



RIGHT START COMMISSION REPORT:

Rebuilding the California Dream

APRIL 2016

Rebuilding the California Dream

The Right Start Commission's blueprint for a child-centered system that nurtures every child from the beginning of life

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MISSION STATEMENT

The Right Start Commission believes that every child deserves the right start. High-quality early learning and care, supportive family environments, and preventive health care are essential to ensuring every child has the opportunity to thrive in school and life.

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ABOUT COMMON SENSE

Today we are the leading nonprofit, nonpartisan organization dedicated to improving the lives of kids and families by providing the trustworthy information, education, and independent voice they need to thrive in a rapidly changing world.



We Rate

Common Sense Media helps tens of millions of families make smart media choices. We offer the largest, most trusted library of independent age-based and educational ratings and reviews for movies, games, apps, TV shows, websites, and books. We partner with the leading media and technology companies to put our tools and content into the hands of over 45 million parents and caregivers, providing them with the confidence and knowledge to navigate a fast-changing digital landscape.



We Educate

Common Sense Education provides teachers and schools with the tools and training to help students harness technology for learning and life. Our K-12 Digital Citizenship Curriculum reaches over 100,000 schools and 5 million students each year, creating a generation of responsible digital citizens. Our advanced Common Sense Graphite education ratings and teacher-training platform help over a quarter of a million teachers better use the new educational tools, apps, and technologies to enhance their teaching and propel student learning.



We Advocate

Common Sense Kids Action is working on federal, state, and local levels with leading policymakers, industry leaders, and advocates to build a movement dedicated to ensuring that every child has the opportunity to thrive in our rapidly changing world. Our Kids Action Agenda focuses on the building blocks of opportunity for all kids. Our Common Sense Legislative Ratings and advocacy tools leverage our unique membership base of parents and teachers in all 50 states who share our belief that America's future depends on making kids our nation's top priority.

EXECUTIVE SUMMARY

California's future is deeply connected to the support our children receive today. To remain the Golden State, we must do more to ensure that every child has a sound foundation for success. The research is clear: Learning starts early, and quality matters. In fact, 90 percent of a child's brain development occurs before age 5.¹ The quality of the care and education that our youngest kids receive during these formative years defines their start to life.

In California, millions of children face challenges that could put them at a disadvantage later in life. Our state has the second-worst standard of living for kids in the nation.² In families with young children, a single minimum wage earner cannot afford both rent and child care—the two largest expenses for most California families.³

The state's early childhood systems do not uniformly provide or allocate high-quality services to all children effectively. All parents want to give their children the best opportunities, but too many families are left scrambling to find safe and developmentally appropriate learning and care options.

Common Sense Kids Action convened the Right Start Commission based on the fundamental principle that every California child deserves the right start. High-quality early learning and care, supportive family environments, and preventive health care are essential to ensuring every child has the opportunity to thrive in school and in life.

The goal of this commission has been to find a better way of providing essential care and early learning opportunities for all California children and to identify ways to bring those ideas to fruition. What follows is an assessment of the current child-services landscape and a sketch for the short- and medium-term future that members of the commission and Common Sense Kids Action will be working toward in the months and years ahead.

Over the last several months, respected business, civic, education, and policy leaders have come together to develop strategies to better serve California's 9 million children, with particular focus on the 3 million children age 0-5. This report serves as a foundational document, reflecting the commission's ideas and priorities for a more child-centered approach to our workplaces, our policymaking, and our civic life.

The Right Start Commission promotes policies and practices that better support children and families.⁴ Families are children's first and most important teachers, advocates, and nurturers. Strong family engagement is central to children's healthy development and wellness. Research indicates that families' engagement in children's learning and development can impact lifelong health and academic outcomes.

California's institutions and services can do more to directly support children and promote family engagement. When families and the institutions where children learn partner in meaningful ways, children have more positive attitudes toward school, stay in school longer, have better attendance, and experience more school success.

We are building on years of investment and hard work by state and local policymakers and dozens of organizations, and we hope to lend our voice and our work to the ongoing effort to enhance the well-being of children in California.

We believe California must fundamentally change its approach to child well-being and embrace a public policy and broader societal approach that puts the interests of children first.

A strong early childhood environment will support children to be physically healthy, socially and emotionally adjusted, and equipped with the cognitive skills necessary for kindergarten. Below is a list of sample outcomes associated with each area⁵:

- **Physical and mental.** Proper prenatal care and healthy birth; proper development of fine and gross motor skills; healthy weight and height measures; strong general and oral health; no physical or mental abuse
- **Cognitive.** Ready to take on kindergarten curriculum; early language and literacy skills; early mathematics skills
- **Social and emotional.** Able to form relationships; able to understand and express feelings; able to communicate needs; minimal exposure to toxic stress; able to self-regulate; able to understand and follow instructions; persistent and curious; able to work on a team

A child-centered approach

It is essential that we do more at the first stages of life to ensure every child gets the right start. We know that what happens in early childhood has consequences that can last a lifetime. The science in this area is well established but relatively new. We need to transform our system of early childhood services on the state and local levels to reflect this new knowledge and provide better, more comprehensive care to all California children.

A child-centered approach provides continuity from birth through child care, through preschool, and into school, ensuring that kids receive the tools and services they need to succeed and thrive. As with health care, a more preventive approach, one that supports a child's nurturing and learning from the beginning, is better for the child and cheaper for society.

A child-centered approach cannot exist without a family-centered approach. We need to support families as they raise their children. The reality in California is that too many families are unable to afford child care, preschool, or other supportive programs. By making sure that our families have the resources and services they need, such as food, shelter, and access to health care and educational opportunities, we allow our kids to get the right start.

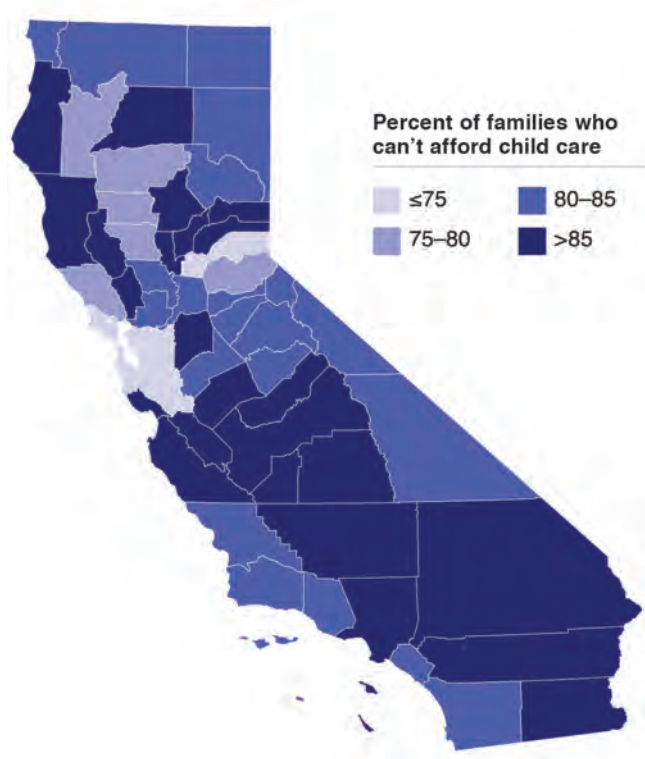
Not all of this requires new government programs. By reorienting our system of delivering child-related services to one that is focused on the child, we can eliminate flaws and inconsistencies in our current system and do a better job of using the full menu of available public services to provide more strategic and comprehensive care.

Family education is another major part of this effort. Helping families instill a love for literacy and numeracy in their children from an early age through talking, reading, and singing is crucial. Through public education about how a child's brain develops, we can impact the culture of parenting to help ensure a better start for all of California's children.

The commission identified four areas of focus to improve early childhood well-being:

1. Child care, early childhood education, and preschool programs that ensure all children are safe and cared for in high-quality environments that provide age-appropriate development
2. Preventive health care that ensures all children receive the proper checkups and screenings for general, oral, and mental health
3. Parental and caregiver support, including increased public awareness and family education, that strengthens child development
4. Business policies that enable employees to be responsible parents and provide children with pathways to become skilled 21st-century leaders

Figure 1. Inability to afford child care



"American Community Survey 2013 1-Year Estimates," U.S. Census Bureau, team analysis

Our work is guided by clear evidence of what children need, and we are committed to core ideas that will improve the lives of children statewide.

- California must reorient its thinking to take a child-centered approach to public policy and workplace decisions. A child-centered approach that improves children’s opportunities and well-being necessitates support for our families. Services for children and families must be affordable, accessible, and of high quality.
- Not all problems facing California’s children can, should, or must be solved by the government. Businesses must take responsibility for providing a family-friendly workplace and adopt corporate policies that understand the needs of working families.
- In the public sector, we must centralize and simplify the wide array of early childhood services. This includes a comprehensive reorganization and coordination of the government programs that provide and promote early learning and care. Additionally, institutions must be held accountable for outcomes.
- A comprehensive coordination of services includes the reorganization of funding. Savings that are achieved through the integration of services should be reinvested in early childhood, and new investments are necessary.

California’s child-services system is fractured and diffuse, both in terms of how it is funded and the quality of care it provides to the millions of California children it serves. Our current standards and approaches to delivering services to children are grossly uneven, underfunded, and unnecessarily complicated. The commission

envisions a different kind of system that prioritizes children’s opportunities for high-quality early learning and care throughout the state.

When it comes to the broad swath of services aimed at helping California’s children, the current bureaucracy is a labyrinth of disjointed boards, commissions, agencies, and departments. Currently, many related programs are scattered throughout different agencies, and it can be challenging for parents and caregivers to get connected with the services they need. Reorganization and simplification are necessary to create a system that serves the needs of our children.

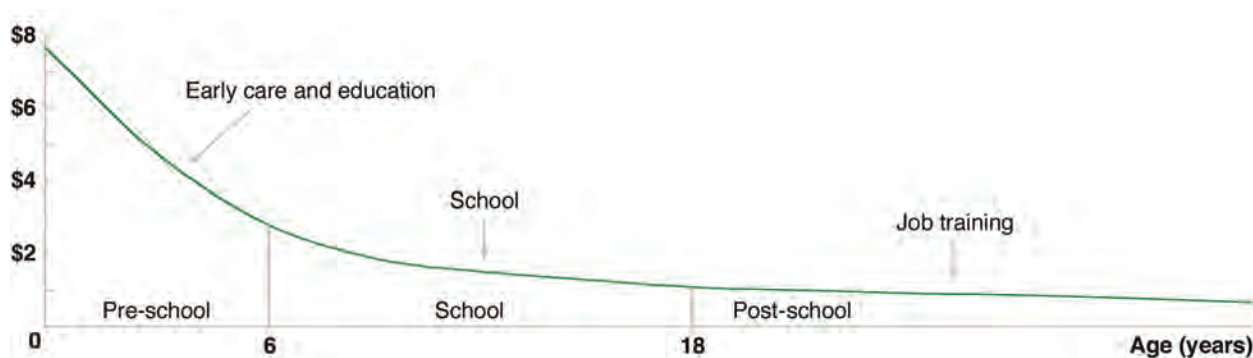
To achieve a child-centered system, this commission recommends one single, affordable, accessible, high-quality, and integrated system of early learning and care.

This will require significant, strategic investment from both the public and private sectors. The public sector has a critical role to play in coordinating and delivering services, particularly to low-income children. The public investment will require new revenue and a reprioritization of current expenditures. It will be important to take advantage of the cost savings that can be achieved with a more efficient and integrated system.

We also know that investments in young children pay enormous dividends for decades to come and lead to long-term savings for taxpayers. For every dollar invested in high-quality early childhood education, society saves \$7. Not only do the children who receive these services do better—society as a whole does better.⁶

Stressing the importance of this type of greater social benefit and long-term thinking can help build the public case for significant, strategic investments in our children.

Figure 2. Rate of return on human-development investments per \$1 invested



Carneiro and Heckman, 2003

Recommendations

California's future depends on providing all children with a sound foundation for success that acknowledges their diverse life experiences. To better serve the children of California, the Right Start Commission recommends that we as a state:

Commit to universal access to high-quality early learning and care programs for children age 0–5

1. By 2021, ensure that all 4-year-old children have universal access to transitional kindergarten or other high-quality, developmentally appropriate preschool, and ensure that children age 0–3 have access to safe, developmentally appropriate care.

