

January 2020

Marin Community Foundation Access to Quality Child Care (AQC) and Healthy Eating Active Living (HEAL) Initiatives

Fiscal Year 2018-2019
Evaluation Report

AQC and HEAL are two complementary Initiatives implemented by the Marin Child Care Council (MC3) and funded by the Buck Family Fund of the Marin Community Foundation (MCF). These Initiatives increase social and economic self-sufficiency for underserved families in Marin County by increasing access to high-quality and affordable child care that supports healthy development and well-being. This report summarizes the characteristics of families and child care providers benefiting from this work during Fiscal Year (FY) 2018-2019, as well as how MC3's organizational capacity to implement the Initiatives has changed over time. The report also discusses key ways MCF can support these Initiatives going forward.



Background

Access to affordable and high-quality child care is a critical resource for parents to meet their families' financial needs and ensure their children are cared for in environments that support healthy development. Parents that have a consistent source of care for their children can more easily find jobs, stay employed, or pursue additional education that increases their economic stability. Research has also linked high-quality child care to improved child health and educational outcomes later in life.

Beyond commonly recognized elements of high-quality child care—including a safe physical environment, effective and nurturing teacher-child interactions, and activities that support child health and growth¹—the early care field is increasingly highlighting the role of child care settings in establishing healthy eating and active living habits early in life to reduce future risks for obesity and related chronic diseases.^{2,3}

In Marin County, high-quality child care is both costly and scarce. The median annual cost of care is higher than the statewide average for infants (41 percent higher) and preschool-age children (55 percent higher).⁴ The number of child care slots has declined in recent years, and over 60 percent of infants and toddlers in families who qualify for subsidies do not receive subsidized care.⁵ As a result, low-income families in Marin County are more likely to experience job insecurity, commit a higher percentage of their income to child care costs, or choose substandard child care that does not adequately support their child's health and development. Furthermore, the high prevalence of obesity among low-income Hispanic/Latinx children in Marin County underscores the important role that child care settings can play in achieving healthy weight and nutrition outcomes.⁶

¹ "Why is quality important?" Quality Counts California. Accessed [here](#).

² "Daycare is the new frontier of obesity prevention." Harvard T. H. Chan School of Public Health. Accessed [here](#).

³ Summary of obesity prevention standards in state quality rating and improvement systems (QRIS) and licensing regulations. Nemours National Office of Policy and Prevention. March 2016. Accessed [here](#).

⁴ Investing in young children: Key context in Marin County. California Budget and Policy Center. April 2019. Accessed [here](#).

⁵ Marin County Early Learning and Care Needs Assessment 2018-2019. Marin County Child Care Commission. November 2018. Accessed [here](#).

⁶ Marin County early childhood obesity prevention plan. First 5 Marin Children and Families Commission. 2012. Accessed [here](#).

Recognizing these needs, the Buck Family Fund of the Marin Community Foundation (MCF) funds two integrated Initiatives led by the Marin Child Care Council (MC3): the Access to Quality Child Care (AQC) Strategic Initiative, launched in July 2015, and the Healthy Eating and Active Living (HEAL) Strategic Initiative, launched in May 2016. Together, these Initiatives aim to support social and economic self-sufficiency among underserved families in Marin County through the mutually reinforcing goals of addressing inequities in access to child care, improving quality in early care and education, and strengthening healthy food and physical activity environments, as a critical part of quality improvement efforts.

The implementation of these Initiatives is consistent with MCF and MC3's shared focus on achieving equity. The AQC/HEAL Initiatives recognize the strengths and assets of all families' languages, cultural traditions, and ways of supporting children. This approach to achieving equity entails lifting all families, while providing additional resources and supports to those most economically disadvantaged.⁷

The Fiscal Year (FY) 2018-2019 evaluation of the AQC/HEAL Initiatives explored the following evaluation questions:

- Who participated in AQC/HEAL in FY 2018-2019?
- How did families and child care providers benefit from AQC/HEAL?
- How has MC3 increased its capacity to sustain the AQC/HEAL Initiatives?

Data in this report were collected by MC3 during FY 2018-19,⁸ and include administrative data on families and child care providers, program data, anecdotes shared with MC3 staff, as well as semi-annual progress reports submitted to MCF.

Overview of the AQC/HEAL Initiatives

The AQC Initiative was launched in 2015 with the goal of addressing inequities in access to child care, improving quality in early care and education, and supporting social and economic self-sufficiency among underserved families in Marin County. Consistent with MCF and MC3's shared focus on equity, AQC supports low-income families by subsidizing child care services to those making below 200 percent of the Federal Poverty Level. AQC families receive vouchers to subsidize the cost of child care at a licensed child care provider of their choosing, thereby increasing their ability to participate in the workforce.⁹ As part of their AQC participation, families also receive additional supports from MC3—including referrals to services, educational workshops, and advocacy opportunities—that strengthen families' ability to access community resources and support their child's development.

Child care providers who agree to accept AQC vouchers from MC3 also participate in AQC's child care quality improvement efforts. Through MC3's AQC staff, providers receive support to increase program quality through the development of quality improvement plans; use of standardized tools to assess key elements such as teacher-child interactions; and provision of one-on-one coaching, technical assistance, and ongoing learning opportunities.

