

EARLY CARE AND DEVELOPMENT PRIORITY / CHILD CARE

R15: Increase participation in quality early care and education

Result

“The availability of high quality care and education is essential. Maximizing participation in quality early care and education programs has a profoundly positive impact on both child development and school readiness. The Commission recognizes that quality early care and education programs provide young children with essential social and academic skills that are critical for later success.”¹

Community Assessment

In Sacramento County there are 23,192 licensed child care slots for children ages zero to five (3,016 for ages 0-2 and 20,176 for ages 3-5).² Data reported by Child Action, Inc. in 2008 included: 478 child care centers and 2,504 family child care homes.³ The exact number of license exempt providers (Family, Friends and Neighbors) is difficult to capture as this is unregulated care. As of February 2008, there were approximately 3,043 licensed exempt providers caring for 6,118 children (it is unknown how many of these children are ages zero to five).⁴

According to Child Action, Inc. and the 2007 California Child Care Portfolio there are approximately 12,000 annual requests for child care in Sacramento County; 34% of those requests are for infant/toddler care and 40% for preschool care. The remaining 26% requests are for care for children over the age of five.⁵ Therefore, the supply exceeds the demand of care for children ages zero to two. Child Action, Inc. reported approximately 4,800 requests for child care for this age group in 2007 and only 3,106 spaces available.⁶

In addition, as of 2006 there were 162,630 children (ages zero to thirteen) in Sacramento County with parents in the labor force, however, there were 58,951 estimated available licensed child care spaces.⁷ Although this data demonstrates the supply and demand of licensed child care, it does not report the number of stay at home parents and/or an accurate number of FFN caring for children ages zero to five.

Target Population

The target population for this service area will be children ages zero to five, parents of children ages zero to five, and child care providers in family child care and center based settings serving children ages zero to five.

¹ First 5 Sacramento Commission. 2009 Strategic Plan Update For Fiscal Years 2010-2015

² The 2007 California Child Care Portfolio. California Child Care Resource & Referral Network

³ Child Action Inc. 2008 Sacramento County Child Care Statistics

⁴ Child Action Inc. 2008 Sacramento County Child Care Statistics

⁵ The 2007 California Child Care Portfolio. California Child Care Resource & Referral Network

⁶ Child Action Inc. 2008 Sacramento County Child Care Statistics

⁷ The 2007 California Child Care Portfolio. California Child Care Resource & Referral Network

Background and Best and Promising Practices

A set of comprehensive strategies based on best and promising practices will ensure that the First 5 Sacramento Commission meets the Priority of *Early Care and Development* as identified in the 2009 Strategic Plan Update. More specifically, the result of “*Increase participation in quality early care & education*” will be addressed by the best and promising practices identified below.

The following information is based on a literature review of research based materials related to high quality child care, professional development of child care providers, and increasing access to quality child care by addressing the development of child care facilities.

First 5 Sacramento Commission has funded Child Action, Inc. to manage the Quality Child Care Collaborative (QCCC) since 2003. The QCCC’s membership consists of Sacramento County community based organizations including educational and governmental agencies, non-profit organizations, private businesses and First 5 Sacramento.⁸ These agencies have a common purpose of providing technical assistance and training to child care providers. For instance, an example of such a program is the Illinois Early Learning Council which was developed to provide a high-quality early learning system that is available to all children from zero to five years by enhancing, coordinating, and expanding programs and services for children.⁹ The QCCC is a similar program to the scientific evidence model of the Maternal and Child Health Bureau (MCHB), the Early Childhood Comprehensive Systems Initiative which helps integrate existing services across five early childhood system component areas.¹⁰ The five areas are addressed as follows:

- Access to Medical Homes and Health Insurance:
 - Develops strategies to increase awareness about the importance of medical homes and access to health insurance;
- Mental Health and Social-Emotional Development:
 - Provides mental health and social-emotional development training, consultation, technical assistance, and support to early childhood providers and professionals, infant and toddler programs, and other early childhood environments, settings, and/or agencies;
- Early Care and Education/Child Care:
 - Increases the capacity of early childhood providers to offer high-quality child care and education through training and technical assistance;
- Parenting Education:
 - Educates parents about the importance of child development and school readiness through trainings and dissemination of materials;

⁸ Sacramento Quality Child Care Collaborative. Retrieved February 12, 2009 from <http://www.childaction.org/providers/services/quality/default.asp>

⁹ Child Care Bulletin: Program Coordination: Spotlight on Louisiana and Oregon. Winter 2009. Retrieved February 12, 2009 from <http://nccic.acf.hhs.gov/ccb/issue35.pdf>

¹⁰ Child Care Bulletin: ECCS Grants Advance System Integration. Winter 2009. Retrieved February 10, 2009 from <http://nccic.acf.hhs.gov/ccb/issue35.pdf>

