. 50

Pediatricians have an increased understanding about young children’s developmental delays and behavioral issues, and helping parents find the resources they need. Through work done by the nonprofit Reach Out and Read Washington, 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.

2.2.3 Medical services and screening for children with developmental delays or disabilities

Children with developmental delays or disabilities receive medical services provided through Neurodevelopmental Centers (NDCs). NDCs are private, nonprofit organizations that use a variety of funding sources to support their work. Designated by the DOH 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, NDCs provide 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.

The number of children served by Washington’s NDCs is increasing rapidly, from 3,143 children ages birth to 3 years in 2008 to 11,550 children in 2015 to 17,009 in 2018 (figure X, “CHIF data trends”), in part as a result of an increase in the number of NCDs across the state.

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. On the NCI Child Family Survey, only 7% of families surveyed in Washington said they had received early intervention services or supports from the Developmental Disabilities Administration, compared with 20% for the United States as a whole.40

Developmental screening to identify delays and disabilities can increase the likelihood that families connect with services (e.g., referred for Part C or Part B services, referral 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 X, “Children 9 to 35 months old who received developmental screening”) — compared with a national average of 31.1%.

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

<table>
<thead>
<tr>
<th>Developmental screening status</th>
<th>Proportion of children (estimated population) Washington State</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent completed screening</td>
<td>27.7% (55,326)</td>
<td>31.1% (2,679,594)</td>
</tr>
<tr>
<td>Parent did not complete screening</td>
<td>72.3% (144,635)</td>
<td>68.9% (5,940,064)</td>
</tr>
</tbody>
</table>

**Source:** 2016–2017 National Survey of Children’s Health, Data Resource Center for Child and Adolescent Health

Washington is implementing universal developmental screening through its Help Me Grow program, as described in “Empowered communities,” below. Programs, services, and supports for children with developmental disabilities or delays within the early learning system are described in “Positive early learning experiences” (see especially ECLIPSE and developmental preschool).
DRAFT: Washington State early learning needs assessment: Strong, stable, nurturing, and supported families
3. Strong, stable, nurturing, and supported families ................................................................. 62
   3.1 Involvement of parents and families in design and implementation of the early learning system ................................................................. 62
   3.2 Access to housing and economic support through the early learning system ...................... 63
      3.2.1 ECEAP/HS .................................................................................................................. 64
      3.2.2 Home visiting .......................................................................................................... 65
   3.3 Economic support provided by state early learning programs .............................................. 65
      Paid Family and Medical Leave ....................................................................................... 65
      Working Connections Child Care subsidy ....................................................................... 65
   3.4 Connecting families, providers, and communities to needed services ............................... 66
      3.4.1 Existing systems that serve specific populations or needs ................................. 66
         Accountable Communities of Health ......................................................................... 66
         Child Care Aware of Washington Family Center ....................................................... 66
         Within-Reach ............................................................................................................. 66
         Washington 2-1-1 ...................................................................................................... 67
         ECEAP/Head Start .................................................................................................... 67
      3.4.2 The need for a coordinated referral system ............................................................ 67
      3.4.3 Populations most affected by the lack of a coordinated referral system .................. 68
      3.4.4 The role of fathers ............................................................................................... 68
3 Strong, stable, nurturing, and supported families

Families are the first and most important caregivers for young children, with immense influence on a child’s physical, cognitive, and social-emotional development.51,52 Young children who are in stable housing, who do not have involvement with the child welfare system, and whose parents have access to financial and other needed support are more likely to be healthy, to meet developmental milestones, and to be ready for kindergarten and successful in school.53,54 Responsive, nurturing relationships between children and their families and a focus on building adult capacity through a two-generation approach mean children are more likely to thrive.

Washington State has implemented an array of services to help families realize their hopes and dreams for their children, some delivered through early learning settings and others through the broader system of formal and informal programs for young children and their families. Parents and caregivers have been leaders throughout this process, lending their voices and expertise to the ongoing transformation of Washington’s early learning system.

3.1 Involvement of parents and families in design and implementation of the early learning system

Parental involvement in decision-making and development is the key to having policies and programs that support families’ strengths and needs. The Washington State Department of Children, Youth and Families (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:

- 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.
- Represent cultural, linguistic, and ethnic diversity.

Have children with varying developmental and special needs.

Beyond DCYF, Washington is home to many other 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.
- **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.

### 3.2 Access to housing and economic support through the early learning system

Families in Washington State are exposed to a variety of risk factors that threaten family stability and success (see “What we know about children and their families”), including economic factors, such as poverty, food insecurity, and housing instability.

- **16.9% of Washington’s children younger than 8 years live at ≤100% FPL.**
- **From 2016 through 2018, 4% of households in Washington State experienced food insecurity.**
- 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).
- **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.**

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55 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](https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-015-MCHDataRptFoodInsecHunger.pdf)


Temporary Assistance for Needy Families (TANF) and Basic Food provide a safety net for many, but not all families can or choose to access these services.

The early learning system can be highly effective in helping families connect to resources and services they need, in their communities. The Early Childhood Education and Assistance Program (ECEAP) and home visiting are strong examples of two-generation programs that offer support for family stability as part of their overall support for the child and family.

### 3.2.1 ECEAP/HS

ECEAP and Head Start offer multiple programs that help families meet their basic needs and maintain stability. Through the ECEAP Bridge to Child and Family Self-Reliance program, DCYF offers support to families in five areas: family stability (including housing), well-being (physical and mental health, personal and professional networks), financial management, education and training, and employment and career management. Through Family Support In ECEAP, families have opportunities to increase self-reliance, further their education and training, and increase their knowledge of and ability to use needed services in their community.

[[NOTE: More information on Mobility Mentoring and equity work to come.]]

As of 2016, ECEAP has provided Mobility Mentoring®, a coaching method that supports planning and decision-making to assist families in increasing their economic security and resilience. This strengthens families’ ability to support their children’s health, development, learning, and future education. Examples of goals families might set with help from Mobility Mentoring include parents returning to school, reducing debt and beginning savings, and taking steps to improve parents’ and/or children’s health.

In 2018–2019, 9,873 families participated in Mobility Mentoring for the entire school year. They set 12,119 concrete family goals and attained 6,671 of these goals within the school year. Each family also participated in an assessment of strengths at the beginning and end of the year in 17 categories. The greatest number of families made gains in:

- Knowledge of community resources (32%).
- Ability to participate in their children's schools and advocate for their children's education (31%).
- Increasing healthy lifestyle (30%).
- Increasing savings (29%).

Fewer families made gains in the following categories — however, for those that did make gains, the impact was large:

- Approximately 1,400 families improved their housing situations. Examples include obtaining a place to live on their own or finding an affordable apartment.
- Approximately 1,300 families improved their legal situations in a wide range of ways such as establishing child custody, child support, or citizenship or developing a will.
- Approximately 1,200 families increased their access to transportation. Many of these obtained a driver’s license for the first time.
Approximately 900 parents increase their education level. For example, a mom and dad in one family both completed medical assistant certificates.

3.2.2 Home visiting

As part of home visiting, a voluntary, family-centered service offered to expectant parents and families with new babies and young children, families may be connected with services ranging that meet economic and other needs. Home visiting is a useful intervention for parents who are experiencing vulnerability (e.g., housing instability) and who will benefit from additional support. For both mothers and fathers, home visiting offers access to new information and guidance during a time when the potential for developmental change for caregivers is particularly strong. Thus, home visiting is not only an effective intervention for child health and development, but one with potential for overall stability of families as well.\textsuperscript{58}

As noted elsewhere (see “Positive early learning experiences”), the total number of home visiting slots available in Washington State is currently significantly outpaced by the number of families eligible for the service.

3.3 Economic support provided by state early learning programs

Paid Family and Medical Leave

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, attend to an employee’s or family members serious health condition, or for certain military events. This new program helps families reduce stresses that can lead to family instability and potential trauma for children.

Employees are eligible if they have:

- Worked 820 hours (approximately 16 hours per week) during the qualifying period, which is about the previous year.
- Experienced a qualifying event, including a serious health condition that prevents them from working, a new baby or child joining the family, or a family member’s serious illness or medical event.

The plan does not cover employees who work for the federal government, whose employer who 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.

Working Connections Child Care subsidy

[NOTE: Additional information on WCCC to come.]

Working Connections Child Care (WCCC) helps families with household income ≤200% Federal Poverty Level (FPL) pay for child care while they work or meet WorkFirst participation

\textsuperscript{58} Washington State Home Visiting expansion report
requirements. Families are eligible for benefits if one or both parents are employed or meet TANF/WorkFirst requirements; the program also supports households experiencing homelessness by providing up to four months of coverage while the family secures permanent housing. The subsidy can be used for care at licensed family homes, licensed child care centers, and eligible family, friend and neighbor (FFN) providers.

3.4 Connecting families, providers, and communities to needed services

As Washington State’s early learning system has expanded and broadened its scope, the need is growing for a coordinated information, resource, and referral system that families can access at will. Early childhood providers, including health care providers, also need systems that will allow them to efficiently connect families to the resources that best match the families’ needs and preferences.

3.4.1 Existing systems that serve specific populations or needs

A number of systems currently exist that serve distinct populations or provide links to specific services and supports.

Accountable Communities of Health

Washington State is home to nine Accountable Communities of Health coalitions. Seven of these have implemented a Pathways HUB mode to support care coordination for Medicaid-eligible populations, helping to coordinate between physical health, behavioral health, and social support systems. Care coordinators help clients access services ranging from health care to housing to employment and others.

Child Care Aware of Washington Family Center

The Child Care Aware of Washington Family Center (managed by Child Care Resources, a Child Care Aware of Washington agency) provides consumer education materials to help families in their search for high-quality child care that matches their needs. This includes information about child development, Early Achievers, and questions that families can ask when visiting different programs.

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%).

Within-Reach

Within-Reach (the Washington State affiliate of Help Me Grow) provides information and support to communities across Washington. Families can access the Within-Reach database in

59 2018 ESA report
person, over the phone, or online to find resources available wherever they are and receive support care coordination and navigation to access those resources. Within-Reach serves 285,000 people every year in 39 counties across Washington State; 89% of those served are low income, and 46% are people of color.

*Washington 2-1-1*

Managed by United Way, Washington 2-1-1 is a confidential service, accessible by phone, that 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.

*ECEAP/Head Start*

The performance standards for ECEAP and Head Start include requirements for contractors to connect families in crisis to needed programs and services by informing them of available community resources, helping them access those services when needed, and following up with them to ensure family needs continue to be met. These resources cover a wide range of needs, including health and dental care, child care, housing, and others.

3.4.2 The need for a coordinated referral system

All of these systems are important — but they currently are disparate and siloed. All children benefit from an organized system of community resources to help them thrive, like health care, quality early learning experiences, healthy nutrition, and parent support. However, when the system is not well organized, it can be difficult for families to access resources for their children and challenging for service providers to connect families to needed supports. This can have long-lasting consequences on children’s health and well-being. A better-coordinated model is critical. To fill this gap, DCYF proposes to create a statewide, comprehensive, coordinated, place-based system of early identification and referral that adheres to the national Help Me Grow (HMG) model.

Help Me Grow is not a stand-alone program, but rather a system model that builds on existing resources to develop a comprehensive approach to early childhood system-building in any given community. HMG promotes cross-sector collaboration to build effective early childhood systems that mitigate the impact of adversity and support protective factors among families.

The blueprint for this system includes four features: a coordinated access point; connections to child health providers; family and community outreach; and data collection and analysis. All aspects of the system are designed to respond to the cultural and linguistical preferences of families who use the system.

Clinicians and community providers also benefit from a Help Me Grow system. Those who refer their clients to a coordinated access point can focus on their role, instead of tracking down resources or maintaining a long resource directory. Providers can extend their services by leveraging Help Me Grow to identify resources to share with their clients or by referring families to Help Me Grow after a case management term is finished, to address needs that arise later.
3.4.3 Populations most affected by the lack of a coordinated referral system

For immigrant families and families with limited English proficiency, the lack of a coordinated statewide referral system is particularly challenging. Several systems meet these needs in part. For example:

- 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.
- DCYF continues to promote policies and resources for dual language learners in early learning programs, including ensuring that families with home languages other than English have access to bilingual caseworkers, interpreters, and outreach workers, where possible.
- Early Achievers includes support for dual-language learners and their families as a core element of quality.

However, the resources available are outpaced by the need: in FY 2018 alone, the Family Center was accessed by families speaking 20 languages other than English and Spanish. A coordinated system would be a far more effective and efficient use of resources to serve this population.

A family’s socioeconomic or cultural background should not dictate whether they hear about early intervention, parent support, or other essential family resources. In a Help Me Grow system, varied providers refer families to the coordinated access point for resource help, or 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 uses several strategies to promote cultural and linguistic competence within its model. These include encouraging diverse staffing of its coordinated access point with language capacity consistent with a region’s demographics; including a wide array of programs and services within the resource inventory that serve diverse clientele; and engaging multicultural community-based organizations in outreach activities.

