



2023

Washington's
Statewide Early
Learning Needs
Assessment
UPDATE REPORT

April 2024

2023 Washington's Statewide Early Learning Needs Assessment Update Report April 2024

Date: April 30, 2024

Funded by: Preschool Development Grant Birth through Five

Project title: Advancing an integrated, equitable, and responsive early learning system in Washington

Contact:

Matt Judge, Federal Initiatives and Collaboration Administrator
Washington State Department of Children, Youth, and Families | Early Learning Division
PO Box 40970, Olympia, WA 98504-0970
Tel: 360-522-3241 Email: matt.judge@dcyf.wa.gov

This publication was made possible by Grant Number 90TP0069 from the Office of Child Care, Administration for Children and Families, US Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the US Department of Health and Human Services.



DCYF does not discriminate and provides equal access to its programs and services for all persons without regard to race, color, gender, religion, creed, marital status, national origin, citizenship or immigration status, age, sexual orientation or gender identity, veteran or military status, status as a breastfeeding mother, and the presence of any physical, sensory, or mental disability or use of a dog guide or service animal. If you would like free copies of this publication in an alternative format or language, please contact DCYF Constituent Relations at 1-800-723-4831 or email communications@dcyf.wa.gov.

Original Date: April 30, 2024 | Revised Date: Month XX, 20XX
Early Learning Division | Approved for distribution: Matt Judge, Federal Initiatives and
Collaboration Administrator

Contributors

This report on early care and education in Washington state was developed with the wisdom and collaboration of many committed people. We are particularly grateful to the individuals listed below, all of whom gave generously of their time and expertise to bring the story of Washington's children and families to life.

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

Reviewers and Contributors

Washington State Department of Children, Youth, and Families Staff

Valerie Arnold	Marilyn Gisser	Minnette Mason
Xyzlora Brownell	Jennifer Helseth	Jess Mayrer
Adassa Budrevich-Ryan	Sarah Holdener	Michelle Roberts
Kevin Cummings	Matt Judge	Wendy Thomas
Julie Dean	Judy King	Rene Toolson
Kelli DeBoer	Katie Kuhl	Sarah Veele
Colleen Endrody	Karah Lothian	

Contributors from other agencies

Samantha Bowen, Washington Office of Superintendent of Public Instruction
Victor Cardenas, Catholic Charities
Christine Cole, Washington State Health Care Authority
Kiki Fabrian, Washington State Health Care Authority
Janet Fraatz, Child Care Aware of Washington
Angie Funairole, Washington State Department of Health
Cinthia Gutierrez, Catholic Charities
Ryan Guzman, Washington Office of Superintendent of Public Instruction
Rachel Hall, First Five Fundamentals & Washington Communities for Children
Bradley Klos, Washington State Department of Health
Katie Maisch, First Five Fundamentals & Washington Communities for Children
Mike Mohrman, Washington State Office of Financial Management
Astrid Newell, Washington State Department of Health
Maria Vasquez, Catholic Charities

Washington State Preschool Development Grant Birth through Five Management Team Members

Washington State Department of Children, Youth, and Families

Abbey Bergquist

Tracie Kenney
Judy King
Delta Rotter

Cedar River Group

Robert Feldstein
John Howell
Kasey Langley
Catherine Roller White



Washington State Department of **CHILDREN, YOUTH & FAMILIES**

CONTENTS

1	EXECUTIVE SUMMARY	6
2	INTRODUCTION.....	15
3	APPROACH	21
4	WHAT WE KNOW ABOUT WASHINGTON’S CHILDREN AND FAMILIES	25
	4.1 The composition of families in Washington State	26
	4.2 Population-specific demographics and factors	28
	4.3 Kindergarten readiness.....	43
5	HEALTHY CHILDREN AND FAMILIES	47
	5.1 Prenatal, maternal, and child health	51
	5.2 Mental, behavioral, and social-emotional health.....	55
	5.3 Access to health insurance and health care	63
6	STRONG, STABLE, NURTURING, SAFE, AND SUPPORTED FAMILIES	69
	6.1 What families say they need	70
	6.2 Promoting parental resilience, social connection, and knowledge.....	70
	6.3 Providing concrete support in times of need	73
	6.4 Connecting families to resources that support strength, stability, and safety	76
7	POSITIVE EARLY LEARNING EXPERIENCES	78
	7.1 Overview of the early learning system	81
	7.2 Community experience of the early learning system.....	91
	7.3 Access, availability, and affordability of high-quality early learning experiences.....	91
	7.4 Support for children and families during transitions.....	108
	7.5 Initiatives that support quality	110
8	POWERFUL COMMUNITIES AND A RESPONSIVE EARLY LEARNING SYSTEM	117
	8.1 Coordination across the early learning system	119
	8.2 Strong and integrated data systems.....	121
	8.3 Flexible and sustainable financing	122
	8.4 Aligned and supportive standards.....	123
	8.5 Public awareness of and support for the system	123
	8.6 Involvement of families in design and implementation of the early learning system	124
9	A STRONG AND SUPPORTED EARLY CHILDHOOD WORKFORCE.....	125
	9.1 The landscape for Washington State’s early childhood workforce	130
	9.2 Washington State initiatives that support the early childhood workforce	136
	9.3 Child care business model	140

1 Executive Summary

Introduction

Washington state’s early learning system is defined as all the people and organizations who support children prenatal to eight years of age. A core principle of the system is placing a high value on understanding, acknowledging, documenting, and planning for the unique strengths and needs families and children have. Another core principle is improving and reimagining access to and use of relevant, current data to support early care and education systems work, to advance racial equity, and to improve outcomes for Washington’s children and families.

In 2020, Washington state completed the first comprehensive, statewide Early Learning Needs Assessment (2020 Needs Assessment). It summarized extensive community outreach and engagement that occurred in 2019, along with summaries of quantitative data and program and service details from Washington state agencies, Tribal Nations, and many community partners.

This 2023 Early Learning Needs Assessment report (2023 Needs Assessment) updates key data points from the 2020 Needs Assessment and identifies and briefly summarizes new developments, including updated data and reports, policies, infrastructure, initiatives, and legislative actions. The purpose of this 2023 Needs Assessment is to be a reference document and to provide an overarching perspective of the early care and education system.

The PDG B-5 Initial and Renewal Grants, awarded to Washington state in 2018 and 2019, supported the development of the 2020 Needs Assessment and this 2023 Needs Assessment Update Report. Other PDG B-5 initiatives have funded a broad array of efforts to engage vulnerable populations and strengthen Washington’s early learning infrastructure for all children and families.

Terms used in this report:

Early care and education, early learning, and early childhood

In this 2023 Needs Assessment, the terms *early learning*, *early care and education*, and *early childhood systems* are used interchangeably to describe services and systems that serve infants and young children (prenatal through age 8) and their families. The Department of Children, Youth, and Families and other systems stakeholders in Washington State are transitioning to use of the term *early care and education* (ECE) instead of *early learning* to describe systems-building efforts. The term *early care and education* better reflects Washington’s comprehensive understanding of the development of infants and young children and the families, communities, organizations, systems, and services that support them.

Approach

The 2023 Needs Assessment relies on the strong foundation of the [2020 Needs Assessment](#). It uses the same outline of topics and issues as the earlier document. This 2023 Needs Assessment also uses the same definitions of key terms (e.g., definitions of “early learning system,” “quality,” “availability”) as the 2020 Needs Assessment.

The report is organized into the following substantive chapters:

- Chapter 4. What We Know About Washington’s Children and Families
- Chapter 5. Healthy Children and Families
- Chapter 6. Strong, Stable, Nurturing, Safe, and Supported Families
- Chapter 7. Positive Early Learning Experiences
- Chapter 8. Powerful Communities and a Responsive Early Learning System
- Chapter 9. A Strong and Supported Early Childhood Workforce

The 2023 Needs Assessment is a compendium of, and reference to, existing data from many different sources, reports, agencies, and partners. For chapters 5-9 listed above, this 2023 Needs Assessment provides an introduction, summary of community engagement between 2020 and 2023, summary of new initiatives, new data or other developments, and updated data related to each chapter and section, following the framework of the 2020 Needs Assessment.

Both the 2020 Needs Assessment and this 2023 Needs Assessment attempt to support equity goals by reporting data that identify and describe disproportionality and disparity related to race and ethnicity, geography, economic status, and other relevant categories where possible. This includes available data on Tribal children and families. This 2023 Needs Assessment also addresses topics of equity by: describing policy developments and new initiatives aimed at advancing equity, summarizing and referencing community perspectives where new outreach has been conducted, referencing equity-focused processes (such as [Liberatory Design](#)), and describing and referencing evaluation reports that assess the impact of efforts aimed at reducing racial/ethnic and other disparities. For a detailed discussion of DCYF’s approach to using data to advance racial equity, see the Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability’s 2021 report, [Using data in DCYF to advance racial equity](#).

What We Know About Washington’s Children and Families

Washington state is home to more than 826,000 children between the ages of birth and eight years¹ — a critical period for physical, emotional, and cognitive development. The state’s early

¹ United States Census Bureau (n.d.). *American Community Survey, 2017–2021: 5-Year Public Use Microdata Sample, 2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2021&vv=AGEP%280,1%3A8%29&rv=ucgid&wt=PWGTP&g=0400000US53>

care and education system is designed to effectively support children, families, and communities during this key time.

For well over a decade, the Washington state government, Washington Tribal Nations, and community partners have worked to put in place a system of public and private care for young children and supports for families that offers a wide range of options to meet their needs. The programs and services described in the following chapters serve diverse families at all income levels across the state. However, a deeper look at the data indicates that many children and families are still not receiving the support they need.

A variety of factors may influence access to programs and services and create inequitable outcomes for Washington’s children, including institutional and systemic racism; historical trauma; geographic isolation; poverty; housing instability; involvement in the child welfare system; and insufficient resources to support programs. Analyses of who arrives at kindergarten ready and able to succeed and who does not suggest that the early care and education system can better serve many of the state’s children, and that those who are least likely to receive services are also those who are most in need of support.²

The individuals, families, and communities that the state’s early care and education system seeks to engage and serve include:

Families of diverse racial backgrounds: About three in five children between the ages of birth and eight (61.6%) are White and about two in five (38.4%) are children of color (note that Hispanic/Latino children whose race is White are included as White).³

Families with children between birth and age eight who live at or below 200% of the federal poverty line (FPL): 31.9% of families in Washington in 2021.⁴

Families whose primary language is other than English: More than one-third (36.4%) of children in Washington who are eight years old or younger live in households where English is not the primary language.⁵

Families with children who have a developmental disability or delay: An estimated 6.9% of children in Washington between birth and age five (an estimated 35,878 children) have special

² Washington State Education Research and Data Center. (n.d.). *Early Learning Feedback Report*. Retrieved September 4, 2023, from <https://erdc.wa.gov/data-dashboards/early-learning-feedback-report-0>

³ United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/#/search?q=?ds=ACSPUMS5Y2021>

⁴ United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/#/search?q=?ds=ACSPUMS5Y2021>

⁵ Washington State Department of Children, Youth, and Families. (2019). *The Early Start Act 2018 annual report*. https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf

health care needs⁶ as measured by the National Survey of Children’s Health.⁷ (It is challenging to collect precise data, so the proportion could be as low as 4.6% or as high as 10.2% of children birth to age five years.)

Children in rural communities: 46,921 children ages birth through nine live in rural areas in Washington. Just over 24,000 of these children are under the age of five.⁸

Children who live in Tribal communities: An estimated 22,416 children ages birth through nine (reservations and off-reservation trust land).⁹ (DCYF recognizes challenges associated with this number, including undercounting and differences in how individual Tribal nations identify the number of children in their communities)

Families with permanent or temporary immigrant status: In 2021, 14.8% of people living in Washington were born outside the United States.¹⁰

Families experiencing involvement with the child welfare system: In 2022, 24,787 children ages birth to eight had some form of involvement with the state child welfare system.¹¹

Families experiencing housing instability: An estimated 30% of children in Washington lived in households that spent 30% or more of their income on expenses related to housing in 2021. This is considered a high housing cost burden.¹²

Healthy Children and Families

Since the 2020 Needs Assessment was completed, there has been an increased focus on addressing mental and behavioral health for both adults and children. Stresses and pressures resulting from the COVID-19 pandemic have created substantial unmet needs in both the health care system and the early care and education system.

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

⁷ Child and Adolescent Health Measurement Initiative. (n.d.). *2022 National Survey of Children’s Health (NSCH)*. Accessed October 17, 2023 from <https://www.childhealthdata.org/browse/survey/results?q=10025&g=1072&r=49>

⁸ United States Census Bureau. (n.d.). *Table P12: Sex by age for selected age categories, 2020 Decennial Census*. Accessed October 16, 2023 from <https://data.census.gov/table/DECENNIALDHC2020.P12>

⁹ United States Census Bureau. (n.d.). *Table P12: Sex by age for selected age categories, 2020 Decennial Census*. Accessed October 16, 2023 from <https://data.census.gov/table/DECENNIALDHC2020.P12>

¹⁰ Migration Policy Institute. (n.d.). *Washington State Immigration Data Profile* [1990, 2000, and 2021 demographics data table]. Accessed July 28, 2023 from <https://www.migrationpolicy.org/data/state-profiles/state/demographics/WA>

¹¹ Washington State Department of Children, Youth, and Families. (2022). CPS victims by CAN type [January 2014-December 2022]. *infoFamlink*; Washington State Department of Children, Youth, and Families. (2022). Out of home care exits and entries [December 2013-December 2022]. *infoFamlink*.

¹² Annie E. Casey Foundation, KIDS COUNT Data Center. (n.d.). *Children living in households with a high housing cost burden in Washington*. Accessed August 7, 2023 from <https://datacenter.aecf.org/data/line/7244-children-living-in-households-with-a-high-housing-cost-burden?loc=49&loct=2#2/49/false/2048,1729,37,871,870,573,869,36,868,867/asc/any/14288>

Washington state monitors several important indicators of maternal and child health, including maternal mortality, infant and fetal mortality, rates of diabetes and hypertension among pregnant people, low birth weight babies, and pre-term births. The state has lower rates than the national average on many of those indicators. However, within the state, substantial barriers persist that prevent pregnant people and children of color from receiving the care they need. Barriers such as poverty, language, racism, and geography create disparities in health care access and health indicators. The overall birth rate in Washington state continues to decline, which is consistent with national trends. In general, people of color are having more babies than the state average.

Indicators related to health insurance coverage and access to health care reveal a mix of strengths and challenges. Patterns of increased barriers to health care persist for communities of color, rural communities, and families with lower income. While most young children have health insurance coverage, an estimated 15,000 children ages birth to five in Washington state (3% of all children that age) did not have health insurance in 2021.¹³

Strong, Stable, Nurturing, Safe, and Supported Families

Children are more likely to thrive when their families have what they need to care for and support their children. This includes safe and stable housing, income or financial supports to meet basic needs, supportive social connections with other parents and community members, and knowledge and resources to support their children’s social, emotional, physical, and cognitive development. The COVID-19 pandemic highlighted and deepened many families’ financial, social, and emotional vulnerabilities. It also galvanized national, state, local, and community-based efforts to support families financially and to promote caregiver and family resilience.

Since the 2020 Needs Assessment was completed, programs and services to support families and efforts to connect families with the right supports at the right time have continued to develop and expand. The [Help Me Grow Washington](#) network, a community-driven text-, email-, and phone-based resource and referral linkage system, has expanded considerably since 2020. It has been supported by the PDG B-5 grant, and, more recently, by funding in the state budget, the federal Early Childhood Comprehensive Systems grant, and a new federal Early Childhood Health Developmental Systems Grant. The state also increased efforts to support the infrastructure, improve the quality, and increase the number of community-based Family Resource Centers through legislation,¹⁴ publishing a [landscape study](#), launching the [Washington State Family Support Network](#), and providing funding through DCYF and the Department of Commerce.

¹³ Annie E. Casey Foundation, KIDS COUNT Data Center. (n.d.). Children without health insurance by age group in Washington. Accessed November 17, 2023 from <https://datacenter.aecf.org/data/tables/10184-children-without-health-insurance-by-age-group?loc=49&loct=2#detailed/2/49/true/2048,1729,37,871/8121,20,21/19708,19709>

¹⁴ Washington State Legislature. (n.d.). *House Bill 1237 – 2021-22: Defining family resource centers*. Signed into law April 14, 2021. <https://app.leg.wa.gov/billsummary?BillNumber=1237&Initiative=false&Year=2021>

Focused efforts within the early learning system aim to build the capacity of parents and caregivers to support their children’s healthy development. Key aspects of [Mobility Mentoring](#),[®] a program offered through an early learning setting, were redesigned in 2020 and 2021. The [Home Visiting Services Account Needs Assessment](#), published in late 2020, identified priority populations for home visiting expansion based on geography and race/ethnicity. It concluded Washington’s need for home visiting services is an estimated 44,329 families.¹⁵ The [Family First Services Needs Assessment](#), completed in 2022, describes the particular needs of families involved in the child-welfare system and strategies to link them with early learning and family supports, such as the [Child Welfare Early Learning Navigator](#) program.¹⁶

Economic security and access to concrete supports (goods and services that meet basic needs, such as food, clothing, housing, and health and mental health care) play an important role in keeping families strong and able to support their children’s healthy development. In 2022 and 2023, DCYF partnered with experienced local organizations to distribute over \$1.7 million to help 16,000 families access resources such as groceries, diapers and other baby supplies, school supplies, and gas or other transportation assistance.¹⁷ Since the 2020 Needs Assessment was completed, changes to [Working Connections Child Care](#) (the state-funded subsidy that helps eligible families pay for child care) aimed to improve affordability and expand access to child care for low income families. Nevertheless, Washington currently has the ninth most expensive infant care among all states and many families struggle to access child care. Data disaggregated by race show even greater child care cost burdens among families of color.¹⁸

Positive Early Learning Experiences

Washington state continues to develop and support a wide network of programs and services designed to meet the needs of families with young children. The goal remains to meet the needs of all families by providing a diverse set of services and programs that are affordable, accessible, and responsive to the unique needs of each family and community.

Since the 2020 Needs Assessment was completed, significant changes have occurred across the early learning system due to the impacts of COVID-19 and continued community and legislative

¹⁵ Washington State Department of Children, Youth, and Families, Washington State Department of Health, and Ounce Washington. (2020). *Washington state home visiting needs assessment*. Washington State Department of Children, Youth, and Families. <https://www.dcyf.wa.gov/sites/default/files/pdf/WA2020MIECHV-NeedsAssessment.pdf>

¹⁶ Aratani, Y., et al. (2022). *DCYF Family First Services needs assessment*. Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FamilyFirstServicesNeedsAssessment2022.pdf>

¹⁷ Washington State Department of Children, Youth, and Families. (2023). *Concrete goods as a primary support for Washington families*. https://content.govdelivery.com/attachments/WADEL/2023/06/15/file_attachments/2528852/Concrete%20Goods%20Fact%20Sheet.pdf

¹⁸ Washington STEM, 2021, as cited in Washington State Department of Commerce. (2021). *Washington state Child Care Access Strategy: A strategy, timeline, and implementation plan to reach the goal of accessible, affordable child care for all Washington families*. <https://www.commerce.wa.gov/wp-content/uploads/2021/08/FINAL-June-2021-C3TF-Legislative-Report.pdf>

efforts to make the system more robust, accessible, and equitable. During the pandemic, impacts to families, early care and education workers, and the industry overall resulted in fewer children in organized child care statewide, a change that mirrored national trends. More recently, statewide licensed capacity has gradually recovered and more children are accessing child care subsidy. Further, the state has introduced new partnerships and initiatives to improve coordination, alignment, and quality of service. This includes several initiatives under the [Fair Start for Kids Act](#), as well as the [Washington Pyramid Model](#), the [Washington Early Learning Loan Fund](#), the [Transition to Kindergarten program](#), and the [Multi-Tiered System of Supports](#) approach (to align systems and priorities to address Washington’s persistent opportunity gaps).

The early learning system includes a mixture of public and private early care and education programs provided in a variety of formal and informal settings. While it is challenging to measure precisely how many children and families in Washington have access to high-quality early learning experiences, available information indicates a significant amount of unmet need for affordable, accessible, high-quality early learning experiences. As of December 2022, 62% of children younger than five years in Washington live in households where all available parents are in the labor force. By this measure, at least 288,000 children under age five need child care in some form. Of those, approximately 27% (76,434) are served in licensed child care settings and subsidized family, friend, and neighbor care. This leaves approximately 211,500 children who need, but may not have access to, child care services. An unknown proportion of the unmet need is filled by unsubsidized family, friend, and neighbor care and other informal supports.¹⁹ It is unknown what portion of the use of informal care is due to lack of access and affordability and what portion is due to family preference.

The Office of Innovation, Alignment, and Accountability estimates only 27% of children who are eligible for Head Start access that program, and less than 15% of the eligible children and families access the following programs: Working Child Care Connections (14%), Early Childhood Education and Assistance Program (ECEAP; 11%), Early Head Start (3%), and Early Childhood Intervention and Prevention Services (ECLIPSE; 8%).²⁰ A [2020 Home Visiting Needs Assessment](#) concluded that there is “considerable unmet need for home visiting among Washington families, with an estimated 79% of eligible families across 31 of the 39 counties unserved.”²¹

Beyond the simple number of slots, there is a need for more services with capacity to serve infants and toddlers, for more services for young children with specialized needs, and for greater cultural awareness, sensitivity, and responsiveness across all types of early learning services.

¹⁹ Washington State Department of Children, Youth, and Families. (2023). *DCYF Early Learning Data Store 2.0 (ELDS 2.0); December 15, 2022 point in time, April 2023 release*. (provided by Washington State Department of Children, Youth, and Families.)

²⁰ Data provided by the Washington State Department of Children, Youth and Families. See

Figure 7-1 for more information.

²¹ Washington State Department of Children, Youth, and Families. (2020). *Washington state home visiting needs assessment*. <https://www.dcyf.wa.gov/sites/default/files/pdf/WA2020MIECHV-NeedsAssessment.pdf>

Powerful Communities and a Responsive Early Learning System

Creating successful outcomes for young children and families requires strong community engagement and coordinated action at the state, regional, and local levels that responds to community needs. To accomplish these goals, the early learning system must expand existing programs and establish equity-focused, trusting, and adequately resourced partnerships with individuals, organizations, and Tribal Nations who contribute to young children’s development.

Since the completion of the 2020 Needs Assessment, several major initiatives have strengthened the early learning system’s connections with local communities, making the system more responsive to children, parents, providers, and communities. The Washington State Legislature’s passage of the [Fair Start for Kids Act](#) provides significant funding support for the state’s early learning system. The creation of the statewide [Early Learning Coordination Plan](#) provides a framework for actions to address the inequities and systemic racism inherent in the early learning system. And the [DCYF Office of Innovation, Alignment and Accountability](#) has dramatically enhanced the state’s ability to collect, analyze, use, and share data to shape discussions about the current performance and future direction of the early learning system.

Since the 2020 Needs Assessment, funds from the Fair Starts for Kids Act supported the availability of programs and other pandemic response and recovery efforts. In 2023, the state legislature took additional actions to improve access and to move toward living wages for child care professionals, including funding to increase [Working Connections Child Care](#) reimbursement rates for child care centers, funding to support the family child care collective bargaining agreement, and adoption of a Child Care Access and Living Wage Proviso. A new coalition, the Washington Prenatal to Three Coalition, formed. The coalition is focused on increasing food security, increasing access to prenatal and pediatric medical care, increasing family stability through access to concrete supports, and improving child development outcomes. The state is working to understand, coordinate, and strengthen family leadership and parent voices at all levels of decision making through a partnership between the Child Health Unit in the Washington State Department of Health and [Washington Family Engagement](#).

A Strong and Supported Early Childhood Workforce

As of May 2023, there were 58,468 active early learning workers in the [MERIT Workforce Registry](#). Of that group, 32,962 were working in child care centers and 12,951 were working in licensed family care homes; this includes ECEAP and Head Start facilities.²²

The COVID-19 pandemic presented Washington’s already strained early childhood workforce and child care businesses with extreme pressures and challenges—and at the same time, the pandemic increased the sector’s visibility and public support for child care providers and businesses. Child care providers, who were immediately classified as “essential workers” at the onset of the pandemic, responded to a variety of unprecedented challenges during the

²² Washington State Department of Children, Youth, and Families. (n.d.). *DCYF MERIT Workforce Registry*. Accessed May 1, 2023. (provided by Washington State Department of Children, Youth, and Families.)

pandemic. DCYF and their partners that support the early care and education (ECE) workforce adapted their efforts as well, shifting the focus, modalities, and timelines for their work. Both providers and those delivering professional development and early childhood education quality supports are once again adjusting to current health and economic conditions, and also to the end of COVID-specific funding and supports.

The child care sector is challenged by an insufficient supply of child care slots, a shortage of qualified staff, high staff turnover, and a gap between what fair pay for child care workers looks like and what parents can afford to pay. Child care businesses are struggling to stay afloat. Many ECE business owners fear that licensing, quality ratings, and other state requirements and policies will burden them further.

Since 2020, Washington has strengthened and increased professional development supports for the early childhood workforce and early care and education facilities and businesses. Key partners in these workforce support and child care business stabilization and growth efforts are [Child Care Aware of Washington](#), which provides coaching, training and other professional supports as part of the Early Achievers Quality Recognition and Improvement System and the [Imagine Institute](#), which manages the Shared Services Hub, substitute pool, and offers professional and business mentoring to licensed family child care homes and licensed independent child care centers.

The state worked to develop and scaled [trauma-informed care](#) services for providers; creating a statewide model for trauma-informed professional development, furnishing financial incentives for training, developing new trainings, and creating Healing-Centered and Trauma-Informed Professional Competencies designed to be applied across systems of care.

In 2021 and 2022, DCYF and the [Child Care Collaborative Task Force](#) completed a series of studies and reports related to the affordability of child care and the “true cost” of quality child care, with a [final report](#) describing detailed policy recommendations.

Through the federal [American Rescue Plan Act](#) (ARPA) and the [Fair Starts for Kids Act](#), both passed in 2021, the state provided grants and implemented system changes to help stabilize child care business and the ECE workforce. This included efforts to reduce barriers and facilitate access to training and professional development so that ECE professionals can meet required qualifications and get into classrooms. The [Fair Starts for Kids Act 2023 Evaluation Report](#) describes the Act’s strategies and outcomes to date in detail.²³

²³ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

2 Introduction

In 2020, Washington state completed the first comprehensive, statewide Early Learning Needs Assessment (2020 Needs Assessment). It summarized information gathered in 2019 through extensive community outreach and engagement along with summaries of quantitative data and program and service details from Washington state agencies, Tribal Nations, and many community partners. This 2023 Early Learning Needs Assessment report (2023 Needs Assessment) updates key data points from the 2020 Needs Assessment and briefly summarizes new developments, including updated data and reports, policies, infrastructure, initiatives, and legislative actions.

Washington defines the early learning system broadly: “It is all of the parts of a large and interconnected constellation. It’s all of the pieces that enable families to care for their children, and communities to care for their families. The system is all of the people and organizations that play a role supporting children, parents, caregivers, and local community partners.”²⁴ The state defines the early learning timeframe as prenatal to age eight. A core principle of the State’s early learning system is placing a high value on understanding, acknowledging, documenting, and planning for both the unique strengths that families and children have, as well as addressing their needs. The work that has been done to create the [2020 Needs Assessment](#), the [2022 Early Learning Coordination Plan](#) (ELCP; described in Section 8.1.1, “Design and coordination of state-level strategies”), and this 2023 Needs Assessment reflect that principle.

The ELCP, the 2020 Needs Assessment, and this 2023 Needs Assessment are all organized around a five-part framework that describes high-level desired outcomes for Washington’s children and families:

- Healthy Children and Families
- Strong, Stable, Nurturing, Safe, and Supported Families
- Positive Early Learning Experiences
- Powerful Communities and a Responsive Early Learning System
- A Strong and Supported Early Childhood Workforce

The themes and broad findings identified in the 2020 Needs Assessment endure today. Some of those insights include the following:

- Young children’s healthy development, as well as access to and the success of programs and services designed to promote healthy development, are impacted by institutional/systemic racism, historical trauma, geographic isolation, poverty, and other factors.
- Areas of need and racial inequities are apparent in health and education data.
- Families and children have diverse strengths and needs, and are best supported by a broad range of high-quality, culturally responsive early learning programs and services.

²⁴ Washington State Early Learning Coordination Plan. (2022). *Washington State Early Learning Coordination Plan: A shared vision*. <https://www.elcpwa.org>

- Families are strengthened by high-quality services; however, families often struggle to navigate the system to learn about and connect to appropriate supports.
- Affordability of child care and an inadequate supply of accessible high-quality early care and education settings are major concerns for families.
- The early care and education workforce is diverse and deeply committed to their profession. Low compensation and meeting training and licensing expectations can present challenges to individual workers' success and to the success of child care centers and child care family home businesses.

Between 2020 and 2023, much work has been done to address many of the issues identified in the 2020 Needs Assessment. This 2023 Needs Assessment describes the work to advance early learning systems in the state. During this period, the early learning system was required to respond to the COVID-19 pandemic and its impacts on children, families, the early care and education (ECE) workforce, and communities. This 2023 Needs Assessment describes some of that work as well. New community engagement efforts focused broadly on the early learning system, as were done in 2019 and 2020, were not conducted for this report. Instead, this report identifies and summarizes targeted community engagement efforts that occurred as part of specific initiatives, as well as community engagement designed to understand the experiences of families and the ECE workforce during the COVID-19 pandemic.

The purpose of this 2023 Needs Assessment is to provide an overarching perspective of the early learning system and to be a reference document for Washington's early learning system partners. This document provides a summary of current, relevant data about each of the five early learning systems outcome areas (Chapters 5 through 9), and a summary of relevant demographic and education data (Chapter 4). Detailed references and links are provided. We hope this 2023 Needs Assessment will help guide additional investigation, provide perspective on the systems' needs, and aid planning and system building efforts. Some of the updates for the outcome areas draw on extensive quantitative data sources, while others rely on descriptions of programmatic changes.

Washington's collection, management, and analysis of early learning data has increased significantly since 2020. Using PDG B-5 resources, the Washington State Department of Children, Youth, and Families' (DCYF) Office of Innovation, Alignment, and Accountability (OIAA) has worked to extract, link, and analyze data from separate early learning programs within DCYF. (See Section 8.2, " .") The goal is to make data more readily available for reporting and analysis, and to support planning and decision making.²⁵ Additionally, OIAA is working on new data integration initiatives; improving state, federal, and program reports; improving reporting on agency performance measures and conducting new research and analysis. OIAA is also working with the Washington State Department of Health (DOH) and the Office of Superintendent of Public Instruction (OSPI) and other partners on cross-agency data systems. In the future, these efforts will support a reimagined early learning needs assessment process. Washington aims to increase access to and use of relevant, current

²⁵ See the OIAA early learning dashboards: <https://www.dcyf.wa.gov/practice/oiaa/reports/early-learning-dashboards>

data to support the early care and education system, to advance racial equity, and to improve outcomes for Washington’s children and families.

Preschool Development Grant Birth through Five (PDG B-5) in Washington State

The PDG B-5 Initial and Renewal Grants were awarded to Washington state in 2018 and 2019, respectively. These grants were awarded shortly after DCYF was established as a new state agency, combining services previously provided by state Department of Social and Health Services and the Department of Early Learning (legislation establishing DCYF was passed in 2017 and implemented in 2018). The PDG B-5 grants arrived at this key moment of transition, both illuminating Washington state’s existing early learning infrastructure and funding emerging pilot programs that required critical examination of and support for vulnerable birth to five populations using innovative prevention activities. Since that time, to better serve populations in early learning, child welfare, and juvenile rehabilitation, the newly combined functions of DCYF continue to develop. PDG B-5 funding helped Washington state lay the groundwork for continuing to fund, build, and improve early care and education services and systems, including the passage of the landmark Fair Start for Kids Act (FSKA).

Figure 2-1 below shows PDG B-5-funded projects and their inclusion in major funding streams and legislative initiatives. It is clear that the commitment of PDG B-5 funds to innovative projects supported the inclusion of vulnerable populations in strengthening Washington’s early care and education infrastructure.

Figure 2-1. PDG B-5-funded projects, new funding, and growth opportunities, 2021-2023

PDG B-5 Project	Population	New Funding and Growth Opportunities
<p>Child Welfare Early Learning Navigators (CWELN): Voluntary early learning and family support referrals for families involved with the child welfare system in pilot regions.</p>	<p>Families with children aged birth to five involved in the child welfare system.</p>	<p>2023: CWELNs were included in the Child Care and Development Fund Plan and were awarded federal funding from the Administration for Children and Families. The Building Early Childhood-Child Welfare Partnerships to Support the Well-Being of Young Children, Families, and Caregivers grant will support efforts to build infrastructure as the project moves from pilot to scale, while other sustainable funding will cover expenses related to hiring more Navigators.</p>
<p>Early Connections Play & Learn (ECPL): Trained early learning specialists provide interactive play groups on site at Washington State Department of Social and Health Services (DSHS) Community Service Offices (CSO) in a secured space, integrating early learning and child welfare services through play to further strengthen families. Services include developmental screening and connection to services (i.e., referrals to school readiness programs, home-visiting, community resources and early intervention).</p>	<p>Families with young children aged birth to five who are accessing DSHS community service offices for TANF and various social services</p>	<p>2021: Play & Learn Groups were included as an eligible grantee for continued funding under the Fair Start for Kids Act’s (FSKA) Early Childhood Equity Grant.</p> <p>2023 (post-COVID funding and supports): DSHS included ECPL-secured play space in its new building remodel and confirmed Play & Learn onsite partnerships through state contracts in six locations.</p>

PDG B-5 Project	Population	New Funding and Growth Opportunities
<p>Early ECEAP, ECLIPSE, and Mobility Mentoring: Creation of a comprehensive early learning model that supports children birth to three years, focused on child development and resilient parenting. Includes a trauma-informed, center-based intervention and prevention service for families with children who have experienced substantial trauma.</p>	<p>Income eligible families with young children who may have experienced trauma</p>	<p>2021: Early Care and Education Assistance Program (ECEAP) includes Early ECEAP and ECLIPSE as available models for ECEAP contractors to implement at sites statewide. These programs are included in ECEAP’s expansion funding. Additional ECEAP slots are available through FSKA funding.</p>
<p>Early Learning Transitions: Cross-organizational approaches, developed in collaboration with OSPI, for effective early learning and K-12 transitions.</p>	<p>Families who benefit from support as they transition from birth to five to K-12 systems</p>	<p>2023: Washington State Legislature codified into law Transition to Kindergarten Program as an early learning service available to families statewide.</p>
<p>Help Me Grow Washington (HMG WA): Connecting families with young children to support services through a statewide resource and referral linkage system.</p>	<p>Families with young children seeking support to access available services</p>	<p>2021: DOH was selected to receive the Early Childhood Comprehensive Systems grant (ECCS), which includes support for HMG WA.</p> <p>2023: DOH was selected to receive the Early Childhood Developmental Health Systems (ECDHS) grant, which includes support for HMG WA.</p> <p>2021-2023: The Plan of Safe Care – and HMG WA’s role in it –received both national attention and funding. Federal Child Abuse Prevention and Treatment Act (CAPTA) and Community-Based Child Abuse Prevention (CBCAP) as well as state funds via DCYF and DOH support the Plan of Safe Care.</p>

PDG B-5 Project	Population	New Funding and Growth Opportunities
<p>Infant Early Childhood Mental Health Consultation (IECMHC): Partnerships between qualified mental health consultants and child care providers to enhance providers’ capacity to support children’s social-emotional development and reduce child care expulsions.</p>	<p>Providers who work with children who have trauma, complex mental health needs, and social-emotional needs</p>	<p>2021: FSKA funded the expansion of IECMHC services offered to Early Achievers participants through Child Care Aware of Washington’s Holding Hope program.</p>
<p>Inclusion Practices, the Pyramid Model, and Trauma-Informed Care: Coaching and training to support early learning providers in responding to children’s complex needs.</p>	<p>Providers who work with children who have trauma, complex mental health needs, and social-emotional needs</p>	<p>2021: Trauma-informed care was included as an eligible provider support in FSKA. FSKA directs DCYF to provide trauma-informed supports to aid early childhood professionals.</p>
<p>Shared Service Hub: A collaborative, responsive, and equity-minded shared resources hub led by providers that serves child care providers in Spanish, Somali, and English.</p>	<p>Providers seeking support for administration and training related to the management of early learning businesses</p>	<p>2021: FSKA directed “DCYF to distribute funds to support inclusive and culturally and linguistically specific early learning and early childhood and parent support programs across the state. The funds are distributed through the Early Childhood Equity Grant program” to support the Shared Services Hub.</p>
<p>Washington Communities for Children (WCFC): An early childhood network connecting local and statewide efforts to improve the well-being of children, families, and communities.</p>	<p>Statewide early learning advocates, including parents</p>	<p>2021: DOH was selected to receive the Early Childhood Comprehensive Systems grant (ECCS), which includes support for WCFC.</p> <p>2023: DOH was selected to receive the Early Childhood Developmental Health Systems (ECDHS) grant, which includes support for WCFC.</p>

3 Approach

This 2023 Needs Assessment relies on the strong foundation of the 2020 Needs Assessment. It uses the same outline of topics and issues as the earlier document. This 2023 Needs Assessment also uses the same definitions of key terms (e.g., definitions of “early learning system,” “quality,” “availability”) as the 2020 Needs Assessment. A list of commonly used abbreviations is provided at the end of this report.

The report is organized into the following substantive chapters:

- Chapter 4. What We Know About Washington’s Children and Families
- Chapter 5. Healthy Children and Families
- Chapter 6. Strong, Stable, Nurturing, Safe, and Supported Families
- Chapter 7. Positive Early Learning Experiences
- Chapter 8. Powerful Communities and a Responsive Early Learning System
- Chapter 9. A Strong and Supported Early Childhood Workforce

No original data collection was conducted for this 2023 Needs Assessment. Instead, it is a compendium of and reference to data from many different sources, reports, agencies, and partners.

For chapters 5-9 listed above, this 2023 Needs Assessment provides the following:

- An introduction and overview of that chapter and relevant context,
- A brief description of any community engagement and/or solicitation of family, provider, or other stakeholder perspectives conducted between 2020 and 2023,
- A brief description of new initiatives, new data, or other developments related to that outcome area,
- Updated data (where available) related to all the chapters and sections in the 2020 Needs Assessment including one or more of the following:
 - New facts (from a new source) related to the chapter or section topic,
 - Descriptions of new, relevant data,
 - Newly created or modified sub-sections containing new information.

Tribal Nations in this 2023 Needs Assessment

DCYF and its early learning systems partners recognize the “unique cultural and legal status of tribal governments” and follow a “government-to-government relationship in seeking consultation and participation by representatives of tribal governments in policy development and service program activities.”²⁶ Part of the mission of the ELCP is to strengthen the ability of Tribal Nations to achieve the broad early learning system goals articulated in the plan. The ELCP calls for the “engagement of Tribal Nations in the creation and implementation of the policies,

²⁶ Washington State Department of Children, Youth, and Families. (2018). *Government-to-government relations: Tribal consultation policy (Administrative policy)*. <https://www.dcyf.wa.gov/sites/default/files/pdf/IPEL-0923-TribalConsultationPolicy.pdf>

funding decisions, program design, definitions, standards, metrics, and trainings that affect their children and families.”²⁷ In service of those values and goals, where possible, this 2023 Needs Assessment reports data that identifies and describes disproportionality and disparities related to Tribal Nations and individuals who identify as American Indian or Alaska Native. See, in particular, population-specific demographics and factors in Section 4.2.6, “Tribal communities,” and Section 4.3.2, “Kindergarten readiness and opportunity gaps among Tribal children and children of color.” This 2023 Needs Assessment also describes policy developments and new initiatives aimed at engaging Tribal Nations in early learning systems design and advancing early learning goals among Tribal systems, services, communities, families, and children. See, for example, Section 6.2.1, “Community-based supports for families,” Section 6.2.2, “Focused support for families within the early learning system,” Section 6.4.1, “Help Me Grow Washington,” Section 7.3.2.1, “Availability of home visiting,” and Section 7.3.3, “Partnerships with Tribal communities.”

Addressing Equity in this 2023 Needs Assessment

Four of the six goals in the “Powerful Communities and a Responsive Early Learning System” section of the ELCP describe the intent to create a system designed to understand systemic inequities and to advance racial equity. Those four goals describe a system that:

- Is responsive to communities of color,
- Robustly funds equitable outcomes,
- Embeds mechanisms that allow for flexibility and change that benefit Black, Indigenous, and People of Color (BIPOC) and communities who have historically been and currently are underserved, and
- Equitably engages community voice and partnerships.

The 2020 Needs Assessment and this 2023 Needs Assessment attempt to support these equity goals by, where possible, reporting data that identify and describe disproportionality and disparity related to race and ethnicity, geography, economic status, and other relevant categories. This 2023 Needs Assessment also addresses topics of equity by: describing policy developments and new initiatives aimed at advancing equity, summarizing and referencing community perspectives where new outreach has been conducted, referencing equity-focused processes (such as [Liberatory Design](#)), and describing and referencing evaluation reports that assess the impact of efforts aimed at reducing racial/ethnic and other disparities.

One particularly illustrative example of how racial equity focused information appears throughout this 2023 Needs Assessment is the [Fair Start for Kids Act](#) (FSKA). FSKA, passed by the Washington Legislature in 2021, resulted in \$1.1 billion of investments to expand access to affordable, high-quality early learning and child care and to stabilize the early care and education workforce. (It is described in more detail throughout the report in relevant chapters.) Advancing racial equity was one the of four policy goals of the legislation. FSKA-related funding,

²⁷ Washington State Early Learning Coordination Plan. (2022). *Washington State Early Learning Coordination Plan: A shared vision*. <https://www.elcpwa.org>

initiatives, and evaluation to support the goal of racial equity are described in this 2023 Needs Assessment. They include:

Early Childhood Equity Grants. FSKA funded [Early Childhood Equity Grants](#) to “direct funding to the early care and education community and parent support programs, with a priority placed on BIPOC providers and providers serving BIPOC children, to advance and inspire practices that promote inclusive and culturally responsive learning, environments, and enhanced language access.”²⁸ The first round of grants in 2022 provided \$1.7 million to 34 providers across the state. A second round of grants were provided in 2023, with a third planned for 2024.²⁹ (See Section 7.5.1.3, “Impact on early childhood providers”)

Child care stabilization investments. FSKA prioritized child care stabilization investments in areas of the state with racial disparities in kindergarten readiness and those with high concentrations of children of color, as well as in areas with other indicators of disparities, such as child care access deserts, high concentrations of child poverty, high COVID-19 impact, and high rates of child maltreatment. (See Section 9.1.1, “Licensed child care providers.”)