- Family Support:
 - Increasing and/or strengthening the avenues through which families can access information that supports them and nurtures their children.¹¹

According to evaluation data of the Maternal and Child Health Bureau (MCHB) Early Childhood Comprehensive Systems Initiative, it was demonstrated that the most significant strategies of the program included:

- promoting the importance of medical homes and access health insurance,
- training and providing technical assistance to child care providers,
- increasing the capacity of child care providers by offering education materials,
- implementation of child care quality assessments,
- providing parents with information on the importance of child development and school readiness for children, and
- developing education and training materials geared towards child care providers and parents.¹²

The Quality Child Care Collaborative addresses all of the above mentioned areas, ensuring the quality of child care programs by providing technical assistance to providers, supports for parents, and long term positive effects on children. In fiscal year 2007/08, Child Action, Inc. served 1,637 child care providers through the QCCC.

Another important area to address in early care and education is the professional development of those caring for young children. According to the U.S. Department of Health and Human Services, Child Care Bureau, the on-going professional development of providers is crucial in ensuring programs are operating effectively, supporting families, and promoting the healthy development in children.¹³ Furthermore, research findings by the Child Care Bureau demonstrate that the education and training of providers specifically in early childhood development are correlated with higher quality care.¹⁴

Since 2001, First 5 Sacramento has made a significant investment in Comprehensive Approaches to Raising Educational Standards (CARES). CARES is a stipend program targeted towards early care and education (ECE) providers based on their education levels and continued commitment to professional development.¹⁵

¹¹ Child Care Bulletin: ECCS Grants Advance System Integration. Winter 2009 Retrieved February 10, 2009 from <http://nccic.acf.hhs.gov/ccb/issue35.pdf>

¹² The Lewin Group. May 2007. State Maternal and Child Health Early Childhood Comprehensive Systems Grant Program (ECCS). Year One Evaluation Final Report. Retrieved February 12, 2009 from http://www.state-eccs.org/pubs/seccs_y1_evalrpt.pdf

¹³ Child Care Bulletin. Summer 2007. Issue 33. Page 1. *Building Tomorrow's Workforce Today*. Retrieved March 27, 2009 from http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/38/e4/e2.pdf

¹⁴ Child Care Bulletin. Summer 2007. Issue 33. Page 4. *Studies Reveal What Shapes Quality Care and Learning*. Retrieved March 27, 2009 from http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/38/e4/e2.pdf

¹⁵ Bellm, D. & Dukakis K. (2006). Clearing a career path: Lessons from two communities in promoting higher education access for the early care education workforce. Alameda & Santa Clara Counties, California. Berkeley, CA: Center for the Study of Child Employment, San Leandro, CA: First 5 Alameda County, & San Jose, CA: WestEd – E3 Institute: Advancing Excellence in Early Education.

The CARES Program is based on five track levels:

- Track 1 – Family, Friends and Neighbors also known as licensed exempt providers who care for at least one child other than their own for a minimum of 15 hours a week.
- Track 2 – Entry Level, participants are those licensed and/or licensed exempt providers with less than 6 early care and education (ECE) units.
- Track 3 – Permit Track, participants are those licensed and/or licensed exempt providers with a minimum of 6 early care and education (ECE) units and who have or qualify for the Assistant Level or higher on the Child Development Permit Matrix.
- Track 4 – Degree Track, participants who have an Associate's degree (AA) in early care and education or equivalent or have reached the Teacher Level on the Child Development Permit Matrix.
- Track 5 – Professional Track, participants must have a minimum of a Master Teacher Permit or bachelor degree. These providers also serve as CARES Mentors and conduct the Early Childhood Environmental Ratings at participating CARES sites.

In Fiscal Year 2007/2008, 180 Sacramento County child care providers received a CARES stipend.¹⁶ The CARES stipend program also encourages providers to move up on the Child Development Permit Matrix. In the same year, 35 child care providers obtained a Child Development Permit and 27 moved up on the Permit Matrix.¹⁷ In addition, CARES participants have reported job satisfaction; their levels of confidence in performing their job have increased and/or feel more educated, and professional.¹⁸ Evaluation conducted by Harder + Company in Fiscal Years 2005 – 2007 also indicated that family child care providers who participated in CARES had been in their positions for an average of 7 years, compared to the average tenure of center directors, teachers, and assistants of at least 5 years.¹⁹ Family child care providers are usually home based businesses in which they have made a personal investment to sustain their business.²⁰

Early care and education providers participating in CARES are those providers that care for children ages zero to five and who do not work at a state funded child development center. Those providers working at state funded child development centers are eligible for other stipend assistance programs, such as AB 212. Additional components of a successful CARES program should include articulation, coursework for English language learners, coursework that is available during nontraditional hours and days, and diverse leadership.²¹ Every effort should be made to reach the family, friend and neighbor (FFN) community and encourage participation in the CARES program.