⁷ Buck Family Fund's "Four Key Themes for BFF Grantmaking."

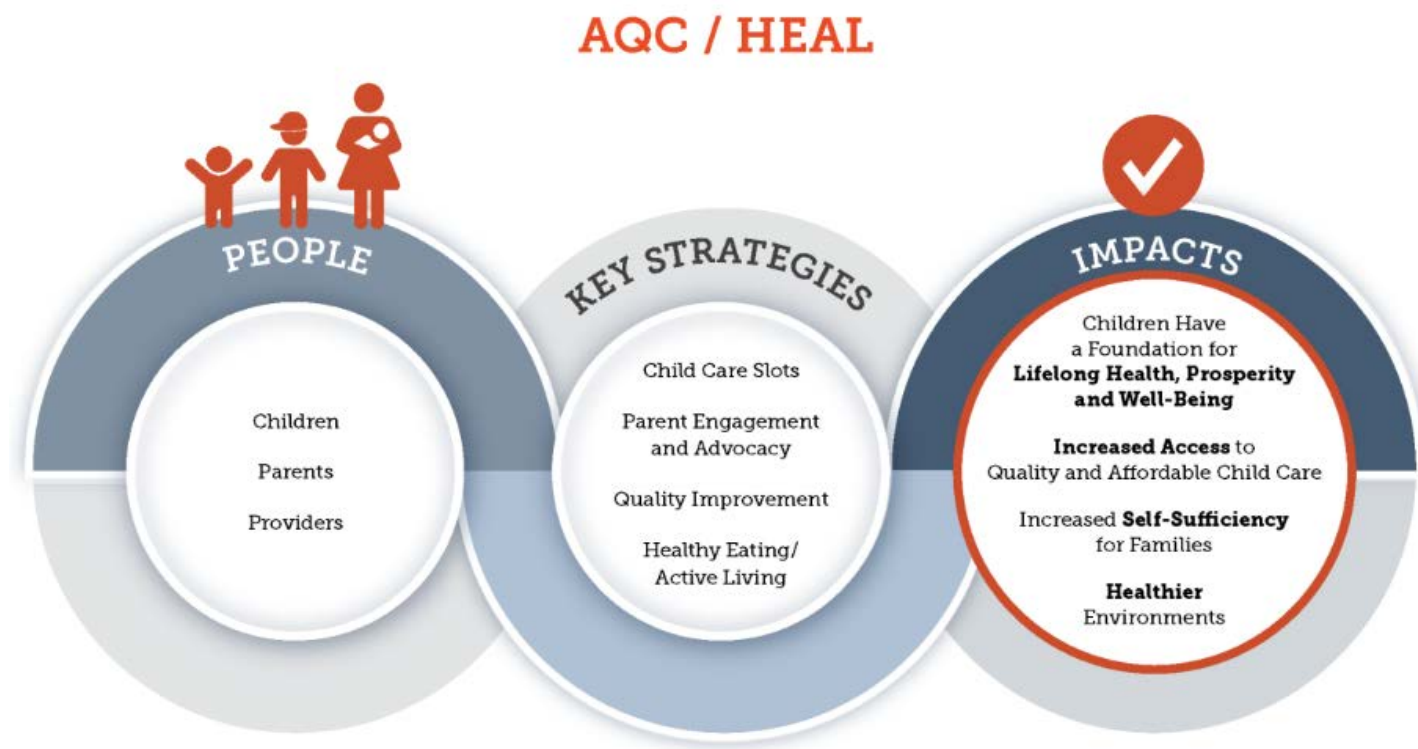
⁸ Harder+Company Community Research (Harder+Company) began partnering with MCF to evaluate the AQC/HEAL Initiatives in July 2019.

⁹ Child Care voucher values are equal to child care subsidy rates set by the California Department of Education, and vary depending on financial need, child age and early care service hours.

Child care settings can also support healthy eating and physical activity while the child is being cared for, and encourage families to reinforce these healthy habits at home. Recognizing that role, MCF launched the HEAL Initiative in 2016 to bolster the AQC Initiative's quality improvement efforts through a focus on strengthening policies and practices that improve the food and physical activity environment at child care sites. Once child care providers begin working with their AQC coach, they are offered the option of enrolling in the HEAL Initiative. If they choose to enroll, child care providers receive additional training, coaching and other resources to improve policies and practices related to their site's nutrition and physical activity environments.

Importantly, these integrated Initiatives have mutually reinforcing aims. The below graphic (Exhibit 1) depicts how the three groups supported by the AQC/HEAL Initiatives—children, parents, and child care providers—benefit from the Initiatives' key strategies (i.e., increased child care slots and access to those slots, parent engagement and advocacy, improvement of child care program quality, and healthy eating active living opportunities). These strategies aim to create a healthier environment at child care sites, increase access to quality and affordable child care, and improve family self-sufficiency. Ultimately, as a result of these Initiatives, children will have a stronger foundation for lifelong health, prosperity, and well-being.

