



# Sonoma County

## 2024-2025 Early Learning and Care Needs Assessment

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April 2025



**Sonoma County**  
Office of Education



# Acknowledgments

The Sonoma County 2024-2025 Early Learning and Care Needs Assessment was a collaborative effort involving contributions from many individuals and organizations.

The **Project Advisory Team** met regularly to provide input on the design and delivery of the project, shared quantitative data, and led outreach efforts for the family survey and focus groups.

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**Data Contributions** from the following organizations were instrumental in meeting the requirements for the Needs Assessment.

- 4Cs Sonoma County
- Butte County Office of Education (providing Migrant Education Program data for Sonoma County)
- North Bay Regional Center
- River to Coast Children's Services
- Sonoma County Human Services Department
- Special Education Local Plan Area (SELPA)

The **CCPC Data Committee**, which includes Council staff and members, was assigned by the CCPC to provide input on data collection and analysis.

The **UPK Mixed Delivery Workgroup**, which includes CCPC staff and diverse early learning and care providers and partners, also provided input on data collection and analysis.

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*Cover photo by Taylor Heery on Unsplash; Executive Summary photo by Thiago Cerqueira on Unsplash*



## Executive Summary

The California Department of Social Services (CDSS) requires local child care planning councils to assess countywide early learning and care (ELC) needs at least once every five years. This report presents results from the 2024-2025 Sonoma County Child Care Planning Council (CCPC) Early Learning and Care Needs Assessment. The Needs Assessment is used to identify gaps and opportunities, guide strategies and investments, and inform the development of the countywide Child Care Plan.

### Child Population<sup>1</sup>

- There were **60,732 children** ages 0-12 in Sonoma County in 2023. The number of children ages 0-12 in Sonoma County decreased by 9.9% from the 2019 Needs Assessment, a decrease of about 6,000 children. The child population is projected to continue decreasing by about 2% per year through at least 2030.

### Approach and Data Sources

**Guiding Question:** To what extent does the ELC system meet the needs of families with children ages 0-12 in Sonoma County?

#### Key Areas of Inquiry:

- ELC availability and access to care
- Families' needs and priorities
- ELC workforce needs

#### Data Sources:

- *Quantitative data:* County and state data on child population and demographics; local data on ELC availability, need, enrollment, and cost
- *Family survey:* **559 responses** to survey for families of children ages 0-12
- *Family focus groups:* **30 participants** across five parent focus groups
- *Provider focus groups:* **22 participants** across four provider focus groups
- *Supplemental interviews:* **Four interviews** with ELC system key stakeholders
- *2019 Child Care Needs Assessment:* For comparison over time where available

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<sup>1</sup> Data from 2023-2024

- Most of Sonoma County’s child population ages 0-12 is either **White** (48.9%) or **Hispanic/Latine** (40.4%). Since 2020, the proportion of White children has slightly increased (46% to 49%) and the proportion of Hispanic/Latine children has slightly decreased (43% to 40%). These trends are projected to continue through 2030.
- Over a quarter (27.5%) of students entering kindergarten are **English Learners**. The percentage of English Learners entering kindergarten decreased from 38% in 2019. Of English Learners, most (91.5%) speak **Spanish**.
- Nearly half (46.4%) of children ages 0-12 in Sonoma County had at least one active **public assistance benefit** (CalFresh, Medi-Cal, and/or CalWORKS) in October 2023.
- Among children under age five, 7.9% had an Individual Family Service Plan (**IFSP**) or Individualized Education Program (**IEP**) to support children with disabilities and special needs. This percentage increased from 4.5% in 2019.

## Availability and Unmet Need for Early Learning and Care<sup>2</sup>

- **The number of ELC providers and the number of ELC slots have decreased since 2019.** From 2019 to 2024, the total number of child care providers in Sonoma County, including centers, license-exempt centers, and family child care homes (FCCHs), decreased by 10.4% from 624 to 559 providers. The total number of child care slots (desired capacity) decreased by 29.5% from 20,937 in 2019 to 14,759 in 2024.<sup>3</sup>
- **There is a shortage of ELC slots for all age groups, with the greatest shortage for infants/toddlers.** For all children ages 0-12 in Sonoma County, only 30.4% of child care need is met and 69.6% is unmet, based on the number of children in working families (data from 2020) compared to the number of available child care slots (data from 2024-25). Families of children ages 0-2 have the highest unmet need of 86.0%, followed by children ages 5-12 with an unmet need of 79.1%. Unmet need for children ages 3 and 4 is lower at 8.8%.<sup>4</sup>
- **Estimated unmet need for subsidized care is even higher than ELC generally.** Based on the most recent data available (2020), infant care had the highest unmet need for subsidized care (91.8%). Preschool care had a much higher unmet need for subsidized care (64.7%) than for preschool care generally (8.8%). Overall, for children ages 0-5, estimated unmet need for subsidized care was highest for infants under age one, and lowest for four-year-olds. In contrast, local subsidized care data from 2025 show that desired capacity is higher than enrollment for General Child Care and Development (CCTR), California State Preschool Program (CSPP), and Head Start. This could indicate staffing challenges, impacts of TK, programs not being accessible or desirable to parents, or new programs that are not yet fully enrolled.

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<sup>2</sup> Data from 2020, 2023, 2024, and 2025

<sup>3</sup> Supply data do not include the Expanded Learning Opportunities Program (ELO-P), some license-exempt after school programs, or transitional kindergarten (TK) programs.

<sup>4</sup> Unmet need is likely somewhat overestimated in this calculation as the most recent population data are from 2020 and the child population has decreased since 2020, and not all working families are seeking care.



- **Infants/toddlers ages 0-2 had the highest number of children on the waitlist for care.** The Childcare Eligibility List (CEL), maintained by the Community Child Care Council of Sonoma County (4Cs), had 1,448 children ages 0-12 on the waitlist for subsidized ELC programs as of January 2025—the total number of children on waitlists exceeds this number, as other ELC programs have their own waitlists beyond the CEL. By age group, the highest number of children on the waitlist were infants/toddlers ages 0-2 (614), followed by children ages 6-12 (493), and children ages 3-5 (341).
- **Requests for child care referrals were most commonly for full-time care for infants/toddlers and preschool-age children.** Between March 2023-March 2024, there were approximately 6,200 requests for child care referrals from 4Cs and River to Coast Children’s Services, Sonoma County’s Child Care Resource and Referral Agencies (R&Rs). Requests for care were most commonly for infants under age two (2,822 calls), followed by children ages 2-5 (2,633 calls), and children ages six and older (766 calls). The majority of requests were for full-time care (4,040 calls), followed by part-time care (1,545 calls). There were 745 calls requesting care during nontraditional hours.

## Cost of Care<sup>5</sup>

- **Average costs of care have increased over time, often at higher rates than the maximum reimbursement rates for subsidized care.** Centers tend to be more expensive than FCCHs, except for school-age care. Infant care is the most expensive, followed by preschool and school-aged care. Each type of care has increased in cost since 2019, with center-based infant care increasing the most since 2019. In 2024, the average cost of care was higher than the maximum reimbursement rate set by the state for subsidized child care (or the state Regional Market Rate ceiling) for all ages and types of care except for full-time and part-time center-based care for school-age children.
- **Families spend a large proportion of their income on child care.** Based on the average cost of care in 2024, a family making the 2023 median income in Sonoma County would spend between 7.2% and 16.9% of their gross monthly income on full-time child care for one child, or between 5.4% and 12.8% of their monthly income on part-time child care for one child. Low-income families who are eligible for but unable to access subsidized care pay an even higher proportion of their income toward child care. Families making 85% of the state median income (SMI), would pay between 8.5% and 19.8% of their gross monthly income on full-time child care for one child, or between 6.3% and 14.9% of their monthly income on part-time child care for one child.

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<sup>5</sup> Data from 2020, 2023, and 2024

# Key Survey and Focus Group Findings

## Families' Needs and Experiences

Needs and preferences for care	<ul style="list-style-type: none"><li>• Families, especially those with infants/toddlers and/or preschool-age children, frequently combine formal programs with informal care from family members to get coverage for the hours they need.</li><li>• There are substantial gaps between the types of care families are currently using and the types of care they would prefer. Preschool/daycare centers, care during school breaks, and before school care had the largest gaps between current and preferred use.</li><li>• Many families need care outside of traditional hours, and sometimes for more than eight hours a day, in order to work and afford the cost of living in Sonoma County.</li></ul>
Quality of care	<ul style="list-style-type: none"><li>• Families first and foremost want a safe and healthy environment for their children. They want to feel confident that their children are in good hands with providers who love working with children, and they want to see their children in developmentally appropriate, enriching learning environments.</li><li>• Families had varied levels of satisfaction with the quality of their current ELC programs.</li></ul>
Barriers and unmet needs	<ul style="list-style-type: none"><li>• Gaps in the availability of affordable early learning and care create an untenable situation for families. Families who qualify for financial assistance often are placed on waitlists, while families who do not qualify for subsidies are unable to afford the cost of care.</li><li>• The challenge of finding affordable early learning and care has deep impacts for families. Most parents adjust schedules, rely on extended family, or stop working to manage child care needs.</li><li>• Preschool and after school programs are not evenly distributed across different regions/school districts, and some families may need to drive long distances or to multiple locations for early learning and child care. Rural areas face additional challenges as there are fewer early learning and care providers, families may have transportation barriers, and limited internet access affects families' access to information.</li><li>• Overall, the ELC system is complex and difficult to navigate both in terms of finding and applying for programs. This creates stress and further barriers to access for families.</li></ul>

Multicultural and Inclusive care	<ul style="list-style-type: none"> <li>• The ELC system appears to meet the language needs of Spanish-speaking families, but there are limited services for families who speak languages other than English or Spanish, and fewer options for multicultural and bilingual programs than desired.</li> <li>• Overall, many families with children with disabilities and special needs are unable to get the types and/or amount of support they and their children need. While some families have managed to find high quality care that meets their children’s needs, access to supports differs based on type of disability, needs, diagnosis, and age.</li> <li>• Families identified a gap in services when children age out of the Regional Center at age three and when they enter the TK-12 school system at age four or five; for children who do qualify for services through the school district during this gap, the available times and locations may be limited and/or burdensome for families.</li> </ul>
Rollout of Universal Pre-K & TK	<ul style="list-style-type: none"> <li>• Many families have made an enrollment decision for their four-year-olds, and a majority plan to enroll their child in TK. While they have reasons for their decisions, some families may not be fully informed with an understanding of the differences between TK and preschool.</li> <li>• Families consider both instructional and practical factors in their decisions about whether to enroll their child in TK or another type of care. Many families are focused on their child’s developmental readiness and the learning environment and are considering what is most appropriate for their child, but considerations around cost and convenience may ultimately take precedence given the constraints families face.</li> </ul>

### In Families’ Own Words

*“I work in the fields [and] we go in very early, but the place where I take my children for child care is open from 7:00 am until 5:00 pm and this is very difficult for me because I have to ask to come in an hour late for work in the morning to be able to drop off my children.”*

*“Quality of care and quality experiences for my children when they are out of my care are a concern. I’ve seen providers using screen time, not playing outside enough...”*

*“Cost is way too high - my whole paycheck won’t cover two weeks of care!”*

*“I’ve been on the waitlist for six months and there are still months before there is space.”*

*“As a single parent, sometimes work and picking up my kid doesn't match, so I have to make last minute calls to family members...so I don't have to leave work early.”*

*“Finding and setting up childcare has really felt like finding our way in the dark.”*

## Providers' Needs and Experiences<sup>6</sup>

Wages and systemic challenges	<ul style="list-style-type: none"> <li>The effects of funding challenges, low wages, COVID-19, and TK expansion put many child care providers at risk of financial instability or possible closure, impacting the overall stability of the field. Low wages and demanding work lead to staff turnover, staffing shortages, and a younger, less experienced workforce in some programs. Impacts on providers include stress and mental health challenges, chronic illness, and burnout. Impacts on families include quality of care and disruptions to children's stability when providers change.</li> </ul>
Quality of providers	<ul style="list-style-type: none"> <li>Parents, teachers, and providers all observed varying quality of child care providers and special education professionals. Providers observed a need for more well-trained, bilingual special education and mental health providers who can work with families from diverse cultures and nationalities.</li> </ul>
Support for working with children with disabilities and special needs	<ul style="list-style-type: none"> <li>Preschool and TK teachers sometimes feel under-supported when working with children with disabilities and special needs who may require extra attention and care. Teachers are often the first to recognize potential issues and make referrals so children can get the support they need. There are concerns about staff burnout and a need for more support for teachers working with children with disabilities and special needs.</li> </ul>
Support for business management	<ul style="list-style-type: none"> <li>FCCH providers are tasked with running a business in addition to caring for children in their homes. For most, they are first-time business owners and do not have experience with the licensing, financial, or marketing aspects needed to run a successful business. While some FCCH providers receive business management support, others need support to establish their business, get licensed, manage their business, and achieve their desired enrollment.</li> </ul>

### In Providers' Own Words

*"Low wages and traveling to work and [being] expected to do so much takes a lot on a teacher's mental health and stress levels."*

*"Many teachers have been teaching for years but suddenly are expected to know how to care for new age group [with TK]."*

*"I am one of the providers who has felt affected [by the transition to TK]. I don't know if I'll survive for even two more years because I haven't received a call from a parent looking for care in a long time...I can't pay for an assistant anymore."*

<sup>6</sup> This section of the report draws from focus groups with providers as well as [The Early Care and Education Workforce of Sonoma County](#), a 2023 study and report from the UC Berkeley Center for the Study of Child Care Employment.



## Recommendations from Stakeholders<sup>7</sup>

Awareness and Enrollment in Care	<ol style="list-style-type: none"> <li><b>1. Improve the ease of finding and enrolling in care.</b> <ul style="list-style-type: none"> <li>Develop and promote a user-friendly centralized online hub to search for open slots, compare programs online based on specific categories of importance, and easily send requests to providers.<sup>8</sup></li> <li>Increase assistance for families with filling out applications.</li> </ul> </li> <li><b>2. Increase outreach and information about programs/resources.</b> <ul style="list-style-type: none"> <li>Provide consistent and standardized information about available ELC programs and resources such as financial benefits, mental health services, and services for families with children with disabilities and special needs. Survey respondents tended to prefer learning about ELC options through the R&amp;Rs, school districts, and word of mouth. Health care providers and employers were also mentioned.</li> </ul> </li> </ol>
Access to Care	<ol style="list-style-type: none"> <li><b>3. Provide lower cost options for families who do not qualify for subsidized care.</b> <ul style="list-style-type: none"> <li>Provide financial assistance to families who exceed income requirements</li> <li>Consider creative options such as parent cooperative preschools</li> </ul> </li> <li><b>4. Increase the availability of programs that are convenient for families' work schedules and where they live.</b> <ul style="list-style-type: none"> <li>Increase the number of ELC programs offering flexible schedules</li> <li>Increase multi-age, one-stop after school programming at centralized locations (e.g., schools or community centers with programming for various ages)</li> <li>Increase consistency of offerings across geographic areas/school districts, with care near or within parents' work locations.</li> </ul> </li> </ol>
Quality of Care	<ol style="list-style-type: none"> <li><b>5. Ensure that ELC programs consistently provide high-quality instruction (e.g., outdoor play time, child-led approaches, and enriching activities).</b></li> <li><b>6. Improve standards for communication from providers to families (i.e., regular communication about their child's activities and progress).</b></li> <li><b>7. Ensure safety, security, and health (e.g., monitoring and follow-up when complaints are submitted; food quality; security cameras; temperature management in summer and winter; traffic and crosswalk safety).</b></li> </ol>

<sup>7</sup> This section highlights recommendations from families, providers, and ELC partners—note that these do not necessarily represent the final recommendations for the CCPC Child Care Plan. It may be that some programs/services that stakeholders recommended do exist in some form. The recommendations that were mentioned by the strong majority of focus group and survey participants as top priorities are bolded.

<sup>8</sup> An online resource is available for parents to use independently on the 4Cs Sonoma County website for the 4Cs service area (<https://www.sonoma4cs.org/families/find-a-provider/>), and on the consumer education website [mychildcareplan.org](http://mychildcareplan.org). The resource allows families to search for care using a number of specified criteria.

Culturally Informed Care	<p>8. Increase options for bilingual preschool, TK, and after school programs.</p> <p>9. Increase access to bilingual mental health and special needs services.</p>
Inclusive Care	<p>10. Increase variety and locations of programs that serve children with a range of needs.</p> <p>11. Increase the number of programs that integrate children with special needs and typically developing children.</p> <p>12. Improve coordination between providers of children with special needs.</p>
UPK & TK Awareness and Choice	<p>13. Ensure families know that TK is a choice and have the information and ability to make that choice.</p> <ul style="list-style-type: none"> <li>• Increase information and communication about: <ul style="list-style-type: none"> <li>• Which schools offer TK and number of spots available</li> <li>• Age cutoffs</li> <li>• Hours of care available</li> <li>• Teacher-to-child ratio</li> <li>• TK curriculum</li> <li>• How to determine if child is developmentally ready</li> <li>• TK programs' ability to accommodate needs such as diaper changes</li> </ul> </li> <li>• Make tours of TK programs available</li> <li>• Ensure before and after school care is available</li> <li>• Ensure there are affordable preschool options</li> </ul>
Family Engagement	<p>14. Offer more meetings/groups in different languages for parents to come together and share information, resources, and experiences.</p>
Provider Support	<p><b>15. Expand education and support for ELC providers in child development and working with children with disabilities and special needs.</b></p> <p>16. Increase the number of well-trained special education professionals (e.g., case managers, therapists, teachers).</p> <p>17. Increase the number of well-trained, bilingual mental health therapists and expand their availability at programs/schools.</p> <p>18. Support TK teachers to ensure the teaching environment is developmentally appropriate.</p> <p>19. Continue and expand business management training/support for family child care homes, including support in reaching desired enrollment.</p> <p>20. Expand opportunities for staff appreciation and acknowledgment.</p>

# Table of Contents

Executive Summary.....	i
List of Acronyms.....	1
Introduction.....	2
Approach and Data Sources.....	4
Child Population .....	10
Specific Populations.....	15
Enrollment in Early Learning and Child Care .....	20
The Cost of Early Learning and Care .....	22
Child Care Availability .....	28
Families’ Needs and Experiences.....	38
System Strengths and Challenges.....	63
Stakeholder Recommendations .....	72
Appendix A: Primary Data Collection Methods.....	75
Appendix B: Definitions of ELC Programs .....	81
Appendix C: CELNAR Reports .....	83

# List of Acronyms

4Cs	Community Child Care Council of Sonoma County
CAPP	California Alternative Payment Program
CCPC	Child Care Planning Council of Sonoma County
CCTR	General Child Care and Development
CDE	California Department of Education
CEL	Child Care Eligibility List
CSPP	California State Preschool Program
DOF	Department of Finance
ECE	Early Childhood Education
ELC	Early Learning and Care
ELNAT	Early Learning Needs Assessment Tool
ELO-P	Expanded Learning Opportunities Program
FCC/FCCH	Family Child Care/Family Child Care Home
FFN	Family Friends and Neighbors
IEP	Individualized Education Program
IFSP	Individual Family Service Plan
QCC	Quality Counts California
RCCS	River to Coast Children's Services
READY	Road to Early Achievement and Development of Youth
RMR	Regional Market Rate
SCOE	Sonoma County Office of Education
SELPA	Special Education Local Plan Area
TK	Transitional Kindergarten
UPK	Universal Prekindergarten

# Introduction

## Child Care Planning Council of Sonoma County

The mission of the Child Care Planning Council (CCPC) of Sonoma County is to convene and inspire the community through collaboration, leadership, and advocacy to promote and plan for quality child care and development for the benefit of all children (primarily birth to 12), their families, and Sonoma County.

## Sonoma County Early Learning and Care System

The early learning and care (ELC) system refers to the range of early care and education settings for children ages 0-12. In Sonoma County, there are over 550 ELC providers serving children ages 0-12, including preschool centers, family child care homes (FCCH), and after school programs. Transitional kindergarten (TK) also makes up part of the ELC system in Sonoma County's 31 elementary and six unified districts.<sup>9</sup>

Children with disabilities and special needs receive assessments and support through the North Bay Regional Center and the Special Educational Local Plan Area (SELPA). Children ages 0-3 who are referred to the Regional Center for assessment are eligible to receive Early Start services. Beginning at age three, the Regional Center refers children to the child's school district of residence to assess eligibility for services and provide special education services and supports.

Sonoma County has two local Child Care Resource and Referral Agencies (R&Rs): the Community Child Care Council of Sonoma County (4Cs) and River to Coast Children's Services (RCCS). The R&Rs provide resources, referrals and support services for families and child care providers in Sonoma County.

## Local Planning Council Needs Assessment

High quality ELC programs and resources are essential in supporting children's development and preparing them for their future. The CCPC is responsible for providing a forum to identify the child care priorities of families in Sonoma County and to develop policies to meet those needs. To accomplish this, the CCPC is tasked with conducting a countywide assessment of ELC needs at least once every five years in line with the requirements of the Needs Assessment template provided by the California Department of Social Services (CDSS).

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<sup>9</sup> Sonoma County has three additional high school districts, for a total of 40 school district in the county.



The previous Needs Assessment was completed in 2019-2020. This Needs Assessment was completed in 2024-2025 and will be used to:

- Identify gaps and opportunities
- Guide strategies and investments
- Inform the development of the countywide Child Care Plan

## Organization of the Report

This report consists of the following sections:

- **Approach and Data Sources:** This section gives an overview of the guiding questions and the quantitative, survey, and qualitative methods for the Needs Assessment. Detailed methods, including recruitment activities and demographics for the survey and focus groups, are included in Appendix A.
- **Quantitative Data Sections:** These sections focus on quantitative data on the child population and ELC landscape in Sonoma County. Each quantitative data section includes data required for the Needs Assessment followed by relevant supplemental data.
- **Family Needs and Experiences:** The report presents key findings from the family survey and family focus groups that speak to families' firsthand experiences. Some perspectives from provider focus groups are shared in this section as well.
- **System Strengths and Challenges:** This section includes information about the structures that support delivery of ELC services, addressing several required elements from the Needs Assessment template: ELC facilities, ELC workforce, geographic access, and emergency preparedness. This section primarily includes qualitative data from provider focus groups and supplemental interviews.
- **Stakeholder Recommendations:** The report concludes with a synthesis of recommendations and suggestions offered by families, providers, and ELC partners. These are suggestions that families and providers offered in the survey and focus group discussions – they do not necessarily represent the final recommendations for the CCPC for its Child Care Plan.