¹⁶ Comprehensive Approaches to Raising Educational Standards 2007-08 Annual Report Data

¹⁷ Comprehensive Approaches to Raising Educational Standards 2007-08 Annual Report Data

¹⁸ Harder + Company. October 2007. First 5 Sacramento FY 2006 – 2007 Evaluation Report

¹⁹ Harder + Company. October 2007. First 5 Sacramento FY 2006 – 2007 Evaluation Report

²⁰ Harder + Company. October 2007. First 5 Sacramento FY 2006 – 2007 Evaluation Report

²¹ Bellin, D. & Dukakis K. (2006). Clearing a career path: Lessons from two communities in promoting higher education access for the early care education workforce. Alameda & Santa Clara Counties, California. Berkeley, CA: Center for the Study of Child Employment, San Leandro, CA: First 5 Alameda County, & San Jose, CA: WestEd – E3 Institute: Advancing Excellence in Early Education.

The participation of children in quality early care and education is crucial for the healthy development of children. Starting as early as birth, high quality care affects a child's ability to succeed later in life, fosters relationships and promotes social development.²² According to research by The Committee for Economic Development (CED), evidence demonstrates that children participating in high quality programs have higher reading and math tests scores, have higher opportunities in advancing in school, are less involved in crime, and have greater success in life.²³ Elements of high quality infant and toddler care should include the following: group size and staff to child ratios, staff standards, environments, curriculum, and family involvement.²⁴ These elements can be measured by using the following Environmental Ratings Scales:

- Early Childhood Environmental Rating Scales Revised Edition (ECERS-R) is used to assess preschool through Kindergarten programs (children ages 2 ½ to 5).²⁵
- Infant Toddler Environment Rating Scale Revised Edition (ITERS-R) is used to assess programs for children from birth to 30 months of age, the age that is most crucial in the physical, mental and emotional development of children.²⁶
- Family Child Care Environment Rating Scale Revised Edition (FCCERS-R) is used to assess family child care homes, where children from birth through elementary school are cared for. It measures the environment for a wide range of areas including children's health and safety, appropriate use of activities including language, and warm, supportive interactions.²⁷

Programs achieving or exceeding established quality standards should be supported in applying for accreditation through an approved accrediting agency such as the National Association for the Education of Young Children (NAEYC). Accreditation is an important step in ensuring high quality of care provided by family child care and center based care.

The "We Can Do Better: 2009 Update" report released by the National Association of Child Care Resource & Referral Agencies ranks California amongst the bottom 10 states as far as oversight and regulations of child care facilities.²⁸ In addition, two national, multi-site studies found that less than 10 percent of family child care homes could be considered "good" quality, while about half provided "adequate" care, as

22 Cohen, J. & Ewen, D (Oct. 2008). Policy Brief: Infants and Toddlers in Child Care. Retrieved from www.zerotothree.org

23 Galinsky, Ellen. Feb. 2006 The Economic Benefits of High-Quality Early Childhood Programs: What Makes the Difference? <http://familiesandwork.org/site/research/reports/ced.pdf> Retrieved on February 16, 2009.

24 Cohen, J. & Ewen, D (Oct. 2008). Policy Brief: Infants and Toddlers in Child Care. Retrieved from www.zerotothree.org

25 Halle, T. & Vick, J. (2007). Quality in Early Childhood Care and Education Settings: A Compendium of Measures. Washington, DC: Prepared by Child Trends for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

26 Halle, T. & Vick, J. (2007). Quality in Early Childhood Care and Education Settings: A Compendium of Measures. Washington, DC: Prepared by Child Trends for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

27 Halle, T. & Vick, J. (2007). Quality in Early Childhood Care and Education Settings: A Compendium of Measures. Washington, DC: Prepared by Child Trends for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

28 National Association of Child Care Resource & Referral Agencies. March 2009. We Can Do Better: 2009 Update. Retrieved March 27, 2009 from <http://issuu.com/nacarra/docs/we-can-do-better-2009-update?mode=embed&layout=white>

rated using measures of structural, process, and adult work environment quality, including the Family Day Care Rating Scale.²⁹