Exhibit 1. Key components of the AQC/HEAL Initiatives



Families enrolled in AQC/HEAL

Families who meet the AQC income eligibility criteria and have children ages 0-3 are selected from MC3's Centralized Eligibility List to receive AQC child care vouchers.¹⁰ Through these vouchers, families are able to access child care that meets their needs, making it more feasible for them to stay employed, increase the hours they are available to work, and pursue training and educational opportunities.

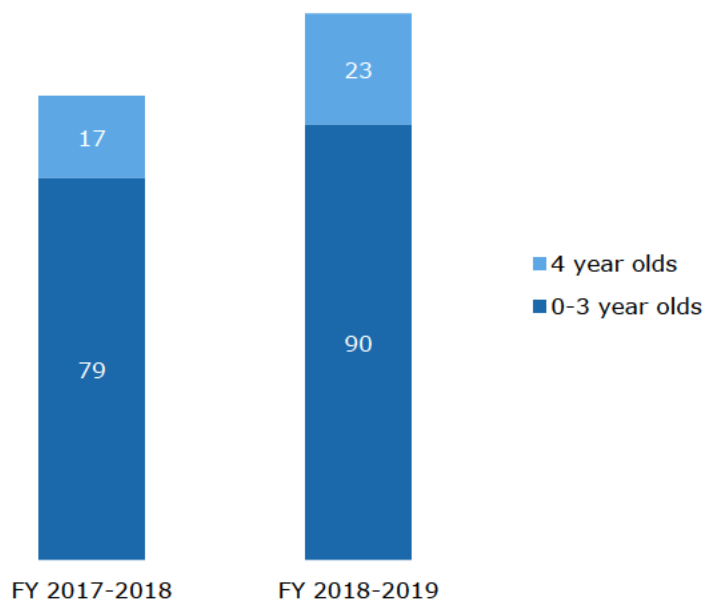
Once enrolled, families can continue to receive child care vouchers even if their income rises above 200 percent of the Federal Poverty Level (FPL). Furthermore, families can stay enrolled until their child starts kindergarten. The AQC/HEAL strategy evolved to include these additional eligibility provisions in order to reduce the number of families experiencing the child care "cliff effect," where a modest income increase can result in a sudden loss of child care subsidies.¹¹

This section includes an overview of families who participated in AQC/HEAL in FY 2018-2019 as well as the benefits of their participation.

AQC/HEAL reached more children in FY 2018-2019

In FY 2018-2019, increased funding enabled AQC/HEAL to provide child care vouchers to 97 families with 113 children ages 0-4 across Marin County (see Exhibit 2), compared to 96 children in FY 2017-2018. Of all children served in FY 2018-2019, 90 were ages 0-3 and 23 were age 4.

Exhibit 2. 113 children were served by AQC/HEAL in FY 2018-2019



¹⁰ Families who need support paying for child care can apply to be placed on a Centralized Eligibility List, which is used by MC3 to match them with agencies who have available slots for subsidized early care and education.

¹¹ Roll S, East J. Financially vulnerable families and the child care cliff effect. *Journal of Poverty*. 2014;18(2):169-187.

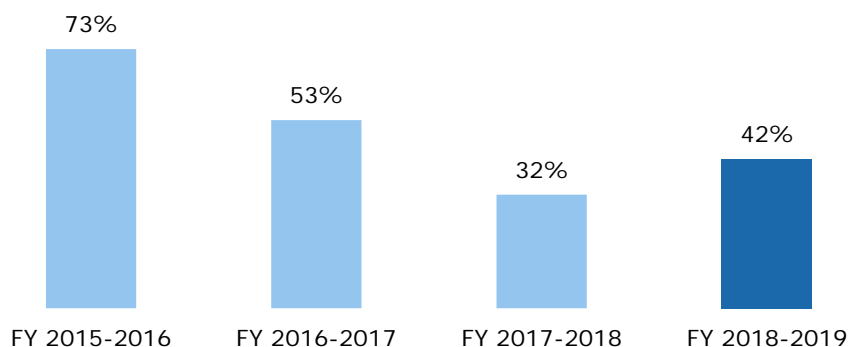
An additional 774 children in Marin County benefited from AQC/HEAL

The reach of the AQC/HEAL Initiatives surpasses those directly enrolled. For example, providers may only have a single family at their child care site who are receiving AQC child care vouchers, but receive the full benefits of AQC and HEAL coaching, training, and environmental change support. As a result, 774 children at AQC/HEAL sites also indirectly benefited from the supports provided by MC3 to participating providers. Furthermore, the Initiatives' focus on policy, systems, and environmental improvements has the potential to lead to enduring changes for any future child enrolled at their sites.

AQC/HEAL primarily served high-need families in Marin County, including families who are low-income, Latinx, and primarily speak Spanish

Families are eligible to enroll in AQC/HEAL if their income is at or below 200 percent of FPL, and can remain enrolled in AQC/HEAL even after their income rises above this threshold. This criterion reflects the Initiatives' goal of supporting families to reach self-sufficiency. At the end of FY 2018-2019, 42 percent of families were below 200 percent of FPL. AQC/HEAL's intentional strategy around this eligibility criteria could in part explain the decrease in the percent of families below 200 percent FPL between FY 2015-2016 (73 percent) and FY 2018-2019.

