

Universal PreK Mixed Delivery Needs Assessment: Year 2 Report

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Contents

List of Figures	5
Universal PreK Needs Assessment Year 2 Executive Summary	6
Introduction and Methods	8
Introduction	9
Orange County UPK Mixed Delivery Plan Background.....	9
UPK Mixed Delivery System (MDS) Options	10
UPK Mixed Delivery System Workgroup	10
UPK Mixed Delivery Plan Needs Assessment Scope	11
Methodology	12
Family Focus Groups	12
PreK Provider Case Studies	12
Community Partner Forum	13
Additional Data Sources.....	13
Strengths and Limitations	13
Early Childhood in Orange County	15
Early Childhood Teacher Training in Orange County	19
Findings	20
Families Tackle the Complexities of Early Learning: Seeking Inclusion, Support, and Understanding.....	21
Background.....	21
Understanding Students' Specific Needs at Heart of Families' Desires for Inclusion	21
The System is Extremely Difficult to Navigate.....	23
Parents Feel They Have to Advocate for Themselves.....	25
Ochoa's Child Care: Taking on Many Responsibilities for the Betterment of Students	29
Overview	29
Students Come First.....	29
Utilizing Assessments Effectively.....	30
Supporting Parents and Families	32
Continually Improving	33
Conclusion	34
Innovators of Early Education: A Santa Ana Unified School District Workgroup to Improve Early Childhood Inclusive Education	36
Overview	36
True Inclusion	36
The Co-Teaching Model.....	38
Continuous Growth.....	40
Conclusion	41
Catalyst Kids: Supporting Families through a One-Stop-Shop & Collaborative Relationships	43
Overview	43
Focus on Relationship-Building.....	43
Build Trust with Families.....	44
Collaborate to Build and Maintain the System and Library of Resources	45
Ensure there are Multiple Avenues for Families to Access the System	45
Provide a One-Stop Support Shop to Remove Barriers for Families	46
Engage in the Community to Build Library of Resources.....	47

Provide Ongoing Trainings to Sustain System	47
Desire to Serve Families is the Heart of Catalyst Kids	47
Community Partners Reiterate the Importance of a Collaborative and Compassionate	
Referral System	48
Background	48
Ensure Families Feel Supported Throughout the Process	48
A Need to Create a Collaborative Infrastructure	49
Discussion	51
Ensuring Educators Understand and Support Students' Individualized Needs	52
Build Trust	52
Ongoing Professional Learning	52
Individualized Learning	53
Value Everyday Interactions	53
Continuous Support of Families	54
Proactive and Transparent Communication	54
Promoting Academic and Social/Behavioral Growth for All Students	55
Effectively Utilizing Assessments	55
Inclusive and Welcoming Classrooms	55
Reducing Bureaucratic Barriers When Supporting Students	56
One-Stop Shop	56
Community and Relationships	56
Administrator Support	57
Consistent Communication	57
Recommendations &	58
Conclusions	58
Recommendations	59
Conclusion	61
References	62
Appendix	i
Appendix A. Family Focus Group Protocol	ii
Appendix B. Ochoa's Child Care Focus Group Protocol	iv
Appendix C. Mitchell CDC Focus Group Protocol	vi
Appendix D. Catalyst Kids Interview and Focus Group Protocol	viii
Appendix E. Community Partner Forum Protocol	x
Appendix F. Early Childhood Education Career Survey	xi
Appendix G. UPK Year 2 Needs Assessment Report Findings	xv
Appendix H. Early Childhood Referral Processes 2024	xvii
Appendix I. Early Childhood Referral Processes Updated 2025	xviii

List of Figures

Figure 1. UPK Mixed Delivery Plan Focus Areas and Targeted Technical Assistance	11
Figure 2. OC Early Childhood Population by Age Group and Year	15
Figure 3. Number of Births in Orange County by Year	15
Figure 4. OC Early Child Population by Region and Year	16
Figure 5. Languages Spoken among TK and Kindergarten Children in the 2024-25 School Year	17
Figure 6. Number of Children in Foster Care in Orange County in 2025	18
Figure 7. Preschool Special Education Enrollment 2024-25 by Race/Ethnicity	18
Figure 8. Preschool Special Education Enrollment 2024-25 by Disability Category	18
Figure 9. Overview of Referral System	46

Universal PreK Needs Assessment Year 2 Executive Summary

Orange County Department of Education's Early Learning Team collaborated with the Research, Evaluation, and Data Inquiry (REDI) team to conduct a needs assessment for the Universal PreKindergarten (UPK) Mixed Delivery Grant (MDG), primarily focused on inclusion practices and resource and referral systems in Orange County. The REDI team conducted a workforce development survey with college students, focus groups with families, a community partner forum, and three case studies with PreK providers. The following summarizes the findings by the UPK MDG focus areas.



Vision and Coherence



Assets

- Educators from case studies:
 - Share a consistent definition of inclusion with families: All students, regardless of ability, learn together in environments and have access to needed supports, equipment, and services.
 - Prioritize students' needs and accept them as they are.
 - Demonstrate a commitment to growth through continued reflection, learning, and ongoing improvement of inclusive practices.
- Case studies provided effective examples of a "one-stop shop" for resources and contact information for services.
- Positive feedback from participants highlighted organizations in Orange County as responsive and supportive partners, with an emphasis on a humanistic hand-off.
- Those in the field show a strong passion to serve.



Needs

- Families face a complex system with multiple layers of bureaucracy, repeated assessments, long wait times, and poor coordination among providers.
- There is a need for clearer education on transitions between age groups and service levels, as well as a public-facing website outlining eligibility, services, and contacts.
- Findings showed that educators and partners suggested more human-centered referrals, dedicated case management, and consistent follow-up to ensure they receive support.



Recommendations

Build on the county-wide early learning partnership meetings and workgroups to have more frequent, targeted meetings to facilitate greater collaboration and coordination within the system.



Community Engagement & Partnerships



Assets

- Families rely on a range of supports, including the OC Regional Center, community organizations (e.g., Help Me Grow), social media, peer groups, and paid advocates.
- Educators engage in the community to learn about resources and proactively share them with families, including hosting screening and resource fairs.
- Case study participants emphasized the importance of multiple communication modes (e.g., websites, enrollment processes, newsletters), being responsive to family needs and preferences, and building trust through continuous follow-up.
- Relationship building is a shared priority, grounded in casual interactions, consistent follow-up, and clear internal communication to ensure aligned support for families and students.



Needs

- Findings demonstrated a strong need for streamlined communication between families, educators, partners, and pediatricians to ensure consistency and collaboration.
- Families expressed a desire for a "one-stop shop" as a source of information.



Recommendations

Build on the current OCDE and UPK resources for families looking for programs and develop a family-centered resource sheet on "what to look for" when finding PreK programs specific to families of students with disabilities



Workforce Recruitment & Professional Learning



Assets

- College students indicated they had a high interest in the field and were likely to pursue an early childhood education career once in classes.
- 90% of the workforce development survey respondents indicated they were at least moderately familiar with career paths.
- Educators shared that they use workshops, networking groups, coaches, mentors, and resource sheets to continually grow professionally.



Needs

- Most college student survey respondents reported limited understanding of administrative pathways or credential distinctions.
- Respondents emphasized the need for livable wages, support for continuing education, and clearer job pathways in the field.
- Families and educators expressed a strong desire for staff and administrators to be trained in inclusive practices, disability awareness, and common health needs.
- There was a strong desire for administrator training and support in inclusion because they have a lot of influence on practices and culture at school sites.



Recommendations

Develop and provide more training for administrators and teachers (both general and special education) on inclusion practices and neurological and physical differences.



Curriculum, Instruction, & Assessment



Assets

- Families and educators felt that when true inclusion happens, students can learn from each other.
- Educators from the case studies showed strong examples of ways they intentionally adapt activities and scaffold lessons to the preferences and needs of students.
- The case studies provided examples of how educators can listen to students and document needs so all staff members are aware of students' needs and preferences.
- Best practices in the co-teaching model include: strong educator understanding and buy-in
- Educators felt that multiple assessments and observation results are used to monitor students' growth over time. These are a critical communication tool for educators to use with parents in that they provide technical language, communicate specific needs, and help parents advocate for their child.



Needs

- Families expressed a desire for standards-based education and ensuring their children were included with their peers in the classroom.
 - They felt this could be done through more intentional accommodations in teaching and assessments, such as adapting lessons, classroom structures, and instructions for activities.



Facilities, Services, & Operations

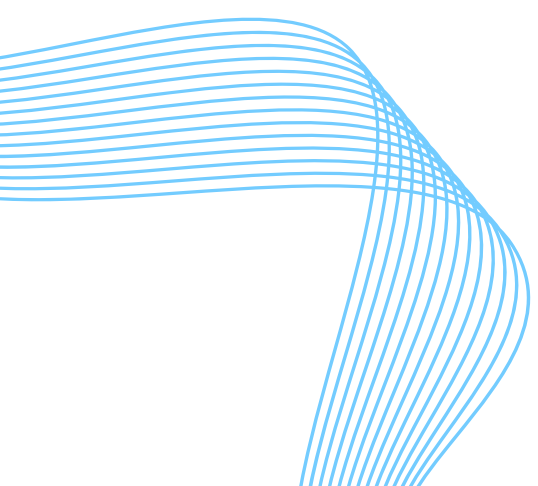


Needs

- The Anaheim-Santa Ana-Garden Grove region remains most populous, indicating these are areas where there is a high need for PreK programs.
- Families felt frustrated when sites lacked basic access to equipment their children needed to not only be safe and healthy, but also included with their peers, such as strong Wi-Fi or adaptive swings.
- There was a high need for more health support within schools to support behavioral therapy on site.
- Families shared that PreK and child care hours of operation often do not allow for both parents to work full-time, which has added even more complexity to the PreK system.
- Because many sites do not provide direct services and families work, results from the focus groups indicated a strong need for transportation services for students to access their off-site services.



Introduction and Methods



Introduction

A large body of research supports the fact that early childhood education and environment have a strong impact on long-term life outcomes, including highest educational attainment, life earnings, health, and more (e.g., Almond et al., 2017; Black et al., 2017). In the past 50 years, across the world, strong investments have been made in early childhood learning (UNESCO, 2018). In particular, high-quality preschool programs have been shown to improve the long-term outcomes of both highly disadvantaged and non-disadvantaged children and families, often with high benefits for the costs and resources invested (e.g., Campbell et al., 2014; Garcia et al., 2016; McCoy et al., 2017). These benefits for children extend to California, where children who engaged in high-quality PreKindergarten (PreK) saw, on average, higher academic achievement, likelihood of high school graduation, and possibility of attaining a college degree compared to children who did not attend preschool (Thorman, & Danielson, 2019). With this in mind, the State of California has developed the Universal PreKindergarten (UPK) initiative, which is the expansion of the State's mixed delivery system.

UPK is one part of California's holistic approach to schools that aims to provide whole-child support for children and families and orient California schools to a more community-focused approach. UPK brings together Transitional Kindergarten (TK), California State Preschools (CSPP), Head Start, private preschool options, and expanded learning opportunities. UPK aims to serve as a bridge between early childhood and TK-12 systems to increase students' readiness for school.

Orange County UPK Mixed Delivery Plan Background

The Universal PreKindergarten (UPK) Mixed Delivery Planning Grant was awarded to California counties to expand UPK in the state. The grant provides funding on a non-competitive basis over three years to the Child Care Local Planning Council (LPC) and Child Care Resource and Referral (R&R) agencies to plan for each county's expansion of UPK through the mixed delivery system. Orange County's LPC operates under the Orange County Department of Education. The grant is designed to support planning, emphasizing conducting a needs assessment.

In year one of the UPK grant, a needs assessment was conducted that aimed to gain a landscape understanding of the early childhood education within Orange County, including the needs, priorities, and areas of concern for both families and providers. The results of that needs assessment pointed to numerous recommendations for simplifying the relatively complex early childhood system, such as consolidating resources to a "one-stop shop." One area that went underexplored in the first year of the needs assessment was discussions and understanding of the experiences of students and families navigating educational and community systems to address their needs. However, this was an area in Orange County that families and PreK providers identified as having a high need for support. In light of this, this year's needs assessment focuses on the experiences of students and families navigating the early childcare system to meet their specialized needs.

UPK Mixed Delivery System (MDS) Options

Through a mixed delivery system, Orange County families have various PreKindergarten options. These options include:

California State Preschool Program (CSPP) (including subsidized preschool centers and school districts): These programs are funded through the Department of Education and include part- and full-day services for income-eligible families for children ages 2 years, 9 months to 5 years old. These programs provide a curriculum that is developmentally, culturally, and linguistically appropriate for the children served, with a student-teacher ratio of 1 adult to 8 children.

Early Learning and Care (including Family Child Care and Private Preschool Centers): These are programs provided by community-based and private providers, which could also include family, friend, or neighbor care. Given the range of providers, these programs vary in curricula, age requirements, teacher qualifications, and student-teacher ratios.

Head Start: This is a federally funded program for income-eligible families. It supports school readiness for children 2-5 years old by enhancing their cognitive, social, and emotional development, with a student-teacher ratio of 1 adult to 10 children.

Transitional Kindergarten (TK): This is the first of a two-year Kindergarten experience that is developmentally informed, based on the California Preschool Learning Foundations, and uses a modified kindergarten curriculum. Age requirements are based on the child's birthday and change slightly each year until the 2025-26, school year when a child has to turn four years old by September 4. The program requires credentialed teachers to complete 24 early childhood education units or obtain a Child Development Permit by August 1, 2023. In the 2025-26 school year, the student-teacher ratio is planned to be 1 to 10 children (as funding is available).



UPK Mixed Delivery System Workgroup

As part of planning, OCDE established a UPK Mixed Delivery System workgroup to identify available resources and what needs exist across the County related to quality program indicators (EC Section 8203). The workgroup's UPK Mixed Delivery Plan focuses on five areas aiming to provide targeted technical assistance (Figure 1. UPK Mixed Delivery Plan Focus Areas and Targeted Technical Assistance). The focus areas represent the priorities of the state and key stakeholders, such as families and educators. The progress made in each of these areas by the workgroup or through OCDE's Early Learning team is provided in their respective sections of this report.

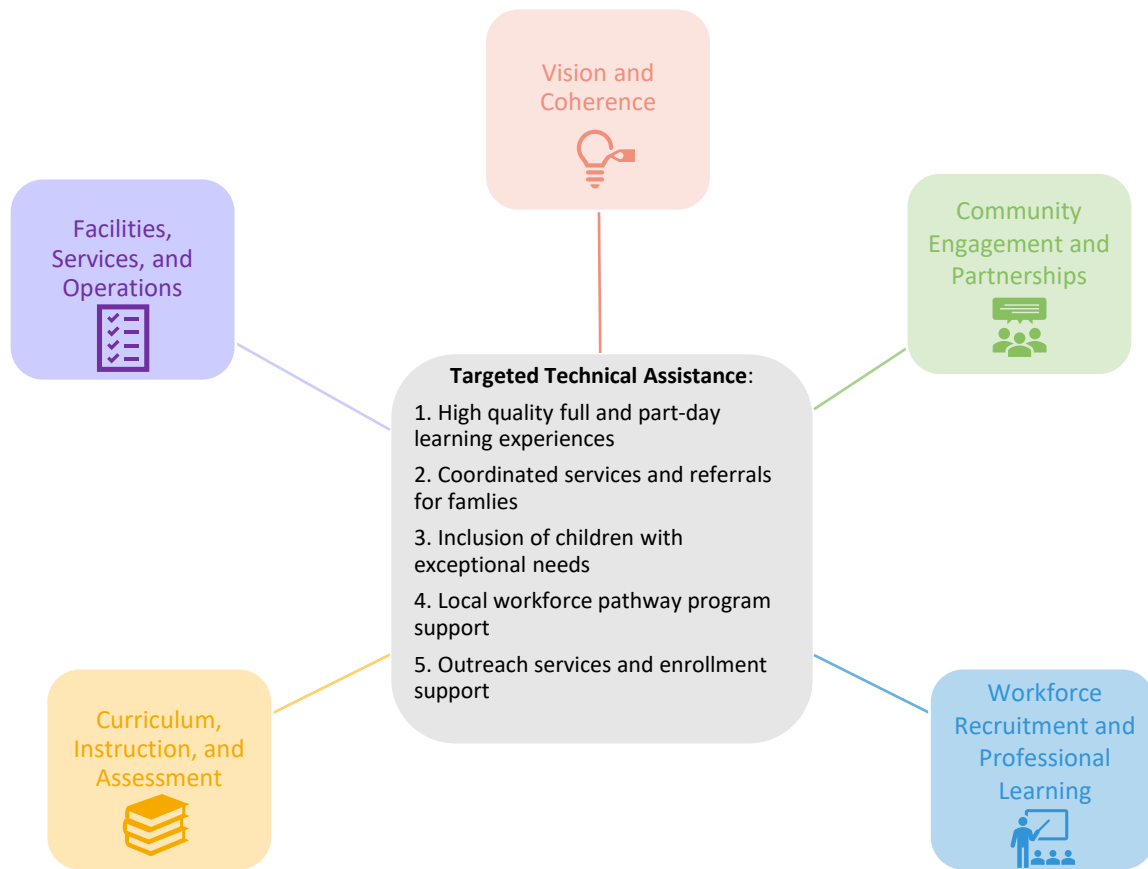


Figure 1. UPK Mixed Delivery Plan Focus Areas and Targeted Technical Assistance

UPK Mixed Delivery Plan Needs Assessment Scope

OCDE’s Early Learning Team collaborated with evaluators from OCDE’s Research, Evaluation, and Data Inquiry (REDI) team to conduct a needs assessment. The goal of this needs assessment is to provide information on the strengths and growth areas of the current UPK MDS so that systems-wide changes can be made to improve the UPK MDS. In this second year of the needs assessment (Year 2: 2024-25), evaluators wanted to focus primarily on inclusion and resource and referral practices, and frame findings through an asset-based and family-focused lens. Therefore, this report is structured to start with an overview of early childhood experiences, including trends in early childhood data, workforce development feedback from college students, and the perceptions of families with children with disabilities in navigating the education and referral systems. These sections provide the context of how early learning and inclusion are perceived within the County. Case studies and findings from a community partner forum are then provided to examine the perspective of those who have designed systems with the County and have successfully addressed the needs and barriers identified. These sections are written so they can be isolated documents to review, and the discussion section is used to synthesize all the findings.