To comply with the CDSS Needs Assessment template, answers to required questions are marked with their corresponding question number from the template (e.g., Q2).

Note on terminology around race/ethnicity: It is important to recognize the diverse ways that community members describe their racial/ethnic identities. To be gender-inclusive while being succinct, the report uses the gender-neutral term "Latine" to encompass individuals identifying as Latino, Latina, or Latinx. In general, the report uses the term "Hispanic/Latine" when referring to members of that community.

# Approach and Data Sources

The CCPC partnered with independent consultants Alison Hamburg and Sonia Urquidi to design the needs assessment, gather and analyze quantitative data, develop a data collection plan for surveys and focus groups, conduct data collection in collaboration with the Project Advisory Team and ELC partners, and develop the Needs Assessment report.

## Areas of Inquiry

The consultant team developed a guiding question and areas of inquiry based on the requirements of the Needs Assessment and the priorities of the CCPC Data Committee and UPK Mixed Delivery Workgroup. These questions informed the focus of quantitative analyses and the development of survey and focus group questions.

Guiding Question: To what extent does the ELC system meet the needs of families with children ages 0-12 in Sonoma County?	
ELC System Component	Areas of Inquiry
Availability & Access to Care	<ul style="list-style-type: none"><li>• To what extent does the availability of child care and early learning (supply) meet the need (demand)?</li><li>• To what extent can families enroll their children in the type of child care and early learning they prefer? (e.g., FCCH, center-based preschool, TK, after school)</li><li>• To what extent can families access child care that meets their and their children's needs (e.g., geographic proximity, hours of care, language accessibility, culturally appropriate care, inclusion/accessibility for children with disabilities and special needs)</li><li>• What are families' needs for subsidized care, how easily can families access subsidized care, and how does access to subsidized care affect the type of care that families end up using?</li><li>• To what extent are inclusive child care and early learning options available for families with children with disabilities and special needs?</li></ul>
Quality of Care	<ul style="list-style-type: none"><li>• How do families define high-quality care?</li><li>• To what extent are programs providing high-quality care?</li></ul>
Workforce	<ul style="list-style-type: none"><li>• To what extent is the child care and early learning workforce equipped to provide high quality early ELC that aligns with the needs and preferences of families?</li><li>• Where are the greatest needs and gaps in the ELC workforce?</li><li>• What are the barriers to increasing/maintaining the ELC workforce?</li><li>• How do existing low wages affect who enters and stays in the workforce? How do low wages affect racial equity in the workforce?</li></ul>

Family Engagement	<ul style="list-style-type: none"> <li>• How well is Sonoma County informing and engaging families about the options available to them?</li> <li>• To what extent is Sonoma County engaging families in planning around child care and early learning?</li> </ul>
Emergency Preparedness	<ul style="list-style-type: none"> <li>• To what extent is Sonoma County prepared to meet child care needs in the context of natural disasters and/or health emergencies?</li> </ul>

The Needs Assessment sought to maintain a focus on racial equity and disparities. Results are segmented by race/ethnicity and language where possible. For the most part, analyses include the county's largest racial/ethnic groups (White and Hispanic/Latine) and linguistic groups (English and Spanish speaking), as there were not sufficient data to break down responses for smaller groups.

## Quantitative Data Sources

The consultant team used aggregate data provided by local, county, and publicly available sources, including the following:

Publicly Available Data	Required State Sources	Local Data
<ul style="list-style-type: none"> <li>• U.S. Census American Community Survey (ACS)</li> <li>• California Department of Finance, Demographic Research Unit</li> <li>• California Department of Education</li> </ul>	<ul style="list-style-type: none"> <li>• American Institutes for Research (California Early Learning Needs Assessment Tool and Reports—CELNAR; Early Learning Needs Assessment Tool—ELNAT)</li> </ul>	<ul style="list-style-type: none"> <li>• Resource and Referral Agencies: Community Child Care Council of Sonoma County (4Cs); River to Coast Children's Services (RCCS)</li> <li>• Sonoma County Special Education Local Plan Area (SELPA)</li> <li>• North Bay Regional Center</li> <li>• Sonoma County Human Services Department</li> <li>• Butte County Office of Education (providing Migrant Education Program data for Sonoma County)</li> </ul>

Source data and relevant notes are documented throughout the assessment. Below are several considerations and limitations for interpreting the quantitative data in this report.

- The consultant team used the most recent data available from local, county, state, and national sources. In general, the consultant team sought or requested data in the fall of 2024 and spring of 2025, and data in the report are from 2022-2025. However, often the most current publicly available data were from between 2020 and 2023.

- In many cases, age groupings for infant, preschool, and school-age children were not consistent across the data provided to the consultant team. In particular, depending on the available data, two-year-olds and five-year-olds may be included in different categories in different analyses (some analyses include two-year-olds in the “infant” category, while others include them in the “preschool” category; for, some analyses include five-year-olds in the “preschool” category while others include them in the “school-age” category). Each analysis in the report notes the age groupings used. Where possible, this report uses the following categories:
  - Infant: Birth through age two, inclusive of two-year-olds (0-2)
  - Preschool: Ages three and four (3-4)
  - School-age: Ages five and older (5-12)
- In several cases, the same analysis may use data from two different years depending on the most recent data available (e.g., child care supply from 2024 and population data from 2020). Because these analyses are not comparing the same point in time, the results may be underestimated or overestimated. Instances where there were substantial gaps in the data available are noted in the report with caveats to interpreting the data.
- Comparisons to data from the 2019 Needs Assessment are included where available and relevant. Because the 2019 Needs Assessment used different age groupings, this reduces the possibility for comparison in several cases. All comparisons are based on the data as shown in the report tables and narrative as the consultant team did not have access to the source data used for the 2019 report.
- In several cases, the Needs Assessment template requests reports from the California Early Learning Needs Assessment Reports (CELNAR). However, the most recent CELNAR data is from 2017. Therefore, this report uses data from more current sources, such as the Department of Finance, the American Community Survey, and the American Institutes for Research’s Early Learning Needs Assessment Tool (ELNAT). Required CELNAR reports are included in Appendix C.

## Primary Data Collection

This section provides a summary of the survey and focus group methods. See Appendix A for detailed methods including recruitment methods and participant demographics.

### Family Survey

The consultant team collaborated with the Project Advisory Team to develop and implement a survey for families of children ages 0-12 in September 2024. Online and paper surveys were available in English and Spanish. Online surveys were the primary collection method, with a note that individuals could call 4Cs for support in other languages and any other support needed. The SCOE team and the R&Rs were instrumental in conducting widespread outreach to families and partner agencies. A free scoop of ice cream from a local small business was offered to the first 150 participants as an incentive.

The survey analysis included 559 responses after removing some responses using exclusion criteria related to completeness and validity. Overall, the demographics of survey respondents aligned fairly well with the demographic makeup of the county in terms of location, language, and race/ethnicity.

- Families from Santa Rosa made up close to two-thirds of respondents, a higher proportion than Sonoma County residents who live in Santa Rosa.
- Close to half of respondents spoke only English (lower than the monolingual English population in the county), one-fifth spoke only Spanish (similar to the monolingual Spanish population in the county), and close to one-third spoke both English and Spanish.
- There was a somewhat higher representation of adult survey respondents who identified as Hispanic/Latine than Hispanic/Latine adults in the county, but a similar proportion of survey respondents who had Hispanic/Latine children compared to the proportion of Hispanic/Latine children in the county (the proportion of Hispanic/Latine children in the county is higher than the proportion of Hispanic/Latine adults in the county).

### Family and Provider Focus Groups

The consultant team facilitated five parent focus groups and four provider focus groups in October and November 2024. To promote accessibility, the consultant team held English-language and Spanish-language focus groups in person in urban and rural locations, and virtually on Zoom. Focus group participants were recruited through the R&Rs, through indicating interest in a focus group on the family survey, and through partner agencies. Participants received a \$30 Target gift card for their participation.



## Parent Focus Groups

There were 30 participants across five parent focus groups. Race/ethnicity was available for about half of the participants and was generally reflective of the demographics of the county.

Focus Group	Language	Location	Participants
Families with preschool-age children	Spanish	In-person at River to Coast Children's Services (rural location)	9
Families with preschool-age children	English	In-person at 4Cs (urban location)	6
Families with children ages 0-12	English	In-person at Riebli Extended Child Care (urban location)	6
Families with children ages 0-12	Spanish	Virtual	5
Families with children with disabilities and special needs ages 0-12	English	Virtual	4

## Provider Focus Groups

There were 22 participants across four virtual provider focus groups. One focus group with school-age program staff was canceled due to low registration. Race/ethnicity data was available for about a third of participants and included a mix of Hispanic/Latine and White participants.

Focus Group	Language	Participants
Family Child Care Providers	Spanish	7
Family Child Care Providers	English	2
Preschool and TK Teachers	English	8
Child Care Navigators and Partner Agencies	English	5

The provider focus groups were intended to add to the results of two surveys previously conducted in Sonoma County in the past five years:

- [The Early Care and Education Workforce of Sonoma County](#), a 2023 study and report from the UC Berkeley Center for the Study of Child Care Employment. The CSCCE study included 86 FCC providers, 52 center directors, and 86 teachers and assistants.
- A 2021 CCPC survey of ELC providers conducted by an independent consultant and a limited analysis was available for this report. The CCPC survey received 48 responses. The timing and focus of the survey allowed the CCPC to understand the impacts of the COVID-19 pandemic.

## Supplemental Interviews

The consultant team conducted four additional interviews to gather context and information for the needs assessment:

- First 5 Sonoma County
- Project Advisory Team (SCOE and Resource and Referral Agencies)
- Quality Counts California program leads (First 5 and CCPC)
- Community Child Care Council of Sonoma County (4Cs Sonoma County)

## Limitations and Considerations

While the research team made efforts to reduce bias and increase accessibility to the survey and focus groups, certain limitations are unavoidable.

- While many families with diverse experiences shared their voices through the survey and focus groups, responses do not necessarily represent the experiences of all families/communities in Sonoma County.
- The focus groups were more accessible to individuals with transportation and/or reliable internet, and English or Spanish proficiency, therefore potentially limiting the participant population.
- Because the R&Rs have the greatest reach, the team relied on them for outreach for the survey and many of the family focus groups. As a result, it is possible that the survey and focus group participants included a greater proportion of individuals associated with the R&Rs (either receiving services or on a waitlist) than other ELC agencies.
- The findings convey families' first-hand experiences with barriers and gaps. It may be that some programs/services that families identified as gaps do exist in the county, indicating that families may not have information or access to these programs.
- The focus groups with ELC providers and partners had relatively small numbers of participants, and findings represent the perspectives of those in attendance, not necessarily all providers/partners.
- The survey received some responses that appeared not to be from local Sonoma County parents. The consultant team undertook an in-depth data cleaning process to identify and remove potentially invalid responses to the survey (see a detailed description of the data cleaning process in Appendix A).

# Quantitative Data

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This section uses data from local, county, state, and national sources to present an overview of ELC in Sonoma County, including the child population and demographics, supply of and need for services, and cost of ELC. Data from 2024 are used where possible; however, often the most current publicly available data were from between 2020 and 2023. The years used are noted in each analysis and should be taken into account when using this report. Each section opens with a “Highlights” section to summarize its key points. Data required by the Needs Assessment template are indicated by a corresponding number (e.g. “Q2”).

## Child Population<sup>10</sup>

### Highlights

- In 2023, there were approximately 60,732 children ages 0-12 in Sonoma County. Of those, 13,003 (21.4%) were ages 0-2, 8,584 (14.1%) were 3-4 years old, and 39,145 (64.5%) were ages 5-12.

### Required Data

## Child Population by Age

The total number of children in Sonoma County is shown in Table 1. In 2023, there were 60,732 children ages 0-12 in Sonoma County. Of these, 13,003 (21.4%) were ages 0-2, 8,584 (14.1%) were ages 3-4, and 39,145 (64.5%) were ages 5-12. The number of children ages 0-12 decreased by 9.9% from the 2019 Sonoma County Child Care Needs Assessment (67,374 children ages 0-12). The California Department of Finance (DOF) predicts that the child population in Sonoma County will continue to decrease by about 2% per year through at least 2030.

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<sup>10</sup> The California County Local Child Care Planning Council Needs Assessment Template requests reports from the California Early Learning Needs Assessment Reports (CELNAR). However, the most recent available data is from 2017. Therefore, this report uses data from more current sources, such as the Department of Finance (DOF) and the American Community Survey. In this case, 2023 was the DOF’s most recent year of actual data. The required CELNAR reports can be found in Appendix B.

**Table 1. Number of Children by Age in Sonoma County in 2023 (Q2.)**

Age	Number of Children (Q2.)	Age	Number of Children (Q2.)
0	4,254	7	4,993
1	4,408	8	4,982
2	4,341	9	4,869
3	4,283	10	5,027
4	4,301	11	5,023
5	4,315	12	5,350
6	4,586	<b>Total</b>	<b>60,732</b>

Source: California Department of Finance. Demographic Research Unit. Report P-2B: Population Projections by Individual Year of Age, California Counties, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. March 2024.

## Demographic Characteristics of Children

### Highlights

- Most of Sonoma County's child population (ages 0-12) is either White (48.9%) or Hispanic/Latine (40.4%).
- A quarter (25.1%) of children ages 0-5 speak Spanish as their primary language.
- Over a quarter (27.5%) of students entering kindergarten are English Learners. Of those, 91.5% speak Spanish.

### Required Data

### Race and Ethnicity

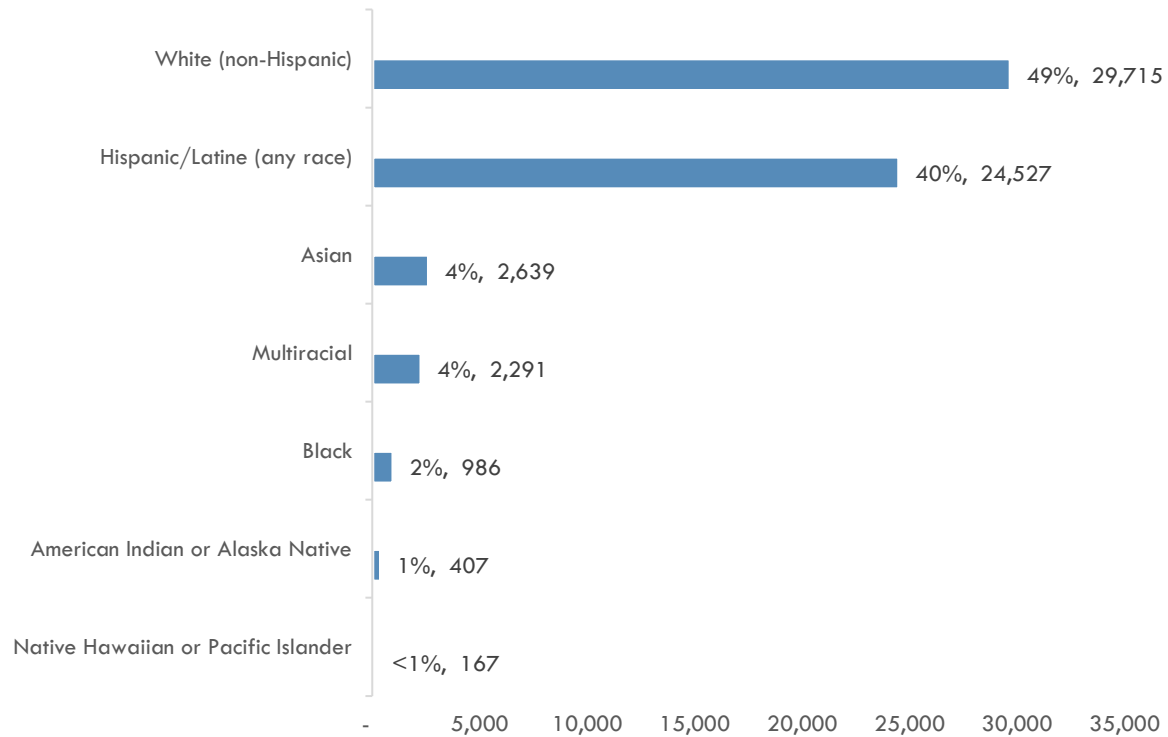
Children's race and ethnicity in Sonoma County (ages 0-12) is shown in Figure 1. Most children in Sonoma County are White (48.9%) or Hispanic/Latine (40.4%). Sonoma County has nearly double the proportion of White children ages 0-12 compared to California as a whole (25%) and a somewhat lower proportion of Hispanic/Latine children compared to the state (49%).<sup>11</sup> About 4.3% of Sonoma County children are Asian, 3.8% are multiracial, 1.6% are Black, 1% are American Indian or Alaska Native, and less than 0.7% are Native Hawaiian or Pacific Islander. Between 2020 and 2023, the proportion of White children in Sonoma County slightly increased (46.3% to 48.9%) and the proportion of Hispanic/Latine children slightly decreased (42.9% to 40.4%). The DOF projects the trend of a decreasing proportion of Hispanic/Latine children and increasing

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<sup>11</sup> California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. March 2024.

proportion of White children ages 0-12 to continue through 2030 both in Sonoma County and the state of California.<sup>12</sup>

**Figure 1. Race of Children in Sonoma County Ages 0-12 in 2023 (Q2.)**



Source: California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. March 2024.

<sup>12</sup> California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. March 2024.



# Language

## Primary Language

The California Department of Education (CDE) uses kindergarteners' primary language as a proxy for the languages spoken by children zero to five years old.<sup>13</sup> According to the California Department of Education, in the 2023-24 school year, 72.3% of kindergartners spoke English as their primary language. Spanish speakers were the next largest group, comprising a quarter (25.1%) of total kindergarten enrollment in Sonoma County. Other language groups made up much smaller proportions of children entering kindergarten, as shown in Table 2. Note that because primary language data are based on children who were kindergarteners in 2023-24, data may not reflect an exact picture of languages spoken by children who are currently ages 0-5.

**Table 2. Kindergarten English Learner Students by Language 2023-24 (Q5.)**

Primary Language Spoken <sup>14</sup>	Number of Kindergarteners (Q5.)	% of Total Kindergarteners (N=4,189)
Spanish; Castilian	1,053	25.1%
Vietnamese	15	0.4%
Panjabi; Punjabi	9	0.2%
French	7	0.2%
Nepali	7	0.2%
Russian	6	0.1%
Arabic	5	0.1%
Portuguese	5	0.1%
Mon-Khmer languages (Cambodian)	5	0.1%
Cantonese	5	0.1%
Mandarin (Putonghua, Guoyu)	4	0.1%
Philippine Languages <sup>15</sup>	1	<0.1%
Other Languages <sup>16</sup>	39	0.9%

Source: California Department of Education Dataquest. English Learner Students by Language and Grade. Retrieved May 2024; California Department of Education Dataquest. 2023-24 K-12 Enrollment by Age Group and Grade. Retrieved May 2024 (Total Kindergarten Enrollment)

<sup>13</sup> As indicated by the California County Local Child Care Planning Council Needs Assessment Template.

<sup>14</sup> Armenian was requested in the Needs Assessment template but was not listed in the CDE data.

<sup>15</sup> "Philippine Languages" was not defined in the dataset, but typically includes Tagalog which was requested to be reported in the state template.

<sup>16</sup> The dataset included eight kindergarteners marked as "uncoded languages (other non-English languages), but these languages were unspecified. They are included in "Other Languages" in this table.

## English Learners

In the 2023-24 school year, 27.5% of kindergarteners entering public school were identified as English Learners (defined as students with a language other than English identified on the Home Language Survey). This represents a decrease from 38% of kindergarteners who were English Learners in 2019. Table 3 summarizes the above numbers and adds that in 2023-24, 91.5% of kindergarten English Language Learners were Spanish speakers, indicating that only 8.5% of English Language Learners spoke a language other than Spanish.

**Table 3. Sonoma County English Learner Data for Kindergarteners in the 2023-24 School Year (Q6.)**

Population	Number/Percent
Total Kindergarten English Learners	1,151
Total Kindergarten Enrollment	4,189
% English Learners in Kindergarten	27.5%
Number of Kindergarten Spanish Speakers	1,053
% of English Learners in Kindergarten Who Speak Spanish	91.5%
% of All Students in Kindergarten Whose Primary Language is Spanish	25.1%

Source: California Department of Education. English Learner Students by Language and Grade. Retrieved May 2024

# Specific Populations

## Children with Disabilities and Special Needs

### Highlights

- As of April 2024, 1,705 children under age five had an Individual Family Service Plan (IFSP) or Individualized Education Program (IEP). This is approximately 7.9% of the 21,587 children ages 0-4 in Sonoma County.
- Children with disabilities and special needs made up 10.0% of children enrolled in transitional kindergarten and 12.5% of children enrolled in kindergarten during the 2023-24 school year.

### Required Data

**Children Under Age Three with an Individual Family Service Plan (IFSP).** As of April 2024, the Sonoma County Special Education Local Plan Area (SELPA) had 81 children under age three with an active IFSP and the North Bay Regional Center had 698 children under age three with an active IFSP, for a total of 779 children under age three with an IFSP (Q7a.).<sup>17</sup> The North Bay Regional Center had an additional 62 children who were three years old with an active IFSP.

**Children Under Age Five with an Individualized Education Program (IEP).** As of April 2024, SELPA had 864 children ages 3-4 with a preschool IEP (Q7b.).<sup>18</sup> See Table 4 for a summary of the number of children in each age group with an IFSP/IEP and the percent of Sonoma County children this represents.

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<sup>17</sup> The Needs Assessment template requests data on the number of infants and toddlers under three years of age (up to 36 months) in the county who had an IFSP (Q7a.) and the number of children ages three and four (from 37 to 60 months) with an IEP *as of October of the most recent year*. The North Bay Regional Center was unable to retroactively obtain data from this point in time, so data are only available from SELPA for the October 2023 point in time. In October 2023, SELPA had 64 children up to 36 months with an active IFSP and 565 children with a preschool IEP (Q7b.). The report presents data from April 2024, when data were available from both North Bay Regional Center and SELPA.