The recent economy of our county and the nation has impacted the supply and demand of quality child care in Sacramento County. This makes it especially difficult for parents to provide affordable quality child care to their children. According to the 2007 Child Care Portfolio there are 40,784 children under 2 years of age in Sacramento County but only enough slots in licensed child care centers to serve 3,016 children or 9%.³⁰ Additionally, there are 61,553 children age two to five and only 20,176 preschool slots or 60%.³¹ Furthermore, there are 25,486 slots in family child care homes, primarily serving children from birth to 13 years.³² The Constructing Connections program, with major funding by First 5 California addresses the issues of access to quality child care in eleven California counties, including Sacramento. The program is a collaborative of child care providers, developers, civic leaders, small business leaders, educators, children's advocates and other stakeholders working together to create a seamless process in the development of child care facilities.³³ Since its inception in 2006, Constructing Connections has provided funding to 11 counties. Thus far 81 projects have been completed, resulting in 4,240 completed child care spaces; of those 1,200 spaces have been opened in Sacramento County.³⁴ Child Action, Inc. has been Sacramento County's lead agency for Constructing Connections since 2005. The funding agency, the Low Income Investment Fund, has provided technical assistance, collaborative support, and resources in developing a local plan, including policies that address the barriers to child care facility development.

Implementation Strategies

1. Expand the Quality Child Care Collaborative a program which fosters children's healthy development and school readiness by addressing the five early childhood component areas: Access to Medical Homes and Health Insurance, Mental Health and Social-Emotional Development, Early Care and Education/Child Care, Parenting Education, and Family Support.³⁵
2. Provide child care providers/educators with educational stipends through the continuation of the CARES program. A program that provides:
 - Counseling, advising and communication;
 - Programs for English language learners;
 - BA degree options; and
 - Leadership development.³⁶

29 Halle, T. & Vick, J. (2007). Quality in Early Childhood Care and Education Settings: A Compendium of Measures. Washington, DC: Prepared by Child Trends for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

30 The 2007 California Child Care Portfolio: California Child Care Resource & Referral Network

31 The 2007 California Child Care Portfolio: California Child Care Resource & Referral Network

32 The 2007 California Child Care Portfolio: California Child Care Resource & Referral Network

33 Irie, E., Cheplick, T., Sheridan, R., Nickolopoulos, S., & Yee, K. (2009). Building Knowledge & Systems for Lasting Change: A Third Year of the ABCD Initiative. BTW Consultants, Inc.

34 Irie, E., Cheplick, T., Sheridan, R., Nickolopoulos, S., & Yee, K. (2009). Building Knowledge & Systems for Lasting Change: A Third Year of the ABCD Initiative. BTW Consultants, Inc.

35 Child Care Bulletin: ECCS Grants Advance System Integration. Winter 2009 Retrieved February 10, 2009 from <http://nccic.acf.hhs.gov/ccb/issue35.pdf>

36 Bellm, D. & Dukakis K. (2006). Clearing a career path: Lessons from two communities in promoting higher education access for the early care education workforce. Alameda & Santa Clara Counties, California. Berkeley, CA: Center for the Study of Child Employment, San Leandro, CA: First 5 Alameda County, & San Jose, CA: WestEd – E3 Institute: Advancing Excellence in Early Education.

Additionally, the CARES program is made up of five tracks: FFN Track, Entry Level Track, Permit Level Track, Degree Level Track, and a Professional Level Track.

3. Conduct Pre and Post Environmental Assessments of Family Child Care Homes and Center Based Child Care Programs by utilizing ECERS-R, ITERS-R, and/or FCCERS-R to those providers receiving CARES stipends. Providers should score at least “good” during the post assessment. The results are measured as follows: 1 (inadequate), 3 (minimal), 5 (good), and 7 (excellent).³⁷
4. Create child care spaces through Constructing Connections, a program that offers facilities development support and resources to child care providers looking to expand their child care facilities.

Funding Process

The funding process will be a contract with Child Action, Inc. (as per the Commission approval on November 2, 2010), beginning July 1, 2010, for a three year term with a possible two year extension upon review.

Proposed Funding Allocation

The budget allocation over the five year strategic planning cycle is \$6.5 million. The distribution of funds is explained in the Implementation Plan Summary attachment that follows.

Funding Timeframe

Contract negotiations followed the approval of the funding recommendation in the fall of 2009.

Subsequent Changes

On May 2, 2011, the Commission approved a 50% reduction to the contract with Child Action in response to state budget actions. As a result, Strategy 4 of the Implementation Plan will be discontinued as of July 1, 2011 and Strategies 1-3 will be reduced for Fiscal Years 2011-12 through 2014-15 to address the reduction of funds.

In addition, Strategy 5 (Preschool Bridging Model) was moved from the School Readiness Implementation Plan to the Child Care Implementation Plan as it is better aligned with the Child Care result area, and incurred a 25% reduction in allocation in Fiscal Years 2013-14 through 14-15.

37 Halle, T. & Vick, J. (2007). Quality in Early Childhood Care and Education Settings: A Compendium of Measures. Washington, DC: Prepared by Child Trends for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.