Methodology

Family Focus Groups

From December 2024 through March 2025, evaluators hosted focus groups and/or one-on-one interviews with parents/guardians of children with disabilities. Project leads sent a flyer to community partners and preschool providers to recruit participants. Those who participated in the focus group were entered into a raffle for early learning books and toys. Evaluators conducted five discussions with a total of 12 parents/guardians. Participants answered questions regarding their perceptions of high-quality inclusion practices, experiences finding an inclusive program for their child, and feedback on resource and referral systems in Orange County. The discussion protocol can be found in [Appendix A](#). Four discussions were held online, and one was conducted in person. All discussions lasted approximately an hour. Discussions were transcribed via Otter.ai, and evaluators coded for themes.

PreK Provider Case Studies

To better understand best practices in the County of inclusive practices, family engagement, and resource and referral systems, evaluators conducted case studies with three different PreK programs: a private PreK center, a family child care center, and a public school district. This was done to identify a variety of experiences across the types of programs within the Mixed Delivery System. UPK project leads provided evaluators with potential exemplar programs to use as case studies. Evaluators met directors or supervisors to better understand their programs and then developed interview and focus group protocols based on those discussions. The table below provides an overview of the data collection processes by case study. Protocols can be found in [Appendices B, C, and D](#).

Case Study	Exemplar Program	Data Collection
Ochoa's Family Child Care (Family child care center)	Family Engagement and Meeting Students' Needs	• One-hour interview with Child Care Center Director and a one-hour focus group with two staff members. • Both discussions were conducted via Zoom, using a Spanish interpreter. • Topics included best practices regarding support for students in early childhood and ways the center supports and builds trust with parents and families.
Santa Ana Unified School District Mitchell Center (Public school district)	Inclusion Practices	• One-hour interview in-person with the district's Program Specialist of Special Education, and four interviews via Zoom with special education teachers. • Topics included best practices for teaching, classroom management, family communication, and leadership support for inclusive PreK classrooms. • Attendance at/observation of two inclusion workgroup meetings.
Catalyst Kids (Private school center)	Resource and Referral Systems	• One-hour interview via Zoom with the Social Services Manager, and a one-hour focus group in-person with a Center Director and an Enrollment Specialist. • Topics included the development and implementation of the resource and referral process and building partnerships.

Focus groups and interviews were recorded and transcribed using Otter.ai. Evaluators coded transcripts for themes and developed individualized case studies for each center. Center program leads reviewed case studies for accuracy and approval before the report was finalized. Evaluators received permission from each center to use their real names.

Community Partner Forum

In Year 1 of the UPK MDG, evaluators conducted a community partner forum to discuss the current state of coordination of resources and referrals for families. In May 2025, evaluators conducted a follow-up forum to review the process and discuss current assets, barriers, and potential solutions. The protocol can be found in [Appendix E](#). Evaluators recruited partners by emailing the contact list from Year 1. Program leads added new partners to the list, who were also contacted. Evaluators emailed partners to inquire about interest and provided potential dates for the forum to ensure maximum participation. Five partners participated in the online one-hour forum. The discussion was recorded and transcribed through Otter.ai. Evaluators coded the transcript for the themes.

Early Childhood Education Career Survey

The evaluators worked with program leads to develop a survey for college students about their interest in early learning. Survey questions included interest in the early learning field and perceptions of preparedness in an early learning career. Survey questions can be found in [Appendix E](#). The survey was administered online through Qualtrics using an anonymous link. To recruit participants, evaluators created a flyer that was distributed to college instructors of early learning courses (e.g., child development, early learning teaching). The survey window was open from November 2024 through April 2025. Twenty college students from three colleges completed the survey. Evaluators analyzed the survey using descriptive statistics and coding open-ended comments for themes.

Additional Data Sources

The evaluation team also compiled data from public data sources, including the U.S. Census Bureau American Community Survey, California Department of Education DataQuest, and the University of California, Berkeley's Child Welfare Indicators Project. These data were used to provide an overview of the landscape of early childhood experiences in Orange County. When appropriate, data is shown in trends over time. Links to data sources are provided with the figures in the respective sections.

Strengths and Limitations

The strengths of the data collected for this project include the variety of stakeholders' perspectives across the County about the needs and assets within the UPK MDS. By including data from educators, community partners, families, and those entering the early learning field, the evaluation team was able to provide an overview of the system from the perspective of different stakeholders within the system. Additionally, focusing on qualitative data (i.e., interviews and focus groups) for family perspectives and educators allowed for rich discussion that enabled the evaluation team to gain a nuanced understanding of the

strengths and challenges associated with inclusion and resource referral practices within the County.

Limitations that should be considered include a convenience sampling method where only those who actively wanted to participate did, and this is especially true for family focus group discussions. This may have led to a somewhat skewed participation of those already connected to the education field. Additionally, although there was consistency in perspectives across the discussions, the sample size for the focus groups with families and the community partner forums was small, and there was limited representation across different regions in the County. Case studies were also identified based on best practices from project leads and only focused on three organizations with very specific programs. There are other exceptional programs within Orange County that were not included and there was not a wide-range data collection from PreK providers this year. Therefore, there is limited feedback from education providers related to inclusion and resource referral practices. Finally, the survey with college students also had a small sample size from only three colleges; therefore, results should be interpreted with that in mind.

Early Childhood in Orange County

According to the U.S. Census, the total population in Orange County, CA, in 2023 was estimated at 3,135,755, with 5% of the population under five years old.¹ The information below provides an overview of early child experiences across Orange County. As shown in Figure 2 and Figure 3, there has been a general decline in the population of children ages 0-5 across Orange County since 2019. The Anaheim-Santa Ana-Garden Grove region has a substantially larger population of 0-5 years compared to other parts of the County; however, there has been a decrease in population over the past five years, whereas Central Coast and Irvine-Lake Forest areas have remained relatively stagnant or increased.

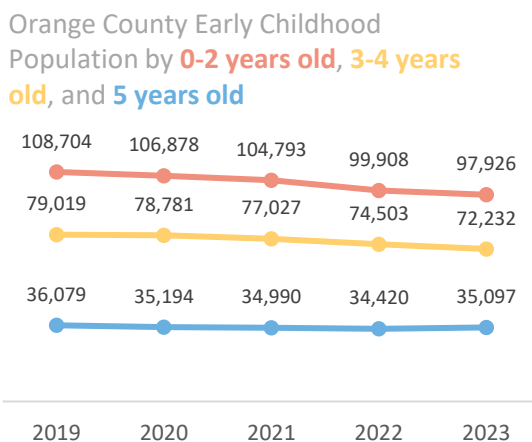


Figure 2. OC Early Childhood Population by Age Group and Year
Source: U.S. Census Bureau. "Population Under 18 Years by Age." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B09001, 2023

The number of births in Orange County has decreased in the past five years, but remained relatively stable the past three years.

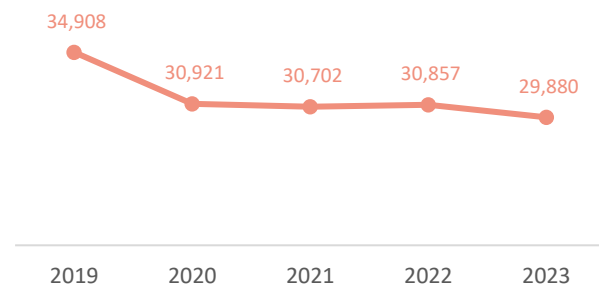


Figure 3. Number of Births in Orange County by Year
Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Births Dashboard, Last Modified February 2024

¹ Source: [U.S. Census Bureau. "Selected Population Profile in the United States." American Community Survey, ACS 1-Year Estimates Selected Population Profiles, Table S0201, 2023](#)

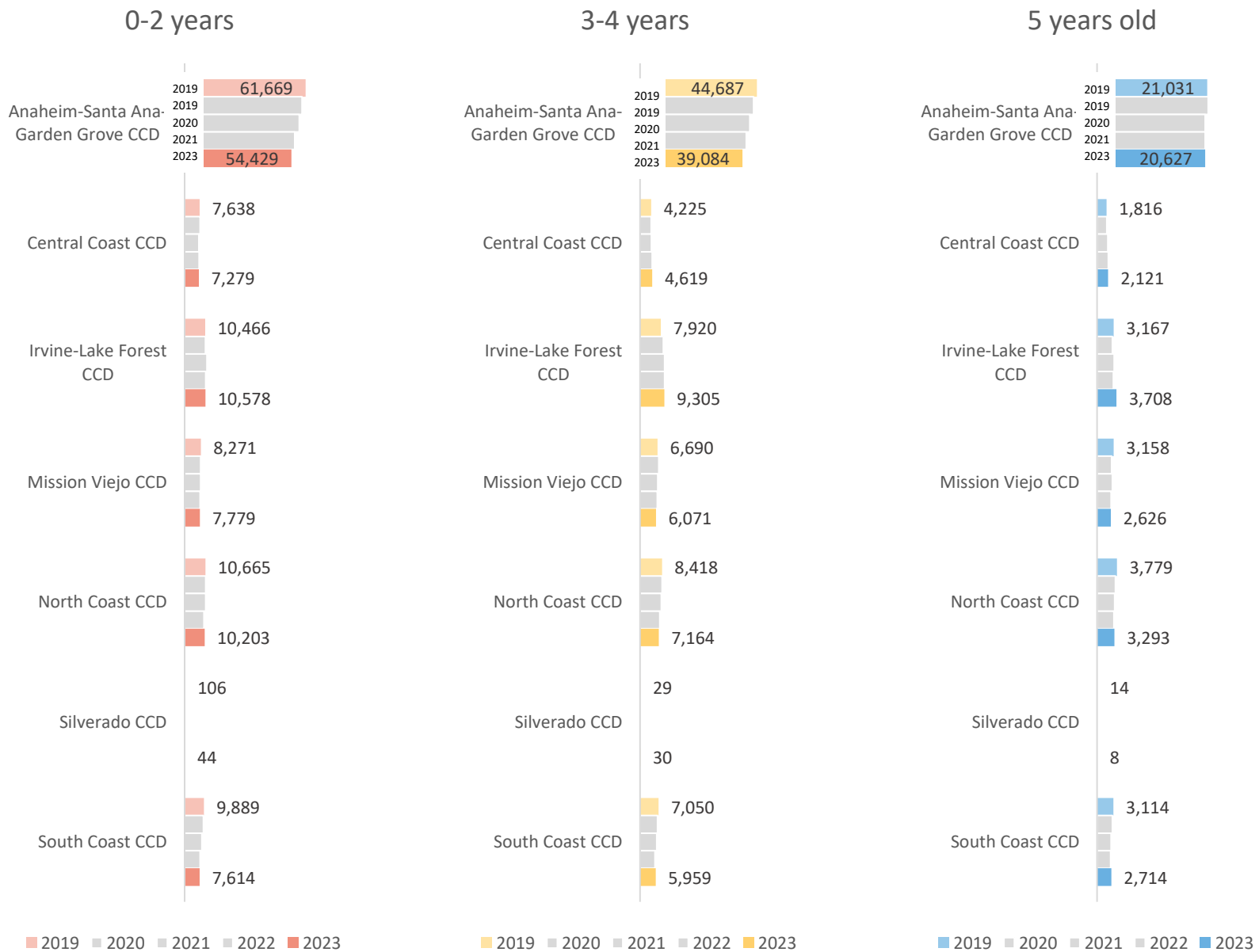


Figure 4. OC Early Child Population by Region and Year

Source: U.S. Census Bureau. "Population Under 18 Years by Age." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B09001, 2023.

Nearly **a third of TK and Kindergarten students² in 2024-25 were multilingual learners**, speaking 66 different languages, the majority of which was Spanish. The top 15 languages are shown in Figure 5 below. Importantly, in 2024-25, Assembly Bill 22668 was passed which states that LEAs are no longer able to test TK students in English Language Proficiency Assessments for California, so only Kindergarten data is presented.

Kindergarten	
Total enrollment	25,051
Total number of Multi-Lingual Learners	7,417
Percent of Multi-Lingual Learners	29%
Languages Spoken	
Spanish; Castilian	4,965
Vietnamese	803
Mandarin (Putonghua, Guoyu)	350
Korean	269
Arabic	134
Persian (Farsi)	131
Russian	144
Japanese	114
Philippine languages	33
Cantonese	44
Portuguese	32
Hindi	23
Turkish	20
Tamil	20
Pushto; Pashto	20
Other languages (52 additional languages)	340

Figure 5. Languages Spoken among TK and Kindergarten Children in the 2024-25 School Year
Source: [California Department of Education, DataQuest, English Learner Students by Language and Grade](#)

² Source: [California Department of Education, DataQuest, 2024-25 Enrollment by Ethnicity and Grade, Orange County Report](#)

In 2023, **15,450 (9.7%) children under five years old were reported as living below the poverty line**, 62% of whom were living in married-couple families.³

In 2025, a total of 717 children 0-5 years old had open cases in foster care, 246 of which were PreK or Kindergarten age (3-5 years old) (Figure 6). These figures are a decrease from this time point in 2024 (850 total students and 350 ages 3-5 years old).

Age Group	# of Children in Foster Care Jan. 2025
Under 1 year old	195
1 -2 years old	276
3-5 years old	246
Total	717

Figure 6. Number of Children in Foster Care in Orange County in 2025

Source: Webster, D., Lee, S., Dawson, W., et al. (2025). CCWIP reports. Retrieved from [University of California at Berkeley California Child Welfare Indicators Project website](#)

A total of **4,106 students were enrolled in Special Education in preschool** in 2024-25 in Orange County, an increase from enrollment in 2023-24 (3,841). Nearly half of those students experienced Speech or Language Impairment and 43% experienced Autism (Figure 8). More than half (55.4%) of the students enrolled in Special Education in preschool were Hispanic or Latino (**Error! Reference source not found.**).

Disability Category	# of children
Autism (AUT)	1,776
Deaf (DF)/Hearing Impairment (HI)	14
Deaf-Blindness (DB)	*
Emotional Disturbance (ED)	1
Established Medical Disability (EMD)	11
Hard of Hearing (HH)	21
Intellectual Disability (ID)	60
Multiple Disabilities (MD)	45
Orthopedic Impairment (OI)	28
Other Health Impairment (OHI)	182
Specific Learning Disability (SLD)	0
Speech or Language Impairment (SLI)	1,963
Traumatic Brain Injury (TBI)	0
Visual Impairment (VI)	5

*Data suppressed due to small sample size.

Figure 8. Preschool Special Education Enrollment 2024-25 by Disability Category

Race/ethnicity	# of children
African American	87
American Indian or Alaska Native	4
Asian	555
Filipino	87
Hispanic or Latino	2,277
Pacific Islander	9
White	644
Two or More Races	174
Not Reported	269

Figure 7. Preschool Special Education Enrollment 2024-25 by Race/Ethnicity

Source: [California Department of Education, DataQuest, 2024-25 Special Education Enrollment by Program Setting](#)

³ Source: [U.S. Census Bureau. "Poverty Status in the Past 12 Months of Related Children Under 18 Years by Family Type by Age of Related Children Under 18 Years." American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B17006, 2023](#)

Early Childhood Teacher Training in Orange County

In addition to data on the landscape of early childhood in Orange County, the evaluation team also conducted a survey of college students in Orange County who are currently majoring in an area of education, including early childhood education. The survey had a limited response rate ($n = 20$); therefore, the following information should be taken with that in mind.

Based on the Early Childhood Education Career Survey, responses from college students reveal several nuanced insights into motivations, preparedness, and barriers to pursuing careers in early childhood education (ECE). The majority of respondents identified as female (90%), with a notable proportion identifying as non-binary (10%). Over half of the students had prior experience with young children, particularly through babysitting (55% responses) and volunteering at child care sites (35% responses). When asked about motivations to pursue ECE as a career, the most frequently endorsed reasons were an interest in working with young children (85% endorsements) and a general interest in human development and education. Students were also asked about their familiarity with ECE career pathways. They reported moderate to high familiarity with ECE career pathways and requirements: 50% of students felt “moderately” familiar with career paths, and 40% felt “extremely” familiar with teacher requirements. However, familiarity with administrative pathways and credential distinctions was more mixed, with more students indicating “somewhat” or “a little” understanding.

The survey also highlighted several challenges. The most common barrier cited was confusion around certification and credentialing requirements. In terms of incentives, 35% of students indicated that stipends would help “a great deal” in encouraging them to pursue an ECE career, and 25% of students each selected “a great deal” for professional learning and apprenticeship/mentorship opportunities. Students also mentioned livable wages, support for continuing education, and clearer job pathways as critical resources. Despite these barriers, a significant portion of students expressed readiness: 60% of respondents rated themselves as “moderately” or “extremely” likely to pursue an ECE career, and many noted they felt at least “somewhat” prepared. These findings suggest that while there is strong intrinsic interest and some foundational experience, clearer pathways and support structures—especially financial and informational—are key to fostering a robust pipeline into the ECE workforce.