<sup>18</sup> Though not required by the Needs Assessment template, SELPA had an additional 249 children in TK with an IEP and 297 children in kindergarten with an IEP.

**Table 4. Children with IFSPs or IEPs as of April 2024**

	Children with IFSP	Children with IEP	Total in Age Group with IFSP/IEP	Total Children in Age Group in Sonoma County (2023)	% of Total Children in Sonoma County in Age Group with IFSP/IEP
Ages 0-2	779	N/A	779	13,003	6.0%
Ages 3-4	62	864	926	8,584	10.8%
Total Ages 0-4	841	864	1,705	21,587	7.9%

Sources: North Bay Regional Center, April 11, 2024; SELPA, April 1, 2024; California Department of Finance. Demographic Research Unit. Report P-2B: Population Projections by Individual Year of Age, California Counties, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. March 2024.

## Supplemental Data

Table 5 shows the total enrollment of students with disabilities and special needs in public transitional kindergarten and kindergarten programs based on data from CDE.<sup>19</sup> Children with disabilities and special needs make up approximately 10% of students in TK and 12.5% of students enrolled in kindergarten.

**Table 5. 2023-24 Enrollment of Students with Disabilities and Special Needs in Transitional Kindergarten (TK) and Kindergarten (K) by Age in Sonoma County**

Age Group	Grade TK	% of Total Enrollment	Grade K	% of Total Enrollment
4	190	10.2%	4	4.0%
5	34	8.8%	452	12.3%
6	0	0.0%	67	13.6%
Total	224	10.0%	523	12.5%

Source: California Department of Education. Sonoma County Report, DataQuest. Retrieved March 20, 2025.

<sup>19</sup> Note that data in Table 5 uses the CDE definition of children with disabilities based on the 13 eligible disability categories outlined in the Individuals with Disabilities Act (IDEA), including intellectual disability, hearing impairment, speech or language impairment, and more. This is in contrast to Table 4, which looks at children with an IEP/IFSP. <https://www.cde.ca.gov/ds/ad/spedinfo.asp#:~:text=they%20were%20processed.-,Disability%20Category,Day%20at%20the%20selected%20entity>

# Children Under Child Protective Services

## Highlights

- In 2023, 161 children, or 0.6% of children ages 0-5 in Sonoma County, were under child protective services.

## Required Data

As shown in the first two rows of Table 6, the number of children ages 0-5 in protective services in October 2023 was 161, or 0.6% of the total population of children ages 0-5 in Sonoma County.<sup>20</sup> In 2023, the percent of children ages 0-2 under protective services was 0.7% (n=88). The percent of children ages 3-5 under protective services was 0.6% (n=73). Among children ages 6-10 (the closest available age grouping for school-age children), 0.3% (n=72) were under protective services in 2023.

**Table 6. Children Under Protective Services in Sonoma County as of Oct 1, 2023 (Q8)**

	Number of Children	% of Total Children
Ages 0-2 (Q8a.)	88	0.7%
Ages 3-5 (Q8b.) <sup>21</sup>	73	0.6%
Ages 6-10 <sup>22</sup>	72	0.3%
<b>Total</b>	<b>233</b>	<b>0.5%</b>

Source: California Child Welfare Indicators Project (CCWIP). University of California at Berkeley. California Department of Social Services, Research and Data Insights Branch. CWS/CMS 2023 Quarter 4 Extract. Program version: 2.00 Database version: 789366ED (Protective Services data); California Department of Finance. Demographic Research Unit. Report P-2B: Population Projections by Individual Year of Age, California Counties, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. March 2024. (Total Children)

<sup>20</sup>The California Child Welfare Indicators Project defines Children Under Protective Services as “all children who have an open placement episode in the CWS/CMS system, excluding children who have an agency type of 'Mental Health' (6133), 'Private Adoption' (36), or 'KinGAP' (6134), (California Child Welfare Indicators Project (CCWIP), <https://ccwip.berkeley.edu/cwscmsreports/methodologies/default.aspx?report=PIT>)

<sup>21</sup> Question 8b. on the mandated state template requests ages under age three and ages 3-4, however, the data available only had a grouping of 3-5 years old available.

<sup>22</sup> Data on ages 6-12, which is reported on throughout other parts of this report, was unavailable, hence the available data on 6–10-year-olds is included instead. Total population data is from the DOF in 2023.



# Children in Migrant Families

## Highlights

- Overall, children in migrant families made up 1.6% (958) of the population of children ages 0-12 in 2023.

## Required Data

In the 2023-24 school year, 169 (0.8%) children under the age of five were from migrant families.<sup>23</sup> This is slightly lower than the 210 children from migrant families reported in 2019 in this age group. In 2023-24, school-aged (age 5-12) migrant children totaled 789 and made up about 2% of children in that age group. Overall, migrant children made up 1.6% of the population of children ages 0-12 in Sonoma County (see Table 7). This is the same proportion of migrant children ages 0-12 as in the 2019 Needs Assessment.

**Table 7. Migrant Children in Sonoma County (2023) (Q12.)**

	Total Migrant Children (12.)	% of Total Children
Ages 0-2	67	0.5%
Ages 3-4	102	1.2%
Ages 5-12	789	2.0%
<b>Total</b>	<b>958</b>	<b>1.6%</b>

Source: Butte County Office of Education, 2024. (Migrant children data); California Department of Finance. Demographic Research Unit. Report P-2B: Population Projections by Individual Year of Age, California Counties, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. March 2024. (Total Children)

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<sup>23</sup>According to the California Department of Education, a child and their family is considered "migratory" if the parent or guardian is a migratory worker in the agricultural, dairy, lumber, or fishing industries and their family has moved during the last three years. A "qualifying" move can range from moving from one residence to another or across school district boundaries due to economic necessity. A young adult may also qualify if they have moved on their own within the past three years to engage in qualifying work or sought to obtain qualifying work (with a history of qualifying moves). California Department of Education, Overview of Migrant Education in California. <https://www.cde.ca.gov/sp/me/mt/overview.asp>

# Children in Families Receiving Public Assistance

## Highlights

- Nearly half (46.4%) of children ages 0-12 in Sonoma County had at least one active public assistance benefit during the month of October 2023.

## Required Data

The proportion of children ages 0-12 in families receiving public assistance (CalFresh, Medi-Cal, and/or CalWORKs) was 46.4% (n=28,182) of the total of 60,732 children ages 0-12.<sup>24</sup> Among children ages 0-5, 42.2% (n=11,057) received some type of public assistance, while about half (49.2%) of children ages 6-12 received some type of public assistance. This is shown in Table 8.

**Table 8. Children in Sonoma County Receiving Public Assistance as of October 2023 (Q10.)**

	Children Ages 0-12 Receiving Public Assistance	Children Ages 0-5 Receiving Public Assistance (10.)	Children Ages 6-12 Receiving Public Assistance
Total Children	28,182	11,057	17,125
% of Total Children in Age Group	46.4%	42.2%	49.2%

Source: Human Services Department, 2024 (Public Assistance Data); California Department of Finance. Demographic Research Unit. Report P-2B: Population Projections by Individual Year of Age, California Counties, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. March 2024. (Total Children)

<sup>24</sup> Public assistance includes CalFresh, Medi-Cal, and CalWORKs. Families may receive more than one type of public assistance but are only included once in the count. The count includes only families with children who had an active case during the month of October 2023.

# Enrollment in Early Learning and Child Care

## Highlights

- 4,793 children ages 0-12 were enrolled in subsidized ELC programs as of January 2025. This is about 8.1% of children ages 0-12 in Sonoma County.

## Required Data

### Enrollment in Subsidized Care

Table 9 shows enrollment in subsidized child care programs by age group as of January 1, 2025. The program with the highest number of children served was the Alternative Payment Program (CAPP) which supported 2,721 youth ages 0-12. Preschoolers ages 3-4 had the highest number of children enrolled in subsidized care of all age groups. Note that these data do not include families receiving subsidies through the Expanded Learning Opportunities Program (ELO-P), which provides funding for after school and summer school enrichment programs for TK through sixth grade. Descriptions of the subsidized programs are in Appendix B.

**Table 9. Enrollment in Subsidized Child Care Programs as of January 1, 2025 (Q3.)**

Program Name	Ages 0-2	Ages 3-4	Ages 5-12	Total Ages 0-12
Alternative Payment Program (CAPP)	545	838	1,338	2,721
CalWORKS Stage One Child Care (C1AP)	26	101	59	186
CalWORKS Stage Two Child Care (C2AP)	17	40	139	196
CalWORKS Stage Three Child Care (C3AP)	23	35	243	301
General Child Care Development Program (CCTR)	91	0	90	181
California State Preschool Program (CSPP)	0	821	0	821
Early Head Start	48	0	0	48
Head Start	0	148	0	148
Family Child Care Home Education Network (FCCHEN)	64	98	29	191
<b>Total Across Programs</b>	<b>814</b>	<b>2,081</b>	<b>1,898</b>	<b>4,793</b>

Source: Human Services Department, 2024; Sonoma County 4Cs, 2024

## Enrollment in Transitional Kindergarten and Kindergarten

Table 10 displays TK and kindergarten public school enrollment for the 2023-24 school year as of the first Wednesday in October 2024. Preschool is not included. Total enrollment for TK was 2,242 and kindergarten was 4,189 students.

**Table 10. 2023-24 Sonoma County Enrollment in Transitional Kindergarten (TK) and Kindergarten (K) by Age (Q3.)**

Age Group	Grade TK	Grade K
1-3	0	0
4	1,857	10
5	385	3,687
6	0	491
7-12	0	1
Total	2,242	4,189

Source: California Department of Education DataQuest Retrieved Feb 12, 2025

# The Cost of Early Learning and Care

## Highlights

- Centers tend to be more expensive than FCCHs, except for school-age care. Infant care is the most expensive, followed by Pre-K and school-aged care. Center-based infant care increased the most in cost since 2019.
- On average, a family making the 2023 median income in Sonoma County would spend between 7.2% and 16.9% of their gross monthly income on full-time child care for one child, or between 5.4% and 12.8% of their monthly income on part-time child care for one child. A family making 85% of the California state median income (SMI) would pay between 8.5% and 19.8% of their gross monthly income on full-time child care for one child, or between 6.3% and 14.9% of their monthly income on part-time child care for one child.
- In 2024, the average cost of care was higher than the RMR ceiling for subsidized child care for all ages and types of care except for full-time and part-time center-based care for school-age children.

## Median Family Income and Self-Sufficiency

### Required Data

According to Insight Center, the estimated minimum income for a family of four in Sonoma County to afford basic needs was \$101,052 in 2021 (the most recent data available) (Q19).<sup>25</sup> This is lower than the median family income for Sonoma County in 2021, which was \$114,212.<sup>26</sup>

According to the American Community Survey, the median income for families in Sonoma County increased from \$101,449 to \$122,208 between 2019 and 2023, an increase of 20.5% (Q11).<sup>27</sup> Based on the average cost of child care in 2024 (provided by 4Cs), a family making the 2023 median

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<sup>25</sup> This is the minimum income to afford basic needs in Sonoma County in 2021 for a family consisting of two adults, one school age child, and one preschooler. Insight Center. (n.d.). *The Cost of Being Californian 2021*.

[https://insightccd.org/wp-content/uploads/2021/05/INSIGHT\\_Factsheets-Sonoma-2.pdf](https://insightccd.org/wp-content/uploads/2021/05/INSIGHT_Factsheets-Sonoma-2.pdf)

<sup>26</sup> 2021 American Community Survey 1-Year Estimates. Income in the Past 12 Months.

<https://data.census.gov/table/ACSST1Y2021.S1901?g=050XX00US06097>

<sup>27</sup> 2019 American Community Survey 1-Year Estimates. Income in the Past 12 Months.

<https://data.census.gov/table/ACSST1Y2019.S1901?g=050XX00US06097>; 2023 American Community Survey 1-Year Estimates. Income in the Past 12 Months.

[https://Data.Census.Gov/Profile/Sonoma\\_County\\_California?G=050XX00US06097#Income-And-Poverty](https://Data.Census.Gov/Profile/Sonoma_County_California?G=050XX00US06097#Income-And-Poverty)

Note that the American Community Survey calculation of the 2023 Sonoma County median family income was slightly lower than the estimate used by the Sonoma County Community Development Commission, which was \$128,000 for a family of four. Source: Sonoma County Community Development Commission calculated by HUD & CA Department of Housing and Community Development (HCD):

<https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/income-limits-2023.pdf>

income would spend between 7.2% and 16.9% of their gross monthly income on full-time child care for one child, or between 5.4% and 12.8% of their gross monthly income on part-time child care for one child. This is shown in Table 11 for child care centers and FCCHs.<sup>28</sup>

Given that this calculation is based on the median income in Sonoma County, low-income families would pay an even higher proportion of their income on child care. A common income threshold for families to qualify for subsidized child care is 85% of the state median income (SMI), which in California was \$104,544 in 2024 for a family of four.<sup>29</sup> Based on the average cost of care in 2024, families making 85% of the SMI would pay between 8.5% and 19.8% of their gross monthly income on full-time child care for one child, or between 6.3% and 14.9% of their gross monthly income on part-time child care for one child (see Table 11). For low-income working families receiving subsidized child care, the U.S. Department of Health and Human Services limits the amount that families pay to no more than 7% of their household income.<sup>30</sup> The calculations in Table 12 suggest that low-income families that are not able to access subsidized care would most often pay over 7% of their household income on child care.

**Table 11. Average Proportion of Monthly Income Going Toward Child Care for One Child Per Family with an Annual Income of \$122,208 (2023 Median Income in Sonoma County)**

		Infant		Pre-K		School Age	
		% of Monthly Income <sup>31</sup>	Total Monthly Cost	% of Monthly Income	Total Monthly Cost	% of Monthly Income	Total Monthly Cost
Full-Time	Center	16.9%	\$1,722	12.1%	\$1,230	7.2%	\$738
	FCCH	13.6%	\$1,386	12.8%	\$1,308	12.1%	\$1,229
Part-Time	Center	12.8%	\$1,300	8.2%	\$839	5.4%	\$547
	FCCH	9.2%	\$941	8.4%	\$858	7.9%	\$802

Sources: Income, Poverty, and Employment Status 1-Year Estimates, Department of Finance, 2022; Insight Center, 2021; Sonoma County 4Cs, April 2024

<sup>28</sup> Note: Full time average weekly costs for centers and FCCHs are for providers in the 4Cs service area, which has significantly more centers and FCCHs than River to Coast Children's Services (RCCS). Center and FCCH providers share their rates with 4Cs, which then uses formulas to calculate weekly and monthly rates. Full-time care for school-age children generally refers to child care when school is not in session such as school closure days or and spring or summer breaks.

<sup>29</sup> Revised State Median Income (SMI) Ceilings and Income Ranking Table for Fiscal Year (FY) 2024–25.

<https://www.cde.ca.gov/sp/cd/ci/mb2405.asp>

<sup>30</sup> New rule to improve child care access, Affordability, and stability in CCDF. (n.d.). The Administration for Children and Families. <https://acf.gov/occ/news/new-rule-improve-child-care-access-affordability-and-stability-ccdf>

<sup>31</sup> Income tax has not been taken out in these calculations.

**Table 12. Average Proportion of Monthly Income Going Toward Child Care for One Child Per Family with an Annual Income of 85% SMI: \$104,544 (2024)**

		Infant		Pre-K		School Age	
		% of Monthly Income <sup>32</sup>	Total Monthly Cost	% of Monthly Income	Total Monthly Cost	% of Monthly Income	Total Monthly Cost
Full-Time	Center	19.8%	\$1,722	14.1%	\$1,230	8.5%	\$738
	FCCH	15.9%	\$1,386	15.0%	\$1,308	14.1%	\$1,229
Part-Time	Center	14.9%	\$1,300	9.6%	\$839	6.3%	\$547
	FCCH	10.8%	\$941	9.8%	\$858	9.2%	\$802

Sources: Income, Poverty, and Employment Status 1-Year Estimates, Department of Finance, 2022; Insight Center, 2021; Sonoma County 4Cs, April 2024

## Regional Market Rate Ceilings for State Subsidized Programs

The State Regional Market Rate (RMR) is calculated by the California Department of Social Services for each county based on prices charged by child care providers and paid by families in a given child care market region. The State establishes RMR ceilings for subsidized child care programs, which represent the maximum amount of reimbursement that child care providers in the county can receive for subsidized child care. The implementation of RMR ceilings is meant to provide low-income families with greater access to high quality child care and means that families seeking child care should be able to access 85% of providers in their area. If a family receiving subsidized care chooses a provider whose rates are below the RMR ceiling, their tuition will be covered, but if tuition exceeds the RMR ceiling they will be responsible for the additional cost.

### Required Data

Table 13 and Table 14 demonstrate the current weekly RMR ceilings for full-time and part-time center-based and FCCH care compared to the average weekly cost of care in 2024.<sup>33</sup> The most recent RMR ceilings were set on January 1, 2022 based on the 2018 Regional Market Rate Survey. The average cost of care is higher than the RMR ceiling for all ages and types of care (shown in red text) except full-time and part-time center-based care for school-age children (shown in green text).

<sup>32</sup> Income tax has not been taken out in these calculations.

<sup>33</sup> Note that these data do not include the use of subsidies for license-exempt family, friend, and neighbor (FFN) care, some of which is paid through Parent Choice vouchers in Sonoma County.

**Table 13. Weekly RMR Ceilings and Average Cost of Care for One Child for Full-Time Center and FCCH Child Care by Age Group (Q1c.)**

Regional Market Rate (RMR) Ceilings and Cost of Care		Infant	Pre-K	School Age
Center Full-Time Weekly Care	2022 RMR Ceiling	\$373	\$278	\$278
	2024 Avg. Cost of Care	\$421	\$307	\$240
FCCH Full-Time Weekly Care	2022 RMR Ceiling	\$270	\$243	\$201
	2024 Avg. Cost of Care	\$312	\$296	\$282

Source: Sonoma County 4Cs, April 2024

**Table 14. Weekly RMR Ceilings and Average Cost of Care for One Child for Part-Time Center and FCCH Child Care by Age Group**

Regional Market Rate (RMR) Ceilings and Cost of Care		Infant	Pre-K	School Age
Center Part-Time Weekly Care	2022 RMR Ceiling	\$281	\$220	\$155
	2024 Avg. Cost of Care	\$343	\$228	\$155
FCCH Part-Time Weekly Care	2022 RMR Ceiling	\$199	\$181	\$150
	2024 Avg. Cost of Care	\$240	\$220	\$204

Source: Sonoma County 4Cs, April 2024



## Supplemental Data

Table 15 and Table 16 compare the average costs and RMR ceilings in the previous Needs Assessment (using 2019 cost data and 2018 RMR ceilings) and current Needs Assessment (using 2024 cost data and 2022 RMR ceilings). In 2019, the RMR ceiling (set in 2018) was above or equal to the average weekly cost of center-based care for all age groups, but below the average weekly cost of FCCH care for all age groups. In 2024, the RMR ceiling (set in 2022) was below the average weekly cost of center-based care for infants and preschoolers and above the average weekly cost of care for school age children; while for FCCH care, the RMR ceiling was below the average weekly cost of care for all age groups.

**Table 15. Average Weekly Cost of Full-Time Center and FCCH Child Care by Age Group in 2019 and 2024**

Average Weekly Cost of Care	Year	Infant	Pre-K	School Age
Center Full-Time Average	2019	\$289	\$270	\$164
	2024	\$421	\$307	\$240
Family Child Care Homes (FCCH) Full-Time Average	2019	\$252	\$233	\$209
	2024	\$312	\$296	\$282

Source: Sonoma County 4Cs, April 2024

**Table 16. Weekly Regional Market Rate (RMR) Ceilings for Full-Time Center and FCCH Child Care by Age Group in 2018 and 2022**

Regional Market Rate (RMR) Ceiling	Year	Infant	Pre-K	School Age
Center Full-Time Weekly RMR Ceiling	2018	\$348	\$270	\$238
	2022	\$373	\$278	\$278
FCCH Full-Time Weekly RMR Ceiling	2018	\$233	\$221	\$178
	2022	\$270	\$243	\$201

Source: Sonoma County 4Cs, April 2024

Table 17 and Table 18 demonstrate the increases in the weekly cost of care from the 2019 to 2024 Needs Assessments, finding that center full-time average costs rose by 45.7% for infants, 46.3% for school age children, and by 14% for Pre-K children. The next highest increase was for school-age children in FCCH full-time care (34.9% increase), followed by a 27.0% increase for pre-K and a 24% increase for infant care. The RMR ceilings did not keep up with these increases, with maximum increases from 2018 to 2022 at only 16.9% for full-time centers and 15.7% for full-time FCCHs. In short, the average cost of care has risen much more than maximum reimbursement rates, placing a growing proportion of costs on families.

**Table 17. Amount and Percent Increase in the Weekly Average Cost of Care Between 2019 and 2024**

Average Cost of Care				
Type of Care	2019 vs. 2024 Comparison	Infant	Pre-K	School Age
Center Full-Time Average	Dollar Amount Increase	\$132	\$37	\$76
	% Increase	45.7%	13.7%	46.3%
FCCH Full-Time Average	Dollar Amount Increase	\$60	\$63	\$73
	% Increase	23.8%	27.0%	34.9%

Source: Sonoma County 4Cs, 2024; 2019 Sonoma County Needs Assessment

**Table 18. Amount and Percent Increase in the Weekly Maximum Reimbursement Rate Between 2018 and 2022**

Maximum Weekly Reimbursement Rate for Full-Time Care				
Type of Care	2018 vs. 2022 Comparison	Infant	Pre-K	School Age
Center Full-Time Average	Dollar Amount Increase	\$25	\$8	\$40
	% Increase	7.3%	3.0%	16.9%
FCCH Full-Time Average	Dollar Amount Increase	\$37	\$22	\$23
	% Increase	15.7%	10.1%	12.7%

Source: Sonoma County 4Cs, 2024; 2019 Sonoma County Needs Assessment

**Cost of Care Plus:** A new initiative, the Cost of Care Plus Rate Payment, may make some child care more affordable. The initiative, which distributed the first payments in March of 2024, supplements state subsidized child care payments.<sup>34</sup> The payment amount for Sonoma County is: FCCHs: \$211 per child; license-exempt providers: \$148 per child; centers: \$211 per child.<sup>35</sup>

<sup>34</sup> The Bridge Program helps place children in the foster care system into stable child care by setting up care with relatives, parenting youth under the jurisdiction of the court, or foster/resource families. It provides resources, time-limited vouchers, and child care navigation. ([California Department of Social Services](#))

<sup>35</sup> Source: CDA. Supplemental Rate Payment Program. Cost of Care Plus Rate Payment. <https://supplementalratepayment.org/cost-of-care-plus-rate-payment/>. Accessed 1/15/2025.