Focus on expulsion. Preschool expulsion is both an indicator that a child may need additional or different supports from their early care and education providers and a potentially traumatizing (or re-traumatizing) event that often results in additional challenges and struggles for the child and their family. National studies show that children of color, particularly Black children, American Indian and Alaska Native children, boys, and children with developmental delays, are expelled from preschool at disproportionately high rates.^{30,31} FSKA funded expansion of Infant and Early Childhood Mental Health Consultation (IECMHC) as a strategy to reduce expulsions (and if expulsions must occur, to reduce the negative impacts of expulsions), and ensure that children and their early care and education providers receive the supports that they need to promote healthy child development. One explicit goal is to reduce racial disproportionalities in expulsions. DCYF’s Office of Innovation, Alignment, and Accountability (OIAA) is laying the groundwork for further monitoring of racial disproportionalities in expulsions and for evaluating the impact of IECMHC in reducing those disproportionalities in subsequent reports. (See Section 5.2.2, “Infant and early childhood mental health.”)

Dual Language Designation. FSKA directed DCYF to establish [Dual Language Designation](#) for licensed and certified early childhood education providers who, among other qualifications, serve multilingual children and families and have “at least one bilingual staff providing

²⁸ Washington State Department of Children, Youth, and Families. (2023). *Early Childhood Equity Grant 2022 summary*. Accessed December 5, 2023 from <https://www.dcyf.wa.gov/sites/default/files/pdf/EquityGrant-FastFacts.pdf>

²⁹ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 Evaluation Report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

³⁰ Office for Civil Rights. (2021). *Discipline practices in preschool: 2017-18 Civil Rights Data Collection (CRDC)*. Accessed December 19, 2023 from <https://civilrightsdata.ed.gov/assets/downloads/crdc-DOE-Discipline-Practices-in-Preschool-part1.pdf>

³¹ Gilliam, W. S. (2010). *Pre-kindergartners left behind: Expulsion rates in state pre-kindergarten systems*. Accessed March 5, 2024 from <https://www.fcd-us.org/prekindergartners-left-behind-expulsion-rates-in-state-prekindergarten-programs/>

instruction in English and a partner language or are a tribal language revitalization program.”³² Through June 30, 2023, DCYF distributed \$3 million to 889 Dual Language Designation programs representing 1,199 classrooms.³³ (See Section 9.2.1, “Supports for a diverse early learning workforce.”)

For a detailed discussion of DCYF’s approach to using data to advance racial equity, see OIAA’s 2021 report, [Using data in DCYF to advance racial equity](#).

³² Washington State Department of Children, Youth, and Families. (n.d.). *Dual language learning*.

<https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers/dual-language-learning>

³³ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

4 What We Know About Washington’s Children and Families

Introduction

Washington state is home to more than 826,000 children between the ages of birth and eight years³⁴ — a critical period for physical, emotional, and cognitive development. The state’s early care and education system is designed to effectively support children, families, and communities during this key time.

For well over a decade, the Washington state government, Washington Tribal Nations, and community partners have worked to put in place a system of public and private care for young children and supports for families that offers a wide range of options to meet their needs. The programs and services described in the following chapters serve diverse families at all income levels across the state. However, a deeper look at the data indicate many children and families are still not receiving the supports they need.

A variety of factors may influence access to programs and services and create unequal outcomes for Washington’s children, including institutional and systemic racism; historical trauma; geographic isolation; poverty; housing instability; involvement in the child welfare system; and insufficient resources to support programs. Analyses of who arrives at kindergarten ready and able to succeed and who does not suggest that the early care and education system can better serve many of the state’s children, and that those who are least likely to receive services are also those who are most in need of support.³⁵

This chapter provides an overview of the composition of families in Washington state (including population-specific demographic characteristics and factors such as child welfare involvement, homelessness, and involvement with the criminal justice system) and an overview of kindergarten readiness as measured by the [Washington Kindergarten Inventory of Developing Skills \(WaKIDS\)](#) whole-child assessment tool.

Please note: Changes in race/ethnicity over time should be interpreted with caution because of [changes in the way race/ethnicity questions are asked in the Census](#) (specifically how Hispanic/Latino people are categorized).

This chapter simply summarizes population-level data about Washington children and families and does not contain information about early care and education systems and services; as such, there are no community outreach updates or new initiatives information summarized here.

³⁴ United States Census Bureau (n.d.). *American Community Survey, 2017–2021: 5-Year Public Use Microdata Sample, 2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2021&vv=AGEP%280,1%3A8%29&rv=ucgid&wt=PWGTP&g=0400000US53>

³⁵ Washington State Education Research and Data Center. (n.d.). *Early Learning Feedback Report*. Retrieved September 4, 2023, from <https://erdc.wa.gov/data-dashboards/early-learning-feedback-report-0>

High Level Summary of Updated Data

4.1 The composition of families in Washington state

Over 826,000 children between the ages of birth and eight years old lived in Washington state in 2021, a number slightly higher than in 2017, as reported in the 2020 Needs Assessment (814,014).³⁶

In 2021, there were 1,894,023 family households in Washington state: 809,198 of which included children under age 18. Of these family households, 22.9% included children 6 years or younger only, 20.8% included children 6 years or younger and children 6 to 17 years old, and 56.3% included children 6 to 17 years old only, with an average household size of 3.10.³⁷

While the percentage of households headed by married couples increased slightly from 61.6% in 2019 to 62.4% in 2021, a significant number of families are headed by single parents (Figure 4-1).³⁸

Figure 4-1. Population by household type, 2021

Household type	Washington State	United States
Family household	81.3%	82.8%
Married couple	62.4%	60.0%
Female householder, no spouse present	12.7%	16.4%
Male householder, no spouse present	6.2%	6.4%
Non-family household	18.7%	17.2%

Source: United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Estimates, Table B11002, "Household Type by Relatives and Nonrelatives for Population in Households."* Accessed September 4, 2023 from https://data.census.gov/table?q=Table+B11002&g=010XX00US_040XX00US53&y=2021&tid=ACSDT5Y2021.B11002&moe=false

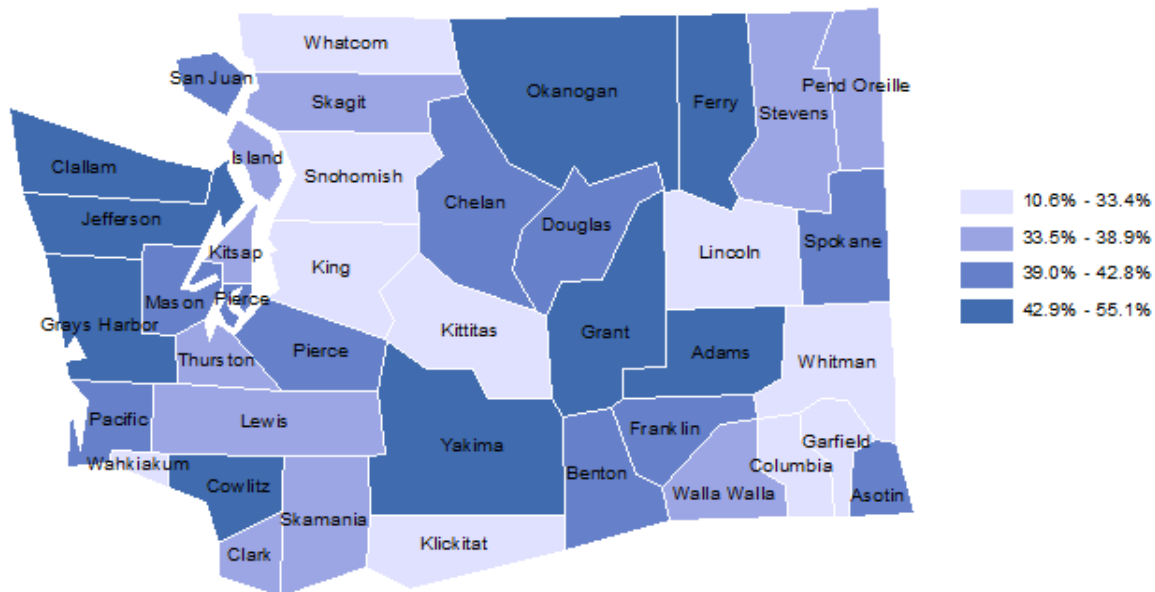
³⁶ United States Census Bureau (n.d.). *American Community Survey, 2017–2021: 5-Year Public Use Microdata Sample, 2021.* Accessed September 4, 2023 from <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2021&vv=AGEP%280,1%3A8%29&rv=ucgid&wt=PWGTP&g=0400000US53>

³⁷ United States Census Bureau (n.d.). *American Community Survey, 2021: 5-Year Estimates, Table S1101, "Households and Families."* Accessed September 4, 2023 from <https://data.census.gov/table?q=s1101&g=040XX00US53&y=2021&tid=ACSST5Y2021.S1101>

³⁸ United States Census Bureau (n.d.). *American Community Survey, 2021: 5-Year Estimates, Table B11002, "Household Type by Relatives and Nonrelatives for Population in Households."* Data retrieved September 4, 2023 from https://data.census.gov/table?q=Table+B11002&g=010XX00US_040XX00US53&y=2021&tid=ACSDT5Y2021.B11002&moe=false

Percentages of single-parent families vary dramatically by county, from a low of 10.6% in Wahkiakum County to a high of 55.1% in Ferry County (Figure 4-2).³⁹

Figure 4-2. Single-parent families as a percent of all families with children (mapped by county), 2020



Reproduced from: Washington State Office of Financial Management. (2022). *Single-parent families as a percent of all families with children (mapped by county)*. Accessed September 4, 2023 from <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/one-parent-and-two-parent-families/single-parent-families-percent-all-families-children-mapped-county>

Changing social and cultural norms have alleviated some of the stigma associated with single parenthood, but many single parents still face substantial challenges. For example, children in single-parent households are more likely to have all available parents working and thus are more likely to need child care, and are likely to have a smaller income to support the high costs of child care.

Parent custodial status is an additional factor that can affect families’ access to services and supports. Custodial parents may have greater access to resources than noncustodial parents, even when both are making a significant financial contribution to the child’s well-being. In

³⁹ Washington State Office of Financial Management (2022). *Single-parent families as a percent of all families with children (mapped by county)*. Accessed September 4, 2023 from <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/one-parent-and-two-parent-families/single-parent-families-percent-all-families-children-mapped-county>

2022, 196,799 individuals were noncustodial parents; of those, 84.6% were male, and 15.3% were female.⁴⁰

Parents belonging to the LGBTQIA+ community, regardless of marital status, may also face challenges in accessing resources for their families and children. On the other hand, as one of only a few states that have adopted all or some of the provisions of the Uniform Parentage Act of 2017, Washington has expanded protections for families headed by LGBTQIA+ couples under [Senate Bill 6037](#), which went into effect on January 1, 2019.

4.2 Population-specific demographics and factors

4.2.1 Communities of color

About three in five children between the ages of birth and eight years old (61.6%) are White and about two in five (38.4%) are children of color (Figure 4-3; note that Hispanic/Latino children whose race is White are included as White).⁴¹ Between 2017 and 2021, the percentage of children ages birth to eight who are multiracial increased by 158.3%, from 77,491 to 200,151, which mirrors national trends.⁴² However, because of changes in the way race/ethnicity questions are reported (specifically how Hispanic/Latino people are categorized), it is challenging to describe and interpret population changes in race/ethnicity over time.

Throughout this needs assessment, data show that children of color experience disproportionately more challenges related to economic status, housing stability, and risk for poor health outcomes (see Chapter 5, “Healthy Children and Families” and Chapter 6, “Strong, Stable, Nurturing, Safe, and Supported Families”). The long-term early care and education outcomes of the Department of Children, Youth, and Families (DCYF) center on the goal of eliminating race and income as predictors of school readiness.

One challenge in understanding the needs of children and families of color in Washington is the inability to disaggregate data by individual racial/ethnic groups across all data sources. While certain themes, such as the experience of historical trauma, are common across communities of color, their impact manifests in different ways, and the needs of communities and individuals differ.

⁴⁰ Washington State Department of Social and Health Services. (2023). *Economic Services Administration briefing book, State Fiscal Year 2022*. https://www.dshs.wa.gov/sites/default/files/ESA/briefing-manual/2022ESA_Briefing_Book_Full1.pdf

⁴¹ United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/#/search?q=?ds=ACSPUMS5Y2021>

⁴² Jones, N., Marks, R., Ramirez, R., & Rios-Vargas, M. (2021). *Improved race and ethnicity measures reveal U.S. population is much more multiracial*. United States Census Bureau. Accessed September 4, 2023 from <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>

Figure 4-3. Number and percent of children ages 0-8, by race/ethnicity, 2017-2021 five-year average

Race/ethnicity	Age 0-5	Age 6-8	Total 0-8
All children 0-8	542,370 (100.0%)	283,804 (100.0%)	826,174 (100.0%)
American Indian or Alaska Native	7,423 (1.4%)	4,542 (1.6%)	11,965 (1.4%)
Asian	40,813 (7.5%)	22,182 (7.8%)	62,995 (7.6%)
Black or African American	23,039 (4.2%)	12,809 (4.5%)	35,848 (4.3%)
Hispanic/Latino	124,188 (22.9%)	62,066 (21.9%)	186,254 (22.5%)
Multiracial or some other race	133,551 (24.6%)	66,600 (23.5%)	200,151 (24.2%)
Native Hawaiian and Other Pacific Islander	3,777 (0.7%)	2,633 (0.9%)	6,410 (0.8%)
White	333,767 (61.5%)	175,038 (61.7%)	508,805 (61.6%)

Source: United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/#/search?q=?ds=ACSPUMS5Y2021>

Note: Hispanic/Latino children are represented both in the “Hispanic/Latino” ethnicity category and in race categories.

4.2.2 Families facing poverty

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

The percentage of families with children between birth and age eight who live below the federal poverty line was 13.4% in 2021, a decrease from 16.9% in 2017.⁴³ Similarly, the percentage who live in households with an income at or below 200% of the federal poverty line (FPL) was 31.9% in 2021, a decrease from 38.3% in 2017 (Figure 4-4).

⁴³ United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/#/search?q=?ds=ACSPUMS5Y2021>

Figure 4-4. Number of children by age and household income level, 2021

Age	Number and percent of children in families with given household income, by age group			
	<100% FPL	100–200% FPL	>200% FPL	All
0–8 years	108,307 (13.4%)	148,717 (18.4%)	553,075 (68.3%)	810,099 (100.0%)
0–5 years	72,439 (13.6%)	98,429 (18.5%)	360,709 (67.9%)	531,577 (100.0%)

Source: United States Census Bureau (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata*

Disparities in poverty rates persist for families of color (Figure 4-5). The percentage of American Indian households in Washington with children birth through age eight living at or below 200% of the federal poverty line was 51.1% in 2021.⁴⁴ The percentage of Black/African American families living at or below 200% of the federal poverty line was 49.7%, and the percentage of multiracial families or families of some other race living at or below 200% of the federal poverty line was 40.6%. 53% of Hispanic/Latino families (who can be of any race) were living at or below 200% of the federal poverty level. In contrast, the percentage of White families living at or below 200% of the federal poverty line was 28.4%.⁴⁵

Figure 4-5. Children 0-8 by race/ethnicity and economic status, 2021

Race/ethnicity	Number of children	Number and percent of children in families with given household income		
		<100% FPL	100–200% FPL	>200% FPL
All children 0-8	810,099	108,307 (13.4%)	148,717 (18.4%)	553,075 (68.3%)
American Indian or Alaska Native	11,330	2,792 (24.6%)	3,003 (26.5%)	5,535 (48.9%)
Asian	62,395	4,895 (7.8%)	5,475 (8.8%)	52,025 (83.4%)
Black/African American	35,043	9,009 (25.7%)	8,415 (24.0%)	17,619 (50.3%)
Hispanic/Latino	183,041	43,134 (23.6%)	53,880 (29.4%)	86,027 (47.0%)
Multiracial or some other race	196,019	36,237 (18.5%)	43,256 (22.1%)	116,526 (59.4%)
Native Hawaiian/Pacific Islander	6,278	1,192 (19.0%)	973 (15.5%)	4,113 (65.5%)

⁴⁴ United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2021>

⁴⁵ United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2021>

Race/ethnicity	Number of children	Number and percent of children in families with given household income		
		<100% FPL	100–200% FPL	>200% FPL
White	499,034	54,182 (10.9%)	87,353 (17.5%)	358,269 (71.6%)

Source: United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021*. Retrieved September 4, 2023 from <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2021>

Note: Hispanic/Latino children are represented both in the “Hispanic/Latino” ethnicity category and in race categories.

The overall share of children who are living in households with income below the federal poverty line is greater among children with parents who were born outside the United States (20.8%) compared to children with at least one native-born parent (11.1%) (Figure 4-6).

Figure 4-6. Distribution of household income level among children ages birth through eight years with foreign-born parents vs. at least one native-born parent, 2021

Parent nativity	<100 FPL	100–200% FPL	>200% FPL	Total
Children with foreign born parents	39,285 (20.8%)	46,981 (24.8%)	103,052 (54.4%)	189,318 (100.0%)
Children with at least one native-born parent	69,022 (11.1%)	100,686 (16.2%)	451,073 (72.7%)	620,781 (100.0%)

Source: United States Census Bureau. (n.d.). *American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021*. Accessed September 4, 2023 from <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2021>.

Note: For the category, “Children with foreign born parents”: If living with both parents, both parents are foreign born. If living with only one parent, that parent is foreign born.

The number of students eligible for free or reduced-price lunch rose from 478,550 in the 2018-2019 school year (43.3% of students) to 553,103 in the 2022-2023 school year (51.9% of students).⁴⁶ Through the [Community Eligibility Provision](#), schools with high percentages of low-income students can provide free lunches to all students attending the school without collecting data on income from families. This may result in higher rates of eligibility.

Household income is only one piece of the puzzle. The United Way’s ALICE (Asset Limited, Income Constrained, Employed) report provides a valuable lens on the true impact of poverty on families in Washington by correlating household income to cost of living in the state. According to the 2021 ALICE report, 34% of households (of all ages, not just those with young children) had incomes that were not sufficient to cover the cost of living.⁴⁷

⁴⁶ Washington Office of Superintendent of Public Instruction. (n.d.) *Child nutrition program reports*. Accessed December 19, 2023 from <https://ospi.k12.wa.us/policy-funding/child-nutrition/child-nutrition-program-reports>

⁴⁷ United Way (2023). *ALICE in the crossroads: COVID and financial hardship in Washington, 2023 report*. Accessed September 4, 2023 from <http://unitedforalice.org/state-overview/Washington>

4.2.3 Families whose primary language is other than English

Families may find it hard to access or fully utilize services if those services are not accessible in their language or if services are not culturally or linguistically responsive. In 2021, one-fifth (20.8%) of Washington state residents older than five years lived in a household where a language other than English was spoken, and the number has been steadily increasing (from 6.9% in 1980).⁴⁸ More than one-third (36.4%) of children in Washington who are eight years old or younger live in households where English is not the primary language (see Figure 4-7).⁴⁹

Figure 4-7. Household language among children between birth and age 8, 2017-2021 five-year average

Language group	Percent
English only	63.6%
Spanish	17.7%
Other Indo-European language	7.3%
Asian/Pacific-Islander language	8.1%
Other	3.2%

Source: United States Census Bureau. (n.d.). American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021. Accessed September 4, 2023 from <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2021>

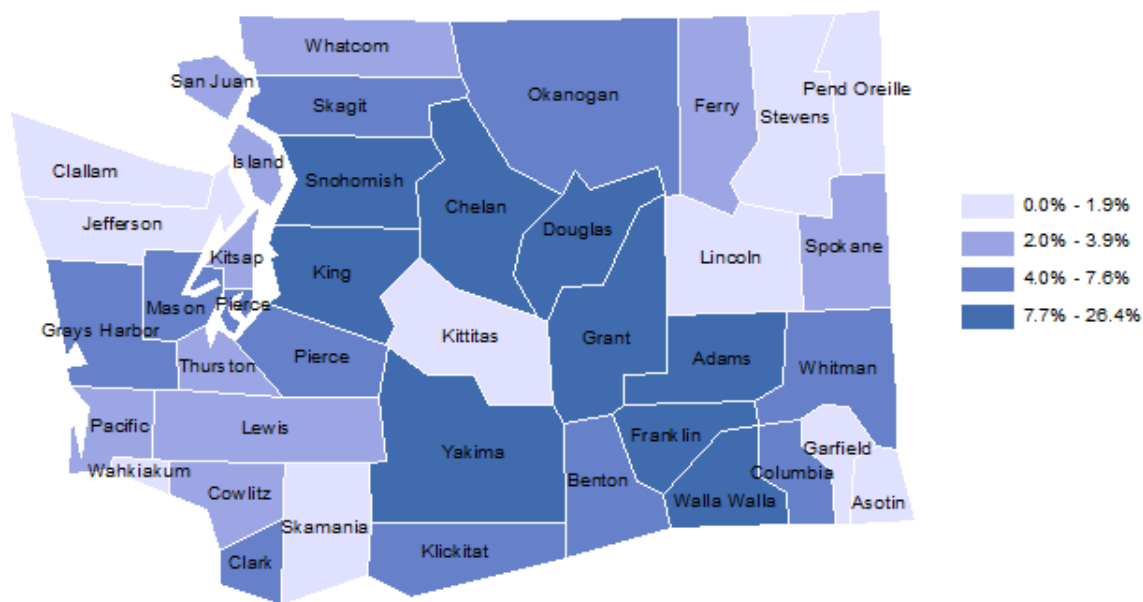
The percentage of the population living in households where English is spoken “less than very well” is also rising (from 2.7% in 1980 to 7.9% in 2021).⁵⁰ The percent of households where English is spoken less than “very well” differs dramatically by county, from a low of 0.2% in Pend Oreille County to a high of 26.4% in Adams County (Figure 4-8).

⁴⁸ Washington State Office of Financial Management. (n.d.) *Language spoken at home: Persons living in households where language other than English is spoken*. Accessed January 14, 2024 from <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/language-spoken-home>

⁴⁹ Washington State Department of Children, Youth, and Families. (2019). *The Early Start Act 2018 annual report*. https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf

⁵⁰ Washington State Office of Financial Management. (n.d.). *Language spoken at home*. Accessed October 10, 2023 from <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/language-spoken-home>

Figure 4-8. Percent of households where English is spoken less than “very well,” 2020



Reproduced from: Washington State Office of Financial Management. (n.d.). *Languages spoken at home (mapped by county)*. Accessed September 4, 2023 from <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/language-spoken-home/languages-spoken-home-mapped-county>

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 89% of children under five years of age receiving subsidized child care in licensed care are from households where English is the primary language. Households in which Spanish is the primary language represent 7% of children receiving subsidized licensed child care, and the remaining 4% of households spoke other primary languages.⁵¹

4.2.4 Families with children who have developmental disability or delay

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

⁵¹ Washington State Department of Children, Youth, and Families. *Barcode Electronic Attendance System. FY22 Subsidy Payments*. Accessed May 14, 2023.

The National Survey of Children’s Health reports the number of children with special health care needs, including developmental delays or disabilities, in Washington state.⁵² The 2022 survey of Washington households estimated that 6.9% of children in Washington state between birth and age five years (an estimated 35,878 children) have special health care needs (Figure 4-9).⁵³ It should be noted that these estimates are based on very small sample counts and should be interpreted with caution. In Washington, this estimate was based on a sample count of 39.⁵⁴

Figure 4-9. Proportion of children with special health care needs, 2020-2021

Age range	Percentage of children with special health care needs	
	Washington State	United States
0–5 years	6.9%	11.4%
6–11 years	23.2%	21.8%
12–17 years	29.5%	27.9%

Source: Child and Adolescent Health Measurement Initiative. (n.d.). *2022 National Survey of Children’s Health (NSCH) data query*. Accessed October 17, 2023 from <https://www.childhealthdata.org/browse/survey/results?q=10025&g=1072&r=49>

4.2.5 Rural communities

The number of children ages birth through nine who live in rural areas was estimated at 46,921 in the 2020 Census. Just over 24,000 of these children are under the age of five years, and almost 23,000 are between the ages of five and nine.⁵⁵ This number is significantly higher than what was reported in the 2020 Needs Assessment (36,924), which used the U.S. Department of Agriculture’s definition of rural communities.

Families who live in rural communities face a number of unique challenges, including lack of access to housing, child care, and other supportive services. Diffuse population placement and geographic distance can make transportation to services difficult. Early care and education professionals in rural areas also face unique challenges, particularly in earning a living wage, access to education and professional development opportunities, and the ability to refer families to other needed services.

⁵² Child and Adolescent Health Measurement Initiative. (n.d.). *2022 National Survey of Children’s Health (NSCH)*. Accessed October 17, 2023 from

<https://www.childhealthdata.org/browse/survey/results?q=10025&g=1072&r=49>

⁵³ Defined by the [Maternal and Child Health Bureau](#) as children who “have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

⁵⁴ Although the estimated percentage is 6.9%, the confidence interval (the interval in which one is 95% likely to be correct) ranges from 4.6% to 10.2%.

⁵⁵ United States Census Bureau. (n.d.). *Table P12: Sex by age for selected age categories, 2020 Decennial Census*. Accessed October 16, 2023 from <https://data.census.gov/table/DECENNIALDHC2020.P12>

4.2.6 Tribal communities

Washington state is home to 29 federally recognized Tribal Nations and an additional seven Tribes without federal recognition (Figure 4-10). Some of these seven, including the Duwamish Tribe and Chinook Nation, are seeking federal recognition. Each of these Tribes is a sovereign entity with responsibility for and governance over its members. Tribal sovereignty has a number of implications for early care and education programs, services, and supports for Tribal communities, including differences in how programs are funded and the need to align Tribal and State policies, protocols, and laws.

The Washington state government prioritizes partnership with Tribal governments to support Tribal children and their families. The [Indian Policy Early Learning Committee](#) (IPEL) ensures Tribal sovereignty and provides a clear government-to-government relationship between DCYF and all of Washington’s federally recognized Tribal Nations (see Chapter 8, “Powerful Communities and a Responsive Early Learning System”).

Figure 4-10. American Indian/Alaska Native Tribes in Washington state

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

Note: Asterisks indicate Tribes that are not currently federally recognized.

Tribal communities have a long history of providing high-quality early childhood programs and services to ensure that children in their communities are getting off to a strong start. There are Tribally operated Head Start and Early Head Start programs, Early Childhood Education and Assistance Program (ECEAP), home visiting, and more (see Chapter 7, “Positive Early Learning Experiences”). As the number and reach of these programs have grown, so has the need for

partnerships that support more seamless and coordinated systems of care, especially across programs operated by Tribal Nations and those operated by Washington state government.⁵⁶

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

An estimated 22,416 children ages birth through nine live in Tribal communities (reservations and off-reservation trust land) in Washington state.⁵⁷ DCYF recognizes challenges associated with this number, including undercounting and differences in how individual Tribal Nations identify the number of children in their communities.⁵⁸

4.2.7 Families with permanent or temporary immigrant status

In 2021, 14.8% of people living in Washington state were born outside the United States (or “foreign born”). The share has been increasing steadily, from 6.6% in 1990 and 10.4% in 2000.⁵⁹

The overwhelming majority of children eight years or younger with foreign-born parents were themselves born in the United States (87.6%; Figure 4-11).

Figure 4-11. Children ages birth through eight years who are living with foreign-born parents, by age, 2017-2021 five-year average

Age group	Number of children living with foreign-born parents		
	Child is foreign born	Child is US born	All
All children 0-8	21,428 (12.4%)	151,131 (87.6%)	172,559
0–2 years	2,399 (4.9%)	46,660 (95.1%)	49,059
3–4 years	5,111 (12.3%)	36,369 (87.7%)	41,480
5 years	3,207 (17.0%)	15,606 (83.0%)	18,813

⁵⁶ Bohanon, K. (2016). *New directions in tribal early childhood programs*. ZERO TO THREE. <https://theacademy.sdsu.edu/wp-content/uploads/2015/06/2016-01-Bohanon.pdf>

⁵⁷ United States Census Bureau. (n.d.). *Table P12: Sex by age for selected age categories, 2020 Decennial Census*. Accessed October 16, 2023 from <https://data.census.gov/table/DECENNIALDHC2020.P12>

⁵⁸ Education Northwest. (2017). *Obscured identities: Improving the accuracy of identification of American Indian and Alaska Native students*. <https://educationnorthwest.org/resources/obscured-identities-improving-accuracy-identification-american-indian-and-alaska-native>

⁵⁹ Migration Policy Institute. (n.d.). *Washington State Immigration Data Profile* [1990, 2000, and 2021 demographics data table]. Accessed July 28, 2023 from <https://www.migrationpolicy.org/data/state-profiles/state/demographics/WA>

Age group	Number of children living with foreign-born parents		
	Child is foreign born	Child is US born	All
6–8 years	10,711 (16.9%)	52,496 (83.1%)	63,207

Source: United States Census Bureau. (n.d.). American Community Survey, 2021: 5-Year Public Use Microdata Sample, 2017-2021. Accessed September 4, 2023 from <https://data.census.gov/mdat/?#/search?ds=ACSPUMS5Y2021>

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

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

4.2.8 Families in which one or both parents are farmworkers or H2-A guest workers

The National Center for Farmworker Health, Inc. estimates that Washington state had 254,087 farmworkers in 2017 (the most current year for which data are available), 32,791 of whom were H-2A guest workers.⁶⁰ It is estimated that these farmworkers have 371,252 dependents. Yakima and Grant counties have the second and third highest number of farmworkers nationally (64,205 and 47,417, respectively), behind Fresno County, California.

Although it is not possible to determine how many of these farmworkers are migrant farmworkers, it is likely that a high proportion of them are. The challenges facing migrant farmworker families overlap significantly with those facing immigrants, including challenges with linguistic responsiveness and undocumented status. Migrant families may also experience low pay/greater exposure to poverty, housing instability, and non-traditional work schedules. Agricultural work schedules and lack of affordability often prevent families from accessing child care, which is already scarce in the rural areas where agricultural work takes place.

4.2.9 Families experiencing involvement with the child welfare system

Some of Washington state’s youngest children interact with the child welfare system at critical times in their development. Involvement with the child welfare system is a [traumatic](#)

⁶⁰ National Center for Farmworker Health. (n.d.). *Farm labor data dashboard*. Accessed October 24, 2023 from <https://ncfh.org/dashboard.html>

[experience](#) for children and families. Children who are placed in out-of-home care experience separation from their family and community during a critical time of development. Children may experience stress of multiple transitions and disruption of routines, as well as potential placement in an unfamiliar setting.

Washington’s child welfare system makes focused efforts to offer families the services and supports that they need so that their children remain in the care of their families. Providing stable, high-quality early care and education experiences simultaneously is an opportunity to further support biological parents, kinship caregivers, and/or foster parents who are providing supportive care for a child involved with the child welfare system. Effective referrals, enrollment, and engagement in early care and education programs can help provide stability and promote healing for children and their families who have experienced trauma associated with child welfare system involvement. Children involved in the child welfare system need [trauma-informed services](#) and adherence to non-expulsion policies.

In 2022, 24,787 children ages birth to eight years of age in Washington state had some form of involvement with the child welfare system; that is, they were either referred to child protective services, they were referred and screened in (passed screening and formally entered into the child welfare system), or they were referred, screened in, and then placed in out-of-home care (Figure 4-12). Young children continue to represent a high proportion of the number of children placed into out-of-home care: Children birth to eight represented 69% of all children who entered care for one or more nights in 2022.

Figure 4-12. Number of children with some form of involvement in the child welfare system, by age group, 2022

Age	Number and percent of children		
	Referred to child welfare	Entered care for one or more nights	In out of home care on 12/31/2022
All children 0-17 years	46,064 (100.0%)	3,366 (100.0%)	6,121 (100.0%)
Under age 1	3,825 (8.3%)	963 (28.6%)	586 (9.6%)
0-3 years	10,852 (23.4%)	1,559 (46.3%)	2,389 (39.0%)
0-5 years	16,171 (35.1%)	1,906 (56.6%)	2,542 (41.5%)
0-8 years	24,787 (53.8%)	2,325 (69.1%)	3,942 (48.1%)

Source: Washington State Department of Children, Youth, and Families. (2022). CPS victims by CAN type [January 2014-December 2022]. *infoFamlink*; Washington State Department of Children, Youth, and Families. (2022). Out of home care exits and entries [December 2013-December 2022]. *infoFamlink*.

The number of children with involvement with the child welfare system in 2022 (24,787) is a decrease from 2018, when 26,618 children ages birth to eight had some form of involvement with the child welfare system (Figure 4-13).

Figure 4-13. Number of children 0-8 with some form of involvement in the child welfare system, by year, 2018 through 2022

Year	2018	2019	2020	2021	2022
All children 0-8	26,618	27,965	24,172	25,381	24,787

Source: Washington State Department of Children, Youth, and Families. (2022). CPS victims by CAN type [January 2014-December 2022]. *infoFamlink*; Washington State Department of Children, Youth, and Families. (2022). Out of home care exits and entries [December 2013-December 2022]. *infoFamlink*.

The number of newborns entering out-of-home care who have been substance exposed or affected has risen dramatically over the past decade, from 262 in 2012 to 972 in 2022.⁶¹

Of all children ages 0-8 in out-of-home care on December 31, 2022, 57.3% were placed in kinship care instead of with non-relative foster care parents.

As of December 2022, there were 4,360 licensed foster homes.⁶² While shortages do not exist in the number of foster homes overall, there is a shortage of certain types of foster homes, such as those able to take larger sibling groups and those able to care for children and youth with high behavioral needs.

American Indian / Alaska Native and Black / African American children continue to be involved with the child welfare system at disproportionately high rates.⁶³ In calendar year 2022, American Indian/Alaska Native children were removed at 1.72 times the rate of white children. Black/African American children were removed at 1.50 times the rate of white children. American Indian/Alaska Native children were placed in out of home care at 1.73 times the rate of white children within twelve months of an intake. Black/African American children were placed at 1.41 times the rate of white children, and Hispanic/Latino children were placed at 1.46 times the rate of white children.⁶⁴ About 51% of out-of-home placements are children of color, whereas this group accounts for only 38% of all children birth through eight years in Washington state. Figure 4-14 shows the number of children in care on December 31, 2022 by race/ethnicity.

⁶¹ Washington State Department of Children, Youth, and Families. (2022). *Examination of infants indicated for substance exposure/affected at birth*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/Infants-SubstanceExposure-Birth2022.pdf>

⁶² Washington State Department of Children, Youth, and Families. (2022). CPS victims by CAN type [January 2014-December 2022]. *infoFamlink*; Washington State Department of Children, Youth, and Families. (2022). Out of home care exits and entries [December 2013-December 2022]. *infoFamlink*.

⁶³ Washington State Department of Children, Youth, and Families. (2022). CPS victims by CAN type [January 2014-December 2022]. *infoFamlink*; Washington State Department of Children, Youth, and Families. (2022). Out of home care exits and entries [December 2013-December 2022]. *infoFamlink*.

⁶⁴ Washington State Department of Children, Youth, and Families. (2022). CPS victims by CAN type [January 2014-December 2022]. *infoFamlink*; Washington State Department of Children, Youth, and Families. (2022). Out of home care exits and entries [December 2013-December 2022]. *infoFamlink*.

Figure 4-14. Number of children ages birth through eight years in out of home care on December 31, 2022, by race/ethnicity

Race/ethnicity	Number of children
All children aged 0-8	3,942
American Indian/Alaska Native	145
American Indian/Alaska Native multiracial	573
Asian or Pacific Islander	48
Black or African American	247
Black or African American multiracial	335
Hispanic/Latino	605
Multiracial (other than American Indian/Alaska Native and Black or African American)	76
Unknown	32
White	1,881

Source: Washington State Department of Children, Youth, and Families. (2022). *CPS victims by CAN type* [January 2014-December 2022]. *infoFamlink*; Washington State Department of Children, Youth, and Families. (2022). *Out of home care exits and entries* [December 2013-December 2022]. *infoFamlink*.

4.2.10 Families experiencing housing instability

The lack of affordable housing affects the overall stability of families. This is especially acute in some urban centers and rural areas. Homelessness and housing instability lead to a cascade of effects beyond housing, such as limiting one’s ability to access and apply for various services.

Children who do not have stable housing are at risk physically, developmentally, and emotionally. Child Trends notes that, “Children who are homeless may suffer from hunger, poor physical and emotional health and missed educational opportunities. They are more likely than other children to have moderate to severe acute and chronic health problems, and less access to medical and dental care. Children without stable homes are also more than twice as likely as others to repeat a school grade, be expelled or suspended, or drop out of high school.”⁶⁵

The estimated percentage of children under age six years experiencing homelessness fell slightly from 7.2% in 2016 to 6.8% in 2019 (the most recent year for which data are available). Most of these children (91%) were unserved by Head Start/Early Head Start or McKinney-Vento funded early care and education programs.⁶⁶ The Washington Office of Superintendent of Public Instruction estimated that the percent of students experiencing homelessness decreased

⁶⁵ Child Trends. (2012). *When the bough breaks: The effects of homelessness on young children*. <https://www.childtrends.org/publications/when-the-bough-breaks-the-effects-of-homelessness-on-young-children>

⁶⁶ Yamashiro, A. & McLaughlin, J. (2021). *Early childhood homelessness state profiles: 2018-19*. U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Office of the Chief Data Officer. <https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles-2021.pdf>

from 3.7% during the 2015-2016 school year⁶⁷ to 3.3% during the 2021-2022 school year.⁶⁸ Student population data show that homelessness continues to affect American Indian/Alaska Native, Black/African American, and Native Hawaiian/Pacific Islander students at disproportionately high levels.

Figure 4-15. Number of students experiencing homeless by school year, 2014-2015 through 2020-2021

School year	Students experiencing homelessness
2014–15	33,642
2015–16	37,661
2016–17	39,189
2017–18	40,085
2018–19	39,888
2019–20	36,996
2020–21	32,335
2021–22	37,337

Source: Dyer, M. (2022). *Update: Homeless students data, 2022*. Washington State Office of Superintendent of Public Instruction Accessed September 4, 2023 from <https://www.k12.wa.us/sites/default/files/public/homelessed/pubdocs/22-UPDATE-Data-on-Students-Experiencing-Homelessness.pdf>

Note: Numbers in 2020-2021 are likely an undercount because districts had difficulty identifying students during the COVID-19 pandemic.

KidsCount estimates that in 2021, 30% children in Washington state lived in households that spent 30% or more of their income on expenses related to housing. While this percentage is significantly lower than it was in 2011 (when an estimated 41% of children lived in households with a high housing cost burden), this nevertheless leaves fewer resources for other family needs (e.g., food, health care, child care).⁶⁹ These are basic needs that must be met before children can achieve educational success.

⁶⁷ Dyer, M., & Green, J. (2016). *Update: Homeless students data, 2016*. Washington State Office of Superintendent of Public Instruction Accessed January 13, 2024 from <https://ospi.k12.wa.us/sites/default/files/2023-02/2017-01-homelesseducation.pdf>

⁶⁸ Dyer, M. (2022). *Update: Homeless students data, 2022*. Washington State Office of Superintendent of Public Instruction Accessed September 4, 2023 from <https://www.k12.wa.us/sites/default/files/public/homelessed/pubdocs/22-UPDATE-Data-on-Students-Experiencing-Homelessness.pdf>

⁶⁹ Annie E. Casey Foundation, KIDS COUNT Data Center. (n.d.). *Children living in households with a high housing cost burden in Washington*. Accessed August 7, 2023 from <https://datacenter.aecf.org/data/line/7244-children-living-in-households-with-a-high-housing-cost-burden?loc=49&loct=2#2/49/false/2048,1729,37,871,870,573,869,36,868,867/asc/any/14288>

4.2.11 Families experiencing engagement with the criminal legal system

Children with incarcerated parents are separated from one of the most important supports in their lives. Incarceration disrupts family relationships, and parental incarceration is associated with poverty, behavioral health issues, and poor academic outcomes for children.⁷⁰

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

A substantial share of these parents will still have at least one child under 18 when they leave state prison (5,527 fathers and 624 mothers). Of the estimated 14,477 children whose parents were incarcerated in early 2020,⁷¹ 28% (4,109) were five years or younger, and 47% (6,758) were eight years or younger.⁷²

Similar data are not available for county jails in Washington state. An estimate based on the data for state prisons, however, suggests that there may be an additional 6,000 to 7,000 parents of children younger than 18 years who are incarcerated in county jails.⁷³

Individuals in Juvenile Rehabilitation who are also parents are a small but important group. Of 352 individuals in Juvenile Rehabilitation in 2023, 22 (6%) were parents. Because data were not fully collected in 2023, this may be an undercount. It is estimated that between 5% and 10% of individuals in Juvenile Rehabilitation are parents.⁷⁴ Future corrections to data collection are ongoing.

⁷⁰ Child Welfare Information Gateway, U.S. Department of Health and Human Services. (n.d.). *Supporting children and families affected by incarceration*. <https://www.childwelfare.gov/topics/supporting/support-services/incarceration/>

⁷¹ Children may be duplicated in this count if both parents are incarcerated and both report the child.

⁷² Data from Washington State Department of Social and Health Services Research and Data Analysis division. Data are from February 2020.

⁷³ Washington's population change over time was calculated using 2016 and 2019 population estimates from the US Census Bureau, divided by three to get the population growth estimate per year. This population growth estimate was used to approximate incarcerated population growth, assuming no changes in percent of population incarcerated (see Kaeble, D. & Cowhig, M. [2018], *Correctional populations in the United States, 2016. NCJ-251211. Washington DC: US Department of Justice [2016]*). To calculate the total number of people in jail, the number in prison (Washington State Department of Social and Health Services, Research and Data Analysis Division, February 2020) was subtracted from the total estimated incarcerated population. The percentage of total incarcerated parents of minors was used to estimate percentage of incarcerated parents of minors in jails based on estimated jail population. Range was added for margin of error due to the use of multiple estimates.

⁷⁴ Washington State Department of Children, Youth, and Families. (n.d.) *Automated Client Tracking System (ACT), Integrated Treatment Assessment (ITA)*. Accessed June 19, 2023.

4.3 Kindergarten readiness

Two of DCYF’s strategic priorities are (1) children should be ready for kindergarten and (2) race and income are eliminated as predictors of school readiness. Washington defines kindergarten readiness as meeting the standard for developmental progress on all six domains (Social-emotional, Physical, Cognitive, Language, Literacy, and Mathematics) of the WaKIDS whole-child assessment tool. Rather than a standardized test, WaKIDS is an observational assessment considering child skills relevant to each domain. For example, the language assessment considers, among other things, a child’s ability to use language to express thoughts and emotions, whereas the physical domain considers, among other things, a child’s ability to run or use a fork and spoon for eating. This observational assessment is conducted by kindergarten teachers over a ten-week period at the beginning of a child’s kindergarten school year.