This system of child care, early childhood education, and preschool should be open to all families, regardless of their ability to pay. As with health care, the state should offer a sliding scale based on a family's ability to pay for care, with full subsidies for the lowest-income families.

2. Create a "one-stop shop" online portal that operates in conjunction with physical regional referral centers to provide parents and caregivers with easy identification of and access to all available early childhood services.
3. Foster high-quality early childhood education by adopting an aligned and coherent system of goals and developmentally appropriate practices that runs through child care, preschool, transitional kindergarten, and primary grades. Early childhood professionals are essential to program quality and should receive workforce training aligned to integrated quality standards in a manner that protects workforce diversity and improves compensation.
4. Consolidate and coordinate the state's early learning and care programs to simplify access and delivery of services for children and families.

Invest in preventive health care

1. Increase the Medi-Cal reimbursement rates for providers to ensure that more than half of the state's kids have access to vital health services.
2. Address the loophole in the Affordable Care Act that denies affordable care to tens of thousands of California children.

3. Bolster health care provider efforts to administer behavioral, developmental, and mental health screenings in accordance with recommended frequency, and add adverse childhood experience (ACE) screenings to existing standards of pediatric practice.

Support public awareness of and family education about the importance of the early years

1. Invest in efforts to increase public awareness of, and expand evidence-based support programs that provide information to families about, the consequences of toxic stress and the importance of brain development. Such initiatives would highlight everyday opportunities to encourage early literacy and early math and stress the value of multilingualism in a culturally responsive manner.
2. To do this, the state should enlist a variety of messengers, including leaders of media, cities, counties, hospitals, libraries, business groups, schools, and other community organizations.

The movement toward a child-centered approach cannot and should not come exclusively from the government. The Right Start Commission recommends the following actions from the business sector:

Build a more responsive business community

1. Provide a family-friendly workplace environment through policies that include child care assistance, reliable schedules, and paid family leave, among others, because the majority of parents and caregivers participate in the workforce.
2. Encourage prominent business leaders to leverage their networks and experiences to prompt their peers to invest in every child's pathway to success, maintain California's economic leadership in the 21st century, and support the workplace policies outlined above.

Who are California's children?

Understanding the changes needed in our child-services system requires knowledge of who California's children are. When we talk about children in California, we are talking mostly about children of color. Roughly 76 percent of the 3 million Californians under age 5 are children of color. In the counties with the largest 0-5 populations, those numbers jump to 85 percent.⁷ The majority of the state's child population, 52 percent, is Latino.⁸

Approximately 1.5 million California kids under the age of 5 are first- or second-generation immigrants.⁹ A recent study from the University of Southern California suggests that 19 percent of California's children have at least one immigrant parent who is undocumented. But more than 80 percent of these children are U.S. citizens.¹⁰

Additionally, nearly 23 percent of California schoolchildren primarily speak a language other than English.¹¹

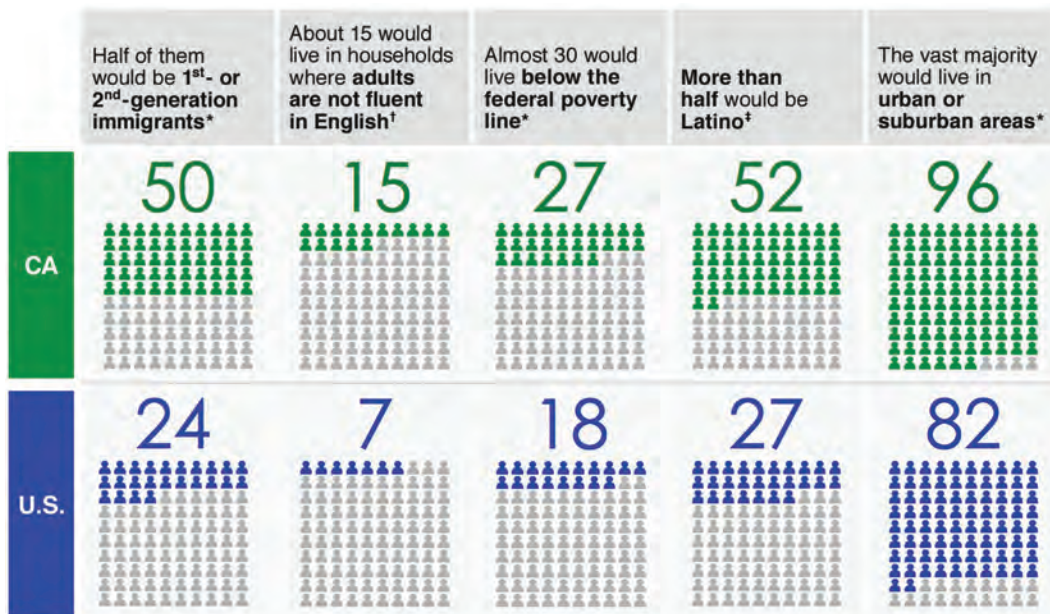
Meanwhile, California's childhood-poverty rate is the worst in the nation after factoring in cost of living, according to data from the Annie E. Casey Foundation.¹²

Roughly half of the children in the state are part of families that are in or near poverty, according to a December 2015 report from the Public Policy Institute of California.¹³

Childhood poverty is even more pronounced in certain parts of the state. Monterey and San Benito counties have the highest child-poverty rates in California, with 31 percent of all children in each county living in poor families. Those counties are also among the handful of California counties with majority Latino populations.

The child-poverty rate of Los Angeles, the state's most populous county, is similarly high, at 29.5 percent.

Figure 3. If California had 100 children age 0-5:



Note: "Urban or suburban areas" defined as densely settled core of census tracts and/or blocks with at least 2,500 people.

* KidsData; † National Center for Children in Poverty Risk Calculator; ‡ Kaiser Family Foundation

But the face of California’s poor is changing in another important way. Increasingly in California, even a full-time working parent is not enough to keep a child out of poverty.

In 2013, more than 81 percent of poor children in California lived in families with at least one working adult. Roughly 60 percent of poor children lived in families with at least one full-time worker.¹⁴

Latino and African-American children are far more likely to live in poverty than white or Asian children. The poverty rate for Latino children (32.6 percent) was more than double that of Asian (15.1 percent) and white (12.4 percent) children in California in 2013. The poverty rate among African-American children was also high—24.0 percent.¹⁵

To best serve the children of California and ensure the future of the state as an economic leader, we must acknowledge that poverty and racial barriers limit opportunity and undermine healthy child development. We must make a concerted effort to recognize, address, and remove those barriers. The well-being of children and the state depends upon whether all kids under the age of 5 are able to reach their full potential.

The commission supports the goal of an early childhood system and a workforce that are prepared to serve children and families in a culturally and linguistically responsive manner.

Because our state has more children than any other state and represents diversity across ethnic, racial, linguistic, socioeconomic, and geographic lines, a successful system in California could also be a model for other states.

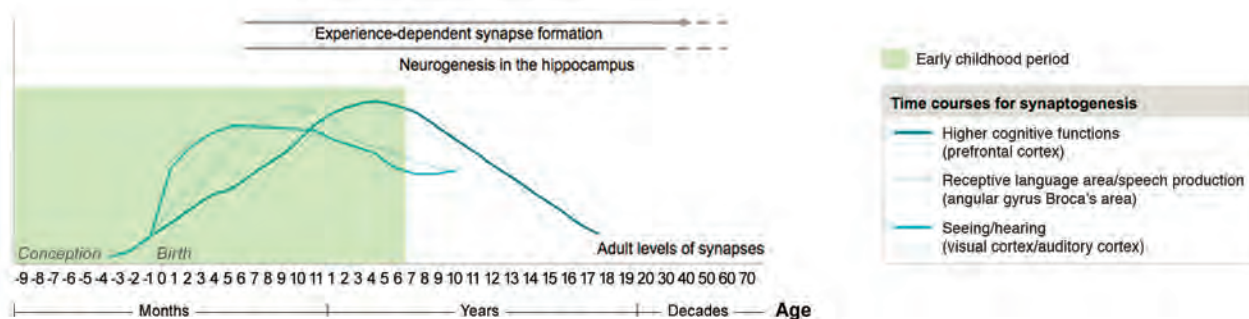
The first five years

Over the last 20 years, the science on early childhood development has increased dramatically and demonstrated that what happens in the first five years of a child’s life matters to her future. We know that children’s brains develop at a dramatic pace during their earliest years, with 80 percent of brain development occurring by the age of 3. Research has also revealed that, by age 4, children in higher-income families have heard about 30 million more words than children in lower-income families.

Hearing fewer words translates directly to learning fewer words, and, by age 3, children in higher-income families have double the vocabulary of those living in lower-income families. This disadvantage—called the word gap—sets the stage for future disparities in education and even job earnings.

We also know that adverse conditions in a young child’s life can have profound and lasting consequences, and we must do more to teach families about how to reverse the harmful impacts of toxic stress, a prolonged and elevated stress response to circumstances such as violence, economic hardship, or abuse and neglect. Research shows that prolonged activation of stress-response systems in young children can have damaging effects on learning, behavior, and physical health. Such stress can be reduced if a child has the regular presence of a responsive adult who can act as a buffer against the intensity or frequency of exposure to adversity. If families are knowledgeable about this issue and informed about the importance of their role, they can be better equipped to ameliorate the devastating impacts of toxic stress.

Figure 4. Neural development throughout life: rate of synapse production



Jack P. Shonkoff, *From Neurons to Neighborhoods, The Science of Early Childhood Development*

Early childhood well-being is necessary to ensure that individuals grow and develop into healthy, self-sufficient adults who fully contribute to our society and economy. By investing in a child's first five years, we can ensure that the 3 million children across California age 0-5 have an equal opportunity to thrive in school and in life.

Supporting early childhood well-being is a smart investment that can transform the trajectory of a young person's life, leading to increased earnings and reduced crime-related costs. No other human-development intervention can match this return on investment.

The current landscape

The current child-services landscape in California is fragmented. There are currently at least 18 public programs available for children from birth through age 5 administered by at least 11 government departments. These are in addition to any local programs provided by cities, county First 5 commissions, or nonprofits that also provide child services.

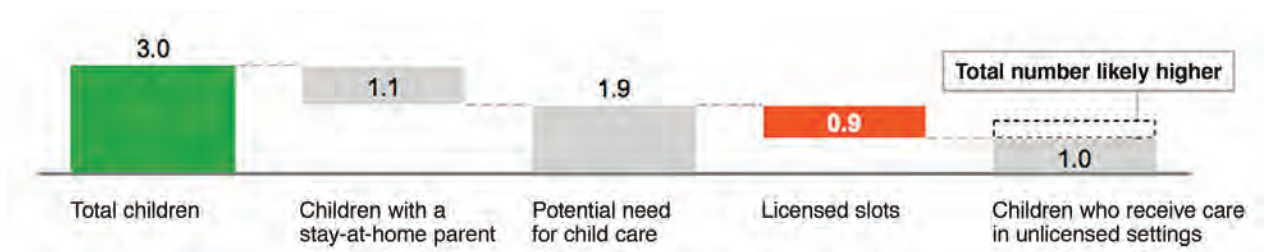
Early childhood programs often have conflicting eligibility requirements and can be difficult for caregivers to navigate. The lack of a single source for comprehensive information regarding the full set of programs adds to the confusion. A simple Web search for information regarding public programs returns incomplete or conflicting information from multiple sources.

The demand for child care, particularly among parents who need financial assistance, greatly exceeds the current availability of care. During the Great Recession, the state slashed billions of dollars from investments in state services, many of which provided assistance to children. Many of those cuts have not been restored, even as the state's economy continues its strong recovery.

Along with housing and health insurance, child care is one of the largest expenses for families with young children. The average price of child care for infants at a center is more than \$13,000 a year, according to KidsData, a project of the Lucile Packard Foundation for Children's Health that collects data on the well-being of California children. For a preschooler, the cost is about \$10,000 a year. The high cost of care, and lack of adequate public support for that care, means that licensed child care is unavailable to about 70 percent of California children under 6 years old.

California has made strides in recent years to rebuild the safety net that was cut dramatically during the Great Recession. But as we continue to restore funding to these core programs, the state also has an opportunity to take a more thoughtful, holistic approach to the entirety of services it offers to children.

Figure 5. Availability of licensed spaces in California: number of children (in millions)



Note: Children under 6 not included in the K-12 system.