Findings

Families Tackle the Complexities of Early Learning: Seeking Inclusion, Support, and Understanding

Background

In an effort to better understand the experiences of families with children with disabilities in PreK, TK, and Kindergarten, evaluators conducted focus groups and interviews with families. These discussions lasted approximately an hour and ranged from one to five attendees in each session. The findings below demonstrate overarching themes that were prevalent across families.

Understanding Students' Specific Needs at Heart of Families' Desires for Inclusion

Discussions with families with early learning children with disabilities demonstrated that at the core, they just want a program for their children where the staff truly understand the students as individuals and allow them to be included with and treated like their peers without disabilities. Parents simply want their kids to feel like they are valued, belong in the classroom, and can achieve academic goals. They felt that ensuring that all students were together in the classroom not only helped to normalize people with disabilities but also benefited both children with and without disabilities by enabling them to learn from each other and demonstrate kindness toward each other. Several parents shared examples of their children being in inclusive classrooms where their children took on more responsibilities, helped support other kids who needed help, and were able to stay on pace with academic standards. In contrast, children without disabilities expressed empathy and support and learned new and creative ways to think about content. This was especially important because parents raised concerns about "othering" students, explaining that simply having lunch together is not true inclusion and can be, as one parent noted, "worse than not including them at all, because now you've othered them."

Being there versus being involved feels like a big difference.

Through both expressing gratitude for positive experiences or frustrations over negative experiences where inclusion did not happen, parents indicated that an inclusive classroom is built on a foundation where the school gets to know students' individualized needs and ensures students have the appropriate supports and accommodations in place to address

[Inclusion] is like actually just allowing the kid to be in the classroom, and whatever that means or takes, which might take an aide, so that the kid can be there.

those needs. This included things like modifying lessons or classroom tasks so the student could still be involved or supported academically, such as creating more visuals for schedules and teaching other students about the importance of language or sounds. In addition to adapting classroom practices, this also included having access to therapies such as speech, occupational, physical, or

ABA (Applied Behavior Analysis) therapy onsite. ABA therapy was a consistent cause for

concern because many parents shared they did not have access to it, but when present, it helped teachers see a child's "way of asking for help." They also felt that accommodations should include having adaptive equipment such as a wheelchair swing or the use of a cane in the classroom. For parents who had children with severe medical needs, having dedicated health personnel who could monitor things like blood sugar, feeding tubes, or breathing supports was a vital component for their child's safety and inclusion in the classroom. At the very minimum, they felt schools should comply with medical device requirements, such as providing good Wi-Fi on campus so that their devices could function and share information with the parents as needed.

That's my big thing, making sure everyone's properly trained. And I know they can't, you know, know about every single disability, but definitely, when they see a new incoming student, I think really just trying to educate not only the teacher, but all the aides in the classroom about what disability each student has, what they can see and how to help them, and yeah, just incorporating the neurotypical kiddos as well.

When asked about high-quality inclusion practices, nearly all parents said that properly trained staff was a crucial factor to success. Parents highlighted that staff should be knowledgeable about how to approach children with various disabilities, such as verbally describing actions to a child who is blind, providing alternative communication methods for children who are nonverbal, or recognizing the importance of nutrition and food intake

for a child with diabetes. A major concern was the lack of flexibility and the "one-size-fits-all" approach in schools, with parents stressing that not all students with disabilities are the same and that rigid systems can be harmful. As one parent noted, a staff member told them, "This is how we've always done it," which they felt was "the absolute worst thing to say to a parent with a kid with a disability [...because] it could harm my child." Although they recognized it was not possible for staff to know everything about every disability, they felt it was a responsibility to learn the basic understanding of a student's disability and collaborate with families to provide the best support. Parents also expressed frustration at having to "do extensive education with the school about how to take care of their child" due to staff's "lack of background in taking care of kids with health needs." They felt it would be helpful for staff to have regular health trainings on the common health needs of students (e.g., asthma, diabetes, autism) and ways to make accommodations.

You know, sometimes they do groups, but it was more of every single therapist understood that multiple disabilities or visual impairment, etc. They understood how you're supposed to approach a child that is blind. You know, hi, [student name], I'm going towards you and I'm going to fix your shoe, you know, verbally describing them.

Parents felt that a critical element for PreK programming was effective communication

Each week, they send me all of his work and things like that, the communication that they have about his needs throughout the day, we use Class Dojo, so that's also helpful communicating with the teachers to just do what's best to help our child succeed.

between families, staff, and any other important community partner, including pediatricians, behavioral health supports, or the Orange County Regional Center. Although many shared IEP meetings were helpful for this purpose, they felt this communication went beyond an IEP meeting. Parents felt most at ease when their school sites communicated with them regularly about updates on the students' progress,

including academic progress. They thought it was also important for any communication from the pediatrician about the student's needs to be honored through the site, and that including updates to relevant community partners, such as the Regional Center, was helpful to ensure all parties were aware of what kinds of support were provided and were needed. They felt this would help to ensure consistency and transparency across all those who were invested in the child's success.

Parents' Ideal Components of High-Quality Inclusive Classrooms

- ✓ Majority of day student is with non-disabled peers
- ✓ Students are taught according to grade-level standards
- ✓ Students have access to aides and supports within the classroom
- ✓ Consistent and clear communication between school site, parents, and partners (e.g., Regional Center, pediatrician)
- ✓ Staff have a basic understanding of student's disability
- ✓ Staff are trained in inclusion practices
- ✓ Staff are trained on common child health disorders (e.g., diabetes, asthma, behavior)

The System is Extremely Difficult to Navigate

And after [age] three, it's like the Wild West, either you get it from the school district or you figure out how to do it yourself.

The most pervasive theme across the focus groups was the high level of complexity of the special education system. Parents shared that there were varying, and sometimes competing, needs and infrastructures across school districts and sites, the variety of medical personnel, community partners, and insurance agencies for approvals to an appropriate program for

Like, what's going on here? So there's really, you know, someone coming in has no idea what's going on. Do you have any questions? Well, what kind of questions am I supposed to have? Like, it's just, it's so difficult, I guess, like to navigate without help from literally anybody.

their child, and access to services or support within that program. These multiple layers of bureaucracy often left families in limbo because of long wait periods, processing paperwork, or denial of services. For instance, parents shared that doctors may recommend a service, such as behavioral therapy or a medical device, but schools do not have to provide those onsite or have access to them; so the families then need to

coordinate with their insurance to independently purchase the equipment or set up separate appointments outside of school. Another common example included the need for multiple assessments for the student from the doctor and the school site to confirm the need for services or accommodations, which lengthened the time families waited for the support their child needed. Nearly all parents expressed frustration at how long it took to receive answers during these crucial developmental years of their child.

Something that is a nightmare is filling out healthcare forms that are required by the school. So that was just something where the school gave me the forms. I had to pitch it to the doctor, get it all signed, and then just keep going back and forth until all parties could agree upon the protocol and how to treat the patient. I feel like what the doctor says should be like, ironclad like, I don't feel like the schools should be able to go against what a physician's order states, no matter if they think that they have the bandwidth to do it or not. That's what the child needs, and that's what the child should get.

Parents also reported that public schools often have restrictions that may prevent direct services or allow outside providers from working on-site, requiring parents to modify their schedules in order to ensure their child can receive services off-site. ABA therapy was consistently identified as a service their children needed was often not allowed on-site in public schools; combined with the short, mid-day timing of special education programs,

And when we transitioned to the TK/Child Development Center, which did not support transportation to and from for the program, so we were stuck. And so it's been this year has been a huge struggle with before and after school care for him, because they did not, they said they didn't have the licensing.

creates logistical challenges for working parents. Multiple parents shared that either they or their partner quit their jobs, or they recognized how privileged they were to have one parent home to help manage these schedules. Parents noted that with the short duration of these programs, they also had to look for additional child care options to cover the time and

transportation to that child care, both of which included additional research, referrals, and support services to ensure it was a good fit and that their child was eligible. Parents also reported rejections from numerous preschools, with one parent being denied admission to “40 preschools” despite offering to provide a nurse or any necessary support. Several parents expressed that during meetings where they would try to advocate for accommodations or support for their child, they were often met with staff who did not provide flexibility, stating, “This is how we've always done it.” Several parents shared that they turned to private or charter schools because there were fewer bureaucratic barriers than public school districts.

And the thing is, is that, you know, we had mentioned to them, he has, he's able to get the support that you guys can get help with him in your facility. But they said, No, it's a liability issue, and they just whisk away from that.

The complexity of the system is further exacerbated by parents' uncertainty about definitions of what is included in different types of programs or stages of a child's development. Parents frequently expressed uncertainty about what is included in various programs, such as "mod-severe" versus "mild-mod" classes and grade level types (such as Pre-K, TK, or Kindergarten). They noted that the transition between these grade levels or program types was particularly

And then next week coming up, I said I requested an IEP meeting because of this exact thing that we're talking about, about how, you know, what are these levels here? Like, obviously, they're going to be fluid, because every student is different.

challenging because they had to continuously explore their options and understand what kind of support is included in each. They felt it would be helpful to better educate parents about what happens at each of these transitions early on so they can make the appropriate appointments with doctors, school sites, and insurance companies. They also expressed uncertainty about the difference between Special Day Class and

Inclusion classrooms. They found that "inclusion" meant something different across the County, with some areas offering strong programs with true inclusion where their children were part of the classroom, while other sites claimed inclusion but kept students mostly separated.

Ultimately, many parents felt frustrated at the complexity of the system and the barriers they faced trying to get their children support and enrolled in a program. Many turned to professional advocates to help navigate the system and attend meetings with them. These advocates are often hired by the parents to sit in meetings with the district or the school site. Parents indicated that the advocates had specific knowledge of the legal requirements and could therefore assist families in their advocacy and ensure schools provide the appropriate accommodations and services. Several parents expressed that these advocates were instrumental in helping them not only understand the system better but also ensure their child was receiving the best support they could.

So that's one difference. Is, like, this isn't actually the advocate goes with you, versus an IEP meeting, yes, versus some of these groups that you go get trained, kind of by the advocate, so that you can hopefully do it yourself.

Parents Feel They Have to Advocate for Themselves

Across the focus groups, parents consistently expressed that they were often left to navigate the education

I try to reach out to everyone and anything like, what can I do? You know, because I don't have family here. So I'm like desperate calling the list of places that I have for child care, transportation, all sorts of things.

system

on their own, requiring them to conduct their own research with little support from schools. They talked about the numerous hours they spent looking into various school programs, medical needs, what questions to ask in an IEP meeting, and how to advocate for their child in these meetings. This lack of guidance

I've had to be my kids best advocate for the things that I want for her at school.

contributed to a prevalent sense of isolation and feeling overwhelmed. Many parents described having to compensate for the inadequate support provided by schools. They shared that they regularly stepped in to manage tasks such as administering medication, monitoring their child's needs during the school day, addressing toilet training needs, and educating staff on their child's disability or health conditions. This was a major reason parents felt that school staff needed more training in supporting students with disabilities or common health needs (such as diabetes or autism).

Although parents emphasized they did not want adversarial relationships with schools, they felt compelled to advocate persistently to secure even basic necessities, such as essential medical devices like AAC (augmentative and alternative communication) tools. There was a shared sentiment that families should not have to "fight for every little thing." They wanted to collaborate with school sites, but felt the need to balance what was best for their child while maintaining a positive relationship with school site staff.

To support their understanding, parents reported turning to numerous sources. Notably, the Orange County Regional Center was consistently identified as a key resource. Although parents noted there was variance in case workers, the Regional Center was critical providing direct services and helping them understand the transition to schools and how to navigate IEP meetings. They also noted that their information often came from pediatricians and community organizations, such as Help Me Grow, Children's Hospital of Orange County, American Diabetes Association, and Autism Community in Action. Several parents noted that these organizations often provided templates or key resources. Other parents facing similar challenges, either through parent groups or social media, were also a critical source of support and guidance for families. Parents' peers provided them with examples of how they have navigated the system, lists of helpful organizations or tools, and offered emotional support. Notably, connecting with parents was such a pivotal component of support that several focus group sessions evolved into informal support group-like exchanges, where parents offered advice and answered each other's questions. Below is an excerpt from one of the focus groups where one parent asked the others for advice on next steps, as an example of how parents shared information with each other:

Helpful Sources of Support for Parents

Orange County Regional Center
Down Syndrome Community
Help Me Grow
Children's Hospital of Orange County
American Diabetes Association
Autism Community in Action
Social Media
Friend/Family in the Field
Pediatrician
SELPA
Parent Groups or School Ambassadors

Parent A: *So I was going to ask [parent name] with the TK, because TK is fairly new as well. How's it going for your oldest, as far as like, this new wave of like, I think, I think we're, we've come a long way already and but how are the TK program with, with your son, just curious, because I'm in that phase of, should I put my son in full time ABA, or because he's, like, mild, but like, I, I'm kind of caught in between. Like, what should I do? Like, should I, you know, just not do TK and focus on the ABA. Because my goal, my goal, ideally, is to do ABA and TK at the same time.*

Parent B: *So what we did so our, we're in, we're in the Santa Ana school district too. And my, my son did, he was with the regional center until you turn three. Three, yeah, yeah. We did. We did, like their early start program through --*

Parent C: *[That's] what I had, very beneficial. I love that intervention.*

Parent B: *Then he did preschool through the district. He did the inclusive preschool program, and that one but, and he had an IEP. And we all but we also do ABA through our private insurance.*

[...]

Parent A: *So, [Parent B], like, it's, it's nice to have your insight, because I'm in the middle, like, I'm just like, kind of navigating, with us, like, as both parents, working parents*

Although there were a variety of identified needs and support, parents were essentially unanimous in their plea for a better system for their children. Nearly every focus group and interview ended with parents expressing gratitude for having their concerns heard because the system is so difficult to navigate, and they hoped their feedback could help to guide improvements in the system.

*I'm grateful that you guys care about this small group of people to ask these kinds of questions, and it means a lot because it's hard having a small child with a disabilities, and they don't even know what like is wrong with them, you know. So sorry, but it just means a lot because not a lot of people ask or care.
So, thank you.*

The following questions emerged as consistent areas of concern from parents:

- How can educators ensure they truly understand and support students' individualized needs?
- How can we build trusting relationships with families to help them navigate the system and provide them with access to support and equipment they need?
- How can we ensure academic and social/behavioral growth for all students?
- How can we reduce the bureaucratic barriers/restrictions to supporting students?

The case studies and community partner forum findings are used in the following sections to help answer these questions. The [Discussion section](#) explores these questions in more detail, with a summary by data source in [Appendix G](#).

Case Study: Ochoa's Family Child Care

Ochoa's Child Care: Taking on Many Responsibilities for the Betterment of Students

This case study explores the practices and approaches of a family child care center in Orange County. Through interviews and documentation, it examines how one center operates within the broader landscape of early childhood education. The goal is to identify best practices for how educators can understand students' needs and work with families to provide high-quality child care that promotes academic and social/behavioral growth.

They can tell that I am trusting myself to them so that I can show them that I am committed to helping their child grow academically, social, emotionally and health wise - Ochoa Child Care

Center Director

Overview

In Orange County, families have numerous child care and preschool options to choose from including California State Preschools, Head Start, Family Child Care centers, and more. While the variety of options allows families to choose the best setting for their child, it does also mean there can be a lot of variance from option to option. In an effort to document and better understand the practices of a high-quality child care and preschool option, an in-depth interview of a family child care center director and their staff were conducted. The following case study details best practices in regards to inclusion in early childhood, ways this center supports and builds trust with parents and families and the effort put in by all staff at the center to ensure children receive the best education they can provide.

Students Come First

All the staff at Ochoa's Child Care have the mindset that students come first. It is unsurprising that people who work in early childcare have a mindset that, "the students always come first", but this was a point that all staff within Ochoa's Child Care emphasized continuously. Staff within Ochoa not only emphasized that students always come first, but they always come first and are always accepted as they are. When describing one student who needs more support than others, staff at Ochoa said, "[We] don't do anything different. If we have a group session, she will be included, when it's time to color, everybody colors...she's treated just like everybody else." The acceptance of students as they are is the core tenant that seems to drive the work of their center and how they view and interact with all of the students at the center. Importantly, the staff at Ochoa do not see this as an extra task, responsibility or burden but instead described ways that these practices benefit all students. They described that by having a classroom that leads with acceptance, all students are able to learn from one another. This means these students are empathetic, helpful and serve as somewhat of a peer mentor, helping each other's maturation and emotional development.

But as [the students] grow together, they've learned to kind of love each other and respect each other. And I tell them, you know, just [student] needs a little bit more time. For example, like we're going to tell him, he wants to play with you, and can you give him some time to play with you, and then after that, you can go build whatever you want?

Their model of acceptance also helps to create learning environments that are dynamic, flexible, and oftentimes exciting to the students. In numerous instances, staff at Ochoa described the ways they customize, and adapt activities to the preferences and needs of students. Staff described the ways they are constantly adapting indoor and outdoor activities, providing alternatives and intentionally setting up activities to meet the needs of students. The director of the center described the degree of nuance that goes into these adaptations and adjustments, “[The student] likes sensory activities; there was a time where she really liked sand, like beach sand, [now] she does not like that sand, she’s liking kinetic sand now”. All staff at the center expressed that although some of these adaptations may be small in scale, it makes a big difference for students. This example is a microcosm of the larger attitude the staff carry in regards to embracing student differences. The differences between students inform how they approach each student and the ways they approach them during the day. Importantly, staff also discussed differences between students that were not differences in learning. Students in the center can require extra support because they miss their parents, they need help during meal times, or they need to brush their teeth when they get to school. The staff take on the attitude that students who may need extra support are just students, and there are times when all students need extra support, regardless of their ability to learn.