The COVID-19 pandemic directly impacted both K-12 schools and preschools for several years, with still not-fully understood impacts on enrollment, how education and services were delivered, interactions with families, and kindergarten readiness.

Overall, kindergarten enrollment in Washington state dropped by more than 10% during the pandemic, as it did nationally, from 81,694 entering kindergartners in 2019-2020 to 73,079 entering kindergartners in 2022-2023.^{75,76} The kindergarten readiness rate for the 2022-2023 class of kindergarten overall (48.4%) was lower than the kindergarten readiness rate of 51.5% in 2019-2020.⁷⁷ Results show persistent disparities for children of lower income households, children from Tribal communities, children of color, children with disabilities, children in foster care, and children experiencing homelessness (see Figure 4-16). Available data for children in foster care (from 2017-2018) indicates that only 29.3% are ready for kindergarten in all six domains.⁷⁸ In 2019-2020 (the only year for which data are available), 21.6% of children from migrant families were ready for kindergarten in all six domains.

⁷⁵ United States Census Bureau (2023). *CPS historical time series visualizations on school enrollment [Figure A1 Distribution of school enrollment of the US population 3 years and over, by Level 1955 to 2020]*. Accessed November 9, 2023 from <https://www.census.gov/library/visualizations/time-series/demo/school-enrollment-cps-historical-time-series.html>

⁷⁶ Washington Office of Superintendent of Public Instruction. (n.d.). *Report card [dashboard]*. Accessed November 9, 2023 from <https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300>

⁷⁷ Washington Office of Superintendent of Public Instruction. (n.d.). *Report card [dashboard]*. Accessed November 9, 2023 from <https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300>

⁷⁸ Chen, V., Pyle, K., & Aldrich, T. (n.d.). *ESSB 6032 Proviso measures: Education outcomes of children and youth in foster care and children and youth experiencing homelessness, Part II: Report on child/youth in foster care*. Education Research & Data Center. Appendix B in Project Education Impact Workgroup. (2019). *Achieving educational success for Washington’s children, youth and young adults in foster care and/or experiencing homelessness*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FosterHomelessEducation.pdf>

Figure 4-16. Snapshot of kindergarten readiness among Washington state children entering kindergarten

Population group	Ready for kindergarten	
	2019-2020	2022-2023
All children	51.5%	48.4%
Household income <185% FPL	35.4%	34.8%
Children of color	44.9%	42.9%
English language learners	35.8%	28.8%
Housing instability	30.3%	29.3%
Students with disabilities	22.4%	22.1%

Source: Washington Office of Superintendent of Public Instruction. (n.d.). *Report card [dashboard]*. Accessed November 9, 2023 from <https://washingtonstaterreportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300>

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

In 2021-2022, entering kindergarteners from households above 185% of the federal poverty line (FPL; the eligibility threshold for the free/reduced lunch program) demonstrated the highest rate of readiness (64%), compared to 46% of children from households with incomes between 110% and 185% of the FPL and 40% of children from households with incomes below 110% FPL, which is the threshold for Early Childhood Education and Assistance Program (ECEAP) eligibility.⁷⁹ Previous DCYF reports have shown that the resulting opportunity gap between children from low-income households and those from higher-income households that is evident at kindergarten entry persists through 8th grade and beyond.⁸⁰

A recent study found that kindergarteners who participated in Washington state child care subsidy programs were more school-ready than low-income kindergarteners without subsidized child care in four of six areas of development (physical, language, literacy, and math). Kindergarten readiness is lower among students who are English Language Learners (ELL) and those who experience homelessness.

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

In 2022-2023, 48% of all entering kindergartners were ready for kindergarten as assessed by WaKIDS in all six areas of learning and development (cognitive, language, literacy, math, physical, and social-emotional). However, differences in kindergarten readiness by race/ethnicity persist. Three in five incoming Asian kindergartners (61%) and over half of White

⁷⁹ Washington State Department of Children, Youth, and Families (n.d.). *Kindergarten readiness*. Accessed November 9, 2023 from <https://www.dcyf.wa.gov/practice/oiaa/agency-performance/kindergarten-readiness>

⁸⁰ Washington State Department of Children, Youth, and Families. (2019). *The Early Start Act 2018 Annual Report*. https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf

kindergartners (55%) were ready in all six areas, compared to 30% of Native Hawaiian / Other Pacific Islander children, 34% of American Indian / Alaska Native children, 34% of Hispanic / Latino children, and 41% of Black / African American children.⁸¹

As with children from low-income households, many children of color and Tribal children demonstrate opportunity gaps that persist throughout their time in the public school system.⁸²

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

In 2022-2023, children who experience homelessness were less likely to meet each of the six WaKIDS domains than children who were not homeless. Only 29.3% of children experiencing homelessness in the 2022-2023 kindergarten cohort were considered ready in all six domains, compared with 48.8% of their peers (see Figure 4-17).⁸³

Figure 4-17. Kindergarten readiness in the 2022 cohort among children experiencing homelessness, compared with children not experiencing homelessness

Standard	Percent meeting any standard	
	Experiencing homelessness	Not experiencing homelessness
Social-emotional	64.9%	75.4%
Physical	78.0%	83.3%
Language	59.8%	72.6%
Cognitive	59.3%	72.1%
Literacy	55.7%	75.2%
Math	45.9%	66.7%
All domains	29.3%	48.8%

Source: Washington Office of Superintendent of Public Instruction. (n.d.). *Report card: Kindergarten readiness*. Accessed November 28, 2023 from <https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300>

⁸¹ Washington Office of Superintendent of Public Instruction. (n.d.). *Report card: Kindergarten readiness*. Accessed November 28, 2023 from <https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300>

⁸² Washington State Department of Children, Youth, and Families. (2019). *The Early Start Act 2018 Annual Report*. https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf

⁸³ Washington Office of Superintendent of Public Instruction. (n.d.). *Report card: Kindergarten readiness*. Accessed November 28, 2023 from <https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300>

Once again, the impact persists, with children experiencing homelessness in higher grades showing more negative outcomes in academic achievement, attendance, and 4-year and 5-year graduation rates.⁸⁴

4.3.4 Kindergarten readiness and opportunity gaps among children with disabilities

Data also show that children entering kindergarten with disabilities are less likely to be kindergarten ready: only 22.1% meet all six domains of kindergarten readiness compared to 51.1% of their typically developing peers.⁸⁵ The gap is across all six domain areas, and it persists across standards measured in higher grades.

⁸⁴ Dyer, M. (2023). *UPDATE: Data on students experiencing homelessness*. Washington Office of Superintendent of Public Instruction. <https://ospi.k12.wa.us/sites/default/files/2023-10/02-23-update-data-students-experiencing-homelessness.pdf>

⁸⁵ Washington Office of Superintendent of Public Instruction. (n.d.). *Report card: Kindergarten readiness*. Accessed November 28, 2023 from <https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300>

5 Healthy Children and Families

Introduction

Since the 2020 Needs Assessment was completed, there has been an increased focus on addressing mental and behavioral health for both adults and children. Stresses and pressures resulting from the COVID-19 pandemic have created substantial unmet needs in both the health care system and the early care and education system. Rates of depression, stress, and anxiety (among parents, caregivers, and early care and education providers), behavioral challenges among young children have all increased. Although quantitative data to document these trends are scant, feedback from parents, pediatricians, local health departments, and early care and education providers all paint a similar picture. Several new initiatives, described below, have been designed to address these challenges.

Washington state monitors several important indicators of maternal and child health, including maternal mortality, infant and fetal mortality, rates of diabetes and hypertension among pregnant women, low birth weight babies, and pre-term births. The state has lower rates than the national average on many of those indicators. However, within the state, substantial barriers persist in preventing women and children of color from receiving the care they need; barriers such as poverty, language, racism, and geography create disparities in health care access and health indicators.

The overall birth rate in Washington state continues to decline, which is consistent with national trends. In general, women of color are having more babies than the state average.

Community Outreach Update

Every five years, the Washington State Department of Health (DOH) works with local departments of health and other partners to conduct a maternal child health needs assessment. The planning work for the next assessment is underway now. Community outreach will be part of the data collection process and is scheduled to occur in 2024. It is anticipated that the final updated needs assessment will be completed in July 2025.

As part of the 2019-2020 Early Achievers evaluation, surveys and focus groups were conducted with licensed child care providers in the state as well as all Early Achievers staff (leads, professional development coordinators, and coaches). Both child care providers and Early Achievers coaches expressed a high need for additional supports to better meet social and emotional needs of children, especially in the areas of managing and supporting children with challenging behaviors, identifying risk of expulsion, and conducting behavioral and developmental screenings. In addition, they noted a need for supports for adult well-being and emotional regulation.⁸⁶

⁸⁶ The Athena Group (2021). *Infant-Early Childhood Mental Health Consultation (IECMHC) interim evaluation report*. Child Care Aware of Washington. See Appendix A in Washington State Department of Children, Youth, and Families (2021). *Holding Hope: Infant-Early Childhood Mental Health Consultation in Early Achievers*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/IECMHC-ProgramOutcomes2021.pdf>

New Initiatives Since The 2020 Needs Assessment

The Washington State Department of Health, the Washington State Health Care Authority (HCA), the Department of Children, Youth, and Families, and their partners have developed several new initiatives to address mental and behavioral health issues and improve access to health care. The following provides a brief description of several of those efforts.

A Plan of Safe Care. A Plan of Safe Care (POSC) is a “family-centered prevention plan designed to promote the safety and well-being of birthing parents and their infants with prenatal substance exposure... Due to [Federal legislation changes](#) in recent years, the population of infants requiring a POSC has expanded beyond infants exposed to illegal substances. It now includes infants exposed to any controlled substance.”⁸⁷ DCYF has developed a partnership with [Help Me Grow Washington](#) (HMG WA), a resource and referral linkage system that connects young children and their families to appropriate services and community supports, to provide voluntary supports for families in the Plan of Safe Care community-based pathway (such as parent education, concrete goods and infant supplies, early intervention, home visiting, substance use services, mental health supports, housing, transportation, and state benefit programs). Birthing hospitals can connect gestational parents/caregivers and their babies to these services through an online referral.⁸⁸

Perinatal Support Washington, Mental Health Consultation and Warmline. DCYF and HCA collaborate with [Perinatal Support Washington](#) (PS-WA), a statewide non-profit dedicated to increasing public awareness of perinatal mood and anxiety disorders and treating them effectively, to strengthen the capacity of communities to address perinatal mental health needs and increase resources, supports, and services for families impacted by perinatal mental health complications. Funding from DCYF supports communities interested in collaborative efforts to increase community-wide awareness and develop resources to support the mental health of pregnant people and new parents (perinatal mental health). Successful applicants receive technical support and assistance from PS-WA, including content expertise and training opportunities.⁸⁹ In 2022, [the State Legislature provided funding](#) for HCA to contract with PS-WA to increase the capacity of their perinatal support warmline. The warmline provides peer support, resources, and referral assistance to new and expectant parents and people in the emotional transition to parenthood who are experiencing, or at risk of experiencing, perinatal mental health issues.

Perinatal Psychiatric Consultation Line (PPCL). Previously known as PAL for Moms, the PPCL began operation at the University of Washington in 2016 and has received state funding since 2019. The consultation line is funded through a multi-payor assessment that pools funding from

⁸⁷ Washington State Department of Children, Youth, and Families. (n.d.). *Plan of Safe Care*.
<https://www.dcyf.wa.gov/safety/plan-safe-care>

⁸⁸ Washington State Hospital Association. (n.d.). *Notification and reporting (Plan of Safe Care)*.
<http://www.wsha.org/wp-content/uploads/SDR-SUD-website-Plan-of-Safe-Care-3.22.22-1.pdf>

⁸⁹ Washington State Department of Children, Youth, and Families, Family Support Programs Division. (2022). *Funding opportunity: Perinatal mental health community capacity building*.
<https://dcyf.wa.gov/sites/default/files/forms/11-010.pdf>

Washington state health plans. The line is staffed by perinatal psychiatry faculty, who offer consultations for providers caring for pregnant or postpartum patients with behavioral health disorders. The line aims to increase access to psychiatry services, especially among specialty populations for whom access would otherwise be limited. As part of their ongoing improvements to meet the needs of the perinatal community, PPCL added a perinatal addiction specialist to their team in 2023.

Increased reimbursement for developmental and behavioral health screening. In 2023, HCA submitted a request to the Washington State Legislature to allocate funding to increase reimbursement rates for developmental and behavioral health screenings. This is intended to encourage providers to consistently screen during well-child visits. HCA implemented this new reimbursement rate in 2024 along with a new requirement to indicate the outcome of the screening. This will provide new data on the number of children and youth on Apple Health (Medicaid) who are identified as having a developmental or behavioral health need.

Centers of Excellence for Perinatal Substance Abuse. [Centers of Excellence for Perinatal Substance Use](#) is a new certification program created by DOH, Washington State Hospital Association, and HCA. This certificate recognizes hospitals for their important role and increased capacity in supporting birthing people who have substance use disorders, and acknowledges birthing hospitals who follow best practices in perinatal care.⁹⁰

Early Childhood Systems Grants. In August 2021, Washington state began implementing the [Early Childhood Comprehensive Systems Health Integration Prenatal-to-Three program](#) (ECCS) “to build integrated maternal and early childhood systems of care that are equitable, sustainable, and inclusive of the health system.”⁹¹ In Washington, the ECCS initiative aims to increase and streamline comprehensive statewide infrastructure for early childhood, prenatal, and perinatal systems of care through unified goals, policies, and finance strategies that reflect local and regional needs and are driven by family/caregiver input to promote early developmental health and family well-being. Work has included partnerships with Within Reach/HMG WA, Washington Communities for Children (regional early care and education coalitions) and the Washington Chapter of the American Academy of Pediatrics (WCAAP). DOH provided funding support to WCAAP to conduct a landscape scan of current provider experiences with delivery of family-centered care in the prenatal-to-3 period. They also sponsored a summit with health care providers and policy leaders to identify opportunities for action (including expanding use of Community Health Workers in clinical practice, strengthening resource and referral linkage systems and home visiting/family support programs, and developing improved technology platforms).

Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center Grant. In July 2023, Washington was one of three states selected by the [Early Childhood Developmental](#)

⁹⁰ Washington State Department of Health. (n.d.). *Centers of Excellence for Perinatal Substance Abuse*. <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/centers-excellence-perinatal-substance-use>

⁹¹ The Children’s Cabinet. (n.d.). *Early Childhood Comprehensive Systems*. Accessed January 6, 2024 from <https://www.childrencabinet.org/early-childhood-comprehensive-systems/>

[Health Systems \(ECDHS\): Evidence to Impact Center](#) to take part in a multiyear project to advance comprehensive early childhood developmental (ECD) systems. As an implementation site, Washington state will “receive technical assistance to identify strengths and opportunities for ECD systems-building, connect with other states and subject matter experts, and have access to curated resources. The implementation sites will define and contribute to short-, mid-, and long-term outcomes... that build upon previous efforts to reach system changes and improve health for young children and families. The efforts will advance improvements in early developmental health and well-being (such as child flourishing, school readiness, and family resilience, as prioritized by local/state needs) and reduce disparities associated with childhood poverty.”⁹²

Infant and Early Childhood Mental Health. DCYF conducted a landscape analysis of infant and early childhood mental health consultation in 2020.⁹³ [PDG B-5](#) and the [Fair Start for Kids Act](#) (FSKA) funded the expansion of Infant-Early Childhood Mental Health Consultation (IECMHC) through the Holding Hope IECMHC program delivered to early childhood education providers who participate in Early Achievers. DCYF and Child Care Aware of Washington (CCA of WA) have produced several reports focused on IECMHC,^{94,95,96} and the [2023 FSKA evaluation report](#) includes an examination of the impacts of IECMHC on expulsion rates.⁹⁷

Since 2020, with a combination of state and philanthropic funding, two new positions were created within HCA to accelerate health care transformation related to IECMHC. Specific projects have included:

- Aligning Medicaid billing and clinical policy with best practices for the [mental health assessment process](#) with young children;
- Creating a [toolkit](#) about billing Medicaid for IECMH services in Washington state;
- Hosting statewide listening sessions with behavioral health providers to understand barriers and potential solutions to improving access to quality IECMH services.

HCA’s priorities for future work include new projects to further strengthen IECMH services across the continuum of care. More information about these projects is included in the [Infant-early childhood mental health statewide tour report](#).

⁹² Washington State Department of Health. (2023). *Washington State receives funding to advance equity and family-centered early childhood systems*. <https://doh.wa.gov/newsroom/washington-state-receives-funding-advance-equity-and-family-centered-early-childhood-systems>

⁹³ Washington State Department of Children, Youth, and Families. (n.d.). *Infant and early childhood mental health consultation (IECMH-C)*. Accessed December 21, 2023 from https://www.dcyf.wa.gov/sites/default/files/pubs/IAA_0004F.pdf

⁹⁴ Child Care Aware of Washington. (2022). *Holding Hope IECMHC semi-annual narrative report: FY 2022-23 (April 1, 2022 – September 30, 2022)*. (provided by Washington State Department of Children, Youth, and Families)

⁹⁵ Child Care Aware of Washington. (2023). *Holding Hope IECMHC semi-annual narrative report: FY 2023 (October 1, 2022 – March 30, 2023)*. (provided by Washington State Department of Children, Youth, and Families)

⁹⁶ Child Care Aware of Washington. (2022). *Holding Hope IECMHC services: At a glance*. (provided by Washington State Department of Children, Youth, and Families)

⁹⁷ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

Child and Youth Behavioral Health Work Group (CYBHWG). The [CYBHWG](#) has continued to have a strong role in advancing strategies to promote the social and emotional health of children and families, through recommendations for legislation and other policy changes related to behavioral health. The group, supported by the Health Care Authority, includes a subgroup on Prenatal to Five Relational Health. State agencies, including DCYF and DOH, actively participate in this work.⁹⁸

Pediatric Community Health Worker Grant. In 2022, HCA launched a 2-year grant program for primary care clinics to embed Community Health Workers (CHWs) as part of care teams working with children and youth (birth to age 18) to explore longer term reimbursement. This initiative was established through the State Legislature based on recommendations from the CYBHWG and WCAAP partners. DOH works to support the training component of this initiative. CHWs are focused on Prenatal-5 relational health and K-12 behavioral health. In 2023, a total of 43 CHWs were employed, with 33 serving non-tribal communities and 10 serving Tribal communities. HCA expects to begin the second year of the grant with a total of 46 CHWs.⁹⁹

Medicaid Program Improvements for Children and Families. In 2021, the Washington State Legislature passed Senate Bill 5068 to improve maternal health outcomes by extending Medicaid coverage for income eligible people for up to 12 months after pregnancy. In 2022, HCA launched the new [Washington Apple Health \(Medicaid\) After Pregnancy Coverage program](#). In April 2023, the Centers for Medicare & Medicaid Services (CMS) approved Washington state's 1115 Waiver request to extend [continuous eligibility for any child under six](#) who is enrolled in a free Apple Health (Medicaid) program. Children under the age of six on free Apple Health will now receive continuous eligibility through their sixth birthday, regardless of changes in household income, if they were eligible in the month of application.

Apple Health After Pregnancy Coverage. Apple Health's [After-Pregnancy Coverage \(APC\)](#) now provides Medicaid coverage (supporting mental, physical, and emotional health) for people who have been pregnant within the last 12 months.

High Level Summary of Updated Data

5.1 Prenatal, maternal, and child health

Birth rates in Washington state. The number of live births continues to drop statewide: from 86,046 in 2018 to 83,899 in 2021.¹⁰⁰ The statewide fertility rate (the total number of births in

⁹⁸ Washington State Health Care Authority. (n.d.). *Children and Behavioral Health Work Group (CYBHWG)*. Accessed November 17, 2023 from <https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/children-and-youth-behavioral-health-work-group-cybhgw>

⁹⁹ Washington State Health Care Authority. (2024). *Community Health Worker (CHW) Grant program update*. Accessed March 7, 2024 from <https://www.hca.wa.gov/assets/billers-and-providers/community-health-worker-grant-report-2024.pdf>

¹⁰⁰ March of Dimes. (2022). *Peristats, births, data for Washington*. Accessed November 16, 2023 from <https://www.marchofdimes.org/peristats/data?reg=99&top=2&stop=1&lev=1&slev=4&obj=1&sreg=53>

Washington state, per 1,000 women ages 15 – 44) has dropped from 64 in 2014 to 54 in 2022.¹⁰¹

Fertility rates across all racial/ethnic groups. In 2022, the highest fertility rates were for women of color belonging to certain racial groups: Native Hawaiian/Pacific Islander (75 per 1,000 women ages 15 – 44), Hispanic/Latino (63), and Black (59), as compared to the rate of 52 among white women, 45 among American Indian / Alaska Native women, and 47 among Asian women. The fertility rate has decreased between 2015 and 2022 for women of all racial/ethnic groups.¹⁰²

Number of births financed by Medicaid. In 2021, there were 36,314 births financed by Medicaid, representing 45% of all births in Washington state.¹⁰³ This is down slightly from 48% of all births in 2017, as noted in the 2020 Needs Assessment. There is a wide range of Medicaid-funded births among counties across the state, from 31% of all births in Island County to 80% of births in Pend Oreille County.

5.1.1 Maternal mortality

Maternal mortality rates in Washington continue to be lower than national rates, which is similar to the data in the 2020 Needs Assessment. Between 2014 and 2020, 15.9 pregnancy-related deaths occurred per 100,000 live births in Washington, which was lower than the U.S. rate of 18.6 deaths per 100,000 live births. The leading underlying causes of pregnancy-related deaths in Washington were behavioral health conditions (32%), predominantly by suicide and overdose. Other common causes included hemorrhage (12%) and infection (9%). The Maternal Mortality Review Panel in Washington state found that 80% of pregnancy-related deaths were preventable.¹⁰⁴

5.1.2 Maternal mortality by race

Maternal mortality rates (pregnancy-associated deaths per 100,000 live births) continue to be disproportionately high for certain racial/ethnic groups. American Indian/Alaska Native people had a rate of pregnancy-associated deaths 8.5 times higher than for non-Hispanic White

¹⁰¹ Washington State Department of Health. (n.d.). *Births outcomes data*. Accessed November 16, 2023 from <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/birth-outcomes-data>

¹⁰² Washington State Department of Health. (n.d.). *All births dashboard: General fertility rate by maternal race and county, 2022*. <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/birth-outcomes/county-all-births-dashboard-0>

¹⁰³ Washington State Health Care Authority. *Medicaid-paid maternity care by county*. Accessed November 17, 2023 from <https://www.hca.wa.gov/assets/program/medicaid-paid-maternity-care-by-county-with-births.pdf>

¹⁰⁴ Washington State Department of Health, Prevention and Community Health Division. (2023). *Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020*. <https://doh.wa.gov/sites/default/files/2023-02/141-070-MaternalMortalityReviewPanelReport-2023.pdf?uid=64fa519dee4e6>

people. The rate of pregnancy-associated deaths for Native Hawaiian/Pacific Islander and Non-Hispanic Black people was 2.5 time higher than for non-Hispanic White people.¹⁰⁵

5.1.3 Rate of maternal diabetes and hypertension

Between 2011 and 2021, the rate of gestational diabetes in Washington increased by 90%, from 6.2% in 2011 to 11.8% in 2021.¹⁰⁶ This continues the upward trend between 2016-2018 (from 8.5% to 9.5%) identified in the 2020 Needs Assessment. The rate of gestational diabetes in Washington in 2021 was one of the highest rates in the country.¹⁰⁷

Between 2011 and 2021, the rate of gestational hypertension in Washington increased by 84%, from 5.5% in 2011 to 10.1% in 2021.¹⁰⁸

5.1.4 Teen birth rate

Teen births, both nationally and in Washington state, have declined over the past decade.^{109,110} According to the Centers for Disease Control and Prevention (CDC), the teen birth rate (the number of births among people aged 10 to 19 per 1,000 live births) in Washington has dropped from 19.1 in 2014 to 10.1 in 2021.¹¹¹ According to the DOH, there were 2,298 teen births in 2021, which is 59% lower than the 5,559 teen births in 2011.¹¹²

5.1.5 Infant and fetal mortality rates

Fetal death rates (defined as a fetus reaching 20 or more weeks of gestation but dying before birth due to natural causes) have remained relatively stable since 1990, ranging from 5.0 to 6.7

¹⁰⁵ Washington State Department of Health, Prevention and Community Health Division. (2023). *Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020*. <https://doh.wa.gov/sites/default/files/2023-02/141-070-MaternalMortalityReviewPanelReport-2023.pdf?uid=64fa519dee4e6>

¹⁰⁶ Washington State Department of Health. (n.d.). *Birth risk factors dashboard: Maternal hypertension and diabetes by county*. Accessed November 16, 2023 from <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/birth-outcomes/county-birth-risk-factors-dashboard-0>

¹⁰⁷ Gregory, E. C. W., & Ely, D. M. (2022). Trends and characteristics in gestational diabetes: United States, 2016-2020. *National Vital Statistics Reports*, 71(3). <https://www.cdc.gov/nchs/data/nvsr/nvsr71/nvsr71-03.pdf>

¹⁰⁸ Washington State Department of Health. (n.d.). *Birth risk factors dashboard: Maternal hypertension and diabetes by county*. Accessed November 16, 2023 from <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/birth-outcomes/county-birth-risk-factors-dashboard-0>

¹⁰⁹ Hamilton, B. E., Martin, J. A., & Osterman, M. J. K. (2022). Births: Provisional data for 2021. *NVSS Vital Statistics Rapid Release*, 20. <https://www.cdc.gov/nchs/data/vsrr/vsrr020.pdf>

¹¹⁰ Centers for Disease Control and Prevention, National Center for Health Statistics. (n.d.). *Teen birth rate by state (2021)*. Accessed November 16, 2023 from <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>

¹¹¹ Centers for Disease Control and Prevention, National Center for Health Statistics. (n.d.). *Teen birth rate by state (2021)*. Accessed November 16, 2023 from <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>

¹¹² Washington State Department of Health. (n.d.). *Birth risk factors by maternal age dashboards*. Accessed November 16, 2023 from <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/birth-outcomes/birth-risk-factors-age-dashboard-0>

per 1,000 live births. The fetal mortality rate was 5.6 per 1,000 in 2021 (as compared to 5.7 in 2015).¹¹³

There was a 45% decrease in the number of infant deaths (deaths in the first year of life) in Washington state between 1990 and 2021, from 622 in 1990 to 360 in 2021.¹¹⁴ The statewide infant death rate per 1,000 live births was 4.3 in 2021 (as compared to 7.8 in 1990).¹¹⁵ In 2019, the three most common causes of infant death in Washington state were birth defects (25%), Sudden Unexpected Infant Death Syndrome (15%), and short gestation/low birth weight (10%).¹¹⁶

In 2020, infants in Washington born to Black/African American and Hispanic families had higher mortality rates than those born to White mothers or mothers of other races. The mortality rate for infant deaths per 1,000 live births was 5.7 for Black/African American infants and 5.4 for Hispanic infants. The mortality rate for White infants was 4.1, and 3.9 for infants of other races.¹¹⁷

5.1.6 Low birth weight babies

The most recent data for the rate of low-weight births (defined as newborn birth weight less than five pounds, eight ounces) in Washington state continues an upward five-year trend. In 2021, the rate of low-birth-weight births statewide was 5.6% of all live births. This was an increase from 5.0% in 2016.¹¹⁸ Low birth weight continues to be highest among communities of color, with rates for Black (10%), American Indian/Alaska Native (9.9%), Asian (8.7%), and Pacific Islander (8.5%) births being the highest.¹¹⁹ The rate of low-birth-weight babies in Washington continues to be considerably lower than the national rate (8.2% in 2021).¹²⁰

¹¹³ Washington State Department of Health (n.d.). *Fetal and infant deaths*. Accessed November 16, 2023 from <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/fetal-and-infant-death-data/fetal-infant-deaths-county>

¹¹⁴ Washington State Department of Health (n.d.). *Fetal and infant deaths*. Accessed November 16, 2023 from <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/fetal-and-infant-death-data/fetal-infant-deaths-county>

¹¹⁵ Washington State Department of Health (n.d.). *Fetal and infant deaths: Fetal and infant death overview*. Accessed November 16, 2023 from <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/fetal-and-infant-death-data/fetal-infant-deaths-county>

¹¹⁶ Washington State Department of Health. (2022). Infant mortality. *MCH Data Report: DOH 160-015*. <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/160-015-MCHDataRptInfantMort.pdf>

¹¹⁷ Kaiser Family Foundation. (n.d.). *State health facts: Total infant deaths by race/ethnicity, 2020*. Accessed November 16, 2023 from <https://www.kff.org/other/state-indicator/infant-mortality-rate-by-race-ethnicity/>

¹¹⁸ Washington State Department of Health. (n.d.). *Birth risk factors by maternal race dashboards*. Accessed October 23, 2023 from <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/birth-outcomes/birth-risk-factors-race-dashboard-0>

¹¹⁹ Washington State Department of Health. (n.d.). *Birth risk factors by maternal race dashboards*. Accessed October 23, 2023 from <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/birth-outcomes/birth-risk-factors-race-dashboard-0>

¹²⁰ Annie E. Casey Foundation Kids Count Data Center. (n.d.). *Low birth-weight babies in United States 2020*. <https://datacenter.aecf.org/data/tables/5425-low-birth-weight-babies>

5.1.5 Preterm births

In 2021, the preterm birth rate (for babies born at less than 37 weeks) in Washington was 10.7%. This represents an increase from 9.6% in 2011. The counties with the highest preterm birth rates in 2021 were Yakima (29.9%), Pacific (15.0%), and Asotin (13.5%).¹²¹ The national preterm birth rate was 10.4% in 2022.¹²² The rates of preterm births in Washington are highest for families of color: American Indian/Alaska Native (19%), Pacific Islanders (15.6%), Hispanic as race (12.9%) and Black (12.8%).¹²³

5.1.7 Oral health

A new [Smile Survey](#) in Washington state was conducted by the [Arcora Foundation](#) in 2022-2023. Results are not yet available. In 2020-2021, 8.7% of children in Washington state ages one through 17 had decayed teeth or cavities in the past year. That is the third lowest percentage for all states.¹²⁴

5.2 Mental, behavioral, and social-emotional health

5.2.1 Maternal mental and behavioral health

Maternal health is critically linked to positive outcomes for children.¹²⁵ Providing mental and emotional supports to mothers experiencing adversity is a pathway to support their child's health, well-being, and educational success.

5.2.1.1 Mothers on Medicaid experiencing mental health conditions

As reported in the 2020 Needs Assessment, 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

¹²¹ Washington State Department of Health. (n.d.). *Birth risk factors dashboard: Birth weight of infant by county*. Accessed November 16, 2023 from <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/birth-outcomes/county-birth-risk-factors-dashboard-0>

¹²² Centers for Disease Control and Prevention, Reproductive Health. (n.d.). *Preterm birth*. Accessed November 17, 2023 from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>

¹²³ Washington State Department of Health. (n.d.). *Birth risk factors by maternal race dashboards*. Accessed October 23, 2023 from <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/birth-outcomes/birth-risk-factors-race-dashboard-0>

¹²⁴ Child and Adolescent Health Measurement Initiative. (n.d.). *Title V National Outcome Measures (NOMs) across state comparison table, 2020-2021 NSCH*. Accessed December 2023, from <https://www.childhealthdata.org/browse/multiple-indicators/title-v-national-outcome-measures-nsch-2020-2021>

¹²⁵ Patton, D., Liu, Q., Lucenko, B., Sharkova, I., & Felver, B. E. M. (2019). *Identifying infants at risk of adverse outcomes using administrative data: Findings from Washington State*. Washington State Department of Social and Health Services, Research and Data Analysis Division. <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-115.pdf>.

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.¹²⁶ Updated information is not available.

5.2.1.2 Mothers with depression before, during, and after pregnancy

Data from the federal [Pregnancy Risk Assessment Monitoring System](#) (PRAMS) indicate that in 2021, 16.6% of women giving birth in Washington reported depression in the three months before pregnancy (up from 11.6% in 2016), 16.9% reported depression during pregnancy (up from 12.1% in 2016), and 11.6% reported experiencing postpartum depressive symptoms (slightly lower than the 11.8% reported in 2016).¹²⁷

A promising sign of strengthening systems to support maternal mental health is that 87.1% of those who received prenatal care in 2021 indicated they had been screened by a provider for symptoms and/or signs of depression during their most recent pregnancy.¹²⁸

5.2.2 Infant and early childhood mental health

According to ZERO TO THREE, infant and early childhood mental health is “the capacity of children ages 0-5 to experience, express, and regulate emotions, to form close relationships with peers and adult caregivers, and to explore and learn in the context of family, community, and cultural expectations.”¹²⁹ In the first years of life, the brain is in a period of rapid growth. Healthy social–emotional development for infants, toddlers, and young children occurs within the context of relationships with parents and other caregivers, forming the foundation for all future learning, behavior, and health.¹³⁰

New knowledge about the prevalence of mental, behavioral, and developmental disorders indicates gaps and missed opportunities to diagnose and provide supports to children with these challenges. Recent national epidemiological studies estimate that approximately one in five (20.1%) children under the age of seven years has a diagnosable mental, behavioral, or

¹²⁶ Patton, D., Liu, Q., Lucenko, B., Sharkova, I., & Felver, B. E. M. (2019). *Identifying infants at risk of adverse outcomes using administrative data: Findings from Washington State*. Washington State Department of Social and Health Services, Research and Data Analysis Division.

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

¹²⁷ Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System. (n.d.). *Prevalence of selected maternal and child health indicators for Washington, Pregnancy Risk Assessment Monitoring System (PRAMS), 2016–2021*. Accessed March 6, 2024 from <https://www.cdc.gov/prams/prams-data/selected-mch-indicators.html>

¹²⁸ Pregnancy Risk Assessment Monitoring System (PRAMS), as cited in Washington State Department of Health. (2023). *Maternal and Child Health Services Title V Block Grant, Washington, FY 2024 Application / FY 2022 Annual Report*. <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/141-001-MCHBG-Overview.pdf>

¹²⁹ ZERO TO THREE. (2017). *The basics of infant and early childhood mental health: A briefing paper*. https://www.zerotothree.org/wp-content/uploads/2017/08/The-Basics-of-Infant-and-Early-Childhood-Mental-Health_-A-Briefing-Paper.pdf

¹³⁰ Perigee Fund and School Readiness Consulting. (2021). *Making the case: Why infant and early childhood mental health matters*. https://perigeefund.org/wp-content/uploads/2021/06/1_MakingtheCase-1.pdf

developmental disorder.¹³¹ However, in 2021, only 5% of young children (ages 0 to 4) enrolled in Washington Apple Health (Medicaid) had a mental health condition identified and/or diagnosed by a health care professional, and only half of those children received any mental health treatment services.¹³² This gap in access to care may be due to a shortage of mental health providers who serve young children: only a third of behavioral health agencies in the state serve children younger than five, and less than 10% serve children younger than three.¹³³

[Recent interviews](#) with mental health providers across Washington state found that the need for IECMH services is high, increasing, and in many areas, outpacing the number of available providers who serve young children. Mental health providers noted the importance of collaboration with early care and education providers in serving these families. Several shared that they commonly receive referrals from early care and education settings. Given these challenges, providers highlighted the need for more IECMH training and professional development supports, both for the behavioral health field and for other health and human services providers.¹³⁴ More information is available in the [IECMH Statewide Tour Report](#).

The [2021 IECMHC needs assessment](#) describes longstanding needs for mental health and social-emotional supports in child care and early learning settings, and how these needs were changed and exacerbated by the COVID-19 pandemic. Nearly one-quarter of child care providers surveyed reported that they struggle with difficult or challenging child behavior with at least half of their enrolled children, and 60% of providers reported needing mental health consultation, inclusion, or social emotional/behavioral supports.¹³⁵

5.2.2.1 Children experiencing adverse childhood experiences (ACEs)

Washington state defines trauma as the following: “Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or life threatening and that has lasting adverse *effects* on the individual’s

¹³¹ Vasileva, M., Graf, R. K., Reinelt, T., Petermann, U., & Petermann, F. (2021). Research review: A meta-analysis of the international prevalence and comorbidity of mental disorders in children between 1 and 7 years. *Journal of Child Psychology and Psychiatry*, 62(4), 372-381. <https://doi.org/10.1111/jcpp.13261>

¹³² Iverson, A., Pavelle, B., Lucenko, B., & Felter, B. (2023). *Behavioral health treatment needs and outcomes among Medicaid enrolled children in Washington State*. Washington State Department of Social and Health Services. Accessed March 7, 2024 from https://www.dshs.wa.gov/sites/default/files/rda/reports/DASHBOARD_ChildrensBehHealth.pdf

¹³³ Fabian, K. Rodriguez, F. I., Miller, K., Ursey, M. & Cole, C. (2023). *Behavioral health agencies serving infants, toddlers, and preschoolers in Washington State: Results from the 2022 Behavioral Health Provider Survey*. Washington State Health Care Authority and Social & Economic Sciences Research Center – Washington State University. Accessed March 7, 2024 from <https://www.hca.wa.gov/assets/program/behavioral-health-agencies-serving-infants-toddlers-and-preschoolers-in-washington-state-2022.pdf>

¹³⁴ Cole, C., & Fabian, K. (2024). *Infant-Early Childhood Mental Health Statewide Tour Report*. Washington State Health Care Authority. Accessed March 7, 2024 from <https://www.hca.wa.gov/assets/program/iecmh-statewide-tour-report-2024.pdf>

¹³⁵ The Athena Group (2021). *Infant-Early Childhood Mental Health Consultation (IECMHC) interim evaluation report*. Child Care Aware of Washington. See Appendix A in Washington State Department of Children, Youth, and Families (2021). *Holding Hope: Infant-Early Childhood Mental Health Consultation in Early Achievers*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/IECMHC-ProgramOutcomes2021.pdf>

functioning and mental, physical, social, emotional, or spiritual well-being.”¹³⁶ Trauma experienced by young children, their families, and their communities, adverse childhood experiences (ACEs), and other stressors can disrupt infants’ and children’s social-emotional development, with impacts that last a lifetime.

Data from the 2020 and 2021 National Survey of Children’s Health indicate that 14.8% of children ages birth to five in Washington state have experienced one ACE and 6.5% have experienced two or more.¹³⁷ This is a decrease from the 2016 survey, which found that 18.9% of children ages birth to five in the state had experienced one ACE and 14.8% had experienced two or more.¹³⁸ (Note that sample sizes for these statistics are very small and, correspondingly, confidence intervals are quite large. These statistics should be interpreted with caution.) A Washington state workgroup focused on trauma and trauma-informed care asserts that, due to study limitations, the actual number of children exposed to trauma in Washington state is likely much higher.¹³⁹

5.2.2.2 Children’s exposure to risk factors for trauma

The following table (Figure 5-1) provides a comparison between the data from the 2020 Needs Assessment and this 2023 Needs Assessment regarding children’s exposure to risk factors for trauma.

Figure 5-1. Children’s exposure to risk factors for trauma

Risk factor	Year	Population affected	Year	Population affected
Child welfare involvement (screened in)^a	2019	29,316 (birth – 8 years)	2022	24,787 (birth – 8 years) ¹⁴⁰
Out of home/foster care placement	2019	2,836 (birth – 8 years)	2022	3,942 (birth – 8 years) ¹⁴¹

¹³⁶ Substance Abuse and Mental Health Services Administration, Trauma and Justice Strategic Initiative (2014). *SAMHSA’s concept of trauma and guidance for a trauma-informed approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

¹³⁷ Child and Adolescent Health Measurement Initiative. (n.d.). *2020-2021 National Survey of Children’s Health, Adverse childhood experiences, Washington State*. Accessed August 4, 2023, from <https://nschdata.org/browse/survey/results?q=9529&r=49&g=1002>

¹³⁸ Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children’s Health, Adverse childhood experiences, Washington State*. Accessed November 28, 2023, from <https://nschdata.org/browse/survey/results?q=4783&r=1&r2=49&g=604>

¹³⁹ Washington State Department of Children, Youth, and Families. (2019). *Expansion of trauma-informed child care in Washington State*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ticag.pdf>

¹⁴⁰ Washington State Department of Children, Youth, and Families. (2022). CPS victims by CAN type [January 2014-December 2022]. *infoFamlink*; Washington State Department of Children, Youth, and Families. (2022). Out of home care exits and entries [December 2013-December 2022]. *infoFamlink*.

¹⁴¹ Washington State Department of Children, Youth, and Families. (2022). CPS victims by CAN type [January 2014-December 2022]. *infoFamlink*; Washington State Department of Children, Youth, and Families. (2022). Out of home care exits and entries [December 2013-December 2022]. *infoFamlink*.

Risk factor	Year	Population affected	Year	Population affected
Experience homelessness	2016	39,641 (birth – 5 years)	2018-2019	37,623 (birth – 5 years) ¹⁴²
Household income <100% federal poverty level	2017	137,355 (birth – 8 years)	2021	108,307 (birth – 8 years) ¹⁴³
Special health care needs ^b	2016-17	65,615 (birth – 5 years)	2022	35,878 (birth – 5 years) ¹⁴⁴
People in juvenile rehabilitation who are parents	2019	33 people (8% of 397 people in juvenile rehabilitation)	2023	22 people (6% of 352 people in juvenile rehabilitation) ¹⁴⁵

Source: Washington State Department of Children, Youth, and Families. (2020). *Washington’s statewide early learning needs assessment*.

<https://www.dcyf.wa.gov/sites/default/files/pdf/2020StatewideNeedsAssessment.pdf> and sources cited within the table.

^a “Screened in” cases have sufficient information to indicate that an investigation is warranted.

^b These estimates are based on very small sample sizes and should be interpreted with caution.

5.2.2.3 Preschool expulsion rates

Children impacted by trauma are more likely to struggle in, and potentially be expelled from, early care and education settings. Since 2020, DCYF used funding from the PDG B-5 to create a statewide suspension and expulsion data collection system and publish the [Expulsion Prevention Landscape Report](#).¹⁴⁶ Building on the foundation of the PDG B-5 work, DCYF began implementing policy changes (such as the expansion of IECMHC) to constructively reduce and prevent expulsion from early learning settings and support families and providers impacted by expulsion or exclusion events. The 2023 FSKA evaluation report provided updated expulsion data, and OIAA plans to continue investigating the topic of preschool expulsion prior to the next FSKA evaluation report.¹⁴⁷

¹⁴² Yamashiro, A. & McLaughlin, J. (2021). *Early childhood homelessness state profiles: 2018-19*. U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Office of the Chief Data Officer.