"2013 Portfolio," California Child Care Resource and Referral Network; "Early Learning Needs Assessment Tool," AIR; "American Community Survey 2013 1 Year Estimates," U.S. Census Bureau; "Child Care Monthly Report - CalWORKs Families, August 2012," CDSS; team analysis

Commit to universal access to high-quality early learning and care programs for children age 0-5

Child care and preschool are critical for ensuring a right start for all children in California. So long as public early childhood education is not available for all children and families who need it, there will be achievement gaps between those who receive developmental supports and those who don't. We should do everything we can to eliminate barriers and address inefficiencies that lead to poorer academic and eventually economic outcomes for children as they come of age.

We need policies that target inequality of opportunity at its earliest stage to ensure a better future for all of California's kids.

There are three important issues when we consider the state of child care and preschool in California: availability, affordability, and quality. Key questions for families might be: "Is there a physical space in a nearby child care or preschool center or family child care home for my child?"; "Will I be able to afford this space for my child?"; and "Is my child receiving age-appropriate development?"

Many children receive care from family, friends, and neighbors that is delivered in license-exempt settings; however, for the

purposes of this report we focused our analysis on licensed settings. While the state does provide subsidies and vouchers for unlicensed care, the quality of data available on those settings is poor and difficult to quantify.

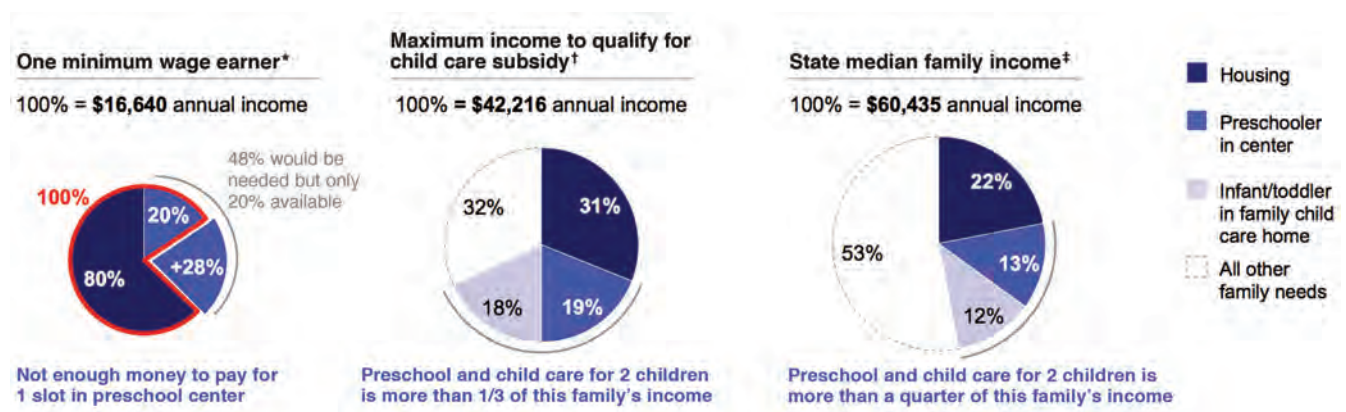
Too often, families do not have access to care, and many of those who do have basic early childhood education cannot afford high-quality programs for their children.

Availability

There are 3 million children age 0-5 in California and about 900,000 licensed child care and preschool spaces. This means that approximately one-third of all children, or half of those with caregivers in the workforce, have access to a licensed space. At least 1 million children receive care from unlicensed settings or a non-parent caregiver.¹⁶

While California has made strides in recent years to restore some of the cuts made during the Great Recession, the number of preschool and child care slots available is still below pre-recession levels.

Figure 6. Child care and family budgets (2012)



"2013 Child Care Portfolio" by the California Child Care Resource & Referral Network; * California Department of Industrial Relations (minimum wage); † Based on 70% of state median income for a family of three; ‡ ACS 2012 1-year estimate

Affordability

Availability of licensed spaces is only the first obstacle for families seeking child care or preschool. To be accessible, a space must be affordable to families. There are currently only 300,000 subsidized slots available, far short of the existing demand.

California provider-reimbursement rates vary between \$6,500 and \$10,600 annually per child for child care and often do not cover the full amount. This results in a large expense for families, many of whom do not qualify for subsidies or receive subsidies that do not cover the full cost of quality child care.¹⁷

In low-income family households, child care or preschool is the second-largest expense after housing. For a single minimum wage earner, affording both can be unattainable.

Quality

In addition to availability and affordability, identifying high-quality care settings is a significant challenge. There is no universally agreed-upon definition of quality. In fact, more than 20 quality standards exist in California.

By applying quality-accreditation benchmarks—one approach to measuring quality—California is not consistently meeting “high quality” standards. Three-quarters of children are in centers that do not meet standards for promoting critical thinking and developing language capacity and for providing safe, supportive environments.¹⁸ The state preschool-quality benchmark shows that California only meets four out of 10 widely accepted quality metrics.¹⁹ An increase in access and affordability without increases in quality will not meet the goal of providing a right start to all children.

Meanwhile, quality child care is increasingly only available to wealthy families. Child care costs continue to grow, comprising the second-largest expense (after housing) for most working families. In families with more than one young child, the cost of quality care can be higher than rent or a mortgage. This exacerbates the growing trend of inequality that has become so pronounced in our state and elsewhere.

Restricting access to quality early childhood programs leads to long-term inequalities. Children who are not in high-quality early learning environments have poorer long-term academic and economic outcomes than children with such access.

The commission's vision

To promote early childhood well-being, the commission envisions an integrated child-centered system that is affordable, accessible, and of high quality. **Incremental improvements to the current system are insufficient. California must transform the way that early learning and care are provided throughout the state and must explicitly address the challenges of underserved communities and promote inclusivity to support every child.**

“Child-centered” means that the system is structured around what is best for the child and family. “High quality” means that all parts of the system meet standards for which there is evidence of good outcomes. “Integrated” means one system through which all services are delivered. “Affordable” means that cost is not a barrier to families who seek high-quality developmental care and education. “Available” means that childhood services are physically and linguistically accessible at a location that is convenient for all families who desire them.

Currently, California faces a critical statewide shortage of child care and preschool slots. The state must consider how to provide opportunities for all children from families who seek early learning and care opportunities. Significant additional investments will be required to establish a system that provides widespread access. The commission also believes that early childhood funding should receive protections that are consistent with those in place for the funding of the state’s K-14 system.

By 2021, California should ensure that all 4-year-old children have universal access to transitional kindergarten or other high-quality, developmentally appropriate preschool and ensure that children age 0-3 have access to safe, developmentally appropriate care and education.

This system of child care, early childhood education, and preschool should be open to all families, regardless of their ability to pay. As with health care, the state should offer a sliding scale based on a family’s ability to pay for care with full subsidies for the lowest-income families.

The commission supports a *sliding-scale payment model* that provides a *full subsidy for low-income families* (e.g., 50 percent of state median income) and a *maximum 10 percent contribution* of household income for families above that income level. Cost-of-living adjustments for the subsidy-eligibility level should be included for higher-cost communities.

Providing public subsidies on a sliding scale based on families’ ability to pay uses both private contributions and public dollars.

It would be able to cover a greater number of families compared to a universal coverage model in which all children would be eligible for a full subsidy regardless of ability to pay. A sliding-scale system could support center-based, family-based, and alternative-payment programs. It would also facilitate greater parental choice and help ensure more programs feature demographic diversity.

As California develops an expanded, more integrated child care system, it will be important to remember the impact other policy changes could have on income requirements. For example, we should ensure that families do not lose access to early childhood programs or subsidies because potential increases in the minimum wage lead to family incomes that exceed current eligibility limits. A child-centered system will seek to eliminate unintended consequences of this kind.

As part of a child-centered system, families and caregivers should also be able to easily find program and service information. With more than 10 government programs, as many administering organizations, and more than 20 sets of quality standards across California, fragmentation is high. Many of these programs have disparate eligibility requirements, making it difficult for families to understand which services they are eligible to

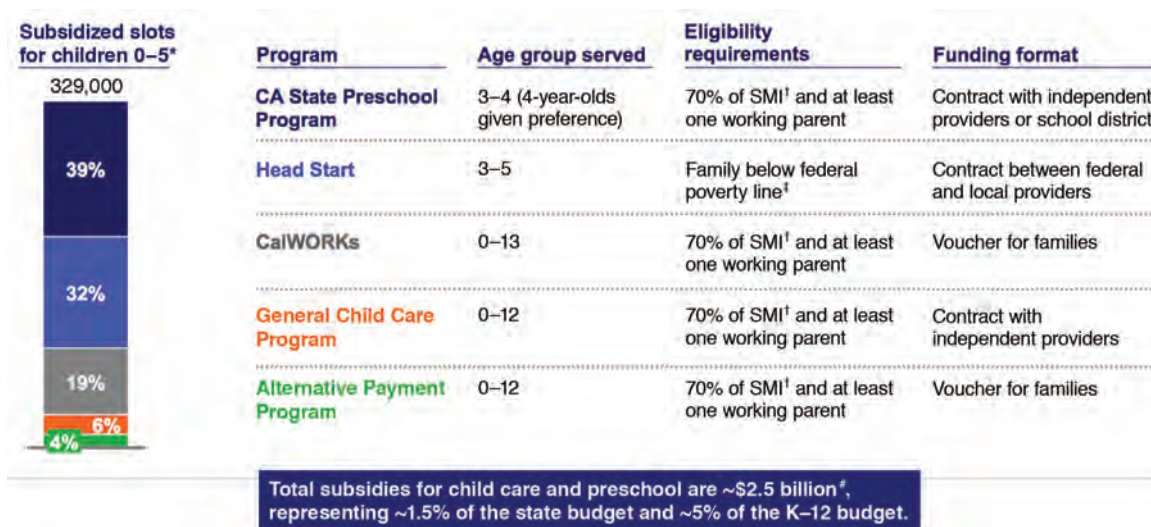
receive. The diffuse nature of these services makes it that much harder to match families with the services they need.

The commission recommends that the state create a “one-stop shop” online portal in conjunction with physical regional referral centers to provide parents and caregivers with easy identification of and access to all available early childhood services.

The website should allow a parent or caregiver to enter information about their family income and demographics and then see a comprehensive listing of all the early learning, health, and support programs for which their children are eligible. It should allow parents and caregivers to make informed choices and select the programs best suited to their needs. It should also walk families through the process and connect them directly to those services.

Multiple channels are required to reach the entire population, including virtual touch points through mobile and the Web but also phone service and in-person support. While the commission agrees that regional referral centers should be restored and expanded to ensure there is at least one physical location in each county where parents and caregivers can receive this information

Figure 7. Accessing subsidies for children age 0-5



* 2012 enrollment slot counts for state programs (e.g., CA State Preschool, CalWORKs, GCP, and APP). Head Start enrollment is from 2010.

† 70% of state median income is ~\$42,250.

‡ Federal poverty line is ~\$24,000 for a family of four.

Includes \$980 million in federal subsidies through Head Start. T-K and kindergarten slots and funding are not considered in this analysis—although these programs do affect children who are 5 years old, they are universal for those over 5 and therefore do not require expansion.

“Early Learning Needs Assessment Tool,” AIR; “Child Care and Development Programs,” CDE; expert interviews; California state budget—California Department of Finance

(commissioners identified the California Child Care Resource and Referral Network; First 5 county commissions; county boards of supervisors; county offices of education; California Women, Infants, and Children Program [WIC]; and county human services agencies and welfare departments as potential partners), they also believe there should be a convenient and easily navigable website that helps them identify and sign up for available services.

As more spaces open up to children and families who desire them, California should reestablish the statewide waiting list for early childhood programs to accommodate them quickly upon the availability of funding.

The Learning Policy Institute has identified North Carolina's Smart Start program as offering a strong model for providing families with a regional "one-stop shop." Smart Start consists of a network of 76 public/private nonprofit partnerships operating in each of North Carolina's 100 counties. The partnerships serve as a coordinating hub for birth-to-age-5 services, with involvement from local government and education agencies, nonprofit and for-profit child care providers, and the business community.

At the state level, the nonprofit North Carolina Partnership for Children provides coordination, support, and oversight to ensure strong fiscal and programmatic accountability for local partnerships. This structure establishes a system for statewide governance while still allowing for local innovation to build upon the unique strengths and address the challenges of each county. Efforts to include an element of community engagement and decision-making in regional "one-stop shops" in California could be similarly beneficial.