# Child Care Availability

## Highlights

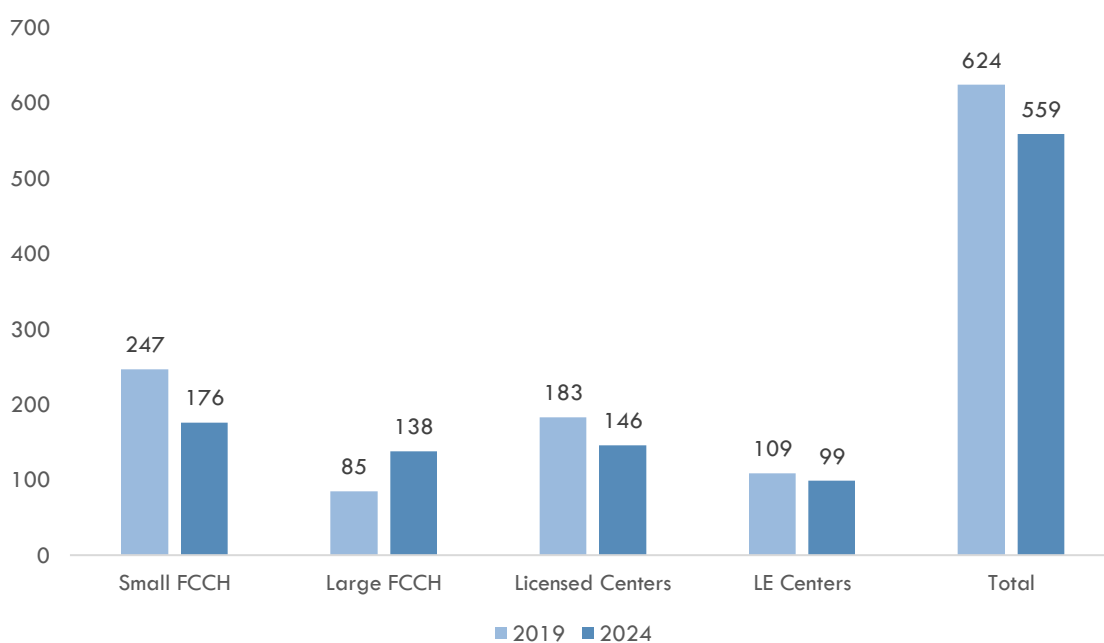
- From 2019 to 2024, the total number of child care providers (including centers, license-exempt centers, and FCCHs) in Sonoma County decreased by 10.4% from 624 to 559 providers. The total number of child care slots (based on desired capacity—not including ELO-P, some license-exempt after school programs, or TK programs) decreased by 29.5% from 20,937 in 2019 to 14,759 in 2024.
- For all children ages 0-12 in Sonoma County, only 30.4% of child care need is met and 69.6% of need is unmet, based on the number of children in working families compared to the number of available child care slots. Families of children ages 0-2 have the highest unmet need of 86.0%, followed by children ages 5-12 with an unmet need of 79.1%. Contrastingly, unmet need is 8.8% for children ages 3 and 4. Note that supply data do not include ELO-P, some license-exempt after school programs, or TK programs. Unmet need is likely somewhat lower than shown in this calculation, as the most recent population data are from 2020 and the child population has decreased since 2020, and not all working families are seeking care.
- Estimated unmet need for subsidized care is even higher based on the most recent data available (2020). These calculations estimate that infant care had the highest unmet need for subsidized care (91.8%). Preschool care had much higher unmet need for subsidized care (64.7%) than for preschool care overall (8.8%). Overall, for children ages 0-5, estimated unmet need for subsidized care was highest for infants under age one, and lowest for four-year-olds. In contrast, subsidized care data from 2025 show that desired capacity is higher than enrollment for CCTR, CSPP, and Head Start. This could indicate staffing challenges, impacts of TK, programs not being accessible or desirable to parents, or new programs that are not yet fully enrolled.
- Requests for care to the R&Rs between March 2023-March 2024 were most commonly made for infants under age two (2,822 calls), followed by children ages 2-5 (2,633 calls), and children ages 6-12 (766 calls). The majority of requests for care were for full-time care (4,040 calls), while 1,545 calls were for part-time care and 745 calls were for nontraditional hours.

## Provider Supply

### Supplemental Data

Data on the number of child care centers and FCCHs shows a decrease in each type of child care provider except for Large FCCHs between 2019 and 2024 (see Figure 2). In total, 559 providers were operating as of March 31, 2024, compared to 624 in 2019. Note that desired capacity data from 4Cs is from April 2024 and desired capacity data from RCCS is from March 2025.<sup>36</sup> Data do not include ELO-P funded after school slots, some license-exempt programs, or TK slots. The biggest decrease was for Small FCCHs, which decreased by 71 providers; a number of Small FCCHs converted to Large FCCHs, which explains part or much of this change. Sonoma County has provided grants for small FCCHs to expand to large FCCHs (see section on Facilities below). The only provider type to increase was Large FCCHs, which increased by 53 providers. This finding (a decrease in all types of care except for Large FCCHs) is consistent with data from across the state.<sup>37</sup>

**Figure 2. Number of Child Care Providers by Year and Type**



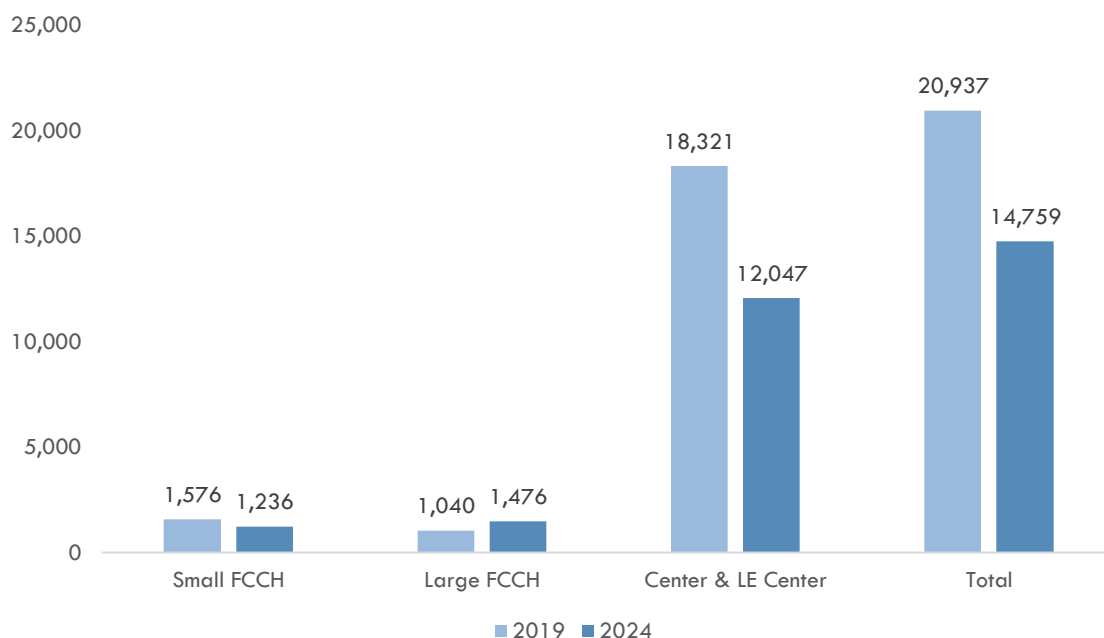
Source: Sonoma County 4Cs, 2024; RCCS, 2025

<sup>36</sup> RCCS data is from March 2025 while 4Cs data is from April 2024. Some RCCS providers did not provide data on desired capacity; in several cases RCCS or the consultant team estimated the desired capacity by age group based on the total desired or licensed capacity.

<sup>37</sup> Source: California Department of Social Services. 2022. [https://www.cdss.ca.gov/Portals/9/Additional-Resources/Research-and-Data/DSSDS/Licensed Child Care Trends 2017-2019\).pdf](https://www.cdss.ca.gov/Portals/9/Additional-Resources/Research-and-Data/DSSDS/Licensed%20Child%20Care%20Trends%202017-2019).pdf)

The total number of child care slots decreased by 29.5% from 20,937 in 2019 to 14,759 in 2024 (shown in Figure 3). Note that child care slots do not include ELO-P, some license-exempt after school programs, or TK programs, and therefore the supply is somewhat underestimated. The number of child care slots is based on *desired capacity*, otherwise defined as the number of children a provider prefers to enroll even if their licensed capacity may be a greater number. Desired capacity may differ from licensed capacity due to a provider's number of staff, financial status, or space limitations.

**Figure 3. Number of Child Care Slots (Desired Capacity) by Year and Type**



Source: Sonoma County 4Cs, 2024; RCCS, 2025

# Desired Capacity and Unmet Need

## Required Data

Table 19 calculates unmet need for ELC in Sonoma County based on the number of children in working families (used as a proxy for those who might need child care) compared to the number of child care slots (desired capacity).<sup>38</sup> The estimate for unmet need is calculated by adding the total desired capacity for large FCCHs, small FCCHs, centers, and license-exempt centers and comparing it with the number of children ages 0-12 with parents in the workforce. There are several caveats to interpreting this analysis.

- Child care slots do not include ELO-P, some license-exempt after school programs, or TK programs; therefore, the need, particularly for school-age children, will be somewhat overestimated as some child care needs are addressed by these programs.
- The number of children in working families is calculated by ELNAT, and the most recent data are from 2020. The child population has decreased since 2020, and not all working families are seeking care; therefore, unmet need is likely somewhat lower than in this analysis.
- The analysis does not account for the affordability of child care for families, nor its proximity or desirability to a family; it simply represents the number of child care spaces compared to the number of children in the county with working parents.

**Table 19. Summary of Demand, Supply, and Unmet Need for Full-Time Care Among Children in Working Families (Q9.)**

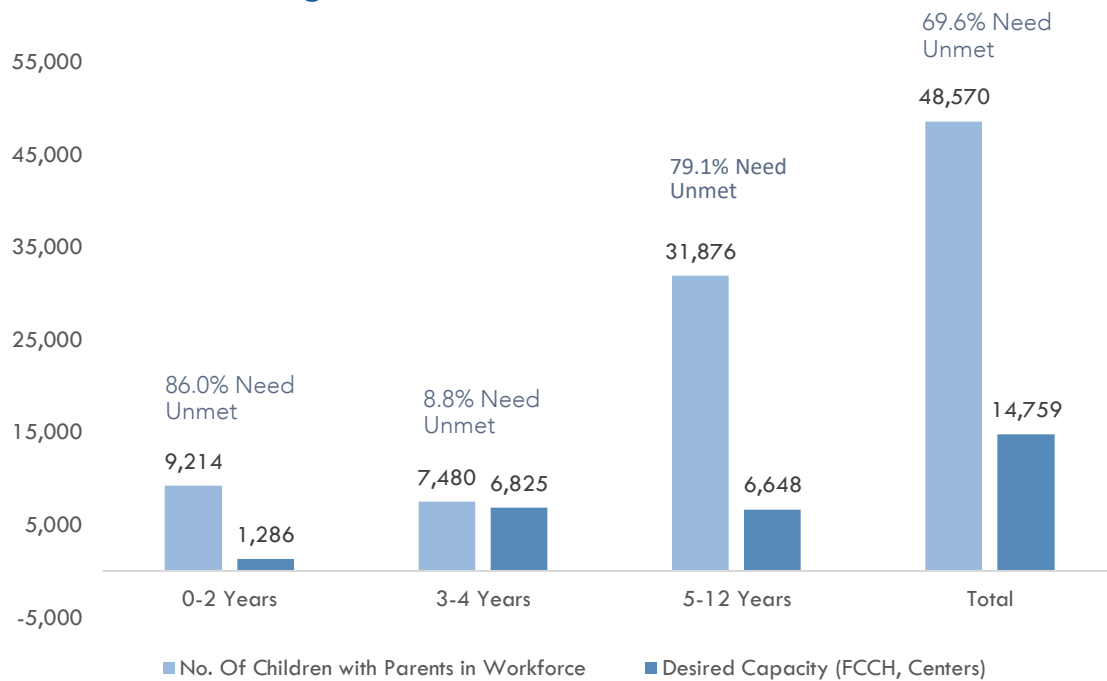
Age Group	Demand, 2020	Supply, 2024-2025 (No. of Slots – Desired Capacity)				Need	
	No. Of Children with Parents in Workforce (Q9.)	Large FCCHs	Small FCCHs	Centers and License-Exempt Centers	Total Supply	Unmet Need	% of Need Unmet
Ages 0-2	9,214	397	359	530	1,286	7,928	86.0%
Ages 3-4	7,480	652	912	5261	6,825	655	8.8%
Ages 5-12	31,876	187	205	6256	6,648	25,228	79.1%
Total	48,570	1,236	1,476	12,047	14,759	33,811	69.6%

Source: Sonoma County 4Cs, 2024; RCCS, 2025; ELNAT 2020

<sup>38</sup> The California County Local Child Care Planning Council Needs Assessment Template requests reports from the California Early Learning Needs Assessment Reports (CELNAR). However, the most recent available data is from 2017. Therefore, this report uses data from more current sources such as ELNAT and data from 4Cs and RCCS. The required CELNAR reports can be found in Appendix B.

While the analysis is imperfect, it highlights the unmet need for child care. The calculations reveal that Sonoma County meets 30.4% of child care need for children ages 0-12, with 69.6% of need unmet. Families of children ages 0-2 have the highest unmet need of 86.0%. Children ages 5-12 have the next highest unmet need of 79.1% (it is important to keep in mind that the analysis does not include all after school slots). In contrast, children ages 3 and 4 had the lowest unmet need of 8.8%, suggesting that most of the need for this age group is met (see Figure 4).

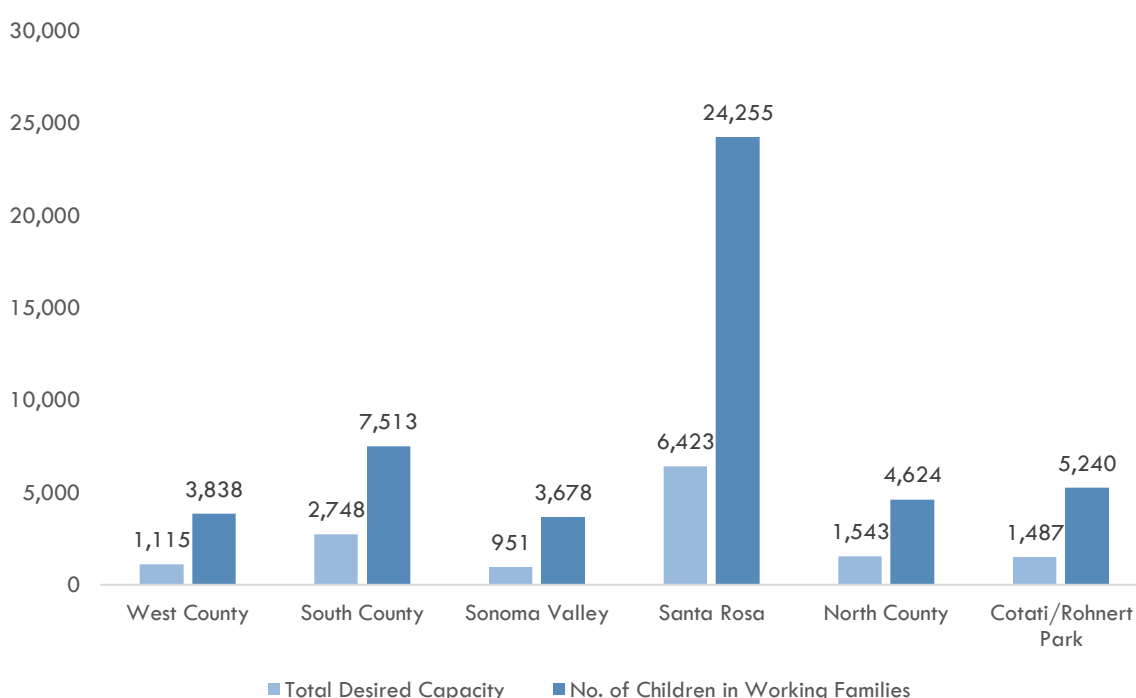
**Figure 4. Estimated Unmet Need for Care**



## Supplemental Data

For additional geographical context, Figure 5 shows the number of children ages 0-12 in working families compared to total desired capacity based on Sonoma County's regions. In every region, the number of children ages 0-12 in working families outnumbers the total desired capacity. In this analysis, Sonoma Valley had the greatest unmet at need at 74.1%, followed by Santa Rosa (73.5%), Cotati/Rohnert Park (71.6%), North County (66.6%), South County (63.4%, and West County (58.1%). It should be noted again that ELO-P, some license-exempt programs, and TK slots are not included in this analysis and the most recent population data is from 2020, therefore unmet need is likely somewhat lower than shown in this calculation.

**Figure 5. Number of Children in Working Families and Total Desired Capacity by Region**



Source: Sonoma County 4Cs, 2024; RCCS, 2025; ELNAT 2020



# Unmet Need for State and Federally Subsidized Programs<sup>39</sup>

## Required Data

Table 20 estimates unmet need for publicly subsidized programs for children ages 0-5 based on data from ELNAT in 2020 (the most recently available data). Note that these numbers are outdated and may not include the same programs as enrollment in subsidized programs provided by the R&Rs (Table 9 above).<sup>40</sup> Therefore, numbers in this section should be interpreted and used with these differences in mind.

According to ELNAT data on unmet need for publicly subsidized programs for children ages 0-5, the need for subsidized care greatly outweighs the number of children enrolled in subsidized care. Income eligibility tends to require families have incomes at or below 85% or 100% of the SMI, depending on the program.<sup>41</sup>

For infants under three years old, only 8.2% of need is met, leaving 91.8% of the income-eligible population with an unmet need for subsidized care. The unmet need is somewhat lower for preschoolers ages 3-4 years old, with 35.3% of the need met, or 64.7% unmet. Overall, for children ages 0-5, the unmet need is highest for infants under age one, and lowest for four-year-olds. Table 20 provides additional details about eligibility, enrollment, and individual ages. Note that this table does not include TK enrollment.

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<sup>39</sup> The LPC Needs Assessment Template requests reports from the California Early Learning Needs Assessment Reports (CELNAR). However, the most recent available data is from 2017. Therefore, this report uses data from more current sources including ELNAT, 4Cs, and RCCS. The required CELNAR reports can be found in Appendix B.

<sup>40</sup> When looking at the total number of infants and preschoolers ages 0-4 enrolled in subsidized care, data gathered by 4Cs from subsidized programs shows that 2,895 children were enrolled as of January 2025, while ELNAT data shows only 1,913 children enrolled as of 2020.

<sup>41</sup> For example, CSPP recently increased its guidelines to accept families making up to 115% of the SMI.

**Table 20. Number and Percent of Unmet Need for Publicly Subsidized Programs in Sonoma County, 2020 (Q1d., Q1e.)**

	Number of children eligible for subsidized child care (income and qualifying need)	Total enrollment in publicly subsidized programs	Number unmet need-based on income-eligibility and need for care	Percent unmet need-based on income-eligibility and need for care
Infants				
Less than 1 Year Old	1,428	60	1,368	95.8%
1 Year Old	1,872	131	1,741	93.0%
2 Years Old	1,942	241	1,701	87.6%
Total Ages 0-2	5,242	432	4,810	91.8%
Preschoolers				
3 Years Old	1,994	339	1,655	83.0%
4 Years Old	2,199	1,142	1,057	48.1%
5 Years Old	2,214	213	2,001	90.4%
Total Ages 3-5	6,407	1,694	4,713	73.6%

Source: ELNAT 2020

## Supplemental Data

Table 21 compares enrollment in subsidized ELC programs as of January 2025 with desired capacity at subsidized center-based programs (CCTR, CSPP, Head Start, and Early Head Start). It was not possible to determine desired capacity for voucher-based programs. As shown below, desired capacity is higher than enrollment for CCTR, CSPP, and Head Start. This could indicate staffing challenges, impacts of TK, programs not being accessible or desirable to parents, or new programs that are not yet fully enrolled.

**Table 21. Desired Capacity and Enrollment in Subsidized Programs, January 2025**

Program	Ages 0-2		Ages 3-4		Ages 5-12	
	Desired Capacity	Enrollment	Desired Capacity	Enrollment	Desired Capacity	Enrollment
CCTR	163	91	-	-	108	90
CSPP	-	-	922	821	-	-
Head Start	-	-	160	148	-	-
Early Head Start	48	48	-	-	-	-

Source: Sonoma County 4Cs, 2025

## Waiting Lists

The Childcare Eligibility List (CEL) shown in Table 22 includes the number of families waiting for subsidized ELC programs in Sonoma County. Sonoma County 4Cs, the Human Services Department (CalWORKs), and other agencies that operate subsidized preschool centers/programs enroll from this list. Children ages 0-2 made up the largest proportion of children on the CEL (42.4%), followed by children ages 5-12 (34.0%) and children ages 3-4 (23.5%). The total number of children on waitlists exceeds this number, as other ELC programs have their own waitlists beyond the CEL. RCCS currently does not have families on a waitlist and is able to place all families seeking care in their region.

