

Dismantling Silos and Improving Equitable Access to Early Intervention Services for Children (Birth-Five)

INSIGHTS FROM THE FIELD

Collected by the San Francisco Early Intervention & Inclusion Equity Taskforce

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Dismantling Silos and Improving Equitable Access to Early Intervention Services for Children (Birth-Five)

Insights from the field

A White Paper Published by
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About This Paper

This white paper is grounded in the findings and data collected by the **San Francisco Early Intervention & Inclusion Equity Taskforce**, including insights from an extensive survey of more than 400 educators, providers, coaches and advocates in San Francisco. It examines the structural barriers that limit equitable access to early intervention services and offers actionable pathways to bridge the gaps and advance inclusion across San Francisco's early childhood education settings.

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About the Work Group

Acknowledgments

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Participating Agencies

- Compass Family Services
- Cross Cultural Family Centers
- FACES SF
- Felton Institute
- Golden Gate Regional Center
- Good Samaritan Family Resource Center
- Kai Ming Head Start
- Linguistic Connections
- MNC Inspiring Success
- San Francisco Department of Early Childhood
- San Francisco Department of Public Health
- San Francisco Family Child Care Association
- San Francisco State University
- San Francisco Unified School District
- Support for Families of Children with Disabilities
- True Sunshine Preschool
- Wu Yee Children’s Services

Executive Summary

This white paper discusses structural barriers to early intervention (EI) and inclusive preschool education for children with special needs ages 0–5 in San Francisco. Based on a citywide survey of educators and administrators, the findings point to a system under strain, where gaps in training, coordination, and support prevent many children from accessing the services they are legally entitled to. These gaps disproportionately affect children with special needs from multilingual, immigrant, and low-income communities.

Key Survey Findings

- 1. Educators and Providers Are Underprepared and Under Supported:** Teachers, directors, and administrators report feeling ill-equipped to meet the needs of children with special needs. High caseloads, limited training in inclusion and education practices, and inconsistent access to embedded specialists contribute to burnout and turnover, weakening service continuity during critical developmental windows. Specialized roles are difficult to fill, and ongoing professional development is often inconsistent or not aligned with real-time classroom/program needs.
- 2. Fragmented Systems Delay Access to Services:** Surveyed responders identified early intervention and special education referral processes as complex and confusing for both providers and families. Siloed communication between SFUSD, Golden Gate Regional Center, Title V, Early Head Start programs, Family Childcare Providers, and other agencies creates delays in assessments, eligibility determination, and service delivery. Even children who meet eligibility can have unaddressed needs due to gaps in available support. Limited transparency in these systems leaves families struggling to navigate the steps required to access timely services.
- 3. Logistical, Accessibility and Engagement Barriers Persist:** While families were not directly surveyed, educators cited limited engagement as a key concern, pointing to challenges with language access, trust-building, and navigating bureaucratic systems. Families face challenges with service timing, location, and transportation, making participation difficult especially for working families, and forcing them to choose between childcare and special education services for their children. Language barriers, lack of clear guidance on system navigation, and a bureaucratic system further hinder engagement and understanding. Stigma or fear associated with labeling children for special education also discourages families from seeking support and services.
- 4. Deficit-Based Approaches Limits Strength-Based Supports:** Survey highlights show that children and families are often viewed through deficit-focused lenses.
 - a. Eligibility gaps and formal diagnosis limits exclude children who would benefit from support and services.
 - b. Children are framed as aggressive or disruptive
 - c. Families are framed as uncooperative or “in denial”
 - d. Community-level deficit thinking reinforces inequities

Shifting toward a strength-based paradigm, centering children as capable learners and family assets are critical for equitable, inclusive early intervention.

- 5. Insufficient Resources and Funding Undermine Supports:** Administrators cited challenges in having funding, access and/or recruiting for specialized roles, such as speech and language pathologists (SLPs), early intervention specialists (EIS), social emotional & learning specialists (SELS) to meet the growing need and demand in their programs. These positions are difficult to fund, recruit and fill, and access is often limited to grant-funded pilots. As a result, many programs lack embedded expertise needed to effectively serve children with special needs. This shortage, combined with workforce gaps, limits capacity to provide inclusive, timely and place-based services.

Readiness Data Highlights Structural Gaps

<p>SFUSD administers the Kindergarten Readiness Inventory (KRI) during the first month of kindergarten. It evaluates children across four domains:</p> <ul style="list-style-type: none"> ● Early literacy ● Numeracy ● Fine Motor Skills ● Social-Emotional Learning (SEL) <p>Children with disabilities and special needs scored the lowest across all four KRI domains.</p>	<p>Who Faces the Most Barriers? Readiness scores are lowest among:</p> <ul style="list-style-type: none"> ● Children with disabilities and special needs ● English learners ● Latine and African American/Black students
<p>What This Means</p> <ul style="list-style-type: none"> ● Gaps in kindergarten readiness do not reflect deficits in children. ● They reveal failures in access, inclusion, and early support. ● Investing in an inclusive, place-based and culturally responsive early intervention system of care is essential to disrupt long-term disparities. 	

I. Introduction

Inclusive early childhood education is a federally guaranteed civil right, yet for countless young children with disabilities, this promise remains unfulfilled. Across California, over 60% of families and 72% of low-income households live in child care deserts with inadequate access to licensed providers.¹ Despite this, there is limited intersectional research on how this shortage impacts children with disabilities and special needs, particularly in high-cost cities like San Francisco. The lack of disaggregated, intersectional data on race, language, disability, and geography masks disparities and limits accountability. Furthermore, without a critical lens, policymakers cannot design equitable solutions to address the compounding effects on marginalized communities. For families navigating early intervention services, they may face inequitable barriers, with Black, Latine, Asian, and Indigenous children potentially experiencing a greater risk of missed developmental windows due to systemic gaps in early care and education.

Current Political Context and Threats to Special Education Infrastructure

Recent federal proposals threaten the infrastructure supporting special education and early childhood inclusion. In 2025, Donald Trump announced plans to dismantle the U.S. Department of Education, proposing to shift special education oversight to the Department of Health and Human Services and enforcement to the Department of Justice.^{2,3} While the Individuals with Disabilities Education Act (IDEA) would technically remain in place, experts warn that this administrative reorganization could severely disrupt delivery services and undermine decades of progress in inclusive education.⁴ These proposed changes come amid broader attacks on diversity, equity, and inclusion (DEI) initiatives in schools, with Trump threatening to cut federal funding to states like California that continue to uphold protections for LGBTQ+ or maintain DEI initiatives.⁵

California education advocates have raised alarm over these threats, citing the potential for rippling effects across special education services, particularly if Medicaid or Head Start funding is also cut.⁶ Head Start serves over 70,000 children across California and is vital in supporting

¹ Stupi, A. (2023). *What does it mean for kids to live in one of California's 'child care deserts'?* USC Center for Health Journalism.

<https://centerforhealthjournalism.org/our-work/insights/what-does-it-mean-kids-live-one-californias-child-care-deserts>

² U.S. Department of Education. (2025, March 20). *Statement on President Trump's Executive Order to Return Power Over Education to States and Local Communities* [Press Release].

<https://www.ed.gov/about/news/press-release/statement-president-trumps-executive-order-return-power-over-education-states-and-local-communities>

³ Jones, C. (2025, April 25). *Trump is dismantling the education department. How that might harm special education.* CalMatters. <https://calmatters.org/education/k-12-education/2025/04/special-education-2/>

⁴ Gallegos, E. (2025, May 19). *Trump proposals for students with disabilities create confusion and fear.* EdSource. <https://edsource.org/2025/federal-proposal-special-education/732880>

⁵ Fry, H., Blume, H., Henson, S., & Luna, T. (2025, May 27). *Trump threatens to strip federal funds to California over transgender youth athletes.* Los Angeles Times.

<https://www.latimes.com/california/story/2025-05-27/trump-threatens-to-cut-funding-to-california-over-youth-transgender-sports>

⁶ Graves, S., Nair, N., & Pryor, L. (2025). *California at Risk: Proposed Federal Funding Cuts Jeopardize Key Services.* California Budget & Policy Center.

<https://calbudgetcenter.org/resources/california-at-risk-proposed-federal-funding-cuts-jeopardize-key-services/>

children with disabilities in high-needs communities.⁷ The potential defunding of these programs risks destabilizing an already strained system, undermining access and equity for the very children these policies claim to protect.

This white paper examines the structural barriers contributing to delays in early intervention services for children with special needs in San Francisco and proposes actionable solutions to ensure equitable access. By answering the following questions, this paper aims to inform policy, funding, and practice to eliminate delays and ensure all children and families receive critical early support.

1. **Systemic Challenges:** What barriers prevent educators and administrators from providing timely, inclusive early intervention services to children aged 0–5 with special needs in San Francisco?
2. **Pathway to Solutions:** What strategies can be implemented at the systemic and local levels to address these challenges?
3. **Funding and Policy:** What recommendations are for potential funders interested in supporting equitable early intervention? What is California investing in early childhood special education, and how do its policies align (or conflict) with local needs? What does the state say about the barriers to this?

Problem Statement

San Francisco faces a crisis in early intervention for children with special needs. Access remains inequitable despite federal protections like the Individuals with Disability Education Act (IDEA) and California’s Early Start Program, the nation’s largest early intervention system, averaging about 8,400 monthly referrals. While CA Early Start serves 4.44% of children under three (above the 3.66% national average), it reaches only 1.10% of infants under one, falling short of the 1.25% benchmark (California DDS, 2024). These averages also mask stark disparities. In April 2022, just 17 San Francisco children under three had IFSPs, down from 26 in 2019–2020, a decline tied to pandemic-driven screening disruptions (CPAC, 2023). Meanwhile, IEPs for ages 3–5 surged from 658 to 1,079, yet these numbers are actually worse than they at first appear. In 2022, the eligibility threshold for early intervention services was lowered from a 33% to a 25% delay, meaning more children should have been identified for services, and the fact that identification still rose so sharply points to critical gaps in early detection, access to services, and accommodations within early childhood.