<https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles-2021.pdf>

¹⁴³ United States Census Bureau (n.d.). *American Community Survey, 2017-2021: 5-Year Public Use Microdata Sample, 2021*. Accessed September 4, 2023 from

<https://data.census.gov/mdat/#/search?q=?ds=ACSPUMS5Y2021>

¹⁴⁴ Child and Adolescent Health Measurement Initiative. (n.d.). *2022 National Survey of Children’s Health (NSCH) data query*. Accessed October 17, 2023 from

<https://www.childhealthdata.org/browse/survey/results?q=10025&g=1072&r=49>

¹⁴⁵ Washington State Department of Children, Youth, and Families (n.d.). *Automated Client Tracking System (ACT), Integrated Treatment Assessment (ITA)*. Accessed June 2023.

¹⁴⁶ Washington State Department of Children, Youth & Families, Family Support Programs Division. (2020).

Expulsion prevention landscape report. <https://www.dcyf.wa.gov/sites/default/files/pdf/Expulsion-Landscape-Report2021.pdf>

¹⁴⁷ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023*

evaluation report. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

5.2.3 Developmental delays and disabilities

Nationally the number of children with disabilities in the K-12 school system has grown during the past several decades, except for a temporary drop during the COVID-19 pandemic. In Washington state, the number of children with disabilities served by the K-12 school system grew by 23% between the 2000-2001 and 2021-2022 school years.¹⁴⁸

5.2.3.1 Early Support for Infants and Toddlers (ESIT) Program

The number of infants and toddlers (age birth to three) being actively served by local early intervention provider agencies through the ESIT program grew from 19,647 children in 2018 to 22,690 children in 2022.^{149,150} For more information on ESIT, see Section 7.1.6, “Early Support for Infants and Toddlers (ESIT).”

5.2.3.2 Special education services for children 3-5

In their 2023 report, the Office for Superintendent of Public Education (OSPI) stated that 9,565 students with disabilities ages three to five in Washington had an Individualized Education Program (IEP) in federal fiscal year 2021.¹⁵¹ (An IEP describes the instruction and services a student with disabilities needs in order to receive a meaningful education.) This compares to 11,000 students during the 2018-2019 school year.

5.2.3.3 Preschool children with disabilities and share of expulsions with suspensions

Of the 9,565 preschool students with disabilities who have an IEP, 2,459 are served in a regular early childhood program (defined as a program that includes at least 50% nondisabled children who do not have an IEP). These findings highlight the disproportionality among the approximately 7,100 children who do not have access to high-quality inclusive early childhood programming in Washington.¹⁵²

¹⁴⁸ Schaeffer, K. (2023). *What federal education data shows about students with disabilities in the U.S.* Pew Research Center. <https://www.pewresearch.org/short-reads/2023/07/24/what-federal-education-data-shows-about-students-with-disabilities-in-the-us/>

¹⁴⁹ Washington State Department of Children, Youth, and Families. (n.d.). *Early Support for Infants and Toddlers: Annual state report cards FFY 2018-2019.* <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ESITAnnualStateReportCardsFFY18.pdf>

¹⁵⁰ Washington State Department of Children, Youth, and Families. (n.d.). *ESIT Federal CT1 Report: Percent of infants and toddlers with IFSPs (DMS, 1/1/2022-12/31/2022).* (provided by Washington State Department of Children, Youth, and Families.)

¹⁵¹ Washington Office of Superintendent of Public Instruction. (2023). *State performance plan / annual performance report: Part B for state formula grant programs under the Individuals with Disabilities Education Act.* Accessed November 17, 2023 from <https://sites.ed.gov/idea/files/WA-B-SPP-FFY21.docx>

¹⁵² Washington Office of Superintendent of Public Instruction and Washington Department of Children, Youth, and Families. (2022). *Advancing integrated and inclusive programs for preschool-aged children: 2022 report* (draft). <https://www.dcyf.wa.gov/sites/default/files/pdf/2022IIPKReport.pdf>

Children with ACEs and neurodevelopmental differences are at increased risk of exclusionary discipline practices. Students with disabilities are more than twice as likely to receive out-of-school suspensions compared to students without disabilities.¹⁵³

5.2.4 Impact of substance use disorder on Washington’s children

In 2021, 16% of new mothers surveyed indicated they had used an intoxicating substance during their most recent pregnancy. Some of the substances identified, such as cannabis, are legal in Washington state, while others, such as cocaine or off-prescription use of opioids, are not. Cannabis was the most commonly reported substance used.¹⁵⁴

Drug overdose and opioid misuse continue to impact Washington families and communities. The rates of fatal drug overdoses have increased sharply, both nationally (from 21.6 deaths per 100,000 in 2019¹⁵⁵ to 32.4 deaths per 100,000 in 2021¹⁵⁶) and in Washington (from just over 15 deaths per 100,000 in 2019 to 29 deaths per 100,000 in 2022).¹⁵⁷ While driven by different types of opioid use over time (prescription opioid in the early 2000s, heroin in the 2010s, and fentanyl beginning around 2016), overall opioid death rates have remained stable, at about 10 deaths per 100,000 since the mid-2000s. The overall overdose death rate has continued to climb as the result of increasing psychostimulant use (for example, methamphetamine).¹⁵⁸

Substance use during pregnancy can lead to neonatal abstinence syndrome (NAS). NAS is a group of conditions that can occur when newborns withdraw from certain substances (including opioids) that they were exposed to before birth. Signs of withdrawal usually begin within 72 hours after birth. Signs may include tremors, irritability, poor feeding, and other symptoms.¹⁵⁹ A CDC study found that the rate of babies born with NAS in Washington grew from 1.5 per 1,000 hospital births in 1999 to 7.9 in 2013.¹⁶⁰

¹⁵³ Washington State Department of Children, Youth, and Families. (2020). *Expulsion prevention landscape report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/Expulsion-Landscape-Report2021.pdf>

¹⁵⁴ Washington State Department of Health. (2023). *Maternal and Child Health Services Title V Block Grant, Washington, FY 2024 Application / FY 2022 Annual Report*. <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/141-001-MCHBG-Overview.pdf>

¹⁵⁵ Mattson, C. L., Tanz, L. J., Quinn, K., Kariisa, M., Patel, P., & Davis, N. L. (2021) Trends and geographic patterns in drug and synthetic opioid overdose deaths — United States, 2013–2019. *Morbidity and Mortality Weekly Report*, 70(6), 202–207. <http://dx.doi.org/10.15585/mmwr.mm7006a4>

¹⁵⁶ Spencer, M. R., Minino, A. M., & Warner, M. (2022). Drug overdose deaths in the United States, 2001-2021. *NCHS Data Brief*, 457. <https://www.cdc.gov/nchs/data/databriefs/db457.pdf>

¹⁵⁷ Washington State Health Care Authority. (2023). Washington State Opioid and Overdose Workgroup meeting materials. Accessed November 17, 2023 from <https://www.hca.wa.gov/assets/program/soorp-meeting-materials-20230511.pdf>

¹⁵⁸ Washington State Health Care Authority. (n.d.). *2021-2022 opioid and overdose response plan*. <https://www.hca.wa.gov/assets/program/WashingtonStateOpioidandOverdoseResponsePlan-final-2021.pdf>

¹⁵⁹ Centers for Disease Control and Prevention. (2022). *About opioid use during pregnancy*. Accessed August 29, 2023 from <https://www.cdc.gov/pregnancy/opioids/basics.html>

¹⁶⁰ Ko, J. Y., Patrick, S. W., Tong, V. T., Patel, R., Lind, J. N., & Barfield, W. D. (2016). Incidence of neonatal abstinence syndrome — 28 States, 1999–2013. *Morbidity and Mortality Weekly Report*, 65(31), 799-802. <https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a2.htm>

A 2022 analysis of child welfare data found a nearly 300% increase in the number of infants reported to child protective services (CPS) between 2012 and 2020 due to concerns of substance exposure or affects in utero or at birth. A total of 262 substance exposure/affected infants were reported in 2012, while 972 were reported in 2020. Over the course of the nine years under study (2012 through 2020), about one-third (34%) of infants identified as potentially substance-exposed/affected were placed in out-of-home care within 30 days of the CPS intake.¹⁶¹ Among babies placed in foster care, infants exposed to/affected by substance use needed approximately six additional hours of care a week compared to infants who were not exposed to or affected by substance use.^{162,163}

5.2.5 Children with special health care needs

It is estimated by the CDC that nearly one out of every five children in the United States has a special health care need.¹⁶⁴ In 2022, there were an estimated 7% of children birth to five with special health care needs in Washington, for an estimated total of 35,878. Nationwide, 11% of children birth to five are estimated to have special health needs. Among children ages six to 11 in Washington state, an estimated 23% (or 132,294) have special health care needs; nationwide, 22% of children ages six to 11 are estimated to have special health care needs.¹⁶⁵ (It should be noted that the numbers for Washington state are estimated based on a small survey sample size and may not be reliable.) These estimates are higher than in 2017, when 13% of children aged birth to five years and 16% of children aged six to 11 years had special health care needs in Washington state.¹⁶⁶

The proportion of children with special health care needs in Washington sits relatively close to the national rate for both of the age groups cited above. However, on the National Core Indicators Child Family Survey in 2016-2017, families in Washington reported that their child

¹⁶¹ Klinman, D. (2022). *Examination of infants indicated for substance exposure/affected at birth*. Washington State Department of Children, Youth, and Families, Office of Innovation, Alignment, and Accountability.

<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/Infants-SubstanceExposure-Birth2022.pdf>

¹⁶² Klinman, D. (2022). *Examination of infants indicated for substance exposure/affected at birth*. Washington State Department of Children, Youth, and Families, Office of Innovation, Alignment, and Accountability.

<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/Infants-SubstanceExposure-Birth2022.pdf>

¹⁶³ Washington Department of Children, Youth, and Families. (2022). *Examination of infants indicated for substance exposure/affected at birth*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/Infants-SubstanceExposure-Birth2022.pdf>

¹⁶⁴ Centers for Disease Control and Prevention (CDC). *Children and youth with special health care needs in emergencies*. Accessed December 2023 from <https://www.cdc.gov/childrenindisasters/children-with-special-healthcare-needs.html#:~:text=A%20special%20healthcare%20need%20can,blood%20disorder%2C%20or%20muscular%20Dystrophy>

¹⁶⁵ Child and Adolescent Health Measurement Initiative. (n.d.). *2022 National Survey of Children's Health (NSCH) data query*. Accessed October 17, 2023 from <https://www.childhealthdata.org/browse/survey/results?q=10025&g=1072&r=49>

¹⁶⁶ Child and Adolescent Health Measurement Initiative. (n.d.). *2017 National Survey of Children's Health (NSCH) data query*. Accessed November 28, 2023 from <https://www.childhealthdata.org/browse/survey/results?q=6546&r=49&g=645>

needed “extensive” support (vs. “some” or “none”) for “self-injurious, disruptive, and/or destructive behaviors” at a higher rate than national levels (36% in Washington vs. 26% nationwide). In addition, children needed “extensive” support with personal care activities at a higher rate than national levels (69% in Washington vs. 58% nationwide).¹⁶⁷

5.3 Access to health insurance and health care

5.3.1 Children without health insurance birth-5 and 6-11

In 2021, an estimated 15,000 children ages birth to five in Washington state (3% of all children that age) did not have health insurance. Among children ages six to 18, an estimated 40,000 (3%) did not have health insurance. These numbers have increased modestly since 2017, when an estimated 11,000 children ages birth to five (2% of all children that age) and an estimated 46,000 children ages six to 18 (3%) did not have health insurance. In 2021, the national rate of uninsured children was 4% for ages birth to five and 6% for ages six to 18.¹⁶⁸

5.3.2 Prenatal care during the first trimester by geography, race, and economic status

Statewide, 75% of pregnant people received prenatal care in the first trimester in 2019, a percentage that has remained steady since 2010.¹⁶⁹ Counties with highest rates of prenatal care in the first trimester include Garfield (91%), Klickitat (83%), Columbia (82%), and Spokane (82%). The counties with the lowest rates include Ferry (59%), Island (63%), Mason (64%), Franklin (67%), Pend Oreille (67%) and Pierce (67%).¹⁷⁰

In 2021, receipt of first-trimester prenatal care varied by insurance coverage and by race and ethnicity. The percentage of people with Medicaid-funded deliveries who received first-trimester care was lower than for non-Medicaid-funded deliveries (67% among Medicaid-funded deliveries vs. 79% for non-Medicaid-funded deliveries). Native Hawaiian and Other Pacific Islander, Black/African American and American Indian/Alaska Native pregnant people were less likely to begin prenatal care in the first trimester than individuals in other

¹⁶⁷ National Core Indicators. (n.d.). *2016–2017 Child Family Survey: Washington State Report*. https://www.nationalcoreindicators.org/upload/state-reports/WA_CFS.pdf. (There is no updated report for Washington in the National Core Indicators Survey of 2021–2021. See <https://idd.nationalcoreindicators.org/survey-reports-insights/>)

¹⁶⁸ Annie E. Casey Foundation, KIDS COUNT Data Center. (n.d.). Children without health insurance by age group in Washington. Accessed November 17, 2023 from <https://datacenter.aecf.org/data/tables/10184-children-without-health-insurance-by-age-group?loc=49&loct=2#detailed/2/49/true/2048,1729,37,871/8121,20,21/19708,19709>

¹⁶⁹ Annie E. Casey Foundation, KIDS COUNT Data Center. (n.d.). *Prenatal care in Washington*. Accessed November 17, 2023 from <https://datacenter.aecf.org/data/tables/5130-prenatal-care?loc=49&loct=2#detailed/2/any/false/1729,37,871,870,573,869,36,868,867,133/1189,1190/11567,11566>

¹⁷⁰ Annie E. Casey Foundation, KIDS COUNT Data Center. (n.d.). *Prenatal care in Washington*. Accessed November 17, 2023 from <https://datacenter.aecf.org/data/tables/5130-prenatal-care?loc=49&loct=2#detailed/5/6947-6985/false/1729,37,871,870,573,869,36,868,867,133/1189,1190/11567,11566>

racial/ethnic groups. Native Hawaiian and Other Pacific Islander individuals were far more likely to receive no prenatal care or start prenatal care in the third trimester compared to all other racial/ethnic groups.¹⁷¹

5.3.3 Health care for infants and children

5.3.3.1 Well-child visits for children covered by Medicaid compared to national average

As reported in the 2020 Needs Assessment, as of 2016, children covered by Washington state Apple Health (Medicaid) received their well-child visits at a rate of 39% to 69%, depending on age. This was lower than the national average of just above 70%.¹⁷² Updated information is not available.

5.3.3.2 Pediatrician rate statewide and by county

Use of health services is closely tied to access. As reported in the 2020 Needs Assessment, 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. Only 6% of all physicians practiced in rural areas in 2017 and 2018.¹⁷³ Updated information is not available.

5.3.4 Medical services for children with special health care needs

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

In Washington state, 18 Neurodevelopmental Centers of Excellence (NDCs) provide medical evaluation, diagnosis, coordinated treatment planning, and specialized therapies to children with developmental disabilities and a variety of special health care needs, such as Down Syndrome, cerebral palsy, and autism. NDCs are private, nonprofit organizations that use a variety of funding sources to support their work. They are designated by DOH through a competitive process wherein applicants must demonstrate a high level of professional skills and

¹⁷¹ Washington State Department of Health. (2023). *Maternal and Child Health Services Title V Block Grant, Washington, FY 2024 Application / FY 2022 Annual Report*. <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/141-001-MCHBG-Overview.pdf>

¹⁷² The Healthier Washington Collaboration Portal website cited for this statistic in the 2020 Needs Assessment is no longer active.

¹⁷³ Yen, W. (2019). *2017-18 Physician Supply: Estimates for Washington State, Counties and Accountable Communities of Health*. Office of Financial Management Health Care Research Center. Accessed December 19, 2023 from https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/workforce/physician_supply_2017-18.pdf

a commitment to pediatric specialty care, along with linkages to other systems serving children, such as early intervention and the child’s medical home.

The number of children served by NDCs has grown significantly. In 2014, NDCs served 12,486 children, and in 2019, they served 29,921 children.^{174,175} More detailed information on children served is available for those who were served in 2018. Among the 18,815 children being served in 2018, 57% were age 3 or younger, and 70% were living in families whose income was at or below 210% of the federal poverty level. Updated information is not available.

5.3.5 Children 9-35 months who have received developmental screenings

Developmental screening provides a way to gauge how children are developing. Regular screenings show how children are developing in language, thinking, movement, and social interaction. Screening young children is important because the brain develops faster between birth and age five than during any other developmental stage, and children with developmental delays can benefit from early interventions.¹⁷⁶

In 2020-2021, 46.4% of Washington children ages 9-35 months received developmental screening, compared to a national average of 34.8%. Washington had the fifth highest rate among all states. The rate of developmental screening in 2016-17 for Washington state was 27.7%. Nationwide it was 31.1%. It should be noted that this data is based on a national parent survey with a very small sample size for Washington state. The data may not be reliable. In addition, there could be different understandings about what constitutes developmental screening.¹⁷⁷

DOH is working to achieve universal developmental screening. Their [Strong Start](#) program provides a free data system where parents, guardians, and health care providers can enter and access screening data about a child in one place.

5.3.6 Infant and early childhood mental health consultation (IECMHC)

As described in the [2023 FSKA evaluation report](#), FSKA “funded the expansion of Infant and Early Childhood Mental Health Consultation (IECMHC) services offered to Early Achievers participants through Child Care Aware of Washington (CCA of WA). [See Section 5.2.2, “Infant and early childhood mental health,” for an explanation of IECMHC services.] The [Holding Hope](#)

¹⁷⁴ Data on the number of children served in 2014 is from the 2020 Needs Assessment.

¹⁷⁵ Washington State Department of Health. (2022). *Neurodevelopmental Centers of Excellence*. Accessed December 20, 2023 from <https://doh.wa.gov/sites/default/files/2023-05/141-091-NDC-Leg1pager.pdf?uid=646be9b518915>

¹⁷⁶ Washington State Department of Health. (n.d.). *Universal developmental screening – a strong start for children*. Accessed November 17, 2023 from <https://doh.wa.gov/you-and-your-family/infants-and-children/health-and-safety/developmental-screening>

¹⁷⁷ Data Resource Center for Child and Adolescent Health. (n.d.). *2020-2021 National Survey of Children’s Health (2 years combined), Title V National Performance Measure #6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year*. Accessed November 17, 2023 from <https://www.childhealthdata.org/browse/rankings/maps?s=280>

[IECMHC program](#) is designed to promote the social-emotional development and well-being of children in licensed child care settings throughout Washington state and to help address what was believed to be racial disproportionalities in child care expulsions.^{178,179} Holding Hope IECMHC has 15 mental health consultants serving child care providers across the state.¹⁸⁰ In 2023, Holding Hope consultants served 328 child care providers and conducted group consultation and training for 308 providers.¹⁸¹

5.3.7 Child care health consultation

Licensed child care centers that serve infants in Washington state are required to offer [Child Care Health Consultation](#) (CCHC), formerly called infant nurse consultation. According to DCYF's website, "CCHC is considered the best practice to support the health and safety of children in group care. The role of a child care health consultant is to support child care providers to promote the health and development of the children, families, and staff in their center. A child care health consultant helps the child care provider to create and maintain a healthy and safe environment for the children in their care."¹⁸²

Statewide, there are approximately 175 nurses working as consultants across the state, visiting approximately 750 infant rooms.¹⁸³ In King County, a report released by Best Starts for Kids indicated that, between April 2019 and March 2022, there were 14,319 consultations, 1,366 unique providers served, and 620 unique sites served.¹⁸⁴

¹⁷⁸ Office for Civil Rights. (2021). *Discipline practices in preschool: 2017-18 Civil Rights Data Collection (CRDC)*. Accessed December 19, 2023 from <https://civilrightsdata.ed.gov/assets/downloads/crdc-DOE-Discipline-Practices-in-Preschool-part1.pdf>

¹⁷⁹ Gilliam, W. S. (2010). *Pre-kindergarteners left behind: Expulsion rates in state pre-kindergarten systems*. Accessed March 5, 2024 from <https://www.fcd-us.org/prekindergartners-left-behind-expulsion-rates-in-state-prekindergarten-programs/>

¹⁸⁰ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

¹⁸¹ Personal Communication. Janet Fraatz. Director of Infant & Early Childhood Mental Health Consultation, Child Care Aware of Washington. February 26, 2024.

¹⁸² Washington State Department of Children, Youth, and Families. (n.d.). *Child care health consultants*. Accessed November 17, 2023 from <https://www.dcyf.wa.gov/services/early-learning-providers/cchc>

¹⁸³ Personal Communication, Jennifer Helseth, Health Systems Analyst, DCYF, February 9, 2024.

¹⁸⁴ King County Best Starts for Kids and Cardea. (n.d.). *Best Starts for Kids: Child Care Health Consultation final evaluation report*. Accessed December 21, 2023 from https://kingcounty.gov/en/legacy/depts/community-human-services/initiatives/best-starts-for-kids/dashboards/-/media/depts/community-human-services/best-starts-kids/documents/BSK%20Reports/CCHC_Full_Evaluation_Report_FINAL.ashx?la=en&hash=A4F43A84AA8A28AF720F61953DB5467

5.3.7.1 Children in licensed child care with special health care needs

The 2020 Needs Assessment reported that approximately 5% to 10% of children in licensed care in Washington state have special health care needs, ranging from asthma to autism.¹⁸⁵ These statistics are still accurate based on estimates from preschool and K-12 populations.¹⁸⁶

5.3.7.2 Estimated number of nurses working full time as consultants to child care centers

The 2020 Needs Assessment reported that only an estimated fifteen nurses worked full-time as consultants to child care centers.¹⁸⁷ It was estimated that 50 to 195 additional full-time child care health consultants would be needed to expand nursing services to all licensed child care facilities caring for infants.¹⁸⁸ Currently there are still approximately 15 private nurses working full-time as CCHCs, and about the same number work in local health departments in several counties. Until the past few years, there were only two counties with dedicated CCHC staff. Two new counties have added staff with CCHC responsibilities since the pandemic, and others are exploring the possibilities for supporting child care in this way.

5.3.8 Access to care for families impacted by substance use disorders

This is a new sub-section in this update to note a collection of programs and policies aimed at improving outcomes for infants by improving access to care for pregnant or new parents who have a substance use disorder. These programs include:

Plan of Safe Care. By September 30, 2023, 17 birthing hospitals had received training and technical assistance to start using the Plan of Safe Care online referral portal. In partnership with the [WithinReach](#) and [HMG WA](#) networks, DCYF has a goal of onboarding all remaining birthing hospitals in Washington throughout 2024.¹⁸⁹

Parent Child Assistance Program (PCAP). [PCAP](#) is an evidence-based home-visiting case management model for pregnant and parenting women with substance use disorders. PCAP has been operating in Washington since 1991. As of 2020, there were 15 PCAP sites in the state, serving 19 counties.¹⁹⁰

¹⁸⁵ Washington State Department of Children, Youth, and Families. (2019). *Child Care Health Consultation Report*. Accessed December 20, 2023 from

<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ChildCareHealthConsultantReport.pdf>

¹⁸⁶ Personal Communication, Jennifer Helseth, Health Systems Analyst, DCYF, February 9, 2024.

¹⁸⁷ Washington State Department of Children, Youth, and Families. (2020). *Washington's statewide early learning needs assessment*. <https://www.dcyf.wa.gov/sites/default/files/pdf/2020StatewideNeedsAssessment.pdf>

¹⁸⁸ Washington State Department of Children, Youth, and Families. (2019). *Child Care Health Consultation Report*. Accessed December 20, 2023 from

<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ChildCareHealthConsultantReport.pdf>

¹⁸⁹ Washington State Department of Children, Youth, and Families. (n.d.). *Plan of Safe Care: Implementation schedule*. Accessed November 17, 2023 from <https://www.dcyf.wa.gov/safety/plan-safe-care/schedule>

¹⁹⁰ University of Washington, Department of Psychiatry. (2020). *Parent-Child Assistance Program (PCAP): 1991-present*. Accessed November 17, 2023 from https://pcap.psychiatry.uw.edu/wp-content/uploads/2021/12/PCAP_Summary_of_Evidence.pdf

Pregnant and Parenting Women services (PPW). [Pregnant and Parenting Women services](#) provide specific services for pregnant and parenting individuals seeking treatment for substance use disorders. In the state fiscal year 2021, 1,727 individuals received outpatient substance use disorder services, 574 received residential substance use disorder treatment, and 46 received housing support services. PPW programs also provide therapeutic interventions for children.¹⁹¹

Centers of Excellence for Perinatal Substance Abuse. The [Centers for Excellence for Perinatal Substance Use](#) is a new certification program for hospitals to recognize and encourage hospitals' efforts to provide care to pregnant and new parents with substance use disorders.¹⁹²

¹⁹¹ Washington State Health Care Authority. (2021). *Pregnant and Parenting Women (PPW) services*. Accessed November from <https://www.hca.wa.gov/assets/program/fact-sheet-ppw-services.pdf>

¹⁹² Washington State Department of Health. (n.d.). *Centers of Excellence for Perinatal Substance Abuse*. Accessed November 17, 2023 from <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/centers-excellence-perinatal-substance-use>

6 Strong, Stable, Nurturing, Safe, and Supported Families

Introduction

Children are more likely to thrive when their families have what they need to care for and support their children, such as safe and stable housing, income or financial supports to meet basic needs, supportive social connections with other parents and community members, and knowledge and resources to support their children’s social, emotional, physical, and cognitive development. The COVID-19 pandemic highlighted and deepened many families’ financial, social, and emotional vulnerabilities. It also galvanized national, state, local, and community-based efforts to support families financially and to promote caregiver and family resilience.

Community Outreach Update

In 2021, DCYF surveyed parents about COVID-19 pandemic impacts on their child care needs and collected data from leaders of community-based family support organizations about their organizational needs. In 2020, the Washington Fatherhood Council surveyed a sample of fathers, and in 2022-2023, Help Me Grow Washington (HMG WA) conducted 20 one-on-one interviews and 14 focus groups with state agency and organizational stakeholders as well as health care and direct service providers to inform their strategic plan.

New Initiatives Since The 2020 Needs Assessment

In January 2021, the [Washington State Poverty Reduction Work Group](#) released a 10-year plan to dismantle poverty.¹⁹³ In 2022, the State Legislature approved and funded a new, broad-based economic support for low-income families: the [Working Families Tax Credit](#) (WFTC), a Washington state version of the federal Earned Income Tax Credit.

The [Fair Start for Kids Act](#) (FSKA) ushered in strategies to improve affordability and expand access to child care through changes to [Working Connections Child Care](#) (WCCC), the state child care subsidy program. The [Child Care Collaborative Task Force](#) published several definitive reports about the early care and education economic sector, including child care costs, accessibility, and the workforce.

The [Help Me Grow Washington](#) (HMG WA) network has grown rapidly since 2020. In addition to deepening relationships with community partners across the state, HMG WA is developing statewide specialized referral pathways designed to connect families to tailored services and supports throughout their communities. Such pathways are in design or implementation for substance-exposed infants and their families (Plan of Safe Care), pregnant individuals experiencing substance use disorder, TANF recipients with young children, and child care providers seeking support with developmental screening.

¹⁹³ Poverty Reduction Work Group (n.d.). *Blueprint for a just & equitable future: The 10-year plan to dismantle poverty in Washington*. <https://dismantlepovertyinwa.com/wp-content/uploads/2020/12/Final10yearPlan.pdf>

State government and organizational stakeholders are working to strengthen and spread Family Resource Centers (FRCs) throughout the state as community-based access points for family supports, including establishing the Washington Family Support Network.

[Paid Family and Medical Leave](#) (PFML), a Washington state insurance program, launched in January 2020. It provides paid leave for people when they need to care for themselves or a family member after childbirth or a serious illness or injury, when they are welcoming a new child (birth/foster/adopt), or for certain military-connected events.

In response to the pandemic, the State Legislature allocated \$2 million to DCYF for the purchase and delivery of [concrete goods](#) to low-income families for state fiscal years 2022 and 2023. Concrete goods include items such as clothing, food assistance, transportation, household items, and certain housing expenses.

High Level Summary of Updated Data

6.1 What families say they need

In the 2020 Needs Assessment, this section described feedback from an extensive community engagement effort. Families reported needing financial supports, more affordable child care options, and other supports that largely mirror the Strengthening Families Protective Factors framework. Family perspectives gathered since then reflect and reinforce those same themes.

In spring 2021, DCYF conducted a survey of 1,327 parents and caregivers across the state to better understand the impact of the COVID-19 pandemic on their employment and caregiving. Among parents/caregivers of young children (ages birth to five), 30% gave up employment to care for children during the day, with a higher proportion of caregivers giving up employment among families with low incomes.¹⁹⁴

A 2020 survey for the [Washington Fatherhood Council](#) reaffirmed the general themes of financial insecurity and a lack of connection to supportive services, with additional concerns related to fathers (such as social stigma) and some related to non-custodial parents.¹⁹⁵

6.2 Promoting parental resilience, social connection, and knowledge

6.2.1 Community-based supports for families

The state is working to strengthen Family Resource Centers (FRCs) as community-based access points for family supports. FRCs are place-based organizations that provide a single point of entry to a range of services for anyone in the community. Since 2020, Washington state has

¹⁹⁴ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 Evaluation Report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

¹⁹⁵ Schindler, H. (2020). *Transforming systems through fathers' voices*. Washington Fatherhood Council. <https://wafatherhoodcouncil.org/sites/default/files/Fatherhoodpic/Schindler%20Summit%20Presentation%2008.06.19.pdf>

increased efforts to support the infrastructure, improve the quality, and increase the number of FRCs. This work has included establishing a “core set of principles for FRCs,”¹⁹⁶ conducting an [FRC Landscape Study](#), and launching the [Washington State Family Support Network](#) (WSFSN) to link and support FRCs across the state. State budgets included \$7 million of new funds in 2022 and 2023 to support FRCs and WSFSN through the Department of Commerce. Using federal funding, DCYF funded nine FRCs with up to \$90,000 per year starting in 2022. This funding will likely be extended to 2025. Sixty FRCs are represented in WSFSN, which officially launched in June 2023.¹⁹⁷

Funding emerged as the primary organizational need for FRCs, based on a survey and key informant interviews with leaders of community-based family support organizations in 2021.¹⁹⁸ Respondents described needs for funding to provide additional services and programs, to reach more families, to support professional development and living wages, and to build organizational infrastructure. In particular, respondents said they needed flexible and reliable funding to respond to the needs of the diverse families they serve and to maintain and strengthen their organization. Their top concern was families’ needs going unmet.

DCYF funds parent support and education programs that provide hands-on parent–child activities, parent education, and other family support services through the [Community-Based Child Abuse Prevention](#) (CBCAP) program. Community-based organizations can receive funding for two or three years to deliver one-on-one and small group family strengthening and support services. These services are based on established curricula, such as Parent Cafes, or Promoting First Relationships, as well as innovative community-developed family support programs and activities. In fiscal year 2023, DCYF distributed over \$800,000 to 25 community-based programs around the state.¹⁹⁹ For state fiscal year 2024 two of the 13 funded CBCAP programs focus on delivering family support in Tribal communities. Lower Elwha Klallam Tribe in Port Angeles is contracted to receive Community Based Child Abuse Prevention funds to deliver one-on-one and small group family strengthening curricula, including Positive Indian Parenting, Promoting First Relationships, Triple P, and others. First Step Family Support Center in Port Angeles is partnering with the Hoh Tribe and the Quileute Tribe to deliver pop-up Family Resource Centers to those Tribes’ community members.

6.2.2 Focused support for families within the early learning system

The 2020 Needs Assessment highlighted the Early Childhood Education and Assistance Program (ECEAP) [Mobility Mentoring](#)[®] program and [home visiting services](#) as strong examples of programs that focus on building the capacity of parents and caregivers to support their

¹⁹⁶ Washington State Legislature. (n.d.). *House Bill 1237 – 2021-22: Defining family resource centers*. Signed into law April 14, 2021. <https://app.leg.wa.gov/billsummary?BillNumber=1237&Initiative=false&Year=2021>

¹⁹⁷ Personal Communication, Marilyn Gisser, Primary and Community Prevention Specialist, Washington State Department of Children, Youth, and Families, October 19, 2023.

¹⁹⁸ Langley, K., Moreno, J., & White, C.R. (2021). *Washington State Family Resource Center Landscape Study: Summary of findings*. Washington State Department of Children, Youth, and Families. <https://www.dcyf.wa.gov/sites/default/files/pdf/SFWA-FRCLandscapeReport-Aug21.pdf>

¹⁹⁹ Personal Communication, Sara Winkelman, Prevention Services Program Specialist, DCYF, December 5, 2023.

children’s healthy development.²⁰⁰ [Family First Prevention Services](#) focuses on the early learning and family support needs of families that are involved in the child-welfare system. (As noted in the 2020 Needs Assessment, other examples of focused supports for children with disabilities or delays are offered through the Early Support for Infants and Toddlers [ESIT] program and Early Childhood Intervention and Prevention Services [ECLIPSE]. Those programs are described in Chapter 7, “Positive Early Learning Experiences.”)

The [Home Visiting Services Account \(HVSA\) Needs Assessment](#), published in late 2020, identified priority populations for home visiting expansion based on geography and race/ethnicity.²⁰¹ It concluded that Washington’s need for home visiting services is an estimated 44,329 families and that 79% of eligible families across 31 at-risk counties (out of 39 counties) are unserved by Home Visiting services. In 2021, the HVSA served 2,585 families across 28 counties in Washington, and the number of funded home visiting slots expanded from 2,421 in state fiscal year 2019 to 2,655 in state fiscal year 2021.²⁰² The HVSA annual report provides detailed information about the location, race/ethnicity, and age of caregivers and children participating in home visiting services, contextualized with overall population data. HVSA service providers are required to serve families with two or more of 15 priority characteristics, such as demographic characteristics, adverse experiences, and other characteristics (including disability, education, and military experience). See Section 7.1.9, “Home visiting,” for more information.

The [Family First Services Needs Assessment](#), completed in 2022, describes the particular needs of families involved in the child-welfare system and efforts to link them with early learning and family supports.²⁰³ More than their peers, these families need supportive services for children (such as home visiting or ESIT), economic supports (such as safety-net programs and housing support), and behavioral health and substance use treatment. The [Child Welfare Early Learning Navigators](#) program (CWELN), which was originally piloted and funded by PDG B-5 dollars, operates in several regions of the state, including Benton, Franklin, Grays Harbor, King, Mason,

²⁰⁰ A journal article summarizes findings from an evaluation of the impact of Mobility Mentoring® on ECEAP families in Washington in 2017 and 2018: Homer, C. J., Winning, A., & Cummings, K. (2021). A coaching model to promote economic mobility and child developmental outcomes. *Pediatrics*, 149(1), <https://doi.org/10.1542/peds.2020-018473>

²⁰¹ Washington State Department of Children, Youth, and Families, Washington State Department of Health, and Ounce Washington. (2020). *Washington State home visiting needs assessment*. Washington State Department of Children, Youth, and Families. <https://www.dcyf.wa.gov/sites/default/files/pdf/WA2020MIECHV-NeedsAssessment.pdf>

²⁰² Washington State Department of Children, Youth, and Families, Washington State Department of Health, and Start Early Washington. (2021). *Home Visiting Service Account annual report, 2021*. Washington State Department of Children, Youth, and Families. <https://www.dcyf.wa.gov/sites/default/files/pdf/HVSAAnnualReport.pdf>

²⁰³ Aratani, Y., et al. (2022). *DCYF Family First Services needs assessment*. Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FamilyFirstServicesNeedsAssessment2022.pdf>

Pacific, Pierce, Walla Walla, and Yakima counties.^{204,205} In December 2021, a new Tribal CWELN position was added to learn more about early learning referrals for children and families who identify as American Indian and Alaska Native. A Project Facilitator was also added in 2021 to track progress of the pilot, offer learning opportunities through regular communities of Practice meetings, and plan for growth and sustainability of the project. The pilot has provided valuable insights, and further expansion of CWELNs in more regions is in progress.

In response to concerns about implicit bias and structural racism reflected in the Mobility Mentoring® tools' language, DCYF worked with representatives from [Economic Mobility Pathways](#) (EMPath, the developer of the Mobility Mentoring® model), the National Equity Project, and a representative group of ECEAP stakeholders including parents and ECEAP contractor staff, to develop the "[ECEAP Bridge to Child and Family Self-Reliance](#)." PDG B-5 funds were used to support this work. In 2021, 72 ECEAP and early ECEAP leads and staff were given the opportunity to provide feedback after piloting the new tool. A strong majority (69%) believed that the new bridge was easier to introduce to families and 45% believed that the new bridge led to deeper conversations about goal setting with families.²⁰⁶

6.3 Providing concrete support in times of need

The State Legislature allocated \$2 million to DCYF for the purchase and delivery of concrete goods to low-income families for state fiscal years 2022 and 2023. This action was in response to the understanding of the important role that access to concrete goods can play in keeping families strong and children safe from harm in times of need. DCYF partnered with experienced local organizations who were trusted in their communities to distribute concrete goods. In state fiscal year 2022, nearly 100 organizations around the state distributed over \$1.7 million in concrete goods to help 16,000 families access resources such as groceries, diapers and other baby supplies, school supplies, and gas or transportation assistance.²⁰⁷ Soon these concrete good expenditures will be part of DCYF's prevention dashboard. DCYF's efforts in this area are informed by work on the [role of economic and concrete supports](#) to support the healthy development of children and prevent child welfare involvement conducted by the University of Chicago's social policy research center, Chapin Hall.

²⁰⁴ Washington State Department of Children, Youth, and Families. (n.d.). *Child Welfare Early Learning Navigators*. <https://www.dcyf.wa.gov/news/child-welfare-early-learning-navigators>

²⁰⁵ Washington State Department of Children, Youth, and Families. (2023). *Department of Children, Youth & Families Regional Structure*. https://www.dcyf.wa.gov/sites/default/files/pubs/COMM_0008.pdf

²⁰⁶ Washington State Department of Children, Youth, and Families. (2021). *Washington's Preschool Development Grant Birth through Five renewal FY2021 evaluative briefs*. https://www.dcyf.wa.gov/sites/default/files/pubs/IAA_0004H.pdf

²⁰⁷ Washington State Department of Children, Youth, and Families. (2023). *Concrete goods as a primary support for Washington families*. https://content.govdelivery.com/attachments/WADEL/2023/06/15/file_attachments/2528852/Concrete%20Goods%20Fact%20Sheet.pdf

6.3.1 Financial needs

Many families still face steep economic challenges and there have been some developments in both general and early-learning-focused policies to increase access to economic supports to families.

6.3.1.1 Working Connections Child Care (WCCC)

WCCC is the state-funded subsidy that helps eligible families pay for child care. FSKA included strategies to improve affordability and expand access to child care through changes to WCCC, such as determining eligibility and capping copays based on state median income (SMI) rather than the federal poverty level, expanding income-based eligibility, and waiving copays for several months during the pandemic.²⁰⁸ The 2023 state budget funded an increase to WCCC subsidy rates to better align them with actual child care costs, increasing subsidy rates to the 85th percentile of the state market rate survey.²⁰⁹ [Senate Bill 5225](#), passed in 2023 and implemented on October 1, 2023, expanded subsidy eligibility to parents and caregivers who work as child care providers and meet other criteria, families participating in therapeutic courts, and children who reside in Washington state regardless of citizenship status who are otherwise eligible.²¹⁰

These efforts occur in the context of ongoing child care affordability challenges that many families face. Washington currently has the 9th most expensive infant care among all states. A typical family with an infant and a 4-year-old in Washington currently spends about 36% of its income on child care.²¹¹ Data disaggregated by race show even greater child care cost burdens for families of color. For example, a typical Hispanic or Latino family with a preschooler and infant in the central Washington region pays 41% of their income for center-based child care or 36% of their income for home-based care (based on median income by race and region). In comparison, a typical white family in the same scenario pays 25% of their income for center-based care or 21% of their income for home-based care.²¹²

6.3.1.2 Working Families Tax Credit

The Washington Working Families Tax Credit, a new state program to lessen the impact of poverty on families, was launched in 2023. Families—including undocumented immigrants—

²⁰⁸ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

²⁰⁹ Child Care Aware of Washington. (2023). *2023 Legislative Session recap*. <https://childcareawarewa.org/2023/05/01/2023-legislative-session-recap/>

²¹⁰ Washington State Department of Children, Youth, and Families. (2023). *Important update – Working Connections Child Care (WCCC) eligibility expansion begins Oct. 1*. Accessed December 5, 2023 from <https://content.govdelivery.com/accounts/WADEL/bulletins/3731a7c>

²¹¹ Economic Policy Institute. (2020). *Child care costs in the United States*. Accessed October 2, 2023 from <https://www.epi.org/child-care-costs-in-the-united-states/#/WA>

²¹² Washington STEM, 2021, as cited in Washington State Department of Commerce. (2021). *Washington State Child Care Access Strategy: A strategy, timeline, and implementation plan to reach the goal of accessible, affordable child care for all Washington families*. <https://www.commerce.wa.gov/wp-content/uploads/2021/08/FINAL-June-2021-C3TF-Legislative-Report.pdf>

can receive up to \$1,200 each year. Over 573,000 children in Washington (31% of the child population, birth to 18) live in households that are eligible for the credit,²¹³ and over \$112 million has been refunded as of October 31, 2023.²¹⁴

6.3.1.3 Temporary Assistance for Needy Families (TANF)

The TANF program provides temporary cash assistance for families in need. In state fiscal year 2022, TANF served an average of 69,465 individuals and 28,839 cases (roughly analogous to families) per month. One-quarter (25%) of the caseload includes a pregnant parent or a family with a child under the age of one year and 70% of the individuals receiving TANF benefits are children, with an average age of eight years. The average TANF benefit amount for a family is \$537 per month.²¹⁵ A 2021 report from the Washington State Department of Social and Health Services identified risk factors for infant placement into out-of-home care among 6,921 mothers receiving TANF.²¹⁶ The risk factors include housing instability and substance use treatment needs, among others. The report points to supportive services that could help these families, such as supportive case management or home visiting services, substance use treatment, legal assistance, and housing supports.