The commission agrees that the physical "one-stop shops" should be placed at sites that are conveniently located and accessible by public transit to accommodate families from all income levels. Staff and materials at each location should appropriately prioritize the needs of culturally and linguistically diverse communities. For example, counties with higher numbers of non-English-speaking families would require more targeted outreach and available resources to accommodate their needs. Likewise, counties with large populations could benefit from more than one physical location.

Lack of quality in child care, early education, and preschool programs is an increasing problem. There are no consistent, or consistently enforced, quality standards for early childhood programs, and many child care and preschool programs in California fall below quality benchmarks.

California should foster high-quality early childhood learning by adopting an aligned and coherent system of goals and developmentally appropriate practices that runs through child care, preschool, transitional kindergarten, and primary grades.

Curricular alignment is an important way to help assure preschool gains are sustained and built upon in the early years. Current misalignment may be one reason why test-score gains observed in students who attend preschool sometimes fade out by third grade.

For example, research shows that kindergarten teachers often spend a long time teaching basic concepts such as shape recognition and counting that many kindergartners (especially those who have attended preschool) have already mastered.²⁰ The early elementary curriculum must build upon skills that students develop in preschool to sustain gains over time.²¹

It is also important that developmentally appropriate practices, such as play-based instruction for young children, filter up to the early elementary grades rather than developmentally inappropriate practices filtering down to preschool.²²

In recent years, California has made progress toward integrating preschool and the K-12 system through expanding access to transitional kindergarten for California's 4-year-olds. While these strides are important, the state still has a long way to go to ensure that every California 4-year-old is enrolled in a high-quality program that will properly prepare him or her for kindergarten.

California's transitional kindergarten (TK) program, implemented in 2012-2013, is the first year of a two-year kindergarten experience for children whose 5th birthdays fall from September 2 to December 2. The goal of TK is to educate our children, prepare them for kindergarten, and provide developmentally appropriate preparation for a primary-grades program that has become more academically rigorous over time. TK also has the advantage of being funded through the K-12 average daily attendance, or "ADA," formula, making it a reliable funding stream not as vulnerable to the funding cuts that have harmed the California State Preschool Program.

A more recent legislative development allows school districts to enroll in TK children who turn 5 after December 2, with partial reimbursement for their participation from the state. This opportunity to expand TK, already being pursued by a number of school districts across the state, presents the chance to build a stronger bridge connecting early childhood to the K-12 system that most California children will ultimately attend. Such efforts to expand TK and preschool offerings for 4-year-olds, if implemented care-

fully and in a high-quality manner at the state or local level, could be a critical piece of the state’s early childhood infrastructure.

The state should improve the quality of programs for young children by strengthening the quality rating and improvement systems (QRIS) for daycare and preschool programs. This new QRIS, developed in 2012 through the Race to the Top-Early Learning Challenge federal grant, is the first effort to create a localized quality-improvement system that spans several areas of the state. Thirty-one counties, representing 65 percent of the population of children under 5, contributed to its development.²³ Its quality standards are comprehensive and focus on seven key areas: (1) child observation, (2) developmental and health screenings, (3) minimum teacher qualifications, (4) effective teacher-child interactions, (5) ratios and group sizes, (6) program environment rating scales, and (7) director qualifications.^{24,25}

According to expert interviews, specific actions may be required for broader adoption of the RTT QRIS, including: (1) strengthening incentives for counties and providers to “opt in” to the system, (2) providing adequate support so that centers can improve their quality ratings, (3) adapting quality standards, which are currently most relevant for center-based care, to family child care homes, which account for 37 percent of licensed spaces, and (4) securing additional funding to support statewide implementation once Race to the Top funding expires.²⁶

California should also encourage and support quality standards that incorporate adult-child interactions in addition to structural factors typically used, such as adult-child ratios and facility requirements. Many options exist to support the development of high-quality standards. For example, some states use CLASS (the Classroom Assessment Scoring System) to collect observational data on teaching practices and guide professional development. Michigan uses the program quality assessment (PQA) developed by HighScope. The University of North Carolina Greensboro, the University of Delaware, and the University of Kentucky are developing a new rating scale linked directly to the states’ QRIS. Whichever method is chosen, it should be valid and reliable with demonstrated efficacy across diverse student and teacher populations, particularly as it relates to California’s demography.

California’s Department of Education has invested in the creation of a developmental continuum from early infancy to kindergarten, known as the Desired Results Developmental Profile (DRDP). Our commissioners believe we should take advantage of the potential for California’s current kindergarten entrance assessment (KEA) process to enhance curricular alignment. For example, Washington employs the same child-assessment tool

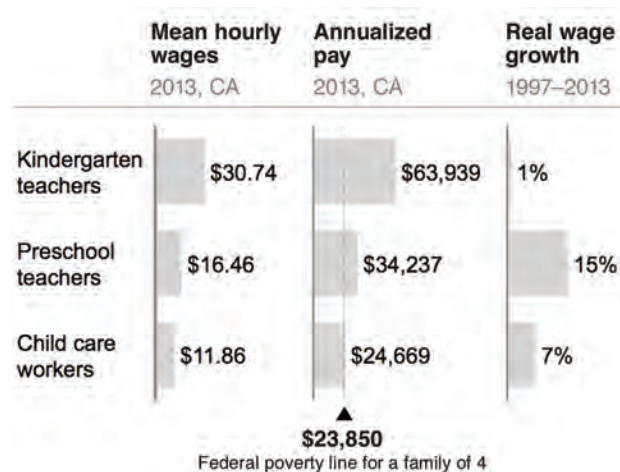
(Teaching Strategies GOLD) for both state preschool and full-day kindergarten classrooms. This produces a series of data points over time for each child rather than a one-time snapshot.

Another example of KEA innovation can be found in North Carolina, which has created a developmentally appropriate formative-assessment process that starts at kindergarten entry and continues through third grade, providing teachers with data to enhance differentiated instruction. In both cases, the key is building a system that provides a much richer data set than a one-time snapshot and is used to enrich professional-development opportunities for teachers across the early grades.

High-quality programs also have high-quality educators.²⁷ **Early childhood professionals are essential to program quality and should receive workforce training aligned to integrated quality standards in a manner that protects workforce diversity and improves compensation.** The current system reimburses early childhood program providers at depressed rates that leave the early childhood workforce living off poverty wages. If we strive to expand the availability of high-quality child care and preschool spaces, this will require an additional investment in high-quality teachers.

Studies from K-12 education demonstrate that higher compensation could be linked with the ability to attract higher-quality teachers.²⁸ Currently, California preschool teachers earn nearly half that of kindergarten teachers, and for child care workers this drops to less than 40 percent.²⁹ If paying early childhood teachers

Figure 8. Wages of California child care workers



Center for the Study of Child Care Employment (CSCCE), UC Berkeley; Migration Policy Institute

at a rate comparable to K-12 teachers is required to attract high-quality talent, this could result in considerable cost increases. However, the investment is also likely to result in quality improvements that could meaningfully affect the trajectory of a child's life.

Beyond attracting high-quality teachers, it is also important to create clear professional development standards and provide professional development opportunities embedded within the classroom, such as in-class coaching. This would ensure that teachers continue to improve over time.

California's teacher-preparation and -credentialing systems also need to be improved to ensure that early childhood educators have credentials that are aligned with the latest information we have about what best supports children's cognitive and social-emotional development. These efforts should also help ensure that the state's child care, preschool, transitional kindergarten, and primary grades offer an integrated continuum for children and educators.

Consideration should be taken to ensure that an increase in quality standards does not lead to an unintended reduction in diversity among the early childhood workforce. It is the belief of the commission that requiring an advanced degree of all early childhood educators would not necessarily improve quality in child care, and imposing such a prerequisite could unnecessarily push out many current caregivers who are representative of the communities they serve and possess important language and cultural competencies. We should work to ensure that career pathways remain open for committed caregivers who may not have an advanced degree. Washington's approach to QRIS implementation could serve as a potential model to address workforce-equity concerns in California—although the legislation is recent and as yet not fully tested.

The commission believes we should consider strategies employed by states that have successfully improved the quality of their early education teacher workforce. In particular, Michigan, New Jersey, North Carolina, and West Virginia each have made significant progress in this area. The Every Student Succeeds Act explicitly allows states to use Title II funds for early childhood educator workforce development, making it clear that the time is ripe to consider these strategies in California.

Examining the costs of high-quality programs across the country, we estimate that providing high-quality care will cost California an additional 50 to 80 percent per child beyond current average spending levels, with human capital being a key input for delivering high-quality programs.³⁰

Additional investments are necessary for high-quality outcomes and will require either new revenue or reprioritization of current expenditures or, probably, both. But we shouldn't blindly invest in a system that isn't working without making organizational adjustments. After all, providing high-quality and accessible early childhood programs and services comes down to a system that works better and costs less. Californians don't want a system that fails our kids more efficiently. We want a system that works for our kids and families.

A smart way to capitalize upon our resources is to minimize inefficiencies by improving governmental organization. **California should consolidate and coordinate the state's early learning and care programs to simplify access and delivery of services to children and families.** A less-fragmented system will create efficiencies and save money—money that can instead go directly toward delivering high-quality care for children instead of repetitive bureaucratic functions. Not only will such efforts cut spending, they will reduce the trust deficit that undermines the state's early childhood system.

The state entities that work closest to the problems with delivery of programmatic services to kids and families know the most about solving those problems. They include the relevant divisions of the California Department of Developmental Services, California Department of Education, California Department of Social Services, California Department of Public Health, and California Health and Human Services Agency.

To ensure that all these divisions from separate departments come together, California should consider consolidating all functions related to early childhood education and care under one state agency.

Consolidation of functions is necessary to ensure early education receives the attention and coordination required to support the success of the child-centered system the commission envisions. A single administering agency would centrally oversee funding, data collection, and quality systems, thereby reducing the fragmentation seen within the current system. It would give California's regional and local early childhood systems a single point of contact within state government. It should also enhance accountability in terms of quality, equity, and outcomes.

A single agency would be best positioned to devise and implement resolutions to the structural problems in the state's early childhood systems. This agency would also be a single point of contact to ensure the successful transition and implementation of the Child Care and Development Block Grant's requirements,

which already include conducting annual unannounced inspections of licensed providers, setting group-size limits for every child age 5 and younger, and establishing a tiered-income eligibility for child care assistance.

A single agency would also be in a position to coordinate the braiding of funding streams (e.g., federal child care subsidies and state preschool dollars) that can effectively fuel early childhood programs. The state must also help provide local agencies with guidance on how to handle competing regulations associated with different funding streams.

This agency should work to simplify early childhood funding streams to the greatest extent possible, aggressively request waivers from federal program requirements that place onerous transaction costs on local providers who already meet state requirements, and look for ways to streamline state reporting requirements so providers who are drawing funding from multiple programs are not required to duplicate work.

An alternative during a transition period to a single agency could include the creation of an interagency Child and Family Commission in California. The governor and legislative leadership could appoint this commission with the State Superintendent of Public Instruction serving in an ex officio role. This commission would have authority to implement changes to streamline and improve California's early childhood system.

While we acknowledge that some of these changes may take time to implement, there are a number of shorter-term solutions discussed in the report below that can put California on a path to providing more effective and higher-quality services for millions of California children.

Invest in preventive care

“A healthy child is ready to engage, will learn more, and is more likely to be a healthy and productive adult.”³¹ Access to primary care is a vital link to ensuring that children receive preventive services. But too many children in California go without access to basic health care services, impacting their overall well-being.

Preventive services administered by health care providers aim to reduce the risk of illness, disability, early death, and expensive emergency services.³² For children, clinical preventive services include well-child visits, immunizations, sensory screenings, measurements, and developmental or behavioral assessments.³³ However, clinical interventions do not always capture an accurate picture of a child’s overall health or causes of illness.

In recent years, California has made great progress toward expanding access to preventive care for California children and families. Since 2014, the Affordable Care Act has expanded health coverage to millions of Californians who were previously uninsured. Two important actions spurred the increase in coverage: the expansion of the state’s Medi-Cal eligibility and the creation of the state-run exchange, known as Covered California. Medi-Cal, the state’s name for its Medicaid program, provides free or low-cost health coverage to children from families who make up to 266 percent of the federal poverty limit, or \$53,439 annually for a family of three. Covered California provides mostly private insurance options with federal subsidies available to individuals from a household making up to 400 percent of the poverty limit, or \$80,360 annually for a family of three.