3.4.4 The role of fathers

Fathers play an important role in the healthy development of children, both as custodial and non-custodial parents. This role is increasingly acknowledged, especially with the establishment of new fatherhood leadership networks where fathers support and advocate for each other.

To better understand the needs of fathers in Washington State, DCYF talked with representative members of the Washington State Fathers Network, which has fourteen chapters across the state providing fathers with information and resources. Participants in that call expressed the following needs and challenges:

- Because mothers traditionally have been seen as primary caregivers, fathers face challenges accessing information about services and support for parents of young children. For example, such information may be provided at prenatal care appointments, where fathers may not be present, or caseworkers may be unaware
of resources specifically available to fathers or may not be aware of the need to provide information about existing resources to male caregivers.

- Fathers report stigmatization of their role as caregivers, especially when they are the noncustodial parent — even if they have significant responsibilities for child care and economic support. Employers also may stigmatize fathers who need time off for child care.

- 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.

- Even as custodial parents, fathers may face a greater burden of proof.

Washington State’s home visiting program has been highly successful in connecting families with information and resources. Fathers felt this program represents an opportunity to reach fathers more effectively.

Fathers also emphasized the importance of programs that are designed and implemented by communities and of ensuring that information provided throughout the health care system — e.g., prenatal and neonatal care — be equally available to all caregivers.
DRAFT Washington State early learning needs assessment: Positive Early Learning Experiences
4 Positive early learning experiences .......................................................... 73
4.1 Overview of the early learning system .................................................... 73
4.2 Settings-based programs, services, and supports ................................. 75
  4.2.1 Licensed child care ......................................................................... 75
  4.2.2 Working Connections Child Care Subsidy ....................................... 75
  4.2.3 Head Start/Early Head Start .............................................................. 75
  4.2.4 ECEAP ............................................................................................ 76
   ECEAP eligibility and participation .............................................................. 76
   ECEAP quality ....................................................................................... 78
   Child development and learning outcomes .............................................. 78
   Child health outcomes ........................................................................... 81
  4.2.5 Developmental preschool ................................................................. 82
   Developmental preschool quality ............................................................ 82
   Child development and educational outcomes ....................................... 83
   Inclusive classrooms ............................................................................. 83
Source: Special Education Federal Child Count and Educational Environment Data for Nov 2018 .................................................. 84
4.3 Home-based programs, services, and supports ..................................... 85
  4.3.1 Home visiting ................................................................................ 85
   Home visiting eligibility and participation ................................................ 86
   Home visiting models ........................................................................... 86
   Home Visiting Implementation Hub ....................................................... 87
4.4 Informal programs, services, and supports .......................................... 88
  4.4.1 Family, Friend, and Neighbor Care ............................................... 88
  4.4.2 Play and learn groups ................................................................... 90
  4.4.3 Other community resources ............................................................ 90
4.5 Combination programs, services, and supports .................................. 91
  4.5.1 Early Support for Infants and Toddlers ........................................... 91
   ESIT eligibility and participation .............................................................. 91
   Child development and educational outcomes .................................... 92
  4.5.2 ECLIPSE ....................................................................................... 94
   ECLIPSE eligibility and participation .................................................... 94
   ECLIPSE quality ................................................................................ 96
   Outcomes of ECLIPSE ..................................................................... 97
4.6 Availability of early learning programs and services ............................ 97
  4.6.1 Availability of ECEAP relative to need ......................................... 98
  4.6.2 Availability of licensed child care (homes and centers) relative to need .................................................. 98
   Decreasing demand for subsidized licensed child care ......................... 100
   Affordability of child care for working parents .................................. 100
   Decrease in availability of licensed child care to those needing services .................................................. 104
   Shrinking workforce ........................................................................ 104
  4.6.3 Early learning facilities ................................................................. 104
   Limitations on renovating existing early learning facilities ............... 105
   Limitations on establishing new early learning facilities ..................... 105
  4.6.4 Availability of home visiting relative to need ............................... 106
4.7 Initiatives to improve quality and availability: Early Start Act ............. 106
  4.7.1 Early Achievers .......................................................................... 106
   Specific targets for high-quality early learning .................................. 107
   Children served by rated providers ...................................................... 108
Ratings by provider type .......................................................... 108
Impact of Early Achievers on early learning professionals .................................................. 109
The cost of succeeding in Early Achievers ........................................................................... 109
Impact of Early Achievers on diverse providers ................................................................. 109
Impact of Early Achievers on parental choice ......................................................................... 112
Impact of Early Achievers on access to care .......................................................................... 112
4.7.2 Expansion of ECEAP ...................................................................................... 112
Considerations related to ECEAP models ............................................................................ 114
4.7.3 Trauma-informed care ......................................................................................... 114
4.8 Addressing the need for additional early learning facilities ........................................... 115
4.9 Expansion of home visiting ........................................................................................... 116
4.10 Transition supports and gaps ....................................................................................... 117
  4.10.1 WaKIDS ........................................................................................................ 118
  4.10.2 Age transitions ............................................................................................... 119
  4.10.3 Correlation in student outcomes between WaKIDS and Smarter Balance assessments ..... 121
4 Positive early learning experiences

Over the past ten years, Washington State has made impressive progress in delivering high-quality early learning experiences to the children of the state. The expansion of home visiting services, the growth of ECEAP, an increasing variety of child care options (both formal and informal), and continued investment and commitment on the part of local communities have all created an environment that is full of potential and opportunity for children and families. The establishment of the Early Achievers QRIS has helped embed a foundation for quality care in child care settings, and ongoing alignment of licensing and other 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 with disabilities, and children that speak a language other than English as their first language. Data from WaKIDS, Washington State’s kindergarten-entry assessment tool, also demonstrate pronounced gaps for children in migrant families and families who are experiencing homelessness.

There are still 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 working families to pay it. These and other gaps are a significant opportunity for Washington State to serve its children and families better through the next decade and beyond.

4.1 Overview of the early learning system

Washington’s 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 mixed-delivery 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.

Most of these programs, services, and supports fall into one of three broad categories:

- **Settings-based**: delivered outside the child’s or family’s home by a licensed or accredited provider or within a national model.
- **Home-based**: delivered at the child’s or family’s home, often by a licensed or accredited provider or within a national model.
- **Informal**: 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.

The increasing variety of options offer growing choice to families, helping maximize access and availability to high-quality services throughout the state (table X, “Characteristics of Washington State’s early learning system”).
Table X. Characteristics of programs, services, and supports in Washington State’s mixed-delivery early learning system

<table>
<thead>
<tr>
<th>Delivery locale</th>
<th>Licensing or accreditation</th>
<th>Eligibility for state funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care delivered in a licensed center</td>
<td>Delivered in settings outside the home</td>
<td>Must meet WA State licensing requirements; must participate in Early Achievers</td>
</tr>
<tr>
<td>Child care delivered in a licensed family home*</td>
<td>Delivered in the caregiver’s home</td>
<td>Must meet WA State licensing requirements; must participate in Early Achievers</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>Delivered in settings outside the home or in the caregiver’s residence</td>
<td>Center-based care must meet licensing requirements</td>
</tr>
<tr>
<td>Pre-kindergarten comprehensive services delivered through a Head Start/ECEAP program</td>
<td>Delivered in settings outside the home; home-based Head Start is delivered in the caregiver’s residence</td>
<td>ECEAP must meet WA State licensing requirements (with an exemption for classes in school districts); ECEAP must participate in Early Achievers; both must meet ECEAP or Head Start performance standards</td>
</tr>
<tr>
<td>Developmental preschool</td>
<td>Delivered in settings outside the home</td>
<td>Must meet IDEA Part C requirements</td>
</tr>
<tr>
<td>Home visiting</td>
<td>May be delivered in the home, at a hospital or physician’s office, or in another community setting</td>
<td>Must meet requirements of the home visiting model selected</td>
</tr>
<tr>
<td>Family, Friend, and Neighbor care</td>
<td>Typically delivered in the child’s home or the caregiver’s residence</td>
<td>No licensing or accreditation</td>
</tr>
<tr>
<td>Play and learn groups</td>
<td>Typically delivered outside the home, in a community setting</td>
<td>No licensing or accreditation</td>
</tr>
<tr>
<td>ECLIPSE</td>
<td>Delivered in child care settings outside the home</td>
<td>Must meet IDEA Part C requirements, including qualified personnel standards</td>
</tr>
<tr>
<td>ESIT</td>
<td>Delivered in caregiver’s residence, community-based natural environments, and groups blending children with and without disabilities (e.g., child care, library story time, playgroups) outside the home</td>
<td>State and federally funded</td>
</tr>
</tbody>
</table>
4.2 Settings-based programs, services, and supports

4.2.1 Licensed child care

DCYF licenses approximately 6,000 early learning programs and school-age sites in Washington, including traditional child care, ECEAP, and Head Start. These programs provide care to more than 40,000 infants and toddlers and 82,608 preschoolers. Licensing is a requirement for providers wishing to serve children who are eligible for the WCCC subsidy program and is closely linked to the Early Achievers QRIS (see “Early Achievers,” below).

The standards for licensing set 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 "Workforce," below.

4.2.2 Working Connections Child Care Subsidy

The Washington State Working Connections Child Care subsidy promotes stability and access to high-quality care by providing significant assistance for families seeking child care ($884 average monthly benefit in FY2018). 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 (1,430 providers) and 24% are served at licensed family homes (1,957 providers). The remaining children are served by FFN providers— which is still a subset of the larger group of FFN providers that includes all those not enrolled in Working Connections.60

4.2.3 Head Start/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.

60 2018 ESA report.
4.2.4 ECEAP

Washington launched ECEAP in 1985 as a comprehensive pre-K program to prepare 3- and 4-year-old children who are furthest from opportunity for success in school and in life. Today, ECEAP reaches children in 390 locations across the state, with further expansion planned (see “ECEAP expansion,” below). ECEAP services are provided through a mixed-delivery system that includes school districts, educational service districts, community colleges, local governments, tribal organizations, child care centers and homes, and nonprofit organizations (table X, “ECEAP sites by building type”).

Table X. ECEAP Sites by building Type, 2019-20

<table>
<thead>
<tr>
<th>Facility Type</th>
<th># Sites</th>
<th>% Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Schools</td>
<td>216</td>
<td>55%</td>
</tr>
<tr>
<td>Child Care Centers</td>
<td>54</td>
<td>14%</td>
</tr>
<tr>
<td>Head Start Facilities</td>
<td>34</td>
<td>9%</td>
</tr>
<tr>
<td>Non-Profit Facilities</td>
<td>45</td>
<td>12%</td>
</tr>
<tr>
<td>Faith-based Facilities</td>
<td>13</td>
<td>3%</td>
</tr>
<tr>
<td>Tribal facilities</td>
<td>13</td>
<td>3%</td>
</tr>
<tr>
<td>Family child care homes</td>
<td>7</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>390</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

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.

ECEAP eligibility and participation

Children are eligible for ECEAP if the family’s income is at or below 110% 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 specific risk factors (e.g., involvement with the child welfare system). In the 2019–2020 school year, 14,000 ECEAP slots are available.

ECEAP is successful at enrolling Washington’s children with the lowest incomes, substantial developmental and environmental risk factors, and a higher proportion of children of color than the state’s population (figure X, “Characteristics of children participating in ECEAP and their families,” and figure X, “Race/ethnicity of children participating in ECEAP”).

**Figure X.** Characteristics of children participating in ECEAP and their families, 2018–2019.

**Figure X.** Race/ethnicity of children participating in ECEAP, 2018–2019.
ECEAP quality

At the end of the 2018–2019 school year, 76% of ECEAP sites received top ratings of 4 or 5 in Early Achievers, Washington’s quality rating system (see “Early Achievers,” below). This is an increase from 68% of ECEAP sites in 2015–2016.

Child development and learning outcomes

All children who participate in ECEAP are assessed quarterly using Teaching Strategies GOLD® (GOLD®), a whole-child observational tool that documents children’s progress in social-emotional, physical, language, cognitive, literacy, and mathematical development and learning. In 2018–2019, the percentage of children who were observed to have typical development for their age increased across all six of these domains between fall and spring assessments (figure X, “Percentage of children at or above age level”). Math skills show the largest gains, with an increase of 47 percentage points between assessment on entry to ECEAP in the fall and a later assessment in the spring.
By the end of ECEAP, 47% of 4-year-olds who participate in ECEAP for one year are ready for kindergarten in all six developmental areas. Fifty-four percent of children who participate in two years of ECEAP are fully ready (figure X, “Children meeting end-of-ECEAP readiness benchmarks”). The largest gains in the second year are in pre-academic literacy and math skills.

Figure X. Children meeting End-of-ECEAP Kindergarten Readiness Benchmarks By Developmental Domain and Length of Attendance, Spring 2019 (Note: 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).
When children enter kindergarten, they are assessed using WaKIDS (Washington Kindergarten Inventory of Developing Skills), which is a subset of GOLD®. Comparing ECEAP and WaKIDS data across the six developmental domains provides a useful perspective on the influence of ECEAP over time. WaKIDS results consistently 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 (≤110% FLP) than for the larger group (≤185% FPL), and even though the larger group includes children who participated in a similar Head Start program (figure X, “Children meeting kindergarten readiness benchmarks”).