**Table 22. Childcare Eligibility List (CEL) as of January 1, 2025 (Q4.)**

Age Group	Number of Children	Percent of Total
Ages 0-2	614	42.4%
Ages 3-4	341	23.5%
Ages 5-12	493	34.0%
Total	1,448	100%

*Source: Sonoma County 4Cs, 2025*

## Requests for Care

Between March 2023 and March 2024 there were approximately 6,200 requests to the R&Rs asking for support in finding child care providers in their area of residence.<sup>42</sup> The majority of requests were for full-time care (4,040 calls), followed by part-time care (1,545 calls). There were 745 calls requesting care during nontraditional hours, defined as care on Saturdays, Sundays, and weekdays between 6pm and 6am (Table 23).<sup>43</sup>

**Table 23. Requests for Care by Type March 2023-March 2024 (Q18.)**

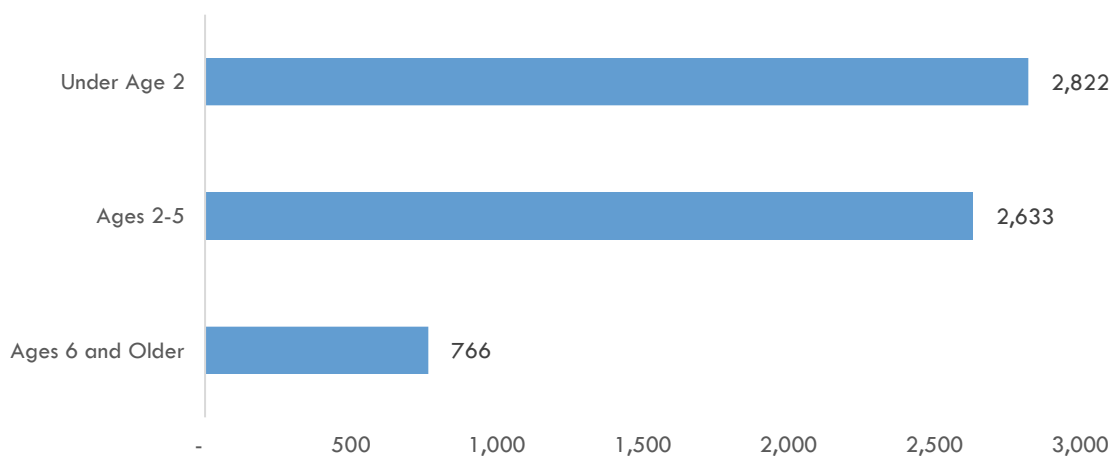
Number of Requests for Full-Time and Part-Time Care	Number of Requests for Nontraditional Hours
Full-time: 4,040	Nontraditional hours: 745*
Part-time: 1,545	

\*Nontraditional hours may be either full-time or part-time requests

Source: Sonoma County 4Cs, 2024; RCCS, 2024

As shown in Figure 6, requests for care were most commonly for infants under age two (2,822 calls), followed by children ages 2-5 (2,633 calls), and children ages six and older (766 calls).<sup>44</sup>

**Figure 6. Requests for Care by Age Group March 2023-March 2024 (Q18.)**



Source: Sonoma County 4Cs, 2024; RCCS, 2024

<sup>42</sup> Note that 4Cs provided data from 3/1/2023-3/31/2024 while RCCS provided data from 3/31/2023-3/31/2024.

<sup>43</sup> The Needs Assessment template asks for the number of calls during non-traditional hours during the past six months. From October 2023 through March 2024 there were approximately 412 requests for care during non-traditional hours (Q14).

<sup>44</sup> The Needs Assessment template asks for a breakdown by both age and type of care (part-day/full-day/nontraditional hours). This data was not available from 4Cs, so data are presented separately for age and type of care.

# Survey and Focus Group Findings

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## Families' Needs and Experiences

This section presents key findings from the family survey and family focus groups that speak to families' firsthand experiences with the ELC system. Relevant perspectives from provider focus groups are shared in this section as well. This section groups findings according to the following categories:

- Family Needs and Preferences for Care
- Quality of Care
- Barriers and Unmet Needs
- Multicultural and Inclusive Care
- Rollout of Universal Pre-Kindergarten

Comparisons by race/ethnicity and language are included when there are notable findings and sufficient data. The groups used for comparison are: White and Hispanic/Latine for race/ethnicity,<sup>45</sup> and monolingual English-speaking, monolingual Spanish-speaking, and bilingual English-Spanish for language.

## Family Needs and Preferences for Care

Topics:

- Current Use of Early Learning and Care
- Preferred Types of Care
- Schedule and Hours of Care Needed
- Impact of COVID-19 on Families' Needs

## Current Use of Early Learning and Care

*Families, especially those with infants and/or preschool-age children, frequently combine formal programs with informal care from family members in order to get coverage for the hours they need.*

The most common types of early learning and child care used by survey respondents (aside from themselves and/or their spouse/partner/co-parent, which was chosen by 41% of respondents) were after school programs; preschools or daycare centers on public school campuses; and

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<sup>45</sup> Unless otherwise noted, calculations use child's race/ethnicity. Survey respondents could choose more than one race/ethnicity, so the analysis includes multiracial children.

family, friend, or neighbor (FFN) providers.<sup>46</sup> The percentage of respondents using each of these types of care are illustrated in Figure 6 in the section below.

Just over half of respondents (54%) used more than one type of child care (29% used two types; 14% used three types, and 11% used four or more types). Of respondents who only had children under age six, two-thirds (66%) used more than one type of care.

When looking at responses by race/ethnicity and language:

- Similar proportions of White, Hispanic/Latine, English-speaking, and Spanish-speaking families reported using preschool/daycare at public schools. Fewer Hispanic/Latine, Spanish-speaking, and bilingual families reported using preschool/daycare not at public schools.
- Similar proportions of White and Hispanic/Latine families reported using a licensed family child care home (FCCH), but fewer Spanish-speaking and bilingual families reported using that option.
- More White families than Hispanic/Latine families reported using unpaid family, friends, or neighbors; after school programs; care during school breaks or summer; and care from themselves or their spouse/partner/co-parent.

## Preferred Types of Care

*There are substantial gaps between the types of care families are currently using and the types of care they would prefer. Preschool/daycare centers, care during school breaks, and before school care had the largest gaps between current and preferred use.*

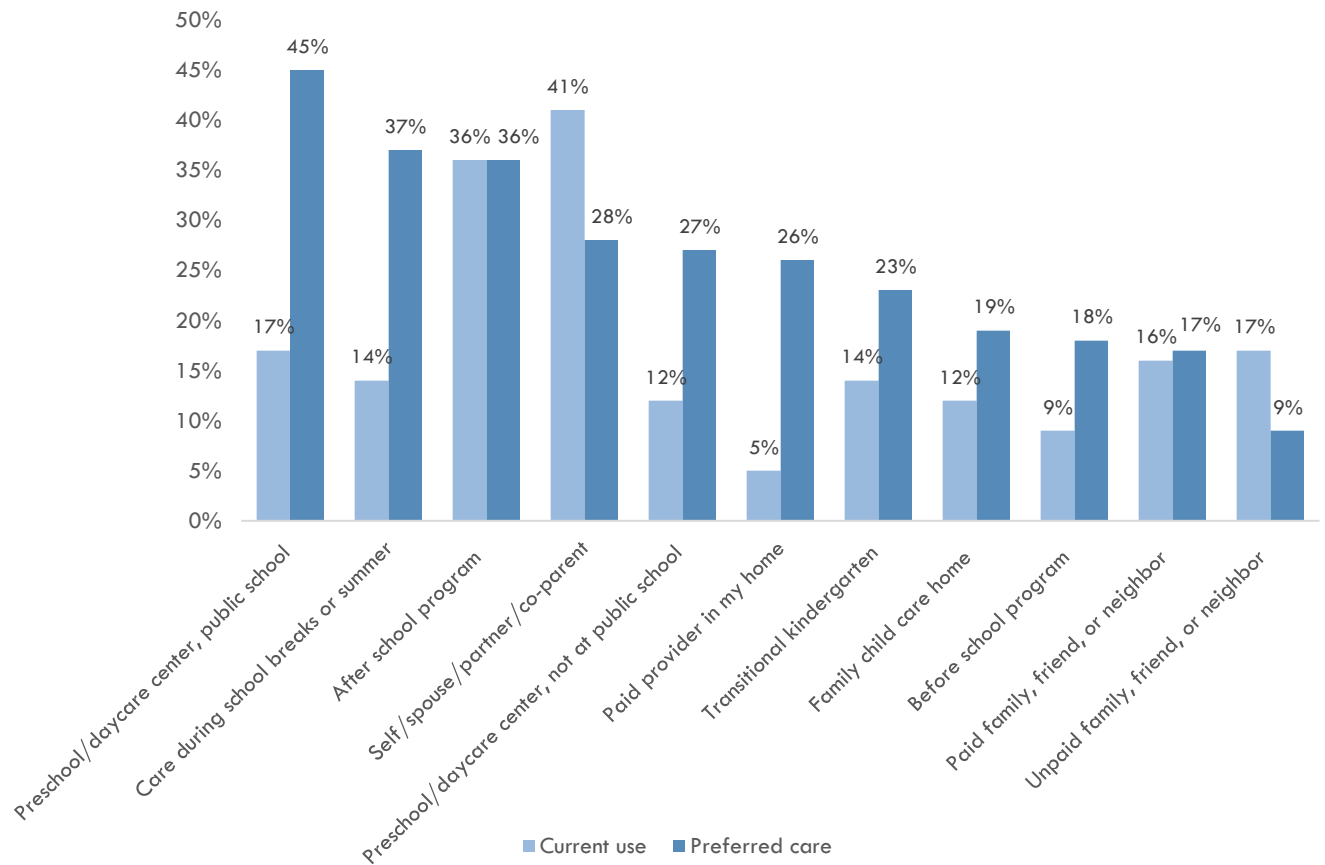
Figure 7 compares families' current use of care to the type(s) of care they would prefer if cost and availability were not an issue. Preschool/daycare centers on a public school campus had the greatest discrepancy between families who have access to this option and families who want this option. When combining survey responses for preschool/daycare centers on and off public school campuses, 28% of survey respondents reported currently using a preschool or daycare center, while 60% would prefer this option.

In addition, more families than would like to are covering child care within their family (41% currently using self/partner/co-parent, 28% prefer) or using unpaid family, friends, or neighbors (17% currently, 9% prefer). More families would also like the option of having a paid child care provider in their home (e.g., nanny, au pair). After school care, and paid FFN care were the only categories in which the reported current use aligned with the preferred use.

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<sup>46</sup> While the term "daycare" is less commonly used in Sonoma County, "preschool/daycare" was included on the survey since families may use the term daycare.

**Figure 7. Current and Preferred Use of Care, n=559**



When looking at responses by race/ethnicity and language:

- The most common preferred option for Hispanic/Latine families was preschool/daycare at a public school (52%). A higher proportion of bilingual families and Spanish-speaking families preferred this option than English-speaking families.
- The top preferences for White families were more spread out: preschool/daycare at public school (38%), preschool/daycare not at public school (35%), and paid child care provider in the home (35%).
- With the exception of preschool/daycare at a public school (higher Hispanic/Latine than White), licensed FCCH (same proportion), and paid FFN (same proportion), all of the other options had higher proportions of White than Hispanic/Latine families indicating them as a preference. Monolingual Spanish-speaking families had the lowest percentages indicating a preference for FCCH, FFN, or paid child care providers in their home.

## Schedule and Hours of Care Needed

*Many families need care outside of traditional hours, and sometimes for more than eight hours a day, in order to work and afford the cost of living in Sonoma County.*

Overall, one quarter of survey respondents reported challenges with getting care during the hours they needed. This includes the times of day and the total number of hours per day.

### Care During Non-Traditional Hours

Needs for care during non-traditional hours were most commonly early morning (almost one in three survey respondents, or 29%), followed by evening care (one in six, or 16%) and weekend care (one in seven, or 14%).<sup>47</sup> Of those who needed early morning, evening, or weekend care:

- 25% were solo/single parents, a higher proportion than overall survey respondents (16%).
- 62% were supported by only one income, a higher proportion than overall survey respondents (55%).

*“Sonoma county doesn't have adequate before and after school programs for school aged children. The few available programs on school campuses operate within unrealistic work hours especially for a single parent household.”*

*– Parent survey respondent*

The reported need for early morning care aligns with data in the previous section showing that more families would like to use before school care than currently do. Of adult survey respondents needing early morning care:

- 65% identified as Hispanic/Latine and 37% identified White, potentially accounting for Hispanic/Latine families who work in the agricultural sector and begin work early in the morning. Spanish-speaking focus group participants who work in agriculture explained that they either need a place to drop off their children before their shifts begin around sunrise, or someone who can take their children to child care when it opens.

*“Como trabajo en el campo llegamos muy temprano, pero el lugar donde llevo a mis hijos a cuidarlos está abierto desde las 7:00am hasta las 5:00pm y esto es muy difícil para mí porque tengo que pedir llegar una hora tarde al trabajo en la mañana para poder dejar a mis hijos”. / “Since I work in the fields, we go in very early, but the place where I take my children for child*

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<sup>47</sup> Note that the definition of non-traditional hours was somewhat different on the survey than in required reporting to the state, which defines non-traditional hours care on Saturdays, Sundays, and weekdays between 6pm and 6am. The Project Advisory Team chose to extend the survey's definition of “early morning care” to before 7:30am as it reflects the time that many child care programs open.



*care is open from 7:00 am until 5:00 pm and this is very difficult for me because I have to ask to come in an hour late for work in the morning to be able to drop off my children.”*

*– Parent, Spanish language focus group*

### Care During School Breaks and Summer

As shown in the previous section, more survey respondents would like to use care during school breaks than currently do. A number of families wrote in comments about needing care during school breaks, and several focus group participants also mentioned a need for temporary care during vacations and having a difficult time finding such options.

### Needs for Part-Time and Full-Time Care

Families most commonly reported needing full-time care between four and eight hours a day (41%). Even among those who sought care between four and eight hours a day, needs for non-traditional hours were common: almost a quarter reported needing care in early mornings, over 10% reported needing care on evenings, and over 10% reported needing weekend care.

About one in five survey respondents (22%) indicated a need for part-time care up to four hours a day. Families explained that this can be an issue if programs only offer full-time care, when only part-time care is needed. Some families who want part-time after school care struggled to find options—they noted that many programs were a set cost regardless of how often children attended.

*“I did not find many preschools with half days/part-time care that my family needs.”*

*– Family survey respondent*

About one in six survey respondents (16%) reported needing care for more than eight hours daily.

### Flexible Schedules

Families experienced a gap in availability of part-time care or flexible care options for those with fluctuating schedules. One in five survey respondents (20%) reported that their need for care varies based on their work schedules. A number of survey and focus group participants explained that they need care at varied times based on their work schedule, which varies seasonally for agricultural workers, and during special circumstances like being on military duty. Several focus group participants added that it was challenging to find programs where they could change the hours they attend on different days or weeks depending on their schedule.

## Impact of COVID-19 on Families' Needs

*During the height of the pandemic, many low-income families were essential workers and maintained the same or increased need for child care, while facing limited or disrupted child care availability.*

### Needs for Care

Many families who participated in focus groups described working in health care, delivery services, retail, agriculture, and grocery stores—positions that are designated as essential workers. As such, many of these families did not shift to working from home during COVID. Therefore, their needs for child care during the height of the pandemic remained the same or even increased, as some parents lost jobs during COVID and needed to piece together other jobs to make ends meet.

While needs for child care remained during the pandemic, working families faced limited or disrupted child care availability in the face of child care closures during the time of lockdowns and remote learning. One low-income single parent remarked that it was difficult to find quality care during that time, leaving some parents in a situation where they had to choose subpar care.

*"The fact is I had to leave my kids with people who were not the safest.  
Parents just had to work and leave their kids with somebody."*

*– Parent focus group participant*

### Provider Perspectives: Impact of COVID on Children's Needs

In focus groups, several providers and child care navigators commented that they have seen an increase in behavioral challenges among children, which they attributed directly to the stress and challenges brought about by social distancing and remote learning during COVID, as well as a general increase in the use of screen time among children. They observed that more children need support in the classroom and support from mental health therapists.

*"I had 12 in a group during distance learning, all six feet apart, all masked.  
So, I saw it firsthand, like just the way the kids, sitting there all day, every  
day in front of the laptop was probably not the best thing."*

*"Our TKKs [transitional kindergarteners and kindergarteners] coming in are  
born in 2020. So, they really haven't known a world outside of COVID."*

*– Provider focus group participants*

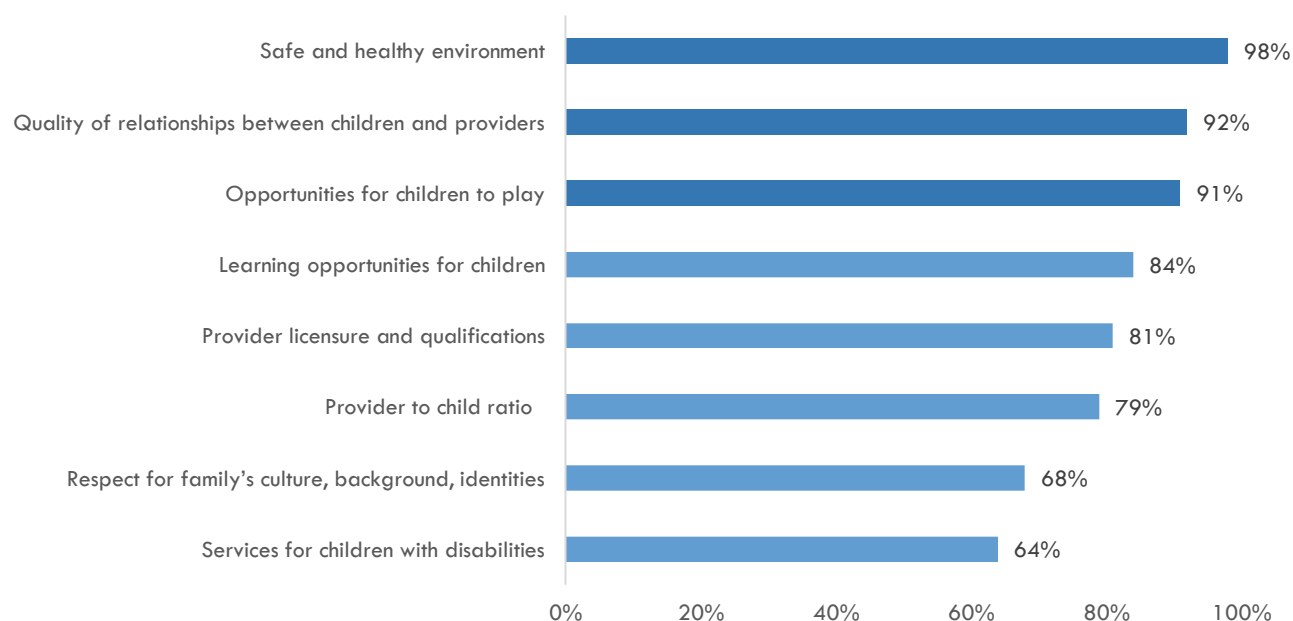
## Quality of Care

*Families first and foremost want a safe and healthy environment for their children. They want to feel confident that their children are in good hands with providers who love working with children, and they want to see their children in developmentally appropriate, enriching learning environments.*

To understand how families define “high quality care,” the survey asked respondents to consider what they look for in an early learning or child care program and rate a set of factors as “not so important,” “somewhat important,” or “very important.” As shown in Figure 8, three factors of quality care received the most “very important” ratings.

- A safe and healthy environment (the highest overall rating)
- The quality of relationships between children and providers
- Opportunities for children to play

**Figure 8. Most Important Factors in Quality Care, Percent Rating “Very Important,”  
n=559\***



*\*The number of responses ranged from 554 to 559 for each item.*

These top three factors were consistent when looking at all survey respondents combined, and when looking at families receiving subsidized care, families with children with disabilities and special needs, families where someone identified as LGBTQ+, and in most racial/ethnic groups. They were echoed by focus group participants. Below is more detail about what families consider in each of these top categories.

## Safe and Healthy Environment

- On the survey and in focus groups, many parents described safety and security (e.g., having cameras, a keypad for secure entry), cleanliness, and healthy food as among the most important qualities in child care.
- Among survey respondents, 81% rated provider licensure and qualifications as “very important.” In focus groups, parents of preschool-age children commonly agreed that sending their children to a licensed facility is important for them as they want to know that staff have had background checks and completed a certain amount of training.
- One parent observed a need for more attention to the physical safety of child care environments, for example traffic areas, crosswalks, and for children to be educated about consent and safe touch.

## Quality of Relationships

- Focus group participants commonly voiced a clear difference between providers who are in child care for the “right” and “wrong” reasons. Parents frequently emphasized that it is important that providers like what they do and genuinely enjoy working with children, and that their child gets sufficient attention.
- A number of families commented that it is important to receive regular updates from their child care providers (e.g., photos, activity summaries) to foster connection and trust.
- In some cases, families suggested that they would prefer to choose a high-quality child care provider that is farther away over child care of unknown quality that is closer/more convenient.

*“My [provider] is great and she likes [all the children]. If she was closer that would be great, but for me she’s great and I wouldn’t change anything.”*

*– Parent in Spanish language focus group*

## Play-Based Learning

- Focus group participants with young children want to see warm, play-based learning environments, where their children get plenty of activity and are happy. For example, one family discussed not wanting programs for younger children to be too “school oriented.”
- Some families of school-age children described wanting after school programs to provide a level of meaningful engagement, versus simply a place where staff will watch their children or use screen time. This includes enrichment opportunities such as arts, sports, cooking, and language immersion to support social and cognitive growth.

*“Quality of care and quality experiences for my children when they are out of my care are a concern. I’ve seen providers using screen time, not playing outside enough and not very quality care programs.”*

*– Parent survey respondent*

### Other Areas of Importance

- High proportions of survey respondents rated learning opportunities for children (84%) and provider-to-child ratios (79%) as “very important.” Several survey respondents commented on the desire for lower child to teacher ratios: “My child thrives in very small ratio settings (child to adult) so one-to-one or two-to-one type settings are best for us.”

Overall, families in focus groups shared varied levels of satisfaction with the quality of their current child care and early learning programs. Families who were more satisfied included those who felt that their child care provider genuinely cared about their children and provided an enriching environment. Families who were less satisfied shared concerns about child-to-teacher ratios, cleanliness and safety, outdoor play time, use of screen time, food quality, developmental enrichment, and care and communication from child care providers.