Yet, even with expanded eligibility and enrollment provided by the Affordable Care Act, millions of California children still face challenges in obtaining high-quality preventive health care services. Nearly 5 million children, more than half of California’s childhood population, are currently enrolled in Medi-Cal. Those with public coverage often lack access to physicians, and measurements of pediatric quality care do not necessarily reflect a child’s overall health.

Even though California is a leader among the states for health care enrollment, tens of thousands of Californians who are currently eligible for Medi-Cal are not enrolled. According to

Children Now’s 2016 California Children’s Report Card, three out of four of the remaining uninsured kids are eligible for public coverage.³⁴ This means that thousands of California children are at risk of not receiving essential preventive care and interventions that they need and for which they qualify.

There are many reasons for this under-enrollment of Medi-Cal eligible families. Examples of possible barriers to signing up include difficulty with the enrollment process, inability to afford coverage, and concerns about negative immigration-related consequences for the applicant or family members.³⁵

Basic clinical services may be out of reach for uninsured kids and those who have coverage but are unable to utilize the health care system. For children with coverage who do access health care services, the current system generally addresses basic needs but does not address the entirety of factors that contribute to their overall health and wellness.

Access shortage, despite coverage expansion

California’s low-income children are facing a crisis of meaningful health care coverage and still are not able to access needed and appropriate health care services. Access is measured based on the following criteria: regular access to a physician outside of the emergency room; receipt of appropriate, timely, and affordable care; and health outcomes.³⁶

Medi-Cal, administered by the California Department of Health Care Services (DHCS), offers two delivery models to enrollees: fee-for-service and managed care plans. Fee-for-service physicians render services and submit claims for reimbursement. In contrast, managed care-plan physicians receive a fixed payment per month for each enrolled beneficiary, regardless of services rendered.³⁷

Studies indicate that children enrolled in Medi-Cal have a consistently higher rate of emergency room visits in the previous year (24 percent) compared to children enrolled in employer-sponsored insurance plans (18 percent).³⁸ California physicians are more likely to accept new patients with private insurance than those covered by Medi-Cal.³⁹

Additionally, children in Medi-Cal are less likely than kids enrolled in Medicaid in other states to have had a specialist visit, a dental care visit, and preventive care.⁴⁰

For example, although tooth decay is the most common chronic illness for children in the United States, 25 percent of children who rely on Medi-Cal did not have a dental care visit in 2013, compared to 19 percent of children enrolled in Medicaid in other states.⁴¹ A research brief conducted by the Health Policy Institute found that the average Medicaid reimbursement rate for pediatric dental services is nearly 49 percent of commercial insurance charges. California is among the five states with the lowest Medicaid reimbursement rates, at 29 percent of commercial insurance charges.⁴²

Children in Medi-Cal are less likely than kids enrolled in Medicaid in other states to have had a specialist visit, a dental care visit, and preventive care.

Low physician-payment rates deter physician participation in Medi-Cal.⁴³ In 2012, the Medi-Cal physician-fee reimbursements rated below the national Medicaid average by more than 10 percent.⁴⁴

At current physician-participation rates, Medi-Cal does not have a sufficient supply of physicians to meet future demand. Federal guidelines call for the state to have 60 to 80 primary care doctors per 100,000 patients. California has only 35 to 49 primary care physicians per 100,000 Medi-Cal enrollees.⁴⁵ For those enrolled in Medi-Cal managed care plans, sufficient supply of in-network doctors is imperative to meet patient demand and should be adequately monitored by the Department of Health Care Services.

The state must increase the Medi-Cal reimbursement rates for providers to ensure that more than half of the state's kids have access to vital health services.

Restoring the Great Recession's 10 percent Medi-Cal reimbursement cut will not do enough to ensure our children and families have access to vital services. The commission recommends increasing the rate to 75 percent of the Medicare equivalent, which is the rate at which most states provide Medicaid reimbursements.

A California Health Care Foundation report concludes that increasing Medi-Cal physician payments would increase the availability of physicians, but other barriers to care would still exist.⁴⁶ One such barrier includes immigration-related concerns.⁴⁷

Under a new state law passed in 2015, approximately 170,000 income-eligible undocumented children under the age of 19 will be able to receive Medi-Cal benefits starting in May 2016.⁴⁸ Even though all children in California are now eligible for coverage, it is important to acknowledge the ways in which the health of parents impacts the health of their young children. In only one indicator of parental health examined by Harvard University, a study found that "children who experience maternal depression early in life may suffer lasting effects on their brain architecture and persistent disruptions of their stress response systems."⁴⁹ The results of toxic stress resulting from poor parental health can negatively affect babies or infants for the rest of their lives. But parental access to affordable health care coverage could make an important difference.

Failure to ensure the health of parents could negatively affect the development of the 19 percent of children with one undocumented parent in the state. This failure places additional strain on the Medi-Cal system and increases the importance of ensuring that all children from low-income families have access to quality care.

Problems with access and enrollment extend to private insurance as well. Middle-class families have been squeezed by rising health care costs and glitches in federal law that act as barriers to private insurance coverage. Middle-income families, for example, feel the brunt of the ACA's kid glitch, which prevents 73,000 children in California from accessing affordable care.⁵⁰ The ACA mandates that the cost of individual health care coverage on an employer plan not exceed 9.5 percent of an employee's income. In this manner, the law regulates affordability. However, the law does not cap prices when workers add family members to the plan, which can triple the cost. If adding a child or spouse to the employer's plan is too costly for the employee, family

members may join a plan offered by Covered California, the state's health-benefits exchange. However, the law prohibits anyone, including dependents, from receiving an exchange subsidy despite meeting income requirements if an employer offers an "affordable" plan.⁵¹

Families with an employer-sponsored insurance option that is unaffordable for the entire family may surpass the maximum income requirements to enroll a child in Medi-Cal and are completely locked out of subsidies on the exchange. Families must then choose between paying more than 9.5 percent of the employee's income toward a child's medical insurance coverage and allowing the child to remain uninsured.

California should address the loophole in the Affordable Care Act that denies affordable care to tens of thousands of California children.

Holistic care is quality care

The commission believes that every child in California should have access to quality health care—care that is holistic, extending beyond the current physical state of a child's health to encompass health on the emotional, behavioral, and neurological levels.

Millions of California children do not receive holistic, comprehensive care. Even though developmental and behavioral screenings are recommended at various intervals as a child grows, provider surveys indicate that fewer than half of providers conduct developmental and behavioral screenings at the recommended ages and frequencies.⁵² In 2013, nearly three-fourths of California's young children, or 1.7 million kids, did not receive a recommended developmental and behavioral health screening.⁵³ Even though developmental and behavioral screenings should be conducted at well-child visits several times before school entrance, no standardized structure exists to monitor physician compliance with recommended screenings.

If identified early, at-risk children can benefit from developmental and behavioral interventions. Observations and screenings are important steps in the determination of a disorder because they establish whether further evaluation is necessary. Early intervention results in higher academic performance for kids and a large return on investment for the state. Every \$1 spent on providing an autistic child with intensive early intervention services saves approximately \$6 in future care costs.⁵⁴

In California, providers that identify a child in need of or at risk of needing early intervention services are required to refer that child to the Early Start Program within three days.⁵⁵ The Early Start

Program is a California state program that provides coordinated, family-centered early interventions for infants and toddlers with disabilities and their families.⁵⁶ However, referrals are unlikely if screenings are not taking place at the appropriate rates and intervals.

Toxic stress

Experiences of toxic stress in childhood increase the likelihood that a child will suffer from asthma, diabetes, obesity, and emotional problems.⁵⁷ The consequences of toxic stress can also follow children into adulthood, increasing the risk of diverse poor health outcomes such as cardiovascular disease, viral hepatitis, and liver cancer. Toxic stress alters the architecture of the developing brain in a manner that exacerbates health problems throughout one's lifetime.⁵⁸ Individuals with four or more adverse childhood experiences are at *double* the lifetime risk of asthma and *over four times* the risk of Alzheimer's disease.⁵⁹

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Harvard University's Center on the Developing Child defines toxic stress as "an elevated stress response that occurs in reaction to prolonged, strong, or frequent adverse childhood experiences (ACEs)."⁶⁰ Studies increasingly link childhood poverty to increased instances of toxic stress in children.⁶¹

While awareness of the impact of toxic stress is growing among physicians, it has yet to infiltrate the preventive health care sector in a systematic manner. Currently, there is no existing standard of measurement employed by the state to ensure that doctors conduct an ACE assessment or offer services based on the results.

The commission recommends that California bolster health care provider efforts to administer behavioral, developmental, and mental health screenings in accordance with recommended frequency and add adverse childhood experience (ACE) screenings to existing standards of pediatric practice.

Based on the screening results, and possibly further examination when warranted, children and families should be connected with follow-up services and helpful resources. Environmental and social factors have an enormous impact on a child's overall health. Our approach to health care needs to be expanded so children and families have access to the necessary social and economic resources that ultimately impact their health.⁶² We must broaden our understanding of fundamental health care and work to expand the health services available to all California children. Early intervention and treatment for mental health and behavioral issues can be effective and have a dramatic impact on a child's future success.

Support public awareness of and family education about the importance of the early years

A responsive, caring relationship between a child and a trusted adult contributes to healthy child development and increases a child's likelihood of positive educational and health outcomes. Responsive relationships are defined by the child's receipt of both cognitive stimulation and emotional support. In many cases, the primary caregiver has the greatest opportunity to create a stimulating and supportive adult-child relationship.⁶³ Institutions that touch the lives of young children and their families must also meaningfully engage with families to support their young children's cognitive, emotional, and physical well-being.

Different family structures, cultural values, and socioeconomic circumstances may determine who fulfills the primary caregiver role for a child: a parent, grandparent, relative, guardian, nanny, or other caregiver. Additionally, some children may have more than one trusted adult in their lives, inclusive of extended family and community members. Others may not be so fortunate. But all it takes is one sustained relationship with a caring adult to profoundly impact a child's development and future opportunities.

Neuron connectivity in the developing brain happens at the greatest rates before a child ever enters a formal educational setting. Seven hundred new neural connections are created every second during the first three years. The opportunities for learning presented during this time are enormous but not without obstacles.⁶⁴

Socioeconomic status can have a profound impact on a child's development. Children living in poverty are more likely to have adverse childhood experiences that can create educational obstacles, limit future workforce success, and cause lifelong health problems.⁶⁵ By age 3, almost half of toddlers in poverty have one or more adverse experiences that can lead to toxic stress.⁶⁶ Toxic stress impacts brain functioning, generating harmful neurochemicals that damage thought process and behavior.

Economic status can also lead to substantial physical consequences. The brain surface of a child whose family makes less than \$25,000 is about 6 percent smaller on average than a child from a family with an annual income of above \$150,000.⁶⁷ To be clear, a child living in poverty is not prevented from learning and succeeding in the future, but she may face additional challenges.

All families, parents, and caregivers, regardless of income, can take certain steps to help their children fulfill their potential. Successful public programs should also be expanded to offer additional support for families that need it. The practice of talking, reading, and singing in conjunction with supportive programs, while necessary, will not solve the root causes of systemic inequality. However, such practices and programs should become an integral part of our society's approach to helping families and children thrive.

The commission recommends that California invest in efforts to increase public awareness and expand evidence-based support programs that provide information to families about the consequences of toxic stress and the importance of brain development. Such initiatives would highlight everyday opportunities to encourage early literacy, early math, and the value of multilingualism in a culturally responsive manner.

To do this, the state should enlist a variety of messengers, including leaders of media, cities, counties, hospitals, libraries, business groups, schools, and other community organizations.

Public outreach and awareness

Public outreach is an important part of the mission to improve early childhood for all California children. Giving families the tools to help their children and to let them know the importance

of simple engagement in the development of a child will pay dividends for years to come.

In health care, preventive care is far cheaper than treating undiagnosed problems in a hospital or emergency room. Similarly, public-outreach campaigns can help raise awareness and move parents and caregivers to action, providing better outcomes for children and millions of dollars in savings to society. Any public-awareness campaign should explicitly state the economic benefit of programs that provide necessary parental support and foster effective family-engagement practices. If people are aware of the long-term savings and positive societal impact, they are more likely to push for changes that would improve opportunities for families and kids in the near term and in the future.