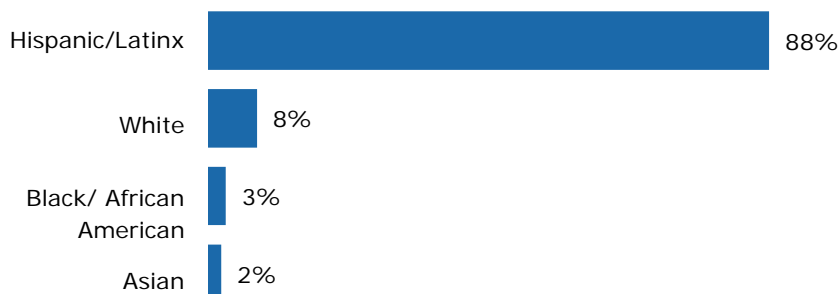
Exhibit 3. Forty-two percent of families served in FY 2018-2019 were below 200 percent of the Federal Poverty Level*



* Data reflect FPL at program recertification in June of each year.

Consistent with prior years, eighty-eight percent of parents participating in AQC/HEAL in FY 2018-2019 identified as Hispanic/Latinx. The remaining families identified as white (8 percent), Black or African American (3 percent), or Asian (2 percent) (see Exhibit 4).

Exhibit 4. The majority of participating parents were Hispanic/Latinx



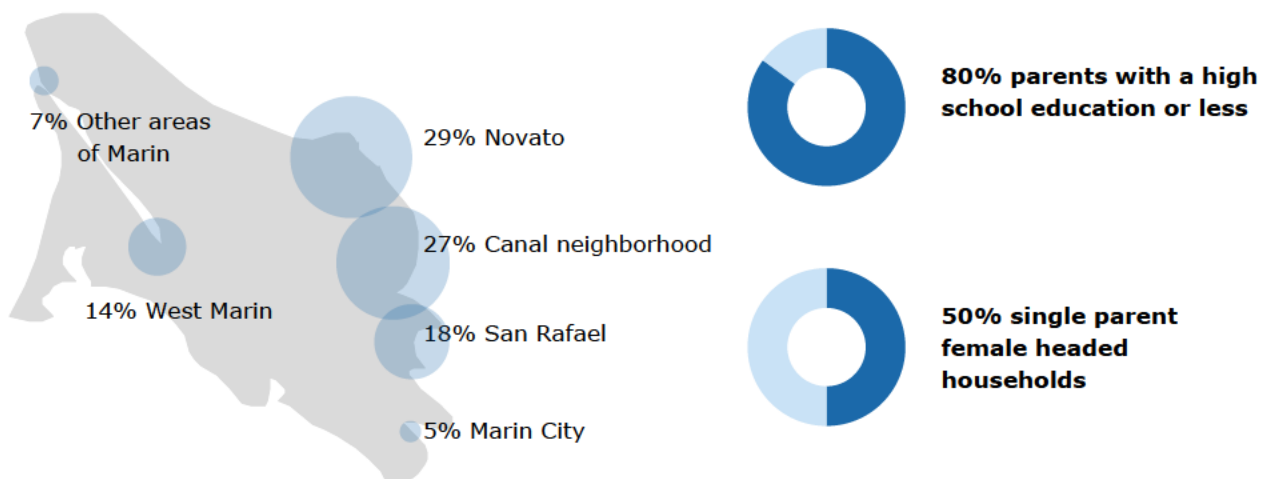
In FY 2018-2019, the majority of parents were primarily Spanish-speaking (84 percent). A small number of families spoke English (13 percent) or another language (3 percent) as their primary language.

Participating families lived in Novato (29 percent), the Canal neighborhood (27 percent), and San Rafael (18 percent). A smaller percentage lived in West Marin (14%), Marin City (5%), or another area of Marin (7%) (see Exhibit 5).

While the evaluation did not collect qualitative data on parents' experiences during FY 2018-2019, additional demographic data suggest that AQC/HEAL reached families who could most benefit from reduced child care costs and more time to advance their education and career goals (see Exhibit 5). In particular:

- Eighty percent of parents served in FY 2018-2019 had a high school education or less, with 56 percent having no high school diploma.
- Approximately 50 percent of households were single parent female-headed.

Exhibit 5. AQC/HEAL reached high-need families in the county



Families received additional services from MC3 to meet their needs

In addition to offering child care vouchers, MC3 also provides other services to help families meet their needs. In FY 2018-2019:

- All 97 participating families completed needs assessments to help MC3 determine the types of supports from which they could benefit.
- As a result of these needs assessments, AQC staff referred 35 families to social support services, including food banks, housing support, and immigration legal services.
- AQC staff completed 226 Ages and Stages Questionnaires (ASQs) to help parents understand their child's development, identify children who may have developmental delays and, if needed, create plans that articulate services and referrals to support their development. In FY 2018-2019, ASQs did not result in any educational and developmental plans.

- MC3 offered 20 parent workshops and education events that covered topics such as child development, financial literacy, nutritional eating on a budget, and children's physical activity.
- Six AQC sites offered parent involvement activities.