Geographic disparities

Disparities in access are not evenly distributed across the city. Zip codes with the highest number of children ages 3-5 receiving IEP services include Outer Richmond/Sea Cliff (94121: 224 children), Parkside/Forest Hill (94116: 187), and Inner Mission/Bernal Heights (94110: 112); these neighborhoods reflect a mix of need and available infrastructure. Meanwhile, communities with the **highest unmet needs**, such as **Bayview-Hunters Point (94124)**, **Excelsior (94112)**, and **Visitacion Valley (94134)**, continue to report significant barriers to access, including long waitlists, workforce shortages, and limited inclusion supports (CPAC, 2023; DCYF CNA, 2022). These southeast neighborhoods, including the **Tenderloin**, **Chinatown**, and **South of Market**, are home to many of the city’s Black, Latine, immigrant, and low-income families, and were

⁷ Jones, C. (2025, May 9). *Head Start braces for cuts under Trump proposal; CA providers warn of major impact*. CalMatters. <https://calmatters.org/education/2025/05/head-start-california/>

disproportionately affected by pandemic-related income loss, housing instability, and food insecurity.⁸

Linguistic Barriers

Linguistic access barriers compound these challenges. Over 41% of San Francisco children under five live in households where a language other than English is spoken. Yet only 43% of early education centers have Spanish-speaking staff, and just 38% have Chinese-speaking staff. Other major languages, such as Tagalog and Vietnamese, are even less represented. For multilingual children with special needs, the lack of culturally and linguistically responsive services contributes to delayed referral, misdiagnosis, and under-identification (CPAC, 2023).

Specialized Workforce Shortages and Training Gaps

Structural barriers in workforce development also exacerbate these inequities. As early as 2005, only seven doctoral programs in special education existed across California, and among 65 total doctoral students, just six (9%) specialized in early childhood special education (Evans et al., 2005). This limited pipeline starkly contrasts with the growing need for inclusive education experts. Widespread reliance on part-time faculty weakens program depth and sustainability: 77% of associate's, 70% of bachelor's, and 61% of master's faculty were employed part-time (Stipek, 2018). In 17 counties across California, no early childhood degree programs exist at any level, creating preparation deserts that severely restrict access in rural and underserved areas (Stipek, 2018).

Data Gaps and Systemic Blind Spots

While national studies have documented how Black, Latine, and multilingual children are often under-referred, misidentified, or delayed in receiving early services (Zuckerman et al., 2017; The Education Trust, 2021), local San Francisco data remains limited. Disaggregated information by race, language, and disability status is rarely made public, leaving critical gaps in understanding how systemic factors, such as language access, cultural mismatch in assessments, and bureaucratic navigation burdens, may differentially impact families. Survey findings from San Francisco early childhood providers reinforce these concerns; educators cited limited inclusion supports, long waitlists, and a lack of cultural and linguistic alignment between systems and families as significant barriers to equitable service delivery (Survey Data, 2024).

To build truly inclusive early childhood systems, we must investigate how language barriers, geographic inequalities, workforce shortages, and policy fragmentation intersect to shape outcomes for children with special needs and their families.

Access to subsidized early care and education options is similarly constrained, particularly for infants and toddlers. As of December 2022, 1,368 children ages 0–5 were on the city's waitlist for subsidized childcare, including 559 infants and 298 toddlers.

⁸ U.S. Department of Health and Human Services and U.S. Department of Education (2023) *Policy Statement on Inclusion of Children With Disabilities in Early Childhood Programs*
<https://acf.gov/sites/default/files/documents/ece/policy-statement-on-inclusion.pdf>

Theoretical Framework

This project is guided by the Critical Race Policy Analysis (CRPA) lens. This framework helps us ask who the policy serves, who is being left out, and why. CRPA builds on Critical Race Theory and Critical Policy Analysis to center race, power, and inequality in how educational policies are created and experienced. It challenges us to see that racism isn't accidental but built into the system itself. As scholars like Welton et al. (2024) remind us, policies are never neutral. They reflect the values of those in power and shape opportunities in ways that often go unnoticed unless we interrogate them closely.

We use the concept of Policy as Discourse to understand how policy messages are framed and how certain narratives get prioritized over others.⁹ This helps show how political language on disability, DEI, and inclusion shapes what counts as a “problem” in a racialized way and whose experiences are considered valid. This lens is further deepened by Stein’s conceptualization of policy as a social construct and Shore and Wright’s anthropological approach to policy,¹⁰ which treats it as a field of power and meaning making. Their work positions policy not as a top-down approach but as something enacted, resisted, and interpreted through everyday decisions and interactions.

Together, these approaches help us hold a more honest and layered view of policy attentive to language, power, and lived experience. They help us explore what early childhood disability policy does and to whom it grants access, protection, or exclusion, intentionally or otherwise. By reading between the lines of policy rhetoric and practice, we can better understand how inequality gets reproduced and how community voices might reimagine a more just path forward.

Methodology

This survey is informed by a Community-Based Participatory Research (CBPR) approach.¹¹ While not a complete CBPR study, the survey design reflects key principles of relational accountability, shared knowledge production, and responsiveness to community needs. Early childhood educators and providers who navigate the daily consequences of policy offer critical insight that challenges the abstraction of top-down decision-making. Centering their perspectives helps surface families' structural barriers, including racialized eligibility criteria, inadequate inclusion support, and bureaucratic complexity. Centering these voices affirms that policy analysis must begin with those most affected by exclusion as co-producers of knowledge and solutions.

Data Sources

This white paper uses a multi-source, qualitative synthesis approach to identify structural barriers to inclusive early intervention for San Francisco children ages 0–5. This integrated framework informs the analysis, problem statement, and recommendations. The analysis includes:

- **Literature Review:** Review of peer-reviewed and grey literature sources related to early childhood inclusion, special education systems, and workforce challenges. Sources were categorized by geographic scope and aligned with recurring structural barriers.

⁹ Ball 1993, 2006

¹⁰ Stein 2004; Shore et al. 1997

¹¹ Israel et al. 1998

- **Community Survey:** A citywide survey of early childhood educators, administrators, family childcare providers and coaches highlighting lived challenges to timely and inclusive intervention. Thematic emphasized patterns emerging in historically underserved neighborhoods such as Bayview-Hunters Point, Visitation Valley, Tenderloin, and Mission, and responses were triangulated with federal and research evidence.

II. Literature Review: Barriers and Contributing Factors

What is Inclusion?

The Division for Early Childhood (DEC) and National Association for the Education of Young Children (NAEYC) define early childhood inclusion as embodying "the values, policies, and practices that support the right of every infant and young child and their family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society" (Barlett et al, 2016, pg. 246). Inclusion in early childhood education represents a fundamental philosophy of acceptance, belonging, and community (Barton et al., 2015; Love et al., 2015; Cross et al., 2004). Inclusion aims to create environments where all children can learn and thrive together regardless of their abilities or backgrounds.

While not meant to be a prescriptive or universal approach, there are generally three key principles that define high-quality early childhood inclusion: 1) ensuring access to opportunities to participate in a wide range of activities and environments; 2) providing individualized accommodations and supports to enable full engagement with peers and adults; and, 3) maintaining infrastructure and systems to support inclusive services for children and families (Cate et al., 2010). However, as Erevelles (2014) warns, "Disability is the material manifestation of intersecting oppressions" (p. 91). Thus, true inclusion requires confronting how racism, ableism, and colonialism intertwine to marginalize some children more than others.

Special Education vs. Inclusive Education

Understanding inclusion requires tracing its evolution against the longer arc of exclusion. Special education and inclusive education emerged from divergent ideological and legal foundations. The former developed through behavioral psychology and medical models of disability, emphasizing remediation, categorization, and segregation (Ferguson, 1994). The latter arose from civil and disability rights movements, grounded in critical pedagogy and intersectional justice frameworks. Inclusive education challenges exclusionary systems, rather than modifying them from within (Slee, 2018). It reframes the question from "How do we fix the child to fit the system?" to "How must systems change to support all children?"

The historical roots of special education are deeply entwined with society's treatment of disability. In the late 19th and early 20th centuries, many children with disabilities were systematically excluded from public education and often confined to institutions (Bartlett et al., 2019). The first formal educational provisions emerged through separate schools—initially for deaf students in the 1760s, followed by schools for blind students in the 1780s, and later schools for children with intellectual disabilities in the 1830s (Hornby, 2014).

This segregated approach reflected the dominant medical model of disability, which viewed difference as deficit—something to be treated, "fixed," or contained. By the early 20th century, as countries began mandating universal school attendance, the growing presence of children with

learning difficulties led to the development of intelligence testing (Hornby, 2014) and the widespread establishment of special classes within mainstream schools (Woolfson, 2024). Special education thus emerged from behavioral theories and medical paradigms that emphasized individualized instruction, specialized interventions, and categorical sorting through separate educational spaces (Hornby, 2014).

In contrast, inclusive education emerged decades later, shaped by the broader civil rights movements of the 1960s and 1970s. As legal segregation in U.S. schools came under scrutiny, disability rights activists began challenging the parallel exclusion of disabled children from mainstream classrooms (Woolfson, 2024). Inclusive education grew from this rights-based movement, emphasizing diversity as an asset and advocating for full participation in general education settings. This shift fundamentally challenged the deficit orientation of traditional special education, reframing disability as a natural aspect of human variation rather than a justification for separation (Hornby, 2014; Woolfson, 2024).