Families and caregivers should be encouraged to promote healthy child development by sustaining a supportive relationship with a child through interactions such as one-on-one time, talking, and reading. Such interactions not only build trust but also build neuron connections in the developing brain. Children who feel a sense of safety and security provided by a trusted adult are buffered from the emotional and physiological exposure to adversity. Additionally, talking and reading strengthen a child's language acquisition, thus promoting school readiness.⁶⁸

Public-awareness campaigns should be harnessed to promote a broader cultural understanding of the importance of early childhood development and to alert caregivers and families to the importance of certain behaviors and the availability of resources to help. We need a multimedia approach and partnerships from the public, private, and nonprofit sectors to let Californians know about the importance of brain development and the impact of toxic stress. Media and technology have an important role to play in reaching families and caregivers through the development of online videos and social media campaigns, attracting spokespeople, and devising other efforts that will engage the mainstream media to help spread the message.

Good examples of such efforts include the Clinton Foundation's Too Small to Fail campaign and the Talk, Read, Sing campaign championed by First 5 California. The campaigns integrate TV commercials, radio ads, digital ads, and powerful parent websites to talk about the importance of caregiver engagement with young children. Both campaigns encourage parents to talk, read, and sing to their children to stimulate brain development in the first years of their children's lives.

Additionally, Univision championed a Spanish-language version of Too Small to Fail, known as Pequeños y Valiosos, to spread the message to millions more parents throughout the nation. Culturally responsive media participation is essential to spread public awareness to all of California's residents who speak a wide variety of non-English languages.

But more can be done, particularly with regard to educating the public about the kinds of adverse childhood experiences that lead to toxic stress. Most importantly, caregivers need to know that 30 minutes of daily interaction can help combat toxic stress resulting from early adversity.

Families, parents, and caregivers play such an undeniably important role that they should not be without support and resources. For children living in poverty, including nearly a quarter of California's children, programs and services are often vital to well-being. Helpful interventions may take a variety of forms, some of which include home visits from nurses, social workers, or other professionals and paraprofessionals for new parents and utilization of nonprofit services, among other resources. The conclusion of this section offers examples of regional, government, and nonprofit programs intended to support families and children under the age of 5.

Direct interaction

Families, parents, and caregivers from all backgrounds want their children to succeed. They also want to know how to contribute to that success. With only a few intentional daily interactions, they can improve the chances for their children. Some of the most meaningful adult interactions occur on a one-on-one basis, wherein the child is the sole focus of attention for at least 30 minutes per day.⁶⁹

A caregiver's responsiveness and attention to a child is the foundation for a healthy relationship that stimulates brain development. When a child communicates through babbling, facial expressions, gestures, or words, a responsive caregiver will typically return the interaction. Failure to do so on a regular basis may result in chronic under-stimulation and, in extreme circumstances, deprivation and neglect.⁷⁰

Children who experience adversity but nevertheless manage to avoid the negative academic, behavioral, and health outcomes associated with toxic stress have one thing in common: a stable relationship with a trusted, supportive adult. Responsive adult interactions protect against developmental disruption to the

brain and organ systems and allow children to build coping skills.⁷¹ Other benefits from direct adult interaction include modeling emotional expressions and regulation skills, practicing back-and-forth communication, and developing a sense of self.⁷²

Adults who frequently interact with a young child learn to be attuned to his or her needs, recognizing and responding to his or her behavior appropriately.⁷³ Consequently, children who benefit from a supportive relationship with a responsive adult are more likely to have their basic health and safety needs met. In return, children who have experienced frequent and direct adult interaction exhibit social competence, which helps them build additional stable relationships with peers and other adults.⁷⁴

Media and technology

The use of media and technology can be an obstacle to direct interaction, but it doesn't have to be. Technology becomes a concern when it distracts rather than supplements the attention and interaction a caregiver gives a child. If used appropriately, media and technology can promote healthy interactions between caregiver and child.

Pediatricians and psychologists remind parents to dedicate uninterrupted attention to children, which often means putting down the phone and creating rules around the use of technological devices that all household members must follow—even the adults.⁷⁵ Common Sense Education offers a **Family Media Agreement** as part of their Family Toolbox that helps empower families in raising kids who think critically, participate responsibly, and behave ethically in their online lives.

Even very young children have learned to model the behavior of adults around technological use, raising a host of unanswered developmental questions. The percentage of children under age 2 who had used a mobile device for media reached 38 percent in 2013.⁷⁶ Common Sense Media offers recommendations on its Parent Concerns Web page about how to use limited screen time to cement relationships, such as showing kids photos of themselves and naming parts of their faces or exploring new words, sounds, and ideas online.⁷⁷

Television for infants and toddlers is a different subject because it doesn't encourage interaction. For kids younger than 2, television has been proven to impede language development, reading skills, and short-term memory.⁷⁸ Infants and toddlers who spend a significant amount of time in front of a TV screen miss out on developmentally necessary experiences.⁷⁹

Talking

Communication is heralded as the key to any positive relationship. There are good reasons to talk to a baby or an infant, even if he or she doesn't know how to verbally respond.⁸⁰

The quality and quantity of words a child hears in the first three years of life predict academic success. Furthermore, successful students who are college-degree earners have longer life expectancies and are less likely to suffer from obesity, hypertension, and depression, among other health benefits. The science is clear: Talking to a child improves educational and health outcomes years later.⁸¹

Experts recommend describing things, places, and activities to children as a way to expose them to words. Conversation can be incorporated into daily activities, such as meal times or dressings. It is even helpful for adults to ask questions and then answer them aloud as a way to model dialogue. Once a child is able to verbally respond, asking them questions encourages conversation.⁸²

The manner in which a child is spoken to also matters. Caregivers should aim to speak to children in an affirmative and corrective manner, rather than prohibitively and critically.

The word gap

The word gap refers to the discrepancy in the number of words recognized and spoken by lower-income and higher-income children by the age of 3.

Children can fall behind as early as 18 months old—years before they enter kindergarten.⁸³ A landmark study showed that children from professional families are exposed to 30 million more words than their lower-income peers by age 3.⁸⁴ Children from higher-income environments demonstrate a higher percentage of cognitive and emotional skills when compared to lower-income children, with a 20 to 25 percent gap in indicators such as expressive vocabulary and listening comprehension.⁸⁵ Researchers have also found a correlation between the number of words spoken to a child before age 3 and academic performance at age 9.⁸⁶

The word gap eventually contributes to the achievement gap, which refers to disparities in test scores, dropout rates, and rates of college attendance among groups of students. The future depends not only on closing these gaps but preventing them altogether. Direct interaction and verbal communication are a good start to addressing the problem.

Multilingualism

California hosts a wide range of linguistic diversity—more than any other state. Spanish, Chinese, Vietnamese, Tagalog, and Korean are the most widely spoken languages other than English.⁸⁷ Of California's children enrolled in public school, 22.7 percent primarily speak a language other than English. An overwhelming majority, 84.2 percent, speaks Spanish.⁸⁸

All languages equally promote cognitive development—and babies can even distinguish between languages.⁸⁹ A child should be exposed to a wide variety of words in any language.⁹⁰

The more languages a child learns, the stronger the brain becomes.⁹¹ Exposure to two or more languages encourages the connection of synapses and boosts the nervous system. As a result, studies show that bilingual individuals have better attention spans, enhanced abilities to multitask, and increased resistance to the early onset of Alzheimer's disease and dementia.⁹²

California's children are uniquely situated to learn more than one language. The best way for children to learn a second language, even if that second language is English, is to equally ground them in the primary language spoken in the home, family, or community.

Early math

In the same way that children are primed to learn multiple languages, so too are they primed to learn math earlier than many people realize. Research shows that infants demonstrate number sense, or the ability to tell the difference between large and small and more and less, as early as 6 months old.⁹³ Infants and toddlers have the capacity to understand math concepts, such as numbers and operations (number of toys), spatial relationships (next to, under), measurements (big, little), patterns (repetition of objects, events, colors, lines, textures, and sounds), and organization and classification (separating by color, size, and so on). However, they rely on adults to teach them the verbal language of math.⁹⁴

Families, parents, and caregivers can capitalize on innate math skills by talking to children about numbers and counting out loud. Throughout the day, opportunities to teach and learn math skills abound. For example, caregivers can help young children count the number of traffic lights during a car ride, task children with finding matching pairs of socks on laundry day, or help them measure ingredients for cooking dinner.⁹⁵

Reading

In California, 1 out of 5 children is read to fewer than three times a week.⁹⁶ All children could benefit from having someone read to them more regularly. Reading increases a child's sense of security and self-esteem, encourages communication, promotes the learning of new concepts, builds vocabulary and syntax, develops thematic interests, and can teach social values.⁹⁷ Furthermore, a 2015 research study discovered that reading to children activates areas of the brain associated with visual imagery and the understanding of language, visible by brain scan.⁹⁸

In California, 1 out of 5 children is read to fewer than three times a week.

The American Academy of Pediatrics (AAP) recommends reading to babies to encourage direct interaction, from which babies learn to mimic facial expressions and eventually sounds.⁹⁹ The AAP also recommends reading aloud to toddlers every day, allowing them to participate by asking questions, letting them name pictures of objects and animals, and talking about the feelings of characters or personal feelings.¹⁰⁰ Reading to a child should continue at home even after a child begins preschool or kindergarten for an initial time period between 10 and 30 minutes a day that increases with age.¹⁰¹

Reading to children is practiced most often in higher-income households and least in lower-income households. Between 50 and 61 percent of low-income homes and 80 percent of daycares for low-income children do not have any books.¹⁰² But when low-income mothers are told about the benefits of reading to children and given books, they become eight times more likely to read to their children. Knowledge and resources to support parents and caregivers are essential.¹⁰³

Supportive programs

A number of programs and initiatives exist throughout the country to support families, parents, and caregivers in understanding the importance of positive relationships coupled with activities that promote cognitive development. Such programs and initiatives vary by model, provider, dedicated funding streams, and target population at the local, state, and national levels.

Governmental programs and investment are vital but often do not work alone. Nonprofits and the business community also fill important voids. In some cases, cross-sector partnerships prove to be beneficial.

Highlighted below are a few innovative examples that draw upon diverse actors committed to helping kids age 0–5 get the right start. The following list is by no means exhaustive. Instead, it is intended to show how different actors can contribute support to early childhood efforts.

Regional spotlight: Georgia

Georgia, home of the Talk with Me Baby program, offers the only statewide public/private partnership aimed at bridging the word gap. The program trains nurses to share the importance of talking to babies with the parents of newborns, at first in the city of Atlanta, with the goal of branching out to all the state's newborns, 130,000 annually, by 2020. In addition, WIC clinicians who already provide services to 80 percent of Georgia's low-income population provide information to caregivers about talking and reading in addition to nutrition and vaccines.¹⁰⁴ Lastly, the program incorporates early childhood and preschool educators to train parents and caregivers to talk with babies and to increase the language-rich environments in home and early childhood education settings.¹⁰⁵

Home visiting

Home-visiting programs connect families with nurses, social workers, teachers, or other professionals or trained paraprofessionals who provide parents with guidance and connect families to social services.

One of the most celebrated home-visiting models nationwide is the Nurse-Family Partnership program, both for its results and long-term cost savings. The Nurse-Family Partnership reports a 48 percent reduction in child abuse, a 67 percent reduction in behavioral problems at age 6, and an 82 percent increase in the employment of mothers participating in the program.¹⁰⁶ The Center for

American Progress estimates that if the Nurse-Family Partnership were fully funded for eligible children who receive Medi-Cal, the state would experience a 10-year net savings of \$120 million.¹⁰⁷

Both First Five county commissions and the California Home Visiting Program support the provision of the Nurse-Family Partnership program model, among other home-visiting programs, for a limited number of California residents. Currently, home-visiting programs reach only 11 percent of California families with young children, even though 65 percent of California's children could benefit from a home-visiting program based on risk factors.¹⁰⁸

The state does not currently contribute general-fund dollars to home visiting. Expanding these evidence-based programs would be a cost-effective and powerful way to offer early intervention in more children's lives to help them and their caregivers get the care and support they need.