**Figure X. Children meeting Kindergarten Readiness Benchmarks at Kindergarten Entry, Fall 2018**

Note that 50% of children demonstrate kindergarten readiness in all six domains at the end of ECEAP (figure X, “Children meeting end-of-ECEAP benchmarks”), 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.
- ECEAP teachers are more likely than kindergarten teachers to hold inter-rater reliability certification in the TS GOLD® tool.
- 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.
- 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 influences 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.61,62

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,” are up to date on all recommended exams and screenings, and receive related treatment. When indicated, ECEAP secures consultations for staff and parents to support children’s behavioral and mental health. ECEAP is highly successful at improving children’s access to health care and participation in recommended well-child schedules: At the beginning of the 2018–2019 school year, 65% of ECEAP-eligible children were up to date on well-child exams — very close to the statewide rate for children ages 3 to 6 years who are on Medicaid.6 During the ECEAP school year, 93% of participating children became up-to-date on well-child exams. Similarly, 65% of all children ages 2 to 5 years who are eligible for Washington Health Care Authority Dental Services had received dental services within the past year, compared with 95% of children who participated in ECEAP.7

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 X (“2018-19 ECEAP health outcomes”) shows gains in health care access and treatment among children participating in ECEAP during 2018–2019.

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61 2018 ESA report
4.2.5 Developmental preschool

Washington State offers free developmental preschool to children who have special needs. 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. In 2018, 17,124 children age 3 to 5 years benefited from the state’s developmental preschool program (including preschool and kindergarten students). Of these children with disabilities, 6,978 attended a self-contained special education classroom, and 10,146 learned in inclusive classrooms with typically developing peers.

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. 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.

The developmental preschool program satisfies the federal IDEA Part B requirement that all students found eligible for services have access to free and appropriate public education. ECEAP/Head Start does not have the capacity or expertise to serve all children who qualify for special education services in Part B preschool.

**Developmental preschool quality**
A school district’s eligibility to offer developmental preschool is based on regulations set forth by IDEA Part B and the WAC. IDEA Part B provides no qualitative standards for preschool classrooms, and districts either follow K-12 standards or braid funds to follow ECEAP, Head Start, or DCYF licensing for Early Achievers. However, districts may face barriers meeting DCYF licensing standards in typical elementary buildings, unless they can find capital funds for renovations and matching funding sources to pay higher salaries for certified providers.

IDEA Part B regulations require annual growth monitoring to demonstrate whether students are achieving academic gains commensurate with typically developing peers (and, thus, no longer require an IEP). Districts either meet the federal law or are not in compliance; there is no method for continuous improvement of developmentally appropriate classroom environments without scaffolding from a separate funding source for early learning services.

As a result, although school districts across the state demonstrate compliance with the law, student assessment data continue to demonstrate opportunity gaps in meeting grade-level standards. 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%.63,64

**Child development and educational outcomes**

[[NOTE: Data on the impact of developmental preschool on child development and educational outcomes to come.]]

**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.65 Multidisciplinary delivery models that offer integrated and supportive environments and better communication with families offer students with disabilities greater potential for growth.

Inclusive classrooms also benefit typically developing peers, who have the opportunity to learn among students with a wider range of developmental levels. Children develop higher levels of empathy in inclusive classrooms with multi-tiered supports for social-emotional learning, cognitive development, and behavioral development.66

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63 Annual Performance Report, 2017
64 WaKIDS/ WA state Report Card-2018
Inclusive classrooms build on family’s commitment to nurture their children’s strengths and to feel they belong in their community. Self-contained classrooms segregate children socially and emotionally — and unnecessarily, given that 90% of children with IEPs have average to typical IQs. Inclusive classrooms provide environments where those children are most likely to achieve their full potential.67

In Washington State, some districts offer inclusive preschool in a few or all classrooms. However, more than half of students with disabilities are currently receive services separate from their peers, creating disproportionality among children who are not receiving inclusive services (table X, “Children aged 3 to 5 attending a regular early childhood program”).

Table X. Children Aged 3-5 Attending a Regular Early Childhood Program

<table>
<thead>
<tr>
<th></th>
<th>Age 3</th>
<th>Age 4</th>
<th>Age 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular EC Program 10 hours or more per week AND receives the majority of services in the Regular EC Program (CEDARS LRE Code 14)</td>
<td>480</td>
<td>1168</td>
<td>1938</td>
<td>3586</td>
</tr>
<tr>
<td>Regular EC Program 10 hours or more per week AND receives the majority of services elsewhere (CEDARS LRE Code 17)</td>
<td>272</td>
<td>762</td>
<td>2647</td>
<td>3681</td>
</tr>
<tr>
<td>Regular EC Program less than 10 hours per week AND receives the majority of services in the Regular EC Program (CEDARS LRE Code 18)</td>
<td>226</td>
<td>265</td>
<td>257</td>
<td>748</td>
</tr>
<tr>
<td>Regular EC Program less than 10 hours per week AND receives the majority of services elsewhere (CEDARS LRE Code 19)</td>
<td>96</td>
<td>183</td>
<td>227</td>
<td>506</td>
</tr>
<tr>
<td>Not attending a regular early childhood program</td>
<td></td>
<td></td>
<td></td>
<td>8,619</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>17,140</td>
</tr>
</tbody>
</table>

Source: Special Education Federal Child Count and Educational Environment Data for Nov 2018

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.

Many but not all school districts braid IDEA Part B funds with ECEAP and/or Head Start to create developmentally appropriate inclusive classrooms with typically developing peers. But the

---

67 Guidance for IEP Teams: Student Participation in Statewide Assessments for Accountability and Graduation
benefits of these relationships can be complicated by the requirements of overlapping but not truly integrated systems.

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.

4.3 Home-based programs, services, and supports

4.3.1 Home visiting

Home visiting is a voluntary, family-centered service offered to expectant parents and families with new babies and young children to support the physical, social and emotional health and development of the child. It is recognized as a very effective strategy for improving child health and development, especially in populations with limited resources. Research has found that benefits of home visiting services range from healthier births and improved school readiness to increased self-sufficiency for families.68

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. MIECHV provided the first significant federal funding for home visiting — and marked a growing understanding of the effectiveness of home visiting to address new families’ needs.

Since its inception, the HVSA has been managed by DCYF in partnership with Thrive Washington (Thrive). 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; the HVSA funds approximately one-third of intensive home-visiting services in the state. Additional funders, with King County’s Best Starts for Kids and the Federal Head Start/Early Head Start Home Based Program being the two largest, provide resources to serve another approximately 5,000 families.

DCYF and Thrive 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.

Home visiting eligibility and participation

Families with household income <200% FPL with a child younger than 3 years are eligible for home visiting. Currently, Washington has capacity to deliver intensive home visiting services to 7,323 families. An expansion scenario developed by the state in 2019 offers a roadmap for providing services to an additional 20,500 families, nearly tripling the number served (see “Home visiting expansion,” below).

In 2017–2018, 2,609 adults (parents or caregivers, regardless of age) and 2,486 children received HVSA-funded home visiting services. Overall, HVSA serves a higher proportion of Black/African American, American Indian, Alaska Native, and multi-race populations than the state distribution of births for those groups (table X, “Percentage of parents/caregivers served, by race”).

Table X. Percentage of parents/caregivers served by the Home Visiting Services Account, by race and ethnicity, October 2017–September 2018

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Served by HVSA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>8%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>39%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>White</td>
<td>62%</td>
</tr>
<tr>
<td>Did not report</td>
<td>6%</td>
</tr>
</tbody>
</table>


The communities that can benefit most from home visiting services are rural communities that have little or no access to services, and low-income communities that have been identified by the state needs assessment as most vulnerable (as measured by risk factors such as infant deaths, teen pregnancies, kindergarten readiness, etc.), particularly African-American/Black, American Indian and Alaska Native, and Hispanic 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 could also benefit from services.69

Home visiting models

Home visiting services are most commonly delivered under one of several standardized models that outlines program goals, priority populations, what services are delivered, how services are delivered, and who may deliver them. There are eight home visiting models supported by HVSA funds, with two additional models in use in Washington (non-HVSA funded).70


The majority (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 models funded by the HVSA are Child-Parent Psychotherapy, Steps Toward Effective, Enjoyable Parenting, Family Spirit, a culturally tailored model developed with tribal communities, and the Outreach Doula Program, which links trained doulas with families of the same community, bridging language and cultural barriers. Other models in use in Washington State, but not funded by the HVSA, include 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.

To maximize the impact of home visiting, communities need greater access to approaches that are tailored to their needs. This includes approaches that, while not meeting standard definitions for evidence of effectiveness, have demonstrable impact in the communities where they are used.

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**Home Visiting Implementation Hub**

Washington State’s Home Visiting Implementation Hub (previously led by Thrive Washington) provides assistance to communities and home visitors to offer high-quality services to families and children. The Hub:

- Supports home visiting professionals with training and technical assistance, including coaching to ensure fidelity to home visiting models.

- Helps communities considering introduction of a home visiting program to identify populations in need gaps in resources, and best-fitting models for implementation.

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Collaborates with state agencies and stakeholders to coordinate and advocate for funding and support.

4.4 Informal programs, services, and supports

4.4.1 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. Nationwide, FFN is one of the most common forms of child care for children birth through age 4 years, describing the care received by 41.3% of 0- through 4-year-olds, vs. 27.8% for settings-based care (figure X, “Sources of care for children 0–4 in the United States”).

FFN is the preferred source of care for many families in Washington State, and not only for financial reasons. 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. Parents may also rely on FFN because they need child care outside of the hours when formal care is typically available.

Although FFN is considered an “informal” source of child care, it has immense potential benefits for families: it offers care that is tailored to the needs of an individual family and the child; 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.

Washington is still determining how best to support these children, families and providers and how to assess the quality of that care. For example, the large majority of FFN providers do not receive the WCCC subsidy, and it is difficult to determine the level and type of supports they may need to care for 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.

FFN providers are unlicensed and not regulated by the state. However, Washington recognizes the value of FFN care as a preferred support for 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.\textsuperscript{73}

The BUILD Initiative has outlined a number of specific actions states can take to expand and support FFN care.\textsuperscript{72} Washington is one of only a few states that have committed public 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 in times of need that are available to parents and information on developmentally appropriate care and child development. Providing those materials in a culturally appropriate format (e.g., language) is critical, as Washington has done in tribal communities. FFN caregivers also can be valuably engaged by other professionals who are supporting the child’s development (e.g., child welfare system).

### 4.4.2 Play and learn groups

Play and 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.

While no data are available on the number of children served by or needing these programs, one prominent example is Kaleidoscope Play & Learn, which offers groups that are free and open to children of all ages in multiple languages, including Chinese and Spanish. 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.\textsuperscript{74}

### 4.4.3 Other community resources

Parents also rely on community resources to support and nurture their children — for example, parks, libraries, swimming pools, and churches. Although these settings are not commonly thought of as sites for early childhood education, they play a significant role in the development of Washington’s children and should be considered in any planning around the broader early learning system and its impact on families.

\textsuperscript{73} DCYF CCSP Annual Flat File
\textsuperscript{74} https://beststartsblog.com/2018/02/20/save-the-date-upcoming-kaleidoscope-play-learn-funding-opportunity/
4.5 Combination programs, services, and supports

4.5.1 Early Support for Infants and Toddlers

ESIT provides early intervention services to children birth to age 3 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 a settings, from home to child care to schools. The program focuses offering information and skills that support the family’s role as the most important influence on their child’s learning and development. The federal- and state-funded program is administered in accordance with the federal Individuals with Disabilities Education Act (IDEA), Part C.

Services are individualized to the child but may include specialized instruction, speech therapy, occupational therapy, and physical therapy. Families are strongly engaged through individualized family service plans that families develop, with support from ESIT providers, to identify specific goals and services that help children meet these developmental goals. Providers track the child’s progress and support families in adjusting the plan to match their priorities and resources.

At the end of the program (age 3), ESIT providers work with families to develop transition plans to support the shift to other programs and services (as needed) — for example, early childhood special education provided by the local school district, ECEAP, or Head Start. The ESIT provider has a 90-day window to connect with the school district, which gives the Part B provider time to complete the assessment by the child’s third birthday. The IEP team develops a list of options for each child, starting with the most inclusive environment.

ESIT eligibility and participation

Children are eligible for ESIT if they (1) demonstrate a 25% delay or an at least 1.5 standard deviation below their age in a specified area 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). The program is federally regulated; anyone can refer a child, and there is no wait list. Once a child has been referred and determined eligible, a plan must be prepared within 45 days per federal requirement.