Paid Family and Medical Leave. Paid Family and Medical Leave (PFML) is a state insurance program in Washington that provides paid leave for people when they need to care for themselves or a family member after childbirth or a serious illness or injury, when they are welcoming a new child (birth/foster/adopt), or for certain military-connected events. The program has been steadily growing since it launched in January 2020, and program staff have been identifying needed program improvements along the way. In the first three and a half years, the program distributed over \$3.4 billion in benefits to over 382,000 employees, and the Employment Security Department expects the volume of incoming leave claim applications to increase to at least 251,592 in FY 2024 alone.²¹⁷ A first-year utilization study indicates that a significant portion of claims are related to pregnancy and childbirth.²¹⁸ The Perigee Fund sponsored targeted outreach between 2020 and 2023 in Pierce and Yakima counties, documenting the key roles that outreach and enrollment assistance play in connecting families

²¹³ Washington State Budget & Policy Center (2023). *Washington State will provide cash to households*. <https://budgetandpolicy.org/resources-tools/2023/01/2023-WFTC-Fact-Sheet-FINAL.pdf>

²¹⁴ Washington State Department of Revenue. (n.d.). *Working Families Tax Credit program performance*. Accessed November 9, 2023 from <https://workingfamiliescredit.wa.gov/about-program/program-performance>

²¹⁵ Washington State Department of Social and Health Services. (2022). *Temporary Assistance for Needy Families and State Family Assistance*. <https://www.dshs.wa.gov/sites/default/files/ESA/reports/23-0777-ESA-TANF-1-pager.pdf>

²¹⁶ Patton, D., Liu, Q., & Felver, B. E. M. (2021). *Predicting maternal well-being outcomes for Washington State's TANF population*. Washington State Department of Social and Health Services. <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-6-69.pdf>

²¹⁷ DeFour, J. (2023). *Paid Family & Medical Leave program needs and resources*. Washington State Employment Security Department. <https://media.esd.wa.gov/esdwa/Default/ESDWAGOV/newsroom/Legislative-resources/pfml-program-needs-and-resources-2023-9-6-edits-accessible.pdf>

²¹⁸ York, J. (2021). *Washington Paid Family & Medical Leave program utilization study*. Washington State Employment Security Department. <https://paidleave.wa.gov/app/uploads/2021/06/WA-Paid-Leave-Utilization-Report-May-2021.pdf>

furthest from equity with PFML benefits.²¹⁹ The study estimates that PFML wage replacement for employees in those two counties due to community outreach exceeds \$13 million in a one-year period.

6.3.2 Housing

High housing costs and housing shortages continue to impact households of all incomes, and especially lower-income households. The Department of Commerce has projected that the state will need 1.1 million additional homes to accommodate the current housing gap and predicted population growth.²²⁰ This shortage of housing drives housing costs up, strains family budgets, and pushes some families into homelessness. In 2018-2019, an estimated 37,623 Washington children under the age of six years—one in 15 children—were homeless.²²¹ In 2023, the State Legislature invested \$400 million in the state’s Housing Trust Fund, aimed at building affordable housing, and passed several bills aimed at increasing the housing supply.

6.3.3 Food and nutrition

In FY 2022, 195,655 women, infants, and children benefited from Washington State’s Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program.²²²

6.3.4 Health care and coverage

Chapter 5, “Healthy Children and Families,” describes the health status and health care resources for families and children.

6.4 Connecting families to resources that support strength, stability, and safety

In addition to the FRCs described above, numerous organizations and systems in Washington state help families navigate and access the resources and support they need. These organizations often collaborate and cross refer. These resources include the nine [Accountable Communities of Health, Washington 2-1-1](#) (managed by United Way), the [Child Care Aware of Washington Family Center](#) (supporting families in their search for child care), [WithinReach](#)

²¹⁹ Mendez, M. & Krause, E. (2023). *It’s Time to Bond: PFML Uptake Initiative outcomes and learnings*. Perigee Fund. <https://perigeefund.org/wp-content/uploads/2021/10/PerigeeWAPFMLreport.pdf>

²²⁰ Washington State Department of Commerce. (2023). *Washington State will need more than 1 million homes in next 20 years*. Accessed November 9, 2023 from <https://www.commerce.wa.gov/news/washington-state-will-need-more-than-1-million-homes-in-next-20-years/>

²²¹ Yamashiro, A. & McLaughlin, J. (2021). *Early childhood homelessness state profiles: 2018-19*. U. S. Department of Education. <https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles-2021.pdf>

²²² Washington State Department of Health. (2023). *WIC Washington State Annual Report*. <https://doh.wa.gov/sites/default/files/2023-03/962-1008-WIC%20AR-Statewide-FFY22.pdf>

(which includes the ParentHelp123 website and phone and in-person support), and the [Parent Trust Statewide Family Help Line](#), providing immediate and ongoing parenting support.

6.4.1 Help Me Grow Washington

Help Me Grow Washington (HMG WA) is a community-driven resource and referral linkage system that connects young children and their families to a wide range of supportive services. It has expanded considerably since 2020 because of significant investments funded by the PDG B-5 grant. Parents, caregivers, early learning, health, and other service providers can call, text, or email HMG WA to connect to resource navigators. In 2022, HMG WA contact centers fulfilled 16,999 requests for support, serving 12,850 children (77% of whom were under age 3) and 1,456 pregnant people. Over half of HMG WA referrals were for basic needs supports, like child care, legal services, and financial/employment services.²²³

In 2021, HMG WA secured \$530,000 in the state budget (over two years) to add capacity to the statewide coordinated access point. This was the first time the state funded the statewide HMG WA system. The funding was continued in the 2023 biennium. HMG WA is supported by multiple funding sources in addition to these state funds. In April 2023, a collaboration among HMG WA, a Native-owned consulting firm, Tribal Nations, and [Urban Indian Organizations](#) completed the first phase of a [HMG WA Tribal Adaptations project](#), with a second phase beginning in 2023.²²⁴ HMG WA announced a new strategic plan in 2023 describing nine strategic initiatives.²²⁵

²²³ Help Me Grow Washington. (n.d.). *Help Me Grow Washington accomplishments 2022*.

https://helpmegrowwa.org/wp-content/uploads/2023/04/HMG-WA-Data-Brief-2022_FINAL.pdf

²²⁴ Personal Communication, Sarah Holdener, State Systems Partner, DCYF, August 21, 2023.

²²⁵ Camber Collective. (2023). *HMG WA 5-year strategic plan – overview*. Help Me Grow Washington.

<https://helpmegrowwa.org/wp-content/uploads/2023/06/HMG-WA-Strategic-Plan-Summary-2023-2028.pdf>

7 Positive Early Learning Experiences

Introduction

Washington state continues to develop and support a wide network of programs and services designed to meet the needs of families with young children. This network includes a diverse set of options for different age ranges (infant, toddler, and pre-K), different needs (care, education, special services), and in different settings (from informal locations such as libraries to home-based and formal settings). The goal remains to meet the needs of various families with a diverse set of services and programs that are affordable, accessible, and responsive to the unique needs of each family and community.

Since the 2020 Needs Assessment was completed, significant changes have occurred across the early learning system due to both the impacts of COVID-19 and continued community and legislative efforts to make the system more robust, accessible, and equitable. In addition to the passage of the [Fair Start for Kids Act](#) (FSKA), the state has introduced new programs, new partnerships, and new initiatives to improve coordination, alignment, and quality of service. At the same time, the impact of COVID-19 on families, early care and education workers, and the child care field has resulted in fewer children in licensed child care statewide, a change that mirrors national trends.

Community Outreach Update

A coordinated cross-program community outreach update has not occurred in the past few years. However, many of the early learning programs have conducted their own community engagement or outreach to inform program design and implementation. The overarching themes remain the same as reported in the 2020 Needs Assessment. Families have an interest in programs being more accessible, more affordable, and more culturally diverse, and they desire more coordination and alignment between programs to ease transitions and navigate across services. Families using services appreciate the programs and the value to their children, while seeking more varied offerings to meet their needs (e.g., more hours, more settings, or more culturally specific programming). In April 2020, Child Care Resources (now called [BrightSpark](#)), an early learning services organization, began surveying Kaleidoscope Play & Learn facilitators about the pandemic-related concerns and needs they were hearing from families. BrightSpark shared that information with funders, public agencies, and others and also used that information to make programming decisions to respond to pandemic conditions.²²⁶ The COVID-19 pandemic shined a spotlight on the key role of early care and education in supporting the economy and working families. As the pandemic fades and business returns to “normal” in various forms, there is some concern that the larger community’s stake in early care and education as a vital service may fade.

²²⁶ Child Care Resources. (n.d.). *2020 FFN report*. Accessed December 4, 2023 from <https://www.brightspark.org/wp-content/uploads/2023/03/2020-BrightSpark-FFN-Report.pdf>

DCYF has engaged in multiple efforts of community outreach around pre-Kindergarten and early learning. For example, in 2020, in response to the pandemic, DCYF’s Early Childhood Education and Assistance Program (ECEAP) conducted a survey to better understand the challenges facing ECEAP families and learn how remote and modified services were being used and perceived. In addition to showing that most sites provided various pick-up services (such as meals, activities, and curricula) and offered online classes, the survey found that of those families that used the online classes, between 61% and 73% felt they were very or somewhat useful.²²⁷

In addition, the Office of Superintendent of Public Instruction (OSPI) has engaged in numerous community outreach efforts around early learning, often connected to specific subjects or as part of reports for the State Legislature. These range from the practical, such as family surveys about income and or planned surveys on technology access, to more programmatic. For example, as part of their [2023 update on social-emotional learning](#), OSPI worked with educator panelists; held listening sessions with families, educational staff, students, and administrators; and conducted a collaborative data interpretation workshop.²²⁸

New Initiatives Since The 2020 Needs Assessment

Fair Starts for Kids Act. [FSKA](#) expands eligibility for various programs, caps copays for working families, and provides resources to support child care and early learning providers. Advancing equity in early childhood is one of the four overarching policy goals of FSKA. FSKA funded [Early Childhood Equity Grants](#) for early childhood education (ECE) providers across a range of settings—including Family, Friend, and Neighbor Care (FFN), Play & Learn groups, and licensed child care providers. These grants were a cross-cutting quality-improvement effort to support “inclusive and culturally and linguistically specific early learning and early childhood and parent support programs.”²²⁹

State Systemic Improvement Plan (SSIP) Implementation. Washington State’s [State Systemic Improvement Plan](#) (SSIP) is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. Washington’s [State-identified Measurable Result](#) (SiMR) is, “... an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development” (based on the WaKIDS fall assessment data).

The SSIP State Design Team hypothesizes that lack of access to inclusive, high-quality early childhood learning experiences with integrated social-emotional learning contributes to opportunity gaps in social-emotional development as students enter kindergarten. These

²²⁷ Washington State Department of Children, Youth, and Families. (2022). *ECEAP annual report, 2019-2021*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ECEAPAnnualReport2019-2021.pdf>

²²⁸ Collyer, L., & Bolen, T. (2023). *UPDATE: Social emotional learning in Washington State*. Washington Office of Superintendent of Public Instruction. <https://ospi.k12.wa.us/sites/default/files/2023-10/06-23-update-social-emotional-learning-washington-state.pdf>

²²⁹ Washington State Department of Children, Youth, and Families. (n.d.). *DCYF Early Childhood Equity Grant*. Accessed December 4, 2023 from <https://www.dcyf.wa.gov/services/early-learning-providers/child-care-grants/equity-grant>

opportunity gaps increase year after year, leading to more restrictive placements, less access to core instruction, increased achievement gaps, and poorer post-school outcomes. For this reason, OSPI is committed to implementing and assessing the effectiveness of social-emotional learning, intensive technical assistance, coaching, and professional development associated with evidence-based practices, including [Pyramid Model](#), Multi-Tiered Systems of Support (MTSS) infrastructure (see below), [LEAP Replication](#), and the [Stages of Implementation Science](#). These activities are necessary to meet the State-identified Measurable Result, and in turn to increase the quality of teaching and learning for all partners involved (including family, child, educational practitioner, and community partner).

Washington Early Learning Loan (WELL) Fund. [WELL](#) is a public and private partnership designed to increase the number of early learning facilities by providing capital and low-cost flexible lending, grants, and technical assistance to early learning providers across the state.

Transition to Kindergarten. After several school districts began to create programs to serve 4-year-olds, in 2023, the Washington State Legislature codified this effort by creating a [Transition to Kindergarten program](#). This program serves children who are a year away from entering kindergarten and have been identified as in need of additional preparation to be successful kindergarten students in the following school year. In response, the Office of Superintendent of Public Instruction created [emergency rules](#) to help guide districts during the rapid expansion of this program.

Multi-Tiered System of Supports (MTSS). OSPI has committed to the implementation of [Multi-Tiered System of Supports \(MTSS\)](#) as the approach for aligning systems and priorities to address Washington’s persistent opportunity gaps. According to [OSPI](#), “MTSS is the framework for enhancing the adoption and implementation of a continuum of evidence-based practices to achieve important outcomes for every student. MTSS involves team-based leadership; continuous data-based decision-making; student, family, and community engagement; and the delivery of a continuum of evidence-based instruction and support.”²³⁰ Tiered delivery systems coordinated through MTSS include Academic Response to Intervention, Positive Behavioral Interventions and Supports, Pyramid Model, and Social and Emotional Learning. MTSS focuses on ensuring that every student has “equitable access to universal instruction and supports that are culturally and linguistically responsive” and that each student can access supports as soon as they are needed.²³¹

²³⁰ Poulos, J., Pennell, A., McKechnie, M., LaPalm, M., & Toney, A. (2020). *Washington’s Multi-Tiered System of Supports Framework*. Washington Office of Superintendent of Public Instruction.

https://ospi.k12.wa.us/sites/default/files/2023-10/washington_s-mtss-framework-document.pdf

²³¹ Poulos, J., Pennell, A., McKechnie, M., LaPalm, M., & Toney, A. (2020). *Washington’s Multi-Tiered System of Supports Framework*. Washington Office of Superintendent of Public Instruction.

https://ospi.k12.wa.us/sites/default/files/2023-10/washington_s-mtss-framework-document.pdf

7.1 Overview of the early learning system

7.1.1 Licensed child care

As of July 2022, there were approximately 7,342 early learning and school-age providers in Washington licensed by DCYF. They provided care to approximately 40,000 infants and toddlers and 74,000 preschoolers in formal settings and licensed family homes.²³² This is a large drop in preschool enrollment compared to the 2020 Needs Assessment (82,000 preschoolers in 2020), reflecting, at least in part, the impacts of COVID-19 and mirroring a national trend. A Census report showed a 9.3% drop in national preschool enrollment between 2019 and 2021.²³³

Licensing is a requirement for child care businesses to be eligible to receive subsidy payments for serving children receiving Working Connections Child Care (WCCC) subsidy program benefits (see Chapter 6, “Strong, Stable, Nurturing, Safe, and Supported Families,” for more details on this program). Among all children whose care is subsidized and whose providers are licensed, 48% are served at child care centers, 43% are served at licensed family homes, and 9% are served by Family, Friend, and Neighbor care providers.²³⁴ Licensed child care providers may also offer ECEAP, Head Start, or Early Head Start as part of their services.

7.1.2 Early Childhood Education and Assistance Program (ECEAP)

Washington launched ECEAP in 1985 as a comprehensive preschool program to prepare 3- and 4-year-old children who are furthest from opportunity for success in school and in life. ECEAP has become a popular child care option for many families. In 2019, PDG B-5 funds were used to develop and implement Early ECEAP. The passage of FSKA in 2021 increased the eligibility for ECEAP and Early ECEAP services (starting in 2022-2023) to help DCYF ensure that children with the highest needs are being served.

The [new eligibility requirements for ECEAP](#) are that a child must be three years old but not yet five years old on August 31 of the school year, and meet at least one of the following:

- Family income that is at or below 36% of the state median income (SMI)
- Qualified by a school district for special education services. All children with a school district Individualized Education Program (IEP) meet this requirement.

²³² Washington State Department of Children, Youth, and Families. (2023). *DCYF Early Learning Data Store 2.0 (ELDS 2.0); July 15, 2022 point in time, April 2023 release.* (provided by Washington State Department of Children, Youth, and Families.)

²³³ Hernandez, E. L., & McElrath, K., (2023). *Public and private preschool enrollment from 2019 to 2021 at its lowest since 2005.* United States Census Bureau. Accessed December 4, 2023 from <https://www.census.gov/library/stories/2023/08/preschool-enrollment.html>

²³⁴ Washington Department of Children, Youth, and Families. (n.d.). *Barcode Electronic Attendance System. FY22 Subsidy Payments by Provider Rate Type.* Accessed February 1, 2023. (provided by Washington State Department of Children, Youth, and Families.)

- Experiencing homelessness as defined by the federal McKinney-Vento Education of Homeless Children and Youth Assistance Act
- Has participated in:
 - Early Head Start (EHS)
 - An Early Support for Infants and Toddlers (ESIT) program or received class C developmental services from another state
 - A birth to three early childhood education and assistance program (Early ECEAP)
 - An Early Childhood Intervention and Prevention Services (ECLIPSE) program
- Is a Tribal child defined by rule from a Washington state federally recognized Tribe and DCYF, and is at or below 100% SMI

Some children may be accepted who are over the income limit, if they have other qualifying factors, such as developmental or environmental factors.

A 2022 study found that, compared to eligible children who did not participate in ECEAP, ECEAP participants are:²³⁵

- More likely to be ready for kindergarten, and
- Less likely to be in special education during their early school years.

However, the study did not find clear evidence that ECEAP participation significantly impacted the following:

- 3rd to 5th grade assessments,
- Criminal convictions during high school, and
- High school graduation.

During the pandemic, ECEAP had to change modalities to serve families and began offering modified or non-traditional remote services. These included interactive learning opportunities and lessons families could access on their own schedules, food pick-up, and connections to other community resources. This allowed ECEAP contractor staff to provide innovative, high-quality, responsive, and rigorous learning and supports while also staying safe at home.²³⁶

In the 2021-2022 school year, 15,148 ECEAP slots were available in 415 sites across the state, including school districts, educational service districts, community colleges, local governments, Tribal organizations, child care centers and homes, and nonprofit organizations. In early 2023, 15,571 ECEAP slots were available across 473 sites.²³⁷

²³⁵ Washington State Institute for Public Policy. (2022). *Evaluation of the Early Childhood Education and Assistance Program: Short- and long-term outcomes for children.*

https://www.wsipp.wa.gov/ReportFile/1745/Wsipp_Evaluation-of-the-Early-Childhood-Education-and-Assistance-Program-Short-and-Long-Term-Outcomes-for-Children_Report.pdf

²³⁶ Washington State Department of Children, Youth, and Families. (2022). *ECEAP annual report, 2019-2021.*

<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ECEAPAnnualReport2019-2021.pdf>

²³⁷ Washington State Department of Children, Youth, & Families. (n.d.). *ELMS Database, Early Care and Education Assistance Program (ECEAP).* Accessed February 1, 2023 from <https://data.wa.gov/Education/DCYF-ECEAP-Sites/8ydb-ddzd>

The legislature has set a goal of establishing ECEAP as an entitlement by July 2026; that is, ECEAP will need to have the capacity to serve all three- and four-year-olds who are eligible for ECEAP. To meet this goal, ECEAP will need funding and support for dramatic increases in slots and related infrastructure. ECEAP funding increased the rates per slot by 11.6% over the biennium and expanded by 500 slots in fiscal year 2022 and 750 slots in fiscal year 2023. In the coming years, it is projected that the state must expand by more than 3,200 slots annually to meet the needs of a statutory entitlement.²³⁸

7.1.3 Early ECEAP or Birth-3 ECEAP

Based on the successful Early Head Start and ECEAP models, B-3 ECEAP (previously also known as “Early ECEAP” and “0-3 ECEAP”) provides comprehensive early learning and family support services for infants and toddlers (birth through age 3 years) and their families annually. In 2021, Early ECEAP offered 178 slots through ten providers in 19 sites (including Tribal sites) in a mix of urban, suburban, and rural locations.²³⁹ Like ECEAP, B-3 ECEAP incorporates [Mobility Mentoring®](#) to support family stability and independence. DCYF has designed performance standards that support the equity and development goals of the program. In 2019, DCYF worked with system partners to develop a first iteration; and from 2020 to 2023, DCYF worked with staff from the pilot sites to learn how standards were being implemented. DCYF used that feedback to inform development of updated performance standards (released in May 2023).²⁴⁰

7.1.4 Head Start, including Early Head Start

Washington is home to 50 grantees providing services to 20,000 children in Head Start, Early Head Start, Migrant Seasonal Head Start, and American Indian/Alaska Native Head Start, which is similar to what was reported in the 2020 Needs Assessment. This range of Head Start services is funded by the federal government.²⁴¹

7.1.5 Transition to Kindergarten

[Transition to Kindergarten](#) (TK) is a program for children who are not quite old enough for kindergarten (at least four years old by August 31) who otherwise have no access to high-quality early learning opportunities and who are assessed as needing additional preparation before entering formal schooling. For several years, Washington Schools had been offering such programs, and in the spring of 2023, the State Legislature passed [House Bill 1550](#) to codify

²³⁸ Rose, N., (2022). *Early learning funding and FSKA updates*. Washington State Department of Children, Youth, and Families. Accessed December 4, 2023 from <https://www.dcyf.wa.gov/sites/default/files/pdf/gov/docs/February12022ELACnotps.pdf>

²³⁹ Washington State Department of Children, Youth, and Families. (n.d.). *Early ECEAP*. https://www.dcyf.wa.gov/sites/default/files/pubs/IAA_0004H.pdf

²⁴⁰ Washington State Department of Children, Youth, and Families. (2023). *2023-24 0-3 ECEAP performance standards*. <https://www.dcyf.wa.gov/sites/default/files/pdf/2023-24-0-3-ECEAP-Performance-Standards.pdf>

²⁴¹ Washington State Department of Children, Youth, and Families. (2023). *Head Start Collaboration Office*. <https://www.dcyf.wa.gov/services/early-learning-providers/head-start#>

these programs into law. In response to the legislation, Washington Office of Superintendent of Public Instruction (OSPI) adopted [emergency rules](#) for the 2023-24 school year addressing issues such as staff qualifications, student eligibility, minimum instructional requirements, and assessments.²⁴²

[OSPI published data](#) showing that in the fall of 2022, “kindergarten students who had participated in TK outperformed their peers on the WaKIDS [Washington Kindergarten Inventory of Developing Skills] assessment in all six domains. Differences were especially pronounced for some student groups, confirming that participation in TK—even for a short time—provides students with the jump start they need for a successful kindergarten entry.”²⁴³

These findings resulted in a dramatic increase in TK. In the 2019-2020 school year, 795 children were enrolled in TK across 22 Washington school districts. By January 2023, there were over 3,000 students enrolled across 101 school districts.²⁴⁴ This new early learning service has provided much-needed new resources for many communities, but in some locations, there is ongoing work to ensure TK complements rather than competes with existing programs.

7.1.6 Early Support for Infants and Toddlers (ESIT) Program

[Early Support for Infants and Toddlers \(ESIT\)](#) provides early intervention services to children birth to age three years who have disabilities or significant developmental delays. The goal is to enable children to be active and successful in the early childhood years and in the future in a variety of settings, from home to child care to schools. The program offers information and developmental services that support the family’s role as the most important influence on their child’s learning and development. Services are based on an Individualized Family Service Plan (IFSP) and may include (but are not limited to) specialized instruction, speech therapy, occupational therapy, and physical therapy. On December 1, 2022, 11,693 infants and toddlers (age birth to three) were being actively served by the ESIT program. Over the course of calendar year 2022, a cumulative total of 22,690 infants and toddlers (age birth to three) were actively served by the ESIT program.²⁴⁵

7.1.7 Developmental preschool

In accordance with IDEA, Part B, which governs how schools provide services to children with disabilities ages 3-21 years, Washington state offers developmental preschool to children who

²⁴² Washington Office of Superintendent of Public Instruction. (2023). *Bulletin No. 049-23: Elementary, early learning, and federal program*. https://ospi.k12.wa.us/sites/default/files/2023-08/bulletin_049-23_0.pdf

²⁴³ Washington Office of Superintendent of Public Instruction. (n.d.). *Transitional kindergarten: A proven strategy for closing opportunity gaps*. <https://ospi.k12.wa.us/sites/default/files/2023-08/transitional-kindergarten-data-handout-web.pdf>

²⁴⁴ Washington Office of Superintendent of Public Instruction. (n.d.). *Transitional kindergarten: A proven strategy for closing opportunity gaps*. <https://ospi.k12.wa.us/sites/default/files/2023-08/transitional-kindergarten-data-handout-web.pdf>

²⁴⁵ Washington State Department of Children, Youth, and Families. (n.d.). *ESIT Federal CT1 Report: Percent of infants and toddlers with IFSPs (DMS, 1/1/2022-12/31/2022)*. (provided by Washington State Department of Children, Youth, and Families.)

have special needs. Through the program, certified special education teachers, speech therapists, and other professionals support children to learn skills that help prepare them for success in kindergarten and beyond.

During the 2021-22 school year, 9,565 preschool students with disabilities in Washington were served through an individualized education program (IEP). Of this total 2,459 were served in a regular early childhood program.^{246,247} This means that approximately 7,100 children who are eligible for developmental preschool do not have access to high-quality inclusive early childhood programming in Washington.

7.1.8 ECLIPSE

ECLIPSE (Early Childhood Intervention Prevention Services) serves children ages birth through five years who show the highest level of need, often stemming from 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. Of the overall population of children ages birth through 5, ECLIPSE is designed to serve the 1% to 3% with the greatest needs.

In recent years, ECLIPSE has both changed and expanded how it is delivered in response to research findings. The study, Service Use, Risk Factors, and Assessments Among ECLIPSE, ECEAP, and ESIT clients,²⁴⁸ identified a lack of overlap between the ECLIPSE and ECEAP populations. This resulted in the redesign of ECLIPSE from a standalone program to a program that provides an expanded level of intervention integrated with the practices offered through ECEAP programming. The work was funded by the PDG B-5 grant. The FSKA legislation mandated that ECLIPSE or ECLIPSE-like services be available to young children and families who interact with multiple systems (including child welfare) and funded expansion during 2022-2023 to 10 contractors to serve an estimated 503 children in 12 counties through ECLIPSE enhanced layered funding, which allows DCYF to pay contractors using multiple funding streams.²⁴⁹

7.1.9 Home visiting

Home visiting is a voluntary, family-centered service offered to expectant parents and families with infants and young children. Families are matched with trained professionals who visit

²⁴⁶ Washington State Department of Children, Youth, and Families and Washington Office of Superintendent of Public Instruction. (2022). *Advancing integrated and inclusive programs for preschool-aged children*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/IIPKReport-2022.pdf>

²⁴⁷ Washington Office of Superintendent of Public Instruction (n.d.). *Federal child count and least restrictive environment (LRE) data*. https://www.k12.wa.us/sites/default/files/public/specialed/data/pubdocs/LRE_CC_2021_22_State_Summary.xlsx

²⁴⁸ Patton, D., Liu, Q., & Felver, B. E. M. (n.d.). *Service use, risk factors, and assessment among ECLIPSE, ECEAP, and ESIT clients: Report to the Washington State Department of Children, Youth, and Families*. <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-114.pdf>

²⁴⁹ Washington State Department of Children, Youth, and Families. (n.d.). *Early Childhood Intervention Prevention Services (ECLIPSE)*. Accessed December 4, 2023 from <https://www.dcyf.wa.gov/services/early-learning-providers/eceap/eclipse>

them in their homes or community settings to provide information and support related to healthy pregnancies, children’s healthy development, parent-child relationships, the importance of early learning, and connections to information, services, and community supports.

In fiscal year 2021, approximately 2,585 Washington families were served through Washington’s Home Visiting Services Account (HVSA), up from 2,400 in 2019.²⁵⁰ The HVSA brings together state, federal and private dollars to support a portfolio of high-quality proven and promising programs. Additional funders support home visiting programs—King County’s [Best Starts for Kids](#) and the federal Head Start/Early Head Start Home Based Services are the two largest—to offer a total of 9,863 home visiting slots in Washington.²⁵¹

A private-public partnership of DCYF, DOH, and [Start Early Washington](#) plays a coordinating role for HVSA-funded programs. Start Early Washington hosts the [Home Visiting Implementation Hub](#), which supports communities and home visitors in offering high-quality services to families and children. The Hub offers technical assistance to community-based home visiting programs to support implementation fidelity to the various program models.

Home visiting services are most commonly delivered via one of several evidence-based models that outline program goals, priority populations, what services are delivered, how services are delivered, and who may deliver them. More than half of all home visiting services in Washington state are delivered through one of four models: Early Head Start, Nurse-Family Partnership, ParentChild+ (previously called the Parent-Child Home Program), and Parents as Teachers.²⁵²

Detailed data are available about HVSA-funded home visiting programs through the [HVSA Annual Report](#) and other resources made available by Start Early Washington, DOH, and DCYF.²⁵³ Using a portfolio approach to fund a range of programs and models in an effort to meet the needs of diverse populations, the HVSA funds the following home visiting models:²⁵⁴

Evidence-based programs

- Child-Parent Psychotherapy (a home-based, caregiver to child dyadic approach)
- Early Head Start – Home Based
- Nurse-Family Partnership
- Parents as Teachers

²⁵⁰ Washington State Department of Health, Washington State Department of Children, Youth, and Families, and Start Early Washington. (2021). *Home Visiting Services Account Annual Report, 2021*. <https://www.dcyf.wa.gov/sites/default/files/pdf/HVSAAnnualReport.pdf>

²⁵¹ Washington State Department of Children, Youth, and Families. (2019). *Home visiting scan*. Accessed December 4, 2023 from https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0045.pdf

²⁵² Washington State Department of Children, Youth, and Families. (2019). *Home visiting scan*. Accessed December 4, 2023 from https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0045.pdf

²⁵³ Washington State Department of Health, Washington State Department of Children, Youth, and Families, and Start Early Washington. (2021). *Home Visiting Services Account Annual Report, 2021*. <https://www.dcyf.wa.gov/sites/default/files/pdf/HVSAAnnualReport.pdf>

²⁵⁴ Washington State Department of Children, Youth, and Families. (2022). *Home visiting models in the HVSA*. Accessed December 4, 2023 from https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0073.pdf

- Family Spirit (a culturally tailored model developed with Tribal communities)

Research-based / promising practice models

- Early Steps to School Success
- Outreach Doula Program (which links trained doulas with families of the same community)
- ParentChild+
- Steps Toward Effective, Enjoyable Parenting

The 2,585 families served by HVSA programs in 2021 resided in 28 counties. 11% (306 families) included a teen parent. 58% of HVSA caregivers were White. Some racial groups (American Indians and Alaska Natives, Black/African Americans, and those reporting more than one race) were represented among HVSA caregivers in higher proportions than they are in the general population. For example, five percent of the population of 18–44-year-olds in Washington are Black/African American, while 11% of caregivers served by HVSA identified as Black/African American, and two percent of the populations of 18–44-year-olds are American Indian / Alaska Native, while 8% of caregivers served by HVSA identified as American Indian / Alaska Native.²⁵⁵

During the pandemic, home visits and new enrollment in home visiting initially dropped. But home visitors worked quickly to find alternative ways to connect with and support families. These included home visiting model content delivered through video or phone visits (with a few in-person visits in places such as parks and front yards), as well as “encounters.” Encounters were alternative forms of engagement during the [“Stay Home, Stay Healthy” order](#); they included phone calls, emails, texts, and dropping off program materials and concrete goods. Using federal and state rescue funds, home visiting programs were instrumental in distributing concrete goods such as emergency supplies, grocery gift cards, and diapers.

In state fiscal year 2021, the HVSA met an enrollment performance milestone: at least 90% of the funded slots were filled each quarter.²⁵⁶ Families and home visitors discovered some new opportunities and unexpected benefits associated with virtual home visiting, such as more flexibility for methods and timing of interactions and more opportunities for parents to take the lead guided by their coaches’ virtual observations and feedback.

Despite the ongoing COVID-19 pandemic:

- Home visiting programs completed 32,245 visits and 21,567 encounters with families in state fiscal year 2021 (July 2020–June 2021).
- Families remained longer in services, on average 21 months of service in state fiscal year 2021 compared to 17 months of service in state fiscal year 2019.
- Four in five families (79%) maintained daily literacy activities.

²⁵⁵ Washington State Department of Health, Washington State Department of Children, Youth, and Families, and Start Early Washington. (2021). *Home Visiting Services Account Annual Report, 2021*. <https://www.dcyf.wa.gov/sites/default/files/pdf/HVSAAnnualReport.pdf>

²⁵⁶ Washington State Department of Health, Washington State Department of Children, Youth, and Families, and Start Early Washington. (2021). *Home Visiting Services Account Annual Report, 2021*. <https://www.dcyf.wa.gov/sites/default/files/pdf/HVSAAnnualReport.pdf>

- Breastfeeding at six months of age increased five percentage points between state fiscal year 2010 and state fiscal year 2021, from 48% to 53%.²⁵⁷

7.1.10 Family, Friend, and Neighbor care

Family, Friend, and Neighbor Care (FFN) describes child care provided by relatives or other members of a family’s community outside of child care centers, licensed family homes, or other formal settings. FFN providers may be eligible to receive payments through the state WCCC child care subsidy program if they meet certain criteria, including passing a background check conducted by DCYF and meeting health and safety requirements as outlined in the Washington Administrative Code.

Nationwide, FFN is the most common form of child care for children birth through age four years. An estimated 41.3% of 0–4-year-olds receive FFN care, while an estimated 27.8% receive settings-based care.²⁵⁸

A precise estimate of the number of children receiving care from FFN in Washington state is not available. However, FFN is the preferred source of care for many families in Washington state. FFN care providers are eligible to receive training and support (See Section 7.3.2.2, “Availability of Family, Friend, and Neighbor Care,” and Chapter 9, “A Strong and Supported Early Childhood Workforce,” for additional information about compensation and other supports for FFN care providers.)

7.1.11 Play & Learn groups

Play & Learn groups offer children the opportunity to engage in culturally and developmentally appropriate play activities alongside their parents and caregivers. Through facilitator guidance and modeling, conversation, peer learning, and hands-on experiences, parents and caregivers learn what they can do at home to support children’s learning and healthy development. Play & Learn groups are held in neighborhood and community-based settings (e.g., libraries, churches, Community Service Offices, apartment buildings, and schools) and are typically run by community-based organizations.

Three Play & Learn models are prominent in Washington state: Kaleidoscope Play & Learn, 1-2-3 Grow & Learn, and Early Connections Play & Learn. The 2020 Needs Assessment reported that, between July 2018 and June 2019, these three models reached approximately 20,000 children, parents, and caregivers. Current comprehensive data on the number of children served by or needing Play & Learn programs are not available.

²⁵⁷ Washington State Department of Health, Washington State Department of Children, Youth, and Families, and Start Early Washington. (2021). *Home Visiting Services Account Annual Report, 2021*.

<https://www.dcyf.wa.gov/sites/default/files/pdf/HVSAAnnualReport.pdf>

²⁵⁸ Bruner, C., & Chase, R. (2012). *Family, friend and neighbor care: Achieving healthy child development by strengthening families*. Build Initiative. https://www.wilder.org/sites/default/files/imports/BuildInitiative-FFN%20Policy%20Brief_summer2012.pdf

To respond to the COVID-19 pandemic, many Play & Learn groups shifted to offering a combination of live and recorded virtual gatherings, social media connections, outdoor activities, and home activity kits. Play & Learn group facilitators' connections to these often-isolated families also provided conduits to provide families with concrete supports for basic needs.

BrightSpark (formerly known as Child Care Resources), the hub for the Kaleidoscope Play & Learn model, reported that there were 150 Kaleidoscope Play & Learn groups in Washington state facilitated by 48 different organizations in 2020.²⁵⁹

Early Connections Play & Learn is a program supported by PDG B-5 funds that focuses on serving caregivers who access services and benefits (such as Temporary Assistance for Needy Families [TANF]) through Washington Department of Social and Health Services (DSHS) Community Services Offices (CSOs). Early Connections Play & Learn is a program designed to meet families during a critical period. The DSHS facility offers a place where the following essential elements can be addressed:

1. Advance the goals to integrate early learning and child welfare to further strengthen families; focus on optimal child development and improving social emotional wellbeing
2. Support families and children accessing TANF services with a better understanding of early childhood development
3. Tailor approaches to reach underserved children and families by enhancing access to services to meet a variety of child and family needs, and
4. Create a partnership program within an environment to increase open communication, mitigate toxic stress, and model ways to deescalate challenging behaviors with children and adults during their visits to CSOs.

Early Connections Play & Learn serves CSO locations in Eastern and Central Washington. Launched in 2017, this program serves approximately 4,300 children through five CSOs. In March 2020, Early Connections Play & Learn shifted to bilingual virtual services offering interactive play through live Zoom video, as well as live interactive text messaging services, pre-recorded YouTube story times, and age-appropriate activity kits. In 2023, ECPL programs resumed in-person facilitated interactive drop-in sessions. The program has maintained the text messaging communication platform to ensure support for families who are unable to attend in person. Between July 1, 2023 and January 31, 2024, the program served 878 children and 855 caregivers.²⁶⁰

²⁵⁹ Child Care Resources. (n.d.). *2020 FFN report*. Accessed December 4, 2023 from

<https://www.brightspark.org/wp-content/uploads/2023/03/2020-BrightSpark-FFN-Report.pdf>

²⁶⁰ Washington Department of Children, Youth, and Families. (2022). *Early Connections Play and Learn (ECPL)*.

https://www.dcyf.wa.gov/sites/default/files/pubs/IAA_0004C.pdf

7.1.12 Informal community resources

During the community engagement activities conducted for the 2020 Needs Assessment, many parents and caregivers reported that engaging children in activities outside of school—for example, at parks, libraries, swimming pools, and churches—is an important way to support their development. Parents and caregivers report that community resources play a significant role in the development and education of Washington’s children. Many families consider these resources to be part of the broader early learning system.

7.1.13 Early Achievers

Early Achievers is Washington state’s Quality Rating and Improvement System (QRIS), which recently revised QRIS to be called the Quality Recognition and Improvement System. Quality standards encompass external evaluations of the learning environment, adult-to-child interactions, and more. These standards align with ECEAP and Head Start performance standards, streamlining quality metrics across Washington state. Child care centers, licensed family homes, and ECEAP and Head Start programs may progress from level one (“participating in Early Achievers”) to level five (“achieved a quality level of excellence”), demonstrated through an assessment of key components. The impact of Early Achievers on quality and availability in Washington state is described in more detail in Section 7.5.1.1, “Impact on quality.”

In 2021, DCYF collaborated with system partners to develop a Quality Improvement Plan for Racial Equity in Early Achievers. The DCYF Early Achievers team solicited feedback from providers, stakeholders, and families to develop the plan, which is described in Section 9.2.1, “Supports for a diverse early learning workforce.”²⁶¹

Tribal early care and education programs can participate in an alternate quality recognition process, The LOVIT Way Program Evaluation Process (PEP), which has been available since 2020. “LOVIT” stands for “Learning to Observe, Value, Inspire, and Transform.” The Indian Policy Early Learning (IPEL) committee supported a pilot of The LOVIT Way PEP and recommended it as an alternate assessment. It was adopted as an option for Tribal programs in 2023.

7.1.14 Washington Kindergarten Inventory of Developing Skills

WaKIDS is a transition process managed by OSPI to help ensure children have a successful start to the K–12 experience. WaKIDS is required for all schools offering full-day kindergarten or transitional kindergarten. In fiscal year 2021, all of Washington’s 294 school districts were implementing the process.²⁶²

²⁶¹ Personal Communication, Cinthia Gutierrez, Regional Program Coordinator, Catholic Charities, February 22, 2024.

²⁶² Washington Office of Superintendent of Public Instruction. (n.d.). *Washington Kindergarten Inventory of Developing Skills (WaKIDS)*. Accessed December 4, 2023 from https://ospi.k12.wa.us/sites/default/files/2022-12/SC2_WaKIDS_2021.pdf

7.1.15 Washington Early Learning Guidelines

The [Washington Early Learning Guidelines](#), developed collaboratively by DCYF, OSPI and community stakeholders in 2012, describe the behaviors and skills and developmental stages that children typically demonstrate from birth through grade 3. It is a resource for helping parents, early learning professionals, K–12 teachers, and others who work with children to better understand and support children’s healthy development. The guidelines promote a whole-child philosophy in describing childhood development stages. There have been no recent changes to the guidelines.

7.2 Community experience of the early learning system

For the 2020 Needs Assessment, parents, caregivers, providers, and others in the early learning community were asked about their experiences with the programs, services, and supports available within Washington state’s early learning system. Many of the themes that emerged are still relevant:

- Many people described the strong commitment to children and families among early childhood providers and organizations.
- Programs like ECEAP, Head Start, ECLIPSE, and ESIT were described as making powerful contributions to families and the broader community.
- Some outreach participants reported frustration with the system because of long wait lists, high costs, and trouble navigating the system.
- Children who have special needs are not served well by the system with too few appropriate services and too few appropriate providers.
- American Indian parents suggested that American Indian children need specialized support.
- Many families from communities of color, Tribal communities, and immigrant and refugee communities cited a strong desire for services that are not only language- and culture-appropriate, but also based on respect and value for the unique culture of the communities served.
- Some parents, caregivers and providers expressed concern about the use of WaKIDS as an assessment tool for kindergarten readiness, especially as it relates to Tribal communities and communities of color. They felt that it does not adequately account for differences in cultural experience and norms.
- And across all programs, supports, and services, many parents, caregivers, and providers reported the need for greater cultural awareness and responsiveness.

7.3 Access, availability, and affordability of high-quality early learning experiences

The DCYF Office of Innovation, Alignment, and Accountability (OIAA) developed a comprehensive data model to address the complexities of counting children served by different

programs with differing data requirements, estimating the number of children in private care, and accounting for children served by more than one program. The model is displayed in

Figure 7-1 and technical notes can be found at the end of this chapter.

There are an estimated 530,000 children aged 0-5 in Washington state, of whom approximately 121,000 (almost 23%) are in some form of licensed care. However, measuring how this meets the true depth of need is more challenging. In Washington state, as of December 2022, 62% of children ages five or younger live in households where all available parents are in the labor force. By this measure, at least 327,864 children ages five or younger need child care in some form. Of those, approximately 26% (85,553) are served in licensed child care settings and subsidized FFN care. This leaves approximately 242,000 children who need, but may not have access to, child care services. An unknown proportion of the unmet need is filled by unsubsidized FFN care and other informal supports. It is not known what portion of the use of informal care may be due to lack of access and affordability, and what portion may be due to family preference.²⁶³

²⁶³ All statistics in this paragraph are from Washington State Department of Children, Youth, and Families. (2023). *DCYF Early Learning Data Store 2.0 (ELDS 2.0); December 15, 2022 point in time, April 2023 release.* (provided by Washington State Department of Children, Youth, and Families.)