AQC/HEAL is particularly interested in how access to affordable child care can help parents to pursue additional education and workforce training. In FY 2018-2019, two parents reported participating in workforce training programs, and no parents reported participating in English as a Second Language (ESL) courses during this time. Further exploration is needed to understand what contributes to this low level of participation, including potential barriers as well as whether these are the right resources for parents.

Parent Voices

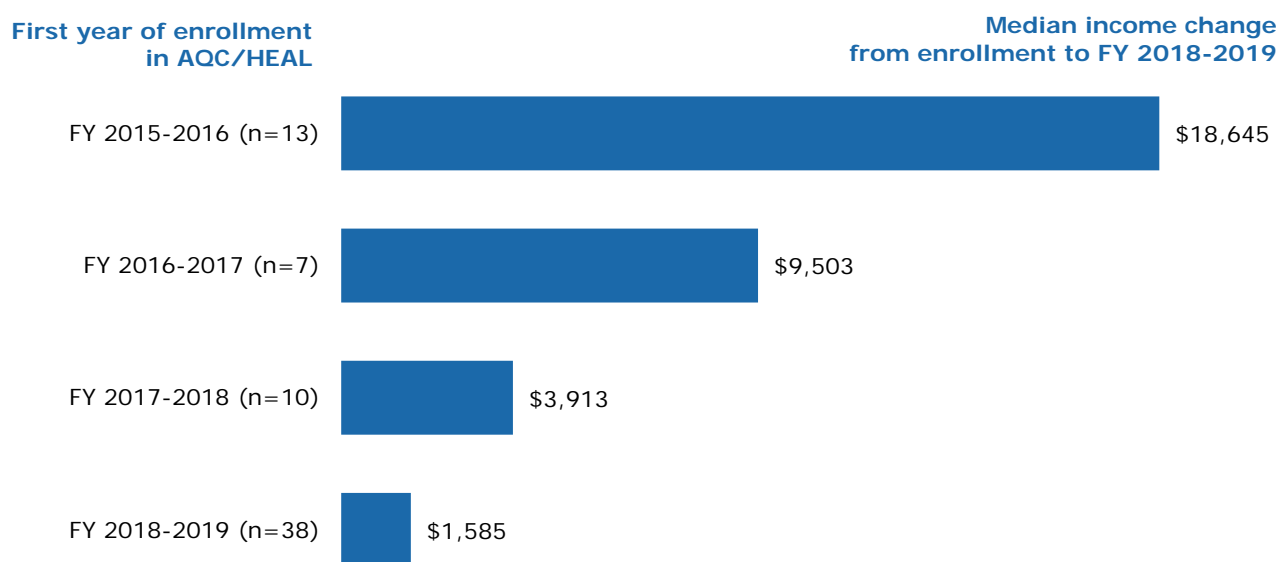
A key objective of the AQC/HEAL Initiatives is to respond to the historical conditions that led to current health and social inequities. To this end, MC3 hosts monthly meetings for Marin County's local chapter of Parent Voices, a statewide network of parent-led groups advocating for affordable access to quality child care. Through monthly meetings, parents have the opportunity to gain leadership skills, receive advocacy training, and build relationships with other members of their community. In addition, parents are connected with advocacy opportunities, including an advocacy day at the state capitol where parents can share their experiences with policymakers. In 2018, 75 percent of AQC parents participated in at least one Parent Voices activity. The development of parents' leadership and advocacy skills will continue to be a critical strategy for achieving equity in access to child care.



Families increased their economic self-sufficiency while enrolled in AQC/HEAL

Income is one indicator used by AQC/HEAL to understand how family economic self-sufficiency has changed over time. At the end of FY 2018-2019, median family income for families was \$51,044, compared to \$35,341 at enrollment.¹² Families that participated in AQC/HEAL for the longest amount of time experienced the largest median increase in income. Specifically, families that participated in AQC/HEAL for four years (i.e., who enrolled in FY 2015-2016 and were still enrolled in FY 2018-2019) had the largest median income increase (\$18,645). Increases in median income were more modest for families participating in AQC/HEAL for a shorter period (see Exhibit 6).

Exhibit 6. Families enrolled in AQC/HEAL the longest experienced the largest median increase in income



Although changes in income cannot be attributed solely to participation in AQC/HEAL and are not adjusted for other factors, these findings point to the positive contributions that participation may have on family self-sufficiency. The AQC/HEAL evaluation will continue to explore these promising early outcomes in FY 2019-2020. In particular, qualitative data collection with staff, child care providers, and parents will help to provide additional context about the ways in which AQC/HEAL participation contributes to increases in family income, and explore additional aspects of self-sufficiency such as the effectiveness of connections to other social supports. Family income will also continue to be analyzed in FY 2019-2020 to monitor current trends and examine other factors that may be associated with these observed increases.

¹² Median family income was calculated for 68 families that provided updated income information at the end of FY 2018-2019, when MC3 recertified participating families. Families were excluded if they exited AQC/HEAL during or prior to the end of FY 2018-2019, or did not provide updated information at the end of FY 2018-2019. Methodology used in previous evaluation reports focused on parent income rather than family income. Because of this change in methodology, these findings should not be compared to prior AQC/HEAL evaluation reports.