ESIT serves more than 17,000 children (cumulative annually), and a total of 8,199 at any given point in time in 2018.[REF] Figure X shows participation in ESIT by race and ethnicity.
Child development and educational outcomes

Nationally, early intervention (Part C) is recognized to have a positive impact on child development, increasing the percentage of children who make “greater than expected growth” and who leave the program with age-expected skills in three outcomes: social relationships, knowledge and skills, and action to meet needs (e.g., feeding, dressing, and other self-care). Washington State is making steady gains toward national numbers, but is still up to ten percentage points away in many outcomes (Table X, “Child outcome data for children exiting early intervention”).

Table X. Child outcome data for children exiting early intervention

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Greater than expected growth</td>
<td>Age-expected skills</td>
<td>Greater than expected growth</td>
<td>Age-expected skills</td>
</tr>
</tbody>
</table>

Comparison of State and National Data

<table>
<thead>
<tr>
<th></th>
<th>Washington</th>
<th>National</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social relationships</td>
<td>66%</td>
<td>57%</td>
<td>55.69%</td>
<td>53.71%</td>
<td>56.74%</td>
</tr>
<tr>
<td>Knowledge and skills</td>
<td>73%</td>
<td>47%</td>
<td>64.96%</td>
<td>50.43%</td>
<td>65.22%</td>
</tr>
<tr>
<td>Action to meet needs</td>
<td>76%</td>
<td>57%</td>
<td>66.04%</td>
<td>53.71%</td>
<td>66.29%</td>
</tr>
</tbody>
</table>

Part C Early Intervention National and State Percentages for Summary Statement 1
4.5.2 ECLIPSE

ECLIPSE 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.

Administration of ECLIPSE was transferred to DCYF in 2011. Services are provided year round by two programs, one in Western Washington (serving 245 children) and one in Central Washington (serving 70 children). These programs offer comprehensive, coordinated care through monthly home visits with families and through daily therapeutic care, including developmental and behavioral screening, clinical assessment and individual treatment planning, center-based day treatment, monthly home visits, and discharge/transition planning.

At the Western Washington site, children receive early intervention and treatment services for 5.5 hours each day, five days a week; parents are encouraged to attend and to participate in the child’s treatment. Daily transportation services are also an essential element of the program, helping maintain continuity of care and relationships with families.

ECLIPSE eligibility and participation
ECLIPSE serves very-high-risk children who have an intense need for support. Compared to the general child welfare and Medicaid population, children enrolled in ECLIPSE had much higher rates of parental risk factors, including having a parent with mental illness (85%, compared to 66%), substance abuse (78%, compared to 56%), or arrest history (53%, compared to 38%) (figure X, “Selected parental and child risk factors for Childhaven clients”). Children are referred to ECLIPSE by “safety net” providers: DCYF social workers, primary care physicians, public health nurses, or DSHS social workers.

Despite the depth of the need, the type of services ECLIPSE provides are difficult to fund. In 2019, the two ECLIPSE contractors are enrolling families in WISe services to provide more intensive therapeutic supports for families who are eligible and enrolled. These tailored services assist the family in specialized treatment and support plans. In 2018, ECLIPSE served 746 children (some slots are filled by different children at different points in the year). A report from the DSHS Research and Data Analysis Division estimates that there are thousands of children statewide who might benefit from the program, based on family risk characteristics. The report estimates that if the program were expanded to reach even the top 1%, that would reflect 3,593 children served each year. Expansion to reach the top 3%
FIGURE 1.
Selected Parental and Child Risk Factors for Childhaven Clients

<table>
<thead>
<tr>
<th>Childhaven Population</th>
<th>TOTAL = 300</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENTAL RISK FACTORS (Over 5 years)</td>
<td></td>
</tr>
<tr>
<td>Parent mental health condition</td>
<td>85%</td>
</tr>
<tr>
<td>Parent homelessness</td>
<td>79%</td>
</tr>
<tr>
<td>Parent substance use disorder</td>
<td>78%</td>
</tr>
<tr>
<td>Parent domestic violence</td>
<td>59%</td>
</tr>
<tr>
<td>Parent arrest</td>
<td>53%</td>
</tr>
<tr>
<td>Parent disability</td>
<td>35%</td>
</tr>
<tr>
<td>Parent has no earnings</td>
<td>20%</td>
</tr>
<tr>
<td>LIFETIME CHILD RISK FACTORS</td>
<td></td>
</tr>
<tr>
<td>Any out-of-home placement</td>
<td>57%</td>
</tr>
<tr>
<td>Developmental delay and/or disability</td>
<td>27%</td>
</tr>
</tbody>
</table>

Child Welfare Population Under Age 6

| Child Welfare Population Under Age 6 |
| PARENTAL RISK FACTORS (Over 5 years) |
| Parent mental health condition | 66% |
| Parent homelessness | 56% |
| Parent substance use disorder | 56% |
| Parent domestic violence | 41% |
| Parent arrest | 38% |
| Parent disability | 16% |
| Parent has no earnings | 13% |
| LIFETIME CHILD RISK FACTORS |
| Any out-of-home placement | 24% |
| Developmental delay and/or disability | 17% |

Medicaid Population Under Age 6

| Medicaid Population Under Age 6 |
| PARENTAL RISK FACTORS (Over 5 years) |
| Parent mental health condition | 36% |
| Parent homelessness | 26% |
| Parent substance use disorder | 23% |
| Parent domestic violence | 16% |
| Parent arrest | 18% |
| Parent disability | 6% |
| Parent has no earnings | 12% |
| LIFETIME CHILD RISK FACTORS |
| Any out-of-home placement | 4% |
| Developmental delay and/or disability | 4% |

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**ECLIPSE quality**

ECLIPSE program staff are professionally licensed mental health experts trained in trauma-informed care and specifically on providing support for children who have experienced ACEs.

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77 State and County Estimates of the ECLIPSE Eligible Population
Outcomes of ECLIPSE

A 2017 report on outcomes at Childhaven (one of two ECLIPSE sites) suggests that participation in ECLIPSE increases the likelihood that highly vulnerable children will receive critical services, including mental health treatment and treatment for reported injuries, and that staff supervision of ECLIPSE participants may help sustain protective involvement in the child welfare system.\(^{78}\)

A peer-reviewed randomized, controlled trial of the program reported positive outcomes among both participating children and their families, including greater parental responsiveness, positive emotional climate, and encouragement of maturity (among parents) and fewer arrests, reduced use of drugs and alcohol, and lower levels of aggression, anxiety and depression, and social problems (among children).\(^{79}\)

### 4.6 Availability of early learning programs and services

Although the early learning programs and services available to young children in Washington State are effective and expanding, there are still many children whose families are not able to access needed services because of availability, accessibility, cost, or other barriers.

Assessing the true depth of need is challenging for a number of reasons, ranging from duplication across data sets to the difficulty of assessing both reach and need in informal settings. Current methods of assessment can sometimes obscure the real depth of need: For example, the primary data source used by the DCYF Office of Innovation, Alignment, and Accountability to determine the comprehensive need for services is the Census Bureau’s American Community Survey (ACS), which reports the number of young children in working families. This source excludes families in which neither parent is working, an important group with potentially greater vulnerability.

Some children may also fall into gaps between the requirements and restrictions of services — for example, low-income children or children with disabilities who seek services and who turn 3 years old after August 31. These children may have been eligible for ESIT or Early Head Start if they were not yet 3 years old, but they are above the age limit now. They are not eligible for ECEAP because they must be 3 years old by August 31 or have previous enrollment in ESIT or Early Head Start. Some of these children may qualify for school district developmental preschool and be served there, but others must wait out a year.

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\(^{78}\) The ECLIPSE Program at Childhaven: Short-Term Outcomes for Children Receiving Early Childhood Intervention and Prevention Services. Washington State Department of Social and Health Services, Research and Data Analysis Division, February 2017.

4.6.1 Availability of ECEAP relative to need

In 2013–2014, ECEAP was offered within the boundaries of 146 of the 295 school districts in the state. In 2019–2020, ECEAP is within 177 districts, and an additional 33 districts are served by Head Start. Currently, there are no ECEAP or Head Start services in 86 smaller districts; however, some children are transported from their homes to a nearby district for ECEAP or Head Start services.

4.6.2 Availability of licensed child care (homes and centers) relative to need

In Washington State, 57% of children younger than five 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 do not have access to child care services.80

Table X (“Children on subsidy served by licensed providers by fiscal year”) shows the number of unique unduplicated children on subsidy in two age groups — children under 5 years old and children under 3 years old — who were served by licensed providers each year from FY 2012 through FY 2018. Small increases are apparent each year in the “under 5” category from FY 2012 through FY 2016; since then, the trend has been downward, with a decrease (7.7%) between FY2016 and FY2018.60,81

At the same time, there are specific communities and regions where access to child care is limited and the need is very deep. Figure X (“Extreme child care access deserts in Washington State”) shows communities that fit the ELDS definition of “extreme child care access desert.”

80 Results review
81 Care should be taken in interpreting the decrease in that these data are based on warrant data pulled October 2018, and providers have one year to submit warrants. Thus FY 2018 numbers served may rise slightly once a full year has passed since the end of the fiscal year.
Figure X. Extreme child care access deserts in Washington State. This map includes all zip codes in Washington State that the Early Learning Data store (ELDS) has identified as extreme access deserts for high-quality child care. Extreme access deserts are an indicator of extreme need and do not represent the full unmet need for child care in a community. The ELDS calculates extreme access deserts by comparing counts of children under age 5 who are eligible for subsidized services (ECEAP, Head Start, Early Head Start, and Subsidy) to counts of children under 5 who are actually served by these services at providers rated at quality in Early Achievers. Provider quality is estimated for unrated providers based on the percentage of rated providers in the same county who are rated at quality. This list is based on the March 2019 ELDS extract.


From 2012 through 2016, the number of children receiving child care services from licensed, subsidized providers was gradually increasing. Since 2016, the number has dropped, with a decrease of close to 8% between 2016 and 2018. This may reflect a number of factors, from a decrease in the number of families qualifying for subsidized care to a decrease in available child care slots resulting from changes in regulation, changes in the state’s QRIS, or a reimbursement rate that is lower than the cost of care, requiring providers to limit the number of subsidized slots they provide. The ability to integrate data across the system would allow the state to better assess which children are not receiving services and whether this is a cyclical change or a meaningful trend.

Table X. Children on Subsidy Served by Licensed Providers by Fiscal Year (unduplicated children)

<table>
<thead>
<tr>
<th>FY</th>
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<td>2018</td>
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</tbody>
</table>

DRAFT needs assessment: Positive early learning experiences (opened 1.27.20) 99
Decreasing demand for subsidized licensed child care

The gap between need, as defined by Washington State, and access to services, is driven by uptake as well as availability. A number of factors can affect demand for child care services, including changes in the need for child care by working parents; underlying changes over time in the population requiring care; parental income relative to cost of available care; and adequacy and structure of subsidies available for low-income parents. In the 2017 Early Start Act Annual Report, DEL (now DCYF) reported on changes that have occurred in the population of low-income families in Washington since before the 2008 recession. Characteristics of low-income families with young children have changed since before the recession in ways that may have some impact on the demand for care, including a lower proportion of single mothers and a lower proportion of employed mothers.60

Affordability of child care for working parents

The high cost of childcare makes it difficult for many families to access services. 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

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under 18 years.\(^8^2\) 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 tuition at Washington’s public universities.\(^2^0\) 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.\(^2^0\)

Washington continues to be ranked among the least affordable state for child care in the nation (all rankings are from 2017):\(^8^2\)
- 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 four-year-old.
- Ranked 7th least affordable for family child care for a four-year-old.

Costs of child care are highest for infants and decrease steadily with age — though remaining unaffordable for almost all families (table X, “2018 monthly price of child care”).\(^8^3\)

| 2018 Monthly Price of Child Care, Statewide Median and 75\(^{th}\) Percentile |
|-----------------------------|-----------------------------|-----------------------------|
|                             | 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           | $1,257                   | $823           | $984                     |
| Preschoolers                | $867           | $1,101                   | $702           | $880                     |
| School-Age (Before & 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).\(^8^3\)

Changes implemented in 2011 in how Washington administers Working Connections Child Care, such as increases in co-pays for higher-income eligible families and an end to eligibility for some TANF client groups, may have affected the demand for subsidized child care starting in 2011. 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% FPL. As illustrated in figure X (“Current child care subsidy co-pay structure”), 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 over 15% of family income at the $37,000 income level.

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 still eligible for subsidy, fewer may have been able to accommodate this increase in co-pays (which may contribute to the decrease in demand for services). DCYF estimates that while as many as 38% of eligible children may be receiving child care subsidies at family incomes between 75% and 150% FPL, that drops to 16% of eligible children at 150% to 174% FPL and 7% of eligible children at family incomes between 175% and 199% FPL. As more families with incomes below 200% FPL move up the income distribution, Washington’s steep co-pay structure discourages many of those families from participating.

Finally, the ECEAP household income requirements have resulted in many families either not being eligible for ECEAP or being eligible but not being able to afford the costs for families above 110% of the federal poverty level. This so-called subsidy “cliff” results in families making too much for state support, but not enough to pay their child care costs.