Figure 7-1. Current utilization of early learning programs and services among children and families in Washington state

Program or service <i>General eligibility requirements</i>	Eligible population	Program/ service access on December 15, 2022	Percent of eligible population served on December 15, 2022
Any early learning service (Licensed care & ECEAP and Head Start programs) <i>Child 0-5 years old</i>	530,729	121,546	22.9%
Early Childhood Education and Assistance Program (ECEAP) <i>Child 3-4 years old; family ≤ 36% of SMI</i>	50,408	12,452	24.7%
Early ECEAP (EECEAP) <i>Child 0-3 years old; family ≤ 50% SMI</i>	97,145	153	0.2%
Head Start (HS) <i>Child 3-4 years old; family ≤130% FPL</i>	37,790	7,687	20.3%
Early Head Start (EHS) <i>Child 0-2 years old; family ≤130% FPL</i>	48,744	1,020	2.1%
Working Connections Child Care Subsidy for Licensed Care (WCCC)^a <i>Child 0-5 years old; family ≤ 60% of SMI; parent(s) working</i>	128,856	34,646	26.9%
WCCC Subsidy for Family, Friend, and Neighbor Care (FFN)^b		3,202	2.5%

Source: Washington State Department of Children, Youth, and Families. (2023). *DCYF Early Learning Data Store 2.0 (ELDS 2.0); December 15, 2022 point in time, April 2023 release.* (provided by Washington State Department of Children, Youth, and Families.)

Note: Eligible population and program/service access data were retrieved at a particular point in time. There may be some differences in numbers reported in this figure and elsewhere in this needs assessment due to differences in when the data were drawn. The counts for eligible children do not account for specific programs' additional expanded criteria (e.g., ECEAP is open for tribal families at 100% SMI).

^a WCCC does not provide direct care, but acts as a subsidy payment for care in other early learning programs. For example, a child may receive WCCC subsidy to support enrollment in a licensed family home or center. In addition to income requirements, WCCC is only available to [families who engage in approved education or employment activities](#).

^b This chart shows access to FFN care through WCCC subsidies. There is a much larger, unknown number of additional children who are in the care of family, friends, and neighbors; this table only counts children when the FFN caregiver is being paid by the state through a WCCC subsidy.

The number of children and families eligible for and accessing early learning programs that are provided by the state or in which the state has significant involvement is known. However, it is not currently possible to obtain an unduplicated number of children in need of services but not receiving them. Others may not be served because of the requirements and restrictions.

Further, beyond the simple number of slots, there is a need for more services with greater cultural awareness, sensitivity, and responsiveness across all types of early learning services.

7.3.1 High-quality, accessible, and affordable settings-based early learning experiences

Despite Washington’s range of preschool opportunities for families, high demand for high-quality preschool persists (see

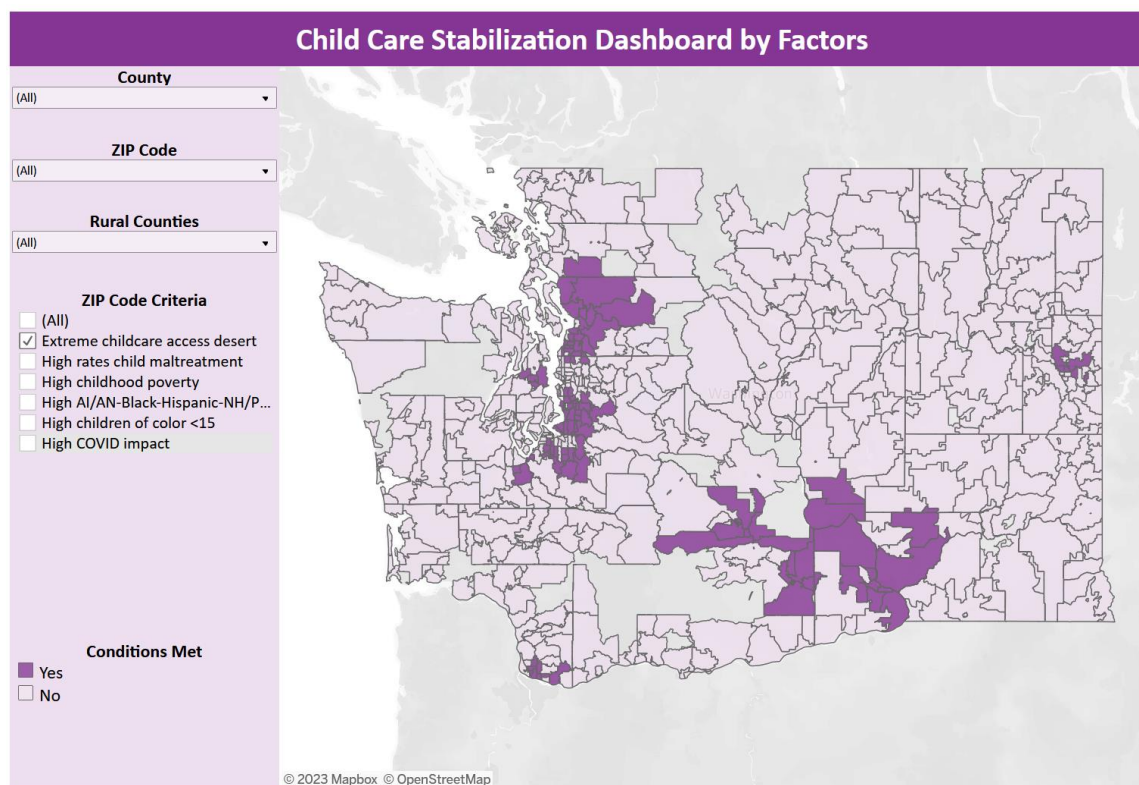
Figure 7-1 above and program-specific assessments below). And beyond existing services, families are seeking more access and more options, including more services, more hours, more affordability, and more settings (e.g., outdoor). Washington continues to aim for an integrated approach serving 3- and 4-year-olds that is accessible, affordable, sustainable, and built on a foundation of quality and research-based programs.

7.3.1.1 Availability of and access to licensed child care

Of the 288,000 children in Washington state in households where all available parents are working, 211,500 currently are not receiving care through a licensed provider.²⁶⁴ Some of that need is met by FFN care.

The gap between availability and need is not spread equally across the state. In some communities and regions in Washington state, access to licensed child care is limited and the need is very deep. These are called “extreme child care access deserts” (see Figure 7-2). Dark shading indicates an extreme child care access desert.

Figure 7-2. Extreme child care access deserts by ZIP code in Washington state, 2023



Note: This map includes all ZIP codes in Washington state identified as “extreme access deserts, making use of methodology developed in Massachusetts to identify extreme access deserts for child care.” For the purposes of this dashboard, DCYF counts “any ZIP code as an extreme access desert if it is identified as an extreme access

²⁶⁴ Washington State Department of Children, Youth, and Families. (2023). *DCYF Early Learning Data Store 2.0 (ELDS 2.0); December 15, 2022 point in time, April 2023 release.* (provided by Washington State Department of Children, Youth, and Families.)

desert for any population subset: infants/toddlers and preschoolers, from low-income households or non-low-income households.”

Source: Washington State Department of Children, Youth, and Families, OIAA,

<https://www.dcyf.wa.gov/practice/oiaa/reports/early-learning-dashboards/child-care-stabilization>

Unfortunately, the areas of extreme child-care desert have grown since the 2020 Needs Assessment, reflecting the greater need for child-care across the state. In addition to the extreme access deserts shown above, some populations continue to face specific barriers to accessing licensed, subsidized child care, such as families in rural and remote regions. The [2021-22 ECEAP & Head Start Saturation Study](#) found that 88 smaller school districts provide no ECEAP or Head Start.²⁶⁵ Families of children with special needs or those needing care during non-traditional hours face additional challenges.

7.3.1.2 Availability of key early learning programs

During outreach for the 2020 Needs Assessment, many families expressed a need to expand ECEAP, Head Start, and ECLIPSE. Families reported difficulties accessing these programs because of long wait lists, particularly for ECEAP and Head Start. As of Spring 2022, there were 118,046 children in Washington state who were eligible to participate in ECEAP, but only 12,215 children (10% of eligible children) were being served. A total of 30,866 children were eligible to participate in Head Start, but only 7,712 children (about 25% of eligible children) were being served.²⁶⁶

In its first 35 years, ECEAP gradually expanded from serving 1,000 children per year in the 1985–1986 school year to 15,571 in the 2021–2022 school year.²⁶⁷ Between 2012–2013 and 2022–2023, ECEAP added 7,396 slots in communities around the state, including within the boundaries of 32 additional school districts.²⁶⁸

The passage of FSKA changed eligibility requirements so that the state median income (SMI), a more relevant measure than the federal poverty level, can be used for eligibility. As explained in the [2021-22 ECEAP & Head Start Saturation Study](#), “At entitlement, currently scheduled for FY27, income eligibility will have changed from 110% of the federal poverty level (FPL) to 36%

²⁶⁵ Washington State Department of Children, Youth, and Families. (2022). *2021-22 ECEAP & Head Start Saturation Study*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ECEAP-HeadStartSaturationStudy2022.pdf>

²⁶⁶ Washington State Department of Children, Youth, and Families. (2023). *DCYF Early Learning Data Store 2.0 (ELDS 2.0); December 15, 2022 point in time, April 2023 release*. (provided by Washington State Department of Children, Youth, and Families.)

²⁶⁷ Washington State Department of Children, Youth, & Families. (n.d.). *ELMS Database, Early Care and Education Assistance Program (ECEAP)*. Accessed February 1, 2023 from <https://data.wa.gov/Education/DCYF-ECEAP-Sites/8ydb-ddzd>

²⁶⁸ Washington State Department of Children, Youth, & Families. (n.d.). *ELMS Database, Early Care and Education Assistance Program (ECEAP)*. Accessed February 1, 2023 from <https://data.wa.gov/Education/DCYF-ECEAP-Sites/8ydb-ddzd>

of the SMI and to 50% SMI in FY31. In order to grow sustainably toward entitlement, ECEAP updated enrollment eligibility to match entitlement eligibility starting in FY22.”²⁶⁹

7.3.1.3 Affordability of child care for working parents

Both quantitative data and qualitative input confirm that the high cost of child care makes it difficult for many families to access services. During community outreach for the 2020 Needs Assessment, the cost of child care was the most cited barrier. Working families who don’t qualify for subsidies but don’t have the means to pay out of pocket face a significant burden.

Child Care Aware of America found that the national annual average price of child care in 2022 was \$10,853 (roughly 10% of the national median income for married couples with children and 33% of the national median household income for a single parent with children).²⁷⁰ In Washington state, the annual cost of high-quality full-time care for a single infant in a licensed child care center is \$16,380 per year, which is 13% of the median income for a married couple and 44% of the median income for a single parent family. Both figures are much higher than the 7% of family income recommended by the U.S. Department of Health and Human Services.²⁷¹

While Washington has become comparatively more affordable as compared to 2017, the state continues to be ranked among the least affordable state for child care in the nation (all rankings are from 2022):²⁷²

- Ranked 12th least affordable for center-based infant care. (vs 6th in 2017)
- Ranked 6th least affordable for family child care of an infant. (vs 4th in 2017)
- Ranked 17th least affordable for center-based toddler care. (vs 10th in 2017)
- Ranked 6th least affordable for family child care of a toddler. (vs 5th in 2017)
- Ranked 13th least affordable for center-based care of a 4-year-old. (vs 10th in 2017)
- Ranked 8th least affordable for family child care for a 4-year-old. (vs 7th in 2017)

Child care costs are highest for infants and decrease as the child ages, though costs remain unaffordable for many families (see Figure 7-3).

Figure 7-3. Monthly cost of child care in Washington state in 2022, by provider type and age of child

Age group	Child care centers		Family child care homes	
	Median	75th Percentile	Median	75th Percentile
Infants	\$1,592	\$1,949	\$1,192	\$1,500

²⁶⁹ Washington State Department of Children, Youth, and Families. (2022). *2021-22 ECEAP & Head Start Saturation Study*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ECEAP-HeadStartSaturationStudy2022.pdf>

²⁷⁰ Child Care Aware. (n.d.). *Catalyzing growth: Using data to change child care*. Accessed December 4, 2023 from <https://www.childcareaware.org/catalyzing-growth-using-data-to-change-child-care-2022/>

²⁷¹ Child Care Aware. (2022). *Child care affordability in Washington*. Accessed December 4, 2023 from <https://info.childcareaware.org/hubfs/2022%20Price%20of%20Care%20State%20Fact%20Sheets/Washington%202022%20-Price%20Fact%20Sheet.pdf>

²⁷² Child Care Aware. (2022). *Price of care: 2022 child care affordability analysis*. https://info.childcareaware.org/hubfs/2022_CC_Afford_Analysis.pdf

Age group	Child care centers		Family child care homes	
	Median	75th Percentile	Median	75th Percentile
Toddlers	\$1,365	\$1,724	\$1,083	\$1,400
Preschoolers	\$1,213	\$1,516	\$975	\$1,280

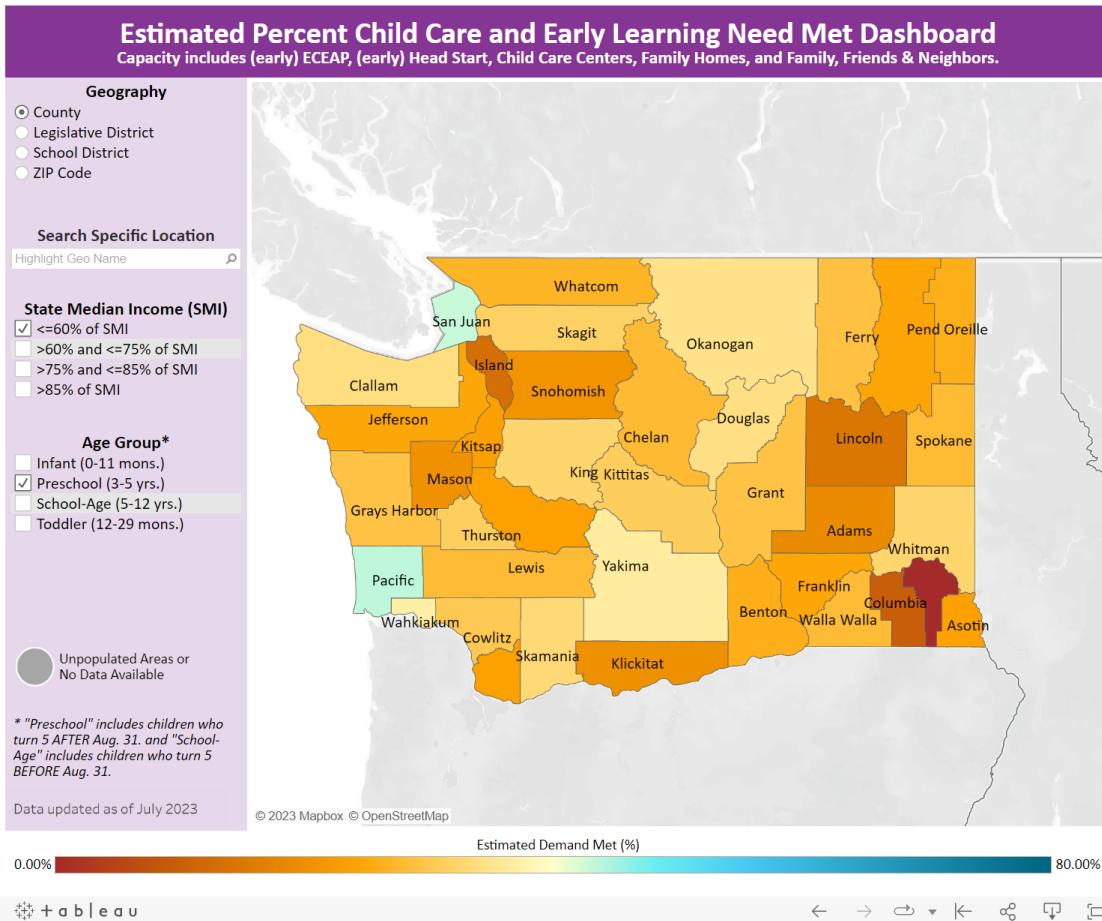
Source: Washington State Department of Commerce. (2020). *Washington state child care industry assessment*. <https://www.commerce.wa.gov/wp-content/uploads/2020/08/Child-Care-Collaborative-Task-Force-Industry-Assessment-Report.pdf>

The cost of full-time child care for an infant and a child in preschool can equal up to 35% of a two-parent family’s income and up to 150% of a single-parent’s income, well beyond the federal standard for affordability of 7% of income.²⁷³ The high cost of child care is also distributed disproportionately across regions within Washington state. While the specifics vary by age of child and the family’s income level, the below map shows geographical differences in needs met for preschool children of families earning under 60% of SMI (see Figure 7-4).²⁷⁴

²⁷³ Office of Child Care (OCC), Administration for Children and Families (ACF), Department of Health and Human Services (HHS). (2016). *Child Care and Development Fund (CCDF) Program, Final Rule*. Accessed December 20, 2023 from <https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>

²⁷⁴ Washington State Department of Children, Youth, and Families. (n.d.). *Child care and early learning need and supply data*. Accessed December 4, 2023 from <https://www.dcyf.wa.gov/practice/oiaa/reports/early-learning-dashboards/child-care-need-supply-data>.

Figure 7-4. Estimated percent of child care and early learning need met by county, 2023



Source: Washington State Department of Children, Youth, and Families, Office of Innovation, Alignment and Accountability, <https://www.dcyf.wa.gov/practice/oiaa/reports/early-learning-dashboards/child-care-need-supply-data>

Starting in October of 2023, Washington state changed how it administers WCCC, including increasing the maximum household income from 200% of the FPL to 60% of the SMI and reducing the “benefits cliff” faced by families as they earned more money by creating a sliding scale of increasing co-pay requirements based on household income and family size.²⁷⁵

7.3.1.4 Size of the child care workforce relative to need

A shortage of child care and a lack of qualified early care and education (ECE) professionals was a concern before the pandemic. The supply of qualified ECE professionals decreased further

²⁷⁵ Washington State Department of Children, Youth, and Families. (n.d.). *Working Connections Child Care*. Accessed December 4, 2023 from <https://www.dcyf.wa.gov/services/earlylearning-childcare/getting-help/wccc>

during the pandemic, but returned to pre-pandemic levels toward the end of 2022.²⁷⁶ Since 2020, the state has taken steps to stabilize the ECE workforce.

Additional details can be found in Chapter 9, “A Strong and Supported Early Childhood Workforce.”

7.3.1.5 Availability of early learning facilities

Child care and other early learning programs and services in Washingtonstate are housed in a variety of spaces, including dedicated facilities owned by providers, spaces leased from school districts, and spaces donated by community organizations. The demand for such spaces continues to far outstrip supply. The need is further exacerbated by requirements of longer hours for ECEAP and additional pressures on spaces in schools due to the expansion of Transitions to Kindergarten and class size reductions in kindergarten through 3rd grade.

In 2022, DCYF worked with researchers at Western Washington University to estimate the number of new early learning facilities needed to serve all eligible children. Given an estimate of 47,765 new early learning slots in ECEAP and WCCC, researchers estimated that approximately 1,883 new early learning facilities are needed.²⁷⁷

Early Learning Facilities Grant

In 2017, the Washington State Legislature ([RCW 43.31.565](#)) created the [Early Learning Facilities \(ELF\) Grant Program](#) to increase the availability of early learning opportunities for the state’s lowest-income children. Collaboratively managed by the Department of Commerce and DCYF, the program provides state financial assistance to ECEAP contractors and child care providers who accept WCCC subsidy to expand, remodel, purchase, or construct early learning facilities and classrooms necessary to support state-funded early learning opportunities. According to a [2022 progress report](#) from the Department of Commerce, “[s]ince its inception, the ELF Program has funded 172 projects, creating or retaining 9,475 early learning slots, of which 6,876 are either Early Childhood Education and Assistance Program (ECEAP) or Working Connections Child Care (WCCC) slots.”²⁷⁸

The biggest challenge remains the inability to meet demand. For the 2023-2025 biennium, the Department of Commerce received 212 requests totaling over \$196 million for Eligible Organization Expansion Grants. However, the \$42 million in available funding only meets about 21% of the demand.²⁷⁹

²⁷⁶ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 Evaluation Report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

²⁷⁷ Washington State Department of Commerce. (2022). *Early Learning Facilities 2022 progress report*. <https://deptofcommerce.app.box.com/s/uog33lafvkcnnanqnf0u3c7prqsq2nnk>

²⁷⁸ Washington State Department of Commerce. (2022). *Early Learning Facilities 2022 progress report*. <https://deptofcommerce.app.box.com/s/uog33lafvkcnnanqnf0u3c7prqsq2nnk>

²⁷⁹ Personal Communication, Megan LaPalm, Early Learning and Behavioral Health Facilities, Washington State Department of Commerce, November 9, 2023.

Washington Early Learning Loan (WELL) Fund

Launched in January of 2020, the [Washington Early Learning Loan Fund](#) (WELL) is a public and private funding partnership between the Washington State Department of Commerce, King County, the Ballmer Group, the Bill and Melinda Gates Foundation, the Seattle Foundation and other private capital to be administered by Enterprise, Craft3, and Washington Community Reinvestment Association. The program provides capital for low-cost flexible lending, grants, and technical assistance to early learning providers across the state. Initial program goals include:²⁸⁰

- Advancing racial equity: Provide funding for BIPOC-led organizations and funding organizations serving low-income communities. In 2022, WELL Fund partner Craft3 created a Sharia-compliant loan product creating a funding stream for Muslim-faith providers to apply for financing.
- Providing meaningful technical assistance: Help early learning providers navigate the challenges of development with technical assistance on real estate, finance, and mixed-use development.
- Investing flexible, leveraged funding: Use the mix of private and public funds to provide below-market rates, extensions, connections to other partners, and other flexible and responsive funding and assistance.

Co-location with affordable housing

Washington state continues to try to increase the availability of subsidized early learning facilities by encouraging co-location of early learning centers within mixed-use affordable housing developments. The Washington State Department of Commerce provides incentives and rewards these partnerships by providing extra points in their scoring process.²⁸¹

District facilities inventory

Through the Information and Condition of Schools database maintained by OSPI, Washington can identify buildings that are no longer used as K–12 instructional space that can be made available to eligible organizations as early learning facilities.

²⁸⁰ Washington Early Learning Loan (WELL) Fund. (n.d.). *WELL Fund annual report: Outcomes and impact, January 2021 – June 2022*. Accessed December 4, 2023 from <https://deptofcommerce.box.com/shared/static/stjt8pwstgxp2okut8auby4tbcmm0f7d.pdf>

²⁸¹ Personal Communication, Kristin Ramos, Early Learning Facilities Supervisor, Washington State Department of Commerce, November 9, 2023.

7.3.2 High-quality, responsive, and available home-based and/or informal services

7.3.2.1 Availability of home visiting

As noted above, a [2019 home visiting scan](#) counted a total of 9,863 total home visiting slots in Washington.²⁸² This is an increase from the 7,323 slots in 2018 reported in the 2020 Early Learning Needs Assessment.²⁸³ The increase between 2018 and 2019 includes expansion of HVSA slots and increases in Best Starts for Kids King County funding for home visiting services, as well as the transition of Safe Babies, Safe Moms model sites to Parent-Child Assistance Program (PCAP) sites.²⁸⁴

Washington conducted a [2020 Home Visiting Needs Assessment](#) to “identify communities with concentrations of defined risk factors, assess the quality and capacity of existing home visiting services in the state, assess the state’s capacity for providing substance abuse treatment and counseling services to pregnant women and families with young children, and to coordinate and, as appropriate, build on other needs assessments occurring during the same time period, January 2019 – October 2020.” That analysis concluded that there is “considerable unmet need for home visiting among Washington families, with an estimated 79% of eligible families across 31 of the 39 counties unserved. Variability of services by county ranges from 0-54% of estimated need met, with four rural, sparsely populated counties offering no home visiting services, while counties along the I-5 corridor from the Canada border to Portland, Oregon serving 6,044 families or meeting approximately 24% of the need. Home visiting programs in the five most populous counties (King, Pierce, Snohomish, Spokane, and Yakima) cover 62% of the estimated eligible families, yet serve very different clients.”²⁸⁵ Recognizing that county-based analyses can mask unmet needs in parts of counties with large populations, the 2020 Home Visiting Needs Assessment also looked at risk in geographic areas smaller than county level: school locales. The needs assessment laid out next steps in a collaborative process to use findings to guide decisions about maintaining and expanding home visiting services.

Since 2019, the HVSA has added more than 700 slots through a series of HVSA expansion funding opportunities, including two expansion opportunities for federally recognized Tribes and Tribal organizations.²⁸⁶ See Figure 7-5 below for details. In response to family and other stakeholder input about the importance of providing services that are culturally responsive and otherwise a good match for the communities being served, the HVSA prioritized a portfolio

²⁸² Washington State Department of Children, Youth, and Families. (2019). *Home visiting scan*. https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0045.pdf

²⁸³ Washington State Department of Children, Youth, and Families. (2019). *Opportunities and considerations for expanding home visiting services in Washington State*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/HVReport2019.pdf>

²⁸⁴ Washington State Department of Children, Youth, and Families. (2019). *Home visiting scan*. https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0045.pdf

²⁸⁵ Washington State Department of Children, Youth, and Families. (2020). *Washington State home visiting needs assessment*. <https://www.dcyf.wa.gov/sites/default/files/pdf/WA2020MIECHV-NeedsAssessment.pdf>

²⁸⁶ Washington State Department of Children, Youth, and Families. (2022). *Home visiting programs expanded*. Accessed November 30, 2023 from <https://www.dcyf.wa.gov/news/home-visiting-programs-expanded-0>

approach to fund a range of models and programs. In recent expansion efforts, 25% of funds were awarded to promising practice models.²⁸⁷

Figure 7-5. Home Visiting Services Account expansions 2019-2023

Timeframe	Funding	Number of families/slots
Fall 2019	\$1,050,000	146
Summer 2020	\$587,500	85
Summer 2020 Tribal Home Visiting Expansion	\$150,000	12
Fall 2021	\$1,311,000	185
Spring 2022	\$2,108,000	240
Spring 2022 Tribal Home Visiting Expansion	\$460,000	46
TOTAL	\$5,666,500	714

Source: Personal Communication, Rene Toolson, Home Visiting Practice and Implementation Manager, DCYF, December 14, 2023.

7.3.2.2 Availability of Family, Friend, and Neighbor Care

As noted above, many families rely on FFN care. Only a small proportion of families using FFN access the Washington Child Care Connections subsidy payments for FFN providers.

In fiscal year 2022, 5,901 children and 2,624 parents and caregivers were served by FFN subsidized care. As of December 31, 2022, the total number of FFN participants in the six regions of the state was 10,358 (consisting of FFN caregivers, parents, and children). This is significantly lower than during fiscal year 2018, when 16,474 children and 7,688 parents were served by FFN subsidized care.^{288,289} (Note: Analyses reported in the 2020 Needs Assessment used a different methodology to calculate use of FFN subsidy that could not be replicated. The data reported here are derived from a new methodology to enable a comparison between fiscal year 2018 and fiscal year 2022.)

7.3.2.3 Availability of Play & Learn groups and community resources

Both Kaleidoscope Play & Learn and Early Connections Play & Learn serve families who speak a variety of languages. Nearly half of participants (46%) in Kaleidoscope Play & Learn speak a

²⁸⁷ Washington State Department of Children, Youth, and Families. (2020). *Washington State home visiting needs assessment*. <https://www.dcyf.wa.gov/sites/default/files/pdf/WA2020MIECHV-NeedsAssessment.pdf>

²⁸⁸ Washington State Department of Children, Youth, and Families. (2023). *DCYF Early Learning Data Store 2.0 (ELDS 2.0); December 15, 2022 point in time, April 2023 release*. (provided by Washington State Department of Children, Youth, and Families.)

²⁸⁹ Child Care Aware of Washington. (n.d.). *FFN semiannual report FY23*. (provided by Washington State Department of Children, Youth, and Families.)

language other than English at home.²⁹⁰ Early Connections Groups are facilitated by highly skilled, bilingual, and responsive early learning specialists who are qualified to provide early education, administer developmental screenings, and coordinate wraparound services for families.²⁹¹

See Section 7.1.11, “Play & Learn groups,” above for additional information about the number of families accessing Play & Learn groups.

7.3.3 Partnerships with Tribal communities

Establishing productive relationships with Tribal Nations to support high-quality early learning in Tribal communities within the context of government-to-government relationships is a priority for DCYF. In fiscal year 2018, 1,343 children younger than five years whose parents identified them as American Indian/Alaska Native participated in ECEAP and subsidized child care programs (about 2.7% of all children enrolled in ECEAP).²⁹² In 2023, 4.9% of total children enrolled in ECEAP were identified by their parents as American Indian/Alaska Native.²⁹³

In May 2023, 60 Tribal child care program sites were located across the state with a total licensed capacity of 2,423. These sites include private child care centers and family child care homes operating as private businesses under Tribal licensing authority (certified for subsidy payment), as well as Tribally sponsored child care centers and Head Start programs. As of May 2023, of the 60 Tribal care program sites, 26 were enrolled in Early Achievers. Of these 26 sites, seven were rated at quality level 3.0, seven were rated at 4.0, and the remaining sites were unrated.²⁹⁴

DCYF’s Director of Tribal Relations and Early Achievers staff provide individualized consultation to support Tribal providers, based on the needs of providers and relevant Tribal government context. In 2021, DCYF published the [Tribal ECEAP Pathway Recommendations Report to the Legislature](#).

Other DCYF activities to enhance access, availability, and affordability of high-quality care in Tribal communities include:

- STARS training for Tribal child care providers
- Tribal child care licensing certification process

²⁹⁰ Child Care Resources. (n.d.). *2020 FFN report*. Accessed December 4, 2023 from

<https://www.brightspark.org/wp-content/uploads/2023/03/2020-BrightSpark-FFN-Report.pdf>

²⁹¹ Washington Department of Children, Youth, and Families. (2022). *Early Connections Play and Learn (ECPL)*.

Accessed December 4, 2023 from https://www.dcyf.wa.gov/sites/default/files/pubs/IAA_0004C.pdf

²⁹² Washington State Department of Children, Youth, and Families. (n.d.). *The Early Start Act 2018 annual report*.

https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf

²⁹³ Washington State Department of Children, Youth, & Families. (n.d.). *ELMS Database, Early Care and Education Assistance Program (ECEAP)*. Accessed February 1, 2023 from <https://data.wa.gov/Education/DCYF-ECEAP-Sites/8ydb-ddzd>.

²⁹⁴ Washington State Department of Children Youth and Families. (n.d.). *DCYF MERIT Workforce Registry. WaCompass Provider Portal*. Accessed May 1, 2023. (provided by Washington State Department of Children, Youth, and Families.)

- University of Washington Cultivate Learning Tribal Liaison (supporting Tribal programs once they enter the Early Achievers rating queue)
- Early Achievers Government and Tribal Partnerships Liaison (exploring alternate quality assessment tools that meet the culturally specific needs of Tribal children)
- Tribal Early Care and Education Conferences for early learning professionals who work with Tribal children and families
- Annual Washington State Tribal Early Learning Language Summit
- Support for implementation of the [Since Time Immemorial Early Learning Curriculum](#)
- Support for Tribal Early Head Start Child Care Partnership grantees
- Support to Tribal ECEAP contractors from the ECEAP Tribal Specialist
- Tribal home visiting

7.3.4 Inclusive and responsive early learning settings and services for infants, toddlers, and children with special needs

7.3.4.1 Availability of services for infants and toddlers and their families

Early learning opportunities in Washington state are more limited for infants and toddlers in general than for any other age group, and the unmet need is particularly acute for those with special needs. Although some Washington parents have access to home visiting from prenatal through age three years, early intervention services through ESIT, Early ECEAP, and federally funded Early Head Start programs, the state still has a substantial shortage of services. DCYF maintains a [dashboard](#) that shows the estimated percent of early care and education needs met by geographical location, state median income, and age group. Because infants and toddlers are underrepresented in formal care settings, the state’s understanding of unmet need is limited.

7.3.4.2 Availability of services for children with developmental disabilities or delays and children exposed to complex trauma

Washington’s early learning system strives to provide positive experiences for children with specialized needs in the environment in which those needs can best be met, whether that is in a formal setting, the child’s home, or elsewhere.

- ESIT (Part C) offers early intervention for children up to age three years who have developmental delays or disabilities.
- Developmental preschool (Part B) supports children between three and five years with developmental delays or disabilities.
- Home visiting can support families whose children, ages birth to five, have specialized needs and connect them to information and services.
- ECEAP provides specialized support for children and families experiencing high levels of stress and risk.
- ECLIPSE is designed to reach children birth to five years of age who have experienced complex trauma and need intensive services in a therapeutic early learning environment

with tailored wraparound supports for the family, including mental health supports if needed.

- The [Neurodevelopmental Centers of Washington](#), a group of 19 community nonprofit and hospital-based agencies (many of which are ESIT providers), provide “therapy and related services to young children with neuromuscular or developmental disorders.”²⁹⁵
- Families may also choose to access individual therapies at home or in another setting through their private insurance.

Despite state investments in expanding specialized services, children with disabilities or developmental delays face an insufficient supply of resources, with long wait lists and challenges around availability, affordability, insurance coverage and other barriers to accessing services.

Only 9% of Washington families who responded to the [2018–2019 National Core Indicators Child Family Survey](#) (of families with children served by the state Developmental Disabilities agency) said they had received early intervention services or support, compared with 12% nationally.²⁹⁶ Families in rural communities have particularly limited access to both screening and therapies.

The need to expand ECLIPSE

ECLIPSE services are offered as an expanded level of intervention and treatment for children ages birth through five years who are enrolled in B-5 ECEAP programming and have experienced complex trauma. As a result, they may display developmental delays and/or behavior concerns. A 2018 report from the Department of Social and Health Services Research and Data Analysis Division estimates that thousands of children statewide live in families that fit the risk profile for ECLIPSE and that expansion of the program to reach those in greatest need would require an additional 2,847 to 10,032 children to be served each year.²⁹⁷

In 2022, ECEAP’s request for application (RFA) process included the opportunity for ECEAP contractors to apply for dollars to provide ECLIPSE layered services. Many ECEAP contractors applied for the ECLIPSE RFA award, and six ECEAP contractors were awarded funds. ECLIPSE services are now offered in each of the six DCYF Regions. In December 2021, ECLIPSE had two contractors serving 172 children in Yakima and King counties. As of July 2023, ten ECEAP

²⁹⁵ Washington State Department of Health. (n.d.). *Neurodevelopmental Centers of Excellence of Washington*. Accessed January 6, 2024 from <https://doh.wa.gov/you-and-your-family/infants-and-children/health-and-safety/children-and-youth-special-health-care-needs/partners-and-collaborative-activities/neurodevelopmental-centers-excellence-washington>

²⁹⁶ National Core Indicators. (n.d.). *2018–2019 Child Family Survey (CFS) state report: Washington State report*. https://www.nationalcoreindicators.org/upload/core-indicators/WA_CFS_2018.pdf (There is no updated report for Washington in the National Core Indicators Survey of 2021-2021. See <https://idd.nationalcoreindicators.org/survey-reports-insights/>)

²⁹⁷ Washington State Department of Social and Health Services. (2018). *State and county estimates of the ECLIPSE eligible population*. Accessed December 4, 2023 from <https://www.dshs.wa.gov/ffa/rda/research-reports/state-and-county-estimates-eclipse-eligible-population>

providers in 12 counties can offer ECLIPSE mental health services to 503 individual children and their families.²⁹⁸

Support for providers serving children with intensive needs

In the 2020 Needs Assessment, families in some communities cited a lack of providers who have the knowledge and expertise to support children who have experienced high levels of trauma or who have specialized needs. Early learning providers reported that it can be difficult to meet the specialized needs of children in early learning settings because of a lack of resources, training, and supports.

This can have a long-term impact. Children with developmental delays, disabilities, or exposure to trauma have more intensive needs that require understanding, training, and a greater investment of time. As noted in Chapter 5, “Healthy Children and Families,” young children with high needs have high rates of expulsion, suspension, and other exclusionary punishments, which are associated with lasting negative outcomes for both educational and social-emotional development. Providers, too, are seeking training in trauma-informed care (see Chapter 9, “A Strong and Supported Early Childhood Workforce”).

Washington is piloting several programs and models, including support for providers through the [Shared Service Hub](#) (see Chapter 9, “A Strong and Supported Early Childhood Workforce”), and Infant and Early Childhood Mental Health Consultation and child care health consultation (see Chapter 5, “Healthy Children and Families”).

Inclusive classrooms

Research demonstrates that students with special needs achieve better outcomes when they 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.²⁹⁹ Inclusive classrooms also benefit typically developing peers, who have the opportunity to learn among students with a wide range of developmental levels.³⁰⁰ During the 2019–20 school year, Washington ranked 54 out of 59 states and territories for the number of students ages 3–5 with disabilities being served in preschool in the least restrictive environment.³⁰¹ Federal Indicator 6A of Part B of IDEA measures the percent of children ages 3 to 5 attending and receiving the majority of services in the regular early childhood program. While the national measure in 2018 was

²⁹⁸ Washington State Department of Children, Youth, & Families. (n.d.). *Early Childhood Intervention Prevention Services (ECLIPSE)*. Accessed December 5, 2023 from <https://www.dcyf.wa.gov/services/early-learning-providers/eceap/eclipse>

²⁹⁹ Strain, P. S., & Bovey, E. H. (2011). Randomized, controlled trial of the LEAP Model of early intervention for young children with autism spectrum disorders. *Topics in Early Childhood Special Education, 31*(3), 133–54. <https://doi.org/10.1177/0271121411408740>.

³⁰⁰ Cross, A. F., Traub, E., K., Hutter-Pishgahi, L., & Shelton, G. (2004). Elements for successful inclusion for children with significant disabilities. *Topics in Early Childhood Special Education, 24*(3), 169–83. <https://doi.org/10.1177/02711214040240030401>.

³⁰¹ Guzman, R., & Dean, J. (2021). *Washington State Pyramid Model implementation report*. Washington Office Of Superintendent of Public Instruction. <https://ospi.k12.wa.us/sites/default/files/2022-12/WAPM-2020-21-Report.pdf>

45%,³⁰² for Washington state, the rate in November 2023 was 33% (up from 26% in November 2019).³⁰³

In 2018, the Legislature provided funding for the development of the [Inclusionary Practices Project](#), a statewide effort to increase the amount of time that students with disabilities spend learning with their peers in general education settings. The [Inclusionary Practices Technical Assistance Network](#) provides professional development resources, guidance, and technical assistance to school districts throughout the state. In the project’s first five years, the number of students with disabilities who spend 80 to 100% of their school day in general education settings [increased by 8.5 percentage points](#).

To increase the number of children ages 3 to 5 with developmental delays and disabilities in inclusive classrooms, Washington state is implementing State Systemic Improvement Plan (SSIP), which includes evidence-based practices, including Pyramid Model (WAPM), MTSS frameworks, [LEAP Preschool](#) replication, and implementation science. Pyramid Model is “a national innovation for an equitable multi-leveled system of support to enhance social and emotional competence in infants, toddlers, and young children.”³⁰⁴ In 2019, Washington was awarded an intensive technical assistance grant from the [National Center for Pyramid Model Innovations](#). By combining these funds with PDG B-5 dollars, the state began convening a state-level, cross-agency advisory group of early learning experts to review data and trends and to guide WAPM implementation and statewide planning. WAPM is not a curriculum package, but rather a collection of programs and practices designed to prevent challenging behaviors and support optimal development. In 2023, Washington state was awarded the Early Childhood Technical Assistance (ECTA) grant, supporting the scale up and sustainability of inclusion across early learning systems.

According to the implementation report, “It is hypothesized that, when implemented with fidelity, Washington Pyramid Model (WAPM) will result in:

- Increased program capacity to equitably meet the needs of all children and families.
- Reduction in suspension and expulsion of young children.
- Promotion of family engagement.
- Integration of early childhood best practices with infant mental health consultation.
- Utilization of data-based decision making and intervention monitoring.

By building statewide capacity to scale-up inclusionary practices with fidelity, Washington aims to scale-up and sustain WAPM, MTSS, and LEAP practices with integrity—employing

³⁰² Guzman, R., & Dean, J. (2021). *2020-2021 Washington State Pyramid Model implementation report*. Washington Office Of Superintendent of Public Instruction. <https://ospi.k12.wa.us/sites/default/files/2022-12/WAPM-2020-21-Report.pdf>

³⁰³ Washington Office of Superintendent of Public Instruction. (n.d.). *PreK Least Restrictive Environment Data Trends, Disaggregated by School District, 2019-2023*. <https://ospi.k12.wa.us/sites/default/files/2024-02/data-specialeducation-walredatatrends2023.xlsx>

³⁰⁴ Guzman, R., & Dean, J. (2021). *2019-20 Washington State Pyramid Model implementation report*. Washington Office Of Superintendent of Public Instruction. <https://ospi.k12.wa.us/sites/default/files/2022-12/WA-NCPMI-1920-Report.pdf>

implementation science, data decision making, and coaching as a foundation towards this effort.”³⁰⁵

The SSIP State Design Team developed the statewide training and coaching network in 2021, establishing the Washington Early Childhood Special Education (ECSE) Implementation Specialist role. OSPI is working in partnership with regional Educational Service Districts (ESDs) to help train implementation sites in inclusionary practices (including WAPM, MTSS, and LEAP) as well as trauma-informed practices and race/equity considerations.³⁰⁶

7.4 Support for children and families during transitions

Each educational transition—including the transition into kindergarten—is a big milestone for children and their families. Children, their families, and their communities benefit from an integrated system with effective transition practices. A thoughtful transition into kindergarten can help set the child up for success in their first year of K-12 schooling and beyond. Unfortunately, children furthest from opportunity are often less likely to have access to comprehensive transition practices, and schools with historically underserved student groups are less likely to provide effective transition practices.³⁰⁷

Washington state is engaged in a range of efforts focused on aligning early learning activities with the goal of improving kindergarten readiness and the successful transition into kindergarten.