From Exclusion to Inclusion: The Legacy of San Francisco’s Ugly Laws

Today’s fight for inclusive education is haunted by its exclusionary past. In 1867, two years after the Civil War, San Francisco enacted the nation’s first "ugly law," criminalizing "any person who is diseased, maimed, mutilated, or deformed in any way" from public view (Schweik, 2009, p. 42). This ordinance emerged amid Gold Rush chaos, encoding disability as deviance while targeting racialized bodies.

This law's racialized logic became even clearer by 1872, when California passed legislation barring immigrants labeled “lunatic, idiot, deaf, blind, cripple or infirm,” this was a targeted attack on disabled Chinese laborers (Baynton, 2001, p. 33). San Francisco’s 1870 Sidewalk Law reinforced this exclusion by prohibiting Chinese residents from carrying laundry poles, criminalizing visible markers of cultural livelihood (Schweik, 2009, p. 117). These ordinances institutionalized the erasure of disabled and racialized people from public life, laying the groundwork for later segregation in education, housing, and employment.

Modern Inequities in Special Education

The historical legacy of exclusion and segregation continues to shape modern inequities in special education. In the San Francisco Unified School District (SFUSD), current demographic data reveal persistent patterns of racial disproportionality. Latine students make up 40.33% of those receiving special education services, despite comprising only 35.53% of the total student population. In comparison, Black students represent 13.21% of the special education population compared to just 7.53% of overall enrollment (Fine, 2025). In contrast, Asian students are significantly underrepresented, constituting 18.35% of special education enrollment despite accounting for 28.16% of total enrollment (Fine, 2025). These disparities raise serious concerns about systemic bias and cultural mismatch in referral and assessment processes. In particular, research findings highlight the potential overidentification of bilingual children in early childhood education for special education services (Mohamed, 2023; Conner et al., 2001), echoing longstanding critiques that language difference is too often misread as disability. As Hardin et al. (2009) emphasize, the complexities of second language acquisition are frequently

misunderstood, leading to disproportionate referrals that reflect institutional misunderstanding rather than actual developmental delay.

As Erevelles (2014) writes, “disability diagnosis is never neutral, it reflects a society’s hierarchies of worth” (p. 103). The overidentification of Black and Latine students echoes the ugly laws’ surveillance and regulation of marginalized bodies. In contrast, the under identification of Asian students potentially reveals cultural and linguistic bias in evaluation processes.

A. Federal Policies that Inform Inclusive Education

The legal foundation for inclusive early childhood education in the United States rests on key federal policies affirming the civil rights of children with disabilities. While each policy contributes a distinct legal mechanism, they establish that children with disabilities have the right to be educated alongside their peers in environments that foster participation, equity, and belonging.

Individuals with Disabilities Education Act (IDEA)

Individuals with Disabilities Education Act (IDEA) provides Free and Appropriate Public Education (FAPE) to support the needs of children with disabilities within the education system. Part B of Individuals with Disabilities Education Act (IDEA) states that all children ages 3 to 21 are to be provided with special education services through an Individualized Education Plan (IEP) in the least restrictive environments with individuals who do not have disabilities. Part C of the IDEA establishes early intervention services through the Individualized Family Support Plan (IFSP) to support the diverse needs of children with disabilities from birth to 2 years of age and their families within natural environments. IDEA governs how early intervention, special education, and related services are provided for eligible children with disabilities. IDEA establishes a continuum of support and services that can be provided within an environment that best supports the child’s needs. It emphasizes the need to consider many placement options, specifically the regular educational placements for these individuals.

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act prohibits discrimination in state and local services, programs, and activities based on disability while emphasizing the need for accommodations to be implemented. Discrimination is also prohibited in environments that serve the public and/or communities.

Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 prohibits disability discrimination by public and private organizations that receive federal funding and emphasize having services and accommodations to be implemented in integrated environments with full participation of the family and child with disability.

Head Start Act and Child Care and Development Block Grant (CCDBG) Act

The Head Start Act and the Child Care and Development Block Grant Act require Head Start to serve at least 10% of children with disabilities within its programs. Additionally, the Child Care

and Development Block Grant require states to continue strengthening the quality of care for children with disabilities.

Although these policies prohibit discrimination while encouraging access through providing free and appropriate education in the least restrictive environments, there is a continued lack of access to inclusive educational environments for children with disabilities and their families to fully participate and engage.¹² Additionally, thematic concepts within the community survey data will discuss the limitations to access of children with disabilities due to the lack of teacher preparation, collaboration, and understanding of the needs of these children and their families.

B. Systemic Barriers to Inclusive Education

California consistently performs below national averages within inclusive education, whether in early identification, inclusion rates, student achievement, teacher preparation, provision of mental health services, or postsecondary transition services (Myung & Hough, 2020). California performs below national averages when identifying and serving infants, toddlers, and preschoolers with developmental disabilities (Kasari et. al., 2020; Myung & Hough, 2020). Due to the modifications in identification and eligibility requirements, one-third of children transitioning from early intervention services to special education services are listed as having "undetermined eligibility" in California (Myung & Hough, 2020). Additionally, California's inclusion of children with disabilities is one of the lowest compared to national rates of inclusion.

Some challenges to supporting disability include delays in identification, tracking, and eligibility determination, poor interagency coordination, lack of staff training, families feeling unprepared for the transition, and poor documentation of child progress monitoring and evaluation (Kasari et. al. 2020). Thus, it leads to gaps in services and support for children with special needs and their families. Children with special needs need access to inclusive environments to promote their belonging and acceptance within the community. To support the needs of this population, professionals must collaborate and partner to support the needs of children with special needs and their families. Inclusive education in school environments is most effective when there is collaboration and partnerships between school professionals.

Teacher Shortages

There is a shortage of teachers adequately trained in special and general education to serve children with special needs. There is an emphasis on building a diverse teacher workforce that supports children with intersectional identities within early learning programs such as Head Start, Transitional Kindergarten, and California State Preschool Programs. Along with the decline in teacher shortages, Transitional Kindergarten has expanded within California, increasing the need for qualified educators in the classroom to support these learners. As a result, Melnick et. al. (2022) emphasizes the need to increase the workforce, we must design effective pathways to recruit and retain a diverse group of teachers by focusing on explicit career pathways, increasing teacher quality by disseminating of knowledge and skills to support learning and development of children and teachers within credentialing, teacher preparation and certificate and permit programs focused on Early Childhood Development (Melnick et. al. 2022).

¹² U.S. Department of Health and Human Services and U.S. Department of Education (U.S. DHHS & DOE). (2023). *Policy Statement on Inclusion of Children With Disabilities in Early Childhood Programs*
<https://acf.gov/sites/default/files/documents/ece/policy-statement-on-inclusion.pdf>

Due to teacher shortages, there is a high demand for special education teachers in California. As a result, special education teachers are employed while still learning and developing their skills to support children with special needs and their families. Some special education teachers have not completed their teacher preparation programs before being employed in the field (Myung & Hough, 2020). Special education teachers have high caseloads and are underprepared, which impacts their retention rates (Myung & Hough, 2020). Sadly, this can be challenging and/or limited with a teacher workforce that feels ill-equipped to work with and supports individuals with disabilities. The teacher workforce must feel prepared and equipped to confidently meet the needs of families and their children within the education system.

Research shows that the recruitment and retention of educators will be vital to building inclusive education environments. To accomplish this, we must develop teacher capacity by enhancing their knowledge and understanding of children with special needs. This knowledge can be enhanced by implementing effective strategies that create more access by incorporating differentiated training, such as multi-tiered support systems in partnership with Universal Design for Learning and the Teaching Pyramid within educator preparation programs.

Limitations in Data Collection

The lack of robust data collection systems significantly impedes access to effective special education services. Currently, there is limited research on the demographics and effectiveness of transitional services provided under IDEA Part C and Part B (Kasari et al., 2020). Without comprehensive data, it is difficult to evaluate which practices and models are most effective in supporting children with special needs during early intervention and the transition to school-based special education. This gap hinders the ability to design and implement responsive services that meet the diverse needs of children and families.

To address these challenges, there is a pressing need for linked and integrated data systems that spans Part C and Part B services. Such a system should include data on eligibility, screening, tracking, and service outcomes, enabling better monitoring and evaluation of interventions. Myung and Hough (2020) emphasize the importance of a unified and transparent system, such as the California Cradle-to-Career Data System, to inform and strengthen support for students with disabilities (SWDs).

Furthermore, interagency collaboration is essential for building this infrastructure and ensuring families can access the resources and guidance they need. Families must be adequately prepared for transitional services, and professionals must be equipped with standardized knowledge and skills to guide them effectively through the process (PACE, 2020). Without these coordinated data and support systems, children with special needs risk falling through the cracks during critical transition periods between early intervention services (zero-three) and school district services (three-five).

C. Family Engagement and Cultural Responsiveness in Inclusive Education

Family engagement centers family and parent knowledge by recognizing them as experts in children's development, foundational to inclusive early childhood education and disability services (Kelty et al., 2020). Effective engagement actively partners with families, centering their voices in all aspects of education planning (Kelty et al., 2020). However, systemic barriers,

including limited family engagement opportunities and language inaccessibility, cultural mismatch, and power differentials, often restrict meaningful participation, particularly for families who are Black, Latine, Indigenous, multilingual, undocumented, or low-income (U.S. DHHS & DOE, 2023).