## Barriers and Unmet Needs

Topics:

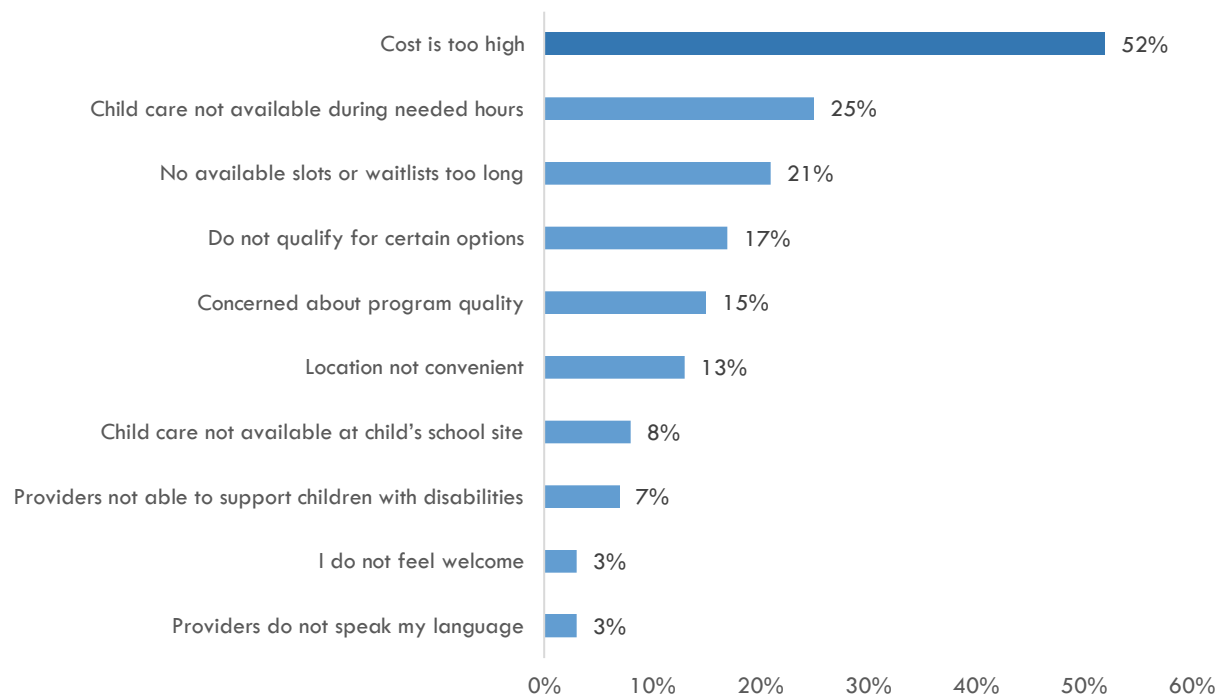
- Availability of Affordable Early Learning and Care
- Geographic Access to Early Learning and Care
- Navigation of the ELC System

### Availability of Affordable Early Learning and Care

*Gaps in the availability of affordable early learning and care create an untenable situation for families. Families who qualify for financial assistance often are placed on waitlists, while families who do not qualify are unable to afford the cost of care. Most parents adjust schedules, rely on extended family, or stop working to manage child care needs. The challenge of finding affordable early learning and care has deep impacts on families’ economic, mental, and physical wellbeing.*

The most commonly reported barriers among survey respondents were related to cost and availability (see Figure 9). The high cost of care was by far the most common barrier reported by survey respondents: the proportion of respondents citing cost (52%) was double the next most common barrier: lack of availability during the hours needed (25%). Nearly all focus group participants cited cost as a barrier.

**Figure 9. Barriers Reported by Survey Respondents (n=559)**



### Cost as a Barrier

About one-third (32%) of survey respondents said they are unable to afford paying any of their income toward child care; 16% said they are able to pay up to \$50 per week, 19% said they can pay up to \$100 per week, and 13% can pay up to \$200 a week.

*"Cost is way too high - my whole paycheck won't cover two weeks of care!"*

*"We pay more for preschool than we do the mortgage on our house and that is only for half days...."*

*"I can pay some but \$50 a week is already too much"*

*– Parent survey and focus group respondents*

Families with more than one child experience particular challenges and impacts of the cost of care.

*"For three children it is too expensive for care for both parents to work full time."*

*"Our younger child is interested in going to school, but we cannot afford to send both children at the same time."*

*– Parent survey and focus group respondents*

In addition to the high cost of preschool, many families shared that finding affordable after school care was difficult.

*“The cost is high. Without ELO-P [Expanded Learning Opportunities Program], we would not be able to use the after school program for all the days we need. Without ELO-P, it would cost us about \$2,000/month. With ELO-P, we still pay \$1,200/month for just one child in daycare.”*

*– Parent survey respondent*

### Eligibility for Financial Assistance

Because most survey respondents and focus group participants could not afford the cost of care and needed financial assistance, discussions around access to care largely centered around access to subsidized care. Some focus group participants have been able to access subsidies or subsidized programs. However, 17% of survey respondents noted that they did not qualify for certain options (generally based on income). Many focus group participants spoke about the gap in care for families who make more than the income cutoffs for subsidized care.

*“[W]e are in Sonoma County with one of the highest costs of living in the country. I feel low-income with my family of two and \$85,000 income when rent and other expenses are taken into account.”*

*“I paid \$21K last year for daycare with no financial assistance. It’s unavoidable as we are a two-income household, but that amount of money is astronomical and puts a financial burden on my family.”*

*“[On] teacher income, we already can’t afford to live here, let alone child care, but we make ‘too much’ to receive financial help for child care. We are stuck in the middle like a lot of others.”*

*– Parent survey and focus group respondents*

### Waitlists for Care

About one-fifth (21%) of survey respondents reported not being able to find an available child care spot. Fifteen percent of survey respondents indicated that they currently had a child/children on a waitlist.<sup>48</sup> Numerous survey and focus group participants commented on time spent on waitlists for subsidized care (some with extensive waiting times of up to two years). Of survey respondents with children on a waitlist, 60% enrolled their child/children in another type of care, while others have not enrolled their children in care (27%) and/or use options including family and

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<sup>48</sup> Note: The survey did not distinguish among waitlists for subsidies with the R&Rs, waitlists for 4Cs preschools, and waitlists for self-pay programs.

friends, or caring for their child/children themselves. One focus group participant added that she did not know what to do while she was on the waitlist.

*"It took us two years waitlisted at 9 preschools to get into ONE preschool. Then when they got in at 2 years old, I waitlisted for after school care for kindergarten and got in 3 years later."*

*"Parents have to get on a waitlist while pregnant and hope to find a spot."*

*– Parent survey and focus group respondents*

Families reported challenges finding spots for children of all ages, but particularly for infant care and for after school programs that often book far in advance—findings that are supported by quantitative data showing the greatest unmet need for infant and school-age children. Child care navigators underscored the ongoing shortage of infant care options that meet families' needs, such as hours of operation, especially in rural areas.

*"For children under two, the wait list for any program is extremely long and hard to get into."*

*"Estoy en lista de espera ya 6 meses y aún falta meses para que haya espacios para mi bebe." / "I've been on the waitlist for six months and there are still months before there is space for my baby."*

*"When returning to work after having my son, it was impossible to find childcare for him. He was an infant as I only took the standard length of maternity leave. It was a nightmare. I had to squeeze my 5-day workweek into three very long days and rely on extended family to provide childcare for him. It was really stressful."*

*– Parent survey and focus group respondents*

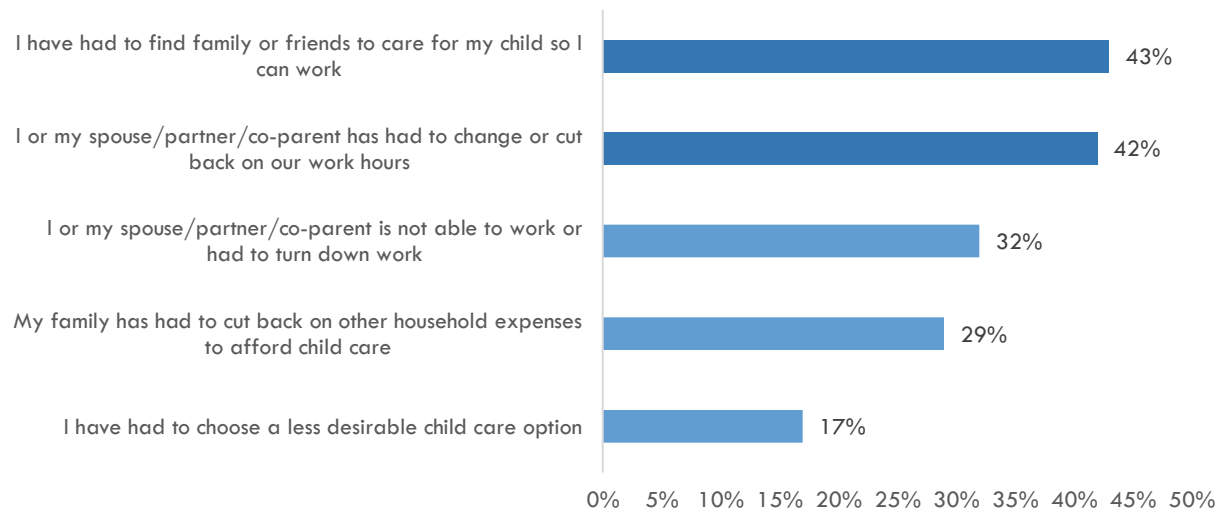
## **Impact on Employment and Family Wellbeing**

Survey respondents and focus group participants were asked to share the impacts of challenges with early learning and care. Survey respondents shared substantial impacts on their employment and wellbeing (see Figure 10). Focus group participants echoed these impacts.

- Over 40% of survey respondents reported turning to family or friends to care for their child so they can maintain their job.
- Over 40% reported adjusting their work hours to care for their children.
- About one-third (32%) reported that either they or their spouse/partner/co-parent is not able to work so they can care for their child/children.
- 29% of survey respondents reported that their family has had to cut back on other household expenses in order to afford child care.



**Figure 10. Percent of Survey Respondents Experiencing Impacts of Child Care Challenges, n=529**



*"I work full-time and my husband works part-time because our two-year-old does not have care."*

*"As a single parent, sometimes work and picking up my kid doesn't match, so I have to make last minute calls to family members who could be available so I don't have to leave work early."*

*"My husband lost his job because he had to stay home and help me when my daughter was sick...."*

*"We had to change our line of work [because of difficulty finding after school care]...That gave me flexibility. It worked out for us, but what about other parents?"*

*"I no longer work so I can care for our children (my income makes less than child care would cost, and the hours do not align well with childcare options)."*

*– Parent survey and focus group respondents*

These impacts on work also affect parents' opportunities for career mobility.

*"We could not afford to pay for my schooling and childcare so after two years of being in school and almost finishing I had to drop out since I could not afford both. I was a first time Mexican woman, first generation."*

*"I had to change my schedule so that I could pull my children out of their summer program and after school care. I simply cannot afford to have them attend. This limits my opportunities for promotion."*

*"I had to quit school. [I was] not able to stock my pantry or fridge as money was limited since childcare is incredibly expensive."*

*– Parent survey respondents*

Stress, isolation, and guilt can arise from families' struggles to balance work and family obligations. Relationships may suffer due to the strain of juggling child care, work, and household duties.

*"With my son I didn't work at all because we had no help... Then when you're not working, depression comes. Working makes you feel good. With my son I had nobody. I was depressed because I was home and I couldn't work... Then I worked in the morning and [my husband] worked in the evening. We never saw each other. You know, you lose your relationship."*

*– Parent focus group participant*

### **Additional Circumstances Mentioned by Families**

- Two families mentioned opening their own family child care in order to be able to care for their child in an affordable way.
- One parent mentioned taking their children to work with them because they could not find care.
- A couple of families using an FCCH provider noted difficulty of finding child care coverage if the provider closes while sick or on vacation. This challenge is compounded when parents are paying for their provider's sick/vacation leave and must miss work themselves to take care of their child while their provider is unavailable.
- In one focus group for families of young children, three families had twins. They found it difficult to identify a center with affordable spots for both children.

### **Geographic Access to Early Learning and Care**

*Preschool and after school programs are not evenly distributed across different regions/school districts, and some families may need to drive long distances or to multiple locations for early learning and child care. Rural areas face additional challenges as there are fewer early learning and care providers, families may have transportation barriers, and limited internet access affects families' access to information.*

Many focus group participants with more than one child described needing to drive far distances or to multiple locations. This poses challenges for working parents who need to take time off work, rearrange their work schedules, or seek support from family or friends to drop off and pick up their children. For this reason, several families noted that it is convenient when schools have preschools on site. Several families described that some schools or districts have robust options, while others offer very little.

Families in rural areas face additional challenges, including:

- Fewer early learning and care providers in areas including Geyserville, Cloverdale, Sonoma Valley, parts of Cotati, and the Guerneville/River area (anecdotally based on comments shared in focus groups)
- Transportation barriers (not having transportation or having to drive far distances)
- Limited internet access, which affects families' access to information and applications that are only available online

*“El desafío es que las oportunidades no están en el lugar donde vivo, están solo en Santa Rosa y otros condados y es más difícil hasta para mis niños poderlos apoyar en sus actividades porque la escuela no tiene transporte. / The challenge is that opportunities are not in the area where I live, they are only in Santa Rosa or other counties, and it is more difficult to support my children in their activities because their school doesn’t have transportation.”*

*– Spanish-speaking parent*

## Navigation of Early Learning and Care System

*Overall, the early learning and care system is complex and difficult to navigate both in terms of finding and applying for programs. This creates stress and further barriers to access for families.*

### Information and Awareness

Information about resources is not readily available to all—some families receive helpful information through R&Rs or school districts, but many learn through word of mouth and described feeling “in the dark” about available resources and navigating the system. Some families described challenges finding up-to-date and comprehensive information about options, noting that sometimes online information is outdated or does not provide necessarily details about cost, hours, or how to apply.

*“Finding and setting up childcare has really felt like finding our way in the dark. We don't know what we are doing or if we are missing anything until it is too late.”*

*“This survey is the first time I've heard about any financial aid for childcare, could that be made more well known?”*

*– Parent survey and focus group respondents*

Survey respondents and focus group participants indicated that they prefer learning about early learning and care options through trusted sources including Resource and Referral Agencies, school districts, and recommendations from friends/family/neighbors.

### Enrollment and Applications for Care

Of survey respondents seeking care, 43% said the process of enrolling in child care was “not at all easy” or “a little bit easy,” 40% said it was “somewhat easy,” and 16% said it was “very easy” or “extremely easy.” Parents, providers, and ELC system partners underscored that the process of determining eligibility and completing applications and paperwork for subsidized care is confusing and burdensome for families. In addition, one system partner explained that some applications for ELC and other programs are only available in English and/or are at a higher reading level, and families may feel ashamed to ask for assistance.

A number of families also described that if they are unable to get care or a referral through the R&Rs, they have to do much of their own research and outreach to individual child care programs and may or may not receive a call back which is taxing on families.

*“I made phone call after phone call. It was hard because we would get a list and call and not get called back. It was the persistence that got it.”*

*“I applied for many programs and only a few reached back to me. I submitted the requested documents and never heard back.”*

*– Parent survey and focus group respondents*

## Multicultural and Inclusive Care

Topics:

- Culturally Informed Care
- Inclusion of Children with Disabilities and Special Needs

### Culturally Informed Care

*The ELC system appears to meet the language needs of Spanish-speaking families, but there are limited services for families who speak languages other than English or Spanish, and fewer options for multicultural and bilingual programs than desired.*

In general, it appears that Spanish-speaking families have sufficient access to bilingual and bicultural child care navigators and early learning and care providers.

*“El proceso es muy fácil hay mucha ayuda y en tu idioma eso está perfecto.  
/ The process [of learning about and enrolling in early learning and child  
care] is very easy – there is a lot of help in your language, which is perfect.”*

*– Spanish-speaking survey respondent*

Several ELC providers, navigators, and partners noted that there are fewer bilingual and bicultural providers who can meet other language and cultural needs, pointing to the large Eritrean community as well as growing populations of Haitian and Ukrainian immigrant families.

Families from several different cultural backgrounds noted a shortage of multicultural and bilingual programs. This includes programs that serve a mix of children from diverse racial/ethnic backgrounds; and bilingual programs where Spanish-speaking children can learn English, Spanish-speaking children can continue speaking their native language, and English-speaking children can learn Spanish.

*“Me gustaría que hubiera más programas para los niños que no hablan  
inglés para que lo aprendan más rápido. / I would like it if there were more  
programs for children who don’t speak English so they can learn it more  
quickly.”*

*“[It is] very hard to get into immersion schools because there are not  
enough schools that provide that. It is very important for my children to  
continue learning their first language.”*

*“Because we are over income, we do not qualify for any of the child care  
options where my child would have more exposure to Spanish-speaking  
teachers and Latine children like her.”*

*“[I would like] a multicultural [child care] program where they are growing  
their own food, sharing their cultures, there is unity.”*

*– Parent survey and focus group respondents*

While issues of exclusion or discrimination did not come up frequently, a few parents who identified as Hispanic/Latine and/or Spanish speaking noted experiences and/or concerns about feeling judged or not treated with respect. This included observations that programs may not treat young parents with the same respect as older parents.

## Inclusion of Children with Disabilities and Special Needs

The survey included a section for families with children with disabilities and special needs; 103 people responded that they have a child with a disability and/or special needs. There was a dedicated focus group for families of children with disabilities and special needs. Parents of children with disabilities and special needs also attended other parent focus groups.

*While some families have managed to find high quality care that meets their children's needs, access to supports differs based on type of disability, needs, diagnosis, and age. Overall, many families with children with disabilities and special needs are unable to get the types and/or amount of support they and their children need.*

### Supports Used

Survey respondents with children with disabilities and special needs most commonly reported that they received accommodations within a general education program (39%).<sup>49</sup> The next most common types of support were receiving support through the Regional Center (27%) and attending a special day class (26%). Eighteen percent of respondents reported that they did not receive any of these types of support. Survey and focus group participants generally reported positive experiences receiving support through the Early Learning Institute, El Colegio program for medically fragile children, Regional Center, and Rincon Valley Partnership.

*"My son is severely disabled and thriving in the program he is in [El Colegio].... He is non-mobile, deaf/blind, and G-tube fed.... My son loves the current school, staff, and setting, as do we."*

*– Parent survey respondent*

### Access and Gaps in Services

Overall, families and providers observed a shortage of highly trained providers, including child care providers, special education professionals, and speech and occupational therapists who can provide sensitive and effective support for their children. While some families of children with disabilities and special needs have managed to access high quality care that meets their children's needs, most reported challenges getting services or supports.

Many parents discussed challenges navigating requirements and systems for publicly funded supports for children with disabilities and special needs. Challenges spanned finding out about available supports, understanding eligibility requirements, and going through complex processes

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<sup>49</sup> Accommodations may include changes to the learning environment, curriculum, timing, or additional support to help children with disabilities and special needs access and complete activities.

to obtain diagnoses and approval for supports. In the face of these challenges, many families either have a total lack of support or receive more limited support than they are seeking. Those with enough financial means may pay out-of-pocket for private services, but this comes with a significant economic burden.

*“I’m unaware of childcare options specifically with disabilities, especially physical disabilities in our area via after school programs or otherwise.”*

*– Parent survey respondent*

Focus group discussions highlighted that access to supports differs before and after children enter the TK-12 school system, as summarized below.

Access to Special Needs Services and Supports Based on Age	
Before children enter the school system	<ul style="list-style-type: none"> <li>• There is more limited awareness and access to information about available supports.</li> <li>• Families have mixed experiences finding ELC programs that are able to provide the attention and care needed to support their child.</li> <li>• There is a significant gap in services when children age out of the Regional Center at age three and when children enter the TK-12 school system at age four or five. For children who do qualify for services through the school district during this gap, the available times and locations may be limited and/or burdensome for families.</li> <li>• Having services onsite at the child’s preschool or push-in services facilitates access to services. For this reason, preschools located on school campuses, and district-based programs such as the Rincon Valley Partnership have facilitated access to supports.</li> </ul>
In the TK-12 school system	<ul style="list-style-type: none"> <li>• Families generally have easier access to special education and therapeutic services (e.g., speech, occupational therapy) that are provided on school campuses. However, children with special needs deemed not specifically related to learning face barriers to getting supports.</li> <li>• Families struggle to find after school programs that can serve their children well.</li> </ul>

*“La señora que cuida a mi hijo no sabe cómo ayudarlo con su discapacidad pero seguirá yendo porque no tengo otro cuidado.” / “The woman who cares for my son doesn't know how to help him with his disability, but [my son will] keep going because I have no other care.”*

*"We want our children to learn through natural play. We have children who come from traumatic backgrounds and are neurodivergent and don't 'fit' in typical classroom settings and have been shamed (by public teachers) for not being a 'normal' student.*

*"My child with special needs has to travel significant distances in order to go to a program or location that can accommodate her. A big issue we have had is that the literal drive time [from Sebastopol] to classes or therapies to help her can take up hours in a day."*

*– Parent survey and focus group respondents*

Several families commented that care for children with complex or severe disabilities, including child care and respite, emergency, and/or back-up care, is extremely hard to find.

*"The number one challenge parents like me face is lack of well trained, well compensated disability child care options. Many of us can't hire babysitters because of our children's complex needs, can't find skilled home nursing and/or respite options because no one wants to take home care jobs because of abysmal pay and benefits, and there are no after school/summer/etc. programs that are either A) accepting new kids or B) can accommodate children with profound and or complex needs. We're drowning."*

*"It is incredibly frustrating that there are no childcare options available to support disabled children with high needs. The incredible pressure this puts on families leads to burnout, financial instability and job insecurity."*

*– Parent survey respondents*

Several families with children from various age groups emphasized that they want their children to be in inclusive programs where children with and without disabilities/special needs can learn and play together. While full inclusion programs do exist in the county, these families shared their vision for inclusion and sought greater access to these programs for their children.