The practices above are not groundbreaking, but the time, intentionality and work the practices require are intense for the staff. All staff described how often they are simply listening to the students, writing down what each student needs individually and consistently reacting to the needs of the students. On a case-by-case basis this may seem attainable, but in the larger setting of the center, doing this for all the children requires staff who always put students first. The unending dedication to their students and meeting their needs was present throughout the interview and focus group and can be seen through Ochoa’s social media posts and the ways they dedicate themselves to the work.

Utilizing Assessments Effectively

The primary avenue for the staff to engage with the larger resource and referral system is through the use of assessments such as the Desired Result Developmental Profile (DRDP) and Ages and Stages (ASQ) questionnaire. The director of the center expressed that she spends a lot of time doing assessments whether it be the DRDP or ASQ with all students in the center. Despite the amount of time it takes up for her, she has decided that conducting these assessments multiple times a year for each student provides invaluable information for both the staff at the center and for the parents about the developmental progress of their child.

Staff at the center utilize the results of the assessments, in conjunction with their notes and observations of each child to compile a comprehensive view of the child and their development. These assessments also help the staff to better scaffold and support students with their specific needs and to provide these scaffolds throughout the classroom.

What I'm doing is that I give the parents the ASQ after the students have been with me for a month, and then after that, we do a follow up every two months or six months, depending on how this the student is developing and how young the child is

These assessments are helpful for the center staff, but the greater purpose of these assessments is to assist parents to engage with the resource and referral system more effectively. These assessments assist parents in multiple ways.

1. **Providing Technical Language.** Engaging with the resource and referral system can be difficult for families as it is often filled with requirements, paperwork and highly specific and technical language. By conducting ASQ assessments, reviewing the results in a private meeting with the student's family and communicating what they should do now, it provides families clear language, understanding and a forward path. The director of the center gives clear instructions, "*I tell them to please go to their pediatrician to get an evaluation,*" and ensures families have a clear understanding of the ASQ before families meet with their pediatrician.
2. **Communicating Specific Needs.** Staff at Ochoa described how families can sometimes be hesitant to engage with the resource and referral system because it means admitting their child has a need that may require extra support. By conducting an assessment, it can provide a more narrow scope on the areas of need for each student. This is to say, an assessment can change the view of a student from, "they are a child with a disability" to "they are a child who needs speech language therapy". This has the potential to ease families as it is a specific area of need their child has and is something more actionable than the generalized idea of a disability.
3. **Advocating for Their Child.** In many conversations with families who are parents or guardians of a student with a disability, they have consistently described the need to advocate on behalf of their child. This advocacy work is to ensure that their child receives the supports they need and are in an environment where they can thrive. By conducting these assessments, it provides parents and guardians another tool to be able to do that advocacy work. By conducting an initial assessment at the center, this gives families the leverage they need to have a more formal evaluation of their child. Although this evaluation may be something that families are entitled to, focus groups with parents and guardians have described the difficulty in getting these types of evaluations completed. Parents and guardians have described how they will take any tool, resource or documentation to support their advocacy work and an ASQ assessment can act as an important tool for families who are not sure what to do or where to go to receive support.
4. **Providing a Schedule for Follow-Up.** To ensure that families are fully engaging with the system requires the director of the center to keep notes on which children should have received evaluations, by when and to follow-up with the families on what the results of the evaluation was. The director of the center described the usual process:

Tell them that your child care provider gave you the results of the ASQ, and that you have responded to all the questions, and this is the result, and that [your child care provider] is suggesting that based on the results, that your child needs an evaluation. And so when I tell them this, I give them a couple of days, and then I follow up, and I say, did you make the appointment with the pediatrician? When's your appointment with the pediatrician? And depending on when they give me the date, I register, I write it down... Then I do another follow

up after the date to see how it went, if the pediatrician recommended something or what happened, just to follow up. And so generally, that's what happens. And they tell me, oh yeah, they gave me that resource, they told me to call this place and this and that. And so I'll call and do another follow up. Did you call that place? When's your appointment for and so that's how I am, kind of monitoring them. And once they have the appointment, okay, like, did you go to the appointment? How did it go? Any paperwork that you got where they gave you some results. What did they tell you? What's next?

The director of the Ochoa Child Care center spends a lot of her time working with, talking about, and following-up on assessments. Although it takes up so much time, these are invaluable resource for the center, for parents and for students to ensure in all environments possible, children are receiving the supports they need to thrive and be successful.

Supporting Parents and Families

When talking to the staff at Ochoa, discussions revolved around the needs of students, but the staff there recognize that a critical aspect when meeting the needs of students is also meeting the needs of parents and families. One key part of supporting families is providing education to families in the form of tools and resources. Staff at Ochoa described how they are often passing on resources and tools created by local agencies to families. Although not all of the parents use these resources, the director of the center has the mindset that it is better to pass them along than not, just in case they might be useful. The staff also recognize that the work done at home is just as, if not more, important as the work they do at the center, *"the resources that we are using, us in the center, as well as the families, are really helping the kids have more growth and more developmental growth, and I cannot take all the credit for it".* Often times these resources are simple techniques or strategies such as a song to sing while washing hands, or a game to play during free time. Importantly, these resources are provided to all families in the center to avoid targeting or calling out one particular family as needing extra support.

Sometimes, there's been places where they do like screening fairs... and we're going to have free, you know, ASQ evaluations there for families... I kind of make it an open invitation to everybody. I say, oh, there's going to be this resource fair to all the families, and they're going to have evaluations. And so, I kind of give it to the parents, to the whole group to kind of get to the parents that don't want or don't feel targeted by me offering these resources like they don't feel alone because I'm doing it more general.

Another key element to support parents and families is building a strong a trusting relationship with them. The director of the center discussed that they have students who are five years old who have been at the center since they were toddlers. The longevity of relationships and the number of students at the center showcase the trusting relationship families have with the staff at Ochoa. The director described that families are willing to share the difficulties they may be having outside of school with their personal lives and other intimate knowledge because they trust her so deeply. The director described her relationship with families when she said, *"I don't see them as external family, but I see them as my friends, my family, even though I do have that boundary of you know, they are the families and I am a*

provider, I don't go beyond that. But when I do see that they're concerned, I ask them, you know, are you okay? Is there anything I can help? And I tell them, you know, if you don't want to share now, maybe we can talk later, but I'm here to hear you out if you need anything". The staff at Ochoa described the ways they build trust in two main ways: communication and valuing the small interactions with families

Communication

Everyday, normal communication in addition to larger efforts such as texting, calling, emailing and social media posts are equally important to the staff at Ochoa. Staff at Ochoa ensure they consider the specific preferences of families when communicating with them, both in regards to the medium and the time of they day. This level of specificity and catering service to the specific needs of specific families is an integral part of the trust building process as it shows that the staff at Ochoa are listening to families and their needs.

Another element of communication that the staff emphasized was transparency. This included transparency in what is happening at school, informing families if there will be visitors at school, and much more. The director of the center also has created a handbook for the center that serves as another form of written transparency so families understand the center and its policies.

Communication and transparency in big and small ways have been pivotal tools the staff at Ochoa have used to build trust with families.

Valuing Small Interactions

Staff at Ochoa mentioned that many of their interactions with parents are in the small moments of the day such as pick-up and drop-off. Those moments often serve as informal opportunities to stay up to date with parents. Staff described talking about anything and everything during small moments such as, following-up on the status of evaluations, trying to schedule a meeting, or keeping parents informed on the happenings of the day (e.g., a student did not nap well or scraped their knee during play) and more.

These are also the types of interactions that showcase the care the staff at Ochoa have for the parents. For example, the director of the center will take these moments to wish the parents a happy birthday and check-in on how they are doing or if there is any support they need.

The staff at Ochoa understand the cumulative effect of these small moments as an integral part of the trust-building process.

Continually Improving

The director of the center, throughout the interview, discussed how she uses all of the resources and tools available to her through the county and other local agencies. The director feels as though to provide the best service possible to students and parents, ensuring that she is up to date in her practice is an essential component to that high-quality service. She mentioned attending numerous workshops, being a part of local networking groups, utilizing coaches and mentors, and saving as many resource sheets and guides she is able to. This allows her to meet the needs of her many students. It also allows her to lean on those coaches and mentors in times when she is

Taking the pictures, taking the notes, everything that we have to do to get this work done that you know, is obviously to benefit the kids and their families. They have a platform, Learning Genie, where we have to upload the kids pictures and writing our observations on them, and that has really helped me more to reduce my work a little bit, because I'm taking the pictures, and while the kids nap, I get on the tablet and I start uploading the pictures and start uploading all the reports or notes on each kid.

struggling, *"I was telling my coach like, I'm drained because I have had to look for a lot of resources, especially because I have to prepare, and I have to take this workshop and that workshop to see how I can help each child"*. By being apart of these networks, and larger groups it has also evolved her practice to be rooted in notes, documentation and evidence. The director and her staff described the copious amounts of notes, and documentation they keep on each child and their needs to be able to understand each child well and accurately track their development over time. The professional learning, resources, coaching and process of documentation are often time-consuming and draining for the staff at Ochoa, but they centered these elements as important ways they continually improve and serve students.

Conclusion

The staff, and in particular the director, at Ochoa are performing a juggling act. Between the central focus to serve students (at a 7:1 student to staff ratio) and ensure they are in truly inclusive, least restrictive environments, the need to serve families to ensure they feel trust in the staff and are well-informed, the director's role in follow-ups so families utilize the Resource and Referral system, continued professional learning, overseeing staff, budgets and payroll and the need to upkeep the center and its physical furnishings, there is a lot that the staff at Ochoa do to maintain a high-quality family child care center. Despite how exhausting the work can be, they would always bring their ideas back to the students. Students, their needs and their experiences are at the forefront of their minds when talking about their work. The staff at Ochoa are proud of their work and continue to work because of the importance they see in their work and the difference they can make.

Case Study:
Santa Ana Unified School District - Mitchell
Development Center

Innovators of Early Education: A Santa Ana Unified School District Workgroup to Improve Early Childhood Inclusive Education

The previous case study of Ochoa's Child Care illustrated how a family child care provider creates an inclusive, supportive environment through close relationships, tailored practices, and continuous engagement with families. Building on that foundation, this next case study shifts to a district-level perspective, examining how educators at Mitchell Child Development Center work collaboratively to implement inclusive practices within a larger public-school system. Together, these examples highlight the different but aligned efforts to ensure all young children, regardless of setting, experience a sense of belonging and high-quality early education.

"Mitchell staff is like, everyone is always so positive, and they can spend their days like getting beat up, you know, by tiny humans, right? Like they do all the toileting, they deal with behaviors all day long, and they still are so happy to see one another, and so happy to walk through the office. Like, they're just so positive for all of the work they do... at the end of the day, they have a smile on their face, like, just they like kids, they like working with kids"

Overview

The Mitchell Child Development Center (CDC) is in the Santa Ana Unified School District (SAUSD) and primarily serves children with special needs. Mitchell has between 400 and 500 children spanning a 0-5 age range. Mitchell has 38 special education preschool programs and satellite special educational preschool classes in schools across the district. Evaluators in the Research, Evaluation and Data Inquiry team (REDI) had the opportunity to attend workgroup (titled "Innovators of Early Education") meetings organized by a staff member at the district office, and primarily attended by special education teachers within the district both at Mitchell, including its satellite campuses, or other schools within the district. In addition to attending the workgroup meetings, evaluators also conducted interviews and focus groups with attendees of the workgroup and the district staff member organizing the workgroup. The following case study details the efforts, foci, practices, strategies, and areas for future work for some of the members of this workgroup.

True Inclusion

In conversations with families and educators, the idea of what "inclusion" is, means or looks like has been somewhat of a moving target. While the state of California provides definitions of inclusion, or the benchmarks school districts should aim for to "achieve" inclusion, the reality is that inclusion is actualized in different ways by different groups of educators. Despite the variation across education, the attendees of the workgroup, and seemingly of Mitchell as a whole, were independently on the same page about what inclusion means to them. In interviews, focus groups, and conversations, all workgroup attendees described what inclusion meant to them without metrics or benchmarks of student time in the classroom. Instead, these educators described what inclusion looks like, what it sounds like, and what it feels like to students. All the educators started the same way, by emphasizing that inclusion in their context means students with special needs and general education students are indistinguishable from one another in how they are treated and the spaces they inhabit in the

classroom. One educator summed it up well by saying, *"I think a high-quality inclusive setting is where everyone belongs, and you can't feel the difference between students with IEPs and students without. Really, it means that everyone, like, has a place there and feels valued"*. This sentiment reverberated through the conversations around how teachers teach, how students interact with one another, and the teachers' respective teaching philosophies.

Workgroup members who participated in focus groups and interviews described numerous examples of what true inclusion looks like and sounds like within their classrooms. They described intentional scaffolding to ensure students

work and learn together whenever possible. They described activities where all students work on the same thing at the same time so they can work together, talk to one another, and relate to one another. While accommodations are made for individual needs, the overarching goal is that all students learn together, interact freely, and feel like they belong. Teachers described intentionally designing activities where all students are working on the same task at the same time, allowing for

You walk in and you can't tell what child is what, whether they're on general ed side or if they're on the special ed side, because we treat everybody the same, with the same expectations, same rules. Of course, you're going to adapt certain things for children according to their needs and their IEP, but we also do that with the general ed side

organic opportunities to talk, collaborate, and form connections. These efforts are supported by scaffolding that ensures students remain in shared spaces and are learning in ways that are developmentally appropriate but not isolating. True inclusion was often discussed in a social context far more than anything else. Workgroup members often referred to how students feel in the classroom and their sense of belonging as their indicator of inclusion.

In conjunction with these descriptions, workgroup members would also describe the teaching practices they would use to cultivate this sense of belonging in small but impactful ways. For example, one teacher described how she and her co-teacher would work together in their lesson planning to ensure they were collecting the data they needed for DRDPs or IEP accountability while keeping students in the classroom. One teacher said, *"The kids don't like you to pull them out or play...So, we decided, okay, why don't we make a small [group] like one of our rotations, just for the story and retelling...So, she takes her data and checks my data also at the same time, and it's part of our weekly lesson plan, we embedded this."* This example showcases how student position, student time, and respect for students are elements at the forefront on her mind. They preserve classroom unity by integrating assessments and targeted instruction into their weekly lesson plans while still meeting accountability requirements. These seemingly small choices reflect a larger commitment: treating every child's time and presence in the classroom as valuable and equal. Over time, these decisions foster an environment where all students are known, included, and respected.

Finally, the workgroup members are passionate about the benefits of a true inclusion model for students with special needs and general education students. For students with special needs, they believe that true inclusion in this way provides students with special needs with role models in the social-emotional and academic domains. They often referenced examples where students with special needs' vocabulary enhanced, their willingness to socialize

increased and, they generally had peers with whom they were excited to be at school. Importantly, these teachers also emphasized the benefits for general education students. They independently named the same benefits for general education students: empathy and emotional intelligence. General education students learning alongside peers who are special needs students provides them the opportunity to learn about differences at a young age and to understand that differences do not define us.

So, it's, you know, they work with the child that has special needs, but it's just amazing to see how, you know, they can connect with them, make that friendship, relationship, and know that we are all different and it's okay.

The Co-Teaching Model

The workgroup members acknowledged that inclusion has many different forms and can be implemented in several ways. The most discussed and popular method for members of the workgroup was a co-teaching model where a special education educator and a general education educator teach the same class at the same time. The educators in the workgroup touted this as *the* model for full-inclusion classrooms. They discussed their years of experience co-teaching and the benefits of the model, such as strong educator collaboration, a supportive figure within the classroom and the belief that co-teaching generally supports better teaching practices. For example, one of the members described how having a co-teacher requires both teachers to have clear goals and objectives for their students since they are also managing the needs of their co-teacher, “[TEACHER NAME], we plan together. That's a huge key. We plan together. What would you want to do? What do you think your general students need? What about the special ed side? What do they all need to succeed? And we just plan together. You know? We do it bi-weekly”.

In addition to planning, the teachers also described how this co-teaching model promotes flexibility throughout the school day and asks them to balance their needs with those of their co-teacher to ensure both educators are doing what they need to do. The teachers talked about this flexibility positively, discussing how it helps them to improve their practice and see all the students in the class as their students. Many teachers also talked about their relationship with their co-teacher and how it has evolved into a true partnership over time. They described this partnership as one of security, safety, and reliability. One teacher described their partner as, “I joke around with my husband, it's like a second marriage because it's been eight years, you know?” showcasing their deep trust in one another. This partnership builds a relationship that means these teachers have a person to bounce ideas off of, someone who “has their back” throughout the day, and someone to rely on. For them, co-teaching is not simply a logistical arrangement—it is a philosophy of shared responsibility, mutual support, and collective ownership of all students. By pairing a general education and special education teacher in one classroom, co-teaching creates the conditions for students to learn side-by-side without separation or stigma. Educators emphasized how this model enables real-time collaboration, responsive teaching, and more holistic attention to the diverse needs of students.

Despite the benefits of the co-teaching model, the workgroup members also recognized that there are numerous conditions for success. They discussed how co-teaching should not be adopted lightly or taken on by a teacher group without preparation and understanding what it entails. The following are common key pieces they identified for the success of a co-teaching model.