7.4.1 Institutional support for effective transitions

In 2020, PDG B-5 dollars funded the development of the DCYF and OSPI 2020 report, [Successes and Challenges of Early Learning Transitions in Washington](#).³⁰⁸ The barriers most frequently mentioned related to systems challenges included staff salaries, educational requirements, divergent program requirements from different funding sources, and program locations (early learning service areas and school attendance boundaries rarely align). In 2020, in response to a [Directive from Governor Inslee](#), DCYF and OSPI began a formal collaboration to improve the alignment and integration of high-quality early learning programs administered by both agencies, including addressing some of the systemic barriers that are identified as challenges to

³⁰⁵ Guzman, R., & Dean, J. (2021). *2020-2021 Washington State Pyramid Model implementation report*. Washington Office Of Superintendent of Public Instruction. <https://ospi.k12.wa.us/sites/default/files/2022-12/WAPM-2020-21-Report.pdf>

³⁰⁶ Martin, C., Guzman, R., Grummick, S., & Dean, J. (2023). *2021 SSIP report. State Systemic Improvement Plan-Phase III: Washington State evaluation report IDEA Part B-Indicator B17*. Washington Office Of Superintendent of Public Instruction. <https://ospi.k12.wa.us/sites/default/files/2023-11/wa-ssip-2021-report.pdf>

³⁰⁷ Washington State Department of Children, Youth, and Families and Office of Superintendent of Public Instruction. (2020). *Final report: Successes and challenges of early learning transitions in Washington*. https://www.dcyf.wa.gov/sites/default/files/pubs/EL_0018.pdf

³⁰⁸ Washington State Department of Children, Youth, and Families and Office of Superintendent of Public Instruction. (2020). *Final report: Successes and challenges of early learning transitions in Washington*. https://www.dcyf.wa.gov/sites/default/files/pubs/EL_0018.pdf

successful educational transitions. (See more in Section 8.4, “. ”)

In addition, existing early childhood programs work to support successful transition into kindergarten, as described below.

WaKIDS. The [WaKIDS framework](#) supports kindergarten transitions across the state. While there have been many successes in its implementation, it is designed to support kindergarten readiness in a limited sense by measuring the developmental progress of an individual child. Yet, a child’s assessed readiness is not always a reflection of their own abilities as much as it reflects the community’s readiness to provide the necessary support in their environments and relationships. There is interest in exploring how the early learning system can better serve Washington’s families, including working with families and communities to create culturally specific transitions.

ECEAP and Head Start. ECEAP providers support families in the transition to kindergarten in multiple ways, including creation of a formal kindergarten transition plan. Kindergarten transition plans may include activities to help children and families during the transition from ECEAP to kindergarten, information about local kindergartens, and discussions during parent–teacher conferences about the child’s progress toward kindergarten readiness.

Early ECEAP and Early Head Start. Early ECEAP and Early Head Start support families through the transition into their programs and then into preschool. The programs emphasize continuity of care in relationships, alignment between the home and program setting, and consistent information sharing, recognizing that these may be the child’s (and the parents’) first experiences with a care setting outside the home.

Early intervention. Early intervention services end at a child’s third birthday. However, new services and supports are available based on need. For families with children in ESIT, the transition process begins six to nine months before the child turns three. Families work with Family Resource Coordinators to develop a plan for transition to preschool special education services and/or other appropriate community-based supports. With parent consent, staff from the local school district are invited to participate in the transition planning process. Some parents and caregivers described challenges with making a smooth transition for services after children turn three. The statewide implementation of the Pyramid Program (see “Inclusive classrooms” in 7.3.4.2 above) is expected to help further align services for children who need early intervention services across early learning and into kindergarten.

7.4.2 Equity in transitions

Inequities in education begin before the start of kindergarten and may persist far beyond. Many children who experience this opportunity gap—including children of color, English language learners, Tribal children, children whose families are involved with the child welfare system, and children receiving special services—face barriers that are created by the system designed to support them. In rural areas, there are even fewer options and resources for transitions, especially for children with special needs.

The 2020 report, [Successes and Challenges of Early Learning Transitions in Washington](#), prioritizes practices and approaches that are within reach of schools and programs. The report provides several recommendations, including practices that foster relationships between early learning professionals, K–12 educators, and families; that promote continuity from preschool to kindergarten; that focus on family strengths; and that tailor practices to individual needs, with a special emphasis on children with disabilities. Since publication of the report, DCYF and OSPI have continued to work in close partnership to address these challenges and opportunities.

7.5 Initiatives that support quality

7.5.1 Early Achievers

[Early Achievers](#), Washington’s Quality Recognition and Improvement Program (QRIS), provides a “common set of best practices to recognize, support, and improve the quality of early learning settings.”³⁰⁹ Early Achievers combines quality recognition processes conducted by [Cultivate Learning](#) at the University of Washington (through a program profile, video highlights, and records review³¹⁰). Supports for providers include technical assistance, coaching, relationship-based professional development, and financial supports and incentives (such as scholarships, grants, tiered subsidy reimbursements, and quality improvement awards). Aligned with ECEAP, Head Start, and child care licensing standards, Early Achievers aims to promote the following outcomes:

- Early learning professionals have access to the resources and supports they need to provide quality care that supports each child’s development.
- Children have access to high-quality early learning experiences.
- Families can find high-quality child care and early learning programs that fit their needs.

As of July 2022, 3,657 licensed child care providers (76% of the total) in the state were enrolled in Early Achievers, caring for an estimated 117,380 children.³¹¹

DCYF’s Office of Innovation, Alignment, and Accountability produces a monthly [Early Achievers Dashboard](#). As of October 2023, among 5,653 eligible sites (that is, participating in ECEAP, receiving subsidy payments, or not receiving state funding), 4,409 (78%) were participating in Early Achievers.³¹²

³⁰⁹ Washington Department of Children, Youth, and Families. (2021). *Early Achievers: Washington’s Quality Recognition and Improvement System Quality Standards and Criteria*.

https://www.dcyf.wa.gov/sites/default/files/pubs/EPS_0057.pdf

³¹⁰ Cultivate Learning, University of Washington. (n.d.). *Quality Recognition Team*. Accessed December 4, 2023 from <https://cultivatelearning.uw.edu/data-collection/>

³¹¹ Child Care Aware of Washington. (2022). *Washington Early Achievers 2022 evaluation*. (provided by Washington State Department of Children, Youth, and Families.)

³¹² Washington Early Achievers and Washington State Department of Children, Youth, and Families. (2023). *Dashboard, DCYF Early Achievers monitoring report*. Accessed December 4, 2023 from <https://www.dcyf.wa.gov/sites/default/files/pdf/ea/EA-Dashboard.pdf>

As directed by the Washington State Legislature in the [Early Start Act](#) (passed in 2015), the Washington State Institute of Public Policy (WSIPP) is evaluating the long-term outcomes of Early Achievers, including the relationship between quality ratings and kindergarten readiness. The [WSIPP Early Achievers evaluation series](#) examined outcomes for children attending an Early Achievers-rated ECEAP or a child care center using subsidies between 2015 and 2019, producing five reports by the end of 2022.³¹³ The evaluation found positive associations between participation in an early care and education setting that met Early Achievers quality standards and kindergarten readiness,³¹⁴ with stronger associations in certain conditions (such as longer enrollment in a setting meeting quality standards and attending a pre-K that meets quality standards in neighborhoods with more community vulnerability).³¹⁵ A cost-benefit analysis found that “attending a program that met quality standards is likely to return benefits in the range of \$4,300 to \$7,000, on average, per child over the course of the lifespan.”³¹⁶ The fifth report in the series, focused on access to quality child care for low-income families, found that, on average, in 2019 there was only one slot of publicly funded quality child care for every three low-income children nearby.³¹⁷

7.5.1.1 Impact on quality

One goal of Early Achievers is to support providers to attain a high level of quality. Ongoing monitoring of Early Achievers has focused on providers’ enrollment in and participation in Early Achievers and providers’ quality recognition levels (Levels 1, 2, 3, 3+, 4, and 5). The DCYF monthly [dashboard](#) summarizing Early Achievers monitoring indicators showed that in October 2023:³¹⁸

- Of 3,727 ECEAP and WCCC-eligible providers who were eligible for enrollment in Early Achievers, 96% (3,560) were enrolled. Among 1,926 Early Achievers eligible providers receiving no state funding, 44% (849) were enrolled.

³¹³ Washington State Institute for Public Policy. (n.d.). *Overview of WSIPP’s Early Achievers evaluation report series*. https://www.wsipp.wa.gov/ReportFile/1761/Wsipp_Early-Achievers-Evaluation-Access-to-Providers-Meeting-Early-Achievers-Quality-Standards_Overview-of-EA-Report-Series.pdf

³¹⁴ Goodvin, R., & Hansen, J. (2019). *Early Achievers evaluation report one: Background and research*. Washington State Institute for Public Policy. https://www.wsipp.wa.gov/ReportFile/1712/Wsipp_Early-Achievers-Evaluation-Report-One-Background-and-Research-Design_Report.pdf

³¹⁵ Goodvin, R., Rashid, A., & He, L. (2021). *Early Achievers evaluation report three: Variation in links between quality and kindergarten readiness for children with childcare subsidy*. Washington State Institute for Public Policy. https://www.wsipp.wa.gov/ReportFile/1743/Wsipp_Early-Achievers-Evaluation-Report-Three-Variation-in-Links-between-Quality-and-Kindergarten-Readiness-for-Children-with-Childcare-Subsidy_Report.pdf

³¹⁶ Goodvin, R., Rashid, A., & Krnacik, K. (2022). *Early Achievers evaluation report four: Analysis of benefits and costs*. Washington State Institute for Public Policy. https://www.wsipp.wa.gov/ReportFile/1760/Wsipp_Early-Achievers-Evaluation-Report-Four-Analysis-of-Benefits-and-Costs_Report.pdf

³¹⁷ Rashid, A., Goodvin, R., Krnacik, K., & Adams, N. (2022). *Early Achievers evaluation: Access to providers meeting Early Achievers quality standards*. Washington State Institute for Public Policy. https://www.wsipp.wa.gov/ReportFile/1759/Wsipp_Early-Achievers-Evaluation-Access-to-Providers-Meeting-Early-Achievers-Quality-Standards_Report.pdf

³¹⁸ Washington Early Achievers and Washington State Department of Children, Youth, and Families. (2023). *Dashboard, DCYF Early Achievers monitoring report*. Accessed December 4, 2023 from <https://www.dcyf.wa.gov/sites/default/files/pdf/ea/EA-Dashboard.pdf>

- Only 2,336 (41%) of enrolled providers had a current rating. (The 2023 FSKA evaluation report attributes the finding that large portions of enrolled providers are unrated to “numerous changes” in Early Achievers at the system level in recent years and a governor-directed pause in data collection due to the COVID-19 pandemic.^{319,320})
- Of enrolled providers that had a current rating, 96% (2,250) were rated at a Level 3 or higher and 30% (690) had a rating of Level 3+ or higher. (The addition of the 3+ rating occurred in 2019 and was not reflected in the 2020 Needs Assessment.³²¹)

In 2021, DCYF, CCA of WA, and [Cultivate Learning](#) at the University of Washington engaged child care providers, Early Achievers coaches and partners, families, and other partners in an Early Achievers redesign process using equity-focused [Liberatory Design methodologies](#). The new system is “intended to establish a Provider-led process for identifying goals and equitably recognizes child care program quality.”³²² (See Section 9.2, “
,” for more information.)

7.5.1.2 Impact on parental choice and access to care

The 2020 Needs Assessment summarized community engagement feedback about Early Achievers. Many people expressed questions about the usefulness of Early Achievers for parents and caregivers because many providers were not yet participating. In addition, there were concerns that Early Achievers would create new gaps in services by creating a disincentive for providers to participate in WCCC subsidy.

7.5.1.3 Impact on early childhood providers

The impact of Early Achievers on early childhood providers is described in Chapter 9, “A Strong and Supported Early Childhood Workforce.”

7.5.2 ECEAP Outcomes

7.5.2.1 Developmental outcomes

All ECEAP children are assessed quarterly to track their early literacy and math skills and their cognitive, language, physical and social-emotional development, using [Teaching Strategies GOLD® \(TS GOLD\) Birth to Third Grade](#).

³¹⁹ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

³²⁰ Personal Communication, Kelli DeBoer, ECEAP Lead Specialist, Washington State Department of Children, Youth, and Families, February 7, 2024.

³²¹ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

³²² The Athena Group. (2022). *Washington Early Achievers 2022 evaluation*. Child Care Aware of Washington. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

During the 2021-2022 school year, the greatest gains were in math: only 44% of ECEAP children were at age level in the fall, yet 83% reached or exceeded their age level by spring. This is notable especially because 72% of those children were in families at or below 110% of the FPL. By the end of the program, 38% of 4-year-olds who had participated in ECEAP for one year were ready for kindergarten in all six developmental areas. Nearly half (46%) of children who participated in two years of ECEAP were fully ready for kindergarten, based on the TS GOLD assessment.³²³

7.5.2.2 Child health outcomes

ECEAP aims to improve health outcomes by working with families to ensure children have medical and dental coverage, a medical and dental “home,” health screenings, and any necessary follow up to ensure further diagnosis or treatment when indicated.

The 2021-2022 ECEAP family satisfaction survey had 1,655 complete responses. Selected survey results include:³²⁴

- 97% of families said that after being in ECEAP/Early ECEAP, their family has a regular doctor that meets their family’s health care needs.
- 96% said that after being in ECEAP/Early ECEAP, their family has a regular dentist that meets their family’s dental health needs.
- 95% said that after being in ECEAP/Early ECEAP, they know where to go for help if their family has emotional needs.
- 87% said that ECEAP staff supported them in navigating their health care system.

7.5.2.3 ECEAP continuous quality improvement

ECEAP outcomes depend on high-quality comprehensive programming, which DCYF pursues through shared learning and collaboration, internal monitoring, and participation in Early Achievers (see “Early Achievers” above).

Partnership for Pre-K Improvement

ECEAP was part of the [Partnership for Pre-K Improvement \(PPI\)](#), a three-state initiative (with Tennessee and Oregon) in collaboration with the Ounce of Prevention Fund, Cultivate Learning at the University of Washington, the Alliance for Early Success, and the Bill & Melinda Gates Foundation. PPI focused on advancing a vision for high-quality preschool and examining the concepts essential to continuous improvement of essential elements of pre-kindergarten quality and the infrastructure needed to improve it.

³²³ Washington State Department of Children, Youth, & Families. (n.d.). *ELMS Database, Early Care and Education Assistance Program (ECEAP)*. February 1, 2023. (provided by Washington State Department of Children, Youth, and Families.)

³²⁴ *2021-2022 ECEAP Family Satisfaction Survey*. (n.d.). (provided by Washington State Department of Children, Youth, and Families.)

As part of the project, which concluded in 2021, Washington focused on advancing specific pre-K quality improvements to support more data-driven, equitable, and culturally responsive practices:³²⁵

- All policy decisions by state agencies and the Legislature are informed by data and grounded in equitable practices to meet data needs in the field.
- Culturally responsive practices are integrated throughout programming across the state.
- Children of differing abilities have equal access to individualized, high-quality learning experiences.
- A stable workforce that is reflective of the communities served.
- Pre-K professional learning opportunities support program staff to consistently provide high-quality experiences for children and families.
- The early learning workforce has access to individualized job-embedded professional learning from supported instructional leaders.

Based on the PPI work, DCYF plans to continue to follow the quality improvement cycle of *plan, do, study, act*, to assess and plan for programming needs based on partnership with communities.

DCYF monitoring

DCYF monitors ECEAP contractors for compliance with more than 150 performance standards through data review, evaluation of deliverables, monthly phone conversations and onsite visits. The most recent standards are for 2023–2024.³²⁶ During 2018–2019, ECEAP contractors were fully aligned with 92% of program requirements, up from 81% the previous year. The requirements most frequently needing attention included staff qualifications (which reflects known workforce issues) and maintaining full enrollment (which is a factor of ECEAP’s rapid expansion). ECEAP contractors were successful in enrolling the state’s most vulnerable young children, based on ECEAP’s priority point system.

7.5.3 Other ways quality is supported

FSKA funded [Early Childhood Equity Grants](#) to “direct funding to the early care and education community and parent support programs, with a priority placed on BIPOC providers and providers serving BIPOC children, to advance and inspire practices that promote inclusive and culturally responsive learning, environments, and enhanced language access.”³²⁷ The grants are available for ECE providers across a range of settings (including FFN, Play & Learn groups, licensed child care, ECEAP providers, and others). In 2022, the first round of grants provided

³²⁵ Connors, M., Hanson, A., Farrar, I., Wat, A., Joseph, G., Branson-Thayer, M., Semu, B., and Becker, M. (2022). *Reflecting on systems change: Learning from the Partnership for Pre-K Improvement*. Start Early. https://upk-improvement.org/downloads/PPIReport_Final-LoRes.pdf

³²⁶ Washington State Department of Children, Youth, and Families. (2023). *2023-24 ECEAP performance standards*. <https://www.dcyf.wa.gov/sites/default/files/pdf/2023-24-ECEAP-Performance-Standards.pdf>

³²⁷ Washington State Department of Children, Youth, and Families. (2023). *Early Childhood Equity Grant 2022 summary*. <https://www.dcyf.wa.gov/sites/default/files/pdf/EquityGrant-FastFacts.pdf>

\$1.7 million to 34 providers across the state. A second round of grants was completed in 2023, with a third planned for spring of 2024.³²⁸

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

Washington is still determining how best to support FFN providers, who are unlicensed and not regulated by the state but who are a valuable and often preferred support for families. FFN providers who apply for WCCC subsidies must meet certain baseline criteria, including age, employment status, background check, and for some providers, health and safety training and a yearly check-in.

ESIT and early intervention services are implemented in compliance with federal regulations, as is developmental preschool. The quality of ECLIPSE programs is supported through staffing by licensed mental health experts with appropriate training.

Technical notes on Figure 7-1

Assigning served children. The following technical notes provide an overview of how the DCYF Office of Innovation and Accountability accounts for the differences in the way data is collected about children served.

Some program data explicitly indicate the distinct children they serve (e.g., Subsidy/WCCC data is child-level and tracks the specific children served by state subsidy). Data from other subsidized child care programs (e.g., Head Start) are aggregated and indicate only the number of children they serve at each provider site.

Where data on children served by a child care funding program is available (e.g., WCCC and ECEAP), information on the children served by that program is collected and tracked in a number of data management systems in Washington state alongside information on the child care provider from whom they receive child care services. Data from these systems are then transformed into the data model by including the age, income, and household employment status of these served children from the eligibility requirements of the subsidized child care programs that serve them.

Where child-level data is not available from a subsidized child care program, the children served by that program must be assigned to providers that participate in that program. For this step, the data model extracts children from the child population dataset that meet the specific age,

³²⁸ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

household income, and household employment status requirements of different programs and assigns them to participating providers. The number of children that are assigned in this manner to a provider is determined by actual aggregate data on the number of children served by each subsidized program at a given provider site.

Estimating eligibility. General eligibility requirements are the parameters which determine whether a family could be served by an existing program/service. Eligibility estimates related to child count are from Washington’s Office of Financial Management and the U.S. Census Bureau’s American Community Survey. Eligibility estimates related to income and family employment status are from the U.S. Census Bureau’s American Community Survey. Eligibility estimates avoid duplication between ECEAP/HS and WCCC; however, they are limited in their ability to account for service overlap.

Estimating children using private pay child care. The data model assumes that active providers can enroll up to 75% of their licensed capacity (unless their actual enrollment in the data exceeds this threshold). When a provider’s total enrollment from different funding programs that serve children at that provider site is less than 75% of its licensed capacity, the provider is assumed to fill available slots (up to 75% of licensed capacity) with private pay children within the age groups that the provider is licensed to serve.

Program overlap. Children may be simultaneously served by more than one subsidized child care program. For example, a child served by WCCC may also receive care from an ECEAP provider. For programs for which child-level data is available, it is possible to identify the distinct children who are served by each program at every participating provider site. It is also possible to specifically determine which children are served by more than one program.

For programs for which there is no child-level data, the data model assigns counts of children served (based on program eligibility rules) to different subsidized programs (and program combinations) at a given provider site. The children assigned in this manner to providers and programs are not uniquely identified. It is therefore not possible to determine whether the children who comprise these child counts are simultaneously served by another program at a different provider site. Subsidy child counts for providers with ECEAP, HS, or EHS slots are zeroed out. This is under the assumption that all Subsidy recipients served by providers offering ECEAP, HS, or EHS would be co-enrolled in that other program, and those programs are given precedence in the model over Subsidy. This has the potential to undercount Subsidy children. It is also possible that one child could receive two different kinds of service from two different providers (e.g., receiving ECEAP from one provider for part of the day and Subsidy Child Care at another provider for another part of the day).

Given this constraint, the model does not currently account for this kind of potential service overlap.

8 Powerful Communities and a Responsive Early Learning System

Introduction

Creating successful outcomes for young children and families requires strong community engagement and coordinated action at the state, regional, and local levels that responds to community needs. To accomplish these goals, the early learning system must establish equity-focused, trusting, and adequately resourced partnerships with individuals, organizations, and Tribal Nations who contribute to young children’s development.

Since the completion of the 2020 Needs Assessment, several major initiatives have strengthened the early learning system’s connections with local communities and made the system more responsive to children, parents, providers, and communities. The Washington State Legislature’s passage of the [Fair Start for Kids Act](#) (FSKA) provides significant funding support for the state’s early learning system. The creation of the statewide Early Learning Coordination Plan (ELCP) provides a road map for actions to address the inequities and systemic racism inherent in the early learning system. And the DCYF Office of Innovation, Alignment and Accountability (OIAA) has dramatically enhanced the state’s ability to collect, analyze, use, and share data to shape discussions about the current performance and future direction of the early learning system.

Community Outreach Update

Community outreach was conducted for the development of the ELCP, described below. However, because the ELCP was developed during the COVID-19 pandemic, broad in-person outreach to gather feedback was not possible. Instead, community members created videos in three languages to explain the content and equity-centered development of the ELCP. Viewers of the videos completed an online survey to share feedback and reactions to the plan’s draft set of goals and strategies. This feedback was instrumental in shaping the development of the final plan.

In 2021, DCYF conducted a representative survey of 1,327 parents and caregivers across the state to better understand the impact of the COVID-19 pandemic on their employment and caregiving. The survey intentionally oversampled low-income families. (See Section 6.1, “
,” for a summary of the results.)

New Initiatives Since The 2020 Needs Assessment

The COVID-19 public health emergency created many challenges for children, families, and the state’s early learning system. Temporary closures of child care sites and temporary reductions in available staffing resulted in a temporary reduction of available child care capacity. Children, parents, caregivers, and child care professionals experienced an increase in stress and anxiety. Funds from FSKA (described below in Section 8.3, “
”) were used to increase the availability of programs and resources to support pandemic recovery

efforts within the early learning system. Those efforts focused in part on communities that were significantly impacted by COVID-19. Both the licensed capacity of child care and the number of employees in the state’s child care system across the state overall have more than recovered following the worst of the pandemic.

In 2023, the Legislature took additional actions to improve access and to move toward living wages for child care professionals. The state biennial budget includes funding to increase [Working Connections Child Care](#) reimbursement rates for child care centers (described in Chapter 9, “A Strong and Supported Early Childhood Workforce”) to the 85th percentile of the 2021 market rate survey. The significantly higher new rates will allow providers to maintain more sustainable budgets, increase employee wages, and encourage staff retention. Additional funding was provided to fund the family child care collective bargaining agreement, which includes increasing Working Connections Child Care reimbursement rates and other enhancements. The Legislature also adopted a Child Care Access and Living Wage Proviso to develop an implementation plan for limiting families’ child care costs to seven percent of household income, while ensuring thriving wages and benefits for child care providers.³²⁹

The Washington Prenatal to Three Coalition has been organized by [WithinReach](#). Its mission is to ensure that all children are thriving and flourishing at age three, and that all families have access to resources and supports they need to help their children thrive. The Coalition has four focus areas: increasing food security, increasing access to prenatal and pediatric medical care, increasing family stability through access to concrete supports, and improving child development. The Washington State Department of Health (DOH) and DCYF participate in the Coalition Steering Committee and three subcommittees: Family Voice, Data and Analysis, and Policy and Advocacy. Many, but not all, of the Coalition strategies are being carried out through the work of [Help Me Grow](#).

The Child Health Unit in DOH is partnering with [Washington Family Engagement](#) to support statewide coordination across family leadership efforts. The goal of this work is to fund and support parent voices at all levels of decision making. One outcome of this project is a statewide web-based scan of existing groups, organizations, and initiatives engaging in and providing leadership opportunities to families in maternal and child health initiatives. The scan is expected to include goals, priorities, and populations of focus for existing efforts. Ultimately, the scan will increase awareness of current family voice initiatives and strengthen coordination among partners (e.g., community-based organizations and state agencies) working to promote child and family well-being through family engagement and leadership.

³²⁹ King County Department of Community & Human Services. (2023). Child care wins in the state legislative system. *Cultivating Connections*. Accessed November 17, 2023 from <https://dchsblog.com/2023/07/11/child-care-wins-in-the-state-legislative-session/>

High Level Summary of Updated Data

8.1 Coordination across the early learning system

FSKA (see Section 8.3, “[Early Learning Advisory Council](#),” below) included a provision to reconstitute the membership of the [Early Learning Advisory Council](#) (ELAC). ELAC was created in 2007 by the legislature. Their role is to “provide input and recommendations to the Department of Children, Youth, and Families (DCYF) so [that] strategies and actions are well informed and broadly supported by parents, child care providers, health and safety experts and interested members of the public.”³³⁰

Membership of ELAC was expanded to 44 members to include members from numerous state departments and agencies, parents, early learning program staff and providers, the K-12 system and the higher education system, physical and mental health experts, underserved communities, prenatal services, and others. This expanded membership allows for enhanced coordination across the early learning system. ELAC has been asked to provide comments to DCYF on its biennial report to the Governor and Legislature regarding the effectiveness of FSKA investments in meeting the Act’s objectives.

8.1.1 Design and coordination of state-level strategies

The Washington State Early Learning Coordination Plan (ELCP) states “Washington’s vision for early learning requires the active collaboration of state-level, regional, and community partners across all programs, services, and supports that contribute to the physical, cognitive, and social-emotional development of Washington’s children. Reflecting that collaborative approach, a statewide [Early Learning Coordination Plan](#) (ELCP) was co-created in partnership with more than 150 organizations, Tribal governments, agencies, advocates, and individuals (parents, caregivers, providers, and others) across the state.”³³¹ The [2020 Early Learning Needs Assessment](#) served as one of the foundations for the development of that plan.³³²

Washington’s ELCP was written with the goal of dismantling systemic racism and interrupting the patterns and practices that contribute to marginalizing, oppressing, and imposing cultural norms on local communities.³³³ The plan includes a set of goals and strategies in five outcome areas:

- Powerful Communities and a Responsive Early Learning System

³³⁰ Washington State Department of Children, Youth, and Families. *Early Learning Advisory Council*. Accessed November 17, 2023 from <https://www.dcyf.wa.gov/about/community-engagement/elac>

³³¹ Washington State Early Learning Coordination Plan. (2022). *Washington State Early Learning Coordination Plan: A shared vision*. <https://www.elcpwa.org>

³³² Washington State Department of Children, Youth, and Families. (2020). *Washington statewide early learning needs assessment: Created with communities for communities*. <https://www.dcyf.wa.gov/sites/default/files/pdf/2020StatewideNeedsAssessment.pdf>

³³³ Washington State Department of Children, Youth, and Families. (n.d.). *Preschool Development Grant Birth Through Five*. Accessed November 17, 2023 from <https://www.dcyf.wa.gov/about/government-affairs/pdg>

- Strong, Stable, Nurturing, Safe, and Supported Families
- Positive Early Learning Experiences
- A Strong and Supported Early Learning Workforce
- Healthy Children and Families

Each of the outcome areas is designed to create an integrated early care and education system that works for all. One way the ELCP attempts to bring that commitment to life is by capturing the hopes, dreams, and challenges experienced by parents, providers, and the professionals that support them, with an intentional focus on finding and elevating the experiences of historically marginalized people.

In addition to using the 2020 Needs Assessment, the co-creators of the ELCP used the [Washington State Racial Equity Theory of Change](#), their own lived expertise, and Liberatory Design principles to co-create the plan. Public outreach was limited by the COVID-19 pandemic, so videos were created by community members to share with community groups who gathered feedback from the public on the plan’s draft goals and strategies. Development of the plan also included a review for pro-equity and anti-racist language and messaging.

Insights from the outreach and the equity analysis were used to produce the final [Early Learning Coordination Plan](#). A hard copy of the plan was designed, printed, and distributed widely. In addition, an [ELCP website](#) was created to provide online access to the plan. Both the hard copy plan document and the website are available in three languages: English, Spanish and Somali.

Work currently underway includes the creation of the ELCP Impact Network. Networks are participatory structures that help diverse community groups, organizations and institutions take on challenges bigger than any one organization or individual can take on alone. The co-creators of the ELCP determined that a network approach would be the most effective structure for the next phase of work, which is implementation of the plan.

A Core Network is at the center of the network, guiding and steering the implementation work. This is a smaller group of individuals that coordinates and synchronizes learning and action across the larger network. In this role, Core Network members ensure:

- Communication channels, activities, resources, and connections are maintained for information to flow across the network.
- Member networks have coordination capacity and resources.
- The full system is convened periodically to foster learning and share promising practices.
- Progress is tracked and stories told about what’s happening across the networks.
- Early advocacy for the removal of constraints and later, advocate for new policies, resources, and practices at the regional and state level.
- Creation of “innovation space” that allows room for new ideas and for the network mindset to flourish (this includes championing the effort and helping other people be comfortable with the innovation while new ways of working take root).

The Core Network has held its first two-day convening and is working to organize actions agreed upon at that meeting.

8.1.2 Coordination with community efforts

[Washington Communities for Children](#) (WCFC) is a network of regional coalitions dedicated to improving the well-being of children, families, and communities. [Ten WCFC Regions](#) have been created across the state, and they have developed trusted relationships with over six hundred organizations and individuals statewide. In each region, trusted partners include early care and education providers, families, early intervention services, social service agencies, child welfare organizations, libraries, school districts, public health agencies, juvenile courts, higher education, and others. The regions range in size and infrastructure; some regions span just one county (Pierce County and King County regions), while others encompass up to seven counties. Additionally, some regions have multiple county coalitions as part of their regional network.

In addition to organizing work at the regional level, there are [several statewide WCFC Learning Networks](#). The purpose of these networks is to foster learning, connections, and collaborations across the state in the following areas: data; child care voice; equity; family voice and resource access; health provider voice; and policy and advocacy.

With investments from the PDG B-5 grant, WCFC has continued to grow since the 2020 Needs Assessment was completed. In 2023, the Washington State Legislature included \$2 million in the state biennial budget to support WCFC.

WCFC has been an active partner in the creation of the ELCP, and now in the development of the Core Network (described in 8.1.1). Involvement of WCFC strengthens coordination with local communities as implementation of the ELCP moves forward.

8.2 Strong and integrated data systems

Washington state has made substantial investments in robust systems for collecting, managing, and analyzing early learning data; this helps the state better understand the needs of the children, families, and communities where they live to continuously improve the quality of the systems and services that support them.

To address the need to report from linked data across disparate and siloed data systems operated by separate early learning programs within DCYF, much of the data integration work created replicable processes and systems for extracting and linking data. This included combining data in a cloud-based integrated data environment, and developing, coding, and implementing automated transformations that make the data available for ongoing replicable reporting and analysis.

Recent data system improvements include the following:

Early Learning Management System (ELMS). [ELMS](#), populated by ECEAP contractors and teachers, collects data on children and their experiences in ECEAP. This includes data on sites, programs, 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.

Managed Education and Registry Information Tool (MERIT). The [MERIT workforce registry](#) collects self-reported data from the early learning workforce and providers throughout the state. MERIT is an online tool to document and recognize the professional achievements of early learning professionals. It contains data about work locations, position titles, credentials, training, and awards.

Early Support for Infants and Toddlers (ESIT) data management system. ESIT’s data management system, [ACORN](#), contains data related to Individualized Family Service Plans (IFSPs) for children from birth to three years old who are enrolled in the Part C early intervention program. This database provides case management supports as well as local and state-level compliance and outcome data for performance indicators as required for federal IDEA Part C reporting.

WaCompass Provider Portal. One of DCYF’s newer early learning management systems, the [WaCompass Provider Portal](#), supports the DCYF Child Care Licensing Division’s implementation of a differential monitoring approach that provides data-informed monitoring and technical assistance to Washington’s early learning providers.

Subsidy child care payment data. This is a consolidation of all the [DCYF child care subsidy data](#) for use in vital DCYF fiscal, forecasting, and programmatic functions. It includes payment and client application data.

Home visiting databases. Washington’s contracted home visiting programs are generally using home visiting-model specific data management systems that are owned and operated by the model developers. Key family outcomes captured by Washington’s home visiting programs’ [data collection and reporting](#) include caregiver depression and family retention.

Teaching Strategies (TS) GOLD™. DCYF has a license agreement with [TS GOLD™](#) to provide assessment and enrollment data for children in the state-funded ECEAP program.

8.3 Flexible and sustainable financing

FSKA, adopted by the State Legislature in 2021, is an historic “\$1.1 billion investment to make child care and early learning more affordable for Washington families by expanding access, capping copays, and providing resources to support child care and early learning providers.”³³⁴

The Act has four primary policy objectives:³³⁵

- Advance racial equity
- Expand access to affordable early care and education
- Promote kindergarten readiness

³³⁴ Washington State Department of Children, Youth, and Families. (n.d.). *What is the Fair Start for Kids Act?* Accessed November 9, 2023 from <https://www.dcyf.wa.gov/about/government-affairs/fair-start-for-kids-act>

³³⁵ Washington State Department of Children, Youth, and Families. (n.d.). *The Fair Start for Kids Act 2023 evaluation report.* Accessed November 17, 2023 from <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

- Stabilize the child care and early learning workforce

Expansion of [Early Childhood Education and Assistance Program \(ECEAP\)](#) services in communities across the state is occurring annually until 2026-2027. By this time, the State Legislature has determined that “any eligible child shall be entitled to be enrolled” in ECEAP.³³⁶ However, due to the residual impacts from the COVID-19 pandemic, filling all available ECEAP slots is a challenge. The 2023 FSKA evaluation reports notes that hundreds of ECEAP slots were unfilled in 2023 due to a lack of workforce.³³⁷

8.4 Aligned and supportive standards

In January 2020, Governor Inslee issued a [Directive of the Governor](#) to Washington State DCYF and a letter to the Washington Office of Superintendent of Public Instruction (OSPI) to collaborate to improve the alignment and integration of high-quality early-learning programs administered by both agencies, including addressing some of the systemic barriers identified as challenges to successful educational transitions. This collaboration—delayed in part by the COVID-19 pandemic—resulted in a joint report, [Integrated Pre-K – Aligning and integrating early learning programs](#).³³⁸ The report provides an overview of the system, identifies key challenges to alignment, and proposes a series of both near-term administrative efficiencies and longer-term recommended strategies.

8.5 Public awareness of and support for the system

In 2019, funding from the PDG B-5 grant brought cross-sector leaders together with parents, providers, Tribal Nations, legislators, and others to focus on the state’s first Early Learning Needs Assessment. Passage of the FSKA in 2021 by the Washington State Legislature required the support of a broad-based coalition of parents, advocates, early learning providers, businesses, government agencies, private non-profit organizations, and professional associations. The \$1.1 billion state investment is an indication of the growing public awareness of and support for early learning programs and activities.

³³⁶ Washington State Department of Children, Youth, and Families. (n.d.). *Expansion of services*. Accessed November 9, 2023 from <https://www.dcyf.wa.gov/services/early-learning-providers/eceap/expansion-of-services>

³³⁷ Washington State Department of Children, Youth, and Families. (n.d.). *The Fair Start for Kids Act 2023 evaluation report*. Accessed November 17, 2023 from <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

³³⁸ Washington State Department of Children, Youth, and Families and Washington Office of Superintendent of Public Instruction. (2021). *Integrated Pre-K – Aligning and integrating early learning programs*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/IPKReport-2021.pdf>

8.6 Involvement of families in design and implementation of the early learning system

Washington state has created a range of opportunities for parents and caregivers to engage in discussions about policy development and program activities.

The [Parent Institute for Engagement \(PIE\)](#) is “a 12-month training program for parents or caregivers with children who have received early intervention services through the Early Support for Infants and Toddlers (ESIT) program.” Although it is intended primarily for people who are not working in the early intervention field, one slot is designated for a parent or caregiver with experience working in the early intervention field. PIE aims to have a racially and geographically diverse group of participants. PIE helps people build skills to become better leaders, advocates, and public speakers.³³⁹

The Department of Children, Youth, and Families continues to support the [State Interagency Coordinating Council \(SICC\)](#), where parents and caregivers engage in discussions about how best to “coordinate and foster 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 to coordinate transition of these children into programs for 3- to 6-year-olds.”³⁴⁰

DCYF has also continued its support for the [Parent Advisory Council \(PAG\)](#), a sounding board for decisions, ideas and questions that shape the work of DCYF. The goal of the PAG is to include parents in decision-making that results in policies and programs that support families’ strengths and needs. The PAG includes parents and family caregivers of children (prenatal through 17 years old).³⁴¹

³³⁹ Washington State Department of Children, Youth, and Families. (n.d.). *Parent Institute for Engagement: Leadership and lifelong learning*. Accessed November 9, 2023 from https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0036.pdf

³⁴⁰ Washington Department of Children, Youth, and Families. (n.d.). *State Interagency Coordinating Council*. Accessed November 9, 2023 from <https://www.dcyf.wa.gov/about/community-engagement/sicc>

³⁴¹ Washington Department of Children, Youth, and Families. (n.d.). *Parent Advisory Group*. Accessed November 17, 2023 from <https://www.dcyf.wa.gov/about/community-engagement/pag>

9 A Strong and Supported Early Childhood Workforce

Introduction

The COVID-19 pandemic presented Washington’s already strained early care and education (ECE) workforce and child care businesses with extreme pressures and challenges. At the same time, the pandemic increased the sector’s visibility and public support for child care providers and businesses. Child care providers, who are essential workers, responded to myriad rapidly changing challenges during the pandemic. DCYF and their ECE workforce partners adapted their efforts as well, shifting the focus, modalities, and timelines for their work. In 2022-2023, both providers and those delivering professional development and ECE quality supports to them are adjusting again, this time to a new “normal” after the pandemic.

The child care sector has an insufficient supply of child care slots, a shortage of qualified staff, high staff turnover, and a gap between what fair pay for child care workers looks like and what parents can afford to pay. It is also characterized by the diverse strengths and needs of both families and ECE professionals. Child care businesses are struggling to stay afloat. Many business owners fear that licensing, quality ratings, and other state requirements and policies will burden them further.

Since 2020, Washington has relied upon and added to professional development supports for the ECE workforce and early care and education facilities and businesses. Key partners in this work are [Child Care Aware of Washington](#) (CCA of WA), which provides coaching, training and other professional supports as part of the Early Achievers Quality Recognition and Improvement System and the [Imagine Institute](#), which implements the shared services hub, the substitute pool, and professional and business supports to licensed family child care homes and licensed independent child care centers.

The state has focused on increasing and developing trauma-informed and healing-centered supports for providers, creating a statewide model for trauma-informed and healing-centered professional development. This work also includes providing financial incentives for training, developing new trainings, and creating Healing-Centered and Trauma-Informed Professional Competencies designed to be applied across systems of care.

In 2021 and 2022, DCYF and the [Child Care Collaborative Task Force](#) (C3TF) completed a series of studies and reports related to the affordability of child care and the “true cost” of quality child care. The [final report](#) describes detailed policy recommendations.

Through the federal [American Rescue Plan Act](#) (ARPA) and the [Washington Fair Start for Kids Act](#) (FSKA), both of which were passed in 2021, the state provided grants and implemented system changes to help stabilize child care business and the ECE workforce. This included efforts to reduce barriers and facilitate access to training and professional development so that

ECE professionals can meet required qualifications and begin teaching. The [2023 FSKA evaluation report](#) describes FSKA strategies and outcomes to date in detail.³⁴²

Community Outreach Update

Community outreach since 2019 has focused on asking ECE professionals and other stakeholders about the impacts of the pandemic. They were engaged in a variety of ways—from requesting basic feedback to ongoing participation on advisory groups and an array of workforce-related activities. The C3TF requested feedback on specific changes to licensing and professional development databases.

During the pandemic, CCA of WA conducted surveys and webinars with child care providers to help provide timely information about child care closures, lay-offs, and economic and other business impacts of the pandemic.³⁴³ DCYF, CCA of WA, and [Cultivate Learning](#) at the University of Washington engaged child care providers, Early Achievers coaches and partners, families, and other stakeholders in an Early Achievers redesign process using equity-focused [Liberatory Design methodologies](#). Interviews, discussion groups, surveys, and feedback loops have been integral in both the process and the evaluation of the redesign.³⁴⁴

A 2021 survey of center-based ECE educators assessed their experiences during the COVID-19 pandemic. The survey revealed a workforce experiencing stress, increased and shifting expectations, and financial insecurity. At the same time, workers expressed dedication to their profession and were proud of their role as “essential workers.”³⁴⁵

Other data collection endeavors reveal a workforce eager for professional development, particularly related to challenging behaviors among children and supporting the social and emotional health of both children and their care providers.³⁴⁶ However, workers are also wary of unfunded mandates, burdens associated with meeting state licensing and quality rating requirements, and current and potential racial and gender inequities in ECE policies and systems.³⁴⁷

³⁴² Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

³⁴³ As cited by Washington State Department of Commerce. (2020). *Child care industry assessment and facility needs assessment*. <https://www.commerce.wa.gov/wp-content/uploads/2020/08/Child-Care-Collaborative-Task-Force-Industry-Assessment-Report.pdf>

³⁴⁴ The Athena Group. (2022). *Washington Early Achievers 2022 evaluation*. Child Care Aware of Washington. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

³⁴⁵ Quinn, E., Stover, B., Otten, J., & Seixas, N. (2022). *Early care and education workers' experience and stress during the COVID-19 pandemic*. International Journal of Environmental Research and Public Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8910108/>

³⁴⁶ The Athena Group (2021). *Infant-Early Childhood Mental Health Consultation (IECMHC) interim evaluation report*. Child Care Aware of Washington. See Appendix in Washington State Department of Children, Youth, and Families (2021). *Holding Hope: Infant-Early Childhood Mental Health Consultation in Early Achievers*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/IECMHC-ProgramOutcomes2021.pdf>

³⁴⁷ Washington State Department of Commerce. (2022). *The true cost of quality child care in Washington*. <https://deptofcommerce.box.com/shared/static/1rq4ld3dnqxbxn22bmpucrb3l25lnol.pdf>

Initiatives such as the C3TF engaged community members through both point-in-time efforts and longer-term involvement in the task force or related advisory groups. These efforts include a 2020 survey of over 1,500 parents of children aged 0-12 regarding child care arrangements, costs, preferences (such as nontraditional hours), and challenges. Community engagement groups were convened by community partners that were focused on groups typically under-represented in surveys. The State Employee Child Care Survey, completed by 6,348 state employees, aimed to estimate the number of state employees' children ages 12 and under who receive care from early learning providers. The survey estimated the number of children whose care is paid for with state subsidies and described challenges in accessing or paying for child care.³⁴⁸

The [DCYF Professional Development department](#) has conducted—and continues to conduct—community engagement related to specific initiatives. One example is [Provider Access to a Community Equivalent](#) (PACE), a community-based training pathway to make certain required licensing qualifications more accessible. Other licensing and training efforts have also been completed.³⁴⁹

The Infant and Early Childhood Mental Health Consultation (IECMHC) evaluation conducted by CCA of WA conducted focus groups and gathered survey data from licensed child care providers and Early Achievers staff to gather their perspectives on the mental health needs of program staff, families, and children.³⁵⁰ In March 2023, CCA of WA launched provider and parent feedback surveys to further inform program development and improvement.³⁵¹

New Initiatives Since The 2020 Needs Assessment

DCYF's Office of Innovation, Alignment, and Accountability (OIAA) expanded access to child care market and workforce data, creating [online dashboards](#). These dashboards include Child Care and Early Learning Need and Supply Data; Subsidy Take Up (the number of children in eligible families participating in Working Connections Child Care [WCCC] subsidy); two dashboards with information about pandemic-related Child Care Stabilization Grant Awards; and a monthly Early Achievers Data Dashboard.³⁵² In addition, OIAA's [Prevention Dashboard](#) reports community-level data to understand the array of prevention needs.