Reach Out and Read

Reach Out and Read is a nonprofit organization that equips medical providers to promote early literacy and school readiness during well-child visits. During pediatric exams, doctors share information with parents and caregivers about the importance of reading aloud during infancy and distribute books so that children are prepared for school. The program currently serves over 5 million children nationwide with the goal of providing early literacy information during every child's checkups.¹⁰⁹

Reach Out and Read partners with a wide range of early childhood advocacy organizations. In March 2015, the American Academy of Pediatrics, Scholastic, and Too Small to Fail partnered with Reach Out and Read to provide 50,000 books to distribute during well-child exams across the nation.¹¹⁰ The organization claims, "Giving books should be as routine as giving immunizations."¹¹¹

The success of evidence-based early intervention programs, such as home-visiting and parental-support programs, is well documented and provides a model for California to follow. Such programs should ensure educational advocates for families who are able to liaise between institutional resources and the communities they serve.

According to PolicyLink, the Promotores model that provides Latino community health outreach could be replicated to prevent implementation breakdowns of family-engagement and parent-support programs. Promotores are typically local parents hired

and trained to act as liaisons among parents, schools, and service providers. As community members and formal ambassadors, these liaisons not only offer critical connections between families and available services but also provide a crucial feedback loop on the appropriateness and effectiveness of services and service delivery to providers.

Additionally, hospitals, doctors, and nurses are among the actors that should provide cognitive-development, toxic-stress, and early literacy information to families, beginning with prenatal visits. Media, local governments, and community organizations also are imperative to encouraging a kids-first family-engagement agenda.

The public, private, and nonprofit sectors all have an important role to play in expanding access to and awareness of the importance of early childhood development. These methods are proven and cost-effective and could all help ensure every California child receives the right start.

Build a more responsive business community

It is a central belief of this commission that the movement toward a child-centered approach cannot and should not come exclusively from the government. Private employers have an important role to play in shaping cultural norms and expectations and providing a workplace for their employees that values families and understands the plight of modern-day workers and caregivers. Additionally, business leaders have the necessary expertise to guide our children into becoming the skilled workforce participants our state needs to prosper and flourish.

In recent years, we have seen a number of large companies adopt more family policies, involving parental leave and sick leave, that give greater flexibility to caregivers and provide the time for mothers and fathers to form bonds with their newborn children, which can pay dividends in a child's life for years to come.

The majority of parents participate in the workforce, leaving only one in five children of all ages with a stay-at-home parent.¹¹² In California, 87 percent of all families with a child under the age of 6 have an employed parent or parents.¹¹³ Creating a supportive work environment for adults is a key component of a more child-friendly system that will have benefits for employers, employees, and, most importantly, children.

It's important to address the issue of irregular work hours affecting the quantity and quality of time parents have to spend with children. A recent study shows that nonstandard or unpredictable scheduling practices can have negative impacts on a child's cognitive and behavioral outcomes, contributing to trouble learning, delayed verbal communication, and increased behaviors associated with depression and aggression.¹¹⁴

Parental-leave policies and the high cost of child care often determine the ability of parents, caregivers, and family members to remain in the workforce or the extent to which they can. Six in 10 mothers and four in 10 fathers say they have had to quit or switch jobs to allow more time for their children.¹¹⁵ Some parents who would otherwise participate in the workforce find that the cost

of child care is high enough to negate or surpass earnings.¹¹⁶ Other supportive policies, such as paid sick leave and lactation support, allow working parents to accommodate their children at critical periods.

The Right Start Commission believes that all employees deserve a quality family life—one that will help give their children the right start in life. Accordingly, **the commission recommends that the business sector provide a family-friendly workplace environment through policies that include child care assistance, reliable schedules, and paid family leave, among others, because the majority of parents and caregivers participate in the workforce.**

This section focuses on the workplace practices most likely to benefit children: family-friendly scheduling and parental supports.

It is important to note that children and caregivers are not the only beneficiaries of family-friendly policies and practices. Employers also reap benefits from investing in their employees, which include savings from reduced turnover, increased productivity, and positive return on investment.

We understand that in many cases, larger businesses may be better able to provide many of these benefits to their workers. But we believe all businesses must take the needs of their workers' families into account whenever possible.

The business community has the opportunity to take action in support of kids and their futures without government intervention. **The commission recommends that the business community encourage prominent business leaders to leverage their networks and experiences to prompt their peers to invest in every child's pathway to success, maintain California's economic leadership in the 21st century, and support the workplace policies outlined below.**

Family-friendly schedules

Family-friendly scheduling describes workplace-scheduling policies that enable workers to balance work and family responsibilities. Examples include flex time, telecommuting, compressed schedules, and reliable scheduling practices.

Family-friendly schedules look different across settings. For example, employees who work in shifts might benefit more from reliable schedules than flexible schedules. Additionally, workers in certain sectors, such as retail sales or restaurant services, might not feasibly be able to work from home. Therefore, it is important for businesses to determine and implement policies that would best help their workforce balance family responsibilities.

According to a guide for small businesses published by the National Federation of Independent Business (NFIB), four-day workweeks and flexibility are among the no-cost or low-cost ways to make a small business attractive to employees. They argue that such policies make employees happier, able to balance home and work life, and more efficient and productive with their time.¹¹⁷

Flex time

Flex time is a scheduling policy that allows employees greater flexibility in their start and end times while still working the standard amount of hours. Employers may choose to offer a structured flex-time policy or implement flex time on an informal basis.¹¹⁸ Fifty-four percent of companies nationally offer flex time.¹¹⁹

Additionally, a “Parents & Work” survey found that 97 percent of working parents think that a flexible job would help them be better parents, and 95 percent of respondents claimed that they would be more productive in a flexible work environment.¹²⁰

Telecommuting

Telecommuting involves working from a remote location, often using technology, rather than commuting to work. Telecommuting was the most popular flexible workplace policy in the “Parents & Work” survey. Fifty-nine percent of companies nationally offer telecommuting.¹²¹

The results of a recent study show that call-center employees who telecommute are more satisfied, 13.5 percent more productive, and nearly 50 percent less likely to quit than office-based workers.¹²² The study also found that telecommuters actually worked more hours from home because they were less distracted, took shorter breaks, and didn’t have to spend time travelling to work.¹²³

Compressed work schedule

A compressed work schedule allows employees to work full-time hours in less time than the traditional workweek. One example of a compressed workweek schedule is working 10 to 12 hours a day over four days with one day off. Employees who take advantage of this policy are able to cut down on commuting, thus saving money and time. Additionally, employers can take advantage of a compressed workweek by saving on energy costs or by rotating days off for employees.¹²⁴ Twenty-nine percent of companies nationally offer compressed work schedules.¹²⁵

Nonexempt employees, who are paid an hourly wage instead of a salary, must be paid overtime under California law.¹²⁶ Therefore, flex time and telecommuting options for nonexempt employees may challenge an employer’s ability to monitor the number of hours worked. However, the compressed workweek is an exception to standard overtime-payment requirements.¹²⁷

Reliable scheduling practices

Family-friendly scheduling practices require stability and predictability in addition to flexibility. Employees working in shifts cite irregular work schedules as a barrier to work-life balance. Forty-nine percent say that availability upon demand impacted their hiring.¹²⁸ When asked whether they have been passed over for a raise, promotion, or new job due to scheduling issues, one in three parents responded affirmatively.¹²⁹

Nonstandard or unpredictable parent work schedules can interfere with a child’s healthy development. Work schedules may also directly interfere with a child’s meal and bedtimes, as well as make it difficult for parents to read books and engage in other pre-academic activities with their children, plan for child care, work a second job, or go to school.¹³⁰

Employers can maximize stability in ways that reduce schedule variation, such as guaranteeing a number of minimum hours per week and by providing work on predetermined days or shifts. Predictable schedules are given to employees in advance with limited adjustments. Employers can address flexibility, the amount of control a worker has over the number and timing of work hours, by soliciting input from employees.¹³¹

Parental, caregiver, and familial supports

Parental, caregiver, and familial supports comprise a category of employer policies that enable employees to care for or arrange care for their children. The policies included in this category are parental leave, child care, the ability to bring babies to work,

sick leave, and lactation accommodations. Such supports positively impact the health and well-being of the child.

Parental leave

Parental leave provides employees with approved paid or unpaid time off following the birth or adoption of a child or to care for a dependent. Parental leave benefits in the United States pale in comparison to those of other developed countries. For example, most members of the European Union (EU) minimally provide 14 weeks of maternity leave paid at two-thirds of regular earnings. Paid paternity leave is far less common.¹³²

In the United States, the Family and Medical Leave Act requires companies of 50 or more employees to provide 12 weeks of *unpaid* leave for mothers and fathers after the birth or adoption of a child. Even so, some companies choose to offer *paid* parental leave without a legal requirement. Of all workers in the United States, 13 percent have access to paid parental leave.¹³³

Paid parental-leave policies directly benefit a child's health and well-being. For example, maternity leave positively impacts rates of breastfeeding and receipt of well-child visits and immunizations, while decreasing infant mortality rates. Fathers who are able to take a two-week leave are more involved with child care in the following months, making them more likely to contribute to the child's health and well-being by bonding, helping to feed the child, and putting the child to sleep.¹³⁴

Working Mother rated 2015's best 100 companies for a family-friendly culture. Paid maternity leave was a mandatory requirement for consideration. On average, the companies who made the list offered eight weeks of fully paid maternity leave or six weeks of partially paid maternity leave. They also averaged three weeks of fully paid paternity leave.¹³⁵

In a parenthood survey on the millennial generation, 89 percent of women took more than two weeks off work after having a baby. Sixty-five percent said they were the only one to take time off to care for a new child.¹³⁶ Five percent of companies nationally offer fully paid maternity leave.¹³⁷

Meanwhile, 52 percent of dads reported taking more than two weeks off work after having a baby. About one in five dads said they were the only one to take time off.¹³⁸ Twelve percent of companies nationally offer any type of paid paternity leave or adoption leave.¹³⁹

California has a Paid Family Leave program that allows employees who contribute to the State Disability Insurance Program up to

six weeks of partial pay (55 percent) for leave to care for a new child or an ill relative. The six weeks may be taken intermittently for up to a year.¹⁴⁰ California's Paid Family Leave program is not an employer-based policy, but it is one option provided by the state for eligible employees.

The first five years contribute significantly to child development, but it is unlikely that parents can afford or will choose to spend five years away from the workforce in today's economy. Nevertheless, a striking amount of brain growth and attachment coincide with the first three months of life. Therefore, a biological and neurological case can also be made for parental-leave policies, especially during the first 90 days after birth.

Child care

U.S. employers lose \$3 billion a year due to child care-related absences among working families.¹⁴¹ To address this issue, some employers choose to offer various models of child care to their employees. Examples of child care benefits include on-or-near-site child care, backup child care, nontaxable dependent-care spending accounts, or referral programs.¹⁴² Employers report that providing child care benefits results in positive outcomes, such as increased recruitment, decreased absenteeism, and increased retention.¹⁴³

One study found that on-site child care saves employers up to twice the amount of providing on-site care, on top of savings from reduced turnover and increased productivity.¹⁴⁴ Businesses may provide on-site child care on an ongoing basis or as a backup for a disruption in child care plans.¹⁴⁵ Nine percent of employers nationwide provide on-site or near-site child care.¹⁴⁶

Additional backup child care services include employee partnerships with online nanny-recruitment websites for membership discounts and contracts with child care centers. The cost is usually covered or subsidized by the employer. The return on investment for backup child care is between \$3 and \$4 for every dollar spent.¹⁴⁷ Four percent of companies nationally offer backup child care.¹⁴⁸

Short of contributing directly to the cost of child care, some employers provide employees with child care resources and referrals to aid them in selecting a best-fit option—9 percent of companies in the United States do this.¹⁴⁹ Employers may also offer a dependent-care spending account, which sets aside a portion of the employee's salary in a nontaxable account for child care expenses.¹⁵⁰

If an employer chooses to offer child care, the commission advises employers to offer high-quality child care in accordance with the first section of this report.