Error! Bookmark not defined.
Low-Income Families

Infant/Toddler Center-Based Child Care as % of Family Income

<$50,200 family of 4 (<200% FPL)

Middle-Income Families

Infant/Toddler Center-Based Child Care as % of Family Income

Ex: $75,300-$100,400 family of 4 (300%-400% FPL)

www.dcyf.wa.gov
Decrease in availability of licensed child care to those needing services

A number of structural factors may affect the relationship of available licensed child care to need:

- Washington has not instituted changes in adult-to-child ratios in licensed care since before 2002, and educational requirements for all licensed providers have not changed since 2004 for center directors and 2012 for family home licensees.
- DCYF recently revised educational requirements for licensed providers, including roles in both centers and family homes, to support a professional development pathway and higher-quality service delivery. These changes may affect the number of providers who are eligible for licensing.
- The expansion of public preschool (ECEAP) is increasing the need for providers who can deliver licensed care.

Families in rural and remote regions of the state have also have fewer care options to choose from and longer distances to travel to secure care.

Shrinking workforce

Washington State continues to experience a decline in providers in the subsidy market for young children and among licensed providers overall. Given reports of shortages of licensed child care accepting subsidy for young children in a number of local communities across Washington, this potential mismatch between supply and demand for care is of concern.

Previous Washington analysis of licensed providers has described a decrease among overall licensed providers in Washington since at least 2010. Research nationally has described similar decreases in licensed child care facilities. 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.

The causes of the continued reduction in the number of licensed child care providers in Washington are discussed in detail below (see “Workforce”).

4.6.3 Early learning facilities

As described in the Facilities Needs Assessment for ECEAP Expansion, the capacity of early learning facilities in Washington State is not enough to meet current need, much less the needs of an expanded ECEAP. Most existing early learning facilities are operating at full capacity and fully using the space they have, and yet still falling short of need.

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Several shifts will place additional pressure on the system between now and the 2020–2021 deadline for ECEAP expansion:

- 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.

Given these factors, the state anticipates that Washington will need an additional 259 new classrooms by 2022–2023 to serve the 4,769 anticipated new enrollment slots.

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 “access deserts” — geographic areas where children who qualify for subsidized early learning are systematically underserved. Children who live in rural and/or remote geographic areas face similar challenges, as reported by the Rural Alliance Superintendents group.

The expansion of ECEAP is an opportunity to ensure that availability of early learning facilities more closely matches need. The new 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.

Limitations on renovating existing early learning facilities

In 2016, DCYF surveyed more than 1,000 early learning providers across the state to assess interest in and ability to expand facility capacity to provide ECEAP services. At the time of the survey, most ECEAP providers said they are fully using their existing facilities and that even with renovations, they would be unable to provide services to additional children. At that time, they estimated that they had space for 1 in every 7 needed slots.

Limitations on establishing new early learning facilities

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 “Workforce,” below), which limits their ability to compete and increases dependence on public school facilities.

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donated space, community facilities, and other spaces that are available at less than market price. These spaces offer limited opportunity for renovation or expansion.86

There are also limitations related to how ECEAP is funded. Because ECEAP is provided by DCYF through biannual contracts with school districts, community colleges, local governments, and nonprofit organizations, there is greater risk for service providers considering long-term investments in capital projects, greater risk for landlords considering investing in improvements for tenants (providers) whose revenue comes from a sole source, and greater risk for lending institutions considering loans to providers whose income is based on two-year contracts. Washington State currently does not have dedicated funding (state or federal) to support providers (and others) in bridging these barriers.86

Finally, early learning providers may not have the capacity or access to the experience and skills required to oversee and manage facility expansion and development.86,89

4.6.4 Availability of home visiting relative to need

In a report to the Washington Legislature on a proposed expansion to home visiting in Washington State (see below), as of 2018, the total number of home visiting slots funded by all federal, state and local sources was 7,323, which is considerably less than the state's 125,800 eligible families (defined as families at or below 200% of the federal poverty level, with a child younger than 3 years). That leaves a projected 118,500 families still unserved. A key finding from this report, which was echoed universally in stakeholder interviews and workshops, is that the need for home visiting services far exceeds the current resources available statewide. Among counties with a significant number of low-income births (more than 500), none had slots available for more than 11% of low-income families, and the large majority were between 0% and 6%.99

4.7 Initiatives to improve quality and availability: Early Start Act

Passed in 2015, the Early Start Act sets a mandate for Washington to increase access to high-quality early learning opportunities, especially for children furthest from opportunity. To achieve this, the Act sets forth specific targets that relate to quality, availability, and diversity of early learning opportunities.

4.7.1 Early Achievers

A key element of the Early Start Act is the Early Achievers QRIS, which helps child care centers and family child care homes reach a level of quality that promotes strong child outcomes90 and, by aligning with ECEAP and Head Start standards, streamlines quality metrics across Washington State.

The Early Start Act established the expectation that all licensed early learning providers serving children on state subsidy (excluding school-age only providers) would enroll in Early Achievers

89 Home and Hope: Creating Early Learning and Affordable Housing Together. Enterprise Community Partners, July 2018.
90 2018 ESA Report
by August 1, 2016 and that by December 31, 2019 all providers required to enroll by August 1, 2016 would achieve a level 3 or higher through an on-site evaluation.

As of September 2018, there were 3,838 child care centers, family child care homes, and ECEAP/Head Start providers participating in Early Achievers. This includes 2,885 child care centers and family child care homes taking subsidy in the past year, 406 ECEAP/Head Start providers, and 546 private providers not taking subsidy in the past year.

Of providers required to rate level 3 or higher by the end of 2019, as of October 2018, 1,240 (54 percent) have gone through the rating process, and of those rated, 88% have achieved a level 3 or higher.

Early Achievers is giving tens of thousands of children a high-quality early start. But this standard of quality only extends to settings-based programs (centers and family child care homes) and does not currently address home-based and informal care (home visiting and programs supporting FFN). Early Achievers provides continuous improvement for programs serving infants to entering kindergarteners; DCYF is currently piloting quality improvement for school-age programs.

Specific targets for high-quality early learning

The Early Achievers Quality Standards focus on external evaluations of the learning environment (using the Environment Rating Scale — ERS tool) and adult-to-child interactions (using the Classroom Assessment Scoring System — CLASS tool). In addition, participants earn points for meeting criteria in a variety of standard areas including Child Outcomes, Curriculum and Staff Supports, Professional Development, and Family Engagement. These standard areas were modified and are aligned with ECEAP and Head Start performance standards.

Providers who have completed all of the level 2 requirements and have worked with their regional Child Care Aware of Washington Technical Assistance Specialist to gauge readiness can request a rating. The data collection team at Cultivate Learning in the University of Washington’s College of Education completes the required data collection. The goal of Early Achievers is to support providers to attain a high level of quality, defined as attaining a rating of a level 3 or higher, so that children are ready for success in school and beyond.
Children served by rated providers

As of September 2018, there were an estimated 97,920 children from birth to age 5 years being served by early learning providers participating in Early Achievers. The majority of these children (64%) were being served in licensed child care centers; 15% were in family child care homes, and 20% were in ECEAP or Head Start sites (table X, “Estimated total 0-5 year olds”).

Ratings by provider type

As of October 2018, 48% of providers serving children on subsidy had been rated, compared with 29% in 2017. As of September 2018, 2,010 of the 3,838 providers enrolled in Early Achievers (both subsidy and non-subsidy), or 52%, are not yet rated.

Of those who have been rated, 46% of ECEAP and subsidy providers received a quality level of excellence (level 3 or higher), while 54% of these providers have not yet rated at quality and are receiving additional supports (figure X, “Early Achievers ratings by provider type”). Compared with the numbers reported in 2017, the number of providers in the Head Start–only category has decreased by 73, and the number of providers listed as ECEAP/HS has increased by 80.

Figure X: Early Achievers Ratings by Provider Type

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Early Start Act targets for quality

- All licensed child care providers serving non-school age children on subsidy will rate an Early Achievers Level 3–5 by 2020.
- All existing ECEAP providers rated an Early Achievers Level 4–5 by March 2016 or began remedial activities by September 2016 to rate a Level 4.
- DCYF has developed a single set of standards across licensing and ECEAP using Early Achievers as the framework for quality.

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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).

Analytics staff discovered an error in the chart presented here in 2017. The Head Start only and ECEAP/HS numbers are incorrect — Head Start was over reported by approximately 75 providers, and ECEAP/HS was underreported by approximately 70 providers. This error has been corrected in the 2018 chart.

ESA report 2017
Early Achievers has also increased professional development and training opportunities and incentives for early childhood providers. However, we recognize that the system does not capture the full range of characteristics that reflect high-quality early learning, and that there is still work to do to ensure that the system meets the needs of early learning professionals from diverse backgrounds.

### The cost of succeeding in Early Achievers

Among child care centers that have been rated by Early Achievers, expenditure in areas related to the QRIS appears to be correlated to rating. For example, centers rated level 4 and 5 tend to have a large portion of their budgets dedicated to monthly investment in Early Achievers, and centers rated level 3 spend slightly more each month on Early Achievers than do centers rated level 2. Centers that have not yet been rated also tend to have high costs related to Early Achievers, which may suggest they are preparing to be rated. **Error! Bookmark not defined.**

### Impact of Early Achievers on diverse providers

More than 85% of rated providers of color are rated “at quality”. Subsidy providers representing racial/ethnic/language diversity generally have rated a level 3 or higher at rates consistent with all rated providers, preserving important access for subsidy care delivered by providers of color and for non-English speaking communities. For example, among required family child care homes, 98% of rated Somali-speaking providers are rated at level 3 or higher. **Error! Bookmark not defined.**

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<table>
<thead>
<tr>
<th></th>
<th>Level 5</th>
<th>Level 4</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Not Rated</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Sites</td>
<td>2010</td>
<td>2010</td>
<td>2010</td>
<td>2010</td>
<td>2010</td>
</tr>
<tr>
<td>ECEAP/HS</td>
<td>54</td>
<td>6</td>
<td>17</td>
<td>61</td>
<td>39</td>
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<td>Subsidy</td>
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<td>1592</td>
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<td>Private</td>
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<td>370</td>
<td>370</td>
<td>370</td>
<td>370</td>
</tr>
<tr>
<td>Head Start</td>
<td>31</td>
<td>31</td>
<td>31</td>
<td>31</td>
<td>31</td>
</tr>
</tbody>
</table>

Data source: Early Achievers Private Pay Monitoring Report, Sept. 2018
Table X (“Cohort of providers required to rate level 3 or higher”) details the progress of child care and family child care home providers who are required to rate level 3 or higher by December 31, 2019, by race/ethnicity and language of primary contact.

<table>
<thead>
<tr>
<th>Table X. December 31, 2019 Deadline</th>
<th>Cohort of Providers Required to Rate Level 3 or higher by Dec. 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participating Not Yet Rated</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>251</td>
</tr>
<tr>
<td><strong>Race/Ethnicity of Primary Contact</strong></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>6</td>
</tr>
<tr>
<td>Asian</td>
<td>7</td>
</tr>
<tr>
<td>Black/African American</td>
<td>12</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
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<td>Multiracial/Other</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>3</td>
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<tr>
<td>White</td>
<td>154</td>
</tr>
<tr>
<td>Unknown</td>
<td>43</td>
</tr>
<tr>
<td><strong>Language of Primary Contact</strong></td>
<td></td>
</tr>
<tr>
<td>Amharic</td>
<td>1</td>
</tr>
<tr>
<td>Arabic</td>
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</tr>
<tr>
<td>Cantonese</td>
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<td>English</td>
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<td>German</td>
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<td>Japanese</td>
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<tr>
<td>Korean</td>
<td>1</td>
</tr>
<tr>
<td>Mandarin</td>
<td>1</td>
</tr>
<tr>
<td>Oromo</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
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</tr>
<tr>
<td>Punjabi</td>
<td>1</td>
</tr>
<tr>
<td>Russian</td>
<td>1</td>
</tr>
</tbody>
</table>

DRAFT needs assessment: Positive early learning experiences (opened 1.27.20)
Child Care Aware of Washington offers pre-enrollment supports, such as helping providers complete 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.

The Early Start Act aspires to create a Washington early learning system that addresses the needs of the most vulnerable of Washington’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.

Child Care Aware of Washington has also developed a number of targeted approaches to reach communities that may need 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.

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94 The Managed Education and Registry Information Tool (MERIT) is Washington Professional Development registry, a statewide tool to document and recognize the professional achievements of early care and education, and school-age professionals. This 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.
Impact of Early Achievers on parental choice

Early Achievers has given parents in Washington State a new resource to identify high-quality child care in licensed centers and family homes. An interesting finding from the first five years of Early Achievers is that cost of tuition is not a significant indicator of quality, and therefore not a reliable measure for parents seeking high-quality care for their children. 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.60

Impact of Early Achievers on access to care

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 before the recent Early Achievers deadlines. 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.