³⁴⁸ Both surveys are summarized in: ICF. (2020). *Washington child care industry assessment Volume I: Report*. <https://deptofcommerce.app.box.com/s/z61nky97huonpgq34of4ky68kvmtlx9>

³⁴⁹ Washington State Department of Children, Youth, and Families. (n.d.). *Professional development engagement efforts*. <https://www.dcyf.wa.gov/services/earlylearning-profdev/engagement>

³⁵⁰ The Athena Group (2021). *Infant-Early Childhood Mental Health Consultation (IECMHC) interim evaluation report*. Child Care Aware of Washington. See Appendix in Washington State Department of Children, Youth, and Families (2021). *Holding Hope: Infant-Early Childhood Mental Health Consultation in Early Achievers*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/IECMHC-ProgramOutcomes2021.pdf>

³⁵¹ Child Care Aware of Washington. (2023). *Holding Hope IECMHC semi-annual narrative report FY 2023: October 1, 2022-March 30, 2023*. (provided by Washington State Department of Children, Youth, and Families.)

³⁵² Washington State Department of Children, Youth, and Families. (n.d.). *Early learning dashboards*. <https://www.dcyf.wa.gov/practice/oiaa/reports/early-learning-dashboards>

In 2021, DCYF published a child care market rate survey, which is conducted every three years as part of the federal requirements for participation in the Child Care and Development Fund. A significant finding was, “while subsidized child care rates have increased substantially in recent years, they are not keeping pace with the increases providers are reporting in the private market.”³⁵³

C3TF was established by the legislature in 2018. In 2019, the legislature expanded the task force’s mandate to include reporting findings and recommendations on the true cost of quality child care. That work was paused during the pandemic, and in 2021 the legislature directed and funded the task force to resume and complete the work. In December 2022, C3TF submitted its final report to the legislature, [The true cost of quality child care in Washington](#).³⁵⁴ The report recommended that the state move away from using the market rate survey as the basis for setting subsidy rates and instead use a model based on the cost of quality care as described in the report. The task force recommended that DCYF “own” the child care cost estimation model, update it annually, use it to inform subsidy rate setting, and use it to provide data updates to existing oversight committees such as ELAC. The report drew upon:

- Four previous task force reports to the legislature,
- A 2019 report produced by a collaboration among task force partners,³⁵⁵ and
- A child care cost estimation model developed by [Prenatal-to-Five Fiscal Strategies](#).

DCYF, CCA of WA, and Cultivate Learning at the University of Washington collaborated to lead a redesign process for the [Early Achievers Quality Recognition and Improvement System](#) (QRIS) and the related training and professional development services that CCA of WA and its regional partners provide to licensed child care providers who are enrolled in Early Achievers. The rollout of the redesign began in December 2021. The goals of the redesigned QRIS include: more equitably recognize child care program quality, focus on reflective coaching and [Relationship-Based Professional Development](#) (RBPD), and increase transparency and ease stress for providers participating in the system.³⁵⁶ More details are provided below.

[FSKA](#) provides millions of dollars to licensed and certified early care and education providers in the form of Child Care Stabilization Grants, Early Childhood Equity Grants, and Complex Needs Fund awards.³⁵⁷ The FSKA changed subsidy policies to improve the affordability of child care,

³⁵³ Berkson, B. (2021). *2021 Washington State child care market rate study*. Washington State Department of Children, Youth & Families and Center for Economic and Business Research, Western Washington University. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ChildCareMarketRateStudy2021.pdf>

³⁵⁴ Washington State Department of Commerce. (2022). *The true cost of quality child care in Washington*. <https://deptofcommerce.box.com/shared/static/1rq4ld3dnqboxn22bmpucrb3l25lnol.pdf>

³⁵⁵ Washington State Department of Commerce. (2019). *The mounting costs of child care: Impacts of child care affordability and access to Washington’s employers and economy*. <https://deptofcommerce.app.box.com/s/gg22xbci2h1x1h0h860r0j26uogblsi>

³⁵⁶ The Athena Group. (2022). *Washington Early Achievers 2022 evaluation*. Child Care Aware of Washington. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability.)

³⁵⁷ Washington State Department of Children, Youth, and Families. (2022). *DCYF provides grant opportunities to help strengthen and stabilize the child care workforce*. Accessed January 29, 2024 from

added professional development resources to support trauma-informed care, increased compensation for dual language providers and providers trained in trauma-informed care, allocated funds and established processes to connect child care providers to health care and other benefits, and set a spending goal to support a substitute pool.^{358,359} DCYF’s Office of Innovation, Alignment, and Accountability (OIAA) published the first [FSKA evaluation report](#) in October 2023 and intends to produce a similar report every two years, with the next report scheduled for September 2025.³⁶⁰

The [Imagine Institute](#), a nonprofit organization dedicated to supporting child care providers and businesses, has deepened and expanded its work and its collaboration with DCYF in the years since the 2020 Needs Assessment. The Imagine Institute expanded training hours by 68% in 2021 (in the midst of the pandemic),³⁶¹ and launched the [Shared Services Hub](#) in 2022 (See section 9.3.2, “Shared services initiative”). The Institute steadily increased engagement with and use of the substitute pool, which is designed to support licensed Family Home and Child Care Center providers in accessing substitutes for program coverage. The substitute pool program helps to recruit and train substitutes to become qualified and available across the state. The Institute also continued supporting the development of new licensed family child care businesses through the Imagine U program.³⁶²

Through FSKA, DCYF is increasing trauma-informed care supports for eligible providers. This includes [rule making](#) and distributing financial awards for completing DCYF-recognized trauma-informed education and training. Since 2020, the DCYF Early Learning Division’s [Workforce Growth, Quality, and Recognition team](#):

- Developed a statewide model to implement trauma-informed supports for early care and education professionals,
- Created [financial incentive processes](#) and adjusted [rules](#) and [policies](#) to promote the participation of child care providers in trauma-informed, healing centered trainings,
- Built and piloted the Trauma-Informed and Healing-Centered Foundations Training (that will include training across Early Learning, Child Welfare, and Juvenile Rehabilitation),
- Articulated Healing-Centered and Trauma-Informed Professional Competencies, and

<https://www.dcyf.wa.gov/news/dcyf-provides-grant-opportunities-help-strengthen-and-stabilize-child-care-workforce>

³⁵⁸ Washington State Department of Children, Youth, and Families (n.d.). *Fair Starts for Kids Act: Washington’s bold plan for child care and early learning*. <https://www.dcyf.wa.gov/about/government-affairs/fair-start-for-kids-act>

³⁵⁹ Washington State Department of Commerce. (2021). *Washington State Child Care Access Strategy: A strategy, timeline, and implementation plan to reach the goal of accessible, affordable child care for all Washington families*. <https://www.commerce.wa.gov/wp-content/uploads/2021/08/FINAL-June-2021-C3TF-Legislative-Report.pdf>

³⁶⁰ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

³⁶¹ The Imagine Institute. (2021). *The Imagine Institute annual report FY21*.

<https://issuu.com/theimagineinstitute/docs/the-imagine-institute-annual-report-fy-2021>

³⁶² The Imagine Institute. (2023). *Fiscal Year 2023 impact report*. <https://issuu.com/theimagineinstitute/docs/the-imagine-institute-fy23-impactreport>

- Launched the Washington Pyramid Model (WAPM), a framework for growing social emotional skills, in three child care centers in collaboration with the Office of Superintendent of Public Instruction (OSPI). The Pyramid Model aims to, among other things, increase teacher competence and confidence to support children.³⁶³

To help sustain the child care sector through the pandemic, DCYF allocated over \$360 million in stabilization grants to licensed child care providers through the federal American Rescue Plan Act (ARPA) as of November 2022.³⁶⁴

The state budget and bills passed in 2023 support implementation of some of the recommendations of C3TF, including increased child care subsidy reimbursement rates and extended cash supports and professional development initiatives.³⁶⁵ In particular, [Senate Bill 5225](#), which was implemented on October 1, 2023, expanded subsidy eligibility to parents and caregivers who work as child care providers and meet specific criteria, families participating in therapeutic courts, and children who reside in Washington state regardless of citizenship status who are otherwise eligible.³⁶⁶

High Level Summary of Updated Data

9.1 The landscape for Washington state’s early childhood workforce

9.1.1 Licensed child care providers

As of May 2023, there were 58,468 active early learning workers in the [MERIT Workforce Registry](#). Of that group, 32,962 were working in child care centers and 12,951 were working in licensed family care homes; this includes ECEAP and Head Start facilities.³⁶⁷ The oft-cited [2015 market rate survey report](#) described turnover rates among ECE professionals as high as 43%³⁶⁸ and a 2019 report (included in the 2020 Needs Assessment) reported that over 51% of early

³⁶³ Personal Communication, Jess Mayrer, Trauma-Informed Professional Development Coordinator, DCYF, July 2023.

³⁶⁴ Washington State Department of Children, Youth, and Families (n.d.). *DCYF Child Care Stabilization Grant “fast facts.”* Accessed December 5, 2023 from <https://www.dcyf.wa.gov/sites/default/files/pdf/StabilizationGrantFastFacts.pdf>

³⁶⁵ Child Care Aware of Washington. (2023). *2023 Legislative Session recap.* Accessed December 5, 2023 from <https://childcareawarewa.org/2023/05/01/2023-legislative-session-recap/>

³⁶⁶ Washington State Department of Children, Youth, and Families. (2023). *Important update – Working Connections Child Care (WCCC) eligibility expansion begins Oct. 1.* Accessed December 5, 2023 from <https://content.govdelivery.com/accounts/WADEL/bulletins/3731a7c>

³⁶⁷ Washington State Department of Children, Youth, and Families. (n.d.). *DCYF MERIT Workforce Registry.* Accessed May 1, 2023. (provided by Washington State Department of Children, Youth, and Families.)

³⁶⁸ Moore, D. & Gertseva, A. (2015). *Washington State 2014 Child Care Survey: Child care rate and resources in Washington State.* Washington State Department of Early Learning. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2015MarketRateSurveyReport.pdf>

learning facilities had at least one unfilled position (including lead teacher, assistant teacher, program manager, and administrator).³⁶⁹

The [2023 FSKA evaluation report](#) details the dips in licensed child care capacity during the pandemic as well as the patterns of recovery through May 2021. The evaluation found that temporary COVID-19-related closures did not appear to contribute to providers closing their businesses permanently. However, the public health emergency did negatively impact provider entry into the child care market, with significantly fewer people obtaining child care licenses. Family child care homes were less impacted by temporary closures than child care centers.

Different methods of assessing the growth (or shrinking) and related trends in the child care workforce result in conflicting findings. Data from the Bureau of Labor Statistics (BLS) show that Washington state, like much of the nation, experienced a long-lasting reduction of workers employed in the child care industry following the onset of the COVID-19 pandemic that has only recently recovered. In the 12 months prior to March 2020, BLS reports the child care industry in Washington employed an average of 20,700 workers each quarter. That number fell to a low of 17,077 workers in the year following the pandemic and recovered to over 20,000 in the second quarter of 2022.³⁷⁰ Initial analyses of early learning workforce data from MERIT included in the FSKA evaluation report do not corroborate that finding, showing instead a decrease in child care and early learning workforce from 2021 to 2022. More data of higher quality will be required to support more detailed and conclusive analyses in the future.

DCYF has distributed \$361.2 million in Child Care Stabilization Grant support to 5,375 licensed child care and early learning providers across the state since October 2021. The FSKA 2023 evaluation reports strong evidence that these grants helped to stabilize Washington’s child care provider supply, with a particularly positive effect on providers serving communities identified as high priority and furthest from opportunity (for example, communities in areas of the state with racial disparities in kindergarten readiness and those with high concentrations of children of color). Dashboards created by OIAA provide information about stabilization grant awards with details about [location and type of provider](#) and about the [ZIP Code factors](#) used to target funding to extreme child care access deserts; marginalized, low-income communities; communities of color; and areas with high COVID-19 impact.

Child care providers, while committed to and proud of their profession, were stressed and faced particular stressors during the pandemic. In response to a 2021 survey of center-based early childhood educators in Washington state, 57% of workers reported moderate or high levels of stress, citing financial insecurity and significant changes and increases in job roles and

³⁶⁹ Abrams, A. (2019). *Report to the Washington State Legislature: Compensation Technical Workgroup*. Washington State Department of Children, Youth, and Families. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/CompensationTechWrkgrpRprt.pdf> (OIAA reports that this particular study has not been duplicated since then.)

³⁷⁰ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 Evaluation Report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

responsibilities (related to the pandemic) as contributors to stress.³⁷¹ In that same survey, 86% of respondents reported that they hoped to be working in the early childhood education field in one year, indicating that many workers are dedicated to the field despite experiencing significant stress.

9.1.1.1 Workforce compensation, including wages, benefits, and pay equity

Compensation for child care providers falls far short of living wages. In 2022, consultants to the Child Care Collaborative Task Force completed a cost estimation model to estimate per-child costs of quality child care, with several different options for the basis of child care provider compensation. They found that compensation falls far short of living wages and that Working Connections Child Care (WCCC) subsidies fall far short of covering the cost of quality care.³⁷² The study report includes a table with current salaries by role and region and another table with living wage salaries for eight different child care provider roles by region, with dramatic differences between the two tables. For example, the average current salary for a lead teacher in central Washington is \$32,550 and a living wage (calculated using MIT’s Living Wage Model) for the same position in same region is calculated to be \$57,746.

In 2023, at DCYF’s request, the Compensation Design Team at CCA of WA made recommendations on shifting to using the [cost of quality care model](#) as a basis for WCCC subsidy rates (as recommended by C3TF). The cost of quality care model includes variables such as an assumed wage level for child care staff, with one option being parity with K-12 teachers and another option meeting the [MIT living wage standard](#); the design team recommended adoption of the latter. The design team also recommended a change to the regional rate structure itself. Making the changes the design team recommends would require a significant increase in the state’s investment in subsidy base rates. The recommendations will inform DCYF budget requests to the Legislature for the 2025 session (additional details and recommendations about compensation are forthcoming).

The 2023 state budget included the child care “Access and Living Wage” proviso, allocating \$500,000 for DCYF to produce an implementation plan for an early care and education system that costs parents no more than seven percent of their income and provides the ECE workforce with benefits and living wages.^{373,374} The plan is due to the legislature in June 2025.

³⁷¹ Quinn, E. L., Stover, B., Otten, J. J., & Seixas, N. (2022). Early care and education workers’ experience and stress during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 19(5). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8910108/>

³⁷² Capito, J. & Workman, S. (2022). *Understanding the true cost of child care in Washington State: A cost estimation model to inform policy change*. Prenatal to 5 Fiscal Strategies. See Appendix E in Washington State Department of Commerce (2022). *The true cost of quality child care in Washington*. <https://deptofcommerce.box.com/shared/static/1rq4ld3dnqxbxn22bmpucrb3l25lnol.pdf>

³⁷³ Personal Communication, Matt Judge, Child Care Administrator, DCYF, December 4, 2023.

³⁷⁴ Demkovich, L., (2023). Washington may avoid child care cliff, but many providers are still struggling. *Washington State Standard*. <https://washingtonstatestandard.com/2023/10/04/washington-may-avoid-child-care-cliff-but-many-providers-are-still-struggling/>

As of January 2022, over 30% (12,500) of the nearly 40,000 child care employees in Washington received health care coverage through Washington Healthplanfinder. More than 2,300 of those had newly gained health coverage through the Healthplanfinder. As of October 2023 (less than two years after the program started), 852 ECE professionals were enrolled in the child care premium assistance program. This program, passed in 2021, offering \$0 health care premiums to employees of licensed child care facilities who have an annual income under 300% of the federal poverty level and do not qualify for Washington Apple Health.³⁷⁵

The poverty rate for child care providers in Washington is 17.7%, more than twice as high as Washington workers in general (8.2%) and more than seven times higher than K-8 teachers (2.3%).³⁷⁶ In a 2021 survey of child care providers, nearly 60% reported relying on one or more sources of public assistance to make ends meet.³⁷⁷

9.1.1.2 Licensing and standards

The [FSKA Temporary Licensing Subcommittee](#), formed in 2021, is “charged with providing feedback and recommendations on the improvement of the statewide licensing process” for child care and early learning providers and programs. The subcommittee submitted a draft list of recommendations and a report to DCYF in October 2022.³⁷⁸ A document tracking progress on the 37 recommendations is available on the DCYF website.³⁷⁹ The overall goals of this effort are to sustain and increase licensed child care and ECE provider businesses in the state.

9.1.1.3 Culturally responsive early learning services

As of May 2023, early learning workers identified as belonging to the following racial/ethnic categories: 53% White, 23% Hispanic/Latino, 13% other, 12% Black or African American, 9% Asian, 2% American Indian or Alaska Native, 1% Native Hawaiian or Other Pacific Islander, and 10% unknown.³⁸⁰ Higher proportions of White workers held administrator and home visitor roles compared to workers of other races. Like the findings in 2020, about one-third (34%) of people with the most contact with children—teachers—are people of color. Over one-quarter

³⁷⁵ Washington Health Benefit Exchange. (n.d.). *Premium assistance for employees of licensed child care facilities: Early program highlights*. https://www.wahbexchange.org/content/dam/wahbe-assets/partners/Child%20Care%20Highlights%20Handout_02.14.2022.pdf

³⁷⁶ Gould, E., Whitebook, M., Mokhiber, Z., & Austin, L. J. E. (2020). *Financing early educator quality: A values-based budget for every state*. <https://cscce.berkeley.edu/publications/report/financing-early-educator-quality-a-values-based-budget-for-every-state/>

³⁷⁷ Quinn, E. L., Stover, B., Otten, J. J., & Seixas, N. (2022). Early care and education workers’ experience and stress during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 19(5). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8910108/>

³⁷⁸ Washington State Department of Children, Youth, and Families. (2022). *Fair Start for Kids Act Temporary Licensing Subcommittee: Recommendations to DCYF*. <https://www.dcyf.wa.gov/sites/default/files/pdf/FSKA-TLS-RecommendationsReport.pdf>

³⁷⁹ Washington State Department of Children, Youth, and Families. (2023). *Early Learning Advisory Council (ELAC): Temporary Licensing Subcommittee recommendation tracker*. Accessed November 15, 2023 from https://www.dcyf.wa.gov/sites/default/files/pdf/gov/docs/O60623_ELAC_TLS_Tracker%20.pdf

³⁸⁰ Washington State Department of Children, Youth, and Families. (n.d.). *DCYF MERIT Workforce Registry*. Accessed May 1, 2023. (provided by Washington State Department of Children, Youth, and Families.)

(27%) of the child care providers enrolled in Early Achievers speak a primary language other than English. Spanish and Somali are the most common languages after English.³⁸¹

Data and community perspectives highlight racial, gender, and cultural inequities related to the ECE workforce. The undercompensated child care workforce is disproportionately comprised of low-income women of color.³⁸²

9.1.2 Providers working in home-based and informal settings

In 2019, Washington’s [Home Visiting Services Account](#) (HVSA), together with regional Home Visiting partners, published findings from a study focused on the home visiting workforce.³⁸³ The report identified turnover of home visitors (around 23% annually), as an issue affecting both the quality and reach of home visiting, as staff retention is highly associated with family retention. Survey responses indicated that low pay and a lack of promotional opportunities drive home visiting attrition. Close to 25% of home visitors rely on two or more public assistance benefits to make ends meet. Notably, being a home visiting professional of color was predictive of \$1.35 less in hourly pay, which is approximately \$3,000 per year. The [2020 home visiting needs assessment](#) identified an “imminent need to explore new ways to recruit and retain a new workforce” and stated that workforce retention is “one of the most critical strategies to improving family engagement outcomes, including enrollment, visit dosage, and retention and overall participation in home visiting services.”³⁸⁴

In response to a 2021 legislative request, the Home Visiting Advisory Committee submitted a list of recommended strategies in June 2022 to support the home visiting workforce, including adjusting contracts to reflect the true cost of the services.³⁸⁵ The state budget passed in 2023 included \$2 million for home visiting rate increases.³⁸⁶ Also in 2022, Start Early Washington published the Washington State Home Visiting Core Competencies for both [home visitors](#) and for [home visiting supervisors](#).³⁸⁷ The [Start Early Washington Home Visiting Implementation Hub](#)

³⁸¹ The Athena Group. (2022). *Washington Early Achievers 2022 evaluation*. Child Care Aware of Washington. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

³⁸² ICF. (2020). *Washington child care industry assessment Volume I: Report*. <https://deptofcommerce.app.box.com/s/z61nky97huonpgq34of4ky68kvmtllx9>

³⁸³ Franko, M., Schaack, D., Roberts, A., Molieri, A. Wacker, A., Estrada, M., & Gann, H. (2019). *The Region X Home Visiting Workforce Study*. Butler Institute for Families, Graduate School of Social Work, University of Denver. <https://www.dcyf.wa.gov/sites/default/files/pdf/RegXWorkforceStudy.pdf>

³⁸⁴ Washington State Department of Children, Youth, and Families, Washington State Department of Health, and Ounce Washington. (2020). *Washington State home visiting needs assessment*. Washington State Department of Children, Youth, and Families. <https://www.dcyf.wa.gov/sites/default/files/pdf/WA2020MIECHV-NeedsAssessment.pdf>

³⁸⁵ Home Visiting Advisory Committee (2022). *Home Visiting Advisory Committee recommendations to the Washington State Legislature and the Department of Children, Youth, and Families (in response to legislative proviso)*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/HVACRecommendations2022.pdf>

³⁸⁶ Start Early Washington. (n.d.). *New early learning investments: 2023-2025*. https://www.startearly.org/app/uploads/2023/08/New-Early-Learning-Investments-2023_2025.pdf

³⁸⁷ Start Early Washington. (2022). *Washington State Home Visiting Core Competencies*. <https://www.startearly.org/where-we-work/washington/home-visiting-core-competencies/#download>

offers a suite of training opportunities, communities of practice, and other resources for professional development and supports for home visitors and home visiting programs.

Family, Friend, and Neighbor Care providers (FFNs) are an important part of Washington children’s early learning experiences and families’ child care arrangements. FFNs are eligible to receive payments through the WCCC subsidy program. In 2021 the child care provider collective bargaining agreement included rate increases for FFN providers.³⁸⁸ (See Section 7.3.2.2, “Availability of Family, Friend, and Neighbor Care,” for more information.)

9.1.3 Kindergarten through third grade educators

The 2020 Needs Assessment observed that the demographics of K–12 students and K–3 teachers demonstrate a predominantly white teaching workforce with an increasingly diverse group of students. That was still true for the 2021-2022 school year:

- 1.2% of students are American Indian/Alaskan Native vs. 0.8% of teachers.
- 4.8% of students are Black/African American vs. 1.6% of teachers.
- 1.4% of students are Native Hawaiian/Pacific Islanders vs. 0.3% of the teachers.³⁸⁹

A study published in 2023 found that Washington teacher attrition and turnover rates are at historic highs, with the overall turnover rate in 2022 at 19.8%. Increases in turnover were concentrated in high-poverty schools.³⁹⁰

Among K–3 teachers, approximately 19% to 22% were categorized as “inexperienced status” in the 2021-2022 school year (i.e., fewer than five years of teaching experience).³⁹¹

A 2022 report from the [Washington State Professional Educator Standards Board](#) found that the top two statewide shortage areas are in Special Education (including early childhood special education) and Early Childhood/Elementary.³⁹²

Kindergarten educators are supported in delivering high-quality early learning by the [Washington Kindergarten Inventory of Developing Skills](#) (WaKIDS) transitional process (see also Section 7.4, “[Washington Kindergarten Inventory of Developing Skills](#),” above). All school districts

³⁸⁸ Child Care Collaborative Task Force. (2021). *Washington State child care access strategy: A strategy, timeline and implementation plan to reach the goal of accessible, affordable child care for all Washington Families*. Washington State Department of Commerce.

<https://deptofcommerce.app.box.com/s/tc6pqaz3cgufb8mq6ygdzjbjlghunn29>

³⁸⁹ Washington Office of Superintendent of Public Instruction. (n.d.). *Washington State report card*. Accessed December 5, 2023 from <https://washingtonstatereportcard.ospi.k12.wa.us/>

³⁹⁰ Goldhaber, D., & Theobald, R., (2023). *Teacher turnover three years into the pandemic era: Evidence from Washington State*. Calder Center for Analysis of Longitudinal Data in Education Research. Accessed December 5, 2023 from <https://caldercenter.org/sites/default/files/CALDER%20Policy%20Brief%2032-0223.pdf>

³⁹¹ Washington Office of Superintendent of Public Instruction. (n.d.). *Washington State report card: State total*. Accessed December 5, 2023 from <https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300>

³⁹² Professional Educator Standards Board. (n.d.) *December 2022 shortage areas: Statewide shortage areas*. Accessed December 7, 2023 from <https://www.pesb.wa.gov/current-educators/educator-shortage/> (click on “[View 2022 shortage areas.](#)”

are required to offer full-day kindergarten and implement three components of WaKIDS: family connection, whole child assessment, and early learning collaboration (at the regional level).

The Office of Superintendent of Public Instruction (OSPI) offers an [array of tools and resources related to WaKIDS](#), including the WaKIDS 101 training that is required for all kindergarten teachers, Transitional Kindergarten teachers, and special education teachers who support kindergartners.³⁹³ The 2020 Needs Assessment noted concerns that many teachers, principals, and district administrators are unaware of or not accessing the available supports.

9.2 Washington state initiatives that support the early childhood workforce

DCYF Office of Professional Development worked to reduce barriers and facilitate access to training and professional development so that ECE professionals can meet required qualifications. Figure 9-1 below provides a list and key details about FSKA professional development initiatives (adapted from the [2023 FSKA evaluation report](#)).

Figure 9-1. FSKA professional development strategies

Activity	Braided funding	Instances
Increase no-cost access to required training	\$3,000,000	479
Increase delivery of trauma-informed care training	\$500,000	142 (21 in Spanish, 23 in Somali), reaching 3,828 people
Increase Early Achievers scholarships by \$1 million per year	Data not available	Not applicable
Update, revise, and develop required and prioritized content for access to quality professional development	\$935,000	Not applicable
Increase supports for state-approved trainers	\$90,000	Data not available
Implement early math professional development strategy	\$115,000	12
Development of data system and learning management for training delivery	\$100,000	Not applicable
Invest in provider co-design groups for content development	\$180,000	12

Source: Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

³⁹³ Washington Office of Superintendent of Public Instruction. (n.d.). *WaKIDS frequently asked questions*. Accessed December 7, 2023 from https://ospi.k12.wa.us/sites/default/files/2022-12/WaKIDS_Frequently_Asked_Questions.pdf

Early Achievers completed a redesign and began the rollout of a revised program. The new system is “intended to establish a Provider-led process for identifying goals and equitably recognizes child care program quality. It focuses on Relationship Based Professional Development (RBPD) between Coaches and Providers, employs feedback and continuous quality improvement over time, and lowers the stakes of the former rigid, top-down rating system.”³⁹⁴ System improvements include virtual quality recognition, multiple pathways to maintain and reach higher Early Achievers levels, and enhanced coaching supports. CCA of WA and six regional contracted partners deliver Early Achievers coaching and professional development to child care providers, with hundreds of Early Achievers staff who are also part of the ECE workforce (such as coaches, trainers, and leads) in their roles supporting high quality ECE settings. CCA of WA provides DCYF with detailed data about hours of coaching, technical assistance, assessments, relationship-based professional development, and needs-based grants provided to child care providers, disaggregated by region.³⁹⁵ (See a high-level summary of these data below in Section 9.2.1, “Relationship-based professional development.”)

DCYF is deepening and expanding trauma-informed care supports for eligible workers. This includes rulemaking and distributing financial awards for completion of DCYF-recognized trauma-informed education and training. DCYF was allocated \$2.2 million from FSKA to distribute to individual providers, providing financial incentives of up to \$1,200 for completion of recognized trauma-informed training and education. The agency authorized \$2.1 million in awards to 3,077 eligible participants, with an average award of \$717 per recipient.³⁹⁶

The Imagine Institute sharply expanded the use of the substitute pool between 2020 and 2023. In fiscal year 2023, 907 providers drew upon 769 approved substitutes to provide relief time,³⁹⁷ up from just 100 providers accessing just over 300 substitutes from the pool in 2019.³⁹⁸

9.2.1 Supports for a diverse early learning workforce

9.2.1.1 Support for a diverse early learning workforce

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

³⁹⁴ The Athena Group. (2022). *Washington Early Achievers 2022 evaluation*. Child Care Aware of Washington. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

³⁹⁵ Child Care Aware of Washington. (2022). *Core Services Contract: FY 2022 report*. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

³⁹⁶ Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

³⁹⁷ The Imagine Institute. (2023). *Fiscal Year 2023 impact report*. <https://issuu.com/theimagineinstitute/docs/the-imagine-institute-fy23-impactreport>

³⁹⁸ The Imagine Institute. (2021). *The Imagine Institute annual report FY21*. <https://issuu.com/theimagineinstitute/docs/the-imagine-institute-annual-report-fy-2021>

- A [Quality Improvement Plan for Racial Equity in Early Achievers](#) with three overarching goals: 1) building trust through transparent communication, 2) engaging with a diversity of ECE partners and families with young children, and 3) creating ongoing processes to examine systems for issues of inequity and addressing them.³⁹⁹
- Two Early Achievers advisory groups focused on equity: the Aligned Provider Services Equity Advocacy Group and the Early Achievers Equity Advisory Group.
- [Provider Access to a Community Equivalent](#) (PACE), a community-based option to meet provider education requirements.⁴⁰⁰
- A [Dual Language Designation](#) for licensed and certified early care and education providers that, among other qualifications, serve multilingual children and families and have “at least one bilingual staff providing instruction in English and a partner language or are a Tribal language revitalization program.”⁴⁰¹ Through June 30, 2023, DCYF distributed \$3 million to 889 Dual Language Designation programs representing 1,199 classrooms. Over 1,200 programs applied for and were eligible for funding. DCYF used the FSKA priority ZIP code factors to prioritize awards.⁴⁰²

9.2.1.2 Relationship-based professional development

In FY 2022, Early Achievers delivered a total of 3,641 coaching hours to 1,765 unique child care providers, 1,328 total hours of technical assistance to 1,696 Early Achievers participants, and 1,130 hours of rating readiness consultation to 735 unique providers.⁴⁰³

In FY 2023, the Imagine Institute delivered training to licensed family child care providers and FFN providers, providing 784 hours of state-approved trainer professional development and 60 hours of dual language learning training that reached a total of 1,048 individuals.⁴⁰⁴

IECMHC is in high demand and continues to grow. Between April and September 2022, 225 child care providers received IECMHC consultations. Among the 91 new referrals during that time period, 64% were referred because of a specific child/family, which may indicate a risk of

³⁹⁹ Washington State Department of Children, Youth, and Families. (n.d.). *Equity in Early Achievers*. <https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers/equity>

⁴⁰⁰ Washington State Department of Children, Youth, and Families. (n.d.). *PACE – Provider Access to a Community Equivalent*. <https://www.dcyf.wa.gov/services/early-learning-providers/qualifications/child-care-providers/education-equivalents/pace>

⁴⁰¹ Washington State Department of Children, Youth, and Families. (n.d.). *Dual language learning*. <https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers/dual-language-learning>

⁴⁰² Washington State Department of Children, Youth, and Families. (2023). *The Fair Start for Kids Act 2023 evaluation report*. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FSKA-EvalReport-2023.pdf>

⁴⁰³ Child Care Aware of Washington. (2022). *Core Services Contract: FY 2022 Report*. Accessed December 31, 2022. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

⁴⁰⁴ The Imagine Institute. (2023). *Fiscal Year 2023 impact report*. <https://issuu.com/theimagineinstitute/docs/the-imagine-institute-fy23-impactreport>

child care expulsion. IECMHC coaches also provided 48 trainings and 570 hours of consultation to Early Achievers coaches.⁴⁰⁵

In 2021, a cross-institutional group including staff from DCYF and OSPI worked to align trainings in inclusion practices and trauma-informed care for infant and early learning coaches and educators, using the national [Pyramid Model](#)⁴⁰⁶ as a guide for their work. Washington’s Pyramid Model highlights three foundational approaches: inclusive differentiated learning, trauma-informed care, and anti-racist, anti-bias principles. It is a tool to support high-quality, comprehensive coaching and training for early learning providers in responding to the needs of children with complex behaviors, disabilities, and other challenges.⁴⁰⁷

9.2.1.3 Professional growth and facility management

[Imagine U](#), delivered by the [Imagine Institute](#), is “a relationship-based mentorship program designed to increase the number of licensed family home (LFH) child care providers in Washington.” The goal of Imagine U is to open 150 new early care and education businesses annually. In FY 2023, nearly 140 new LFH child care providers became licensed, creating up to 1,680 new child care slots across Washington.⁴⁰⁸ Imagine U participants can participate in English, Spanish, or Somali. Roughly one-third of participants choose to participate in English, one-third in Spanish, and one-third in Somali.

9.2.1.4 Quality improvement tools and incentives

DCYF provides funding opportunities, incentives, scholarships, and awards to recognize and support quality improvement through the [Early Achievers QRIS](#).⁴⁰⁹ As of July 2022, 76% of licensed family care and child care center providers in Washington were enrolled in Early Achievers.⁴¹⁰ The use of incentives to support ECE quality continues to grow. Examples include:

- The number of community and technical colleges participating in [Early Achievers Grants](#) increased to 27 in 2022 (up from 18 colleges in 2013–2014 and close to the 28 colleges participating in 2017–2018). The grants serve as a student financial aid program to help employed child care providers and early learning educators complete certificates and

⁴⁰⁵ Child Care Aware of Washington. (2023). *Holding Hope IECMHC semi-annual narrative report FY 2023: October 1, 2022-March 30, 2023*. Provided by Washington State Department of Children, Youth, and Families.

⁴⁰⁶ National Center for Pyramid Model Innovations. (n.d.). *What is the Pyramid Model?* https://challengingbehavior.org/wp-content/uploads/2023/07/ncpmi_flyer-pyramid.pdf

⁴⁰⁷ Washington State Department of Children, Youth, and Families. (n.d.). *Inclusion practices: Trauma-informed care and the Pyramid Model*. https://www.dcyf.wa.gov/sites/default/files/pubs/IAA_0004G.pdf

⁴⁰⁸ The Imagine Institute. (2023). *Fiscal Year 2023 impact report*. <https://issuu.com/theimagineinstitute/docs/the-imagine-institute-fy23-impactreport>

⁴⁰⁹ Washington State Department of Children, Youth, and Families. (n.d.). *Scholarships, incentives & awards*. <https://dcyf.wa.gov/services/earlylearning-profdev/scholarships-incentives-awards>

⁴¹⁰ The Athena Group. (2022). *Washington Early Achievers 2022 evaluation*. Child Care Aware of Washington. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

associate degrees in early childhood education.⁴¹¹ The program served a total of 1,810 scholars in fiscal year 2021 (up from 1,534 in 2018).⁴¹²

- Eligible providers participating in Early Achievers can apply for [Needs-Based Grants](#) to assist with purchasing curricula and instructional materials, equipment, or making environmental changes to support program quality.⁴¹³ Between October 1, 2020 and September 30, 2021, 273 child care centers received a total of \$272,129 in Need-Based Grants and 1,056 family child care home received a total of \$1.1 million in Need-Based Grants.⁴¹⁴ These numbers are significantly higher than the number of Needs-Based Grants distributed in 2018, when 105 child care centers received a total of \$104,222 and 258 family child care homes received \$192,728.
- Child care providers who enroll in Early Achievers receive an [increased subsidy from WCCC](#) as a quality incentive and, starting in September 2023, that rate increased by 2%.⁴¹⁵

9.3 Child care business model

The work and reports of C3TF provide extensive detail about the failures of the child care market. The task force recommends actions that will make child care business model more sustainable:

- Adopt a WCCC rate setting model based on the true cost of quality child care cost estimation model (including the cost of resources to support program quality),
- Distribute relief payments to licensed child care programs and members of the child care workforce,
- Develop plans to deliver publicly-funded wage supplements to the early care and education workforce, and
- Create a comprehensive workforce development strategy in partnership with providers, parents, and stakeholders.⁴¹⁶

⁴¹¹ Washington State Board for Community and Technical Colleges. (n.d.). *What is an Early Achievers Grant?* <https://www.sbctc.edu/paying-for-college/early-achievers-student-grant>

⁴¹² Washington Department of Children, Youth & Families' WaCompass Provider Portal. Accessed October 2022. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

⁴¹³ Washington State Department of Children, Youth, and Families and Washington Early Achievers (n.d.). *Early Achievers Needs-Based Grant overview and frequently asked questions.* <https://dcyf.wa.gov/sites/default/files/pdf/ea/NBG-Overview.pdf>

⁴¹⁴ Washington Department of Children, Youth & Families' WaCompass Provider Portal. Accessed October 2022. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

⁴¹⁵ Washington Early Achievers. (n.d.). *Early Achievers Subsidy Quality Incentive frequently asked questions (FAQ).* https://dcyf.wa.gov/sites/default/files/pdf/ea/EA_Level2_subsidy_quality_bonus.pdf

⁴¹⁶ Washington State Department of Commerce (2022). *The true cost of quality child care in Washington.* <https://deptofcommerce.box.com/shared/static/1rq4ld3dnqxbxn22bmpucrb3l25lnol.pdf>

In a survey of licensed providers in 2022, 20% of respondents reported that they were unsure whether they would remain open, and two percent reported that they were closing. Over half (56%) reported that their ability to hire and train new staff was extremely or moderately challenging. Similar proportions reported challenges in maintaining staff, supporting their own emotional well-being, and covering operating and overhead costs.⁴¹⁷

9.3.1 Cost of doing business

The final C3TF report includes cost estimation models (one each for center-based and licensed family child care) with figures that illustrate significant gaps between the true cost of quality care (including living wages and benefits) and current child care subsidy rates for infants, toddlers, preschoolers, and school-age children. For example, the estimated annual cost per child (including living wage salaries and benefits) for an infant in center-based care is \$34,074. The WCCC base subsidy amount per child at the time of the study was \$18,234. In a family child care home setting, the estimated annual cost per child for infant care (assuming living wage salaries and benefits) is \$20,577, while the WCCC base subsidy amount is \$12,287.⁴¹⁸

9.3.2 Shared services initiative

The [Shared Services Hub](#),⁴¹⁹ managed by the Imagine Institute in partnership with DCYF, was launched in 2022. It builds on and expands the child care business support work previously conducted solely by CCA of WA. The Shared Services Hub connects licensed family child care providers and child care center directors to resources and services to help grow their businesses, builds bonds with fellow providers, and enables access to free training and expert advice. The Shared Services Hub model is aligned with the [National Equity Project](#)'s 2020 Design Cycle and provides training, technical assistance, tools and resources, and professional learning opportunities. In fiscal year 2023, the Shared Services Hub served 307 child care centers and 1,296 licensed family child care providers. The hub engages with providers in English, Somali, Spanish, Arabic, and Oromo.⁴²⁰

⁴¹⁷ The Athena Group. (2022). *Washington Early Achievers 2022 evaluation*. Child Care Aware of Washington. (provided by Washington State Department of Children, Youth, and Families Office of Innovation, Alignment, and Accountability)

⁴¹⁸ Washington State Department of Commerce (2022). *The true cost of quality child care in Washington*. <https://deptofcommerce.box.com/shared/static/1rq4ld3dnqxbxn22bmpucrb3l25lnol.pdf>

⁴¹⁹ The Imagine Institute. (n.d.). *The Shared Services Hub*. <https://imaginewa.org/shared-services/>

⁴²⁰ The Imagine Institute. (2023). *FY23 annual report*. (provided by Washington State Department of Children, Youth, and Families.)

LIST OF ABBREVIATIONS

ACE	Adverse Childhood Experience
B-3 ECEAP	Birth-to-Three Early Childhood Education and Assistance Program
BIPOC	Black, Indigenous, and People of Color
C3TF	Child Care Collaborative Task Force
CCA of WA	Child Care Aware of Washington
DCYF	Washington State Department of Children, Youth, and Families
DOH	Washington State Department of Health
ECE	Early Care and Education
ECEAP	Early Childhood Education and Assistance Program
ECLIPSE	Early Childhood Intervention and Prevention Services
EHS	Early Head Start
ELAC	Early Learning Advisory Council
ELCP	Early Learning Coordination Plan
ELL	English Language Learner
ESIT	Early Support for Infants & Toddlers
FFN	Family, Friend, and Neighbor Care
FPL	Federal Poverty Line
FRC	Family Resource Centers
FSKA	Fair Start for Kids Act
HCA	Washington Health Care Authority
HMG WA	Help Me Grow Washington
HVSA	Home Visiting Services Account
IECMHC	Infant and Early Childhood Mental Health Consultation
IEP	Individualized Education Program
MIECHV	Maternal, Infant, and Early Child Home Visiting
OIAA	Office of Innovation, Alignment, and Accountability
OSPI	Office of Superintendent of Public Instruction
PACE	Provider Access to a Community Equivalent
PDG B-5	Preschool Development Grant Birth through Five
PFML	Paid Family and Medical Leave
POSC	Plan of Safe Care
QRIS	Quality Recognition and Improvement Program
RBPD	Relationship Based Professional Development
SMI	State Median Income
TANF	Temporary Assistance for Needy Families
WaKIDS	Washington Kindergarten Inventory of Developing Skills
WAPM	Washington Pyramid Model
WCCC	Working Connections Child Care
WELL	Washington Early Learning Loan Fund