II

THEMES AND CASE STUDIES

THEME 4: SYSTEMS COORDINATION & REFORM

Across interviews, there was a strong sense that the child care system operates in silos, with limited coordination among sectors such as early learning, health care, and family support services. Participants described how families are often left to navigate these disconnected systems on their own, while providers frequently assume informal navigator roles without adequate support. At the same time, there was a clear call for stronger collaboration, improved technical assistance, greater inclusion of provider voices in decision-making, and stronger infrastructure to support long-term systems change. Many participants emphasized the need for coordinated leadership and sustained investment rather than isolated or short-term solutions. Together, these perspectives highlight the importance of integrated approaches to strengthening the child care system. The case studies that follow demonstrate how coordination, partnership, governance structures, and system-level reforms can help address these challenges in practice.

THEME 4: SYSTEMS COORDINATION & REFORM

CASE STUDY 7: HELP ME GROW

Inland Empire interview connection:
"Families don't always know the resources available until they meet somebody who says, 'Here, these are the resources for you.'" — Family child care provider interview [C7]

Help Me Grow is a national systems coordination model designed to connect families to early childhood resources through a centralized access point, family and community outreach, child health provider outreach, and data collection. It does not replace existing services. Instead, it creates a coordinated "front door" so families, providers, pediatricians, and community organizations can navigate services more effectively.

Inland Empire interviewees described fragmented systems, confusing eligibility processes, lack of trust, language barriers, and limited warm handoffs. Providers often become informal navigators for families, helping them understand subsidies, developmental concerns, county programs, and early learning options. Help Me Grow responds to this exact problem by creating a formal system for navigation and referral.

Implementation approach:
Help Me Grow systems typically include a centralized access point, outreach to families and communities, outreach to child health providers, and data collection for continuous improvement. Families can be connected to developmental screening, early intervention, child care resources, parenting support, and community services.

Funding strategy:
Funding varies by state and locality. Help Me Grow systems often braid funding from public health, early childhood agencies, Medicaid-related partnerships, philanthropic grants, First 5 agencies, and local government. The model's strength is that it coordinates existing services rather than requiring every service to be newly created.

Outcomes and impacts:
Help Me Grow is used across multiple states and localities to improve early identification, referral, and linkage to services. Its strongest value is systems coordination: helping families move across health, early learning, developmental, and family support systems.

Limitations:
A referral line alone is not enough. If there are not enough child care slots, early intervention providers, or bilingual navigators, families may still face barriers. Help Me Grow must include follow-up, warm handoffs, data tracking, and accountability.

Key lessons for the Inland Empire:
The Inland Empire would benefit from a multilingual centralized navigation hub connected to child care, First 5, pediatric practices, county agencies, resource and referral systems, and community-based organizations. The model should prioritize trust-building with immigrant families, Spanish-speaking providers, and families working nontraditional schedules. Help Me Grow also offers a way to collect data on unmet needs, which can strengthen county policy advocacy.

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CASE STUDY 8: FIRST 5 CALIFORNIA COUNTY INFRASTRUCTURE MODEL

Inland Empire interview connection:
"Policies will be more effective when they are informed by the lived experiences of providers on the ground." — Provider systems interview summary [C8]

First 5 California is a statewide early childhood infrastructure model created by Proposition 10, the California Children and Families Act of 1998. Funded through tobacco tax revenue, First 5 supports programs for children from the prenatal stage through age five, including health, parent education, child care, and family support. Funds are distributed through a statewide commission and county-level First 5 commissions.

Unlike the other case studies, this is not an outside model that would need to be imported. The Inland Empire already has First 5 Riverside County and First 5 San Bernardino. It is an existing infrastructure that could be strengthened, aligned, and used more strategically for infant/toddler child care systems reform.

Implementation approach:
First 5 uses a county-based structure that allows local commissions to respond to local needs. This is important for the Inland Empire because Riverside and San Bernardino Counties face different geography, provider markets, transportation challenges, and population needs. County-level implementation allows for more targeted investments in family support, quality improvement, systems coordination, and early childhood partnerships.

Funding strategy:
First 5 is funded through Proposition 10 tobacco tax revenues. Eighty percent of tobacco tax funds are distributed to county commissions based on birth rates, while a portion supports statewide work. This structure gives counties flexible funding for early childhood priorities.

Outcomes and impacts:
First5 has supported early childhood programs across California for decades, including homevisiting, developmental screening, parent education, quality improvement, andchild careinitiatives. It has helped build local early childhood capacity and created a policy platform for children ages 0–5.

Limitations:
Tobacco tax revenue declines over time as smoking decreases. This creates sustainability challenges. First 5 also cannot solve thechild carecrisis alone, especially if funding is not aligned with state subsidy systems, workforce compensation, licensing reform, and provider voice.

Key lessons for the Inland Empire:
First 5 should beviewed as a regional systems leader rather than solely a funding agency. The Inland Empire interviews highlighted fragmented services, difficulties navigating resources, workforce shortage, provider sustainability challenges, and limited opportunities for provider input in policy decisions. These findings suggest that strengtheningcoordination across agencies may be just as important as expanding funding.

Based on the interview findings and the First 5 model, several regional policy and program changes could be considered. First, First 5 San Bernardino could expand investmentsin multilingual family navigation systems that help parents access child care subsidies, developmental screenings, health services, and early intervention programs through a single point of entry. Second, counties could establish formal provider advisory councils to ensure that familychild careproviders, center directors, and community-based organizations have a direct role in shaping local early childhood policies. Third, First 5 agencies could increase targeted investments in infant and toddler care through provider micro-grants, facility improvement funding, and workforce development supports, particularly in communities identified as child care deserts.

The interviews also suggest a need for stronger coordination between First 5 commissions, Local Planning Councils, Resource and Referral agencies, school districts, county agencies, and community-based organizations. As California continues implementing Universal Prekindergarten (UPK), local partners should work together to reduce unintended disruptions to the mixed-delivery system and ensure that family child care homes and community-based providers remain financially sustainable.

Finally, because Proposition 10 tobacco tax revenues continue to decline, regional leaders should explore additional funding mechanisms that can sustain early childhood investments over the long term. Potential strategies include public-private partnerships, county children's funds, employer-supported child care initiatives, and advocacy for increased state investment in infant and toddler care. Rather than relying on a single funding source, the Inland Empire could benefit from a diversified financing strategy that strengthens both service delivery and systems coordination.

References

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A special thank you to:

IECC Staff and IE Children's Cabinet child care providers who helped shed light on the opportunites the Child Care sector has to grow and equitably meet the needs of children everywhere. And a heartfelt thank you to our IECC Rooted & Rising intern with the UCR Graduate School of Public Policy, Elizabeth Lopez for her work in championing child care.

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