4.7.2 Expansion of ECEAP

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.
ECEAP has a strong base of research demonstrating its effectiveness in contributing to school readiness, and expansion to entitlement levels is essential if DCYF is to reach its goal that all children are ready for success when they enter kindergarten. The Early Start Act confirms the legislature’s intent to make ECEAP an entitlement by the 2022–2023 school year.

To serve all eligible children estimated by the state Caseload Forecast Council to be likely to participate in the 2022–2023 school year, while continuing to support high-quality services, the state must:

- 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. The first choices of parents of children enrolled in ECEAP in 2019-2020 were 51% for Part Day ECEAP, 37% for School Day, and 12% for Working Day.

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95 Participation estimates are 51% of eligible 3-year-olds and 77% of eligible 4-year-olds.
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.  

Considerations related to ECEAP models

Before 2008, ECEAP class sessions were a minimum of 2.5 hours per day and 240 hours per year. In 2008, the minimum was increased to 320 hours per year; during the 2015–2016 ECEAP expansion, these minimums increased again: new Part Day slots required a minimum of 3 hours a day and 360 hours per year, and a new School Day model (an average of 6 hours per day and a minimum of 1,000 hours per year) and Working Day model (year round, and available 10 hours per day) were added, on a limited scale (table X, “Impact of expansion on ECEAP models”).

Table X. Impact of Expansion on ECEAP models

<table>
<thead>
<tr>
<th>Model</th>
<th>FY 2015 slots</th>
<th>FY 2020 slots</th>
<th>FY2015 %</th>
<th>FY 2020 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part Day</td>
<td>8,165</td>
<td>10,387</td>
<td>81%</td>
<td>74%</td>
</tr>
<tr>
<td>Full School Day</td>
<td>1,359</td>
<td>3,060</td>
<td>13%</td>
<td>22%</td>
</tr>
<tr>
<td>Extended Day</td>
<td>567</td>
<td>553</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>10,091</td>
<td>14,000</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

DCYF is still analyzing the impact of ECEAP School Day and Working Day models on child development and learning outcomes — until this year, the relatively small number of slots made it difficult to accurately assess impact. However, these models clearly are enrolling children who on average have different characteristics than those enrolled in traditional Part Day ECEAP slots. For example, among children who attended in the 2018–2019 school year, the proportion enrolled in Part Day, School Day, or Working Day ECEAP was approximately equal for white children (35.3%, 32.5%, and 29.0%, respectively), whereas Black/African American children were more heavily weighted in School Day and Working Day ECEAP (16.2% and 19.5%, vs. 8.1% for Part Day ECEAP).

4.7.3 Trauma-informed care

To respond to the urgent need to provide training and support in trauma-informed care to early learning professionals, Washington State is developing an Infant/Early Childhood Mental Health

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96 Data Source: ELMS 2018-19 ECEAP Child Demographics Report

DRAFT needs assessment: Positive early learning experiences (opened 1.27.20)
Consultation (IECMHC) system and has established 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/HS settings, but practice differs widely from program to program.

In addition, an Infant/Toddler Consultation component within Early Achievers includes a small mental health consultation program that leverages funding from the Child Care and Development Fund (CCDF). However, services are limited to children aged birth to 3 years at sites participating in Early Achievers, which does not meet the demand for support statewide.

[[NOTE: More detailed discussion of trauma-informed care to come.]]

4.8 Addressing the need for additional early learning facilities

The early learning community in Washington has been working to address the critical early learning facilities shortage for the past few years.97 With the planned ECEAP expansion, DCYF has the opportunity to provide multiple forms of support to help both current and potential ECEAP providers meet the need for early learning facilities, including education, technical support, outreach, and financial support, including:

- Helping providers whose facilities are at capacity identify ways to accommodate additional children (e.g., renovation or relocation) and provide resources to support construction and, where needed, the acquisition of new facilities.
- Build capacity to orient non-ECEAP early learning providers to the program and provide technical assistance for those who are interested in adding ECEAP to the services they provide.
- Reach out to families to encourage enrollment among those with eligible children to justify the addition of slots among existing providers.

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.

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.89

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. The project goals include:

- Produce an inventory of potentially developable public and tax-exempt properties.
- Analyze properties for their suitability for affordable housing and early learning centers.
- Organize community partners and build their capacity to develop the sites, as well as coordinate the necessary negotiations among partners and public owners.
- Secure additional public and philanthropic funds to realize the full potential of these sites, as well as the potential in the surrounding neighborhood.
- Facilitate collaboration and co-development between affordable housing and early learning centers.
- Catalyze the redevelopment of 10 sites within King County to create approximately 1,500 affordable homes and five to six early learning centers.98

ECEAP services are delivered in a variety of settings, each of which offers opportunities to support facilities expansion. More than a quarter of ECEAP contractors are school districts, which do have access to capital funding for early learning classrooms, and which also can draw on capital funds through levies and bonds. However, this requires voter approval (bonds require a “supermajority” of 60% and levies require greater than 50% approval), a limiting factor in terms of meeting expanding needs.

Another pathway is through partnerships with organizations that serve the same populations or that have similar missions: public housing authorities, affordable housing developers, city governments.87

4.9 Expansion of home visiting

The need for home visiting services far exceeds the current resources available statewide. Only four counties in Washington State have capacity to offer services to more than 15 percent of families who would qualify — leaving a very large proportion of eligible families without coverage. Statewide, home visiting programs currently serve an estimated 6 percent of births to low-income families.

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. 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

98 https://www.enterprisecommunity.org/where-we-work/pacific-northwest/home-hope
to build on the effective systems that have been created to support service delivery, technical assistance, data management and evaluation, and quality assurance.99

A 2019 report to the Washington State Legislature suggested a three-phase expansion that would result in the addition of 20,500 home visiting slots. The suggested expansion would focus on the highest risk communities (as identified in the statewide home visiting needs assessment).

The report also notes:

- 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.

4.10 Transition supports and gaps

As young children learn and grow, they and their families encounter a number of transitions among the programs and services offered for children in the early years. Transitions to a new program, service, or early learning setting can be exciting and joyful; they can also be a time of uncertainty, loss, and stress for children and families. Children may experience loss of familiar people and predictable routines. Families may have mixed reactions to their child getting older and wonder whether they are ready for the next stage.

Early childhood providers can offer important support and guidance to help families feel secure and ready to make the move to a new setting. Strong relationships between providers and

families are critical. Washington State has been steadily expanding programs that support those relationships and transitions.

4.10.1 WaKIDS

[[NOTE: More information on transitional kindergarten to come.]]

WaKIDS provides support to transitional kindergarten and full-day kindergarten with three components: family connection, whole child assessment, and early learning collaboration. New full-day kindergarten teachers complete training in use of a subset of GOLD® and WaKIDS before the beginning of school.

- **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 WCFC) until 2014. Depth and breadth of implementation depends entirely on grant support and priority level at educational service districts.

While all school districts are required to offer full-day kindergarten and implement three components of WaKIDS, OSPI monitors completion of the whole child assessment and 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.

While OSPI created and contracted for an array of tools and resources, 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. While almost all new teachers completed required training (WaKIDS 101), only 24 administrators took this training in person and 12 completed the training online. OSPI designed a Canvas training specific to principals and other administrators, and only five administrators completed it statewide.
4.10.2 Age transitions

School districts support transitions for children qualified for ESIT to Part B developmental preschools as described in [CROSSREF], above. Early Achievers provides voluntary points for transition activities, but such activities are not required.

Currently, Washington State is conducting an assessment of kindergarten transition practices across the state. The data-gathering strategy includes sharing research on effective approaches to kindergarten transitions, activities to identify and document current approaches, and a framework to classify and analyze transition practices through the components of child activities, engaged families, data, and aligned planning and professional learning.

A final report and recommendations will be available in February 2020. Initial data highlight a number of common and best practices.

<table>
<thead>
<tr>
<th>Common practices</th>
<th>Best practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
<td></td>
</tr>
<tr>
<td>• Preschool child visits a kindergarten classroom and tours an elementary schools.</td>
<td>• Building relationships and providing information and resources.</td>
</tr>
<tr>
<td>• Child attends an all-school event with family and/or Head Start, which sometimes focuses on an area of development such as mathematics, STEM, or early literacy.</td>
<td>• For example, a school district conducts a home visit to a new family at birth to bring an educational toy and the Washington State Early Learning and Development Guidelines. The district conducts a shared home visit with the child’s Head Start teacher in the spring prior to kindergarten. During home visits school staff and kindergarten teachers meet children in their home and develop an understanding of the family’s culture and values.</td>
</tr>
<tr>
<td><strong>Families</strong></td>
<td></td>
</tr>
<tr>
<td>• Preschool families attend an early learning fair where community-based agencies provide referrals and information on their services: pediatricians, Kindering or other developmental therapist, dentists, mental health providers, and civic organizations donating supplies such as backpacks. One fair included pro bono</td>
<td>• Combining relationships and resources.</td>
</tr>
<tr>
<td></td>
<td>• For example, a district hires itinerant special education coordinators who visit children regularly in their Head Start or ECEAP program. Before kindergarten, the coordinator supports the family in amending the child’s IEP, along with a team from preschool and elementary school.</td>
</tr>
</tbody>
</table>
cosmetology students offering school haircuts.

- Preschool families attend Kindergarten Round Up registration events at the elementary school which provide activities for children, tours for families, and opportunity to complete immunization and registration forms with interpreters.

### Data and information

- Educational service districts and OSPI provide a transition form for preschool teachers/early childhood providers to complete with families in the spring prior to kindergarten.

- The family shares information from the transition form with the kindergarten teacher prior to or during the Family Connection meeting as an introduction to their child’s strengths.

- Head Start programs and elementary schools sign data sharing agreements to help families and educators monitor the student’s longitudinal growth and address inconsistencies in serving the child between classrooms and teachers.

- Preschool and elementary teachers communicate with families using translated text messages with photos and other documentation of the student’s learning and suggestions for activities at home. (Dojo, Ready Rosie, or other text communication tools with privacy settings)

### Aligned professional development and planning

- Districts and ESDs host dinner and dialogue meetings with community-based providers, ECEAP staff, Head Start staff, and Family Friends and Neighbors on particular areas of child development.

- Dinner and dialogue evenings offer two-way communication on practices in a range of settings, with expertise and ideas shared mutually by child care center staff and elementary school staff.

- District teachers and specialists meet with Migrant Head Start staff near the migrant work site, bring learning resources (crayons, play dough, craft supplies), and offer opportunities to learn about the families’ cultures and strategies to work with dual-language learners.
• Districts offer immigrant and refugee family supports at the elementary schools, including citizenship classes, English as a Second Language, and computer skills.
• School principals create opportunities for families to share their cultural norms and create leadership opportunities in school policies.
• Preschool and kindergarten teachers meet to learn strategies in observational assessment using Creative Curriculum and GOLD® documentation.

4.10.3 Correlation in student outcomes between WaKIDS and Smarter Balance assessments

Research has confirmed a relationship between high school graduation and meeting standards at third grade; one out of six children not reading proficiently in third grade will not graduate from high school on time. In Washington State, data available through WaKIDS indicate a strong positive correlation between performance on third-grade English language arts and math Smarter Balance assessments and readiness for kindergarten: Students who enter kindergarten with all skills expected of a kindergartener on WaKIDS assessment are substantially more likely to meet math and ELA standards at third grade. Students who lack the skillset expected of a 5-year old in math and literacy are more than 30% less likely to meet standards on third grade math and English language arts Smarter Balance assessment (table X, “percent of students who met standard”).

---

Percent of students who met standard on the 3rd grade ELA and math assessments by number of areas of development and learning

**Development & Learning Standards**

0 of 6 English Language Arts (ELA)
1 of 6 Math
2 of 6
3 of 6
4 of 6
5 of 6 67% Proficient in ELA &
6 of 6 70% Proficient in Math

Percentage of students who met standard in math or ELA
DRAFT: Washington State early learning needs assessment: empowered communities
5 Empowered communities and responsive early learning system ................................................. 125
  5.1 Coordination between state and local efforts ................................................................. 125
     Early Learning Advisory Council .................................................................................. 125
     Indian Policy Early Learning Committee ...................................................................... 125
     Washington Communities for Children ........................................................................ 126
     First Thousand Days Initiative ..................................................................................... 127
     Essentials for Childhood Initiative ............................................................................... 128
     Washington State Interagency Coordinating Council .................................................. 128
  5.2 Strong and integrated data systems .............................................................................. 128
  5.3 Flexible and sustainable financing ................................................................................. 131
  5.4 Aligned and supportive standards ............................................................................... 132
  5.5 Governance ................................................................................................................ 133
  5.6 Public awareness of and support for the system .......................................................... 134
Empowered communities and responsive early learning system

Building an early learning system is complex, requiring coordination among the many organizations, programs, services, and supports that contribute to young children’s development. For children to thrive, the legislature, state agencies, tribal nations and community partners must work together to ensure communities have the resources and support they need to design and implement a system of programs and services that are equity-focused, responsive, coordinated, and adequately resourced — and that builds on the strengths of families and providers.