1. **Strong Educator Understanding and Buy-in.** Educators in the workgroup often discussed that an important part of more educators buying-in to the co-teaching model is a deeper understand of what it entails. Several educators thought a good way to generate buy-in is to have other educators come into their classrooms to view their co-teaching or at least watch a video of co-teaching in action, *"I think if you even at least video tape a day or a session, and then go from there, like use it for training purposes and say, this is a day, take a look. Tell me, what do you think? So, I think that's one of the things they need is to see it... and then we tell them, okay, this is how we deal with this, this is how we do this. I think talking is not going to be beneficial as much as they need to see it."* Members of the workgroup hold the belief that co-teaching can seem intimidating or more difficult than a single teacher classroom and that these perceptions are primarily driven by a "fear of the unknown". This was especially prevalent in conversations around, "managing difficult student behaviors". Members of the workgroup have the perception that one barrier to co-teaching will be educator concern over managing difficult student behaviors and in particular the behaviors of students with special needs. The educators in the workgroup, and their general education co-teachers felt that these concerns may be mitigated or lowered if general education teachers were able to see co-teaching in action.
2. **Shared Classroom Control.** One of the other barriers of adopting the co-teaching model that members of the workgroup anticipated was a loss of classroom control. Members of the workgroup often noted that many educators prefer control over the agenda, timing and atmosphere of their classroom and that the co-teaching model removes a degree of that control. Teachers expressed sympathy and understanding for educators who are hesitant to co-teach and would often express sentiments like, *"it's just difficult. It's hard because you, you want your classroom to be a certain way, and having to share the classroom with someone else, it's like, well, wait a minute, I want to do what I want to do"*. The members of the workgroup who expressed this potential barrier felt a solution to it was to emphasize the benefits of co-teaching and that with less control also comes more support. Co-teaching, for these educators, meant someone to support them and someone who complements their teaching strengths and weaknesses. *"My partner's very organized. I'm not that organized, I mean, I make it happen, you know, I know [CLASSROOM ITEMS ARE] somewhere, but she's just very well organized, and I think that has helped me as well."*
3. **Training on Co-Teaching.** Related to buy-in, educators in the workgroup also saw that a key piece of successful implementation is training on what high-quality co-teaching looks like. The educators within the workgroup have vast knowledge of strong practices around inclusion and want to share what they know with educators more

widely. Importantly, they emphasized that this training should be held for all educators, general and special education.

4. *Professional Learning on Serving Students with Disabilities.* More generally, all educators in the workgroup emphasized that continued professional learning centered on inclusive practices and serving students with disabilities is greatly needed. Educators in the workgroup acknowledged the numerous pragmatic and ideological barriers that may prevent the co-teaching model from being widely utilized. Instead of a co-teaching model, they recommended strong training around inclusion and neurodiversity more generally, *"Everybody should be doing the same thing, right? Like it should be training for administrators, cabinet, like, the whole level down. [Everybody] should understand the process and like neurodiversity as a whole, and how to support, like, the continued, ongoing training, those types of things."*
5. *District Leader Support.* The final, but maybe most important condition for success of the co-teaching model and more widely strong practices around inclusion is the support of district leaders. Members of the workgroup discussed the extent to which decisions from district leaders have influence on the practices of educators and how that influence translates to practices around inclusion. Members of the workgroup were not shy to express their perceptions of the degree of influence district leaders have both on the operations of the school and the general school culture. When asked, educators in the workgroup expressed that they were unsure why co-teaching and other true inclusion practices were not very common. They did however point to district leaders as people who could influence change at their school sites to improve the experiences and resources of students with special needs. Some of the changes they proposed were things such as converting half-day classes to co-taught classes, approving professional learning around inclusive practices and stronger connections with district staff in the Special Education office. More than concrete changes however, educators in the group are looking to district leaders to lead a cultural shift. Educators in the workgroup emphasized the need for all educators to see students in early childhood education and students with special needs as "all of our students" rather than ECE or special needs students and feel that district leaders are best positioned to instill this mindset in school staff and families.

Continuous Growth

Members of the workgroup often discussed their continued professional learning and growth as important to their continued service to students and families. The "Innovators in Early Education" workgroup is a prime example of their continued professional learning. By all metrics, the workgroup members are highly qualified, inclusive educators; however, they all hold the belief that the work is never over. Despite their expertise, these educators are curious about ways to improve practices around inclusion at a system-level, a practitioner-level, and within themselves. This workgroup functions as a place to continuously evolve their practice, to learn from others, and for the work that comes from the workgroup to be a positive voice for change. Importantly, the educators in the group also participate because it

provides them an opportunity to be heard and for their voice to influence change, *“many of them are so positive and like, there for change, because I think they've seen it for so long, you know? And so just to have someone to listen and then, like, fight for what they're fighting for, but be a little bit bigger of a voice for them, I think that's helpful”*. Ultimately, the educators in the workgroup attend because they are passionate about inclusion, serving students, improving the place where they are, and they feel that their work is continually evolving and improving year over year.

Conclusion

The educators at Mitchell and across the Santa Ana Unified School District who participated in this workgroup envision inclusive classrooms where all students feel seen, valued, and supported. Their definition of inclusion extends far beyond compliance or classroom ratios—it is rooted in everyday actions, relationships, and a deep belief in belonging for every child. Whether through embedded instruction, shared classroom practices, or thoughtful scaffolding, these educators strive to make inclusion a felt experience. Their stories illustrate that inclusion is not an outcome to be measured, but a culture to be cultivated—one that affirms each child's right to learn alongside their peers in meaningful ways.

While these educators view co-teaching as a particularly effective structure for achieving inclusive classrooms, they also recognize that no single model fits all settings. Ultimately, their goal is not to prescribe one approach but to continuously advance inclusive practices and elevate the role of early childhood education more broadly. Their mindset—grounded in reflection, learning, and ongoing improvement—is one they hope to model for others and embed in the culture of their schools and districts. They understand that inclusion can look different across contexts, but they are unified in their belief that high-quality early education must be prioritized in conversations about equity and access. For this group, co-teaching is not only a tool for classroom instruction—it is also a vehicle for advocacy, a way to demonstrate what is possible when educators work together with shared purpose. Through this model, they are communicating a broader message: all children deserve to belong, and all educators have a role to play in making that happen.

Case Study: Catalyst Kids

Catalyst Kids: Supporting Families through a One-Stop-Shop & Collaborative Relationships

The first two case studies focused primarily on classroom practices to support students. In contrast, this case study explores the approach of a statewide private PreK center in providing resources to families when there is an identified need. Based on discussions with staff members and a review of their referral forms, this case study provides an overview of the center's development, implementation, and sustainability of its resource and referral system. The goal is to understand best practices that education centers can utilize in building relationships with families and community partners to better streamline support and ensure families have access to services when needed.

We all need help at some point, so it's just building the relationships with them and showing your human side. – Social Services Resource Manager

Overview

Catalyst Kids operates over 150 centers across California, with over 30 locations in Orange County. They utilize their parent portal system (Hubbe) and enrollment processes to disseminate information and provide resources based on referrals for families. This system is set up so that families or Catalyst Kids staff can request services through the portal. Once the request is made, the family is emailed a list of resources related to their need and contact information for agencies. Catalyst Kids then follows up with the family within 30 days to ensure they were able to access the resource or service and see if there are any additional needs.

An in-depth interview was conducted with the Social Services Resource Manager, and a focus group was held with an Enrollment Specialist and Site Supervisor to better understand their referral system, including creation, strengths, challenges, sustainability, and impact of the system.

Focus on Relationship-Building

Catalyst Kids shared that relationship-building is key to the efforts to reach families. They shared that staff often make referrals after they have had informal conversations with families, who then feel comfortable with staff to share their experiences. Staff indicated the importance of making time to get to know the families, such as through pick-up/drop-off because these are the moments where families can get to know staff. They shared that after connections were made, oftentimes, families felt safe enough to open up with a staff member about the challenges they might be facing or needs they may have during these check-ins.

The relationships between center staff and families are also crucial to ensure the families have actually received support. Once a referral request is made, Catalyst Kids has five days to fulfill that request. They then follow up with the families within 30 days

I feel because we have that, you know, constant communication and that connection, and, you know, the bonding that we have to connect with the parents and the children. I feel that when they come and have those sit downs with us to bring up any just sometimes it's like a casual conversation we're having, and then all of a sudden, it's turning into a counseling session. So, they tend to bring up things then.

to ensure the family was able to access the resources and collect feedback. The referral system has a notes section to identify whether or not the family has used the services, who has followed up with the family, and when that communication occurred. This notes section is particularly useful because enrollment staff and the Social Services Resource Manager can review it and follow up with the center so their staff can check in with the family. Because the center staff have the greatest opportunity to have a relationship with the family, they are poised to have the most success in confirming whether the families were able to access the services. As one staff member shared, *"We have to be in constant communication."*

From a logistics standpoint, Catalyst Kids also shared that connections are important because not all families can access the technology or are tech-savvy, so building the relationship is helpful putting in the request for the family when they hear about something.

Success stories shared by staff also demonstrated a commitment to building relationships with families and staff.

Community Center Support

One staff member shared that they guided a parent through the referral process asking about specific needs. The staff member sat with the family member to help them request all the services they might need. They ended up connecting the family to a school that brought in a community liaison. The school site and community were able to help the family get food, clothing, blankets, and someone even donated a refrigerator. By working together as a team and really listening to the family's needs, it helped the family have everything they needed for a home.

Supporting Migrant Families

At seasonal centers, Catalyst Kids support migrant families. In the first season, staff were pulled out to help support families with translating forms, help them set up school, etc. The Social Services Resource Manager tracked the hours spent and used this to advocate for more staffing to support. Families were then grateful that there was a dedicated person to provide support, including technology support, parent education, and information on doctors. Relationships with both families and staff helped identify how to advocate for and support both.

Build Trust with Families

Catalyst Kids recognized that supporting families does not come without challenges. Although they incorporate multiple touch-points with families, identifying whether or not families have received services can be a challenge for them. The Enrollment Specialist shared that once families are enrolled in the program, they do not really respond to enrollment specialists, so enrollment specialists rely on center staff to check in on families because of the relationships they can make with families. Center staff can then talk to the families to see if they used any of the resources, and then communicate back to the enrollment specialists.

Interviewees also shared that there is sometimes a stigma around asking for help, so staff have to be proactive in talking to families if they suspect a need. The Enrollment Specialist also shared that there are often concerns about asking for and accepting help, not just because of the stigmas around it, but because there is a fear of sharing personal information. Many families have concerns about how that information could potentially be used against them, such as in immigration cases. Therefore, it is really important to build trust with the families to assuage any concerns they have.

So, it's kind of like, up to me to like, kind of establish those relationships with the parents first. So, if they feel comfortable enough to sending me a text message with, like the birth certificate or like things like that, because

that's something that's like, really personal and yeah, I mean, they're, they're important documents, so I let them know, but I also want them to be aware that I'm using it only for, you know, the purposes of getting childcare.

Collaborate to Build and Maintain the System and Library of Resources

Catalyst Kids had to transfer their referral process and library from a hard-copy system to an online system. As with all aspects of their work, collaboration and teamwork were critical in not only the development of this system, but also the maintenance and sustainability of it. Although it was a time-consuming process to transfer the original information, by working as a team, they successfully added it to the system, piloted it with staff, and collected their feedback to finalize the process. It was then rolled out to the organization through trainings.

To maintain the library, the Social Services Resource Manager not only spends about two hours each week looking for new resources across the State, but also relies on the feedback from those in the organization to ensure the list of resources are up to date. Staff know through the

I can't say it enough, the teamwork part of it, and making sure that everyone is an understanding of what's available. And once they know how easy it is, they thrive.

trainings how to reach out if an email from a certain agency or organization bounces back, which helps ensure the Social Services Resource Manager is aware if an organization or resource no longer exists. Additionally, staff share with the Social Services Resource Manager any resources they hear about so they can be added to the system. As key members in their communities, they are in a position to identify any helpful local resources. Building on their relationships with the families, they are also in a position to help families identify the most useful support for their specific needs. They can help communicate with the family to find resources that are tailored to their needs. Family feedback also plays a critical role in updating the system because they can also reach out if a resource is unavailable or not helpful, or to share resources they find useful.

Ensure there are Multiple Avenues for Families to Access the System

A lot of the time my Enrollment Specialist would let me know when she gets those referrals, or I'll see it, because they'll come in, hey, can you scan this into the Enrollment Specialist and I'll see it [...] and then I'll make sure I communicate with her. And it's like, hey, you know so and so parent was requesting, you know information about Medi-Cal, can you just make sure that you know you CC me, and then we just have that communication?

To make it easier on families, Catalyst Kids built in multiple avenues for families to request support through the portal at different stages in their experience with Catalyst Kids:

1. **Enrollment Process:** Families can indicate on a Referral Assessment Form whether they would like more information or a referral in various areas.
2. **Center-Based Referral:** Center staff can use their iPads to access the portal and refer families when they believe there may be a need.
3. **Communication Tools:** Catalyst Kids has integrated information about the referral requests and library of resources into their communication protocols, including having questions about support needs on their parent-teacher conference forms, distributing the QR code on flyers, and including a reference in newsletters.
4. **Family-Driven:** Families can initiate a request through the use of a QR code that is

distributed through multiple avenues or by talking with center staff.

Catalyst Kids wanted to include multiple ways to request supports to ensure families know they always have access to these supports and resources. Having these different avenues available throughout families' experience with Catalyst Kids, and not just at single time points, allows families to access support whenever they need it. Staff shared that they also ensure there is communication between centers, enrollment, and the Social Services Resource Supervisor so all are aware of the families' needs and requests.

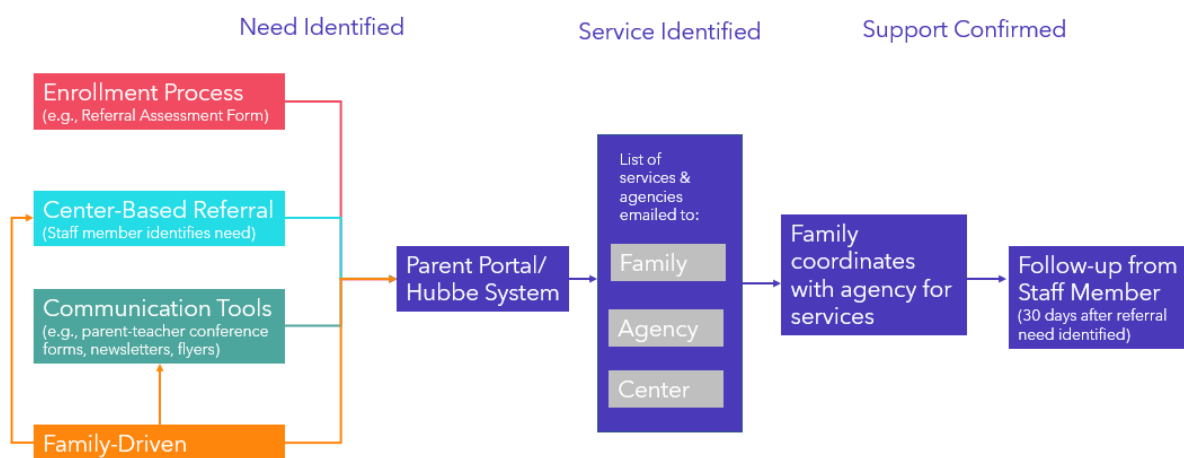


Figure 9. Overview of Referral System

Provide a One-Stop Support Shop to Remove Barriers for Families

As previously mentioned, Catalyst Kids started with a hard-copy library of resources. When families needed support, they received paperwork on resources available. However, they decided to migrate it to their Hubbe to reduce barriers for families and staff to access information. The online library of resources now lives within a system that families and staff are already using, and who have indicated it has helped make it easier to request support.

The highlights are that it's like a one-stop shop now, and less of a paper trail, because the old system was, let me print out a flyer, let me give it to you. And really, a lot of us will get something and maybe put it down and it just that connection never happens. So, the fact that it's all in one location and accessible to everyone makes it a lot easier.

Areas of Support:

1. Health/medical services
2. Housing services
3. Mental health services
4. Parent education
5. Food
6. Educational services
7. Childcare services
8. Legal services
9. Employment services
10. Special needs of child

for each support area needed for every county in California they serve to ensure comprehensive support and multiple options for families. The system is also cross-referenced with state requirements for different types of funding to ensure compliance with state guidelines. When families need support, they indicate their need and are emailed a generated list of resources, agencies, and the agencies' contact information. The library also includes educational materials to support teachers, parents, and caregivers that are free to access without going through an agency.

Engage in the Community to Build Library of Resources

The advice is, take time to do some research, sign up for things that are offered, and attend those fairs, information fairs and expos, because that's the only way you're going to get that that information.

When asked how they hear about resources, Catalyst Kids shared that finding ways to engage in and network with their community was the best way to learn what is available. For instance, they shared that attending community events, such as health fairs or career fairs, or participating in workgroups, are great ways to hear more about what resources exist in the community. They also provided ways to share the needs of families with community organizations and shared the work of their center so that others in the community are aware. As one interviewee noted, *"You never know who you'll run into,"* when sharing that any connection made could be turned into a powerful partnership. The Social Services Resource Manager also shared that Orange County had some of the best partners across the State because they were the most responsive. They shared the most helpful ones provided not just a multitude of resources and services, such as food banks and housing, but also opportunities to connect, such as through newsletters and community meetings.

Stand-Out Orange County Partners

- Families First
- Help Me Grow
- 211
- First 5
- Bright Life Kids

When meeting with community partners, Catalyst Kids shared that it is important to find ways to connect on a personal level, including calling them directly to introduce yourself and share your work. They explained that this helps provide a personal touch to the interaction and starts to build a relationship in which they can support each other.

Provide Ongoing Trainings to Sustain System

Everyone has to be on the same page and understand the importance of providing people with things that they need.