The importance of family collaboration is underscored by national guidance from the Division for Early Childhood (DEC) and NAEYC, which stresses that high-quality family engagement must be grounded in shared decision-making, relational trust, and individualized support (Sandal et al., 2000). The DEC Recommended Practices further outline key strategies for partnering with families, urging educators to establish and maintain positive, collaborative relationships, use families' preferred languages, vary communication methods (e.g., in-person, texts, home visits), involve families in assessing and planning for their children, and honor culturally specific caregiving beliefs and priorities (DEC, 2023; U.S. DHHS & DOE, 2023; Kelty & Wakabayashi, 2020). However, many programs lack the personnel, training, or funding to implement these vital practices consistently, especially in under-resourced communities (U.S. DHHS & DOE, 2023). General ECE guidance notes systemic barriers like insufficient resources and professional development (National Center for Pyramid Model Innovations, 2021; Substance Abuse and Mental Health Services Administration, 2023).

Power imbalances between families and service providers further complicate collaboration. Research shows trust breaks down when families feel dismissed or undervalued, and engagement falters (Stipek, 2018; Warner-Richter et al., 2020). This is especially harmful in disability services, where decisions about diagnosis, placement, and services are often made without meaningful family input (Knox, 2000; Stipek, 2018). Language access remains a significant barrier, with many programs failing to provide interpreters or translated materials (U.S. DHHS & DOE, 2023).

To move toward equity, professional development must focus on cultural humility, not just competence (U.S. DHHS & DOE, 2023). Trauma-informed frameworks that center community knowledge, affirm cultural identity, and prioritize healing-centered engagement are also essential (U.S. DHHS & DOE, 2023; Chudzik et al., 2023; Hurlless & Kong, 2021). Programs must address structural barriers, such as rigid scheduling, lack of bilingual staff, and inaccessible transportation, and implement engagement frameworks that empower families as partners in systems change (Warner-Richter et al., 2020; U.S. DHHS & DOE, 2023).

Ultimately, family engagement is not a supplemental strategy but central to building inclusive, culturally affirming early childhood systems. It must be sustained by systemic support and not individual goodwill.

III. Key Findings from Community Survey

Findings from a recent local survey of educators and administrators reveal a deeply strained system where providers cite high percentage of children with special needs in their classrooms/programs and limited training, and administrators name misaligned policies and workforce shortages. Combined, these insights point to structural and systemic barriers, including inadequate access, deficit-based thinking, fragmented service delivery, and insufficient professional support that undermine the promise of early intervention. Without coordinated

reform, these challenges will continue to delay services, exacerbate educational inequity, and weaken long-term outcomes for children with disabilities, particularly Black, Latine, Indigenous, multilingual. This white paper responds to these challenges by identifying core barriers and outlining actionable strategies to strengthen inclusion, grounded in research, policy, and the lived experiences of San Francisco providers.

Furthermore, the lack of accessible, inclusive early childhood programs compounds existing racial and economic inequities. Educators, administrators, inclusion specialists, coaches and others participating in the local survey highlighted challenges in securing appropriate placements for children with special needs, particularly in community-based Title V programs, Early Head Start, Head Start centers, and family childcare homes. These providers, who serve many of San Francisco’s most marginalized children, reported that long waitlists, limited place-based inclusion supports, and inflexible siloed systems prevent them from meeting children’s developmental needs early, when intervention is most effective.

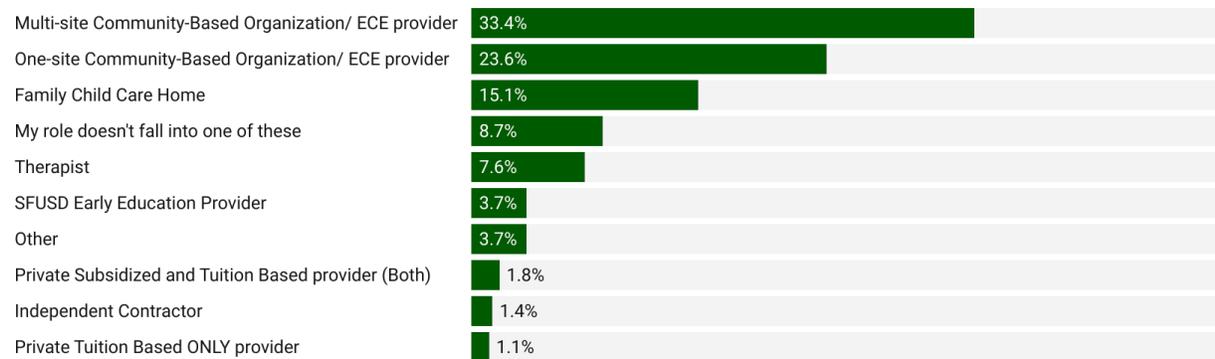
Section 3.1. Survey Respondent Demographics

This section provides an overview of who participated in the survey and the landscape of San Francisco’s early childhood education (ECE) providers. The responses reflect a diverse cross-section of educators, administrators, and therapists working across community-based, district, and family-based settings.

Program Type and Organizational Structure

Survey respondents represented a wide range of early childhood environments. One-third (33.4%) worked in multi-site community-based organizations, 23.6% in single-site centers, and 15.1% in family childcare homes. A smaller share included therapists (7.6%), SFUSD early education staff (3.7%), and private tuition-based providers (1.1%). This institutional variety highlights the diverse service delivery landscape in San Francisco (see **Figure 1**).

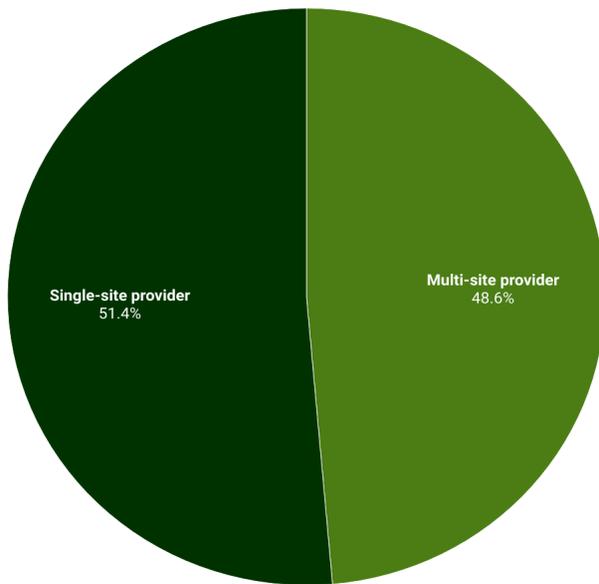
Figure 1. Distribution of Respondents by Early Childhood Program Type



n=339

Figure 2. Supervisory Roles by Program Type

Among those who identified as supervisors, leadership was nearly evenly split between multi-site (51.4%) and single-site (48.6%) programs (see **Figure 2**).



n=72

Funding Landscape

The programs reflected diverse funding sources, with many combining public and private streams. About one-third (33%) received Early Head Start or Head Start funding, followed by 20% supported through Early Learning Scholarships (ELS) and 15% through California Department of Education and Social Services contracts (CCTR and CSPP). A smaller proportion received tuition or mixed public/private funding. These varied funding sources reflect a fragmented and complex funding landscape for inclusive ECE (see **Figure 3**).

Figure 3. Breakdown of Agency Funding Sources

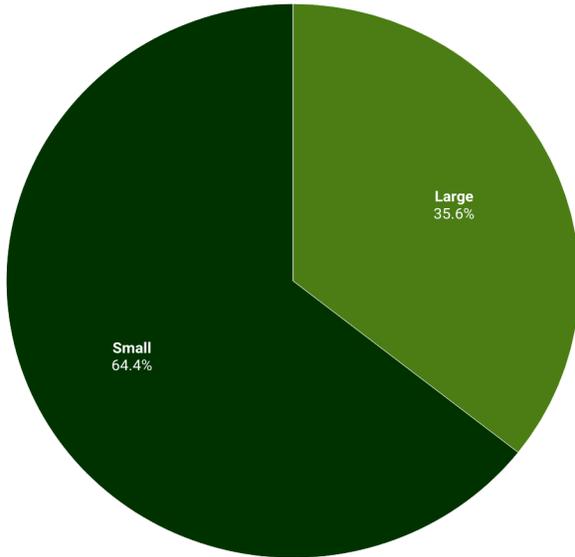
	Number	Percentage
Early Head Start/ Head Start	210	33%
Early Learning Scholarship (ELS)	128	20%
CDE/CDSS: CCTR and CSPP	97	15%
Tuition Based	59	9%
ELS/Tuition Based combination	59	9%
Not applicable to my role	43	7%
CDE: CSPP only	16	3%
None	9	1%
CDSS: CCTR only	8	1%

n=339

Family Child Care Profile

Family childcare providers represent a critical but often overlooked segment of the inclusive ECE landscape. Among FCC respondents, 64.4% operate small programs and 35.6% operate large programs, suggesting most offer more intimate, personalized care environments (see **Figure 4**).