Providers participating in AQC/HEAL

While many child care quality improvement programs directly enroll child care providers, AQC/HEAL takes the unique approach of allowing families to take their vouchers to the child care site that meets their needs. As a result, AQC/HEAL reaches providers who might not otherwise know about MC3 or about these Initiatives, or elect to participate in a child care quality improvement initiative.

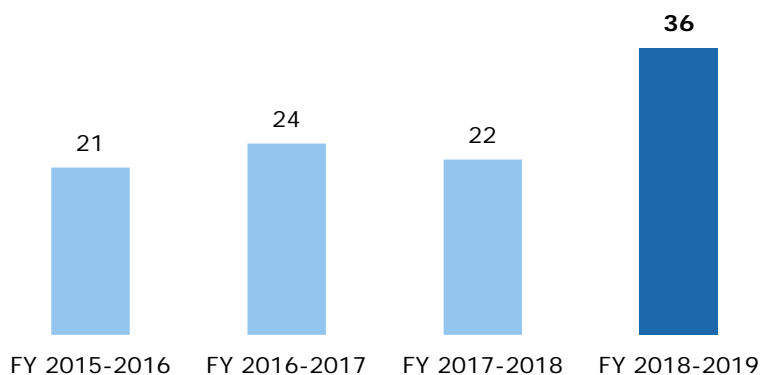
This section includes findings on providers who participated in AQC/HEAL in FY 2018-2019 and how they've benefited from participation.

The number of providers participating in AQC continued to grow

In FY 2018-2019, 36 child care providers across Marin County participated in the AQC Initiative, including 12 child care centers and 24 family child care homes. This number has continued to increase since the Initiative began (see Exhibit 7).

MC3 staff noted that, as the Initiatives have become more established, an increasing number of providers are interested in enrolling children who have AQC/HEAL vouchers. According to one MC3 staff member, "Parents were having a hard time finding providers who would take the voucher [at the beginning of the Initiative]. Now, [providers] call and see if we will place kids with them."

Exhibit 7. In FY 2018-2019, 36 child care providers participated in AQC



* Data reflect number of providers enrolled at the end of each fiscal year.

Providers received stipends for their AQC/HEAL participation

To incentivize participation in AQC/HEAL, providers receive a stipend for each AQC/HEAL child age 0-3 who is enrolled at their site. These stipends help to compensate providers for their time working with their coach to improve the quality of their early care programs. On average, providers receive \$1,000 annually for each enrolled AQC/HEAL child.¹³ In total, providers received \$67,000 in stipends during FY 2018-2019 to support improvements to their childcare programs.

"Parents were having a hard time finding providers who would take the voucher at the beginning of the Initiative. Now, providers call and see if we will place kids with them."

– MC3 Staff Member

¹³ Stipend amounts are adjusted based on total length of time that AQC/HEAL children are enrolled at each site.

Retention funding helped to close provider reimbursement gaps

For three state-subsidized child care sites, AQC/HEAL supports the retention of state Title 5 Infant/Toddler funds. Offering infant/toddler care is more expensive for providers in high-cost areas such as Marin; however, state reimbursement rates are not adapted to these geographic variations in cost. As a result, state-subsidized child care sites often return funds to the state or shift their resources towards preschool slots. By helping to close this gap, the AQC Initiative helped Title 5 sites in the county to retain 22 infant/toddler slots and over \$557,000 in state funding in FY 2018-2019.

Providers participating in AQC received individualized support from coaches to improve the quality of their programs

Providers in AQC receive tailored, ongoing support from MC3's AQC coaches. Upon enrollment, an AQC coach meets with each site to establish a relationship with staff, and conducts a series of site visits to observe the site environment, staff interactions, and teacher/child interactions. Together, the AQC coach and site staff develop a plan to address specific areas for improvement. AQC coaches help sites track progress on these quality improvement plans through ongoing site visits, technical assistance, coaching, trainings, and peer learning opportunities. These quality improvement plans are reviewed and updated on an ongoing basis to reflect successes and new areas of focus. To meet the linguistic needs of participating providers, MC3 employs both English-speaking and Spanish-speaking AQC coaches.

In FY 2018-2019, AQC coaches conducted 47 provider trainings, 483 site visits, 495 coaching sessions, and 1,794 on-site and email based technical assistance sessions (see Exhibit 8).

Exhibit 8. Child care providers receive ongoing support from AQC coaches



47 provider trainings



483 site visits



495 coaching sessions



1,794 technical assistance contacts

HEAL supported providers to make policy, systems, and environmental changes that improve nutrition and physical activity environments

Child care providers who choose to participate in HEAL receive additional support from MC3 to improve their nutrition and physical activity environment by making policy, systems, and environmental (PSE) changes. All participating providers work with their HEAL coach to complete a self-assessment of their current nutrition and physical activity environment.¹⁴ Based on the results of this assessment, the HEAL coach and provider work together to develop an action plan for improving their site environment and activities to support healthy eating and physical activity for enrolled children and their families.