One of the biggest challenges Catalyst Kids faces is staff turnover, which is consistent with trends across the state. Interviewees shared that it is important to have a strong system despite staff turnover. Therefore, they make sure there are ongoing trainings so staff are up to date and new hires are aware of the system and resources available. They also noted that having regular communication with centers about new hires helps to make sure that new staff do not fall through the cracks in learning the system.

Desire to Serve Families is the Heart of Catalyst Kids

The thing I look forward to most is, like helping those families who aren't able to do, you know, the things that they need to do to provide for their family [...] They're grateful that they can do like, their everyday work, and then not have to worry about paying for childcare, or for who's going to be watching their child.

Throughout discussions, the staff at Catalyst Kids demonstrated their passion for the field and supporting families. When asked about their favorite part of their jobs, all three staff members interviewed shared that at the core of their work is helping families. They were able to build strong relationships with each other and with families because the desire to do so drives their work. They seek to build to connections. As one staff member advised, *"Don't wait until you're asked, be proactive and bring that information in. Make those connections and overshare, overshare, because you just never know at what point someone might need it."*

Community Partners Reiterate the Importance of a Collaborative and Compassionate Referral System

Background

In May 2025, evaluators met with Orange County community partners to follow up from a discussion in 2024 about the resource and referral practices for families and school sites. The one-hour Zoom conversation included five community partners who reviewed a process map developed in the first year of the UPK Needs Assessment ([Appendix H](#)). Partners provided feedback on the map and shared perspectives on challenges and potential solutions in supporting families, school site providers, and community partners in this process. Evaluators updated the map to reflect the changes discussed ([Appendix I](#)). Below is a summary of the discussion on how partners shared they can work together to support families in this process.

Ensure Families Feel Supported Throughout the Process

Once they get referred, it will be months before they can even get a phone call from the school district to get that evaluation. So, some type of case management [would be helpful]. I just feel there's a lot of need on that part to get those moms connected and sometimes I feel they're getting lost because they're not getting the support.

Throughout the discussion, partners emphasized the importance of enhancing direct family support and case management through a strong humanistic approach. This included ensuring that early learning educators and providers do not simply hand out lists of resources, but actively support families in the process. For example, sitting with a parent during a phone call to a service provider or offering consistent follow-up. Partners felt the system would benefit from more dedicated case management support, particularly from someone within school districts, to help reduce the families' burden of navigating the system. Consistent with family feedback, partners noted the complexity of the system, including a large amount of paperwork, multiple doctor appointments and assessments, lack of availability of services, and difficulty in sharing information across all parties. They noted that having more support throughout the process, where someone works with the family and consistently follows up in a feedback loop, would help ensure that children and families receive the support they need.

That consistency of like helping to support that parent. I can sit with you while you make that phone call. Those kinds of things are super important and helpful.

Consistent with findings in 2024, partners also highlighted the importance of building trust and strong relationships between educators and parents. They noted that one of the missing components from last year's findings was that families frequently face additional barriers, such as stigma or denial of needs, and therefore, sometimes deny services from partners or educators. Partners expressed that educators and resource providers should focus on being clear with families, and

One of the main priorities was to partner with the parents and have that open line of communication because that clarity builds trust and they know that you have the best interest of their child in mind.

collaborating with them to build trust, and ensuring they are receptive to support and follow through on services. A couple of partners also expressed that this trust is especially important in early stages because the sooner a child receives a diagnosis, the earlier interventions can occur to help children have their “highest chance of potential developed.”

A lot of times with families, it takes a lot of consistency and they're going through the stages of acceptance or denial, different things. And just stepping back to think about, you know, meeting the family where they're at. And that does take time and consistency. And also connecting them to the subject matter experts is really helpful.

A Need to Create a Collaborative Infrastructure

Partners identified that to best support families and ensure a collaborative approach, it is critical to streamline information sharing and access. Partners suggested creating a universal system, such as a shared portal or a data-sharing agreement, where, with parental approval, all key stakeholders, such as the school sites, medical providers, regional centers, and insurance companies, could access a child's information. Partners indicated that all of these systems rely on information from each other, but sometimes there is a lack of consistency in messaging. Therefore, it would be a more streamlined approach to have systems that could communicate with each other and reduce the burden on parents, who often bear the responsibility of coordinating information across various providers.

So, if there was a system in place or a portal or something like that that says, 'Hey, I give access to my child's information.' And then all of the key players, key stakeholders can then access that portal or access that SharePoint about that child. Then it's not as much of the parent going having to navigate who's talking to who and who has what information and who has the approval.

Additionally, partners shared that parents would benefit from a “one-stop shop” system, such as a public-facing website, that could provide parents with clear information on service

In the ideal world as well, I think it would be fantastic if there was some sort of either website or access point, public facing access point where parents can truly understand what the inclusion criteria are for their child to gain access to specific services. So if my child has this need, what are the opportunities or services available? And then within each of those tabs or buckets is the direct contact person that does the intake for that child.

inclusion criteria, such as age, insurance, income, and direct contact persons for intake. Because there are often restrictions on who is eligible for services, a resource like this could make it easier for families to understand and utilize the referral process.

These themes were consistent with partners in 2024, who felt it is currently too cumbersome for families to navigate the system. Common reasons why a system like this does not already exist included the levels of bureaucracy needed to create the system, the

complexity and privacy of data involved, and that individual organizations' current systems were already developed and complex, so it would take a lot of planning and time to create something. Similar to last year, partners in this discussion were also aware that to create a system where data and/or service eligibility across all support providers would require a

person or an organization to be a champion leading the efforts. This organization would need to commit to owning and regularly updating this information, perhaps quarterly or semi-annually.

Although partners recognized the various barriers to improving the system's complexity, all appeared passionate in their desire for it to be improved. They noted it would take more frequent collaborative meetings to help coordinate the system and work more closely together to support families better.



Discussion

Ensuring Educators Understand and Support Students' Individualized Needs

One question that came out of the family focus groups was related to how educators can ensure that they truly understand and support students' individualized needs. Throughout the case study findings, there were numerous ways educators highlighted how they did this and while they generally made their practices and strategies simple or just another part of their job, what they were doing was often complex.

Build Trust

The first practice all the educators focused on was building trusting relationships with their students. The educators that the evaluation team spoke with were explicit that without the students' trust, they cannot truly understand what the student needs to succeed. While educators described strategies for learning more about students that were passive (e.g., "*we just observe them to see what they need*"), they also described many instances where they could only provide strong support to students by listening to them with intention. Building a trusting relationship with students can be done in numerous ways; however, the strategies educators described all had the commonality that they prioritized the feelings and autonomy of their students. For example, one educator in the inclusion workgroup described how they intentionally create activities that can support students with special needs learning without pulling them out of the classroom or away from their peers. Another example is an educator at Ochoa's who described numerous instances where students requested or wanted a change in the classroom and the staff were immediately responsive to this request. They emphasized that their level of responsiveness to students was a key contributor to building a strong relationship with that student. While building trusting relationships is the primary element to ensuring students are fully supported, it is not the only piece of the puzzle.

Ongoing Professional Learning

All educators with whom the evaluation team spoke with emphasized ongoing professional learning as a key to the effectiveness of their practice. These educators often mentioned their recent professional learnings and others they would attend soon on a variety of topics, including: conscious discipline, new standards of care for students with disabilities, updates to assessment tools, different pedagogical theories, and more. They felt that these trainings kept them "up to date" on the most current and effective ways to serve both students with and without special needs. The educators mentioned that they would not be able to serve students in the best ways possible without these trainings. Importantly, they also mentioned that trainings on neurodiversity and different physical disabilities, more generally, would also be a welcome addition to the types of trainings they attend. While trainings within educational contexts are typically helpful, understanding neurodiversity from a neurological perspective or physical disabilities from a biological perspective would help them serve their students more effectively. Educators also mentioned that including these types of courses in teacher training programs would also benefit the teaching field as incoming teachers may feel more comfortable serving students with special needs. Overall, without professional

learning, it would not be possible to support students' needs fully; despite the high-quality trainings these educators currently participate in, they felt they could always use more.

Individualized Learning

Closely related to prioritizing the feelings and autonomy of students, educators also described that providing individualized scaffolding and support was important to ensuring students are being best supported. They mentioned how they created activities and made slight adjustments or edits so that all students in their classes were doing the same activity, generally, to avoid "othering" their students with special needs. Educators within Mitchell who are co-teaching described this process quite extensively and how they believe it promotes a class space where they understand and support students' individualized needs. By co-teaching, educators at Mitchell stated that scaffolding and providing individualized support were easier because they had a partner to rely on, collaborate with and bounce ideas off of when planning how to support students best. One educator described how when planning an activity with their co-teacher, they were able to integrate the needs of the general education with their own needs and create an activity that was adaptable, and flexible to individual student needs while including all students. This example was powerful because it exemplifies how all of the educators in the case study view inclusion: as something heard, seen, and felt, instead of a statistic of the percentage of the day a student is physically present with their peers. One educator stated, *"I think a high-quality inclusive setting is where everyone belongs, and you can't feel the difference between students with IEPs and students without. Really, it means that everyone, like, has a place there and feels valued, and they're, you know, not called out for anything like it's just a really warm place"*. Educators with whom the evaluation team spoke with across all the case studies universally endorsed this sentiment: inclusion is felt by students, and whether inclusion is happening or not is down to the feelings of the students so to truly understand and support students' individualized needs in an inclusive classroom means centering student experience, time, autonomy and needs.

Building Trusting Relationships with Families

In talking with families, it was key that trust between educators, service providers, and families needed to exist to help them navigate the system and provide them with access to the support and equipment they need. The case studies and community partner forum illustrated a variety of ways for those within the education and resource referral system to build trust with families.

Value Everyday Interactions

The case studies demonstrated that at their core, relationships with families are built on micro-interactions and valuing everyday conversations. These small interactions that staff at the centers implemented, such as complimenting nail polish, acted as opportunities for providers to spend minimal effort to get to know their families better. For instance, Catalyst Kids shared the time they made to get to know families, such as during pick-up and drop-off, allowed them to make connections. These micro-interactions are also opportunities for

families to feel comfortable enough to open up about their challenges or needs. Across the case studies, staff shared that these casual conversations can also evolve into deeper discussions about needs, as one Catalyst Kids staff member shared, *"sometimes it's like a casual conversation we're having, and then all of a sudden, it's turning into a counseling session. So, they tend to bring up things then."* These small moments, such as wishing "happy birthday" during drop-off or checking in, help their staff stay connected to parents and demonstrate they care about the children and their families beyond the classroom.

Continuous Support of Families

Another practice the case studies and community partners highlighted is the level of care that extends to actively supporting families through the referral process, not just handing out lists of resources. Centers and partners shared that staff at their sites often sit with a parent during a phone call to a service provider or offer consistent follow-up. For instance, Ochoa's Family Child Care Director indicated that she meticulously follows up with families after giving them assessment results, asking if they made appointments, how appointments went, and the next steps. This kind of practice effectively monitors families' engagement with the system. Catalyst Kids also shared how they follow up with families within 30 days after a referral request to ensure they have accessed resources and to gather feedback. Documentation is a critical for all educators to ensure there is transparency across all staff and that no important step falls through the cracks; it is vital to the process for families to receive services, especially as families and community partners revealed how truly complex and overwhelming the system is to navigate. The case studies and community partner discussion showed that by taking the time to ensure families have connected with service providers and have received the support needed, educators and partners are helping to reduce the burden on families.

Proactive and Transparent Communication

Educators and community partners repeatedly emphasized that proactive and transparent communication is vital to building relationships with families, especially during the resource and referral process. As one Catalyst Kids staff member advised, *"Don't wait until you're asked, be proactive and bring that information in. Make those connections and overshare, overshare, because you just never know at what point someone might need it."* Ochoa's Family Child Care also iterated the importance of operating with the mindset that it is better to pass on resources than not, even if not all parents use them, which was especially important because as both Catalyst Kids and community partners indicated, families can sometimes be hesitant to accept support for a variety of reasons (e.g., stigma of needing help, safety, etc.). Case studies showed that being clear and transparent with families about how their personal information is used and who has access can also be essential to building trust.

Furthermore, to build relationships, families felt it is crucial to ensure that they do not feel "othered" during the resource and referral process. Ochoa's Family Child Care staff shared that this was important to their philosophy as well and that they avoid singling out families by providing resources to all parents in a general manner, such as inviting everyone to a

resource fair where evaluations are offered, so parents *"don't feel alone because I'm doing it more general."* This approach helps mitigate the stigma sometimes associated with asking for help.

Promoting Academic and Social/Behavioral Growth for All Students

One of the most pressing questions across early childhood education settings is how educators can effectively promote both academic and social/behavioral growth for all students. Across the three case studies, educators described how this dual focus is not only possible but deeply rooted in their practices to ensure they create environments where students developmentally thrive. At the core of these efforts is a shared understanding that students learn best when they feel seen, valued, and supported, regardless of their developmental profile.

Effectively Utilizing Assessments

Educators across sites emphasized the importance of ongoing assessment and documentation as foundational tools for supporting student growth. At Ochoa's, the director described how regular use of tools like the ASQ and DRDP, alongside consistent observational notes, provides a comprehensive picture of student development. These tools are not just for internal tracking; they actively engage families in conversations about their child's growth and specific needs. Rather than positioning assessments as a negative, educators used them to inform parents about their child's specific needs and provide language to map onto those needs. Importantly, the follow-up process that the director at Ochoa's often engages in ensures that the results from these assessment turn into actionable support.

Inclusive and Welcoming Classrooms

Although not all case studies included inclusive classrooms, across all three, educators emphasized they felt that inclusive classrooms are not about separating or labeling students, but rather about building a shared space where all children have responsibilities, agency, and voice. They also all incorporated these values into their classrooms regardless of whether they served students with disabilities or not. At Mitchell, teachers described general education students developing empathy and emotional maturity from learning alongside peers with disabilities. This peer modeling and social learning created environments where all students contributed to the community and learned from one another. At Ochoa's, the staff shared that students with differing support needs were never pulled out or treated differently—they colored together, played together, and supported one another as peers. Even in Catalyst Kids' broader support model, the emphasis on building strong adult relationships translated into emotionally supportive environments that facilitated behavioral growth among children.

Importantly, these are environments where all students are valued as they are and they were not created in isolation—they were the result of deep planning, intentional communication, and ongoing family engagement. Educators regularly sought feedback from parents to understand how children were doing at home and what supports were or weren't working.

They used this information to fine-tune classroom approaches, and in many cases, to advocate for additional services. As one staff member at Catalyst Kids noted, helping families access needed services—whether medical, behavioral, or academic—had ripple effects that showed up in children’s regulation, engagement, and readiness to learn. Ultimately, promoting academic and social/behavioral growth in classrooms requires a systems-level mindset and a belief that all students are capable of learning and thriving. The educators in these case studies demonstrated that with assessment-informed planning, individualized support, co-teaching partnerships, and a deep investment in family collaboration, inclusive classrooms can become vibrant spaces of mutual growth for all children.

Reducing Bureaucratic Barriers When Supporting Students

Given the strong request for support from families to improve the system, one of the most pressing questions was how Orange County can reduce bureaucratic barriers to ensure families and students have access to the supports and services they need. The case studies demonstrated that reducing barriers requires a multi-tiered approach that emphasizes streamlining systems, empowering families, and building strong human connections.

One-Stop Shop

One strategy families requested is to develop a "one-stop shop" system for resources and referrals. Although discussions with partners revealed this would be a very complex process to implement across the County, Catalyst Kids successfully implemented their Hubbe parent portal, which centralizes information and allows families or staff to request services, leading to an emailed list of resources. Although it was time-consuming to develop and implement, collaboration was key in creating it and the payoff has been transformational for families. This Hubbe system is an example of how centers can take the resource information they have and translate it into a more automated system that provides more support to families. Community partners also strongly reiterated the need for such a system, envisioning a universal portal or public-facing website that provides clear information on service inclusion criteria and direct contact persons, which could reduce the burden on parents to navigate complex systems.

Community and Relationships

Conversations with partners and the case studies with centers also demonstrated that communication and relationships with County organizations are vital to reducing barriers. For instance, Catalyst Kids and Ochoa’s Family Child Care actively engaged in community networking and building personal connections with community partners to identify and update resources. Catalyst Kids and the community partners also felt that inviting diverse sets of stakeholders together for collaborative meetings could help coordinate the system and enable them to work more closely to support families. As part of this coordination, continuous communication and follow-up between partners, educators, and families should play a critical role ensuring families receive services. This was best exemplified through Catalyst Kids and Ochoa's Child Care diligent tracking and follow up on things such as services referred, assessments, and appointments with families.

Administrator Support

Case studies also highlighted the critical need for administrators to support and advocate within their centers. The Mitchell Child Development Center workgroup members noted that administrators could significantly influence change at school sites by leading a cultural shift where all educators see students in early childhood education and those with special needs as “all of our students.” This support can also facilitate professional learning around inclusive practices. Families currently face immense challenges advocating for their children, often feeling like they have to “fight for every little thing” and navigate the system largely on their own. To empower families and help them understand the legalities, regulations, and how advocacy works, including who has the power to make changes, Mitchell shared that they felt families need more explanation from those in the education system. Having support from all educators, especially led by administrators, could help to ensure that all staff are consistent in their inclusive practices and educating families on the technical language used.