Figure 4. Size Distribution of Family Child Care Homes

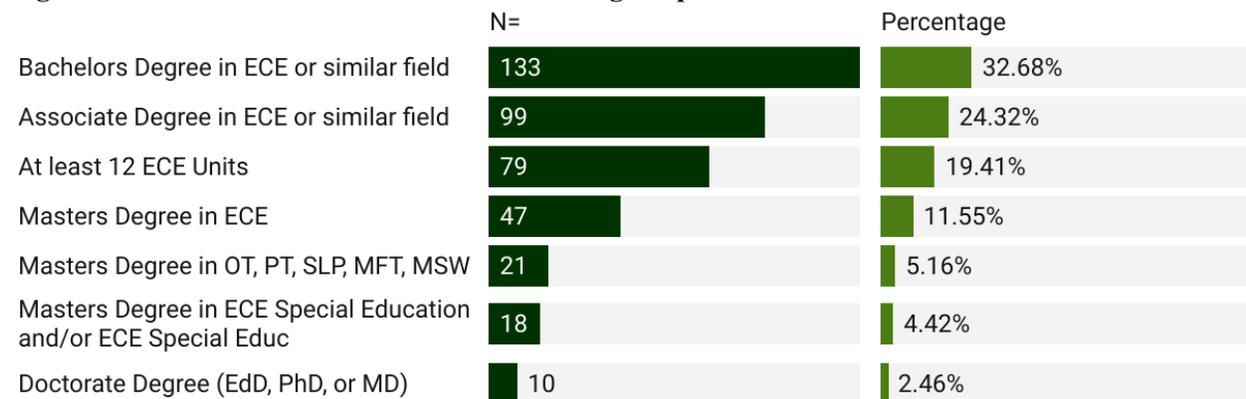


n=73

Educational Background and Workforce Roles

Respondents brought a wide range of educational backgrounds to their work. Nearly 80% had at least an associate’s degree or completed ECE coursework, with 133 holding bachelor’s degrees in ECE or a related field (32.7%, n=133), followed by associate degrees (24.3%, n=99) and those with at least 12 ECE units (19.4%, n=79). Graduate degrees are less common: 11.6% (n=47) have a master’s in ECE, 5.2% (n=21) hold graduate degrees in allied fields like OT, PT, SLP, MFT, or MSW, and 4.4% (n=18) report special education-specific master’s credentials. Only 2.5% (n=10) hold a doctoral degree. These trends reflect the diversity of preparation among the ECE workforce and the varied levels of specialization across the field (see **Figure 5**).

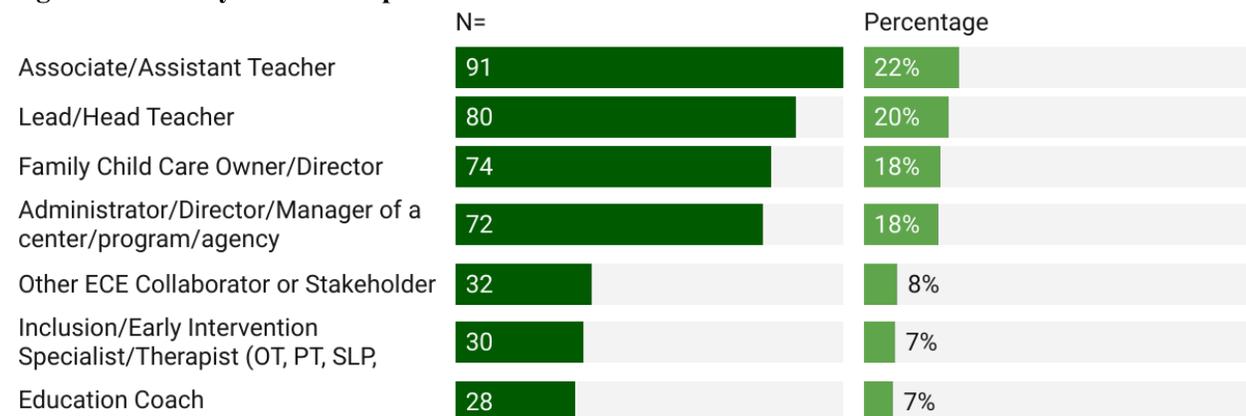
Figure 5. Breakdown of Education Levels Among Respondents



n=339

Occupational roles are similarly diverse. Assistant and associate teachers comprised 22% of respondents, lead/head teachers (20%), and family childcare owners/directors (18%). Administrators, inclusion specialists, education coaches, and collaborators comprise the remainder, reflecting various perspectives across direct service and leadership (see **Figure 6**).

Figure 6. Primary Role of Respondents

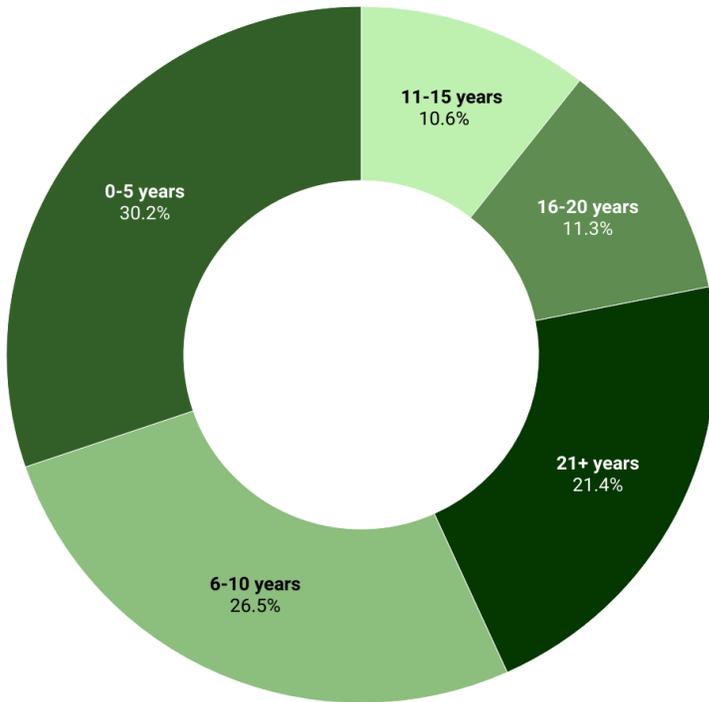


n=339

Experience in the Field

Survey respondents spanned all stages of career development. Nearly one-third of respondents (30.2%) have 0–5 years of experience, and over one-fifth (21.4%) have worked in the field for 21 years or more. However, there is a notable drop-off in mid-career professionals: only 10.6% report 11–15 years and 11.3% report 16–20 years of experience (see **Figure 7**).

Figure 7. Years of Experience in the Field



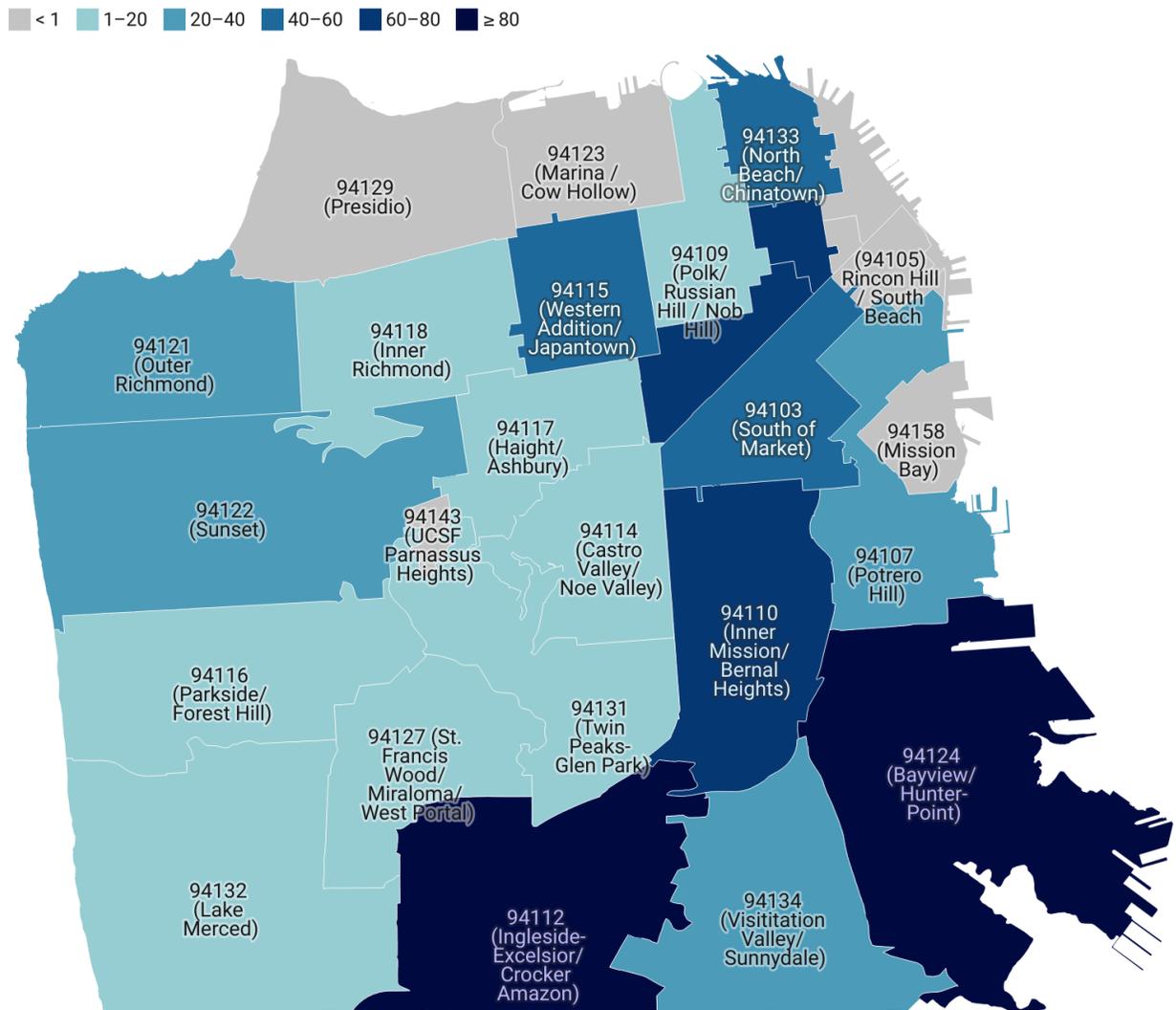
n=329

Geographic Distribution

Map 1 shows the concentration of programs in areas with known access challenges. Programs are most concentrated in the southeast and eastern neighborhoods, with the highest number located in historically underserved areas such as Bayview-Hunters Point (94124), Excelsior (94112), and the Inner Mission (94110). These neighborhoods also represent communities most affected by structural disinvestment, environmental health disparities, and educational access gaps.