*"[I would like] more options for inclusion in all of the preschools. When my children were younger, I had to travel for an inclusive preschool."*

*"I feel like our kids with special needs would benefit from programs where they are more accepted by peers as being a different kind of normal."*

*– Parent survey and focus group respondents*



# Rollout of Universal Pre-K & TK

Topics:

- Families' Awareness and Choice
- Families' Considerations
- Inclusion of Children with Disabilities and Special Needs in TK
- Provider Perspectives

## Families' Awareness and Choice

*Many families have made an enrollment decision for their four-year-olds, and a majority plan to enroll their child in TK. While they have reasons for their decisions, some families may not be fully informed with an understanding of the differences between TK and preschool.*

Survey respondents with children ages three or four were asked what type of care, if any, they planned to enroll their child in when they are four years old: TK (or leaning toward this option), preschool or another type of care (or leaning toward this option), or undecided. Most respondents designated a choice rather than reporting they were leaning toward an option or undecided. Over 60% indicated that they either plan to enroll their child in TK (58%) or are leaning toward TK (7%).

While many families seemed to have made an enrollment decision and had reasons for their choice, a number of survey respondents and focus group participants indicated that they were not fully aware about what TK is and the differences between TK and preschool. Some families believed that TK is a mandatory grade level.

*"So, if I'm being transparent, I don't really know what TK is, like what the difference is...."*

*– Parent focus group participant*

There were no definitive differences in family perspectives about TK based on race/ethnicity and language:

- Participants in Spanish-language focus groups tended to express more hesitation and uncertainty about TK, while participants of various racial/ethnic backgrounds in English language focus groups tended to express more support for TK. This seems to be supported by survey responses that show that 63% of White families and 52% of Hispanic/Latine families planned to enroll their child in TK. That said, written comments on the survey included a mix of opinions about TK for both Spanish and English-speaking respondents.

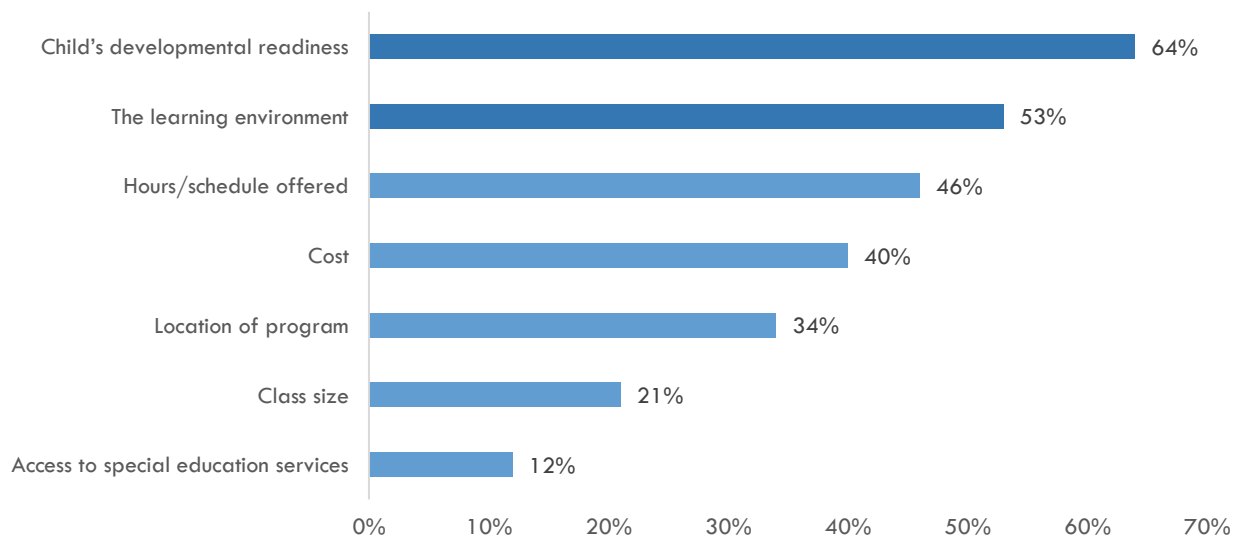
- On the survey, the groups with the highest proportions planning to enroll their children in TK were monolingual English-speaking (65%), White race/ethnicity (63%), and monolingual Spanish-speaking (62%). Bilingual (English-Spanish) respondents had the lowest percent planning to enroll their children in TK (41%).

## Families' Considerations

*Families consider both instructional and practical factors in their decisions about whether to enroll their child in TK or another type or care. Many families are focused on their child's developmental readiness and the learning environment and are considering what is most appropriate for their child, but considerations around cost and convenience may ultimately take precedence given the economic constraints families face.*

Survey respondents were asked to share the main reasons for their decision about whether to enroll their child in TK or another type or care (they could select as many as applied). As shown in Figure 11, the top two considerations across all respondents were their child's developmental readiness (selected by 64% of respondents) and the learning environment (selected by 53%). The next most common considerations among survey respondents were the hours/schedule offered (selected by 46%) and the program cost (selected by 40%).

**Figure 11. Most Common Considerations in Choosing Pre-K Enrollment, n=179**



Regarding developmental readiness and the learning environment, families are making different enrollment choices based on what they feel is best for their child. For example, some families are clear that their child is not ready for TK and prefer to keep their child in a play-based preschool environment.

*“In TK they don’t have naps and they’re still so young. At Pre-K they have time to eat and rest.... At Pre-K they can still be kids. They’re not making them act like the older kids [like they do in TK].”*

*– Parent focus group participant*

*“[With TK] I’m concerned about the highly structured learning environment and long schedule for many of the younger kids.”*

*– Parent survey respondent*

Others believe that TK will support their child’s intellectual and social-emotional development and preparation for school.

*“Yo creo que [TK] le da la ventaja de aprendizaje para los grados Kinder y primer grado y ya va aprendiendo [la estructura] de la escuela también, de lo que es lo que él necesita hacer. Y también, simplemente por las habilidades sociales.” / “I believe TK has a learning advantage for [preparing them] for kinder and first grade and that the children learn the structure of school, what they need to do. Also, just for the social skills.”*

*– Parent focus group participant (originally in Spanish)*

*“[TK] saves money and our child was ready to have more academic challenges and learn social emotional regulation skills.”*

*– Parent survey respondent*

In focus groups, families who had chosen or plan to choose TK reflected that their considerations included cost, convenience (e.g., location close to home, other children at the same school), and wanting their child to get a head start in a more academic environment. One parent with a child in TK described that although she was happy with her TK choice, the shorter school days are difficult for working families who need to find before or after school care. For families who wished to enroll their child in preschool or another type of program, considerations included feeling their child was not ready for a school-based environment, wanting continuity in their child’s existing program, wanting a lower child-to-teacher ratio, or wanting to keep their child in a preschool program all day versus combining TK and aftercare.

While more survey respondents said they considered instructional considerations than practical ones when deciding about TK, cost may ultimately outweigh families’ other considerations. In

other words, because it is a free program, some families may enroll their child in TK even if it is not their priority because they do not have access to affordable preschool.

*"I would keep my daughter at her preschool, but I couldn't afford it. She is not as happy in TK as she was at her preschool. The standards are too high for young children and the school is treating four[-year-olds] like they are six[-year-olds]. It's not great, lots of sitting, she has to keep her shoes on all day, she can't get dirty...."*

*"[It's] hard to not choose TK when the cost is free. [I] wish that other options were available to middle class families for financial assistance to keep my daughter in preschool with smaller ratios and more appropriate learning environments for a young four-year-old."*

*– Parent survey and focus group respondents*

Looking at considerations by race/ethnicity and language:

- Similar proportions of White and Hispanic/Latine families chose the top three options (child's developmental readiness, the learning environment, and hours/schedule).
- A higher proportion of monolingual Spanish-speaking respondents selected their child's developmental readiness as a consideration (73%) compared to monolingual English-speaking (66%) and bilingual (English-Spanish) respondents (61%).

## **Inclusion of Children with Disabilities and Special Needs in TK**

Overall, families with children with disabilities and special needs described similar considerations about TK programs as they did for other types of ELC programs—the focus was on finding a program that could meet their child's needs. In the focus group with parents of children with disabilities and special needs, all four parents had children ages 3-4, three out of the four participants had children who are autistic, and all had either enrolled or planned to enroll their child in TK.

- Some participants expressed limited awareness about what TK is, if or how it differs from preschool, whether it is a choice, and what their other options are. They were less focused on understanding the differences between TK and preschool and more focused on finding a program that would continue to provide the level of support their child needed after they aged out of the Regional Center.

*"I was going [with] let's get [my son] as much help as he needs, so I don't know what the difference is [between TK and other programs]."*

- A parent with a child who needs significant one-on-one support lives in Healdsburg, a small community that does not have its own special education classrooms but has access to special education in the Windsor school district. This parent chose the Special Education TK program for the added support it would provide her child.

*"I knew if he went to Healdsburg, he wouldn't be getting one-on-one [support] as much.... I learned more about locations – I knew he needed more intense care.... I just knew that the resources from North Bay [Regional Center] were going to end and I had to continue resources somewhere."*

- Two parents described that their children had been successful in general education preschool environments and wanted their child to be in a program where they could socialize and learn with other children.

*"I think we are going to choose [TK], so then that gives him a better opportunity—I don't know if it will be Special Education TK or not—but just to be able to be around other kids."*

- For one parent with a child in Special Education TK, it was important that her child have more interaction with children in the general education program.

*"My concern is that [the children in Special Education TK] don't interact with the other kids [in general education]. I would like them to be able to interact with the type of learning that the other TK kids get. Just because they have a certain disability doesn't mean that they can't or wouldn't learn the way that the other kids do."*

- Families with children in TK described needing after school care due to their work schedules. One parent faced barriers at their child's TK site because the after school program was not able to accommodate their child who uses diapers.
- **Provider Perspective:** A number of ELC providers and partners shared that with the younger age of TK children, they are seeing more children who need behavioral support in the classroom; as a result, more children are being identified at a younger age for referrals to the Regional Center and ELI.

# System Strengths and Challenges

This section primarily includes qualitative data from provider focus groups and supplemental interviews. This section includes information about the structures that support delivery of ELC services, addressing several required elements from the Needs Assessment template:

- Facilities (Q13)
- ELC Workforce and Quality Counts California (Q15)
- Geographic Access (Q17)
- Emergency Preparedness (Q20)

## Facilities

While Sonoma County has not conducted a formal facility needs assessment in the last two years, ELC system leaders provided information about the status and needs of ELC facilities and successes in addressing these needs.

## New and Expanded Sites

- In the last five years, one new facility has been built, the Roseland Boys and Girls club.
- Due to local American Rescue Plan Act (ARPA) funds, significant investment has been made into existing buildings, both centers and FCCHs. Buildings have been remodeled or converted for child care use – like the former church at Fulton and College that now houses the Fulton Community Preschool.
- CA State Preschool Programs had access to a State Facilities Grant that invested locally in playgrounds and updated facilities. Particularly since the onset of TK, significant investment has been made to ready spaces formerly serving four-year-olds to serve younger children.
- Windsor School District received nearly 200 CA State Preschool Slots and has converted classrooms to build their capacity to serve this number of children.
- At least nine FCCH providers received funds to expand from a small to large FCCH in Fiscal Years 2022-23 and 2023-24. See additional notes on FCCH and child care center investments under successes.
- Expanded access at elementary school sites for all income eligible children through the ELO-P funding that goes directly to the school district. Some districts run these after school programs themselves and some work with partner organizations to run the programs (Extended Child Care, YMCA, and Boys & Girls Clubs).

## Successes

- Community Action Network & 4Cs Sonoma County facilitated a Child Care Facility Fund funded by Sonoma County ARPA funds in 2022-2025. Total countywide investment will be \$1,210,000 (Santa Rosa providers were ineligible due to First 5 having ARPA funds from City of Santa Rosa to serve them).
  - Round 1: Seven FCCHs received \$307,992 and three center-based facilities received \$268,168 for a total of \$576,160. Providers were located in Rohnert Park, West Cotati/Penngrrove, East Cloverdale, and Cotati.
  - Round 2: Eight FCCHs received \$346,030 and two center-based facilities received \$157,467 for a total of \$503,497. Providers were located in Rohnert Park A/B/C/R Section.
  - Funds focused on direct service delivery space, improving health and safety measures (such as HVAC systems, plumbing, and hazard mitigation), and purchasing fixed equipment like washers, dryers, refrigerators, and flooring. Additionally, installation of indoor and outdoor playground equipment, fencing, shade structures, and accessibility improvements for children with special physical or mental health needs were funded and others supported upgrades to service spaces, such as kitchens and bathrooms, as well as outdoor play areas to ensure safe and accessible environments for children.
- First 5 Sonoma County's Childcare Support Program Facility Fund funded by the City of Santa Rosa's ARPA funds and First 5 Funding also invested in new facilities and facilities improvements. First 5 has made grants in response to community needs, including wildfire recovery for centers and FCCHs that experienced damage and support to rebuild the supply of FCCHs since COVID. First 5's focus on FCCHs has greatly expanded in response to the need.
  - In Fiscal Years 2022-23 and 2023-24: 42 grants were made to FCCHs (majority serving infants) totaling \$2,722,737.63; four grants were made to licensed centers totaling \$751,142.68; and one licensed-exempt center grant was made for \$300,000.
  - In Fiscal Years 2021-22 and 2023-24: 131 mini-grants were made to FCCHs serving infants.
- The Child Care Initiative Project (CCIP), funded by CDSS and administered by 4Cs and RCCS, offers training and technical support for individuals interested in getting a FCCH license. It is open to providers at all stages of licensing, including those already caring for children without a license. Financial and material incentives for participation. The training is offered across Sonoma County and has been a part of Santa Rosa Junior

College's Adult Education Child Care Business Certificate Program. This effort has resulted in almost the same number of FCCH providers now (March 2025) as before COVID (March 2020).

- Sonoma County's newly approved Measure I will include grants for new facilities and to address deferred maintenance for existing facilities.

## Needs and Challenges

- About half of the FCCH programs in the county closed during COVID, and efforts were needed to help rebuild the child care supply through the expanded Child Care Initiative. Efforts continue.
- Many providers' buildings are old and providers do not have the funds for mold abatement or maintaining their space (e.g., updating playgrounds, bathrooms, painting walls).
- Loans are not a viable option for child care providers as often these small businesses operate on very thin margins.
- With declining enrollment of four-year-olds due to the expansion of TK, preschool providers are facing financial instability, and the county is seeing closures of FCCHs and for-profit community-based preschools. As a result, many providers are modifying their classrooms to serve more two-year-olds (bringing in diaper changing, changing playgrounds to support two-year-olds, etc.).



## ELC Workforce and Quality Counts California

This section presents findings from the provider focus groups and supplemental interviews. Where applicable, there are references to findings from the CSCCE study and 2021 CCPC survey.<sup>50</sup>

### Provider Needs and Experiences

#### Workforce Wellbeing and Challenges

Many ELC providers in Sonoma County are women of color who receive low wages.

- CSCCE Study: Survey respondents are predominantly women of color—about half are Hispanic/Latina—and many hold degrees and have substantial years of experience. Despite their preparation and dedication, their wages are chronically low. Wages for FCC providers in Sonoma fall behind the statewide median, particularly for large FCC providers.
- 2021 CCPC Survey: Most English-speaking respondents reported that their salaries either increased or stayed the same during the COVID-19 pandemic, while most Spanish-speaking respondents reported that their salaries stayed the same or decreased.

Low wages and demanding work lead to staff turnover, staffing shortages, and a younger, less experienced workforce in some programs, which has impacts on providers and families:

- Impacts on providers include stress and mental health challenges, chronic illness, and burnout. Impacts on families include quality of care and disruptions to children's sense of stability when providers change. One provider shared: *"Low wages and traveling to work and [being] expected to do so much takes a lot on a teacher's mental health and stress levels."*
- CSCCE Study: While respondents would benefit from stabilized economic well-being, there is a particular need for increased support of FCC providers in their physical health and professional aspirations. Over 50% of center teachers/assistants and over 70% of FCC providers reported some type of chronic health condition.
- 2021 CCPC Survey: The challenges reported by the highest numbers of respondents were financial issues and personal stress.

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<sup>50</sup> For the most part, findings from the CSCCE study are copied directly from the report with minor edits for length. <https://cscce.berkeley.edu/publications/snapshot/the-early-care-and-education-workforce-of-sonoma-county/>

## Stability of the Field

The effects of funding challenges, low wages, COVID-19, and TK expansion put many child care providers at risk of financial instability or possible closure, impacting the overall stability of the field.

- **CSCCE Study:** ELC programs experienced instability and upheaval during the COVID-19 pandemic, but challenges like staffing shortages are not new. Concerns such as staff recruitment and child enrollment are affecting the majority of providers in Sonoma County. Compared to the statewide sample, FCC providers in the county are particularly impacted by the latter, while directors in the county were more likely than their counterparts statewide to report difficulties with arranging substitutes, retaining staff, funding professional development, and paying staff. FCC providers are most likely to envision themselves continuing to operate, though unintended drops in income may force them to close against their wishes. While few early educators intend to leave the field within three years, some center teachers plan to switch sites or pursue other jobs supporting young children.

## Workforce Development Needs

Providers and ELC system partners highlighted the following workforce development needs. Note: 4Cs, RCCS, and First 5 Sonoma County provide support in several of these areas, as discussed above in the section on Facilities and in the section below on Quality Counts.

- **Quality of providers:** Parents, teachers, and providers all observed varying quality of child care providers and special education professionals. Providers observed a need for more well-trained, bilingual special education and mental health providers who can work with families from diverse cultures and nationalities.
- **Support for working with children with disabilities and special needs:** Preschool and TK teachers shared that they sometimes feel under-supported when working with children with disabilities and special needs who may require extra attention and care. Teachers are often the first to recognize potential issues and make referrals so children can get the support they need. There are concerns about staff burnout and a need for more support for teachers working with children with disabilities and special needs.
- **Support for business management and maintaining enrollment:** FCC providers are tasked with running a business in addition to caring for children in their homes. For most, they are first-time business owners and do not have experience with the licensing, financial, or marketing aspects needed to run a successful business. FCC providers need support to establish their business, get licensed, manage their business, and achieve their desired enrollment.

- **Access to higher education courses in Spanish:** Quality Counts staff mentioned that overall, Spanish-speaking providers need more opportunities for professional development, particularly at the college/junior college level.
- **Financial support for materials to support the child care environment:** Quality Counts staff noted that providers seek funding for materials to help them develop an enriching classroom environment.

### TK Impacts and Needs

Family child care homes and preschools face declining enrollment due to the shift to TK and declining enrollment since COVID. Consequently, many programs are facing financial strain and potential closures.

- Most providers in the Spanish-speaking FCC provider focus group noticed a decline or were worried about enrollment and maintaining their business. Some can no longer afford assistants or cover their operating expenses. One provider shared: *"I am one of the providers who has felt affected [by the transition to TK]. I don't know if I'll survive for even two more years because I haven't received a call from a parent looking for care in a long time...I can't pay for an assistant anymore."*
- **CSCCE study:** In 2023, 42% of FCC providers and 72% of centers were already experiencing a decline in enrollment of four-year-olds. Some FCC providers (35%) were also enrolling fewer three-year-olds, who are not yet eligible for TK. Some FCC providers will be challenged to earn sufficient income while enrolling their desired mix of age groups. Transitional kindergarten will impact centers, as well: center-based ELC programs are more likely to already report a decline in four-year-old enrollment. As more job opportunities in TK become available, turnover and vacancies may grow.

Preschools are incorporating more infant programs as older preschool children enroll in TK.

- Preschools need to modify classrooms and programs to serve more two- and three-year-olds (as noted in the Facilities section above).
- Restrictions and licensing requirements for infant programs create financial sustainability challenges.

TK teachers and programs need more support to meet the needs of the younger TK age group.

- Elementary school teachers and after school providers need training and skills to work with the younger TK age group. Teachers who are experienced in teaching kindergarten must be trained to care for a younger age group in terms of children's physical development (e.g., potty training) and social-emotional development and behavioral

needs (e.g., adapting classrooms and curricula, meeting special needs). In focus groups, a number of preschool teachers, TK teachers, and parents perceived that at this point in time, not all TK teachers are adequately trained in these ways, and they anticipate it will take substantial effort to ensure TK teachers are well trained and prepared as TK expands and the age cutoff for children lowers. One provider shared: *“Many teachers have been teaching for years but suddenly are expected to know how to care for new age group [with TK].”*

- Challenges arise with licensing requirements as school-based after school programs are not currently permitted to assist children in the restroom.

## Quality Counts California

Quality Counts California (QCC) in Sonoma County focuses on coaching, professional development, and quality improvement for early childhood education providers. It is a collaborative effort between First 5 Sonoma County and SCOE in partnership with 4Cs and other community partners. The elements of QCC in Sonoma County are:

1. **Sonoma Quality Counts Pathways:** The CCPC administers stipends and reimbursements for early learning and care professionals to take college classes and complete professional development which supports their advancement within the ECE workforce.
2. **CSPP Quality Rating Improvement System (QRIS) Block Grant:** The CCPC supports participating CSPP sites to assess quality in their programs and provides block grants and incentives which can be used for a variety of quality improvement efforts.
3. **Coaching and professional development:** 4Cs is funded to run a coaching program for licensed child care programs with approximately 80 FCCH and infant care sites currently participating. The program funds five QCC coaches (three are bilingual English-Spanish and two are English speaking), who are housed at 4Cs.

The QCC coaching program provides access to local free or reduced-cost professional development trainings and ongoing on-site support, training, and coaching. Examples include:

- Professional development workshops to support provider wellbeing (e.g., trauma-informed care, self-care, adverse childhood experiences-ACES).
- Peer mentorship and networking opportunities.
- Partnership with ELI to provide site-based consultations to help providers support children with trauma and challenging behaviors.
- Support for providers to implement the Teaching Pyramid model.

- Business model support in partnership with 4Cs and RCCS (as mentioned earlier, the California Child Care Initiative Project (CCIP) supports FCCH providers to establish their businesses and get licensed; these providers then have the opportunity to receive further coaching and support through QCC).
- To meet the needs of the county's large Spanish-speaking workforce, QCC supports La Alianza, which provides trainings and workshops in Spanish. As a region, QCC has collaborative funding to host professional development that ELC professionals beyond Sonoma County can attend. QCC Sonoma County's trainings in Spanish have been popular with Spanish-speaking providers from other counties.