Consistent Communication

Case studies also showed that a pivotal practice includes being proactive, especially since community partners indicated that early intervention is the most effective method for child development. For instance, staff at Catalyst Kids advised other educators to “overshare” information proactively because “you just never know at what point someone might need it.” Being proactive also extends to ensuring a “humanistic handoff” approach, emphasizing direct family support and case management through strong human connections rather than simply handing out lists of resources. Consistently across all case studies and partners, participants felt that relationship-building is key to all efforts, allowing families to feel comfortable sharing their challenges and needs. Trust is paramount, as families often fear sharing personal information due to stigma or concerns about its use, particularly in immigration cases. By building deep trust through consistent communication, valuing small interactions, and demonstrating care, providers like Ochoa's Child Care and Catalyst Kids illustrated how they have been able to encourage families to open up and engage with necessary supports. As the Social Services Resource Manager shared, *“it's just building the relationships with them and showing your human side.”*



Recommendations & Conclusions

The following section outlines recommendations to address the systemic needs related to inclusion and resource referral practices.

Recommendations

1. Build on the current OCDE and UPK resources for families looking for programs and develop a family-centered resource sheet on “what to look for” when finding PreK programs specific to families of students with disabilities.

Findings demonstrated how complicated the system is for families to navigate: finding resources for their children, determining what programs their children are eligible for, what restrictions exist, and what types of access to services they will have. Families mentioned that there are often varied and sometimes competing needs across different school sites and districts. There are also a variety of definitions of “inclusion” across the County that confused families and leave them wondering what kinds of experiences their children will have in schools. As noted by educators, “inclusion” can vary widely whether an educator’s definition is a strict percentage of time that a student is included in a classroom, or a student’s true feeling of belonging. District to district, school to school and even educator to educator this definition of inclusion can vary, making it difficult for families to understand the type of experience their child will have. To compensate for this variation and confusion, families often turned to their own research and outside support, such as private advocates, advocacy organizations, and other families, to learn about the system and what questions they should ask. Providing a more comprehensive resource for families, can help them better navigate the system and identify the best program for their child.

Families, partners, and educators identified the following areas as common sources of confusion for families and are topics that could be addressed in the resources:

- Definitions of grade level (i.e., PreK vs. TK) and developmental levels (i.e., “mod-severe” vs. “mild-mod”)
- Services provided and/or permitted on-site vs. off-site, and any transportation provided
- Legal restrictions on what they can or cannot provide
- Financial eligibility (e.g., income restrictions)
- Hours available
- Assessment needs and processes for services
- Inclusion definitions
- Enrollment processes and how data is used/stored

2. Develop and provide more training for administrators and teachers (both general and special education) on inclusion practices and neurological and physical differences. These trainings could also be done in collaboration with teacher training programs to support the incoming workforce.

Educators and families highlighted the need to ensure that teachers were properly trained to support students with disabilities. Families felt it was critical for educators to have a better understanding of the disabilities of the students in their classrooms and strong inclusion practices to reduce “one-size-fits-all” approach they had seen in different

PreK programs. Educators from the case studies reiterated this concern; they felt it was important for other teachers to have more extensive training to not only better prepare teachers, but to also help assuage any concerns with teaching children in special education. Teachers at Mitchell Development Center shared that there is often a fear associated with the practice of co-teaching because there is uncertainty about what it truly is, so it would be helpful to increase trainings to have more teachers familiar with it. Educators at Mitchell proposed co-teaching as a strong model because of the blend of special and general education students, as well as the day-to-day collaboration with another educator. Educators at Mitchell emphasized that co-teaching is not the only way to promote strong inclusion practices, but a way they have found to be effective.

Findings also demonstrated the need for more culture shifts around inclusion and supporting students with disabilities, which the Mitchell case study noted starts with school site administrators. Therefore, focusing efforts on training for administrators could help ensure training practices are implemented at sites. These kinds of trainings would also be helpful to be included in teacher and administrator preparation programs, especially since the college student survey indicated that students are less aware of the requirements for licensing, credentialing, and becoming an administrator.

Some potential topics to include within the trainings are shown below and were highlighted as critical components of the case study programs:

- *Use of multiple kinds of assessments* (e.g., ASQ, DRDP, observation notes, documentation of conversations with families, etc.): Case studies showed that the reliance on multiple assessments over time not only helps to assess the child and understand their needs and progress, but are also an effective communication tool with other staff members and with parents, helping staff and families make sense of the findings, collaborate on solutions and practices, and advocate for the specific resources the child needs.
- *Training on students' disabilities, neurodiversity, and common health needs and how to adapt classrooms and practices to support those needs*: Families felt that many educators lacked a basic understanding of their children's needs and how they can slightly adapt their practices to address those needs, such as having better Wi-Fi for equipment, knowing the health concerns of someone with low or high blood sugar, and behavioral and sensory needs, etc. Educators from the case studies also shared that understanding and valuing their students was at the heart of their work. They then adapted lessons and classroom structures to ensure that all students were included and valued within the classroom.
- *Building trusting relationships*: The findings revealed how critical trusting relationships are in this system. Educators in the case studies felt that these start with small, casual conversations with families and continuous checking in with them.

3. Build on the county-wide early learning partnership meetings and workgroups to have more frequent, targeted meetings to facilitate greater collaboration and coordination within the system.

The most consistent finding was the complexity of special education and resource referrals in the County and the need for a more streamlined system. The case studies

and discussions with partners illustrated that Orange County has strong, isolated systems that support families, and there is a passion among those within the system to make it easier for families. Catalyst Kids and community partners shared the need for constant communication and check-ins with families to ensure they could access and use resources, but that this requires collaboration and coordination among all parties involved. Additionally, throughout the case studies, it was apparent that the system is driven by individuals who are champions for the work and often go above and beyond to ensure families and students have the supports they need. However, given the high level of turnover in early education, it is important to have a more sustainable model. Focusing on collaborative efforts to create specific tools, resources, and infrastructure can reduce the burden on families and individuals.

This process will involve identifying what organizations or workgroups are already doing work related to infrastructure and building on that work. Some key target areas or initiatives for collaboration include:

- *Development of a one-stop shop:* Families both in the UPK Year 1 Needs Assessment and this year expressed a desire for a place where they can find information on PreK programs and resources for their children. Partners this year also expressed that it would be helpful to have one website to direct families to that provides resources, organizations, contact information, and eligibility requirements. Catalyst Kids demonstrated how this could be done at a school level, so collaborative efforts could start with their best practices to build on.
- *Sharing data across agencies and/or other communication structures (common MOUs, common applications, or databases):* Families and partners repeatedly noted challenges in sharing information across organizations, which has led to delays and unnecessary bureaucratic barriers to accessing support. Both families and educators emphasized the importance of improved collaboration among caregivers, educators, pediatricians, and service providers to ensure coordinated care. In response, community partners suggested creating a communication structure, such as a shared database or MOU, to enable communication between all parties; however, they noted this should be done with parent consent.

Conclusion

This needs assessment shows that there are passionate individuals, programs, and organizations within Orange County who have developed strong practices that support students and families. At the heart of their work is building strong relationships, identifying and addressing students' specific needs, and focusing on continuous learning to ensure they are up to date on the best practices and supports. However, there are significant gaps in inclusion practices and resource referral systems, leaving families and special education professionals overburdened and lost in bureaucratic barriers and legal restrictions. These gaps are especially necessary to address in Orange County, because while the PreK/Kindergarten population is declining, the number of students with exceptional needs (multilingual, foster youth, students with disabilities) is increasing. This increased need for support demonstrates that our systems must become more adaptive to meeting these students' individualized needs.

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Appendix

Appendix A. Family Focus Group Protocol

Welcome

"Hi everyone! Before we start, I wanted to make sure we are all on the same page about what we are going to be talking about today. Today we'll be talking about Pre/TK programs and their inclusive practices. We'll be talking about "inclusive, high-quality education" so before we really dive in, I wanted to take a moment to define those two phrases so we are all on the same page. In California, inclusion in early childhood education is defined as programs that include children with disabilities together with their peers without disabilities and hold high expectations for all children in the program. High-quality education is a program that provides a safe and nurturing environment while promoting the physical, social, emotional and intellectual development of young children.

Do those definitions make sense? Does anyone have questions?

We really wanted to start by establishing our space together today and making sure that everyone felt comfortable to share their experiences and opinions on inclusive Pre/TK programs. With that in mind, we have a few norms we want to emphasize for today.

- Be sure to take space and make space
- Respect each other's views and perspectives
- Feel free to share in draft form
- Build on ideas rather than tear them down

Any questions about those norms for our time today?

Finally, to save time with notetaking, I would like to audio record our session. This will only be used for our own internal reasons and if we do share any quotes from any session, those will be anonymized. Is everyone comfortable with recording?

Okay, let's get started!"

Protocol

1. When you imagine a high-quality inclusive PreK/TK program, what are you imagining?
 - a. How is what you imagined different from what your current experiences are? If you feel comfortable sharing that experience we would love to hear about it
 - i. How is it currently similar?
 - ii. Which parts of a PreK/TK program are the most important to you? What should the classrooms be like? Who is there? Etc.
 - b. What are some important programs and services you feel would be helpful to have in an inclusive classroom?
 - c. What do you think are the greatest needs your child faces in the classroom (or will face)?

- d. In trying to better reach your image for high-quality programs, what resources have you used to look for high-quality PreK programs in your area?
- 2. When you are looking for services and supports for your child, where do you look?
 - a. What kinds of information are you looking for when you look for services?
 - b. Which educators or professionals have been the most supportive or helpful in your experiences?
- 3. What are some challenges you have faced in getting access to services for your child?
 - a. Are there particular services you feel are easier to access than others?
 - b. Has finding programs or even getting access to educational options been a challenge for anyone?
- 4. When you received a referral for services for your child, what was your experience?
 - a. Who made the referral?
 - i. How was the referral made? (observation, services offered)
 - ii. What professionals were involved in the process?
 - b. What was the referral process like?
 - i. What were some helpful supports during the referral process?
 - ii. What were some challenges or barriers you encountered during the referral process?
 - c. What would help to make the referral processes easier?
- 5. What kind of information would be helpful to find services and supports for your child?
 - a. What kind of supports would be useful?
- 6. Have your experiences with inclusive programming so far made you feel hopeful or optimistic about your child's educational future? Why or why not?
 - a. If not, what changes could improve that feeling?
- 7. Is there any other information you'd like to share about access to services or inclusive PreK programs that we have not yet talked about today?

Appendix B. Ochoa's Child Care Focus Group Protocol

Introduction

Welcome and Purpose

Introduce yourself and the purpose of the interview:

Thank you for taking the time to meet with us. Today, we'd like to hear about your work, focusing on the strengths and positive impacts of the resources, referrals, and collaborations in Orange County. Our goal is to spotlight your expertise and the ways your efforts support families, students and the community.

Brief overview of the structure:

We'll explore your experiences with referrals, connections, and inclusion practices. We'd love to hear about what works well and any insights you have about enhancing services further.

Consent and Recording

Confirm consent for audio recording and participation.

Section 1: Inclusive Programs and Settings

Experiences in Inclusive Programs

- What does inclusion mean to you in the context of your work?
- Can you describe any successful inclusive programs or practices you've seen in Orange County?
 - Any examples from your school?

High-Quality Inclusive Settings

- In your opinion, what is a high-quality inclusive setting for families and children?
- What kinds of practices do you use?
- Who is in the classroom and what types of supports do they have?
- What are techniques or approaches you currently use that help you to foster highly inclusive learning environments?
- Who are the different "players" in those settings and what contributions do they make to ensure a high-quality inclusive setting?

Needs and Improvements for Inclusion

- Are there areas where more support is needed to create inclusive environments?
 - How do you think these needs can be addressed?
 - Are there groups who you think are the most in need?
 - What role do you all play in supporting high-quality inclusion in the county more widely?

Section 2: Resources and Referrals

Introduction to Resources and Referrals

- What does your work look like related to resource and referrals?
- Who are you usually serving?
- Who do you most often collaborate with?

Strengths in the Referral Process

- What are the current strengths of the referral process system?
 - What's an example of a success story?
- What roles do people like teachers, partners or staff play?

Challenges in the Referral Process

- What types of challenges does your organization commonly face in the referral process?
 - What do you think creates those challenges?
 - How have you overcome them in the past?
- Have you or your team introduced any strategies or tools that have improved the referral process or help to overcome the challenges?

Section 3: Connections Between Partners, Families, and Providers

Perceptions of Collaboration

- How would you describe the general level of connectedness between community partners, families, and providers in Orange County?
 - How well are people talking to each other/able to talk to one another?
- In your view, are there any groups or providers that feel isolated?
 - What might help bridge those gaps?
- What strategies have you used in the past to form strong partnerships? What has worked well?
 - Do you think other organizations could utilize these strategies as well?

Section 4: Wrap-up

Personal Reflections

- What inspires you most about your work here? What keeps you motivated?

Final Thoughts

- Is there anything else you'd like to share that we haven't covered?

Appendix C. Mitchell CDC Focus Group Protocol

Introduction

Welcome and Purpose

Introduce yourself and the purpose of the interview:

Thank you for taking the time to meet with us. Today, we'd like to hear about your work, focusing on the strengths and positive impacts of the resources, referrals, and collaborations in Orange County. Our goal is to spotlight your expertise and the ways your efforts support families, students and the community.

Brief overview of the structure:

We'll explore your experiences within the special education system, your role in it and the kinds of inclusion practices Mitchell is using. We'd love to hear about what works well and any insights you have about enhancing services further.

Consent and Recording

Confirm consent for audio recording and participation.

Section 1: Inclusive Programs and Settings

Experiences in Inclusive Programs

- What does inclusion mean to you in the context of your work?
- Can you describe any successful inclusive programs or practices you've seen in Mitchell?

High-Quality Inclusive Settings

- In your opinion, what is a high-quality inclusive setting for families and children?
- What kinds of practices do educators within Mitchell use?
 - How do they prepare students for general education?
 - What goes into your thought process/how do they know when a student is ready?
- Who is in the classroom and what types of supports do they have?
- When a highly inclusive classroom is working well, why do you think that is the case?
- Who are the different "players" in those settings and what contributions do they make to ensure a high-quality inclusive setting?
- Is there a "key" that you have identified for an inclusive learning environment to be truly inclusive and successful?

Needs and Improvements for Inclusion

- Are there areas where more support is needed to create inclusive environments?
 - How do you think these needs can be addressed?
 - Which groups or people do you think are in the best position to advocate or even make those changes?
 - Are there groups who you think are the most in need?
 - What role do you all play in supporting high-quality inclusion in the county more widely?

- What was the motivation for the workgroup?
 - How has it evolved over time?

Section 2: The Role of a District

Tone and Parameter setting

- What role do you think the district plays in creating inclusive classrooms and learning environments?
 - How much do the practices of each individual school relate to the practices and ideals of the district office?
- What role has SAUSD played in the success of Mitchell?
- What role does SAUSD play in managing the relationships of educators to parents and vice versa?
 - In a perfect world does the district play a role at all?
 - If yes, what is that role?
 - If no, why not?

Section 3: Connections Between Partners, Families, and Providers

Perceptions of Collaboration

- In your view, what do you think the perceptions of special education are among general education staff?
 - If bad:
 - Why do you think there is a difference in how the two fields/areas are perceived?
 - How do you think a better relationship can be formed between general education and special education?
 - If good:
 - How has the district helped to foster that?
 - What was the process like?
 - Has it always been that way?
- If parents or families were looking for a high-quality inclusive setting for their child, what should they be looking for?
 - On a school visit?
 - On the website?

Section 4: Wrap-up

Personal Reflections

- What inspires you most about your work here? What keeps you motivated?

Final Thoughts

- Is there anything else you'd like to share that we haven't covered?

Appendix D. Catalyst Kids Interview and Focus Group Protocol

Introduction (5 minutes)

Welcome and Purpose

- Introduce yourself and the purpose of the interview:
Thank you for taking the time to meet with us. Today, we'd like to hear about your work at Catalyst Kids, focusing on the strengths and positive impacts of the resources, referrals, and collaborations in Orange County. Our goal is to spotlight your expertise and the ways your efforts connect families, providers, and community partners.
- Brief overview of the structure:
We'll explore your experiences with referrals, connections, and inclusion systems. We'd love to hear about what works well and any insights you have about enhancing services further.

Consent and Recording

- Confirm consent for recording and participation.

Section 1: Resources and Referrals (20 minutes)

Introduction to Resources and Referrals

- Can you briefly describe the type of work you do? How would you describe it to someone who didn't know anything about it?
 - What does your work look like related to resource and referrals?
 - Who are you usually serving?
 - Who do you most often collaborate with?
 - What are the parts of your work you love doing?

Strengths in the Referral Process

- From your perspective, could you describe the referral process?
 - What roles do people like teachers, partners or staff play?
- What are the current strengths of the referral process system?
 - What's an example of a success story?
- How does your team and your work contribute to that success?
- Are there other organizations who you feel are key to that success?
- What strategies have been most effective for connecting families to community resources?

Challenges in the Referral Process

- What types of challenges does your organization commonly face in the referral process?
 - What do you think creates those challenges?
 - How have you overcome them in the past?
- Have you or your team introduced any strategies or tools that have improved the referral process or help to overcome the challenges?

Section 2: Connections Between Partners, Families, and Providers (20 minutes)

Perceptions of Collaboration

- How would you describe the general level of connectedness between community partners, families, and providers in Orange County?
- When partnerships are strong, what do you think contributes to strong partnerships and collaboration?
- In your view, are there any groups or providers that feel isolated?
 - What might help bridge those gaps?
- How would you describe Catalyst Kids' level of connectedness to community partners, families and providers in Orange County?
 - Why would you describe it that way?
 - If good: What have you done in the past to make it this way?
- Can you share examples of successful collaborations you've observed or been part of?
- What strategies have you used in the past to form strong partnerships? What has worked well?
 - Do you think other organizations could utilize these strategies as well?