Map 1. Distribution of ECE Programs by Neighborhoods (Zip Code)

Number of center-based and FCC programs by ZIP code, highlighting ECE density across San Francisco neighborhoods.



n=339

Section 3.2. Barriers to Inclusive Early Intervention Services

Survey Highlight 1. Not Centering Strengths, Abilities, and Potential in Our View of Disability

Inclusive early childhood education requires more than simply placing children with disabilities in classrooms; it demands a fundamental shift in how disability is conceptualized. Historically, dominant educational frameworks have been rooted in medical and deficit-based models, which view disability as a condition to be “fixed” rather than an aspect of human diversity to be embraced (Skrtic, 1991; Connor et al., 2008). This orientation perpetuates ableist assumptions, the belief that typical development is the standard and that divergence signifies a problem. This observation underscores a systemic issue: when services are designed around remediation rather than relationships, children risk being reduced to diagnostic labels rather than valued as full members of their learning communities. Such framing conflicts with the vision set forth by federal policy, such as the Individuals with Disabilities Education Act (IDEA), which emphasizes inclusion in the least restrictive environment and the provision of supports that enable children to participate meaningfully alongside peers without disabilities (U.S. Department of Education, 2023).

Research reinforces that belief systems within schools significantly impact inclusion outcomes. Teachers and providers who hold deficit-based views of disability are less likely to implement inclusive practices effectively (Jordan & Stanovich, 2004). Conversely, when educators adopt a social model of disability, which situates barriers in environments rather than in children, they create conditions for belonging and equity (Slee, 2011).

Furthermore, the Division for Early Childhood (DEC) Recommended Practices call for family-centered, strength-based, and culturally responsive approaches that honor children’s identities and abilities, rather than focusing narrowly on remediation (DEC, 2014). Failure to align with these practices not only perpetuates stigmatization but also contradicts equity commitments embedded in California’s Master Plan for Early Learning and Care, which prioritizes inclusion and access for all children (California Health and Human Services Agency, 2020).

In practice, shifting from deficit-based to strength-based and identity-affirming frameworks means rethinking how interventions are framed, delivered, and communicated. Instead of positioning therapies as corrective measures, programs can embed support within play, peer interaction, and routines, emphasizing collaboration with families as partners. This shift aligns with evidence that inclusive settings where educators embrace diversity produce better academic, social, and emotional outcomes for all children, not only those with disabilities (Odom et al., 2011; NAEYC, 2019).

a. Eligibility Gaps and the Limits of Formal Diagnosis

Center administrators across San Francisco expressed concern about how narrowly defined eligibility criteria restrict access to early intervention and special education services. These rigid thresholds often exclude children with observable needs simply because they do not meet formal

diagnostic benchmarks. The result is a system that delays or denies care to those who fall just outside official classifications.

“Only children with serious special needs would qualify for their services. Many children had been assessed in the past years that they were not qualified.”

—Center Administrator from Chinatown

“We have had children who are TK eligible, but not able to receive services with SFUSD, does this depend on the severity of the child's assessment results?”

—Center Administrator from South of Market and Sunset

These quotes illustrate how support is often contingent on proving severity, rather than responding to educators documented concerns. Instead of asking, “What does this child need to thrive?”, systems ask, “Do they meet the bar for service?” Administrators also noted that children who benefit from targeted attention, such as one-on-one interaction, are often left unsupported if they don’t meet official thresholds. This frustration reflects how tools like the ASQ, though widely used, may overlook nuanced needs, especially in culturally or linguistically diverse populations. Standardized metrics can miss developmental differences that don't fit dominant norms, perpetuating exclusion.

“Some children are not qualifying for special need but they need teacher one on one interacting.”

—Center Administrator from Chinatown

“Sometimes a referral is needed, but the child passes the ASQ, leaving them without options for needed support.”

—Center Administrator from South of Market

These accounts show how eligibility-based frameworks prioritize labels over lived experience. When formal diagnosis becomes the sole gateway to services, many children remain unsupported, not because they don’t need help, but because they don’t “fit” into a system more concerned with compliance than care.

b. Framing Children as Aggressive or Disruptive

Survey responses from teachers reveal a pattern in how children with disabilities and developmental delays are described through the lens of aggression, volatility, or disruption. Rather than being framed as needing support in communication, sensory regulation, or trauma healing, these children are often labeled according to their behaviors, isolating their struggles from the broader social-emotional and structural contexts that shape them.

“Teachers need methods and measures that can help children with disabilities and development[al] delays calm down, especially aggressive children with disabilities and development[al] delays.”

—Assistant Teacher from Bayview Hunter’s Point

“Children with disabilities and development[al] delays [are] prone to emotional loss and even aggression. This is a challenge for the inclusive classroom.”

—Assistant Teacher from Bayview Hunter’s Point

“Sometimes the unique learner requires additional support and/or one on one attention from the teacher, which in turn adds additional stress on the teacher assisting the child, the other teachers[,] and children in that particular classroom environment.”

—Lead Teacher from Districts 6 & 9-10

These framings signal an urgent need for professional development grounded in trauma-informed and neurodiversity-affirming pedagogies, approaches that understand behavior as communication and center emotional regulation, sensory integration, and relational safety. Without such training, educators may internalize the message that children’s behaviors are personal flaws or discipline problems, rather than communicative cues about unmet needs. The repeated emphasis on “aggression” underscores how classroom disruptions—rather than underlying causes—become the focus of concern, leading to a pathologization rather than an inclusion cycle. This deficit framing places the burden of change on the child rather than the system.

c. Framing Families as Uncooperative or in Denial

Educators expressed frustration across multiple roles and neighborhoods about the challenges of engaging families in early intervention and special education referrals. A common perception was that families are “in denial,” reluctant to accept support, or actively resistant to the process. While these perspectives may reflect genuine barriers to collaboration, they also reveal how institutional systems often default to deficit narratives, blaming families for noncompliance without fully acknowledging the historical, cultural, and emotional context that shapes these dynamics.

“Every child is different, and their parents are sometimes in [denial]. As teachers[,] we need to have honest parents who support us.”

—Lead teacher from District 1

This quote illustrates how some educators frame family reluctance not as a response to structural harm, but as a moral failure—a lack of honesty or support. These framings often overlook how past experiences of institutional betrayal, language barriers, ableism, or fears of labeling can influence family decisions.

“It’s very hard to get a lot of parents to agree to receiving services. Some parents’ stigma about [their] child being labeled special education.”

—Center Administrator from Districts 3-5, 7-8, 10-11

Here, a center administrator names stigma as a barrier but positions it as a family-level issue rather than a reflection of how special education systems themselves reinforce stigma through exclusionary or inaccessible practices. In some cases, family disengagement is described in vague or absolute terms, without deeper inquiry into why families might postpone or avoid services:

“The barrier sometimes is that the parent does not want to fill out the paperwork so that the child can get special education services.”

—Center Administrator from Bayview/Hunters Point

This language frames families as indifferent rather than overwhelmed, cautious, or unsupported. It also erases questions of institutional accountability: **Why are families postponing? What messages or experiences have led them to disengage? What support structures might restore trust?** This reflects how deficit-based thinking manifests not only in how children are labeled but also in how their families are judged. Without a relational and trauma-informed understanding of family behavior, cultural norms or values, early intervention efforts risk reproducing the very exclusions they aim to dismantle.

d. Deficit Thinking at the Community Level

While deficit-based thinking often targets children's behavior or perceived "delays," survey responses also reveal how entire communities are pathologized in ways that obstruct equitable access to early intervention. In neighborhoods like the Tenderloin, providers described how perceived risk and stigma lead to provider withdrawal, resulting in gaps in care for children with disabilities.

"[EI Provider] is not coming anymore because she was shoved onto the sidewalk [...] Additionally, it is worth pointing out that GGRC struggles to find service providers willing to come to our neighborhood. We recently inquired with a case manager as to why one of our students was not receiving her EI services and heard back: You might want to think about whether Compass has the capacity to provide EI services as it is increasingly difficult to get providers to serve families in the Tenderloin. [...] We can't compel therapists to provide services in situations where [they] don't feel safe. We just keep our fingers crossed that the providers don't drop the families entirely."

—Center Administrator from District 5

"Outside providers not able/willing to provide services on site due to safety concerns."

—Inclusion/Early Intervention Specialist/Therapist
from Hayes Valley/Tenderloin/North of Market

This reflects a deficit view applied to geography, where historically disinvested neighborhoods are framed as too risky to serve, rather than being rescued accordingly. Just as children's behaviors are misunderstood without cultural or trauma-informed context, so too are community dynamics flattened into narratives of danger. This also highlights how geographic stigmatization contributes to interlocking systems of exclusion, where both disability and place are framed as liabilities. The result is that families already facing structural marginalization must also contend with provider avoidance rooted in fear rather than equity.

Toward a Strength-Based Paradigm

What emerges from this theme is a clear call for a shift in perspective. Educators are urging systems to move away from framing disability as a deficit and instead embrace a strength-based, culturally grounded, and trauma-informed approach. Until such a shift is institutionalized, the attitudes and frameworks shaping its implementation will continue undermining the foundational promise of inclusive early childhood education.

“Teaching staff understanding we are not ‘giving into negative or bad behavior’ but rather helping children regulate their emotions or giving them extra support when needed to fully be able to participate with their peers.”