The mark of a thriving early learning system is one in which the programs and services in place for children and families are supported by an integrated, equitable and responsive system infrastructure. System infrastructure includes the establishment of financing structures; governance and coordination structures; integrated data systems; aligned quality standards; capacity building and professional development; strong stakeholder and partner engagement approaches; and coordinated continuous quality improvement processes.

The Washington State Early Learning Plan 2010 prioritized investment in and growth of the state’s early learning system, and Washington has made great progress over the past decade, especially in the role that communities and community coalitions play. Continuing to advance the infrastructure (e.g., data systems, financing, and alignment of standards) that serves and unites the early learning system’s diverse participants will be key to success over the next ten years.

5.1 Coordination between state and local 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 the Department of Children, Youth and Families (DCYF) to state-level support for early learning coalitions already established in many communities.

As described below, there are a number of strong coordinating bodies that help to link the early learning system across the many programs, services, and supports available throughout Washington State. However, there is currently no formal structure to facilitate coordination across all of these organizations and agencies, and as the early learning system grows, the need for such a structure is increasingly urgent.

Early Learning Advisory Council

The 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. Its members include parents, child care providers, health and safety experts, legislators, representatives of Tribal Nations, independent schools, K-12 and higher education, among others.

Indian Policy Early Learning Committee
The Indian Policy Early Learning (IPEL) committee was established in 2013 at the recommendation of native leaders in Washington State. IPEL’s objective is to support the need 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 Washington State early learning strategy and implementation, as well as ensuring that the needs and perspectives of Tribal governments are integrated into statewide programming.

**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 (RE-TOC). 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 new entity: Washington Communities for Children (WCFC). WCFC is a network of coalitions dedicated to improving the well-being of children, families, and communities. WCFC works 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.

However, with the dissolution of Thrive, 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.

**First Thousand Days Initiative**

The First Thousand Days Initiative works to reduce the impact of adverse childhood experiences (ACEs) by bringing together communities, policy experts, and others to generate strategies that buffer vulnerable families against the trauma associated with adverse childhood experiences. Seated in the Temporary Assistance for Needy Families (TANF) office of the Economic Services Administration of Washington State, the initiative is one of the first to engage community partners in a rapid-cycle process of learning, planning, implementation, and improvement that responds to community need and centers community experience and expertise.

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 Thousand 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 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.

**Washington State Interagency Coordinating Council**

The Washington State Interagency Coordinating Council (SICC) coordinates and fosters development of a comprehensive statewide system of accessible local early intervention services for children birth to age 3 who have disabilities or are at risk for developing disabilities and their families, and to coordinate transition of these children into programs for 3- to 6-year-olds.

SICC promotes and supports family involvement and family-centered services. In order to carry out this 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.

### 5.2 Strong and integrated data systems

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. These investments include data systems related to early learning — for example, the Early Learning Management System (ELMS) for the Early Childhood Education and Assistance Program (ECEAP); the Social Service Payment System and the Automated Client Eligibility System (SSPS/ACES) and BARCODE for Childcare Subsidy Providers (CCSP); WA Compass for family, friend and neighbor (FFN) providers; Web-Enabled Early Learning System (WELS) for the Early Achievers quality rating and improvement system (QRIS); and the Early Support for Infants and Toddlers (ESIT) for the Individuals With Disabilities Education Act (IDEA) Part C B-3.

These systems include data from children and families, the early learning workforce (i.e., individual providers), and early learning programs. Data from all three levels are necessary to understand the needs of Washington’s families.
**ELMS (ECEAP).** The ELMS system is populated by ECEAP contractors and teachers and includes information 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 early learning professionals throughout the state (see “Workforce” for a full description of MERIT). 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 the Early Achievers (EA) Program. EA application data is stored through the MERIT system.

**WELS.** The WELS system captures rating and coaching information that is part of Washington’s Early Achiever Quality Rating and Improvement System. Data in WELS is input by EA Evaluators and Coaches. There are also automated feeds from the MERIT system. All EA participants must use MERIT to track professional records; facility information; staff education, verification, and employment; EA registration; completion of EA Level 2 required activities. Rating levels (only) are auto-fed from WELS back into MERIT.

**ESIT.** ESIT is the primary system and data store for children’s Individualized Family Service Plans (IFSPs) serving children from birth to three years old. 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 Early Childhood Intervention and Prevention Services (ECLIPSE). Source data comes from BARCODE (housing the Washington Comprehensive Assessment Program, or WCAP), SSPS (nightly) 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 (DOH) facilitate data downloading. DCYF has annual extraction rights to download data from Nurse Family Partnership/Parents as Teachers (NFP/PAT). Other home visiting models provide data on shared measures directly to DOH.
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 data gap 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 the systems (e.g., child welfare). 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.

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?

To best serve the children of Washington State, DCYF envisions an integrated data warehouse that would bring together data not only from across the early learning system but also from child welfare and juvenile justice. Funding for this project has not yet been secured; however, because of the urgency of the need, DCYF is building 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 (an integrated data warehouse is likely two to three years away) and building interim capacity (working on cloud-based infrastructure). An integrated data warehouse is the long-term solution to fragmented data. The Office of Innovation, Alignment, and Accountability (OIAA) is currently reworking a Decision Package (DP) and will resubmit to the Governor’s office for reconsideration in the 2019 supplemental legislative session. In addition, the OIAA Data Innovation team is working to develop interim solutions (data products) that provide
data linkage access to analysts and researchers even before we have an integrated data warehouse.

- 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 [RDA]). 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 is substantial. Usually integrated data from these agencies are at least two years old, and the time to accomplish the link is at least one year.

5.3 Flexible and sustainable financing

[NOTE: More information on financing to come.]

Providing families with options for high-quality care requires flexible and stable funding that is reliable over time. Currently, funding for early learning in Washington State comes from multiple sources with distinct and different 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 early learning workforce with compliance requirements.

One of the single greatest barriers to offering integrated and sustainable programming (using multiple sources of funding) is the array of requirements in place. These overlapping requirements can present significant limitations to braiding or blending funding. To realize a system that enables providers to offer services that are responsive, equitable, inclusive, and sustainable, policymaking bodies must acknowledge the existing barriers and create funding structures that ensure multiple funding streams can be coordinated and maximized.

Table X ("Funding for early learning") shows the private and public funding sources that DCYF leverages to support Washington’s mixed delivery system.

[[NOTE: Table data to be updated.]]

Table X. Funding sources and annual amounts for early learning programs, services, and support

<table>
<thead>
<tr>
<th>Program</th>
<th>Total funding</th>
</tr>
</thead>
</table>

DRAFT needs assessment: Empowered communities (opened 1.27.20)
## Washington State Early Learning Strategy

### Department of Children, Youth, and Families

<table>
<thead>
<tr>
<th>Program</th>
<th>Federal</th>
<th>State</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care and Development Fund (CCDF)</td>
<td>$166 million</td>
<td>$75 million</td>
<td></td>
</tr>
<tr>
<td>Home Visiting</td>
<td>$11.7 million</td>
<td>$6.7 million</td>
<td></td>
</tr>
<tr>
<td>State Pre-K (ECEAP)</td>
<td></td>
<td>$121 million</td>
<td></td>
</tr>
<tr>
<td>ECLIPSE</td>
<td></td>
<td>$4.6 million</td>
<td></td>
</tr>
<tr>
<td>IDEA Part C</td>
<td>$11 million</td>
<td>$60 million</td>
<td></td>
</tr>
<tr>
<td>Head Start Collaboration Office</td>
<td>$193,518</td>
<td>$48,379</td>
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<tr>
<td>Early Achievers</td>
<td>$43 million</td>
<td>$13.9 in federal CCDF to fund Early Achievers is included in CCDF</td>
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<tr>
<td>Community Based Child Abuse Prevention</td>
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<td>$800,000</td>
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<tr>
<td>Quality Initiatives Funding (multiple special projects)</td>
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<td>$10 million</td>
<td></td>
</tr>
<tr>
<td>Partnership for Pre-K Improvement (Ounce of Prevention Fund)</td>
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<td>$1.1 million</td>
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<td>Pre-K Infrastructure and Quality Improvement Grant (Gates Foundation)</td>
<td>$2.1 million</td>
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<td>Head Start (HS, EHS, AI/AN, MSHS)</td>
<td>$203 million</td>
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<td>IDEA Part B Section 619</td>
<td>$124 million</td>
<td>$6 million</td>
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<tr>
<td>WaKIDS (Kindergarten Assessment)</td>
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<td>$2.5 million</td>
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<tr>
<td>TANF (Home Visiting)</td>
<td></td>
<td>$2 million</td>
<td></td>
</tr>
<tr>
<td>Title V (Maternal Child Health Block Grant)</td>
<td>$2.7 million combined federal and state ($180,000 of this amount drawn from state Medicaid match)</td>
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<tr>
<td>Project LAUNCH</td>
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<tr>
<td>Essentials for Childhood</td>
<td>$310,371</td>
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<tr>
<td>State grants for improving services for children with Autism Spectrum Disorder</td>
<td>$420,000</td>
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<tr>
<td>Title IV-E</td>
<td>$104 million</td>
<td>$200 million</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Private philanthropic partners include Bill & Melinda Gates Foundation, Balmer Group, Perigee Foundation, Boeing, Microsoft, and others.

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; a study on the cost of high-quality ECEAP is under way, and a child care cost study will be complete by early 2020.

### 5.4 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.”

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. The resulting changes to the WACs describe a clear progression, as shown in figure X (“Progression of standards”).

The new WACs went into effect on August 1, 2019, and are scheduled for full implementation in 2020.

5.5 Governance

In 2018, DCYF was launched as Washington State’s newest cabinet-level agency. DCYF oversees programs formerly implemented by the Children’s Administration, Juvenile Rehabilitation, and the Department of Early Learning, for the first time bringing together all of the state’s child welfare and early learning efforts into a unified agency to better serve children and families, especially those furthest from opportunity.

In the same year, a long-standing governance structure, the Early Learning Partnership (ELP), dissolved. Established in 2009, the ELP was a collaboration between DEL (now DCYF), Office of Superintendent of Public Instruction (OSPI), and Thrive by Five Washington (now Thrive
Washington State Early Learning Strategy
Department of Children, Youth, and Families

Washington) that brought together public and private funding and broadened the scope of early learning to include kindergarten through third grade. In addition to leading the development of the 2010 Washington State Early Learning Plan, ELP, while not a formal decision-making body, was responsible for monitoring progress on the plan and collectively advancing the strategies it laid out.

While the creation of DCYF has provided a strong focal point for collaboration among state agencies, the dissolution of the ELP has opened a need for 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.

5.6 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. While there were and have continued to be individual campaigns and initiatives led by various statewide and local early learning organizations, there had been no coherent and collective public awareness effort.

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.

Coalitions like those described above (see “Coordination between state and local efforts”) also play an important role in building support at the local level.
DRAFT Washington State early learning needs assessment: Workforce
6  A strong and supported early childhood workforce

6.1  The landscape for Washington State’s early learning workforce

6.1.1  Providers working in licensed child care settings
- Workforce compensation, including wages, benefits, and pay equity
- Professional development and training
- Characteristics, including race/ethnicity and language, that affect providers’ ability to provide culturally responsive early learning services

6.1.2  Providers working in home-based and informal settings
- Home visiting workforce compensation
- Professional development and training for home visitors
- Equity and diversity in the home visiting workforce

6.1.3  Kindergarten through third grade educators

6.2  Washington State initiatives that support the early childhood workforce

6.2.1  Support for a diverse early learning workforce
- Within ECEAP
- Within Early Achievers
- Relationship-based professional development
- Professional growth and facility management
- Quality improvement tools and incentives
- The Imagine Institute

6.3  Shared services
6 A strong and supported early childhood workforce

Washington State is home to a strong, diverse, and highly committed early childhood workforce. 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, and this is only a small portion of the providers across formal, home-based, and informal settings who are delivering high-quality experiences and transformative opportunities for young children.

The well-being, skills, and knowledge of the early childhood workforce directly correlate to the quality of children’s experiences in early learning programs. However, early childhood providers are among the lowest-paid child educators in Washington, and there are persistent gaps and disproportionalities between the size of the early childhood workforce and the need for high-quality care among Washington’s children (CROSSREF “What we know”). As the *Early Childhood Workforce Index 2018* notes, nationwide, “our system of preparing, supporting, and rewarding early educators . . . remains largely ineffective, inefficient, and inequitable.”

Washington State is working to ensure that the early learning workforce is diverse, highly skilled, and competitively compensated, and that the people who choose a career in service to our youngest children have access to the training and other supportive resources they need to ensure positive outcomes for all the children in their care.

6.1 The landscape for Washington State’s early learning workforce

6.1.1 Providers working in licensed child care settings

In 2018, MERIT (the Department of Children, Youth and Families [DCYF] early childhood workforce registry) 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.

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 providers’ needs as business owners, state involvement and policies, and the needs of families is difficult.