Trainings for child care providers

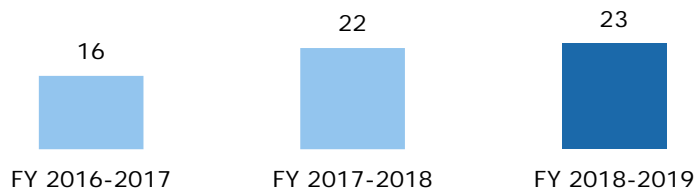
Each year, MC3 offers a variety of trainings for child care providers. These trainings are open to AQC providers and any other interested child care providers in Marin County. In FY 2018-2019, 32 AQC providers and 102 non-AQC providers participated in the following trainings:

- Strengthening Your Child Care Business
- ECO-Healthy Child Care/Household Chemicals
- Preventing Burnout and Compassion Fatigue through Self-Care
- Oral Health
- Zero Waste Marin
- Nourishment Made Simple
- Emotional Literacy

¹⁴ Sites currently use the Creating Healthy Opportunities in Child Care Environments (CHOICE) assessment, developed by the Contra Costa Child Care Council.

In FY 2018-2019, 23 AQC child care providers (64 percent) participated in the HEAL Initiative.¹⁵ The number of HEAL participants has continued to rise since the Initiative began reporting in June 2017 (see Exhibit 9).

Exhibit 9. In FY 2018-2019, 23 AQC child care providers participated in HEAL*



* Data reflect number of providers enrolled at the end of the fiscal year. An additional two sites did not participate in AQC in FY 2018-2019 but continued to participate in HEAL.

To make PSE changes, HEAL staff offer ongoing technical assistance to providers, as well as education workshops for staff. In FY 2018-2019:

- Providers participated in 214 total one-on-one technical assistance sessions with HEAL staff.
- 42 child care site staff participated in 14 different HEAL workshops covering topics such as food demonstrations, healthy recipes and shopping lists, gardening, and incorporating physical activity into everyday life.
- Since July 2017, HEAL has provided over \$70,000 in mini-grants to participating providers to purchase items that promote healthy nutrition and increased physical activity. Improvements made with mini-grants included play equipment, handwashing stations, and breastfeeding areas for mothers and young children.

As a result of these efforts, the majority of participating providers made policy, systems, and environmental changes in FY 2018-2019. Improvements made to providers' environments generate ripple effects that help achieve the related goals of the AQC Initiative. Environments that are more sanitary, engaging, and encouraging of physical activity set children and families up for life-long success and self-sufficiency, in addition to improving their health and nutrition. Exhibit 10 provides examples of these PSE changes.

Exhibit 10. The majority of HEAL sites implemented policy, systems, and environmental changes*

Number of providers that implemented changes		Examples of changes
Policy Change	18	Garden-based learning; Celebration activities; Feeding practices and mealtime habits; Screen time reduction; Health and safety
Systems Change	18	Garden-based education; Family style eating; Play activities with increased physical activity; Parent outreach/engagement
Environmental Change	16	Improvement of indoor/outdoor furniture; Creation of a safe sleep environment; Addition of changing table(s); Improvement of outdoor play area (covering, addition of bikes/helmets)

* Providers are counted once per category of change (policy, systems, or environmental change).

¹⁵ An additional two sites did not participate in AQC in FY 2018-2019 but continued to participate in HEAL.

HEAL Highlight: Montessori of Central San Rafael

At Montessori of Central San Rafael, a child care provider involved in the AQC/HEAL Initiative, site leaders and MC3 staff collaborated to develop an action plan suited to the needs of children and their families. Working within their available environment, staff transformed an under-utilized area of the site into an interactive and inviting space for children. This area now has a “community village” for imaginative play, an area for quiet time, and other puzzles and toys for children to engage with throughout the day.

Before



After



HEAL providers demonstrated strong leadership skills by participating in HEAL Champions.

HEAL Champions are child care sites that commit to attending at least three trainings related to setting goals around nutrition and physical activity. Participation in the HEAL Champion program offers the opportunity to learn more deeply about best practices related to HEAL, and share resources with other providers about creating policies and activities for their own classrooms. Three HEAL Champion sites received “Growing Strong” Awards, recognizing their additional strides in reaching their nutrition and physical activity goals. As one HEAL champion shared, “I’ve learned how to be more aware of the importance of healthy eating and physical activity for everyone.”

MC3 Organizational Capacity

In addition to understanding how families and child care providers benefited from AQC/HEAL, MC3 and MCF were also interested in exploring how MC3’s own organizational capacity has changed over time.

During FY 2018-2019, these efforts led to the following successes:

- **New funding.** MC3 received \$25,000 in new resources from Kaiser Permanente to support its HEAL Champions Initiative.
- **Integrated trainings for AQC and HEAL staff.** MC3 is working to ensure that staff are knowledgeable about both Initiatives. For example, HEAL staff receive training on child development and effective teacher-child interactions, and AQC staff learn about healthy eating for child development. This integrated approach reflects the complementary nature of the Initiatives for participating families and providers, as well as for MC3 staff.