—Inclusion/Early Intervention Specialist/Therapist
from Districts 3-6 & 10

“We have developed a curriculum that celebrates diversity and incorporates materials, activities, and experiences that reflect the backgrounds and experiences of all children in our program. This includes books, toys, and learning materials that represent a variety of cultures, languages, abilities, and family structures. Our teachers work closely with families to develop individualized learning plans for each child. These plans outline specific accommodations, modifications, and support services that will help each child succeed in our program.”

—Education Coach for Districts 1, 5, & 10

Survey Highlight 2. Fragmented Communication and Coordination Systems

The survey highlights that limited communication and knowledge between differing school programs impact the understanding of the special education system needed to create supportive learning environments for children. General Education professionals have expressed an interest in having support to include children with disabilities in the classroom. As a result, it is necessary to create collaborative partnerships between special education and general education programs to better understand how to support children with and without disabilities within the classrooms.

“To support educational access to students, we need a special educational teacher to support [us] daily in the classroom.”

—Lead Teacher for District 5 (A218)

“Historically, SFUSD takes 90 days to complete an assessment and offer services. In that time, a child's behavior and needs are addressed internally without [school] support. This gap in time can have a negative effect on the child's development and behavior. It is an area of concern for our program.”

—Center Administrator for District 6 (A245)

“It would be helpful to create a portal in which the family members could initiate and submit a referral application. Once it is received, the teacher/site will be notified to submit their observations and notes for the referral. The other barrier is just getting parents to start this process. We don't have a lot of information to offer the parents on what they may anticipate, how the evaluation is processed, the timeframe - we simply offer them information from what we experienced from the last student that was evaluated.”

—Center Administrator from District 5(A262)

“There is no efficient or effective system in place at GGRC to actively hand off clients from Early Start services to SFUSD. This must change. There needs to be an active and effective transition system and someone in charge of handing off GGRC early start clients to someone at SFUSD who is in charge of receiving these kids for IEP/504Plan evaluation.”

— Center Administrator for Districts 1-11 (A8)

This shows that there is a gap in communication between different programs that work with young children, especially those with disabilities, during the assessment and evaluation process. During this time, professionals have to continue working with children who may need differing forms of support. As a result, there is a need to address how to support educators and children through the assessment and evaluation process. Additionally, we must create ways to design collaborative environments where general and special education professionals’ partner with one another to support young learners.

Survey Highlight 3. Towards a Supportive Learning Environment - Classroom Supports

Professionals emphasize the need to create a welcoming learning environment within their classrooms and schools to support children with disabilities. Educational professionals highlighted teaching practices that can support inclusive education, including building meaningful teacher-child relationships, implementing curriculum based on child preferences and interests, and collaborative partnerships with professionals to support individualized multi-modal learning for children with disability.

“The way I build a supportive environment for my children is by observing their needs and creating activities and an environment that caters to the way they learn best through audio, visual[,] and hands on. We focus on social emotional as well, we teach them breathing methods and the language for space. We also have strong relationships with our parents working as a team to help the child develop at their best.”

—Family Child Care Owner

Additionally, the survey responses highlighted the need for extra personnel support with knowledge of special education, along with professional training and development to support children with disabilities.

“The most impactful support for me has always been additional coverage in the classroom, even if the child's needs/behaviors/communication is not disruptive to the classroom routine. As a teacher, I can simply make better progress with a child when I have the opportunity to work with them more often, in smaller or 1-1 interactions.”

—Lead Teacher from District 6 (A106+1)

“[We need] guidance and training on effective behavior management strategies tailored to the specific needs of children with disabilities, including positive behavior supports and interventions, Guidance on implementing culturally responsive practices that take into account the unique needs and backgrounds of children with disabilities from diverse cultural, linguistic, and ethnic communities, Information and resources on making physical spaces and educational materials accessible to children with disabilities, including modifications, accommodations, and assistive device.”

—Center Administrator from District 10, Bayview/ Hunter’s Point (A137)

“[We need] guidance on implementing culturally responsive practices that take into account the unique needs and backgrounds of children with disabilities from diverse cultural, linguistic, and ethnic communities, Information and resources on making physical spaces and educational materials accessible to children with disabilities, including modifications, accommodations, and assistive devices.”

—Center Administrator from District 11 (A250)

To support access to inclusive education environments, educational professionals need professional development and training that supports creating a classroom environment to support all learners, which can utilize Universal Design for Learning and multi-modal strategies to support engagement and participation. Professionals want to develop and learn skills on how to implement, and design differentiated instruction based on children’s unique needs.

Survey Highlight 4. Insufficient Funding Undermines Inclusive and Strength-Based Supports

Across San Francisco, center administrators and educators described how limited and inconsistent resources restricts their ability to provide high-quality, inclusive support for children with disabilities. While educators express deep commitment to inclusion and individualized care, they face systemic barriers rooted not in will, but in resources. The result is a persistent tension between what educators *know* children need and what current funding structures make possible. Educators emphasized that funding gaps affect both direct support for children and the broader infrastructure that sustains inclusion—such as staffing ratios, training, adaptive materials, and coordination with outside specialists. These constraints limit programs’ capacity to provide individualized attention, co-regulation, and relationship-based practices that are known to strengthen resilience and promote healing.

In many cases, administrators described needing to make “impossible choices” between maintaining classroom stability and meeting the needs of children requiring additional support. When funding dictates service levels, inclusion becomes contingent rather than guaranteed. These accounts reveal a system where underfunding functions as a form of exclusion, quietly shaping which children receive individualized care and which do not. Administrators consistently pointed to the need for flexible, equitable funding that recognizes the true cost of inclusion, particularly for programs serving culturally and linguistically diverse communities.

Rather than asking programs to “do more with less,” administrators called for investments that honor the strengths and expertise already present in the workforce. Sustainable funding would enable educators to build on their existing trauma-responsive and strengths-based practices, expand access to professional learning, and ensure that every child, regardless of diagnosis, background, or zip code, has access to the relationships and environments that help them thrive. In summary, the barrier is not a lack of commitment to inclusion, but a lack of structural investment. Without sustained funding that prioritizes relationship-based care, early intervention, and inclusive staffing, the system risks reinforcing inequities it seeks to dismantle. A strength-based approach to funding means investing in the conditions that allow educators and children alike to reach their full potential.

IV. Recommendations: Strengthening an inclusive Early Childhood System of Care in San Francisco

Despite California's commitment to natural, inclusive settings, evidenced by the fact that 93.09% of infants and toddlers with Individualized Family Service Plans (IFSPs) receive services in a home or community-based setting, patterns of racial and socioeconomic exclusion persist. When early intervention is delayed or denied, children miss critical developmental windows, families shoulder unsustainable stress, and the SFUSD inherits preventable learning gaps. To dismantle these racialized architectures, San Francisco must implement the following structural and community-informed strategies:

Recommendation 1: Build a Fully Funded, Coordinated, and Data-Driven Early Intervention System of Care

1A: True Cost-Based Funding Model for Inclusive Early Intervention embedded in ECE settings

Problem: In many early childhood settings with children ages 0-5 who have diagnosed disabilities and special needs, providers face high costs (staffing, specialized materials, inclusion supports, smaller ratios) yet receive insufficient funding or reimbursement to support these additional needs to keep these children safe and ready to learn. This undermines their capacity to deliver truly inclusive, high-quality services and stabilize workforce and programs in underserved communities.

Recommendation: To offset the cost of direct service, The San Francisco Department of Early Childhood (DEC) should adopt a **cost-reimbursement funding model** for providers serving children ages 0-5 with diagnosed disabilities and special needs, especially those in historically underserved neighborhoods. This model should cover smaller ratios, lower class sizes, embedded care coordination, transitions, and inclusion supports, not supported in vendorized contracts with GGRC/ SFUSD.

Purpose: Ensure providers are adequately resourced to deliver high-quality, inclusive services; reduce workforce burnout; and address inequities in underserved communities.

Year 1 Goal: Pilot the cost-reimbursement model with 5–10 ELFA providers serving children with diagnosed disabilities, ensuring that funding reflects realistic costs of inclusion.

1–3 Year Goal: Scale this model to at least 25% of ELFA providers, and demonstrate measurable improvements in inclusion outcomes, provider stability, and reduced service access gaps.

1B: Leverage Federal and State Inclusive Service Funding Levers

Problem: The federal Part C early intervention funding often falls significantly short of covering the full cost of services, providers are reimbursed based on a fee for service models.

Recommendation: SFDEC, SFUSD, and other stakeholders should strategically leverage available federal (e.g., American Rescue Plan Act/IDEA funds) and state dollars to **supplement local funding**, specifically targeting inclusive early intervention services for children ages 0-5 in underserved communities.

Purpose: Augment local funding without overburdening providers, increase service capacity, and align investments toward equity.

Year 1 Goal: Secure a dedicated funding pool (“inclusive early intervention reserve”) that aligns federal/state funds with local provider needs and covers at least 10% of cost-gap for targeted providers.

1–3 Year Goal: Demonstrate that the funding pool supports expansion of services to children ages 0-5 with diagnosed disabilities in high-need neighborhoods; increase provider capacity by 20% and increase timely access to evaluation, assessment and services.

1C: Integrated Governance and Data-Driven Service Delivery

Problem: San Francisco operates a fragmented early childhood, health, and special education programs, making coordination, accountability, and equity difficult.

Recommendation: SFDEC should lead a process to **integrate governance and data systems** across early intervention (Part B and C), ECE programs (0-5 settings), Golden Gate Regional Center and San Francisco Unified School District to enable unified service delivery, shared data, and transparent accountability. This should include building a centralized data platform tracking service access, outcomes, and equity metrics for children ages 0-5.