Section 3: Inclusive Programs and Settings (10 minutes)

Experiences in Inclusive Programs

- What does inclusion mean to you in the context of your work?
- In your opinion, what does a high-quality inclusive setting for families and children?
- What kinds of practices do providers use related to inclusive practices?
- Who is in the classroom and what types of supports do they have?

Section 4: Wrap-up (5 minutes)

Personal Reflections

- What inspires you most about your work at Catalyst Kids? What keeps you motivated?

Final Thoughts

- Is there anything else you'd like to share that we haven't covered?

Closing and Appreciation

Appendix E. Community Partner Forum Protocol

Introduction

Welcome and Purpose

- Informed consent
- Norms for Discussion
- Project Overview
- Review of Referral Process Map

Questions

- After reviewing the referral process depicted, how accurate would you say this process is?
 - What's or who's missing?
 - Why might there be differences in perceptions of the process?
- What are the strengths of the referral process?
- What are the greatest challenges (either identified here or not identified)?
 - For you?
 - For providers?
 - For families?
- How connected do you feel to providers and families during this process?
 - What leads to connectedness between partners, families, and providers?
 - What hinders connectedness between partners, families, and providers?
 - Are there partnerships in Orange County you feel are critical in supporting families?
 - What is their role?
 - What would happen if they were removed from the process
 - How do you connect with them?
 - Are there ways to improve those connections?
 - Are there specific groups of partners or providers you feel are more or less isolated in the coordination or services?
 - How can we better involve them in the process?
- What could you/your organization contribute (commit?) to enhance the system to better coordinate services?
 - What resources/communication/collaboration would be needed to make this possible?

Appendix F. Early Childhood Education Career Survey

Background Information

In what city is your college/university located?

What is your race/ethnicity? (Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Filipino
- ☐ Hispanic or Latino
- ☐ White
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other, please specify: _____
- ☐ ☒ Decline to state

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Decline to state

How many years have you been in college? (Please provide your response as a number.)

In what topic area is your current major:

- ☐ Child Development/Early Childhood Education
- ☐ Human Development
- ☐ Liberal Studies
- ☐ Psychology
- ☐ Math
- ☐ Science
- ☐ English/Humanities
- ☐ Other, please specify: _____

What experiences do you have working with young children? (Select all that apply.)

- ☐ Babysitting/Nannying
- ☐ Volunteering at a child care site (e.g., Preschool center, family care center, classroom, etc.)
- ☐ Parent to young children
- ☐ Coaching
- ☐ Working/volunteering at a nonprofit, camp, or community program with young children
- ☐ Teaching/teaching assistant at preschool, elementary school, or childcare setting
- ☐ Mentoring program for young children
- ☐ Parenting/Family caregiving
- ☐ Other, please specify: _____
- ☒ I do not have any prior experience in working with young children

What motivated you to take this course related to early childhood education?

Please rate your level of familiarity of the following:

	Not at all	A little	Somewhat	Moderately	Extremely
Career paths in early childhood education	☐	☐	☐	☐	☐
The requirements to become an early childhood teacher	☐	☐	☐	☐	☐
The requirements needed become an early childhood administrator	☐	☐	☐	☐	☐
The difference between the credentials, certifications, licenses, and permits needed to work in the field	☐	☐	☐	☐	☐
Where to find information on how to obtain a job at an early childhood education program (e.g, child care program, preschool, TK classroom, school district, etc.)	☐	☐	☐	☐	☐
Where to find information on professional learning opportunities in the field	☐	☐	☐	☐	☐
Where to find information on apprenticeship and/or mentoring programs	☐	☐	☐	☐	☐

Please indicate which of the following are reasons you are interested in a career in early childhood education. (Check all that apply)

- ☐ Interest in working with young children
- ☐ Interest in child/human development
- ☐ Interest in education in general
- ☐ Stability in field
- ☐ Professional growth opportunities in the field
- ☐ The pay
- ☐ Hours/time commitment
- ☐ Flexibility in field
- ☐ Belief that early childhood education is important
- ☐ Personal positive experience in an early childhood education environment
- ☐ Other, please specify:

What are some barriers you feel exist in pursuing a career in early childhood education? (Check all that apply)

- ☐ Cost of education programs
- ☐ Time to obtain credential, license, permit
- ☐ Cost of certification requirements
- ☐ The pay
- ☐ Confusion of requirements to work in the field
- ☐ Lack of knowledge of opportunities in the field
- ☐ Lack of access to professional development opportunities
- ☐ Lack of access to hands-on experience opportunities (e.g., student teaching, internships, volunteering in a classroom, etc.)
- ☐ Hours/time commitment in the career
- ☐ Instability in field
- ☐ Negative perception of the field as a career option
- ☐ Lack of interest in coursework/courses
- ☐ Other, please specify:

What would incentivize you to pursue a career in early childhood education? (for example: higher pay, more professional learning opportunities, etc.)

	None at all	A little	A moderate amount	A lot	A great deal
Stipends	☐	☐	☐	☐	☐
Professional learning opportunities	☐	☐	☐	☐	☐
Apprenticeship/mentorship programs	☐	☐	☐	☐	☐
Other, please specify	☐	☐	☐	☐	☐

What have been some helpful resources and/or experiences you have had in helping you learn more about careers in early childhood education?

What kind of information would be helpful to know regarding pursuing a career in early childhood education?

How likely are you to pursue a career in early childhood education?

- ☐ Extremely unlikely
- ☐ Somewhat unlikely
- ☐ Neither likely nor unlikely
- ☐ Somewhat likely
- ☐ Extremely likely

Since you indicated you are likely to pursue a career in early childhood education, please indicate how prepared you feel to pursue a career in early childhood education?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Moderately
- ☐ Extremely

Please explain your rating above.

Since you indicated you are not likely to or are unsure of pursuing a career in early childhood education, please your reasons share why.

Is there any additional information that would be helpful to provide so we can better understand the needs in preparing students for careers in early childhood education?

Appendix G. UPK Year 2 Needs Assessment Report Findings

How can educators ensure they truly understand and support students' individualized needs?			
Family Focus Group Themes	Ochoa's Child Care	Mitchell CDC	Catalyst Kids
- Families emphasized the need for staff to understand individual differences between students, not rely on a one-size-fits-all approach. - Families want staff to be trained in techniques and pedagogy specific to serving students with disabilities and other common health conditions. - Families saw access to resources, adaptive equipment, specialists and therapies as crucial elements to their child's success.	- Uses DRDP and ASQ assessments for every child. - Provides tailored activities based on preferences or developmental needs. - Maintains detailed observation notes and conducts frequent follow-ups with families. - Staff adapt daily routines (e.g., sensory activities, alternative communication) based on student profiles.	- Co-teaching model ensures both special and general ed teachers share ownership of the entire classroom. - Teachers embed assessments into daily instruction to avoid disruptions. - Focus on true inclusion—students are treated equally and differences are acknowledged with scaffolds.	- Has a referral tracking system that links families to tailored services. - Communicates directly with families to identify needs during informal conversations. - Created a library of resources for disability and developmental supports.
How can we build trusting relationships with families to help them navigate the system and provide them with access to support and equipment they need?			
Family Focus Group Themes	Ochoa's Child Care	Mitchell CDC	Catalyst Kids
- Families want clear, consistent communication beyond IEP meetings. - Trust grows through respectful interactions, transparency, and follow-up. - Many parents felt isolated and lacked guidance through the complex system.	- Builds trust through daily communication, transparency, and personal engagement. - Uses regular check-ins at drop-off/pick-up used for casual yet impactful communication. - Views families as partners and shows care by remembering birthdays or stressors.	- Teachers co-plan and collaborate, creating unified teams that include families. - Emphasis on student belonging builds relationships naturally.	- Offers multiple entry points for support (QR codes, center staff, enrollment forms). - Conducts follow-ups within 30 days of referral. - Recognizes stigma and works to proactively build rapport.

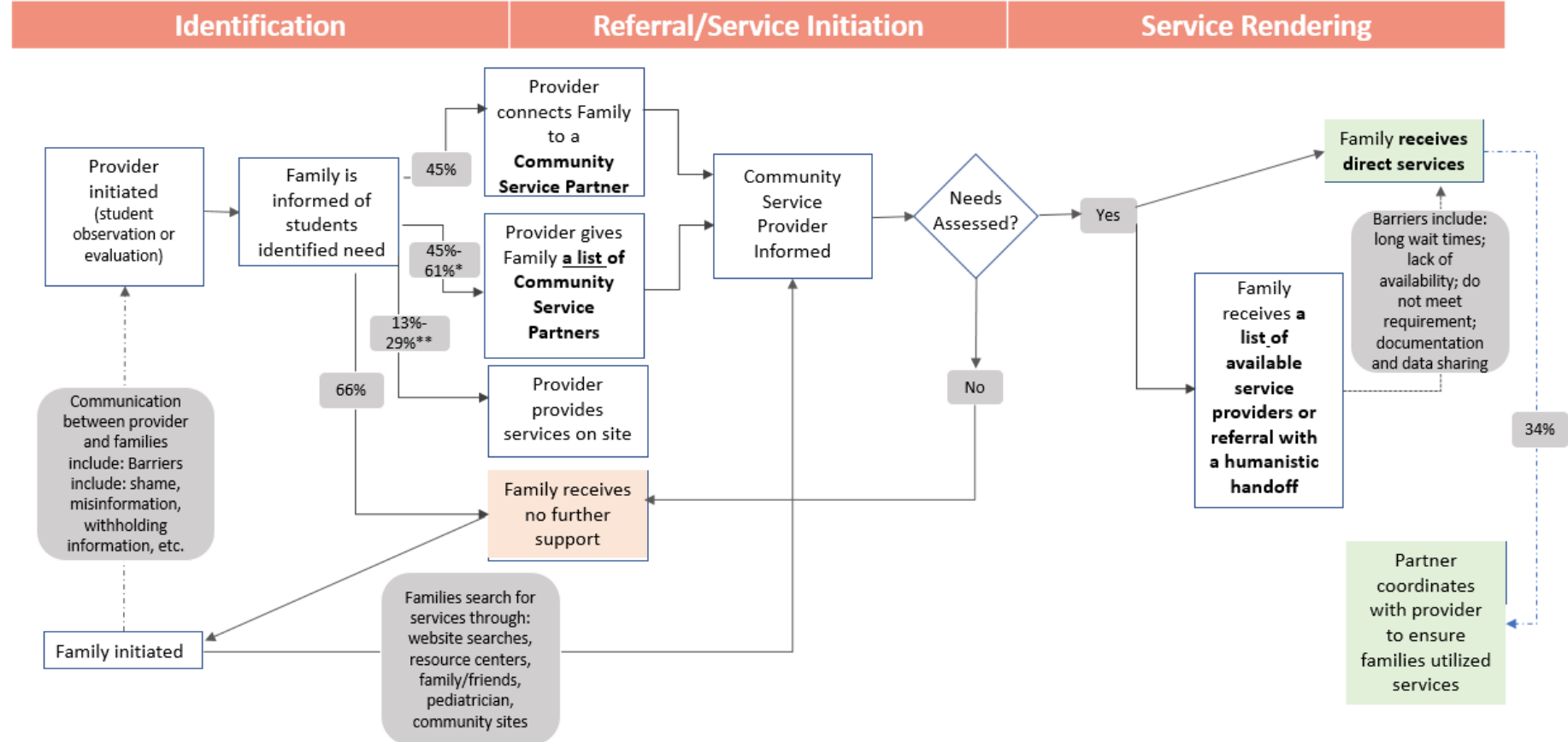
How can we ensure academic and social/behavioral growth for all students?

Family Focus Group Themes	Ochoa's Child Care	Mitchell CDC	Catalyst Kids
- Families believe inclusion benefits all students—academic growth, empathy, and responsibility. - Wanted grade-level standards taught to all. - Expressed frustration when inclusion was superficial (e.g., lunch only).	- All students learn side-by-side regardless of ability. - Emphasizes peer modeling and empathy building. - Tailors instruction (e.g., preferred materials like kinetic sand) to engage learners.	- True inclusion is a social-emotional environment where differences are normalized. - Uses scaffolded lessons where all students work on the same content. - Shared instructional planning keeps students in classroom during assessments.	While not classroom-based, supports social/behavioral growth by addressing family stressors (e.g., food, housing) which can affect learning.

How can we reduce bureaucratic barriers/restrictions to supporting students?

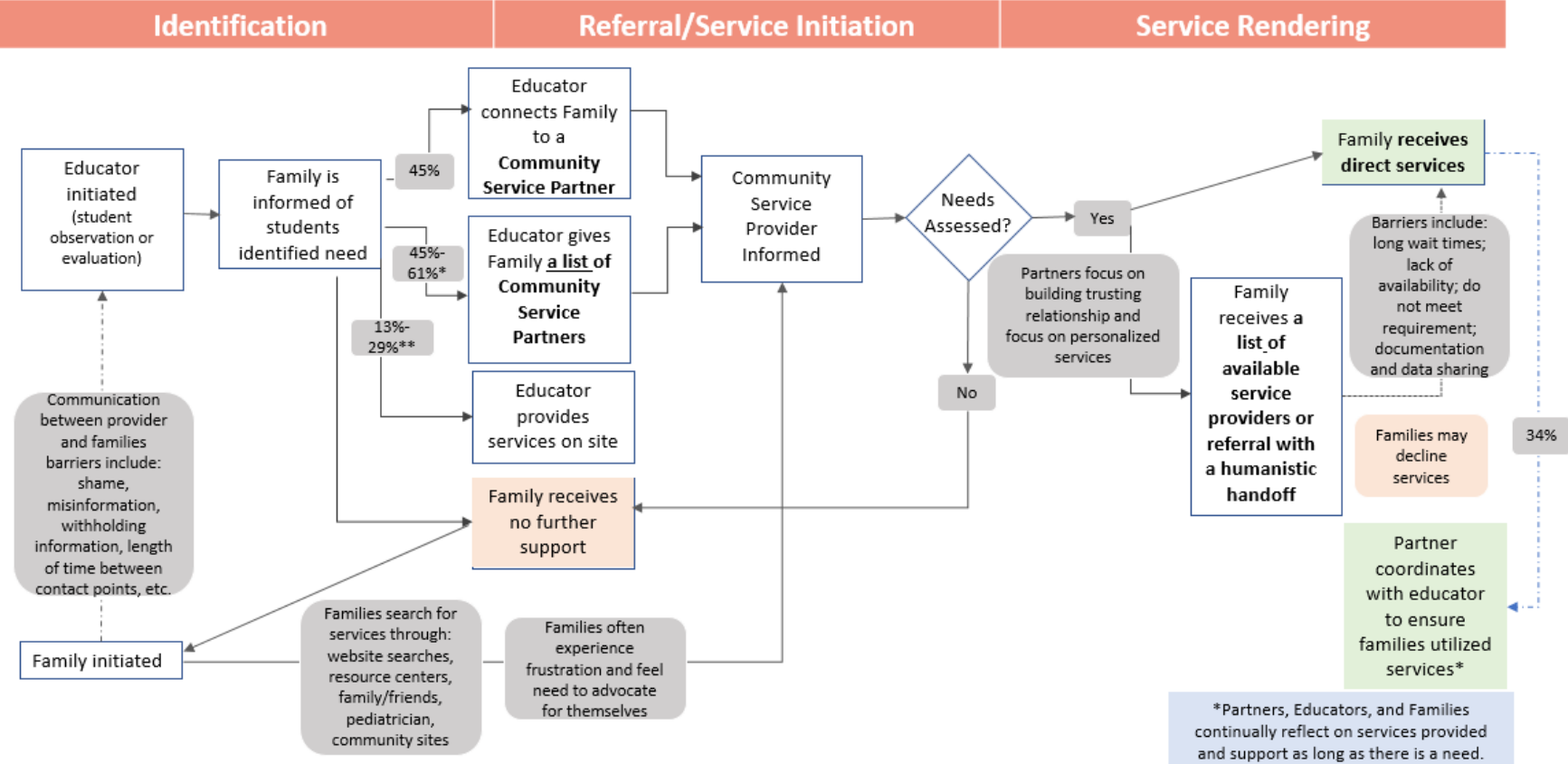
Family Focus Group Themes	Ochoa's Child Care	Mitchell CDC	Catalyst Kids
- The system is complex, inconsistent, and often contradictory. - Families face long wait times, unclear eligibility, and conflicting assessments. - Parents are often forced to become advocates, educators, and case managers.	- Helps families navigate medical systems with detailed follow-up processes. - Provides technical language to empower families at pediatric appointments. - Tracks referrals and appointments to bridge the gap between care providers.	- Advocates for system change through their Innovators of Early Education workgroup. - Seeks more administrator buy-in, training, and flexibility in policies. - Champions district-level models that normalize inclusion (e.g., co-teaching).	- Developed a "one-stop-shop" referral system. - Staff enter referrals on behalf of families when needed. - Maintains an updated statewide resource library.

Appendix H. Early Childhood Referral Processes 2024



Percentages presented are based on Provider Survey data indicating how many provide these services at their sites. Providers could select more than one response; therefore, percentages add to greater than 100%.
*45% have a comprehensive list of health partners; 61% have a comprehensive list of social-emotional service partners
**13% provide direct health services on site; 29% provide direct social-emotional services on site

Appendix I. Early Childhood Referral Processes Updated 2025



Percentages presented are based on PreK Provider Survey data indicating how many provide these services at their sites. Providers could select more than one response; therefore, percentages add to greater than 100%.
*45% have a comprehensive list of health partners; 61% have a comprehensive list of social-emotional service partners
**13% provide direct health services on site; 29% provide direct social-emotional services on site