Babies at work

Allowing employees to bring babies to work is a family-friendly option that may be especially attractive to small businesses unable to provide paid parental leave or child care benefits. The Parenting in the Workplace Institute researches formal workplace policies and programs that allow parents to bring their kids to work. According to their database of baby-inclusive organizations throughout the United States, listed companies employ anywhere from two to 3,000 workers across the private, nonprofit, and public sectors.¹⁵¹

Some employers allow parents to bring their children to work infrequently, limited to unexpected situations. Others may implement formal programs for babies up to six months of age in the workplace and clearly define workplace expectations, such as baby-free zones, a preplan for backup child care, and childproof work stations to ensure productivity and safety.¹⁵²

Bringing a baby to work alleviates parental stress, lowers the cost of child care, and facilitates bonding and breastfeeding. Through such policies, employers often benefit from increased retention and recruitment, higher morale and productivity, and employees who return to work sooner.¹⁵³

Sick leave

Sick leave is time off granted to employees who are out of work due to illness or injury. Eighty-one percent of parents have missed work to care for a sick child, and 58 percent have worried about losing pay or their job because of it.¹⁵⁴ There is no federal requirement to offer paid sick leave. Thirty-three percent of companies nationally offer paid sick leave. However, that number is growing due to recent and pending legislative actions.

In July 2015, California's governor, Jerry Brown, signed a law that entitles employees to paid sick leave. One hour of paid leave accrues for every 30 hours worked.¹⁵⁵ As a result, paid sick leave has been expanded to 6.5 million workers who did not have it previously—40 percent of the workforce.¹⁵⁶ Certain classifications of employees are exempt from the law. Similar legislation is pending in other states.

Research suggests that paid-sick-leave policies benefit both employees and employers. Workers without paid leave are more likely to work while sick and send sick children to school, which

puts others at risk of infection and diminishes productivity.¹⁵⁷ Parents without paid sick leave are *five times* more likely to take children for medical care outside of traditional work hours—which means accessing expensive emergency room services for routine care, often at the expense of employer-sponsored health care coverage.¹⁵⁸ Additionally, studies show that employers who offer paid sick leave save money in reduced turnover rates and increased productivity.¹⁵⁹

Parents without paid sick leave are *five times* more likely to take children for medical care outside of traditional work hours—which means accessing expensive emergency room services for routine care, often at the expense of employer-sponsored health care coverage.

Lactation accommodations

Of working mothers with a child under 1 year old, only one quarter breastfeed for at least one month. This figure starkly contrasts with the recommendation that babies receive only breast milk for the first six months and that mothers breastfeed for at least a year. Breastfeeding contributes to both maternal and child health, which decreases employee absences due to illness.¹⁶⁰

The Affordable Care Act, signed in 2010, amended the Fair Labor Standards Act to require employers of 50 employees or more to provide a reasonable break for employees to express breast milk and a private place other than a bathroom to take that break. The law does not require that lactation breaks be paid. Smaller businesses, although not required, still have the option to provide an on-site lactation room.¹⁶¹

Of working mothers with a child under 1 year old, only one quarter breastfeed for at least one month.

An on-site lactation room is a private space designated for nursing mothers to express breast milk. Appropriate lactation rooms should be separate from a bathroom, large enough to fit a chair, and have a flat surface to place a pump. Best practices for room amenities include a breast pump, a sink, antimicrobial wipes, a small refrigerator, artwork, and a bulletin board for baby photos.¹⁶²

Some employers—5 percent—also offer lactation support programs for pregnant and nursing employees.¹⁶³ One example of such programs includes having a registered nurse or lactation consultant meet with the employee at her home. The Department of Health and Human Services claims that providing lactation support programs lower an employer's health insurance costs related to claims for breastfeeding up to three times, reduces turnover from mothers returning to work by almost 30 percent, lowers absenteeism by 50 percent, and raises employee morale.¹⁶⁴

Employers that provide on-site child care or allow babies in the workplace make it possible for employees to nurse a child directly.

Hiring considerations for stay-at-home parents reentering the workforce

Parents who stay at home to raise a child face considerable obstacles when they attempt to reenter the workforce. A sizable work-experience gap can lead many employers to pass over a résumé.

Family-friendly employers understand that stay-at-home parents have honed many talents while raising their children. Employers should value the skills learned from parenting and the volunteer activities in which parents participate. Taking steps to ensure

recruitment practices do not exclude stay-at-home parents is one way any employer can help be a part of a child-centered approach.

The commission acknowledges that each employer has varying limitations on its capacity to provide employee benefits. Additionally, the commission recognizes the distinction between exempt and nonexempt employees and understands that employers must work within state and federally mandated regulations. Nevertheless, the commission believes that every employer can contribute to the creation of a family-friendly environment for its employees. Every employee, regardless of job classification or level of compensation, deserves a quality family-life balance.

We encourage employers to provide family-friendly scheduling, which can include flex time, telecommuting, compressed schedules, and reliable scheduling practices, to help meet the needs of parents and other caregivers who must coordinate care for their children.

California businesses can also do more to provide parental supports, particularly paid parental leave for mothers and fathers.

Business leaders

Our education system is in dire need of additional attention, as are our children and youth. Put simply, this represents a major challenge for our state and country's long-term economic prosperity. We can and must do better if we want our next generation to succeed in today's global economy.

California has one of the largest economies in the world and rivals those of entire nations. We need our future workforce to be prepared to sustain our economic success and improve shared prosperity in a more equitable manner. But we are not on track to fulfill this vision.

According to the Public Policy Institute of California (PPIC), the best-educated group in California consists of adults age 60 to 64 who are on the verge of retirement. They project that our Golden State will have a shortage of 1.1 million college graduates by 2030. The need to prioritize our kids and their preparation for the future is strikingly apparent.¹⁶⁵

No one understands the crucial importance of a skilled workforce better than the CEOs leading the world's top companies, which is why the independent voices of a business leaders' council is critical for our state and nation's future.

CONCLUSION

California's system of delivering services to young children is in need of a fundamental overhaul. A new child-centered approach to these services can lead to efficiencies in the way we currently deliver things such as child care and health care to young children and improve outcomes for children. By ensuring that every child in California receives the right start, we can help close the achievement gaps we see, often along class and racial lines.

California's future depends on providing all children with a sound foundation for success that acknowledges their diverse life experiences. To better serve the children of California, the Right Start Commission recommends that we as a state:

Commit to universal access to high-quality early learning and care programs for children age 0-5

1. By 2021, ensure that all 4-year-old children have universal access to transitional kindergarten or other high-quality, developmentally appropriate preschool, and ensure that children age 0-3 have access to safe, developmentally appropriate care.
2. This system of child care, early childhood education, and preschool should be open to all families, regardless of their ability to pay. As with health care, the state should offer a sliding scale based on a family's ability to pay for care, with full subsidies for the lowest-income families.
3. Create a "one-stop shop" online portal that operates in conjunction with physical regional referral centers to provide parents and caregivers with easy identification of and access to all available early childhood services.
4. Foster high-quality early childhood education by adopting an aligned and coherent system of goals and developmentally appropriate practices that runs through child care, preschool, transitional kindergarten, and primary grades. Early childhood professionals are essential to program quality and should receive workforce training aligned to integrated quality standards in a manner that protects workforce diversity and improves compensation.

5. Consolidate and coordinate the state's early learning and care programs to simplify access and delivery of services to children and families.

Invest in preventive health care

1. Increase the Medi-Cal reimbursement rates for providers to ensure that more than half of the state's kids have access to vital health services.
2. Address the loophole in the Affordable Care Act that denies affordable care to tens of thousands of California children.
3. Bolster health care provider efforts to administer behavioral, developmental, and mental health screenings in accordance with recommended frequency, and add adverse childhood experience (ACE) screenings to existing standards of pediatric practice.

Support public awareness of and family education about the importance of the early years

1. Invest in efforts to increase public awareness of, and expand evidence-based support programs that provide information to families about, the consequences of toxic stress and the importance of brain development. Such initiatives would highlight everyday opportunities to encourage early literacy and early math and stress the value of multilingualism in a culturally responsive manner.
2. To do this, the state should enlist a variety of messengers, including leaders of media, cities, counties, hospitals, libraries, business groups, schools, and other community organizations.

The movement toward a child-centered approach cannot and should not come exclusively from the government. The Right Start Commission recommends the following actions from the business sector:

Build a more responsive business community

1. Provide a family-friendly workplace environment through policies that include child care assistance, reliable schedules, and paid family leave, among others, because the majority of parents and caregivers participate in the workforce.

2. Encourage prominent business leaders to leverage their networks and experiences to prompt their peers to invest in every child's pathway to success, maintain California's economic leadership in the 21st century, and support the workplace policies outlined above.

Changing our approach to child services can help California better promote and support families. Families are children's first and most important teachers, advocates, and nurturers. Strong family engagement is central to promoting children's healthy development and wellness. Research indicates that families' engagement in children's learning and development can impact lifelong health, developmental, and academic outcomes.

Our goal is to encourage and promote family engagement with children and the public- and private-sector institutions and services available to support children. When families and the institutions where children learn partner in meaningful ways, children have more positive attitudes toward school, stay in school longer, have better attendance, and experience more school success.

What happens at the beginning of a child's life matters to her future. Ensuring that kids get the right start will help us build a better society that provides hope and opportunity to every California child.

Table 1. Summary of recommendations for preventive pediatric health care, prenatal to 5 years

	Age Range	Number of Total Recommended Screenings/Services
History: Initial/Interval	Prenatal to 5 years	16
Measurements		
• Length/height and weight	Newborn to 5 years	15
• Head circumference	Newborn to 2 years	11
• Weight for length	Newborn to 18 months	10
• Body mass index	24 months to 5 years	5
• Blood pressure	3 to 5 years	3*
Sensory Screening		
• Hearing	Newborn to 5 years	3*
• Vision	3 to 5 years	3*
Developmental/Behavioral Assessment		
• Developmental screening	9 to 30 months	3
• Autism screening	18 to 24 months	2
• Developmental surveillance	Newborn to 5 years	12
• Psychosocial/behavioral assessment	Newborn to 5 years	15
Physical Examination	Newborn to 5 years	15
Procedures		
• Newborn blood screening	Newborn to 5 years	1
• Critical congenital heart disease screening	Newborn to 2 months	1
• Immunization	Newborn to 5 years	15 [†]
• Hematocrit/hemoglobin	2 months to 5 years	1*
• Lead screening	6 months to 5 years	0 to 2*
• Tuberculosis testing	Newborn to 5 years	0*
Oral Health	6 months to 5 years	1 to 5 or more*
Anticipatory Guidance	Prenatal to 5 years	16

* More may be required based on risk assessment

† Immunization schedule

"Recommendations for Preventive Pediatric Health Care," Bright Futures/American Academy of Pediatrics, Periodicity Schedule as of January 2015. Accessed March 1, 2016. www.aap.org

Table 2. Health care quality for children age 0-5 enrolled in Medicaid/children's health insurance program

Measures	Age Range	California	Median of Reporting States	Number of Reporting States	California Performance Compared to State Median
Timeliness of prenatal care*	First trimester	82% to 86%	83%	33	Average
Frequency of prenatal care†	All trimesters	Did not report	62%	27	N/A
PCP visit in past year	1 to 2 years	86% to 94%	97%	45	Worse
PCP visit in past year	2 to 6 years	73% to 85%	88%	45	Worse
6 or more visits‡	0 to 15 months	67% to 84%	63%	44	Better
1 or more visits	3 to 6 years	75% to 84%	67%	47	Better
Children up to date on immunizations#	2 years	75% to 83%	67%	30	Better
Adolescents up to date on immunizations§	13 years	67%	73%	30	Worse
Appropriate sore-throat treatment**	2 to 18 years	49% to 57%	68%	36	Worse
Dental service††	1 to 20 years	21% to 40%	48%	49	Worse
Dental treatment service‡‡	1 to 20 years	20% to 22%	23%	49	About Average

* Percentage with a prenatal visit in the first trimester (or within 42 days of Medicaid/CHIP enrollment)

† Percentage with more than 80 percent of expected prenatal visits

‡ Recommended: nine visits (American Academy of Pediatrics)

Combination 3: four doses of diphtheria, tetanus, and acellular pertussis (DTaP); three doses of polio (IPV); one dose of measles, mumps, and rubella (MMR); at least two doses of H influenza type B (HIB); three doses of hepatitis B (HepB); one dose of chicken pox (VZV); and four doses of pneumococcal conjugate (PCV)

§ Combination 1

** Strep throat test + antibiotics, an indicator of clinical quality

†† Percentage eligible for services who received at least one preventive dental service

‡‡ Percentage eligible for EPSDT services who received at least one dental treatment service

Mathematical analysis of FFY 2013 Child CARTS reports as of August 4, 2014. "2014 Annual Report on the Quality of Care for Children in Medicaid and CHIP," Department of Health and Human Services. Accessed July 2015. www.medicaid.gov

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