Purpose: Equip the system to monitor, evaluate, and respond to disparities; streamline transitions between systems; and ensure equitable and timely access to special education services for children 0-5.

Year 1 Goal: Establish a governance task force with representatives from SFDEC, GGRC, SFUSD, family leaders, Early Intervention & Inclusion Equity Taskforce, and community providers to design a unified data platform and shared service protocols.

1–3 Year Goal: Launch the integrated data platform covering 0-5 special education services; publicly report disaggregated equity metrics annually; demonstrate measurable improvements in timely evaluation, assessment and service access, transition times, and equity indicators for children ages 0-5.

Recommendation 2: Increase Data Transparency and Accountability

Problem: Persistent disparities in early intervention access exist, but limited access to disaggregated data prevents effective oversight, targeted interventions, informed decision-making and accountability.

Recommendation: SFUSD, GGRC, and the San Francisco Department of Early Childhood (DEC) should collaboratively collect, maintain, and publicly report early intervention service utilization data for children ages 0–5 across all ELFA providers. Data should include referrals, eligibility, service delays, and completion of services, disaggregated by race, primary language, neighborhood, and zip code. SF DEC should serve as the central repository, ensuring data quality, integration, and accessibility to inform targeted equity strategies. Reports should be updated annually and used to guide program improvement, policy decisions, and funding allocations.

Purpose: Ensure transparency, enable targeted interventions, monitor progress toward equity, and hold programs accountable for reducing disparities in access to early intervention services.

Year 1 Goal: Establish DEC as the centralized data hub for 0–5 early intervention services; publicly release baseline disaggregated data for all ELFA providers.

1–3 Year Goal: Use collected data to demonstrate measurable reductions in service delays, increase equity in referrals and eligibility determinations, and guide resource allocation to high-need communities.

Recommendation 3: Strengthen Workforce Development and Professional Pathways

Problem: Early childhood educators and specialized early intervention staff lack consistent training, clear career pathways, and accessible higher education opportunities. As a result, workforce diversity, retention, and effectiveness in inclusive ECE are limited– and current higher education programs are not producing enough BIPOC graduates to meet the demand or reflect the linguistic and cultural diversity of the children and families being served.

Recommendation: Expand the Workforce Pathways Initiative to create a robust pipeline for BIPOC early childhood educators, speech-language pathologists (SLPs), and early intervention (EI) specialists by partnering with local Institutions of Higher Education (IHEs). This partnership should include:

- **Course buyouts and/or scholarships** to reduce financial barriers and increase enrollment in SLP, and special education degree programs.
- **Financial support** similar to the ECE Workforce Pathways Initiative, covering tuition, fees, and practical field experiences.
- **Credentialing and certification** offered by IHEs upon completion of competency-based programs that integrate practical, embedded coaching, mentorship, and on-the-job learning.

- **Professional development** for all ECE and TK teachers, focused on ABA, UDL, SEL, IDEA laws, differentiated instruction, and foundational special education principles.

Purpose: Strengthen inclusive classroom practices, diversify the early intervention workforce, and expand access to higher education programs for historically underrepresented communities. Embed coaching and mentorship to ensure practical, applied knowledge in inclusion practices.

Year 1 Goal: Ensure 100% of ECE/TK teachers complete inclusion-focused professional development. Launch pipeline programs with IHE partnerships, providing financial support and mentorship for the first cohort of BIPOC SLP and EI specialist candidates.

1–3 Year Goal: Increase the number of BIPOC early intervention specialists, SLPs, and ECE educators trained in inclusive practices by 20–25%. Establish a sustainable IHE-based credentialing pathway with embedded coaching and mentorship recognized across San Francisco early learning programs.

Recommendation 4: Implement Citywide Shared Services for Early Intervention and Inclusion Supports

Problem: Access to therapies and early intervention services, including screening, application, referral, evaluation, care coordination, and service provision (early intervention, speech, occupational, physical, ABA), is fragmented. This fragmentation leaves many children unserved or underserved, particularly in high-need communities.

Recommendation: Establish a centralized, citywide EII shared services model accessible to all ELFA sites, integrating early intervention, therapy delivery with care coordination and systems navigation. This shared services model should support families through every step of the process, from initial screening and application to evaluation and ongoing service provision.

Purpose: Ensure equitable access to essential therapies, embed early intervention specialists, therapists within the ECE infrastructure, and proactively support inclusive practices across ELFA providers.

Year 1 Goal: Pilot the shared services model in 1–2 family childcare providers and 2–3 center-based ELFA sites, including embedded care coordination and navigation support for families.

1–3 Year Goal: Expand the shared services to cover at least 25% of ELFA sites, providing timely therapy access and continuous care coordination for all children with identified needs, regardless of neighborhood or family resources.

Recommendation 5: Center Family Power and Co-Construct Services

Problem: Families from marginalized communities are often excluded from input, program oversight, limiting responsiveness and cultural relevance.

Recommendation: Establish compensated family leadership roles to co-construct services, system of care improvements and coordination leveraging the Community Health Worker model.

Purpose: Shift governance to include lived experience and family as experts and ensure systems/ programs and services are responsive to community, cultural and linguistic needs.

Year 1 Goal: Recruit at least two compensated family leaders for each oversight committee.

1–3 Year Goal: Ensure representation across all SFDEC programs, with family leadership reflecting the city’s racial, linguistic, and cultural diversity.

Recommendation 6: Ensure Robust and Continuous Care Coordination

Problem: Families experience fragmented support navigating GGRC and SFUSD systems, causing delays and gaps in services, additionally, ECE providers are not currently reimbursed for this care coordination work.

Recommendation: Build upon the Early Connections initiative to embed care coordination and case management services supporting families from application through evaluation and service provision. These roles should facilitate communication between GGRC, SFUSD, ECE providers and other community-based organizations.

Purpose: Ensure families receive continuous support and timely access to services, reducing drop-off and stress.

Year 1 Goal: Embed care coordinators in at least 50% of community hubs to support families through the application-to-service pipeline.

1–3 Year Goal: Achieve 95% of families receiving coordinated support from application to service delivery.

Recommendation 7: Support Vendorization for ECE Providers

Problem: GGRC and SFUSD vendorization processes are complex, often excluding smaller, culturally responsive, and trusted providers, limiting equitable access to early intervention funding and services.

Recommendation: Work closely with GGRC and SFUSD to provide targeted technical assistance, guidance, and resources to help more ECE providers successfully navigate the vendorization/subcontracting processes. Align requirements where possible to reduce unnecessary barriers and expand access to high-quality, culturally competent providers.

Purpose: To reduce systemic barriers and expand access for ECE providers, while increasing diversity to ensure equitable and inclusive early intervention services. This will be achieved by providing technical assistance and actively supporting ECE providers throughout the vendorization and subcontracting process.

Year 1 Goal: Offer technical assistance to interested ECE providers to become GGRC and/or SFUSD vendors or subcontractors and leverage state and federal funding to support service provision.

1–3 Year Goal: Increase the number of community-based, culturally competent providers delivering GGRC/SFUSD-funded early intervention services by at least 25%.

The recommendations outlined above provide a roadmap for building a more equitable, coordinated, and sustainable early intervention and inclusive system of care in San Francisco. Together, these recommendations highlight the need for structural investment, data transparency, workforce training and development, and cross-sector collaboration to ensure that every child, regardless of race, language, ability or zip code, has access to the support they need to thrive. This will require shared accountability, immediate and long-term commitment, and intentional and collaborative alignment across city departments, agencies, higher education institutions and ECE providers.

V. Conclusion: Dismantling Silos, Strengthening Systems of Care for Children with Special Needs

As detailed in the CPAC 2023 Needs Assessment, the COVID-19 pandemic severely disrupted access to pediatric preventative care, resulting in missed developmental screenings, delayed well-child visits, and interruptions in critical medication delivery for children with complex needs. Providers, educators, and families across San Francisco now report a noticeable and concerning rise in developmental and speech delays, particularly among younger children entering early education settings. These compounding challenges are not a result of individual failures; they are a direct indictment of our siloed and segregated educational systems.

Rather than relying solely on reactive, post-diagnosis services, the city must dismantle the artificial divide between "general" and "special" education by proactively resourcing all early childhood classrooms as inclusive learning environments. This structural transformation requires the San Francisco Department of Early Childhood (DEC) and the SFUSD to work collaboratively to enact comprehensive system reforms. Key steps include ensuring appropriate staff-to-child ratios, embedding developmental support into everyday classroom practice, and funding inclusive pedagogies, such as CSEFEL Teaching Pyramid, Universal Design for Learning (UDL), as the default, not the exception. Without this targeted investment and commitment to transparent data and family partnership, patterns of exclusion will persist, undermining both the legal guarantees and the developmental potential of every young child in San Francisco.

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Appendices

Table 1. Survey Participation by Role

Table 1 outlines survey participation patterns by role, including the number of qualitative and quantitative questions asked and completed, average numerical responses, and completion percentages.

Role	Total Questions	# Qual Qs Asked	# Quant Qs Asked	AVG Response Number	AVG Response Percentage
Center Manager	17	4	13	65.5	100.0%
Demographics	9	0	9	337.8	100.0%
FCC	6	1	5	73.0	111.5%
Lead Teacher	9	6	3	72.2	110.2%
Inclusion Specialist/Therapist	4	2	2	27.5	42.0%
Education Coach	5	3	2	24.4	37.3%
Assistant Teacher	5	4	1	79.8	121.8%
Other ECE Stakeholder	4	3	1	29.8	45.4%
Funder	10	9	1	1.0	1.5%