## Geographic Access

ELC system leaders recognize that there are inequities in access across the county, particularly in the county's rural areas, and have several approaches to support access to services for families in all geographic areas.

- The county has two Child Care Resource and Referral agencies (R&Rs). One of the R&Rs, River to Coast Children's Services (RCCS), is dedicated to supporting families in West County, which is a rural area covering the lower Russian River area to the Mendocino County line.
- In areas with fewer ELC providers, R&Rs co-locate services with family resource centers (FRCs). First 5 funds FRCs in Sonoma Valley and Healdsburg to offer child care services and supports around basic needs, benefits, and system navigation.
- For families who have access to technology, R&Rs offer options to complete applications online so families do not have to travel in person to faraway locations.
- R&Rs carry out strategic outreach in the county and supports different areas in accessing services.

## Emergency Preparedness

Sonoma County has multiple means of mobilizing and responding to natural disasters, health emergencies, and safety and security threats.

### Efforts through First 5 Sonoma County

- The "Responsive Grants Program" allows First 5 to quickly mobilize funding to address emergencies impacting the early learning system, including wildfires, floods, and the pandemic. They have been able to quickly pivot to provide emergency child care and supplies during crises.

- Provider grants include emergency preparedness, such as funds for safety measures and air quality protection.
- Large grants for emergency child care have been used to provide emergency child care for first responders during COVID and the wildfires and could be mobilized in the future.
- Partnerships have been developed with supply banks and other safety net providers to distribute diapers, sanitizer, and other supplies during emergencies.
- During the pandemic, there was support for distance learning through a Child Care Provider Resiliency Fund in collaboration with a community foundation. Funds helped child care providers with supplies (Wi-Fi, routers, laptops, iPads) and support so children could be in small environments and participate in their schools online.

### Efforts through Resource and Referral Agencies

- R&Rs partner with Community Organizations Active in Disaster (COAD) and Continuity of Operations Planning (COOP), which includes protocols for informing people in the community about fire and evacuation needs and share information about emergency facilities and child care facilities and resources.
- 4Cs has a pop-up childcare toolkit that they have shared with businesses so that in an emergency, businesses would have tools to convert their conference rooms into emergency child care spaces.
- 4Cs continues to work to ensure that first responders are aware of ELC sites in the county.

# Stakeholder Recommendations

This section highlights recommendations from families, providers, and ELC partners—note that these do not necessarily represent the final recommendations for the CCPC Child Care Plan. The recommendations come out of focus group discussions and survey responses to questions including:

- What is your vision for an ideal early learning and child care system for families? What would help families get what they need?
- How can programs better meet the needs of children with disabilities and special needs?
- What would help families decide whether to enroll their child in transitional kindergarten?
- How can the ELC system support the ELC workforce?

The recommendations are generally organized in the same categories as the report sections. The recommendations that were mentioned by the strong majority of focus group and survey participants as top priorities are bolded or with an asterisk.<sup>51</sup>

Stakeholder Recommendations	
Awareness and Enrollment in Care	<p><b>1. Improve the ease of finding and enrolling in care.</b></p> <ul style="list-style-type: none"><li>* Develop and promote a user-friendly centralized online hub to search for open slots, compare programs online based on specific categories of importance, and easily send requests to providers.<sup>52</sup></li><li>o Increase assistance for families with filling out applications.</li></ul> <p><b>2. Increase outreach and information about programs/resources.</b></p> <ul style="list-style-type: none"><li>* Provide consistent and standardized information about available ELC programs and resources such as financial benefits, mental health services, and services for families with children with disabilities and special needs. Survey respondents tended to prefer learning about ELC options through the R&amp;Rs, school districts, and word of mouth. Health care providers and employers were also mentioned.</li></ul>

<sup>51</sup> It may be that some programs/services that stakeholders recommended do exist in the county, indicating that they may not have information or access to these programs.

<sup>52</sup> Related to this recommendation, an online resource is available for parents to use independently on the 4Cs Sonoma County website for the 4Cs service area (<https://www.sonoma4cs.org/families/find-a-provider/>), and on the consumer education website [mychildcareplan.org](https://mychildcareplan.org). The resource allows families to search for care using a number of specified criteria.

Access to Care	<p><b>3. Provide lower cost options for families who do not qualify for subsidized care.</b></p> <ul style="list-style-type: none"> <li>* Provide financial assistance to families who exceed income requirements</li> <li>o Consider creative options such as parent cooperative preschools</li> </ul> <p><b>4. Increase the availability of programs that are convenient for families' work schedules and where they live.</b></p> <ul style="list-style-type: none"> <li>* Increase the number of ELC programs offering flexible schedules</li> <li>o Increase multi-age, one-stop after school programming at centralized locations (e.g., schools or community centers with programming for various ages)</li> <li>o Increase consistency of offerings across geographic areas/school districts, with care near or within parents' work locations.</li> </ul>
Quality of Care	<p><b>5. Ensure that ELC programs consistently provide high-quality instruction (e.g., outdoor play time, child-led approaches, and enriching activities)</b></p> <p>6. Improve standards for communication from providers to families (i.e., regular communication about their child's activities and progress)</p> <p>7. Ensure safety, security, and health (e.g., monitoring and follow-up when complaints are submitted; food quality; security cameras; temperature management in summer and winter; traffic and crosswalk safety)</p>
Culturally Informed Care	<p>8. Increase options for bilingual preschool, TK, and after school programs.</p> <p>9. Increase access to bilingual mental health and special needs services.</p>
Inclusive Care	<p>10. Increase variety and locations of programs that serve children with a range of needs.</p> <p>11. Increase the number of programs that integrate children with special needs and typically developing children.</p> <p>12. Improve coordination between providers of children with special needs.</p>



UPK & TK Awareness and Choice	<p>13. Ensure families know that TK is a choice and have the information and ability to make that choice.</p> <ul style="list-style-type: none"> <li>○ Increase information and communication about: <ul style="list-style-type: none"> <li>▪ Which schools offer TK and number of spots available</li> <li>▪ Age cutoffs</li> <li>▪ Hours of care available</li> <li>▪ Teacher-to-child ratio</li> <li>▪ TK curriculum</li> <li>▪ How to determine if child is developmentally ready</li> <li>▪ TK programs' ability to accommodate needs such as diaper changes</li> </ul> </li> <li>○ Make tours of TK programs available</li> <li>○ Ensure before and after school care is available</li> <li>○ Ensure there are affordable preschool options</li> </ul>
Family Engagement	<p>14. Offer more meetings/groups in different languages for parents to come together and share information, resources, and experiences.</p>
Provider Support	<p><b>15. Expand education and support for ELC providers in child development and working with children with disabilities and special needs.</b></p> <p><b>16. Increase the number of well-trained special education professionals (e.g., case managers, therapists, teachers).</b></p> <p>17. Increase the number of well-trained, bilingual mental health therapists and expand their availability at programs/schools.</p> <p>18. Support TK teachers to ensure the teaching environment is developmentally appropriate.</p> <p>19. Continue and expand business management training/support for family child care homes, including support in reaching desired enrollment.</p> <p>20. Expand opportunities for staff appreciation and acknowledgment.</p>

# Appendix A: Primary Data Collection Methods

## Survey Methods and Participants

### Recruitment

- The survey was open for three weeks between September 9 - September 30, 2024. Online and paper surveys were available in English and Spanish. Online surveys were the primary collection method, with a note that individuals could call 4Cs for support in other languages and any other support needed. The survey offered an incentive of a free scoop of ice cream from a local business to the first 150 participants.
- The consultant team worked with SCOE and the Resource and Referral Agencies (R&Rs) to develop and carry out an outreach plan. The R&Rs and SCOE were the primary point people for outreach and shared the survey with thousands of families via targeted and broad outreach.
- Websites and social media:
  - Pop-up on 4Cs website
  - Shared on 4Cs social media
  - Shared on RCCS social media
  - Posted on CCPC website
  - Shared in CCPC's e-newsletter
- Direct emails and texts to families with survey information and link:
  - From 4Cs to 283 families enrolled in 4Cs preschool centers
  - From 4Cs to 8,891 families including closed, active, and enrolled application status
  - From RCCS to 289 families enrolled and 34 families on waitlist
- Emails to school districts, child care providers, and partner organizations with language and flyers to share with families:
  - Catholic Charities
  - Center for Wellbeing
  - Child care centers
  - Common Ground Society
  - Community Action Network
  - Corazon Healdsburg
  - Early Learning Institute
  - Elementary school principals
  - Family child care homes

- Family Resource Centers
- First 5 Sonoma County
- Head Start, Tribal Head Start
- Homeless shelters
- North Bay Regional Center
- SCOE newsletter for elementary school districts
- SELPA
- TALLK Coaches

## Responses and Data Cleaning

- The survey received 836 total responses (14 were paper surveys).
- The consultant team reviewed the completeness and validity of survey responses based on how many survey questions were answered, how quickly the survey was completed, whether respondents lived in Sonoma County zip codes, and whether there was alignment in survey questions that should match (e.g., two questions that asked if respondent had a child age 3 or 4).
- Based on this review, the team used the following inclusion criteria for respondents:
  - Responded through at least Question 11 (the beginning of the substantive survey questions following the initial screening and current use of child care)
  - Finished the survey in more than four minutes
  - Indicated a Sonoma County zip code as their residence
  - Had matching responses in questions 2 and 22 (indicating they had 3- or 4-year-old children)
- The final sample included 559 responses.

## Respondent Demographics

**Age of children:** Of the 559 responses, 26% had children under age two, between 15-20% in each category had children ages two, three, four, and/or five, and 63% had children ages 6-12. On average, respondents had two children.

**Location:** Most survey respondents lived in Santa Rosa (65%), 11% from West County (with most of those individuals coming from Sebastopol), and smaller numbers from other areas of the county.

Region	Number	Percent
Santa Rosa	362	65%
West County	60	11%
North County	41	7%
Sonoma Valley	40	7%
Rohnert Park/Cotati	29	5%
Petaluma	15	3%
South County (Petaluma/Penngrrove)	12	2%
<b>Total</b>	<b>559</b>	<b>100%</b>

**Language:** 80% of respondents spoke English and 50% spoke Spanish (31% spoke both Spanish and English; 20% spoke only Spanish; and 46% spoke only English). Other languages spoken by between one and six respondents each included American Sign Language, Mandarin, Tagalog, Kiswahili, Nepali, German, Sepedi, Tshivenda, Italian, Hebrew, Khmer, Farsi, Armenian, Ilocano, and Punjabi.

**Race/ethnicity:** We asked respondents to report their own race/ethnicity and the race/ethnicity of their children to account for potentially higher numbers of mixed-race children if one parent was White and one was not. Respondents could check as many options as applied.

- Of adult survey respondents, there was a higher proportion of Hispanic/Latine respondents (48% Hispanic/Latine only) compared to the county's Hispanic/Latine population (30.3%) and a lower proportion of White respondents (37% White only) compared to the county's White population (59.1%).

Respondent's race/ethnicity	Number	Percent
Asian or Asian American	17	3%
Black or African American	14	3%
Hispanic or Latino/a/x	268	54%
<i>Hispanic or Latino/a/x only</i>	235	48%
Middle Eastern or North African	4	1%
Native American or Alaska Native	15	3%
Native Hawaiian or other Pacific Islander	5	1%
White	229	46%
<i>White only</i>	185	37%
Another race or ethnicity (please describe)	5	1%

- Compared to the race/ethnicity of children ages 0-12 in Sonoma County, survey respondents represented a similar proportion of Hispanic/Latine children; a lower proportion of White children; a similar percentage of Asian; a slightly higher percentage of Black/African American and Native American or Alaska Native children; and a much

higher percentage of multiracial children. *Note: for the most part, analyses used race/ethnicity of children.*

Child's race/ethnicity (check all that apply)	Number	Percent
Asian or Asian American	24	5%
Black or African American	23	5%
Hispanic or Latino/a/x	279	57%
Middle Eastern or North African	5	1%
Native American or Alaska Native	20	4%
Native Hawaiian or other Pacific Islander	7	1%
White	237	48%
Another race or ethnicity (please describe)	14	3%

Child's race/ethnicity (analyzed to isolate each group and compare to county population)	Number	Percent	Sonoma County Children Ages 0-12
Asian or Asian American (only)	9	2%	4%
Black or African American (only)	6	1%	2%
Hispanic or Latino/a/x (only)	210	43%	40%
Middle Eastern or North African (only)	2	0%	N/A
Native American or Alaska Native (only)	1	0%	1%
White (only)	165	34%	49%
More than one race/ethnicity	96	20%	4%

**Family composition:** The majority of respondents (71%) were married or partnered parents living together, while 16% were solo/single parents, and smaller percentages noted that they were parents not living together, or that grandparents or other family members live with them.

**Income sources:** 55% of respondents indicated that their family was supported by one income, 40% by two incomes, and a smaller number of respondents who were supported by more than one income or had other circumstances (several noted that one parent worked full time while another worked part time).

**Additional characteristics:** Respondents could optionally identify additional characteristics of their family. While most did not answer this question: 38 respondents indicated that they or someone in their family identifies as LGBTQ+; 16 respondents indicated that their family is a resource family for children in foster care; and eight respondents noted that their family is unhoused or housing insecure.

# Focus Group Methods and Participants

## Recruitment

- A total of five focus groups were held in October and November 2024. To promote accessibility, the consultant team held English-language and Spanish-language focus groups in-person in urban and rural locations, and virtually on Zoom.
- The R&Rs were the point people for family focus group recruitment. They sent email and text outreach to families enrolled and on the waitlist. They also sent email outreach to families who indicated on the survey that they would be interested in attending a focus group.
- Families were able to indicate which focus group(s) they were interested in and available for on an online RSVP form. To include a diverse mix of participants, the consultant team asked participants to optionally share their race/ethnicity and whether they lived in an urban, rural, or suburban area. The consultant team identified individuals to be confirmed for each focus group, and the R&Rs followed up with families by email and text to confirm their attendance.
- Participants received a \$30 Target gift card for their participation.

## Participants

### Parent Focus Groups

There were 30 participants across five parent focus groups.

Focus Group	Language	Location	Participants
Families with preschool-age children	Spanish	In-person at River to Coast Children's Services (rural location)	9
Families with preschool-age children	English	In-person at 4Cs (urban location)	6
Families with children ages 0-12	English	In-person at Riebli Extended Child Care (urban location)	6
Families with children ages 0-12	Spanish	Virtual	5
Families with children with disabilities and special needs ages 0-12	English	Virtual	4

Race/ethnicity data was optionally collected from participants who signed up via the RSVP form, but not for participants who signed up directly with host organizations. Data was available for 16 respondents (respondents could select as many as applied, so the total adds to more than 16). The demographics of focus group participants were generally reflective of the demographics of the county.

Race/ethnicity	Number
Asian or Asian American	2
Black or African American	2
Hispanic or Latino/a/x	6
Native American or Alaska Native	1
Native Hawaiian or other Pacific Islander	2
White	5

### Provider Focus Groups

There were 22 participants across four virtual provider focus groups. One focus group with school-age program staff was canceled due to low registration.

Focus Group	Language	Participants
Family Child Care Providers	Spanish	7
Family Child Care Providers	English	2
Preschool and TK Teachers	English	8
Child Care Navigators and Partner Agencies	English	5

Race/ethnicity data was optionally collected from participants who signed up via the RSVP form, but not for all participants. Of the seven participants on the RSVP form, there was a mix of White and Hispanic/Latine participants.

# Appendix B: Definitions of ELC Programs

## CalWORKs

Stage 1: Administered by the Human Services Department. The program provides child care when families first become engaged in welfare-to-work activities. Families can choose a child care provider including family, friend or neighbor (FFN), FCCH, or center-based provider and the agency reimburses the provider for care up to the regional market rate ceilings, in Stages 1, 2 and 3.

Stage 2 and 3: Administered by the California Department of Social Services (and run through 4Cs and RCCS programs), families move into Stage 2 when the welfare department determines that they are stable or when they discontinue receiving cash aid. They can stay in Stage 2 until the parent has been off cash aid for 24 months and then transferred into Stage 3. Stage 2 and 3 are administered through contracts with the Alternative Payment Program (CAPP). Families remain in Stage 3 until their children are over the eligibility age or the family's income becomes more than 85% of the state median income, unless they are exempt from income requirements. This is also a parent choice program when selecting a provider.

**California Alternative Payment Program (CAPP):** CAPP provides vouchers to eligible families using state and federal funding. CAPP agencies help families arrange child care services and make reimbursements directly to the child care provider of their choice up to the regional market rate ceilings.

**California Foster Bridge:** The Emergency Child Care Bridge Program (Bridge Program) aims to facilitate the immediate placement of children within the foster care system into a stable child care and development setting by helping relatives, parenting youth under the jurisdiction of the court, or foster/resource families obtain child care services upon placement. It provides time-limited vouchers for child care and child care navigator services for families to assist with accessing child care. There is also a Trauma-Informed Care (TIC) training and coaching component for child care providers to enhance their ability to provide nurturing and safe environments for children.

The Bridge Program is not an entitlement, instead it is a time-limited "bridge" to longer-term child care solutions. These solutions are used at the time of placement and are meant to stabilize children in the best possible settings ensuring that caretakers have adequate support to balance their work and home lives.

The Bridge Program was implemented January 2018 with California County Child Welfare Agencies in partnership with their local Resource and Referral (R&R) Programs

**General Child Care and Development (CCTR):** CCTR are state and federally funded centers administered by public or private agencies or educational programs. They serve children ages 0-12.



**California State Preschool Program (CSPP):** The California Department of Education administers the California State Preschool Program (CSPP) which provides part-day and full-day services. CSPP operates via local educational agencies, colleges, community-action agencies, and private nonprofit agencies.<sup>53</sup>

**Family Child Care Home Education Networks (CFCC):** CFCC are a community of licensed family child care homes that provide child care and development services, social and health service referrals, and parenting education to families who are eligible for subsidized care.

**Head Start and Early Head Start:** Head Start serves children ages 3-5, while Early Head Start serves infants, toddlers, and families expecting a child. Both Early Head Start and Head Start are no cost programs for eligible families and deliver services in center-based, home-based, and family child care settings.<sup>54</sup>

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<sup>53</sup> Source: California Department of Social Services. 2025. Child Care and Development Programs. <https://www.cdss.ca.gov/inforesources/calworks-child-care/subsidized-programs> Accessed Jan 28, 2025

<sup>54</sup> Source: Head Start. 2024. Head Start Approach. <https://headstart.gov/programs/article/head-start-approach> Accessed Jan 28, 2025

## Appendix C: CELNAR Reports

Appendix Table 1. Population of Children Ages 0-4 in Sonoma County (2017)

	0-11 Months	12-23 Months	24-35 Months	3 year olds	4 year olds	Total
Number of children	4508	5155	5478	5561	5553	26255

Source: CELNAR, 2017; 5-year estimates from American Community Survey

Appendix Table 2. Population and Percentage of Children by Race/Ethnicity in Sonoma County (2017)

	0-11 Month s	12-23 Month s	24-35 Month s	3 year olds	4 year olds	Total
Number of children, American Indian	0.80%	0.31%	0.77%	0.22%	0.00%	0.40%
	36	16	42	12	0	106
Number of children, Asian	3.39%	1.18%	1.20%	1.40%	2.02%	1.79%
	153	61	66	78	112	470
Number of children, Black or African American	0.91%	0.00%	0.88%	0.47%	2.09%	0.88%
	41	0	48	26	116	231
Number of children, Filipino	0.00%	0.39%	0.88%	0.00%	0.00%	0.26%
	0	20	48	0	0	68
Number of children, Hispanic	41.84%	42.42%	43.78%	44.88 %	44.68 %	43.60%
	1,886	2,187	2,398	2,496	2,481	11,448

	0-11 Months	12-23 Months	24-35 Months	3 year olds	4 year olds	Total
Number of children, Other Race/Ethnicity	0.44%	2.79%	1.39%	0.76%	0.86%	1.26%
	20	144	76	42	48	330
Number of children, Two or more races	13.11%	7.29%	8.87%	6.33%	8.23%	8.62%
	591	376	486	352	457	2,262
Number of children, White	39.51%	45.61%	42.24%	45.94%	42.12%	43.19%
	1,781	2,351	2,314	2,555	2,339	11,340

Source: CELNAR, 2017; 5-year estimates from American Community Survey

**Appendix Table 3. Regional Market Rates for Child Care in Sonoma County (2017)**

	Birth to 24 Months	Age 2-5
Center weekly regional market full-time maximum reimbursement rate	\$339.95	\$269.89
Center weekly regional market part-time maximum reimbursement rate	\$265.83	\$219.78
FCCH weekly regional market full-time maximum reimbursement rate	\$226.98	\$211.41
FCCH weekly regional market part-time maximum reimbursement rate	\$198.54	\$172.65

Source: CELNAR, 2017

**Appendix Table 4. Number and Proportion of Children in Subsidized Programs and Unmet Need in Sonoma County (2017)**

Number of children	Total children	4,508	5,155	5,478	15,141
	Income-eligible and qualifying need for care (eligibility)	1,485	1,943	2,452	5,880
	Percentage of children income-eligible and qualifying need for care (eligibility)	33%	38%	45%	39%
Number of children enrolled by program type	Alternative payment	15	36	31	82
	CalWORKs stage 1	10	10	13	33
	CalWORKs stage 2	7	34	60	101
	CalWORKs stage 3	4	12	19	35
	Head Start (2016-17)	4	21	20	45
	Received Head Start funding only (2016-2017)	3	14	14	31
	Title 5 center-based	4	14	35	53
	Title 5 family child care home network	10	27	41	78
	Title 5 migrant child care program	0	0	0	0
	Title 5 state preschool program	0	0	0	0
	Total enrollment in publicly subsidized programs	53	147	213	413
Unmet need- based on children eligible for subsidized care (income-eligible and need for care)	Unmet need in publicly subsidized programs	1,432	1,796	2,239	5,467
	Percentage unmet need in publicly subsidized programs	96%	92%	91%	93%

Source: CELNAR, 2017