- **Improvements to MC3's HEAL policies.** Similarly, MC3 changed some of its own organizational policies and procedures to better support nutrition and physical activity in the workplace. These changes include new allowances for wellness time during work hours, and guidelines to reduce consumption of soft drinks within the office. As MC3 staff shared, these policy changes have helped to reinforce healthy behaviors among staff, model healthy behaviors for participating families who come to the office, and demonstrate the tangible impact that can be made through PSE changes.
- **Partnerships with Marin County stakeholders.** MC3 staff continue to coordinate with other organizations in the county whose work aligns with AQC/HEAL's goals. These partners include the Marin County Office of Education's Quality Rating Improvement System (QRIS), workforce development agencies, College of Marin, the Marin County Department of Health and Human Services and other safety-net organizations, and local nonprofits focused on gardening and nutrition. Continued collaboration with these stakeholders is an important step to achieving system-wide changes in access to child care, as well as early childhood health and well-being.

Limitations

There were several limitations affecting reporting in FY 2018-2019. Because Harder+Company joined the evaluation in July 2019, data in this report reflect previously collected statistics. Further, qualitative data collection did not occur in FY 2018-2019, thereby limiting insights into parent and provider experiences in greater detail. Evaluation in FY 2019-2020 will include more robust methods in order to better understand these important aspects and outcomes of the Initiatives.

Conclusion

In FY 2018-19, AQC/HEAL continued to be an important way for families to access affordable, high-quality child care integrated with supportive services and resources. For underserved communities in Marin County, the Initiatives ensured access to tools and resources necessary to work towards social and economic self-sufficiency. Through AQC, parents received supports to increase their ability to work and pursue their education. Through HEAL, parents could be confident that children were being cared for in healthy and safe environments offering rich opportunities for children to learn, play, and grow.

For child care providers, AQC/HEAL offered a robust opportunity to improve the physical and developmental environments of family child care homes and child care centers. Quality improvement supports such as trainings, coaching sessions and technical assistance gave providers access to the resources necessary to improve the quality of their programs. Through HEAL, providers had access to targeted supports such as educational workshops, technical assistance and mini-grants for improving their practices and environments related to nutrition and physical activity.

Finally, MC3 continued to make strides towards sustaining AQC/HEAL. MC3 improved trainings for AQC/HEAL so staff are well versed in both Initiatives. Organizational culture has also shifted, creating a healthier and more active environment for staff. Finally, MC3 continued developing partnerships with county stakeholders to advance the goal of system-wide improvements to child care and well-being.

Looking Ahead

The following priorities and focus areas have emerged as MC3 and MCF plan for the fifth year of AQC/HEAL implementation in Marin County:

- **Maintain AQC/HEAL's expanded reach.** With support from the Buck Family Fund of MCF, AQC/HEAL has been able to increase the number of 0-3 year olds served, while also expanding its reach to four-year-olds who would have previously aged out and may have been without subsidized child care before kindergarten. MC3 and MCF remain committed to continued inclusion of four-year-old children and their parents.
- **Continue to support Title V centers to serve the county's highest need infants and toddlers.** Currently, three sites in Marin County receive state Title 5 Infant/Toddler funds. Given both the scarcity of infant/toddler slots and the high market-rate cost of this care, there is a critical need to retain these slots for low-income families in the county. The AQC/HEAL Initiatives plan to continue supporting these sites to retain state funding and keep offering subsidized infant/toddler child care slots for low-income families.
- **Deepen parent engagement.** Parents are critical stakeholders in the AQC/HEAL Initiative; thus, efforts to engage parents more deeply will continue to be a priority. Parent Voices is a key program that can help parents develop their leadership skills and advocate for systems and policy change. In addition, MC3 could augment their own parent engagement activities by further articulating their parent engagement strategy and supporting more providers to integrate parent activities and supports into their programs. Finally, the FY 2019-2020 evaluation will offer additional opportunities for parent engagement in the development of data and recommendations that can inform ongoing program implementation.
- **Continue to explore the supports that families need to succeed.** MC3 provides referrals to connect families with social services and other resources to meet identified needs, including ESL classes and workforce training opportunities. Further exploration of these referrals—including whether families get connected with services after referral, how well those referrals satisfied those needs, and what barriers families face to fully participate in these services—could strengthen the impact of AQC/HEAL's efforts to support family self-sufficiency.
- **Identify additional ways to increase MC3 organizational capacity and data capacity.** In each subsequent year, MC3 has taken new steps towards increasing its capacity to lead these Initiatives. Ongoing evaluation should focus on identifying additional strategies to support organizational growth. In particular, MC3 may benefit from continued efforts to deepen relationships and collaboration with other organizations doing quality improvement and HEAL work. With MCF and Harder+Company's support, MC3 can also continue to explore opportunities to continue increasing their capacity to use data for quality improvement. These opportunities include: adding new functionality and features to existing databases, identifying ways to streamline data entry, and updating data collection tools and processes.

- **Continue integration of AQC and HEAL.** While significant progress has been made to integrate AQC and HEAL into a comprehensive quality improvement initiative, MC3 and MCF plan to pursue further opportunities to ensure that both components fully complement and reinforce one another.
- **Integrate new evaluation approaches.** In collaboration with Harder+Company, MC3 and MCF will revisit the evaluation approach and data collection methods to ensure that it meets both organizations' learning and sustainability goals. New evaluation approaches in FY 2019-2020 will include integration of more participatory evaluation methods, revisiting key metrics and tools for capturing AQC/HEAL progress, and additional data capacity-building supports that ensure high-quality data that support ongoing quality improvement.