102 Compensation Technical Workgroup Report
103 2018 Market Rate Survey
105 This includes staff at licensed child care centers, licensed family homes, and Early Childhood Education and Assistance Program (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.
A number of recent changes have affected this landscape, including an increase in Washington’s minimum wage and the launch of the Early Achievers quality rating and improvement system (QRIS). At the same time that Early Achievers is improving quality and professional development opportunities that can lead to higher salaries and professional advancement, it places new pressure on an early learning 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 “Positive early learning experiences,” above), Washington 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.102

Given all the factors above, 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 X, Staff positions and share of early learning facilities with openings).102 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.102

Staff turnover also makes it difficult to maintain high-quality services, disrupting the important relationship between providers and children that are the basis for building trust. A 2014 survey by the Department of Early Learning (now the DCYF) found average turnover of 21% among directors, 11% among supervisors, 24% among teachers, and 43% among assistants in early learning facilities.106

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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. 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.

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). Notably, when rates of turnover among Washington’s early learning professionals are compared with national and state averages for all teachers, early learning professionals experience turnover at a much higher rate.108

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. Other roles fall just above the threshold, leaving providers to choose between working full time and receiving critical benefits.102,109

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107 Compensation Technical Working Group Report
109 Special education preschool teachers are the exception, with pay on par with teachers for older age groups.
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: Washington does not mandate salary parity for publicly funded pre-K teachers, does not require compensation standards, does not include earmarks for salaries in public funding, and does not provide financial relief in terms of a stipend or tax credit (although Washington does provide some financial relief via bonuses).\(^{110}\)

Although the Washington State Legislature has established legislation to increase wages for child care workers (\textit{RCW 43.216.680}), this legislation is currently unfunded.

\textbf{Professional development and training}

Washington State is home to a highly skilled early childhood workforce, 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.

Staff in licensed child care settings who serve children receiving state subsidy are required to participate in Washington’s Early Achievers QRIS (see “Positive early learning experiences,” above), which standardizes criteria for high-quality early learning and rates child care centers on a scale of 1 to 5 based on those criteria.

In August 2019, Washington State revised licensing requirements to align staff qualifications across roles, regardless of setting. These requirements include both minimum requirements at hire and full educational requirements. Providers have between five and seven years after hire to achieve the full requirement (table X, “Washington Administrative Code requirements for education/certificates”).

**Table X. Washington Administrative Code requirements for education/certification for licensed child care workforce**

<table>
<thead>
<tr>
<th>Role</th>
<th>Age</th>
<th>Minimum hiring requirement</th>
<th>Full educational requirement</th>
<th>Timeline to meet full education requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>18</td>
<td>10 ECE credits (12 children or fewer)</td>
<td>State certificate (47 credits)</td>
<td>5 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25 ECE credits (13–14 children)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>45 ECE credits (25 children or more)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant director</td>
<td>18</td>
<td>Same as center director</td>
<td>State certificate (47 credits)</td>
<td>5 years</td>
</tr>
<tr>
<td>Program supervisor</td>
<td>18</td>
<td>Same as center director</td>
<td>State certificate (47 credits)</td>
<td>5 years</td>
</tr>
<tr>
<td>Lead teacher</td>
<td>18</td>
<td>High school diploma</td>
<td>Initial certificate (12 credits)</td>
<td>5 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Short certificate (20 credits)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 years from completing initial certificate</td>
<td></td>
</tr>
<tr>
<td>Assistant teacher</td>
<td>18</td>
<td>High school diploma</td>
<td>Initial certificate (12 credits)</td>
<td>5 years</td>
</tr>
<tr>
<td>Aide</td>
<td>14</td>
<td>High school diploma or enrolled</td>
<td>High school diploma or enrolled</td>
<td>NA</td>
</tr>
<tr>
<td>Volunteer</td>
<td>14</td>
<td>None</td>
<td>None</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Family homes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner</td>
<td>18</td>
<td>High school diploma</td>
<td>Initial certificate (12 credits)</td>
<td>5 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Short certificate (20 credits)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 years from completing initial certificate</td>
<td></td>
</tr>
<tr>
<td>Lead teacher</td>
<td>18</td>
<td>High school diploma</td>
<td>Initial certificate (12 credits)</td>
<td>5 years</td>
</tr>
<tr>
<td>Assistant teacher</td>
<td>18</td>
<td>High school diploma</td>
<td>Initial certificate (12 credits)</td>
<td>5 years</td>
</tr>
<tr>
<td>Aide</td>
<td>14</td>
<td>High school diploma or enrolled</td>
<td>High school diploma or enrolled</td>
<td>NA</td>
</tr>
</tbody>
</table>
Providers may also meet the new standards by demonstrating “equivalent” experience, either via an experienced-based competency demonstration or through alternative credentials (e.g., community-based training series or other credentials). For those who choose not to pursue either of these options, there is an additional pathway: existing providers who have previously verified education and have the number of early childhood education (ECE) credits that matches the listed certificate for their role are considered qualified for their roles.

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.

Early Achievers provides a variety of types of support for members of the workforce seeking to meet the new qualifications, described in “Positive early learning experiences.” Other options include peer advising offered at community colleges throughout the state through the Points of Contact program.

Characteristics, including race/ethnicity and language, that affect providers’ ability to provide culturally responsive early learning services

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 understand the child’s cultural context, are more likely to be comfortable, respectful, and nurturing, and less likely to present barriers to learning (e.g., provider’s inability to communicate in the child and parents’ language or difficulty interpreting behavioral context).

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); another 32.8% of young children in Washington live in households where English is not the primary language. Available data on the early childhood workforce suggest greater racial/ethnic diversity than the state workforce as a whole (table X, “Racial/Ethnic Diversity among ECEAP and subsidy providers”), but there is still a gap to be filled. This is especially true among providers who work most closely with children: for example, overall 35.9% of the active early learning workforce working in licensed facilities statewide are people of color, only 32.1% of teachers (or primary staff working with children) are people of color (figure X, “Washington’s Early Learning Workforce by Job Title”). These data, drawn from the state’s MERIT database, may also be limited in important ways: for example, race and ethnicity are optionally self-reported.

The racial/ethnic makeup of the formal-setting 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

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>14</th>
<th>None</th>
<th>None</th>
<th>NA</th>
</tr>
</thead>
</table>

Source: Professional Development Update PPT.
diversity in regions where there is a higher concentration of diverse children and families (see “What we know about Washington’s children and families,” above).

Washington’s formal-setting early childhood providers speak more than twenty languages, reflecting the language diversity of the children and families they serve (figure X, “Language diversity of active early learning workforce”; see also “Empowered communities and responsive early learning system,” above). 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 (see “What we know about Washington’s children and families”). 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.

Table X. Racial/ethnic diversity among ECEAP/subsidy providers compared with overall Washington State Workforce

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>State Workforce\textsuperscript{iii}</th>
<th>Early Learning Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>NA</td>
<td>1.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>NA</td>
<td>6.3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4.1%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>13.3%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>NA</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other/Multiracial\textsuperscript{12}</td>
<td>NA</td>
<td>3.0%</td>
</tr>
<tr>
<td>White, not Hispanic/Latino</td>
<td>80.3%</td>
<td>53.4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>NA</td>
<td>10.7%</td>
</tr>
</tbody>
</table>


Table X. Active Early Learning Workforce (ECEAP and subsidy) Racial/Ethnic Diversity 2017, by Region

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Central</th>
<th>Eastern</th>
<th>King</th>
<th>North west</th>
<th>Olympic</th>
<th>South west</th>
<th>Tacoma Pierce</th>
<th>Unkn. Reg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>4,111</td>
<td>6,343</td>
<td>16,674</td>
<td>6,283</td>
<td>4,035</td>
<td>3,510</td>
<td>4,420</td>
<td>96</td>
</tr>
<tr>
<td>Asian</td>
<td>&lt;1%</td>
<td>2.3%</td>
<td>&lt;1%</td>
<td>2.2%</td>
<td>3.1%</td>
<td>1.6%</td>
<td>1.5%</td>
<td>1%</td>
</tr>
<tr>
<td>White</td>
<td>80.3%</td>
<td>16.3%</td>
<td>5.5%</td>
<td>3%</td>
<td>2%</td>
<td>3.7%</td>
<td>10.4%</td>
<td></td>
</tr>
</tbody>
</table>

DRAFT needs assessment: Workforce (opened 1.27.20)
### Figure X. Washington’s early learning workforce (ECEAP/subsidy), racial/ethnic diversity by job title

<table>
<thead>
<tr>
<th>Race/Ethnic Group</th>
<th>Assistant</th>
<th>Director/Supervisor</th>
<th>Other</th>
<th>Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>&lt;1%</td>
<td>2.2%</td>
<td>13.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>56.3%</td>
<td>20.9%</td>
<td>12.2%</td>
<td>13%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Multiracial/Other</td>
<td>&lt;1%</td>
<td>2%</td>
<td>4.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>White</td>
<td>32.3%</td>
<td>60.4%</td>
<td>44.6%</td>
<td>61.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>8.5%</td>
<td>9.9%</td>
<td>11.8%</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

Data source: MERIT, [source missing].
All racial groups are reported as non-Hispanic.

Data source: MERIT
Note: “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 in MERIT. All race categories are non-Hispanic.
6.1.2 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 relative care, 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.\(^{113}\)

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).

**Home visiting workforce compensation**

Low wages, combined with wide variances in employee-provided health benefits, are significant economic parallels between 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. Another recent publication confirms: “In a recent sample of Head Start staff, 43% of all teaching staff had at least one child under five years of age in the home, making the early childhood workforce a population that can benefit from two-generation strategies.”

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.

Equity and diversity in the home visiting workforce

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114 https://www.dcyf.wa.gov/sites/default/files/pdf/RegXWorkforceStudyBrief2.pdf
116 Region X Home Visiting Workforce Study
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% Federal Poverty Level (FPL), 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.118

![Significant predictors of hourly pay]

6.1.3 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 X, “State-level teacher by race/ethnicity”):

- 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.119

State-Level Teacher by Race/Ethnicity, 2017–2018


119 https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300
Turnover rates among kindergarten teachers remain consistently high since the initial implementation of WaKIDS in 2012. In 2017–2018, the turnover rate was 24%.

Among K-3 teachers, approximately 25% through 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).

### 6.2 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) 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.)

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120 Title II, Part A and Special Programs, Educator Growth and Development, OSPI.

121 HB 1344 enacted 2019 (Child Care Access) (full ref. to come)
Washington State Early Learning Strategy  
Department of Children, Youth, and Families

- Evaluate recommendations from the Compensation Technical Work Group, 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 Working Connections Child Care (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*

At the direction of the Washington State Legislature, in 2017 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.

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 and employment requirements are waived.

6.2.1 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.

**Within ECEAP**

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 address inclusiveness in ECEAP and special education classrooms to provide equal access to children of differing abilities. 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.

**Within Early Achievers**

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 “Positive early learning experiences,” above). 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 (CCA of WA), the main 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.

CCA of WA is also strengthening the capabilities of its Early Achievers coaches to support a diverse workforce. Approximately one-third of the 165 CCA of WA 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. CCA of WA 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, CCA of WA 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 X (“Relationship-based professional development by provider language”), CCA of WA’s provision of relationship-based professional development services largely reflect the language diversity of the Early Achievers provider base.

Figure X. Relationship-Based Professional Development by Provider Language
Data source: ETO, PRISM, and MERIT

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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.

In a given month, the majority of Early Achievers participants will receive some type of coaching (figure X, “Relationship-based professional development hours by type”).

Figure X. Relationship-based professional development hours by type, 2012-2018

![Graph showing relationship-based professional development hours by type, 2012-2018](image)

**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 QRIS system. Completion rates for this training series were high (figure X, “Individuals completing level 2 training”) between 2012 and 2018.

**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.

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, 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 X, "Needs-based grants awarded in FY 2018"). In 2019, eligibility expanded to include licensed homes and centers working on all rating levels.

<table>
<thead>
<tr>
<th>Table X. Needs-based grants awarded in FY 2018</th>
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<tr>
<td>Child Care Centers</td>
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## Region | Amount Awarded | Number of Providers | Amount Awarded | Number 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 rating of 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 Local 925 (SEIU) 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.

### 6.3 Shared services

Washington’s longstanding commitment to encouraging parent choice has resulted in an array of early learning options with varying capacity across providers. Family child care, small early
learning providers, small nonprofits, and remote school districts often face interconnected barriers that impede their ability to provide high-quality early learning using a sustainable business model. They lack economies of scale for delivering specialized comprehensive early childhood development services. Essential business functions, including fiscal management and administration, create challenges for already stretched staff capacity.

These entities face unique pressures associated with operating a business with increasing regulations and administrative requirements — yet these providers are a critical part of Washington’s mixed delivery system. To respond to this need, DCYF will build on a successful pilot to expand shared services for business expertise and comprehensive services to build provider capacity across the state, complementing DCYF’s efforts to scale up licensed child care capacity to prepare for ECEAP’s transition to an entitlement program in 2022–2023.